

# Understanding Liverpool's Cancer Priorities



2023



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Introduction

Many communities across the country are facing acute challenges when it comes to detecting, preventing, and treating cancer. In the North West, the cancer statistics show that the region faces some particularly entrenched and multifaceted difficulties, with residents being 25% more likely to be diagnosed with cancer than in the rest of the UK.

Our annual regional reports consistently highlight this disparity, with the most recent findings revealing that the North West over-indexes on 15 out of 19 key cancers surveyed when compared to the average in England.

These statistics play an important part in building a picture of our region’s cancer landscape. This picture can often be hard to see, as on the one hand we have scientific breakthroughs which would have sounded like science fiction a few years ago. But on the other hand, many families and communities are going to be hit by tragic and avoidable diagnoses.

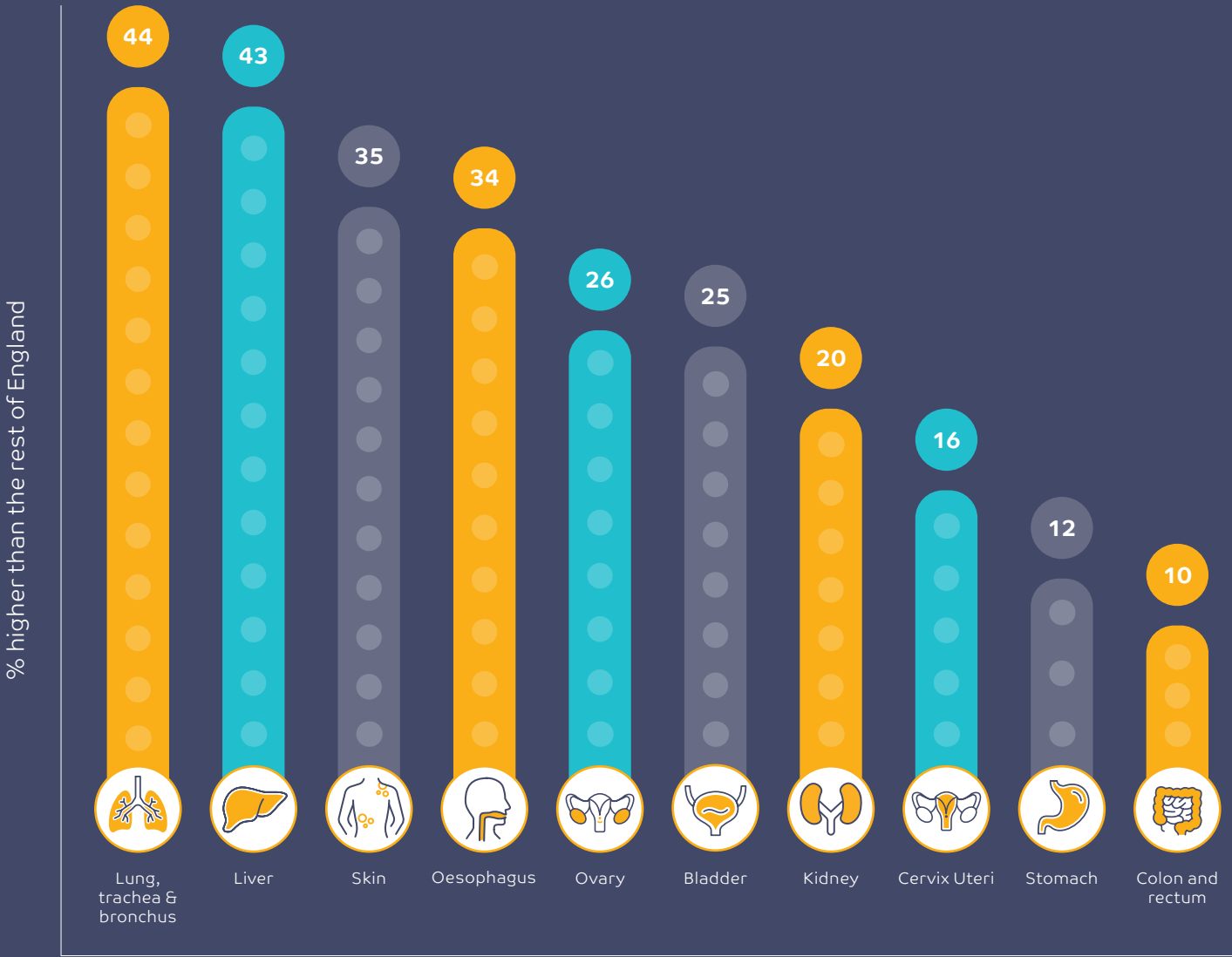
Liverpool is itself a microcosm of this issue. While the city leads the world with advanced cancer research and treatment, its people face a much higher risk of developing cancer than if they lived elsewhere. Our latest regional report published statistics on certain lifestyle related cancers which are particularly stark, with lung, trachea and bronchus cancer diagnoses being 44% higher than the English average and liver cancer being 43% higher.

