

# JSNA Review - Prioritisation Tool

## Priority Topic: Cancer

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Estimated Level of Need	Level of need – Volume	Topic covers an estimated <u>large</u> 'in need' population (>25,000 people).	Topic covers an estimated <u>medium sized</u> 'in need' population (10,000 – 24,999).	Topic covers an estimated <u>small</u> 'in need' population (<10,000).	-	High - 10 points	1.5	An estimated more than 1 in 3 people will get cancer at some point in their lives  1.86% of the population are recorded on GP registers with cancer (10,301 patients)  There are approx. 2,435 new cases each year Approx. 1,335 deaths a year (28% of all deaths) 1 in 4 people will die from cancer
	Level of need – Severity	The population concerned have <u>'severe'</u> needs.	The population concerned have <u>'considerable'</u> needs.	The population concerned have <u>'moderate'</u> needs.	-	High - 10 points	1.5	The level of need will vary depending on the "site" of the cancer and the "stage" of the cancer.
	Level of need – Trend	Available evidence suggests <u>rapidly worsening</u> situation over time.	Available evidence suggests <u>worsening</u> situation over time.	Available evidence suggests situation has remained <u>stable</u> over time.	Available evidence suggests <u>improving</u> situation over time.	Low – 1 point	1	In line with national trends, there continues to be an overall increase in the number and rate of new cases of cancer each year, but a falling rate of deaths. This is due to increasing survival rates from cancer over the past decades.
	Level of need – Benchmarks	Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).	Available evidence suggests <u>above average</u> prevalence relative to comparator areas.	Available evidence suggests prevalence <u>in-line</u> with comparator areas.	Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.	Zero – 0 points	1	Warwickshire has a lower cancer incidence and lower mortality than the national average. Recorded prevalence is also lower than the England rate and compared to some neighbouring areas e.g. Staffordshire and Worcestershire

	<b>What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?</b>	<u>Large</u> potential health benefits to be gained.	<u>Medium</u> potential health benefits to be gained.	<u>Small</u> potential health benefits to be gained.	-	<b>High – 10 points</b>	1	Up to half of cases of cancer are thought to be preventable. Early diagnosis and prompt effective treatment increases survival
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	Criteria							
Early intervention	<b>Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?</b>	<u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention.	<u>Some evidence</u> which highlights areas suitable early intervention.	<u>Weak evidence</u> that the topic has areas suitable early intervention.	<u>No evidence</u> to suggest that the topic contains areas suitable early intervention.	<b>High – 10 points</b>	1	Up to half of cases of cancer are thought to be preventable. As the population ages, diagnosis improves and more people survive from cancer, prevalence (it the number of people living with cancer) is likely to increase.
Consultation & Engagement	<b>What level of qualitative information do we have on the issue?</b>	<u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users.	<u>No evidence of views</u> from stakeholders, patients, residents and/or service users.	Medium – 5 points	1	Limited local evidence but national evidence from patient experience surveys
Inequalities	<b>What is the scale of inequality?</b>	<u>Persistent, wide scale geographic and population-based</u> inequalities are clearly apparent.	<u>Some notable geographic or population-based inequalities</u> are apparent.	<u>Some minor inequalities</u> exist.	<u>Little or no evidence</u> of inequalities.	Medium – 5 points	1	Cancer increases with age, in general men are at significantly greater risk than women with the exception of breast cancer. Black and Minority Ethnic (BME) groups are at a lower risk overall from cancer than the White population, but there is an increased risk of certain cancers in BME groups. Within Warwickshire, although mortality rates are lower than nationally, Nuneaton and Bedworth has significantly higher cancer mortality and premature mortality
Wider impact	<b>What broader impact does the topic have on the local population?</b>	A number of <u>significant, clear and obvious direct impacts</u> .	A <u>moderate direct and/or indirect impact</u> .	A <u>minor indirect impact</u> .	<u>Unclear, little or no impact</u> .	Medium – 5 points	1	Reduced income through reduced work and loss of earnings, the impact on carers and the family

Cost Implications	Estimated economic cost associated with tackling the topic in Warwickshire	High levels (multi-millions of £s) of both direct and indirect estimated economic costs both now and in the future.	Medium levels (c. £5 million) of direct and/or indirect estimated economic costs both now and in the future.	Low levels (<£1 million) of estimated economic costs either now/and or in the future.	-	High – 10 points	1.5	5% of the NHS budget is spent on cancer care, with some estimates suggesting that the overall cost could increase by more than a third in the next decade.
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**Total Score = 81**

**Maximum points available: 115**