Cancer and Wellbeing in the Workplace Seminar

Event outlines what employers can do to safeguard their staff and their business

Delegates from leading employers, health insurers and employee benefit consultancies gathered at The Walbrook Building in London on 8 October to hear leading experts speak on the urgent need for employers to address cancer in the workplace. The breakfast seminar – introduced by Stewart Ireland, Sales and Marketing Director of Arthur J. Gallagher – revealed that currently one in three people in the UK will develop cancer in their lifetime, and that for those born after 1960 the risk is already one in two.

**Five practical ways to a sustainable wellbeing strategy – Tim Johnson**

Tim Johnson, Chief Executive of the UK Employee Benefits business of Arthur J. Gallagher, put the issue of cancer in the workplace in context by outlining “Five practical ways to a sustainable wellbeing strategy” – tips used by Arthur J Gallagher with clients, covering the whole breadth of wellbeing.

First, he explained, you needed to understand your demographic – what your workforce is made up of, and where your risks lie – only then could you put issues into context so you can work out a relevant mitigation strategy. This includes whether people are subject to psychological as well as physical risk. It was also necessary to look at trends over a period of time, to isolate risks and shape a strategy on early intervention – the best case scenario being to get involved before issues present a threat.

Next was cost containment – not just looking after the workforce, but about doing so in a cost efficient manner. The tax system in the UK was such that the goodwill gesture of paying for private treatment of a member of staff without a medical programme could result in the company paying double the cost, potentially damaging the company. Sustainability was key. An employer should not just pay a fee and leave it to the insurance company, he said – looking after a workforce is more involved than that. One tip offered was to consider healthcare trusts. With insurance premium tax going up to 9.5%, medical costs are set to rise for companies that cover employees using an insurance policy – but healthcare trusts don’t pay insurance premium tax on over 90% of their costs. Tim Johnson also emphasised that you can’t expect a broker to get the best deal for you if they do not have clear information or your data isn’t up to date.

Third, you must ensure the pieces fit together. It is common for employers to have Employee Assistant Programmes (EAPs), but many insurers have now bundled EAPs with their cover, so employers may well be paying for two. Check what is included. Clear communication of the details of benefits to employees is also a vital component, helping them get the right treatment faster and so avoid becoming long-term claimants.

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Fourth was early intervention. 78% of all absences that are reported and have early intervention do not go on to become a claim – but such early intervention depends on having a mechanism for knowing when someone is off sick, and many employers have no such mechanism for centrally recording absences. If you can detect an illness-related absence early, then you can also get your income protection provider involved. Because it is in their interest to head off a claim, they may be able to help with occupational health, assessment, and even some treatment. Worst of all was allowing your employees to feel abandoned – the last thing they wanted was silence.

Finally, there was the issue of early detection. This was a controversial area in some respects, with the development of wearables – which can monitor for health, but also perhaps for more than that – arguably constituting a breach of privacy, or disability discrimination rights. In conclusion, Tim explained that whatever the outcome of this debate, more traditional methods of screening remain fundamental to the process of making sure your workforce is well.

Looking at ways businesses manage illness in the workplace, Dr McKenna divided their actions into two groups: the Reactive, including dental plans, cash back plans, Private Medical Insurance and life insurance, and the Proactive – including Occupational Health, Employee Assistance programmes, in-house GP services, WellMan and WellWoman clinics, Health days and Specialist services. As a doctor interested in prevention, it was the proactive methods with which she was most concerned – but having been involved in corporate healthcare for 20 years, and having participated in around 5,000 WellMan and WellWoman clinics, she had seen little advance in this area in the past decade.

There was the potential for employers to fill this gap by offering specialist cancer screening services – but in order to do so they needed to properly assess their employees’ risk and how they themselves contribute to that. She shocked the audience with evidence from the US, published in the JNCl: Journal of the National Cancer Institute, that simply sitting for prolonged periods increases cancer risk – so much so that it has led to the claim that “sitting is the new smoking”.

