

HEALTH AND SOCIAL WELLBEING: CANCER

Issue/Problem

Inequalities in the prevalence of cancer in Northern Ireland

Evidence Base (Equality & Inequalities Report)

Prevalence of Cancer in Northern Ireland

Just under one quarter (23%) of all deaths in Northern Ireland are cancer related. In 2000 4,237 males and 4,470 females were diagnosed with cancer. In the same year, 1,762 males and 1,789 females died of cancer.

Gender Differences

From 1993 to 2000 statistics provided by the Northern Ireland Cancer Registry (NICR) shows that, with the exception of 1994, the incidence of cancer was higher amongst females than males. However, when the data is adjusted for the effects of age, the overall incidents rates for females was lower than those for males.

The NICR data also show that death rates are higher for males than females. Latest figures suggest that males have a one in seven chance of dying from cancer before the age of 75 in comparison with a one in eight chance for females.

The survival rate from cancer between 1993 and 1996 was significantly better for women than men. The gender difference may be explained by the higher levels of smoking and alcohol related cancers in men. The more common females cancer rates (e.g. breast cancer have better survival rates).

Ref: Northern Ireland Cancer Registry in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:81).

Age and Cancer

There is a clear increased in the incidence of cancer with age. Half of all cancers in Northern Ireland occurred in those over 70 years, with half of those in females occurring in the 69 and over group. Relative survival is lower for older people than for younger people for almost all cancers, even when the generally higher mortality among the elderly is taken into account. However, breast cancer and prostate cancer are two exceptions.

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

Although cancer is generally an older persons disease, cancer of the testes, cervix and malignant melanoma have a younger age of diagnosis in comparison with other cancers.

Ref: Northern Ireland Cancer Registry in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:83).

Socio-Economic Group and Cancer

People in lower socio-economic groups tend to have a higher incidence of cancer and poorer cancer survival rates. Those in lower social classes experience a greater incidence of lung, stomach, cervix and colorectal cancers than those in higher social classes. However, in contrast, more cases of cancer of the breast, malignant melanoma, ovary and testis are diagnosed amongst individuals in the least deprived social groups.

The differences in cancer incidence and mortality across the socio-economic groups can be partly explained by known risk factors such as tobacco smoking, diet and exposure to the sun.

Lung Cancer Incidence Rates

Findings from the First Bulletin of the [Health and Social Care Inequalities Monitoring System](#) show that lung cancer incidence rates for all persons are 57% higher in deprived areas than in Northern Ireland overall, particularly for males living in deprived areas. Lung cancer incidence rates for all persons were more pronounced in urban areas than rural areas. Lung cancer incidence in rural areas are 35% lower than Northern Ireland overall.

Ref: DHSSPS Health and Social Care Inequalities Monitoring System: First Update Bulletin (2004:7).

Sexual Orientation and Cancer

Variations in the incidence of cancer among people with diverse sexual orientation are difficult to identify due to lack of data. However, it is suggested that lesbians are at an increased of developing ovarian and breast cancer due to factors such as nulliparity (i.e. not bearing children) and not using oral contraceptives. Amongst gay men, high rates of Kaposi’s Sarcoma¹ has been revealed in America. An American cohort study of cancer registries in New York and California also found that gay and bisexual men may be at a higher risk of anal cancer, non-Hodgkin’s lymphoma and Hodgkin’s Disease.

Ref: Northern Ireland Cancer Registry in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:85-86).

**Evidence Base
(Literature Review)**

Men and Cancer

Evidence suggests that men are traditionally more reluctant to talk about health issues or to seek professional advice on health matters. When men do seek medical help it is often after a long delay and in many cases is because a partner has taken the initiative and made an appointment.

The difference in the way men and women respond and react to their health fears is borne out in the number of callers to the Ulster Cancer Foundation helpline. The helpline is staffed by specially trained nurses and offers a free, confidential information service yet just over 15% of callers to the helpline are male, compared to nearly 85% of female callers².

Women and Cancer

It is suggested that, in relation to cancer care, women from deprived areas tend to ask health professionals fewer questions in relation to screening and treatment, may be less well informed and less able to articulate questions or demand better services than women from more affluent backgrounds³.

