



# Patient Services Equality Monitoring Report

December 2011



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## **1. Executive Summary**

The purpose of this report is to demonstrate the trust's compliance with the Equality Act 2010 general duty across our patient services. It summarises the equality monitoring data in respect of patients at the Christie NHS Foundation Trust in 2010-2011, using statistical data taken from the trust's electronic patient records.

At The Christie NHS Foundation Trust, we are determined to ensure that we offer equal access to health care and employment opportunities to everyone in the community.

The trust will continue to develop patient equality data collection processes to enable enhanced monitoring which will shape continuous improvement to patient services.

The report has been considered by the trust's Equality and Diversity Group, which is comprised of a representative and diverse body of people including those with protected characteristics.

The content of the report will be further considered by stakeholders and will be included within the development of the trust's equality objectives by 6 April 2012.

## **2. Introduction**

The Equality Act 2010 public sector equality duty (S149) states that in the exercise of their functions, public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The purpose of this report is to demonstrate the trust's compliance with the general equality duty across our service functions, in respect of patients who share a relevant protected characteristic. A separate report demonstrates the trust's compliance with the general equality duty across our employment functions.

At The Christie NHS Foundation Trust, we are determined to ensure that we offer equal access to health care and employment opportunities to everyone in the community. We respect and value the diversity of our patients, our staff and our visitors and we are committed to:

- serving the community in a way that is appropriate, accessible and responsive
- making best use of the range of talent and experience available within our workforce and potential workforce
- ensuring that our legal obligations are fulfilled, and where possible, exceeded.

### **3. Profile of The Christie NHS Foundation Trust**

We are the largest cancer centre in Europe, treating in the region of 40,000 patients each year. We are also the first UK centre to be officially accredited as a comprehensive cancer centre.

As part of the NHS we provide:

- Radiotherapy, in one of the world's largest radiotherapy departments
- Chemotherapy, in the UK's largest chemotherapy unit, plus 14 other hospitals
- Highly specialist surgery for complex and rare cancer
- A wide range of support and diagnostic services

We care for 3.2 million people across Greater Manchester and Cheshire and 26% of our patients are referred to us from across the UK. As a tertiary centre, our patients are referred to us for specialist cancer treatment, having initially visited their general practitioner, then a local general hospital for diagnosis and/or treatment.

### **4. Profile of our patients**

In the period 1 November 2010 to 31 October 2011, the profile of our patients was:

- 52% female and 48% male
- 5.14% of patients who disclosed their ethnic origin were from black and minority ethnic backgrounds
- 68.75% were aged between 50 and 79 years. 4.95% of patients were aged 29 years or under
- Cancer from the point of diagnosis meets the definition of disability under the Equality Act 2010, which applies to the vast majority of our patients. Some of our patients have impairments in addition to their cancer diagnosis
- Over three quarters of our patients (76%) disclosed their religion or belief to be Christian. The second most frequently disclosed religion is Islam, represented by 2.12% of patients.

### **5. Gender**

Adjusting for women's longer life expectancy, men are diagnosed with more cancers and have a higher mortality from cancer. As a result, there are more women than men living with or beyond a diagnosis of cancer.<sup>1</sup>

In the period 1 November 2010 to 31 October 2011, 52% of our patients were female and 48% male. Appendix I provides the number and percentage of patients by gender and type of cancer during this period.

Appendix II provides rates for one-year survival (2007-2009) by cancer networks in the North West of England for all ages for female breast, lung, upper gastrointestinal and colorectal cancers.

The Christie is compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary (for example where patients need specialist equipment such as in the Critical Care Unit) or when patients actively choose to share (for example in the Young Oncology Unit).

## 6. Ethnicity

There are variations in cancer incidence between ethnic groups, which are likely to be the result of a mixture of lifestyle and genetic factors. White men and women have a higher incidence of many cancers than those from other ethnic groups.<sup>1</sup> Other differences include:

- African-Caribbean men are three times more likely to develop prostate cancer compared to white men
- Mouth cancer is more common among South Asian communities
- Liver cancer is higher among Bangladeshi and Chinese communities.

Patient ethnicity is recorded by the ethnicity by which the individual identifies him/herself, using the categories used in the national census. In this report, these are grouped into the broad ethnic groups of 'Asian/Asian British', 'black/black British', 'mixed', 'other', 'white' and 'not stated/refused'.

In the period 1 November 2010 to 31 October 2011, 5.14% of patients who disclosed their ethnic origin were from black and minority ethnic backgrounds. Approximately 16% of patients had chosen not to disclose their ethnic origin.

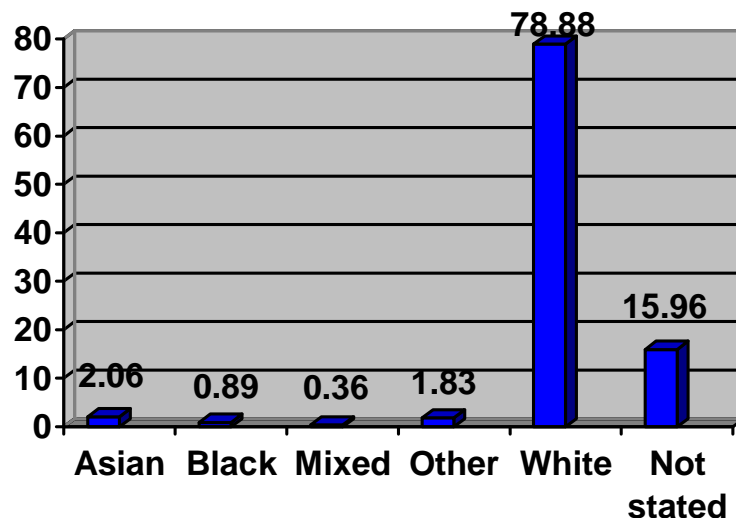


Figure 1: Chart showing percentage of patients shown by ethnic origin, treated between 1 November 2010 to 31 October 2011

Appendix III provides tables of the number and percentage of patients by ethnicity and type of cancer who were treated between 1 November 2010 and 31 October 2011.



