

7.5.8 Cancer

Brighton & Hove JSNA 2017

Why is this issue important?

Cancer is the most common cause of death in England, accounting for 27% of all deaths.¹ It is also the most common cause of premature death, accounting for 42% of deaths in those aged under 75 years.¹

The picture is similar in Brighton & Hove with cancer accounting for 28% of all deaths and 40% of deaths in those aged under 75.²

The incidence and deaths from cancer is increasing nationally and locally as the population lives for longer. Every year in England 300,000 people are diagnosed with cancer, an increase of over 60,000 in the past ten years and around 150,000 die from the disease.³

Cancer is also more common in people living in the most deprived areas. Brighton & Hove has some of the most deprived⁴ areas in the South East. Just under half, 45% of the population of the city, live in the 40% most deprived areas in England and only 7% in the 20% least deprived areas.⁵

The most common cancer in females is breast and in males prostate; the second and third most common cancers in both females and males are lung and colorectal cancer.³

Despite improvements in cancer survival and mortality in recent decades, outcomes in the UK are poor compared with the best in Europe. A report in the Lancet in 2015 analysing common cancer 5-year survival rates⁶ showed that the UK was lagging behind with rates in 2005-2009 similar

to what other Western European countries had achieved ten years earlier.

If premature mortality is to be reduced, then prevention of cancer is as important as treatment. Tobacco smoking remains the most important avoidable cause of cancer in the UK, followed by diet, excess body weight; due to diet and inactivity, and alcohol consumption. Cancer Research UK estimate that 42% of cancers in the UK are preventable through lifestyle choices⁷. Exposure and conditions at work, sunlight and sunbeds, infections, radiation, not breastfeeding and hormone replacement therapy are also key risk factors. The importance of lifestyle choices can be seen when it is borne in mind that less than 5% of cancer is genetically linked.⁸

In Brighton & Hove 42% of adults drink more than the UK recommended amount of alcohol, compared to 26% for England.¹⁰ Alcohol is linked to an increased risk of seven types of cancer yet only around one in ten people are aware of this link. In the UK we continue to drink substantially more than we did 50 years ago.⁹ 52.6% of the City's adult population is overweight or obese; although lower than the England value of 64.8%, this is still over half of the City's adult population.¹⁰ 19.9% of the adult population smoke, significantly worse than the figure for England of 15.5%. By choosing a healthy lifestyle the risk of cancer can be reduced.^{11,12}

In terms of cancer screening the national screening programmes aim to detect cancer early when treatment is more likely to be effective. Cancer Research UK estimate that cervical screening saves

¹ ONS Vital Statistics (2015 data) [Accessed 13.6.17]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/vitalstatisticspopulationandhealthrecords>

² Primary Care Mortality Database, NHS Digital (2015 data).

<http://content.digital.nhs.uk/pcmdatabase>

³ ONS Cancer Registration Statistics, England, 2015. [Accessed 7.6.17]

Available from

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/cancerregistrationstatisticscancerregistrationstatisticsengland>

⁴ According to the Index of Multiple Deprivation, 2015 (usually updated every five years)<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

⁵ Map and data available from <http://brighton-hove.communityinsight.org/#>

⁶ Allemani C, Weir HK, Carreira H et al and the CONCORD Working Group. Global surveillance of cancer survival 1995–2009: analysis of individual data for 25,676,887 patients from 279 population-based registries in 67 countries (CONCORD-2). *Lancet* 2015; 385: 977–1010.

[http://dx.doi.org/10.1016/S0140-6736\(14\)62038-9](http://dx.doi.org/10.1016/S0140-6736(14)62038-9)

⁷ Cancer Research UK. 2017 <http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers>

⁸ Cancer Research UK. Are all Cancer Hereditary? [Accessed on 16.8.13] Available from <http://cancerhelp.cancerresearchuk.org/about-cancer/cancer-questions/are-all-cancers-hereditary>

⁹ Alcohol Health Alliance UK: Alcohol and cancer: knowing the risks [Accessed on 21.7.17] Available from http://12coez15v41j2cf7acjzaodh.wpeengine.netdna-cdn.com/wp-content/uploads/2017/06/Alcohol_and_cancer_4pp.pdf

¹⁰ Public Health England: Public Health Outcomes Framework [Accessed 5.7.17] <http://www.phoutcomes.info/>

¹¹ Parkin DM, Boyd L and Walker LC. The fraction of cancer attributable to lifestyle and environmental factors in the UK 2010. *Br Jnl of Cancer* 2011; 105 (S2), S77-81.

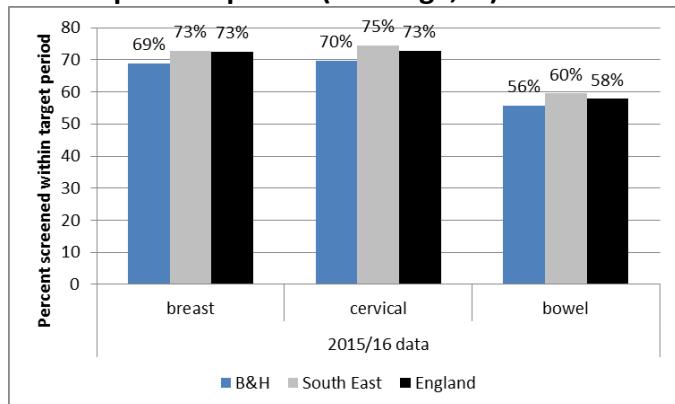
¹² Cancer Research UK Attributable risk - data visualisation of the results. [Accessed 16.8.13] Available from <http://info.cancerresearchuk.org/cancerstats/causes/comparing-causes-of-cancer/visualisationoftheresults/>

7.5.8 Cancer

Brighton & Hove JSNA 2017

5,000 lives in England each year,¹³ while breast screening saves 1,300.¹⁴ Regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%.¹⁵ In Brighton & Hove screening rates for all of the three national screening programmes; breast, bowel & cervical cancer, are lower compared to the rates for both the South East and England (figure 1).¹⁶

Figure 1 - Percentage target population screened within specified period (coverage, %)



Source: Fingertips: Cancer Services¹⁵

Key outcomes

- The NHS 2017-2019 Operational Planning and Contracting Guidance¹⁷ states that by 2020 commissioners & partners will need to be:
 - significantly improving one-year cancer survival to achieve 75% by 2020 for all cancers combined (up from 69% currently); and
 - By 2020, 95% of patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP, and 50% within 14 days.

