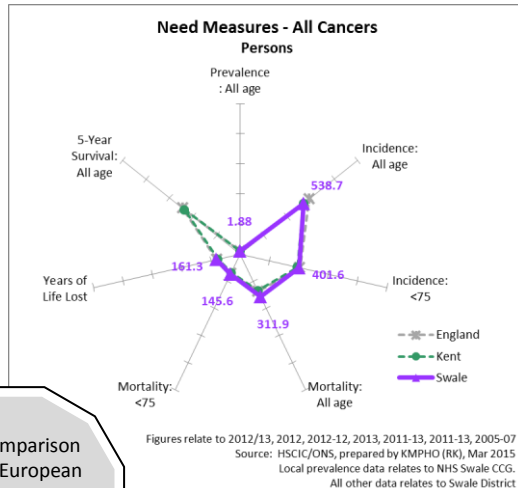


Cancer in Kent: Equity Review

Focus on NHS Swale

This summary provides an overview of the findings of the 2015 Cancer Equity Review for Kent, with a particular focus on the NHS Swale 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 Swale CCG area wherever possible, but to Swale District where indicated.

Need Levels – All Cancers



Incidence, mortality and years of life lost are all slightly lower in Kent than is the case for England as a whole.

Direction of Travel – Long Term Trends

Kent



- 5-Year Survival
- Incidence
- Mortality
- Years of Life Lost

There is some evidence to suggest that Mortality rates in Kent started rising again in 2013

There is some evidence to suggest that incidence rates in Kent may now stabilising or even decreasing

In comparison with European averages, survival rates in Kent are low

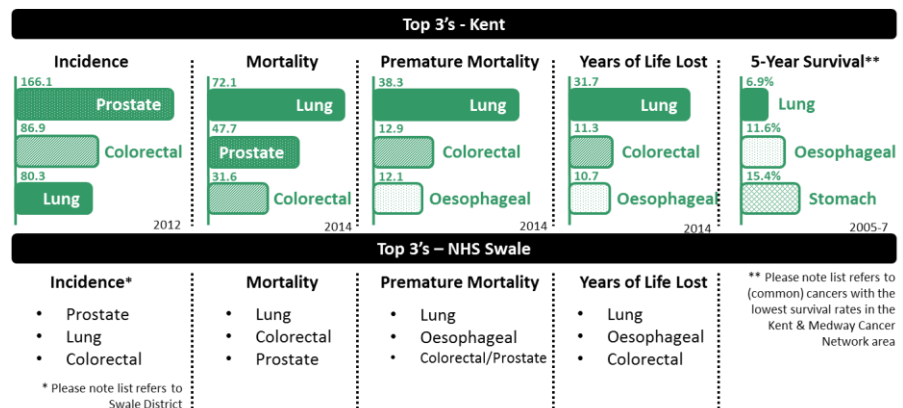
Incidence and mortality amongst the under 75s is similar in Swale to England as a whole, as are overall QOF prevalence rates.

Need Levels – By Site: Men

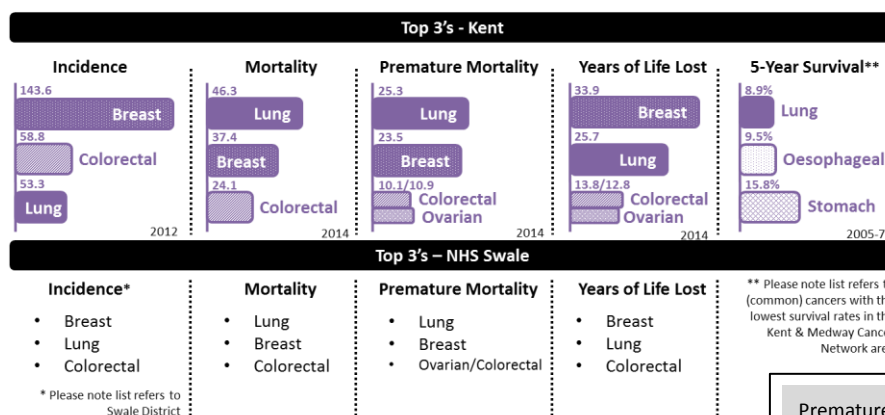


In common with all Kent CCGs, premature mortality rates in Swale for men are highest for lung cancer

