

# **Cancer: Public Health outcomes for Norfolk and Waveney**

**Integrated Care Partnership (ICP) meeting  
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Acknowledgements:

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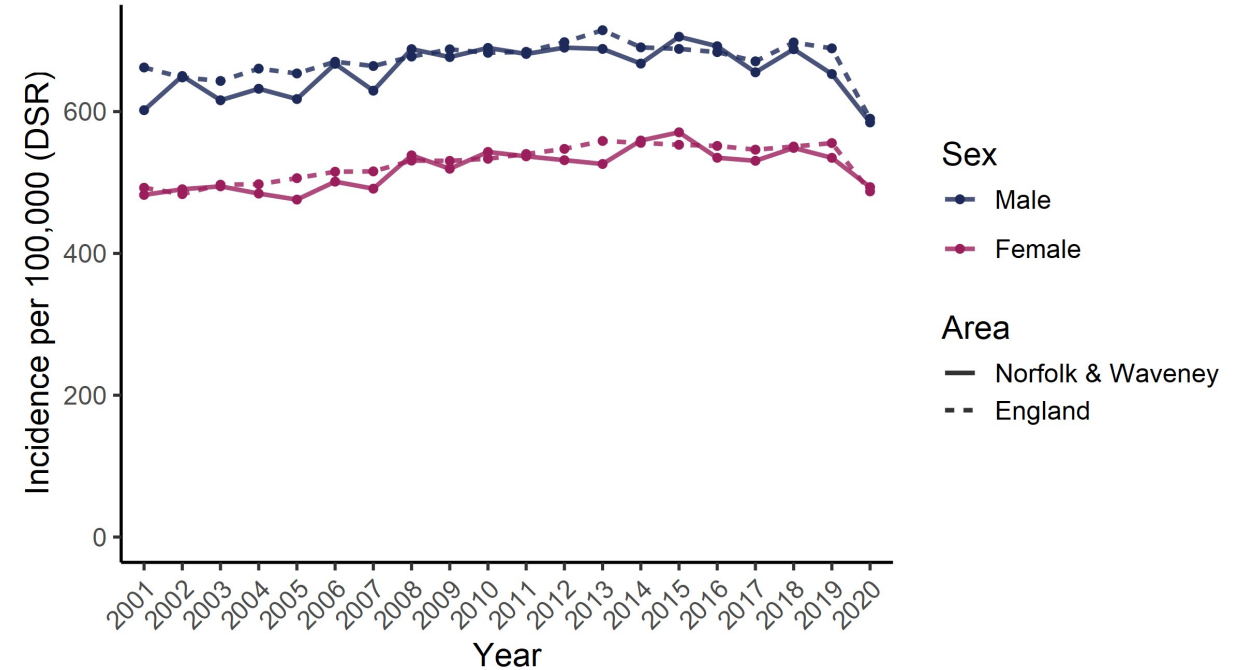
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# Cancer Incidence in Norfolk & Waveney

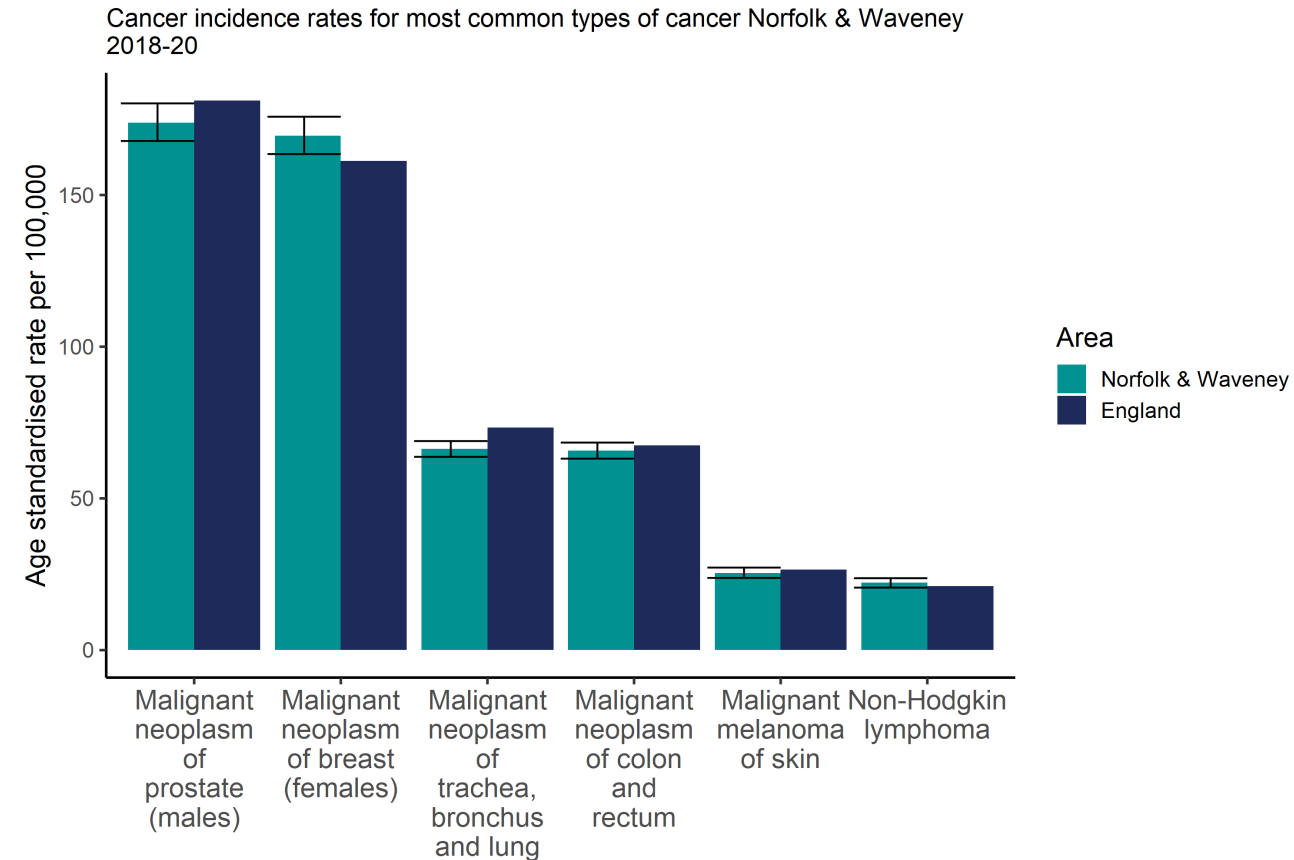
- Incidence is defined as the number of new cases identified each year.
- In Norfolk & Waveney there are between 6,500 and 7,400 new cases of cancer identified annually (6,584 in 2020).
- Across England, cancer incidence rose slightly through the 2000s, but this trend stopped around 2013.
- Cancer incidence in Norfolk and Waveney has remained similar to that seen nationally.
- Incidence rates have dropped between 2019 and 2020. It is likely that the COVID-19 pandemic meant people were less likely to contact a health professional with cancer symptoms, and this may have contributed to the reduced incidence.

Incidence of all malignant cancers (all ages) excluding non-melanoma skin cancer  
2001-2020 annual trend



