

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee

Date: 18th January 2023

Report for: Information

Report of: Director of Public health

Report Title

Cancer Rates in Partington

Summary

The report outlines:

- **The involvement of the Cancer Registry in Partington**
- **The latest data with regard to cancer rates in Partington**
- **The reasons for this and what can be done to improve cancer rates**
- **The current work being carried out to address the cancer rates in Partington**

Recommendation

The Health Scrutiny Committee to:

- **Note the contents of the report including the work underway to improve cancer rates in Partington**
- **Acknowledge that support is required from councillors in encouraging people to be cancer aware, attend screening appointments, support behaviour change and address any system issues.**
- **Receive a follow-up report in 2024 with the results of the Cancer registry Review**

Contact person for access to background papers and further information:

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Background Papers:

Cancer Rates in Partington

Background

In 2019 Trafford's DPH asked Public Health England to review cancer rates in Partington following reports from a GP in Partington Central Practice that they were seeing an unusual number of people with cancer. Public Health England agreed that

rates were high, and asked the Cancer Registry to undertake a review to investigate whether there was a cancer cluster, and if so, what the likely causes might be. The data used were from 2010-2017 as this was the latest available data from the Cancer Registry.

The summary of the Cancer Registry's review was as follows:

- Age-standardised cancer incidence rates in the Partington Central Surgery vicinity from 2010-2017 were statistically significantly higher than the rates in NHS Trafford CCG and England as a whole.
- The Partington Central Surgery vicinity has a high level of deprivation. Compared to the other 'most deprived' areas of NHS Trafford CCG, the Partington Central Surgery vicinity is less of an outlier, although rates are still high.
- The profile of cancers at Partington looks typical for deprived areas, with the most common cancer being lung cancer. Although there are more cases of mesothelioma than average, numbers are very small, and this is not statistically significant.

At the request of Trafford's DPH the Cancer Registry has agreed to re-run their analysis in 2023/24 when more recent data will be available, to see if the higher rates persist. It was agreed that the review should not be undertaken earlier as the pandemic may have had an impact on presentation and diagnosis of cancer.

Purpose of the report

To provide information to the Committee regarding cancer rates in Partington and consider what factors may be causing the elevated rates of the disease in this area.

To consider what actions may be taken to address the cancer rates in Partington.

To request the support of members of the Committee to tackle the factors underlying the raised cancer rates.

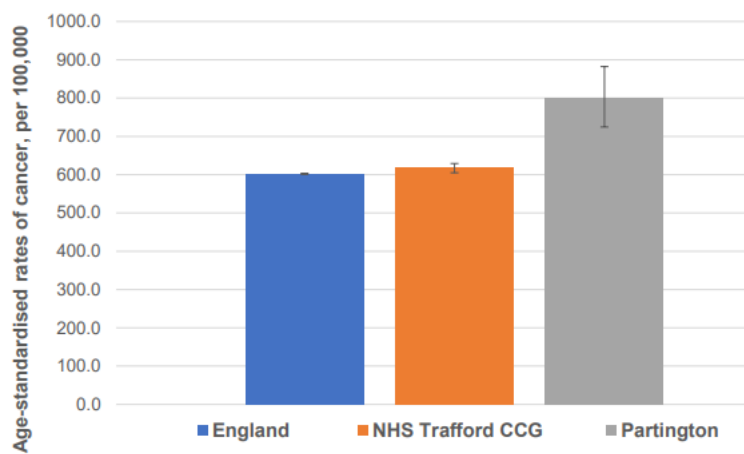
Methodology

This report will review the latest available cancer data, evidence, and interventions to provide information about what actions can be taken to address cancer rates in Partington.

The data used is limited by what has been published since the initial research took place. Data provided in the cancer registry has not been updated since 2019. Therefore, it is not possible to compare the data in the cancer cluster investigation document with new data directly. Therefore, other data that is available has been used. Once the Cancer Registry undertakes its follow up review in 2023/2024, more directly comparable data will be available.