Premature mortality rates for oesophageal cancer amongst men are as high as for colorectal cancer



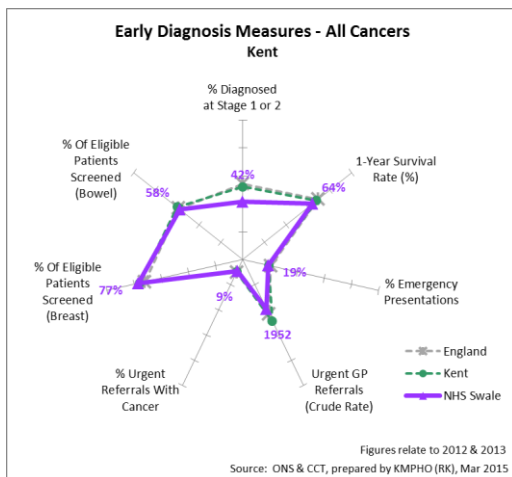
Need Levels – By Site: Women



In common with all Kent CCGs, mortality rates in Swale for women are highest for lung and breast cancer

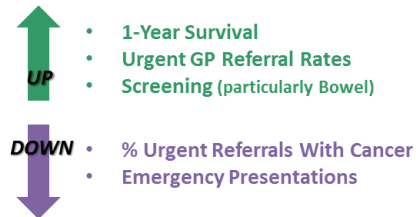
Premature mortality rates and years of life lost for ovarian cancer amongst women are as high as for colorectal cancer

Service – Early Diagnosis



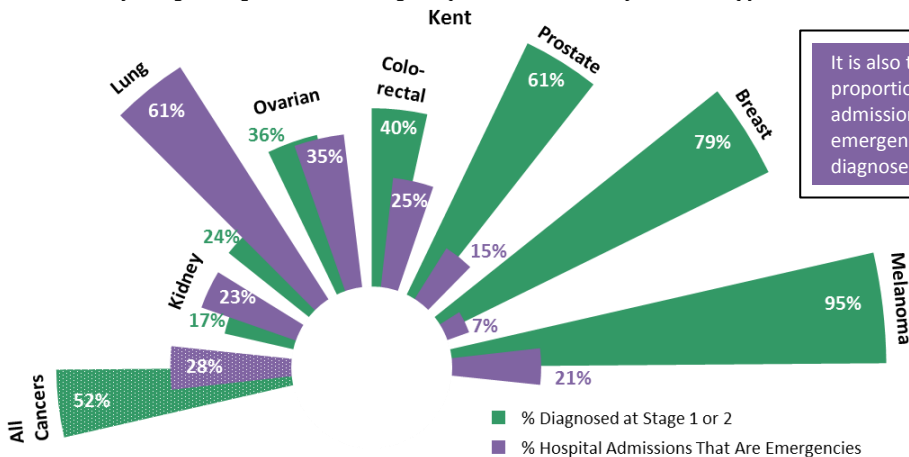
- Around two-thirds of patients in Kent diagnosed with cancer survive for at least one-year.
- Around 1 in 5 present as an emergency
- Only around half of cases across the County are detected at an early stage.

Direction of Travel Kent



The one-year survival and early diagnosis rates in Swale are lower than both the Kent and England averages