The trust's aim is to provide leadership within the cancer network to improve awareness of cancer symptoms and to support earlier local diagnosis, through for example supporting screening programmes. The Christie initiated the 'Don't be a cancer chancer' campaign which has taken place in all local authorities in Greater Manchester and Central and Eastern Cheshire in 2011. The campaign targets deprived areas in Greater Manchester and Cheshire with high cancer death rates, particularly the South Asian and mainstream white British communities

aged 50+. The aims include raising awareness and recognition of the symptoms; encouraging people with symptoms to visit their general practitioner; and increasing the proportion of people with cancer who survive one year and reducing the proportion who first present as an emergency.

As part of Ethnic Minority Cancer Awareness Week in July 2011, we established a display of targeted materials in our main dining room to support our patients and visitors from different ethnic backgrounds and with different languages. We also took part in the Manchester Black Health Association's Black & Minority Ethnic Cancer Awareness Day, which was a public health information event for the black and minority ethnic community.

We are committed to enabling effective communication with all service users and recognise the right of every patient to adequate and accessible information about their diagnosis and treatment. Where communication difficulties exist, we aim for information to be provided appropriately, to enable the patient to receive optimum treatment and care, and to increase patient satisfaction. We offer a professional interpreter service for all patients whose first language is not English.

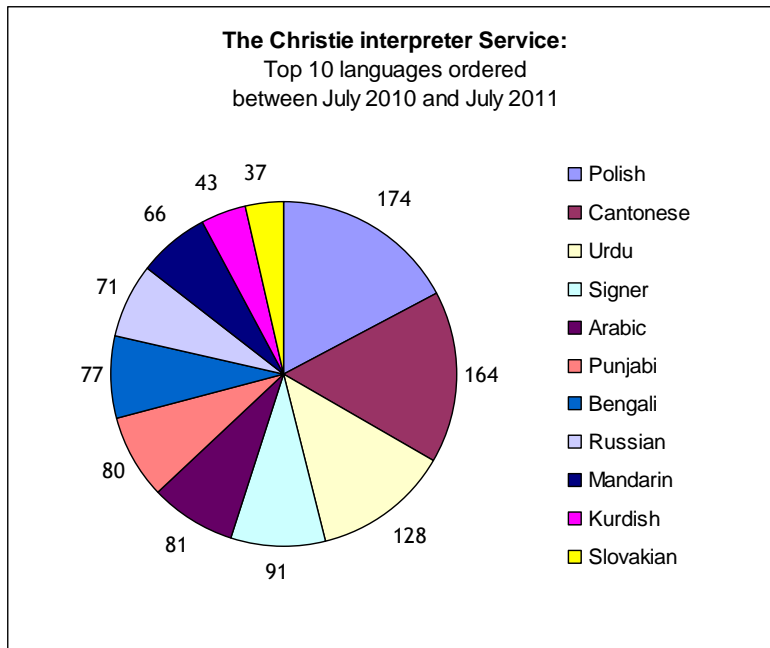


Figure 2: Chart showing the top 10 most frequently requested languages for the period July 2010 – July 2011.

## 7. Age

For the vast majority of cancers, incidence increases with age. Just over half of all cases of cancer diagnosed in 2003-5 in England occurred in people over 70 years and over a fifth in people over 80 years. This trend is seen for each of the four most common cancers (breast, lung, colorectal and prostate) with 44% of all cases of colorectal and lung cancer occurring in patients aged over 75.<sup>1</sup>

Between 1 November 2010 and 31 October 2011, 68.75% of our patients were aged between 50 and 79 years. 30.92% were aged 70 years or over. With regard to age band, the highest proportion of our patients (28%) were aged 60-69 years.

Appendix IV provides tables of the number and percentage of patients by age band and type of cancer treated between 1 November 2010 and 31 October 2011.

Appendix V provides tables of cancer incidence rates for age 75 and under, and over 75 years.

A Christie multidisciplinary project team is working with external specialists on older age, learning disability and mental health to develop optimal cancer care and treatment pathways and support for these vulnerable cancer patients. The aim of this project is to enhance the vulnerable patient's experience, focused on their individual needs, from staff that are more confident in dealing with their particular needs and have access to additional/external support to provide this support.

With regard to teenagers and young adults (aged 13 to 24), the overall incidence rate of cancer was 224 cases per million persons each year in the period 1999 – 2003.<sup>1</sup>

Between 1 November 2010 and 31 October 2011, 4.95% of our patients were aged 29 years or under.

Teenagers and young adults who develop cancer have different needs and it is important that care for them is provided in an age appropriate setting like the Christie Young Oncology Unit. It is one of only eight dedicated teenage cancer units in the country, and everything about the unit, from the environment to the support services, is tailor-made for young people. All the evidence shows that this kind of environment helps them not only manage better emotionally, but also respond to and recover from treatment better. In October 2011, we officially opened a new day case area and suite of chill-out rooms in the unit. The unit treats about 130 new patients a year from across the North West, but as our referrals increase and advances in cancer treatment enable us to do more on a day-case basis, we wanted to expand and enhance the facility.