Trafford cancer rates

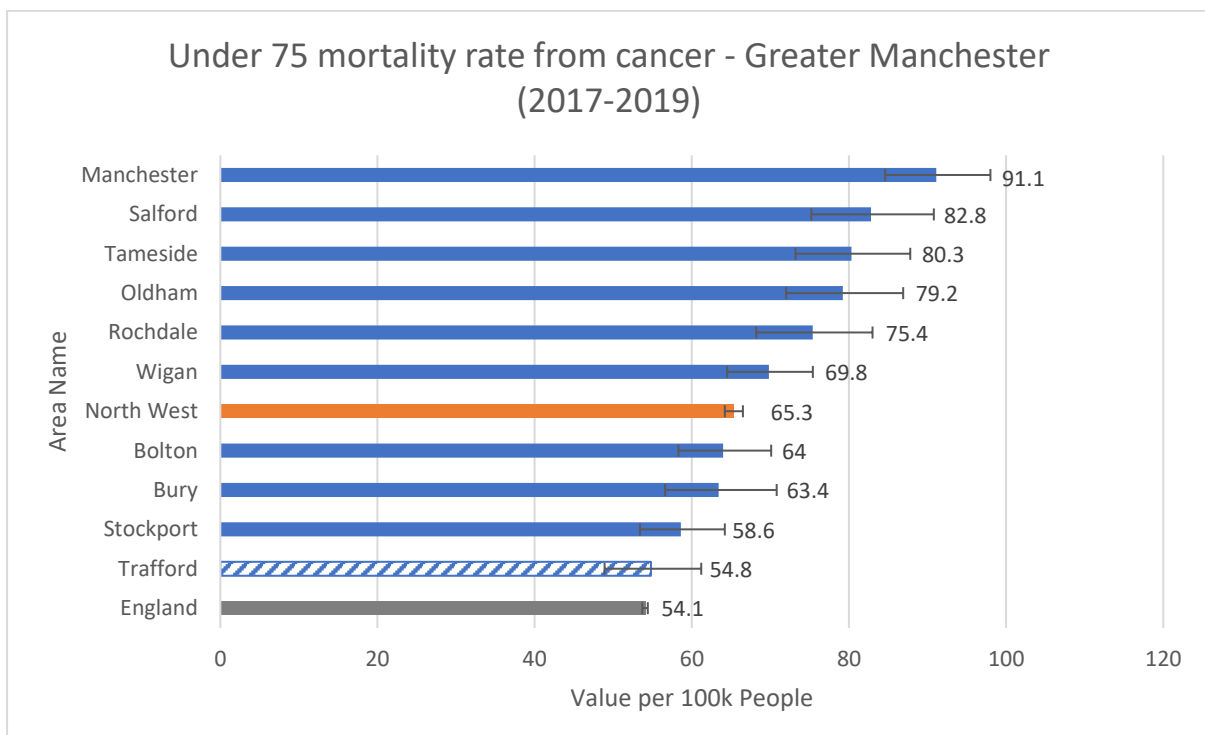
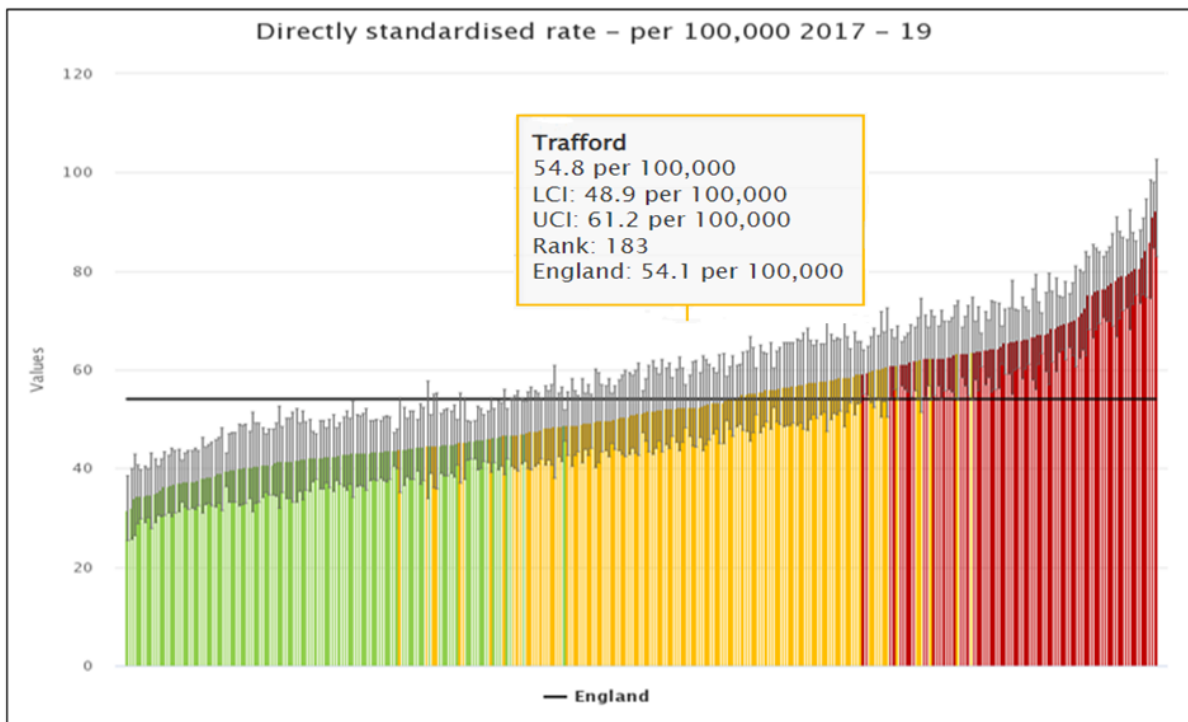
The Cancer Registry standardised the data to take into account the younger age structure of the Partington population compared to Trafford and England. Combining data from the period from 2010 to 2017 they found that the overall age-standardised rate of cancer near Partington Central Surgery was statistically significantly higher than that of NHS Trafford CCG or England, as shown in the graph below.



