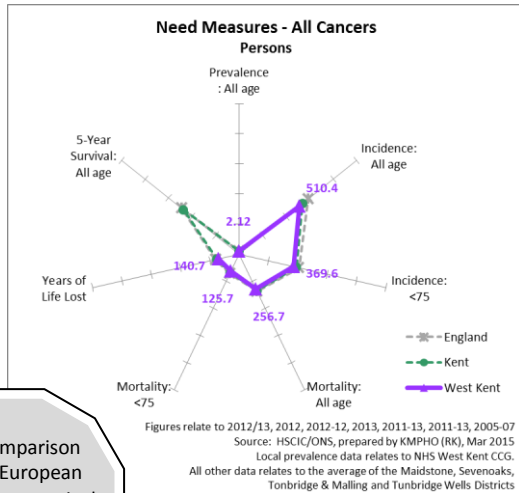


Cancer in Kent: Equity Review

Focus on NHS West Kent

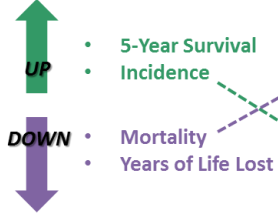
This summary provides an overview of the findings of the 2015 Cancer Equity Review for Kent, with a particular focus on the NHS West Kent area. For a detailed analysis please see the main report. Some of the analysis is presented at Kent-level, but where data allows local analysis has been included or referred to. Local figures relate to the NHS West Kent CCG area wherever possible, but to the average of Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells Districts 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



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

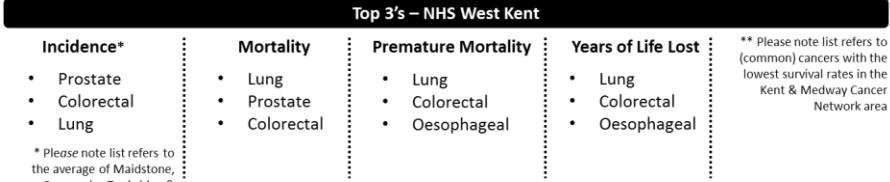
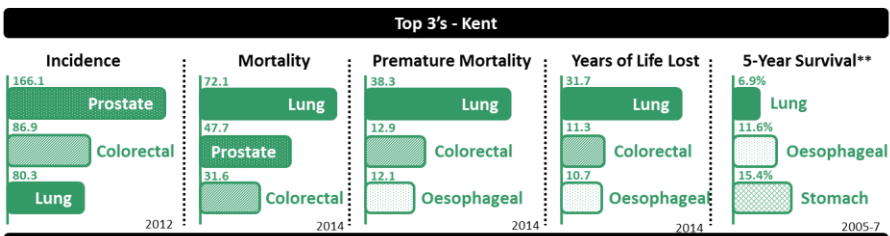
There is some evidence to suggest that incidence rates in Kent may now stabilising or even decreasing

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

Incidence and mortality are lower in West Kent than is the case for England as a whole, but QOF prevalence rates are higher.

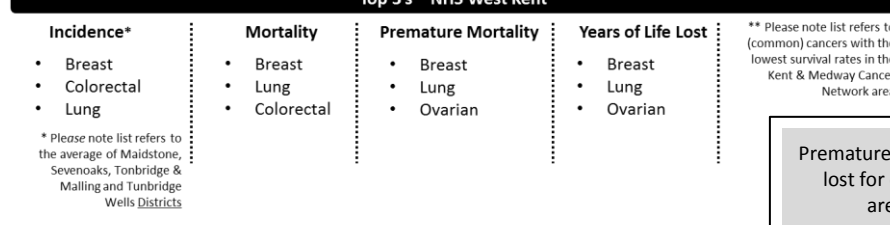
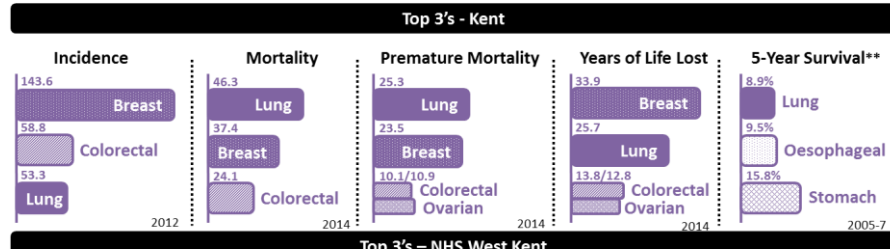
Need Levels – By Site: Men

