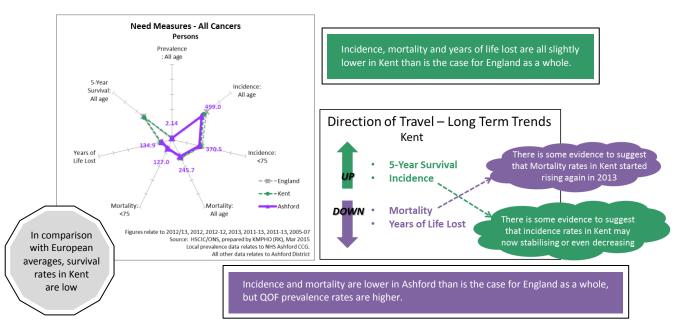


Cancer in Kent: Equity Review

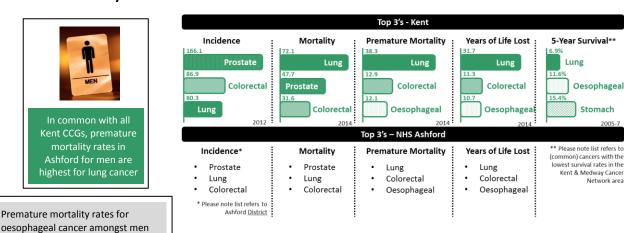
Focus on NHS Ashford

This summary provides an overview of the findings of the 2015 Cancer Equity Review for Kent, with a particular focus on the NHS Ashford area. For a detailed analysis please see the main report. Some of the analysis is presented at Kent-level, but where data allows local analysis has been included or referred to. Local figures relate to the NHS Ashford CCG area wherever possible, but to Ashford District where indicated.

Need Levels - All Cancers

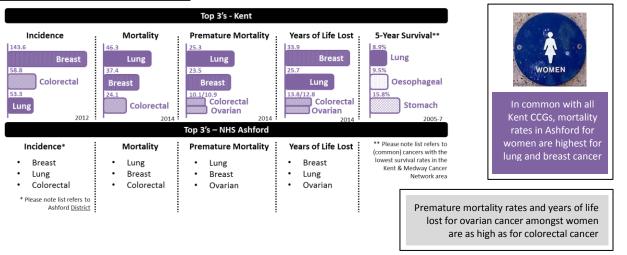


Need Levels – By Site: Men

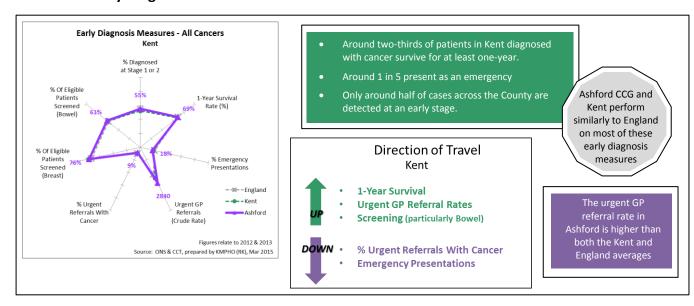


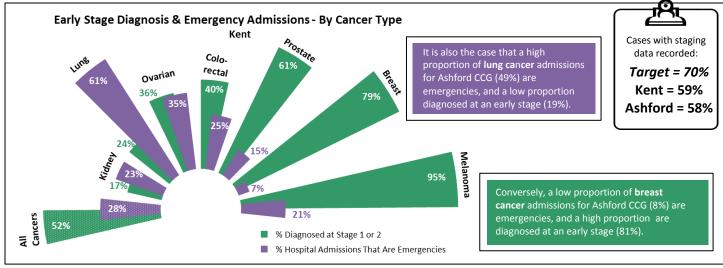
oesophageal cancer amongst men are as high as for colorectal cancer

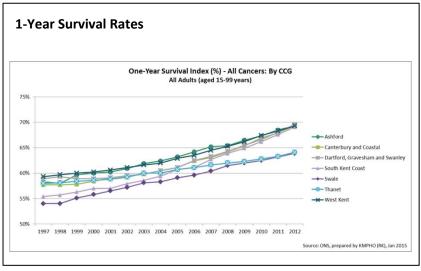
Need Levels – By Site: Women



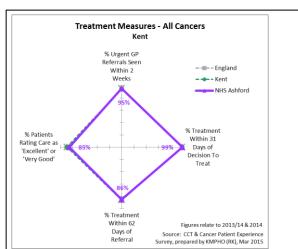
Service - Early Diagnosis







Service - Treatment



- Virtually all cancer patients in Kent start their treatment within 31 days of the decision to treat
- Performance against starting treatment within 62 days of an urgent GP referral is not as strong

