Introducing We Build the Future

The UK Construction & Built Environment Cancer Charity





We Build The Future is a Construction and Built Environment (C+BE) Charity

We have three key aims:



Raise money to accelerate improvements in cancer survival through development of new ways to detect, treat and prevent cancer



Improve support and advice to people in the construction and Built Environment sector who are affected by cancer



Promote health and wellbeing to people in the construction and Built Environment sector in order to help reduce the incidence of cancer



1.

About cancer

Why more needs to be done



Cancer incidence

1 in 2 people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime.





Cancer incidence

Cancer is now the biggest killer amongst men, having overtaken heart disease

Breast cancer is the biggest killer in women aged 24-49

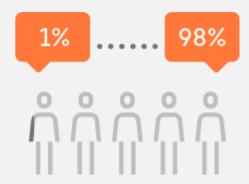
- Every two minutes someone in the UK is diagnosed with cancer 360,000 cases every year
- 1 in 2 people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime
- 176,000 of those cases will be people of working age
- Around 12,000 people working in the C+BE sector will be diagnosed with cancer every year*
- We estimate that today there are 150,000 workers in the C+BE sector dealing with cancer or in remission – around 5% of the workforce



^{*}Estimated cancer rate in construction and built environment sector based on 3.4 working age people, general population cancer incidence and construction sector occupational incidence.

Cancer survival

Survival rates are improving – but not as fast as we would like...



Survival rates for common cancers range from **98% for testicular cancer** to **1% for pancreatic cancer** but vary significantly depending on type of cancer, age and gender.



Cancer survival in the UK has doubled in the last 40 years from 24% to 50%.



Cancer Research UK aim to improve

10-year survival rates to 75% by 2040

- we want to help accelerate this progress.



^{*}Estimated cancer rate in construction and built environment sector based on 3.4 working age people, general population cancer incidence and construction sector occupational incidence.

Cancer prevention

4 out of 10 cancer cases (42%) are preventable

More than half of the projected reduction in cancer incidence and improvement in cancer survival rates will be as a result of **better lifestyle choices**:

- The most significant and preventable contributors to risk of cancer are smoking (19% of all new cases), obesity / weight (5%), poor eating habits (5%), drinking too much alcohol (4%), exposure to sun / UV (3%) and eating too much meat (3%).
- Smoking in the construction sector is almost double the national average of 16% at 28.9%, with design professions slightly above average at 17.3%.
- 44% of people diagnosed with occupational skin cancer work in the construction sector

Promoting a healthy lifestyle could help prevent 36% of cancer cases, and help keep C+BE sector employees healthy, happy and active in the work force.



Cancer and construction

56% of all occupational cancer registrations in men are attributable to work in the construction industry (mainly mesotheliomas, lung, bladder and nonmelanoma skin cancers*)

Occupational risks are responsible for 4-5% of cancer cases each year in the UK –

- In 2004/5 there were 5,500 occupational cancer registrations and 3,500 deaths in the construction sector
- This means that 40% of all occupational cancer deaths were in the construction sector
- For every accidental construction death in 2013-14,
 100 workers were killed by occupational cancer
- Occupational risks can take anywhere between ten and forty years to materialise
- 1.9 million work days lost to cancer related ill health in construction sector in 2014 /15 costing around £0.5billion per year



^{*}The main causes of occupational cancer are asbestos, silica, diesel exhausts, mineral oils, shift

Early diagnosis

Early diagnosis is critical in improving survival rates

The industry lacks awareness and has a hard to reach demographic



Almost half of cancers are diagnosed at a late stage in England (2014) and Northern Ireland (2010-2014)

- 90% of bowel cancer patients survive if diagnosed at the earliest stage compared with only 10% diagnosed at an advanced stage
- 90% of women diagnosed with breast cancer at the earliest stage will survive for 5 years compared with 15% diagnosed at a late stage ¹¹

Small firms lack support networks to help people deal with cancer and it is hard to promote health messages:

- 92% of construction firms have seven or fewer employees
- 42% of workers in the construction sector are self employed
- The construction sector of the industry is 87% male and around 80% of C+BE sector overall.
- Men are 32% less likely than women to consult medical services and the rate of non-consultation is higher still in the 16 to 60 age group

2.

Addressing health inequality in our industry

Lets start with the basics



Mental health is a leading indicator

There are clear indicators of poorer health outcomes for people in construction — mental health is a leading indicator of wider health issues outside of occupational health and safety.





Healthcare inequality

The key factors which drive mental health problems in the construction industry are well defined.

Many of these factors also reduce access to healthcare – driving health inequalities for people working in the sector.

- Limited term contracts
- Long hours
- Lengthy commutes
- Time away from family
- Pressure to compete work on time and within budget
- The 'macho culture' that exists within the industry
- Late payments on work
- Uncertainty



Real costs?

Occupational ill health was the cause of less than 1/3rd of total working days lost to ill health in 2018

- 39m of 142m lost working days due to occupational ill health
- Cost of occupational ill health estimated at £16.2 billion per year
- Suggests cost of £33 billion per year for non occupational related health
- Cost of non occupational ill health to built environment industries - £4-5bn per year?