Black and Minority Ethnic Groups and Cancer

Language barriers, fear of racial discrimination and other cultural and religious issues can affect access to cancer screening, information and treatment services for black and minority ethnic individuals. Research conducted by CancerBACUP on the cancer information needs of black and minority ethnic communities highlights that there is a shortage of information on cancer that addresses the community's need for the provision of information in easy to understand and culturally sensitive terms.

Evidence suggests that women from some cultures may conceal symptoms of breast, cervical and ovarian cancer because in some communities talking about such subjects are taboo. Some women from religious and minority groups may also refrain from accessing screening and treatment services in which only male health professionals are available⁴.

Equality and Access to Screening

A review commissioned by the NHS Cancer Screening Programmes suggests that although cancer screening programmes have achieved good coverage, there are indications that some populations (e.g. black and minority ethnic groups, people living in deprived areas, people with learning difficulties) are prevented from access services for a number of reasons⁵.

Equality and Access to Treatment

Research suggests that people whose family history puts them at an increased risk of cancer may not be getting appropriate access to screening services. The research conducted by the Cancer Research Campaign's Psychological Medicine Group at Manchester's Christie Hospital suggest that more resources are needed a GP and local hospital level in cancer genetic services (including risk assessment and counselling, screening and surveillance, and information on preventative surgery such as mastectomy)⁶.

A House of Commons Select Committee on Science and Technology Report (2000) identified a number of inequalities in access to cancer services including inequalities in access to cancer drugs, clinical trials and complementary therapies.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

*Please note that the following merely provides a brief outline of current work in this area. For more detailed information, including information on progress at HSS Board and Trust level, refer to the [Third Report of the Regional Advisory Committee on Cancer](#).

The Campbell Report

'*Cancer Services – Investing for the Future*' (Campbell Report) was published in 1996. The report recommended a new structure for cancer services in Northern Ireland based on a regional cancer centre and supporting cancer units.

Significant work has taken place since the publication of the report including the commencement of work on a new Regional Cancer Centre and the establishment of a number of cancer units, a focus on multi-disciplinary team working, the development of various health board strategies, and the dissemination of regional guidelines. Most of this regional activity was co-ordinated by the Campbell Commissioning Project Board which was established to oversee the implementation of the report. However, a new structure (the Northern Ireland Cancer Network) has been established to develop more integrated responsive cancer services⁷.

Regional Advisory Committee on Cancer

The Regional Advisory Committee on Cancer (RACC) was established in 1997 to carry forward the recommendations of the 1996 Campbell Report and to provide advice to the DHSSPS on the future development of cancer services. Since its establishment, the Committee and its sub-groups have published a range of guidelines and clinical standards on skin cancer, gynaecological cancer,

haematological cancer and endocrine cancer.

Northern Ireland Cancer Forum

The Northern Ireland Cancer Forum was established in 1999 and is a subgroup of the Regional Advisory Committee on Cancer. The Forum provides a meeting point for all voluntary and statutory bodies involved in the prevention and treatment of cancer in Northern Ireland. A [Directory of Voluntary Organisations](#) represented on the Forum was published in 2003.

Northern Ireland Cancer Network

The [Northern Ireland Cancer Network](#) (NICaN) is a managed clinical network that aims to promote equitable provision of high quality, patient focused and clinically effective cancer services. The purpose of the network is to support groups of health professionals, patients and voluntary sector representatives to work together in co-ordination across geographical, organisational and professional boundaries.

Regional Cancer Centre and Cancer Units

Construction of the new Regional Cancer Centre commenced on the Belfast City Hospital site in 2002. It is reported that the building of the new centre is progressing well and that it is still expected that the building will be opened for clinical service in 2006⁸. Four Regional Cancer Units have also been established and are located in the Altnagelvin, Antrim Area, Craigavon Area and Ulster Hospitals.

Regional Cancer Services Framework

The establishment of the Northern Ireland Regional Cancer Services Framework Group was announced in February 2004. The Group is comprised of expert healthcare professionals as well as people who have been diagnosed with cancer.

The Regional Cancer Services Framework will consider the ongoing development of cancer services in Northern Ireland over the next twenty years. Issues to be considered include emerging research and new technologies, prevention, screening, early detection, palliative and supportive care, workforce issues, cancer services organisation, and audit and research⁹.

