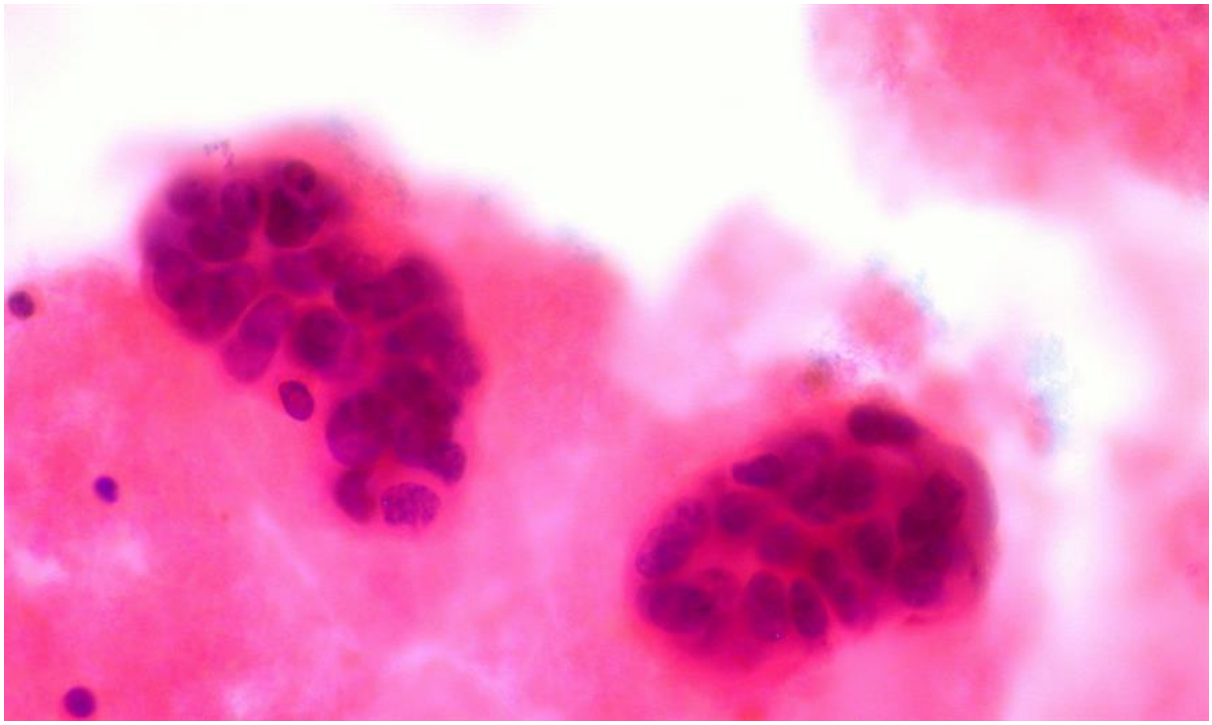
Breast cancer in the Lancashire and South Cumbria sustainability and transformation footprint 2017



Metastatic breast cancer cells in pleural fluid. Photo by Ed Uthman, CC BY 2.0.

Blackburn with Darwen Borough Council

Blackpool Council
BUILDING A BETTER COMMUNITY FOR ALL

Cumbria County Council

Lancashire County Council

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1. Background

In October 2016 the All-Party Parliamentary Group on Breast Cancer announced it was undertaking an inquiry into geographical inequalities relating to breast cancer, and the steps that could be taken to ensure that everyone with breast cancer receives the same high level of treatment and care, irrespective of where they live. In February 2017, local sustainability and transformation plan (STP) leadership teams received requests for written evidence on geographical inequalities relating to breast cancer within their footprint.

This report was produced to help the Lancashire and South Cumbria Cancer Alliance, which covers the Lancashire and South Cumbria STP footprint, compile their response to the call for evidence.

2. Glossary of Technical Terms

Age-standardised mortality rate

Age-standardisation adjusts rates to take into account how many old or young people are in the population being looked at. This is important when looking at cancer rates because cancer is a disease that predominantly affects the elderly

Associated risk factors

In epidemiology, attributes, characteristics or exposures that increase the likelihood of a person developing a disease or ill health are known as risk factors. Examples of risk factors include being underweight, unsafe sex, high blood pressure, tobacco and alcohol consumption, and unsafe water, sanitation and hygiene.

Standardised incidence ratio (SIR)

A standardised incidence ratio (SIR), details the number of new cases as a percentage of the expected number of cases, based on the England rate. It is calculated by dividing the number of observed cases by the number of expected cases and multiplying it by 100. A value over 100 indicates that more cases than expected have been recorded, whilst a value under 100 indicates there were fewer cases.

Index of multiple deprivation (IMD2015)

The English indices of deprivation measure relative deprivation in small areas in England, called lower-layer super output areas (LSOA). The index of multiple deprivation is the most widely used of these indices. Measures for larger geographies such as a local authority district area are calculated using the average 'score' of the LSOAs.

International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10 is the foundation for the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions. It is the diagnostic classification standard for all clinical and research purposes. In the case of breast cancer, all cases will be given a diagnosis code between C50 and C50.9.

Lower Layer Super Output Area (LSOA)

LSOA's are small geographies originally developed from the 2001 Census output areas. They have an average of roughly 1,500 residents and 650 households and are used to measure differences between small communities.

Middle Layer Super Output Areas (MSOA)

As with the LSOAs these small geographies were developed from the Census output areas. They cover a larger geographic area than the LSOAs and have a minimum population size of 5,000 residents and an average population of 7,500 residents.

Sustainability and Transformation Plan (STP) footprint

There are 44 STP footprints across the country, with the authorities and health organisations within each footprint working together to develop new ways of working, which will help drive genuine and sustainable transformation in patient experience and health outcomes.

3. A brief introduction to breast cancer and its risk factors

Breast cancer, which predominately affects females, is the most common form of cancer in England with the latest figures (2012-2014) showing that it accounted for 13% (134,705) of all newly diagnosed cases and 7% (28,936) of all cancer deaths, with only lung cancer causing more cancer related deaths.[1] This period also saw a total of 18,741 newly diagnosed cases of *Carcinoma in Situ of breast*, also known as non-invasive breast cancer. Whilst non-life threatening, being diagnosed with carcinoma in situ of breast can increase the risk of developing invasive breast cancer.[2]

The causes of breast cancer are not fully understood, and as such, it is not known if it can be prevented altogether. However studies suggest that a person can reduce their risk of breast cancer via the following lifestyle choices; maintain a healthy weight, cutting down on alcohol, regular exercise and reducing saturated fat intake.[3,4]

Known associated risk factors include[5,6,7,]:

Age

Breast cancer incidence is strongly related to age, with age-specific rates rising sharping from the age of 30. On average each year almost half (48%) of new cases in the UK were diagnosed in persons aged 65 and over (2012-2014).

Age of first pregnancy and age at menarche and menopause are also risk factors. Women who have their first child after the age of 30 are at greater risk than women who have their first child before the age of 20. The highest risk group are those who have a first child after the age of 35. Women who start menstruating early in life or who have a late menopause have an increased risk of developing breast cancer. Women who have a natural menopause after the age of 55 are twice as likely to develop breast cancer as women who experience the menopause before the age of 45.

Family history of breast cancer

A woman's risk of breast cancer is higher if she has a mother, sister, or daughter (first-degree relative) or multiple family members on either her mother's or father's side of the family who have had breast cancer. Having a first-degree male relative with breast cancer also raises a woman's risk.

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[1] Figures extracted from cancerstats.nhs.uk on February 8th 2017 and outline the total number cancers recorded under ICD-10 C50 malignant neoplasm of breast as a percentage of all tumours recorded across England (ICD-10 C00-D88) 2012-14.
[2] Macmillan Cancer Support. (2016). What is DCIS? Available: http://www.macmillan.org.uk/information-and-support/breast-cancer/dcis/understanding-cancer/what-is-dcis.html#164146. Last accessed 08/02/2017.
[3] NHS Choices. (2014). Breast cancer (female). Available: http://www.nhs.uk/Conditions/Cancer-of-the-breast-female/Pages/Introduction.aspx. Last accessed 18/07/2015.
[4] NHS. (2015). Reduce your chances of getting breast cancer. Available: http://www.nhs.uk/be-clear-on-cancer/breast-cancer/reducing-your-risk. Last accessed 18/07/2015.
[5]Centers for disease control and prevention. (2016). What Are the Risk Factors for Breast Cancer? Available: https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm. Last accessed 08/02/2017.
[6] NHS Choices. (2016). Breast cancer (female). Available: http://www.nhs.uk/Conditions/Cancer-of-the-breast-female/Pages/Introduction.aspx. Last accessed 08/02/2017.
[7] K McPherson et al. (2000). Breast cancer—epidemiology, risk factors, and genetics. BMJ. 321, 624-628

Oral contraceptive

Women who regularly take oral contraceptives and for 10 years after stopping these agents remain at a slighty increased risk of developing breast cancer.

