

Understanding Cancer in Lancashire and South Cumbria's Communities



2024



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Introduction

The complex challenges inherent to detecting, preventing, and treating cancer are placing a heavy burden on many communities. This is starkly evident across the North West, where residents face a 25% higher chance of being diagnosed with cancer compared with the rest of the country.

This disparity is consistently highlighted in our annual regional reports, with our latest research revealing that the North West over-indexes on 15 out of 19 key cancers when compared to the average in England. Sadly, these statistics have been a common theme throughout several years of reports, showing that this is an entrenched issue requiring urgent attention.

To tackle this problem, it is essential that we build up an accurate picture of the regional cancer landscape. However, this is easier said than done, especially as the North West encapsulates a broad range of locations, each with its own characteristics, priorities and issues.

The Lancashire and South Cumbria region is a particularly unique place – from sprawling hills and picture-perfect rural landscapes to towns and cities rooted in industrialisation and a rich local culture, it's an area like no other. The area's diverse nature is illustrated by the fact that the seaside resort town of Blackpool is home to some of the country's most deprived communities while the quaint and affluent towns of the Ribble Valley lie just a stone's throw away. In addition, despite sharing health services across the Lancashire and South Cumbria Integrated Care Board, the region features stark health related contrasts and challenges across its communities. This is very evident when it comes to cancer, as the region has some of the most varying and troubling rates in the North West.

Cumbria's overall cancer incidence rate was recorded as 23% above the national average, which is higher than any other North West region. The area's demographics may explain this, as Cumbria

has one of the oldest population profiles in the North West with 40% of residents aged over 55 and 11% aged over 75. This compares to the national totals, which are 33% and 9% respectively.

Lancashire is also a county facing some major cancer inequalities, including the North West's highest cervical cancer incidence rate at 32% above the national benchmark. Lifestyle related cancers are also significantly affecting the county, with incidence rates of oesophageal cancer, liver cancer, and trachea, bronchus and lung cancer respectively 33%, 28% and 20% higher than the average for England.

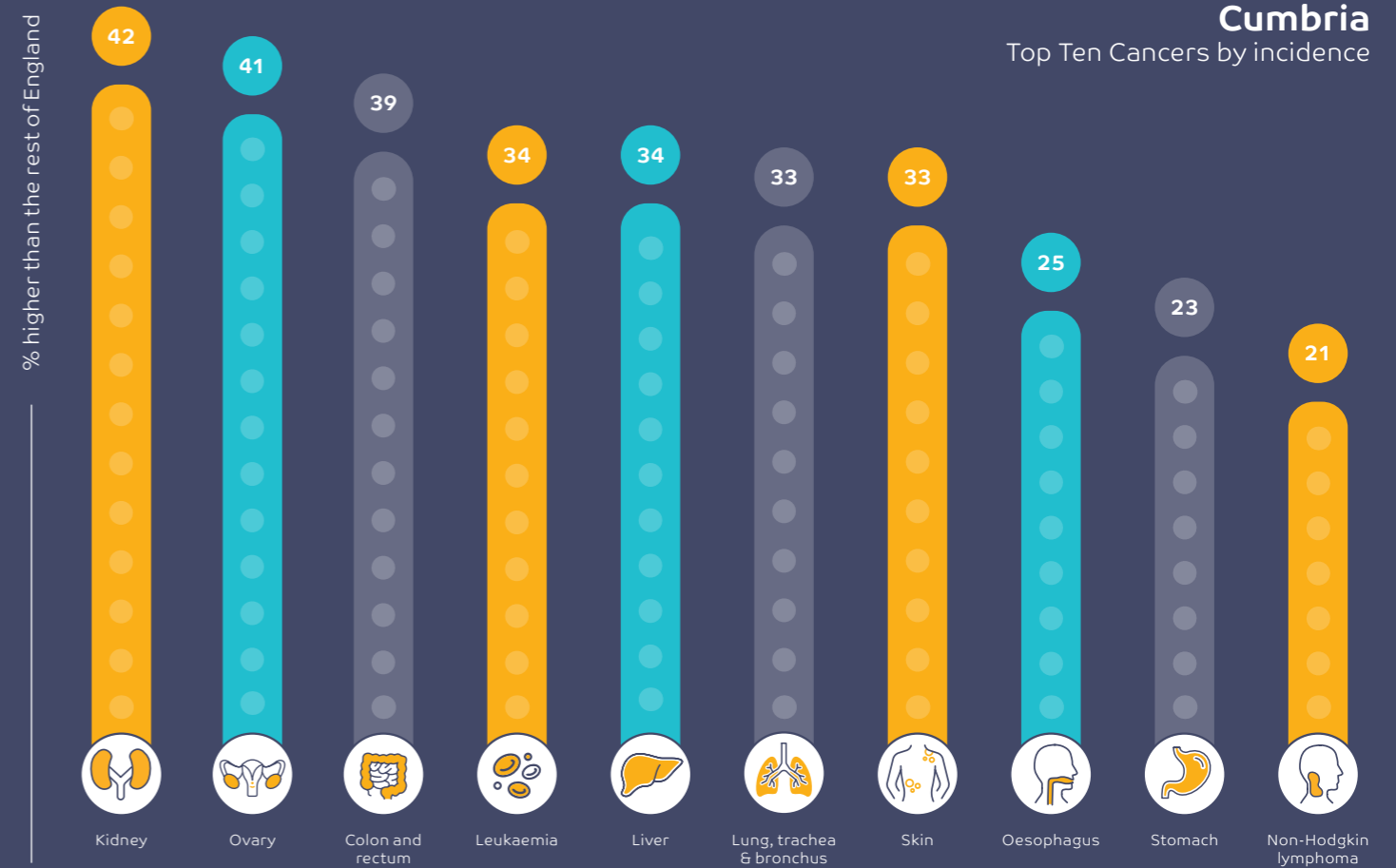
With such stark contrasts in cancer incidence rates, demographics, income and lifestyles, it is essential that we understand the nuances of the challenges present in this area if we are to tackle the problems head on.

