Cheshire & Merseyside Cancer Alliance

Cancer Inequalities in Cheshire and Merseyside: *Second Report*

January 2022

Version 1

Contents

Section I: Introduction

Cheshire and Merseyside Cancer Alliance published its first report on the impact of COVID-19 on cancer health inequalities in July 2021. That report explored available data to assess the impact of the pandemic on suspected cancer referrals and treatments for new cancers in the 12 months following the start of the first national lockdown, analysed by geography, tumour group, age, gender, deprivation and ethnicity. It showed that there had been a significant increase in inequities particularly in relation to a reduction in referrals from the most deprived neighbourhoods and amongst the elderly.

This second report considers an additional six months' worth of data, and includes new intelligence, such as data relating to the stage of disease at the time of diagnosis, which was not mature enough to be considered in the first report. It shows that many of the inequities highlighted in the first report are still evident, but the impact is flattening out as time progresses.

This new report also looks to the future, setting out in more detail the Alliance's approach to tackling health inequalities in cancer, including those inequalities that existed before the impact of COVID-19.

The impact of COVID-19 on cancer inequalities - Summary

In Cheshire and Merseyside:

- The impact of the COVID-19 pandemic has been greater on referrals than first treatments.
- Referral and first treatment rates have rebounded and are now above pre-pandemic levels.
- However, the cumulative impact on both referrals and treatments is still evident.
- The impact upon referrals was disproportionate in terms of gender, deprivation and age:
    - Men more affected than women
    - People living in the most deprived neighbourhoods more affected than those in less deprived neighbourhoods
    - Older people more affected than younger people
- First treatments showed no significant inequity in terms of age, deprivation, gender or ethnicity.
- Routes to diagnosis have returned to pre-pandemic norms.
- There is currently no evidence of a statistically significant shift in the stage of disease at diagnosis.

Section II:
The impact of COVID-19 on cancer inequalities

Cheshire & Merseyside Cancer Alliance

In this section we compare data relating to urgent suspected cancer referrals, treatments for new cancers, and the stage of disease at the point of diagnosis in the period immediately before the COVID-19 pandemic with data from various periods in the 18 months thereafter.

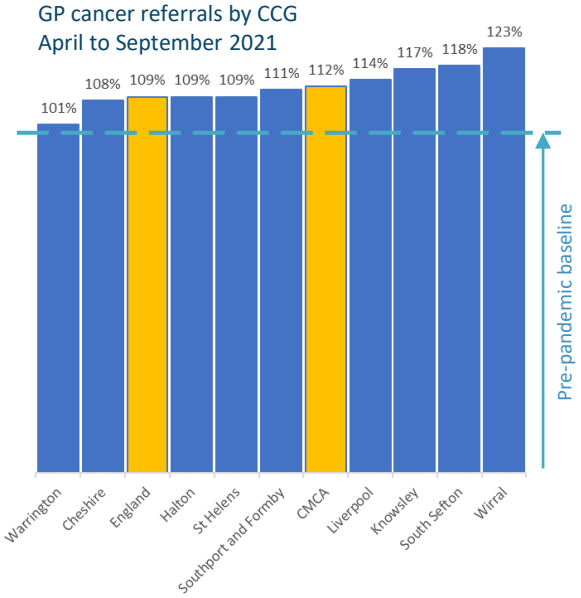
Cancer referrals

Urgent suspected cancer referrals reduced by over 70% in the first weeks of the first national lockdown but then fully recovered by September 2020. The number of patients seen following an urgent suspected cancer GP referral more recently, between April and September 2021 was 12% higher than between April and September 2019. This was a larger increase than in England as a whole, where referrals rose by 9%.

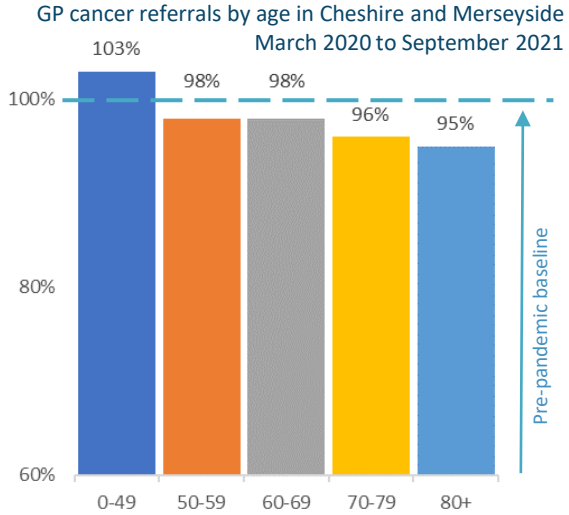
However, there was variation by CCG area, with Wirral seeing the greatest rise in referrals (23%) and Warrington witnessing little change (1% increase).