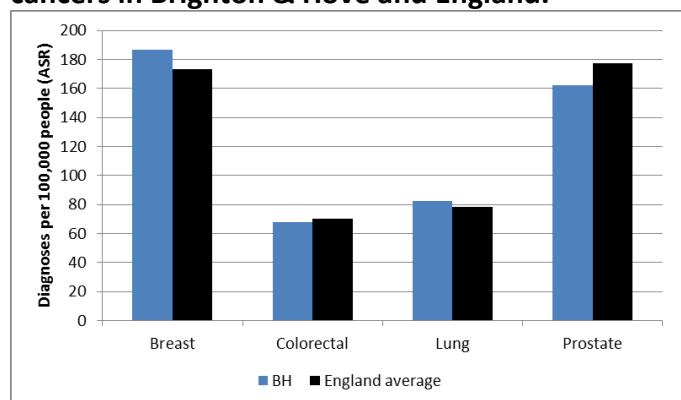
- Increase uptake of breast, bowel and cervical cancer screening rates and to improve stage at diagnosis. [Public Health National Profiles: Cancer Services' Indicators]¹⁶ specifically:
 - Females aged 50-70 screened for breast cancer in last 3 years
 - Females aged 25-64 attending cervical screening within last 5 years
 - Persons aged 60-74 screened for bowel cancer in last 2.5 years
- In addition Brighton & Hove CCG & Brighton & Hove City Council are producing a Cancer Strategy for the City in 2017 (this will be posted on line when completed).

Impact in Brighton & Hove

Incidence

There were around 1,100 new cancer diagnoses in Brighton & Hove CCG in 2014, equivalent to 640 new cancer diagnoses per 100,000 people (standardised rate), which is similar to the England average (608 per 100,000 people). Over half of these were for the four main cancers; breast, prostate, lung and colorectal. The age standardised rates, per 100,000 population (as shown in figure 2) for breast cancer in the City were 186.51 (similar to the England average of 173.38), colorectal 67.98 (similar to the England average of 70.43), lung 82.22 (similar to the England average of 78.34) and prostate 162.29 (similar to the England average of 177.6).¹⁸

Figure 2 – Incidence rates for the four main cancers in Brighton & Hove and England.



¹³ PHE Screening update October 2015

<https://cpdscreening.phe.org.uk/getdata.php?id=14456>

¹⁴ The Independent UK Panel on Breast Cancer Screening. The Benefits and Harms of Breast Cancer Screening: An Independent Review. A report jointly commissioned by Cancer Research UK and the Department of Health (England). October 2012.

¹⁵ Cochrane Database of Systematic Reviews, 2006. Screening for colorectal cancer using the faecal occult blood test: an update.

¹⁶ Public Health England: Fingertips Cancer Services Profile [Accessed 5.7.17] <https://fingertips.phe.org.uk/profile/cancerservices>

¹⁷ The 2017-2019 NHS Operational Planning and Contracting Guidance <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

¹⁸ Public Health England: Cancer Taskforce Dashboard [Accessed 13.6.17] <https://www.cancerdata.nhs.uk/dashboard#?tab=Overview>

Incidence rates have also been rising in Brighton & Hove in line with the increasing England rate.¹⁶ Trend data suggests that the incidence for all cancers combined is increasing nationally, however this is more apparent in females than males¹⁹. At a national and regional level the incidence of female breast cancer is increasing (between 1995 and 2015) whereas incidence of colorectal cancer is relatively stable in both males and females. The incidence of prostate cancer is increasing, likely due to increase in identification as more men have Prostate Specific Antigen (PSA) testing, and lung cancer is decreasing in males but increasing in females (between 1995 and 2015).²⁰

Between 2001 and 2014, incidence of prostate cancer in Brighton & Hove showed a clear increase, as explained above, whereas incidence of breast, lung and colorectal cancer has remained relatively stable.¹⁸

Other cancers

The incidence (directly standardised) rate of alcohol-related cancer in Brighton & Hove (2013-15) was 40.63 per 100,000 persons (42.03 for females and 39.61 for males). This was similar to the South East region at 37.16 and the England average of 38.03.²¹

The incidence (directly standardised) rate (2010 to 2012) of malignant melanoma was 27.4 per 100,000 all ages. This is significantly worse than the England average of 23.3. The South East region rate is 27.9. Brighton & Hove is the fourth worst when compared against its fifteen CIPFA²² nearest neighbours.²³

The rate of oral cancer registrations in Brighton & Hove was 17.6 per 100,000 (DSR) in 2013-15. This is significantly worse than the England average of 14.5 and has been since 2007-2009. Brighton & Hove ranks 121st worst out of 150 local authorities in England & Wales.²⁴

As cancer treatments and survival improves, there has been a growing interest in recurrence of disease. In July 2016, the National Cancer Registration and Analysis Service (NCRAS) released new recurrence data for 2014 by Trust. Brighton & Hove NHS Trust ranked 117 out of 148 NHS trusts for cancer recurrence with a 5.6% recurrence rate compared to the lowest for The Whittington Hospital Trust at 0.7%.²⁵ Additional local data should be available on cancer recurrence in the future.

Mortality

In 2015 cancer was responsible for 28% of all deaths (597 deaths) in Brighton & Hove and was the main cause of death in the City, 2% higher than deaths from circulatory disease.¹ Cancer was also responsible for 40% of the deaths in under-75 year olds. Lung cancer was responsible for 19% of all cancer deaths in 2015 as it is both a common cancer and has poor survival rates (due to late diagnosis in more than two-thirds of people). Lung cancer was also the cause of nearly a quarter (23%) of cancer deaths in the under 75s in 2015.²

Premature mortality: The age standardised mortality rate from cancer for people aged under 75 years is higher in Brighton & Hove (146 per 100,000) than in England (139).¹⁰ Since 2003-2005 figure 3 shows that Brighton & Hove has been above the England average (and is also consistently higher than Sussex Cancer Network rates).

Figure 3: Cancer mortality – age standardised for under 75s

¹⁹ <http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Zero> [accessed 24.5.17]

²⁰ ONS Statistical Bulletin on Cancer Registration Statistics, England: 2015

[Accessed 13.6.17]

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/2015>

²¹ Public Health England: Public Health Outcomes Framework: Local Alcohol Profiles for England Profiles [Accessed 24.7.17]

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

²² The Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours are similar local authorities which are identified across a set of variables measuring the “distance” between the variable values. Those local authorities which have similar variable values are the nearest neighbours. More information can be found at:

http://www.phoutcomes.info/documents/Nearest_Neighbour_Methodology.docx

²³ Public Health England: Fingertips: Health Protection Profile [Accessed 5.7.17] <http://fingertips.phe.org.uk/profile/health-protection>

²⁴ Public Health England: Fingertips: Oral Health Profile [Accessed 5.7.17] <https://fingertips.phe.org.uk/profile/oral-health>

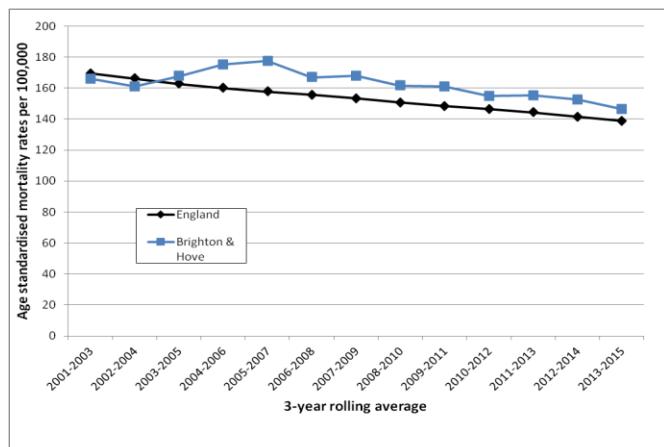
²⁵ Cancer Recurrence by trust breakdown: October 2016, New publication.

