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**MSc Public Health and Social Care in
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**Community Care and Management of
Long-Term Conditions**

LCHS7003

**Information Booklet of Long-Term
Conditions Management**

Topic: Cancer

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Introduction

Definition of Cancer

- Cancer refers to a group of diseases characterized by abnormal and uncontrolled cell growth that can invade surrounding tissues and spread to other parts of the body (Cancer Research UK, 2023).
- Key terms used in cancer epidemiology include:
 - **Incidence** – number of new cancer cases within a specified period.
 - **Mortality** – number of deaths caused by cancer in a specified period (Cancer Research UK, 2023).

UK Cancer Burden – Overview

- The UK reported **395,181 new cancer cases** in 2021, affecting both men and women almost equally (World Cancer Research Fund, 2023).
- In 2021, the UK recorded **168,873 deaths due to cancer**, making it one of

the major causes of mortality nationally (World Cancer Research Fund, 2023).

- On average, the UK experiences **over 385,000 new cancer cases each year**, equivalent to more than 1,000 diagnosed cases daily (Cancer Research UK, 2023).
- Nearly half of all staged cancers in England — 45.5% — are only picked up at stage 3 or 4, when treatment is far lesser effective and survival rates drop sharply (Cancer Research UK, 2023).

System Response – Early Diagnosis & NHS Standards

- To tackle the growing pressure on cancer services, NHS England introduced the 28-Day Faster Diagnosis Standard in 2021, aim was to give every patient urgently referred to for suspected cancer a definitive answer yes or no within four weeks (NHS England, 2021). Every month, waiting times are surveyed through the national Cancer Waiting Times dataset, which logs how long people wait from confirmed to diagnosis and from diagnosis to treatment (NHS Digital, 2024). Yet, with case numbers

climbing and delays still common, it's clear the system needs more diagnostic driving force, earlier detection programs, and smoother access to care if it's to keep pace (NHS England, 2019).

- **Overview of Cancer in England**

- Burden**

- Cancer remains a massive drain on the UK's health system: in 2021 alone, 395,181 people were diagnosed with cancer almost and even split between men and women (World Cancer Research Fund, 2023).
- In the same year, that number of people 168,873 lives were lost to the disease, cementing cancer as one of Britain's top killers (World Cancer Research Fund, 2023).
- Over the long term, the UK sees more than 385,000 new cases yearly — that's over 1,000 diagnoses done every single day, a relentless pace that shows no sign of slowing (Cancer Research UK, 2023).
- In England, cancer now accounts for just over a quarter of all deaths each year, underlining how deeply it impacts on

public health and healthcare planning
(House of Commons Library, 2024).

Table 1: Cancer incidence and mortality in the
UK (2021).

Category	Cancer Incidence	Cancer Mortality
Total	395,181	168,873
Men	200,870	89,625
Women	194,311	79,248
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Prevalence

- Around 3.5 million people in the UK are living with cancer right now — a number that reflects both the rising tide of new cases and the real progress made in helping patients survive longer (Macmillan Cancer Support, 2023).

- Every 90 seconds, someone in the UK hears the words “you have cancer” a stark reminder of how relentless and widespread this disease has become (Macmillan Cancer Support, 2023).
- More people are surviving cancer than ever before, thanks to earlier diagnoses, better treatments, and longer life expectancy — but this growing survivor population is putting new strains on the NHS, which now has to manage long-term follow-up care and ongoing support needs (Cancer Research UK, 2023).

Risk Factors for Cancer in the UK

- **Tobacco use** remains one of the largest contributors to cancer in the UK, responsible for a substantial proportion of preventable cases each year. Smoking increases the risk of several cancers, including lungs, bladder, pancreatic and esophageal cancers (Cancer Research UK, 2023).
- **Obesity and excess body weight** represent another major risk factor. Being overweight is linked to cancers of the breast (post-menopausal), womb, bowel, kidney and liver. Rising obesity levels across the UK continue to influence

overall cancer trends (Cancer Research UK, 2023).