Hormone replacement therapy (HRT)

HRT is used to treat uncomfortable symptoms of the menopause such as hot flushes, migraines, disrupted sleep, mood changes and depression by topping up the decreased levels of oestrogen being produced by the body. Studies have found a link between this treatment and a woman's risk of developing breast cancer.

Drinking alcohol

Studies show that a woman’s risk of breast cancer increases with the more alcohol she regularly consumes.

Radiation exposure

Certain medical procedures that use radiation, such as X-rays and computerised tomography (CT) scans, may slightly increase the risk of developing breast cancer.

Being overweight or obese after menopause

Older women who are overweight or obese have a higher risk of developing breast cancer than those at a normal weight.

Being physically inactive

Women who are physically inactive have a higher risk of developing breast cancer.

4. The Lancashire and South Cumbria Sustainability and Transformation (STP) Footprint

The Lancashire and South Cumbria STP footprint is a complex one, incorporating the unitary authority areas of Blackburn with Darwen and Blackpool, as well as the upper tier authority area of Lancashire county. It also includes the lower tier authority areas of Barrow-in-Furness and South Lakeland in Cumbria and slightly overlaps into the Cumbria district of Copeland and the Yorkshire district of Craven, incorporating a small number of lower super output areas (LSOAs)[8] from these districts.

In total the footprint is covered by 3 upper tier authorities, 9 CCGs, 2 unitary authorities and 16 lower tier authorities.

The area is estimated to be home to just under 1.66 million people, of which 13.6% (223,342) are females aged 50-70, accounting for 26.9% of the total female STP population. Significantly above the England national estimate, where 24.8% of the females are thought to be aged 50-70, placing them within core age range of women invited for breast screening. At a district level, it can be seen that whilst most areas in the STP have a significantly higher proportion of females aged 50-70. Blackburn with Darwen and Preston were found to have significantly fewer women in this age bracket.

Figure 1 : ONS Mid-year 2015 female population estimates by district

Area	Total female	Females aged 50-70	% of total	Significance
England	**27,757,041**	**6,882,176**	**24.8%**	**-**
Barrow-in-Furness	34,114	9,535	28.0%	High
Blackburn with Darwen	73,666	16,674	22.6%	Low
Blackpool	70,783	18,869	26.7%	High
Burnley	44,262	11,410	25.8%	High
Chorley	56,401	15,401	27.3%	High
Copeland	4,339	1,376	31.7%	High
Craven	3,084	1,067	34.6%	High
Fylde	39,551	12,260	31.0%	High
Hyndburn	40,557	10,144	25.0%	
Lancaster	72,265	18,456	25.5%	High
Pendle	45,645	11,647	25.5%	High
Preston	69,978	15,304	21.9%	Low
Ribble Valley	29,775	8,993	30.2%	High
Rossendale	35,324	9,566	27.1%	High
South Lakeland	52,858	17,074	32.3%	High
South Ribble	55,980	15,444	27.6%	High
West Lancashire	58,003	16,252	28.0%	High
Wyre	56,176	16,870	30.0%	High
Total	**842,761**	**226,342**	**26.9%**	**High**

It should be noted, that in some areas of the UK the breast cancer screening programme has been extended to include women aged 47-73 and women over the age of 70 can request a screening.

8 LSOA's are small geographies with an average of 1,500 residents and 650 households.

Looking at the total female population estimates grouped by the Marmot Review stages of life,[9] it can be seen that the STP has a significantly smaller proportion of females in the infant, start well and Live well stages and significantly more in the age well stage.

Figure 2 : ONS Mid-year 2015 Lancashire and South Cumbria STP female population estimate, split by the Marmot stages of life and benchmarked against England

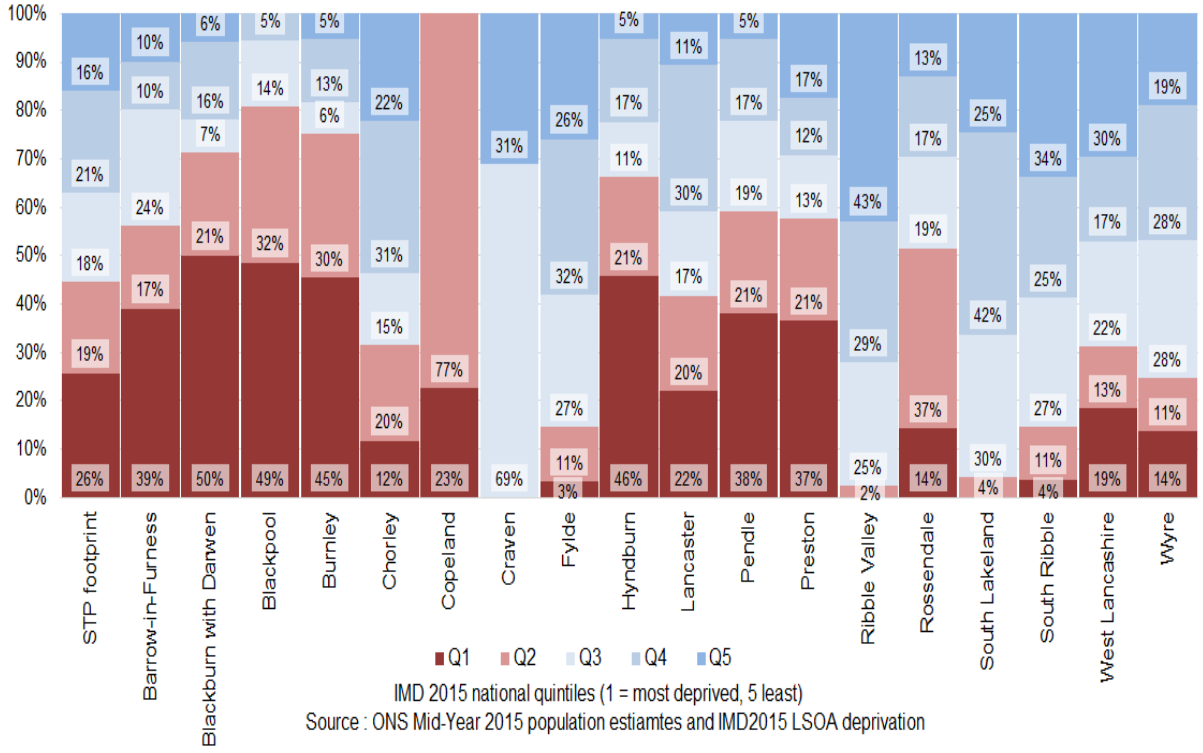
Marmot Review stages of life	STP females	% of total females	England females	% of total females	Significance
Infant (<1)	9,174	1.09%	322,748	1.16%	Low
Start well (1-19)	179,570	21.31%	6,017,935	21.68%	Low
Live well (20-64)	473,588	56.19%	16,105,987	58.02%	Low
Age well (65+)	180,429	21.41%	5,310,371	19.13%	High
Total	**842,761**	-	**27,757,041**	-	-

The older a person gets, the higher their risk of contracting a number of chronic illnesses and breast cancer is no different, with breast cancer incidence said to double every 10 years until the menopause, which usually occurs between the ages of 45 and 55, with incidence rates highest amongst those aged 85+.

4.1. Deprivation in the STP

When split by national deprivation quintile (IMD2015), a quarter (26%) of the STP's female population are found to be living within LSOA's classed as being with deprivation quintile 1, placing them amongst the most deprived communities in England. However deprivation varies greatly between the different district areas of the STP, with areas such as Ribble Valley, home to very few deprived communities and areas such as Blackpool home to very few affluent communities.

Figure 3 : STP LSOA level estimated female population (ONS2015) grouped by district and deprivation quintile (IMD2015)[10]



9 Prof Sir Michael Marmot. (2010). Fair society, healthy lives: the Marmot Review. University College London.
10 Please note the STP only contains six LSOAs from Copeland and three from Craven.

Studies looking into the link between deprivation and breast cancer have produced mixed results. With some studies finding that whilst breast cancer incidence levels are higher in more affluent areas, the trend reverses when looking at breast cancer mortality where rates are were found to be higher amongst the more deprived communities. It has been suggested that the higher rates found in more deprived communities, are a result of an increased exposure to the associated risk factors such as excess weight, being physically inactive, not breastfeeding and high alcohol consumption.[11]

4.2. Rurality in the STP

Rural settings can present both service providers and residents with certain challenges such as an increased cost of living and restricted or limited access to services[12]. As with many areas in England, the majority (80%) of the STP's female population live within LSOA's classed as either urban city or town areas. Although as with the deprivation measure, there are notable differences between the different districts with 65% of the Ribble Valley district population and 61% of the South Lakeland population living in rural town, village and fringe areas.

