



## **HEALTH SCRUTINY FORUM**

FINAL REPORT

CANCER AWARENESS AND EARLY DIAGNOSIS

July 2012



**Report of:** Health Scrutiny Forum

**Subject:** FINAL REPORT – CANCER AWARENESS AND EARLY DIAGNOSIS

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**1. PURPOSE OF REPORT**

1.1 To present the findings of the Health Scrutiny Forum following its investigation into Cancer Awareness and Early Diagnosis.

**2. SETTING THE SCENE**

2.1 At the meeting of the Health Scrutiny Forum on 11 August 2011, Members determined their work programme for the 2011/12 Municipal Year. The issue of 'Cancer Awareness and Early Diagnosis' was selected as the main scrutiny topic for consideration during the year.

2.2 Figures from the Department of Health in 2011 indicated that Hartlepool's death from cancer rate was 159.1<sup>1</sup> per 100,000 population under 75 years of age, although this was an improvement on the 2010 rate of 164.3<sup>2</sup> per 100,000 population, it was still comparable to the worst in England.

2.3 NHS Hartlepool is currently promoting the regional campaign "Be Clear on Cancer" which highlights cervical, ovarian, bowel, lung and breast cancer. The campaign also emphasises how earlier detection can save lives, with several factors being highlighted to cause longer delays for patients with cancer, these include:-

- (i) Failing to recognise early cancer symptoms;
- (ii) Fear / reluctance to seek medical opinion on symptoms; and
- (iii) Awareness of screening programmes to detect cancer.

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<sup>1</sup> Association of Public Health Observatories, 2011

<sup>2</sup> Association of Public Health Observatories, 2010

- 2.4 For bowel, breast and cervical cancer there are screening programmes that patients can participate in to ensure that those cancers can be detected as early as possible, so potentially improving outcomes for patients
- 2.5 Although there are many factors which can contribute to a patient developing cancer, the NHS is quite clear that:-

*“Lung cancer is one of the few cancers where there is a clear cause in many cases – smoking. Although some people who have never smoked get lung cancer, smoking causes 9 out of 10 cases”<sup>3</sup>*

### **3. OVERALL AIM OF THE SCRUTINY INVESTIGATION**

- 3.1 The overall aim of the Scrutiny investigation was to evaluate the effectiveness of the delivery of early detection and awareness raising programmes for cancer, with specific reference to smoking cessation services.

### **4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION**

- 4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-
- (a) To gain an understanding of the levels of cancer in Hartlepool;
  - (b) To explore the methods for early detection and screening of cancer;
  - (c) To assess the impact and delivery of smoking cessation services; and
  - (d) To examine the impact of cancer awareness raising activities in the Town and what more can be done to improve outcomes for patients.

### **5. MEMBERSHIP OF THE HEALTH SCRUTINY FORUM**

- 5.1 The membership of the Scrutiny Forum was as detailed below/overleaf:-

Councillors S Akers-Belcher, Griffin, James G Lilley, Preece, Robinson, Shields, Simmons, Sirs and Wells.

Resident Representatives: Maureen Braithwaite, Norma Morrish and Ian Stewart

### **6. METHODS OF INVESTIGATION**

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<sup>3</sup> NHS, 2011

- 6.1 Members of the Health Scrutiny Forum met formally from 11 August 2011 to 5 April 2012 to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.
- 6.2 A brief summary of the methods of investigation are outlined below:-
- (a) Detailed Officer reports supplemented by verbal evidence;
  - (b) Evidence from the Authority's Portfolio Holder for Adults and Public Health Services;
  - (c) Verbal evidence received from the town's Member of Parliament;
  - (d) Detailed evidence and presentation received from representatives from Tees Public Health and NHS Tees;
  - (e) Comprehensive presentation from key cancer consultants and nurses from North Tees and Hartlepool NHS Foundation Trust; and
  - (f) Presentation by the Director from Fresh.

## **FINDINGS**

### **7 LEVELS AND CAUSES OF CANCER IN HARTLEPOOL**

- 7.1 Members were very keen to understand the levels and causes of cancer in Hartlepool as a baseline from which the Forum could then assess the impact of early diagnosis and awareness raising campaigns in the Town. Evidence gathered by Members in relation to the levels and causes of cancer in Hartlepool is detailed below:-

#### **Evidence on Levels of Cancer**

- 7.2 When the Forum met on 6 October 2011, Members received a comprehensive presentation from the Speciality Registrar in Public Health from the Tees Public Health Directorate. This presentation extracted some key elements of a much larger piece of work compiled in conjunction with the Executive Director of Public Health into an overview of cancer in Hartlepool.
- 7.3 In focussing on the levels of cancer in Hartlepool, Members were concerned by the figures presented to them by the Speciality Registrar in Public Health and noted the following headline figures:-
- (i) Cancer accounted for about 37% of the shorter life expectancy between Hartlepool and England (2006-08);
  - (ii) That between 1985-2008 the number of cancer cases in Hartlepool rose by 17%;

(iii) That by comparison to paragraph 7.3(ii) the number of cancers cases in the North East rose by 12% and in the rest of England by 15%;

7.4 Members noted that due to the small population sample per Ward area, there was no trend demonstrating less deprived areas had less cancer cases in fact the opposite was surmised as **Chart 1** overleaf confirms. Although the data related to old Ward areas, Members recognised that there was little change in the ward boundaries for the less deprived Wards, such as Elwick and Park, which showed higher numbers of cancer rates.

7.5 Members did, however, acknowledge that the higher cancer levels could have been due to the age profile of the ward and the level of uptake of screening, which was statistically often higher in less deprived areas. This may have been an explanation for the level of cancer mortality rates which were considerably better in Elwick despite the higher occurrence of cancer cases, as **Chart 2** overleaf indicates.

7.6 Members were particularly interested in the figures for the three most common cancers and at their meeting on 6 October 2012 the Speciality Registrar in Public Health provided the information collated in **Table 1** (below) in relation to the number of new cases of cancer from 1985 – 2008.

**Table1: Percentage Change in Number of Cases of Cancer from 1985-2008 in Hartlepool**

	<b>Lung Cancer</b>	<b>Bowel Cancer</b>	<b>Breast Cancer</b>
<b>Men</b>	- 43%	+ 78%	Not Applicable
<b>Women</b>	+ 5%	+ 56%	+ 62%

7.7 Although overall figures for the number of lung cancer cases in Hartlepool had fallen above the levels for the North East and England and accepting that lung cancer figures for men had dropped dramatically, Members of the Health Scrutiny Forum were somewhat concerned about the increase in lung cancer in women.

7.8 Despite the obvious improvements in the cases of lung cancer particularly for men, Members of the Forum were very concerned about the increase in both bowel and breast cancer cases. Members learnt that the level for bowel cancer was five times higher than the North East average and ten times the level in England. Whilst in relation to breast cancer although Hartlepool was just below the North East average of 70%, this was still significantly higher than the average increase across England of 15%.

Chart 1: Age Standardised Incidence Rate for all Cancers for Hartlepool by Electoral Wards 2003-2007

