

# Health and Wellbeing Board – Supplementary agenda no. 2

**A meeting of the Health and Wellbeing Board will be held on:**

**Date:** 4 February 2016

**Time:** 4.00pm

**Venue:** Meeting Room 2 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

## Items

### **6 Reducing Cancer Mortality in Medway**

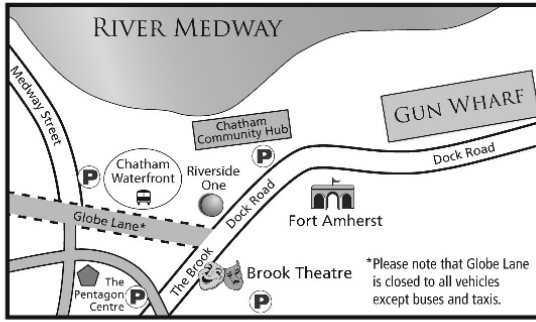
**(Pages  
3 - 24)**

This report provides an overview of cancer in Medway, describes achievements to date and highlights where further improvements can be made.

The Chairman has agreed to accept this report as an urgent item because it was requested by the Health and Wellbeing Board as a result of its review of the Board's selected outcome indicators. This is an important issue for local residents which cannot wait for the next meeting of the Board as it is important to present current, up to date statistics. It could not be despatched with the main agenda as accurate figures were not available when the main agenda was despatched.

**For further information please contact Stephen Platt, Democratic Services Officer on Telephone: 01634 332011 or Email: [democratic.services@medway.gov.uk](mailto:democratic.services@medway.gov.uk)**

**Date: 29 January 2016**



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## HEALTH AND WELLBEING BOARD

4 FEBRUARY 2016

### REDUCING CANCER MORTALITY IN MEDWAY

Report from: Dr Alison Barnett, Director of Public Health  
Author : Dr Julia Duke-MacRae, Consultant in Public Health Medicine

#### Summary

This report provides an overview of cancer in Medway focusing on lung, colorectal and breast cancer. It describes achievements made to date and highlights where further improvements can be made to prevent the onset of cancer, reduce premature deaths from cancer and improve survival.

#### 1. Budget and policy framework

- 1.1 Reducing premature mortality from cancer is a key indicator in both the NHS and Public Health Outcomes Framework. Medway's Joint Health and Wellbeing Strategy priorities for 2012/17 includes preventing early deaths and increasing years of healthy life and reducing inequalities, a key component of which is reducing mortality from cancers.
- 1.2 "Achieving world class cancer outcomes: a strategy for England 2015-2020", published in 2015, proposed how outcomes for people affected by cancer can be improved, emphasising the importance of prevention, early diagnosis, living with and beyond cancer, and delivering a modern, high quality service.
- 1.3 The Chairman has agreed to accept this report as an urgent item because it was requested by the Health and Wellbeing Board as a result of its review of the Board's selected outcome indicators. This is an important issue for local residents which cannot wait for the next meeting of the Board as it is important to present current, up to date statistics. It could not be despatched with the main agenda as accurate figures were not available when the main agenda was despatched.

#### 2. Background

- 2.1. Cancer is a major cause of illness, disability and death in the UK. Each year, over a quarter of a million people in England are newly diagnosed with cancer, and around 130,000 die as a result of the disease. Breast, lung and colorectal cancers remain the most common cancer and together constitute nearly half of all cancer diagnosed and cause of death.

- 2.2. The incidence of cancer is rising and is expected to increase to 360,000 by 2030 in the UK. Deaths from cancer have fallen consistently over time, leading to more people surviving. This trend expected to continue over the coming years, is due to a number of factors, notably earlier detection of cancer and continued improvements in treatment. Despite this falling mortality, in 2012, one in three deaths in England was under the age of 75 (ONS Mortality Statistics). Each year in Medway, there are over 320 deaths (412.3 per 100,000 population) due to cancers in people aged under 75.
- 2.3 Both cancer incidence and mortality increase with age. More than 4 in 10 cancers are caused by aspects of our lifestyle such as smoking, obesity, poor diet and alcohol. These risk factors are modifiable and play an important role in determining an individual's risk of developing cancer. Furthermore, these factors are also unevenly distributed across the population. Smoking, poor diet, obesity and low levels of physical activity are more common in areas with high levels of deprivation. It is estimated that over half of all cancers can be prevented by adopting healthy lifestyles.

### 3 Risk management

Risk	Description	Action to avoid or mitigate risk
Failure of Health and wellbeing Board partners to address recommendations in the report	Opportunities to commission and deliver services to prevent cancer and improve cancer services may be missed.	Recommendations should be reflected in local plans.

### 4. Legal and financial implications

- 4.1. Whilst there are no direct financial or legal implications arising directly from the contents of this report, the report should influence future prioritisation and allocation of resources.

### 5. Recommendation

- 5.1. The Board is asked to consider and comment on the information provided in the report attached at Appendix 1 which includes recommendations to reduce mortality from cancer.

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#### Appendices

Appendix 1 – Reducing Premature Cancer Mortality in Medway

#### Background papers

None

## Cancer report: reducing premature cancer mortality in Medway

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### Executive Summary

The incidence of cancer is rising nationally and expected to increase to 360,000 by 2030. Deaths from cancer continue to fall in the UK leading to more people surviving. Cancer remains, however, a major cause of illness and death and each year in Medway there are over 320 deaths in people aged under 75 due to cancers.