Figure 4 : STP footprint female population split by rural classification and grouped by district[13]

Area	Urban city and town	Rural town, village and fringe
STP footprint	**79.7%**	**20.3%**
Barrow-in-Furness	66.5%	33.5%
Blackburn with Darwen	95.7%	4.3%
Blackpool	100.0%	0.0%
Burnley	96.8%	3.2%
Chorley	71.9%	28.1%
Copeland	0.0%	100.0%
Craven	0.0%	100.0%
Fylde	82.0%	18.0%
Hyndburn	92.0%	8.0%
Lancaster	71.5%	28.5%
Pendle	87.8%	12.2%
Preston	94.0%	6.0%
Ribble Valley	35.0%	65.0%
Rossendale	97.5%	2.5%
South Lakeland	39.4%	60.6%
South Ribble	98.9%	1.1%
West Lancashire	61.3%	38.7%
Wyre	71.4%	28.6%

11 Public Health England. (2016). Deprivation and cancer : in search of a common measure across England, Wales, Scotland, Northern Ireland and Ireland.
12 Justin Wood. (2004). Rural Health and Healthcare : A North West perspective. Lancaster University Institute for Health Research.
13 Please note the STP only contains six LSOAs from Copeland and three Craven.

4.3. Population ethnicity of the STP

Ethnicity can be a barrier to services, particularly for individuals whose first language is not English. Figures from the Census 2011 show that whilst 92% of the female population across the 18 districts of the STP are from a white ethnic background, this figure varies greatly between the different districts.

Figure 5 : Census 2011 district level population split by ethnicity

Area	All Females	% White	% Asian/Asian British	% Mixed/multiple ethnic group	% Black/African/Caribbean/ Black British	% Other ethnic group
England	26,943,308	85.7%	7.6%	2.2%	3.6%	0.9%
All STP districts combined	894,245	91.9%	6.6%	1.0%	0.3%	0.2%
Barrow-in-Furness	34,902	98.3%	1.0%	0.5%	0.1%	0.1%
Blackburn with Darwen	73,942	69.8%	27.7%	1.2%	0.6%	0.6%
Blackpool	72,290	96.9%	1.6%	1.2%	0.2%	0.1%
Burnley	44,265	88.0%	10.4%	1.2%	0.2%	0.2%
Chorley	53,447	97.1%	1.6%	0.9%	0.3%	0.2%
Copeland	35,127	98.6%	0.8%	0.4%	0.1%	0.1%
Craven	28,655	97.4%	1.7%	0.7%	0.1%	0.0%
Fylde	38,976	97.8%	1.1%	0.9%	0.1%	0.1%
Hyndburn	40,757	87.9%	11.1%	0.8%	0.1%	0.1%
Lancaster	71,534	95.4%	3.0%	1.0%	0.4%	0.2%
Pendle	45,440	80.2%	18.6%	1.0%	0.1%	0.1%
Preston	69,918	80.8%	15.4%	2.3%	1.1%	0.4%
Ribble Valley	29,159	97.9%	1.3%	0.6%	0.1%	0.1%
Rossendale	34,615	94.0%	4.8%	0.9%	0.2%	0.1%
South Lakeland	53,136	98.2%	0.8%	0.7%	0.2%	0.1%
South Ribble	55,713	97.1%	1.5%	1.1%	0.2%	0.1%
West Lancashire	56,845	98.2%	0.8%	0.8%	0.2%	0.1%
Wyre	55,524	98.3%	0.9%	0.6%	0.1%	0.1%

4.4. The Lancashire and South Cumbria STP footprint map

The blue line represents the STP boundary with the districts named in bold.

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5. Breast cancer in Lancashire and South Cumbria the key findings

5.1. Diagnosis

Despite more women than ever being screened for breast cancer, a significantly smaller proportion of the eligible population (Females aged 50-70) were screened compared to England. One reason for this appears to be that the eligible population is growing a faster rate than the number being screened. Meaning that screening services across the STP will need to increase the numbers being screened if they are to maintain or improve current coverage. Of particular concern, are the Barrow-in-Furness, Blackpool, Fylde and Wyre districts were number of women being screened has declined.

Practice level figures show that whilst practices with more affluent populations tend to record higher coverage rates, due to a large number of outliers it was not possible to establish a strong correlation between deprivation and uptake.

The number patients receiving two-week wait referrals for breast cancer is increasing across the 9 CCGs of the STP, with three CCGs recording significantly higher rates than England; these being the Blackpool, Fylde & Wyre and West Lancashire CCGs.

Diagnoses staging data shows that when combined the Lancashire & Cumbria CCGs have a late stage diagnosis rate in line with England. The Blackburn with Darwen and East Lancashire CCGs recorded significantly above the national average.

Breast cancer incidence rates are increasing across the STP, with the latest all-age three-year figures (2012-14) showing that the Copeland district has a significantly higher rate than England. Further analysis looking at incidence rates amongst those aged 45-74 showed that Blackpool has a significantly higher rate than England, whilst Pendle has a significantly lower rate. Analysis at a sub-district level (MSOA) was unable to establish a strong correlation between deprivation and breast cancer incidence.

5.2. Outcomes

Whilst most CCGs recorded a 2014 one year breast cancer survival rate in line with England, the East Lancashire CCG recorded a rate significantly below it. Additionally, trend line analysis found that whilst most CCGs have seen a significantly increase in survival rates. The Chorley & South Rubble and East Lancashire CCGs had 2014 rates in line with those of 10 years ago. East Lancashire's consistently lower one year survival rates could be linked to their high late diagnosis rates.

All-age female breast cancer mortality figures highlighted that the Copeland district, has a significantly higher 2012-14 rate than England, which fits with them have a significantly higher incidence rate. The Pendle district was found to have a significantly lower rate. Trend line analysis shows that whilst all-age breast cancer incidence rates have increased over the past 10 years have increased, the mortality rates have declined.

6. Associated risk factors analysis

As discussed earlier in this document, the exact causes of breast cancer are not fully understood. Although there are a number of known associated risk factors including age, family history, use of oral contraceptives, undergoing hormone replacement therapy (HRT), excessive alcohol, exposure to radiation, living with excess weight after menopause and being physically inactive. Additionally, studies have also shown that women who breastfeed are statistically less likely to develop breast cancer than those who do not. While the reasons for this are not fully understood, one theory is that it could be because women do not ovulate as regularly whilst they are breastfeeding and oestrogen levels remain stable.

6.1. Alcohol

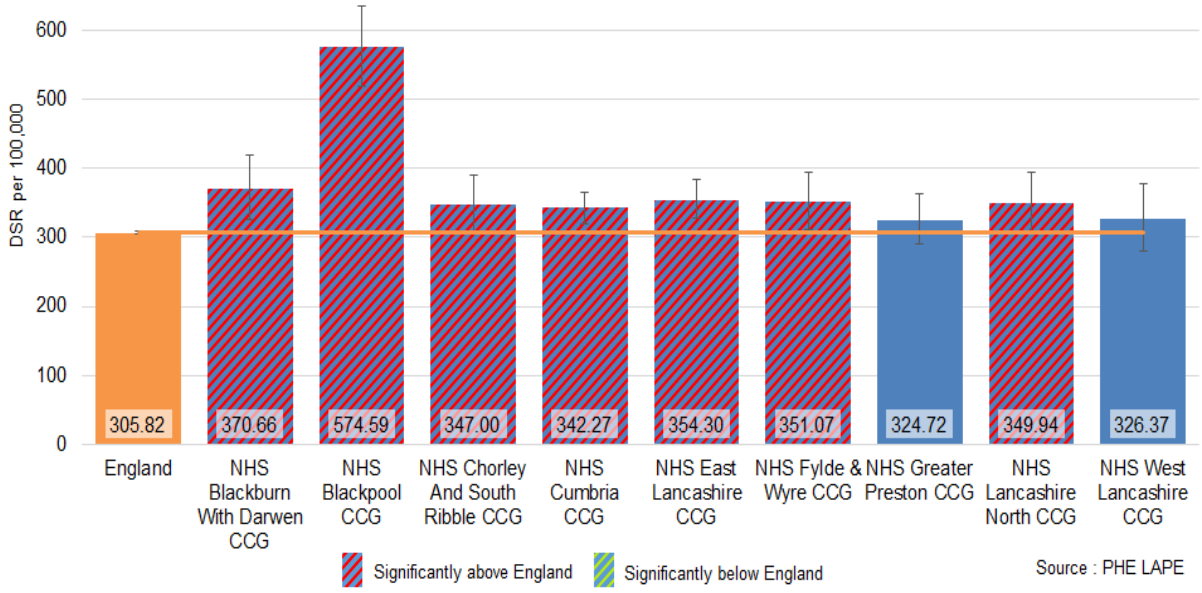
Alcohol attributable fractions are used to calculate alcohol-related mortality and hospital admissions. Attributable fraction values are the proportion of a health condition such as breast cancer or an external cause that is attributable to the exposure of a specific risk factor (such as alcohol) in a given population. There are a number of alcohol related indicators available from the Public Health England Local Alcohol Profile (LAPE) tool. However, to ensure consistency across this report only the *Females admitted to hospital for alcohol-related conditions (narrow)* indicator has been examined.

