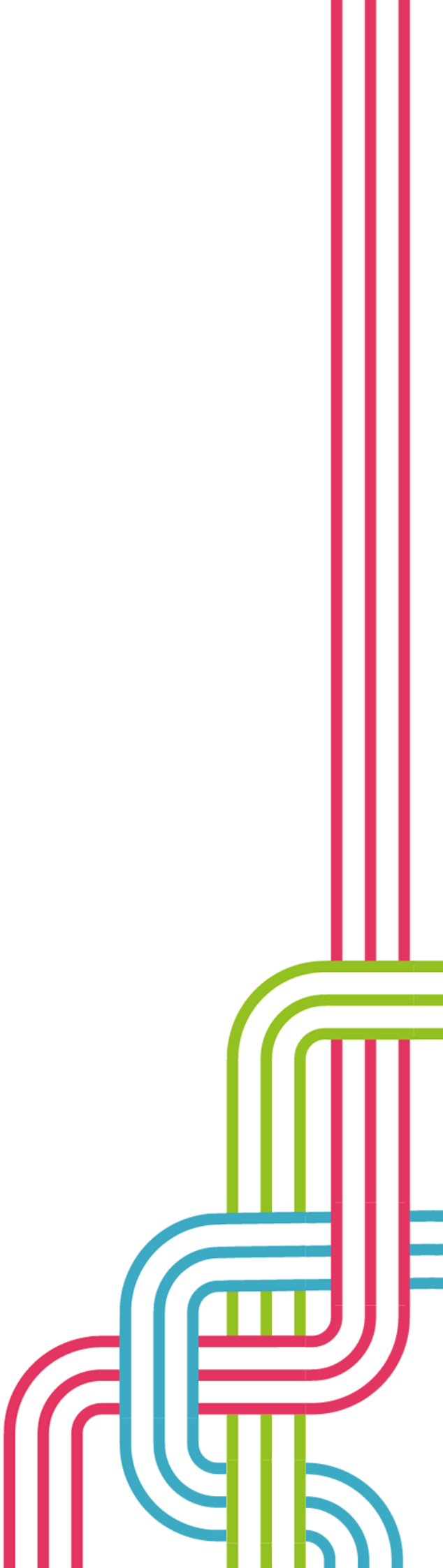
Suffolk County Council

Public Health & Communities

# Earlier cancer diagnosis (routes and screening)

## Suffolk

## 2023



# Contents



# Key points

1. Just over half (53.8%) of cancers in Suffolk are diagnosed at stage 1 or 2 in 2020, statistically similar to England. Based on the 2020 figure, approximately a further 700 cases each year would need to be diagnosed at stage 1 or 2 in Suffolk to meet the national early diagnosis target of 75% by 2028.

2. Early diagnosis rates in Suffolk have not statistically significantly improved between 2013 to 2020. The proportion of cancers diagnosed at stage 1 or 2 in Suffolk in 2020 is statistically similar to the percentage diagnosed in 2013. There was however, a statistically significant decrease of 4.1% percentage points between 2019-20 from 57.9% to 53.8%, which could be attributed to the impact of the pandemic.

3. West Suffolk (56.8%). is the only Suffolk local authority with a statistically significantly higher percentage of cancers diagnosed at stage 1 or 2 than England. All other Suffolk local authorities had a statistically similar early diagnosis percentage to the national average.

4. Cancer screening rates in Suffolk as a whole for all three screening programmes (breast, cervical and bowel) are statistically significantly better than the England average. However, breast cancer screening has decreased over the last five years. Bowel cancer screening for 60-74 year olds is particularly high, with almost 3 in 4 of all eligible Suffolk residents completing their screening in 2022. In 2022, there were 36,655 individuals eligible for bowel cancer screening in Suffolk, who did not complete their faecal occult blood test (FOBt) in the previous 30 months.

5. All of Suffolk's districts and boroughs are statistically significantly above the England average for the three types of cancer screening in 2022, apart from Ipswich – which is statistically significantly below the England average screening rates for breast, cervical and bowel cancer.

6. The latest available data for routes to diagnosis is for 2006-2016. Both Ipswich & East Suffolk sub-ICB (32.0% of all breast cancers) and West Suffolk sub-ICB (31.0% of all breast cancers) had statistically significantly higher breast screening detection rates, than the England average (28.0% of all breast cancers).

7. Also, between 2006-2016, Ipswich & East Suffolk sub-ICB and West Suffolk sub-ICB had statistically significantly lower than England rates of prostate cancer diagnoses from emergency presentations.

8. Cancer is one of the biggest contributors to inequalities in life expectancy. Those living in the most deprived communities have an increased likelihood of getting cancer, being diagnosed at a later stage, and dying from the disease.

9. In 2020/21, Suffolk had 247 excess deaths from cancer because of existing inequalities (if the most deprived population quintile had the same mortality rate as the least deprived population quintile in Suffolk). Cancer is estimated to make up 16.8% of the 7-year life expectancy gap between the most and least deprived areas of Suffolk for males, and 22.1% of the 5.4-year gap for females in Suffolk.

10. There is a negative correlation between deprivation and screening coverage and uptake for Suffolk GP practice population, meaning practice populations in Suffolk's more deprived areas typically have lower rates of screening coverage.

# An introduction to early diagnosis

Early stage at diagnosis is one of the most important factors affecting cancer outcomes. Spotting cancer early can increase chances of successful treatment and survival. Measuring and monitoring this data is crucial to understand trends, variation and key factors effecting early diagnosis, increasing the capability for strong evidence-based decisions and strategies with the greatest impact. Promoting earlier stage at diagnosis is one of the NHS Long-Term plan aims, seeking an extra 55,000 people in England each year to survive for five years or more following their cancer diagnosis, with 75% diagnosed at an early stage by 2028.

Stage at diagnosis is a measure of how much a cancer has grown and spread, with advanced stages meaning the cancer is bigger or has spread to other parts of the body (metastasis). Patient outcomes are often worse when diagnosis happens at later stages.

The data can be used to provide information to a wide range of patient and professional groups; plan services aimed at early detection and diagnosis of cancer and inform cancer research. Additionally, as there are often different treatment options at an advanced stage at diagnosis these data can inform understanding of cancer treatment services.

As described earlier in this profile, staging is a way of describing the size of a cancer and how far it has grown. When a cancer is diagnosed, tests are carried out to determine:

- The size of the cancer
- Whether it has spread into surrounding tissues
- Whether it has spread to other parts of the body

For further information on the staging divides please review 'An introduction to Cancer'.

Two-thirds of NHS cancer waiting time targets are to be scrapped in England as of August 2023 in a move to simplify standards. The move is subject to final approval by the Health Secretary, with three targets of the existing nine to remain:

- Diagnosis of cancer within 28 days of referral
- Starting treatment within two months of an urgent referral
- Starting treatment one month after a decision to treat[1]

Getting it Right First Time (GIRFT) and NHS England Cancer Programme have co-produced a guide outlining how cancer alliances can implement NHS England's best practice timed pathways for cancer in August 2023. The guidance includes advice for all stages of cancer diagnosis from early identification to onward referral. The current guidance focuses on colorectal cancer, prostate cancer, and skin cancers, with other cancer specialities to follow[2].

# Diagnosis at stage 1 and 2

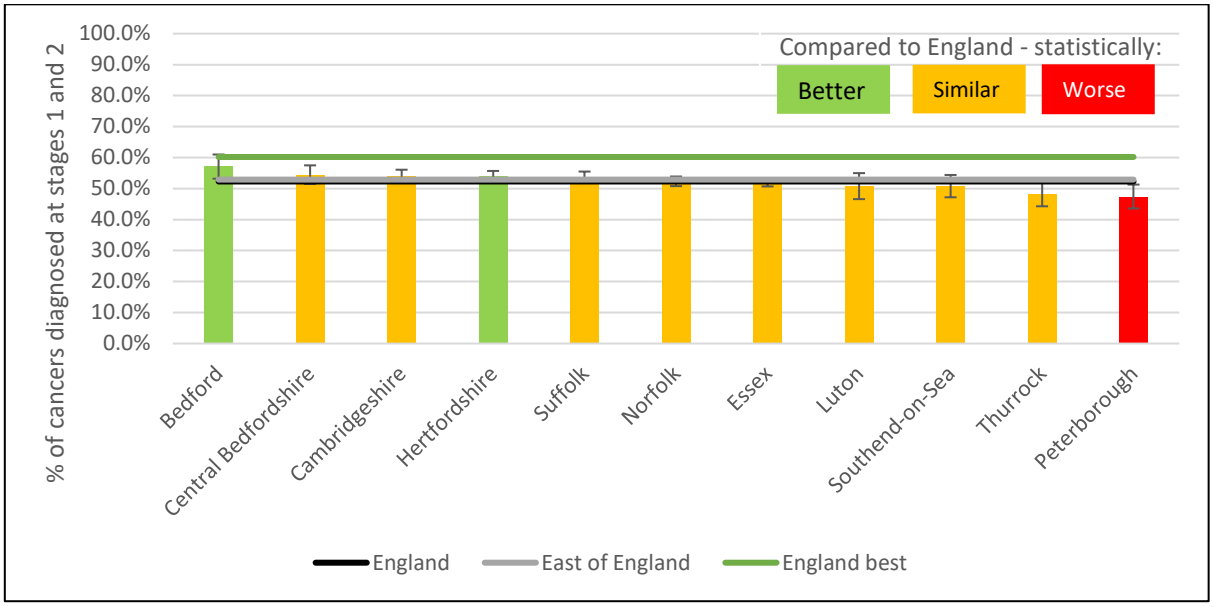
There is a single indicator from Fingertips which covers Suffolk as a county and local authority areas – summarising the percentage of cancers diagnosed at stages 1 and 2, shown in figure 1. It is produced by comparing the number of new cases of cancer diagnosed at stages 1 and 2 through NHS digital's National Disease Registration Service aggregated by patient postcode, as a percentage of all new cancers diagnosed at any known stage (1, 2, 3 or 4).

There is a wide range across England's counties for percentages of cancers being diagnosed at stage 1 and 2, ranging from 43.7% to 60.2%.

- With 53.8% (1,811) of cancers diagnosed early, Suffolk is statistically similar to the England average.

- To meet the national 75% target in 2020, 714 of the 3,366 cancers diagnosed later than stage 2, would need to have been diagnosed at stage 1 or 2.

**Figure 1. Percentage of cancers diagnosed at stages 1 and 2, 2020, Suffolk and selected eastern counties.**

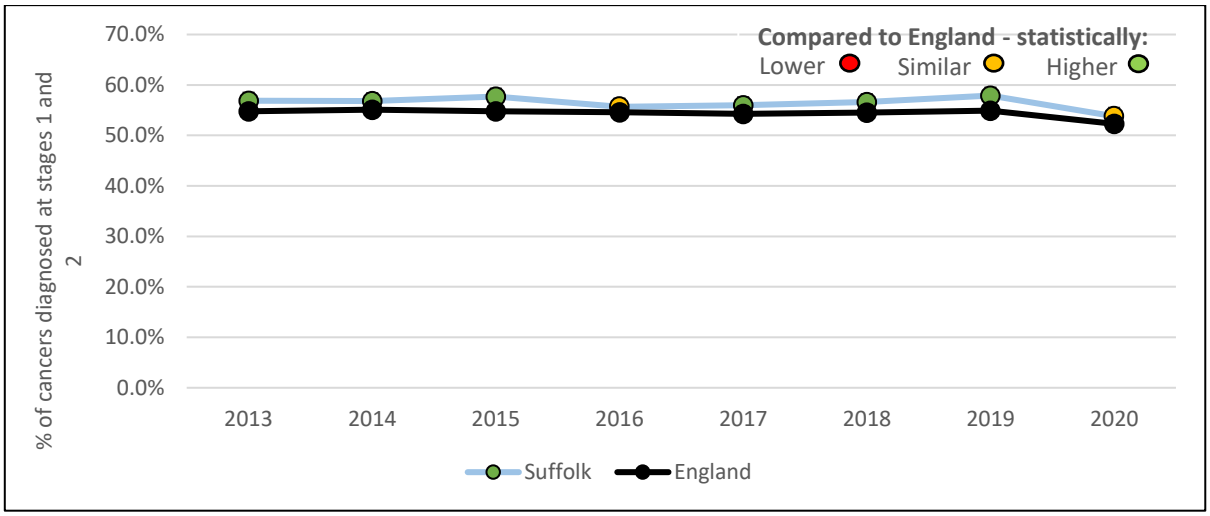



Source: Fingertips Public Health Data

Figure 2 compares the early diagnosis rates from 2013-2020 in Suffolk and England:

- Suffolk's rate of cancers diagnosed at stage 1 and 2 in 2020 (53.8%) were statistically similar to the 2013 rate of 56.9%.
- There was also a statistically significant decrease in early diagnosis between 2019 (57.9%) to 2020 – with a 4.1 percentage point decrease between the two years, attributed to the impact of the pandemic and reduced screening uptake (for instance, in England there was a 6.4% shortfall in cervical cancer screening samples in 2020)[3].
- Suffolk's early diagnosis rates mirror the national trend, demonstrating the challenge both locally, and nationally to improve early diagnosis to 75% of all cancers by 2028.

**Figure 2. Suffolk and England's percentage of cancers diagnosed at stage 1 and 2 between 2013-20.**

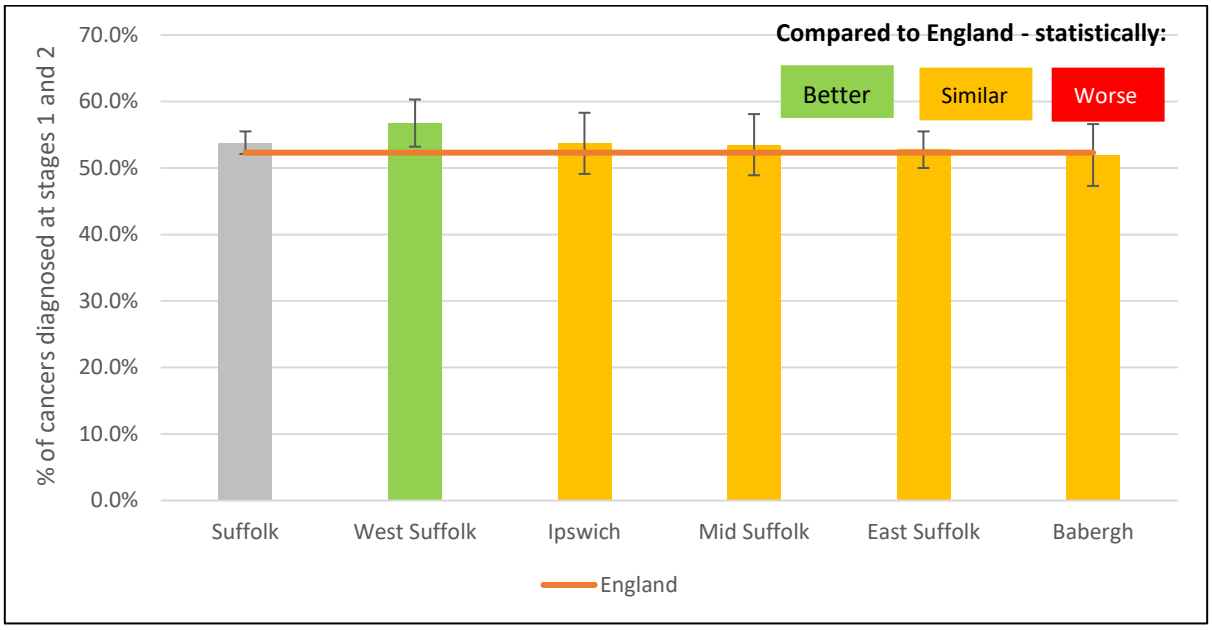


Source: Fingertips Public Health Data

Figure 3 shows the percentage of stage 1 and 2 cancer diagnoses across Suffolk's lower-tier local authorities.

- West Suffolk (56.8%) is the only Suffolk local authority in 2020, which had a statistically significantly higher than England proportion of cancers diagnosed at stage 1 and 2.
- All Suffolk local authorities had a statistically similar rate of cancers diagnosed at stage 1 and 2 to the county average, in 2020.