The Christie hosted a conference called 'Teenage & Young Adult Cancer – patient perspectives' in October 2011. The aim of the conference was to highlight key issues in teenage and young adult cancer care which were relevant to any healthcare professional working with this patient group. This involved teenage and young adult cancer patients offering their own unique insight into their own cancer journeys.

## **8. Disability**

Cancer from the point of diagnosis meets the definition of disability under the Equality Act 2010, which applies to the vast majority of our patients. Some of our patients will have impairments in addition to their cancer diagnosis. We seek to treat each patient as an individual and respond to their particular needs.

In 2011, we have been developing a revised patient registration form to invite patients to disclose additional equality information, including details on disabilities in addition to cancer. This has been developed alongside guidance for staff so that they can respond to patients' queries about equality data collection. In addition, we have been adapting our electronic patient record system so that the new equality data can be stored and retrieved effectively. Patients will be invited to disclose the additional equality data from early 2012, to enable more comprehensive monitoring and continuous improvement to patient services.

Shaw Trust is the UK's largest third sector provider of employment services for disabled and disadvantaged people. The Christie has been involved closely with Shaw Trust and Macmillan Cancer Support in a project to help cancer patients who want to return to or remain in work, from July 2010 to July 2011. Recent Macmillan research found that four in ten employed people diagnosed with cancer have to make changes to their work, with almost half of these people changing jobs or leaving work altogether. This vocational rehabilitation project ensures patients receive the information, advice and support they need and has helped over 160 patients since July 2010, surpassing the original estimate of 150 clients within twelve months. The project has been so successful it expects to double the original expected number of people it helps back into work. The Christie is working with Shaw Trust and Macmillan to fund a longer term project to ensure that more cancer patients benefit from this valuable service.

A Christie multidisciplinary project team is working with external specialists on learning disability, mental health and older age to develop optimal cancer care and treatment pathways and support for our most vulnerable cancer patients. (See 7 above).

## **9. Sexual orientation**

Studies conducted by H M Treasury/Department for Trade and Industry have estimated that between 5 and 7% of the UK population are lesbian, gay or bisexual. The North West is estimated to have a lesbian, gay, bisexual and transgender (LGB&T) population of approximately 430,000. <sup>2</sup>

Information on sexuality has not previously been routinely collected by the NHS and therefore the evidence base for cancer inequalities and sexual orientation is under-developed.

We have been developing a revised patient registration form to invite patients to disclose additional equality information from 2012, including details on sexual orientation. (See 8 above).



In 2011, The Christie worked in partnership with NHS Trusts from across the North West and with NHS North West to take part for the fifth consecutive year in Manchester Pride, a celebration of gay, lesbian, bisexual and transgender life. Visitors to the NHS Expo exhibition stall were invited to give their comments in respect of lesbian, gay, bisexual and trans services within the NHS.

The trust has established the Rainbow Network for Christie lesbian, gay, bisexual and trans staff. Its aim is to provide a social and support network to members, and to work in partnership with the trust to create an inclusive, respectful and diverse environment for all our staff, patients and visitors.

## 10. Religion or belief

Between 1 November 2010 and 31 October 2011, over three quarters of our patients (76.38%) disclosed their religion or belief to be Christian. The second most frequently disclosed religion is Islam, represented by 2.12% of patients. 15.75% did not disclose a religion or belief.

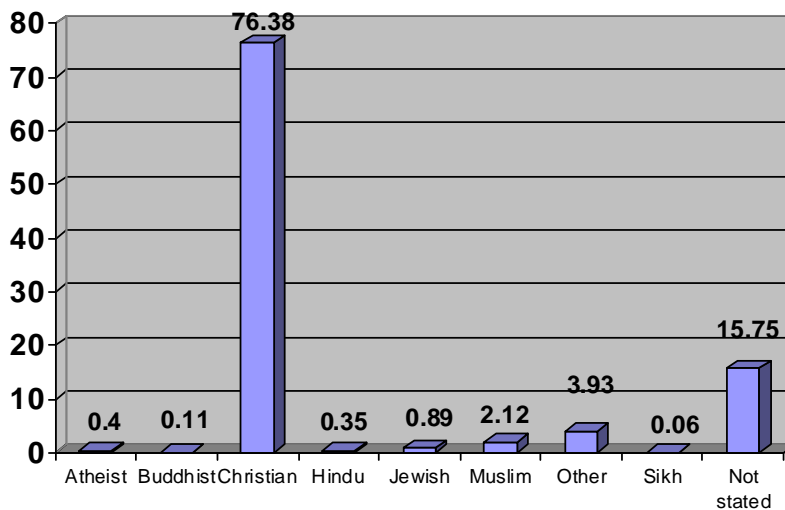


Figure 3: Chart showing the percentage of patients by religion or belief for the period 1 November 2010 to 31 October 2011

Appendix VI provides tables of the number and overall percentage of patients by religion or belief and type of cancer who were treated between 1 November 2010 and 31 October 2011.

Our chaplaincy team works across faith and denominational boundaries as far as is appropriate, but also respects the need for specialised care from patients' own faith groups. The service has four part-time Christian chaplains on staff, is supported by Muslim, Jewish, Sikh and Buddhist volunteer chaplains, and has a wide range of contacts with other faith communities within the catchment area of The Christie. This provision is in line with published Department of Health guidance.

