MANCHESTER CITY COUNCIL
REPORT FOR INFORMATION

Committee: Health and Well-Being Overview and Scrutiny
Date: 21 July 2008
Subject: Early detection and prevention of cancer
Report of: Public Health Consultant
Manchester Primary Care Trust

Purpose of report:

To provide the Committee with an update of the range of initiatives designed to encourage Manchester residents to present earlier to services if they are worried about cancer symptoms and to highlight a number of key developments in cancer screening services, specialist services and primary prevention with a particular focus on tobacco control

Recommendations:

The Committee is asked to:
1) Note the report
2) Comment on the campaign work undertaken to date to encourage early presentation (see section 2.1)
3) Identify how the City Council can best support efforts to increase the uptake of screening programmes by Manchester residents (see section 3)
4) Comment on the developments at the Christie (see section 4)

Contacts:

Sue Longden
Public Health Consultant
Manchester Primary Care Trust
0161 958 4151 / 4022
sue.longden@manchester.nhs.uk

David Regan
Director, Manchester Joint Health Unit
0161 234 3981
d.regan@manchester.gov.uk

Chris Love/Paul Nethercott
Manchester Public Health Development Service
0161 861 2900
chris.love@manchester.nhs.uk
paul.nethercott@manchester.nhs.uk
Dr Chris Harrison
Medical Director
Christie Hospital NHS Foundation Trust
0161 446 8065
Chris.Harrison@christie.nhs.uk
1. National, Regional and Local Strategic Context

1.1 National Cancer Reform Strategy (CRS)

Published in December 2007, this is the latest document to detail the national strategy to tackle cancer. It builds on progress made since the publication of the NHS Cancer Plan; recognises key challenges and opportunities for improving outcomes; sets out a clear direction for the next five years and shows how the UK will deliver cancer outcomes which are amongst the best in the world.

It is written in the context that the incidence of cancer is increasing, as people live longer. More people are alive having survived cancer and scientific understanding of cancer is improving greatly. There are new opportunities for early diagnosis (genetics; screening; new diagnostic technologies) and many new treatments in the pipeline. The strategy recognises that there is considerable potential to introduce new service models to improve convenience and outcomes for patients.

The CRS outlined 6 key areas for action:
- Prevention
- Diagnosing cancer earlier
- Ensuring better treatment
- Living with and beyond cancer
- Reducing cancer inequalities
- Delivering care in the most appropriate setting

And 4 key drivers for delivery:
- Using information to drive quality and choice
- Stronger commissioning
- Funding world class cancer care
- Planning for the future

The rationale for focusing heavily on prevention is that over half of all cancers could be prevented. The CRS includes actions on smoking, obesity, alcohol intake, skin cancer and raising awareness.

It includes ten pledges on behalf of the NHS:
- More will be done to help you to reduce your risk of developing cancer;
- An increased likelihood of your cancer being detected earlier;
- You will have access to high quality treatment at every stage of your cancer journey;
- Whether you are living with or beyond your cancer, high quality information and support, tailored to your personal needs will be available;
- Irrespective of who you are or what your background is, the NHS will work to give you access to the best possible cancer experience and outcomes;
- Your care will be delivered in the most clinically appropriate and convenient setting for you;
You will be able to access information about the performance of your cancer services, enabling you to make informed choices which reflect your priorities;

- Your PCT will be supported in ensuring that the best possible cancer services are available for you;
- Your NHS cancer services will continue to be properly funded; and
- We will keep striving to improve the quality of cancer services.

1.2 North West Cancer Plan

The North West Cancer Plan recently issued is a response to the CRS, identifying the actions that will be taken in the North West.

The chapter on the prevention of cancer includes pledges to implement the tobacco control plan, to use the “Our Life” programme to push for a decrease in hazardous and harmful alcohol consumption, to strive towards reducing obesity and a pledge to campaign for the greater regulation of sun beds to protect against skin cancer. There is also a chapter on diagnosing cancer earlier and GPs will be given improved access to diagnostic facilities, such as imaging.

The North West wants to be the first area in the country to obtain high quality information about the stages of cancer at diagnosis. This will enable an understanding of stage and spread of cancers, how regional outcomes compare with other areas and a benchmark against which to measure success. Funding has been identified at Regional level to collect and analyse these figures.

