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**DARLINGTON CANCER PROFILE**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To provide the Board with a high level overview of cancer need and outcomes for Darlington with reference to the Cancer Profile for Darlington.

**Summary**

2. Cancer is identified as the second greatest contributor to premature mortality in Darlington. In January 2016, a two-year review of cancer services in Darlington was launched by NHS Darlington CCG and Macmillan Cancer Support, in order to identify opportunities for improvement in patient care and outcomes, and to inform commissioning intentions for cancer services. As part of the review a Cancer Profile for Darlington was produced which provided a snapshot of the needs, outcomes and the performance of local services. It has also highlighted the impact of cancer on health inequalities and premature death rates.
3. The Darlington Cancer Profile "Cancer in Darlington: A Profile 2017" is attached as **Appendix A**.

**Recommendation**

4. It is recommended that:-
  - (a) The Health and Wellbeing Board note the impact of Cancer on Darlington and the inequalities in the distribution of cancers and outcomes.
  - (b) The Health and Wellbeing Board note the improvement work underway, including work to improve access to screening and early diagnosis and treatment.

**Reasons**

5. The recommendations are supported by the following reasons:
  - (a) Cancer is a significant contributor to premature mortality in Darlington.
  - (b) There are significant inequalities in incidence, prevalence and outcomes for cancer in Darlington.

- (c) Improvements in cancer performance will improve outcomes and contribute to reducing premature mortality for Darlington residents.

**Suzanne Joyner**  
**Director of Children and Adults**

**Background Papers**

Cancer in Darlington: A Profile 2017

Ken Ross : Extension 6200

S17 Crime and Disorder	None
Health and Well Being	Impacts on life expectancy
Carbon Impact	None
Diversity	None
Wards Affected	All wards in Darlington
Groups Affected	All groups
Budget and Policy Framework	None
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	More People healthy and independent, Enough support for people when needed
Efficiency	No implications
Implications on Looked After Children and Care Leavers	None

## MAIN REPORT

### Background

6. Cancer is a major health problem in Darlington, with higher rates of cancer incidence, higher rates of early death (under 75 years) from cancer, and worsening one-year survival outcomes reported when compared against the England rate.
7. More people are being diagnosed with cancer in Darlington than the England average, with the incidence rate now statistically higher than the England rate and marginally above the regional rate. The most recent available data (2009-10 to 2013-14) indicates that this rate continues to increase.

### Incidence

8. Cancer is not a single disease but is a term that includes a range of different tumors and sites. The most common cancer diagnoses affecting people in Darlington includes Lung, Breast, Prostate, Colorectal, Bladder and Ovary.
9. When comparing cancer incidence in Darlington to that of England and the 10 CCG comparator areas, local rates appear to be largely consistent with both England and the 10 comparator CCG areas.
10. At a population level, analysis indicates that there is variation in the incidence of different cancer and tumor sites within the Borough with the incidence of some cancers to be particularly high within some of the most deprived wards in Darlington.

### Prevalence

11. The number of people living with and beyond a cancer diagnosis is increasing. In Darlington, this number is higher than the England average. In terms of the numbers of people living with or beyond a cancer diagnosis in Darlington, there were approximately 2,800 individuals, or 2.6% of the local population in 2015-16 living with cancer. The majority of those living with cancer are likely to also have a long term condition. Those with a new diagnosis of cancer are significantly more likely to have regular contact with their GP for several months following their diagnosis.
12. At a population level cancer prevalence appears to be varied across the borough, with a strong correlation between prevalence and deprivation with evidence of increasing prevalence rates correlating with higher deprivation scores.
13. This suggests that cancer outcomes are varied across Darlington, with less deprived areas reporting better cancer outcomes for their patients. At a population level the highest levels of overall cancer mortality are reported in areas of high deprivation.

## Screening and early diagnosis

14. Screening rates in Darlington are consistently high and most are statistically above the England rate. Local cervical screening rates continue to be statistically higher than the England rate, but with local rates mirroring a consistent national decline in uptake over the last 7 years. Indicators for bowel cancer screening activity in Darlington are also improving with work to improve uptake in vulnerable populations such as those with a Learning Disability.
15. Significant variation in the uptake of cancer screening exists across the borough. Although overall rates remain high, work is continuing to improve the awareness and uptake of cancer screening programmes in professionals and vulnerable or at risk populations.
16. Early diagnosis is vital for improved outcomes. This includes the time of initial referral by the GP as part of the cancer pathway for further investigation and review by a specialist. There will always be far more referrals than diagnosis as many of the signs and symptoms of cancer are similar to other less serious diseases. Reducing the time the patient waits and the quality of the initial referral, all contribute to better outcomes for the patient.
17. In terms of actions to improve early diagnosis and access to early treatment, Darlington continues to improve the local rate of referral through the two week wait urgent pathway and continues to maintain high quality referrals with an increasing number of cancers detected in those cases that are referred to the two week wait urgent pathway.
18. The need for continued attention on early identification and diagnosis is also reflected in the high numbers of patients being diagnosed for cancer via emergency presentation in Darlington, which continues to increase and is now both the highest rate in the region and statistically worse than the England rate. This suggests that opportunities exist to improve the proportion of people in Darlington who receive their cancer diagnoses at an earlier stage and through more planned routes such as their GP. Emergency presentation often accompanies later stages of presentation in patients with poorer experience and outcomes.
19. Better uptake of screening, better information about and recognition of signs and symptoms and a greater awareness of this profile can all contribute to reducing emergency presentations particularly at a late stage of disease.

## Outcomes

20. The overall rate of cancer mortality for Darlington is higher than the national rate with mortality rates for males continuing to rise faster than for women. Rates for one-year survival (all cancers) are statistically worse than the England.
21. Regarding site-specific mortality in Darlington, lung cancer is the most common cause of cancer-related death for males and females and persons overall. The second most common cause of cancer mortality was prostate cancer for males and breast cancer for females. A range of rarer and less common cancers were the

third most common causes of cancer death combined, for both males and females.

## **Conclusion**

22. Cancer is a significant contributor to premature mortality and inequalities in Darlington. There are inequalities in the incidence, prevalence and mortality across common cancers in Darlington both between Darlington and England and within Darlington between the most and least deprived wards.
23. Screening rates in Darlington remain good compared to England although there are signs of a long term reduction in uptake of cancer screening programmes such as cervical screening. Early access to timely diagnosis in Darlington is improving with the numbers referred for two week wait increasing and detection rates improving.
24. Overall cancer mortality for cancer in Darlington is worse than England and rising, with males having a significantly greater increase compared to women. There is variation in mortality from cancers with Lung cancers contributing to the greatest proportion of cancer mortality for all cancers. There is variation between gender specific cancer with prostate being a significant contributor to cancer mortality for men and breast cancer being a significant contributor for cancer mortality for women.
25. There remains a worrying proportion of people in Darlington having their diagnosis of cancer through an emergency department, with significantly poorer experiences and outcomes for patients diagnosed via this route. This does indicate that work is required to continue to improve uptake of screening, awareness of signs and symptoms of common cancers and improved access to earlier diagnosis and treatment.