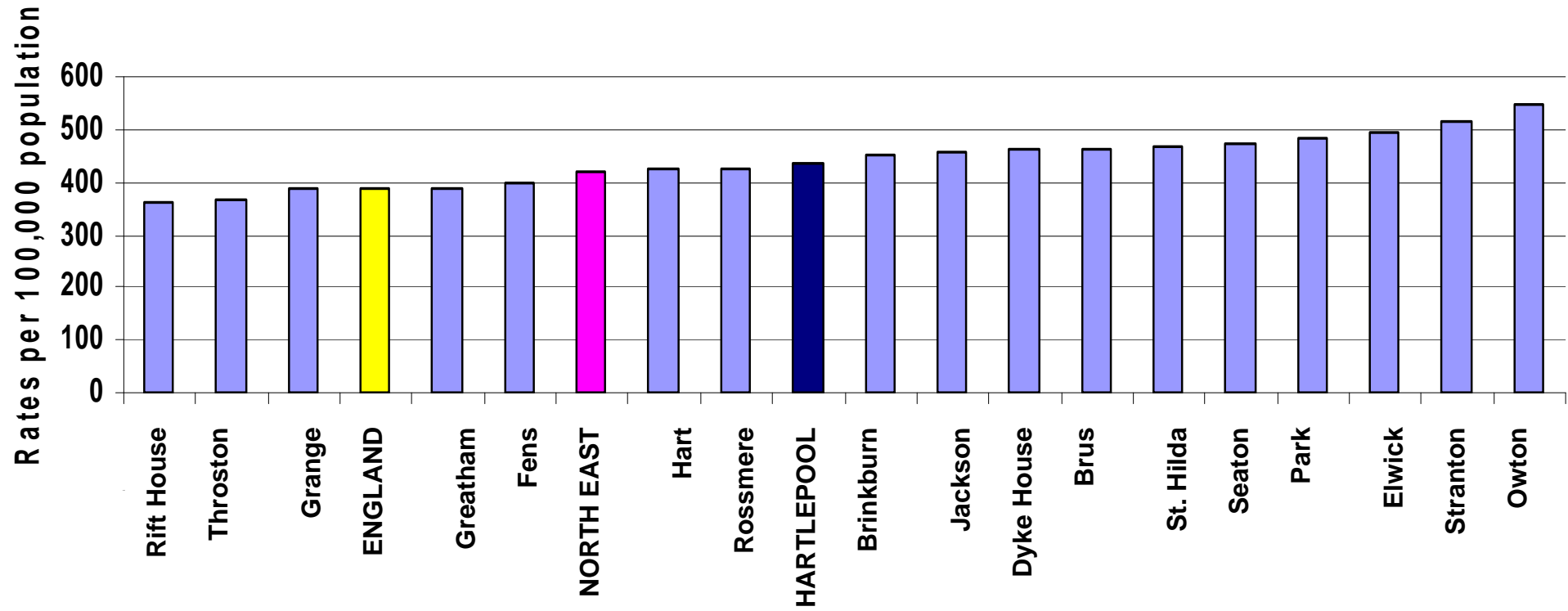
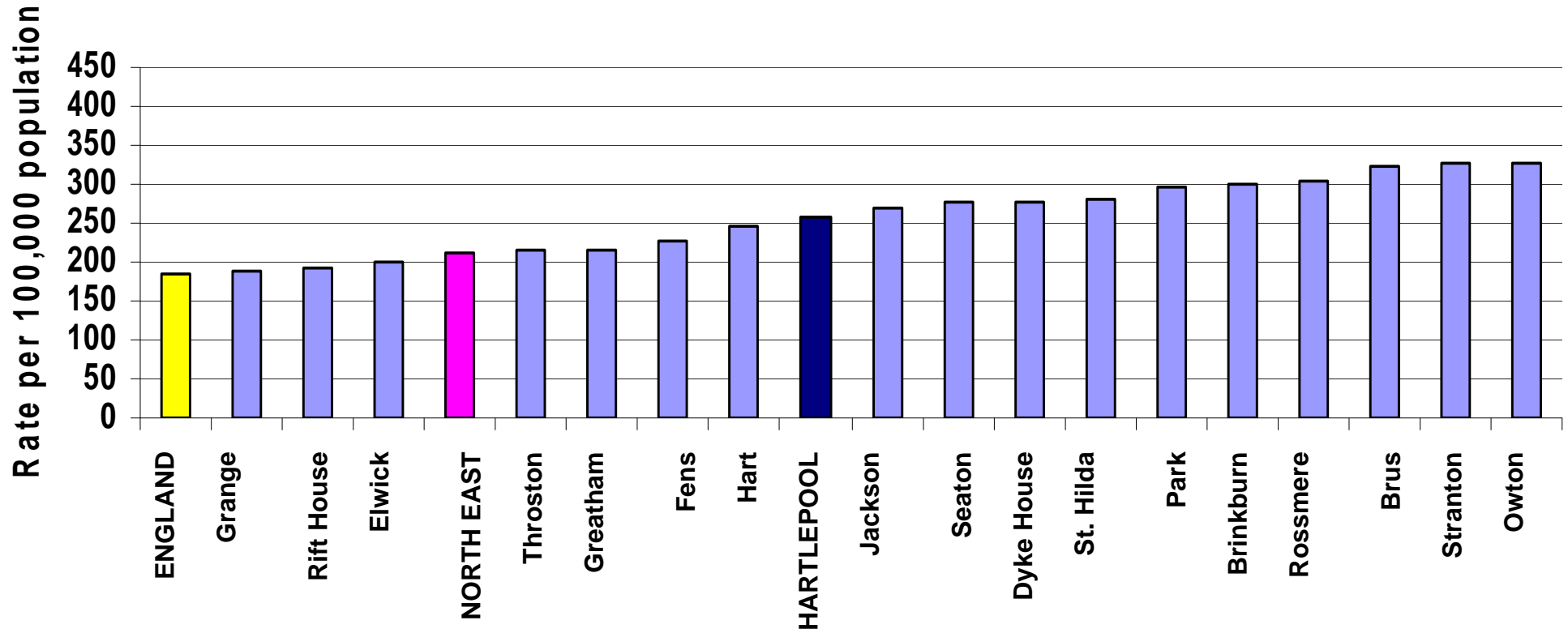


Chart 2: Age Standardised Mortality Rate for all Cancers for Hartlepool by Electoral Wards 2003-2007



## Evidence on Causes of Cancer

7.9 In addition to understanding the levels of cancer in Hartlepool, Members wished to be appraised of the causes of cancer. The Speciality Registrar in Public Health at the Tees Public Health Directorate informed Members at their meeting of 6 October 2011, that many cancers had multiple risk factors with complex relationships between these factors. There was for example statistical evidence that breast cancer was often higher in more affluent areas, however, the Speciality Registrar in Public Health categorically stated to Members that evidentially nine out of ten cases of lung cancer could be unequivocally linked to smoking.

7.10 When the Consultant Respiratory Physician at North Tees and Hartlepool NHS Foundation Trust was present at the Health Scrutiny Forum meeting on 26 January 2012, it was reiterated about the dangers of smoking causing lung cancer along with lesser factors such as exposure to radon, asbestos and other industrial carcinogens, however, Members also noted that stopping smoking at any age could reduce the risk of developing lung cancer as **Table 2** (below) detailed:-

**Table2: Risk of Male Smokers Developing Lung Cancer at 75 Based on age they Quit**

Quitting age →	Lifetime (75)	60	50	40	30
Risk of Developing lung cancer	15.9%	9.9%	6.0%	3.0%	1.7%

7.11 In relation to bowel and breast cancer it was noted by the Forum that although causes could be complex, there were certain factors that increased the risk of developing cancer. The Consultant Colorectal Surgeon at North Tees and Hartlepool NHS Foundation Trust provided the following as examples of potential cancer causing risk activities when present at the Forum meeting of 26 January 2012:-

- (i) Poor Diet;
- (ii) Smoking;
- (iii) Inactivity / Obesity; and
- (iv) High Alcohol Intake.

7.12 Members noted that specifically a high intake of red and processed meat and food containing high levels of saturated fat increased the risk of developing bowel cancer, whilst the long term use of Hormone Replacement Therapy (HRT) could also increase the risk of developing breast cancer.



- 7.13 Health Scrutiny Forum Members highlighted concerns if there was a link between pancreatic cancer and diabetes. During the meeting on 17 November 2011, the Forum received details of a literature research undertaken by the Speciality Registrar in Public Health at NHS Tees into whether there was a link between the two diseases. Despite evidence that pancreatic cancer can cause a “diabetic state” in a person, Members agreed that it was more likely that as there were shared risk factors such as obesity and smoking for both pancreatic cancer and diabetes, that the two diseases could co-exist without one causing the other. It was, however, noted that at the moment there was insufficient evidence that there was a link.
- 7.14 During the Forum meeting of 26 January 2012, Members questioned the Consultant Colorectal Surgeon at North Tees and Hartlepool NHS Foundation Trust, about whether there had been any studies into a link between high risk industrial workers suffering from bowel cancer as a result of the ingestion of dust, such as coal particulates. The Consultant Colorectal Surgeon informed Members that although no studies could be brought to mind, often the lifestyles of high risk industrial workers were the causality of their bowel cancer.