Early Stage Diagnosis & Emergency Admissions - By Cancer Type Kent



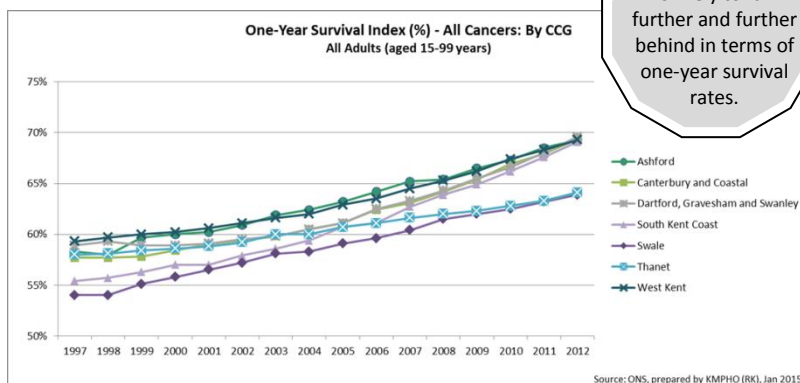
It is also the case that a high proportion of **lung cancer** admissions for Swale CCG (66%) are emergencies, and a low proportion diagnosed at an early stage (11%).

Cases with staging data recorded:
Target = 70%
Kent = 59%
Swale = 58%

Conversely, a low proportion of **breast cancer** admissions for Swale CCG (9%) are emergencies, and a high proportion are diagnosed at an early stage (70%).

1-Year Survival Rates

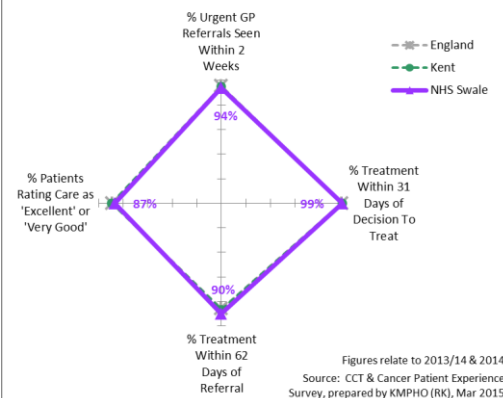
Swale CCG is highlighted as having a concerning combination of low survival rates and low rates of improvement.



Swale CCG is likely to fall further and further behind in terms of one-year survival rates.

Service - Treatment

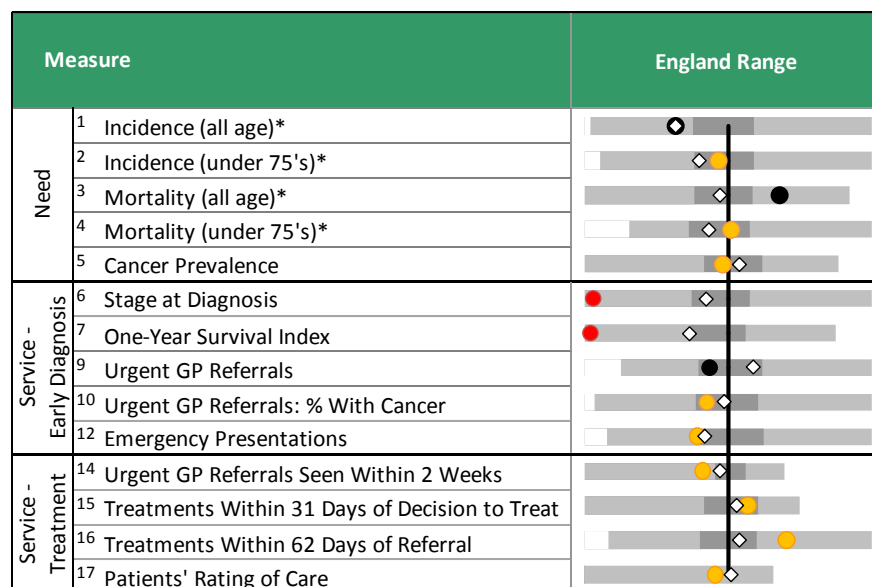
Treatment Measures - All Cancers Kent



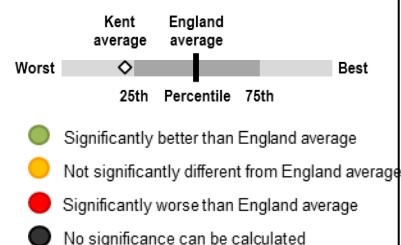
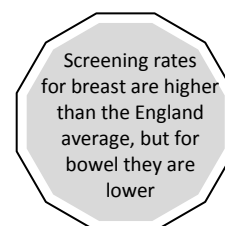
- Virtually all cancer patients in Kent start their treatment within 31 days of the decision to treat
- Performance against starting treatment within 62 days of an urgent GP referral is not as strong