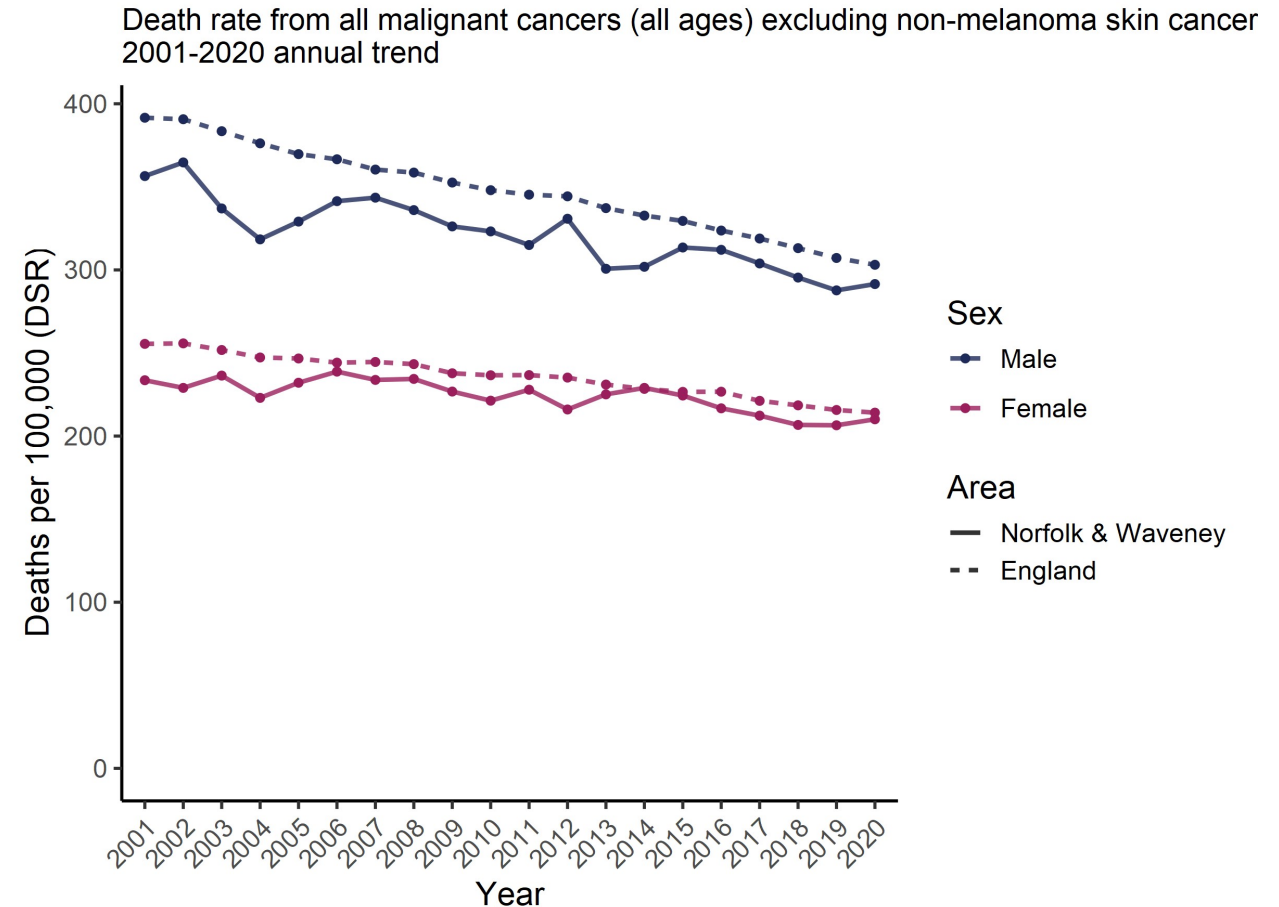
# Cancer Incidence in Norfolk & Waveney

- The most common types of cancer that occur are prostate (males), breast cancer (females), lung cancer and colorectal cancer.
- There are around 1,000 cases of prostate cancer and breast cancer each year in Norfolk & Waveney, and more than 800 cases of newly diagnosed lung cancer and colorectal cancer.
- Around 300 people per year are diagnosed with skin cancer.
- The incidence rate of prostate and lung cancer is lower than England, but breast cancer has a higher rate compared to average.



# Cancer deaths

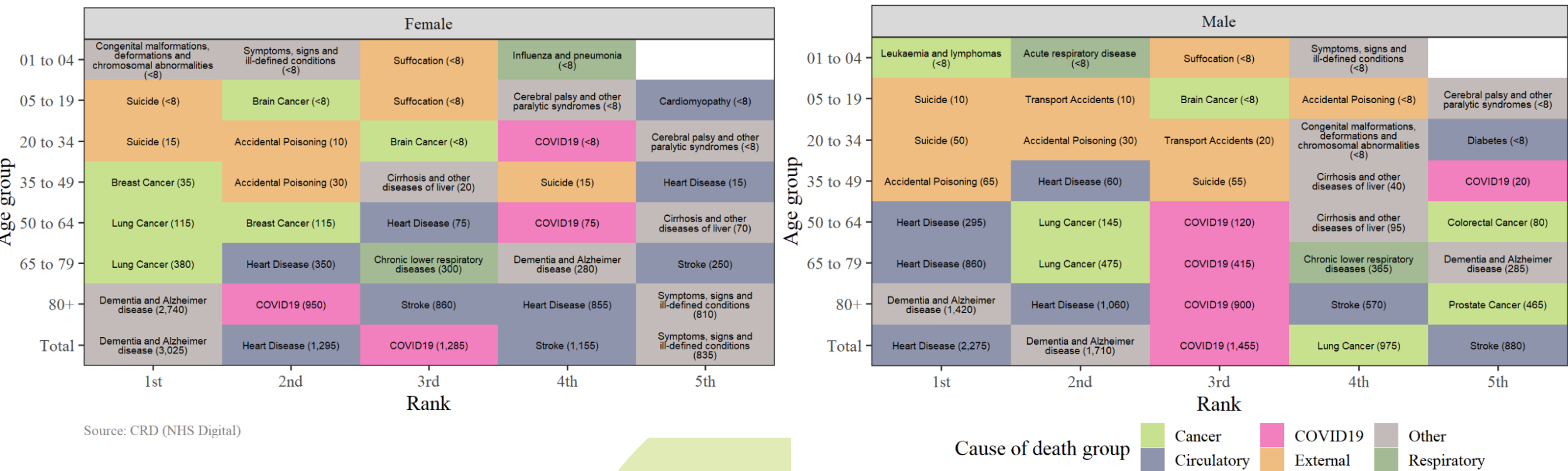
- Whilst the overall incidence rate of cancer has increased, the rate of people dying from cancer has decreased.
- In Norfolk & Waveney there were 3,226 deaths from cancer in 2020. These account for around a quarter of all deaths in the area.
- 40% of cancer deaths occur below the age of 75, and 10% below the age of 60.
- Overall, mortality rates for cancers are lower in Norfolk & Waveney compared to the national figure.



# Cancer deaths

- Lung and breast cancer are top causes of deaths for **females** aged 35 to 79.
- Lung cancer is also one of the top causes of early deaths for **males**, lung cancer is the second highest cause of death for those aged 50-79.

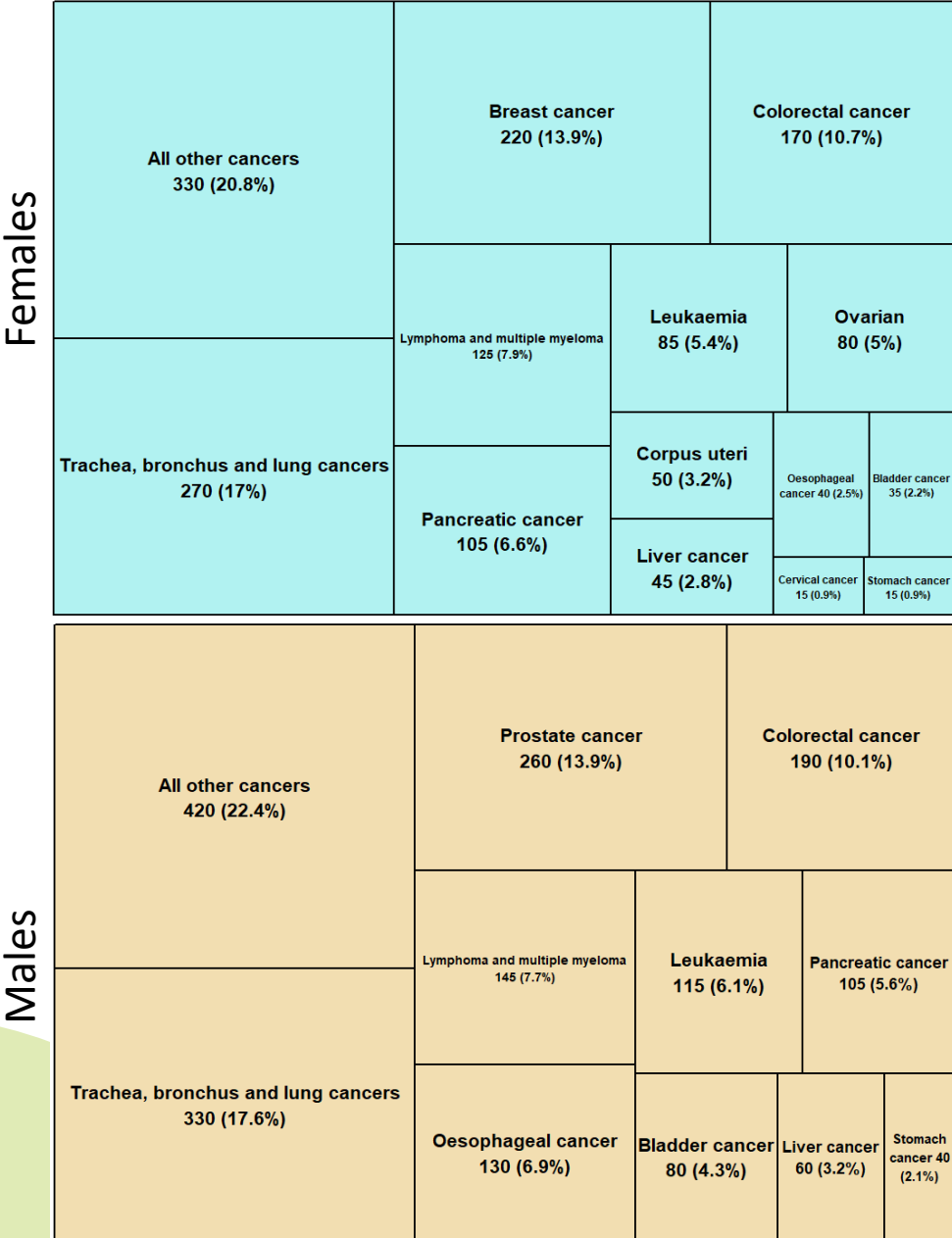
Cumulative number of deaths by age and sex for the top five causes of death in Norfolk & Waveney between 2020 and 2022:



# Cancer deaths

- For females, the main causes of death from cancer are from lung cancer, breast cancer and colorectal cancer.
- For males, the main cause of cancer deaths are lung, prostate and colorectal.
- Other notable causes of death from cancer locally are brain cancer, with around 95 deaths, and kidney cancer accounting for around 75 deaths per year.