6.1.1. Females admitted to hospital for alcohol-related conditions (narrow)

This indicator details the number of persons admitted where the primary diagnosis is an alcohol-attributable code or one of the secondary codes is an external alcohol-attributable code.

The latest CCG figures cover the 2014/15 period and show that 7 of the 9 CCGs of the STP have a significantly higher directly standardised rate (DSR) per 100,000 of females admitted to hospital for alcohol-related conditions, than the England national average (306).

Figure 6 : Females admitted to hospital for alcohol-related conditions (narrow) DSR per 100,000 (2014/15)

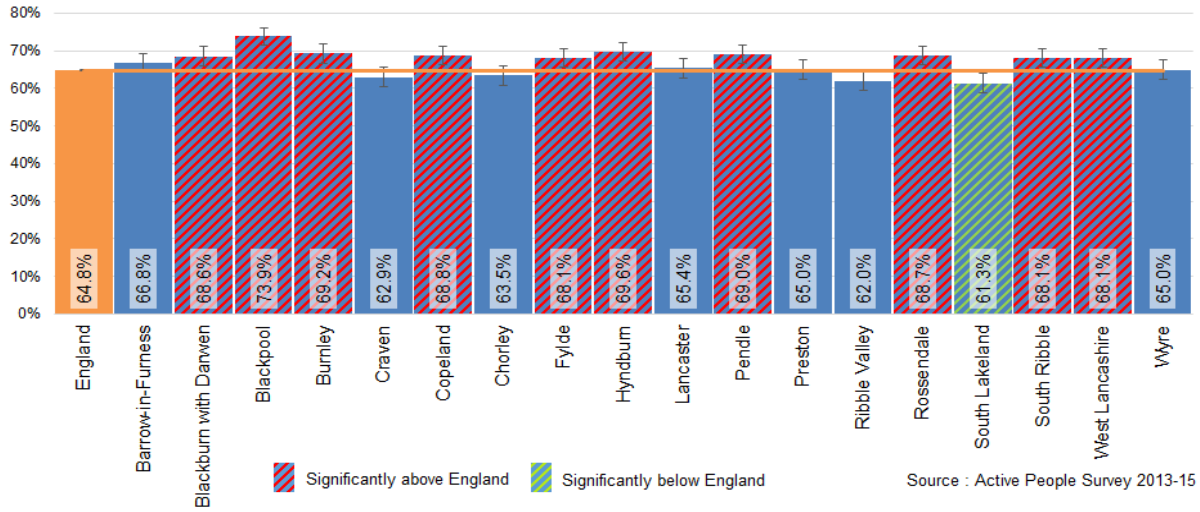


6.2. Adult excess weight

The number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Figures come APS7 quarter 2 to APS10 quarter 1 (mid-Jan 2013 to mid-Jan 2016). Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.

The estimates show that 10 of the 18 districts of the STP are estimated to have significantly higher levels of adult excess weight prevalence than England, with the South Lakeland district estimated to have a significantly lower excess weight prevalence than England.

Figure 7 : Estimated adult excess weight 2013-15

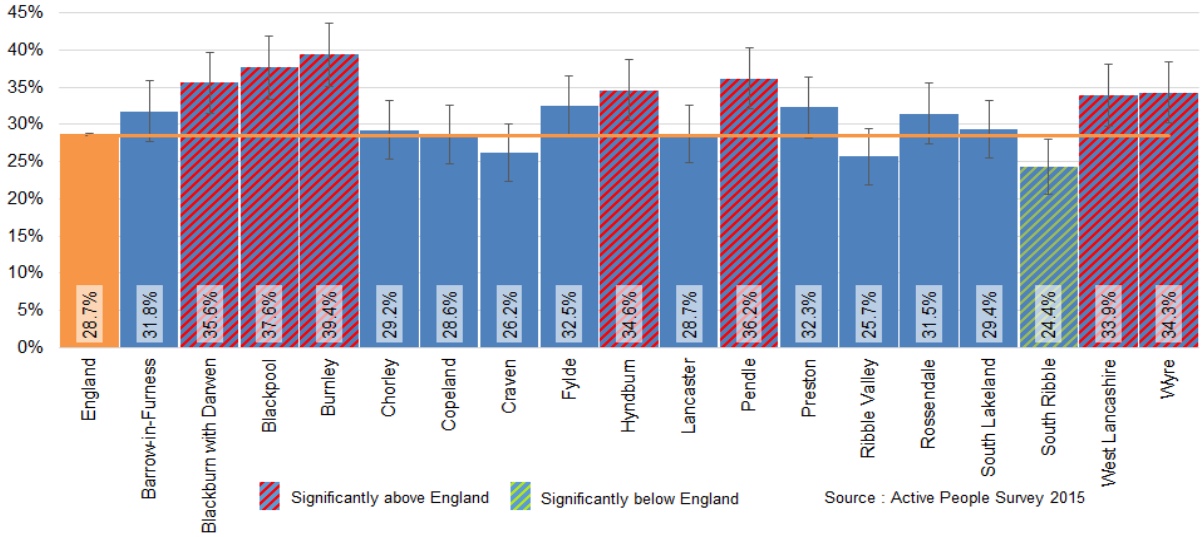


6.3. Physically inactive adults

Active People Survey (Jan-2015 to Jan-2016); The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days

The 2015 Active People Survey (APS) estimates that there are significantly more inactive adults living in the districts of Blackburn with Darwen, Blackpool, Burnley, Hyndburn, Pendle, West Lancashire and Wyre than the England average. Whilst South Ribble is estimated to have significantly fewer inactive adults than the national average.

Figure 8 : Percentage of adults estimated to be physically inactive (2015)

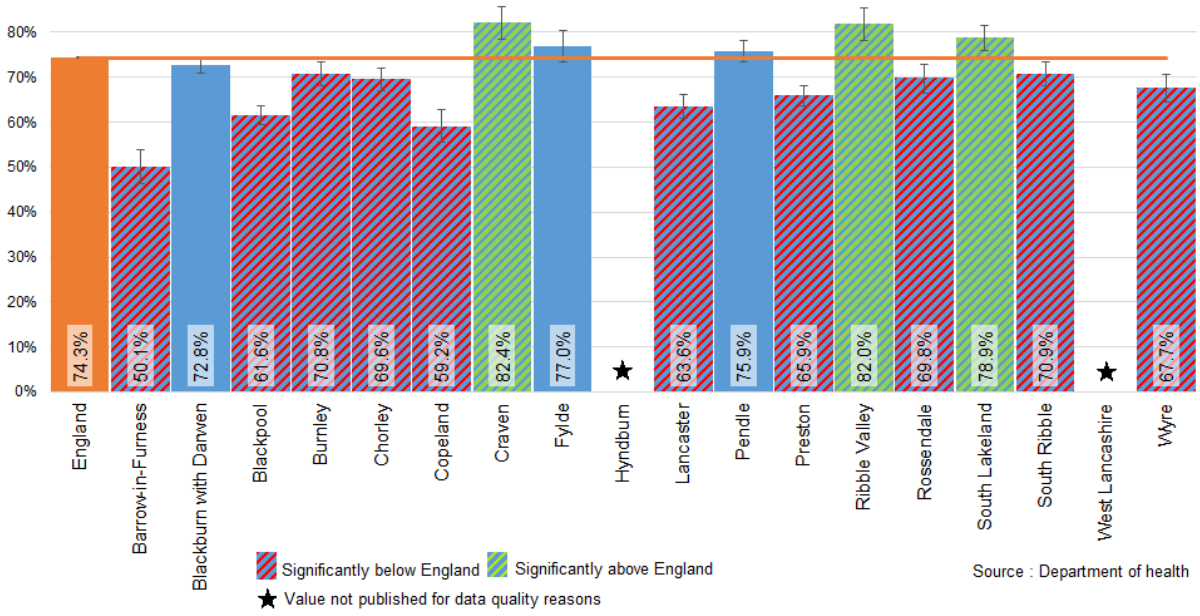


6.4. Breastfeeding

Rather than being a risk factor of breast cancer, breastfeeding is believed to reduce a woman's chance of developing breast cancer. Making it not only beneficial for the infant's long term health but also the mother's.

The latest breastfeeding initiation figures cover the 2014/15 period and indicate the majority of the STPs districts have significantly lower levels of initiation than the England average of 74%. With initiation levels, ranging from 50% in Barrow-in-Furness to 82% in Craven and Ribble Valley.

