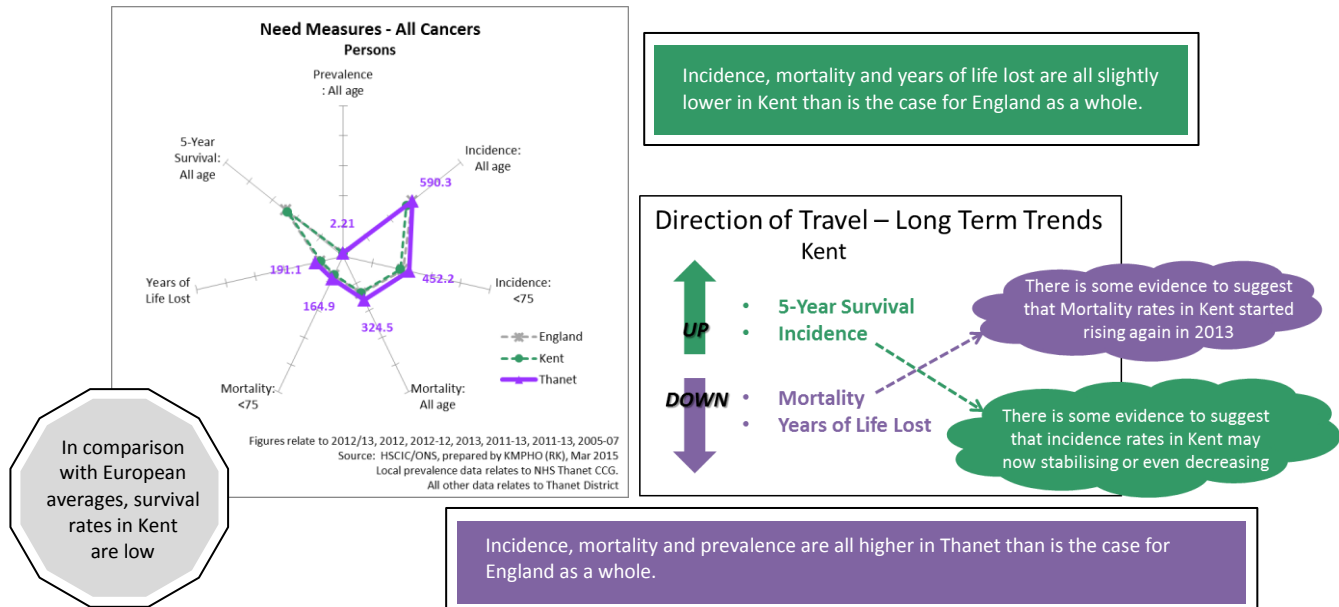


## Cancer in Kent: Equity Review

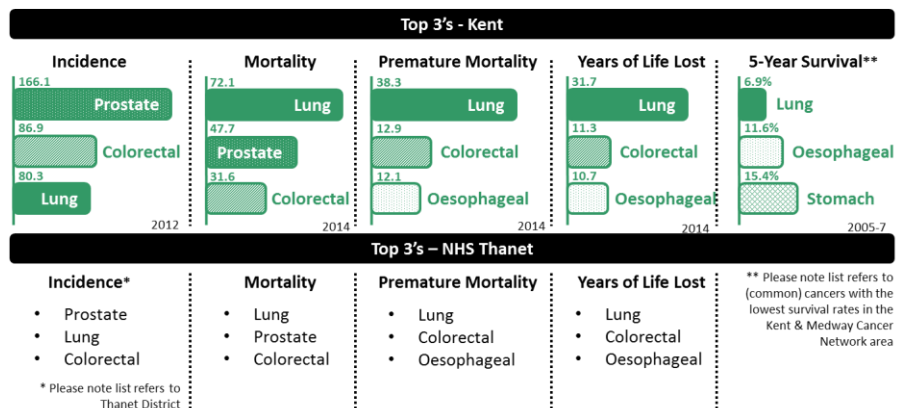
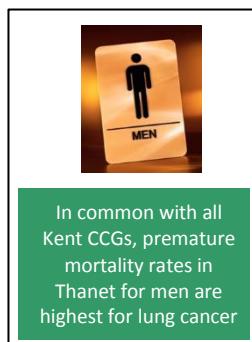
### Focus on NHS Thanet