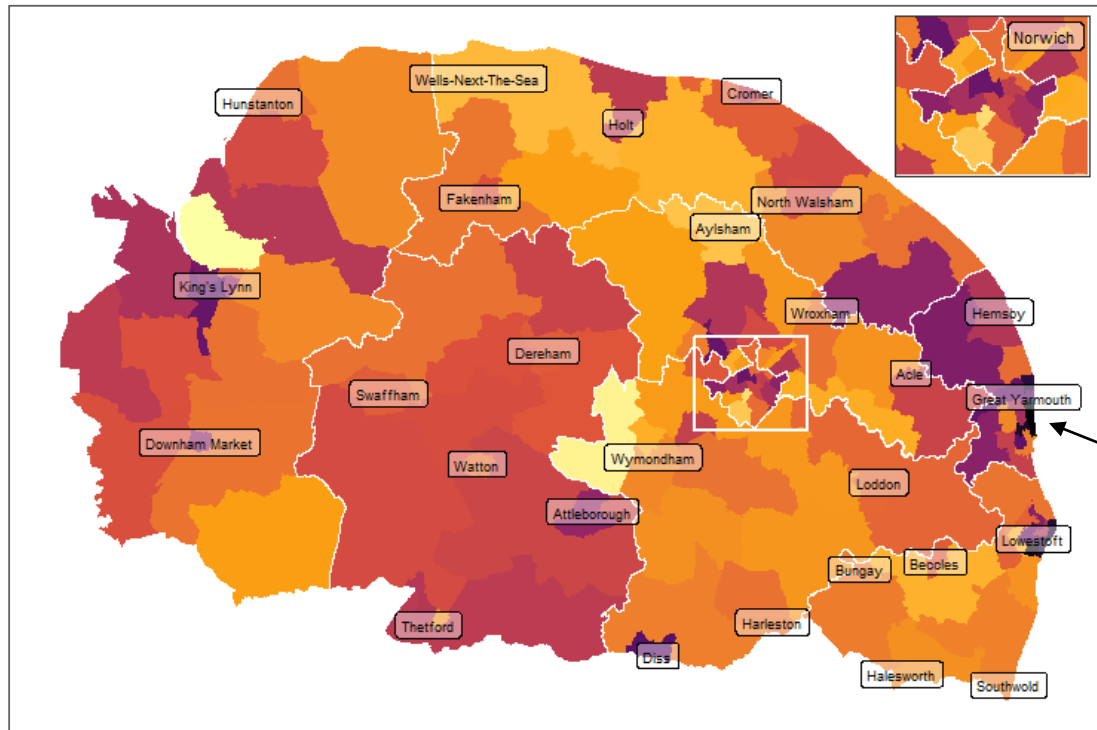
Annual average number of cancer deaths for 2020-22, main causes in Norfolk & Waveney:



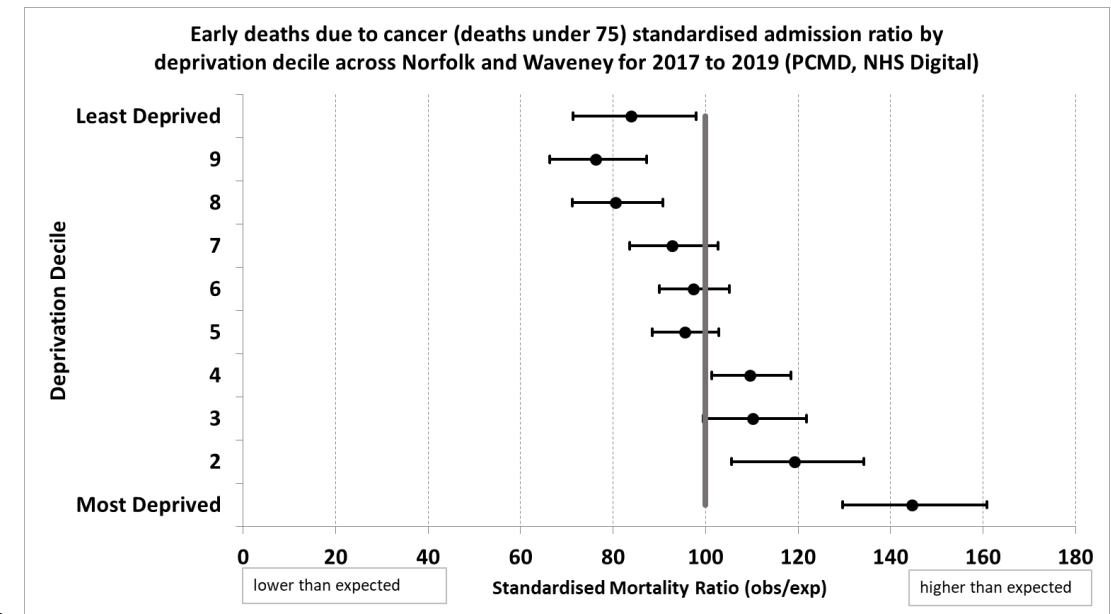
# Cancer deaths

- Across Norfolk and Waveney early deaths (those under 75) are higher than expected in the more deprived areas. For the most deprived 20% of areas this excess is about 50 per year.

Standardised Mortality Ratios for under 75s for all cancers across Norfolk and Waveney in 2020 - 2022



Source: NHS Digital Primary Care Mortality Database

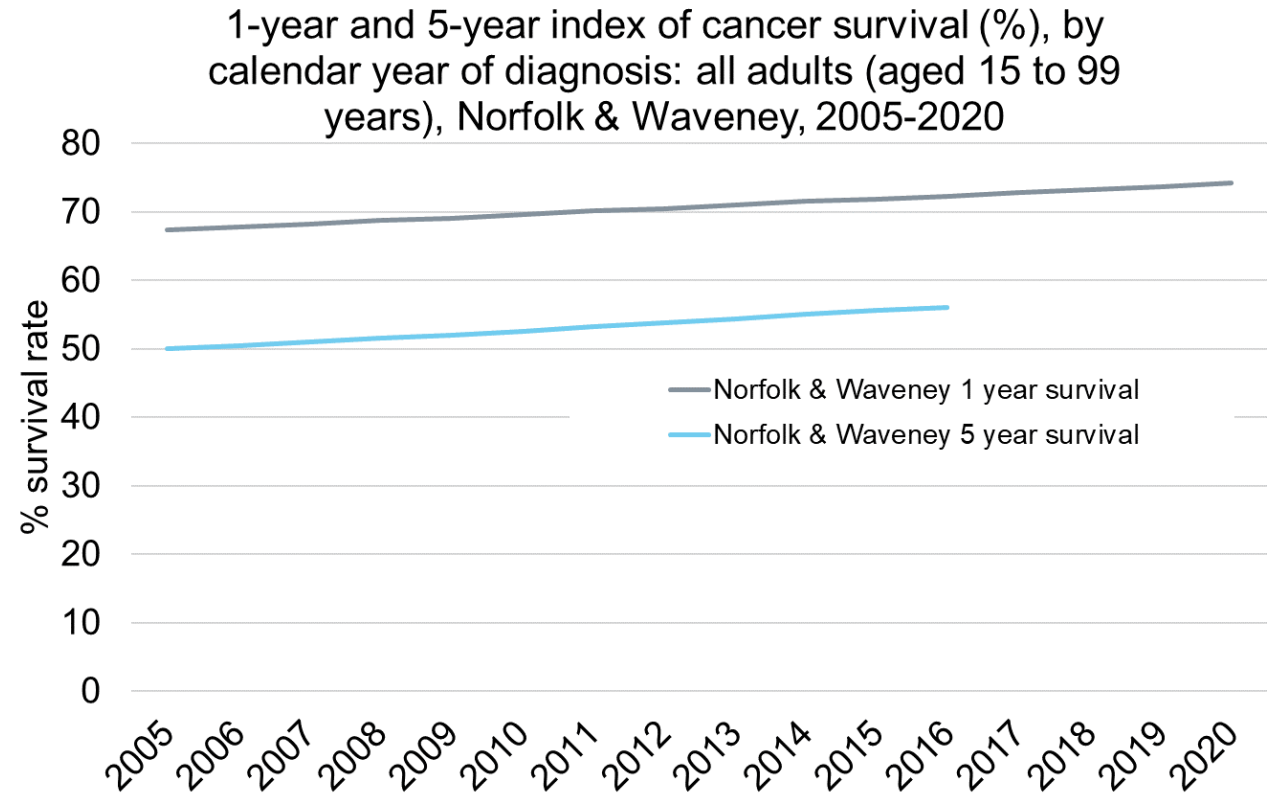


Darker colours indicate higher than expected rates – these are generally associated with the more deprived areas



# Cancer survival

- In Norfolk & Waveney, 74% of people diagnosed with cancer survive more than one year after diagnosis and 56% survive more than five years.
- Cancer survival rates have improved in the past decade.
- This is in line with the England average.



# Cancer survival

- Although incidence is high locally, patients are more likely to survive 1 and 5 years after breast cancer diagnosis compared with other major cancers.
- 1-year cancer survival rates for breast cancer have increased since 2015, to 96.9% in 2020, from 94.5% locally.
- Lung cancer death rates are better than the national average but only around half of patients survive 1 year or more after a diagnosis. Survival rates locally are similar to the national average.