CAPriCORN

[CAPriCORN](#) (Cancer and Palliative Care Online Resource Network) is a new online resource that contains information on statutory and voluntary cancer and palliative care service providers. It is aimed at informing patients, carers and professionals in Northern Ireland and

provides a range resources on educational events, reports, news and advice.

Developments in Primary Care

The role of primary care in cancer services is changing. For example, implementation of the Local Health and Social Care Groups will further progress change in cancer services at primary and community care level. The role of community nurses in cancer care will be further developed through the Northern Ireland Cancer Network (NICaN)¹⁰.

Some Examples of Recent NI Policy Documents Relevant to Cancer Care

Review of Palliative Care Services

The Regional Review of Palliative Care Services in Northern Ireland [“Partnerships in Caring: Standards for Service”](#) was published by the DHSSPS in 2002. This review resulted from one of the recommendations outlined in the Campbell Report. The review states that service users, their families and carers should receive the same high standards of care irrespective of their location and source of service delivery. The review report also provides a range of recommendations for partnership working and co-ordination in palliative care services.

Best Practice, Best Care

Published in 2001, [Best Practice, Best Care](#) provides a framework for setting standards, delivering services and improving monitoring and regulation in the HPSS. The introduction of a robust system of clinical and social care governance, supported by continuous professional development is vital for the continued improvement of cancer services in Northern Ireland.

Guidelines on Breaking Bad News

Regional [guidelines](#) to support staff in delivering bad news to patients, families and carers were published in February 2003. Most Trusts have facilitated awareness sessions to bring the guidelines to the attention of key staff.

Cancer Registries and Cross-Border Co-operation

Northern Ireland Cancer Registry

The [Northern Ireland Cancer Registry](#) (NICR) was re-established in May 1994 under an agreement between the Department of Health and Social Services and Queen’s University Belfast. The Registry

has developed collaborative working links with other local, national and international cancer registries. The activities of the NICR include the collection and analysis of data on cancer; promoting a research agenda for cancer; undertaking research into the causes, treatments and outcomes of cancer; and, the promotion of public and professional education in cancer causes, prevention, treatment and outcomes.

Ireland/Northern Ireland National Cancer Institute Cancer Consortium

The [Consortium](#) was established in 1999 is a partnership between the Governments of Northern Ireland, Ireland and the United States to enhance cancer research and quality of cancer care on the island of Ireland. The main objectives of the Consortium are to enhance and co-ordinate the cancer registries of Ireland and Northern Ireland; conduct joint clinical research studies; develop and sponsor formal training programmes; and promote evidence based approaches to cancer prevention.

The Role of Independent, Voluntary and Community Organisations

Many voluntary and community groups make a valuable contribution to cancer care, prevention, screening and treatment in Northern Ireland. Many of these organisations also support individuals and families in coping with cancer and promote cancer research programmes. A few examples of work in this area are briefly outlined below.

- The [Ulster Cancer Foundation](#) in partnership with the Big Lottery Fund and the Eastern Health and Social Services Board, have launched a new website called [Need2Know](#) to help young people learn about the positive lifestyle choices which can help prevent cancer. The Ulster Cancer Foundation also provides a range of cancer education and prevention programmes, smoking cessation programmes and professional training programmes.
- [Action Cancer's](#) ‘Let’s Kick Cancer’ campaign aims to educate men in Northern Ireland about male specific cancers. The campaign is promoted through local soccer clubs. Action Cancer also provides a mobile cancer detection clinic that visits workplaces, community groups and rural areas offering screening and awareness services.
- The [Northern Ireland Hospice](#) provides care for children and adults with life-threatening and life-limiting conditions such as cancer. The hospice provides 24/7 medical, social, spiritual and emotional care to service users and their families and carers. Similar services are also provided by [Marie Curie Cancer Care](#) and [Macmillan Cancer Relief](#).

Addressing the Risk of Cancer Through Positive Lifestyle Choices

Tobacco Strategy & Smoking Cessation Services

The [Five Year Tobacco Action Plan 2003-2008](#) recognises that smoking is a major risk factor for coronary heart disease, strokes and other disease of the circulatory system. The key objectives of the strategy are to prevent people from starting to smoke, to help smokers to quit and to protect non-smokers from tobacco smoke. The Plan whilst aimed at the population as a whole have identified children and young people, disadvantaged adults who smoke and pregnant women who smoke, as key target groups. The strategy strives to achieve these targets through, for example, public information campaigns, education programmes and other such initiatives.