Halton CCG, which experienced the largest reduction in referrals in the first 12 months of the pandemic (between April 2020 and March 2021) of all Cheshire and Merseyside CCGs, saw referrals rise by 9% (the same as the national average) during April and September 2021 above the same period in 2019.

Variation was also seen at tumour level. Urgent GP referrals for suspected urological, lung and haematological cancers in the first six months of 2021/22 were 8 to 9% below the numbers received in the first six months of 2019/20. All other common tumour groups had referrals above pre-pandemic levels. The greatest rise in referral levels were for suspected lower and upper gastrointestinal cancers (increases of 23% and 19% respectively).



The cumulative impact of the pandemic can be seen through a comparison of the period from March 2020 to September 2021 to a pre-pandemic baseline period (using the equivalent months from March 2019 to February 2020). This shows that the impact (cumulative reduction) of referrals was greatest in the most deprived areas (Quintile 5). Referrals have now increased above pre-COVID-19 levels for all deprivation quintiles.



The cumulative impact on referrals increased with age. Between March 2020 and September 2021, referrals for patients under 50 rose by 3%, whereas there was a 5% reduction in referrals for patients 80+ compared with the pre-pandemic baseline.

Between March 2020 and September 2021 the cumulative impact on referrals for males was significantly greater than for females. Compared with the pre-pandemic baseline, male referrals fell by 5%, but female referrals rose by 1%.

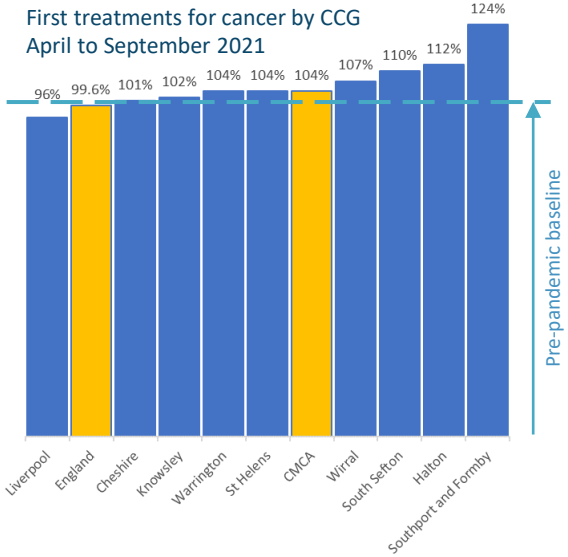
The impact of the pandemic on referrals for patients from different ethnic backgrounds is more difficult to assess due to small numbers in some communities. The cumulative impact during the period March 2020 to September 2021 was a 2% reduction in referrals for individuals identifying as white British, compared to a 3% increase in referrals for patients from diverse ethnic groups.

Whilst the impact of the pandemic is still evident in these cumulative data, referrals have now increased above pre-pandemic levels for all ages, gender, and all ethnic groups. Over time, the inequalities exacerbated by the pandemic are being flattened out.

First treatments

The number of patients treated for a new cancer in Cheshire and Merseyside was 3.9% higher in April to September 2021, compared to April to September 2019. This is in contrast to England as a whole, where the number of first treatments was 0.4% lower than before.

There was variation at CCG-level, with the greatest rise being in Southport and Formby (24%). Only Liverpool CCG saw a reduction in first treatments between April and September 2021 compared to the same period in 2019 (4% reduction).



During the same period, first treatments for skin, lower gastrointestinal and gynaecological cancers were significantly higher (21%, 16% and 9% respectively), whereas treatments for urological, head & neck and breast cancers were lower (by 5%, 4% and 4% respectively).

The referral routes leading to a first treatment between April and September 2021 were very similar to those between April and September 2019. In both periods, half of all treatments were the result of an urgent GP cancer referral. In the first few months of the crisis, most cancer screening programmes were paused, but data from April to September 2021 show that referrals from the screening programmes accounted for 7% of first treatment, which is the same proportion as was seen in 2019.

From April 2021 onwards, first treatment level have been similar to pre-pandemic levels across all deprivation quintiles. However the legacy of the early phase of the crisis can still be seen in the cumulative data from March 2020 to September 2021, which shows a disproportionate impact upon patients from the most deprived neighbourhoods. Curiously, patients from the second most deprived neighbourhoods were impacted the least. However, it should be noted that the differences between the quintiles in Cheshire and Merseyside are not statistically significant.

As of September 2021, the proportional impact of the pandemic on first treatments shows no clear pattern in relation to age, gender or ethnicity.