Summary of cancer incidence (most common types), mortality and survival in Norfolk & Waveney

	Incidence - all ages (2018-20)	Mortality - all ages (2018-20)	1-year survival (2020)	5-year survival (2016 cancers)
Breast (females only)	169.5	33.8	96.9%	89.50%
Lung	66.3	45.8	47.6%	19.80%
Prostate (males only)	173.9	43.3	--	--
Colorectal	65.7	25.0	79.9%	62.60%
Cervical (females only)	10.0	2.5	--	--

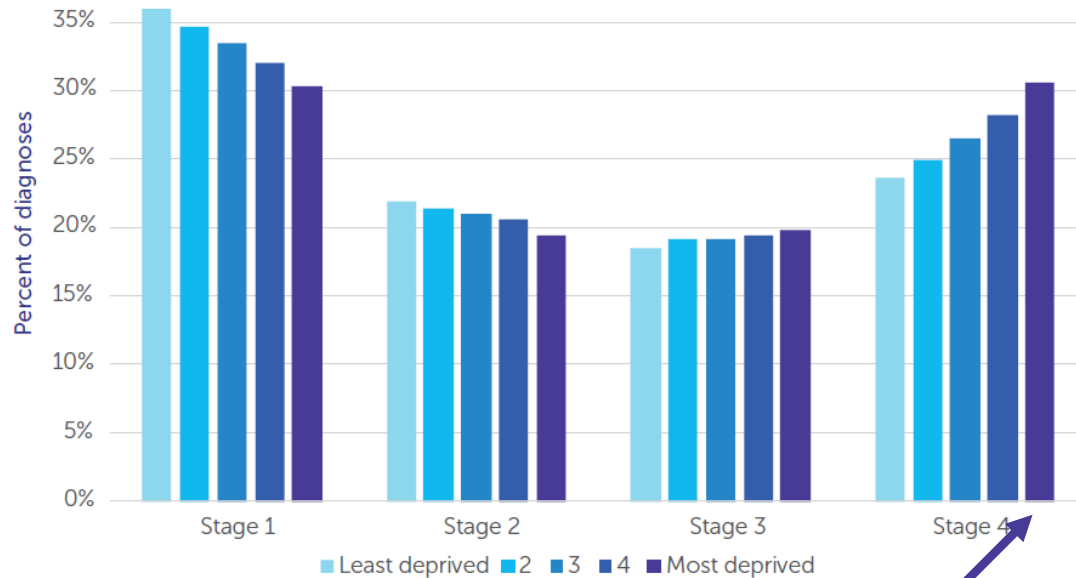
Significantly worse than England  
Significantly better than England

Source: Cancer survival: Index for sub-Integrated Care Boards, 2005 to 2020 - NHS Digital. CancerData

# Cancer survival – inequalities

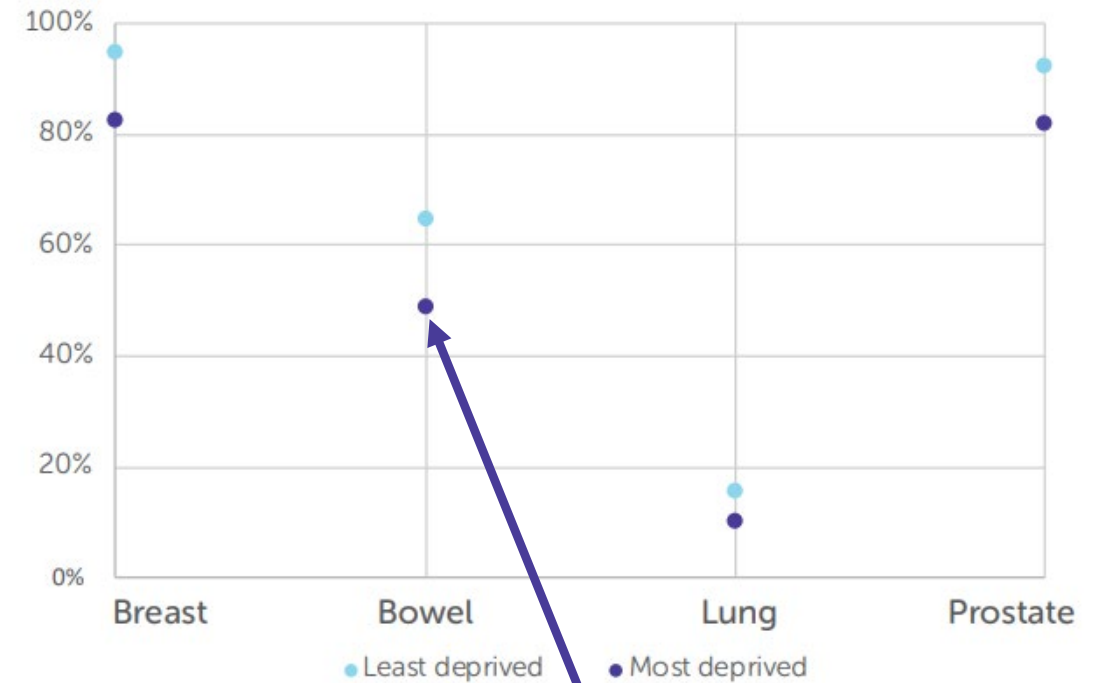
- Patients from more deprived communities are more likely to have cancer diagnosed at a later stage and have lower survival rates.

Proportion of patients diagnosed at each stage by deprivation quintile, England, 2014-2018



Stage 4  
diagnoses higher  
in the more  
deprived  
communities

Five year cancer survival (net) by socio-economic deprivation, Wales, 2012-2016

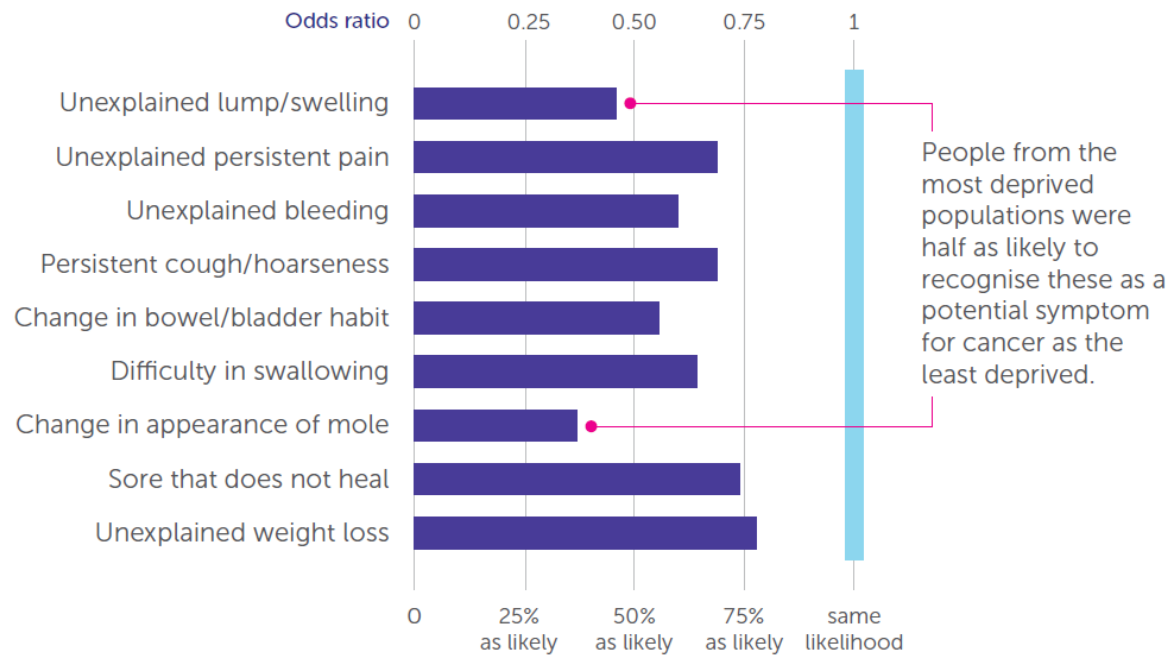


Net survival  
lower in the  
more deprived  
communities

# Cancer survival – inequalities

- People from more deprived communities are less likely to recognise symptoms, less likely to attend screening and are more likely to report barriers to seeking help.