Cancer Summary – NHS Swale

All Cancers

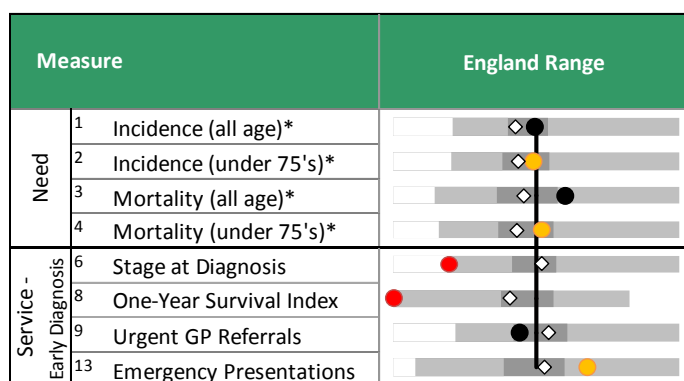


Premature incidence and mortality rates in Swale District are similar in comparison with the England average, as is overall QOF prevalence for Swale CCG.

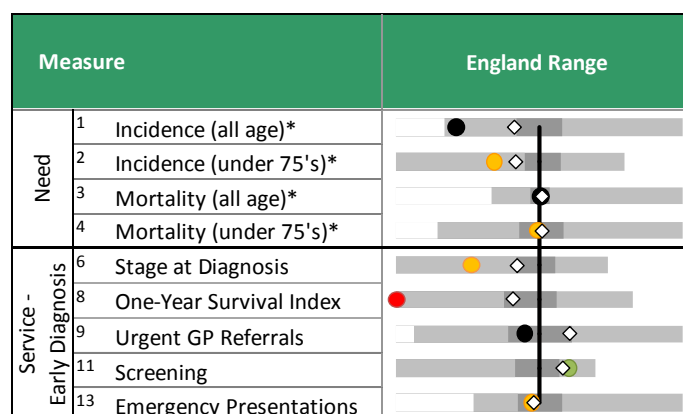


*Please note data relates to Swale District

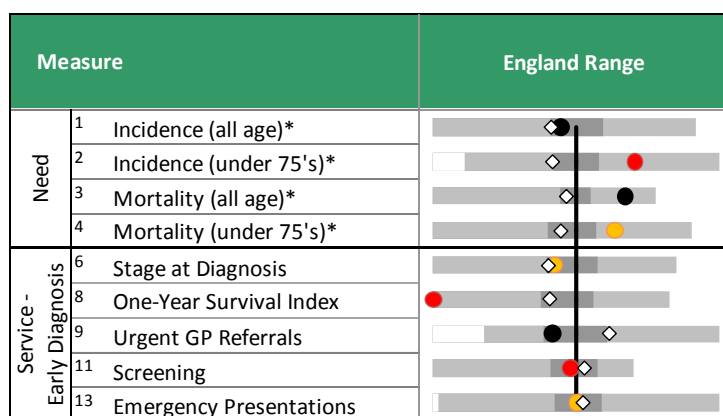
Lung Cancer



Breast Cancer



Colorectal Cancer



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**

The same inequalities by gender are evident for both colorectal and lung cancer.

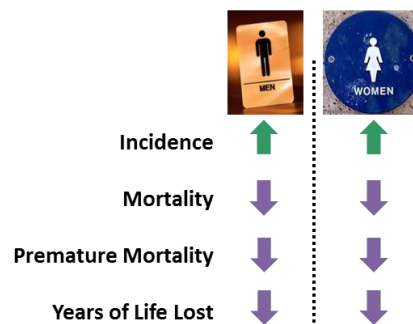
Only lung and colorectal cancer have been considered in this analysis by site.

