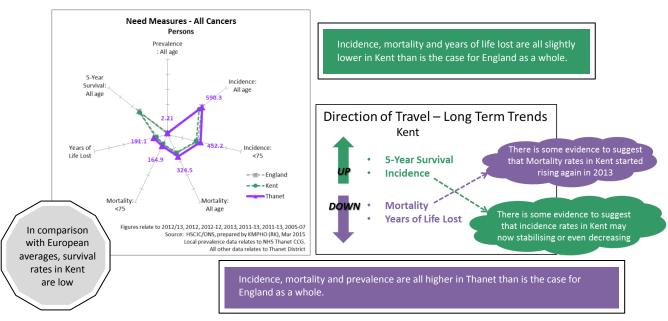


# **Cancer in Kent: Equity Review**

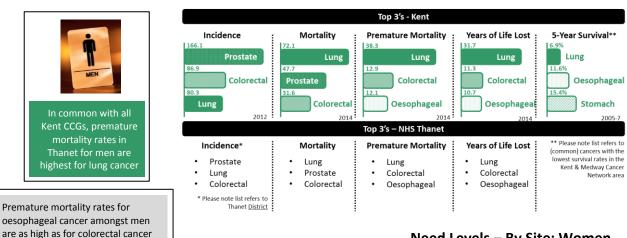
# **Focus on NHS Thanet**

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

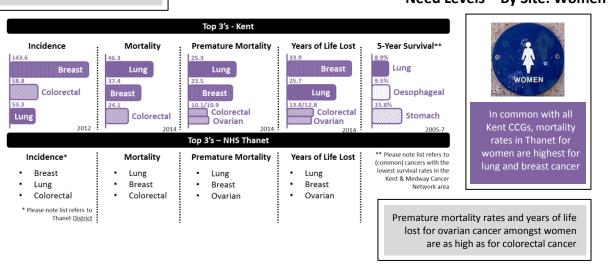
#### Need Levels - All Cancers



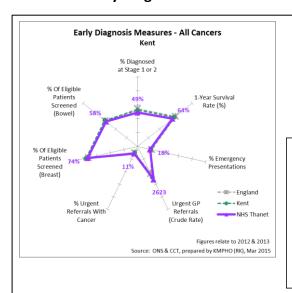
# Need Levels – By Site: Men



# Need Levels - By Site: Women



# 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

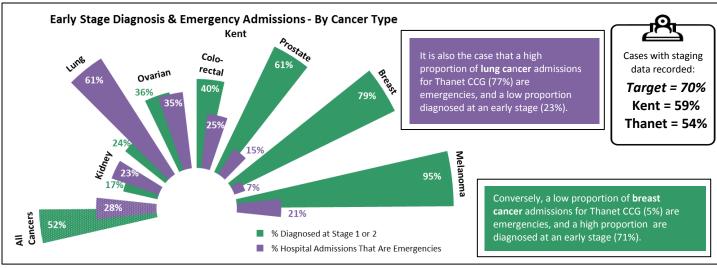


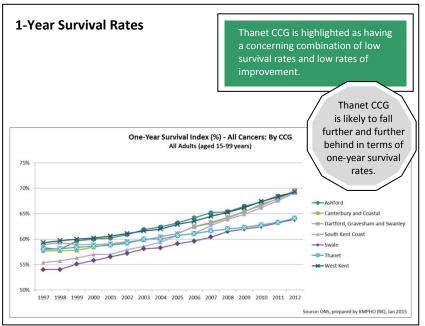
- 1-Year Survival
- **Urgent GP Referral Rates** 
  - Screening (particularly Bowel)



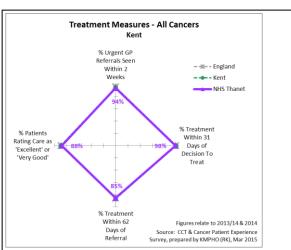
- % Urgent Referrals With Cancer
- **Emergency Presentations**

The one-year survival rate in Thanet is lower than both the Kent and England averages