[Accessed 1.6.17]

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_recurrence

7.5.8 Cancer

Brighton & Hove JSNA 2017

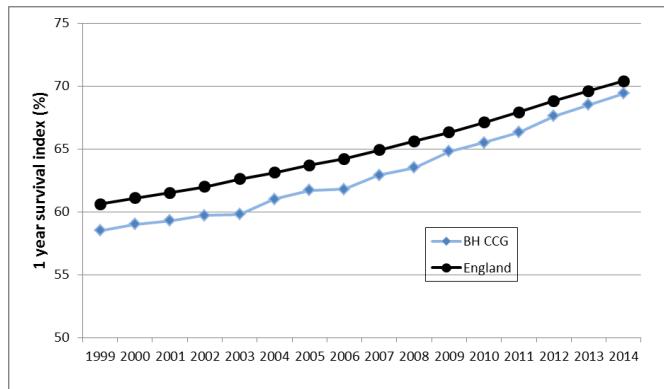


Source: Office for National Statistics, Vital Statistics data: 2015

Survival rates

One-year cancer survival for all tumours was 69.4% for Brighton & Hove CCG residents diagnosed in 2014 and followed up to 2015.²⁶ This was poorer than the England average of 70.4%. However the gap has been closing (see figure 4 of survival rates below). Amongst all cancers, survival rates for the London boroughs topped the table at 74% still living a year after diagnosis.²⁶

Figure 4: One year survival index (%) for all cancers combined, by calendar year of diagnosis: all adults (15-99 years), England and Brighton & Hove CCG.

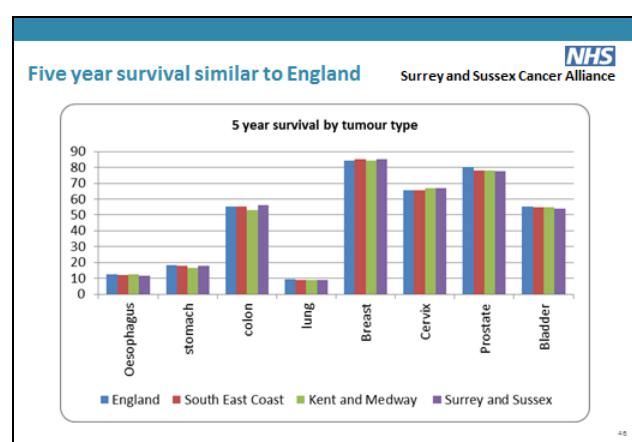


Source: National Cancer Registry, ONS.²⁶

Only 66% of Brighton & Hove CCG residents diagnosed with lung, breast or colorectal cancers live a year after diagnosis (2014 patients followed up 2015) performing comparatively worse

compared to the national median of 68%.²⁷ There are large disparities in survival rates amongst the three main cancers in Brighton & Hove, with the 1-year survival rate for breast being 96% compared to 72% for colorectal and only 28% for lung (for adults diagnosed in 2014).²⁶ Currently there is a lack of data on 5 and 10-year survival rates at the CCG or local authority level. However figure 5 shows the 5 year survival by tumour type for the Surrey and Sussex Cancer Alliance.

Figure 5: Cancer mortality – age standardised for under 75s



The proportion of cancers diagnosed at any early stage (1 or 2) in the city is worse than England. Rates are 50.2% for Brighton & Hove compared to 52.1% for the South East and 52.4% for England. (2015 data).²⁸ Figures broken down by cancer type are available for the Surrey and Sussex Cancer Alliance as shown in figure 6. In particular the Surrey and Sussex Cancer Alliance do significantly better on melanoma and uterine cancers with the proportion of patients diagnosed at stages 1 and 2 being 95.2% and 83.5% respectively. However the Surrey and Sussex Cancer Alliance do significantly worse on kidney, lung, prostate, pancreatic, ovarian, oesophago-gastric and non-hodgkin's lymphoma.

Figure 6: Proportion of patients diagnosed at stages 1 and 2, by tumour type

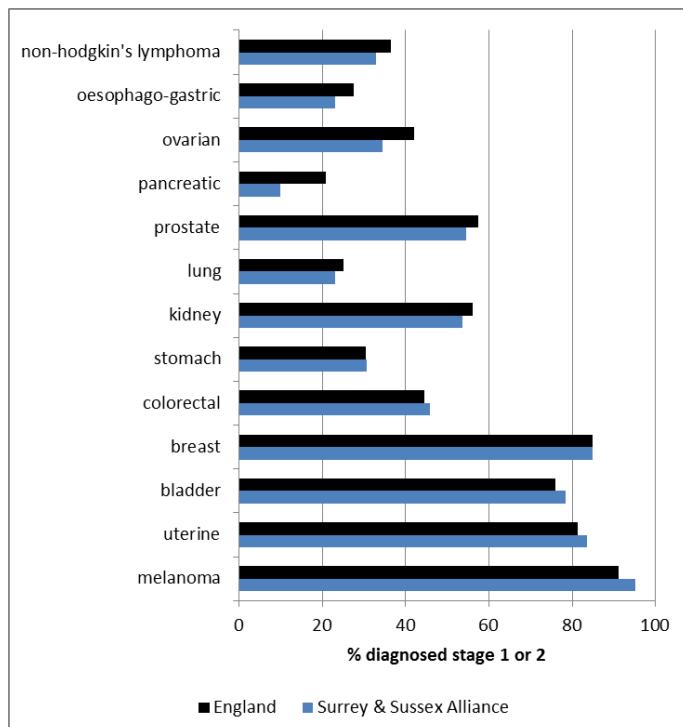
²⁶ Office for National Statistics. Index of Cancer Survival for Clinical Commissioning Groups [Accessed 13.6.17] Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancersurvivalinenglandadultsdiagnosed/previousReleases>

²⁷ Department of Health: Spend and Outcomes Tool (SPOT) <https://www.gov.uk/government/publications/spend-and-outcome-tool-spot>

²⁸ Public Health England: Fingertips: Health Profiles Data [Accessed 5.7.17] <http://fingertips.phe.org.uk/profile/health-profiles/data>