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



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

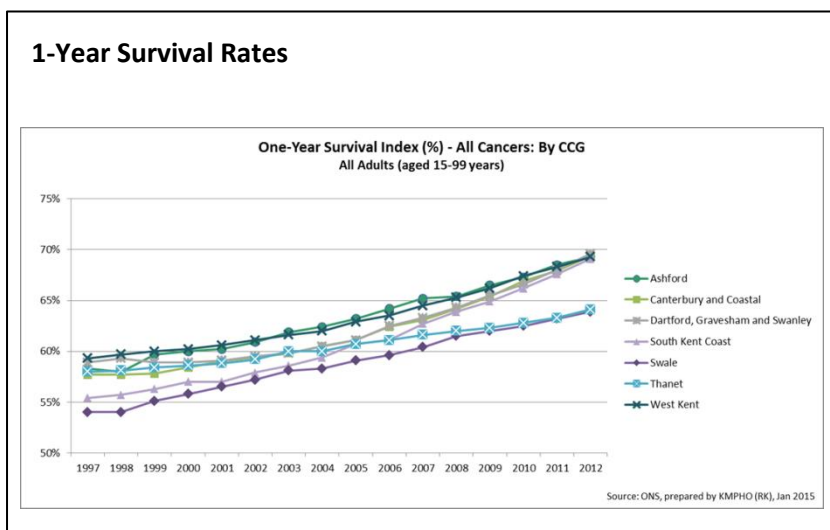