More recent data shows that Trafford's under 75 mortality rate from 2017-19 from cancer considered preventable is 54.8 per 100,000 people (95% CI [48.9, 61.2]). This is similar to the England average, which is 54.1 per 100,000 deaths (95% CI [53.7, 54.4]) from cancer that are considered preventable.

The under 75 mortality rate for all cancers from 2017-19 for Trafford is similar to the England average. It is 124.7 per 100,000 compared to 129.2 per 100,000. Trafford

ranks towards the 75th percentile which means that 25% of other Boroughs have results which are better than Trafford, however Trafford had the lowest rate in GM.



West Primary Care Network

For 2019/20 new cancer cases in the West of Trafford were 543 per 100,000 population (95% CI [447, 653]). This is lower than Sale Central's cancer incidence rate which is 658 but higher than all other primary care network (PCN) areas. There are several potential reasons for this including whether some practices are diagnosing fewer cancer cases, or there is a difference in the population so people in the West may be more at risk of cancer due to several factors, such as smoking or obesity, or there could be differences in the way the cancer data are recorded.

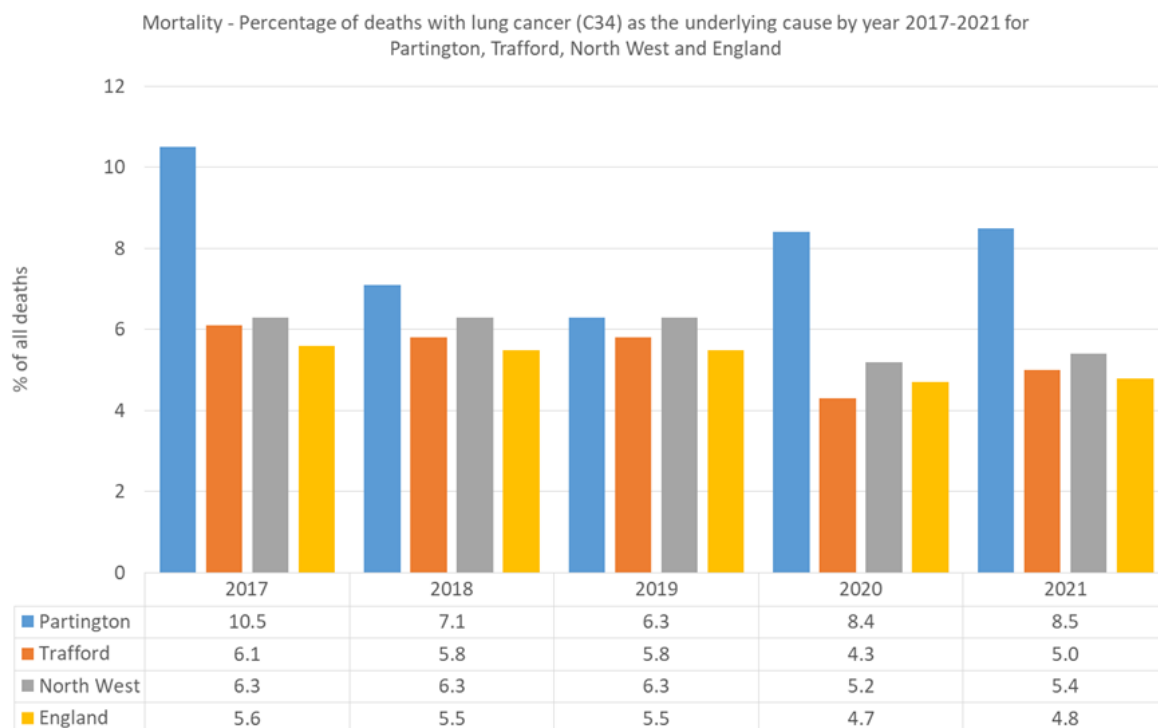
Partington

Looking at cancer incidence for Partington for all cancers for the period 2014-18 Partington had a standardised incidence ratio (SIR) ¹ of 133.3, where 100 is the expected number based on the National picture - which means there is a statistically significant higher number of new cases in Partington, 33.3% more cases than expected, even when the data has been adjusted for age and sex (i.e. the age of the population and proportions of males/females have been taken into account).

