

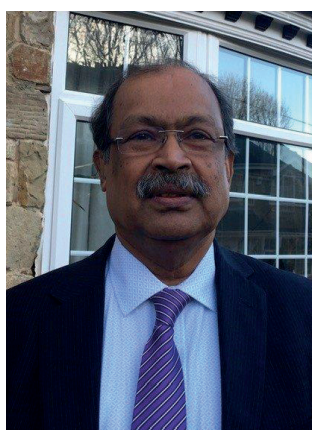


## Leeds Cancer Programme



Transforming  
cancer care  
together

**Welcome to our sixth edition of the Leeds Cancer Programme Stakeholder Newsletter. Over the next few pages we will share with you our activity and achievements that have taken place over the last few months. In this edition we focus on our ambition to reduce 'Health Inequalities' across the city to ensure that people in the most need get access to the care they need.**



**Dr Amal Paul, GP Partner, Lead GP and Primary Care Network Clinical Director, My life as a doctor in Harehills and the need for deep-rooted change**

"I have worked as a GP in one of the poorest areas of Leeds for over 20 years. My

practice on Roundhay Road treats a widely diverse and challenged community of Leeds residents who face barriers to accessing good quality healthcare, even though they need it the most. Sometimes this is due to lack of knowledge of what is available to them; often it can be language barriers or cultural perceptions of health services; sometimes it can be the sheer cost or logistics of travelling to healthcare providers; or mental health issues creating inaction.

Across Leeds, we know that in poorer, inner-city and southern areas people on average live ten

years less than residents in the more affluent northern areas, and also suffer many more years of ill-health. Sadly, cancer screening test uptake rates are much lower in the challenged areas of the city, compared to the north.

We need to consider the barriers and needs of individual communities and move away from a one size fits all approach that is sadly not reaching some of the most vulnerable in our communities.

Whilst some great work is being led in the city, and has in the past, we need to create a permanent focus for tackling Health Inequalities and not adopt a temporary project as a quick fix. Key to this is understanding the range and diversity of communities across the city. This includes talking to communities, understanding their differences and shaping services around the needs of the populations they serve. Leadership needs to reflect the diversity of our residents and make decisions based on the people who live in differing localities and different life experiences.

I will continue to raise and champion the issue of Health Inequalities in Leeds as I see on a daily basis the impact barriers to healthcare have on poorer communities".

## Interview with Louise Creswell, Public Health Leeds and Joanna Bayton-Smith, Leeds Cancer Programme on the city-wide approach to reducing health inequalities:

*Louise Creswell and Joanna Bayton-Smith, outline their work to reduce health inequalities relating to cancer in Leeds:*

### What is the key work being done across Leeds to address Health Inequalities?

**Louise:** "The Leeds Health and Wellbeing Strategy includes the dynamic vision to 'improve the health of the poorest the fastest' and all work streams across Leeds Cancer Programme support this ambition."

**Joanna:** "The ultimate aim of the Leeds Cancer Programme is to improve cancer outcomes across the population of Leeds with a specific emphasis and targeted approach to address health inequalities. As well as this, the NHS in Leeds has recently implemented their Health Inequalities Framework to ensure equality of access to health and care services in Leeds. By working together with partners across the health and care sector and with public and patient engagement, we aim to develop integrated plans to improve access to quality health and care services for all."

### What Health Inequalities are prevalent in Leeds?

**Louise:** "To identify Health Inequalities in relation to Cancer Prevention and Screening we use a range of both national and local data and evidence to identify the areas and communities in Leeds where there is lower uptake of screening tests, where cancer is diagnosed at a later stage, and where cancer is detected after a patient attend at emergency presentation. Working with the partner organisations across the health and care sector we have been able to secure funding to develop and implement ambitious programmes such as **Cancer Wise Leeds** funded by **Yorkshire Cancer Research**, to increase screening rates and provide greater equality of uptake in the three national screening programmes across Leeds. This programme complements and adds value to work already being delivered in Leeds including the Public Health commissioned **Leeds Cancer Awareness Service** which raises awareness of the signs and symptoms of cancer and encourages uptake of screening in the most deprived areas of Leeds. Also working to address the lower cancer screening rates in specific communities in Leeds is our **Primary Care Cancer Screening Champions** who follow up residents who do not book in for a test, or do not attend."