**Figure 3. Suffolk and lower-tier local authorities, percentage of cancers diagnosed at stage 1 and 2, 2020.**




Source: Fingertips Public Health Data

## Stage of cancer at diagnosis

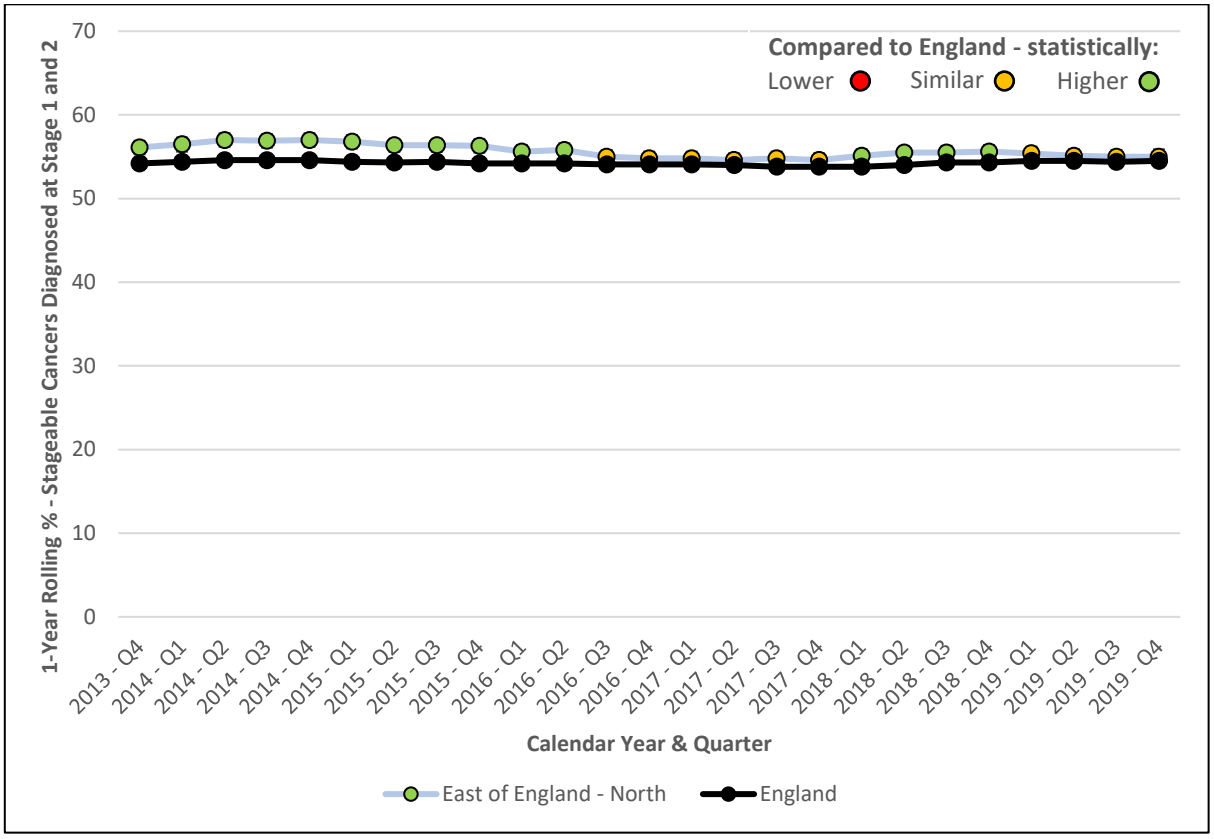
CancerData reports staging statistics at cancer alliance, and ICB level. Again, these figures do not match up with Suffolk as an upper-tier local authority but are relevant for comparing the ICB areas within Suffolk.

Figure 4 shows all stageable malignant cancers (excluding non-melanoma skin cancer) diagnosed at stage 1 and 2 in England between 2013-19. East of England – North includes all sub-ICBs within Suffolk, Norfolk, and Cambridgeshire.

At a national level between 2013 Q4 and 2019 Q4, cancer diagnosis at stage 1 and 2 has remained statistically similar at 54.5%. East of England – North's trend is also statistically similar through the entire period at 55.0% in 2019 Q4, also statistically similar to the England average. However, between 2013 and 2016 Q2 and 2018 Q1 to 2018 Q4, East of England – North cancer alliance had statistically significant higher percentages of cancers diagnosed at stage 1 and 2 than the national average.

It is important to note that these percentages are not case mix adjusted and do not account for differences between cancer alliance populations. For instance, breast cancer is more likely to be diagnosed at stage 1 and 2 than lung cancer, therefore alliances with a higher occurrence of breast cancer typically have a higher percentage of early-stage cancers compared to alliances with a higher occurrence of lung cancer.

**Figure 4. Percentage of cancers diagnosed at stage 1 and 2 for East of England – North cancer alliance and England, between 2013 Q4 and 2019 Q4.**




Source: CancerData

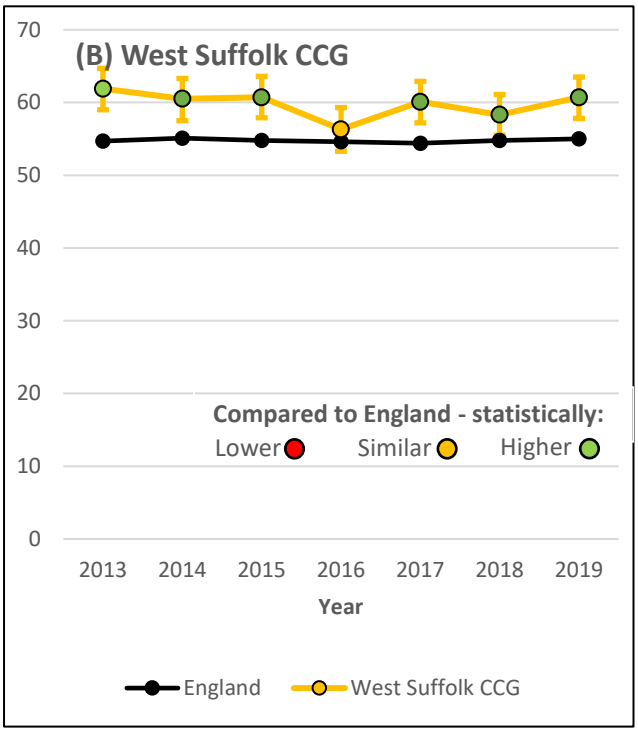
Case-mix adjustment accounts for differences in population characteristics between sub-ICB locations, The characteristics includes in this case-mix adjustment are; sex, age at diagnosis, cancer site and deprivation. Therefore, case-mix adjustment for the percentage of cancers diagnosed at stage 1 and 2 has an impact on the overall performance of a sub-ICB location accordingly:

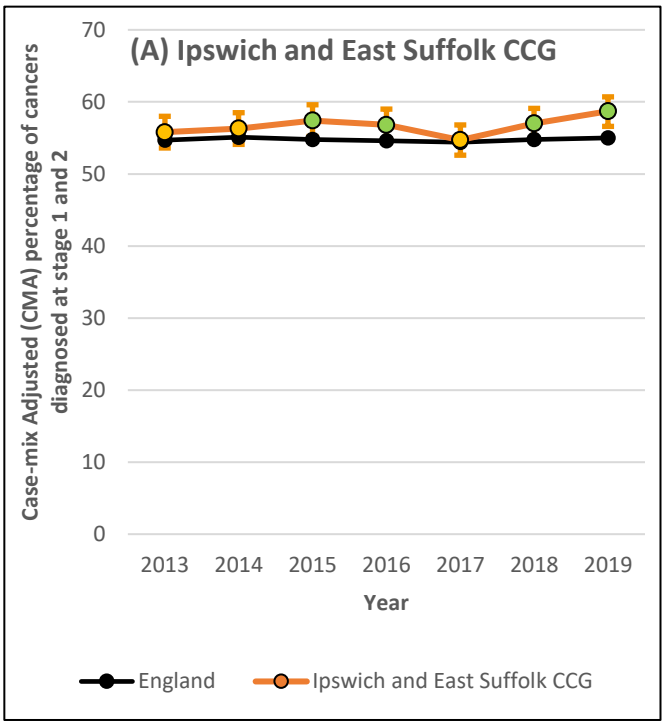
- If cancers less likely to be diagnosed at stage 1 or 2 occur more frequently in a sub-ICB location than the national average, the sub-ICB's performance will look worse than it is.
- If cancers more likely to be diagnosed at stage 1 or 2 occur more frequently in the sub-ICB location than the national average, then the sub-ICBs performance will look better than it is.

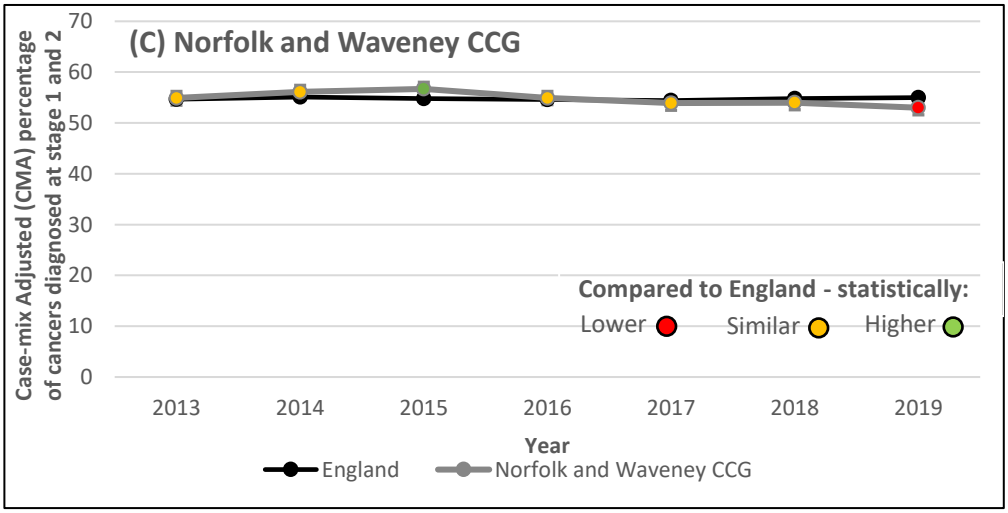
Case-mix adjustment emphasises the socioeconomic variation in the incidence of certain common cancers with contrasting stage distribution. Figure 5 shows trends for case-mix adjusted percentage of cancers diagnosed at stage 1 and 2, between 2013-19, at CCG level.

- For Ipswich and East Suffolk CCG, the 2019 rate of 58.7% of all cancers diagnosed at stage 1 and 2 is statistically similar to the 2013 rate, but statistically significantly higher than the national average of 55.0%.
- For West Suffolk CCG, the case-mix adjusted rate is also statistically similar for each year between 2013 to 2019 at 60.7% - however the rate has been statistically significantly higher than the national average for each year other than in 2016.
- Norfolk and Waveney CCG has a statistically significantly lower case-mix rate in 2019 of 53.0% than the national average, when the area did have a statistically significant higher percentage of cancers diagnosed at stage 1 and 2 in 2015, at 56.7%.

**Figure 5. Case-mix adjusted percentage of cancers diagnosed at stage 1 and 2 between 2013-19 for (A) Ipswich and East Suffolk CCG, (B) West Suffolk CCG and (C) Norfolk and Waveney CCG.**




Source: CancerData

Furthermore, data regarding 'percentage completeness', refers to the percentage of a specific type of cancers that have been staged, shown in table 1.

Those that have not been staged are not included in the denominator, therefore the percentages for each cancer type diagnosed at stage 1 or 2 include all cancers that have successfully been staged between stages 1 to 4. For example, a 96% completeness for breast cancer would mean that 4% of all breast cancers were not able to be staged.

Across Suffolk sub-ICBs;

- Breast cancer has the highest proportion of all cancers diagnosed at stage 1 and 2, followed by prostate, colon, and lung cancer.

- Ipswich and East Suffolk CCG has the highest proportion of percentage completeness for the four cancer types – less than 6% of the four cancer types below are missing their stage at diagnosis in 2019.

**Figure 6. Percentage of stage 1 and 2 cancers diagnosed and percentage completeness for selected cancer types by Suffolk CCGs for breast, colon, lung, and prostate cancers, 2019.**

| | Breast | Percentage completeness (%) | Colon | Percentage completeness (%) | Lung | Percentage completeness (%) | Prostate | Percentage completeness (%) |
|---|---|---|---|---|---|---|---|---|
| Ipswich & East Suffolk CCG | 86.1% | 95.8% | 49.8% | 94.7% | 25.7% | 94.5% | 64.9% | 96.0% |
| Norfolk & Waveney CCG | 87.0% | 83.4% | 51.7% | 84.2% | 32.6% | 90.2% | 45.2% | 75.7% |
| West Suffolk CCG | 90.6% | 95.7% | 54.8% | 95.4% | 27.9% | 95.7% | 54.6% | 84.1% |

Source: Source: CancerData

# Routes to diagnosis

The publication of the Cancer Reform Strategy in 2007 and the 'Improving outcomes: A Strategy for Cancer' report in 2011, prioritised cancer survival as a key area for improvement in England. Compared to the European average, cancer survival in England is low[4]. Studies suggested this difference could be largely due to later diagnosis when cancers have progressed to a more advanced stage and are harder to treat. In 2012, the 'Routes to Diagnosis' study was published attempting to shed more light on patients journeys to diagnosis to see what could be improved[5]. The study also found large differences in how patients were diagnosed and large variation in survival between these groups. It was found that one in four cancer patients were diagnosed as an 'emergency presentation', and that this route was associated with low survival[6].

Data used was sourced from Hospital Episode Statistics (HES), Cancer Waiting Times (CWT), national cancer screening programmes and the National Cancer Data Repository (NCDR). These datasets allow for every case of cancer registered in England diagnosed between 2006-2016 to be categorised into one of eight routes to diagnosis.

These datasets also only summarise routes to diagnosis data at CCG level.

Between 2006-2016 the routes to diagnosis used the pathways as followed:

1. **Screen detected** – where a screening programme exists, such as breast, cervical, or bowel cancers.
2. **Managed** – referrals by general practices, primarily from Two Week Wait pathways and other GP referrals.
3. **Emergency presentations** – admissions from accident and emergency departments.
4. **Other** – made up of all other groups which typically have low numbers, such as other outpatient, inpatient elective, death certificate only, and unknown.

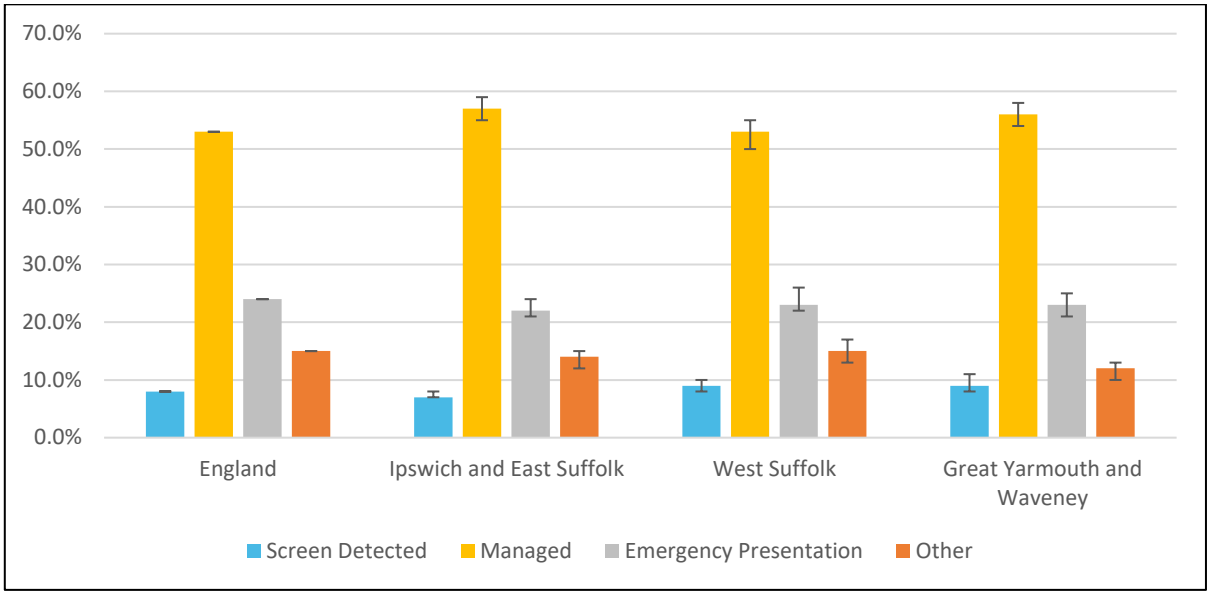
The routes of colorectal, breast, lung and prostate cancer diagnoses data is reported below. Most diagnoses are through screen detection (where this exists) or managed pathways. Cancers detected through these routes are usually less advanced than those presenting as an emergency or through other routes.