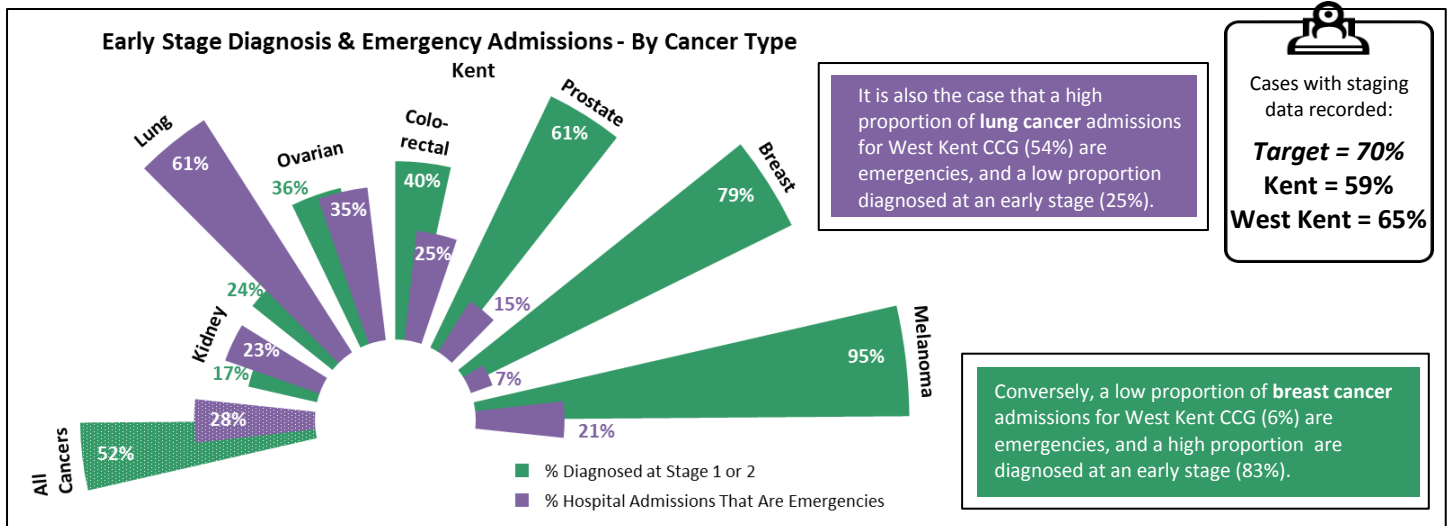
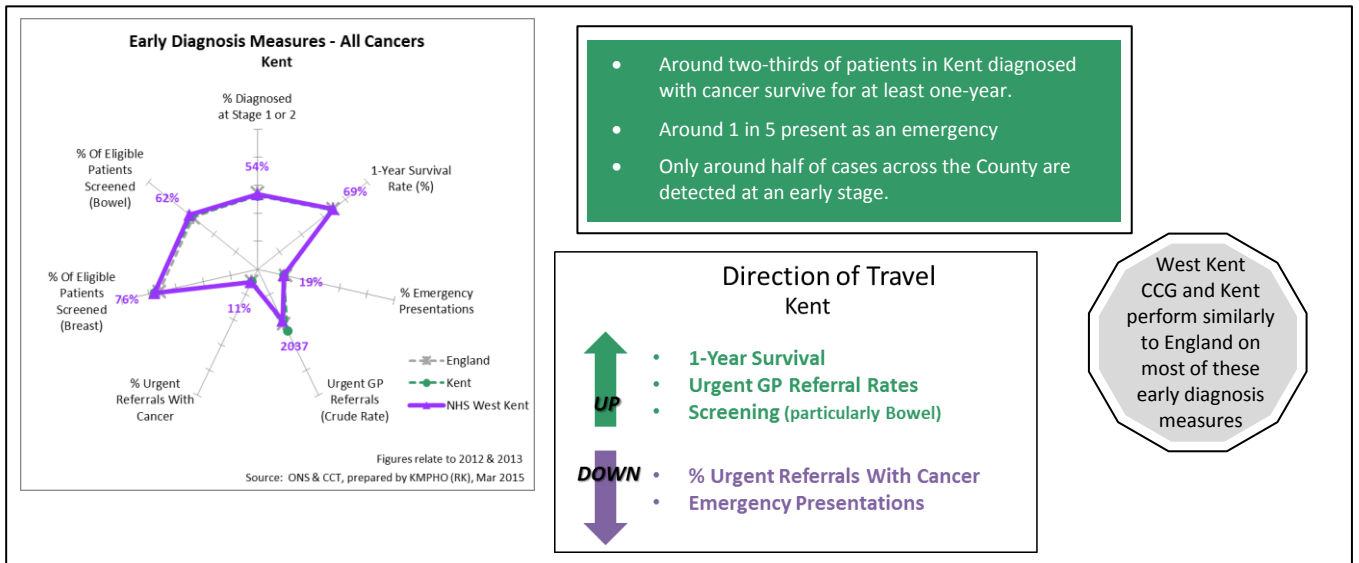
Need Levels – By Site: Women