We must therefore ask why this disparity exists, why the figures are so static and what are the solutions? Do we need more education and support to change behaviours and arrest the epidemic of lifestyle related cancers? Is it a systemic issue that requires local authorities, the NHS, community groups and charities to change the status quo? Is it a balance of many things and, if so, what must be prioritised?

To help answer these complex questions, we brought together some of Liverpool’s most influential experts from across healthcare, community, politics, and public health. In a roundtable, this group discussed how we can move forward to improve cancer rates in our area and make our goal of a cancer-free future a reality.

In this report, we’ve collated the key insights from this conversation below to help share valuable information, experiences, and ideas on this vital topic.

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Liverpool: Top Ten Cancers by incidence

Liverpool – Top 10 cancers by total deaths \*

- |  |               |
|--|---------------|
| 1. Trachea, bronchus & lung                  | 6. Pancreas   |
| 2. Colon, sigmoid, rectum & anus             | 7. Oesophagus |
| 3. Lymphoid, haematopoietic & related tissue | 8. Liver      |
| 4. Prostate                                  | 9. Bladder    |
| 5. Breast                                    | 10. Brain     |

\* List is based on age standardised total cancer deaths for which data was available.

# Creating a conversation

## Attendees

The roundtable was chaired by award-winning journalist Chris Maguire, who is the executive editor of BusinessCloud and TechBlast.



**Alastair Richards**  
CEO of North West Cancer Research

North West Cancer Research is an independent charity dedicated to putting the region’s cancer needs first. Alastair qualified as an accountant before working in a number of charity roles in regulated organisations providing health and social care. He joined North West Cancer Research as CEO in 2017.

**Matt Ashton**  
Director of Public Health at Liverpool City Council

Matt was appointed Director of Public Health for Liverpool City Council in April 2020 and leads a team of 35 people covering a range of public health activities. This includes the commissioning of public health services, health protection, health improvement, public health, embedding health in policy approaches, and addressing the wider determinants of health.

**Jon Hayes**  
Managing Director at Cheshire and Merseyside Cancer Alliance

Jon has worked in cancer services for the majority of his career and was appointed Managing Director of the Cheshire and Merseyside Cancer Alliance in May 2020. The Cancer Alliance is an NHS organisation that brings together healthcare providers, commissioners, patients, communities, cancer research institutions and voluntary & charitable sector partners to improve cancer outcomes for our local population.

**Liam Eaglestone**  
Chief Executive Officer, Steve Morgan Foundation

Liam joined the Steve Morgan Foundation in 2022 and is responsible for leading the team, working with the Board of Trustees on strategic direction and supporting partners on the development and delivery of projects. With over 20 years’ experience in the Third Sector, he was most recently the Deputy Director of the Manchester Diocese Board of Education.