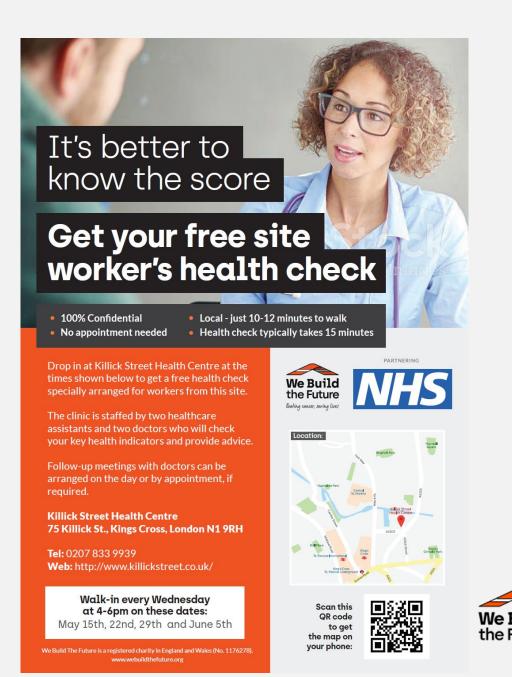
Quick wins

Our belief is that the biggest gains are to be made through changing the industries health and wellbeing culture.

- Extending the focus beyond occupational health to include wider health and wellbeing.
- A culture where people are encouraged to seek help at the earliest opportunity.
- Breaking down barriers that prevent people accessing health and wellbeing services that others take for granted.

Our pilot for walk in health checks was a first step...

By making medical advice more readily available we can help people catch problems early – so they can get the help they need



Walk in clinic - Key stats...

" Main contractors were willing partners in promoting our pilot."





Each clinic lasted 3 hours



17% of patients (16) chose to register with local surgery



Of the 7 non-UK construction workers, none had a GP

16

16 clinics over 6 month period



73% of patients (68) stayed registered with their home GP



92 patients seen face to face



9% of patients (8) chose not to have a registered GP

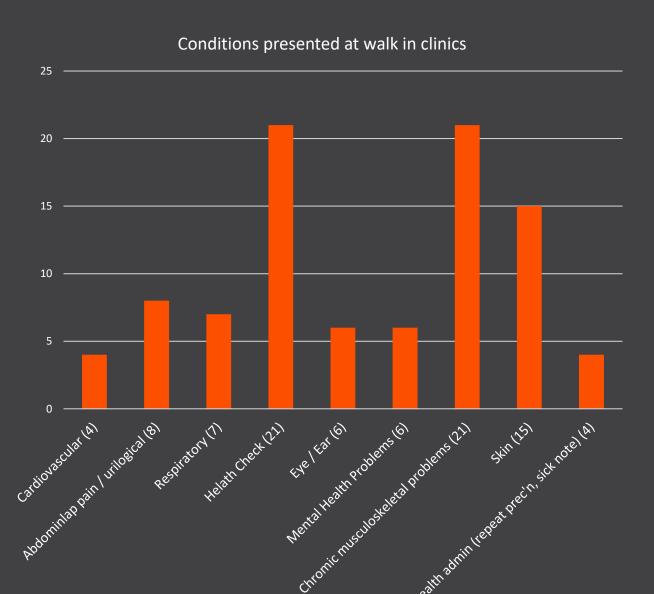
5

Of the 16 who registered locally 5 already had a GP, 4 didn't

Walk in clinic – problems presenting...

"Most of the problems were common chronic issues not requiring emergency attention."





Walk in clinic - Key learning....

"My experience suggests that construction workers face a number of barriers to accessing primary care and have a number of unmet needs, including a curiosity to know more about healthy lifestyles and receive health advice." Dr Polly Wootton



Barriers to accessing health care:

- 1. Difficulty in making appointments Working away from home at time GP's are open for appointments.
- 2. Language barriers / poor knowledge of NHS systems for non UK patients.
- 3. Culture where seeking help for health matters is seen as 'wasting time'. People simply feel too busy to seek help.

Primary care suitability

4. When a GP was available, I found that workers presented with conditions which were suitable for primary care management and the service was not used as an alternative to A&E.

Communication

Project open door

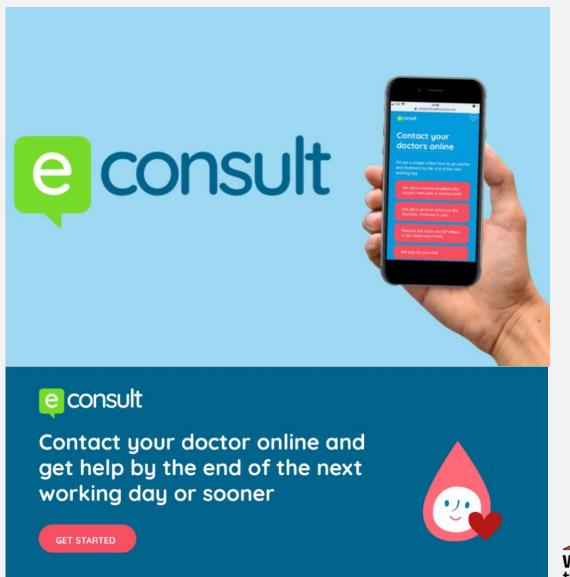
- Removing barriers to health care and advice
- Addressing poor industry culture
- Ensuring people get early diagnosis and treatment





Covid 19 has changed how we access healthcare...

"Polly quote on impact / changes re e-consult etc"





Project open door

"We have the opportunity to change health outcomes simply by breaking down information barriers and promoting a new and positive culture within the industry"



Objectives

- Promote awareness and access to primary health care
- Establish culture where seeking health advice is positively encouraged
- Develop pathways for industry and healthcare sector to collaborate

Thank you!

