

Context

This briefing looks into health inequalities experienced by Coventry and Warwickshire patients, for **early cancer diagnosis (Stage 1 & 2)**. This clinical area was chosen as it is part of the national CORE20 PLUS 5 framework, and it is an aim that 75% of cancer cases are diagnosed at Stage 1 or 2 by 2028 in the Health Inequalities Strategic Plan (2023-24). A local view has been taken using a variety of sources. See the further information page for details on data sources, time-frames and caveats.

Issue 5 will focus on oral health.

KEY FINDINGS



Locally, there was a higher **gender gap** in five year survival rates after lung, and colon, cancer diagnosis than nationally.



Locally, **cervical screening rates** were lower for patients living in either a CORE20 area, or for those of a Black and Asian ethnicity.



Locally, a patient that resided in a **CORE20** area was nearly twice as likely to not attend their outpatient appointment, than if they lived in the least deprived areas.



Locally, the **DNA rate** varied from 3% to 15% depending on a patient's ethnicity.



There is a significant difference in the **prevalence of smoking**, the leading cause of cancer, between North and South Warwickshire.

RECOMMENDATIONS



Work with relevant partners to support **Public Health awareness**, and smoking cessation Programmes, in Nuneaton and Bedworth.



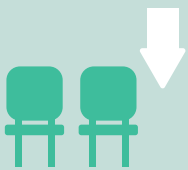
Apply the **Health Equity Assessment Tool** to symptomatic FIT test coverage, and bowel screening uptake, to understand the effects of deprivation and ethnicity.



Develop a plan to include targeted intervention in cervical screening, focusing on cultural expectations, to increase uptake in CORE20 areas and amongst specific ethnic groups.



Evaluate the outcomes of targeted lung health checks via staging data to support the expansion of the pilot scheme and to pinpoint wider health inequalities.



Examine whether outpatient non-attendance rates vary by tumour type to enable the development of a plan on community engagement, with the aim of **reducing DNA rates**.



Work with Acute Trusts to **improve the recording** of non-attendance and to increase the percentage of cancers that have been staged in order to achieve a better understanding of health inequalities.

UP NEXT: INSIGHT



Early Cancer Diagnosis Insight



approx
1,900

early cancer diagnoses in **Coventry and Warwickshire** each year; this equates to approximately one half of cancer cases that have been staged*



37%

Smoking prevalence, for adults in routine and manual occupations, was **twice as high** in Nuneaton and Bedworth at 37% compared to Stratford-on-Avon (17%) and Rugby (16%)

30%

Early stage cancer diagnosis was lower for patients living in **CORE20** (the 20% most deprived) areas at **30%** compared to patients living in the 20% least deprived areas (36%); a **difference of 6%**



For all stages (1 - 4), a higher proportion of patients from CORE20 areas were diagnosed via emergency presentations (22%) compared to patients living in the least deprived areas (12%)

Gender gap in five year survival **rate** from diagnosis, by cancer type

 **8.4%**

A male patient within Coventry and Warwickshire had a **lower** survival rate (13.4%) after **lung cancer** diagnosis, compared to a female patient (21.8%). This was higher than the 7.1% gender gap seen nationally

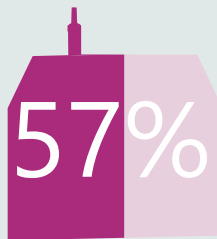
 **5.4%**

A male patient within Coventry and Warwickshire had a **higher** survival rate (60.5%) after **colon cancer** diagnosis, compared to a female patient (55.1%). This was higher than the 1.4% gender gap seen nationally

Only

55% - 70%

of patients, in the 25 to 49 year age band, from practices with a high proportion of those from a **Black and Asian** ethnic minority group, were screened for cervical cancer; this was lower than other ethnic groups



of patients living in the **CORE20** areas in the 25 to 49 year old age group were screened for cervical cancer, compared to at least 74% in the least deprived areas

Cervical screening rates have continued to decrease since COVID-19, in a similar trend to the national average

DNA rate for patients not attending their appointment for **two week wait referrals**, for suspected cancer

14.9%
Bangladeshi

The DNA rate was highest for patients of a **Bangladeshi** ethnicity (14.9%) compared to those of a **Chinese** ethnicity (2.9%) where the rate was at its lowest



9.3%
CORE20

With a DNA rate of 9.3%, patients living in CORE20 areas were **nearly twice as likely** to not attend their appointment compared to patients living in the 20% least deprived areas (DNA rate of 4.8%)



Further Information

This page details the further information on this Health Inequalities briefing (Issue 4), including definitions, data sources and caveats on the **Early Cancer Diagnosis data**.

Early Cancer Diagnosis definition, data sources and caveats:



Definitions

Early Cancer Diagnosis refers to diagnosis at Stage 1 and or Stage 2. Staging refers to how far the cancer has spread, ranging from 1 (least) to 4 (most) spread.

The Faecal Immunochemical Test (FIT) is used as a screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of cancer.

Did Not Attend (DNA) rate: Number of patients who did not attend their hospital appointment as a percentage of total appointments made.

Data sources and caveats

SUS

The Secondary Uses Service (SUS) system, provided by AGEM, was used to calculate the Outpatient DNA rate for patients not attending their appointment for two week wait referrals, for suspected cancer. This was for suspected cancer pathway appointments between 1st April 2021 and 31st August 2023. Content on page two referring to the 14.9% Bangladeshi and 9.3% CORE20 figures used this data source. SUS was accessed through Coventry and Warwickshire's Data Management Environment (DME).

PHE
Fingertips

Public Health England (PHE) Fingertips was used for smoking prevalence in adults in routine and manual occupations (18-64), and related to persons from 1st January to 31st December 2022. Content on page two referring to a 37% smoking prevalence used this data source.

NDRS

The National Disease Registration Service (NDRS) compiled an index of cancer survival rates for adults diagnosed from 2003 to 2018, and followed up to 2019. Content on page two referring to the 8.4% and 5.4% gender gap used this data source.

Link: <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/index-for-clinical-commissioning-groups-2004-to-2019>

Future
NHS

Future NHS provided Cervical Screening rates. Content referring to the 57% CORE20 figure related to July 2023 rates, with deprivation calculated using the 2011 Lower Super Output Area (LSOA) each Coventry and Warwickshire patient resided in. The 55%-70% figure related to 1st April 2021 to 31st March 2022 rates, with the ethnicity calculated using the 2011 LSOA Census data.

Cancer
Stats2

The CancerStats2 National Cancer Registration reporting platform, open to users within the NHS, provided data on the stage and route to diagnosis. Content on page two referring to the approx 1,900 and 30% CORE20 figures related to validated figures from 1st January to 31st December 2019 (unvalidated June 2023 figures showed a similar level of approx 1,900 cases).

Further reading explored

Cancer Research UK which published a wide selection of reports, including recent research on socio-economic deprivation and cancer incidence.

Link: https://www.cancerresearchuk.org/health-professional/our-reports-and-publications#info-gallery-id-9_slide-1.