### Key points

- It is estimated that about half of all cancers in the UK can be prevented. Major modifiable risk factors for cancer include smoking, obesity and excessive alcohol consumption. The prevalence of smoking and obesity is higher in Medway than the England average. Alcohol consumption in Medway is similar to England overall.
- Over time the incidence of all cancers amongst people aged under 75 years has increased in Medway as in England. The incidence rate for lung cancer in Medway has remained fairly similar to the England average over approximately the last decade, with no significant overall trend. The incidence rate for breast cancer has exhibited a cyclical pattern of peaks and troughs for the past two decades, with a slight upward trend. The cyclical pattern is a known national phenomenon and reflects the cycle of breast screening activity in England. The incidence of bowel cancer peaked in 2010 (coinciding with the start of bowel cancer screening) but has since continued to fall to below the England rate.
- The mortality rate for all cancers has been consistently higher than the England average over recent years with no significant increase in the gap between Medway and England during this time. Bowel cancer mortality rates in Medway are broadly in line with the England average. Lung and breast cancer mortality amongst those aged under 75 years has risen over the last eight years, with mortality for both being above the England rate (lung cancer significantly so).
- Medway had the highest under-75 mortality rate from all cancers considered preventable in the South East and England in 2014. It is estimated that approximately 200 deaths from cancer in the under-75s could have been prevented each year.
- Concerns over the quality of data relating to emergency hospital admissions for cancer have led to the exclusion of the data from this report. It is recommended that this is investigated further.
- One year relative survival for lung cancer in Medway has steadily fallen significantly below the average for England. As at 2008-10, Medway had the worst one-year relative survival for lung cancer of all PCTs in England.
- The breast cancer screening rate for Medway is above the minimum standard (>70%) and above the average for England. Bowel cancer screening uptake in Medway (56%) is above the minimum standard of 52% target.
- The completeness of cancer staging in 2013 has improved from the previous year with 5.3% of lung cancer, 16.7% of bowel cancer and 10.1% of breast cancer recorded as unstaged.

## Recommendations

- The mortality rate from the most common cancers has been higher for Medway compared with the England rate for some time, and the reasons for this remain unclear. It is recommended that a detailed, systematic investigation into this situation is undertaken.
- The quality of cancer data had led to significant difficulties in interpreting trends and drawing conclusions. Where possible, further analyses should be conducted once data quality issues have been addressed.
- The current leading causes of early death and illness in Medway include cancer, circulatory disease (e.g. heart attacks, stroke and heart failure) and respiratory disease, conditions that share many common causes. Prevention strategies are needed to reduce the numbers of people who will develop these conditions in the future. Early diagnosis can improve outcomes in some diseases and strategies are needed to promote early diagnosis through raised awareness and efficient diagnostic pathways. Continued investment in prevention and early diagnosis is important. It is recommended that there is support to, in particular:
  - Ensure that prevention strategies focus on reducing risk factors for cancer such as smoking, drinking too much alcohol, being obese.
  - Continue and sustain public awareness of the signs and symptoms of cancer, an understanding of when and how to seek help (campaigns especially targeting older people, who often present late) and the link between lifestyle behaviour and cancer.
  - Ensure that all those eligible have access to existing cancer screening programmes, with evidence based interventions to encourage attendance.
  - Commissioners should encourage providers to record staging and that this is uploaded on info flex database system.
  - The number of new cancer patients presenting as emergencies should be monitored through the national cancer intelligence network and reduction incentivised as these have very poor outcomes.

## **1. Introduction**

- 1.1 Cancer is a major cause of illness, disability and death in the UK. Each year, over a quarter of a million people in England are newly diagnosed with cancer, and around 130,000 die as a result of the disease. More than one in three people in the UK will develop one form of cancer during their lifetime.<sup>1</sup> The incidence of cancer is rising and is expected to increase from over 290,000 in 2013 to 360,000 by 2030 in the UK.
- 1.2 Deaths from cancer have fallen consistently over time, leading to more people surviving. This trend expected to continue over the coming years, is due to a number of factors, notably earlier detection of cancer and continued improvements in treatment. Despite this falling mortality, in 2012, one in three deaths in England was under the age of 75.<sup>2</sup> Each year in Medway, there are over 320 deaths due to cancers in people aged under 75.
- 1.3 In Medway, while we have achieved a reduction in deaths from cardiovascular disease, this outcome has not been as marked for cancer, even though both conditions have similar risk factors. Possible explanations include late presentations, late diagnosis and therefore less effective treatment. Late diagnosis is a major factor contributing to poor survival rates in the UK.
- 1.4 This report gives an overview of cancer in Medway. It describes achievements to date in reducing early deaths from cancer in Medway, but also identifies areas where further improvements can be made to reduce cancer incidence, improve survival and further reduce the number of people dying from cancer.

## **2. Scope of report**

- 2.1 Although, there are more than 200 different types of cancers, this report covers the three most common cancers in the UK: lung, breast and colorectal cancers. These cancers account for nearly half of all cancers diagnosed each year in the UK. The details of specific cancer tests and treatments will not be covered in this report.

## **3. National Context**

- 3.1 Cancer remains a national priority. There have been ongoing commitments by the government to reduce overall mortality and improve survival from cancer. Saving Lives: Our Healthier Nation (1999)<sup>3</sup> set a 20% cancer mortality reduction target in England by 2010 in the under 75s from a 1995-97 baseline. The NHS Cancer Plan (2000), a ten year plan, presented the government's strategy for investment in and reform of cancer services in England. The Cancer Reform Strategy (2007),<sup>4</sup> a five year plan set out a direction to further improve cancer services.
- 3.2 In 2011, the Department of Health published 'Improving Outcomes: a strategy for cancer'.<sup>6</sup> The strategy highlighted the significant gap that remained in both survival and mortality despite improvements that have been made in the quality of cancer services. It set out how to raise awareness of cancer symptoms, support early diagnosis, improve access to tests and treatment and save an additional 5,000 lives each year by 2014/15 across the country.<sup>5</sup>

- 3.3 The government's goal to save 5000 lives each year by 2014/15 was estimated in 2012 at about 40 lives saved per annum for a CCG serving a population of 200,000.
- 3.4 More recently, the Independent Cancer Taskforce published a Strategy for England 2015-2020: Achieving World Class Cancer Outcomes.<sup>7</sup> The report sets out ways in which we can radically improve cancer outcomes over the next five years, focusing on prevention. An ambition is set to further reduce adult smoking rates to 13% and 21% amongst routine and manual workers by 2020.

