



Office for Health
Improvement
& Disparities

Atlas of health variation in head and neck cancer in England

Options for action and resources

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9. Options for action

To address healthcare inequalities in head and neck incidence, mortality and late stage diagnosis in England there is a need to tackle the risk factors and other influential factors described above. This section will describe options for action in terms of prevention and early detection of head and neck cancer.

In addition to the more general need to reduce social and economic inequalities, the prevention of head and neck cancer will require both 'upstream' and 'downstream' approaches to:

1. reduce use of tobacco, both smoked and smokeless ⁹⁵
2. reduce alcohol consumption
3. increase uptake of the HPV vaccine
4. improve early detection and diagnosis

It will require partnership working across different organisations including national and local government, and integrated care systems (ICSs) (which include NHS organisations, UTLAs, the voluntary sector, social care providers and other partners with a role in improving health and wellbeing)⁹⁶ adopting the principles of proportionate universalism articulated in the 2010 Marmot Review.⁹⁷

Reduce use of tobacco

The government has committed to reducing tobacco use, particularly smoking. Smoking is the number one preventable cause of death, disability and ill health. It claims the lives of 80,000 people a year in the UK and causes one in four of all cancer deaths. The Tobacco and Vapes Bill will be the biggest public health intervention in a generation – tackling the harms of smoking and paving the way for a smoke-free UK.⁹⁵

In 2022, the Office for Health Improvement and Disparities (OHID) launched a guide for health and care professionals to support tobacco reduction.⁹⁸ Local authorities have a role through licensing, use of trading standards teams, smoke-free spaces, commissioning of stop smoking services, communication campaigns and education initiatives. Health services and individual health or social care professionals in primary and secondary care have a role in reducing tobacco use. In future, ICSs have potential to co-ordinate system-level tobacco control that is appropriate to the needs of the local population through their role in prevention. Given the association between head and neck cancer and smokeless

tobacco described above, a focus is needed on other tobacco products and not just smoking.

Reduce alcohol consumption

Partnership working between national and local government, health services and voluntary groups is required to ensure consumption of alcohol is reduced.⁹⁹ The most recent UK alcohol strategy was published in March 2012.¹⁰⁰ and has not been updated. In Scotland and Wales minimum unit pricing policies have been introduced. Other possible national actions include: 1) regulation of alcohol promotion, licensing, advertising and sponsorship, 2) communication campaigns about alcohol-related harm and 3) use of a tax escalator. Local authorities have a role in restricting alcohol consumption, licensing and through education and communication campaigns. OHID has published a guide for health and care professionals to support reduction in alcohol consumption.⁹⁹

HPV vaccination programme

National, regional and local organisations involved in HPV vaccine programmes should continue to work together to improve uptake through the universal programme for adolescents, and through the programme for gay and bisexual men who have sex with men (GBMSM). This will include work to strengthen coverage at the normal point of the universal vaccination offer, but also through catch-up opportunities for eligible individuals in primary care and in other settings.

Early detection and referral

Early detection could be facilitated by raising awareness of head and neck cancer among the public and health professionals and through developing high quality clear referral pathways.

The NHS Cancer Programme leads the delivery of the NHS Long Term Plan ambitions for cancer to increase the proportion of people diagnosed at an early stage and reduce variation and inequalities.

The variations across integrated care boards (ICBs) in the percentage of people diagnosed at a late stage and in mortality rates of head and neck cancer is unwarranted and requires particular consideration.

High quality referral pathways, appropriate to the needs of the local population, are essential. In 2023, the NHS Cancer Programme developed 'Faster diagnostic pathways - implementing a timed head and neck cancer diagnostic pathway' which provides guidance on a pathway from primary care to local and specialist diagnostic centres for cancer

alliances.⁵⁸ Once implemented, this pathway is intended to shorten diagnosis pathways and reduce variation. In addition, the [Getting It Right First Time](#) (GIRFT) programme has begun a national review into services for head and neck cancer patients, commissioned and funded by the NHS Cancer Programme to support local health and care systems to improve the quality of care for patients, including reducing the time to diagnosis and treatment. The effectiveness of the new pathway and actions from the national review at reducing unwarranted variation will need to be evaluated.

NHS dental access is important to ensure opportunistic screening and early detection opportunities are not missed. In future, dental contract reforms offer the opportunity to consider the role of dental teams in increasing awareness of and early detection of head and neck cancer. The Darzi report highlighted the need for the dental contract to balance activity and prevention, and to ensure that there are enough dentists in less served areas performing NHS work.¹⁰¹

A recent tumour site review by the NHS Cancer Programme about head and neck cancer included a number of recommendations about the importance of raising awareness with the public.¹⁰² The review suggested the need for campaigns targeted to those at high risk of head and neck cancer through working with cancer alliances to engage deprived communities. The review also recommended raising awareness and providing education to primary care professionals including general practitioners (GPs), dental professionals and community pharmacists due to their key role in early detection and referral.