## Colorectal

Figure 7 shows the routes to diagnosis for colorectal cancer between 2006 and 2019, for all CCGs across Suffolk, compared to England. Compared to England, Great Yarmouth and Waveney CCG had a statistically significant lower percentage of referrals from other sources compared to the England average, at 12.0%. Ipswich and East Suffolk CCG had a statistically significant higher percentage (57.0%) of managed colorectal cancer referrals compared to the national average.

All other CCGs referral trends for colorectal cancer between 2006-2016 were statistically similar to national averages.

**Figure 7. Colorectal cancer routes to diagnosis between 2006 to 2016 for England and Suffolk CCGs.**



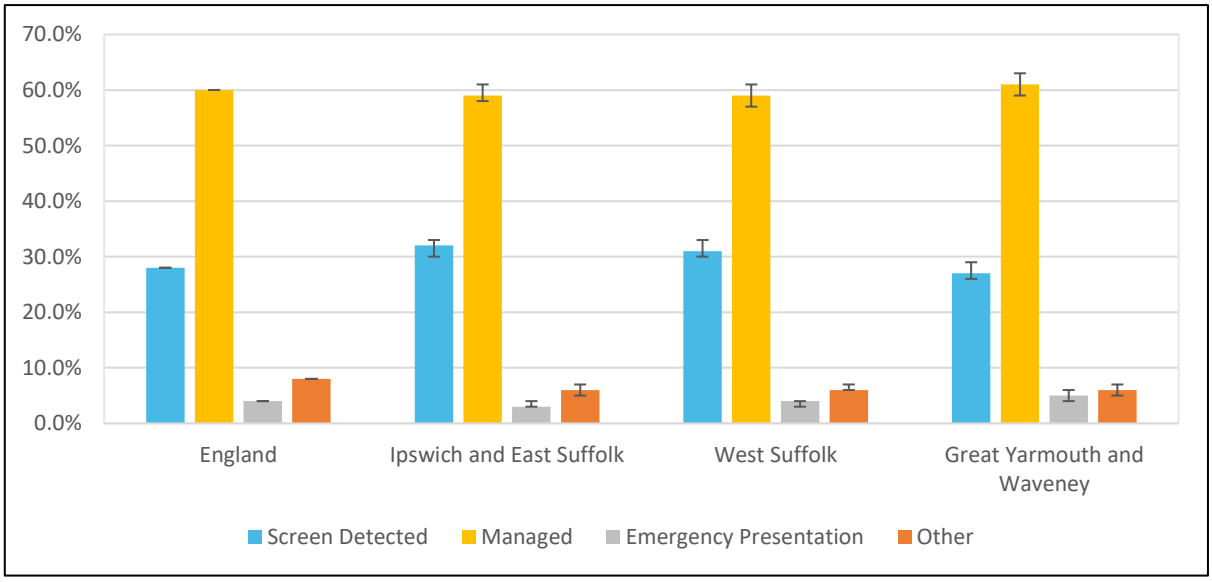

Source: CancerData

## Breast

Figure 8 shows the routes to diagnosis for breast cancer between 2006 and 2019, for all CCGs across Suffolk, compared to England. For breast cancer diagnosis, Ipswich and East Suffolk CCG (32.0%) and West Suffolk CCG (31.0%) both had statistically significant higher breast screening detection rates than the national average of 28.0%.

Each Suffolk CCG has a statistically significant lower other route to diagnosis (at 6.0%) compared to the national average of 8.0%.

**Figure 8. Breast cancer routes to diagnosis between 2006 to 2016 for England and Suffolk CCGs.**



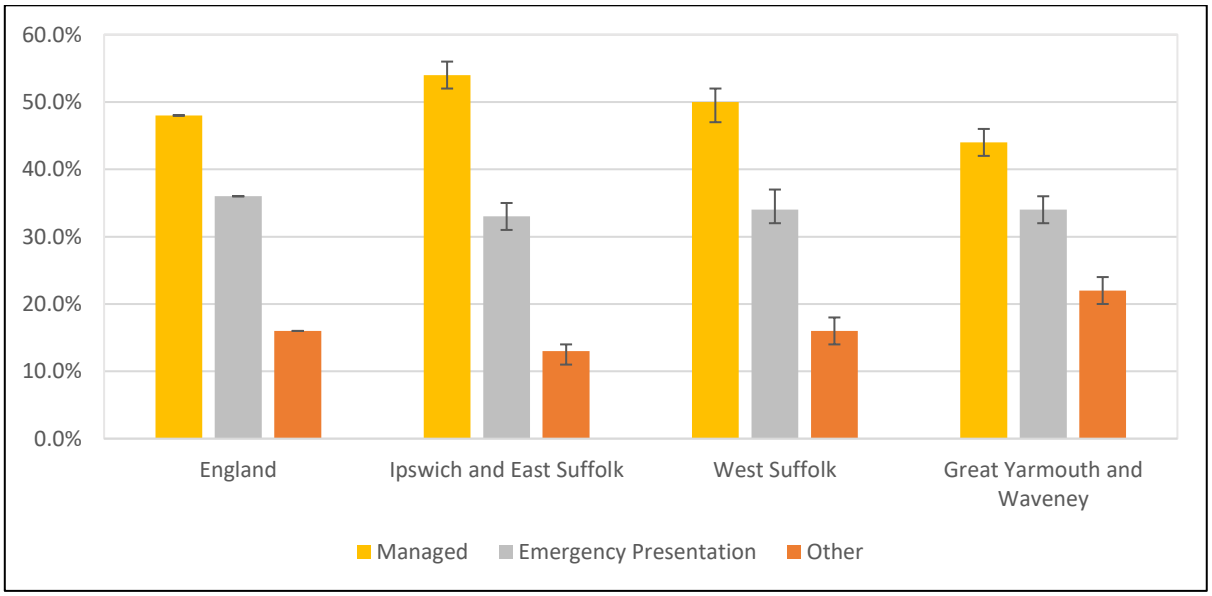

Source: CancerData

## Lung

Figure 9 shows the routes to diagnosis for lung cancer between 2006 and 2019, for all CCGs across Suffolk, compared to England. Ipswich and East Suffolk CCG (54.0%) had a statistically significant higher percentage of lung cancer diagnosis from managed sources than the national average of 48.0%.

Great Yarmouth and Waveney CCG had a statistically significantly lower than England proportion of lung cancer diagnoses (44.0%) from managed routes, whereas Great Yarmouth & Waveney had a statistically significantly higher proportion of lung cancer diagnoses from other routes (22.0%) than the national average.

**Figure 9. Lung cancer routes to diagnosis between 2006 to 2016 for England and Suffolk CCGs.**




Source: CancerData

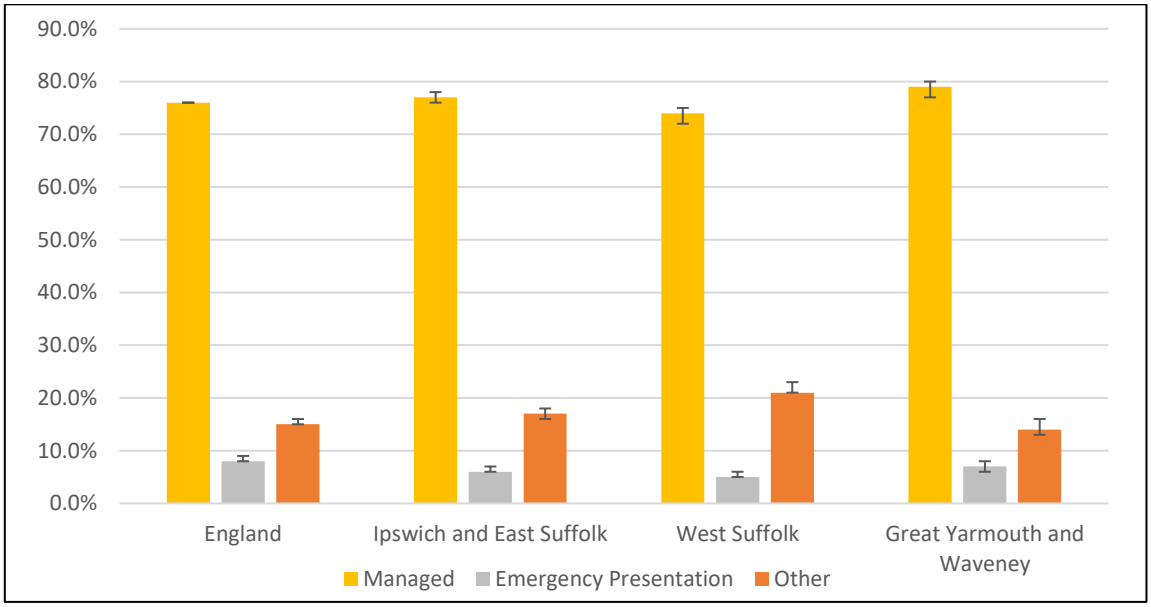
## Prostate

Figure 10 shows the routes to diagnosis for prostate cancer between 2006 and 2019, for all CCGs across Suffolk, compared to England. For prostate cancer, Great Yarmouth and Waveney CCG had a statistically significant higher proportion of referrals (79.0%) than England (76.0%) from managed routes.

West Suffolk CCG had a statistically significantly lower proportion (74.0%) of cancer diagnoses from managed sources.

Both Ipswich and East Suffolk (6.0%) and West Suffolk CCGs (5.0%) had a statistically significantly lower than England (8.0%) rate of prostate cancer diagnoses from emergency presentations.

**Figure 10. Prostate cancer routes to diagnosis between 2006 to 2016 for England and Suffolk CCGs.**




Source: CancerData

# Cancer screening

Screening allows for early detection of cancer – improvements in coverage means that more cancers are detected at earlier, more treatable stages.

The Cancer Service Profile has been updated to include the latest cancer screening data (2021/22 financial year). Data in table 1 provides Suffolk and lower-tier local authorities the following indicators:

- Cancer screening coverage: breast cancer (Female, 53-70 yrs)
- Cancer screening coverage: bowel cancer (Persons, 60-74 yrs)
- Cancer screening coverage: cervical cancer (Female, 25 to 49 yrs)
- Cancer screening coverage: cervical cancer (Female, 50-64 yrs)

For each of the four indicators, Suffolk has a statistically significant higher screening coverage than the England average. However, the trend for breast cancer screening has been decreasing over the last five years, while bowel cancer screening has been improving over the previous five years.

The impact of the pandemic on each of the screening programmes will be detailed in the following sections.

**Table 1. Suffolk area profile for cancer screening indicators, 2022.**

| Indicator | Period | Suffolk | | | Region England | England | | England | |
|---|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Value | Worst | Range | Best |
| Cancer screening coverage: breast cancer (Female, 53-70 yrs) New data | 2022 | ↓ | 70,240 | 74.4%* | 67.0%* | 65.2%* | 40.9% | | 78.9% |
| Cancer screening coverage: bowel cancer (Persons, 60-74 yrs) | 2022 | ↑ | 107,243 | 74.5%* | 72.0%* | 70.3%* | 51.2% | | 77.6% |
| Cancer screening coverage: cervical cancer (aged 25 to 49 years old) (Female, 25-49 yrs) | 2022 | → | 86,327 | 73.7%* | 70.8%* | 67.6%* | 42.1% | | 77.6% |
| Cancer screening coverage: cervical cancer (aged 50 to 64 years old) (Female, 50-64 yrs) | 2022 | → | 57,208 | 77.1%* | 76.1%* | 74.6%* | 53.7% | | 88.2% |

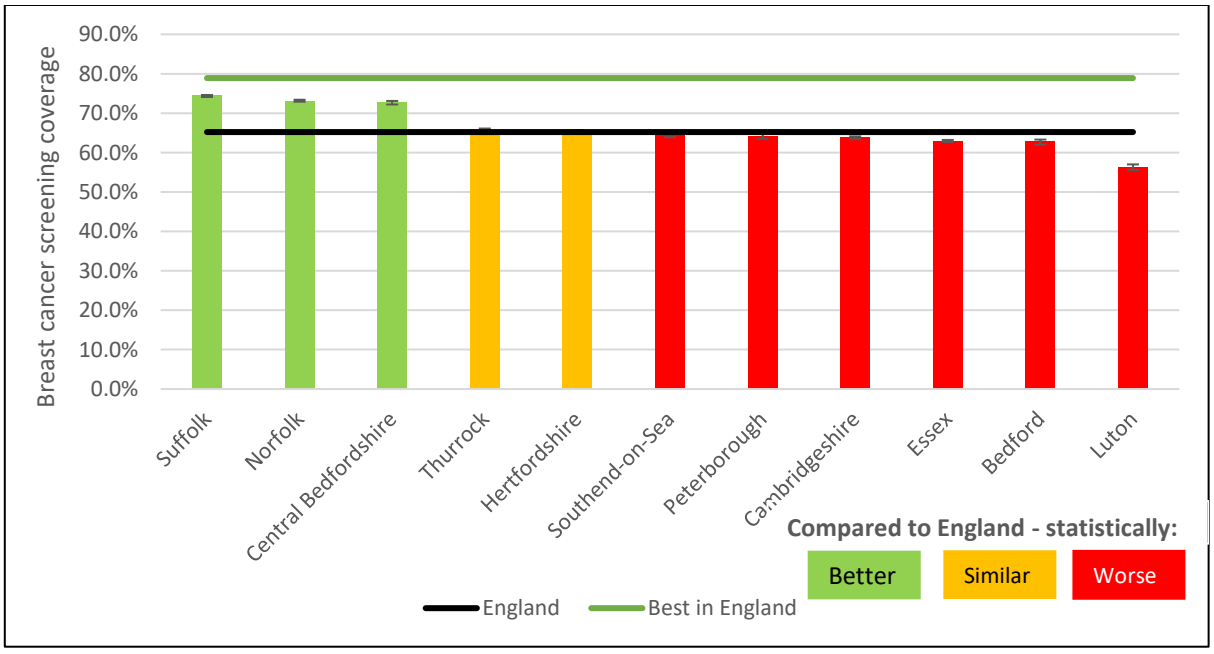
Source: Fingertips Public Health Data

## Breast screening

Figure 11 shows the Suffolk and England breast cancer screening coverage (Female, 53-70 yrs) for 2022, compared to eastern counties three in four Suffolk women between the ages of 53-70 are taking up their breast cancer screening invites. At 74.4%, Suffolk has a statistically significantly higher breast cancer screening coverage than the England average (65.2%) in 2022. There is a broad range in breast cancer screening coverage nationally, from 40.9% in the worst performing area, to 78.9% in the best performing area.

Breast screening was seriously impacted by disruption during the pandemic in 2020-21, with all 78 breast screening units in England pausing screening between March to June 2020. Breast screening services resumed by July 2020, however there were backlogs of women waiting to be invited for screening across the pathway. Also, fewer women presented for breast screening for various reasons, including shielding and self-isolation[7].

**Figure 11. Suffolk and England breast cancer screening coverage (Female, 53-70 yrs), 2022, compared to eastern counties.**



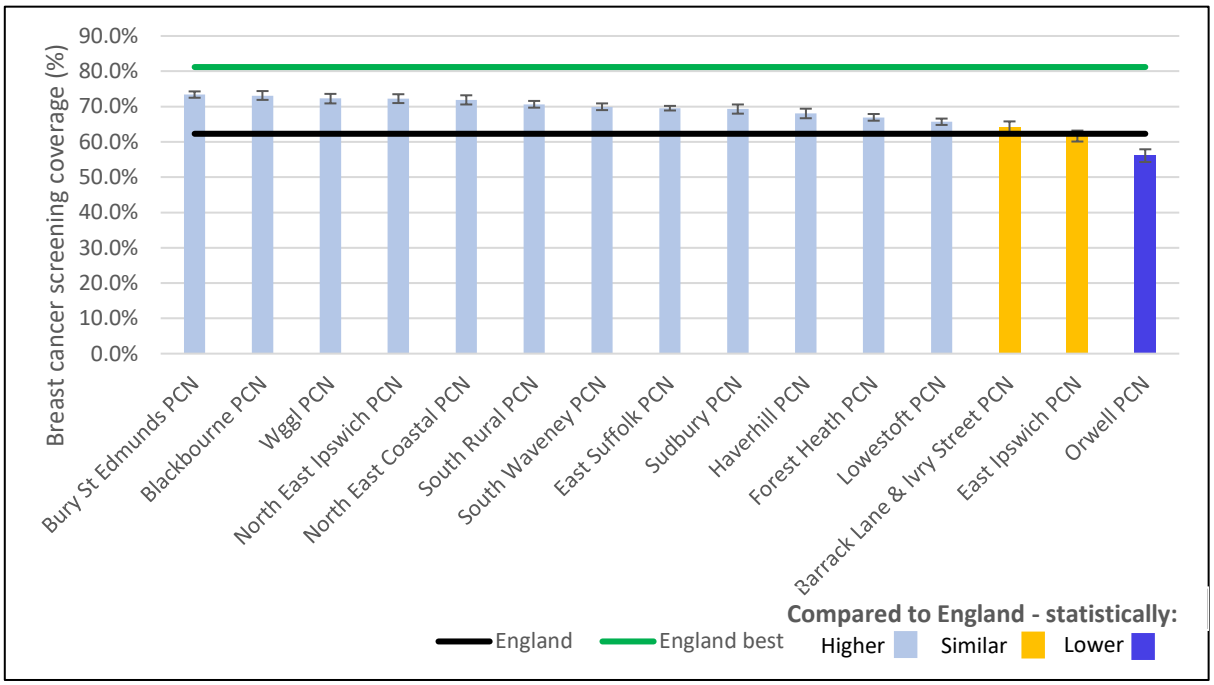

Source: Fingertips Public Health Data

Using the data available for SNEE and Norfolk and Waveney ICBs, both have statistically significantly higher 3-year breast screening coverage rates of persons aged 50 to 70 years compared to the England rate of 62.3%.