## 4. Burden of Cancer in Medway

### 4.1. Risk Factors

- 4.1.1. Both cancer incidence and mortality increase with age. More than 4 in 10 cancers are caused by our lifestyle such as smoking, obesity, poor diet and alcohol.<sup>4</sup> These risk factors are modifiable and play an important role in determining an individual's risk of developing cancer. Furthermore, these factors are also unevenly distributed across the population. Smoking, poor diet, obesity and low levels of physical activity are more common in areas with high levels of deprivation.
- 4.1.2 About 85-90% of lung cancers and nearly a fifth of all cancers are caused by smoking, or as a result of exposure to second-hand smoke.<sup>8</sup> It is estimated that smoking causes a third of all cancer deaths in the UK.
- 4.1.3 Table 1 shows the estimated prevalence of cancer risk factors in Medway in comparison with England in 2014. The prevalence of smoking and obesity is higher in Medway than the England average. Smoking prevalence is significantly higher in the routine and manual groups (32.7% vs 28%) in Medway compared with England.

**Table 1: Risk factor prevalence in adults (2014)**

	*Smoking (% aged 18years+)	Obesity (%)	Excessive alcohol consumption (%)
Medway	22.7	26.5	19.6
England	18.0	24.0	20.0

**Source: Public Health England**

### 4.2. Cancer incidence

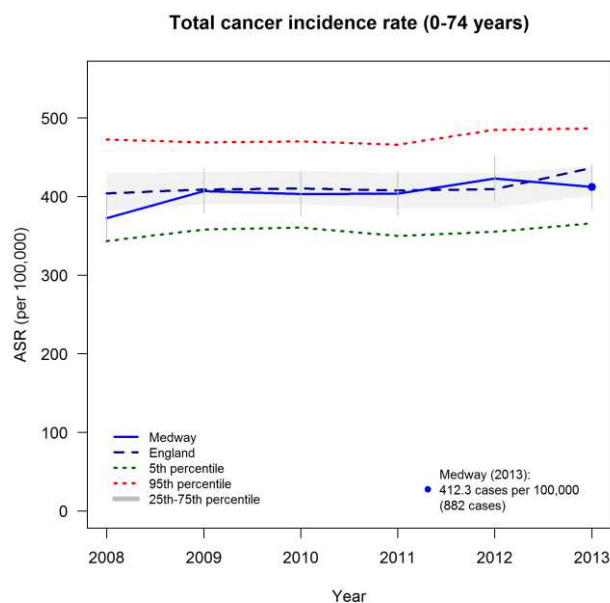
It should be noted that the incidence data presented here relate to Medway CCG.

There were 3,845 new cases of cancer registered in Medway between 2011-2013. The majority of these, 2,594 (67%), were in people aged under 75 years.

Over time, the incidence of all cancers has increased in both Medway and England as a whole. Figure 1 shows that, over the last decade, Medway's cancer incidence amongst people aged under 75 years has been similar to that of England.



**Figure 1: Trends in all cancer incidence, under 75s, 2008-2013**



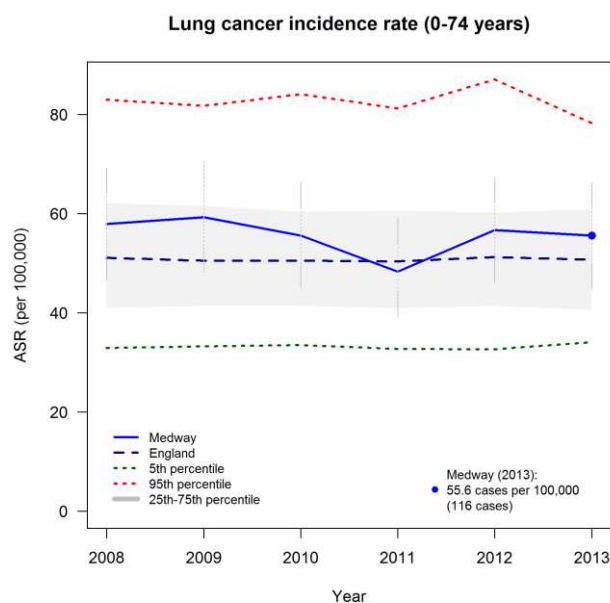
*Source: Cancer Commissioning toolkit, National Cancer Intelligence Network*

#### 4.2.1. Lung Cancer

Between 2011-2013, 526 new cases of lung cancer were registered in Medway, 325 (62%) of which were in people aged under 75 years.

Figure 2 shows that the lung cancer incidence rate for under 75s in Medway has remained fairly similar to the England average over the last eight years, with no significant trend.

**Figure 2: Trends in lung cancer incidence, under 75s, 2008-2013**



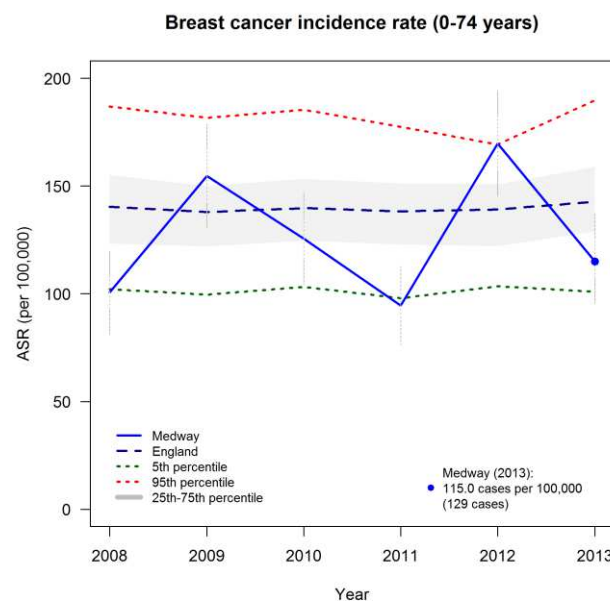
*Source: Cancer Commissioning toolkit, National Cancer Intelligence Network*

#### 4.2.2. Breast Cancer

Nationally, one in three women who develop breast cancer are aged 70 and over.

Between 2011-2013, 576 new cases of breast cancer were registered in Medway, 421 (73%) of which were amongst women aged under 75 years. There is a clear pattern over the last two decades in the incidence rate for breast cancer, with a three year cycle of peaks and troughs rising above and falling below the England rate and with a slight upward trend. This pattern is reflected for the last eight years in figure 3. This cyclical pattern reflects breast screening activity (which follows a three-yearly cycle) and is a known, national phenomenon.