Figure 9 : % of all mothers who breastfeed their babies in the first 48hrs after delivery (2014/15)



7. Diagnosis and incidence

This section of the report looks at the screening and diagnosis progress across the Lancashire and South Cumbria STP. Detecting cancer early, before it has had a chance to grow or spread, greatly improves a patients chances of survival. For breast cancer, the evidence suggests that 90% of women diagnosed with breast cancer at the earliest stage survive their disease for at least 5 years compared to around 15% for women diagnosed with the most advanced stage of the disease.[14]

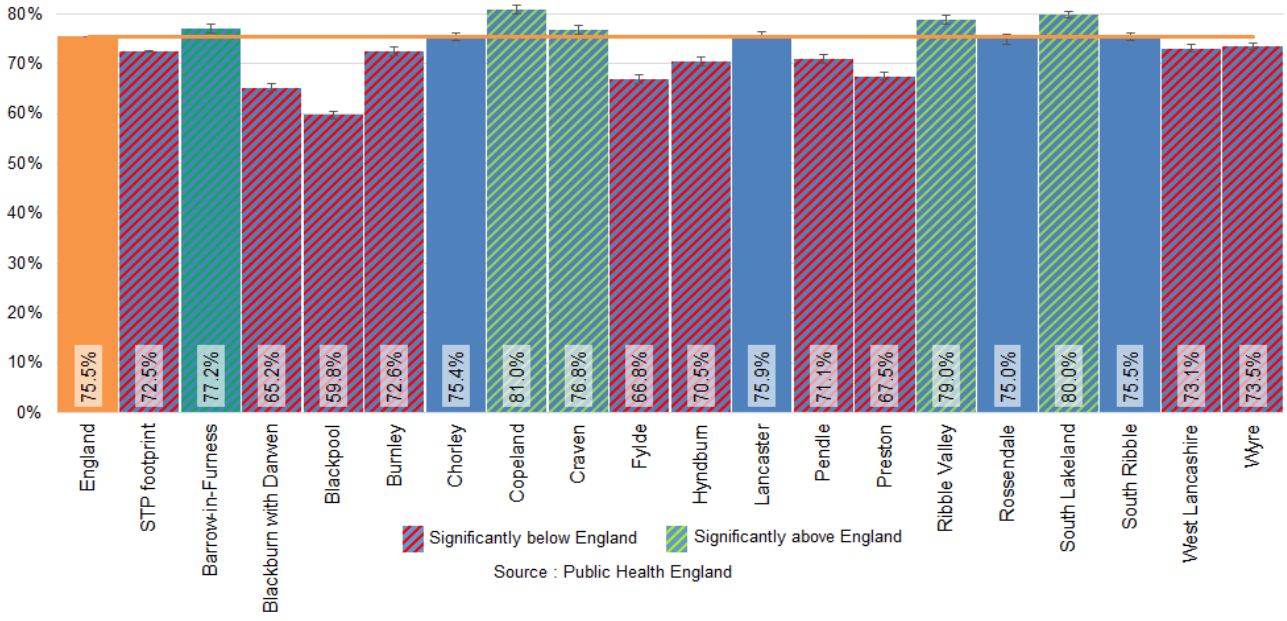
7.1. Screening coverage

The proportion of eligible women screened for breast cancer in the previous 36 months (3-year coverage)

The latest figures (2016) show that across the 18 districts of the STP, 72.5% eligible women were screened, significantly below the England value of 75.5%. At a district level, half (9) of the STP district also recorded coverage rates significantly below England. It was also observed that five areas achieved rates significantly above England, these being; Barrow-in-Furness, Copeland, Craven, Ribble Valley and South Lakeland.

A total of 151,154 women of total eligible population of 208,408 were screened over the three-year period examined and 57,254 were not.

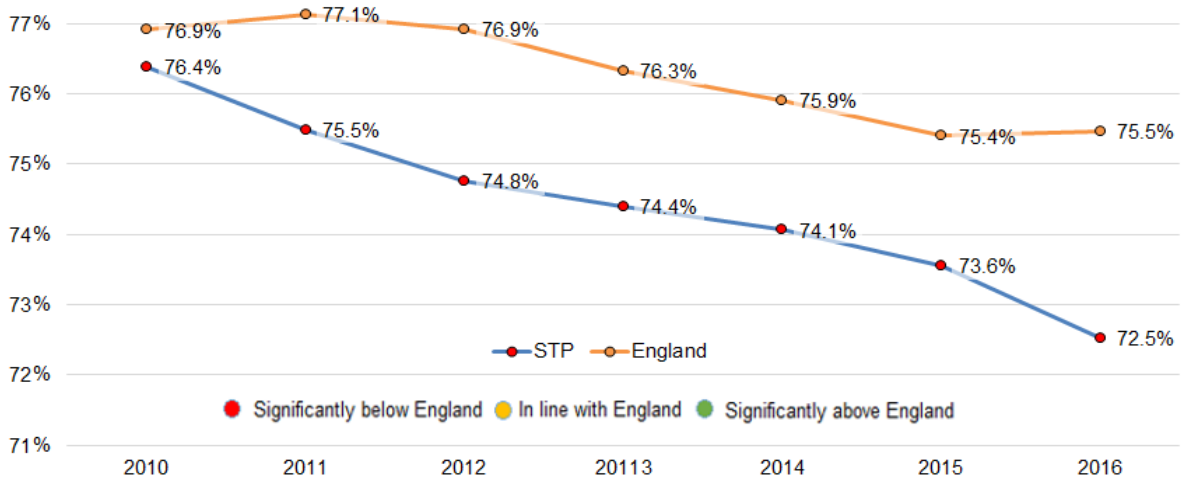
Figure 10 : % of eligible women (Aged 50-70) screened adequately within the previous 3 years on 31st March 2016



Trend line analysis shows us that since 2010, the 3-year breast cancer screening coverage has declined for both the STP and England as a whole. With the STP rate dropping by 3 percentage points (p.p.) and the England rate by 2 p.p.

[14] Cancer Research UK. Breast cancer survival statistics. 2015.

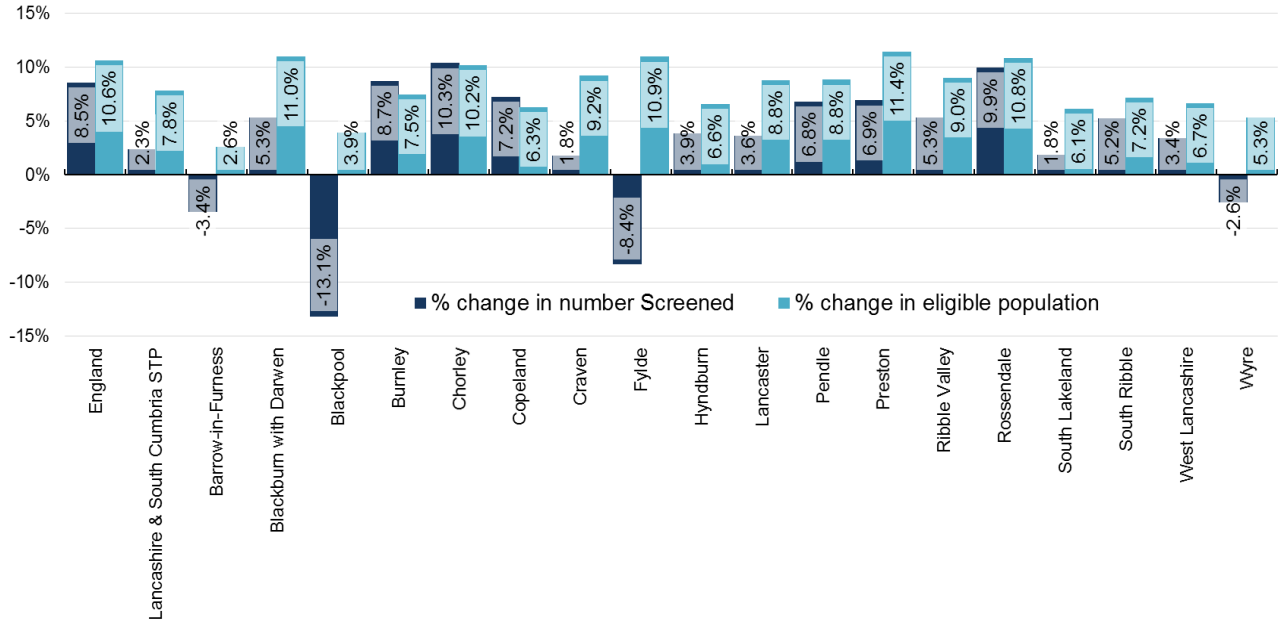
Figure 11 : % of eligible women (Aged 50-70) screened adequately within the previous 3 years as of March 31st, 2010-2016



Interestingly, looking at the numbers behind these figures, it was found that the total number of women screened in 2010 was 2% below the number screened in 2016 (147,702 vs. 151,154) and the eligible population increased by 8% (193,352 vs. 208,408). Highlighting that the eligible population in the STP is increasing at a faster rate than the total number of women being screened. Nationally, the number of women screened has increased by 9%, whilst the eligible population increased by 11%. This means that screening services are required to screen more women than previously, if they are to maintain or improve coverage rates.

