

Cheshire and Merseyside Cancer JSNA 2021

Led by CHAMPS, Cancer Alliance and NHS England

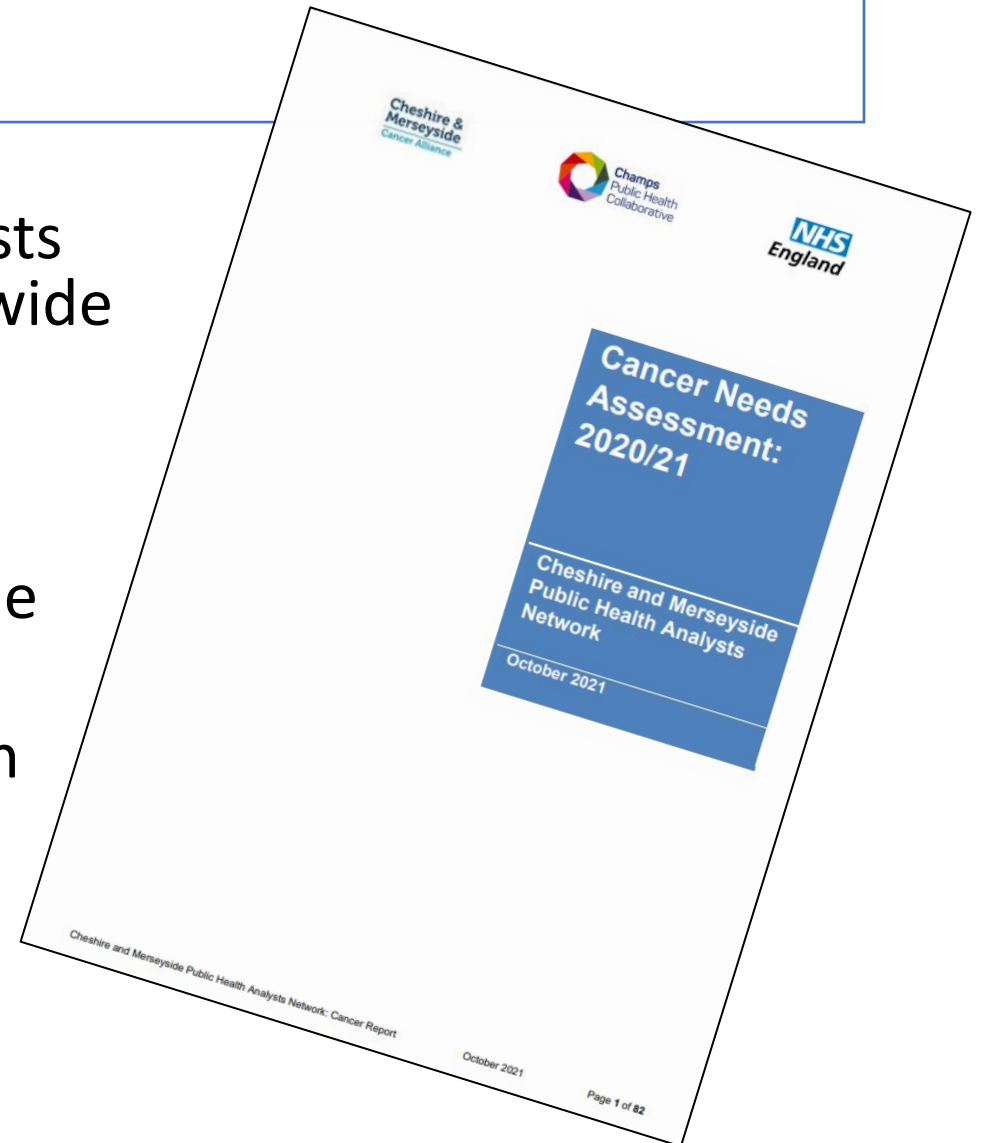
**Cheshire &
Merseyside**
Cancer Alliance



NHS
England

Background

- Cheshire and Merseyside Public Health Analysts collective request to undertake a sub-region wide Cancer Joint Strategic Needs Assessment (February 2021)
- Agreed leads and subsequent approaches to partners for content and support to author the document
- Began in earnest April 2021 with a completion target of August 2021
- Unsurprisingly COVID-19 continued to be the focus for members of the steering groups - as their day job - so it took a little longer