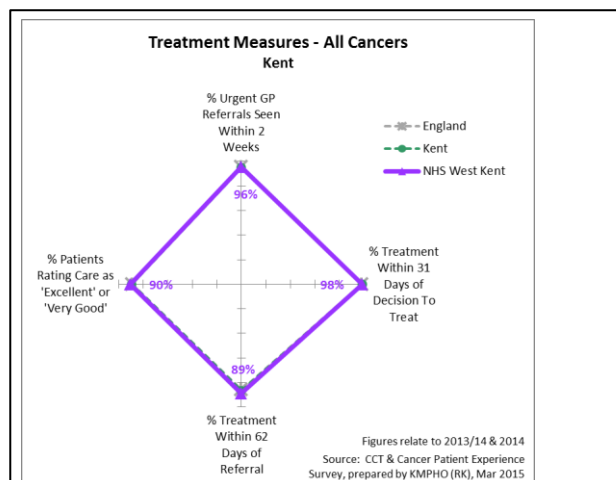
In common with all Kent CCGs, mortality rates in West Kent for women are highest for lung and breast cancer

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

Service – Early Diagnosis

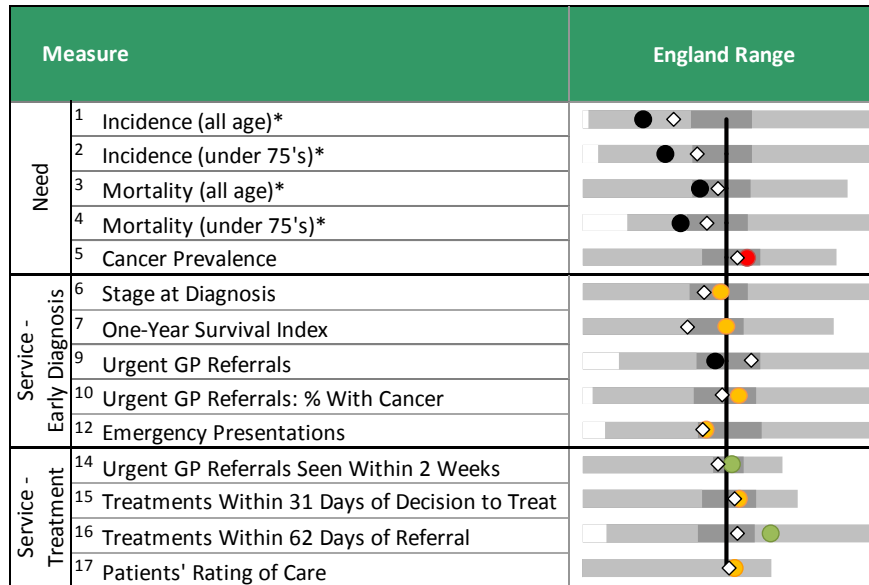


Service - Treatment



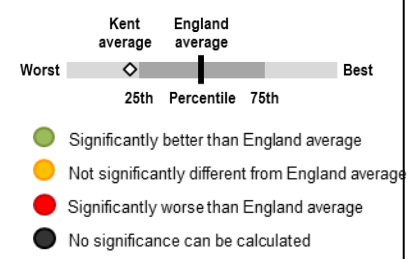
Cancer Summary – NHS West Kent

All Cancers

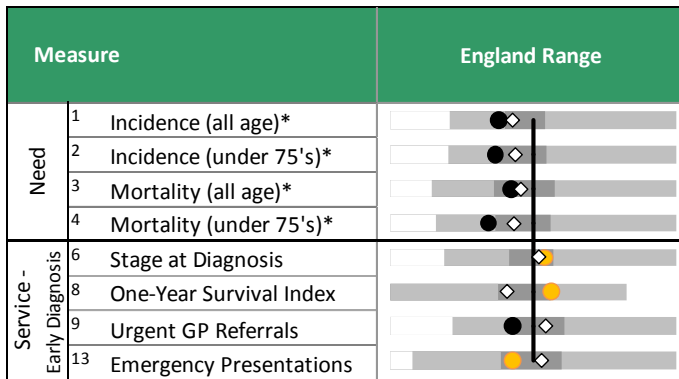


All cancer incidence and mortality rates in West Kent appear to be low in comparison with the England average, but QOF prevalence is significantly higher.