## **8 CANCER SCREENING DELIVERY AND UPTAKE**

- 8.1 The Members of the Health Scrutiny Forum were keen to have an understanding of how cancer screening operated and the level of uptake of screening programmes in Hartlepool. The evidence gathered in relation to cancer screening is details as follows:-

### **Delivery of Cancer Screening**

- 8.2 When the Forum met on 6 October 2011, the Consultant in Public Health at NHS Tees provided Members with an overview into how cancer screening services were delivered. This evidence was supplemented with detailed evidence when the Clinical Director of Public Health and the Public Health Specialist Nurse at NHS Tees were present at the Forum meeting on 17 November 2011.
- 8.3 The Public Health Specialist Nurse emphasised, at the Health Scrutiny meeting on 17 November 2011, that screening for cancer did more good than harm and was primarily concerned with detecting changes to the body that might lead to cancer. The process by which each eligible person went through was designed to sift people out who weren't showing signs of cancerous symptoms, so that those with changes in their body which might develop into cancer could be focussed on. However, in order to continue the monitoring of changes to the body, cancer screening programmes often operated on a three yearly cycle.
- 8.4 At their meeting of 17 November 2011, Members discussed the operation of breast screening services in Hartlepool. The Public Health Specialist Nurse advised Members that there was a mobile breast screening vehicle that

operated from One Life Hartlepool and then travelled to Peterlee. Women were called for breast screening through their GP practice, once they reached the age of fifty. Members the Health Scrutiny Forum raised concerns over the age at when breast screening began and that by contacting women to attend through their GP surgery, resulted in some women being as old as 53 before they received their first screening appointment. The Public Health Specialist Nurse advised Members that from 2012 the NHS Breast Screening Programme would be extended to cover women aged 47-73, which would mean every woman being invited to participate in the breast screening programme by their fiftieth birthday.

- 8.5 Members met on 6 October 2011, where the Consultant in Public Health from NHS Tees provided the Forum with details of how the bowel cancer screening programme operated. The Consultant in Public Health advised the Forum that bowel cancer screening was directed at those between the ages of 60-69 years old; recently this had been extended to those aged 75 and could be carried out in the comfort of your own home using a free testing kit sent through the post. Members queried why bowel cancer testing was not started before people turned 60 and acknowledged that statistically bowel cancer occurred more frequently for people in their 60s. Members were not surprised that 5-10% fewer men took up the offer of bowel cancer screening than women, although the Consultant in Public Health advised Members that there was emerging evidence of a preference for flexible sigmoidoscopy (using an endoscope) rather than the perceived 'yuck' factor of the testing kit. Members were advised that flexible sigmoidoscopy was being considered as a one-off earlier test for people aged 55, but was yet to be introduced nationally.
- 8.6 During the Health Scrutiny Forum met on 17 November 2011 Members received details on cervical cancer screening. The Consultant in Public Health highlighted the improvements which had been made in cervical screening. The introduction of Liquid Based Cytology (LBC) had seen a fall in inadequate test results to 2.5% in 2009, this meant that not as many women were recalled for testing and the turnaround in results was a lot quicker. The Forum were also advised by the Consultant in Public Health that the national introduction of the Human Papilloma Virus (HPV) vaccine in 2008 should in time see a reduction in cervical cancer cases, with the two strains of HPV targeted by the vaccine accounting for 70% of the cervical cancer cases.<sup>4</sup>
- 8.7 Members had questioned why there was no screening programme for pancreatic cancer, with blood tests available which could identify those at risk. The Clinical Director of Public Health at NHS Tees explained to Members at their meeting of 17 November 2011, that while pancreatic cancer was a devastating illness that was often fatal due to the lateness at which it was detected, it did only affect a small percentage of the population. At present there was no agreed testing programme and to introduce one for such a small percentage of the population carried a risk as there was likely

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<sup>4</sup> NHS, 2010

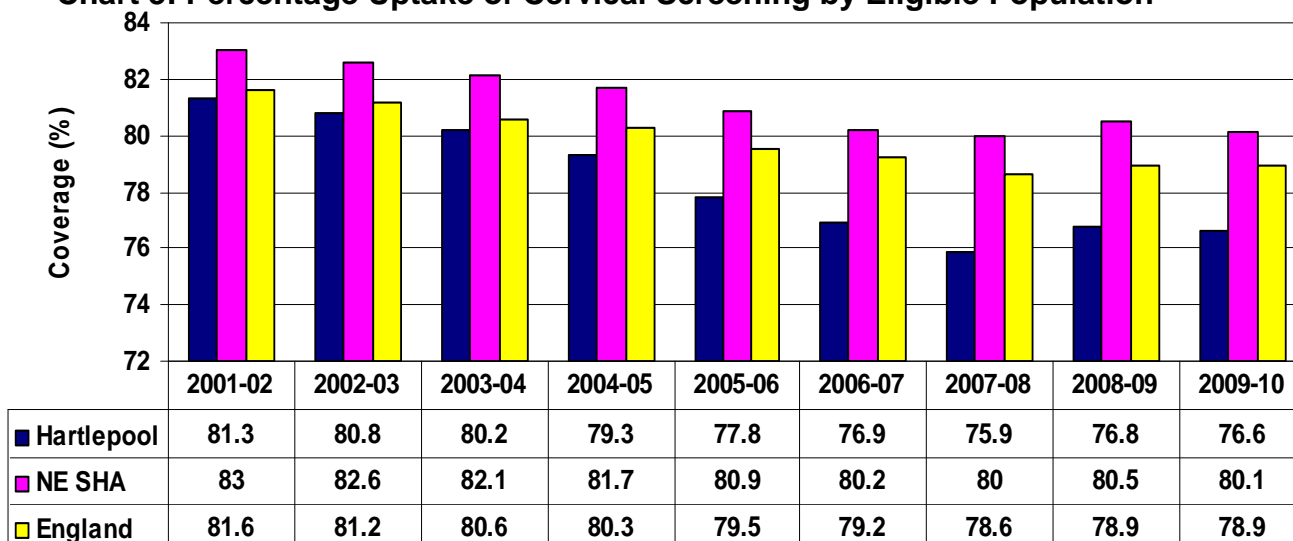
to be more ‘false positive’ results, which Members agreed could cause unnecessary anxiety for people returning positive results only to be later given the all clear. It was, however, noted by the Forum that where a person’s medical or family history indicated a predilection to the disease, a greater monitoring of that person for pancreatic cancer would normally occur.

### Uptake of Cancer Screening in Hartlepool

8.8 During the Health Scrutiny Forum meeting of 17 November 2011, Members received evidence from the Clinical Director of Public Health and the Public Health Specialist Nurse at NHS Tees in relation to the uptake of cancer screening in Hartlepool.

8.9 In relation to cervical screening, Members noted that there had been a gradual decline in the uptake as detailed in **Chart 3** (below). The Public Health Specialist Nurse emphasised to Members that the important factor was ensuring that once a woman was participating in the cervical screening programme that they continued to be involved. In relation to the screening levels indicated in **Chart 3**, Members queried the increase in cervical screening during 2008-09, which the Public Health Specialist Nurse explained could have been due to the death of the reality TV star Jade Goody from cervical cancer in March 2009.

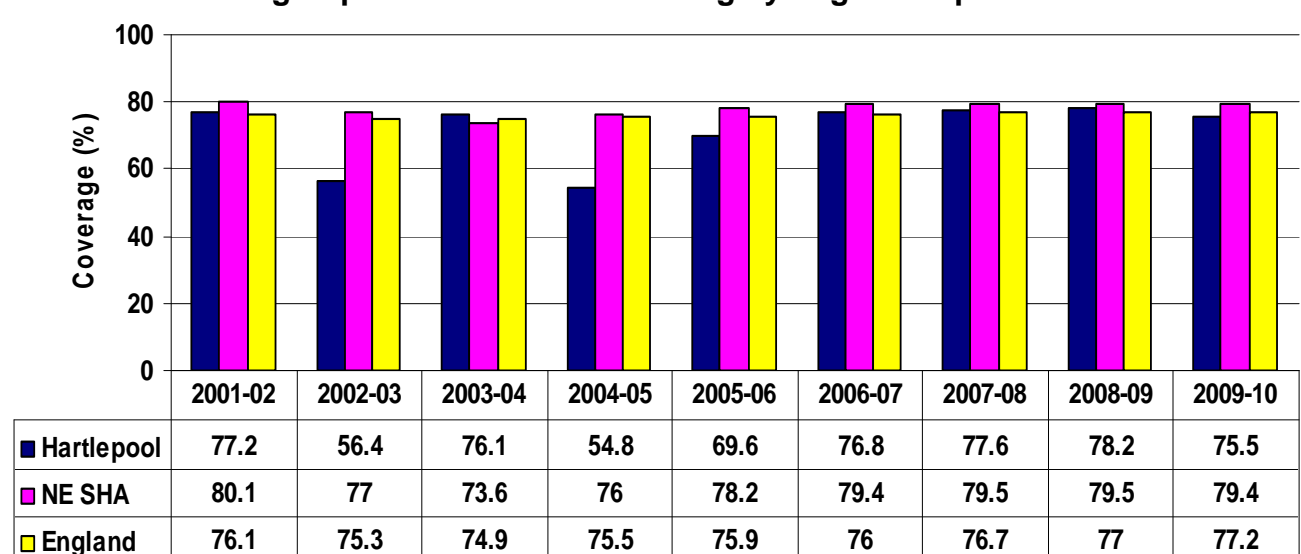
**Chart 3: Percentage Uptake of Cervical Screening by Eligible Population**