Boards, Trusts and others such as the Health Promotion Agency have taken numerous steps to tackle to issue of smoking including the implementation of various smoking cessation services. Multi-agency, multi-disciplinary [Tobacco Control Groups](#) have been also established in each of the four HSS Board areas to plan and support smoking cessation initiatives.

A key feature of the new twenty-year [Vision for Health and Wellbeing in Northern Ireland](#) strategy was the implementation of a [public consultation](#) on smoking in public places in Northern Ireland. The outcome of the public consultation are to be announced shortly.

Drug & Alcohol Strategies

The aim of the Drug and Alcohol Strategies is to reduce to level of drug and alcohol related harm in Northern Ireland. The successful implementation of the strategies is crucial as it is believed that smoking cannabis, for example, may carry a higher risk of some respiratory cancers¹¹.

Sexual Health Promotion Strategy

Sexually Transmitted Infections (STIs) have possible associated connections with complications such as infertility, cervical cancer and other genital cancers¹². The implementation of the sexual health promotion strategy and action plan, and the work of other bodies and agencies (such as the Northern Ireland Health Promotion Agency) in the field of sexual health is important for the reduction of certain types of cancers.

Physical Activity Strategy and Action Plan

The aim of the proposed new [Physical Activity Strategy and Action Plan](#) is to promote the benefits of regular physical activity, particularly amongst those who are inactive. The key objectives of the proposed new strategy including raising awareness of the physical and mental benefits of physical activity. The strategy aims to see a reduction in ill-health, including a reduction in preventable deaths and diseases.

Food & Nutrition Strategy

A multi-sector working group has been established to develop a new food and nutrition strategy for Northern Ireland. A review of the first food and nutrition strategy was completed in 2003 and recommended the development of a new food and nutrition strategy and action plan. The working group comprises of representatives from statutory, voluntary and private sectors¹³. Other key developments in the field of food and nutrition include free fresh fruit schemes and the promotion of healthy eating in schools.

¹ A cancer-like disease which usually shows up on the skin, mouth, nose or eyes but which can also spread to the lungs, liver, stomach, intestines and lymph nodes.

² 'Male Cancers – Why It's Good To Talk'. Ulster Cancer Foundation Press Release. 15 June 2005.

³ Davey, C., Austoker, J. & MacLoad, U. (1999) *Reducing Inequalities in Breast Cancer: A Guide for Primary Care*. London: Cancer Research Campaign.

⁴ CancerBACUP (2004) *Beyond the Barriers: Providing Cancer Information and Support for Black and Minority Ethnic Communities*.

www.cancerbacup.org.uk/Healthprofessionals/BMEcommunities/BeyondtheBarriers/Whyimproveaccess#5938

⁵ Chiu, L. F. *Inequalities in Access to Cancer Screening: Literature Review*. Cancer Screening Series. No. 1. NHS Cancer Screening Programmes. December 2003.

www.cancerscreening.nhs.uk/publications/cs1.pdf

⁶ 'Inequality in Cancer Services'. BBC News. 20 August 2001.

<http://news.bbc.co.uk/1/hi/health/1500419.stm>

⁷ Royal College of Cancer Research Campaign's Psychological Medicine Group at Manchester's Christie Hospital Nursing (2003). *A Framework for Adult Cancer Nursing*.

www.rcn.org.uk/publications/pdf/RCNCancerFrameworkAug2003.pdf

⁸ DHSSPS (2004) *Regional Advisory Committee on Cancer. Third Report*.

www.dhsspsni.gov.uk/publications/2004/regional-cancer-3rdreport.pdf

⁹ 'Regional Cancer Services Framework Group Established'. DHSSPS Press Release. 24 February 2004.

¹⁰ Royal College of Nursing (2003). *Op Cit*.

¹¹ DHSSPS (2004) *Regional Advisory Committee on Cancer. Third Report. Op Cit*.

¹² DHSSPS (2003) *A Five Year Sexual Health Promotion Strategy and Action Plan. Consultation Document*.

www.dhsspsni.gov.uk/publications/2003/sexual_health_promotion_strategy_action_plan.pdf

¹³ Health Promotion Agency for Northern Ireland. *Inform*. Issue 34. April/May 2004.