Looking at the individual districts within the STP, the eligible population was increasing at a faster rate than the number of women being screened, in all but two areas; Burnley and Copeland. It was also found that some areas have seen a decline in the number of women screened, particularly Blackpool which has seen a 14% drop in the number women screened.

Figure 12 : % change in the number of women (Aged 50-70) screened and the number of women eligible for screening (3-year coverage as of March 31st) 2010 Vs. 2016.



7.1.1. Practice level screening

In total there are 257 GP practices with an address that places them within the STP footprint boundary.

Figure 13 : Count of GP practices within the STP footprint, grouped by district

District	Total	% of total
Blackburn with Darwen	27	11%
Preston	25	10%
West Lancashire	22	9%
Blackpool	21	8%
South Lakeland	20	8%
South Ribble	18	7%
Chorley	18	7%
Burnley	16	6%
Hyndburn	16	6%
Wyre	14	5%
Pendle	13	5%
Barrow-in-Furness	11	4%
Lancaster	10	4%
Fylde	9	4%
Rossendale	9	4%
Ribble Valley	6	2%
Craven	1	0%
Copeland	1	0%
Total practices	**257**	

The latest figures cover the 2015/16 period, with three of 257 STP practice having their breast screening coverage figures suppressed. These being the Cumbrian practices of Wraysdale House Surgery and Hawkshead Medical Practice and Skelmersdale Family Practice in West Lancashire.

117 of the 254 practices with values for the 2015/16 period, reported uptake rates that were significantly below the England value (72.5%) whilst 61 practices recorded rates significantly above the England value. Grouping the practices by districts, shows that practices from the Blackburn with Darwen, Blackpool, Burnley, Fylde, Hyndburn, Pendle, Preston and Rossendale districts were more likely to record rates significantly below England than practices from the other districts. Whilst practices from Barrow-in-Furness, Chorley, Lancaster, Ribble Valley and South Lakeland were more likely to record rates significantly above England. Looking at the variance between the practices, the highest rate was 83.5%, and the lowest was 4.0% a difference of 79.6 percentage points (p.p.). The widest variance was seen within Blackpool with uptake rates ranging from 72.7% to 4.0% a difference of 68.7 p.p (Appendix 1).

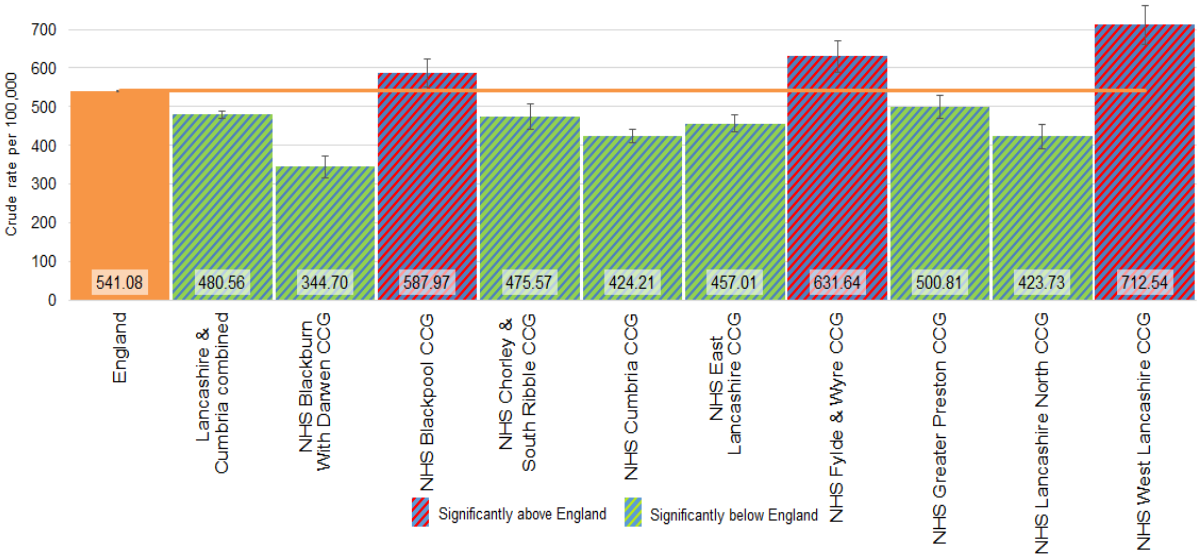
Examining the link between deprivation and screening coverage revealed that there is an obvious downward slope in screening coverage, towards more deprived practices. However due to a number of outliers, it was not possible to establish a strong correlation between the two measures (Appendix 2).

7.2. Two-week wait referrals for suspected breast cancer

Two-week wait referrals are urgent suspected cancer referrals to see a specialist within two weeks of a GP referral. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages. The number of referrals may also be affected by the socio-economic make-up of the practice population.

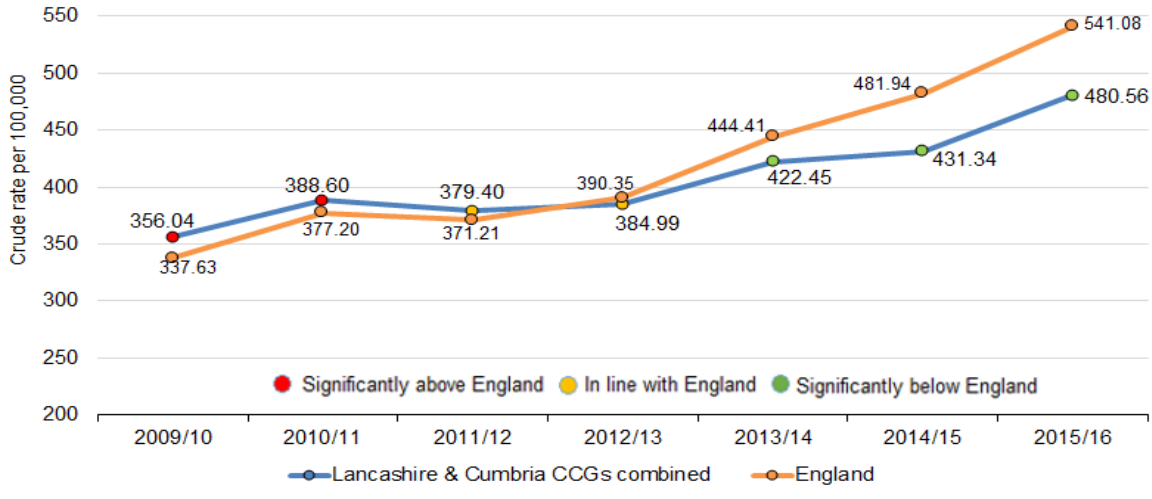
The last figures cover the 2015/16 period and are presented as a crude rate per 100,000 person and show that the Blackpool, Fylde & Wyre and West Lancashire CCGs have significantly higher referral rates than the England average, whilst Blackburn with Darwen, Chorley & South Ribble, Cumbria, East Lancashire, Greater Preston and Lancashire North CCGs all have significantly lower rates.

Figure 14 : 2015/16 Two-week wait referrals for suspected breast cancer by CCG



Trend line analysis found that the number of breast cancer two-week referrals has gradually increased since 2009/10 for each of the 9 CCGs in the STP and for England as a whole and that combined the CCGs recorded a significantly high referral rate in 2015/16 than they did in 2009/10. However, it was also found that the England rate is increasing at a faster rate than the combined rate for the 9 CCGs.

Figure 15 : 2009/10 to 2015/16 Two-week wait referrals for suspected breast cancer Lancashire & Cumbria CCGs combined benchmarked against England