8.10 Members noted in their meeting of 17 November 2011 that although breast screening had fluctuated and not followed the gradual decline in uptake indicated by cervical screening, there was still an overall downward trend as shown in **Chart 4** (overleaf). Members recognised that some women found breast screening uncomfortable, but when the Consultant Breast Surgeon from North Tees and Hartlepool NHS Foundation Trust was present at the Health Scrutiny Forum meeting on 26 January 2012, it was highlighted that for mammograms the slogan ‘six minutes every three years might save your

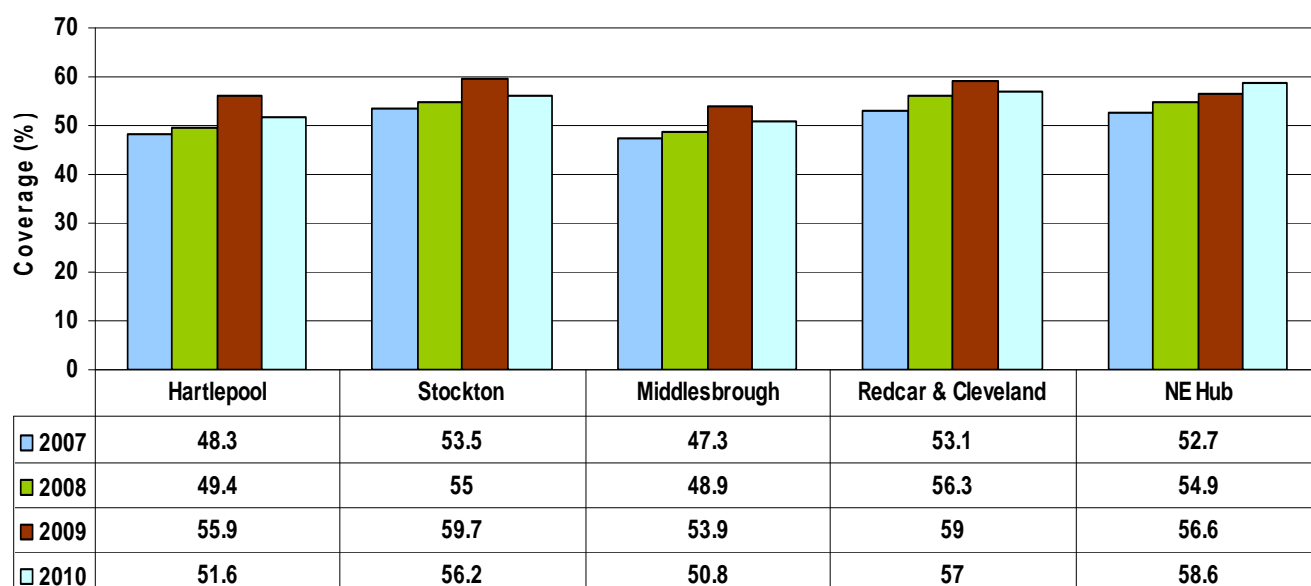
life’ was a message used by staff manning the cancer screening phone calls at the Foundation Trust.

**Chart 4: Percentage Uptake of Breast Screening by Eligible Population**



8.11 The newest screening programme was for bowel cancer, which was introduced nationally in 2006. Members noted at their meeting of 17 November 2011 that the evidence (see **Chart 5** below) indicated after an encouraging uptake in bowel screening numbers, this had fallen during 2010; despite the overall North East average showing an uptake in figures.

**Chart 5: Percentage Uptake of Bowel Cancer Screening by Eligible Population**



8.12 What did concern Members of the Health Scrutiny Forum was the variation in cancer screening take-up across the Town’s GP practices, which was highlighted to Members during a presentation by the Speciality Registrar in Public Health to the Forum meeting of 6 October 2011, as collated in **Table 3** overleaf. The Consultant Breast Surgeon, at the meeting on 26 January

2012, reinforced the discrepancy in relation to cancer screening take-up across GP surgeries and reflected the concerns that the cancer team had in relation to these figures, although it was noted that NHS Hartlepool were aware of these anomalies.

**Table 3: Percentage of Hartlepool Residents Attending Screening Sessions per Anonymised GP Surgery**

Hartlepool GP Practice →	A	B	C	D	E	F	G	H	I	J	K	Hartlepool PCT	England
Screening Type ↓													
Breast	70.8	53.3	71.5	65.2	74.5	65.5	71.5	64.8	67.3	52.0	75.2	68.2	71.8
Cervical	73.2	73.9	68.3	69.1	72.1	72.5	83.9	68.4	72.9	67.8	69.7	71.6	75.4
Bowel	52.4	40.1	49.3	43.1	57.6	52.9	55.0	52.3	46.7	48.4	52.2	51.2	40.2

**Key:**

 Lowest take-up of screening

 Highest take-up of screening

## 9 EARLY DETECTION OF CANCER

9.1 When the Health Scrutiny Forum met on 26 January 2012, Members received an extremely detailed presentation from the cancer team at North Tees and Hartlepool NHS Foundation Trust. The team provided Members with very detailed information about why early detection of cancer was important in relation to treatment that could be provided.

9.2 Members were advised by the Consultant Colorectal Surgeon at North Tees and Hartlepool NHS Foundation Trust that early presentation in relation to bowel cancer was very important in terms of survival rates. **Table 4** (overleaf), extracted from the NICE clinical guidelines, detailed five year relative survival rate based on the TNM stage; with TNM relating to the size of the Tumor, the lymph Nodes involved and the Metastasis (spread of cancer from one part of the body to another part)<sup>5</sup>.

<sup>5</sup> Cancer Research UK(1), 2011

**Table4: Approximate Frequency and Five Year Relative Survival (%) by TNM Stage**

TNM Stage	Approximate Frequency at Diagnosis	Approximate Five-Year Survival
I	11%	83%
II	35%	64%
III	26%	38%
IV	28%	3%

9.3 Although **Table 4** highlighted the need for early presentation and therefore detection of bowel cancer, Members were concerned about the stage of presentation to the Multi-Disciplinary Team (MDT) as described by the Consultant Colorectal Surgeon in **Table 5** below; the Dukes Stage being another way of quantifying the bowel cancer stage:-

**Table 5: Stage Presentation to MDT**

Dukes Stage <sup>6</sup>	University Hospital of Hartlepool		University Hospital of North Tees		TOTAL	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>A</b>	17	26.6%	38	21.5%	55	22.8%
<b>B</b>	12	18.8%	39	22.0%	51	21.2%
<b>C1</b>	13	20.3%	44	24.9%	57	23.7%
<b>D</b>	11	17.2%	34	19.2%	45	18.7%
<b>No Stage</b>	11	17.2%	22	12.4%	33	13.7%
<b>TOTALS</b>	64		177		241	

9.4 Having heard the evidence in relation to why early detection of bowel cancer was so important for the survival rate, Members of the Health Scrutiny Forum also considered evidence, at their meeting of 26 January 2012, from the Consultant Respiratory Physician at North Tees and Hartlepool NHS Foundation Trust. The Consultant Respiratory Physician described a similar pattern about the importance of early presentation in relation to lung cancer as being more positive for the outcome of any potential treatment.

<sup>6</sup> Cancer Research UK(2), 2011

- 9.5 **Picture 1** overleaf provided Members with a graphical understanding of which part of the lung each classification stage of lung cancer related to and in conjunction with **Table 6** (below), the Members of the Health Scrutiny Forum had a clear picture of how earlier presentation at Stages I and II would dramatically increase survival rates of five years or more.