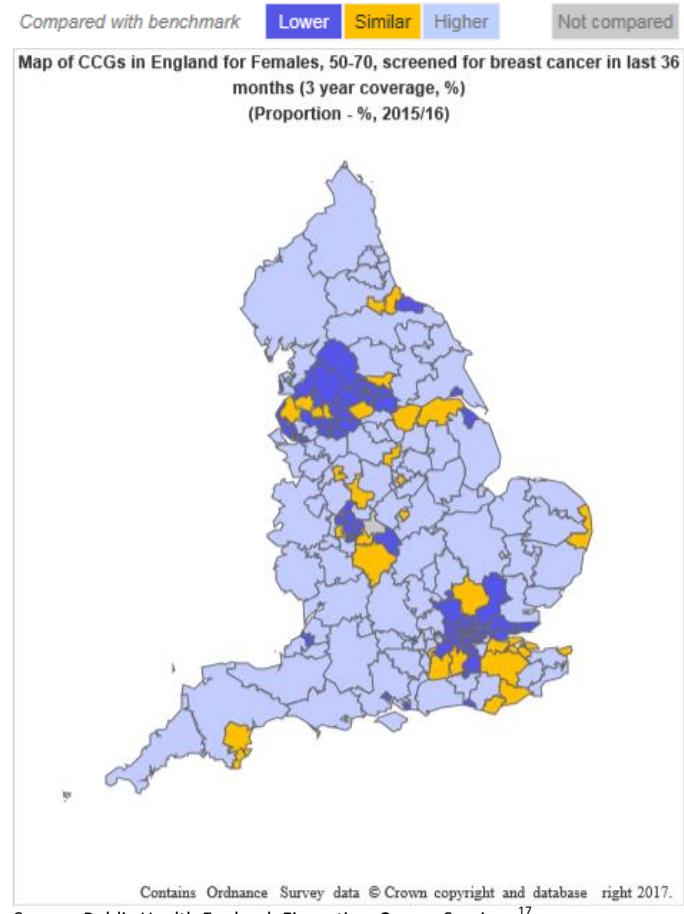
7.5.8 Cancer

Brighton & Hove JSNA 2017



screening and emergency presentations for cancer compared to the average for ten similar CCGs.³⁰

Map 1: Breast screening coverage English CCGs; comparison with England benchmark



Source: Public Health England: Fingertips: Cancer Services¹⁷

Breast screening rates have slowly improved for Brighton & Hove and the South East between 2009/10 and 2015/16, as shown in figure 7. Women are invited to be screened every three years; for Brighton & Hove, the percentage of females, aged 50-70, screened for breast cancer in the last three years has gone from 64.5% up to 68.8% during the period 2009/10 to 2015/16. For the South East 71.7% up to 72.9% and 71.8% up to 72.5% for England, for the same period.

Figure 7: Improvement in breast screening rates (women aged 50-70) between 2009/10 and 2015/16

The National Cancer Diagnosis Audit (NCDA)³⁰ uses primary and secondary care data relating to patients diagnosed with cancer to help understand patterns of cancer diagnosis so that the impact of the referral guidelines can be assessed. For the initial report, the proportion of patients with no avoidable delay was 66.4% within NHS Brighton & Hove CCG and 64.4% for the England data (2014 data). Where the GP considered there to be an avoidable delay in the patient receiving their diagnosis, the most common reason for an avoidable delay was 'Investigation (test request and test performance)' for 20.6% of patients.²⁹

Screening rates

Breast Cancer Screening

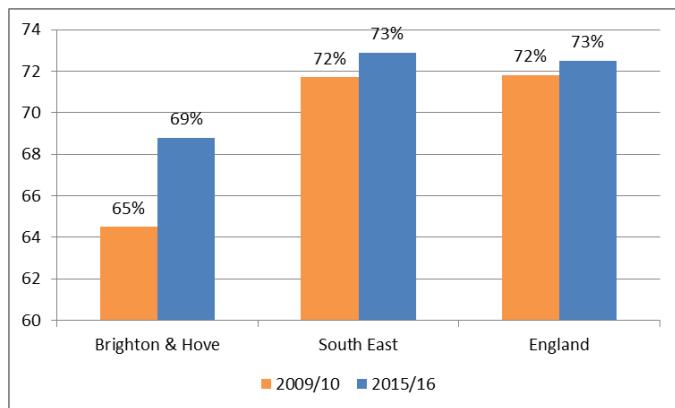
In 2015/16 the proportion of women aged 50-70 who had been screened for breast cancer within the previous three years was 68.8% in Brighton & Hove CCG, lower than the England average of 72.5% and 72.9% for the South East NHS region.¹⁵ Map 1 shows Brighton & Hove as one of the few CCGs in the south of England where coverage is significantly lower (excluding London). Brighton & Hove also performs significantly worse on breast

²⁹ National Cancer Diagnosis Audit, England (2014) – Report for Brighton & Hove CCG. <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/national-cancer-diagnosis-audit>

³⁰ NHS RightCare Commissioning for Value Focus Pack May 2016: NHS Brighton and Hove CCG [Accessed 5.7.17] <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/south/#20>

7.5.8 Cancer

Brighton & Hove JSNA 2017

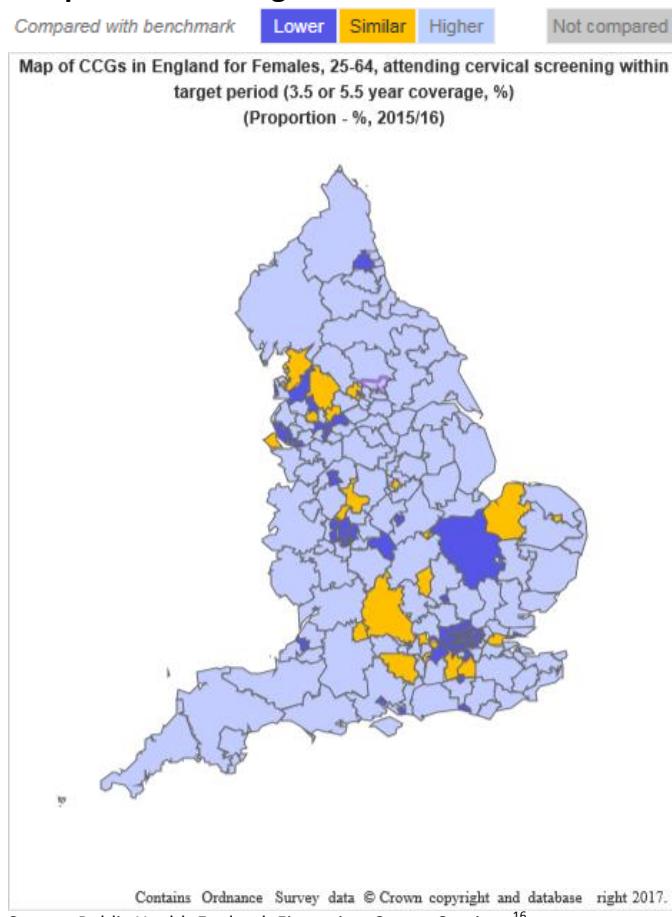


Source: Public Health England: Fingertips: Cancer Services¹⁶

Cervical Cancer screening

There were 81,991 women eligible for cervical screening in Brighton and Hove in 2015/16.¹⁶ For 2015/16, of females aged 25-64, 69.7% were screened at least once in the previous five years (coverage) which was lower than both the South East NHS regional value of 74.5% and the average for England at 72.8%.¹⁶ Map 2 shows Brighton & Hove as one of the few CCGs areas where coverage is significantly lower (excluding London).