The Plan refers to the Healthy Communities Collaborative work in Manchester as potential model for regional roll-out in the work of promoting the early presentation of cancer symptoms (see section 2.2)

Clinical pathways for the early referral, diagnosis and treatment of cancer are currently being developed and rolled out across the region. The Plan also states intent to commission research into the feasibility of a UK trial of screening for lung cancer, working with the National Cancer Research Institute.

1.3 Manchester PCT Cancer Programme Board

Manchester PCT has recently established a Cancer, End of life and Palliative Care Programme Board. The vision of the programme is to deliver the national and regional cancer reform strategy locally, building on the progress made since the publication of the Cancer Plan in 2000 and sets out a clear direction for cancer services for the next five years.

The programme set out actions across the ten key pledges identified in the Strategy and is comprised of 3 sub-groups:

- Improving the prevention and early diagnosis of cancer
- Increasing access to high quality cancer care and cancer outcomes
- Delivering the best palliative care options and care during the end of life.
The sub-groups report to the Board and the Senior Responsible Officer is Debbie Nixon, Director of Commissioning at Manchester PCT.

Many of the initiatives described in this report will now be overseen by this Board to ensure a co-ordinated and integrated approach.

1.4 Targets

Manchester has been set a target to reduce the death rate from all cancers in people aged under 75 by at least 20% by 2010 (from 1996 baseline).

Based on current trends Manchester will just miss the target as the graph above demonstrates. However if the programmes described below are delivered successfully the target may yet be achieved.

2. Early Detection: Campaigns and Projects in Manchester

2.1 Don’t Be A Cancer Chancer

2.1.1 Background

In partnership with the NHS, local authorities and key supporters the Christie Hospital launched the Manchester versus Cancer Alliance in March 2007 to help improve the early detection of cancer across Greater Manchester. It was estimated by the Christie that 500 lives could be saved in Greater Manchester each year if people went to their GP early.
The first phase of Manchester versus Cancer developed the innovative and targeted ‘Don’t Be A Cancer Chancer’ campaign encouraging people to go to their GP with suspected cancer symptoms.

This campaign had a strong and simple message: ‘Catching it early could save your life’. The pilots in Atherton (Wigan), Hollinwood (Oldham) and Harpurhey (Manchester) took place in March/April 2007 and following positive evaluation, the decision was taken to roll the campaign out in Wigan and north and east Manchester because of the high incidence of cancers in these areas.

### 2.1.2 March 2008 Campaign

The Joint Health Unit commissioned the local campaign utilising Department of Health resources. A dedicated part time project manager was appointed and based with the Manchester PCT (Public Health Development Service) with additional support from:

- Health Trainers from Public Health Development Service
- Private sector marketing expertise
- Volunteers from Manchester Events
- Healthy Communities Collaborative (HCC) volunteers
- Community Guardians
- Healthy Living Network Staff
- Ward Co-ordinators and Support Officers

Information packs were disseminated to each GP practice, pharmacies and dental practices. They included:

- A5 fliers for patients to take away and read
- Posters
- Tent cards (to stand on counters and desks)
- Found card (this was a postcard to be displayed on notice boards with messages such as “found – lump in breast” alongside the key messages of the campaign)
- Letter addressed to the practice manager re-iterating the importance of the campaign

Additional resources were distributed to:

- 200 information packs delivered by the team to local shops
- 107 public houses from across the ten wards received beer mats and posters
- Bookmakers
- Police stations
- Employees at various organisations (e.g. First North Western Buses)
- Community and voluntary groups

Paid for advertising was sourced by external providers and for four consecutive weeks in March, advertisements with the campaign message and logo were placed in the North and East Manchester Advertiser as well as:

- 40 separate advertisements placed on bus stops
- 25 billboards advertisements forty eight sheets in size
- 6 ninety six sheet size billboard advertisement boards
The campaign was officially launched on 11th March at the VASA Club in North Manchester by Councillor Basil Curley the Executive Member for Adult Services at Manchester City Council and Dr. Sally Bradley, the Director of Public Health from Manchester Primary Care Trust. Alex Williams MBE and Director of City in the Community, Manchester City Football Club also attended to offer his support. The Launch received extremely positive media coverage and was well attended.