The Christie maintains a Muslim prayer room and a Christian chapel for the use of patients and their visitors, and also staff and volunteers. Current discussions around the refurbishment and upgrading of worship facilities will include representatives of other faith groups in stakeholder consultations.

In 2010-2011 there were 222 active referrals for chaplaincy care; this represents calls to the chaplaincy department from staff, volunteers, patients' friends or relatives, and patients' religious ministers in the community, requesting chaplaincy involvement. 18 of these were recorded as out-of-hours emergencies. Approximately 720 people attended worship services in the chapel.

## **11. Trans**

In line with the recommendation from the Equality & Human Rights Commission, the trust will only undertake trans monitoring when progress has been made across other protected characteristics and sufficient preparation has been undertaken to monitor appropriately. It is recognised that trans people are relatively rare in most organisations.

The incidence of cancer amongst trans people is not well understood.<sup>1</sup>

The trust has established the Rainbow Network for Christie lesbian, gay, bisexual and trans staff. (See 9 above).

## **12. Patient Experience**

Satisfaction levels with care provided at The Christie are extremely high and all our efforts are directed towards ensuring the best possible experience for patients at a time of enormous stress for them and their families.

In 2010/11 we were one of the top rated trusts nationally for overall quality of care in the National Inpatient Survey. For example, we ranked in the top 20% of 161 acute trusts in the response to the question 'Overall, how would you rate the care you received?' With regard to the sample in this survey, 48% were male and 52% female; 76% of respondents were aged 51 or older; and 95% of respondents classified themselves as white.

In the National Outpatient Survey 2011, 93% of patients rated their care as excellent or very good at our Outpatients' department; 0% said their care was poor or very poor. This was in the top 20% of trusts for this question. With regard to the sample in this survey, 49% of patients were men and 51% were women; 92% of patients classified themselves as White British; 23% of patients said they had no such long standing conditions; 73% said they had at least one of 6 listed conditions (deafness, blindness, long-standing physical condition, learning disability, mental health condition, long-standing illness).

In addition to the national patient surveys, we also run a local monthly patient satisfaction survey. We ask over 100 patients per month questions about issues such as cleanliness, attitude of staff, communication of treatment and standard of food and drinks. Patients are invited to give a rating of excellent, good, fair or poor. In the period 1 November 2010 to 31 October 2011, 93.7% of male respondents rated patient services to be either excellent or good, compared to 91.9% of female respondents giving these ratings.

With regard to disability, 92.1% of disabled respondents rated patient services to be either excellent or good, compared to 92.8% of the respondents who did not consider themselves to be disabled.

With regard to ethnicity, the respondents rating patient services to be either excellent or good range from 95.7% for the other ethnic backgrounds group to 88.7% for the Asian group.

Nov 2010 to Oct 2011	Gender		Disability		Ethnicity				
	Female	Male	Yes	No	White	Black	Asian	Mixed	Other
<b>Excellent</b>	<b>63.2%</b>	<b>68.2%</b>	<b>65.4%</b>	<b>65.3%</b>	<b>65.6%</b>	<b>62.4%</b>	<b>62.5%</b>	<b>63.9%</b>	<b>69.3%</b>
<b>Good</b>	28.7%	25.5%	26.7%	27.5%	27.1%	29.8%	26.2%	30.3%	26.4%
<b>Fair</b>	5.7%	4.7%	5.3%	5.2%	5.3%	5.1%	6.9%	4.1%	2.1%
<b>Poor</b>	2.4%	1.6%	2.5%	2.0%	2.0%	2.8%	4.4%	1.6%	2.1%

*Figure 4: Chart showing the results of our monthly patient satisfaction survey by gender, disability and ethnicity for the period 1 November 2010 – 31 October 2011.*

### 13. Community Engagement

The Christie serves the Greater Manchester and Cheshire area, with a population of 3.2 million.

We believe it is important that the local communities find it easy to engage with us and give us their views. Having membership helps this process; our members can contact their local governor or us and tell us what they think. Our governors, elected by the membership, play a vital role in helping us to communicate with our members and partner organisations about our vision, strategy and performance. It is their responsibility to maintain and review the membership strategy and increase our membership, which currently stands at 20,000.

The governors have also been involved in short term projects, for example taking part in the walk-round that looked at levels of cleanliness, tidiness and general facilities in the hospital.

We hold public engagement meetings in each of the local authority areas. Our members are invited to these meetings, and at the meetings this year we have asked for their views on how The Christie should further develop and improve Christie services and what they would like us to be doing in 2020. Key stakeholders have also been asked for their views.

We have made contact with the Local Involvement Networks (LINKs) for each area. LINKs are independent networks bringing together local people, organisations and groups who wish to improve health and social services. Their input will help us improve the service we provide.

## 14. Complaints

During the period January to June 2011, we received 108 complaints. The information relates to the patient who was the subject of the complaint. Whilst in the majority of cases a patient makes a complaint themselves, in some cases a relative, carer or friend may make a complaint on the patient's behalf or relating to the treatment of a patient who has died.

With regard to age, the group of patients raising most complaints were the age range 61-70 years (30%), followed by the age range 51-60 years (20%). This correlates with the age profile of our patients: between 1 November 2010 and 31 October 2011, 68.75% of our patients were aged between 50 and 79 years. The age of the patient was not known in 15% of cases. Only one complaint was received relating to a patient under the age of 30.