Cancer Summary - NHS Ashford

All Cancers

M	eas	sure	England Range
	1	Incidence (all age)*	
Need	2	Incidence (under 75's)*	○ ♦
	3	Mortality (all age)*	
_	4	Mortality (under 75's)*	0 ♦
	5	Cancer Prevalence	
sis	6	Stage at Diagnosis	♦
Service - Early Diagnosis	7	One-Year Survival Index	\Diamond
Service Iy Diagn	9	Urgent GP Referrals	•
s ⊱	10	Urgent GP Referrals: % With Cancer	
Ea	12	Emergency Presentations	
. +	14	Urgent GP Referrals Seen Within 2 Weeks	<u> </u>
ice . mer	15	Treatments Within 31 Days of Decision to Treat	
Service - Freatment	16	Treatments Within 62 Days of Referral	
S T	17		<u>○</u> ♦

All cancer incidence and mortality rates in Ashford are low in comparison with the England average, but QOF prevalence is significantly higher.

Screening rates for both breast and colorectal are higher than the England average

Kent England average Worst

Significantly better than England average

Not significantly different from England average
Significantly worse than England average

No significance can be calculated

Lung Cancer

*Please note data relates to Ashford <u>District</u>

N	/leas	sure	England Range
	1	Incidence (all age)*	O
Need	2	Incidence (under 75's)*	◇
Ne	3	Mortality (all age)*	
	4	Mortality (under 75's)*	◇
	Sis 6	Stage at Diagnosis	<u> </u>
ice	®uc ⊗	One-Year Survival Index	♦
Service	Early Diagnosis	Urgent GP Referrals	♦ •
3)	Earl	³ Emergency Presentations	.

Breast Cancer

Me	asu	re	England Range
	1	Incidence (all age)*	♦ ●
Need	2	Incidence (under 75's)*	◇
Ž	3	Mortality (all age)*	•>
	4	Mortality (under 75's)*	
sis	6	Stage at Diagnosis	◇
e -	8	One-Year Survival Index	\diamond
Service ly Diagn	9	Urgent GP Referrals	\diamond •
Service - Early Diagnosis	11	Screening	
Ea	13	Emergency Presentations	

Colorectal Cancer

The proportion of colorectal cancers diagnosed early in NHS Ashford is lower than the England average, and the emergency presentation rate higher

Measure			England Range	
	1	Incidence (all age)*	• •	
Need	2	Incidence (under 75's)*	◆	
Se	3	Mortality (all age)*	•	
	4	Mortality (under 75's)*		
sis	6	Stage at Diagnosis	• •	
e -	8	One-Year Survival Index	\diamond	
Service ly Diagr	9	Urgent GP Referrals	♦ ●	
Service - Early Diagnosis	11	Screening	\bigcirc	
Ea	13	Emergency Presentations	•	

1/2. Incidence: DSR – HSCIC, 2012. 3/4. Mortality: DSR – HSCIC, 2013.

5. Cancer prevalence (QOF) – HSCIC, 2012/13. 6. Stage at diagnosis: % diagnosed at Stage 1 or 2 – CCT, 2012. 7. One-year survival index – ONS, 2012. 8. One-year survival index: Breast, colorectal & lung cancers combined – ONS, 2012. 9. Urgent GP referrals: Crude rate – CCT, 2013 GP Profile. 10. Urgent GP referrals: Conversion rate (% with cancer) – CCT, 2013 GP Profile. 11. Screening: % of eligible patients screened – CCT, 2013 GP Profile. 12. Emergency presentations (%) – CCT, July-December 2012. 13. Emergency presentations (%) – 'Routes to Diagnosis 2006-2010', NAEDI. 14. Urgent GP referrals seen within 2 weeks (%) – CCT CCG Profile, 2013/14. 15. Treatments within 31 days of decision to treat (%) – CCT CCG Profile, 2013/14. 16. Treatments within 62 days of GP referral (%) – CCT CCG Profile, 2013/14. 17. Patients' rating of care: % cancer patients rating their care as 'excellent' or 'very good' – Cancer Patient Experience Survey 2014.

