

---

# Cancer in England:

## A review of the past year

Professor Mike Richards  
December 2009

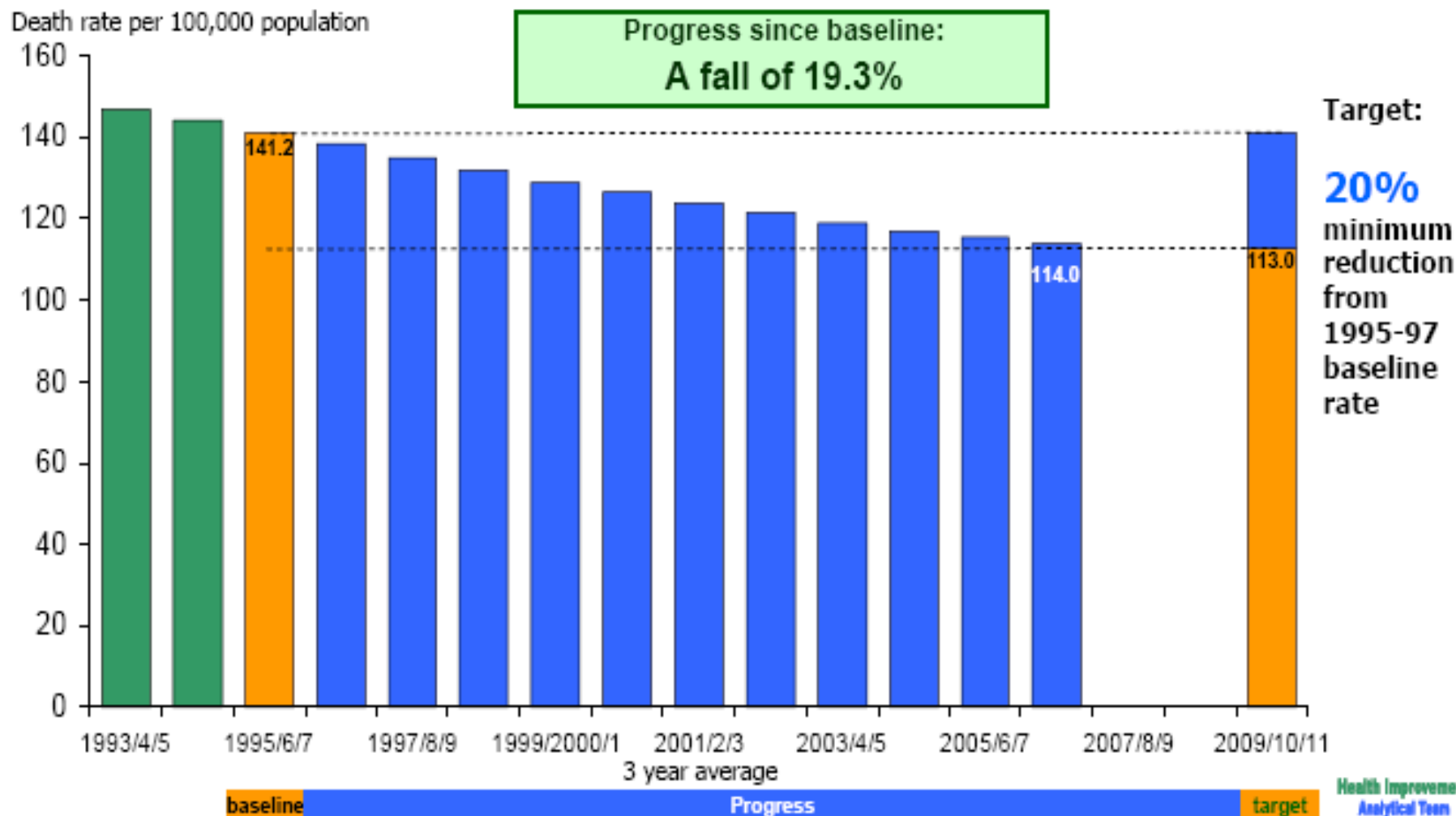
# Cancer – A review of the past year

---

- National progress