**Councillor Rahima Farah**  
Toxteth, and Network Engagement Lead at the Central Liverpool Primary Care Network

In 2023, Cllr Rahima Farah became the first Somali Muslim woman on Liverpool City Council. She was elected to represent Toxteth where she received over 75% of the vote. Cllr Farah works as a social prescriber with a focus on tackling health inequalities. She’s particularly keen to connect with the “plus” population groups identified in the NHS’ Core20PLUS5 approach and is interested in how lifestyle factors affect health outcomes.



**Simon Bowers**  
GP in South Liverpool, Chief Medical Officer at Blinx Healthcare and Trustee of Liverpool FC Foundation

After graduating from Liverpool Medical School in 1998, Simon went on to become a GP in Liverpool and held the position of Clinical Director for Digital Care and Innovation at Liverpool CCG from 2013 to 2023. Simon is also Chief Medical Officer at Blinx Healthcare and a Trustee of Liverpool FC Foundation.

**Alexis Darby**  
Senior Public Affairs Manager at the Northern Health Science Alliance

The Northern Health Science Alliance brings together 10 universities, 10 research intensive NHS Trusts and four Academic Health Science Networks in the North of England to advance health objectives and research. Alexis’ key responsibilities include working on the Child of the North project, which is focused on geographical inequalities for poverty among children.

**David O’Hagan**  
GP, Brownlow Heath Practice

David is a GP in one of the most deprived wards in the city. He is part of the cancer team at Liverpool Place.

**Councillor Tony Murphy**  
Wirral Metropolitan Borough Council

Cllr Tony Murphy was elected to represent Rock Ferry as part of Wirral Metropolitan Borough Council in 2023. He is also an appointed Governor for Clatterbridge Cancer Centre and previously worked at The Walton Centre where he set up a Brain Tumour Support Group.

**Martin O’Flaherty**  
Professor and Head of Department at the Institute of Population Health

Martin is a Professor in Epidemiology and the Interim Head of Department for Public Health, Policy & Systems at the Institute of Population Health, University of Liverpool. In this role, he works to reduce the burden of non-communicable diseases in populations by addressing structural drivers of disease.

**Claire Stevens**  
Engagement Team Member at Health Watch Liverpool

Health Watch is an independent champion for people who use health and social care services in Liverpool which makes sure that those running services put people at the heart of care. Its main purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.





## Communicating with communities

Liverpool is a diverse, eclectic, and dynamic city that combines multiple cultures and communities. Communicating with all these groups, which are spread out over a wide area, presents hurdles that can only be overcome by understanding the barriers each demographic is facing.

It is this willingness to understand how our communities live that unlocks how we move forward, according to Matt Ashton. He said: “We can’t tell people what to do. We must have a deep understanding of our communities, what motivates them and drives behaviour, to help them make what are sometimes quite challenging decisions.

**“The way you really do this has been through deep rooted work in our communities, mobilising our community champions, our community networks, our faith leaders, people who have substance in their local community, our local councillors, and a bottom-up approach to activating good health.”**

—  
Matt Ashton  
Director of Public Health at Liverpool City Council

Taking stock of the specific barriers that each community faces when accessing healthcare and preventative measures is a crucial part of getting under the skin of the issues, says Jon Hayes.

He said: “We need to be embedded in our local communities if we are going to be able to listen to how they want us to help them. This could be in terms of them choosing healthier lifestyles, engaging with national screening programmes, or getting better access to primary care.” Jon added: “We should remember that

different members of our communities have different barriers, so we need to engage with them in different ways. And they need to tell us how best to engage with them.”

The roundtable agreed that healthcare professionals and stakeholders need to be talking a community’s language, both figuratively and literally, to provide the education, advice, and support that will ensure they are well informed about complex medical issues such as cancer.

**“I think it’s so important that, when interacting with communities, it’s the local community leaders and centres in the areas doing this. We learned in Covid that a lot of the leaders in the areas are the ones who are trusted.”**

—  
Councillor Rahima Farah  
Toxteth, and Network Engagement Lead at the Central Liverpool Primary Care Network

Rahima Farah said: “When we are going into certain communities, I think we must remember that you can’t expect people to turn up. Literacy is a major factor, and our average literacy age is nearly nine years old - and that’s even if English is the first language or if they don’t have learning difficulties. Rahima highlighted that it is these community leaders who will enable direct engagement to happen. She added: “You really have to engage with these communities. For example, we know that here in Liverpool we’ve got a Chinese community, so it’s about going to speak to their leaders and telling them what services are available, working alongside them and not to them.