- Suffolk and North East Essex ICB has a rate of 64.5% (92,285 people), 2.2 percentage points higher than the England estimate.
- Norfolk and Waveney ICB has an estimate of 69.3% (104,870 people), 7 percentage points higher than the England estimate.

Figure 12 shows the breakdown of 3-year breast screening coverage rates of persons aged 50-70 years across all Suffolk PCNs (primary care networks). 80% (12 out of 15) of PCNs across Suffolk have statistically significantly higher breast screening coverage compared to national estimates. However, Orwell PCN has a statistically significantly lower rate of 56.1%, 6.2 percentage points lower than the England estimate.

**Figure 12. 3-year breast screening coverage of people aged 50 to 70 years old as a percentage across PCNs within Suffolk, 2021/22.**




Source: CancerData

## Cervical screening

Cervical screening supports detection of cell abnormalities that may become cancer and is estimated to save 4,500 lives in England each year.

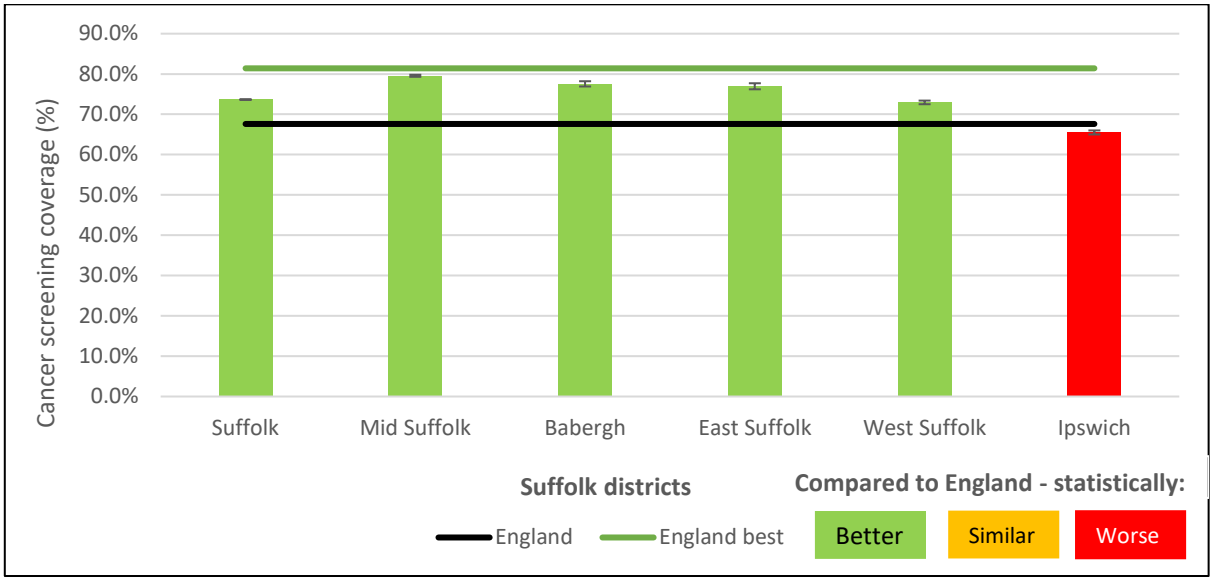
Fingertips also provides cervical cancer screening data for Suffolk as an entire county split by both 25 to 49 year olds, and 50 to 64 year old females. For both indicators, Suffolk has a statistically significant higher percentage of cervical cancer screening coverage than the England average.

A study into the impact of the pandemic on cervical cancer screening in England revealed that a prompt restoration of cervical screening services limited the impact on excess cervical cancer diagnoses. However, 2020 experienced a 6.4% shortfall of cervical screening samples observed in England[8].

### Ages 25 to 49

Figure 13 shows the cervical cancer screening coverage (ages 25 to 49, 3.5 year combined data) for Suffolk and local authorities, compared to England. In 2022, Suffolk has a statistically significantly better cervical cancer screening coverage percentage (73.7% of all eligible) for women aged 25 to 49 than the England average. This statistically significant improvement over the England average is also seen in each Suffolk lower-tier local authority, apart from Ipswich (65.5%) – which is statistically significantly worse. The best district authority cervical screening coverage percentage for 25-49 year olds is 81.4 % in 2022, whereas the worst is 42.1%.

**Figure 13. Cervical cancer screening coverage (ages 25 to 49, 3.5 year combined data) for Suffolk and local authorities, compared to England, 2022.**



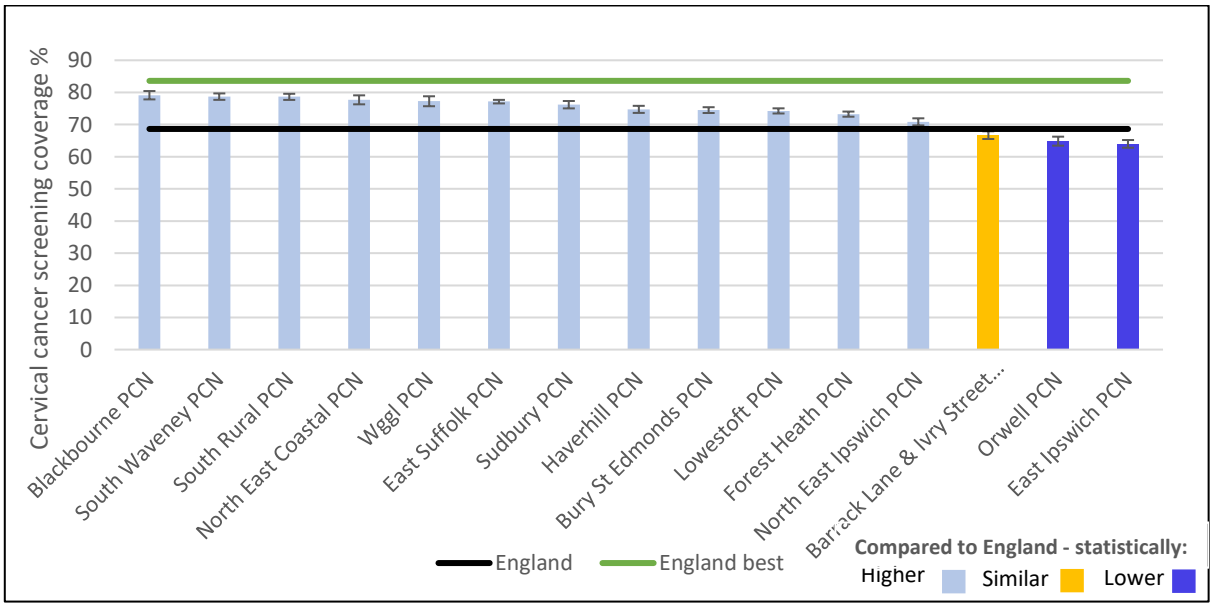

Source: Fingertips Public Health Data

Both SNEE ICB and Norfolk and Waveney ICB in 2020 have statistically significantly higher 3.5-year cervical screening coverage rates for persons aged 29 to 45 years compared to the England average of 68.6%.

- SNEE ICB has a rate of 74.0% (115,789 people) 5.4 percentage points higher than England.
- Norfolk and Waveney ICB has a rate of 73.9% (115,980 people), 5.3 percentage points higher than England.

Figure 14 shows overall cervical screening coverage for persons aged 25 to 49 years old across PCNs in Suffolk. Over 10% (2 out of 15) of the PCNs in Suffolk have statistically significantly lower cervical screening coverage for persons aged 25 to 49 years.

**Figure 14. Overall cervical screening coverage for persons aged 25 to 49 years old as a percentage (%) across PCNs in Suffolk (covering both SNEE ICB and Norfolk and Waveney ICB).**

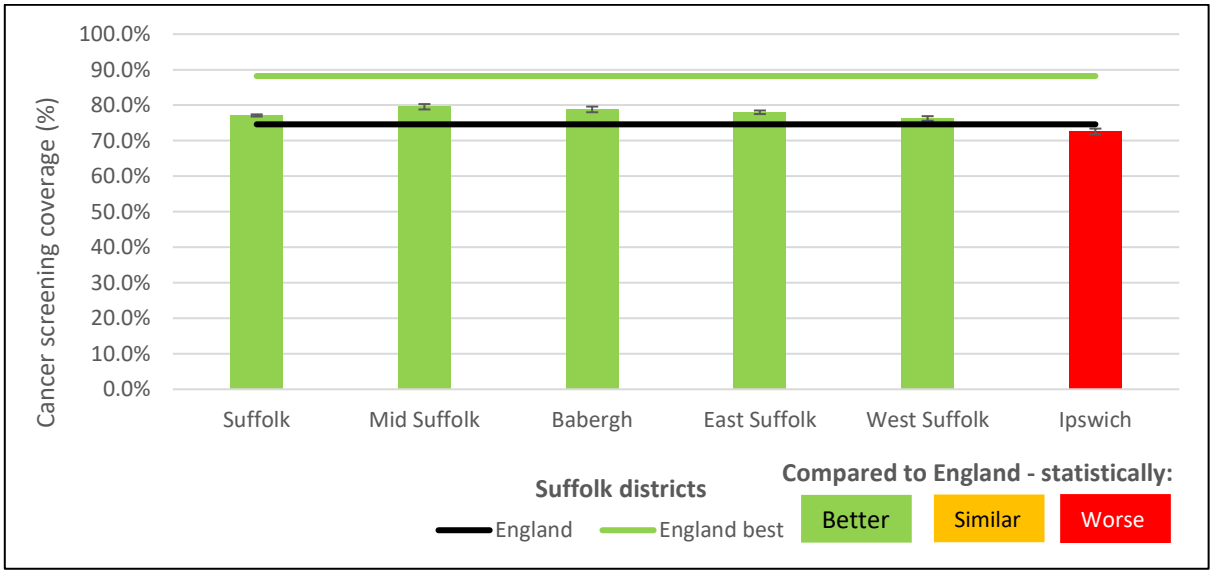



Source: CancerData

## Ages 50 to 64

Figure 15 shows the cervical cancer screening coverage (ages 50 to 64, 3.5 year combined data) for Suffolk and local authorities, compared to England. In 2022, for the 50 to 64 year old age group, cervical cancer screening coverage for Suffolk (77.1% of all eligible) is also statistically significantly higher than the national average (74.6%). The trend is identical to the 25 to 49 year old category, where all Suffolk local authorities are statistically significantly higher than the national average, apart from in Ipswich – which is 2.0% percentage points below the national average.

**Figure 15. Cervical cancer screening coverage (ages 50 to 64, 3.5 year combined data) for Suffolk and local authorities, compared to England, 2022.**



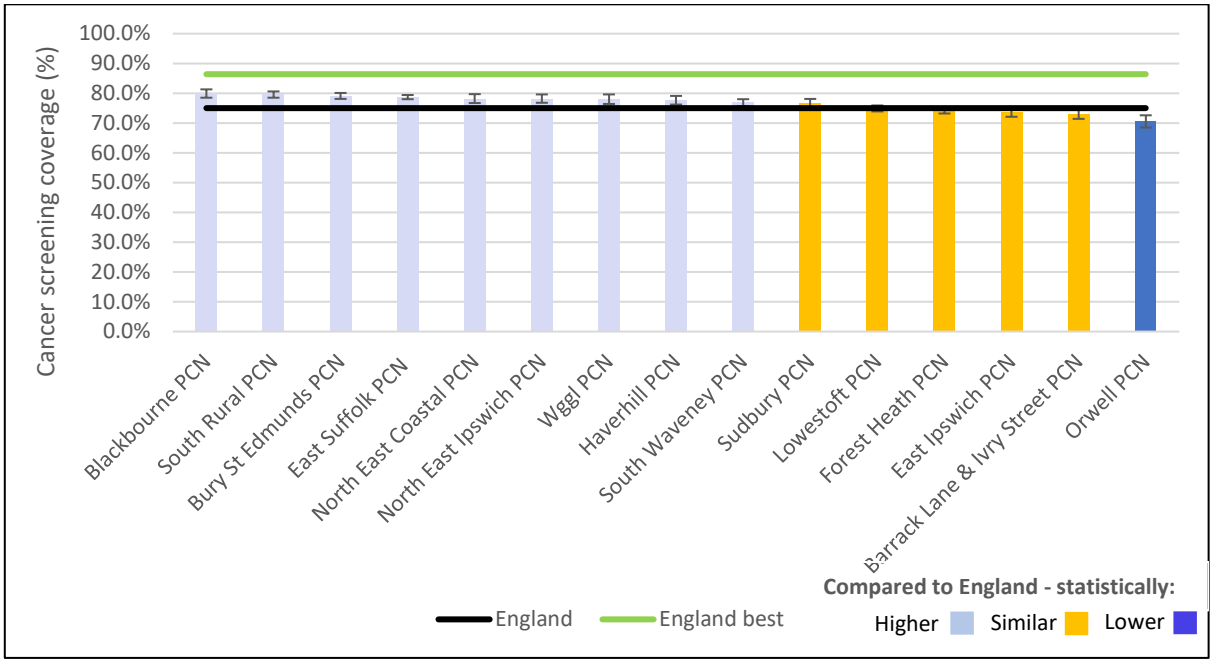

Source: [Fingertips Public Health Data]

Both SNEE ICB and Norfolk and Waveney ICB have statistically significantly higher 3.5-year cervical screening coverage rates for persons aged 50 to 64 compared to the England rate of 75.0%.

- SNEE ICB has a rate of 77.4% (74,350 people) 2.4 percentage points higher than the England average.
- Norfolk and Waveney ICB has a rate of 76.6% (76,725 people), 1.6 percentage points higher than the England estimate.

Figure 16 shows the overall cervical screening coverage for persons aged 50 to 64 years old across PCNs in Suffolk. Orwell PCN was the only PCN in Suffolk to have a statistically significantly lower cervical screening coverage for persons aged 50 to 64 compared to the national estimate.