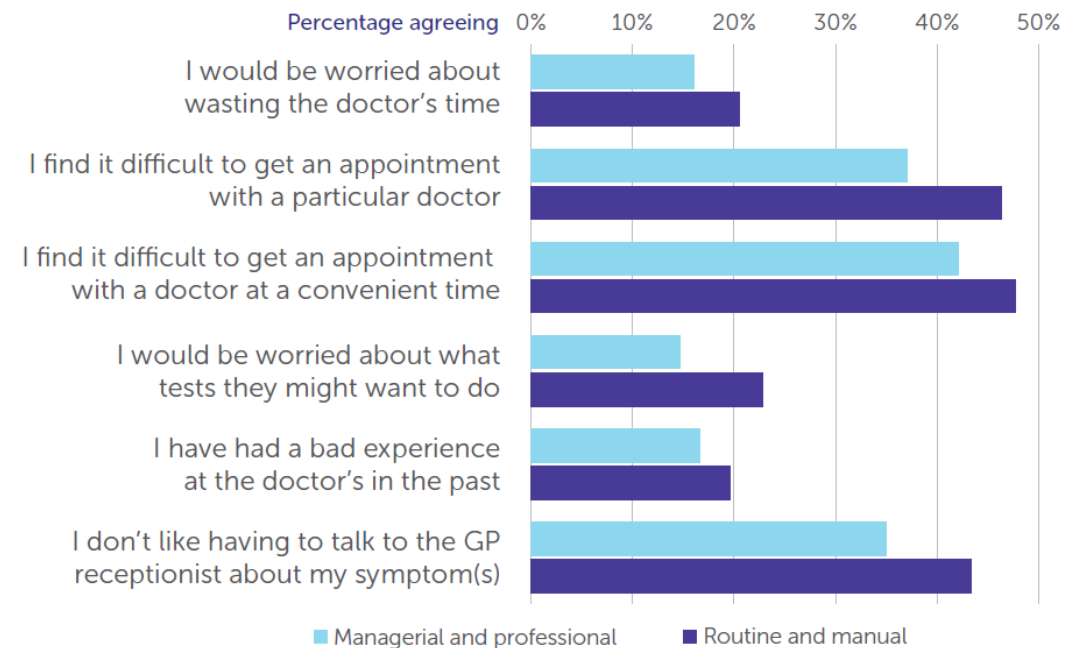
Recognition of cancer symptoms, most deprived compared to least deprived, England, 2009-2011



Less likely to recognise symptoms



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



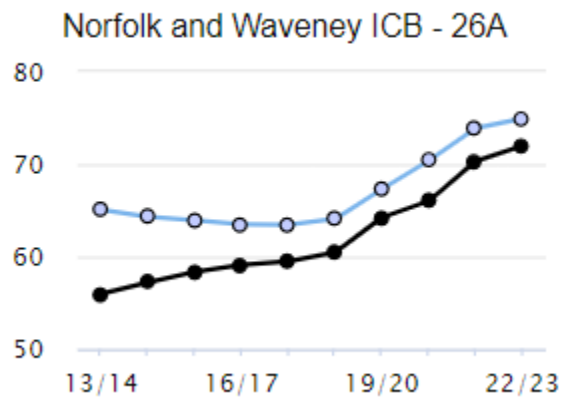
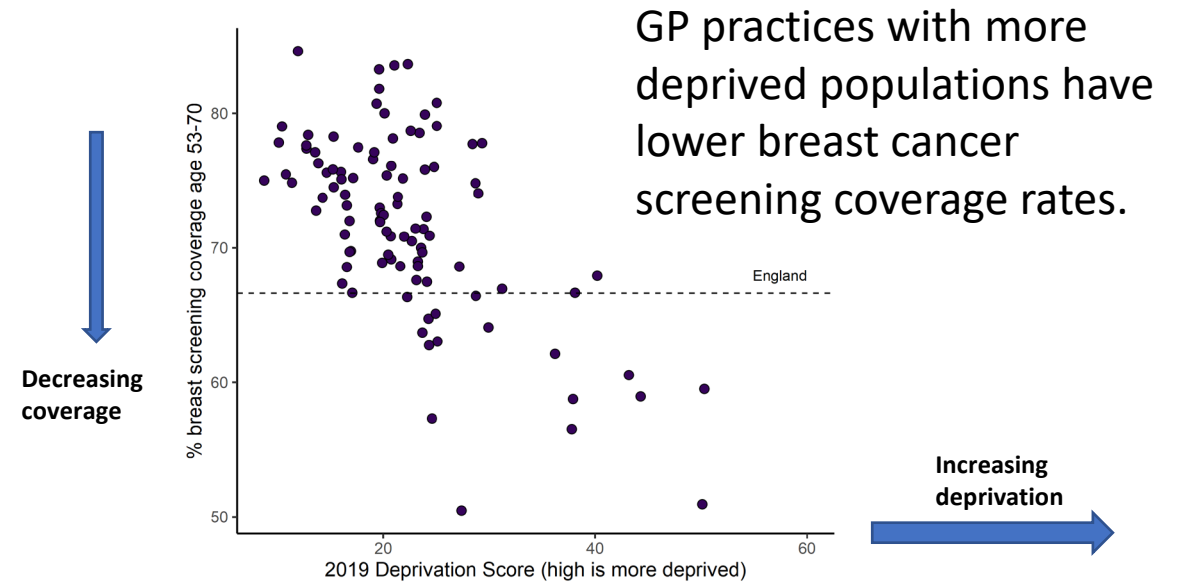
More likely to report barriers



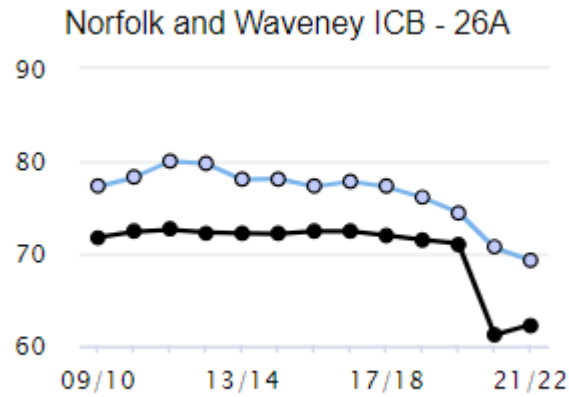
# Cancer screening coverage

- **Bowel cancer** screening coverage in Norfolk good relative to the rest of the country and is increasing
- **Breast cancer** screening in Norfolk and Waveney is good relative to the rest of the country. More than 70% of eligible women aged 53-70 have had a breast screening in 2022/23, higher than the England average of 67%. However, the trend in coverage for 50 to 70 year olds has been declining.
- **Cervical cancer** screening coverage has been declining but appears to have stabilised and is better than England
- However, there are inequalities in coverage

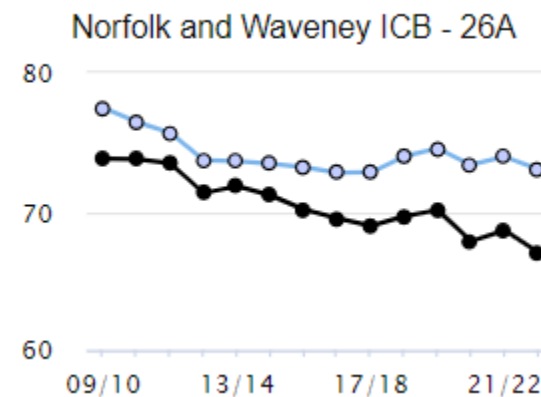
Breast screening coverage: aged 53 to 70 years old, Norfolk and Waveney GP Practices, 2022-23



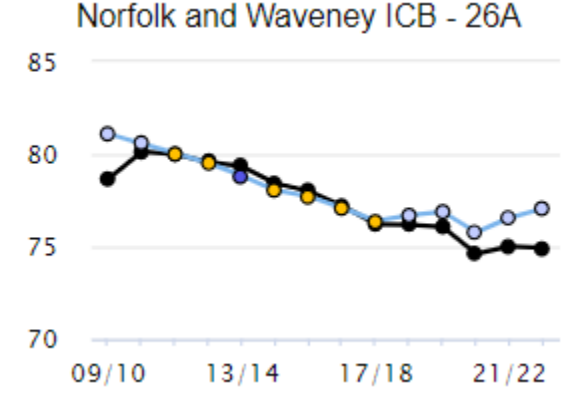
Bowel 60 to 74



Breast 50 to 70 (discontinued in 2021/22)