To bring this issue to the forefront, we brought together a panel of the region's healthcare experts and academics with charity, community and political leaders for a roundtable at Lancaster University. The group looked at a wide variety of issues, ranging from localising decisions tailored to people's needs, to rethinking how we promote the importance of cancer prevention and a long list of topics in between.

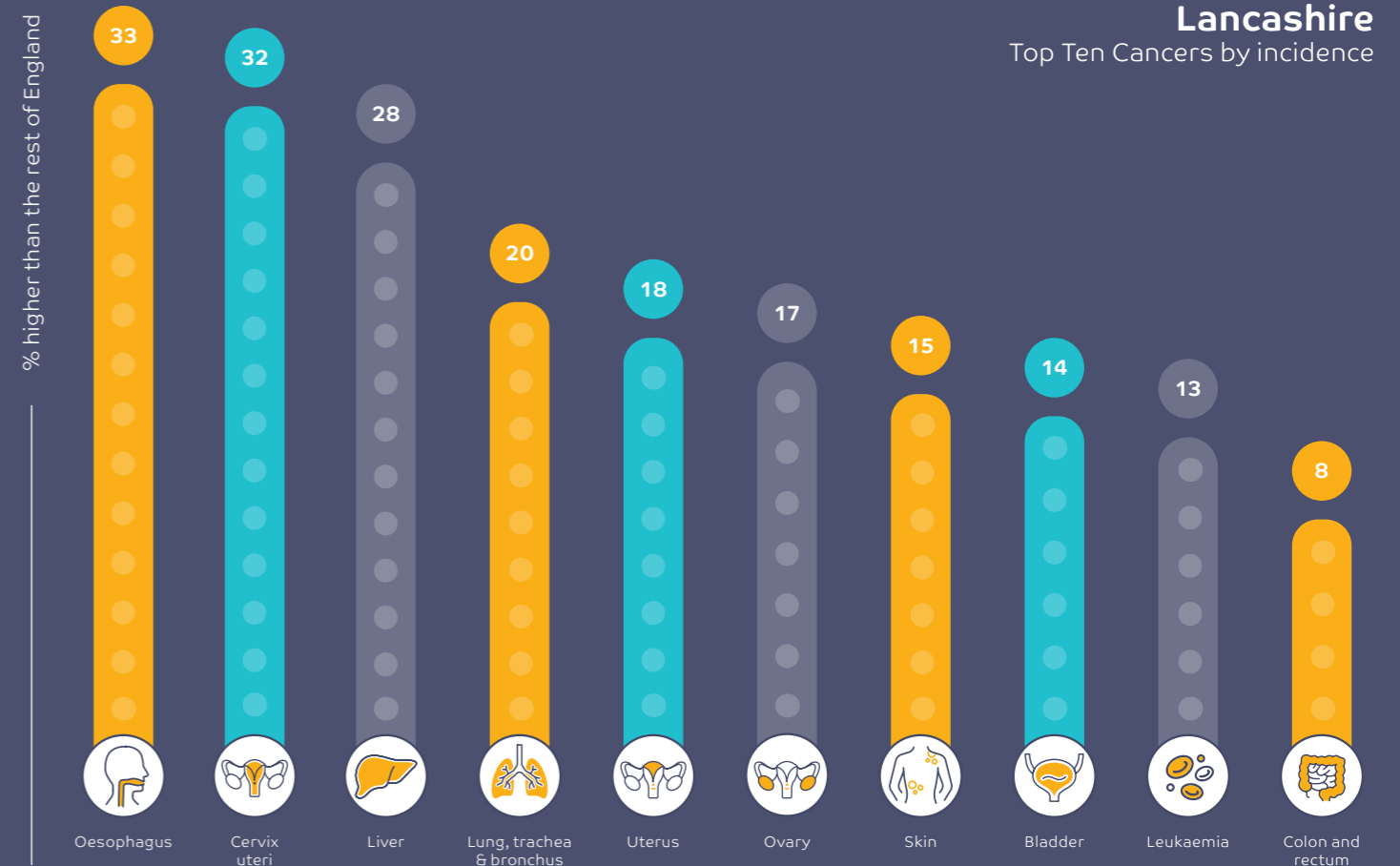
The ultimate goal was to help focus the region's cancer discourse and pinpoint key issues which should be prioritised while asking how we can reframe our collective approach to cancer in order to improve outcomes and achieve a cancer-free future for all.