Approach

- Using a template format to inform the presentation of both narrative and data
- Covering a range of key questions
- Publication to be with partners across Cheshire and Merseyside and through their respective networks
- Slide set shared for key messages and continuity
- Potential for other authors to use same/similar approach with later data from subsequent years

Context for key messages

- Most challenging period in the 73 year history of NHS
- At the start of the pandemic, the number of people seeking advice fell dramatically
- Referrals were lower than expected between April and September 2020 (but have since recovered)
- The impact of the dramatic fall in referrals at the beginning of the pandemic meant that the total number of referrals in the year from April 2020 to March 2021 was 8% lower than the previous 12 month period (i.e. the year before the pandemic)
- Whilst 8% was the average shortfall in referrals in 2020/21 compared to 2019/20 across Cheshire and Merseyside, the biggest shortfalls were in tumour groups that still have not returned to normal referral levels, i.e. urological, lung and haematology and, to a lesser degree, skin

Risk Factors

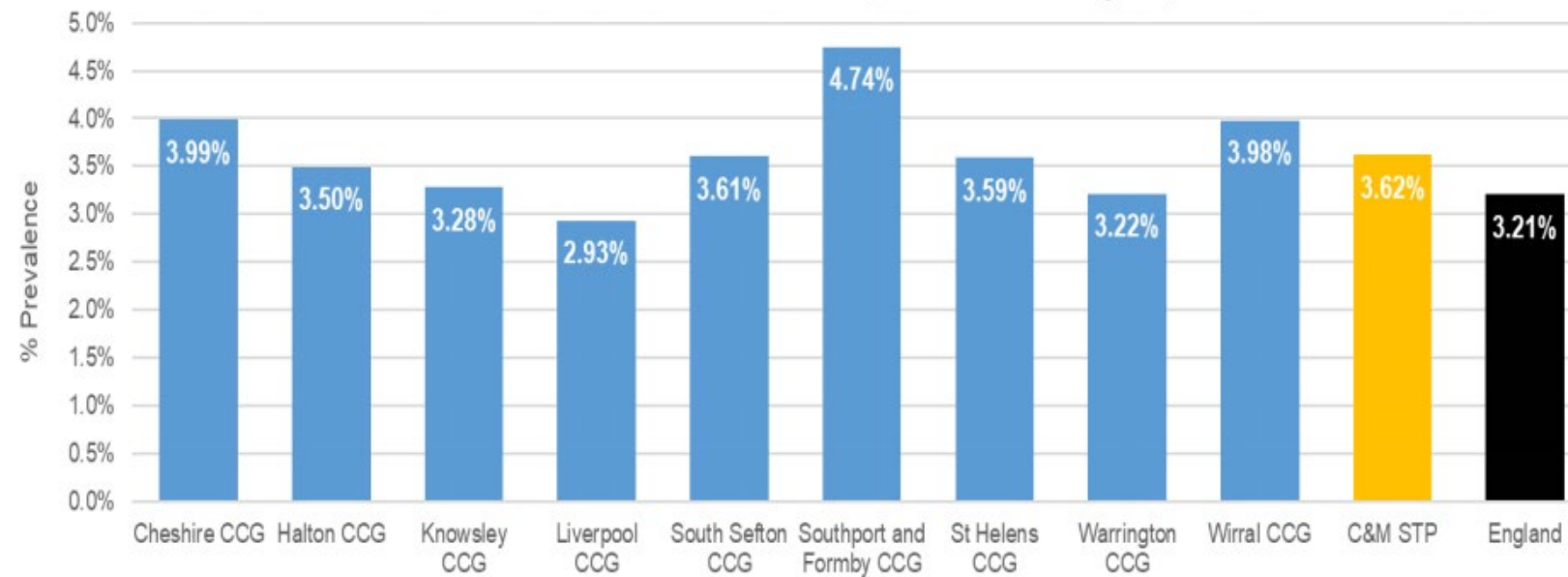
- Smoking rates in C&M have fallen substantially and are now similar to England; Halton, Knowsley and Liverpool LA's have the highest rates in C&M; but inequalities persist*
- Successful smoking quit rates were higher than England in all LA's in C&M – except Cheshire East and Warrington
- Smoking prevalence amongst pregnant women has fallen, but rates are generally still higher in C&M than the England average
- In C&M LA's, those eating the recommended five or more daily portions of fruit and vegetables is comparable to NW and England (but national and regional rates have fallen in recent years)
- NCMP data shows that C&M had a significantly higher prevalence of excess weight than England in both Reception-age children and in those in Year 6 in 2019/20
- Only Cheshire East and Cheshire West & Chester had a higher percentage of adults who were physically active compared to the England average
- Rate of hospital admissions related to alcohol is high in C&M compared to England