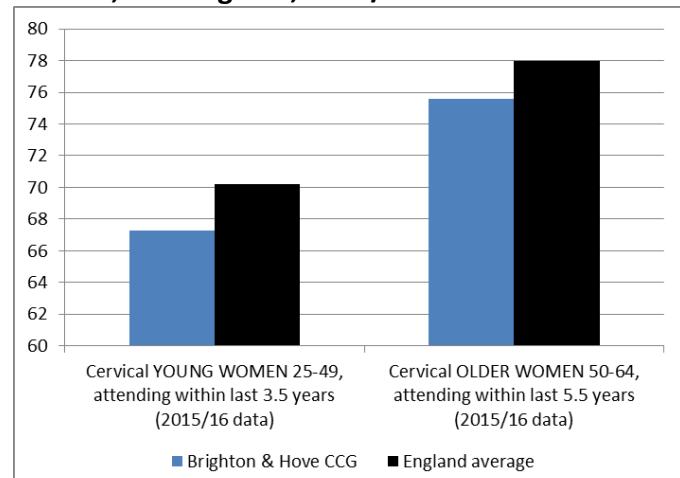
Map 2: Cervical screening coverage English CCGs; comparison with England benchmark



Source: Public Health England: Fingertips: Cancer Services¹⁶

Figure 8 shows coverage was lower for both younger (25-49 years) and older (50-64 years) women.

Figure 8: Cervical screening coverage in Brighton & Hove, and England, 2015/16.



Source: Brighton & Hove CCG Screening Data Summary (Internal Report), December 2016. Original source: CRUK cancer stats.

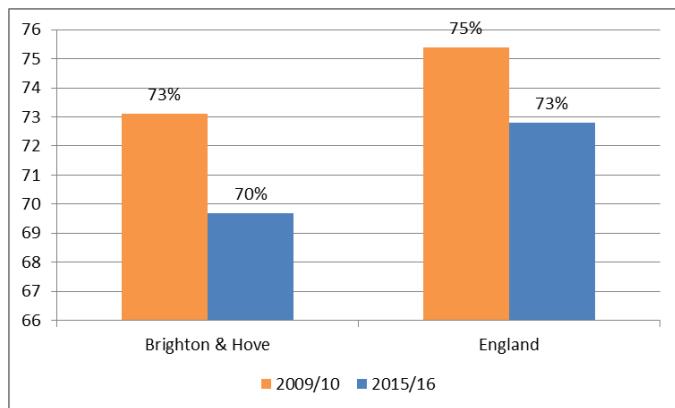
Cervical screening rates have worsened for Brighton & Hove and England (South East regional values not known) from 2009/10 to 2015/16, as shown in figure 9. For Brighton & Hove, the percentage of females, aged 25-64, screened for cervical cancer in the last 3.5 or 5.5 years has gone from 73.1% down to 69.7%. For England the rates have gone from 75.4% down to 72.8% for England.¹⁶ In terms of trends for the 2016/17 year, coverage levels for 25 to 64 year olds for cervical screening in Brighton & Hove decreased each quarter: 73.6% Q1, 73.0% Q2, 72.5% Q3 and 72.2% Q4. A similar trend was seen for averages across the South; 77.3% Q1, 76.8% Q2, 76.5% Q3 and 76.3% Q4. (All five year coverage levels).³¹

Figure 9: Decline in cervical screening rates 2009/10 to 2015/16

³¹ PHE. Cervical Screening. Quarterly KPI report. January to March 2017.

7.5.8 Cancer

Brighton & Hove JSNA 2017



For many years, Brighton & Hove CCG has had consistently lower rates of bowel screening compared to England (figure 10).

Figure 10: Uptake of bowel screening for 60-69 year olds



Source: Cancer Services Health Profile on PHOF; original data source NHS Cancer Screening Programme

Bowel screening rates have improved for Brighton & Hove, the South East and England from 2009/10 to 2015/16, with a marked increase between 2009/10 and 2011/12. For Brighton & Hove, the percentage of persons, aged 60-74, screened for bowel cancer in the last 2.5 years has gone from 28.5% up to 56.6%. For England the rates have gone from 35.0% to 58.5% for England. For the South East 24.0% to 60.5%.¹⁶

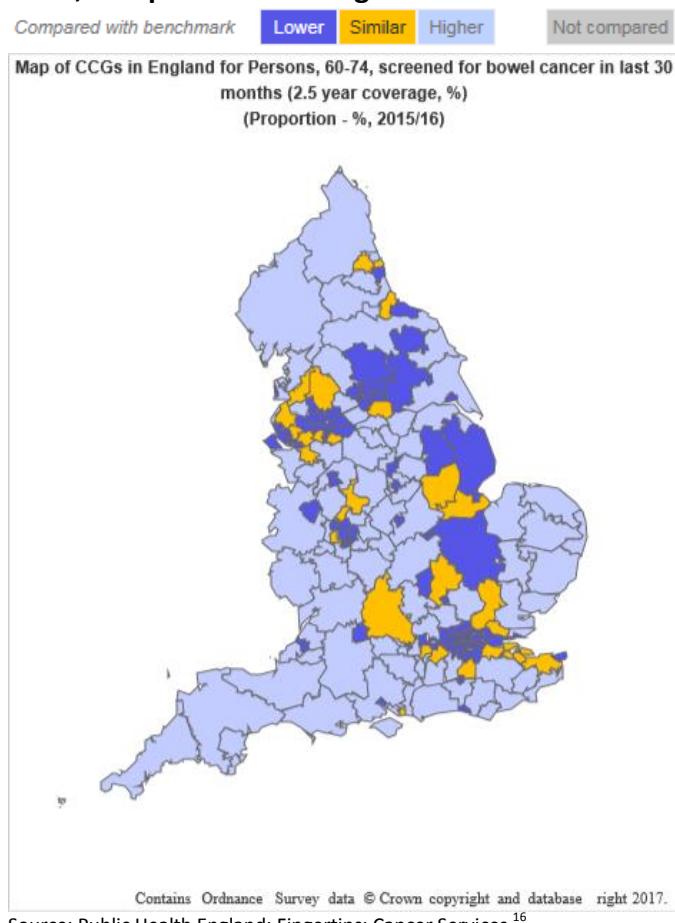
Cancer Access

Brighton & Hove CCG performed poorly against the 62-day cancer waiting standard for most of 2015/16 which requires patients to have treatment by day 62 following a GP urgent referral. This was primarily due to poor performance at Brighton & Sussex University Hospital. Historically however the CCG has performed well on cancer access targets including patients being seen within 2 weeks following a referral from a GP.³² The number of two-week wait referrals increased in 2015/16 in Brighton & Hove CCG¹⁶ in line with the national trend and this is expected to continue.³² In Brighton & Hove in 2009/10, there were 1,990 TWW referrals for suspected cancer (per 100,000 population). This went up to 3,366 per 100,000 population in 2015/16. This compares to 1,829 and 1,643 in the South East and England respectively in