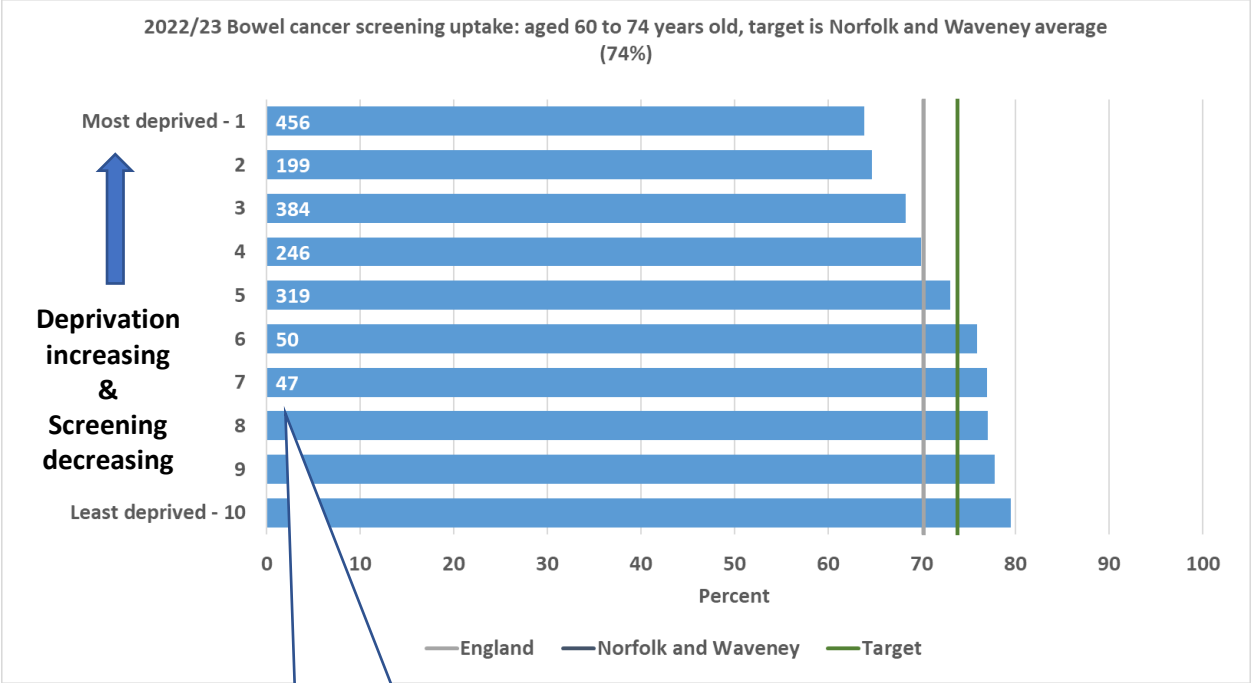


Cervical 25 to 49



Cervical 50 to 64

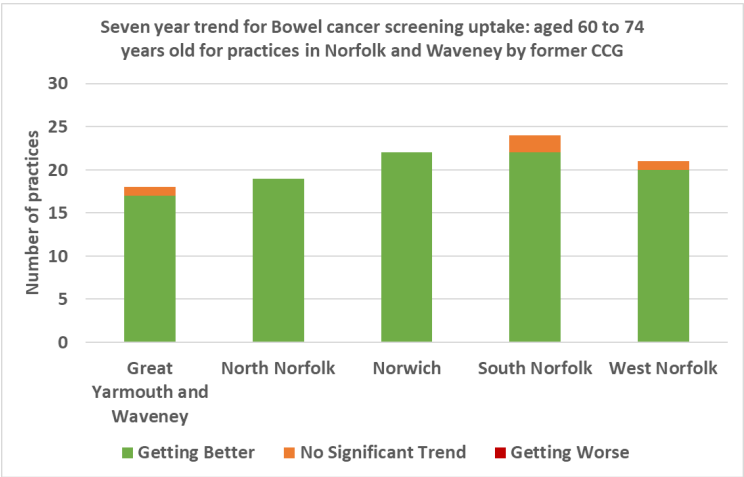
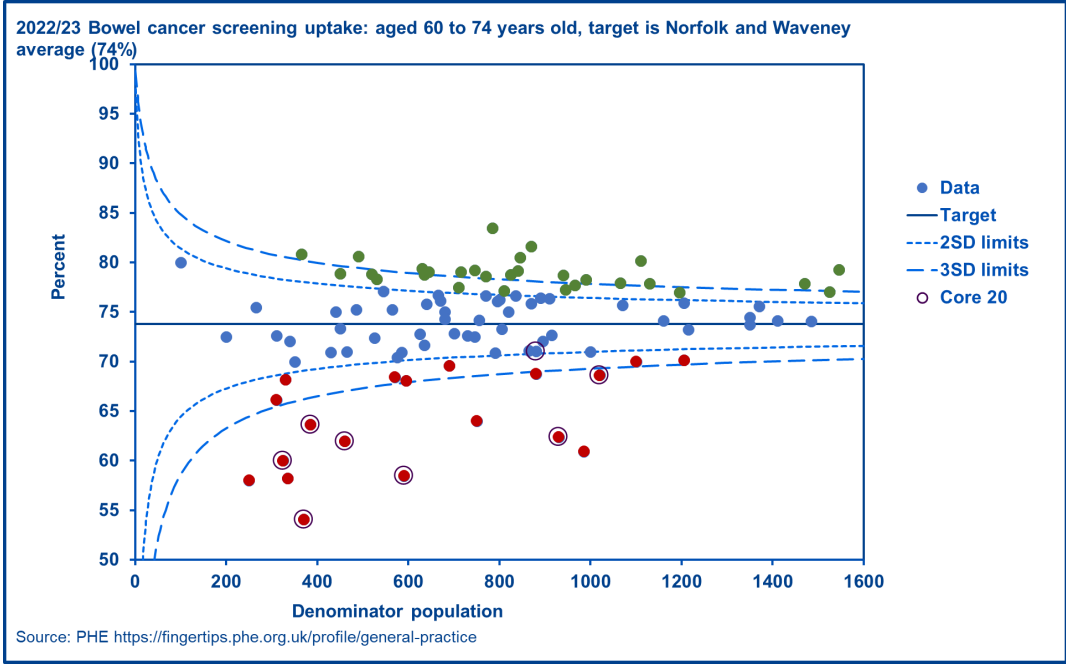
At 74% bowel cancer screening for Norfolk and Waveney is good relative to the rest of the country. Over the last seven years most practices in Norfolk and Waveney have seen an improvement in bowel cancer screening uptake. However, there are significant inequalities in uptake. Increasing uptake in the more deprived communities will address inequality, may improve early diagnosis further and improve overall outcomes for Norfolk and Waveney



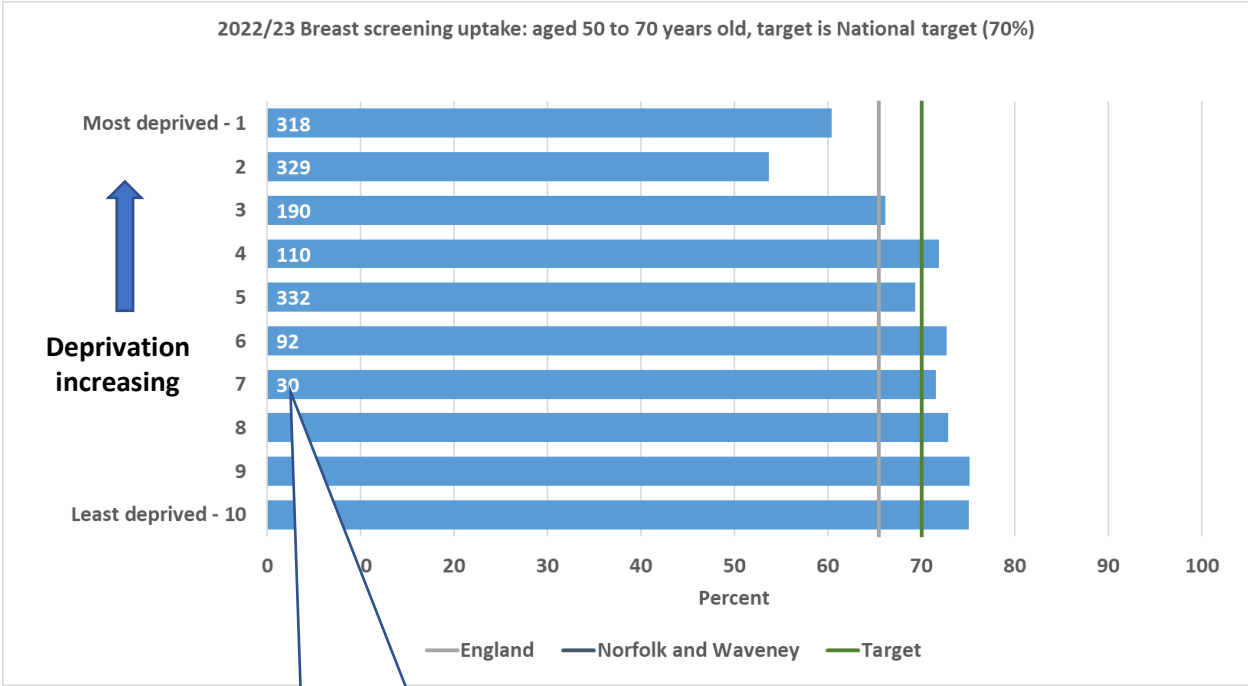
This is the opportunity for practices in that decile where uptake is lower than the Norfolk and Waveney average if that practice was to meet the Norfolk and Waveney average

The opportunity for all practices where uptake is below the Norfolk and Waveney average is about 1,700 additional people to have been screened for Bowel Cancer.

