**EXECUTIVE SUMMARY**

**Incidence**
- Between 2011 and 2013, there were 2,507 new cases of cancer diagnosed in Luton. *skin, breast and prostate cancers* are the most common cancers in Luton, followed by colorectal and lung Cancer.

- Incidence of many cancers is not significantly different to England however there are some exceptions, for example malignant melanoma in females all ages and females and persons 75 years and under which are all significantly lower than England.

- Incidences of skin cancer in males, females and persons all ages and ages 75 years and under are all significantly lower than England.

- Incidence of stomach cancer in persons 75 years and under is significantly higher in Luton than in England.

**Prevalence**
- In 2014/15 recorded prevalence of all cancers in Luton (1.5%) was significantly lower than England (2.3%).

- Prevalence of cancer within Luton GP practices ranges from 0.3% to 2.9% and a total of 10 practices have prevalence significantly lower than Luton (1.5%) and 10 practices have prevalence significantly higher than Luton.

**Mortality**
- Cancer is the second biggest cause of mortality within Luton.

- Cancer is responsible for 28% of all deaths each year in Luton - this equates to approximately 392 deaths per year (2012-14) in persons of all ages.

- Of these 392 deaths due to cancer 194 are premature deaths per year (i.e. in persons aged less than 75 years) and is the largest contributor to premature mortality within the borough (36%).

- Mortality due to cancer in Luton is mostly similar to England however leukaemia mortality in males all ages is significantly lower than England.

**Screening**
- In 2012/13 to 2014/15, Luton females aged 50-70 years screened for breast cancer in the last 36 months (69%) was below the national standard of 70% and also significantly below the national average 72.2%.
• In women aged 50-70 years screened for breast cancer in the last 36 months in GP practices 11 practices had uptake significantly lower than the CCG average and 9 practices had uptake **significantly higher** than the CCG average.

• Breast screening within 6 months of invitation in Luton was also **significantly lower** than England.

• 11 practices had uptake with 6 months **significantly lower** than the CCG average and 2 practices had uptake **significantly higher** than the CCG average.

• Women aged 25-64 years screened for cervical cancer in the target period in Luton (68.7%) was below the national standard of 80% and also **significantly below** the National average 73.5%.

• Nine practices had uptake of cervical screening within the target period **significantly lower** than the CCG average and 12 practices had uptake **significantly higher** than the CCG average.

• Bowel screening uptake in the last 30 months within Luton CCG for 2014/15 shows the uptake rate for Luton was 50.1%, **significantly below** the England rate of 57.9%.

• Ten practices had Bowel screening uptake in the last 30 months **significantly lower** and 9 practices **significantly higher** than Luton overall.

• Bowel screening uptake within six months of invitation within Luton 2014/15 shows the uptake rate was 48.4%, **significantly below** the England rate of 57.6%.

• Bowel screening uptake within six months of invitation eight practices had uptake significantly lower and seven practices **significantly higher** than Luton overall

**Awareness and early detection**

• Two week wait referrals (TWW) for all cancers are **significantly lower** in Luton than England.

• TWW for breast and lower GI cancers are **significantly lower** than England.

• Luton meets the standards in 31 day and 62 day performance and is **not significantly different** than England.

**Survival**

• Breast cancer one year survival rates in Luton are **not significantly different** than England. Trends in one year survival for breast cancer are increasing steadily in Luton and England.
• Trends in one year survival for lower gastro-intestinal (GI) cancer are increasing steadily in both Luton and nationally however, current rates in Luton are significantly lower than England.

• Lung cancer one year survival rates in Luton are not significantly different than England. Trends in one year survival for lung cancer are increasing steadily in Luton and England.

• Breast cancer five year survival rates in Luton are not significantly different than England. Trends in five year survival for breast cancer are increasing steadily in Luton and England.

• Trends in five year survival for lower GI cancer are increasing steadily in both Luton and nationally however, current rates in Luton are not significantly different than England.

• Five year lung cancer survival in Luton is significantly lower than England and while trends in 5 year survival in England are increasing they are decreasing in Luton.

Financial costs

• Luton spent a total of £ 9.2million in 2013/14 on cancer, this equates to approximately £4.4 million per 100,000 population.

• Luton has a higher total spend on cancer with better outcomes for mortality due to cancer in males 75 years and under compared to other CCGs nationally. However, for females the spend remains higher but the outcomes are worse.

• Luton has a higher total spend on cancer with better outcomes for mortality due to cancer considered preventable in males 75 years and under compared to other PCT’s nationally. However, for females the spend remains higher but the outcomes are worse.

Recommendations

Prevention and screening

1. A healthy lifestyle can have a large impact in cancer prevention as the cancers with the highest incidence all have lifestyle factors as important risk factors e.g. colorectal, breast, prostate and lung. Primary and community care should provide brief advice at every opportunity and refer to lifestyle services where appropriate.

2. Use the findings from the Cancer Research Accelerate, Coordinate, Evaluate (ACE) programme to increase uptake of cancer screening.

3. Review patient level data to determine any patterns among patients who are not being screened for cancer and follow up poor uptake groups to determine barriers and enablers to increase uptake of screening.

4. Implement GP good practice guidance in all practices on screening, with specific focus on bowel screening.
Early Detection and diagnosis
5. Develop a campaign on signs and symptoms of cancer with specific focus on females and skin and lung cancer.
6. Encourage all practices to participate in cancer diagnosis audit to help inform the development of programmes on signs and symptoms.

Treatment: improving experiences of care and support
7. Focus support of experience of cancer treatment on primary care (linked to good practice guidance) to ensure patients are feeling supported through their diagnosis.
8. Continue to monitor performance of provider waiting times with a greater focus on urology and lung pathways.

Aftercare
9. Embed within cancer pathway post treatment lifestyle advice and support for all patients. This should be linked to the Enhanced Recovery Programme.

Integrated commissioning
10. Ensure all cancer specifications are outcomes focused and linked to other relevant specifications.