Cumbria's overall cancer incidence rate was recorded as 23% above the national average, which is higher than any other North West county.

Cumbria Top Ten Cancers by incidence



Lancashire Top Ten Cancers by incidence



Creating the 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.

Tim Farron
MP for Westmorland and Lonsdale

Tim Farron has been the Liberal Democrat MP for Westmorland and Lonsdale since 2005 and has been an advocate for cancer patients in the community, recently calling for a satellite radiotherapy centre in Kendal to reduce waiting times for residents living in this rural area.

Distinguished Professor Jo Rycroft-Malone
Executive Dean of the Faculty of Health and Medicine

Professor Jo Rycroft-Malone was formerly the Director for the National Institute for Health Research's Health and Social Care Services Delivery Research programme, Chair of the National Institute for Care and Health Excellence Implementation Strategy Group and is an Emerita Senior Research Leader for Health and Care Research Wales. She is listed by Thomson Reuters as one of the world's most highly cited researchers.

Dr Sakthi Karunanithi
Director of Public Health at Lancashire County Council

Dr Sakthi Karunanithi is an experienced Public Health Director who has worked across the NHS, local government and industry. He Led the public health response to the COVID-19 pandemic across Lancashire as well as the accelerator programme for population health management.

Dr Lisa Ashmore
Associate Dean at Lancaster University's Faculty of Health and Medicine and Clinical Academic Therapeutic Radiographer

Dr Lisa Ashmore is a Senior Lecturer in Social Sciences at Lancaster Medical School and Associate Dean for Engagement in the Faculty of Health and Medicine. She is also a Clinical Academic Therapeutic Radiographer based at in the Rosemere Cancer Centre at Lancashire Teaching Hospitals.



Left-to-right: Tim Farron, David Blacklock, Professor Jo Rycroft-Malone, Alastair Richards, Daren Subar, Dr Lisa Ashmore, Dr Sakthi Karunanithi, Chris Maguire

David Blacklock
Chief Executive of Healthwatch Cumbria

David Blacklock is Chief Executive of People First, which provides statutory and non-statutory Advocacy services to people across the north of England. People First also delivers Healthwatch Lancashire, Healthwatch Westmorland and Furness. David represents the 'Healthwatch Together' partnership of four local Healthwatch organisations that operate in Lancashire and South Cumbria. He has worked in the health and care sector for all of his career and is a passionate advocate for the rights of the most vulnerable citizens.