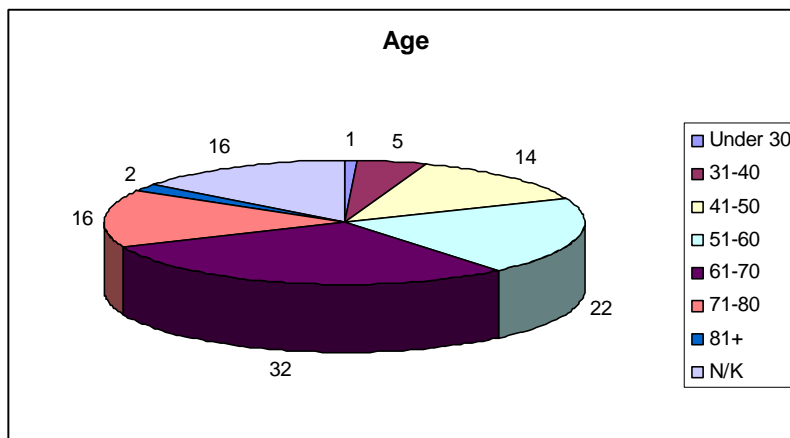


Figure 5: Chart showing number of patient complaints by age range during the period 1 January – 30 June 2011

With regard to race, the group of patients raising most complaints were white British (70%). 78.88% of patients were white British in the period 1 November 2010 and 31 October 2011.

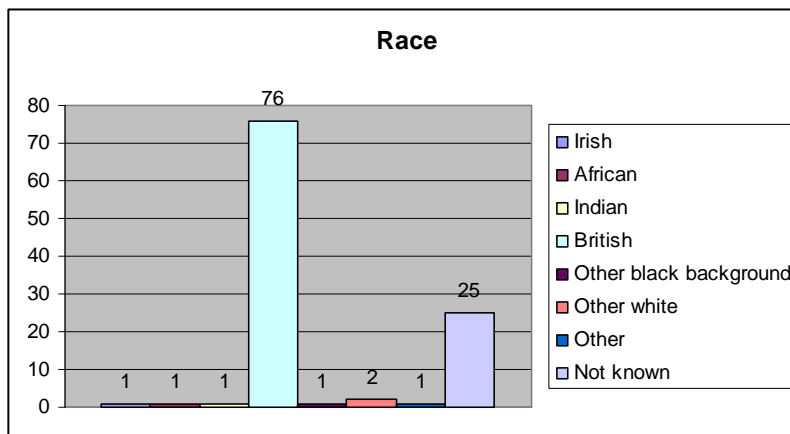


Figure 6: Chart showing number of patient complaints by race during the period 1 January – 30 June 2011

With regard to gender, 61% of complaints were raised regarding female patients and 39% regarding male patients. 52% of patients were female in the period 1 November 2010 and 31 October 2011.

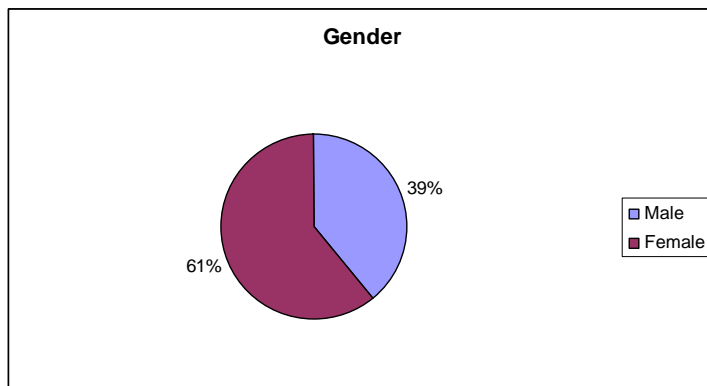


Figure 7: Chart showing number of patient complaints by gender during the period 1 January – 30 June 2011

With regard to religion or belief, 43% of patients making complaints confirmed their religion to be Church of England. In 10% of cases, the patient was Non-Conformist and in 9% of cases they were Roman Catholic.

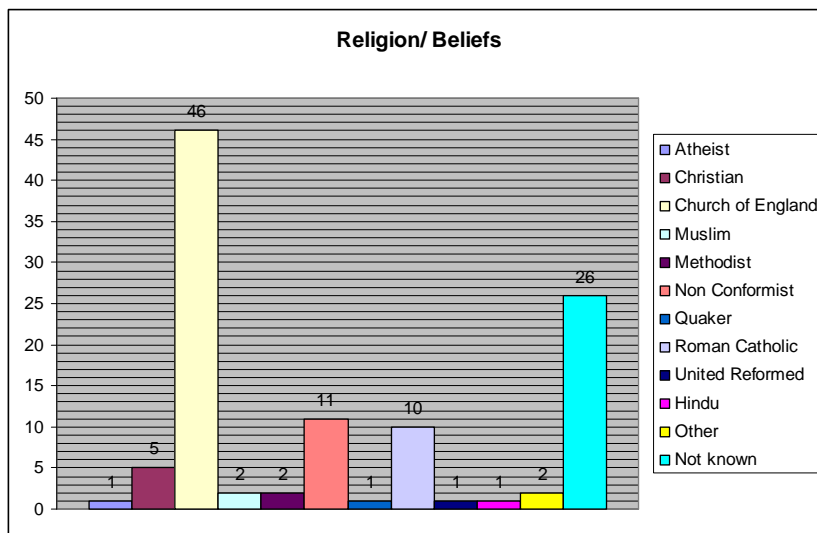


Figure 8: Chart showing number of patient complaints by religion or belief during the period 1 January – 30 June 2011

## **15. Workforce training in equality**

Equality and diversity training is mandatory for all staff groups. The training includes raising awareness of:

- definitions of equality and diversity
- the Equality Act 2010 including the public sector equality duty and protected characteristics
- reasonable adjustments for disabled people

In addition to the essential training, a further detailed training is available for managers which includes the development of good equality practices in patient services.