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

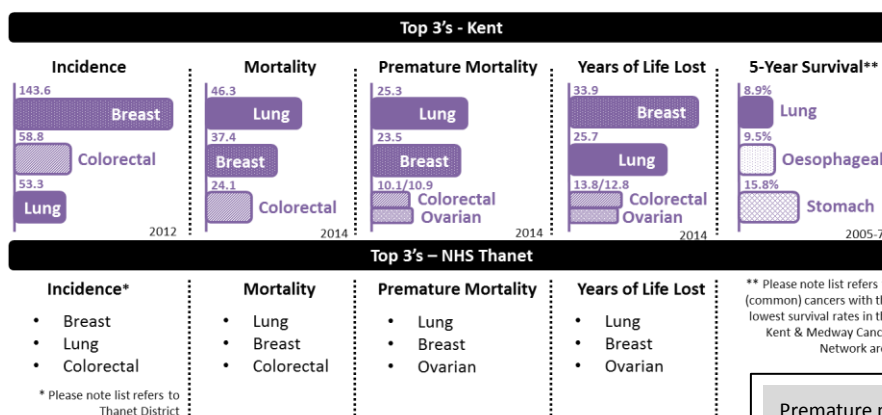


#### Need Levels – By Site: Men



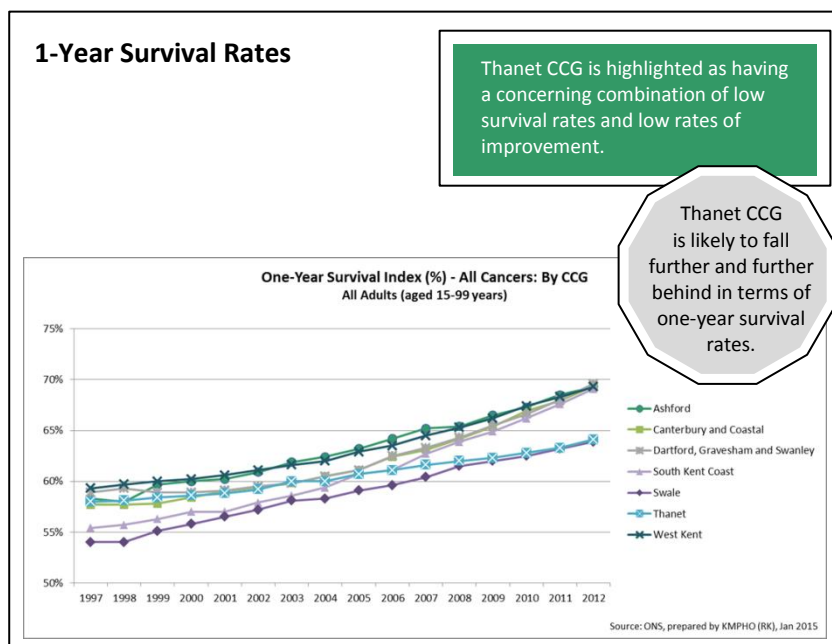
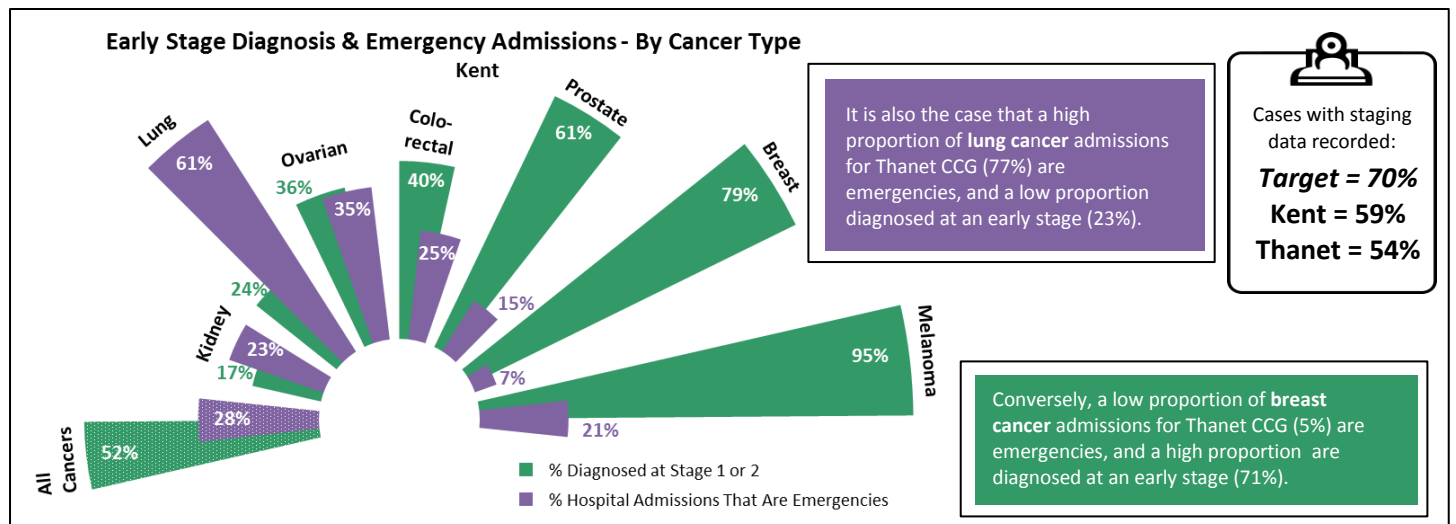
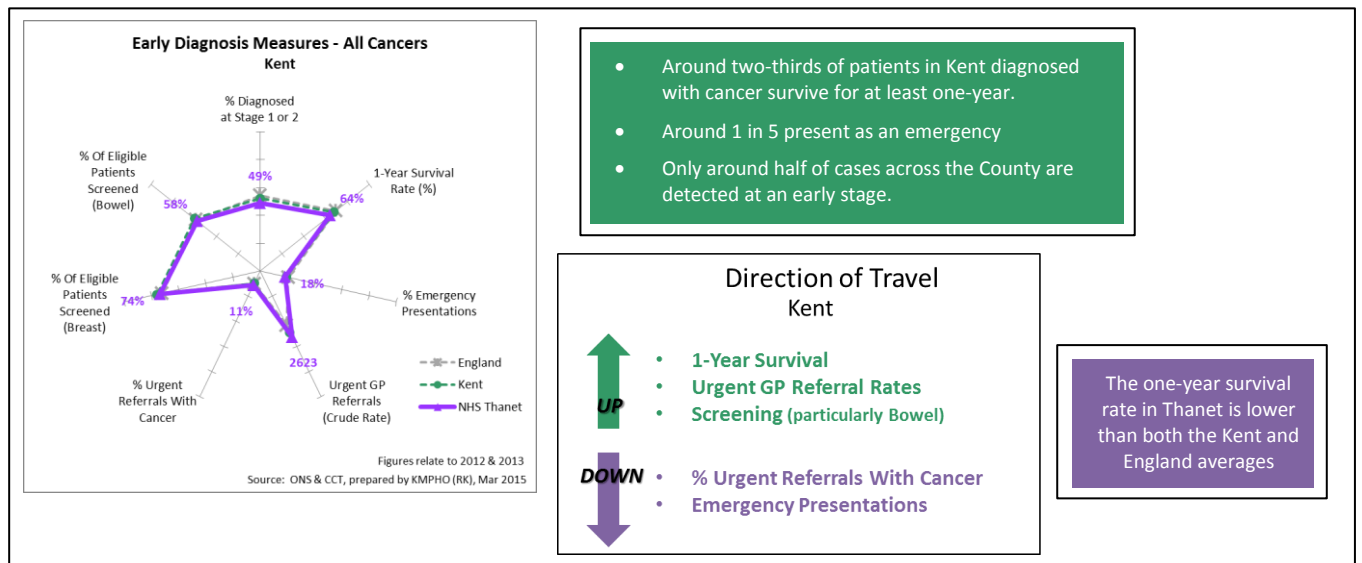
Premature mortality rates for oesophageal cancer amongst men are as high as for colorectal cancer