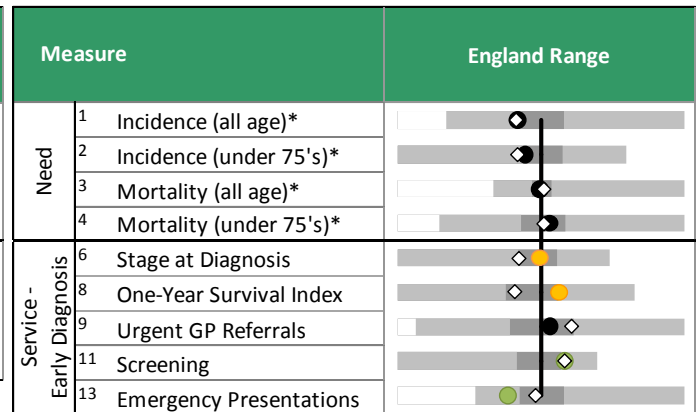
Screening rates for both breast and colorectal are higher than the England average



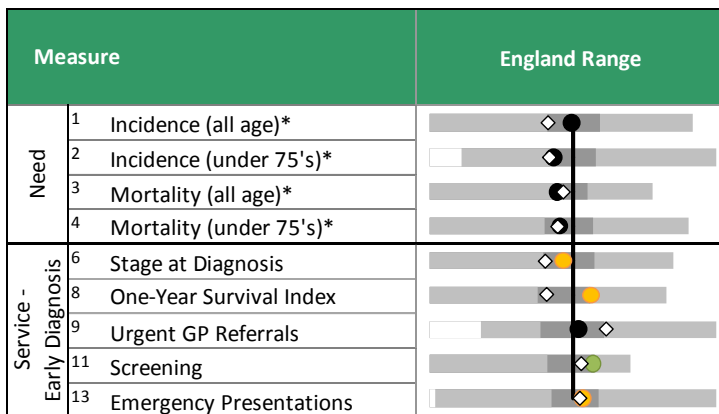
Lung Cancer



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

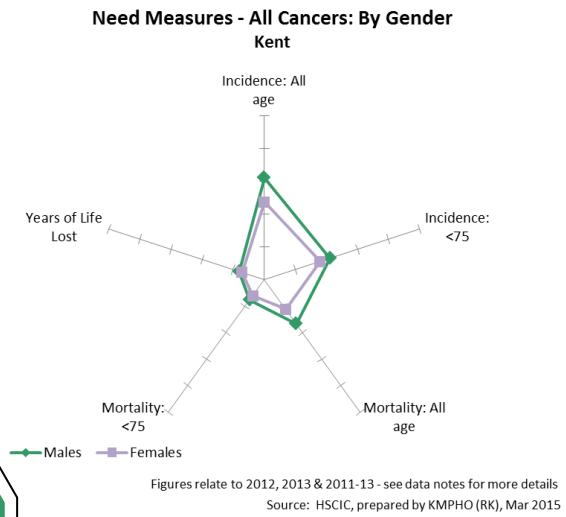


Men have:

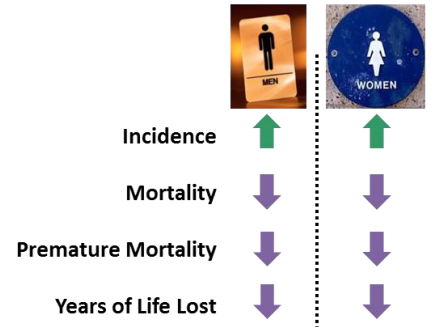
- Higher incidence rates
- Higher mortality rates
- And, lower survival rates than women

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.



Direction of Travel – Long Term Trends



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

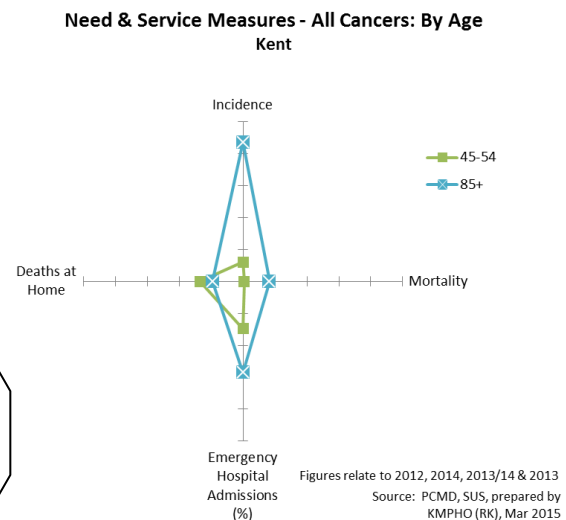


Older people in Kent have:

- 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.