Prevention

- Cervical screening declined during the course of the pandemic in both eligible cohorts (although had increased in younger women since 2017/18) in C&M
- Cervical screening was higher in the older cohort (50-64) compared to younger women (25-49)
- Liverpool CCG had the lowest cervical screening coverage of all CCGs in C&M (in both age cohorts) and largest declines over the pandemic period
- Breast screening coverage in C&M fell by just over 11% (all CCGs decreased) during the pandemic (rolling data for Q3 of 2020/21)
- Although bowel cancer screening improved between 2009/10 and 2019/20 and national target exceeded (all C&M), it remained lower than England AND then fell during the pandemic by an average of 5% (all CCGs decreased)
- Inequalities in screening uptake - severe mental illness (SMI) and those with learning disabilities (LD) compared to those without those conditions

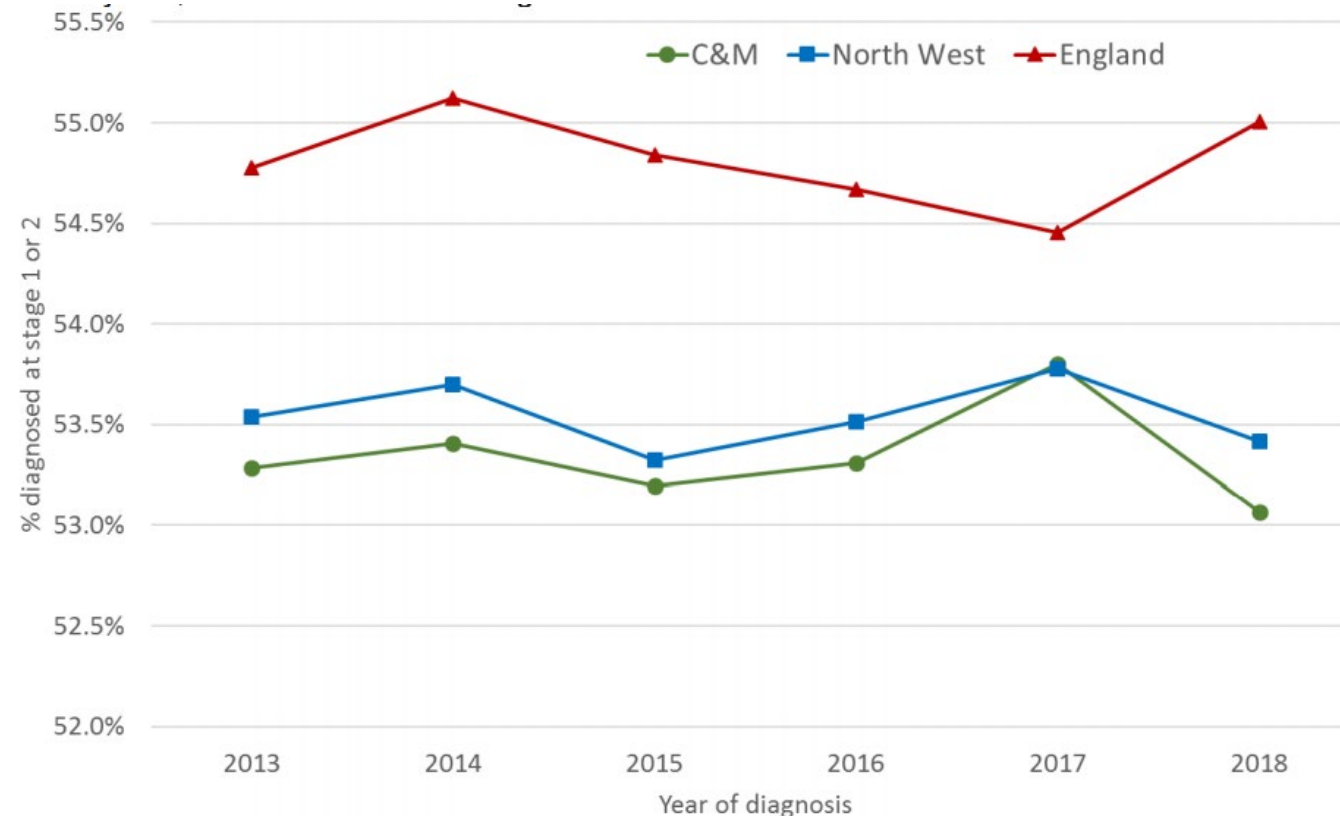
Incidence and Prevalence

- Cancer incidence (newly diagnosed) rates are higher among men than women (similar to England overall)
- Newly diagnosed cancer rates are higher in nearly all LA's in C&M than England