**Table 6: Lung Cancer Stage and Comparative 5 Year Survival Rate**

Stage	Non Small Cell Lung Cancer 5 Year Survival %	Small Cell Lung Cancer 5 Year Survival %
Ia	58-73 %	38 %
Ib	43-58 %	21 %
IIa	36-46 %	38 %
IIb	25-36%	18 %
IIIa	19-24 %	13 %
IIIb	7-9 %	9 %
IV	2-13 %	1 %

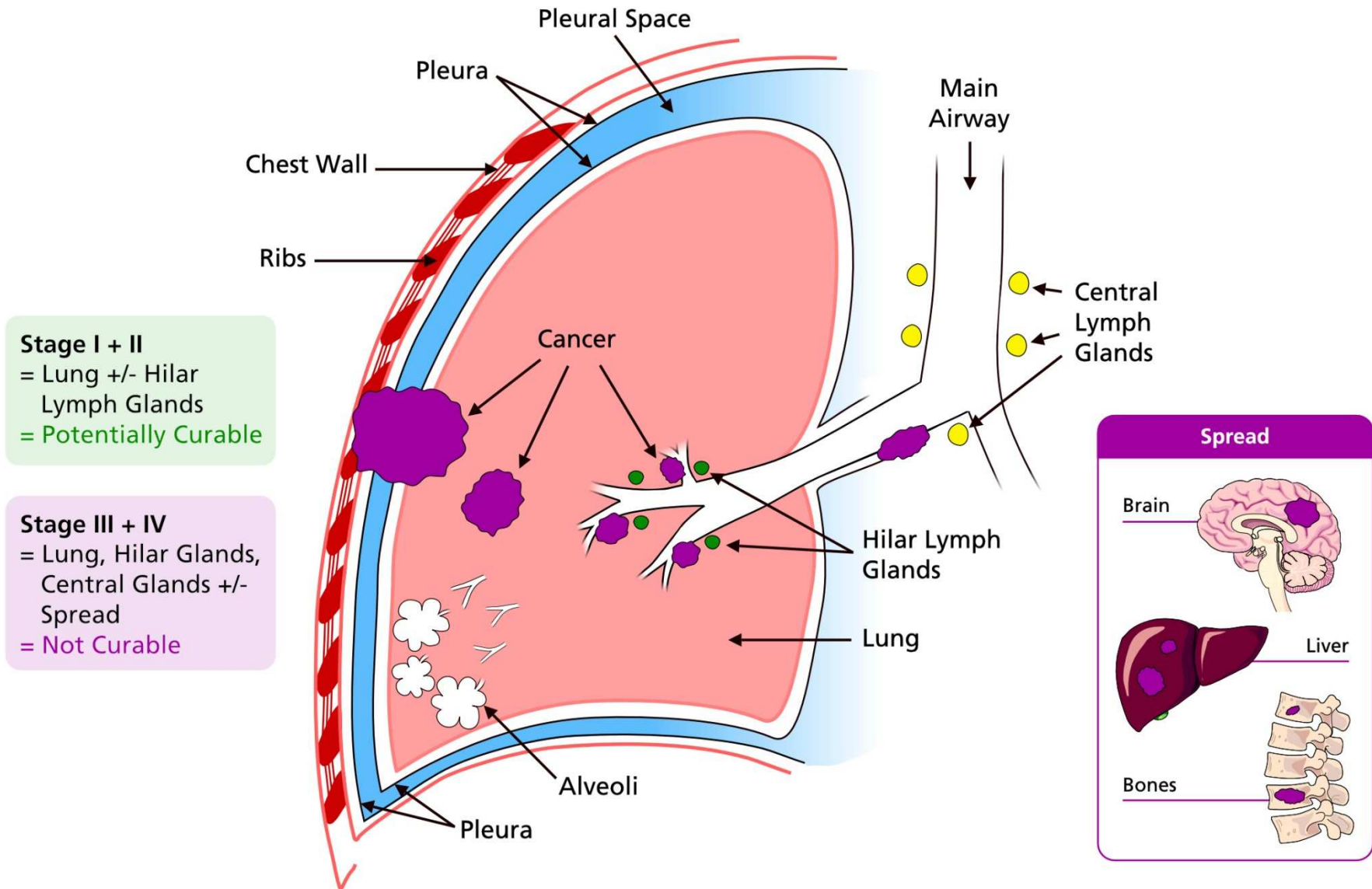
- 9.6 Members of the Forum were however, very concerned, when the Consultant Respiratory Physician presented evidence of the stages at which patients, covered by North Tees and Hartlepool NHS Foundation Trust, presented themselves and were diagnosed with having lung cancer; as detailed in **Table 7** (below). With over 70% of patients presenting at Stages III and IV, Members recognised that the outcome in terms of treatment was statistically poor and reflected lung cancer being the largest single contributor to deaths from cancer.

**Table 7: Stage at Presentation – National Lung Cancer Audit 2011**

Stage	Number (n=145) University Hospital of Hartlepool %	Number (n=170) University Hospital of North Tees %
Ia	4.1 %	10.6 %
Ib	11.7 %	7.1 %
IIa	6.9 %	4.7 %
IIb	6.2 %	5.3 %
IIIa	13.8 %	12.9 %
IIIb	11.0 %	17.1 %
IV	44.8 %	41.8 %

Picture 1:

# What is Lung Cancer? And Why Stage Matters





## 10 IMPACT AND DELIVERY OF SMOKING CESSATION SERVICES

- 10.1 Members of the Health Scrutiny Forum had recognised the importance of tackling smoking as a causality of many of the forms of cancer (see paragraph 7.11) as well as being the major contributory factor in 90% of cases of lung cancer. At their meeting of 5 April 2012 Members also considered additional evidence from ASH which sourced various studies into the effects of second hand smoke, with the Scientific Committee on Tobacco and Health (SCOTH) stating in a 2004 report that non smokers exposed to second hand smoke had a 24% increased risk of lung cancer. Members were, therefore, very interested in examining the impact of smoking cessation and other initiatives to combat the levels of smoking in Hartlepool, with evidence gathered during those meetings detailed as follows:-

### Evidence from Stockton and Hartlepool Stop Smoking Service

- 10.2 When the Health Scrutiny Forum met on 23 February 2012, the Head of Health Improvement provided details that 24.7% of adults in Hartlepool smoked regularly, with this figure rising to 31.2% for manual / routine workers and over 44% in some Wards in the Town. At the end of the 2010/11 municipal year Members were informed that 22.6% of women were recorded as smoking at the time of giving birth. Although this compared poorly with a regional average of 21.1% and a national average of 13.5%. This data was, however, tempered and it pleased Members that there had been a major improvement in reducing smoking during pregnancy which was as high as 30% only five years ago.
- 10.3 In recognising the level of the smoking problem in Hartlepool, the Forum were informed of the major impact of the Stockton and Hartlepool Stop Smoking Service in the Town. The Director from Fresh informed Members, at their meeting of 23 February 2012, that Hartlepool had a stop smoking service they should be proud of and was nationally seen as an exemplar for how stop smoking services should operate.
- 10.4 The Stop Smoking Service Manager provided the Forum, on 23 February 2012, with a very detailed breakdown of Hartlepool's performance against the other Local Authorities in the North East; as summarised in **Table 8** (overleaf).

**Table 8: Impact of Stop Smoking Services in 2010/11**

Local Authority Area	% of 'Vital Signs' <sup>7</sup> Target Achieved	% of Clients Lost to Follow-up	% of Estimated Smoking Population Accessing Stop Smoking Services <sup>8</sup>	% of Pregnant Women Smoking at Delivery Accessing Stop Smoking Service & Setting a Quitting Date
Durham	95.1 %	35.4 %	9.6 %	21.1%
Darlington	101.0 %	34.7 %	9.3 %	28.5 %
Gateshead	101.4 %	38.5 %	13.8 %	28.6 %
<b>Hartlepool</b>	<b>107.4 %</b>	<b>21.7 %</b>	<b>18.5 %</b>	<b>88.2 %</b>
Middlesbrough	98.9 %	27.4 %	12.4 %	19.3 %
Newcastle	78.2 %	28.4 %	7.1 %	25.4 %
Stockton on Tees	113.2 %	21.9 %	11.9 %	35.6 %
North Tyneside	93.2 %	26.3 %	11.2 %	24.4 %
Northumberland	100.2 %	35.1 %	12.1 %	26.2 %
Redcar & Cleveland	92.9 %	26.2 %	13.3 %	22.5 %
South Tyneside	100.6 %	38.1 %	15.0 %	22.3 %
Sunderland	101.1 %	38.9 %	12.6 %	35.9 %

10.5 Members were delighted that in terms of clients lost to follow up and the estimated smoking population accessing stop smoking services, Hartlepool was outperforming the other North East Local Authorities. In particular Members were impressed with the 88.2% of pregnant women accessing and setting a quitting date for their smoking, however, the Stop Smoking Service Manager informed Members that recently the Head of Community Midwifery had been involved in a restructure and the post amalgamated, it was hoped that this did not impact on the currently impressive access figures.