“For a long time, I think we’ve worked to communities, and I think it’s about that collaborative approach of how do you access health? What can we do to make sure that you’re getting the treatment you deserve?”

This is an approach Rahima has proven to be successful time and time again. From understanding that many Somalis didn’t read Somali and therefore couldn’t read the literature they’d been sent, to establishing community pop-ups, WhatsApp groups, knocking on doors during Covid, and bringing mobile screening units to those areas of the city where it can be difficult to travel to a hospital.

Rahima detailed one example in particular: “One in four Black men will get prostate cancer [compared to one in eight Caucasian men] and a lot of men are scared about coming in for tests. So, we sent men from an African Caribbean background in our practices a letter in their own language which we followed up with phone calls inviting them to a community centre which everyone knows and can access.” Claire Stevens agreed that this approach was ideal, as it was targeted and provided the right

incentives. She added that in her role, she’s always looking at accessibility and breaking down barriers: “We need to work in ways that’s relevant to the patient, whether they speak Somali or British Sign Language. I’ve just been at the Women’s Hospital doing the tour with people who are deaf and looking at how accessible that is to them. Increasingly, we’re doing work with neurodivergent communities, for whom screening can be really difficult.”

Liam Eaglestone added that empowering communities to be part of the change is central, saying: “Fundamentally, our communities need that systemic change that shifts the odds. The Steve Morgan Foundation is currently funding a project that has a place-based approach to community change. So, it’s not about us as funders, or any other experts, coming into that community and delivering a project for them.

“Instead, it’s about facilitating the conversation to enable collaboration at a community level, where the community themselves are given a seat to create the programmes and the change that they need to elevate all aspects of their community in their lives.

“And we’re seeing great results from that already. So much so that Steve Rotherham, has partnered with the concept of ‘cradle to career’ and it’s been rolled out across the other five local authority areas within the Liverpool City region.”

Alastair Richards commented that, from the charity’s perspective, the answers to improving health are there. Clear communication is, ultimately, what is needed.

**“We’ve got the answers, we’ve got the solutions, and we know how to tackle things. The importance of words and clear communication is absolutely enormous here. If we want to talk to people in Merseyside, and if we want to get messages across about health, then the right words in the right tone of voice are absolutely critical.”**

—  
Alastair Richards  
CEO of North West Cancer Research



# LIVERPOOL'S Industrial Heritage

The North West's post-industrial landscape is a source of pride. Indeed, it's so woven into the fabric of Liverpool that one guest shared an anecdote, (which they admitted may have been apocryphal) that claimed the Scouse accent was born from having to work around the noise, whistles, and clamour of the city's ports.

But, at the roundtable the guests discussed whether we understand the full ramifications of these centuries of industrialised labour. Cancers such as asbestosis and mesothelioma have connections to the pollution, materials, and by-products of our collective shipyard and manufacturing-based past which are still impacting us today.

Alastair highlighted how this post-industrial landscape has had a major impact on our health, specifically our cancer rates. He said: "We have high air pollution and a lot of sites around the region have been associated with the chemical industry, the oil industry, and the textile industry.

**"All of those leave a residue behind. For Merseyside in particular, industrial deprivation is a big part of the picture. If we take mesothelioma as an example, there are two clusters of this in the North West – Liverpool and Barrow. And it's the ships that are a common factor."**

Alastair Richards  
CEO of North West Cancer Research

Martin O'Flaherty picked up on this point and that failures to invest in the past and resolve long-term issues has been a significant problem. He said: "We haven't invested in the past and we need to invest now to avoid problems further down the line. Crises are bumping into each other and accumulating, and we get one crisis and then the next. In many ways, we were preparing the current bomb of cancer rates 30 years ago, so today we need to seriously improve, or this will just happen again."