The age profile and gender balance of the workforce is also a significant factor. Cervical cancer was cited as the most common cancer for women under 35, for example, while prostate cancer primarily affects men over 50. It may be that the workforce travels abroad or spends long periods out of doors – and one single episode of sunburn before the age of 20 doubles your lifetime risk of skin cancer. One in three women also work shift patterns, which increases the risk of breast cancer.

Dr McKenna also called upon employers to question what their company ambition was. Most employers have people in their care for eight hours a day, five days a week, she said, and so have a duty of care – and an opportunity. Often, organisations were very good at organising fundraising when someone within the company had been diagnosed, but if all this effort was channelled into detection and education before anyone in the office got cancer, then many more lives would be saved.

She suggested that people were still burying their heads in the sand over the issue, and that while many took part in the National Lottery with genuine hopes of winning – with a chance of one in 14 million – few gave a thought to the fact their chances of cancer are one in three. The inevitable result of this was that 25% of cancers present at A&E, often at a very late stage and with a poor prognosis. She also acknowledged that the NHS was under extreme pressure. 23% of cancer patients saw their GP three times before finally getting a diagnosis, and one in four could not get an appointment with their GP at all. This situation was set to get worse with 17 million more people visiting GPs than was the case five years ago. This, she said, was a cause of urgent concern not only for individuals but for employers, with cancer now being responsible for 29% of long-term sickness claims (source: Unum, September 2015).

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In order to achieve this, however, she emphasised that it was important to choose the right provider – one with real expertise, which offered age-appropriate screening that did not harm the patient and was evidence based. The services Check4Cancer offers are not just screening services, she said. You also need an educational service, a service that helps people once they have a diagnosis, and is able to reassure people when their diagnosis is normal. She shared a testimonial from a satisfied user of the SkinCheck service, who commented: “I feel a million times better for having had this consultation and I really appreciate the service provided. I would recommend this to anyone.”

Dr McKenna concluded by saying there was a real opportunity for companies to be proactive and do something for their employees before any member of the workforce got cancer. Put simply: “Early detection saves lives”.

While there are many different types of cancer, Prof Wishart listed six which account for about 88% of the total: breast, bowel, lung, skin, prostate and cervical cancer – the six cancers that Check4Cancer targets in its early detection programmes.

Prof Wishart then turned to lung cancer. 41,428 new cases were diagnosed in the UK each year (2009 figures), with 34,859 deaths (2010 figures). The key reason for the high death rate is the difficulty of early detection with this cancer, resulting in around 90% of lung cancers presenting too late for surgery or other treatments. By contrast, breast cancer has about 50,000 cases a year, but only 12,000 deaths. We need, he said, to get better at picking up lung cancer early.

He revealed that there is now a simple blood test to do this – the EarlyCDT Lung test, which detects antibodies made in response to lung cancer at a very early stage. NHS Scotland is running a randomised trial involving 10,000 men, and early results have exceeded expectations. 13 previously undetected cancers having so far been identified, only five of which were at late stage. The test is seven times more likely to detect lung cancer than a CT scan, and Check4Cancer have already been using it successfully for two years as part of the LungCheck programme – one example of innovative methods being made available through corporate programmes.

Prof Wishart then talked through some of the identification criteria for skin cancer. These can be taught to people who are at higher risk to facilitate self-checking – using, for example, the ABCD mnemonic: Asymmetry (whether a mole is symmetrical), Border (whether edges are blurred or jagged), Colour (whether colour is even), Diameter (the size of the mole). SkinCheck is Check4Cancer’s most widely used cancer check, involving a 25 minute consultation with a specialist nurse, who photographs any moles or lesions that appear suspicious and uploads them onto the client management system to be reported on by consultant doctors or surgeons. These are referred for further investigation if necessary, and a personal screening programme established which advises patients on how often they should be tested in the future.

In the case of cervical cancer, Prof Wishart noted that many countries have now switched from traditional smear tests to screening for the HPV virus, which is responsible for 99% of cervical cancer. He hoped the UK would go the same way, bolstered by a national programme to vaccinate girls at the age of 12 or 13. Smear tests are invasive, require appointments and time away from work, and every year a million people choose not to attend them. But there is now a simple self-administered test for HPV – just launched by Check4Cancer – which can be done at home. This test, called GynaecCheck, is available exclusively from GynaecHealth UK in the private sector and Check4Cancer in the corporate sector.