**Figure 16. Overall cervical screening coverage for persons aged 50 to 64 years old as a percentage (%) across PCNs in Suffolk (covering both SNEE ICB and Norfolk and Waveney ICB).**




Source: CancerData

## Bowel screening

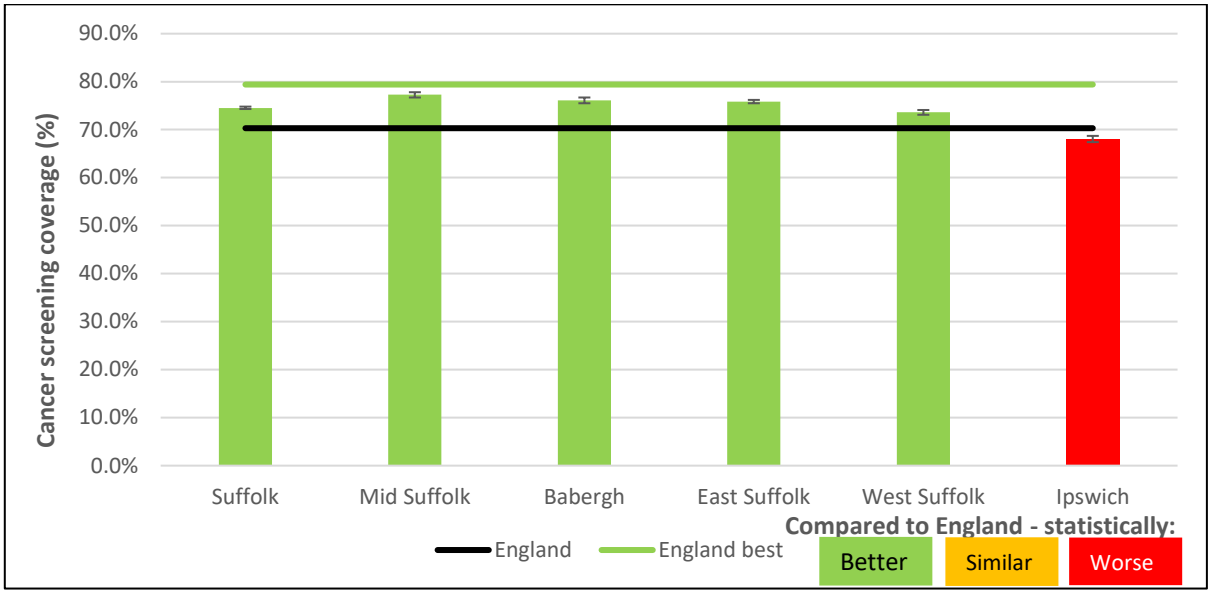
Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. About one in 20 people in the UK will develop bowel cancer during their lifetime. Fingertips provides an indicator for Suffolk summarising the proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months.

Bowel cancer screening in England was suspended during the pandemic for around three months. The colorectal screening pause is estimated to result in a small increase in colorectal cancer cases and deaths over the next 10 years in England[9].

Bowel cancer screening is expanding to be available to everyone aged 50 to 59 years. The rollout is happening gradually over 4 years, beginning in April 2021[10].

Figure 17 shows the bowel cancer screening coverage (Persons, 60-74 yrs) for Suffolk and districts compared to England. In 2022, almost 3 in 4 eligible 60 to 74 year olds took up their bowel cancer screening invitation. At 74.5%, Suffolk and each of the lower-tier local authority districts had a statistically significantly higher than England percentage of bowel cancer screening coverage. The only exception was Ipswich, which at 68.1%, had a statistically significant lower percentage than England.

**Figure 17. Bowel cancer screening coverage (Persons, 60-74 yrs) for Suffolk and districts compared to England, 2022.**



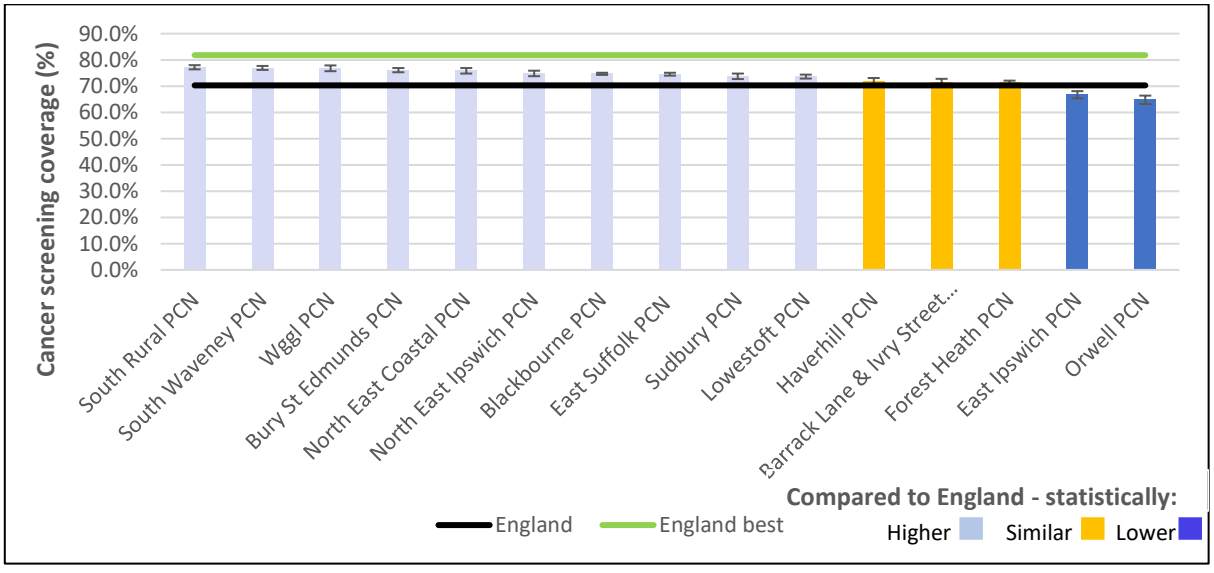

Source: Fingertips Public Health Data

Both SNEE ICB and Norfolk and Waveney ICB have a statistically significantly higher 2.5-year bowel cancer screening coverage of persons aged 60 to 74 compared to the England estimate of 70.3%.

- SNEE ICB has a rate of 73.6% (135,728 people) 3.3 percentage points higher than the England estimate.
- Norfolk and Waveney ICB has a rate of 73.9% (148,668 people) 3.6 percentage points higher than the England estimate.

Figure 18 shows the 2.5 year bowel cancer screening coverage of persons aged 60 to 74 years across PCNs in Suffolk. Over 10% (2 out of 15 PCNs) had statistically significantly lower 2.5-year bowel cancer screening coverage of persons aged 60 to 74 compared to the national estimate.

**Figure 18. The 2.5-year bowel cancer screening coverage of persons aged 60 to 74 years across PCNs in Suffolk (covering both SNEE ICB and Norfolk and Waveney ICB).**




Source: Fingertips Public Health Data

# Two-week wait referrals

Two-week wait (TWW) data is only available through Fingertips at ICB and PCN level – as a result, it is displayed at the available geographies below.

The Cancer Service Profile has been updated to include the latest data for TWW referrals (2021/22 financial year). Identifying the number of earlier stage diagnoses assists in reducing cancer survival inequality and cancer-related mortality.

Data available includes:

- 2021/22 crude rates for TWW referrals for suspected cancer
- 2021/22 referral ratios for TWW referrals for suspected cancer.
- 2021/22 rates for TWW referrals for suspected breast, lower GI, lung, and skin cancer.
- 2021/22 proportions of TWW referrals resulting in a diagnosis of cancer.
  - This is a 'conversion rate' – the proportion of Two Week Wait referrals resulting in a diagnosis of cancer divided by the total number of Two Week Wait referrals in the year.
- 2021/22 proportions of new cancer cases treated resulting from a TWW referral.

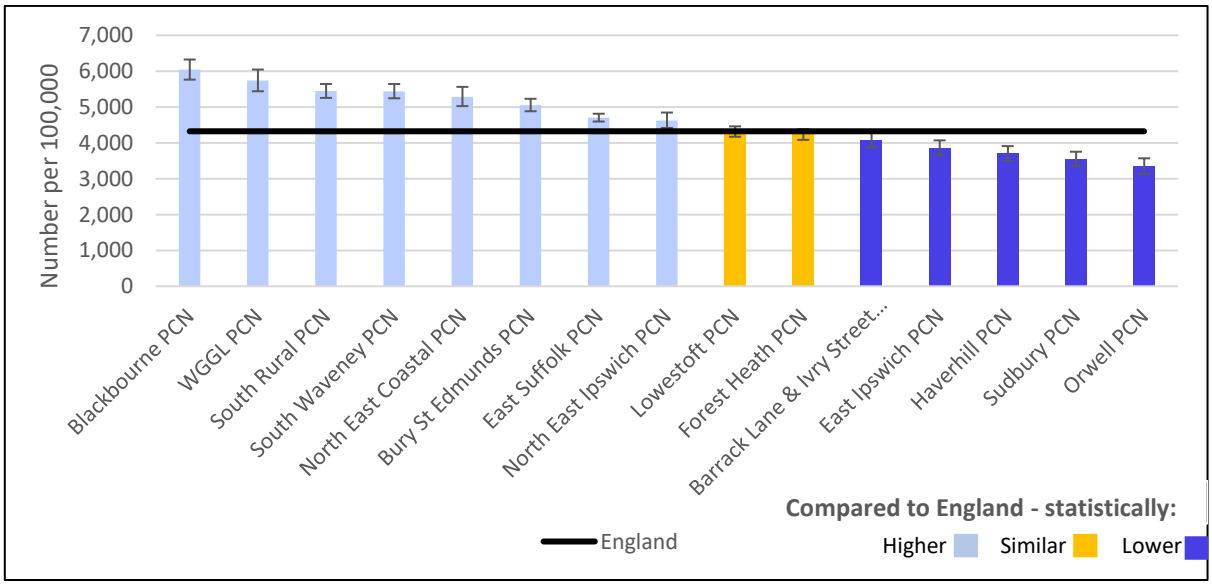
## Two-week wait referrals for suspected cancer rate

SNEE ICB and Norfolk and Waveney ICB have a higher rate of two-week wait referrals for suspected cancer than the England average. Both ICBs had a statistically significantly higher 2021/22 rate of TWW referrals for suspected cancer, compared to the England estimate of 4,323 per 100,000.

- SNEE ICB has an estimate of 4,997 per 100,000 (52,333 people).
- Norfolk and Waveney has an estimate of 4,666 per 100,000 (50,434 people).

Figure 19 shows the 2021/22 rate of TWW referrals for suspected cancer across all PCNs in Suffolk. A third of Suffolk PCNs have statistically significantly lower TWW referrals for suspected cancer compared to the England estimate.

**Figure 19. 2021/22 data regarding the rate of TWW referrals for suspected cancer (number per 100,000 population) across PCNs in Suffolk.**



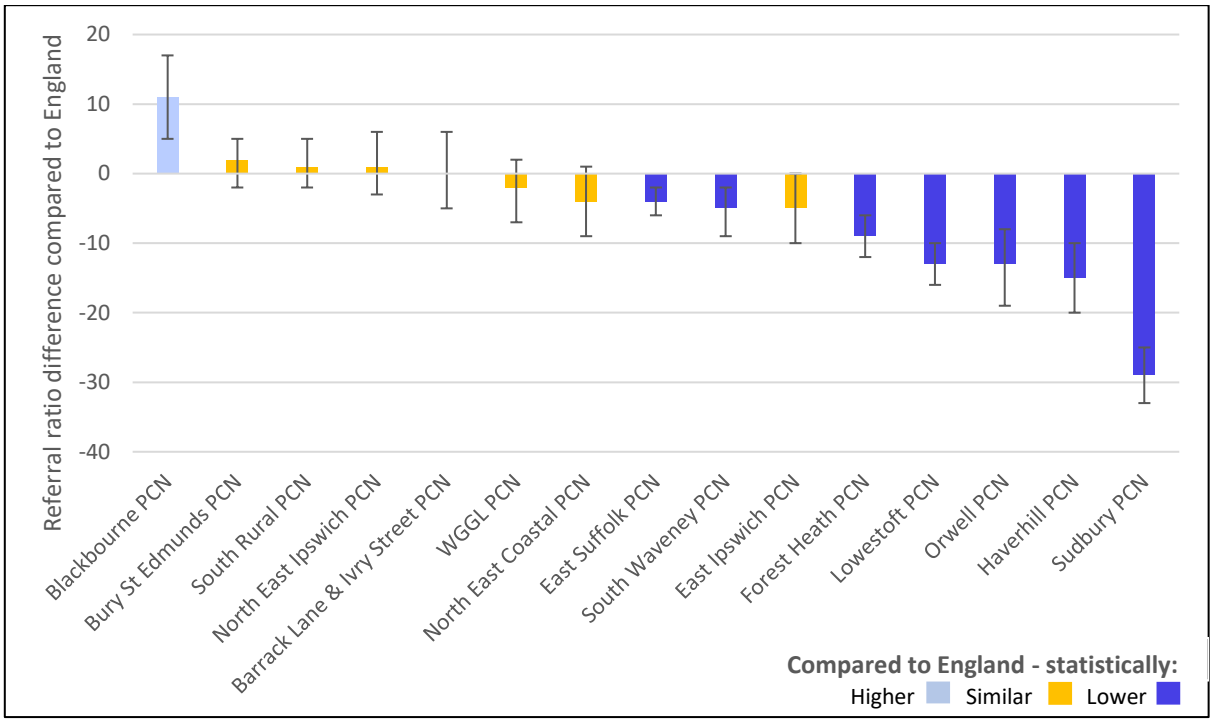

Source: Fingertips Public Health Data

## Two-week wait referrals for suspected cancer: age-sex standardised ratio

Figure 20 shows the 2021/22 TWW referrals (indirectly age-sex standardised referral ratio for all PCNs across Suffolk, compared to England.

- Just over half of all PCNs across Suffolk have statistically significantly lower age-sex standardised TWW referral ratios in comparison to the England ratio of 100.0.

**Figure 20. 2021/22 TWW referrals (Indirectly age-sex standardised referral ratio) across PCNs in Suffolk, baseline of England.**




Source: Fingertips Public Health Data

## Two-week wait referrals by suspected cancer type

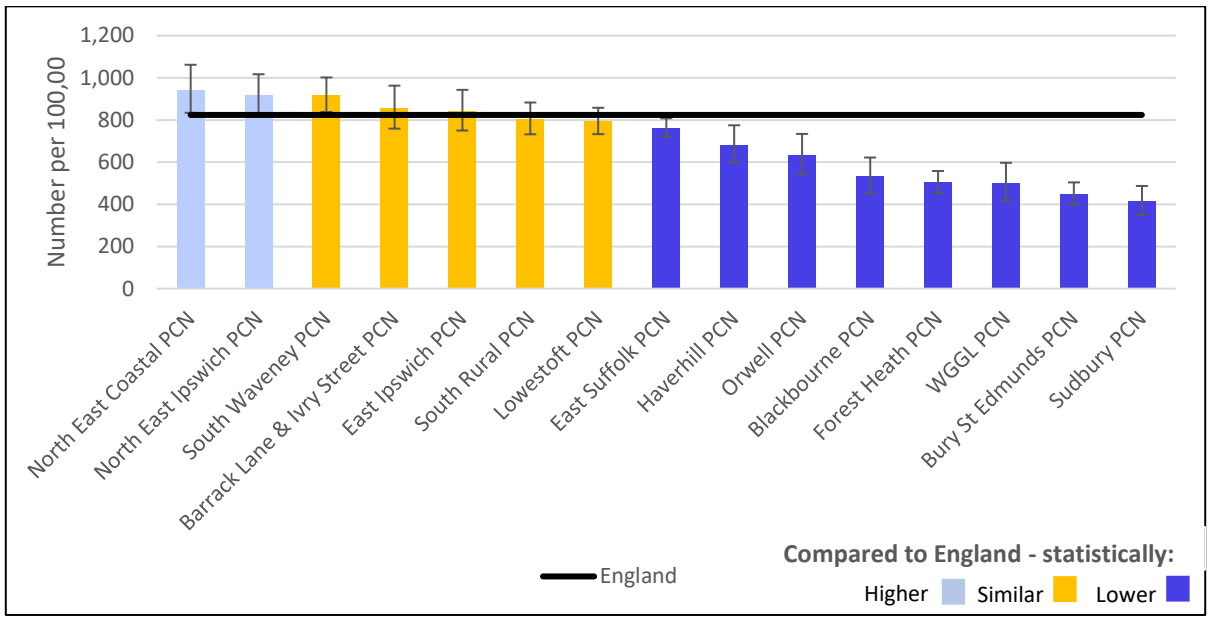
### Breast

Both ICBs have a statistically significantly lower 2021/22 TWW referral rate for suspected breast cancer compared to the England rate of 823.7 per 100,000 (507,375 people). SNEE ICB has a rate of 791.1 per 100,000 (8,285 people). Norfolk and Waveney ICB has a rate of 787.7 per 100,000 (8,514 people).

The figure 21 displays 2021/22 rate of TWW referrals for suspected breast cancer cases across Suffolk PCNs.

- Just over half of all PCNs across Suffolk have significantly lower TWW referrals for suspected breast cancer.