Bowel cancer screening

There were 31,521 people aged 60-74 eligible for bowel screening in Brighton & Hove in 2016.¹⁶ In 2015/16 the percentage of people aged 60-74 screened for bowel cancer in the last 30 months in Brighton & Hove was 56.6%, which is lower than the South East regional value of 60.5% and the England average of 58.5%.¹⁶ Map 3 shows Brighton & Hove as one of the few upper-tier local authority areas in the south of England where coverage is significantly lower (excluding London).

Map 3: Bowel Cancer screening coverage English CCGs; comparison with England benchmark



³² Brighton & Hove CCG Annual Report 2015/16 [Accessed 13.6.17] <http://www.brightonandhoveccg.nhs.uk/sites/btnccg/files/files/Annual%20Report%20May%20Submission%20-20reviewed%202016%20V5.pdf>

7.5.8 Cancer

Brighton & Hove JSNA 2017

2009/10 and 3,177 and 2,975 in the South East and England respectively in 2015/16.¹⁶

Public voice

In the National Cancer Patient Experience Survey results for 2016 for Brighton & Hove CCG³³, respondents rated their care with an average of 8.7 (10 being best). This was the same as the England average rating. Key findings were that:

- 75% of respondents were as involved with their care and treatment as they wanted to be (compared to 78% for England)
- 95% said that hospital staff told them who to contact if they had any worries (compared to 94% for England)
- 66% of respondents thought their GP and nurses at their general practice definitely did everything they could to support them (compared to 62% for England)
- 88% of respondents said that overall, they were treated with dignity and respect (compared to 88% for England)

In 2015 a public Cancer Awareness Measure (CAM)³⁴ survey³⁵ was carried out in Brighton & Hove to update a similar survey conducted in 2010. The Cancer Awareness Measure is a validated set of questions designed to reliably assess awareness of cancer among the general population. The survey compared the views of residents aged 45-74 living in either the two most deprived and the two least deprived quintiles in the City. Findings included:

- Residents aged 45-64 recalled significantly more cancer warning signs than those aged 65-74.
- There were clear differences in cancer awareness across the quintiles. Awareness levels for residents living in quintile 1, the most deprived, were significantly lower for all nine cancer warning signs when compared to residents living in the less deprived quintile 5.

The survey found that improvements had been made in 2015 from 2010:

- There had been a significant increase in the proportion of residents claiming they would contact their doctor about unexplained weight loss or unexplained pain.
- There had been a significant increase in residents recalling diet, family history and not doing enough exercise as risk factors for developing cancer suggesting that some of the lifestyle measures were being taken on board by people.

On the negative side there had been a significant decrease in residents recalling drinking alcohol, getting sunburnt and stress as risk factors for developing cancer.

Spend: Programme budgeting information shows that Brighton & Hove CCG spend on cancer decreased significantly between 2014 and 2015, from £112 spend per head of resident population in 2014 down to £45 spend per head in 2015.²⁷ This reflects a reduction in total cancer spend that is in line with reduction in programme spend overall. Brighton & Hove cancer spend was similar to national spend in 2015 at £49 per head (£108 in 2014), and similar to the average of those CCGs in the same deprivation decile, average £46 per head in 2015, (£107 in 2014).²⁷

The cancer spend per weighted head of the population is higher than the England mean, and a higher percentage of cancer patients receiving treatment within 2 months of diagnosis. However, there are worse cancer outcomes in terms of mortality from all cancers in those under 75 years old.³⁶

In 2015 spend on 'cancers and tumours' was the tenth highest area of spend for the CCG, down from fourth highest in 2011/12. Blood cancer was an area of spend which was particularly high in Brighton & Hove (outlying values compared to spend of other CCGs) at £8 per head compared to the national median of £4 per head.²⁷ The Commissioning for Value data atlas³⁷ shows that haematological cancer is the highest quartile for

³³ National Cancer Patient Experience Survey 2016, Brighton & Hove CCG, published July 2017 available at <http://www.ncpes.co.uk/index.php/reports/2016-reports/local-reports-1/c clinical-commissioning-groups/3366-09d-nhs-brighton-and-hove-ccg-2016-ncpes-report/file>

³⁴ <http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/the-cancer-awareness-measures-cam>

³⁵ Brighton and Hove Cancer Awareness Measure, written report; prepared by Lake Market Research for Brighton & Hove CCG, 2nd April 2015.

³⁶ Brighton & Hove Strategic Commissioning Intentions 2015 report

³⁷ <http://ccgtools.england.nhs.uk/cfv2016/cancer/atlas.html>

7.5.8 Cancer

Brighton & Hove JSNA 2017

Brighton & Hove for both elective and non-elective spend (admissions per 1,000 population) and has a particularly high average length of stay after an elective admission (not including day cases) of 10 days (range for all England CCGs 3 to 15 days).

The RightCare commissioning for value pack for Brighton & Hove January 2017³⁸ also presents opportunities for quality improvement and spend differences comparing NHS Brighton & Hove CCG to the best five CCGs. It suggests Brighton & Hove CCG could potentially save £359,000 on primary care prescribing if performed at the average of the five similar CCGs (2015/16 data).³⁸ Moreover, comparing to other CCGs, the areas where Brighton & Hove are doing worse compared to their peers on cancer are:³⁸

- Breast cancer screening
- % first definitive treatment within 2 months (all cancer)
- Breast cancer detected at an early stage
- Bowel cancer screening
- Lower GI cancer detected at an early stage
- Successful quitters, 16+
- Mortality all cancers all ages

In recent years Brighton & Hove has invested largely into local commissioned services and early diagnosis so these factors should improve over time.³⁹

There is a commissioned programme of work with Albion in the Community to increase awareness of the signs and symptoms and cancer risk factors, and to promote screening. They use volunteers to deliver campaigns such as Be Clear on Cancer. The service focuses primarily on residents living in quintile 1 (most deprived) in order to reduce inequalities in cancer outcomes. It also works specifically with identified groups e.g. specific age, gender and BME. They also work with schools on sun safety. As one of their outcomes, Albion in the

Community delivered training and presentations to just under 15,000 target individuals between July 2016 and March 2017.⁴⁰

Local inequalities

Age: Incidence increases with age for most cancers, yet older people in Brighton and Hove are not aware of their increased risk and have lower awareness of cancer symptoms than younger groups.⁴¹

Reduction in cancer mortality has been much less marked for the over 75s than the under 75s. There is evidence that older people's cancers are investigated and treated less intensively.⁴²

Gender: Cancer incidence and mortality is higher in men than women but, due to women's longer life expectancy, more women than men are living with or beyond a diagnosis of cancer. Men have a lower awareness of the signs and symptoms of cancer.³⁵

Socio-economic deprivation: Incidence and mortality from cancer is considerably higher in the more deprived groups, largely due to lifestyle factors, especially higher smoking rates.