Lung cancer has the highest number of new cases compared to the England average, with a standardised incidence ratio of 238.7. This difference is statistically significant. There are also higher rates of new cases of breast and colorectal cancer in Partington, SIR of 100.8 for breast and SIR of 123.2 for colorectal.

The table below shows the mortality rates for lung cancer in Partington compared with Trafford, North West and England as a whole.

¹ The SIR is a ratio of the number of observed cancer cases in the study population (in this case Partington) to the number that would be observed (often called "expected") if the study population experienced the same cancer rates as an underlying population (in this case England)



The breast screening uptake is currently lower than the target in Partington at 30.7% in one practice and 28.10% in the other as of January 2022. Whilst the cancer incidence data is from 2014-18 it is possible that the cancer incidence rates reported are lower than the real number due to some cases not being picked up by screening.

Causes of cancer

Deprivation

Deprivation is associated with cancer. Socio-economic drivers are closely linked to many cancers both in terms of driving disease but also the timeliness of diagnosis and access to care.

Cancer Research UK's 2020 report - [Cancer in the UK 2020: Socio-economic deprivation](#) – states that the starkest differences between the most and least deprived areas of the UK are in smoking-related cancer, like lung and laryngeal cancer. Rates of smoking-related cancers are 3 times higher for the most deprived populations compared to the least deprived.

For some cancer types, people from more deprived communities are more likely to be diagnosed at a later stage, giving them fewer treatment options. They're also 50%

more likely to be diagnosed through emergency routes like A&E when looking at all cancers together. Higher proportions of emergency presentations in more deprived groups are particularly clear for bowel, lung, bladder, and pancreatic cancers leading to worse survival outcomes.

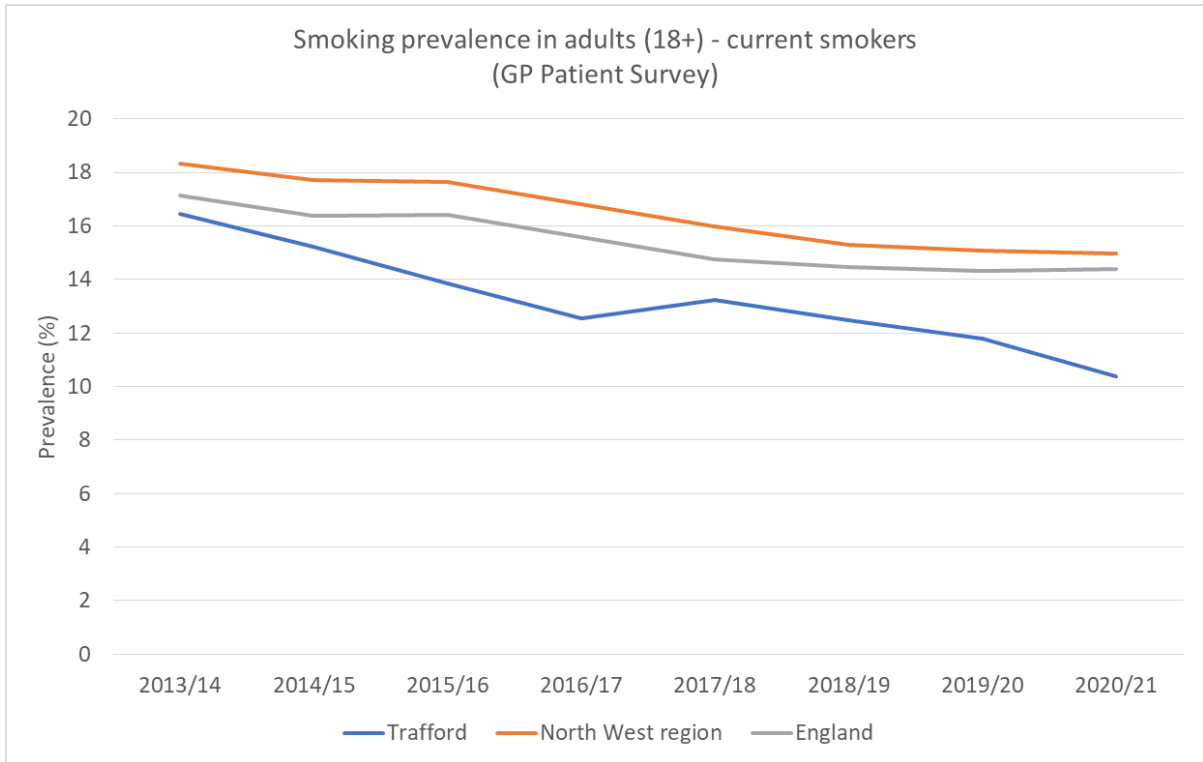
More than 30,000 extra cases of cancer in the UK each year are attributable to socio-economic variation and survival is worse for the most deprived groups. Overweight and obesity is the second largest preventable risk factor for cancer after smoking, with around 23,000 cases of cancer in the UK each year caused by excess weight.