Equity By Gender

Need



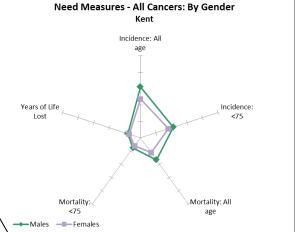
Men have:

- **Higher incidence** rates
- **Higher mortality** rates
- And, lower survival rates than women

evident for both colorectal and lung cancer.

Only lung and colorectal cancer have been considered in this analysis by site.

The same inequalities by gender are



Whilst cancer Figures relate to 2012, 2013 & 2011-13 - see data notes for more details Source: HSCIC, prepared by KMPHO (RK), Mar 2015

Direction of Travel – Long Term Trends **Incidence** Mortality **Premature Mortality** Years of Life Lost

mortality rates are generally higher for men than women, the reverse is true for these aged under 55

Service



Men are:

More likely to die at home

Equity By Age



Older people in Kent have:

- Far higher incidence rates
- And, far higher mortality rates than younger
- But, a lower proportion die at home

Need & Service Measures - All Cancers: By Age Kent Incidence 45-54 ×-85+ Deaths at Mortality Older people who are admitted to hospital with a cancer primary diagnosis are Emergency more likely to be Figures relate to 2012, 2014, 2013/14 & 2013 Hospital Admissions (%) Source: PCMD, SUS, prepared by KMPHO (RK), Mar 2015 admitted as an emergency

The same inequalities by age are evident for all of the key cancer sites analysed (lung, breast and colorectal).

> The magnitude of the differences between older and younger people is smaller for breast cancer than lung and colorectal cancers.

Direction of Travel - Long Term Trends





Mortality



Equity By Deprivation

Need



The most deprived areas in Kent have:

- Higher incidence rates
- Higher mortality rates
- And, higher years of life lost than the least deprived areas
- But, lower prevalence rates

Need Measures - All Cancers: By Deprivation
Kent

Prevalence:
All age

Most Deprived

Least Deprived

Incidence: All age

Mortality: All age

Figures relate to 2013/14, 2007-11 & 2014 Source: Kent & Medway Cancer Network, PCMD & Open Exeter (QOF), prepared by KMPHO (RK), Mar 2015 Incidence, mortality and years of life lost from lung cancer are all higher in the most deprived areas in Kent.

CCCCCCCCCCCCC

Lung cancer mortality rates are increasing quickest amongst the most deprived groups. This suggests that inequalities by deprivation may be increasing further.

Incidence, mortality and years of life lost from colorectal cancer are similar across deprivation quintiles

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For breast cancer in Kent there is evidence to suggest that premature mortality rates are highest in the <u>least</u> deprived areas

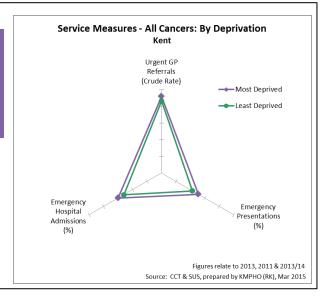
The lower prevalence rates in the most deprived areas could be the result of differing degrees of inequality in incidence and mortality

Service



The most deprived areas in Kent have:

- A higher emergency presentation rate
- And, a higher proportion of admissions to hospital classified as **emergencies**



Call to Action - NHS Ashford

NHS Ashford CCG

- Communication of the need to focus on male patients and those from more deprived backgrounds to manage higher need levels and improve outcomes is required.
 - o Inequalities by deprivation in Kent for lung cancer appear to be widening.
- Reinforcement of the importance of early diagnosis in achieving improved survival rates and reducing emergency presentations.
 - The data suggests that only 55% of all cancer cases in Ashford are detected at an early stage (1 or 2) and just 19% of lung cancer cases.¹
 - o In Ashford, the proportion of colorectal cancers diagnosed early (30%) is lower than the England average, and the emergency presentation rate is higher.
- Work is needed to help support efforts to improve uptake of bowel cancer screening. There
 is a link between GP practices with low approval ratings from patients and low screening
 rates.
- Further work is needed to understand the high levels of urgent GP referrals seen in the East Kent CCGs, including Ashford.

This summary has been produced by Malti Varshney, Consultant in Public Health and Rachel Kennard, Senior Analyst in April 2015. Please direct any enquiries to Malti.Varshney@kent.gov.uk or Rachel.Kennard@kent.gov.uk.

02/06/2015 - D3

¹ Based only on those cases with staging data recorded