Tony Murphy flagged a specific historic example that many people in Liverpool are still living with,

which is that many schools, offices, and homes had asbestos in them decades ago. However, "there can be a 20, 30 or 40-year delay in folks getting mesothelioma, and other long-term health problems", which means that many diagnoses are only now being made because of toxic environments going back to the 1970s and 80s.

The roundtable agreed that if we are to make real steps in closing our cancer inequality gap, we should address these generational issues and look at how our surroundings play a role in our future health and wellbeing.





# An **exceptional** city

**Talking about Liverpool’s vibrant, multi-cultured communities, its storied culture and a creative population - which frequently breaks the mould in everything from technology and trade to sport, music, and art – we should consider if Liverpool can really be compared to anywhere else?**

This extends to its cancer landscape, where we must ask if the region is a unique case, an outlier or if it’s essentially facing the same challenges as elsewhere.

Matt commented that the “key causes are the same here as they are everywhere else in the country, there’s just more of it. If you think about the main impacts on poor health, especially with cancer, you’re thinking about alcohol, smoking, and obesity, all of which we have bigger challenges around.”

When considering Liverpool next to other major cities, David O’Hagan said that his area of Kensington is often compared to Kensington in London. This is not just because of the name, but because like many modern urban areas there is a wide range of people from different socioeconomic backgrounds living very close to one another.

David said: “We have patients who are relatively well off, for example there are people working in the Cabinet Office, people doing a lot of travelling and people relatively engaged in their health. But we also have a representation of some of the poorest people in the country.”

Simon Bowers stressed that the Liverpoolian experience, while having challenges to overcome, also brings with it some unique advantages. This includes the fact that Scousers tend to have a unique outlook, which he calls “positive parochialism”. He said: “There’s just a wonderful, natural rebelliousness, suspicion of authority. That’s why it’s so important to really get under the skin of the community that we serve.

**“That’s the nature of the personality of this city. And it’s not being deliberately contrarian. We’ve literally got 200 years of evidence of feeling like outliers. I think that gives us an enormous opportunity as a bunch of people who are passionate about what should happen in this city health wise.”**

Simon Bowers  
GP in South Liverpool, Chief Medical Officer at Blinx Healthcare  
and Trustee of Liverpool FC Foundation

# Lifestyle and deprivation

Liverpool’s communities consistently rank among the most disadvantaged in the country, being the third most deprived local authority in the United Kingdom. Inevitably, this is reflected in the region’s health statistics and is connected to lifestyles that exacerbate cancer prevalence, such as heavy drinking, smoking, and poor diets.

Social inequality, sadly, plays a major role in our chances of developing cancer, so it is vital that we look at what is driving such inequalities, as highlighted by Martin. He said: “If we want to prevent cancer, we need to understand how cancer is a social detriment. We should address other elements like improving diets – we need to make food more affordable. This, in turn will mean people have more money to get to their appointments that they may have otherwise missed.”

David supported the notion that an individual’s level of deprivation and lifestyle is directly linked to if-and-when they will get cancer, particularly in Liverpool. He said: “The cancers that we see are kind of the same, for example, bowel cancer or lung cancer. But, they present at later stages because opportunities to screen were missed and they may suffer from ill health, such as diabetes, cardiovascular disease or chronic obstructive pulmonary disease. Partly that’s related to smoking, but smoking is caused by deprivation – nobody is smoking because they want to live forever, you smoke because you can’t face tomorrow.”

**Matt Ashton agreed and remarked that it’s important not to “dine out on poverty” by putting the onus of responsibility on deprived people. Instead, the status quo and the systems that are in place need to be challenged to deal with the issue wholesale.**

The roundtable discussed the fact that this focus was particularly vital as many people’s health choices heavily depend on their level of deprivation and it’s hard to make ‘good decisions’ and prioritise personal health when worrying about heating bills, mortgage payments, travel costs, and putting food on the table.