- **Alcohol consumption** also plays a major role in cancer development. Regular intake of alcohol is associated with cancers of the mouth, throat, liver, breast and bowel, with risk increasing alongside higher consumption (Public Health England, 2020).
- **Dietary patterns**, particularly diets low in fibre and high in red or processed meat, contribute to increased bowel cancer risk. Insufficient intake of fruits and vegetables further adds to preventable cancer burden (Cancer Research UK, 2023).
- **Physical inactivity** has been identified as a modifiable factor influencing cancer risk. Limited physical activity is associated with higher likelihood of certain cancers, especially breast and bowel cancer (Public Health England, 2020).
- **Exposure to environmental and occupational carcinogens**, such as air pollution, asbestos, and industrial chemicals, continues to be a concern. Air pollution in particular is linked to an

increased risk of lung cancer (World Cancer Research Fund, 2023).

- **Infections**, including human papillomavirus (HPV) and hepatitis B and C, contribute to cancer risk through long-term inflammation and cellular changes. HPV is a known cause of cervical and some head and neck cancers (NHS England, 2021).
- **Ultraviolet (UV) radiation** from the sun or tanning beds increases the chance of developing melanoma and other skin cancers, with risk highest in individuals with repeated sunburn episodes or prolonged UV exposure (Cancer Research UK, 2023).
- **Family history and genetic predisposition** play a role in some cancers. Inherited mutations such as BRCA1 and BRCA2 significantly raise the risk of breast and ovarian cancers (NHS England, 2019).
- **Ageing** is one of the most significant risk factors overall. Cancer incidence rises sharply with age, as the likelihood of genetic changes and cumulative exposures increases (Cancer Research UK, 2023).

Aetiology of Cancer

- Cancer starts when healthy cells go rogue: they multiply out of control, dodge the body's natural kill-switch, and spread elsewhere. Most of the time, this chaos comes from genetic mutations building up inside the cell over years (Cancer Research UK, 2023).
- Some people are born with a higher risks inherited mutations like BRCA1 or BRCA2, passed down from families, dramatically increase the odds of breast, ovarian, or prostate cancer (NHS England, 2019).
- **Ageing** is one of the strongest contributors to cancer aetiology. As individuals age, natural DNA repair processes become less efficient, and the number of genetic errors accumulates, increasing the chance of malignant growth (Cancer Research UK, 2023).
- A proportion of cancers are linked to **infections**. Viruses such as human papillomavirus (HPV), hepatitis B, and hepatitis C can cause chronic inflammation or direct damage to cellular DNA, leading to cancers of the cervix, liver, and certain head and neck regions (NHS England, 2021).

- **Occupational and environmental exposures** also contribute to cancer aetiology. Substances such as asbestos, airborne pollutants, benzene, and industrial dusts are recognized carcinogens that can initiate cellular changes leading to disease (World Cancer Research Fund, 2023).
- In many cases, cancer results from a **combination of genetic susceptibility and environmental exposures**, rather than a single cause. The interaction between inherited risk and lifelong external influences often determines whether damaged cells progress to cancer (Cancer Research UK, 2023).

Physical Factors Contributing to Cancer

- Ionizing radiation is one of the best-established physical causes of cancer. Long-term or high-dose exposure from medical imaging, radiation therapy, or environmental sources can damage DNA directly, increasing the risk of cancers such as leukaemia and thyroid cancer (Cancer Research UK, 2023).
- Ultraviolet (UV) radiation from sunlight or tanning beds is another major physical factor. Repeated or intense exposure

leads to structural damage within skin cells, raising the likelihood of melanoma and other skin cancers. Individuals with fair skin or a history of sunburn are especially vulnerable (Cancer Research UK, 2023).

- Chronic physical irritation or injury does not directly cause cancer, but continuous inflammation in a tissue can create an environment that favors cell damage and abnormal growth. Long-standing wounds, friction, or inflammation can contribute to cancers in affected regions (World Cancer Research Fund, 2023).
- Sometimes Medical scans save lives, but they're not risk-free: even though CT scans and other imaging are vital for spotting and treating cancer, the radiation adds up over time and contributes a small but real slice of overall cancer risk — enough to cause DNA damage in some cases (Cancer Research UK, 2023).