2.1.3 Campaign evaluation

Prior to the end of the campaign, an independent evaluation was undertaken on behalf of the Manchester Versus Cancer Alliance and a total of 318 street interviews took place in the period up to the week of 17th March. The result from these interviews showed that:

- When prompted, 45% of those spoken to, recalled seeing the campaign; compared to the pilot evaluation during which 36% recalled the campaign when prompted.
- 54% of these recalled seeing all four key messages of the campaign
- 99% of those recalled one of the actual campaign channels used with posters the key channel remembered
- A third remembered the ambient elements of the campaign and seeing the campaign trailer, although at the time of the independent evaluation only six out of the ten dates scheduled for the trailer had been undertaken.
- 61% recalled spontaneously that the key message of the campaign is to visit your GP with any of the listed symptoms
- 17% were aware that catching it early can save your life
- 10% were aware of the need to look out for symptoms/check yourself.
- 85% of those asked viewed the campaign as “very” or “quite” good compared with 72% in the pilot in the previous year
- When asked about their reaction to the campaign messages, over half claimed the adverts would make them go and see their doctor.

Throughout March 2008 the campaign provided an opportunity for 1962 members of the general public to access health information and advice in relation the three major cancers – breast, bowel and lung. Of these, 1510 accessed information from the trailer whilst at various locations in the city and the remaining 452 were given advice whilst at an organised event within their community.

2.1.4 Summary and next steps

The campaign has successfully achieved what it set out to do and the results of both the Manchester and Wigan campaigns will be analysed further to look at presentations to primary care. In addition Manchester PCT will consider additional investments in similar social marketing campaigns over the next few months. The views of members on this type of approach are requested.
2.2 Healthy Communities Collaborative

This project has been commissioned by the Department of Health and Manchester is one of ten Primary Care Trusts taking part. It is a two-year project that will also focus on wards in North Manchester because of the high cancer rates. The three wards participating are Harpurhey, Charlestown and Cheetham.

There are similarities with “Don’t Be a Cancer Chancer”, in that the focus is on people at risk of breast, bowel and lung cancer. However the focus of the project is more in depth as it involves local residents, primary care teams and hospital staff in the design and delivery of activities that will make a difference.

To date the project has:

- Recruited 15 volunteers from the three participating wards;
- 10 health professionals have been advising and acting in a mentoring capacity;
- Held 3 workshop events designed to encourage team building and setting of goals & activities;
- Delivered 20 local awareness events
- Been recognised as a leader in developing peer support and engagement mechanisms – community members talking to & supporting local people;
- Held an extremely successful interactive health awareness session on DM Digital, an Urdu speaking digital television channel based in the Manchester area.
- Delivered a health education/awareness play for South Asian women on Bowel Cancer screening; this was developed and performed by local women. This light hearted play explained the importance of taking up the bowel screening opportunity once the kit arrives in homes and promoted the importance of going to a GP if someone has an unexplained change in bowel habit and not to ignore the various symptoms. The event was covered by The Asian LITE free newspaper.

Future plans for the project over the next 2 months include working in collaboration with Macmillan Cancer Support to provide health information stalls in local areas including Harpurhey/North City Market.

The Programme will be evaluated along with the other nine national sites.
3. Screening

3.1 Bowel Cancer Screening Programme (BCSP)

3.1.1 National background

The programme will initially invite men and women aged 60-69 and as a result of The Cancer Reform Strategy the age range will be extended in 2010 from 70 – 75 years.

Colorectal cancer is the third most common cancer in both men and women. If identified early it can be cured. However it is difficult to recognise, as the symptoms are often not reported at an early stage, as they can be the same as those for other common conditions e.g. piles. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16% (Cochrane Database of Systematic Reviews, 2006). Bowel cancer screening aims to detect bowel cancer at an early stage and detect polyps, which can easily be removed reducing the risk of bowel cancer developing.

3.1.2 Local context

The BCSP is a national programme and Bolton PCT has led the co-ordination of the programme across Greater Manchester. Manchester residents will be served by 2 local screening centres (LSCs):

Pennine LSC, based at Fairfield, covering the population of Bury, Oldham, Rochdale, Heywood and Middleton and North Manchester PCTs

Withington LSC, based at Withington Community Hospital, covering the population of Central and South Manchester, Tameside, Trafford and Stockport PCTs.