- Local variations
- Inequalities

# Cancer Mortality Target

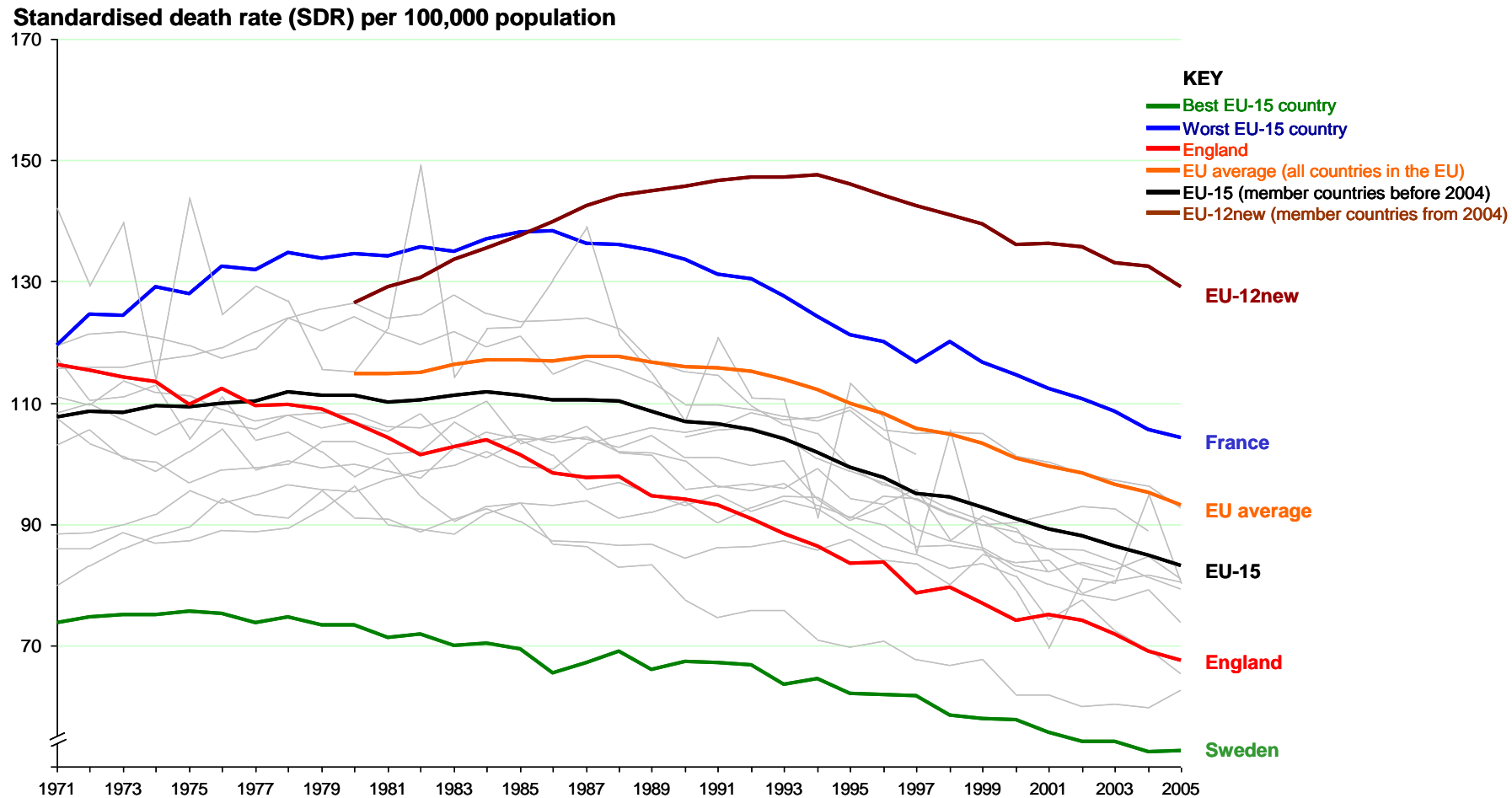
Death rates from All Cancers in England 1993-2008 and target for the year '2010'  
Persons under 75