Gateway-C is an education platform for primary care health professionals funded by NHS England. The platform includes a course on head and neck cancer.

Patients often present at pharmacies with the common symptoms of head and neck cancer. Community pharmacists could have a greater role in the early identification and referral of patients with suspected head and neck cancer symptoms.^{103 104}

Currently the toolkit developed by the British Dental Association (BDA) and Cancer Research UK (CRUK)¹⁰⁵ about early detection of cancer focuses mainly on oral cavity cancer with opportunities in future to broaden the content to include head and neck cancer more generally.

The most recent version of [Delivering better oral health: an evidence-based toolkit for prevention](#) to support dental teams, includes a revised chapter on oral cancer. Dental professionals should ensure they are familiar with the risk factors, early detection and management and prevention post-treatment for head and neck cancer. In 'Delivering better oral health' the importance of assigning an appropriate recall interval according to each patient's risk of disease is recommended. ICBs would benefit from reviewing and promoting 'Delivering better oral health' with dental teams.

10. Resources

A number of resources are available aimed at reducing risk factors and raising awareness of head and neck cancer with health professionals and patients.

Reduce the use of tobacco

Smoking and tobacco e-learning session, the Office for Health Improvement and Disparities (OHID) and Health Education England developed this e-learning resource for health and care professionals about reducing smoking and tobacco use:

Public Health England (2018) [Stop smoking options: guidance for conversations with patients](#) [Accessed 14 June 2024]

Office for Health Improvement and Disparities (2022) '[Smoking and tobacco: applying All Our Health](#)' [Accessed 05 Dec 2023]

Reduce alcohol consumption

Alcohol e-learning session - the OHID and Health Education England developed this content for health and care professionals to access free alcohol identification and brief advice e-learning to become confident in identifying those at risk from alcohol and delivering brief advice with a validated alcohol use screening test:

NHS England in partnership with Public Health England [E-learning for healthcare: Alcohol Identification and Brief Advice](#) [Accessed 14 June 2024]

Office for Health Improvement and Disparities '[Alcohol: applying All Our Health](#)' [Accessed 05 Dec 2023]

Human Papillomavirus Vaccination

UK Health Security Agency (2013, updated 2020) [Immunisation against infectious disease - Human papillomavirus \(HPV\): the green book, chapter 18a](#) [Accessed 09 Jul 2024]

UK Health Security Agency (updated 20 Jun 2023) [HPV vaccination guidance for healthcare practitioners](#) [Accessed 14 Oct 2024]

UK Health Security Agency (2024) [HPV vaccine uptake](#) [Accessed 14 Oct 2024]

UK Health Security Agency (updated 26 Sep 2023) [HPV universal vaccination leaflet](#) [Accessed 14 Oct 2024]

Early detection and diagnosis

There are a number of courses and guidance resources aimed at raising awareness and educating health professionals about head and neck cancer:

Gateway C [The early cancer diagnosis resource: Head and Neck Cancer](#) [Accessed 14 June 2024]

Cancer Research UK and the British Dental Association [Oral Cancer Toolkit - Improve your ability to improve and detect oral cancer](#) [Accessed 14 June 2024]

Delivering Better Oral Health

This guidance includes evidence-based guidance for dental teams relating specifically to head and neck cancer and its risk factors:

Office for Health Improvement and Disparities, Department of Health and Social Care, NHS England and NHS Improvement (2014, updated 2021) [Delivering better oral health: an evidence-based toolkit for prevention](#) [Accessed 17 June 2024]

Specific topics include:

[Chapter 6: Oral cancer](#) [Accessed 17 June 2024]

[Chapter 11: Smoking and tobacco use](#) [Accessed 17 June 2024]

[Chapter 12: Alcohol](#) [Accessed 17 June 2024]

Charities supporting people with head and neck cancer

The Swallows [Head and Neck Cancer Support Group Resources](#) [Accessed 17 June 2024]

The [Mouth Cancer Foundation](#) [Accessed 17 June 2024]

Cancer Research UK [Mouth and oropharyngeal cancer](#) [Accessed 17 June 2024]

Salivary Gland Cancer UK [Salivary Gland Cancer Resources](#) [Accessed 15 August 2024]

[Young Tongues](#) [Accessed 15 August 2024]

[Head and Neck Cancer Coalition](#) [Accessed 15 August 2024]

Guidelines

[Head and Neck Cancer: United Kingdom National Multidisciplinary Guidelines, Sixth Edition](#) [Accessed 15 Oct 2024]

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