- Cancer incidence in C&M, as with England, have increased steadily in the last 2 decades
- A greater number of cancers in C&M are in the most deprived areas
- There are more women living with cancer than men, with the majority aged 45+
- There was a higher prevalence of diagnosed cancers in Cheshire and Merseyside compared to England overall in 2020/21 (3.6% in C&M vs 3.2% in England) with prevalence rising in recent years in C&M (prevalence has also risen in England)



Referrals, diagnosis and treatment

- The majority of cancers are diagnosed through 'managed routes' (e.g. urgent GP referrals)
- Around 1 in 5 cancers diagnosed via emergency presentations and relatively few via screening (there are only screening programmes for 3 cancers)
- C&M has lower bowel, similar breast, and higher cervical screening rates than England
- C&M continue to have a lower proportion of cancers diagnosed early than England
- Between 2013 and 2018, C&M had a lower proportion of cancers diagnosed at an early stage (1 and 2) compared to England (similar trend to NW overall)



Referrals, diagnosis and treatment (cont..)

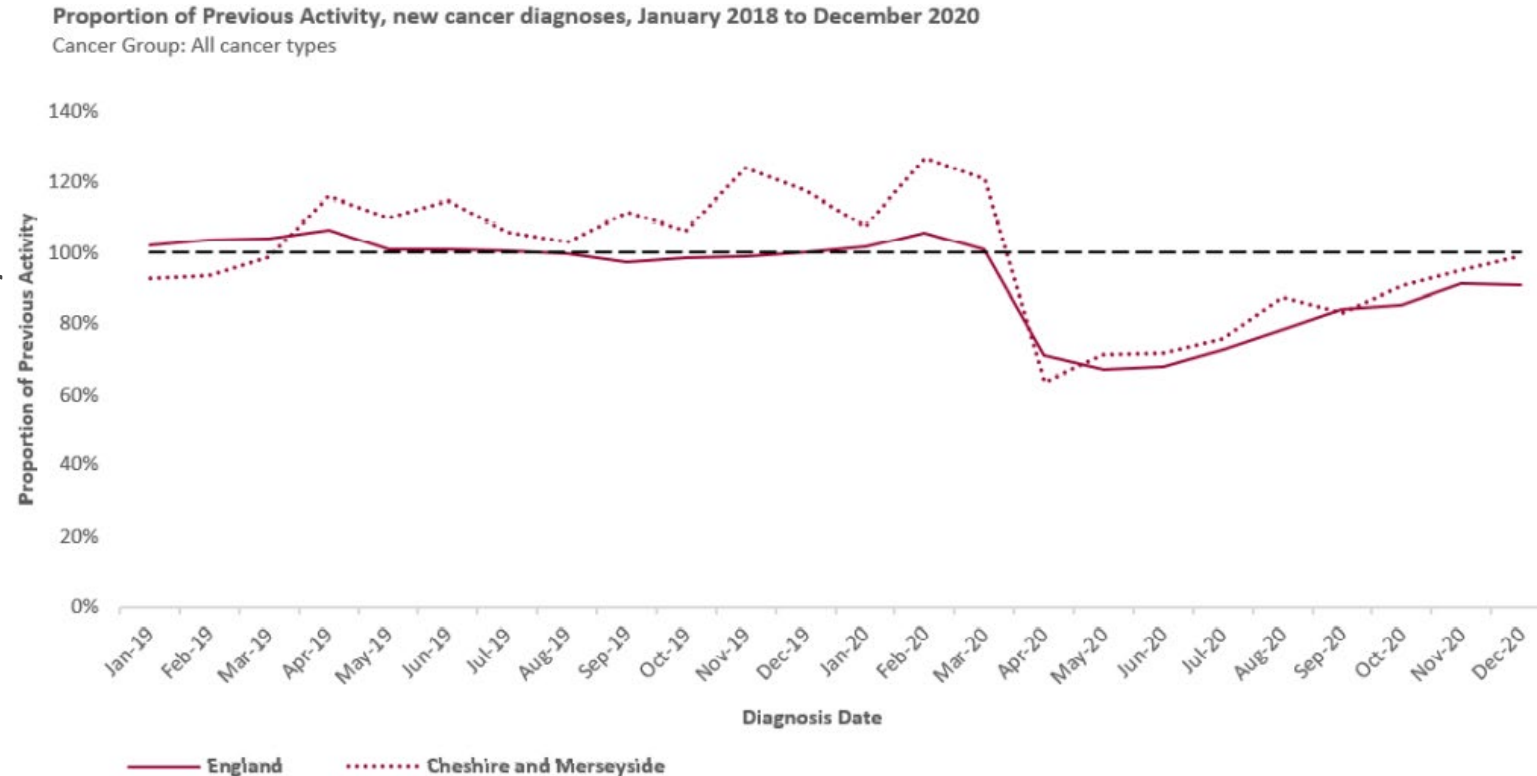
- A 69% increase in Colonoscopy procedures between 2009/10 and 2019/20 (versus 49% increase in England) and the majority C&M CCGs had higher rates than the England average (only NHS Warrington CCG and NHS Liverpool CCG were lower)
- A 18% increase in sigmoidoscopy procedures in C&M between 2009/10 and 2019/20 (vs a 45% increase in England); all but one C&M CCG (NHS Liverpool) had rates higher than the England average meaning C&M overall had rates higher than England
- A 21% increase in rate of in-patient or day-case upper GI endoscopy procedures in C&M (vs 22% increase in England) between 2009/10 and 2019/20
- All but 1 C&M CCG improved the rate of in-patient or day-case upper GI endoscopy procedures between 2009/10 and 2019/20; although it should be noted that improvements appear to have levelled off since 2015/16 (reasons for this are unclear)
- C&M showed a very similar picture to England overall in the proportion of treatment combinations in 2013-16; 1 in 3 received 'Other Care', while the next most common treatment option was 'Tumour Resection' (around 1 in 5 patients)