Direction of Travel – Long Term Trends



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

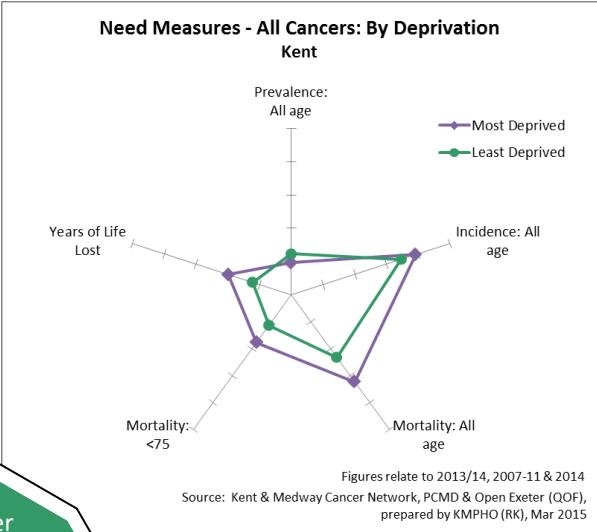
Equity By Deprivation

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



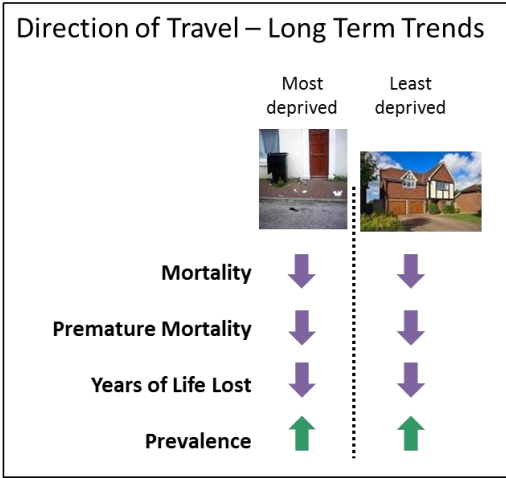
The lower prevalence rates in the most deprived areas could be the result of differing degrees of inequality in incidence and mortality

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

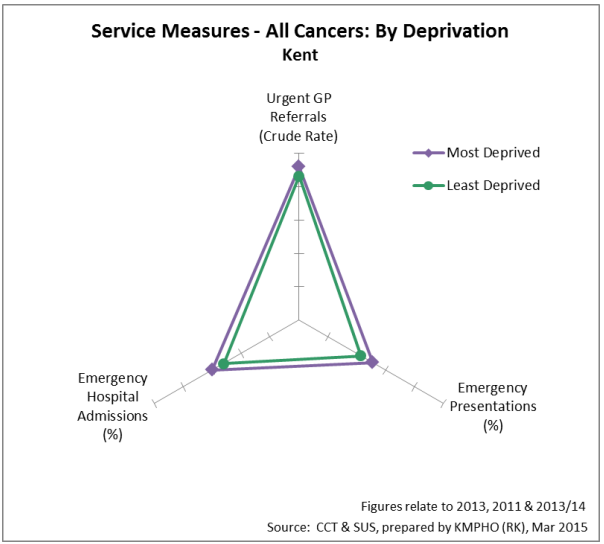


Service



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 West Kent

NHS West Kent 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 54% of all cancer cases in West Kent are detected at an early stage (1 or 2) and just 25% of lung cancer cases.¹
- 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