The local screening centres provide endoscopy services and specialist screening nurse clinics for people receiving an abnormal result. Patients from the Northern areas of Manchester PCT linking to the Pennine Screening Centre will be invited to see a specialist screening nurse at the Higher Openshaw Health Centre before being sent to Fairfield for colonoscopy. The Withington LSC is expected to start operating at the end of this year.

The screening cycle is bi-annual on even numbered birthdays, and people over 70 can opt into the programme. The aim is to achieve 60% uptake. There is 1 whole time equivalent (WTE) health promotion post working across the Pennine footprint. In addition there is a 0.5 WTE post based in the Manchester Public Health Development Service who will undertake targeted outreach in areas of highest deprivation. It is anticipated that through the PCT Improving Health in Manchester (IHiM) process there will be additional resources allocated to promote screening as previous programmes and uptake statistics demonstrate that it is challenging to promote uptake in areas of highest deprivation and with black and minority ethnic groups. There will also be sector wide media campaign, which has commenced with advertisements in the North East Advertiser.
Planning around promoting the programme locally and improving uptake will be based on the following key determinants:

- Lower take up of screening services in older ages (60+)
- Higher rates of bowel cancers in men than women after the age of 50+
- Uptake rates falls with increasing levels of deprivation
- Positive test rate highest in areas with high proportion of people of Indian subcontinent, e.g.; South Asian.

3.1.3 Training, promotion activities and evaluation

To aim to achieve uptake rates and promote the programme, there will be two strands of planned staff training & local promotional activity:

1) Clinical/Primary Care Staff
   Tiered rollout of training for clinical staff
   - Tier 1: District Nurses/Health Visitors/Community Nurses
   - Tier 2: Healthcare Assistants/Practice Managers/Reception staff
   - Tier 3: All staff who were unable to attend previous sessions

Training for primary care staff will begin in September and will be completed by end of November 2008 at the latest. The short training session will comprise of the following elements:

- Overview of Bowel Cancer – disease process, prevalence, morbidity & mortality.
- Overview of Screening programme
- How the programme works – who does what
- Role of primary care in supporting the programme
- Role of health based staff in promoting the programme and supporting people who have received screening kits
- Signposting to other professionals and services; including links with hospitals

2) Community groups and third sector organisations working with older people with involvement from Healthy Community Collaborative volunteers:

A systematic programme of community engagement and awareness raising across North Manchester area with identified target groups including:

- Large scale, headline events
- Attendance at lunch clubs, health forums and social venues
- Poster & leaflet distribution across identified venues in wards; targeting hair salons, barbers, pubs, clubs, betting shops, restaurants and shops.
- Mail-shots to organisations – following Bolton PCT’s scheme of structured, sequential release of posters
- Development of local resources with area specific information
- Development of translated resources where appropriate
- Possible aural resource – storytelling project or recorded information, using CDs
o Peer training opportunities – following example of Asian Women’s theatre project
o Identifying a health champion to facilitate peer engagement in targeted communities

Evaluation of health promotion activity will take place at 6 and 12 month intervals as evidence from other parts of the Greater Manchester region suggest that this time frame is recognised as being of sufficient length to allow awareness of the programme to permeate the local population. It also provides a sufficient amount of time to allow a critical mass of invitees to engage with the screening programme, through invitation and participation.

3.2 Breast Screening Services

3.2.1 National background

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves an x-ray of each breast - a mammogram. The mammogram can detect small changes in breast tissue, which may indicate cancers, which are too small to be felt either by the woman herself or by a doctor. The NHS Breast Screening Programme provides free breast screening every three years for all women in the UK aged 50 and over. Women aged between 50 and 70 are routinely invited. The cost to the PCT is approximately £37.50 per woman invited or £45.50 per woman screened.

Because the programme is a rolling one, which invites women from GP practices in turn, not every woman will receive an invitation as soon as she is 50. But she will receive her first invitation before her 53rd birthday. Once women reach the upper age limit for routine invitations for breast screening, they are encouraged to make their own appointment.

The latest research shows that the NHS Breast Screening Programme is now saving 1,400 lives every year in England. There are around 80 breast screening units across the UK. Women are invited to a specialised screening unit, which can be hospital based or mobile, depending upon facilities in their area.