Partington is one of the most deprived areas of Trafford. Two LSOAs in Partington (E01006108 and E01006105) are recognised as being in the top 10% most deprived Lower Super Output areas in the country and three LSOAs (E01006108, E01006107 and E01006105) in the top 10% of health deprivation and disability.

LSOA	IMD2019 Decile	IMD2019 Rank	IMD2019 Score	Health Deprivation and Disability Domain Decile
E01006104	3	7094	31.974	2
E01006105	1	2097	50.577	1
E01006106	3	7197	31.714	3
E01006107	2	4030	40.802	1
E01006108	1	490	65.582	1

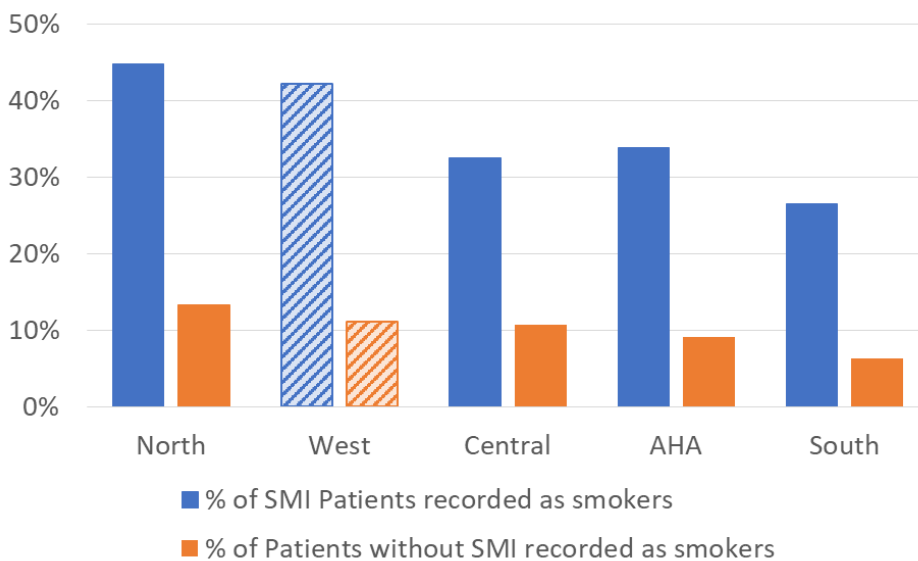
Smoking

Smoking is the main risk factor for lung cancer. In the UK over 70% of lung cancer is caused by smoking. Only about 1 in 10 people who get lung cancer have never smoked. Other risk factors for lung cancer include passive smoking, age, prolonged contact with asbestos, air pollution, radon gas and lowered immunity due to immunosuppressant drugs.



People who are in a lower socio-economic group are more likely to smoke, as are those who work in manual jobs and people with mental health issues. In Partington we know there is a high level of deprivation. In addition, the percentage of people with depression aged 18+ is higher in Trafford West PCN than the England and Trafford CCG figures.

People with mental health problems are almost 2.5 times as likely to smoke as the general population. Smoking rates increase with the severity of mental illness. In Trafford West [among adults with a serious mental illness, 40.5% smoke.](#)



There is also a strong relationship between smoking and occupation. In 2009/10, smoking prevalence was twice as high among people in routine and manual occupations compared to those in managerial and professional occupations. In Trafford, 23.4% of routine and manual workers smoke compared with the England and NW averages, 24.5%: and 25.1% respectively.

Smoking prevalence amongst adults is higher in the West of Trafford compared to Trafford as a whole, 15.44% vs 12.61%. The 2022 smoking prevalence in Partington is much higher, ranging from 19.2% and 21.7% . The smoking prevalence national target is 5% by 2030.

Alcohol

Alcohol causes around 11,900 cases of cancer per year in the UK. Breast cancer is the most common cancer in the UK and drinking alcohol is one of the biggest risk factors for breast cancer. Around 4,400 breast cancer cases each year are caused by drinking alcohol.