Rapid Registrations

- Consistent number of estimated new cancer diagnoses recorded up to March 2020 (England and C&M)
- Following the declaration of COVID-19, new cancer diagnoses per month dropped, to around 64% of the pre-COVID numbers for England and 60% for C&M
- **From June 2020 onwards**, the estimated number of new cancer diagnoses had reached 95% (for both England and C&M) of previous activity for all malignant cancers, excluding NMSC
- For all malignant cancers (excluding NMSC), the pattern and size of changes in new cancer diagnoses were similar for most demographic factors, including for both men and women and for all income deprivation quintiles (refers to England level data only)

Rapid Registrations (Surgical tumour resection activity)

- Consistent number of surgical tumour resection procedures before the arrival of COVID-19
- Post COVID-19, surgical tumour resection activity was much lower than usual for all cancer groups
- The number of surgical tumour resection procedures per month dropped to around two-thirds of the previous activity in April/May 2020 (67% of the pre-COVID numbers for England and 65% of the pre-COVID numbers for C&M)
- From May 2020, surgical tumour resection activity slowly increased again for most cancer groups and by December 2020, had reached 91% of previous activity for England and 99% of previous activity for C&M for all cancer sites combined (see chart above)

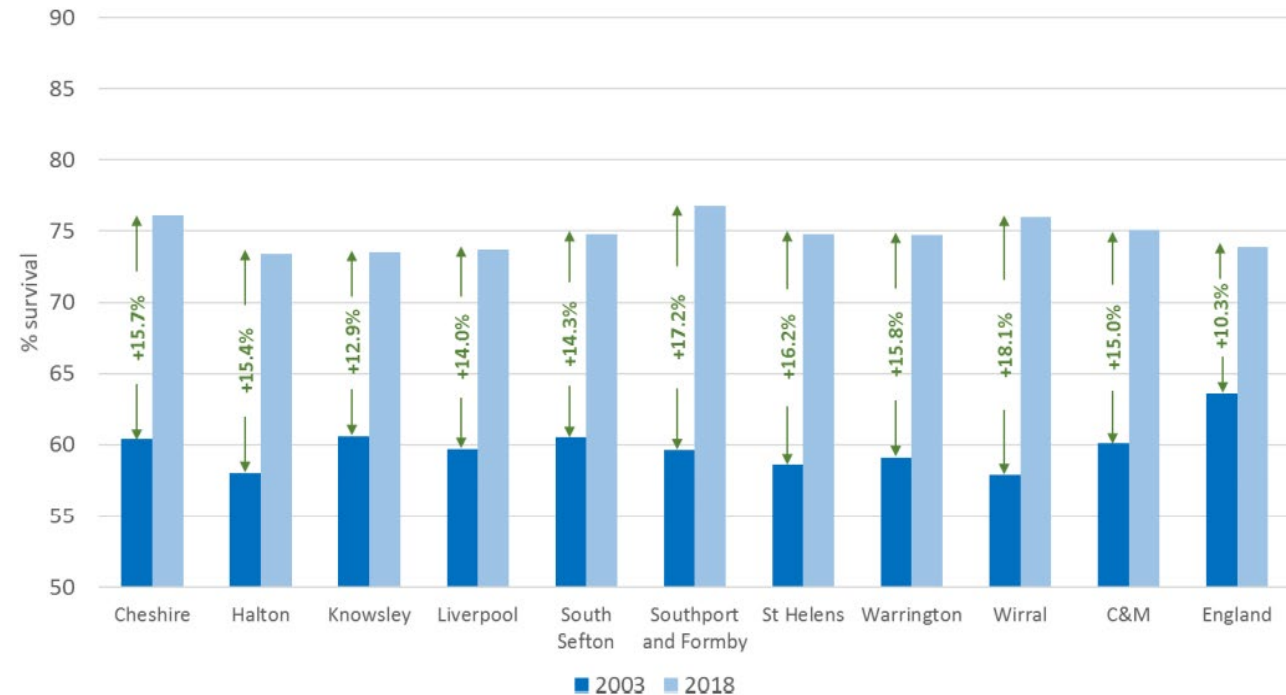


Rapid Registrations (Treatment proportions)

- **For diagnoses with complete follow-up between January 2018 and February 2021**, around 36-39% of all malignant cancers excluding NMSC were recorded as receiving a tumour resection, around 28-31% chemotherapy and 26-28% radiotherapy at England level. Very similar proportions were seen at a C&M level with around 36-45% of all malignant cancers recorded as receiving a tumour resection, 26-34% chemotherapy and 25-31% radiotherapy
- **For patients diagnosed between December 2019 and March 2020**, there was a decrease in the proportion recorded as receiving chemotherapy with an increase for those diagnosed between April and June 2020. A similar pattern was seen for this period for most cancer groups
- **For all malignant cancers excluding NMSC and patients diagnosed in 2020**, there was a steady decline in the proportion of patients recorded as receiving radiotherapy due to the current availability of follow-up data
- There were similar changes to the patterns of treatment proportions by many demographic factors, including for men and women, for all deprivation quintiles and for all ethnicities (refers to England level data only)