**Figure 21. 2021/22 data for TWW referrals for suspected breast cancer across PCNs in Suffolk.**




Source: Fingertips Public Health Data

## Lower Gastrointestinal (GI)

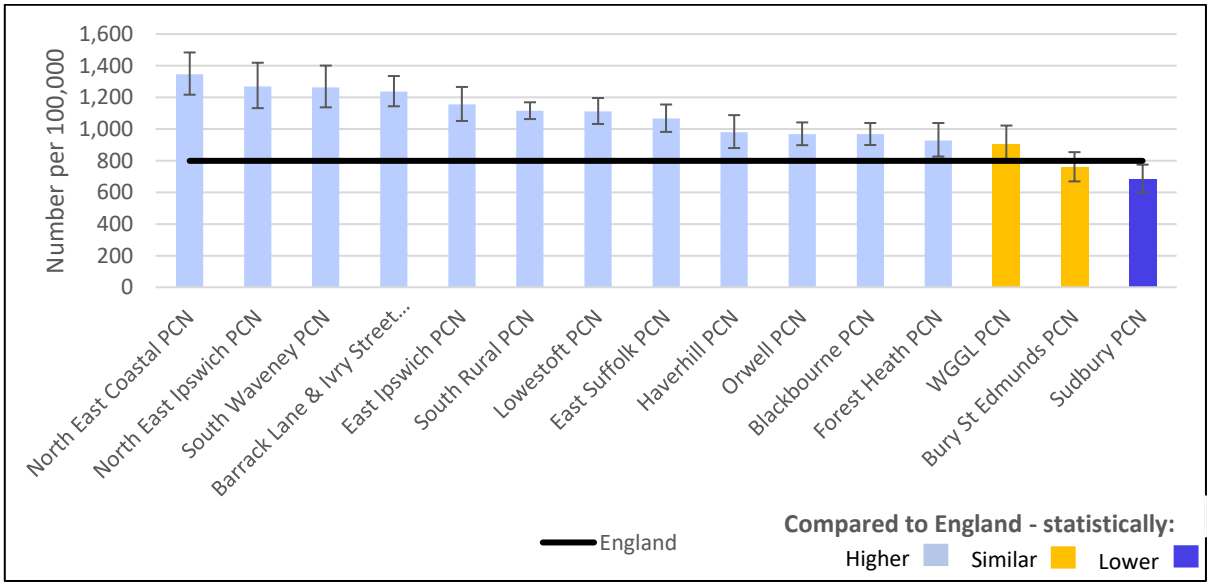
SNEE ICB and Norfolk and Waveney ICB both have statistically significantly higher rates of 2021/22 TWW referrals for suspected lower GI cancer cases compared to the England rate of 798.6 per 100,000.

- SNEE ICB has a rate of 1,102.3 per 100,000 (11,544 people).
- Norfolk and Waveney ICB has a rate of 966.4 per 100,000 (10,445 people).

Figure 22 shows 2021/22 data for TWW referrals for suspected lower GI cancer across all PCNs in Suffolk.

- 80% of all PCNs across Suffolk have a statistically significantly higher number of TWW referrals for suspected, lower GI cancer than the national average.

**Figure 22. 2021/22 data for TWW referrals for suspected, lower GI cancer across PCNs in Suffolk.**




Source: Fingertips Public Health Data

## Lung

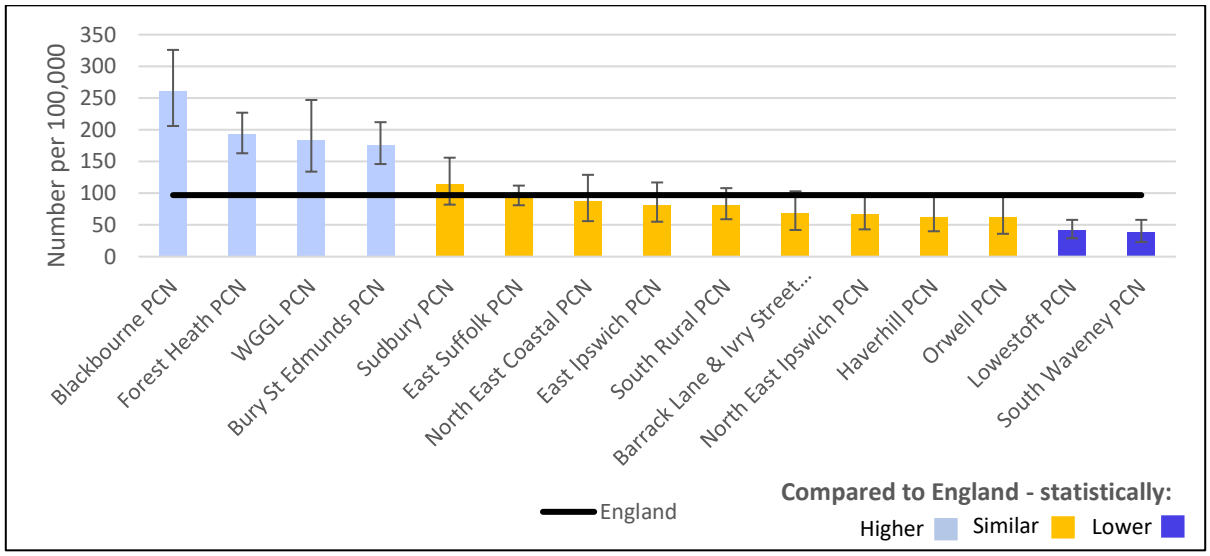
Residents of SNEE ICB had statistically significant higher TWW referrals for suspected lung cancers, whereas Norfolk and Waveney ICB residents had statistically significantly lower TWW referral rates. The England rate for TWW referrals for suspected lung cancers in 2021/22 was 96.6 per 100,000 (59,545 people).

- SNEE ICB has a statistically significantly higher rate of 132.8 per 100,000 (1,391 people).
- Norfolk and Waveney has a statistically significantly lower rate of 62.6 per 100,000 (677 people).

Figure 23 shows 2021/22 TWW referral rate for suspected lung cancer of all PCNs in Suffolk.

- Just over two thirds of all PCNs in Suffolk have a statistically significantly higher or similar number of TWW referrals for suspected lung cancer.

**Figure 23. 2021/22 data for TWW referrals for suspected lung cancer across PCNs in Suffolk.**




Source: Fingertips Public Health Data

## Skin

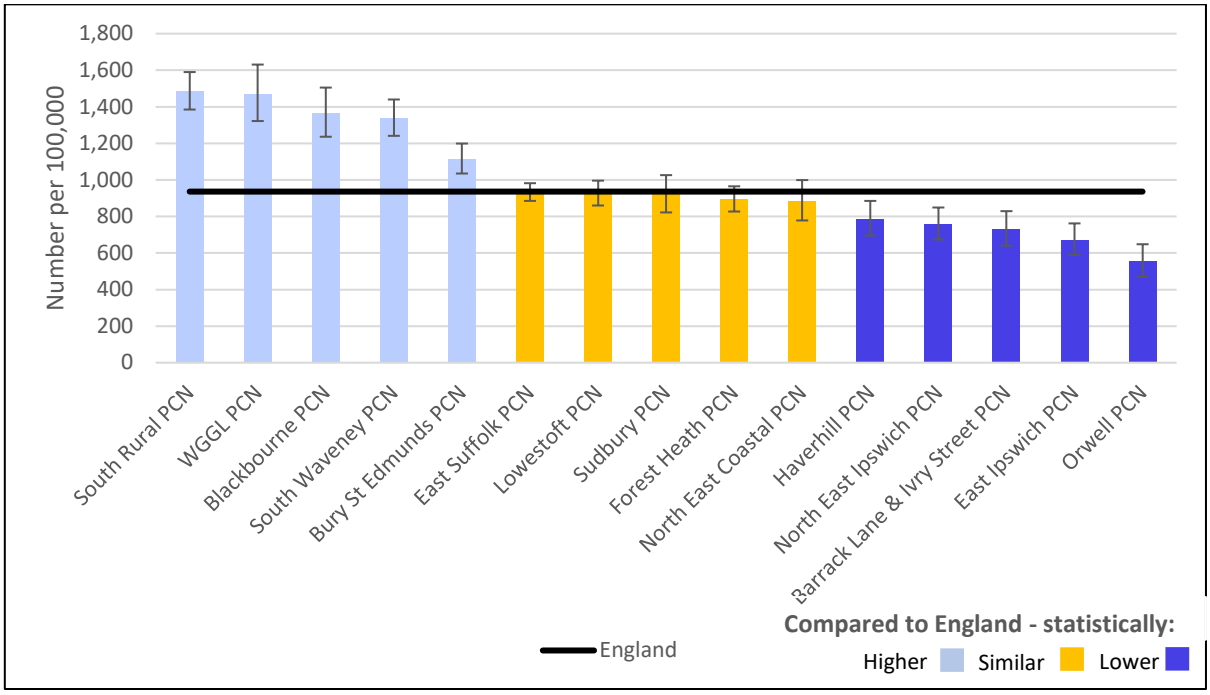
SNEE ICB and Norfolk and Waveney ICB both have a statistically significantly higher 2021/22 TWW referral rate for suspected skin cancer compared to the England rate of 936.1 per 100,000.

- SNEE ICB has a rate of 1,186.3 per 100,000 (12,423 people).
- Norfolk and Waveney ICB has a rate of 1,056.3 per 100,000 (11,417 people).

Figure 24 shows the 2021/22 rate for TWW referrals for suspected skin cancer across all Suffolk PCNs.

- Two thirds of all PCNs across Suffolk have a statistically significantly higher or similar number of TWW referrals for suspected skin cancer.

**Figure 24. 2021/22 data for TWW referrals for suspected skin cancer across PCNs in Suffolk.**




Source: [Fingertips Public Health Data]

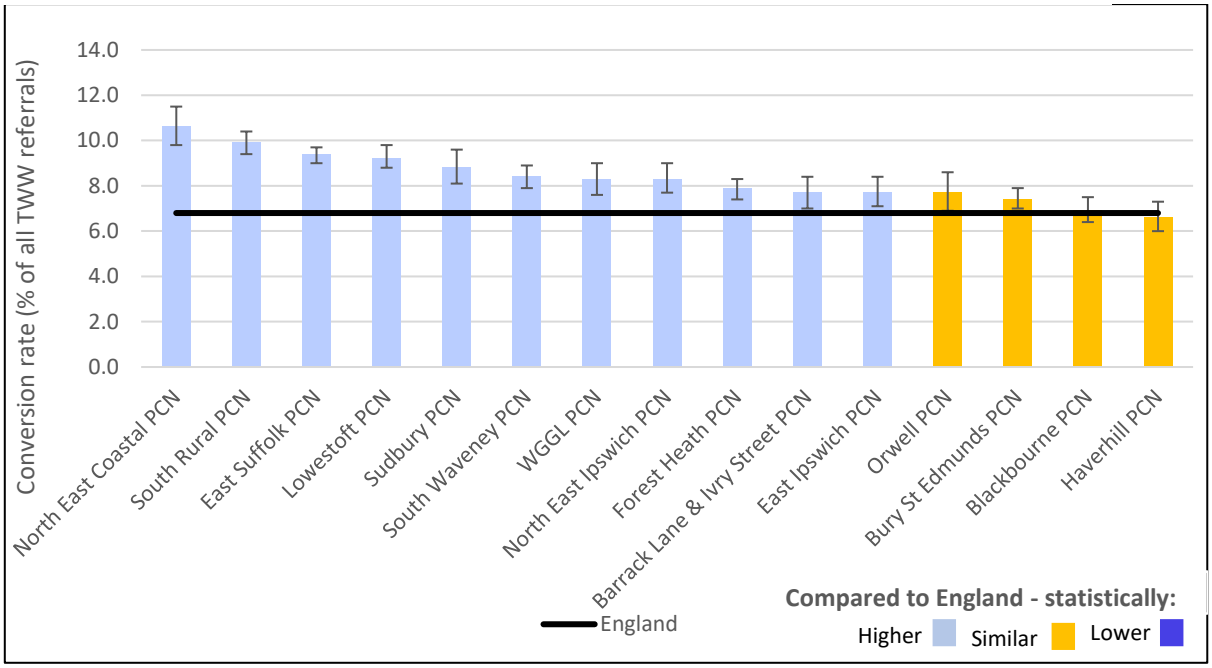
## Two-week wait referrals resulting in diagnosis of cancer

Both SNEE ICB and Norfolk and Waveney ICB have a statistically significantly higher proportion of 2021/22 TWW referrals resulting in diagnosis of cancer compared to the England estimate of 6.2%.

- SNEE has the largest proportion, with an estimate of 7.8% (4,087 people).
- This is followed by Norfolk and Waveney at 6.8% (3,407 people).

Figure 25 shows the 2021/22 data of TWW referrals resulting in a diagnosis of cancer across all PCNs in Suffolk. All PCNs across Suffolk have a statistically significantly higher or similar rate of TWW referrals resulting in a diagnosis of cancer compared to the national estimate.

**Figure 25. 2021/22 combined data of TWW referrals resulting in a diagnosis of cancer across all PCNs in Suffolk.**



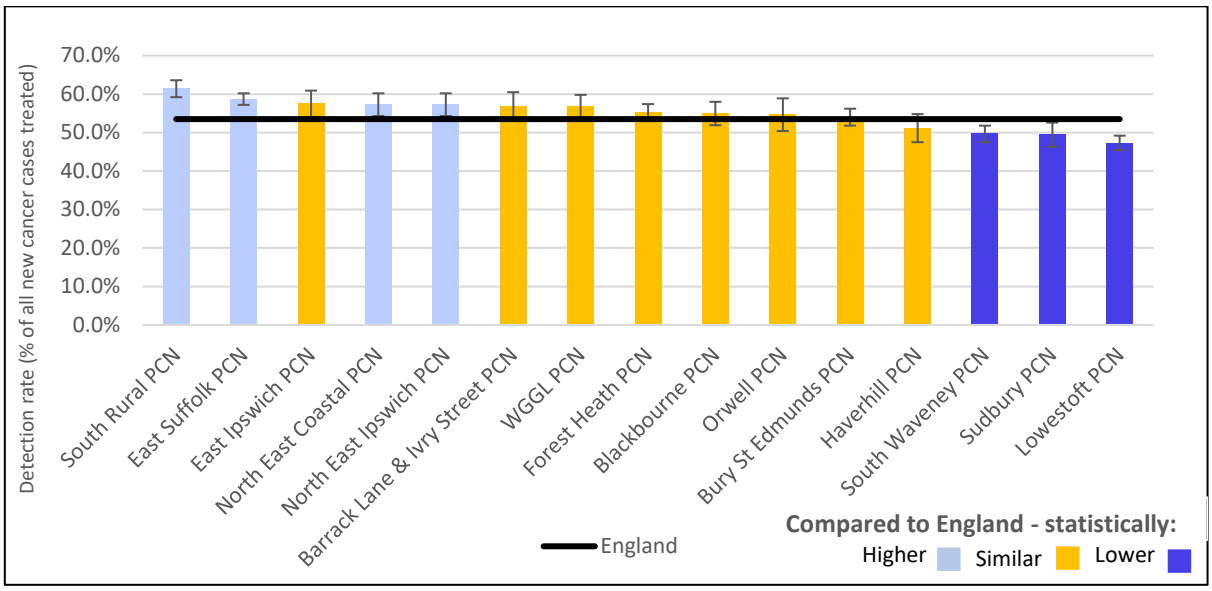

Source: [Fingertips Public Health Data]

## New cancer cases treated resulting from two-week wait referrals

Figure 26 shows the proportion of new cancer cases treated resulting from a TWW referral across All Suffolk PCNs, compared to England. In 2022, SNEE ICB has 57.4% (17,753 people) of new cancer cases treated as a result of TWW referrals, statistically significantly higher compared to the England estimate of 53.5% (761,268 people). Norfolk and Waveney has 51.2% (16,862 people) of new cancer cases treated as a result of TWW referrals, statistically significantly lower compared to the England average.

80% of Suffolk PCNS (12 of 15) have a statistically significantly higher or similar proportion of new cancer cases treated resulting from a TWW referral compared to the national estimate. The three PCN areas (South Waveney, Sudbury and Lowestoft) all have statistically significantly lower proportions of new cancer cases treated resulting from TWW referrals compared to the England average. Therefore, action is required for patients within these PCN areas to ensure these new cancer cases resulting from TWW referrals are treated in a timely manner.