Psychological Factors Related to Cancer

- While psychological states are not directly triggering cancer, they exert a powerful influence on how people handle this illness, managing symptoms, and

stick to prescribed treatments and how they manage routines. Increase stress, anxiety, or emotional strain can undermine general wellbeing and prompt unhelpful behaviors that, in turn, affect disease progression and survival (Cancer Research UK, 2023).

- Prolonged stress erodes resilience and often pushes individuals toward poor diet and choices, use to do more smoking, or more drinking habits that indirectly raise cancer risk. It also disturbs sleep cycle and hampers immune function, leaving the body less able to control inflammation or repair DNA damage (World Cancer Research Fund, 2023).
- Mental wellbeing remains critical in the recovery and survivor phases because They are Afraid about recurrence of cancer, stuck around treatment worries, and uncertainty about the future are widespread tackling these issues head-on markedly improves both emotional stability and physical health over the long term (Macmillan Cancer Support, 2023).

Social Evaluation and Wider Implications on Families

- The moment of diagnosis often unleashes emotional turbulence within the family circle. Loved one's grapple with anxiety, fear, and a deep sense of helplessness, particularly when they are navigating the uncertainties of treatment or prognosis (Cancer Research UK, 2023).
- Cancer's reaches well beyond the diagnosed individual, creating profound social and familial ripples that change daily routines and long-term wellbeing (Macmillan Cancer Support, 2023).
- Social ties can also fall under the weight of the disease because of Fatigue, emotional exhaustion and treatment demand often lead patients and families to retreat from community activity diminishing vital support networks precisely when they are more needed (Cancer Research UK, 2023).

Comprehensive Model of Personalized Care (NHS England)

- The Comprehensive Model of Personalized Care is approach developed to ensure that healthcare is useful around the needs, preferences, and circumstances of everyone. Instead

of focusing solely on clinical treatment, the model emphasises involvement, choice, and coordinated support across the entire care journey (NHS England, 2021). It aims to give people more control over their health while improving communication, confidence, and long-term wellbeing.

1. Shared Decision-Making

- Shared decision-making ensures that patients and healthcare professionals work together when choosing treatments or planning care.
- Patients are encouraged to express their goals, worries, and preferences, and these are considered alongside clinical evidence.
- This approach helps people feel informed, respected, and more confident in their care decisions (NHS England, 2019).

2. Personalized Care and Support Planning

- This involves structured conversations that explore a person's emotional, physical, and practical needs.

- The result is a written plan outlining agreed goals, support options, and follow-up arrangements.
- These plans ensure continuity and help integrate hospital care, community support, and everyday needs (Cancer Research UK, 2020).

3. Enabling Choice

- Patients have legal rights to choose where they receive treatment and which specialist they see.
- For many, this means selecting a hospital closer to home; for others, it may involve choosing a specialist centre.
- This flexibility supports autonomy and reduces stress during treatment (NHS England, 2019).

4. Social Prescribing and Community Support

- Many patients need more than medical treatment alone.
- Social prescribing connects individuals to community resources such as exercise groups, counselling services, welfare

advice, peer support networks, or transport assistance.

- These services reduce loneliness, improve mental health, and help patients adjust during and after treatment (Macmillan Cancer Support, 2022).

5. Supported Self-Management

- Supported self-management encourages patients to monitor symptoms, understand medications, and recognise warning signs.
- Education, digital tools, and regular check-ins help people manage fatigue, pain, anxiety, and daily routines.
- This approach promotes independence and reduces unnecessary hospital visits (Jaarsma et al., 2021).

6. Personal Health Budgets

- Some patients receive a defined budget that allows them to choose personalised support, equipment, or services that improve daily living.
- This may include home-based care, mobility aids, or specialist therapies.

- Personal health budgets provide flexibility and empower patients to shape their own care (NHS England, 2021).