7.3. Diagnosis staging rates

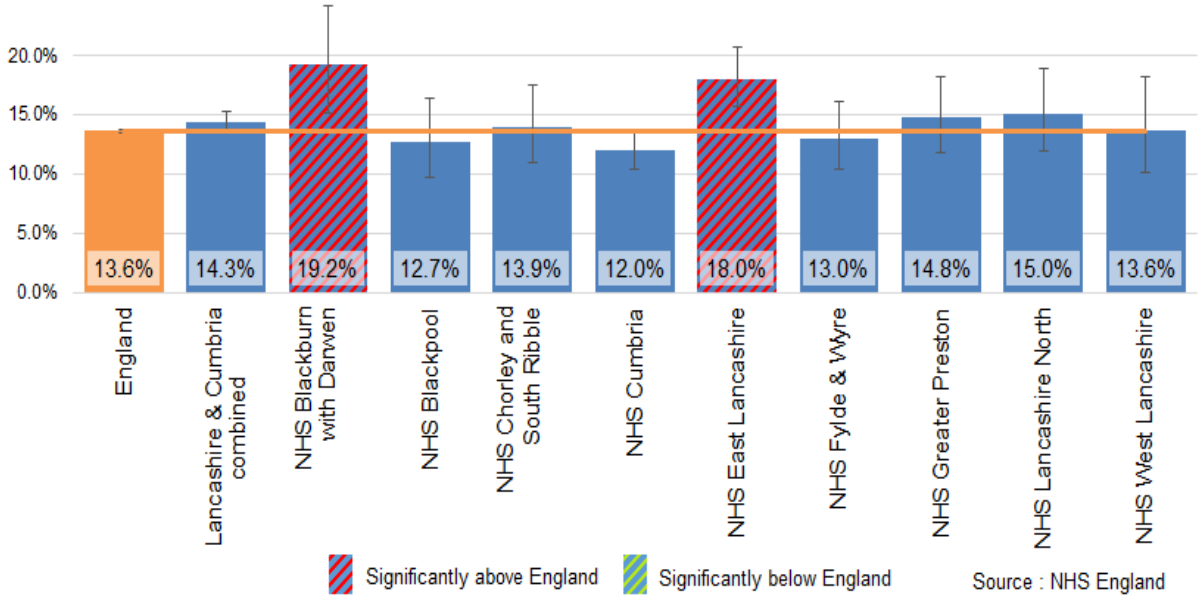
Staging is a way of describing the size of a cancer and how far it has grown. When doctors first diagnose a cancer, they carry out tests to check how big the cancer is and whether it has spread into surrounding tissues. They also check to see whether it has spread to another part of the body. The later the diagnosis the greater the risk of short-term survival following diagnosis. Most types of cancer have 4 stages, numbered from 1 to 4, representing the size of the cancer with 1 being small and 4 large:

- **Stage 1** usually means that a cancer is relatively small and contained within the organ it started in.
- **Stage 2** usually means the cancer has not started to spread into surrounding tissue but the tumour is larger than in stage 1. Sometimes stage 2 means that cancer cells have spread into lymph nodes close to the tumour. This depends on the particular type of cancer.
- **Stage 3** usually means the cancer is larger. It may have started to spread into surrounding tissues and there are cancer cells in the lymph nodes in the area.
- **Stage 4** means the cancer has spread from where it started to another body organ. This is also called secondary or metastatic cancer.

Cancer staging data is presented at a CCG level and details the number of new cases of cancer diagnosed at stages 1-4 or at an unknown stage. These figures show that for the 3-year period 2012-2014 there was a total of 5,227 new cases of breast cancer across the 9 CCGs of the STP. Of these 5,227 new cases, 14.3% (749) were diagnosed at a late stage (3 or 4), above but in line with the England national average of 13.6%.

Further analysis at an individual CCG level found that both the Blackburn with Darwen (19.2%) and East Lancashire (18.0%) CCG's recorded a higher proportion of late stage cancer diagnoses than England.

Figure 16 : Proportion of patients diagnosed with breast cancer at stages 3 and 4 by CCG (2012-14).



7.4. Incidence

Incidence refers to the total number of new confirmed cases of a disease in a population at a given period of time.

7.4.1. All-age female breast cancer incidence

The figures in this section refer to the all-age female directly standardised rate (DSR) of breast cancer incidence per 100,000.

The latest figures cover the 2012-14 period and show that while half (9) of the 18 districts of the STP have recorded an incidence rate that is above the England average, only the Copeland district has recorded a rate significantly above England. The Public Health England (PHE) Cancer Stats tool was used to produce a calculated rate for the STP footprint as a whole, excluding the partial districts of Copeland and Craven. This showed that there was a total of 4,232 new diagnoses, giving the area a rate of 165.26 which is in line with the national rate of 169.90.

High incidence rates *could* be interpreted in a positive light, indicating effective screening and diagnosis systems are in place.

Figure 17 : All-age female breast cancer incidence rates at national, regional, STP, upper tier and lower tier authority level 2012-14.

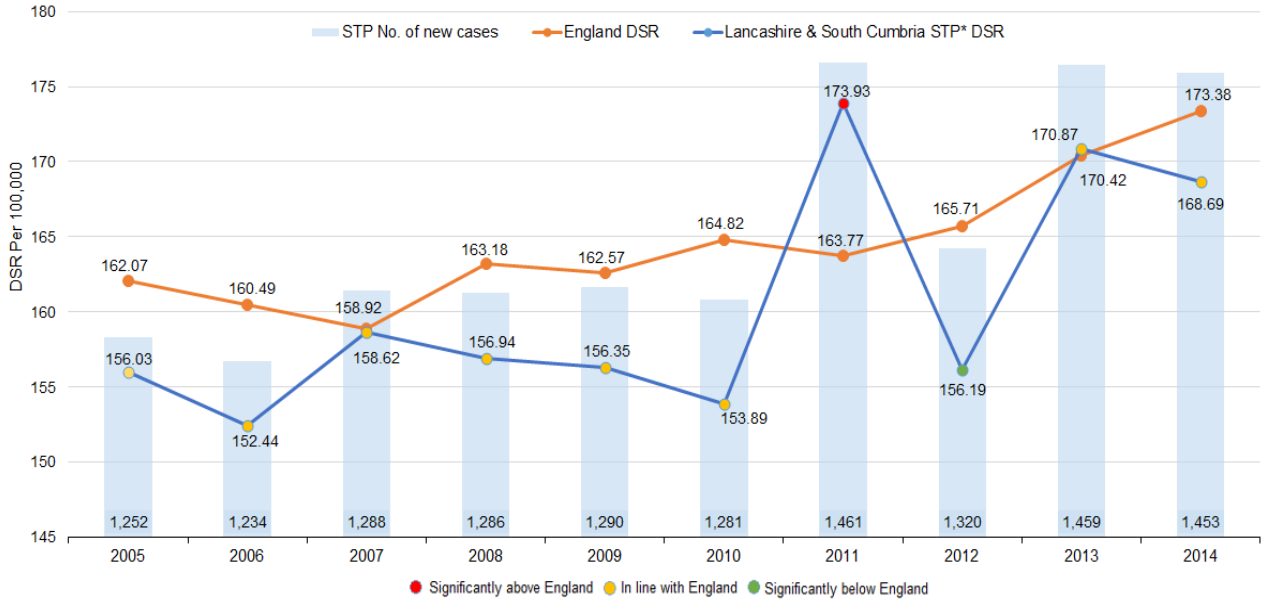
Trend line analysis comparing the last figures (2014) with those of ten years ago (2005), show that 12 of the 18 lower tier authorities have seen their breast cancer incidence rate increase over the past ten years (2005 Vs 2014), which follows the national pattern. The most notable increases were seen in Copeland (116.71-183.22), Chorley (170.68-220.66), Rossendale (164.07-206.94) and South Lakeland (160.97-201.37).

At an STP level (excluding Copeland and Craven), we again see a gradual increase in the breast cancer incidence rate, going from 156.03 in 2005 to 168.69 in 2014. On average there were 1,395 new cases recorded per year between 2010 and 2014, with a total of 6,974 new cases diagnosed. This represents a 10% (125 cases per year) increase in the average number of cases recorded per year over the five years prior to this period (2005-2009).

The largest decreases were seen in Blackpool (186.47-163.82) and Craven (158.25-106.41) with further analysis showing that Blackpool incidence rates have frequently spiked and dipped over the past ten years. Whilst for Craven, 2014 represented the lowest rate recorded by this district with just 37 new cases identified in 2014, the lowest number of cases since 2002.

The chart below provides a full 10 year trend line for the STP (excluding Copeland and Craven), showing that the area tends to record a DSR which is in line with the national trend. However in three of the past four years, the area has recorded its highest rates of the past 10 years with notable increases in the number of new cases identified. However, it should be noted that the rate has actually come down over the most recent four year period.

Figure 18 : Lancashire and South Cumbria STP, directly standardised female breast cancer incidence rates (2005-2014), benchmarked against England.



Appendix 3 details the annual DSR for all of the upper and lower tier districts that make up the Lancashire and South Cumbria STP as well as those for the North West region and England.