**Figure 3: Trends in breast cancer incidence, under 75s, 2008-2013**



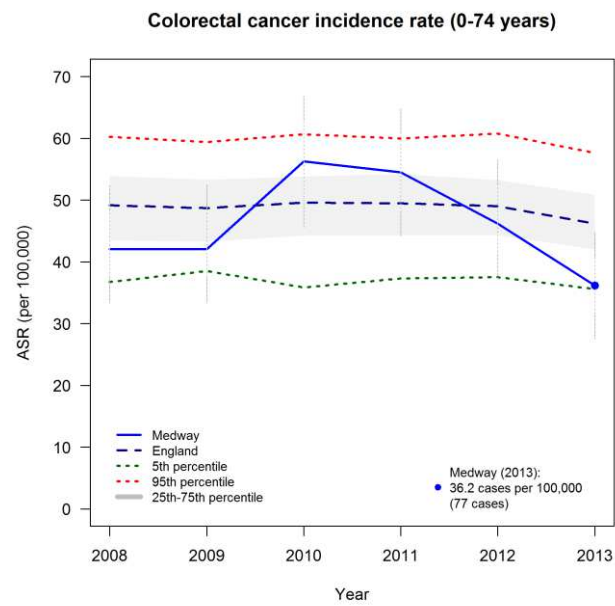
**Source: Cancer Commissioning toolkit, National Cancer Intelligence Network**

#### 4.2.3. Colorectal (Bowel) cancer

Between 2011-2013, there were a total of 493 new cases of bowel cancer registered in Medway, 280 (57%) of which were people aged under 75.

Figure 4 shows that a peak in the incidence rate of bowel cancer occurred for Medway in 2010. This peak coincides with the start of bowel cancer screening in 2009 in Medway, and suggests that cancers were being detected earlier than they would have been without screening. Since 2010, bowel cancer incidence has been falling in Medway and is currently significantly below the England rate.

**Figure 4: Trends in bowel cancer incidence, under 75, 2008-2013**



**Source: Cancer Commissioning toolkit, National Cancer Intelligence Network**

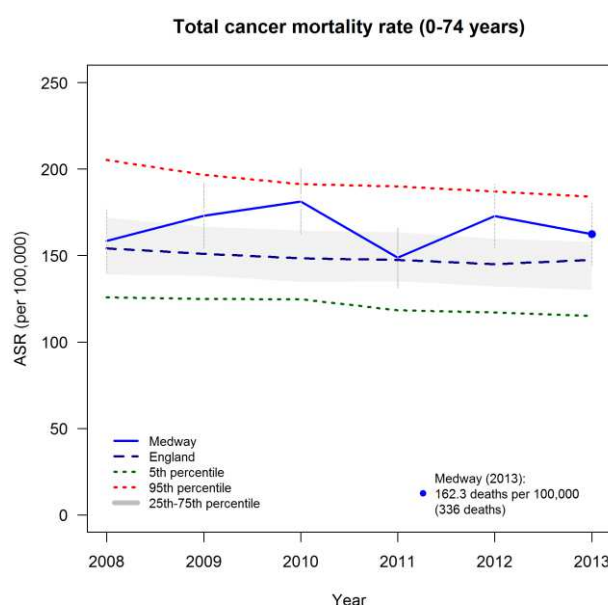
### 4.3. Cancer mortality

Although the mortality rate from all cancers has been falling over time nationally, cancer still remains the leading cause of premature death for both males and females, accounting for almost half of deaths in women and a third of deaths in men before the age of 75 years.

It should be noted that the mortality data presented here relate to Medway CCG.

Figure 5 shows that over the last eight years, cancer mortality rates for Medway have remained consistently higher than the England average. There has been no significant increase in the gap in all cancer mortality rates between Medway and England over this period.

**Figure 5: All Cancer mortality rate, under 75, 2008-2013.**



**Source: Cancer Commissioning toolkit, National Cancer Intelligence Network**

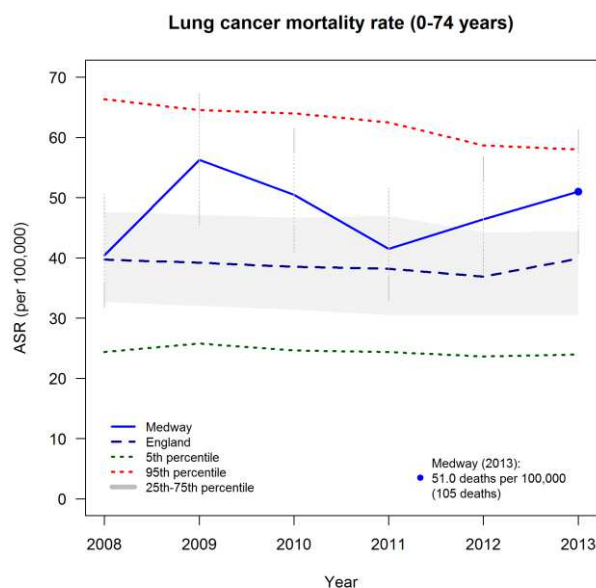
#### 4.3.1. Lung cancer

Lung cancer is the most common cause of all cancer deaths in England and in Medway. Using CCT level data, for the period 2011-2013, lung cancer deaths accounted for 24.8% (Medway) and 23.2% (England) of all cancer deaths. Amongst under-75s, lung cancer deaths accounted for 28.6% (Medway) and 25.4% (England) of all cancer deaths amongst under-75s over the same period.

Between 2011-2013, 474 people died from lung cancer in Medway. Of these, 280 (59%) were deaths in people aged under 75 years

A general upward trend has been seen in lung cancer mortality in recent years amongst people aged under 75 years in Medway (figure 6). Lung cancer mortality is now significantly higher for Medway than for England overall.