**Figure 26. 2021/22 proportion of new cancer cases treated resulting from a Two Week Wait referral.**




Source: Fingertips Public Health Data

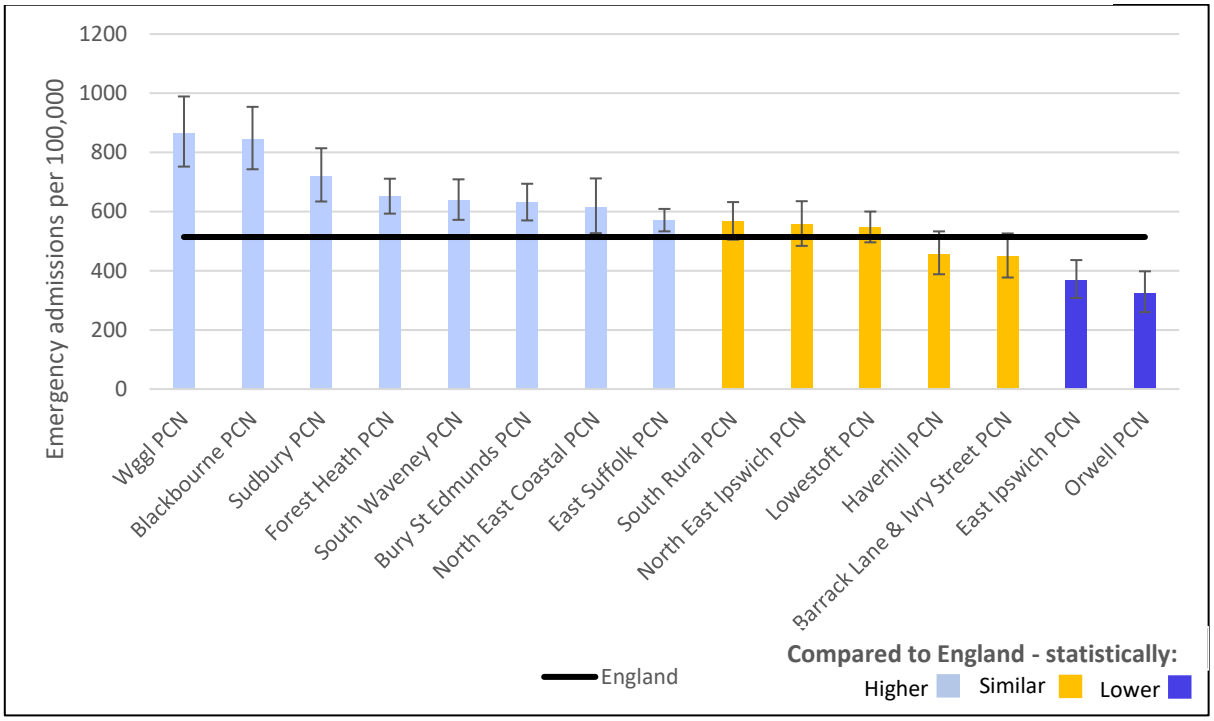
## Emergency admissions

Figure 27 shows the number of inpatient or day-case emergency admissions, with a diagnostic code that includes cancer in any of the first three diagnostic fields, per 100,000 patients on the practice register. These may occur at any stage of the cancer pathway and will include persons diagnosed with cancer in prior years. This indicator may be expected to be higher in practices where the registered population is older, due to the higher incidence of cancer at these ages.

There is large variation across Suffolk PCN areas, with East Ipswich (368 per 100,000) and Orwell (324 per 100,000) reporting statistically significantly lower emergency admissions than the England average of 514 per 100,000. These PCNs have statistically significantly higher emergency presentation with cancer rates than national averages:

- WGGL 864 per 100,000 (68.1% higher)
- Blackbourne 843 per 100,000 (64.0% higher)
- Sudbury 720 per 100,000 (40.1% higher)
- Forest Heath 650 per 100,000 (26.5% higher)
- South Waveney 638 per 100,000 (24.1% higher)
- Bury St Edmunds 630 per 100,000 (22.6% higher)
- North East Coastal – 615 per 100,000 (19.6% higher)
- East Suffolk PCN 570 per 100,000 (10.9% higher)

**Figure 27. Rate of emergency presentations with cancer per 100,000 for Suffolk PCN areas, 2021/22.**




Source: [Fingertips Public Health Data]

## The cancer health gap

Cancer is one of the biggest contributors to inequalities in life expectancy. People from the most deprived communities are more likely to get cancer, be diagnosed at a later stage and die from the disease[11]. National data indicates that 59.3% of people in the least deprived decile have their cancers diagnosed at stage 1 or 2 compared to only 53.5% of people in the most deprived decile. Diagnosing cancer in its earliest stages is one of the main actions the NHS can complete to support the best chances of curative treatment and long-term survival. The local delivery of 'The NHS Long Term Plan' (Core20PLUS5) is designed to tackle health inequalities, with Core20 specifically referring to the most deprived 20% of the national population as identified by the national index of multiple deprivation (IMD).

The segment tool from OHID compared the life expectancy gap between the most and least deprived quintiles by the cause of death between 2020 to 2021. From table 2:

- Suffolk males live on average 1.6 years longer than the England average.
- Suffolk females live on average 1.4 years longer than the England average.
- Males in the least deprived Suffolk quintile live on average, 7 years longer than males who live in the most deprived quintile in Suffolk.
- Females in the least deprived Suffolk quintile live for 5.4 years longer, than females living in the most deprived quintile in Suffolk.

**Table 2. Overall life expectancy for males and females for Suffolk compared to the England average, and Suffolk-specific life expectancy for males and females living in the most and least deprived quintiles, 2020/21.**

| Suffolk v England | Male | Female |
|---|---|---|
| Suffolk life expectancy | 80.3 | 84.1 |
| England life expectancy | 78.7 | 82.7 |
| Gap | -1.6 | -1.4 |

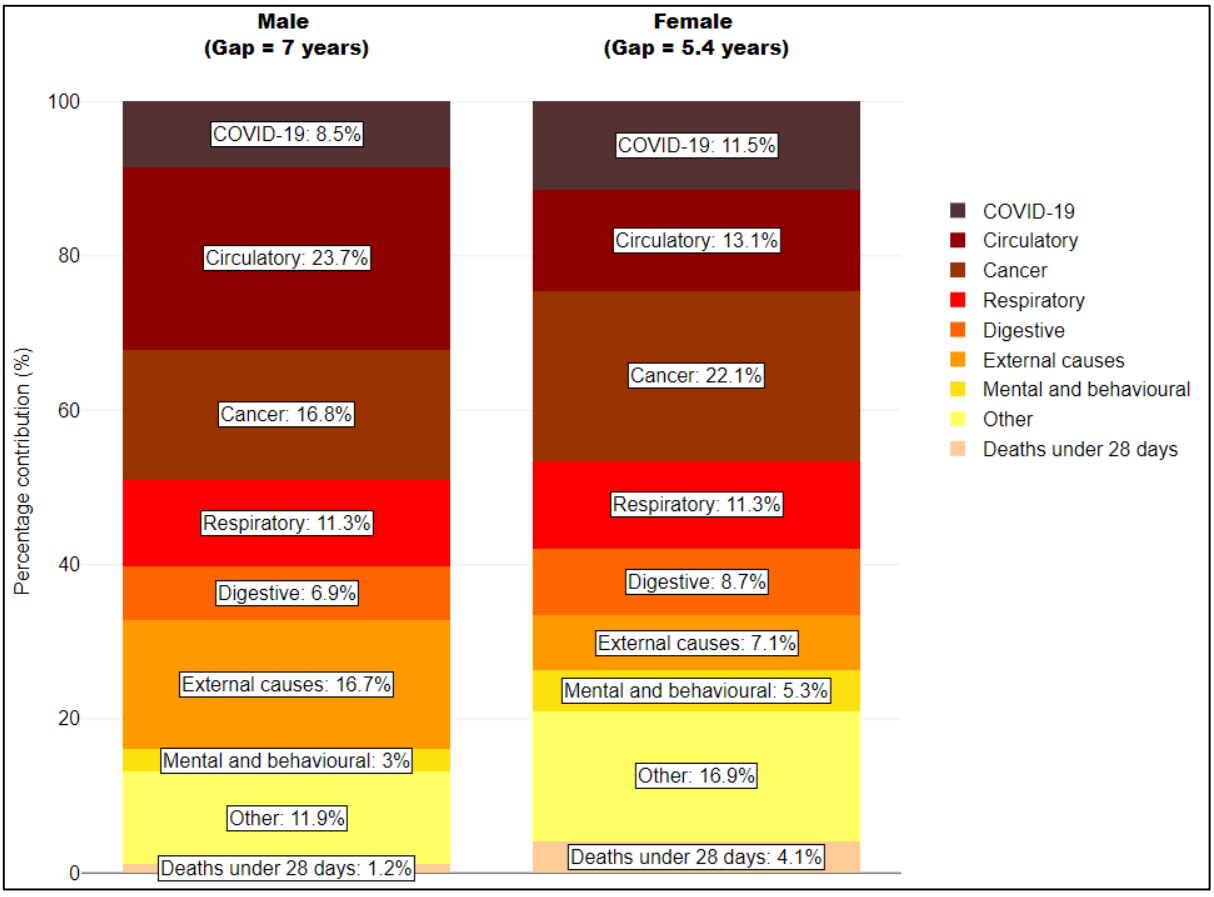
| Suffolk | Male | Female |
|---|---|---|
| Life expectancy - most deprived quintile | 75.6 | 80.2 |
| Life expectancy - least deprived quintile | 82.7 | 85.6 |
| Gap | 7.0 | 5.4 |

Source: Source: Office for Health Improvement and Disparities

Furthermore, the gap for Suffolk's life expectancy inequality is broken down by contributing factors. In 2020/21, the segment tool states that there were 247 excess deaths in Suffolk for cancer in the most deprived areas, if the most deprived quintiles in Suffolk had the same mortality rate as the least deprived decile.

Figure 28 summarises the life expectancy gap between the most and least deprived Suffolk quintiles based on specific conditions and diseases. Cancer is estimated to contribute 16.8% to the 7-year life expectancy gap for males, and 22.1% to the 5.4-year gap for females.

**Figure 28. Life expectancy gap between the most and least deprived quintiles of Suffolk by cause of death, 2020 to 2021.**




Source: Office for Health Improvement and Disparities

## Cancer screening

For this section, a higher IMD score (as opposed to grouping areas by quintile or deciles) means the area is more deprived.

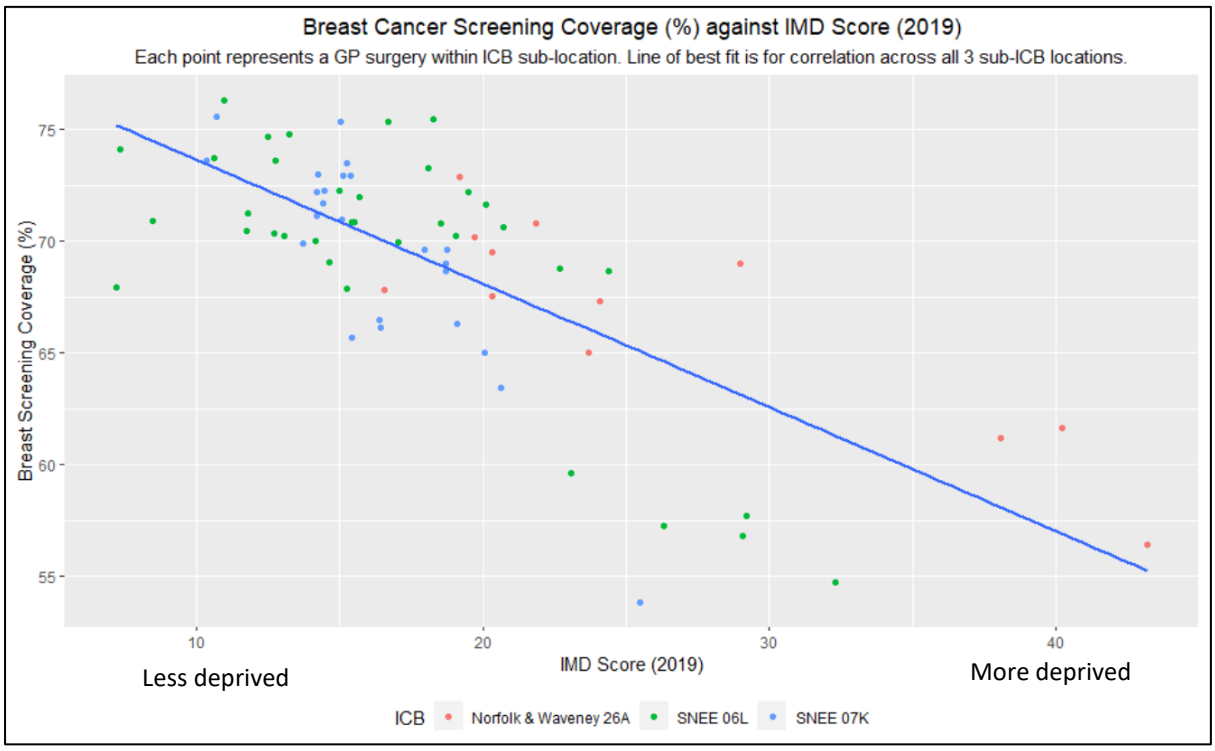
To further explore the relationship between deprivation and cancer screening, a number of statistical tests were run to determine the strength of the relationship/correlation between screening indicators, and a PCN's IMD score, graphs shown in appendix. Findings include:

- Breast, cervical and bowel screening programmes all inversely correlate with deprivation score. Meaning, the more deprived an area is, the more likely the area is to have a worse screening coverage.
- Breast screening coverage (50-70 yrs) has the strongest relationship with deprivation score.
- Of the screening programmes, bowel screening coverage (60-74 yrs) had the second strongest strong negative correlation with deprivation score.
- Cervical cancer screening (50-64 yrs) also had a strong, negative relationship with deprivation score, as well as for 25-49 yrs.

There are inequalities in screening coverage, with more deprived areas having lower cancer screening coverage and take-up. With clear associations between rates of screening for cancer and levels of deprivation - as well as the increasing number of people required to meet the Core20PLUS5 targets for early screening, it is vital to target the most deprived/at risk population first. Tackling this is critical to achieving the government's commitment of gaining five extra years of Healthy Life Expectancy by 2035, and the levelling up mission to narrow the gap in Healthy Life Expectancy by 2030.