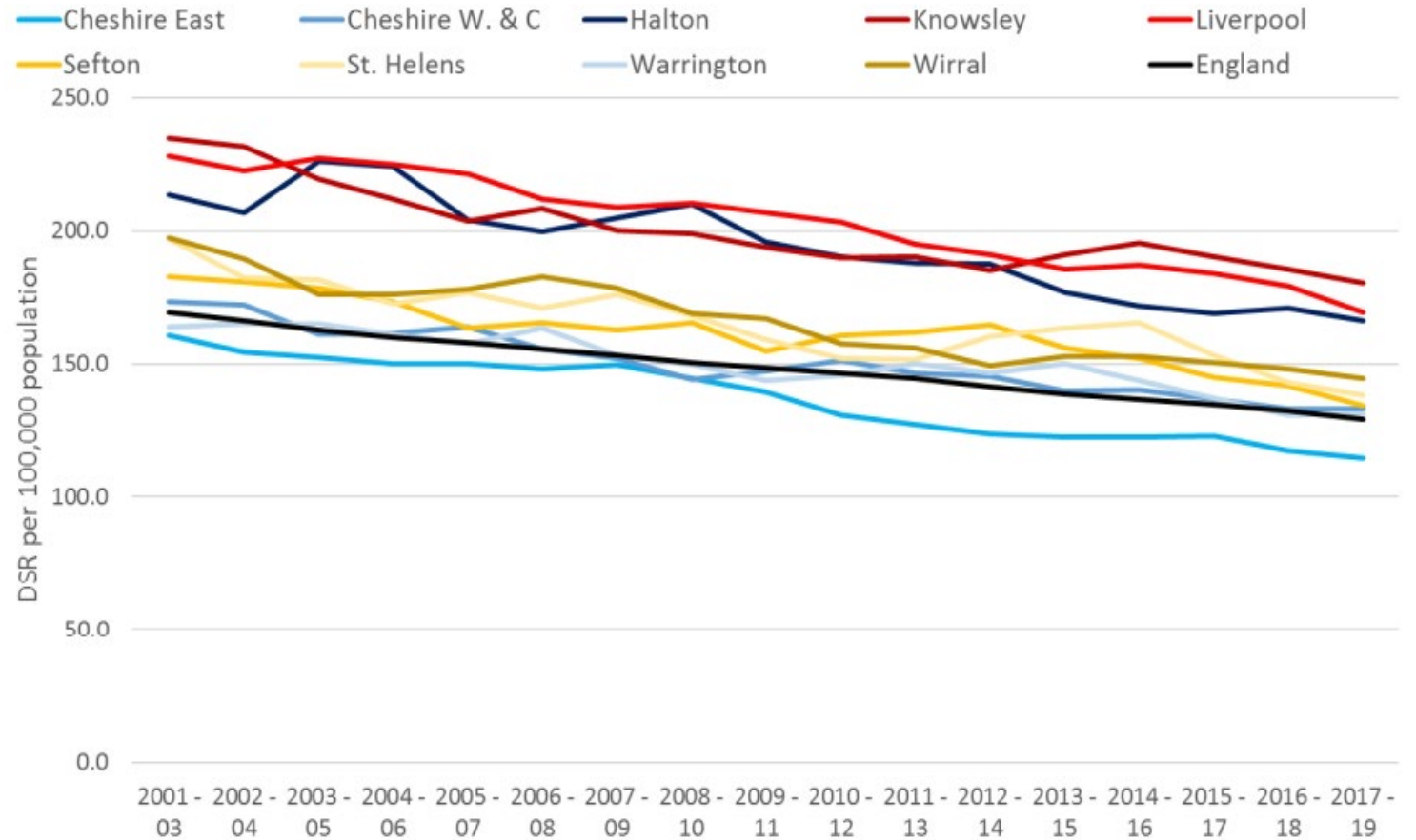
Survival

- The gap in cancer survival between England and C&M narrowed between 2003 and 2018 (England historically had higher survival rates compared to C&M)
- 1 year survival improvements in C&M mean survival rates are now higher than England (as of 2018)
- Survival from all cancers in Cheshire and Merseyside improved drastically between 2003 and 2018:
 - Around 75% of people survived at least 1 year beyond diagnosis
 - More than 50% survived beyond 5 years beyond diagnosis
 - More than 40% survived over 10 years beyond diagnosis
- Although 1 year survival has improved between 2003 and 2018 (15% improvement in C&M overall, compared to 10% improvement in England – see chart above) in all local CCG areas; it was still however, lower in the more deprived local authorities of Cheshire and Merseyside (e.g., Liverpool, Knowsley and Halton)



Mortality

- Around 1 in 3 (32.1%) of people dying with cancer, died at home in C&M in 2016-18 (vs 30.8% in England)
- Rate of deaths at home from cancer in C&M varied, but was highest for men in Knowsley (38.6%) lowest in Liverpool (29.5%); for women; it was again highest in Knowsley (38.4%) and lowest in Cheshire East (27.9%)
- During the pandemic, non-COVID-19 conditions such as cancer, increased deaths at home and saw a reduction in hospital deaths in cancer patients
- Avoidable mortality from cancer (<75) fell for all C&M LA's between 2001-2003 and 2017-19
- Rates of avoidable mortality from all cancers were higher in the more deprived areas of Merseyside (Knowsley, Liverpool), compared to those in Cheshire (Cheshire East, CW&C)



Learning and considerations

- Teams involved in improving cancer outcomes were hindered by the limited access to data and the many disparate information sources for cancer
- Technology both aided and stymied content delivery and collaboration in this instance
- Baseline data provided here provides future comparison and a helpful comparable picture across the ICS
- Feasibility and/or repeatability of such a large piece of work across the C&M ICS footprint needs consideration

Authors Group

Many thanks to the following people who contributed to the production of this document:

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