### Evidence from Fresh

10.6 The Director of Fresh was present at the Health Scrutiny meeting of 23 February 2012 and delivered an impassioned presentation to Members about the work of Fresh in combating the dangers of smoking. The Director for Fresh did highlight that smoking rates in the North East were declining at a faster rate than anywhere else in the country and this was mainly due to the partnership approach adopted across the region. Members were also advised that smoking should be the number one Public Health priority for the next ten years, as solving the issue would have major health benefits for the population as a whole.

10.7 Members of the Forum were provided with details of Fresh's campaign for plain, standardised tobacco packaging during the meeting of 23 February 2012. The Director for Fresh evidenced that two thirds of smokers begin before they are 18 years old, with the average age in the North East being 15. Fresh were very clear that there were many examples of cigarette packaging which was designed to attract young people to begin smoking and

<sup>7</sup> Vital Signs are a set of National Performance Indicators

<sup>8</sup> Based on Integrated Household Survey prevalence (October 2009 – September 2010)

Members looked at a number of examples including the cigarette packaging shown in **Picture 2** (below) and in **Appendix A**.

**Picture 2: An Example of Cigarette Packaging with a Particular Target Audience**



10.8 The aim of the campaign by Fresh was to discourage young people from beginning to smoke, by having plain, standardised tobacco packaging. Members were informed that the Australian Government were introducing plain packaging from December 2012 and it was hoped that the UK Government would support the proposal. In considering the evidence from Fresh, the Health Scrutiny Forum was very supportive of this approach and felt that the images used on the cigarette packaging needed to be as strong as possible, in line with the examples shown in **Picture 3** (overleaf).

Picture 3: Examples of Plain, Standardised Packaging Proposed by Fresh



## 11 IMPACT OF CANCER AWARENESS RAISING ACTIVITIES

- 11.1 When Members met on 23 February 2012, they considered evidence from a study carried out by Dr Una Macleod into why some cancer patients were delayed in seeking medical advice. Dr Macleod argued that:-

*“The predominant risk factor for patient delay is a lack of interpretation by patients of the serious nature of their symptoms...If a symptom is atypical, or vague in nature, the risk of delayed presentation can be increased.”<sup>9</sup>*

Dr Macleod went on to cite various studies from 2002-2009 which indicated that:-

*“General population surveys in the United Kingdom indicate a widespread lack of awareness of the symptoms of cancer...These low levels of symptom awareness may partly explain why the type of symptom and recognition of the seriousness of symptoms are consistent risk factors for delayed patient presentation.”<sup>9</sup>*

<sup>9</sup> Macleod, U. et al., 2009

- 11.2 However, Dr Macleod also highlighted that in addition to lack of awareness of cancer symptoms (as highlighted in paragraph 11.1), the various studies from 2002-2009 also made the following point that:-

*“Equally, these surveys report that people hold negative beliefs and attitudes about the benefits of seeking medical help for cancer, which include fear, embarrassment, reluctance to bother the general practitioner and nihilism about cancer treatments.”<sup>10</sup>*

- 11.3 Having considered that the evidence from Dr Macleod pointed towards an issue around public awareness of cancer symptoms, the Forum wished to focus on the impact of cancer awareness raising activities in the Town. Members recognised that awareness of cancer symptoms was a key component in ensuring early presentation and better outcomes, as supported by the evidence from the cancer team at North Tees and Hartlepool NHS Foundation Trust (see Section 9). Evidence gathered by Members in relation to cancer awareness raising activities is detailed below:-

### **Impact of the Be Clear on Cancer Programme**

- 11.4 The Cancer Awareness and Early Diagnosis Project Manager from NHS Tees provided Members with details of a survey commissioned by NHS Hartlepool entitled the Hartlepool Cancer Awareness Measure (CAM). The CAM was designed to collate people’s awareness of the signs and symptoms of lung and bowel cancer. The Cancer Awareness and Early Diagnosis Project Manager informed the Forum that the first CAM undertaken in February 2011 in Hartlepool had produced the following results:-

- (i) 33% of respondents were unable to name any signs or symptoms of bowel cancer;
- (ii) 26% of respondents were unable to name any signs or symptoms of lung cancer; and
- (iii) 28% of the respondents said that they currently smoked cigarettes.

- 11.5 As a response to the results from the CAM; Members of the Health Scrutiny Forum were informed that, NHS Hartlepool started a promotion of the regional cancer awareness programme ‘Be Clear on Cancer’ in May 2011. This involved producing a number of resources, such as posters (see **Appendix B**), information on beer mats, bus adverts and bingo dabbers; all with the aim of increasing people’s awareness of the signs and symptoms of lung and bowel cancer.

- 11.6 The Health Scrutiny Forum were made aware by the Cancer Awareness and Early Diagnosis Project Manager that a second CAM was undertaken in June 2011 to evaluate the impact of the ‘Be Clear on Cancer’ campaign, with

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<sup>10</sup> Macleod, U. et al., 2009

Members being delighted with the results where; 32% of respondents spontaneously identified blood in stools as a sign or symptom of bowel cancer; and 46% of respondents spontaneously identified a persistent cough as a sign or symptom of lung cancer.

- 11.7 Members were pleased to hear that the ‘Be Clear on Cancer’ campaign was now being run on a National basis to increase general awareness of cancer signs and symptoms, with the hope that people would present to a healthcare professional much earlier.

### **Implementation of the National Awareness and Early Diagnosis Project**

- 11.8 The Cancer Awareness and Early Diagnosis Project Manager, at the Forum meeting of 23 February 2012, emphasised that ‘Be Clear on Cancer’ was only one initiative aimed at raising the public’s awareness of cancer signs and symptoms. Members were also informed that the implementation of the National Awareness and Early Diagnosis (NAEDI) Project by NHS Tees was another important area of improving awareness of cancer signs and symptoms.
- 11.9 The Tees NAEDI Project built on the existing Healthy Heart Check Programme; with Members recognising that Cardiovascular Disease (CVD) and cancer shared common risk factors, such as those identified by the cancer team at North Tees and Hartlepool NHS Foundation Trust in paragraph 7.11. The Cancer Awareness and Early Diagnosis Project Manager highlighted that due to the established nature of the Healthy Heart Check Programme for all 40-74 olds fitting the inclusion criteria, there was a focussed group of people that could be targeted with cancer awareness information. In addition the Forum was pleased to learn that all GP Practices in Hartlepool were participating in the NAEDI Project, which would result in all Practice staff being trained in relation to awareness of cancer signs and symptoms. This commitment by Hartlepool GPs to the NAEDI Project also ensured that the ‘Be Clear on Cancer’ campaign was embedded in all GP Practices across Hartlepool.

### **The Teesside Cancer Awareness Roadshow**

- 11.10 When the Health Scrutiny Forum met on 23 February 2012, the Macmillan Cancer Information and Volunteer Facilitator from NHS Tees presented to Members details of the Teesside Cancer Awareness Roadshow; which was a two year initiative funded by Macmillan Cancer Support. Members learnt that the aim of the Teesside Cancer Awareness Roadshows were to:-

*“Increase awareness of cancer symptoms, encourage uptake of NHS screening programmes and encourage people to seek help”*

- 11.11 The Forum were pleased to learn that the Teesside Cancer Awareness Roadshow could be delivered in a bespoke manner, with a number of different carnival games designed to raise the awareness of cancer signs symptoms, encourage people to actively seek help and increase take-up of

screening programmes. The Macmillan Cancer Information and Volunteer Facilitator explained to Members that the balance of the importance and potential sensitivity of the subject was not lost through the utilisation of fun elements, with the aim of embedding the messages into people's minds, rather than giving them handouts to take away.