Daren Subar
General Surgeon at Blackburn hospital

Daren Subar's practice includes advanced laparoscopic surgery of the liver, pancreas and biliary tree both for cancer and benign diseases. He is also the surgical lead for Research and Development at East Lancashire Hospitals NHS Trust.



Building a Cancer Plan

The roundtable’s attendees agreed that the lack of a cohesive, long-term cancer plan, at both a national and regional level, was a significant issue requiring urgent attention. Unclear leadership has led to frustration among patients, communities, clinicians and the many stakeholders in Lancashire and South Cumbria’s health landscape.

The group concurred that a regional manifesto is required to set out a long-term strategy, addressing prevention as well as treatment, with in-built evaluation measures that have been carefully considered to align with local issues.

“The fact that we don’t have a cancer plan in this country is ludicrous. We need something long-term – that’s it.”

Tim Farron
Liberal Democrat MP for West Morland and Lonsdale



Dr Sakthi Karunanithi, Director of Public Health at Lancashire County Council

Lisa Ashmore, Associate Dean and Therapeutic Radiographer, echoed Tim’s thoughts, saying: “For me it’s also leadership – there is a lack of a joined-up vision for a plan. Initiatives, such as e-books for cancer patients, are implemented but do nothing to improve care for patients; instead they tick a box to say ‘we have done a thing’. So, I think there needs to be some governance and holding to account. This should be done by the people who have the experience to do so.”

Accountability and governance were key themes among the group, highlighting the need for a plan that has local communities at its core. Dr. Sakthi Karunanithi, Director of Public Health at Lancashire County Council, said: “To get this

properly resolved we need local accountability and governance. Currently there’s a narrow vertical chain from the government to the NHS, which quite often is not visible to local politicians. We need to work on that, which I think involves devolution as a way to anchor it to the region.”

Professor Jo Rycroft-Malone, Executive Dean of the Faculty of Health and Medicine, said: “My wish is that, as a region, we have a 10-year cancer plan which feeds into a wider, national plan. We can develop a regional strategy that is not political but, instead, is developed by the citizens in the region. It should have evaluation methods built in and, importantly, ensures that evidence is used appropriately to take the action that is required.”

“While we unfortunately might not get a national cancer plan, we should certainly be building towards a regional cancer manifesto. This needs to have specific, targeted objectives that cover areas such as incidence reduction, research, outreach, clinical capacity upgrades, and waiting time improvements - with a clear roadmap for how they’re going to be achieved and by when.”

Alastair Richards
CEO of North West Cancer Research



Prioritising Geography & Localised Decisions

Across Lancashire and South Cumbria, there are major differences in health inequalities and deprivation levels.

Alastair Richards exemplified this disparity, commenting that: “Some of the highest breast cancer screening rates in South Cumbria are in Kendal, and the lowest rates are in Barrow. There’s only around 25 miles between the two, which shows how there’s some really significant inequalities in just a very small space.”

The very make-up of the region’s geography means some patients must travel a significant distance to receive treatment or undergo screenings, which underlines the importance of local, accessible treatment hubs, especially in rural areas.

“Where people have to travel for cancer treatment is something that is of interest to me. I recently spoke to a local resident who was on his first of 37 rounds of treatment, and he had to make a seven-hour round trip every day on patient transport as he couldn’t drive that distance so often.

“This opens up the discussion on the importance of satellite treatment centres and the idea that if you build them, people will come. And those are the people who might be currently missing out on treatment because of the distance.”

—
Tim Farron
MP for Westmorland and Lonsdale

In his clinical role, Daren Subar, General Surgeon at Blackburn Hospital, has seen this issue first hand. He said: “The geography is very dispersed and you’re often talking about Barrow versus Kendal versus East Lancs versus Ribble Valley, with various pockets of affluence throughout. In practice, this makes it quite challenging for people to get to treatment centres. This is something I see a lot. If a patient is coming to me for an operation from Barrow, that’s close to a 100-mile journey they need to make. What a way! And I think that’s a huge challenge in the region.”

The challenge regarding geography has been an issue for some time, but the problem is wider than this. Jo said: “It has always been difficult with this geography and it will always be difficult with people having to travel.

“However, I think that we focus too much on the number of treatments and the number

of journeys that patients are making when we should be paying attention to the actual experiences of care that people are receiving. We should focus on needing more equipment and more innovation and make sure this is joined-up with considerations on geography.”