Brighton & Hove is a local authority with particularly high levels of smoking: 20.9% of the adult population smoke, compared to the England average of 16.9%. Amongst routine and manual workers, this rises to 34.2% of the adult population compared to the England average of 26.5%.¹⁶

There is evidence of poorer uptake of bowel and cervical cancer screening in GP practices with more deprived populations.⁴³ This link with deprivation is not seen in breast screening. Screening uptake rates tend to be highest in the West locality which has fewer practices with more deprived populations.⁴¹

³⁸ RightCare Commissioning for Value CCG Data Pack, Refreshed 'where to look' packs, January 2017 [Accessed 5.7.17] <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/south/>

³⁹ Brighton & Hove CCG: Cancer – New LCS Contract summary evidence and guidance. [Accessed 5.7.17] <http://www.gp.brightonandhoveccg.nhs.uk/file/1130/download?token=5xs26Qkt>

⁴⁰ Albion in the Community: Cancer Awareness Early Diagnosis contract review. June 2017

⁴¹ National Cancer Intelligence Network. Evidence to March 2010 on cancer inequalities in England. June 2010. [Accessed 30.08.13] Available from <http://www.ncin.org.uk/view?rid=169>

⁴² The Age Old Excuse: The under treatment of older cancer patients; Macmillan Cancer Support Report. [Accessed 13.6.17] <http://www.macmillan.org.uk/documents/getinvolved/campaigns/ageoldexcuse/ageoldexcusereport-macmillancancersupport.pdf>

⁴³ Internal report: Cancer screening in Brighton & Hove (Final 3.10.14)

7.5.8 Cancer

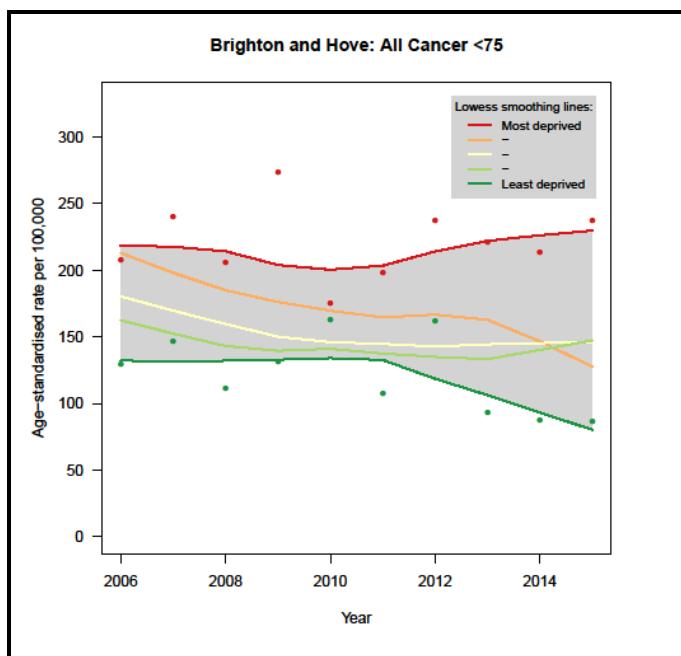
Brighton & Hove JSNA 2017

There is a clear survival gap between the most and least deprived populations. Mortality rates from cancer are higher in the more deprived populations of Brighton & Hove and the gap between the most and least deprived quintiles for under 75s has widened since 2006 (Figure 11) with more than double the cancer death rate in the most deprived quintile compared to the least.

The local survey conducted in 2015³⁵ revealed that awareness of the signs and symptoms of cancer is lowest in quantile 1, the most deprived section of the community in Brighton & Hove compared to quantile 5, the least deprived. People in the most deprived quantile were also worried about what a doctor might find and would be too scared. In addition the survey showed that people in quantile 1 would be concerned about wasting a doctor's time and feel they would have difficulty talking to a doctor and not feel confident speaking about their symptoms.³⁵

Ethnicity: Women from BME groups (including White Other) are more likely to present with more advanced breast cancers and have poorer survival than White British women.⁴⁴ Locally non-white residents were more likely to perceive barriers to help-seeking.⁴⁵

Figure 11: Age Standardised Mortality Rates per 100,000 population in Brighton & Hove, by quintile of deprivation.



Source: ONS Annual Mortality Extracts, 2006-2015

Sexuality: Differences in health-related behaviours among lesbian, gay, bisexual and transgender (LGBT) people may lead to differences in cancer incidence. Perceptions of risk and healthcare seeking behaviour may also vary.³⁵ In 2012, a survey of 152 people from the LGBT community was carried out to investigate health and inclusion.⁴⁶ In terms of cancer screening, a high percentage of LBQ women were not having smears at regular intervals although this can be said to be true of the Brighton & Hove screening population generally. Some individuals had been wrongly informed that they were not at risk because of their sexuality. Levels of discrimination encountered by LBQ women in cancer screening services are generally low, however those incidences which do occur around cervical screening can be very traumatic and upsetting.⁴⁶

Disability: There is limited national information on variations in cancer incidence, treatment and outcomes for people with a disability. People with learning disabilities appear to have a similar age standardised incidence rate for all cancers combined but incidence by tumour site may be different. There is some evidence for increased cancer incidence associated with some mental illnesses, which is associated with increased cancer mortality.³⁵ A recent report found that eligible

⁴⁴ Cancer Inequalities in the South East Region: The Burden of Cancer http://www.sepho.org.uk/Download/Public/10398/1/cancerIneq1_051006_FINAL.pdf

⁴⁵ Lake Market Research. Cancer Awareness and Early Diagnosis Initiative CAM Final Results. NHS Brighton and Hove: April 2010.

⁴⁶ LGBT Health and Inclusion Project: Lesbian, Bisexual and Queer Women's Health Survey – Report (2012)

7.5.8 Cancer

Brighton & Hove JSNA 2017

females without learning disabilities were more likely to receive breast cancer screening than eligible patients with learning disabilities.⁴⁷

Religion: No local or national information available.