**Figure 6: Trends in lung cancer mortality, under 75, 2008-2014**



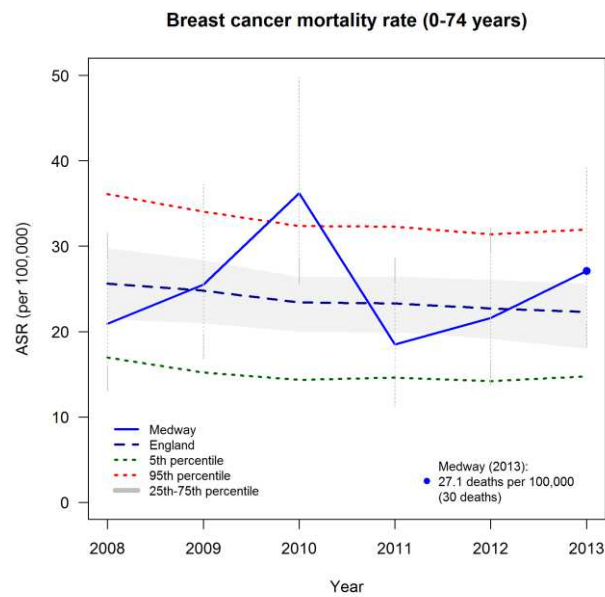
**Source: Cancer Commissioning toolkit, National Cancer Intelligence Network**

#### 4.3.2. Breast cancer

Breast cancer is now the second most common cause of death from cancer in women after lung cancer. Nationally, the number of women dying from breast cancer has fallen. This decline has in part been due to screening and improvements in treatment.

Between 2011-2013, 132 women died from breast cancer in Medway. Of these, 74 (56%) were deaths in women aged under 75 years. As figure 7 shows, there has been a slight upward trend in breast cancer mortality amongst under-75s in Medway since 2008. Currently, breast cancer mortality for Medway is not significantly higher for Medway than for England overall.

**Figure 7: Trends in breast cancer mortality, under 75, 2008-2013**



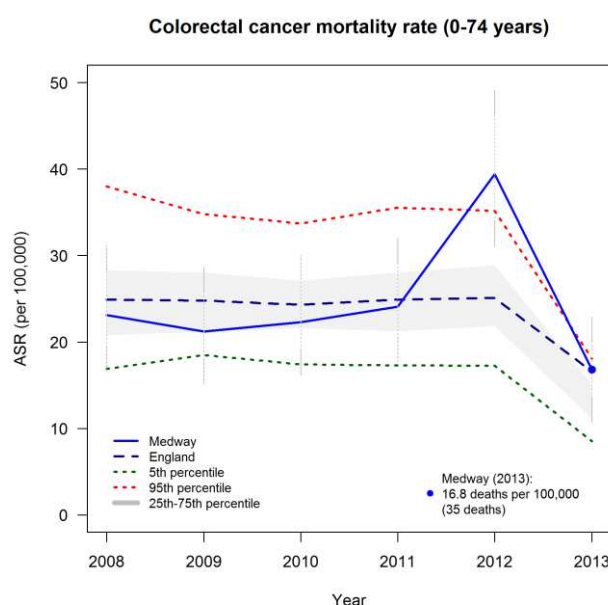
**Source: Cancer Commissioning toolkit, National Cancer Intelligence Network**

#### 4.3.3. Colorectal (Bowel) Cancer

Bowel cancer is the second most common cause of cancer death in the UK after lung cancer. Between 2011-2013, 290 people died from breast cancer in Medway. Of these, 161 (56%) were deaths in people aged under 75 years.

Figure 8 shows that bowel cancer mortality rates in Medway have remained broadly in line with the rate for England overall since 2008. The peak in the mortality rate which occurred in 2012 is likely to be due to a data anomaly.

**Figure 8: Trends in bowel cancer mortality, under 75, 2008-2013**



**Source: Cancer Commissioning toolkit, National Cancer Intelligence Network**

Between 2011-2013, there were 290 bowel cancer deaths, 161 (56%) were in those aged under 75 years.

## 5.0 Avoidable cancer deaths

- 5.1 Many of the most common cancers in the UK have a large proportion of preventable cases. It has been estimated that 42% of cancer cases each year in the UK are linked to a combination of a number of lifestyle factors.<sup>9</sup>
- 5.2 It is worth noting that, for 2012-14, Medway had the highest under 75 mortality rate (99.3 per 100,000 population) from all cancers considered preventable in the South East (75.1 per 100,000 population). For the same period, Medway also had a significantly higher under-75 mortality rate from all cancers considered preventable than the England average (83 per 100,000 population).
- 5.2 During 2012-14, there were 1,009 cancer deaths in the under 75s, of which 627 (62%) could have been prevented. This implies that in Medway, approximately 200 deaths on average from cancer in the under 75s could have been prevented during each year of this period

## 6. Cancer Staging at Diagnosis

- 6.1 A cancer's "stage" is a measure of cancer growth and spread, with late stages having poorer outcomes. The accuracy and completeness of cancer staging at diagnosis is crucial in assessing the impact of early diagnosis campaigns, screening programmes and improvements in healthcare. The quality of staging in Medway has improved in recent years, with completeness of all cancers combined at 71% in 2013, slightly above the 70% target. Completeness varies, however, by cancer site.

- 6.2. Table 3 shows the total number and proportion of all cancers staged at diagnosis for each CCG within Kent and Medway in 2013. The proportions of all cancer not staged for each CCG varies from 23.1% in Medway (lowest) to 45% in Canterbury and Coastal CCG (highest). In 2012, 43% of all cancers were recorded as not staged for Medway in the Cancer Outcomes Service Dataset (COSD), indicating an improvement in 2013.