# **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 Thanet**

#### **All Cancers** Incidence and mortality rates in Thanet are high in comparison with the England average, as is overall QOF Measure **England Range** prevalence. Incidence (all age)\* Incidence (under 75's)\* Mortality (all age)\* Screening rates Mortality (under 75's)\* for breast are higher **Cancer Prevalence** than the England Stage at Diagnosis average, but for bowel they are One-Year Survival Index lower **Urgent GP Referrals** <sup>10</sup> Urgent GP Referrals: % With Cancer 12 Emergency Presentations $\Diamond$ England <sup>14</sup> Urgent GP Referrals Seen Within 2 Weeks average average <sup>15</sup> Treatments Within 31 Days of Decision to Treat Worst <sup>16</sup> Treatments Within 62 Days of Referral 25th Percentile 75th <sup>17</sup> Patients' Rating of Care Significantly better than England average Not significantly different from England average Significantly worse than England average

# **Lung Cancer**

\*Please note data relates to Thanet District

isure	England Range
<sup>1</sup> Incidence (all age)*	<b>◇</b> •
Incidence (under 75's)*	<b>♦</b>
<sup>3</sup> Mortality (all age)*	<b>→</b>
<sup>4</sup> Mortality (under 75's)*	<b>♦</b>
Stage at Diagnosis	
<sup>3</sup> One-Year Survival Index	• •
Urgent GP Referrals	$\Diamond \bullet$
13 Emergency Presentations	<b>\Q</b>
1	Incidence (all age)* Incidence (under 75's)* Mortality (all age)* Mortality (under 75's)* Stage at Diagnosis One-Year Survival Index Urgent GP Referrals

#### **Breast Cancer**

Me	asu	re	England Range
	1	Incidence (all age)*	• • •
Need	2	Incidence (under 75's)*	$\Diamond$
Se	3	Mortality (all age)*	
	4	Mortality (under 75's)*	•
sis	6	Stage at Diagnosis	• •
e -	8	One-Year Survival Index	• •
Service - Early Diagnosis	9	Urgent GP Referrals	•
se Irl	11	Screening	
Ea	13	Emergency Presentations	

No significance can be calculated

# **Colorectal Cancer**

Measure			England Range
	1	Incidence (all age)*	0
Need	2	Incidence (under 75's)*	<b>♦</b>
Ne	3	Mortality (all age)*	
	4	Mortality (under 75's)*	<b>♦</b>
sis	6	Stage at Diagnosis	<b>♦</b>
e -	8	One-Year Survival Index	• •
Service ly Diagn	9	Urgent GP Referrals	<b>◇●</b>
Service - Early Diagnosis	11	Screening	
Еэ	13	Emergency Presentations	<b>\\ \\ \\ \</b>

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

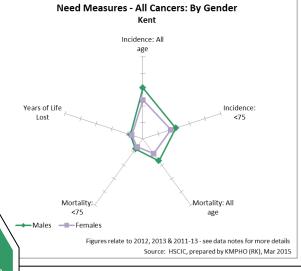


#### Men have:

- **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.



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

Whilst cancer 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

more likely to be

admitted as an

emergency

# 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 Incidence <del>-</del>45-54 <del>×-</del>85+ Deaths at Mortality who are admitted to hospital with a cancer primary diagnosis are Emergency Hospital Admissions Figures relate to 2012, 2014, 2013/14 & 2013 Source: PCMD, SUS, prepared by KMPHO (RK), Mar 2015 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

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

# CCCCCCCCCCCCC

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

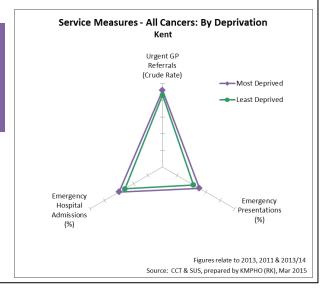
# 

# 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 Thanet

#### **NHS Thanet 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 49% of all cancer cases in Thanet are detected at an early stage (1 or 2) and just 23% of lung cancer cases.<sup>1</sup>
  - One-year survival and early diagnosis rates in Thanet are well below the England averages.
- Work is needed to help support efforts to improve uptake of bowel cancer screening, with screening rates lower in Thanet lower than the England average.
- Further work is needed to understand the high levels of urgent GP referrals seen in the East Kent CCGs, including Thanet.

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 <a href="Malti-Varshney@kent.gov.uk">Malti-Varshney@kent.gov.uk</a> or <a href="Rachel-Kennard@kent.gov.uk">Rachel-Kennard@kent.gov.uk</a>.

02/06/2015 - D3

<sup>&</sup>lt;sup>1</sup> Based only on those cases with staging data recorded