The North West Deanery Quality Monitoring Report 2011 included the following in its areas of notable practice: 'The evident commitment of the Trust to ensure the principles of equality and diversity are embedded in all aspects of its work, including training.'

## **16. Equality analysis**

Trust policy requires that each strategy and policy must undergo equality analysis (or equality impact assessment) during its development, to minimise and if possible remove any disproportionate impact on employees on the grounds of protected characteristics, and to further promote equality. Policies will not be ratified unless this has been completed.

Managers with responsibility for the development of policies and strategies have completed face-to-face equality and diversity training, plus an e-learning module on equality analysis and further training on the use of the trust's electronic equality analysis tool to enable completion.

A range of service activities have undergone equality analysis during the period October 2010 to November 2011, and have had considerations to further promote equality incorporated during their development. A sample of these includes:

- Patient and Public Involvement strategy
- Discharge and Transfer Policy
- Privacy & dignity and delivering same-sex accommodation policy
- Pandemic Flu Plan
- Admission and Discharge Policy for Critical Care Unit
- Policy for producing patient information
- Complaints policy
- Safeguarding Children and Young People policy
- Safeguarding vulnerable adults policy
- Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS) policy
- Medicines Practice Operational Policy

## **17. Conclusion**

The trust has a legal duty to ensure that both services and employment are provided fairly and recognises that equality monitoring is an important way of assessing our progress. Monitoring can indicate whether we are offering equality of opportunity and fair treatment to all staff and can help us to make changes based on facts rather than assumptions. This report uses data taken from our electronic patient records.

The trust will continue to develop patient equality data collection processes to enable enhanced monitoring which will shape continuous improvement to patient services.

The report has been considered by the trust's Equality and Diversity Group, which is comprised of a representative and diverse body of people including those with protected characteristics.

The report will be further considered by stakeholders and the priorities for action will be published within the trust's equality objectives by 6 April 2012.

## **18. References**

<sup>1</sup> 'Reducing cancer inequality: evidence, progress and making it happen'. Report by the National Cancer Equality Initiative, Department of Health (March 2010)

<sup>2</sup> 'Improving the region's knowledge base on the LGB&T population in the North West'. The North West Regional Development Agency report (October 2009)

## Appendix I

### The Christie NHS Foundation Trust Number and percentage of patients by gender and type of cancer between 1 November 2010 and 31 October 2011

Cancer	Female	Male	Unknown	Total
Breast	6365	40		6405
Central Nervous System	1198	973	1	2172
Gastro-intestinal	1705	2581		4286
Genito-urinary	343	6251	1	6595
Gynaecological	2288	0		2288
Head and Neck	482	1172		1654
Leukaemia and Myeloma	295	486		781
Lung	848	1041		1889
Lymphoma	927	1174		2101
Metastatic	283	315		598
Multiple	4	4		8
Skin and Melanoma	1513	1539	1	3053
Soft Tissue and bone	410	346		756
Unknown disease group	3266	2500	1	5767
<b>Total</b>	<b>19,927</b>	<b>18,422</b>	<b>4</b>	<b>38,354</b>

Cancer	% Female	% Male	% Unknown
Breast	99.38	0.62	
Central Nervous System	55.17	44.80	0.05
Gastro-intestinal	39.78	60.22	
Genito-urinary	5.20	94.78	0.02
Gynaecological	100	0	
Head and Neck	29.14	70.86	
Leukaemia and Myeloma	37.77	62.23	
Lung	44.89	55.11	
Lymphoma	44.12	55.89	
Metastatic	47.32	52.68	
Multiple	50	50	
Skin and Melanoma	49.56	50.41	0.03
Soft Tissue and bone	54.23	45.78	
Unknown disease group	56.65	43.35	0.02
<b>Total</b>	<b>51.96</b>	<b>48.03</b>	<b>0.01</b>

## Appendix II

### One-year relative survival rates by Cancer Network and sex for 2007 - 2009

Rates for one-year survival (2007-2009) by cancer networks in the North West of England for all ages for female breast, lung, upper gastrointestinal and colorectal cancers

Source: North West Cancer Intelligence Service (hosted by The Christie NHS Foundation Trust)

Site	Cancer Network	Persons		Males		Females	
		Rate	95% Confidence Intervals	Rate	95% Confidence Intervals	Rate	95% Confidence Intervals
Lung	Lancashire & South Cumbria	27.6	26.0 – 29.2	25.8	23.7 – 28.0	29.7	27.2 – 32.2
	Greater Manchester & Cheshire	28.9	27.7 – 30.2	27.3	25.7 – 29.0	30.8	29.0 – 32.6
	Merseyside & Cheshire	31.2	29.8 – 32.7	29.3	27.4 – 31.3	33.3	31.2 – 35.5
Colorectal	Lancashire & South Cumbria	76.0	74.3 – 77.7	78.3	76.0 – 80.4	73.0	70.2 – 75.5
	Greater Manchester & Cheshire	75.6	74.3 – 76.9	77.4	75.6 – 79.2	73.3	71.2 – 75.3
	Merseyside & Cheshire	76.4	74.8 – 77.9	78.8	76.7 – 80.6	73.1	70.6 – 75.4
Upper GI	Lancashire & South Cumbria	32.7	30.5 – 34.9	36.1	33.3 – 39.0	26.9	23.6 – 30.4
	Greater Manchester & Cheshire	35.6	33.9 – 37.3	38.1	35.9 – 40.4	31.5	28.7 – 34.2
	Merseyside & Cheshire	34.7	32.6 – 36.7	37.6	34.9 – 40.4	30.3	27.2 – 33.5
Breast	Lancashire & South Cumbria					96.4	95.5 – 97.1
	Greater Manchester & Cheshire					96.4	95.7 – 97.0
	Merseyside & Cheshire					96.1	95.3 – 96.8