**Table 3: Number and proportion of all cancers staged at diagnosis, Kent and Medway CCGs, 2013**

CCGs	Cancer Staging – all cancers							Total
	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unknown	Unstageable	
Medway	198 (11.6%)	290 (17.0%)	199 (11.6%)	223 (13.0%)	264 (15.4%)	395 (23.1%)	140 (8.2%)	<b>1709</b>
DGS	184 (9.9%)	251 (13.5%)	249 (13.4%)	189 (10.1%)	251 (13.5%)	536 (28.8%)	203 (10.9%)	<b>1863</b>
Swale	86 (10.6%)	153 (18.8%)	68 (8.3%)	77 (9.4%)	140 (17.2%)	212 (26.0%)	79 (9.7%)	<b>815</b>
West Kent	379 (10.9%)	638 (18.3%)	458 (13.1%)	380 (10.9%)	495 (14.2%)	812 (23.3%)	328 (9.4%)	<b>3490</b>
Ashford	124 (12.5%)	105 (10.6%)	70 (7.0%)	59 (5.9%)	111 (11.2%)	427 (43.0%)	97 (9.8%)	<b>993</b>
South Kent Coast	236 (12.5%)	259 (13.7%)	101 (5.3%)	120 (6.3%)	161 (8.5%)	851 (44.9%)	166 (8.8%)	<b>1894</b>
Canterbury & Coastal	191 (11.8%)	198 (12.3%)	101 (6.3%)	99 (6.1%)	132 (8.2%)	725 (45.0%)	166 (10.3%)	<b>1612</b>
Thanet	144 (10.9%)	185 (14.1%)	70 (5.3%)	86 (6.5%)	150 (11.4%)	569 (43.2%)	112 (8.5%)	<b>1316</b>

**Source: Cancer Outcomes Services Dataset**

- 6.3 There are varying proportions of specific cancers (lung, bowel and breast cancers) not staged in each CCG across Kent and Medway in 2013. Medway is at the lower end of the Kent and Medway range of proportion of cancer recorded as not staged (table 4).

**Table 4: Proportion of lung, colorectal and breast cancers of unknown staging at diagnosis, Medway and Kent & Medway CCGs, 2013**

Cancer site	Proportion of cancers with unknown staging (%)	
	Medway	Kent and Medway CCGs
Lung	5.3%	5.3% - 25.2%
Colorectal	16.3%	13.5% - 63.7%
Breast	16.7%	7.3% - 53%

**Source: Cancer Outcomes Services Dataset**

- 6.4 As it is not possible to state what proportion (23%) of unknown staged cancers in Medway fall into the earlier or more advanced stage of the disease, further work is still required to ensure completeness in the recording of the staging of cancer.

## 7 Stage of diagnosis by cancer site in Medway

- 7.1 From the available data, Medway does not currently appear to be significantly worse overall than the England average with respect to the proportion of a number of



invasive cancers (including lung, breast and bowel cancer) which are diagnosed at an early stage, i.e., at stage one or two. For 2013, the proportion of all cancers diagnosed at an early stage was 43% for Medway and 45.7% for England overall.

- 7.2 It does appear, however, that a high proportion of lung and colorectal cancers (83% and 53% respectively) in Medway are diagnosed at an advanced stage (stage 3-4) of the disease (Table 5). It is, however, difficult to compare Medway with other CCGs in Kent, as these areas have a high proportion recorded as unknown or unstaged.

**Table 5: Stage of Diagnosis by cancer site, Medway, 2013**

	Early Diagnosis*		Late Diagnosis**		Unstaged/Unknown		Total
	No.	%	No.	%	No.	%	
<b>Lung</b>	16	11	125	83	9	16	150
<b>Colorectal</b>	45	30	80	53	25	17	150
<b>Breast</b>	147	71	38	18	22	11	207

\*Early diagnosis: Stage 0-2

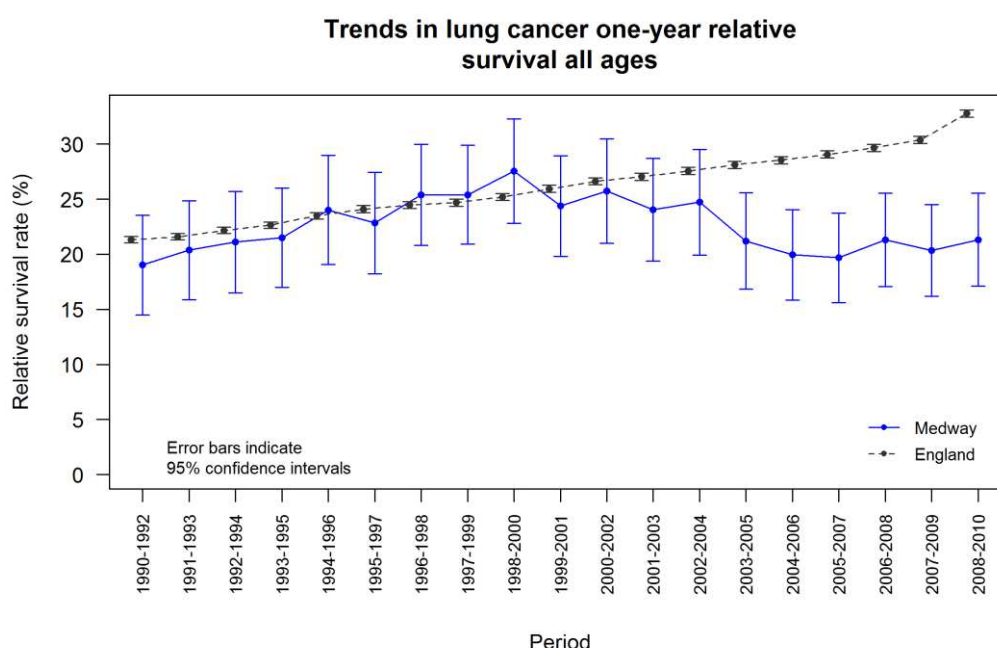
\*\*Late diagnosis: Stage 3 -4

**Source: Cancer Outcomes Services Dataset**

## 8 Cancer survival

- 8.1 Survival from cancer is generally a proxy measure of the proportion of patients presenting with late stage disease, as most patient who die within a year of diagnosis have advanced disease at the time of diagnosis. This suggests that delay in diagnosis and treatment may be an issue. It also emphasises the need to increase and sustain the public's knowledge of cancer signs and symptoms and encourage earlier presentation and diagnosis.
- 8.2 A number of factors influence the survival of cancer patients such as age, the type of cancer, how early the cancer is detected, how healthy the patient is and treatment received. Some cancers, for example, breast cancer have higher survival rates and thus better outcomes than others e.g. lung cancer.
- 8.3 Cancer patients have higher mortality than the general population, but they do not all die of cancer. The relative survival rate is the ratio of the survival rate actually observed among the cancer patients and the survival rate that would have been expected if they had only had the same overall mortality rates as the general population. Thus, if five-year survival is 60% among a group of cancer patients of whom 90% would have been expected to survive that long, the relative survival is 67% (60/90). This means that relative survival from cancer can fall (i.e. get worse) if mortality in other conditions falls (NB: by convention, relative survival is described as a rate, although strictly it is a ratio of two percentages).
- 8.4 The one-year relative survival of a lung cancer patient (i.e., the survival of a lung cancer patient at one year after other causes of death have been taken into account) in Medway has fallen significantly below the average for England, back to the 1990 levels (Figure 9). As at 2008-10, Medway had the worst one-year relative survival for lung cancer of all PCTs in England.