Need Measures - All Cancers: By Gender
Kent



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

Direction of Travel – Long Term Trends



Service



Men are:

- **More likely to die at home**

Equity By Age



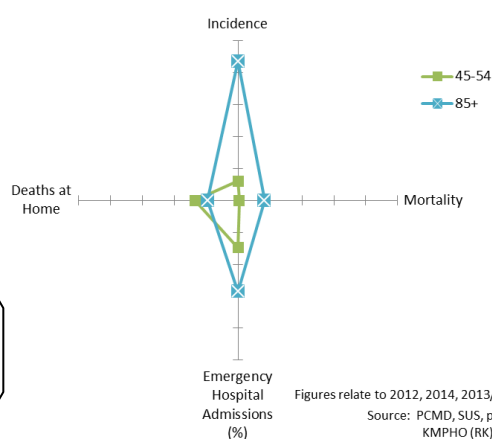
Older people in Kent have:

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

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.

Need & Service Measures - All Cancers: By Age
Kent



Older people who are admitted to hospital with a cancer primary diagnosis are more likely to be admitted as an emergency

Direction of Travel – Long Term Trends



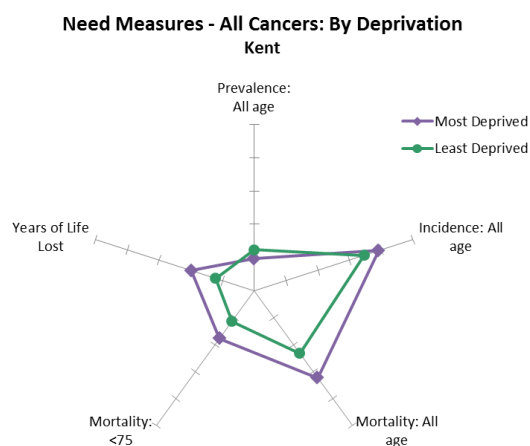
Equity By Deprivation

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**



Figures relate to 2013/14, 2007-11 & 2014
Source: Kent & Medway Cancer Network, PCMD & Open Exeter (QOF),
prepared by KMPHO (RK), Mar 2015

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

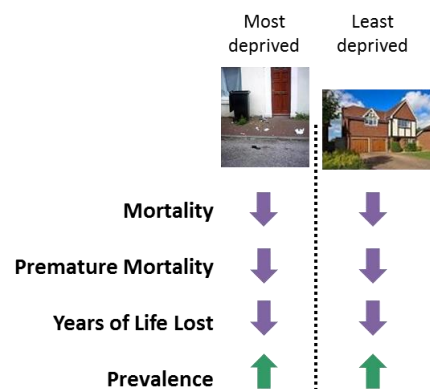
Incidence, mortality and years of life lost from lung cancer are all higher in the most deprived areas in Kent.

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

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

Direction of Travel – Long Term Trends



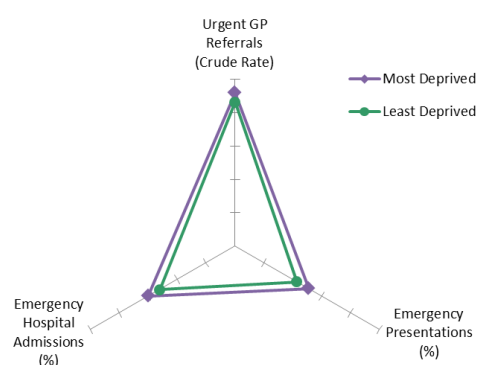
Service



The most deprived areas in Kent have:

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

Service Measures - All Cancers: By Deprivation



Figures relate to 2013, 2011 & 2013/14
Source: CCT & SUS, prepared by KMPHO (RK), Mar 2015

Call to Action – NHS Swale

NHS Swale 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.
 - 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 42% of all cancer cases in Swale are detected at an early stage (1 or 2) and just 11% of lung cancer cases.¹
 - One-year survival and early diagnosis rates in Swale are amongst the lowest in the country, and well below the England averages.
- 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.

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