Rates are calculated using the European Standard Population to take account of differences in age structure.  
ICD9 data for 1993 to 1998 and 2000 have been adjusted to be comparable with ICD10 data for 1999 and 2001 onwards.  
Percentage change since baseline is calculated based on unrounded rates.  
Source: ONS (ICD9 140-208; ICD10 C00-C97)

### Chart 3.13: Male premature mortality from cancer

Aged under 65 years, England, EU-15 countries and selected averages

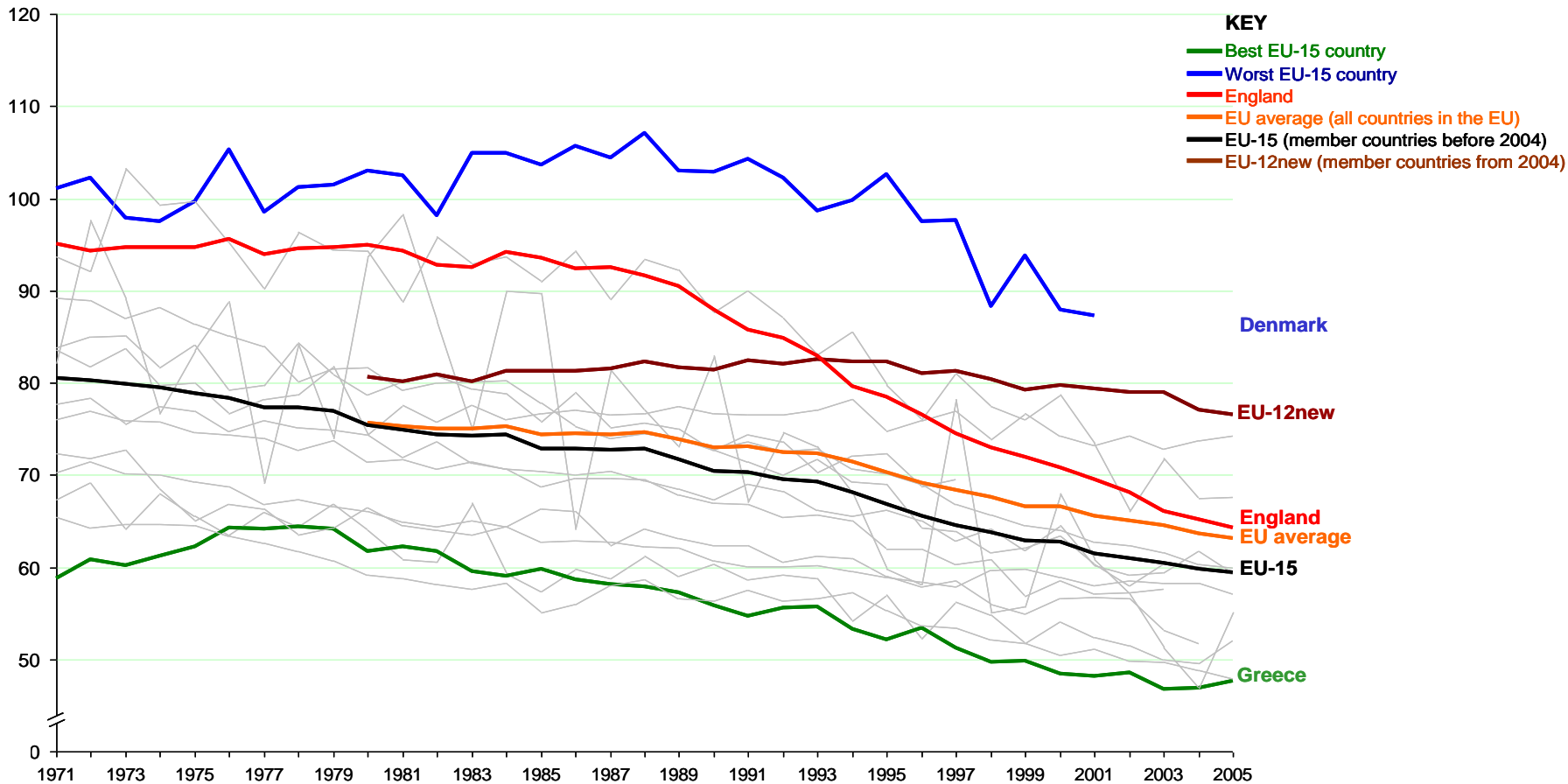


Source: England ONS Mortality data. Web link <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725> analysed by DH Analysts. All other countries - WHO, Health For All Database-Jul 2008. Web link <http://www.euro.who.int/hfadp>