**Joanna:** "It is our ambition to develop and interrogate more local level data to inform our decisions on strategies which help to further reduce health inequalities in specific areas."

### How do you expect this work to make an impact?

**Louise:** "By really getting to know and understand the different populations and needs across Leeds we are able to make improvements and broaden access to health and care services depending on individual community needs. For example, in Bramley the Cancer Wise Leeds Team, working as part of the local Primary Care Network (PCN), carried out an analysis of local data and held discussions with local women which revealed that a number of women within a small geographical area were not accessing cervical screening due to the fact that clinics ran on weekdays when they were at work. In response to these findings a Saturday morning cervical screening hub was established resulting in women coming forward for screening who hadn't done so previously. Due to the success of this approach, other PCN's in Leeds are exploring opportunities to develop hub screening clinics."

**Joanna:** "We have also modelled this approach in our new **Community Cancer Support Service** jointly funded **Macmillan** and **Leeds CCG** where we have recruited health professionals to work with people who need cancer support in their own localities. The approach of identifying roles where professionals can get to know defined areas, understand its specific challenges, barriers or opportunities is key to making improvements and implementing services that will ultimately make a real difference."

### What are the priorities for the future?

**Louise:** "Continue to ensure we pilot and test ideas before we roll them out; ensure we share good practice; and work in an integrated way to make a co-ordinated impact and improve the health and lives of our more challenged communities."

**Joanna:** "Using local knowledge and data to inform our plans and look at specific cohorts and populations to improve their access to health and care and cancer services. This includes vulnerable people with learning difficulties and understanding our diverse communities."

## GP's Live Streaming

As part of a series of events by Leeds NHS Clinical Commissioning Group using social media channels to target a wider range of audiences, we coordinated and presented '**Cancer Facts and Fictions**' with three Leeds GPs and a cancer specialist from **Cancer Research UK**. The event was held remotely with each panel member presenting from their home or office via zoom then live streamed to Facebook between 6pm and 7.30pm on Wednesday 25th November 2020.

The session covered 'Cancer Facts' – Signs and Symptoms of Cancer by Dr Sarah Forbes, Associate Medical Director, 'Cancer Myths' – Common Misperceptions of Cancer Causes by Dr Amjid Khan, a Leeds Locum GP, and 'The Importance of Screening' by Lubna Latif of CR-UK. The event was introduced and hosted by Dr Mohammed Sattar, GP Partner at Woodhouse Medical Practice.

Following the three presentations, the panel responded to questions asked by viewers either in advance, or live on the night via Facebook's comments section. These were then relayed to the team in a WhatsApp Group and fielded to the appropriate panel member by Dr Sattar.

Over the course of the evening, the event attracted a smaller audience than anticipated, but this was then alleviated by people watching it in their own time with views currently totalling 1,800, (Feb 2021).

You can watch the live stream here:  
[https://fb.watch/1\\_rR0B\\_Km5/](https://fb.watch/1_rR0B_Km5/)

For more information please contact  
[mary.webb@nhs.net](mailto:mary.webb@nhs.net)

## Community Cancer Support Service - Our Health Inequalities Action Plan

The **Community Cancer Support Service** is now live in all six of the PCNs it will serve: Beeston, Wetherby, Middleton and Hunslet, Yeadon, Otley and Burmantofts, Richmond Hill, Harehills, Chapeltown.

These areas were chosen due to their contrasting demographics and the service has been focusing its recent efforts on understanding the needs of each population. The team has been working closely with **Local Care Partnerships** and scoping existing services.

To build an understanding of the challenges and opportunities, the service has developed a profile for each PCN including key demographical and deprivation information. The work has brought together data from the **Leeds Observatory** website including in depth ward health profiles along with

PCN Cancer profiles.

Information has been reviewed by the service with Public Health and will be used not only so the team better understands its patients and their environment but also to develop a local offer tailored to the needs of the people in each area. As a result CCSS are making plans to expand their service offer to Chapeltown PCN in early 2021.

## New Cervical Screening Hub – Increasing screening uptake amongst specific population groups



**Alex Cocker, Cancer Screening and Awareness Coordinator, Cancer Wise Leeds**

The **Cancer Wise Leeds** programme is funded by **Yorkshire Cancer Research** and delivered in partnership with Leeds Cancer Programme, led

by Leeds City Council, Public Health.