#### Need Levels – By Site: Women

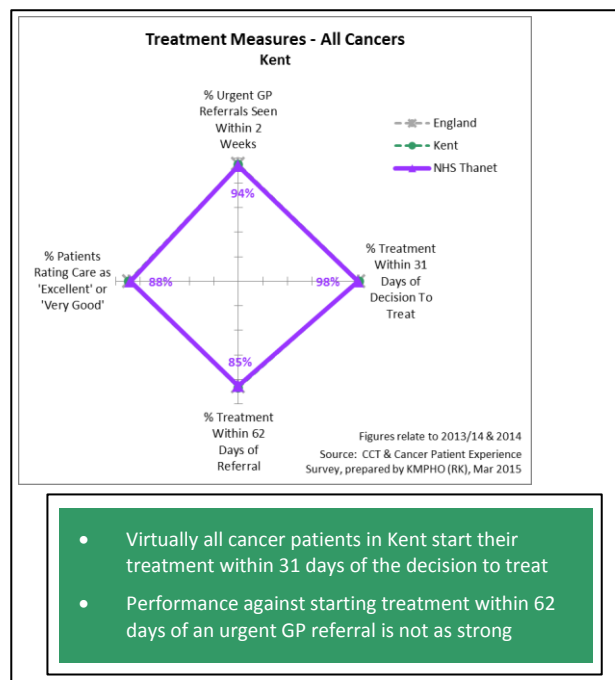


Premature mortality rates and years of life lost for ovarian cancer amongst women are as high as for colorectal cancer