# Chart 3.15: Female premature mortality from cancer

Aged under 65 years, England, EU-15 countries and selected averages

Standardised death rate (SDR) per 100,000 population



Source: England ONS Mortality data. Web link <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725> analysed by DH Analysts. All other countries - WHO, Health For All Database-Jul 2008. Web link <http://www.euro.who.int/hfad>

# Progress on cancer mortality by age group 1995-7 to 2005-7

---

- All ages: 14% fall
- Under 75 years: 18% fall
- Over 75 years: 5% fall

## Progress on one year survival rates (%)

	2000	2003	2007	Change
<b>Breast (F)</b>	95.1	96.0	96.6	1.5
<b>Colon (M)</b>	69.5	69.9	73.0	3.5
<b>(F)</b>	67.6	67.9	70.4	2.8
<b>Rectum (M)</b>	76.4	77.1	79.3	2.9
<b>(F)</b>	75.6	75.8	77.7	2.1
<b>Prostate (M)</b>	92.5	94.4	95.8	3.3

## Progress on five year survival rates (%)

	2000	2003	2007	Change
<b>Breast (F)</b>	80.6	83.7	86.0	5.4
<b>Colon (M)</b>	47.6	48.9	53.4	5.8
<b>(F)</b>	47.6	49.2	52.7	5.1
<b>Rectum (M)</b>	49.6	51.6	54.3	4.7
<b>(F)</b>	51.2	53.6	56.0	4.8
<b>Prostate (M)</b>	71.4	81.5	86.2	14.8



## Progress on individual areas (1)

---

- HPV vaccination: 78% of 12-13 year olds – 3 doses  
63% of 17-18 year olds – 1 dose or more
- Bowel cancer screening: Rollout to 60-69 year olds is almost complete
- Cervical screening: Excellent progress on the 14 day turnaround standard in 10 pilot sites
- Good achievement of all “live” waiting time targets (July-Sept 2009)

## Progress on individual areas (2)

---

- Good progress on training and delivery of new surgical techniques (e.g. sentinel lymph node biopsy and laparoscopic colorectal surgery)
- National Chemotherapy Advisory Group report – Ensuring Quality and Safety of Chemotherapy (August 2009)
- Steady progress on improving capacity and quality of radiotherapy services
- Good progress on patient information and on advanced communications skills training

## Progress on individual areas (3)

---

- All of the new (Cancer Reform Strategy) initiatives are now well established:
  - National Awareness and Early Diagnosis Initiative (NAEDI)
  - National Cancer Survivorship Initiative (NCSI)
  - National Cancer Equalities Initiative (NCEI)
  - Transforming Inpatient Care Programme
  - National Cancer Intelligence Network (NCIN)

## Areas of concern

---

- Procurement of digital mammography has been slower than anticipated – this could hamper extension of breast screening
- Only a minority of radiotherapy services are reporting on the standardised dataset on a regular basis
- Progress towards the new target for all patients with breast symptoms to be seen within 2 weeks is slow
- Fall in cancer mortality in people over 75 is slower than for younger people

# Progress on cancer: A scorecard approach

---

- Three categories
  - “World class”
  - “Solid progress”
  - “Early days”

# Progress on cancer: “World class”

---

- Tobacco strategy
- Screening services
- Multidisciplinary team working
- Centralisation of complex surgery
- Recruitment to clinical trials

# Progress on cancer: “Solid progress”

---

- Diagnostics
- Waiting times
- Surgery/training
- Radiotherapy
- Chemotherapy
- Patient information
- Communication skills training
- Cancer intelligence
- End of Life Care