## **12 IMPROVING OUTCOMES FOR PATIENTS**

- 12.1 Throughout the investigation into Cancer Awareness and Early Diagnosis, Members of the Health Scrutiny Forum placed great importance in discovering what more could be done to improve outcomes for patients, with the evidence gathered detailed as follows:-

### **Evidence from the Member of Parliament for Hartlepool**

- 12.2 The Forum warmly welcomed the Member of Parliament for Hartlepool to their meeting on 6 October 2011. The MP reminded Members that for all there had been real health improvements in Hartlepool, the gap between Hartlepool and the rest of the Country was still large and more still needed to be done to bridge that gap. However, the MP was clear that this was not a criticism of colleagues in the health sector who were doing a marvellous job, but that people in Hartlepool needed to present themselves a lot sooner to healthcare professionals for early diagnosis and treatment; which was particularly vital in relation to cancer.
- 12.3 The MP made a number of recommendations to the Forum in relation to where it was felt a greater impact could be made in improving outcomes:-
- (i) Encourage and Incentivise People to Come Forward and see their GP;  
Although some people are aware of cancer symptoms, they are fearful of presenting themselves as they see it as a 'death sentence' and with the advances in treatment, this now was not necessarily the case.
  - (ii) Targeted Screening;  
This could be very effective at increasing screening uptake by delivering it at venues such as the football club, hairdressers and local employers including the Council.
  - (iii) Good Practice in Other Areas;  
Doncaster had achieved much success in getting men to attend screening sessions earlier. With the statistics pointing to men in their 60s presenting with cancer, screening was focussed on men in their 50s to diagnose cancers early, therefore, resulting in better outcomes in many cases.
- 12.4 In concluding evidence to the Forum, the MP was very clear that even in a time when finances were tight, it would be a mistake to move from

prevention and early diagnosis activities to treatment, as this would result in fire fighting the disease, this in the MP's view would be a false economy particularly when the evidence pointed towards better outcomes as a result of earlier presentation.

### **Evidence from the Portfolio Holder for Adults and Public Health Services**

- 12.5 When the Forum met on 6 October 2011, Members were delighted to receive evidence from the Portfolio Holder for Adults and Public Health Services. The Portfolio Holder reflected on the increasing Public Health role that the Council would be taking on board through the Health and Social Care Bill. The Portfolio Holder felt that the increased influence in Public Health could only be beneficial in strengthening the Council's ability to improve outcomes through closer partnership working as advocated through the formation of the Health and Wellbeing Board.
- 12.6 In reflecting on what more could be done to improve outcomes, the Portfolio Holder reminded the Forum of the Town's industrial past and that although the messages on a healthier lifestyle, cancer, obesity and smoking should continue and be improved where possible, there needed to be a recognition that impact on health improvement statistics could still take some time to come through.
- 12.7 The Portfolio Holder did recommend to Members of the Health Scrutiny Forum that the challenge was how to raise awareness without coming across the audience as being patronising. The Portfolio Holder felt that the work done by the British Heart Foundation in targeting young children about the importance of a healthy lifestyle which then fed into the family was a good example of how health outcomes could be improved without directly mentioning cancer.

### **Evidence from North Tees and Hartlepool NHS Foundation Trust**

- 12.8 When the cancer team from North Tees and Hartlepool NHS Foundation Trust was present at the Forum meeting of 26 January 2011, the team provided details of suggestions for how outcomes could be improved for cancer patients, with the common themes as follows:-
- (i) Encourage greater participation in screening;
  - (ii) Raise awareness of cancer symptoms;
  - (iii) Reduction in obesity;
  - (iv) Sensible alcohol intake;
  - (v) Healthy lifestyle; and
  - (vi) Regular physical lifestyle.



12.9 In addition to the recommendations identified under paragraph 12.8, the Consultant Respiratory Physician commented, that in relation to lung cancer and its inextricable link to smoking for 90% of cases:-

- (i) It was a key issue to ensure children did not start smoking; and
- (ii) Where people were helped to stop smoking that this was done in a positive, supportive and non blame manner; promoting healthy environments and how the risk of lung cancer could be reduced when quitting at any age.

### 13 CONCLUSIONS

13.1 The Health Scrutiny Forum concluded:-

- (a) That cancer is a major cause of ill health and death in Hartlepool ;
- (b) That the vast majority of cancer cases are caused by lifestyle issues such as lack of physical activity and poor diet;
- (c) That for lung cancer there is an inextricable link for 90% cases with the patient being a smoker;
- (d) That quitting smoking at any age can reduce the risk of contracting lung cancer;
- (e) That earlier diagnosis can significantly improve the outcomes of cancer treatment;
- (f) That not being aware of cancer signs and symptoms is one of the barriers to early presentation to health care professionals;
- (g) That bowel, breast and cervical screening is not about finding cancer, but to look for the changes in a patients body which may lead to cancer;
- (h) That there has been a gradual decline in people attending screening programmes in Hartlepool, with Hartlepool falling behind the North East and England averages for screening take-up;
- (i) That Hartlepool has a very good stop smoking service which is nationally recognised as an example of good practice; and
- (j) That although all GP Practices in Hartlepool have been involved in the 'Be Clear on Cancer' programme, there are still significant differences for screening take-up between GP practices.

## 14 RECOMMENDATIONS

14.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Cabinet and partner health organisations are as outlined below:-

- (a) That in relation to the Teesside Cancer Awareness Roadshow:-
  - (i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council's health and wellbeing promotion to staff; and
  - (ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow.
- (b) That Hartlepool's Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA;
- (c) That in relation to the issue surrounding whether there is a link between high risk industrial workers and the contraction of cancers through the ingestion of particulates, such as coal dust:-
  - (i) The Public Health Directorate at NHS Tees carries out a literature research into the topic; and
  - (ii) That in relation to recommendation c(i) this information is shared with the Health Scrutiny Forum;
- (d) That NHS Hartlepool and the emerging Clinical Commissioning Group:-
  - (i) Ensure that cancer screening levels are improved across GP Practices in Hartlepool; and
  - (ii) Devise and share a strategy with the Health Scrutiny Forum for targeting cancer screening and awareness activity in the workplace / venues where residents gather socially; building on the good practice of those workplaces who employ nurses.
- (e) That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust to seek assurances for its continued impact, following recent post restructuring;

- (f) That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet;
- (g) That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that:-
  - (i) Educates licensed taxi drivers about the effects of passive smoking, reminding them of the legislation of not smoking in the workplace; and
  - (ii) Determines appropriate enforcement options for licensed taxi drivers who are in breach of the smoke free workplace.

## **ACKNOWLEDGEMENTS**

The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from those named overleaf:-

### Hartlepool Borough Council:

Councillor Ged Hall – Former Portfolio Holder for Adults and Public Health Services

Louise Wallace – Assistant Director for Health Improvement

Carole Johnson – Head of Health Improvement

Pat Marshall – Stop Smoking Service Manager

### External Representatives:

Iain Wright – Member of Parliament for Hartlepool

Dr Victoria Ononeze – Speciality Registrar in Public Health, Tees Public Health Directorate

Madeleine Johnson – Consultant in Public Health, NHS Tees

Laura McGuinness – Cancer Awareness and Early Diagnosis Project Manager, NHS Tees

Dr Toks Sangowawa – Clinical Director of Public Health, NHS Tees

Rachel Fawcett – Public Health Specialist Nurse, NHS Tees

Mr Mat Tabaqchali – Consultant Colorectal Surgeon, North Tees and Hartlepool NHS Foundation Trust

Norma Robinson – Lead Colorectal Nurse Specialist, North Tees and Hartlepool NHS Foundation Trust

Dr Neil Leitch – Consultant Respiratory Physician, North Tees and Hartlepool NHS Foundation Trust

Tessa Fitzpatrick – Macmillan Lung Specialist Nurse, North Tees and Hartlepool NHS Foundation Trust

Mr Colm Hennessy – Consultant Breast Surgeon, North Tees and Hartlepool NHS Foundation Trust

Jan Harley – Lead Breast Nurse Specialist / Lead Cancer Nurse, North Tees and Hartlepool NHS Foundation Trust

Aisal Rutter – Director, Fresh

Pete Moody – Macmillan Cancer Information and Volunteer Facilitator, NHS Tees

**COUNCILLOR STEPHEN AKERS-BELCHER  
CHAIR OF THE HEALTH SCRUTINY FORUM**

**July 2012**

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**BACKGROUND PAPERS**

The following background papers were consulted or referred to in the preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Cancer Awareness and Early Diagnosis – Scoping Report' presented at the meeting of the Health Scrutiny Forum of 8 September 2011