3.2.2 Local context

Breast screening services for women in Manchester are provided by the Greater Manchester Breast Screening Programme (GMBSP). GMBSP is one of the largest in the country. 51,878 women were invited in 2006/07; of those 15,665 were Manchester residents or registered with a Manchester GP.

Manchester PCT is the lead commissioner of GMBSP on behalf of Manchester, Tameside, Oldham, Salford and Trafford PCTs. Via a commissioning group, with partners from stakeholder PCTs, Manchester PCT monitors the delivery of GMBSP and compliance with national targets, influences service redesign in line with local population need, has agreed a service level agreement (SLA) and oversees its implementation.
Until recently, the GMBSP programme office was based in the Nightingale Centre at Withington Hospital. In July 2007, it relocated to Wythenshawe Hospital, necessitating the movement of staff, thousands of patient records and the infrastructure to support appointments and patient management.

The latest available figures for breast screening coverage are summarised below:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>75.9</td>
<td>76.0</td>
</tr>
<tr>
<td>Tameside</td>
<td>66.3</td>
<td>61.9</td>
</tr>
<tr>
<td>Salford</td>
<td>62.8</td>
<td>62.1</td>
</tr>
<tr>
<td>Oldham</td>
<td>65.0</td>
<td>64.6</td>
</tr>
<tr>
<td>Manchester</td>
<td>64.0</td>
<td>65.1</td>
</tr>
<tr>
<td>Trafford</td>
<td>66.9</td>
<td>74.6</td>
</tr>
</tbody>
</table>

Note: Coverage- percentage of women eligible who have a test recorded in the past 3 years.

### 3.2.3 Quality Assurance

The NHS Breast Screening Programme is nationally coordinated. It sets national standards, which are monitored through a national quality assurance network. For England, there is a national coordination office, based in Sheffield, and an advisory committee which oversees the programme and reports to government ministers.

NHS screening services are required to meet minimum standards and are monitored by regional quality assurance reference centres (QARC). Planned QARC visits occur every 3 years. The last routine assessment of GMBSP took place on 10th May 2007. It highlighted aspects of good performance and key challenges.

Positive aspects were that screening outcomes are very good and that patient satisfaction in those who attend for screening is high.

Key challenges included the relocation of GMBSP to new premises, which was predicted to result in significant down time. With considerable effort from the staff in the screening office, the move was completed without impact upon the delivery of screening services.

Another key challenge arose as a result of the extension to the eligible population. Breast screening operates on a 3 year “round”. Coverage is defined as the proportion of eligible women resident in the programme area who have had a test with a recorded result in the previous 3 years. In 2005, the ages of women invited for screening extended from 50-64 years to 50-70 years. In common with other providers nationally, extra demands were placed upon GMBSP and it became impossible to offer appointments within the required 3-year “round length”. It is crucial that the round length is met. If
women are screened within the 36-month interval the incidence of “interval cancers” (i.e. those developing between screening appointments) is very low. This risk rises as the interval increases. A round length recovery plan was agreed. This was achieved for Manchester women in April 2008.

It was also noted by the QARC that sites for the location of the mobile breast-screening unit in Manchester were very difficult to identify. Appointments for screening are offered according to GP clusters, often extending to large geographical areas. This means that women may be asked to travel some distance to attend appointments. Location of the mobile unit is difficult in that it is not particularly “mobile”, needing very specific facilities and services.

A PCT operational group has been established with representation from GMBSP, PCT public health, estates, finance, access and inclusion team and local residents. The terms of reference will identify screening sites and strategies to increase uptake of appointments. Recent work in Wythenshawe has identified women who wish to become involved.

3.2.4 Work to improve uptake of appointments

The PCT operational group also focuses on other issues affecting service delivery and local round length, including the co-ordination of health equity audit and local initiatives to increase access and inclusion.

Between March and May, the mobile screening unit was located at the Kath Locke Centre. Health trainers worked in local GP practices and community settings to promote uptake of screening. The results of that screening round are not yet available.

The next site for the mobile unit is at North Manchester General Hospital, in September and October, inviting women from Cheetham and Crumpsall GPs. An action plan has been developed to promote attendance. There is a concern, however, that this coincides with Ramadan and many of those invited will be Muslim women.