The programme aims to enable GP practices to improve bowel, breast and cervical screening uptake across the city and increase awareness of the signs, symptoms and risk factors of cancer amongst the public.

A Leeds network of Cancer Screening and Awareness Coordinators has now been established, and we are working within PCNs to support local NHS services.

Earlier this year, we supported the Bramley, Wortley & Middleton (BWM) PCN to carry out an in-depth analysis of their data which identified that across the PCN, cervical screening up-take was lower amongst patients aged 35-50 years.

In order to understand the reasons for the non-attendance of these patients, we conducted a phone survey of patients in that age bracket, which highlighted that the standard appointment times were not convenient for patients.

In response, we worked with the PCN to develop an improvement action plan, which outlined measures to increase access at convenient times by offering additional capacity of nurse screening appointments and establishing a clinic outside of practice standard hours.

As a result, BWM PCN linked in with Extended Access to set up a Cervical Screening Hub at Beech Tree Medical Centre in Bramley. The Hub



opened at the beginning of September, offering Saturday morning appointments to patients from GP surgeries across the PCN.

Each surgery is allocated appointments at clinic depending on population size and surgeries are specifically contacting non-attenders to offer them appointments at the Hub.

Martina Dalton, Operations Manager at BWM PCN, "We are thrilled to have a Cancer Wise Leeds Coordinator working within our PCN and providing us with crucial support to target specific population groups and increase screening uptake."

## Screening Champions Work in Leeds

The **Primary Care Cancer Screening Champion Programme** is targeted to practices in the more deprived areas of Leeds with an aim of increasing bowel and cervical screening uptake and therefore reducing health inequalities. This year, thirty-six practices in our most deprived practices took part. Champions have protected time to follow up non-responders and encourage and support uptake of screening.

During the first 2 years of programme delivery there has been a gradual increase in bowel screening uptake. Figures from Jan 2020 show that bowel screening uptake for Leeds was at 65.5% compared with 57.6% in Jan 2018, before the cancer screening champions programme commenced. This means that we are now exceeding the national target of 60%. The gap in bowel screening uptake between deprived and non-deprived Leeds is narrowing slightly.

Due to the COVID-19 pandemic, we were unable to deliver the 'Champion Workshops' in Leeds until October 2020, meaning as yet we don't have the data to see it's improvements and impacts.



## Leeds Cancer Awareness Digital Health Ambassadors

The Leeds Cancer Awareness team offer an online volunteering opportunity '**Digital Health Ambassadors**'. This involves members of the public joining a Facebook group and sharing the posts published onto the group's feed to their personal feed. This enables the Leeds Cancer Awareness posts to be seen more widely, meaning that more people are seeing potentially lifesaving information. It also means the 'Digital Ambassadors' are raising awareness to their friends or family.



In March there were 42 'Digital Health Ambassadors' involved but this has now increased to 93. The team post three times a week to the group, some volunteers have also been involved with writing guest blogs. The best performing post was about breast self-checking and included a Know Your Lemons infographic, this post was shared 72 times and reached over 13,000 people.

Due to the success of the 'Digital Health Ambassadors', Yorkshire Cancer Community contacted the team requesting advice on setting up their own 'Digital Champions.'

## Public and Patient Involvement – The FIT Leaflet

As part of our ongoing strategies to ensure our work across Leeds is relevant and understandable to all, we ensure patient and public engagement is at the heart of all we do. As an example, when Leeds implemented the new FIT (Faecal Immunochemical Test - a screening test for Bowel Cancer), we consulted with thirty patient and public representatives to ensure the accompanying leaflet supplied was clear for all to understand.

We invited patient representatives and members of the public to give feedback about the use of terminology and the images used. We also liaised with seldom heard communities regarding providing the leaflet in Urdu and Punjabi. During this time we received comments and feedback which were incorporated into the leaflet and revealed many good points.

## Macmillan Thanks Leeds Cancer Programme



In this 6th edition of Leeds Cancer Programme Stakeholder Newsletter we would like to thank Macmillan Cancer Support for their investment over 3 years in improving cancer treatment, care

and people's outcomes in Leeds. In a video by Macmillan's Chief Executive, Lynda Thomas, she explains how working on integrated programmes city-wide help Macmillan achieve it's objectives.

**Click here to watch the video.**