## Progress on cancer: “Early days”

---

- Earlier diagnosis
  - including the new commitment to improve access to diagnostic tests for GPs
- Improving survivorship care
  - new ‘vision’ document early 2010
- National Cancer Equalities Initiative
  - new document early 2010, taking account of APPG–Cancer report
- Transforming inpatient care
  - potential for significant benefits for patients (quality) and the NHS (productivity)



## Focus on local implementation

---

- Specifically requested by the Cancer Reform Strategy Advisory Board
- Important to remember that national progress (e.g. on survival/mortality) can only occur if there is also progress at a local level
- The second annual report presents local data (PCT, hospital Trust or cancer network) for different aspects of the National Cancer Programme

## Screening and Early Diagnosis: 152 PCTs

---

- Cervical screening coverage (25-64)  
Median 79%: Range 65.8%-85.8%
- Breast screening coverage (53-70)  
Median 76%: Range 42.3%-83.5%
- 2ww referrals per 10,000 population pa  
Median 170: Range 70-248
- Conversion rate (proportion of 2ww referrals with cancer)  
Median 12%: Range 7%-20%
- Proportion of cancer patients diagnosed through 2ww  
Median 44%: Range 23%-76%

## One year survival rates: 152 PCTs

---

	Breast	Colorectal	Lung
<b>“Good Practice”</b>	97%	79%	37%
<b>England PCT average (2003-2005)</b>	94.9%	70.7%	28.1%
<b>Lowest PCT</b>	89.3%	57.9%	15.4%
<b>Highest PCT</b>	99%	80%	43.7%
<b>Number achieving “Good Practice”</b>	13	1	1

# Mortality and mortality reductions

---

Median (not age standardised) 175

Range 113-237

Mortality reductions (judged by Care Quality Commission)

Red	19	(12%)
Amber	27	(18%)
Green	106	(70%)

## Implementation of Improving Outcomes Guidance

---

	Networks (n=20)		
	Red	Amber	Green
<b>Gynaecological cancer</b>	3	0	25
<b>Upper GI cancer</b>	3	0	25
<b>Urological cancer</b>	3	0	28
<b>Haematological cancer</b>	0	0	28
<b>Head and Neck cancer</b>	5	3	20
<b>Haematopathology services</b>	20	0	8

# Participation in National Clinical Audits (by NHS Trust)

---

- Breast, colorectal and lung cancer audits
- Total 147 non-specialist Trusts
- Participation levels
  - All 3 audits, full data: 34 Trusts (23%)
  - 2 of 3 audits, full data: 54 Trusts (37%)
  - Less than this: 59 Trusts (40%)

# Inpatient care by PCT

---

- Elective bed days per cancer case
  - variable
- Average lengths of stay for breast, colorectal, gynaecological and urological cancers
  - variable
- Emergency admissions per cancer case
  - variable
- Average lengths of stay for emergency admissions
  - variable
- Emergency bed days per cancer case
  - very variable

# Comments on local variations

---

- Some degree of variation is almost inevitable
- SHAs, PCTs and Trusts will wish to reflect on the published figures to see what actions are needed to improve outcomes for their patients



## Brief comments on APPG report on cancer inequalities

---

- The National Cancer Equalities Initiative and the National Cancer Intelligence Network provided much of the evidence for the inquiry
- I welcome the report
- Work is in hand on many of the recommendations. This will be reflected in the forthcoming NCEI document

# Specific comments on recommendations

---

- Publish 1 year survival rates
  - Already done by individual cancer
  - Work in progress on a composite rate
- Data on inequalities has been and will continue to be a high priority for NCIN (e.g. age, gender, ethnicity, deprivation, rurality)
- Tendering for the patient experience survey programme is in progress
- Assessment and care planning – are integral to the National Cancer Survivorship Initiative

# Summary

---

1. We continue to make good progress on cancer at national and local levels
2. Much remains to be done to achieve our stated goal of becoming world class – but the required actions are clear
3. PCTs and others need to pay particular attention to the problem of late diagnosis
4. Thank you, once again to everybody who is helping to drive improvements