Drinking alcohol is a risk factor for several cancers. Any amount of alcohol increases the risk of mouth cancer, upper throat and voice box cancer, oesophageal cancer, and breast cancer.

Drinking two or more drinks per day increases the risk of colorectal cancer and drinking three or more drinks per day increases the risk of stomach cancer and liver cancer.

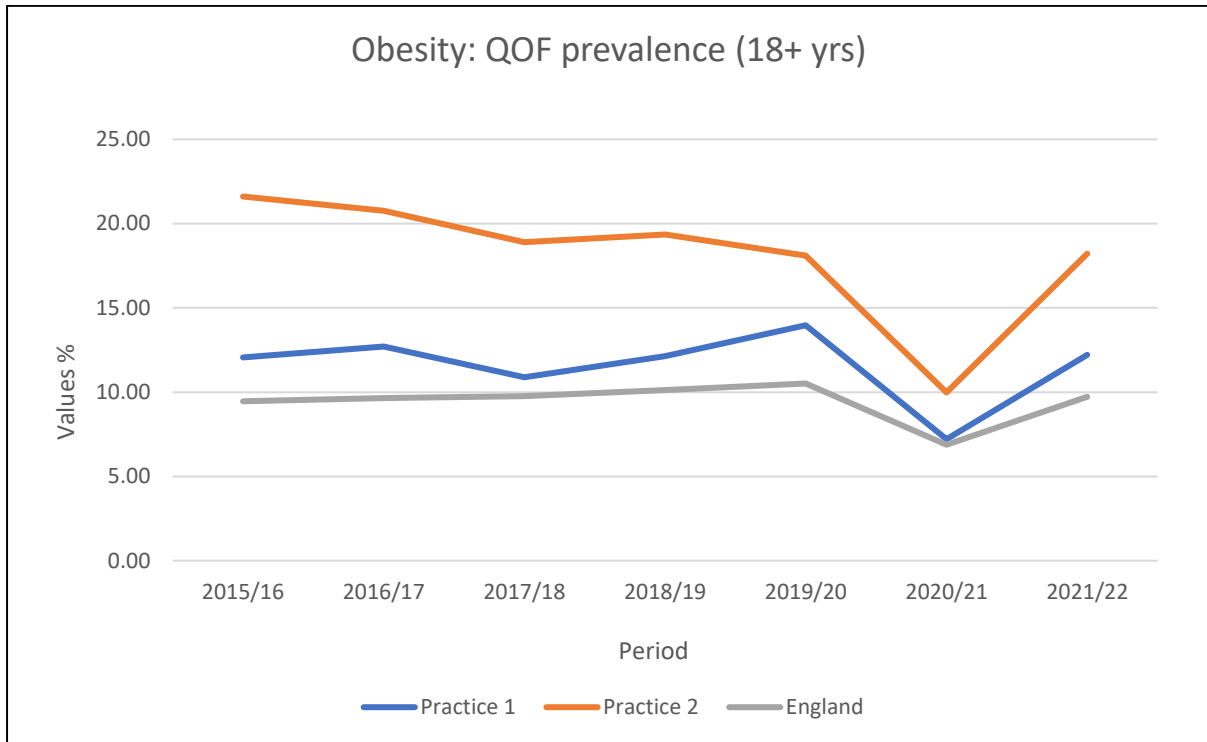
Obesity

Overweight and obesity is the second biggest cause of cancer in the UK, with more than 1 in 20 cancer cases being caused by excess weight. Keeping a healthy weight reduces the risk of 13 different types of cancer including breast and bowel cancer, two of the most common cancer types.

Almost a third of UK adults are obese and, while smoking is still the biggest preventable cause of cancer and carries a much higher risk of the disease than obesity, being overweight or obese is the leading preventable cause of bowel cancer, kidney cancer, ovarian cancer, and liver cancer.

In England, adults and children from the most deprived populations are more likely to be obese than those from the least deprived populations.

The graph below shows elevated levels of adult obesity in the two Partington practices when compared with the England average (note 2020/21 data may be less reliable due to the pandemic).



The prevalence of obesity in Year 6 children is higher in Bucklow-St Martin than in Trafford overall, NW and England, as shown in the graph below.