## Service – Early Diagnosis

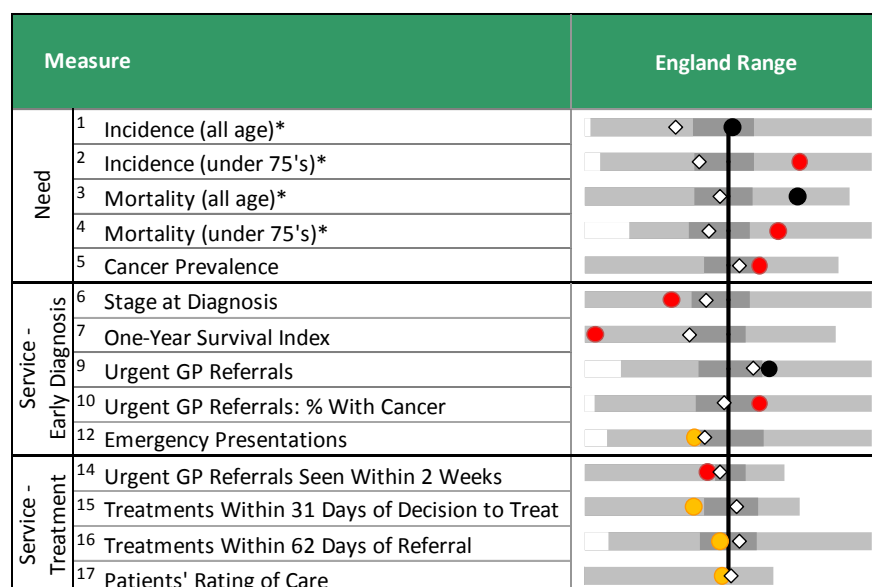


## Service - Treatment



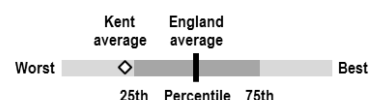
## Cancer Summary – NHS Thanet

### All Cancers



Incidence and mortality rates in Thanet are high in comparison with the England average, as is overall QOF prevalence.

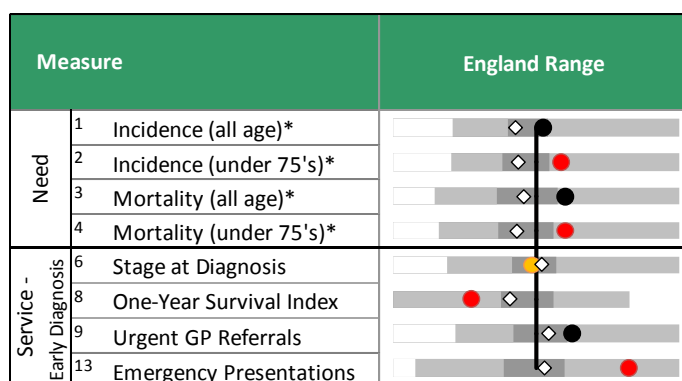
Screening rates for breast are higher than the England average, but for bowel they are lower



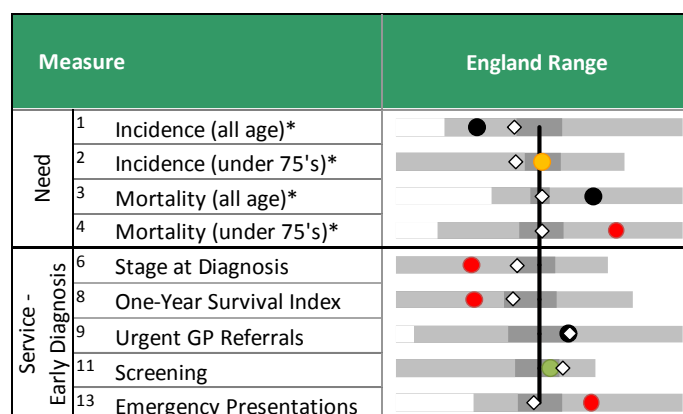
- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