- (ii) The Association of Public Health Observatories (2011), *Health Profile 2011 Hartlepool*, Available from: [http://www.apho.org.uk/default.aspx?QN=HP\\_METADATA&AreaID=50333](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333) (Accessed 15 August 2011)
- (iii) The Association of Public Health Observatories (2010), *Health Profile 2010 Hartlepool*, Available from: [http://www.apho.org.uk/default.aspx?QN=HP\\_METADATA&AreaID=50333](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50333) (Accessed 15 August 2011)
- (iv) NHS (2011), *Lung Cancer*, Available from: <http://www.beclearoncancer.co.uk/lung-cancer> (Accessed 15 August 2011)
- (v) Presentation by Assistant Director for Health Improvement entitled 'Cancer in Hartlepool: An Overview' delivered to the Health Scrutiny Forum meeting of 6 October 2011
- (vi) Report of the Executive Director of Public Health and Speciality Registrar in Public Health, Tees Public Health Directorate entitled 'Cancer in Hartlepool: An Overview' presented at the meeting of the Health Scrutiny Forum of 6 October 2011
- (vii) Report of the Scrutiny Support Officer entitled 'Cancer Awareness and Early Diagnosis – Evidence from Member of Parliament for Hartlepool and the Portfolio Holder for Adult's and Public Health – Covering Report' presented at the meeting of the Health Scrutiny Forum of 6 October 2011
- (viii) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation in to Cancer Awareness and Early Diagnosis – Setting the Scene Presentation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 6 October 2011
- (ix) Report of the Scrutiny Support Officer entitled 'Cancer Screening – Covering Report' presented at the meeting of the Health Scrutiny Forum of 17 November 2011
- (x) Report of the Tees Valley Health Scrutiny Joint Committee entitled 'Cancer Screening Across the Tees Valley – Final Report' presented at the meeting of the Health Scrutiny Forum of 17 November 2011
- (xi) Report of the Scrutiny Support Officer entitled 'Pancreatic Cancer and Diabetes' presented at the meeting of the Health Scrutiny Forum of 17 November 2011
- (xii) Report of the Speciality Registrar in Public Health, NHS Tees entitled 'Pancreatic Cancer and Diabetes – Is there Evidence of a Link?' presented at the meeting of the Health Scrutiny Forum of 17 November 2011

- (xiii) Presentation of the Public Health Specialist Nurse, NHS Tees entitled 'The Role of Screening in Cancer Awareness' delivered to the Health Scrutiny Forum meeting of 17 November 2011
- (xiv) Report of the Scrutiny Support Officer entitled 'Evidence from North Tees and Hartlepool NHS Foundation Trust – Covering Report' presented at the meeting of the Health Scrutiny Forum of 26 January 2012
- (xv) NHS (25 November 2011) Waiting times for suspected and diagnosed cancer patients: quarter ending September 2011, Available from: <http://www.dh.gov.uk/health/2011/11/cancer-waiting-times/> (Accessed 10 January 2012)
- (xvi) Presentation of the Consultant Colorectal Surgeon, North Tees and Hartlepool NHS Foundation Trust entitled 'Cancer Awareness and Early Diagnosis' delivered to the Health Scrutiny Forum of 26 January 2012
- (xvii) Presentation of the Consultant Colorectal Surgeon, North Tees and Hartlepool NHS Foundation Trust entitled 'Bowel Cancer – A Secondary Healthcare Perspective' delivered to the Health Scrutiny Forum of 26 January 2012
- (xviii) Presentation of the Consultant Respiratory Physician, North Tees and Hartlepool NHS Foundation Trust entitled 'Lung Cancer – A Secondary Healthcare Perspective' delivered to the Health Scrutiny Forum of 26 January 2012
- (xix) Presentation of the Consultant Breast Surgeon, North Tees and Hartlepool NHS Foundation Trust entitled 'Breast Cancer – A Secondary Healthcare Perspective' delivered to the Health Scrutiny Forum of 26 January 2012
- (xx) Report of the Scrutiny Support Officer entitled 'Evidence on Smoking Cessation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 23 February 2012
- (xxi) Fresh (2011), *Smoke Free North East*, Available from: <http://www.freshne.com/> (Accessed 6 February 2012)
- (xxii) Report of the Scrutiny Support Officer entitled 'Evidence on Cancer Awareness – Covering Report' presented at the meeting of the Health Scrutiny Forum of 23 February 2012
- (xxiii) NHS Hartlepool (2012), *Cancer Roadshow*, Available from: <http://www.hartlepool.nhs.uk/content/page.aspx?page=394> (Accessed 7 February 2012)
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- <http://www.nature.com/bjc/journal/v101/n2s/full/6605398a.html> (Accessed 7 February 2012)
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- (xxvi) Cancer Research UK (1) (2011), *TNM and number stages of bowel cancer*, Available from: <http://cancerhelp.cancerresearchuk.org/type/bowel-cancer/treatment/tnm-and-number-stages-of-bowel-cancer> (Accessed 21 February 2012)
- (xxvii) Cancer Research UK (2) (2011), *Duke's staging of bowel cancer*, Available from: <http://cancerhelp.cancerresearchuk.org/type/bowel-cancer/treatment/dukes-stages-of-bowel-cancer> (Accessed 21 February 2012)
- (xxviii) Presentation of the Macmillan Cancer Information and Volunteer Facilitator, NHS Tees entitled 'Teesside Cancer Awareness Roadshow' delivered to the Health Scrutiny Forum of 23 February 2012
- (xxix) Presentation of the Cancer Awareness and Early Diagnosis Project Manager, NHS Tees entitled 'Cancer Awareness and Early Diagnosis Initiatives' delivered to the Health Scrutiny Forum of 23 February 2012
- (xxx) Presentation of the Director, Fresh entitled 'Plain, Standardised Tobacco Packaging' delivered to the Health Scrutiny Forum of 23 February 2012
- (xxxi) Presentation of the Stop Smoking Service Manager entitled 'Stockton & Hartlepool Stop Smoking Service' delivered to the Health Scrutiny Forum of 23 February 2012
- (xxxii) Presentation of the Head of Health Improvement entitled 'Smoking & Tobacco Control' delivered to the Health Scrutiny Forum of 23 February 2012
- (xxxiii) Macleod, U. Mitchell, ED. Burgess, C. Macdonald, S. Ramirez, AJ (2009) 'Risk factors for delayed presentation and referral of symptomatic cancer: evidence of common cancers' *British Journal of Cancer*, [Online] paper no. 101. Available from: <http://www.nature.com/bjc/journal/v101/n2s/full/6605398a.html> (Accessed 7 February 2012)
- (xxxiv) Report of the Scrutiny Support Officer entitled 'Information on Second Hand Smoke' presented at the meeting of the Health Scrutiny Forum of 5 April 2012.
- (xxxv) Ash (2011), *ASH Fact Sheets: Second Hand Smoke*, Available from: [http://www.ash.org.uk/files/documents/ASH\\_113.pdf](http://www.ash.org.uk/files/documents/ASH_113.pdf) (Accessed 6 March 2012)

(xxxvi) Minutes of the Health Scrutiny Forum of 11 August 2011, 8 September 2011, 6 October 2011, 17 November 2011, 26 January 2012, 23 February 2012 and 5 April 2012.





# PLAIN PACKS PROTECT

## CIGARETTE PACK DESIGNS

The **Plain Packs Protect** campaign wants all cigarettes in plain standardised packs. The evidence is clear that plain packs are:

- less attractive, especially to young people;
- strengthen the impact of health warnings; and
- make the packs less misleading.

Tobacco companies describe current packs as *'mobile advertising for the brand'* - help stop this by signing up to [www.plainpacksprotect.co.uk](http://www.plainpacksprotect.co.uk)



Popular brands with children



Designed to attract young women



New designs are coming on the market all the time

Be Clear on Cancer Posters



Dr Philip Sawyer

**If you've been coughing for 3 weeks, it might not be 'only a cough', so just tell me.**

A persistent cough could be a sign of lung cancer. Finding it early makes it more treatable, so tell your doctor.

**BE CLEAR ON CANCER**

[nhs.uk/lungcancer](http://nhs.uk/lungcancer)



Dr Terry Bowley

**Just tell me**

**If you've had blood in your poo or looser poo for 3 weeks, your doctor wants to know.**

It could be the early signs of bowel cancer. Finding it early makes it more treatable and could save your life.

**BE CLEAR ON CANCER**

[nhs.uk/bowelcancer](http://nhs.uk/bowelcancer)