Table 2: Components of the Comprehensive Model of Personalised Care

Component	Description
Shared Decision-Making	Patients and clinicians make decisions together based on goals, preferences, and clinical evidence.
Personalised Care and Support Planning	Structured discussions that lead to an individualised written plan focusing on physical, emotional, and practical needs.
Enabling Choice	Allow patients to choose their hospital, specialist, or pathway to suit their circumstances.
Social Prescribing & Community Support	Links patients to non-medical community services for emotional,

	social, and practical support.
Supported Self-Management	Helps patients manage symptoms, monitor health, and use tools to stay involved in their own care.
Personal Health Budgets	Provides personalised financial support to access tailored care, equipment, or services.

Policy and Political Context

- The Comprehensive Model of Personalised Care has been positively influenced by national health agendas and enduring policy pledges to priorities patient-centered and approaches within the NHS. The NHS Long Term Plan plays the vital role of early diagnosis, enhanced patient experiences, and tailored support in shaping upcoming cancer services (NHS England, 2019).
- The shift toward personalized care reflects a wider political recognition that traditional, hospital centered models are no longer enough. Rising cancer rates,

an ageing population and increasing pressure on services have pushed policymakers to rethink how care is delivered. Now focus is mainly on creating system that are proactive, community based and better connected with health and social care ensuring that support is accessible and responsive to people's real needs. (House of Commons Library, 2024).

- Peoples living in socio economically disadvantaged areas ethnic minority groups and those who are in rural they face more challenges when seeking care delay referrals limited awareness of symptoms and practical barriers such as a transport or appointment accessibility and all leads to later diagnosis and poorer outcomes this efforts are not only for aiming but ensure to every person (Cancer Research UK, 2023).
- Political attention has increasingly focus on reducing waiting times and improving diagnosis standard in cancer care the faster diagnosis standard which aim to confirm or rule out a cancer diagnosis with in 28 days of referral is designed to speed up access to care and reduce the anxiety patients experiences during

uncertain period it reflects both growing public concern and parliamentary oversight of delays with in cancer pathways (NHS England, 2021).

- In essence the policy and political landscape for personalized cancer care are models which work systemic pivot toward prevention, diagnosis, patient agency, these guiding principles decision-making and mould service provision across the United Kingdom, keeping individual needs front and centre in healthcare evolution (Cancer Research UK, 2023)

Person-Centered Care and Communication

- Person-centered care anchoring the patient at the core of every choice guarantees that interventions and assistance align with personal circumstances, their values, and priorities. It departs from every single uniform protocol acknowledging the unique physical and emotional journeys each person survived with cancer (NHS England, 2021).
- Effective communication is at the heart of compassionate cancer care honest open

and emphatic conversation help patients understand their diagnosis explore treatment options and a prepare for what lies ahead when clinicians take the time to explain clearly and listen with empathy patients are empowered to share their worries ask question and take an active role in shaping their care this kind of dialogue not only strengthens trust between patients and health care teams but also support emotional wellbeing throughout what can be an overwhelming journey (Cancer Research UK, 2023).

- Clinicians play a vital role in shaping how communication unfolds when they listen with genuine attention, use clear and compassionate language and check that patients truly understand they help people feel respected, informed and actively involved in their own care (NHS England, 2019).
- In oncology, communications extend beyond the patients. it's also including their families and carers providentialism with clear, honest information that help them understand what to expect and prepares them to offer meaningful support this shared understanding not only strengthens their ability to care but

also sustains emotional support throughout the patient's treatment journey (Cancer Research UK, 2023).

Conclusion

- Cancer continues to place a profound and lasting stain on people, families and the NHS across the UK each diagnosis ripples far beyond the individual touching loved ones and friends and entire communities as more people live longer with beyond cancer due to increased incidence, improved survival rates and ageing population the challenges don't end when treatment end.
- Strategies like shared decision-making, bespoke care planning, social prescribing, and self-management empower tailoring to individual priorities, ensuring are patients better informed, engaged, and assured in their handling their illness. The transition to personalized and person centered frameworks signal a deeper pledge to deepen the cancer experience.
- Policy milestones the NHS Long Term Plan and Faster Diagnosis Standard water illustrate determined national pushes for earlier detection is inequality will be reduced, and more fast treatment

access. Obligation to diagnostic expansion, digital tools, and community assets reveal a holistic lens on cancer care and weaving medical management with emotional and social scaffolding also for mental wellbeing.

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