\*Please note data relates to Thanet District

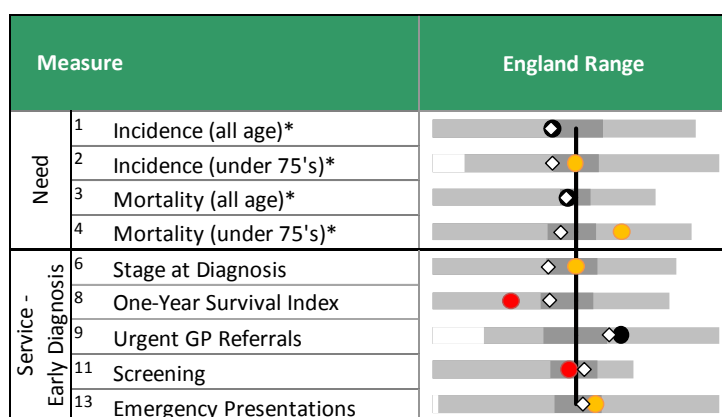
### Lung Cancer



### 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.

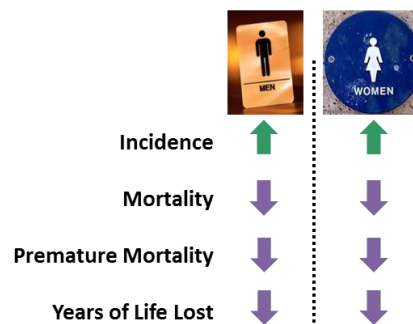
Only lung and colorectal cancer have been considered in this analysis by site.

**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



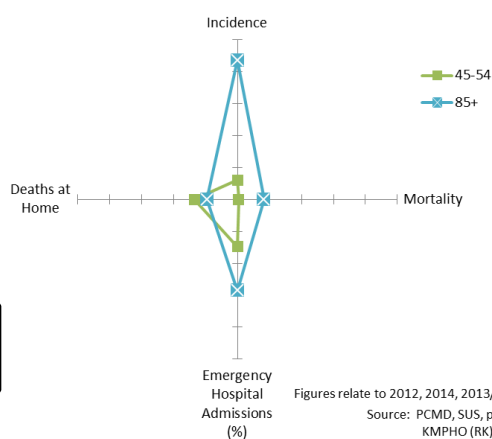
Older people in Kent have:

- **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



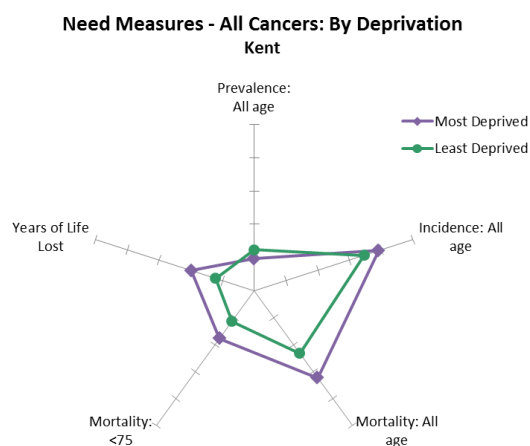
## Equity By Deprivation

## 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

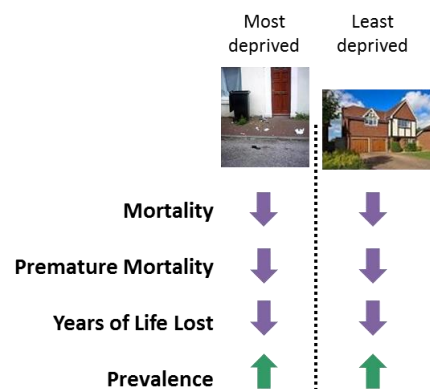
Incidence, mortality and years of life lost from lung cancer are all higher in the most deprived areas in Kent.

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



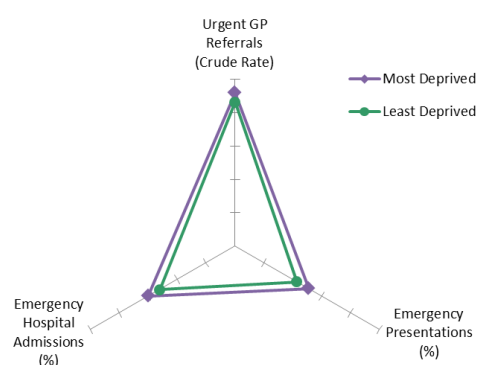
## Service



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 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.
  - 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 [Malti.Varshney@kent.gov.uk](mailto:Malti.Varshney@kent.gov.uk) or [Rachel.Kennard@kent.gov.uk](mailto:Rachel.Kennard@kent.gov.uk).

02/06/2015 – D3

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