Early Presentation of Cancer Symptoms

**Topic:** Cancer  
**Organisation:** North East Lincolnshire Care Trust Plus  
**Location:** North East Lincolnshire (Yorkshire and Humber)  
**Dates:** Pilot 2007 to 2008; Now mainstreamed and ongoing  
**Budget:** £107,000 for original 1-year pilot  
**Website:** www.nelctp.nhs.uk/services/cancer-collaborative  
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**Overview**

‘Early Presentation of Cancer Symptoms’ is a community-led programme working across deprived communities in North East Lincolnshire. It uses local knowledge and communities to encourage people to present earlier with suspected symptoms of bowel, prostate and gynaecological cancers, with the aim of reducing cancer mortality rates.

Combining social marketing, community involvement and rapid improvement methodologies, the programme developed and worked with community teams of local people to gather insight across networks and establish connections, acting as a ‘passport’ into communities.

**Key results:**

- 50 per cent increase in the number of bowel cancers referred into services through two-week waits; 67 per cent increase in prostate cancer referrals; 28 per cent increase in gynaecological cancer referrals  
- 15 per cent (in 2007/08) increase in people feeling confident in identifying cancer symptoms, with a further 13.9 per cent increase in 2009/10  
- 11 per cent increase (in 2007/08) in reported willingness to act on symptoms, with a further 11.6 per cent increase in 2009/10

www.thensmc.com
Maximise cancer screening rates and early presentation of cancer symptoms
Increase rates of volunteering to strengthen community outreach work
Increase awareness of cancer symptoms

**Community-led social marketing:** A framework that seeks to understand how community involvement in social marketing activity can be best supported

**Theories of Diffusion:** Specifically adapting the Collaborative Breakthrough Methodology

**Stages of Change:** Aims to move people from pre-contemplation of a new behaviour, through contemplation, towards action and maintenance

**Multiple theories of community development**

**Barriers:** Fear of finding cancer; Don’t recognise symptoms; Don’t identify as ‘at risk’; Not engaged with medical services; Difficulty expressing health concerns or describing symptoms; Fatalistic view; Bowel cancer felt to be a taboo

**Solutions:** Consistent description of symptoms and risk factors; Community peers to engage individuals in non-health environments; ‘Concern slips’ to allow easy communication with GPs

**Primary audiences**
Four priority communities:
1. Immingham (bowel cancer): Men and women over 60
2. Cleethorpes (ovarian and cervical cancers): 25- to 64-year-old women
3. Hainton, Heneage and Park (prostate cancer): Men over 40
4. West Marsh (oral cancer): Men and women over 40

**Secondary audience**
- Community team members, outreach workers, service deliverers

**Review of evidence, local data and good practice**
- ‘Experts on the ground event’ with local service deliverers
- Focus groups with target audiences
- Community Change Teams mobilised in each community
- One-to-one interviews with target audience, conducted by Community Change Teams
- 900 pre- and post-intervention questionnaires, gathered by Community Change Teams
- Assumptions and concepts pre-tested with target audience and service providers
- Community Change Teams refine local understanding

**Give consumers control over generating solutions**
- Promote shared ownership, not top-down delivery by professionals
- Build skills and confidence to facilitate new behaviours
- Prioritise local knowledge and human capital

**Community Change Teams create competition maps of local services and events, and popular venues**
- Allows piggybacking and event planning to avoid conflict and maximise opportunities

**Good practice handbook**
- Training, meetings and learning workshops for Community Change Teams
- Community-specific interventions, including: service improvements; engagement with primary care; local events and outreach; home screening kits; PR and media coverage
- Dissemination strategy to influence organisational buy-in