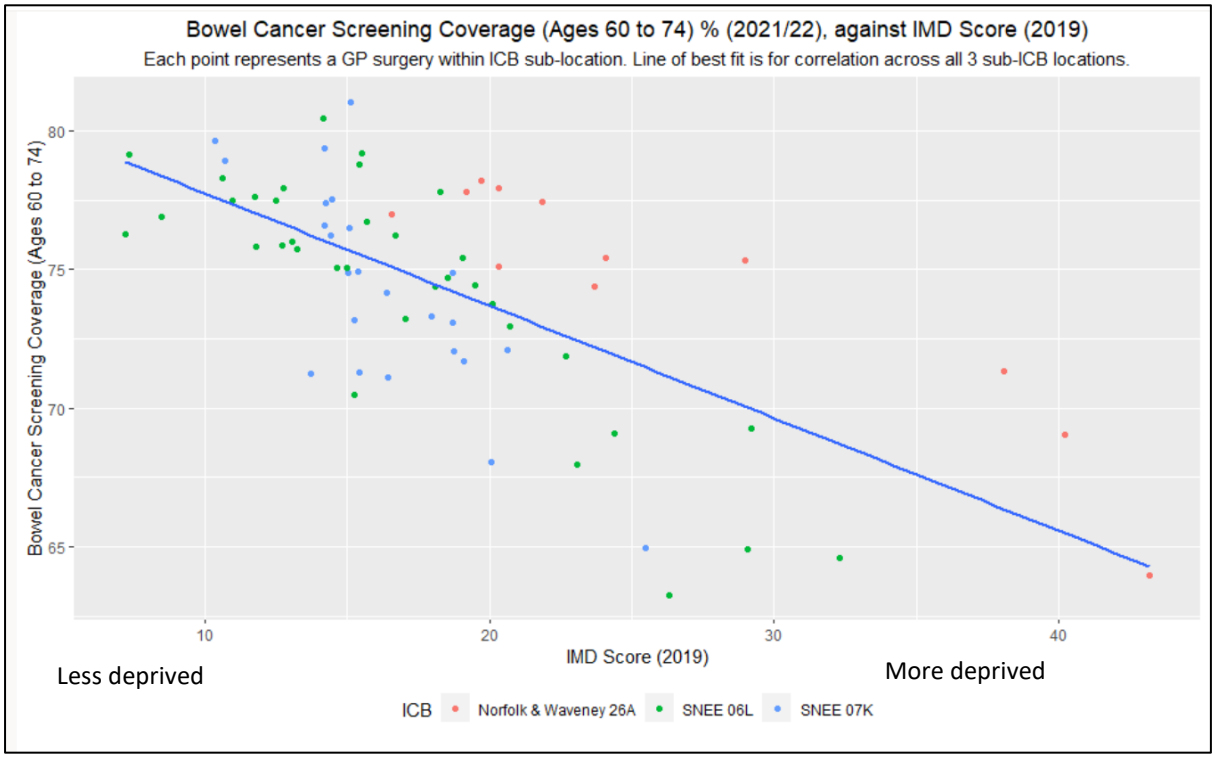
# Appendix

**Figure 29. Suffolk GPs breast cancer screening coverage (all ages) compared to IMD score.**



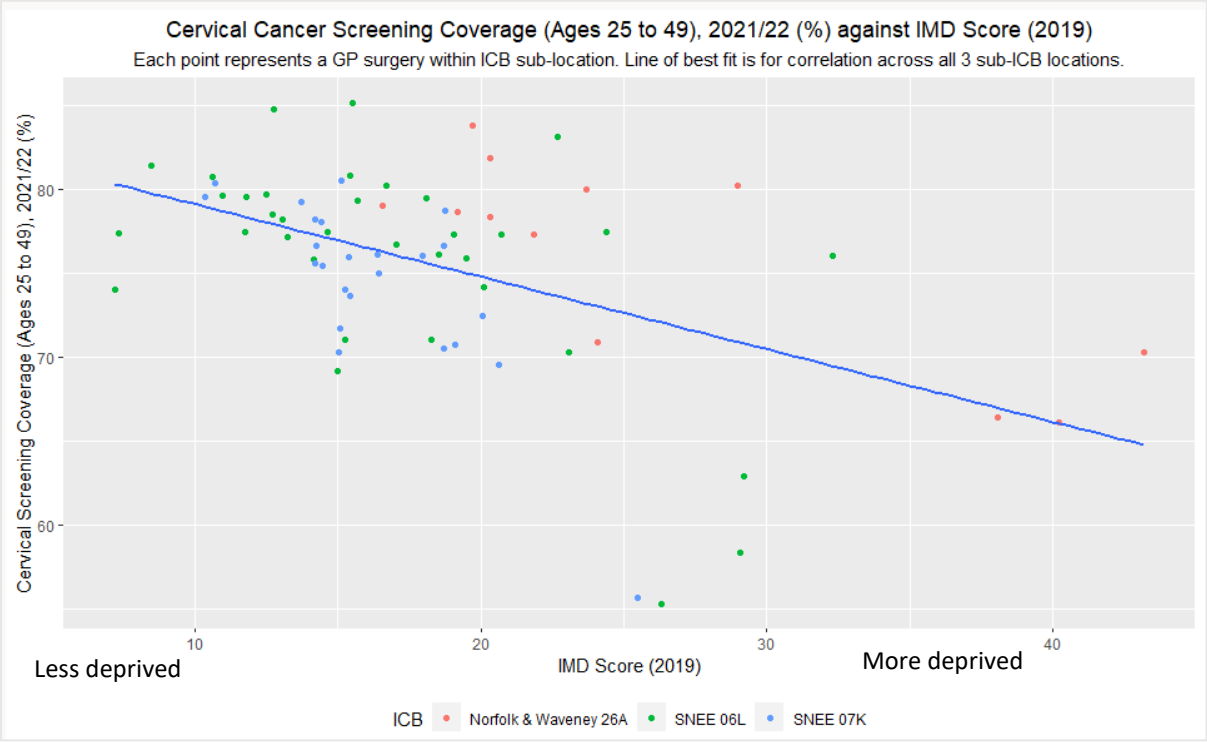

Source: English indices of deprivation 2019 & Fingertips Public Health Data

**Figure 30. Figure 28: Suffolk GPs bowel cancer screening coverage (ages 60 to 74) compared to IMD score.**



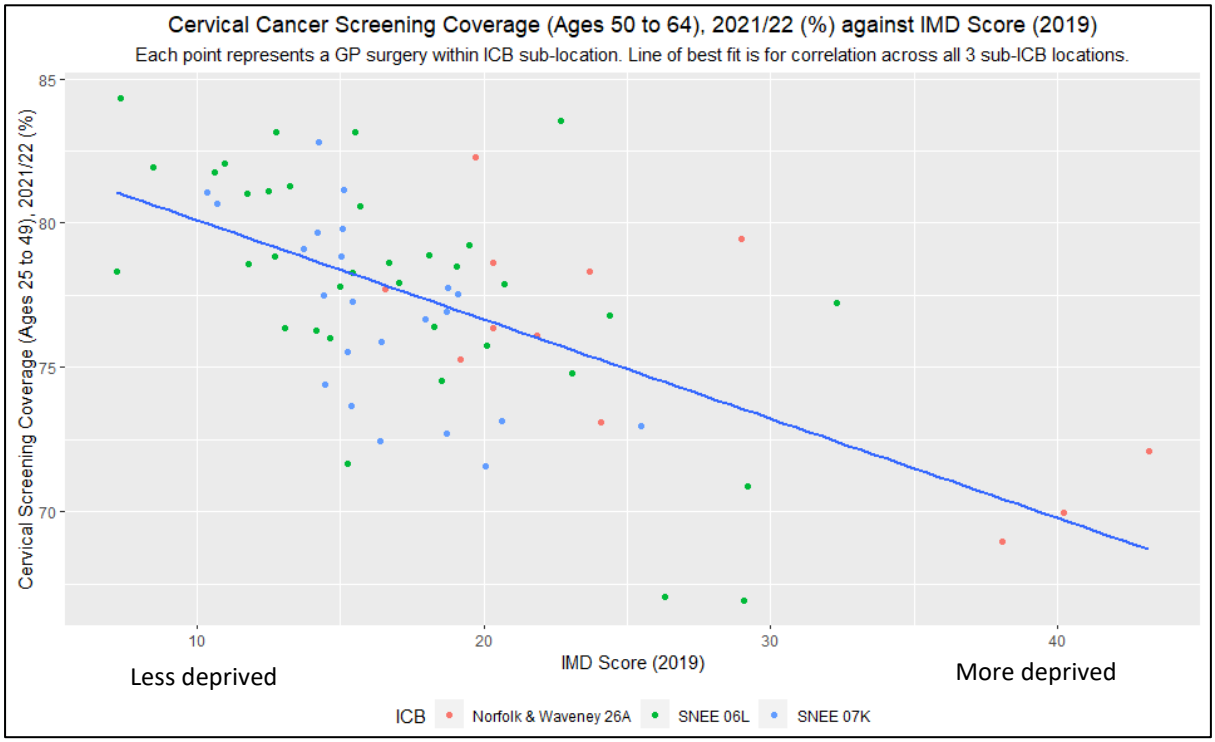

Source: English indices of deprivation 2019 & Fingertips Public Health Data

**Figure 31. Suffolk GPs cervical cancer screening coverage (ages 25 to 49) compared to IMD score.**



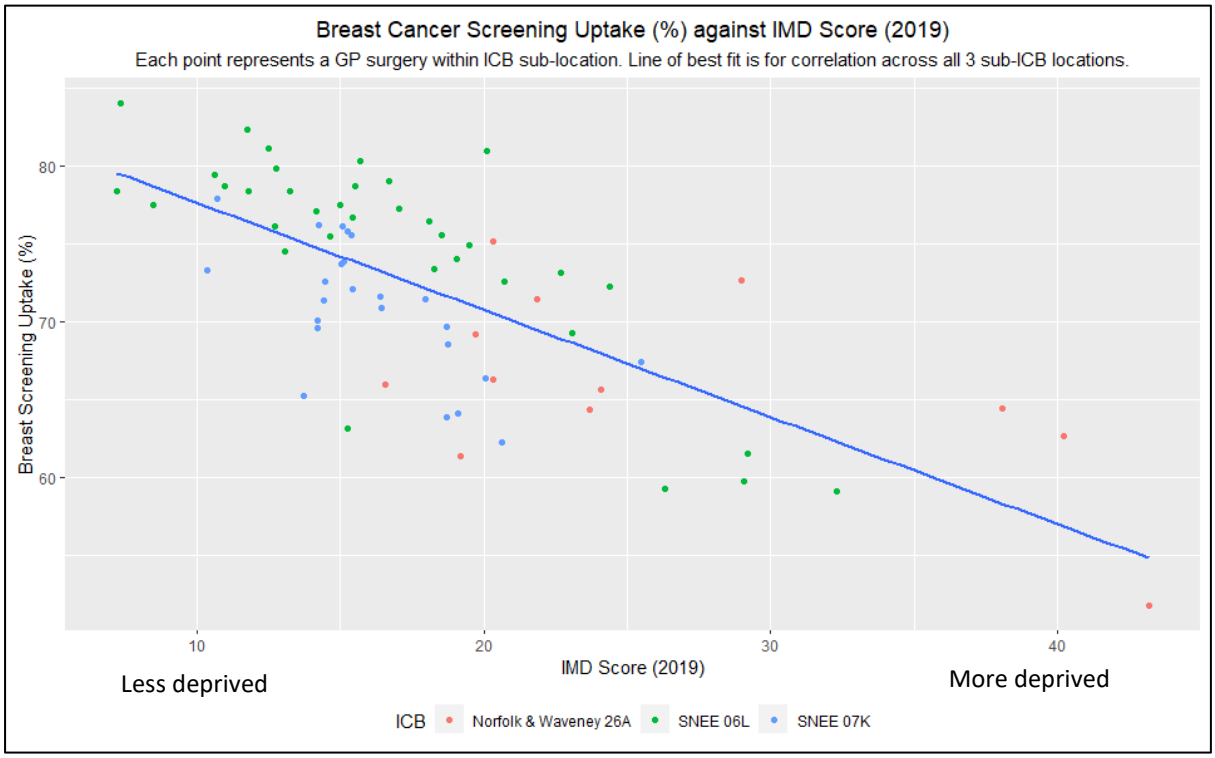

Source: English indices of deprivation 2019 & Fingertips Public Health Data

**Figure 32. Suffolk GPs cervical cancer screening coverage (ages 50 to 64) compared to IMD score.**



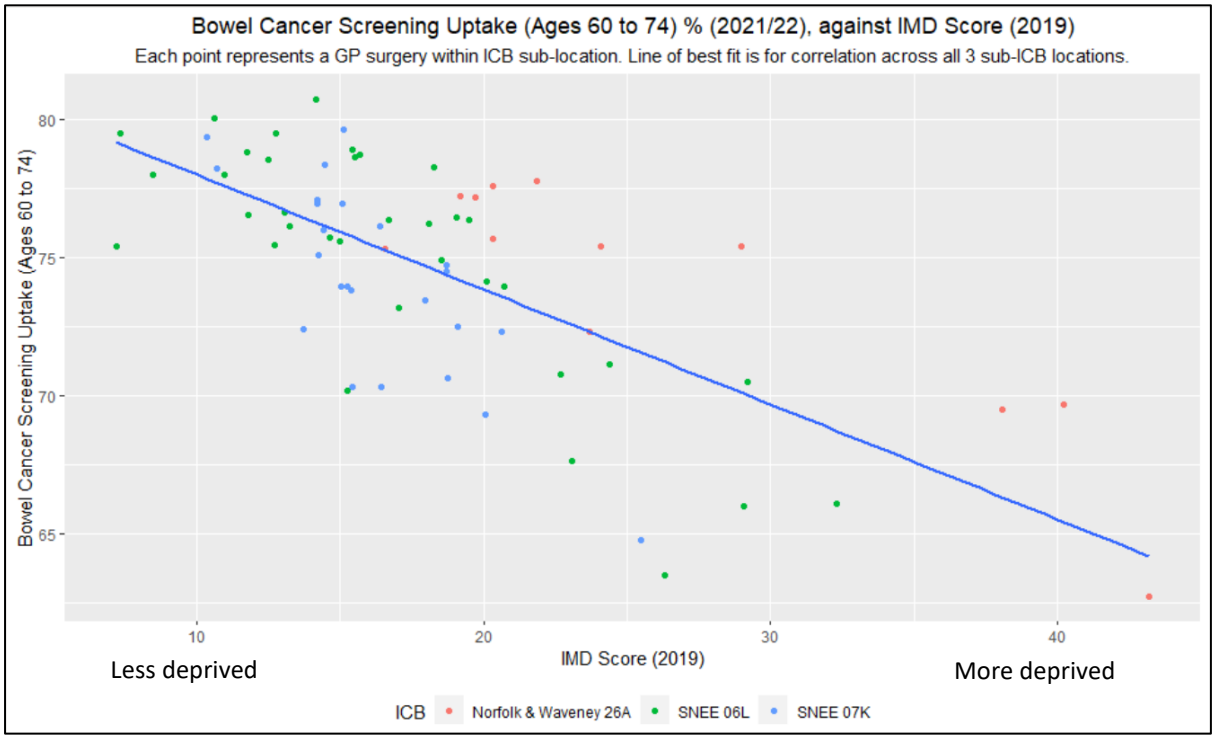

Source: English indices of deprivation 2019 & Fingertips Public Health Data

**Figure 33. Suffolk GPs breast cancer screening uptake (all ages) compared to IMD score.**



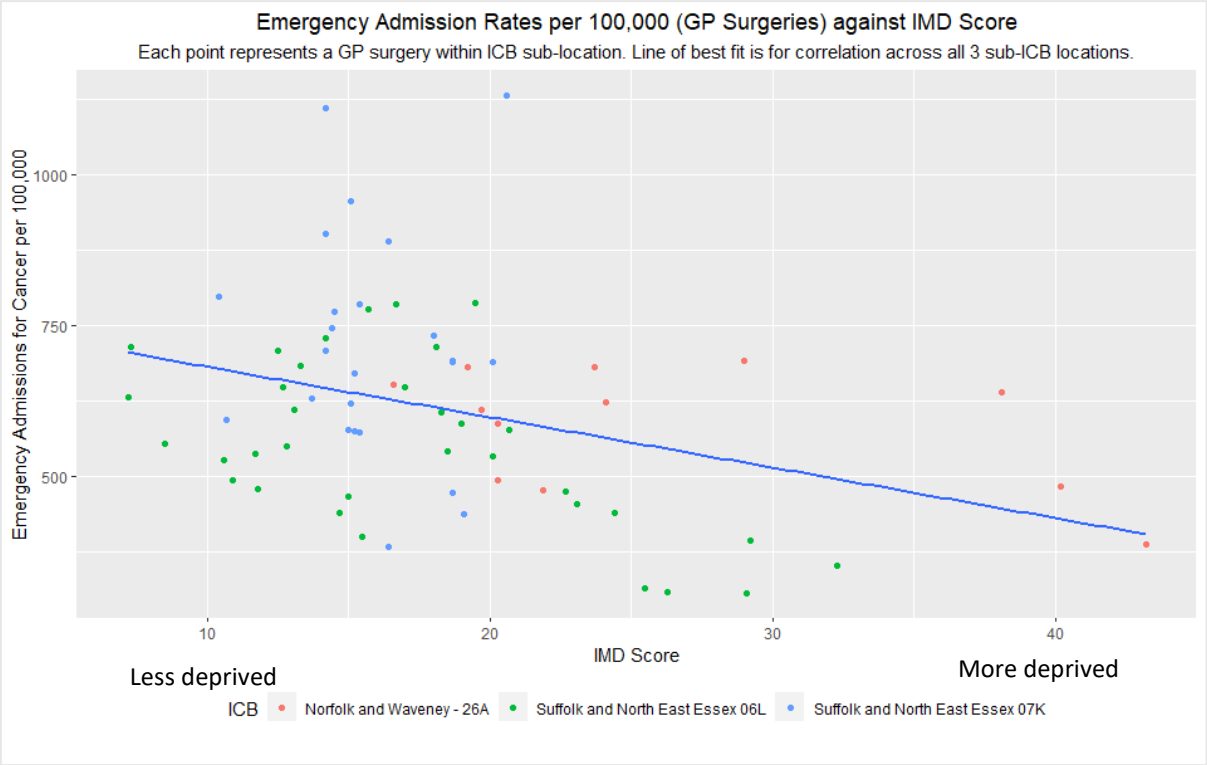

Source: English indices of deprivation 2019 & Fingertips Public Health Data

**Figure 34. Suffolk GPs bowel cancer screening uptake (ages 60 to 74) compared to IMD score.**




Source: English indices of deprivation 2019 & Fingertips Public Health Data

**Figure 35. Emergency admission rates with cancer per 100,000 (2021/22) for Suffolk GP surgeries compared with 2019 IMD score for each GP surgery location.**




Source: English indices of deprivation 2019 & Fingertips Public Health Data

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