Until recently, no routine data were readily available from GMBSP for coverage by electoral ward, postcode or ethnicity. This is a barrier to the monitoring of access and inclusion by the PCT. This information requirement was incorporated into the Service Level Agreement (SLA) and work is now being done to ensure its systematic recording and reporting.

In addition to improving the commissioning and performance management of breast screening services, work is ongoing to engage local communities in health promotion. On 20th June, a questionnaire was sent to 4,712 women in Wythenshawe and Newall Green to ask for their feedback on all aspects of their experience of the breast screening service. By 4th July, 462 responses had been received. All responses are currently being analysed.

Emerging themes are around the appointment system and contact with the screening office, location of screening units and transport, access for women with disabilities, information sent with appointments, attitudes of staff, ability to
obtain time off from work to attend and dignity and privacy and praise for screening staff.

3.2.5 Future challenges

Although in the previous table, Manchester’s coverage figures compare favourably with neighbouring PCTs, this is as a result of round length not being achieved in those PCTs. When attendance at appointments is measured, not taking onto account the requirement to record results within 36 months, Manchester performs less well in comparison to its neighbours. It is crucial that local women’s views and experiences inform the PCTs plans to increase uptake of appointments. The work with women in Wythenshawe is being rolled out across the city in the autumn.

The recently published Cancer Reform Strategy announced that the NHS Breast Screening Programme would extend the age range of women eligible for breast screening to ages 47 to 73 over time. This means that, nationally an extra 200,000 women a year will be screened. The figures for Manchester, including extra requirements for screening equipment, clinical and support staff are being calculated. It is imperative that sufficient capacity is built into the GMBSP prior to extension of the age range; otherwise the experiences of 2005 will be repeated, with the potential slip to the round length. No new national monies have been announced to support the extended programme. This has been raised as a cost pressure within Improving Health in Manchester process.

The Cancer Reform Strategy also announced that all breast screening would move to being provided using digital equipment. It is anticipated that this will be rolled out, as existing analogue equipment is due for replacement. A considerable amount of the analogue equipment used by GMBSP is due to be replaced. This will be costly. There are also issues with digital equipment in the current mobile units - the vans will need to be able to maintain humidity and temperature levels and there are issues with stability when the vans are moved. Making the vans suitable for digital equipment may not be possible and may necessitate a move to more static sites. This is a national problem, but with clear local consequences.

3.3 Cervical Screening

3.3.1 National background

The NHS Cervical Screening Programme aims to reduce the number of women who develop invasive cervical cancer. Early detection and treatment can prevent 75% of cervical cancers developing. It does this by regularly screening all women at risk so that conditions which might otherwise develop into invasive cancer can be identified and treated.

Cervical screening is not a test for cancer, but a method of preventing cancer by detecting and treating early abnormalities, which, if left untreated, could lead to cervical cancer.
In England, all women between the ages of 25 and 64 are eligible for cervical screening. The NHS call and recall system invites women who are registered with a GP and keeps track of women requiring any follow-up investigation. The programme operates as follows: first appointment offered at 25; 3 yearly screening between the ages of 25 and 49; 5 yearly screening between the ages of 50 and 64; women aged 65+ are only screened if they have not been screened since the age of 50 or have had recent abnormal tests.

The effectiveness of the programme can also be judged by coverage. This is the percentage of women in the target age group (25 to 64) who have been screened in the last five years. If overall coverage of 80 per cent can be achieved, the evidence suggests that a reduction in death rates of around 95 per cent is possible in the long term.

### 3.3.2 Local context

In 2006/7 the coverage of eligible women in Manchester was 74%, compared with an England figure of 79.2%. There is concern nationally and locally, that the uptake of appointments by women in the 25-34 age range is decreasing.

### 3.3.3 Quality Assurance

In a similar manner to breast screening, the NHS Cervical Screening Programme is nationally coordinated, with national standards monitored through regional quality assurance reference centres (QARC).

### 3.3.4 Work to improve uptake of appointments

In 2005-06, Central Manchester PCT piloted a coverage project, under the guidance of the QARC. This project aimed to target women from black minority ethnic (BME) groups and hard to reach groups including refugees, asylum seekers and overseas students through the use of through Community Health Educators (CHEP) and Health Trainers. This project, although small scale, demonstrated some effectiveness. The main lesson learned was the positive role that locally recruited health educators and health trainers had in engaging with local women.