For the most deprived ‘core 20’ practices this is about 654 additional people



At 70% breast cancer screening for Norfolk and Waveney is good relative to the rest of the country and is the acceptable level. However, over the last seven years a number of practices in Norfolk and Waveney have seen a reduction in breast cancer screening uptake. And there are inequalities in uptake. Increasing uptake in the more deprived communities will address inequality, may improve early diagnosis further and improve overall outcomes for Norfolk and Waveney



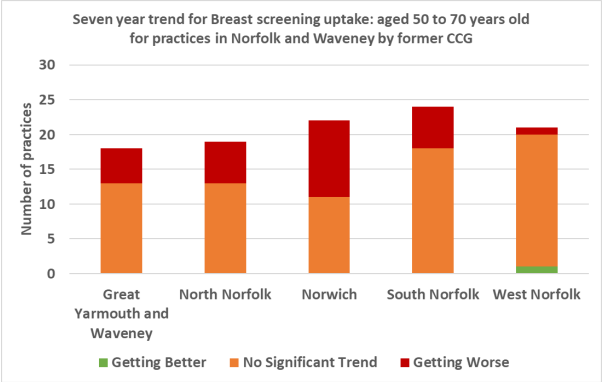
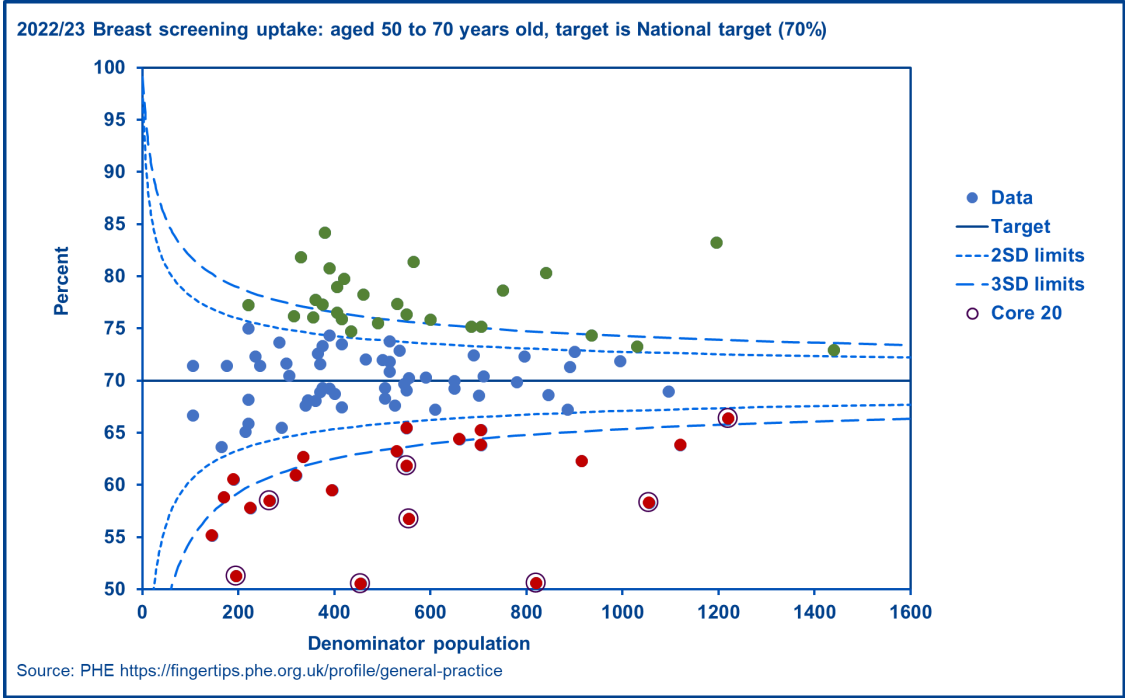
This is the opportunity for practices in that decile where uptake is lower than the Norfolk and Waveney average if that practice was to meet the Norfolk and Waveney average

The opportunity for all practices where uptake is below the Norfolk and Waveney average is about 1,400 additional people to have been screened for Breast Cancer.

For the most deprived ‘core 20’ practices this is about 648 additional people

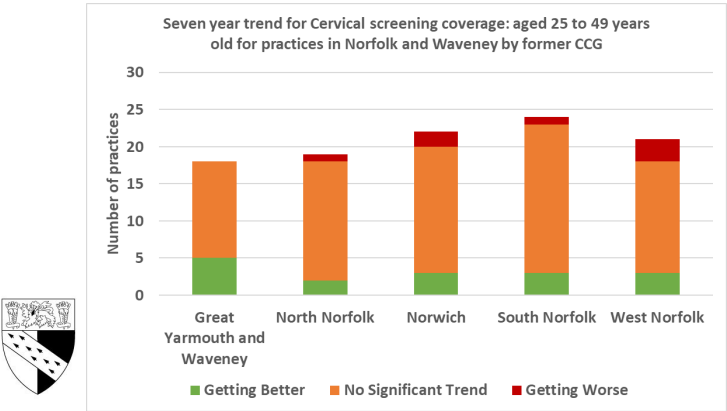
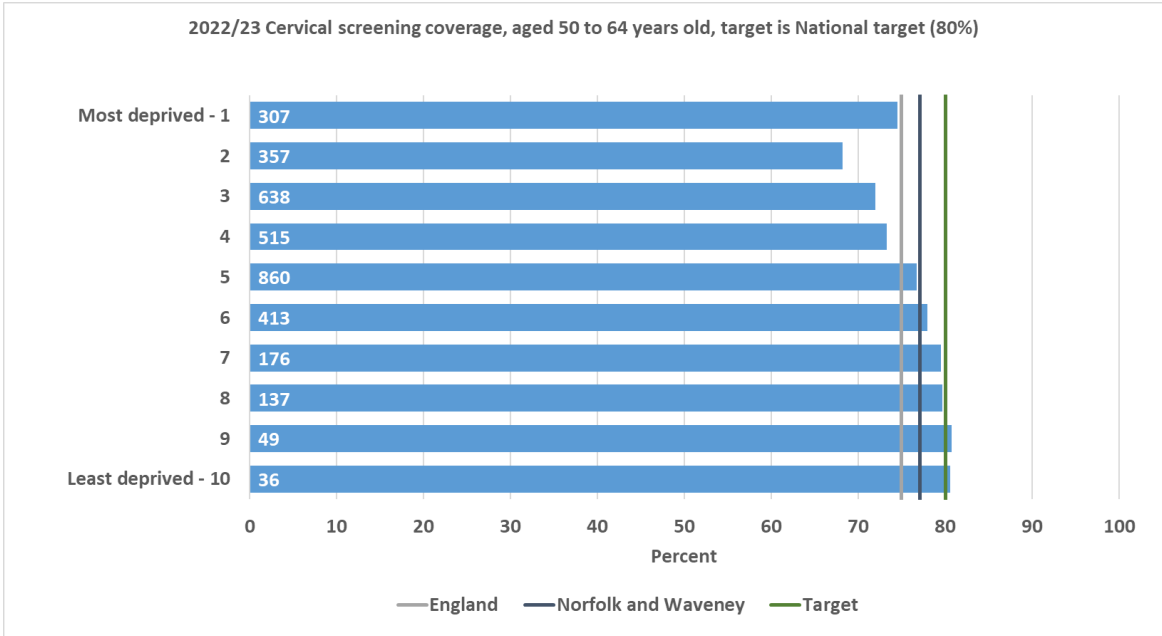
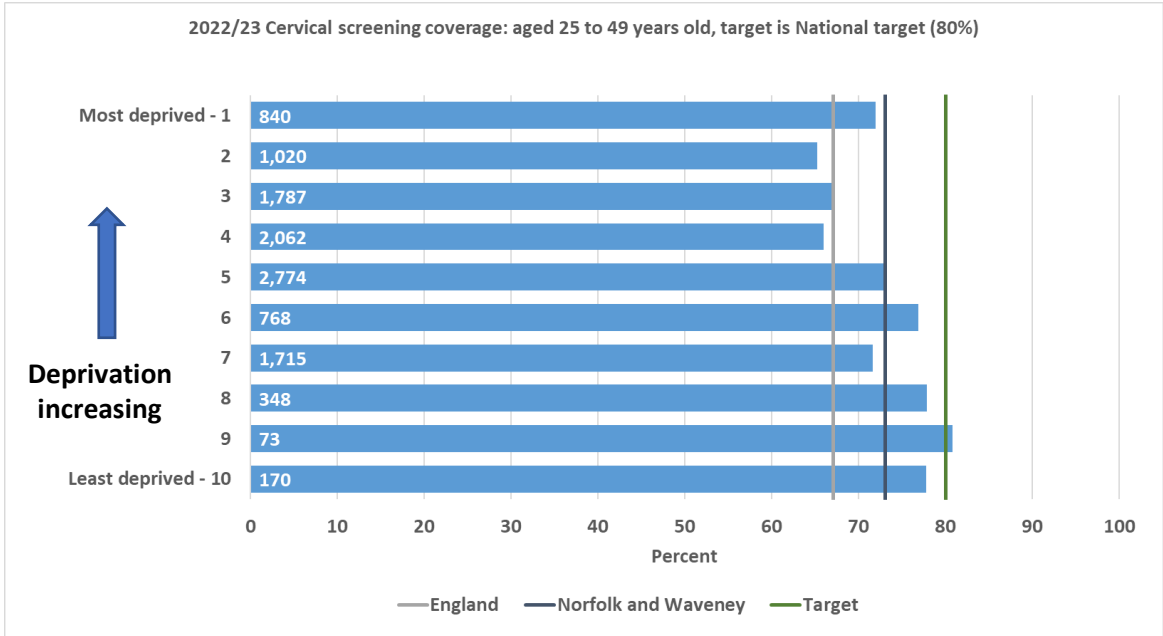
Few practices have seen an increase in uptake.