Prof Wishart then outlined the results of a survey carried out by Check4Cancer earlier in 2015, in which HR managers were asked about cancer and related issues. 63% said they planned to introduce some kind of cancer awareness or early detection programme, while 95% said they were in favour of having more cancer checks in the workplace.

“Early detection of cancer will have less of an impact on healthcare spend”

Cancer trends – Prof Gordon Wishart

Gordon Wishart, professor of cancer surgery, consultant breast surgeon and Medical Director of Check4Cancer, began his presentation by explaining that the impact of cancer on the workplace was not limited to employees being physically absent – there was also the question of how it affected them and their colleagues psychologically, and how productive they were as a result.

He explained that in the UK there were 325,000 new cases of cancer every year, and 160,000 deaths. We are now living, he said, in an endemic of cancer, and these figures would continue to rise every year. Taking the example of breast cancer, the current average incidence in the UK is one in eight, but within ten years this average will be one in seven.

The continuing rise in breast cancer is attributed to various lifestyle factors, including obesity after menopause and alcohol intake. Having no children or having them late in life, and not breast feeding, were also key factors. By putting off having children in order to have both a career and a family, therefore, women are putting themselves at increased risk. Shift work or working as part of a flight crew also increases risk. A third of women in the UK work shift patterns that include an element of night shift work, and over a prolonged period of time this increases breast cancer risk by 50%.
He acknowledged that financing corporate cancer campaigns was a key issue for employers. The company could pay for the whole awareness and early detection programme outright, as in the case of Hewlett Packard. It could be company sponsored, in which case the employee would get the test at a discounted rate. It might also be offered through salary sacrifice, where the employee saves tax and National Insurance. Prof Wishart gave an example of a test costing £120. Through tax and NI savings, this this would cost the employee £60 – just £5 a month.

To help employers explore these options, Check4Cancer has developed an online cancer impact calculator, which can show the most cost effective way of implementing cancer checks. By choosing the right checks and the right method of financing, he said, companies can actually save money overall.

The new Cigna cancer pathway

Finally, Prof Wishart announced a new first for the insurance market, resulting from a collaboration between BreastHealth UK and insurance company Cigna – one-stop diagnostic breast cancer clinics available to Cigna insured members from January 2016. The full diagnostic assessment at these innovative clinics can take up to two hours, but includes every step of the process in one single appointment, as opposed to four or five, and with 99.6% diagnostic accuracy. Even if there are indications that a biopsy is necessary, it can be done there and then under local anaesthetic. This will be available to Cigna insured members from January 2016.

Afterwards, delegates and speakers who had gathered at the Walbrook Building, London for the seminars, shared their thoughts about the event. This is what some of them said:

“I found the Q&A session very useful, because it covered preventative measures but also how to deal with the situation when it’s gone beyond that. And the speakers were excellent. Lots of information and it wasn’t a hard sell. I hadn’t considered cancer checks in the past, but we’ve had two employees who have been treated this year so it’s something that is quite high in the agenda, and might now be something that I could convince them to go for.”

Barbara Cruickshank, HR Manager from Snap-on

“It was very informative, and very much pitched at the right level for everyone to understand. I thought the cross section of speakers brought it all together to give the complete picture. It was definitely food for thought in terms of what companies should be thinking about offering their workforce. It gave an insight into what might be possible, and made me want to find out more.”

Deborah Wills, Benefits Director from Metrobank

“The statistics are always very interesting and bring one up fairly sharp. We have had quite a few people diagnosed with cancer in my six years in the organization – about 15 people now, mostly breast and bowel cancer. We do take wellbeing very seriously and while we don’t at the moment have any screenings, and can’t afford private healthcare for all, anything that we can explore is very interesting to us. I would certainly like to know more.”

Rosie Imrie, Senior HR Business Partner from National Physical Laboratory

“I wasn’t too sure what to expect, but it was a great session – very informative. We would be interested in introducing cancer checks. We’ve got very high PMI costs so we’d certainly be interested in reducing those.”

Hayley Smith, Pensions & Benefits Officer from JLL

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