## Appendix III

### The Christie NHS Foundation Trust Number and percentage of patients by ethnicity and type of cancer between 1 November 2010 and 31 October 2011

Cancer	Asian	Black	Mixed	Other ethnic group	White	Not stated/ refused	Total
Breast	113	38	15	96	4352	1791	6405
Central Nervous System	112	31	16	130	1755	128	2172
Gastro-intestinal	69	22	11	44	3515	625	4286
Genito-urinary	80	98	23	71	5199	1124	6595
Gynaecological	43	22	6	27	2071	119	2288
Head and Neck	36	16	6	38	1448	110	1654
Leukaemia and Myeloma	23	10	2	36	624	86	781
Lung	14	7	5	11	1184	668	1889
Lymphoma	66	11	15	69	1746	194	2101
Metastatic	18	5	0	11	475	89	598
Multiple	0	0	0	0	6	2	8
Skin and Melanoma	12	1	2	34	2769	236	3053
Soft Tissue and bone	28	10	6	30	637	45	756
Unknown disease group	177	72	33	106	4474	906	5767
<b>Total</b>	<b>791</b>	<b>343</b>	<b>140</b>	<b>703</b>	<b>30,255</b>	<b>6,123</b>	<b>38,354</b>

Cancer	% Asian	% Black	% Mixed	% Other ethnic group	% White	% Not stated/ refused
Breast	1.76	0.59	0.23	1.50	67.95	27.96
Central Nervous System	5.16	1.43	0.74	5.99	80.80	5.99
Gastro-intestinal	1.61	0.51	0.26	1.03	82.01	14.58
Genito-urinary	1.21	1.49	0.35	1.08	78.83	17.04
Gynaecological	1.89	0.96	0.26	1.18	90.52	5.20
Head and Neck	2.18	0.97	0.36	2.28	87.55	6.65
Leukaemia and Myeloma	2.94	1.28	0.26	4.61	79.90	11.01
Lung	0.74	0.37	0.26	0.58	62.68	35.36
Lymphoma	3.14	0.52	0.71	3.28	83.10	9.23
Metastatic	3.01	0.84	0	1.84	79.43	14.88
Multiple	0	0	0	0	75	25
Skin and Melanoma	0.39	0.03	0.07	1.11	90.70	7.73
Soft Tissue and bone	3.66	1.32	0.79	3.97	84.26	5.95
Unknown disease group	3.07	1.25	0.57	1.84	77.58	15.71
<b>Total</b>	<b>2.06</b>	<b>0.89</b>	<b>0.36</b>	<b>1.83</b>	<b>78.88</b>	<b>15.96</b>

## Appendix IV

### The Christie NHS Foundation Trust - Number and percentage of patients by age band and type of cancer between 1 November 2010 and 31 October 2011

Cancer	Age Bands											Total
	<10	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-110	
Breast	0	2	23	286	1134	1734	1934	987	286	19	0	6405
Central Nervous System	70	191	250	321	401	344	344	193	57	1	0	2172
Gastro-intestinal	0	2	28	105	341	829	1448	1169	346	18	0	4286
Genito-urinary	7	17	150	242	356	748	2264	2358	433	20	0	6595
Gynaecological	0	6	54	139	284	416	703	513	162	11	0	2288
Head & Neck	1	11	28	53	174	373	551	314	131	17	1	1654
Leukaemia & Myeloma	3	22	79	55	122	156	232	98	12	2	0	781
Lung	0	2	11	17	86	301	637	615	207	11	2	1889
Lymphoma	7	48	160	196	317	352	523	367	119	12	0	2101
Metastatic	0	2	14	32	80	112	168	138	49	3	0	598
Multiple	0	0	1	0	0	2	0	3	2	0	0	8
Skin/Melanoma	0	9	75	154	311	365	567	795	619	156	3	3053
Soft Tissue/bone	11	37	96	103	122	116	129	102	37	3	0	756
Unknown	17	90	379	573	900	1096	1254	1008	412	39	0	5767
<b>Total</b>	<b>116</b>	<b>439</b>	<b>1348</b>	<b>2276</b>	<b>4628</b>	<b>6944</b>	<b>10754</b>	<b>8660</b>	<b>2872</b>	<b>312</b>	<b>6</b>	<b>38,354</b>