Predicted future need

The Surrey & Sussex Cancer Alliance is made up of clinical leaders and patients. It focuses on providing improvement in early diagnosis, the recovery package and the development of stratified pathways.

A key focus of the Alliance is identifying cancer earlier, speeding up and improving diagnosis, increase current capacity and to open new Rapid Diagnostic and Assessment Centres.⁴⁸

The incidence of some cancers is increasing - for instance, lung cancer and upper gastrointestinal cancer in females, likely to be related to lifestyle factors such as smoking, diet and alcohol intake. Thus improving people's lifestyle choice's needs to remain a priority.

Cancer survival is lower in more deprived populations hence there is a particular need to focus on reducing the inequalities gap.

What we don't know

We need a better understanding of where outcomes could be improved for cancers other than the main four. Work is also to be conducted to ascertain why screening rates are so low for cancer in the City and whether there are significant differences for any particular groups of the population.

Since people are live longer after a diagnosis of cancer, then we should aim to have a better understanding of the ongoing health needs of cancer survivors.

Key evidence and policy

National Policy

The Independent Cancer Taskforce has produced a strategy; 'Achieving World Class Outcomes for Cancer 2015-2020; A Strategy for England'⁴⁹ which provides a transformational framework for the diagnosis, treatment and care for people affected by cancer and works towards delivering a gold standard service.

The 2017-2019 NHS Operational Planning and Contracting Guidance¹⁷ as mentioned in the Key Outcomes section above.

The 2014 NHS Five Year Forward View⁵⁰ which sets clear direction for the NHS, highlighting why change is needed and what it will look like. It states action needs to happen in three areas: better prevention, swifter access to diagnosis, and better treatment and care for all those diagnosed with cancer.

And more recently in 2017 the 'Next Steps of the NHS Five Year Forward View'⁴⁸ highlights that identifying cancer earlier is critical to saving more lives which requires the need to speed up and improve diagnosis, increase current capacity and open new Rapid Diagnostic and Assessment Centres.

The National Institute for Health and Care Excellence (NICE) has produced guidance in relation to suspected cancer referral & recognition, Guidance 12 (NG12).⁵¹ The implementation of this is the responsibility of local NHS commissioners and providers. In response partners have produced a joint implementation plan for Brighton and Sussex University Hospital.

Local Policy

The Brighton & Hove Health & Wellbeing Board is a partnership group to improve the health & wellbeing of local people. It produces a local Joint Health & Wellbeing Strategy, stating how the health & wellbeing of the local population will be

⁴⁷ Public Health England: Learning Disabilities Health and Care: The New Information Source, presented at the South East Public Health Information Group, June 2017
http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

⁵⁰ Five Year Forward View (2014) <https://www.england.nhs.uk/wp-content/uploads/2014/10/Syfv-web.pdf>
⁵¹ NICE guidance. 2015. Suspected cancer referral & recognition, Guidance 12, NG12. <https://www.nice.org.uk/guidance/NG12>

⁴⁸ Next Steps of the Five Year Forward View (2017)
<https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

7.5.8 Cancer

Brighton & Hove JSNA 2017

improved. The most recent was produced in 2015.⁵² It contains the target of 'Increase the uptake of health checks and cancer screening'. In addition in 2016 Brighton and Hove became part of three larger geographical footprints in order to develop and commission new models of care.

These are:

Sussex and East Surrey Sustainability and Transformation Partnership
Central Sussex and East Surrey Alliance Place Based Plan (CSESA) and
Surrey and Sussex Cancer Alliance.

The aims of these partnerships is to build on local plans over a wider geographical area, for neighbouring CCGs, local authorities and NHS providers to work together to provide a joined-up approach to provide better more efficient services. Cancer is detailed as an area of focus which can deliver the greatest public health and wellbeing improvements, based on current deaths, years of life lost, healthcare costs and health inequalities across the Sussex and East Surrey footprint population.

Caring Together⁵³ is a new programme of work that builds on work that is already underway in Brighton & Hove to improve local health and social care for people living in our city. It supports the wider aims to transform health and care services across Sussex and will help us respond to the rising demand on services with the resources we have available and builds on the work already being undertaken in the city.

The Caring Together plan is aligned to the Sustainability and Transformation Plan (STP), which covers the wider area of Sussex and East Surrey. Caring Together is Brighton & Hove's contribution to the STP.

For 2017 to cover the period 2017-2020 the Brighton & Hove City Cancer Strategy is being produced in conjunction with the local Cancer

Action Group. The group's vision is to improve outcomes for cancer patients in Brighton & Hove and improve the experience of those affected by cancer. The strategy details how this will be achieved. It will be published on the Brighton & Hove CCG and Brighton & Hove City Council websites September 2017.

Evidence

NHS England and Public Health England have launched a new online dashboard of cancer-related information to support CCGs and providers, which brings together data from across patient pathways into one, easy-to-use portal.¹⁸ The aim is to show comparative performance across the country at CCG and provider level using metrics like one-year survival, cancer patient experience and the number of cancers diagnosed through emergency presentation, to help reduce variation and improve services. The dashboard was developed in response to a recommendation of the Independent Cancer Taskforce and was launched alongside the NHS cancer strategy implementation plan.

Recommended future local priorities

In March 2017 the Surrey & Sussex Cancer Alliance launched its delivery plan. It sets out the specific vision, goals and objectives of the Alliance in light of the national and local context it operates within.

To meet the priorities as set out in the forthcoming 2017 Brighton & Hove Cancer Strategy. These are prevention, early diagnosis, prompt high quality treatment and survivorship.

Key links to other sections

- Smoking
- Healthy weight
- Alcohol
- Physical activity and sport
- Sexual health

Further information

National Cancer Intelligence Network.

<http://www.ncin.org.uk/home>

Cancer Research UK Local Cancer Profiles: Brighton & Hove Clinical Commissioning Group
<http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/?location-name=>

⁵² Brighton & Hove Joint Health & Wellbeing Strategy. 2015. Brighton & Hove Health & Wellbeing Board. [https://present.brighton-hove.gov.uk/Published/C0000826/M0005746/AI00049010/\\$20151204150751_008319_0034662_AppendixoneJHWS.docA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C0000826/M0005746/AI00049010/$20151204150751_008319_0034662_AppendixoneJHWS.docA.ps.pdf)

⁵³ Caring Together: Brighton & Hove CCG; Brighton & Hove City Council & partners.
<http://www.brightonandhoveccg.nhs.uk/search/site/Caring%20together>

7.5.8 Cancer

Brighton & Hove JSNA 2017

<http://www.nhsbsa.gov.uk/1=NHS%20Brighton%20&%20Hove%20CCG&location-1=09D>

Cancer Inequalities in the South East Region: The Burden of Cancer

http://www.sepho.org.uk/Download/Public/10398/1/cancerIneq1_051006_FINAL.pdf

2017-2019 NHS Operational Planning and Contracting Guidance

<https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

Last updated

July 2017