Knowing the heavy burden Liverpool’s communities face from lung cancer is one reason why Halton was chosen as the starting point for an NHS cancer screening programme which has recently been adopted nation-wide. Jon explained that this programme, which has significantly increased early-stage diagnosis, was pioneered in Liverpool and Manchester and has been rolled out as quickly as possible to tackle the disproportionate lung cancer prevalence in these areas.

The roundtable discussed the value in having a holistic approach to helping people live overall better lives. This included having ‘cradle to grave’ type interventions alongside better education, skills, and employment opportunities as well as improved housing, environments, and a sense of community – all of which must be developed in tandem to make it easier for people to be healthy. Alexis Darby said many of these aspects of

health need building into “all policies, at a local authority, combined authority or government level”. She added: “We really need to think about how health is part of decision making and policymaking across departments. It needs to be at the centre of all those decisions, because we’re not going to tackle these wider determinants of health unless we’re entrenching policies that put health at the heart of everything we do.”

While the word ‘poverty’ may conjure up Dickensian images of the Victorian poor, it’s vital that we understand what this means in a modern context. For example, digital poverty and exclusion limits people’s ability to interact with the healthcare system while distrust of technology and AI may be a new barrier that’s discouraging vulnerable people from engaging with the medical world.

Simon reflected on this more contemporary aspect of deprivation, which he explained was more complex than first appears. He said: “We’ve been taught that digital exclusion is those people who can’t afford a smartphone, or those people who choose not to engage digitally. Well, I’m currently digitally excluded from the practice that I’m registered at because the products they bought to do digital inclusion don’t work.

**“When done right, we’ve seen digital approaches significantly increase uptake in tests and engagement. It can be a tool to break down barriers because it’s targeted. We can send people an email or communication in their language which they can read when and where they want.”**

Simon Bowers  
GP in South Liverpool, Chief Medical Officer at Blinx Healthcare and Trustee of Liverpool FC Foundation







## Joining the dots

It's clear that cancer is a multi-faceted challenge and there are many factors weaved together that need to be individually analysed, while also bearing in mind where priorities lie and that there is no single silver bullet.

While medical advances have been very successful in helping people live longer, the gap in outcomes is widening and many people are living longer in poor health. Joining the dots between all the interconnected issues related to health will ensure that people are able to live both longer and healthier lives.

While there is an argument for more hospitals, Simon believes access to healthcare is the real issue. He said:

**“Today, we have heard from a number of experts. Nobody has said we need more CT scans. No one has said we need more professors of clinical oncology. What we need is better access for people who don't understand what cancer screening is. If you invest in primary care, you get better outcomes.”**

Simon Bowers  
GP in South Liverpool, Chief Medical Officer at Blinx  
Healthcare and Trustee of Liverpool FC Foundation

Alexis added: “It's always important to remember that statistics are people. And I think that's why it's so interesting to hear the work that's being done with getting more people to access these services and engaging them with it.”

**“Well, it's a whole range of different factors. It's about the inequalities that exist in poverty and deprivation across the city. It's about access to health information, and to primary care services. It's about a willingness to engage with health services.”**

**“Cancer is often the point at which the pressures of society meet medicine.”**

“It's at that intersection of connected factors ranging from environment, lifestyle, access to primary care, poverty, deprivation, and many other things besides. Understanding the interplay of these issues at a community level is fundamental to effective cancer prevention and treatment and ultimately creating a healthier city region.”

Alastair Richards  
CEO of North West Cancer Research



Key takeaways

1 Communicating with communities

Liverpool is a diverse and dynamic city that combines multiple cultures and communities. Communicating with all these groups requires an understanding of the barriers each demographic is facing, especially as decisions around cancer are very difficult. We therefore need to be talking their language, both figuratively and literally, to provide the education, advice, and support that will help them make the best-informed choices possible. Taking a bottom-up, community centred approach is vital to ensuring that the right communicators are saying the right things, in the right places, at the right time.