A proposal has been submitted, via Manchester PCT’s improving Health in Manchester process, to increase capacity within the health trainer workforce and healthy living networks, in order to promote the uptake of cancer screening in groups with low uptake. To complement this, a proposal has also been submitted to improve the quantity and quality of patient information that is held within General Practices. Improving information will facilitate improved health equity audit, identification of pockets of low uptake according to factors such as location, deprivation or ethnicity and effective targeting of groups for health promotion.

### 3.3.5 Future challenges

The latest evidence shows that almost all cervical cancers are associated with certain “high risk” types of a virus, known as Human Papilloma Virus (HPV). Women with no evidence of high risk HPV infection are extremely unlikely to
develop cervical cancer. HPV is a very common infection amongst people who have been sexually active and often has no symptoms. In most cases the infection clears spontaneously with no long-term effect on health. In 20-30% of women, however, the infection persists and may lead to cervical changes. These pre-cancerous changes develop very gradually.

It is possible to protect against the “high risk” types of HPV by vaccination. National policy on vaccination is decided by the Joint Committee for Vaccination and Immunisation (JCVI). The JCVI has recommended that HPV be added to the national programme for girls in school. Extra funds

In order to protect against HPV, it is crucial that vaccination is offered before girls become sexually active. Research has shown that, in order to be confident of this for the overwhelming majority of girls, vaccination should be offered during the second year at high school (Year 8). Therefore, HPV vaccination will be introduced into Manchester in September 2008, for girls aged 12-13. Then, starting in autumn 2009, a two year catch up campaign will vaccinate all girls up to 18 years of age. This catch up campaign will offer to vaccinate girls aged between 16 and 18 from autumn 2009, and girls aged between 15 and 17 from autumn 2010.

By the end of the catch up campaign, all girls under 18 will have been offered the HPV vaccine. When the HPV vaccination programme begins in 2008, women over the age of 18 will not be vaccinated, as it would not be cost effective in preventing cervical cancer. This is because as soon as a woman becomes sexually active, she is at risk of infection with the virus.

It will be many years before the vaccination programme has an effect upon cervical cancer incidence so women will be advised to continue accepting their invitations for cervical screening and work will continue in the PCT to promote the programme.

4. Christie Update

The Christie became a Foundation Trust in early 2007 and has now embarked on a major development programme. As well as supporting Manchester versus Cancer and the Healthy Communities Collaborative the Christie will also strengthen its research practice and develop Christie services at other sites in line with the Cancer Reform Strategy and the recently published Darzi Review and the North West Cancer Plan.

The committee is already aware of the approval of the Christie’s plans for additional radiotherapy centres at both Oldham and Salford. These centres will be part of the Christie service although they will be located in areas of Greater Manchester with high levels of need. The service will be provided by Christie staff, under Christie management and control to ensure high standards of care and governance. The first centre in Oldham will be operational by the end of 2009 with the second, in Salford, open shortly after. The enabling works required on the Oldham site have now commenced. The detailed plans for Salford are currently being agreed between the two trusts.
The Christie has also now approved the business case for a new chemotherapy and clinical trials unit on the Withington site. The building will also incorporate new private patients’ facilities to enable the Christie to compete with private sector providers in Manchester. This building will be on the current site of the Derek Crowther Unit, opposite the critical care building. This scheme will improve outdated chemotherapy facilities, the most common source of complaints about the service. It will double the capacity of the Christie to undertake clinical trials on new drugs, making it the largest early phase clinical trials unit in the world. Work to relocate the current facilities to a temporary position on the Christie site will commence towards the end of the calendar year so that the current Derek Crowther Unit can be demolished and building of the new unit commence.

Another major scheme is a joint development on the Kinnaird Road side of the site (across Wilmslow Road from the main hospital). This will provide the new research facilities needed to accommodate the expanding cancer research programme and attract the best cancer scientists and clinical researchers to Manchester. The plans for this scheme are being developed jointly by the Christie and the University of Manchester.