Other reasons why people in deprived areas have poorer cancer outcomes:

Recognising symptoms and seeking help

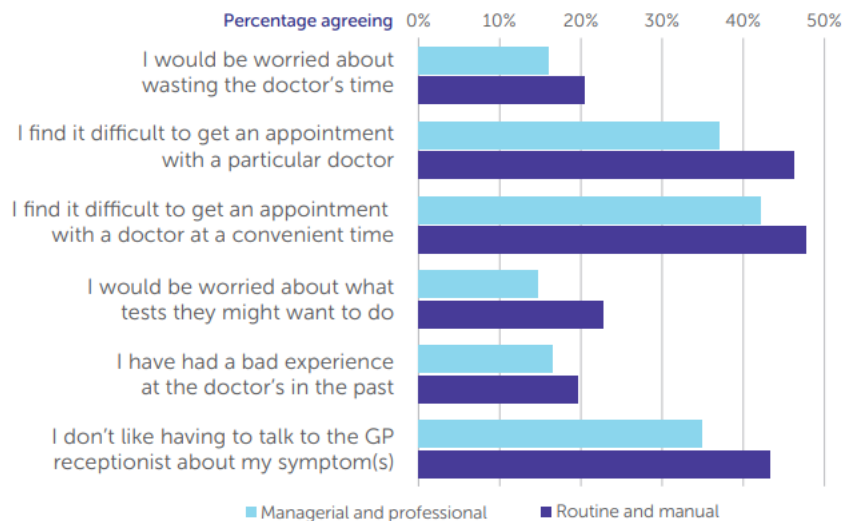
People from more deprived areas in England are less likely to recognise signs and symptoms of cancer than those in the least deprived. For some signs and symptoms such as ‘unexplained lump or swelling’ or ‘change in appearance of a mole’, people from the most deprived populations were half as likely to recognise these as a potential symptom for cancer in a study published in 2015.

Low cancer symptom awareness is associated with socio-economic disadvantage and with poor cancer survival. There is also some evidence² that fear of cancer, fatalistic beliefs about cancer and concerns over wasting the doctor’s time are higher in more deprived areas, resulting in delayed help-seeking.

² Quaife SL, Winstanley K, Robb KA, Simon AE, Ramirez AJ, Forbes LJJ, et al. Socioeconomic inequalities in attitudes towards cancer: An international cancer benchmarking partnership study. *Eur J Cancer Prev.* 2015;24(3):253–60

People in routine and manual occupations are more likely to experience various barriers to getting help when they are experiencing symptoms³

Proportion citing barriers to help-seeking by occupation group, Great Britain, 2014



Screening uptake

Screening can help prevent cancers developing as well as detect cancers at an early stage when treatment is more likely to be successful. There is a large discrepancy, however, in screening uptake by socio-economic deprivation.

Breast and cervical screening coverage is lower in more deprived areas in the UK. Women who live in rented accommodation or in households without cars are also less likely to attend breast screening; and lower educational level has been associated with lower cervical screening coverage in a number of national surveys.

When the National Bowel cancer Screening programme was introduced there was a social gradient in uptake. The introduction of the faecal immunochemical test (FIT) might help reduce this gradient.

The tables below sets out the current screening performance for the national cervical, bowel and breast programmes for our two GP practices in Partington along with the West PCN and Trafford locality performance.

³ Moffat J, Hinchliffe R, Ironmonger L, et al. Identifying anticipated barriers to help-seeking to promote earlier diagnosis of cancer in Great Britain. Public Health 2016; 141, 120-125.

The breast performance is of greatest concern however this has been caused primarily with admin and clinical staff issues in the GM Breast Screening Programme.

Cervical Screening COVERAGE - Females, 25-64, attending cervical screening within target period (3.5/5.5-year coverage, %) Below National Target <80% Above National Target >80%

Cervical Coverage	Jan 20	Sept 22	Variance	Screens to return to pre-covid
Practice 1	69.5%	62.5%	-7.1%	63
Practice 2	76.9%	70.7%	-6.2%	84
Trafford West	80.0%	74.8%	-5.2%	652
Trafford	77.7%	74.8%	-2.6%	1,470

Bowel Screening UPTAKE 60-74 - invited for screening in the previous 12 months who were screened adequately following an initial response within 6 months of invitation

Below National Target <60% Above National Target > 60%

Bowel Uptake	Jan 20	May 22	Variance	Screens to return to pre-covid
Practice 1	59.2%	63.9%	+4.7%	N/A
Practice 2	57.5%	62.4%	+4.9%	N/A
Trafford West	66.8%	71.6%	+5.5%	N/A
Trafford	66.3%	70.9%	+4.6%	N/A

Breast Screening COVERAGE 50-70 - screened for breast cancer in last 36 months (3-year coverage, %)

Below Achievable Standard <80% Achievable Standard >80%

Breast screening coverage	Jan 20	May 22	Variance	Screens to return to pre-covid
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Practice 1	57.3%	44.0%	-13.4%	54
Practice 2	66.1%	42.7%	-22.4%	156
Trafford West	76.9%	52.5%	-24.4%	1,766
Trafford	69.4%	60.5%	-8.9%	2,664

Differences in treatment

A study in England⁴ showed that for lung, oesophageal, stomach and pancreatic cancers, the most deprived patients received different treatments for late-stage disease compared to the least deprived, even after accounting for patient characteristics such as age, sex, ethnicity, and comorbidities. More deprived patients were around 20% less likely to receive chemotherapy, or chemotherapy and radiotherapy combined, compared with the least deprived. We do not yet fully understand the reasons for these differences in treatment.