The impact that poor and unequal access to healthcare can have was highlighted by Chris Maguire, who remarked on how 27% of people in South Cumbria diagnosed with cancer have to wait at least two months for treatment, while in North Cumbria this rises to 44% of people with a diagnosis. Tim Farron recently raised these statistics in Parliament when discussing the need for a new radiotherapy satellite unit at the Westmorland General Hospital in Kendal.



Sending the Right Message



If we are to encourage people to live healthy lifestyles and, as a result, help reduce their risk of being diagnosed with cancer, we need to be conveying powerful messages to the right people, at the right time, using the right platforms.

According to David Blacklock, Chief Executive of Healthwatch Cumbria, campaigns to prevent cancer or raise awareness are nowhere near “bold enough to make us jump into action”.

Daren Subar agreed, stating: “The most important thing here is figuring out the best approach to this. Sometimes the messages become so confusing and it’s easy to wonder ‘who’s right and who’s wrong?’”

It is therefore essential that those messages underpinning awareness campaigns are clear and, importantly, consistent. Research is needed to establish effective messaging tools and advocacy strategies to raise awareness on cancer prevention and screening, with research

undertaken to explore how to frame discussions that engage the public and activate citizens.

Dr. Sakthi Karunanithi said: “It’s not all about the message or the media – it’s also about the messengers. Being culturally sensitive to this is key and people will listen to people who they feel are like them. For example, I know women who have not attended their breast screenings because they assumed they wouldn’t have a female practitioner, so there’s something about adapting as well or at least giving the right information about what to expect.”

Using real people’s experiences is also vital in order to create impactful messages.

“Stories really do matter as they are what touch people’s hearts and provoke action. The campaigns that feature these stories are important, as we are able to bring them to life and reach those who need to hear them.”

David Blacklock
Chief Executive of Healthwatch Cumbria

Promoting Prevention and Improving Primary Care

Regional early diagnosis rates are very poor. To address this, the approach to treating patients needs to change to focus more on early diagnosis and personalised treatments to create a truly patient-centred care pathway.

As part of this, the panel explored the idea of 'prehabilitation', with the aim of improving patient fitness before major healthcare intervention and making sure that people live healthier, longer lives.

“There’s a lot to do in terms of improving the service patients receive. But there’s a whole raft of things that we also need to be thinking about, which are related to prevention. We should be thinking about how we can keep people well, both mentally and physically.”

Distinguished Professor Jo Rycroft-Malone
Executive Dean of the Faculty of Health and Medicine



For Alastair, the fact that cancer sits at the intersection of a wide range of interconnected factors is important.

“Cancer is really the point at which society meets medicine, because it encapsulates so many aspects of our lives, ranging from environment, education, lifestyle, access to primary care, poverty, deprivation, and many other things besides. Understanding the interplay of these issues at a community level is vital to effective cancer prevention and treatment, as otherwise the problem will only ever be tackled piecemeal.”

Alastair Richards
CEO of North West Cancer Research

Sakthi picked up on this point and mentioned that the “technocratic” nature of the NHS can be a problem as it’s not always “human focused”. He said: “We need to look at the wider things going on around people when they’re diagnosed with cancer. We tend to compartmentalise it into being about tests and schedules, when we should be looking at the family, people’s jobs and the wider situation.”

Lisa argued that, as the first port of call for most people, primary care is essential to achieving early diagnosis and even prevention. She said: “I don’t think we listen to the words that people are saying when they sometimes present with problems to their GP and are talking about their experience. This is particularly the case for women, who can struggle to get their concerns taken seriously.

“We listen for what we are wanting them to say. For instance, you might have someone who is very fit and healthy saying that they’re very tired, they may be sent on their way and may take up to two years to be listened to.”

Daren discussed the urgency with which the region, and the country, needs to get better at early diagnosis. He said: “The rate of diagnostics, indeed the whole ability to pick up cancer at an early stage, is woefully poor in this region. It’s woefully poor in the UK, particularly in my area of specialty, as in pancreatic cancer we’re one of the worst performing countries in the world.”

“Primary care is crucial because it is the first port of call, and we should remember this.”