Cancer	% <10	% 10-19	% 20-29	% 30-39	% 40-49	% 50-59	% 60-69	% 70-79	% 80-89	% 90-99	% 100-110
Breast	0	0.03	0.36	4.47	17.70	27.07	30.20	15.41	4.47	0.30	0
Central Nervous System	3.22	8.79	11.51	14.78	18.46	15.84	15.84	8.89	2.62	0.05	0
Gastro-intestinal	0	0.05	0.65	2.45	7.96	19.34	33.78	27.27	8.07	0.42	0
Genito-urinary	0.11	0.26	2.27	3.67	5.40	11.34	34.33	35.75	6.57	0.30	0
Gynaecological	0	0.26	2.36	6.08	12.41	18.18	30.73	22.42	7.08	0.48	0
Head & Neck	0.06	0.67	1.69	3.20	10.52	22.55	33.31	18.98	7.92	1.03	0.06
Leukaemia & Myeloma	0.38	2.82	10.12	7.04	15.62	19.97	29.71	12.55	1.54	0.26	0
Lung	0	0.11	0.58	0.90	4.55	15.93	33.72	32.56	10.96	0.58	0.11
Lymphoma	0.33	2.28	7.62	9.33	15.09	16.75	24.89	17.47	5.66	0.57	0
Metastatic	0	0.33	2.34	5.31	13.38	18.73	28.09	23.08	8.19	0.50	0
Multiple	0	0	12.5	0	0	25	0	37.5	25	0	0
Skin/Melanoma	0	0.29	2.46	5.04	10.19	11.96	18.57	26.04	20.28	5.11	0.10
Soft Tissue/bone	1.46	4.89	12.70	13.62	16.14	15.34	17.06	13.49	4.89	0.40	0
Unknown	0.29	1.56	6.57	9.94	15.61	19.0	21.74	17.48	7.14	0.68	0
<b>Total</b>	<b>0.30</b>	<b>1.14</b>	<b>3.51</b>	<b>5.93</b>	<b>12.07</b>	<b>18.11</b>	<b>28.04</b>	<b>22.60</b>	<b>7.49</b>	<b>0.81</b>	<b>0.02</b>

## Appendix V

### Cancer incidence rates for age 75 and under, and for over 75s, 1995-97 to 2006-08

Source: North West Cancer Intelligence Service (hosted by the Christie NHS Foundation Trust)

All cancers incidence rates trends for 75 and under, 1995-97 to 2006-08														
National/regional/Cancer Network	Males							Females						
	1995-1997			2006-2008			%change over time	1995-1997			2006-2008			%change over time
	Rates	LCI	UCI	Rates	LCI	UCI		Rates	LCI	UCI	Rates	LCI	UCI	
England	289.2	288.0	290.5	307.6	306.4	308.9	6.4	280.1	278.9	281.3	301.7	300.5	302.9	7.7
North West Strategic Health Authority	311.3	307.8	314.7	323.2	319.8	326.5	3.8	292.7	289.4	296.0	314.8	311.4	318.1	7.5
Greater Manchester and Cheshire	313.2	307.9	318.5	324.6	319.4	329.8	3.7	292.9	287.9	298.0	314.5	309.4	319.6	7.4
											316.9	312.8	325.0	7.3

All cancers incidence rates trends for over 75s, 1995-97 to 2006-08														
National/regional/Cancer Network	Males							Females						
	1995-1997			2006-2008			%change over time	1995-1997			2006-2008			%change over time
	Rates	LCI	UCI	Rates	LCI	UCI		Rates	LCI	UCI	Rates	LCI	UCI	
England	3277.3	3258.7	3295.9	3065.1	3049.3	3080.9	-6.5	1754.5	1744.6	1764.5	1849.2	1839.2	1859.2	5.4
North West Strategic Health Authority	3464.4	3411.5	3517.3	3251.3	3206.0	3296.6	-6.2	1774.2	1747.5	1800.9	1927.6	1899.9	1955.2	8.6
Greater Manchester and Cheshire	3480.6	3398.3	3562.9	3201.4	3131.4	3217.5	-8.0	1797.1	1755.6	1838.6	1862.9	1820.5	1905.3	3.7

## Appendix VI

### The Christie NHS Foundation Trust - Number and overall percentage of patients by religion or belief and type of cancer between 1 November 2010 and 31 October 2011

Cancer	Atheist	Buddhist	Christian	Hindu	Jewish	Muslim	Other	Sikh	Not stated	Total
Breast	6	8	4366	16	63	116	180	3	1645	6405
Central Nervous System	7	2	1665	10	25	111	123	1	228	2172
Gastro-intestinal	13	1	3385	9	33	65	126	3	651	4286
Genito-urinary	37	5	5011	18	55	83	260	1	1124	6595
Gynaecological	1	3	2036	11	18	33	85	1	100	2288
Head & Neck	8	5	1457	8	7	33	53	1	81	1654
Leukaemia & Myeloma	16	2	598	1	5	29	41	1	88	781
Lung	4	4	1160	6	13	9	57	1	635	1889
Lymphoma	15	4	1638	17	33	73	110	3	207	2101
Metastatic	1	0	447	3	3	17	29	2	96	598
Multiple	0	0	6	0	0	0	0	0	2	8
Skin/Melanoma	8	1	2681	3	24	15	99	0	223	3053
Soft Tissue/bone	5	1	612	6	3	31	35	1	62	756
Unknown	32	8	4232	27	61	199	311	5	897	5767
<b>Total</b>	<b>153</b>	<b>44</b>	<b>29,294</b>	<b>135</b>	<b>343</b>	<b>814</b>	<b>1509</b>	<b>23</b>	<b>6039</b>	<b>38,354</b>
<b>% Total</b>	<b>0.40</b>	<b>0.11</b>	<b>76.38</b>	<b>0.35</b>	<b>0.89</b>	<b>2.12</b>	<b>3.93</b>	<b>0.06</b>	<b>15.75</b>	