Finally the Christie has recently completed a revised 5-year strategy and alongside this has been consulting stakeholders about a possible change in the name of the organisation to better reflect the range of clinical services, research and education that takes place. Whilst the name “Christie” would always be retained other possibilities include “The Christie Cancer Centre”, “The Christie Comprehensive Cancer Centre” and “Christie”.

5. Primary Prevention: Tobacco Control

5.1 Smoke Free Manchester

The Manchester Stop Smoking Service (MSSS) played a pivotal role, working in partnership with Manchester City Council, to prepare for the introduction of national Smoke Free legislation on 1st July 2007. The Smoke Free Manchester Project Board and implementation team developed a coordinated strategy for the city which included managing a high profile communications campaign and monitoring the ongoing compliance both pre and post legislation. This innovative multi-agency approach to promoting health in Manchester was recognized as an example of good practice by reaching the finals in the Manchester City Council Awards for Excellence.

In response to the pending legislation the MSSS disseminated a workplace leaflet detailing practical advice about the legislation and information on quit support. The service also initiated a telephone survey of Manchester businesses conducted by the City Council, resulting in over 2000 workplaces requesting help and support. The Manchester Pub and Club Watch were also engaged to prepare licensees’ for the effective implementation of the new law. Manchester City Council recorded a 99% compliance rate with the new legislation in the first 6-months.
5.2 Stop Smoking Services

To proactively respond to the Smoke Free legislation, the MSSS initiated 14 additional drop-in stop smoking services to help cope with demand from local communities and trained a further 285 professionals to intermediate level status (total of 1513 intermediates now trained). The 4-week quit targets were achieved for 2007/08 with a quit rate of 43% supporting 9424 smokers who set quit dates with many accessing the Nicotine Replacement Voucher Scheme.

Number of clients accessing all Services 2007/08

<table>
<thead>
<tr>
<th>Area</th>
<th>No. of clients</th>
<th>Quitters at 4-week follow-up</th>
<th>Quit rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>9424</td>
<td>4080</td>
<td>43 %</td>
</tr>
</tbody>
</table>

Figures for the numbers of quitters across the city indicate that the service has been effective in engaging with smokers in the most deprived wards in Manchester. Using innovative approaches to reach manual groups via the Community Stop Smoking Advisor Scheme; South Asian Community road shows; a text Language Line and cessations services based in local markets; there was double the percentage of clients/quitters accessing the service in the 5 most deprived wards (quit rate 45%) in comparison to the 5 least deprived (quit rate 51%).

5.3 Smoking and Pregnancy

Other key achievements for MSSS in 2007/08 include a citywide fall in smoking prevalence in pregnancy of 4% to 19%; with delivery of services through the South Manchester hub achieving an outstanding 8% drop. A new partnership with Greater Manchester Fire and Rescue Service has resulted in 1,943 Manchester homes now registered on the Manchester Smoke free Homes Scheme; with 31% making a behaviour change to offer protection from second hand smoke for the youngest and most vulnerable within the community.

2007/08 also saw MSSS successfully secure World Health Organization funding to engage in a Europe-wide programme targeting communities to help reduce the exposure of children and young people to second-hand smoke. WHO have recognized the MSSS Smoke free Homes project as an example of good practice and wish to evaluate the scheme with a view to sharing key lessons; making recommendations and generating health benefits for European policy makers.

5.4 Tobacco Control and Young People

A radio campaign with Galaxy Radio raised the profile of the legal change in age from 16 to 18 for young people able to buy tobacco products on 1st October 2007. 120 primary schools received smoking prevention support
through the Manchester City “Smoke Free City” scheme. Dedicated work through the Stop Smoking Specialist Service targeted interventions in youth services, youth offending teams, schools and colleges and the City Centre Project for homeless young people.

Future work for the Manchester Stop Smoking Service will include the devolvement of the North West Smoke free Charter for Tobacco Control into a locality setting, engaging community networks to deliver tobacco control within their own.

6. Summary

Despite the availability of many excellent services, too many Manchester residents still die prematurely from various cancers. If Manchester could narrow the gap with England and people presented earlier, at least 190 lives would be saved each year. Furthermore if tobacco prevalence was reduced not only would there be less cancer related deaths but also a reduction in the number of deaths from heart disease, stroke and respiratory diseases.

The challenge is to continue to raise awareness, reach target communities more effectively and ensure that service responses are truly integrated.