Tim Farron
MP for Westmorland and Lonsdale





Empowering Individuals and Promoting Self-Advocacy

The attendees reflected on the fact that many of these issues are related and often revolve around the need to make individuals feel empowered to keep themselves healthy, both physically and mentally. Critically, everyone needs to be supported in this way, regardless of background or circumstances, if the region is to see an improvement in its cancer rates.

David highlighted how, as a society, we have become more “passive” and how there is a need to feel empowered to make decisions. He said: “People don’t feel like they are in the driving seat and feel almost paralysed as soon as they get a diagnosis. So how do we encourage people to be more energised and stay in the driving seat?”

“Waiting one day for more news is excruciating, but most people move into a very passive place where they just wait to hear what happens next.”

David Blacklock
Chief Executive of Healthwatch Cumbria

Alastair added: “It’s about asking the questions and feeling that you will be heard. The power of individuals should not be dismissed – the power of self-advocating and feeling able to ask the questions that you want the answers to. The ability to ask a good question, is as important as exercise.”

Sakthi said: “We’re at risk of people becoming customers, rather than remaining citizens, when interacting with the NHS and our public services. So how do we get the business side of the NHS right, in terms of being efficient and cutting waiting times, while also bringing out the citizens in us instead of being customers of the state?”

“Achieving this means taking action in a variety of ways and being aware of all the things that we can do ourselves. Part of this is creating the right conditions that will help, such as a better food system and dealing with smoking.”

Dr Sakthi Karunanithi
Director of Public Health at
Lancashire County Council

Daren discussed how patient empowerment can be facilitated within clinical settings. He said: “I encourage second opinions all the time, because my role as a doctor is to provide the treatment options and explain them. Your role as a patient is to make a decision on what you want. I am not in charge; the patient is in charge.”



Dr Sakthi Karunanithi and Daren Subar

The diversity of communities should also be considered here, according to Jo.

“We have an incredibly diverse community. There are certain parts of our community who wouldn’t know how to ask the questions, so this should be considered when thinking about how we empower individuals.”

Distinguished Professor Jo Rycroft-Malone
Executive Dean of the Faculty
of Health and Medicine

Lisa expanded on this point, highlighting that those working in the healthcare sector have a role to play in speaking out and helping to empower patients.

“I want the people working in the system to stop being complicit and speak out. There’s a narrative that we are lucky to receive the care and so people don’t want to ‘make a fuss’. And I think the staff should feel encouraged to raise concerns, too.”

Dr Lisa Ashmore
Associate Dean at Lancaster University’s
Faculty of Health and Medicine and Clinical
Academic Therapeutic Radiographer

Key Takeaways

1 Cancer plan

A regional cancer manifesto is urgently required that provides a long-term strategy to address prevention as well as treatment. This plan needs to incorporate in-built evaluation measures and account for local decision-making, to ensure healthcare strategies, infrastructure and outreach align with the needs of individual communities. Localised engagement and education must be central pillars as well as factoring in diagnostics, treatment capacity, workforce development and equipment.



4 Prevention and primary care

Treatment must focus more on early diagnosis and personalised care to create a truly patient-centred care pathway. The idea of 'prehabilitation' should be explored, with the aim of improving patient fitness before major healthcare interventions and making sure that people live healthier, longer lives. The system clinicians operate in can better facilitate this by being less technocratic and giving staff more opportunity to speak out on key issues. Systemic changes will help avoid vital changes being bogged down in bureaucracy.

2 Geography and localising decisions

Long travel times to receive treatment is an issue for many of the region's residents. Increasing the number in satellite treatment hubs and diagnostic centres, especially in rural areas, is critical to ensure easy access to life-saving care. Decentralising powers would improve governance and accountability in cancer services, while vertical integration between local and national authorities will enhance care quality and health outcomes.



5 Individual empowerment & the power of self-advocacy

Individual empowerment is central to maintaining both mental and physical health. Patients should be encouraged to be more critical and to be enabled to fully participate in shared decision making. Health care systems need to consider how to better facilitate this so patients can make well-informed decisions at every stage of their care.



3 The right messages

Research is needed to establish effective messaging tools and advocacy strategies to raise awareness on cancer prevention and screening. The research should explore how to frame discussions to engage the public, activate citizens and go beyond the NHS context to include lifestyle factors and overall health. The cultural sensitivity of cancer services and information must be improved by ensuring that diverse patient perspectives and needs are reflected in care, such as addressing language barriers and screening accessibility.



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