Stage of disease

Outcomes for patients treated for early stage cancers are significantly better than for those whose disease has progressed. The NHS Long Term Plan ambition for cancer is for 75% of cancers to be diagnosed at an early stage (stage I or II) by 2028. Nationally published staging data is currently available up to and including 2018. At that time, 53.0% of patients in Cheshire and Merseyside were diagnosed at stages I or II compared with 53.9% for England as a whole.

Unpublished, rapid cancer registration data (RCRD) is now available up to and including 2020 to NHS staff to assist with assessing the impact of the COVID-19 pandemic. These data are provisional, and have not been through the rigorous quality checks required for publication. When the Cancer Alliance produced its first report into the impact of COVID-19 in July 2021 the RCRD was too incomplete to be appropriately interpreted. Six months on, the dataset has matured and, albeit tentatively, conclusions can be drawn.

RCDC data for Cheshire and Merseyside suggest that the proportion of patients diagnosed at an early stage in 2020 was statistically similar to 2018 and 2019.

Section III:
Our approach to addressing cancer inequalities in Cheshire and Merseyside

Cheshire & Merseyside Cancer Alliance

Cheshire & Merseyside Cancer Alliance brings together organisations, patients and others affected by cancer to drive improvements in clinical outcomes and patients' experience of the care and treatment they receive.

We aim to achieve:

- **Better cancer services**, by providing access to expertise and learning; leading change in care pathways, and in piloting new scientific innovations.
- **Better cancer care**, by sharing and building on good patient experience practice.
- **Better cancer outcomes**, by increasing early detection, early diagnosis, enabling early access to cancer services and pathways, and ensuring cancer patients have access to the support they need to live long fulfilling lives beyond cancer.

To achieve these three aims it is essential that we are focussed on, and committed to, addressing health inequalities on all levels.

We know that there are health inequalities when comparing Cheshire and Merseyside's cancer outcomes with other regions in England. Our population has higher rates of cancer incidence and mortality that the England average, and there is a need to speed up our rate of improvement to close the gap. We also know that there are inequalities within our own population, with deprivation being not the only, but probably the biggest, pre-existing (i.e. pre-COVID) cause of variation.

Over the course of the last 18 months, the Cancer Alliance has developed its thinking and approach to addressing inequalities. We are now clear that we will not close the gap by simply addressing inequalities at the point of access to health services, as has been, perhaps, the traditional NHS approach. We need to work with communities and partner organisations to address – indeed prevent – inequalities upstream, as well as when they are observed in NHS services.

With support from Macmillan, the Cancer Alliance has established a new team focussing specifically on patient experience and health inequalities. The team members are facilitators, supporting and enabling others to identify and resolve inequalities, rather than being solely responsible themselves. This approach will help to embed a culture of awareness throughout the Alliance's work programme. Ultimately, all decisions that the Alliance makes on the deployment of resources should be made on the basis of reducing inequity.

WE ARE MACMILLAN. CANCER SUPPORT

Cheshire & Merseyside Cancer Alliance

Improvement is all about partnerships. Coordinated action, based on sound evidence and informed by people from within the communities themselves, is key. The Alliance works closely with the Directors of Public Health through the Champs Public Health Collaborative, and is a key stakeholder in developing the C&M Marmot Community.

Marmot Community

In 2021, University College London's Institute of Health Equity, headed by Professor Sir Michael Marmot, was commissioned by the Cheshire and Merseyside Health & Care Partnership and the Directors of Public Health to support the reduction of health inequalities through action on the social determinants of health.

Cheshire and Merseyside Cancer Alliance has been closely involved in the development of the Marmot Community from the outset and is represented on the Advisory Board.

The Community involves organisations outside the health care system which have an impact on health – including local government, public services, business, the voluntary and community sector, and the public. These partnerships are vital for reducing health inequalities but are often difficult to establish and sustain, due to different priorities, lack of resources, and different ways of working. Aligning different sectors and organisations' priorities, budgets, levers, and incentives is an essential next step for Cheshire and Merseyside and there is great ambition to achieve this. The development of the Integrated Care Board in Cheshire and Merseyside provides an opportunity to forge a system which generates greater health equity in the region based on partnerships with other sectors.

https://www.champspublichealth.com/wp-content/uploads/2021/10/Briefing-Note-Institute-of-Health-Equity-FINAL.pdf

In parallel to our involvement in the Marmot Community and focus on the wider determinants of health, the Cancer Alliance has developed a comprehensive health inequalities strategy based around nine locally-developed pillars, namely:

1. Understanding health inequity
2. Building confidence and awareness amongst staff
3. Adapting processes
4. Accessibility to information
5. Building a community against cancer
6. Sharing individual experience
7. Sharing group experience
8. Making health inequalities everyone's business
9. Creating and sharing resources

These CMCA pillars are described in the appendix. In short, the aims are to make inequalities visible (we can't tackle what we can't see), and ensure that everyone has the skills, confidence and commitment to address them on a daily basis.