**Figure 9**



**Source: National Cancer Intelligence Network. Cancer Commissioning Toolkit**

- 8.5 The one-year relative survival of bowel and breast cancer patients in Medway has seen a general increase over the period 1990-92 to 2008-10. Medway's one-year relative survival for both of these cancers was not significantly different as at 2008-10 to that for England overall.

## 9. Cancer Waiting Times

- 9.1 Cancer Waiting Times standards monitor the length of time that patients with cancer or suspected cancer wait to be seen or treated in England. Patients referred urgently by their GP with suspected cancer should be seen within 2 weeks. The operational standard specifies that 93% of patients should be seen in this time.
- 9.2 The NHS also has standards for the proportion of patients with cancer who start treatment within 31 days of a diagnosis (standard 96%). There should also be a maximum wait of 31 days for a second or subsequent treatment (where that treatment is an anti-cancer drug regimen the standard is 98%). There should also be a maximum wait of 62 days from urgent GP referral for suspected cancer to commencement of treatment (standard 85%) or urgent referral from NHS cancer screening programme (90%), or following a consultant's decision to upgrade a patient's priority (no standard).
- 9.3 Table 6 gives a snapshot of cancer waiting times, largely for all cancers, for November 2015. The table shows the proportion of patients who were seen or treated in line with the operational standards during November 2015 for Medway and England overall. Metrics for which the operational standard was not met are highlighted in red. It has not been possible to present data for a longer period due to issues relating to the quality of Medway cancer wait data which have persisted throughout 2014/15 and during part of 2015/16.

**Table 6: Proportion of Medway patients seen within the operational standards (OS) for cancer waiting times, November 2015**

Metric	Operational Standard	Medway CCG			England
		Numerator	Denominator	%	%
Cancer 2 week waits (All)	93%	541	659	82.10%	94.70%
Cancer 2 week waits (Breast symptoms)	93%	56	65	86.20%	93.50%
Cancer 31 day waits (Diagnosis to treatment)	96%	101	106	95.30%	97.60%
Cancer 31 day waits Subsequent - Surgery	94%	26	26	100.00%	95.80%
Cancer 31 day waits Subsequent - Drug	98%	30	30	100.00%	99.50%
Cancer 31 day waits Subsequent - Radiotherapy	94%	52	55	94.50%	97.80%
Cancer 62 day waits Referral to first treatment	85%	42	50	84.00%	83.10%
Cancer 62 day waits Referral from screening to first treatment	90%	7	7	100.00%	93.00%
Cancer 62 day waits Referral from consultant upgrade to first treatment		4	4	100.00%	89.90%

**Source: National Cancer Waiting Times System Report. Contract and Performance Support Team, Medway Clinical Commissioning Group**

9.4 Table 6 shows that, during November 2015, Medway did not meet the operational standard for:

- two week waits (overall and for referrals for breast symptoms)
- 31 day wait (diagnosis to treatment)
- 62 day wait (referral to first treatment)

## 10 What actions are we taking in Medway?

### 10.1 Preventing cancer

- 10.1.1 It is estimated that about half of all cancers can be prevented if people adopted healthier lifestyles, refrained from smoking, poor diet and excessive alcohol consumption.
- 10.1.2 Public health is working with partners in the NHS in delivering preventive programmes and shifting the focus towards improving health, making sure people have access to preventive services. One of such programmes, the NHS health checks has the potential to contribute to cancer prevention as it

focuses on overlapping risk factors such as obesity, smoking, and excessive alcohol consumption. Public Health also commission and provide health improvement services such as substance misuse, stop smoking and healthy weight services.

## **10.2 Cancer Symptoms Awareness programmes**

- 10.2.1 A range of surveys were conducted between 2010-2012 by the Kent and Medway Cancer Network in partnership with Cancer Research UK. This was part of the National Awareness and Early Diagnosis Initiative (NAEDI) to assess the public's knowledge and awareness of cancer signs and symptoms. The report revealed low level of awareness of cancer risk factors and cancer signs and symptoms in Medway. A cancer delivery plan to improve cancer symptom awareness and cancer screening uptake was developed jointly with Public health, the CCG and the Communications Team from both Medway Council and the CCG was approved by the Health and Wellbeing Board in 2014. The plan focused on lung, breast and colorectal cancers and was implemented in 2015.
- 10.2.2 Public Health England leads and runs various national cancer symptoms awareness campaigns aimed at both the public and health professionals.

## **10.3 Diagnosing cancer early: screening programmes**

- 10.3.1 The earlier a cancer is diagnosed, the greater the chances of a cure and better chance of survival. Therefore, the proportion of cancers diagnosed at an early stage is a good proxy for assessing improvements in cancer survival rates. Public health interventions such as screening programmes, information and education campaigns aim to improve early diagnosis.
- 10.3.2 Screening programmes are aimed at improving the diagnosis of pre-cancer disease and early detection of cancer. For a screening programme to be successful, wide coverage across the community is required.