<https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2021-22>



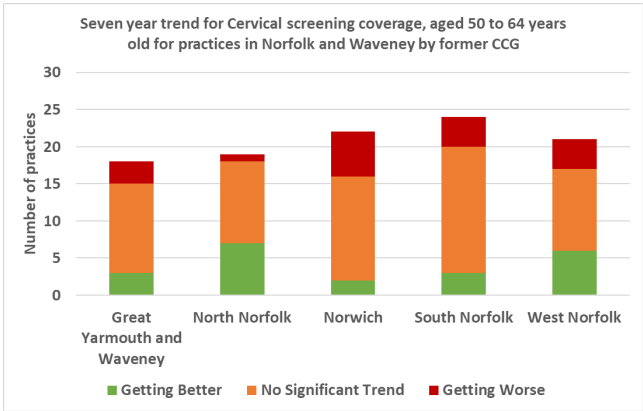


The situation is similar for cervical screening. Norfolk and Waveney screening coverage is also good relative to the rest of the country but again there are inequalities. Screening has been improving in the most deprived practices. However, several practices have seen a reduction in coverage over the last seven years. The opportunity across the system for a target of 80% coverage is 15,000 people screened within the appropriate timeframe with about 1,500 in the most deprived communities



GP practice data shows that

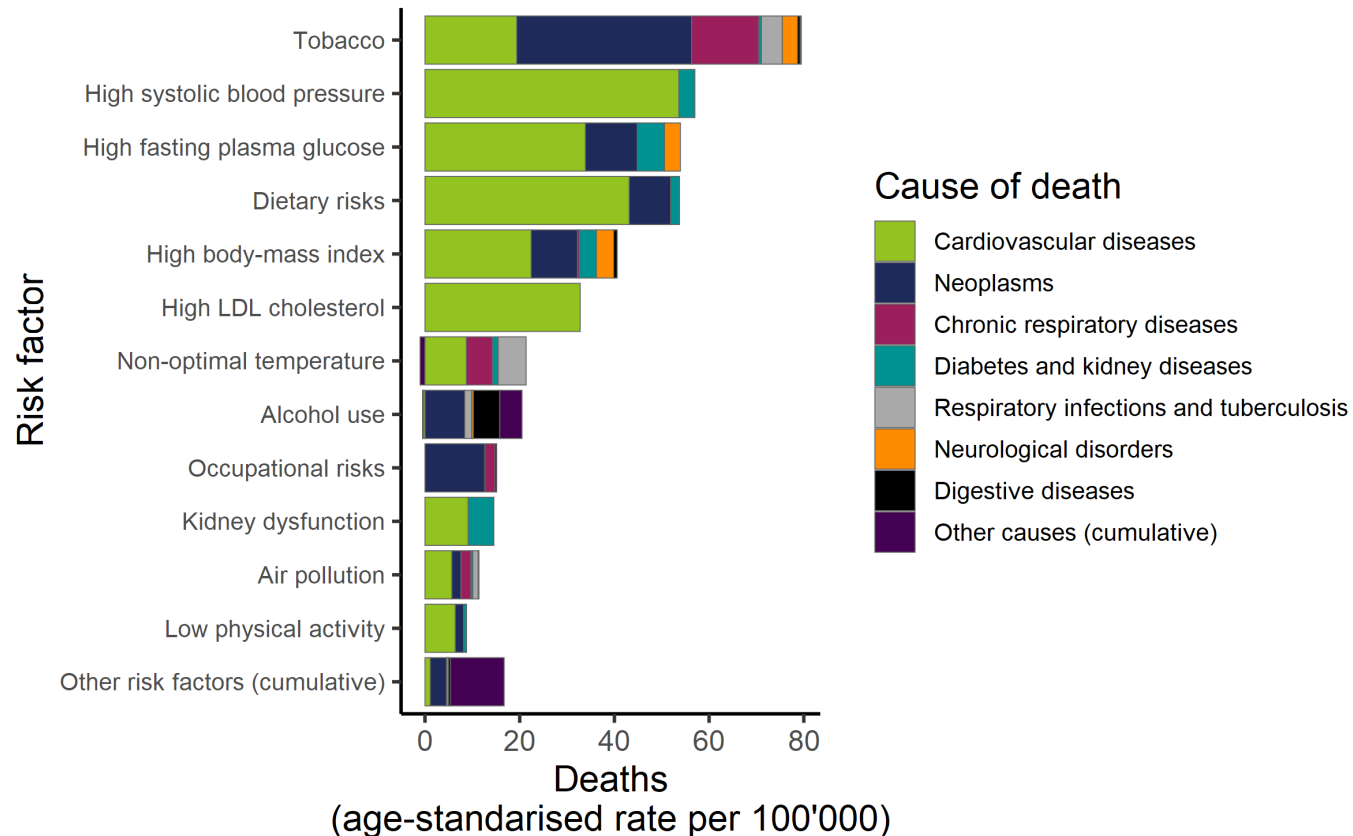
- Cervical screening is improving in the most deprived communities.
- There are still some practices that have seen a decline in coverage over the last few years





# Risk factors

- Risk factors for cancer broadly fall into three categories: genetic/hereditary, environmental, and lifestyle/behaviour risks.
- [Previous work](#) has shown 38% of cancer cases are preventable and that smoking is the largest single preventable cause of cancer, accounting for 15% of cases.



## Risk factors:

- Lifestyle
  - Alcohol
  - Excess weight
  - Diet (processed food, lack of fibre etc.)
  - Smoking
  - Physical Activity
- Infection agents (e.g. HPV)
- Environmental and occupational
  - Asbestos
  - Other environmental exposure
  - Sunlight
  - Radiation

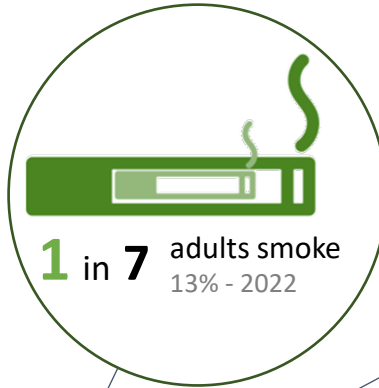
Global Burden of Disease information highlights that tobacco use is the largest contributor to deaths in Norfolk:

<https://www.healthdata.org/gbd/2019>

# Risk factors

- For lifestyle factors that increase cancer risk in Norfolk, smoking prevalence, overweight adults, inactivity and alcohol consumption rates are similar to the England average, and those eating 5-a-day is significantly better:

More than  
**99,000** smokers

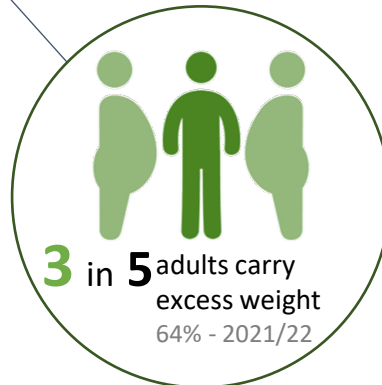


More than **280,000** adults  
do not eat a good diet



More than **189,000** adults  
drink more than the  
recommended amount

More than  
**480,000** adults  
with excess  
weight

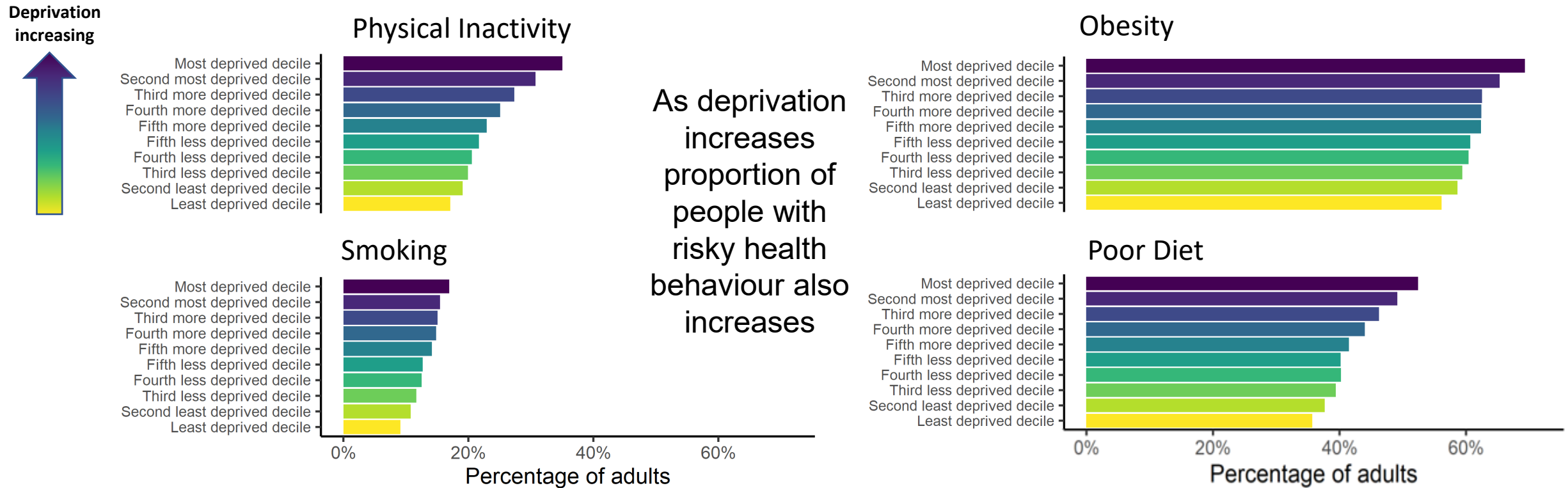


More than **160,000**  
adults do no  
exercise



# Risk factors

- However, as deprivation increases the proportion of people with higher risk health behaviour also increases:



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Further detailed information is available on the Norfolk Insight website:  
<https://www.norfolkinsight.org.uk/jsna/healthcare-evaluation/>