The Alliance has set aside a dedicated budget to support the delivery of its health inequalities strategy.

Appendix: The Nine Pillars of CMCA's Health Inequalities Strategy

1. Understanding Health Inequity

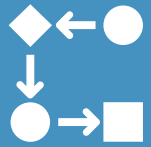
Ensuring access to good quality intelligence so we can 'see' and understand inequity in order to address it.

We will build a greater range of reliable data sources and link in with initiatives such as CIPHA.

2. Building Confidence and Awareness

Delivering a mandatory three hour workshop to all CMCA staff to shift perception. Possible offer to roll out to other NHS organisations. Will form part of the Cancer Academy to ensure HI awareness is built into all training programmes. Training on HI added to advance communications skills for cancer support workers.

3. Adapting Process



Adapting the Alliance's programme management office (PMO) and governance frameworks to ensure that all projects and programmes are 'hard wired' to address inequalities.

4. Accessibility to Information

Ensuring all patient/public facing materials from the Alliance are accessible, including being available in five languages, easy read and British Sign Language. The Alliance has set aside a budget to support this.

5. Building a Community Against Cancer

Working with over 200 organisations in Cheshire and Merseyside to become affiliated through a *foundation of engagement.* This community against cancer asks community groups to commit to a range of offers, from sharing social media to co-producing services.

6. Sharing Individual Experience

Recording the stories of individuals whose lives have been impacted by cancer to form a patient experience library. From one minute statements, to whole stories, podcasts and quotes, we will bring the experience of patients and their carers to life.

7. Sharing Group Experience

Developing a resource of experiences shared by groups with protected characteristics, through videos made by local communities and support groups.

8. Making Health Inequalities Everyone's Business

The Alliance's Health Inequalities Team work as facilitators, encouraging and skilling staff to listen to communities, patients and support groups, and to work with them to address inequity.

9. Creating and Sharing Resources

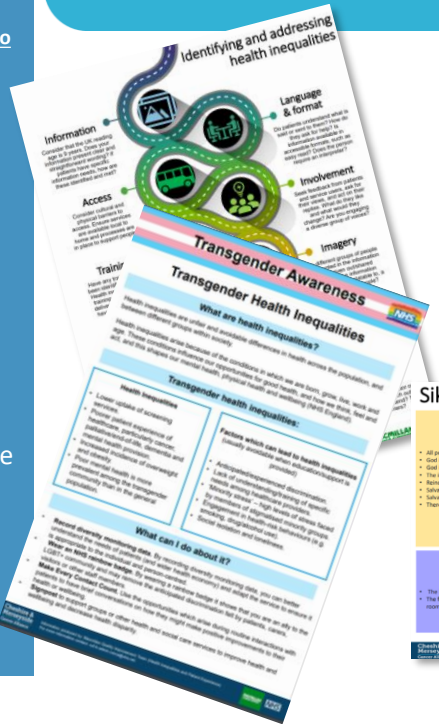
https://www.cmcanceralliance.nhs.uk/work/patient-experience-and-health-inequalities

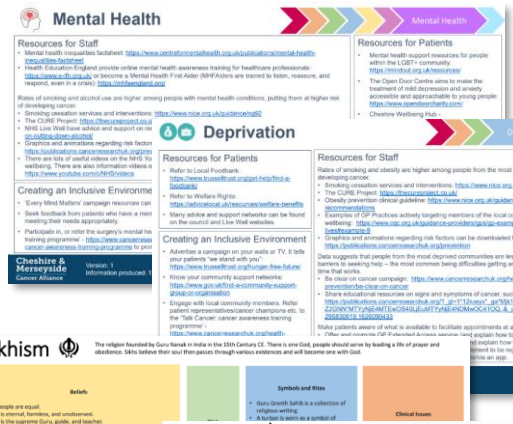
The Alliance will maintain a library of resources. Current examples:

- National Cancer Patient Experience Survey Toolkit
- Quality of Life Survey Toolkit
- Religion and Cancer Reference
- Barriers by Protected Characteristic
- Resources by Protected Characteristic

Online resources

Online resources designed to support healthcare professionals in tackling health inequality can be found on the Cheshire and Merseyside Cancer Alliance website.





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Cheshire and Merseyside Cancer Alliance is an NHS organisation that brings together NHS providers, commissioners, patients, cancer research institutions and voluntary & charitable sector partners to improve cancer outcomes for our local population.