### **10.3.3 *Breast cancer screening***

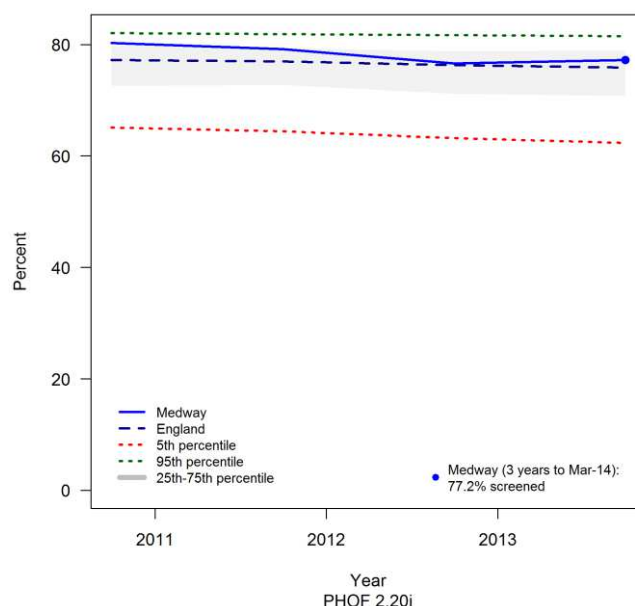
The NHS Breast screening programme saves 1,400 lives each year. The programme aims to detect breast cancer at an early stage, enabling more effective treatment.

Women aged 50-70 years are sent a written invitation for breast screening every three years. A randomised trial, where women aged 47 to 49 and 71-73 years are invited for breast screening started in 2010 will end in 2016. Abnormal results are assessed within two weeks. Cancer screening is an important way to detect cancer early with around a third of breast cancers now diagnosed through screening.

Although, there has been a slight decline in screening coverage over the last few years in Medway, coverage is above the minimum standard (>70%) and above the average for England (Figure 10). However, there are variations across General Practices in Medway and Medway (76.8%) is yet to achieve the national target (80%).

An action plan was developed and implemented jointly with Medway CCG in 2014 through to 2015, to improve cancer screening uptake as part of a wider cancer mortality reduction plan for Medway.

**Figure 10: Breast Screening Coverage, 53-70 years, Medway and England**



#### 10.3.4 *Bowel cancer screening*

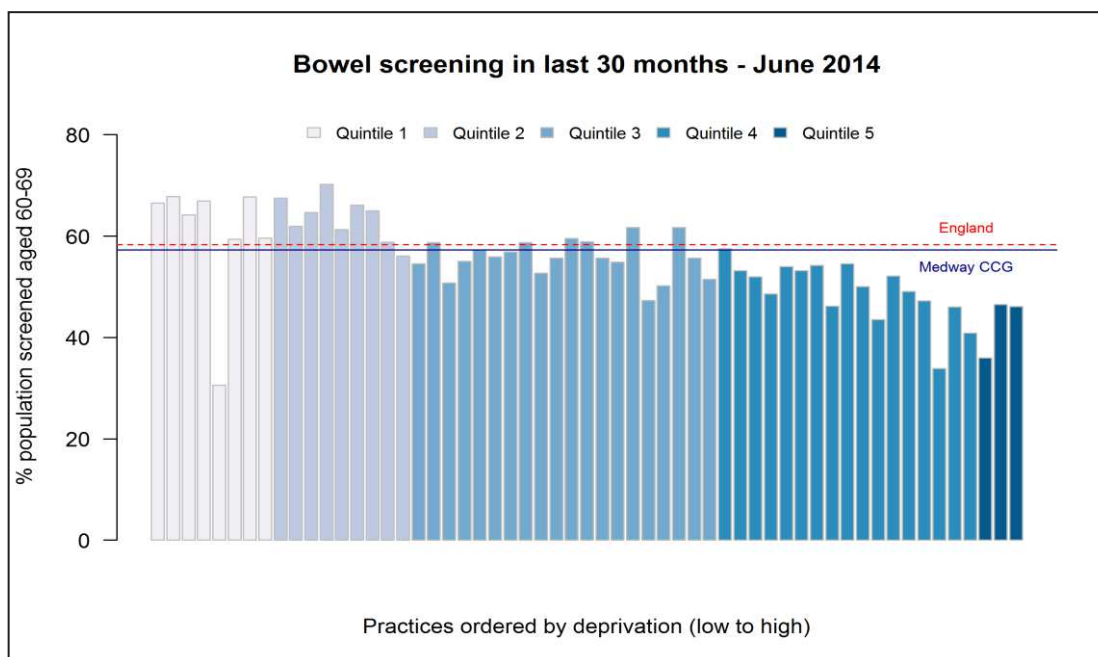
The programme commenced in West Kent and Medway in 2009. It aims to detect bowel cancer at an early stage, when treatment is more likely to be effective or to help prevent cancer from developing in the first place. Men and women aged between 60-69 years and registered with a GP are sent a self-testing kit every two years as part of the programme. This was extended to include those aged 70 to 74 years in west Kent and Medway in January 2012. The Southern Hub in Guildford sends and organises invitations, sample processing and result letters.

Figure 11 shows variation of bowel cancer screening uptake across general practices in Medway (30.7% to 70%) 2013/14. As expected, uptake was lower in practices located in the slightly more deprived areas.

In 2014/15, bowel cancer screening uptake in Medway (56%) was above the minimum standard of 52% target.

Medway GPs are working with the Southern Hub Bowel Cancer Screening Programme to improve bowel cancer screening uptake in Medway (Pearl Project -Practice Endorsed Additional Reminder Letter). This project led by the Southern Hub send out a GP endorsed reminder letter on behalf of the practice to patients who have not returned their bowel cancer screening kit. Forty three of fifty five Medway GPs (78%) have signed up to participate in this project.

**Figure 11: Bowel screening in last 30 months, Medway practices, June 2014**



### 10.3.5 *Bowel scope screening*

In 2013, West Kent and Medway was one of six national pilot sites chosen to launch the Bowel Scope Programme (BSP) – a one off test for 55 year olds, which uses a camera on a flexible scope to look for and remove surgically, pre-cancerous growths in the lower part of the bowel. The roll out of the BSP has been phased across three years, with the final lists rolled out in early 2016.

Medway accounts for one fifth of the centre's bowel scope work and since the start of the programme, 1274 participants have taken part, with an uptake rate of 47%. Work is underway with provider and GP practices to ensure that patients eligible to opt in are aware of the programme.

## 11 Cancer waits

- 11.1 Medway CCG is supporting Medway NHS Foundation Trust in driving improvements in cancer waits and referrals. An action plan has been developed and the implementation of this plan is overseen and monitored by the Cancer Board.

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