What can we do to help prevent cancer?

Address wider determinants – deprivation, things affecting mental ill health, access to healthy food, measures to increase physical activity, opportunities to control alcohol and tobacco, increase transport links to increase opportunities to access range of opportunities

Provide targeted support re:

- Weight management
- Stop smoking
- Mental health services
- Brief advice for alcohol
- Healthy food vouchers
- Increase employment/income

⁴ Henson KE, Fry A, Lyratzopoulos G, et al. Sociodemographic variation in the use of chemotherapy and radiotherapy in patients with stage IV lung, oesophageal, stomach and pancreatic cancer: evidence from population-based data in England during 2013–2014. *Br J Cancer* 118, 1382–1390 (2018)

Work with community to address wider determinants and develop targeted support to improve uptake.

Provide support to address screening

- Engagement with communities
- Address concerns – e.g., put residents at ease during smear tests
- Use co-production to address screening
- Increase transport links/support to access appointments
- Take screening mobile units to Partington as less likely to travel
- Use trusted voices/partners to work with the community
- Share best practice between Practices for screening

Need to ensure referrals and early diagnosis happens

The Public health team and the Trafford locality team are currently working on the following projects which aims to improve early diagnosis and reduce cancer rates.

Breast screening

We are currently working with the GM Breast Screening Programme to ensure the mobile unit is located in Partington for the next screening round in 2024. The previous screening round saw the mobile unit located at Trafford general Hospital.

Cervical screening

We are taking a community engagement approach to increasing cervical screening uptake in Partington. The community engagement team are working with members of local community to help identify barriers and enablers to booking and attending cervical screening appointments – through focus groups and surveys.

The VCFSE sector will be invited to bid for delivery of the project to help reach further members of the community.

Work done to date:

- Data analysis – quantitative data of screening uptake by Practice
- Conversations with Practices
- Survey sent out to residents
- Letter sent to Practices re how many additional screens needed to reach next step of screening target
- Communications materials developed
- Focus group held and feedback to be shared with Practices to address issues
- Work with Cancer Clinical Lead and Head of Commissioning at Trafford ICB
- Development of specification to target people not booking or attending via VCFSE sector organisation

NHS Health Checks

In addition to cancer screening programmes, Trafford Council provide the NHS Health Check programme; which is a national screening programme for those aged 40-74 with no pre-existing health condition, to identify those at risk of CVD. While cancer prevention is not an aim of the NHS Health Check programme, many of the risk factors are the same.

The NHS Health Checks aims to identify and address modifiable risk factors including diet, sedentary lifestyle, obesity, tobacco alcohol use. All of these are central to the pathogenesis of both diseases and are reflected in common genetic, cellular, and signalling mechanisms. Trafford's programme has recovered well following the impact of covid. Currently GPs in Trafford deliver health checks to 5.9% of its eligible population above the national average of 3.5%.

Lung Health Checks

GM Cancer has commissioned a targeted lung health check programme for all residents in Greater Manchester age 55 -74 who have ever smoked. However, this is being done on a prioritised PCN basis ranked by deprivation, smoking rates and incidence of lung cancer. While Partington is one of the highest for all the indicators it forms part of the West PCN and will not receive the lung health check until 24/25.

Given the high level of incidence of lung cancer in Partington we have potentially secured £30k slippage funding from GM Cancer for an early diagnosis of lung cancer project – subject to sign-off of how the money will be spent and the outcomes/impact.

The project will involve:

- A search of GP patient records to identify all patients who are aged 55-74 and have even smoked. (Complete – with c 2,00 patients identified)
- Providing additional Health Care Assistant resource to the GP practices to carry out a weekly lung health/respiratory clinic. This will include health checks as well as smoking cessation as well as referral for chest x-ray where clinically appropriate. (Partington Family are already engaged and a meeting with Partington Central is being arranged in January)
- Commissioning the VCFSE sector to work with this patient cohort to educate on lung health, early symptoms and intervention and booking patients into the lung health clinic for a check. (The specification is being scoped and will cover working with lung health and cervical screening)