2 Liverpool's industrial legacy

The North West's heritage is a source of pride, but do we understand the consequences of living in a post-industrial landscape? Cancers such as asbestosis and mesothelioma have connections to the pollution, materials, and by-products of our collective industrial past which are still impacting us today. How can we overcome these generational issues and ensure that the world around us supports our health and wellbeing instead of leading to worse clinical outcomes?

3 Liverpool exceptionalism

The Liverpool experience, cultural background as well as the energy of the city's people are world renowned. If these uniquely Liverpudlian elements can be effectively leveraged, then it would provide a wealth of opportunities to spread health and wellbeing messages among communities and ensure a high standard of medical literacy. When it comes to health and deprivation levels, is it best to think of Liverpool as a unique case, an outlier or as essentially facing the same challenges as elsewhere? And does comparing Liverpool to other major cities help inform our approach to reducing cancer rates?

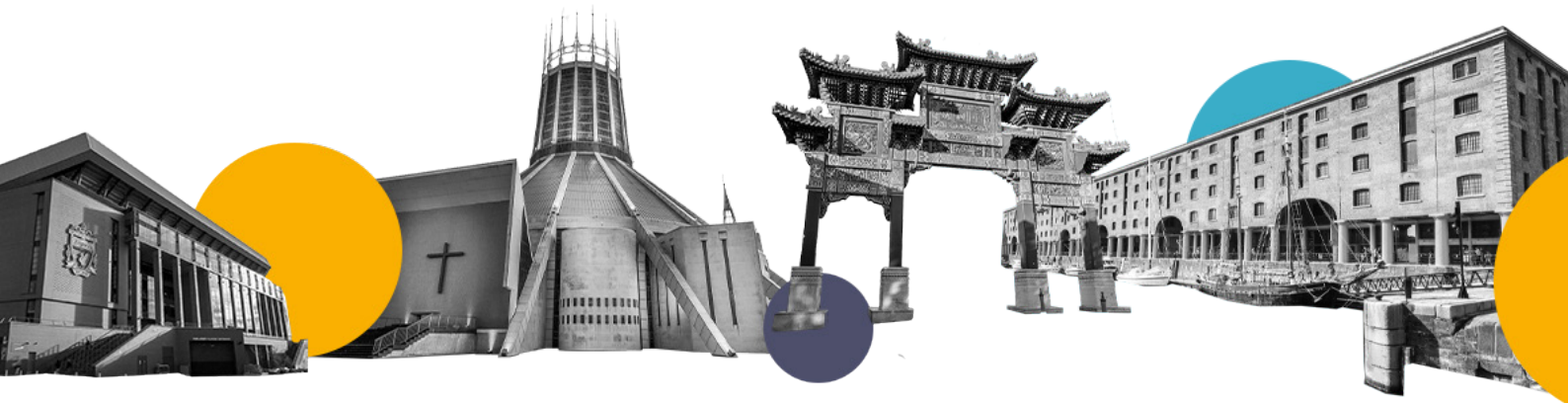


4 Lifestyle and deprivation

Liverpool's communities consistently rank among the most disadvantaged in the country. This is reflected in the region's health statistics and is connected to lifestyles that exacerbate cancer prevalence, such as heavy drinking, smoking, and poor diets. The responsibility should not be placed on deprived people, but instead on the systems that are in place, which need to be challenged to deal with the issue wholesale. It's also vital that we understand what poverty means in a modern context, as digital poverty and distrust of technology can severely limit a person's ability to interact with the healthcare system.

5 Joining the dots

It's clear that cancer is a multifaceted challenge and there are many interconnected factors that need to be analysed while understanding where priorities lie and that there is no silver bullet. The focus on more hospitals is a case in point, as it risks sidelining many of the other pressing concerns which often means that vital, in-the-community preventative measures are downplayed. Experience shows that well considered and carefully executed preventative approaches, such as education, community-based screening campaigns, and awareness led by local leaders, have an outsized impact on improving a population's health levels.





**north west**  
cancer research



## Get in touch

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