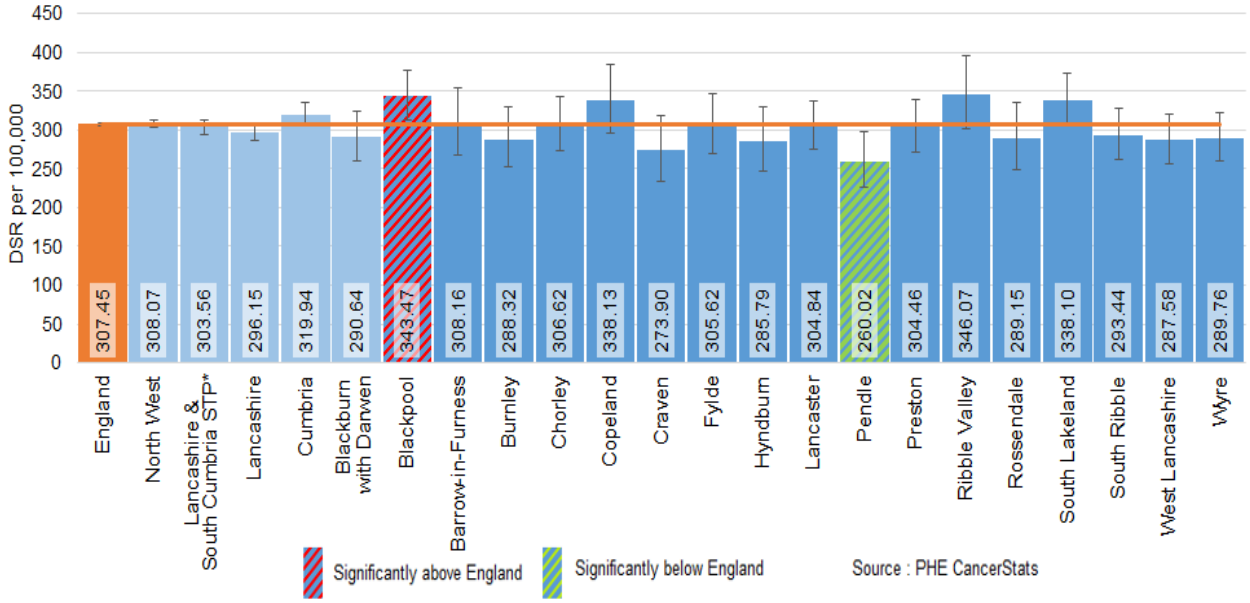
7.4.2. Breast cancer incidence amongst those aged 45-74

The figures in this section refer to the female aged 45-74 directly standardised rate (DSR) of breast cancer incidence per 100,000. Covering the population mostly likely to be invited for breast cancer screening.

The CancerStats site was used to examine breast cancer incidence amongst those most likely to be invited for screening, this being women aged 45-74. Revealing that across the STP (excluding Copeland and Craven) 4,649 women were diagnosed with breast cancer between 2012 and 2014 giving the area a directly standardised rate of 303.56, in line with the national rate of 307.45.

Within the STP footprint, it was found that Blackpool recorded a female 45-74 incidence rate (343.47) that was significantly above the England rate, whilst Pendle recorded a rate significantly below it (260.02).

Figure 19 : Age 45-74 Female breast cancer incidence rates at national, regional, STP, upper tier and lower tier authority level 2012-14.

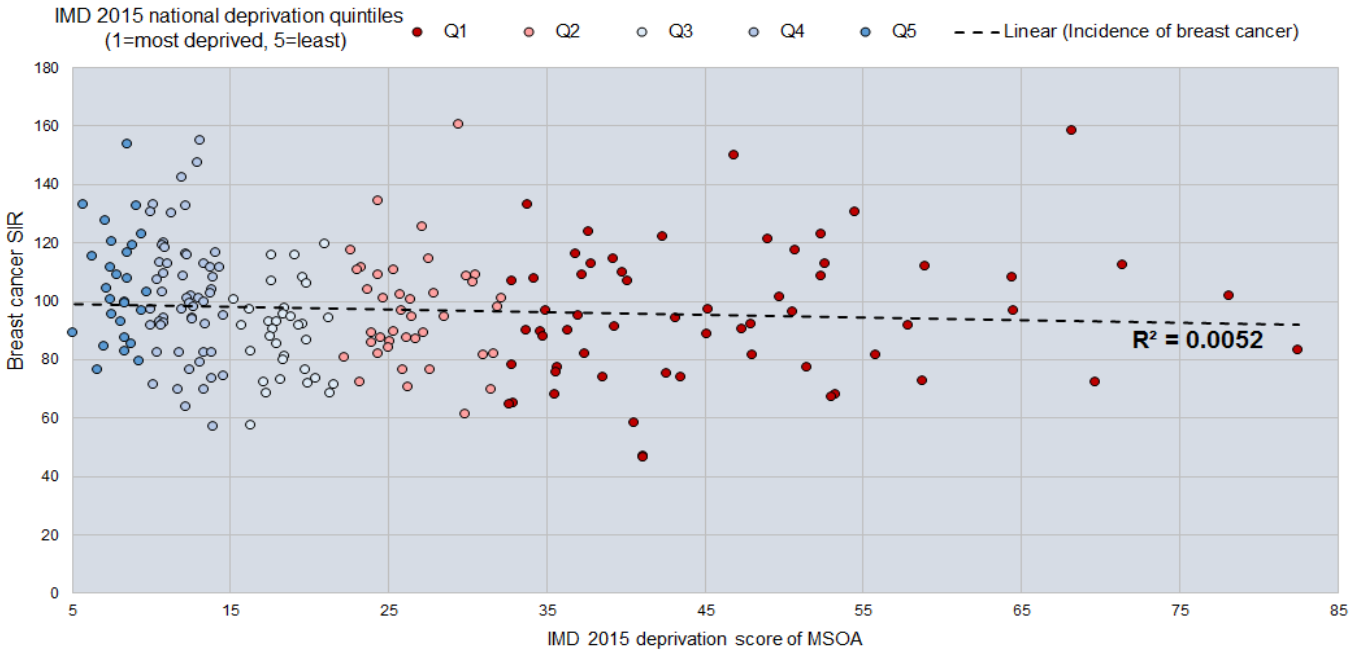


7.4.3. MSOA level cancer incidence

This section of the report uses Middle Super Output Area (MSOA) geographies, which are small areas ranging between 5,000 and 7,500 residents. Using breast cancer standardised incidence ratios (SIR) to examine breast cancer incidences rates between the different communities of the STP.

For the 2010-2014 five year period just 10 of the 217 MSOA's of the STP were found to have standardised incidence ratios significantly above the England ratio, whilst 7 recorded significantly below it with no obvious geographic spread. In total 89 areas recorded ratios above 100, indicating that more breast cases have been identified in these areas than expected. 12 of these areas were found to be in Blackpool, accounting for over half of all MSOA's from the district.

Figure 20 : 2010-14 MSOA level standardised breast cancer incidence ratio (SIR) and MSOA IMD2015 deprivation scores.



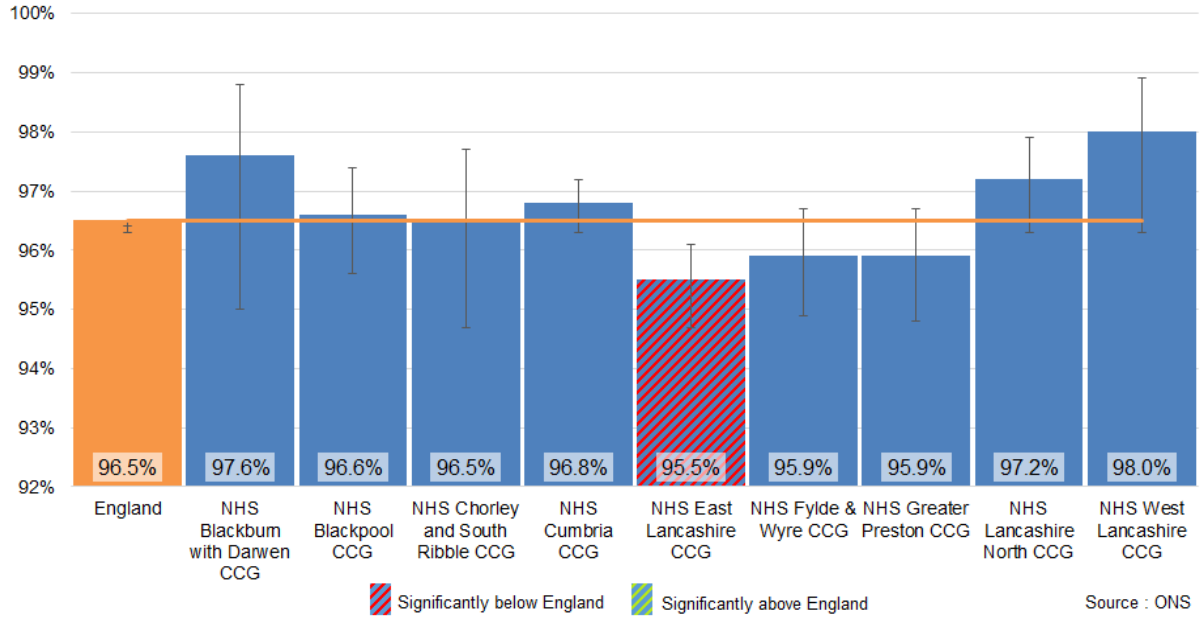
8. Breast cancer survival and mortality

8.1. Survival

Cancer survival rates outline the proportion of persons with a cancer diagnosis who were still alive at a set point in time after diagnosis (Usually 1, 5 or 10 years). Research has shown that the route a patient follows on the way to the diagnosis of their cancer is strongly predictive of 1-year survival (Elliss-Brookes et al, 2012), with those who present as an emergency faring poorly in the first year after diagnosis.

The latest figures for breast cancer outline the proportion of females diagnosed in 2014 and followed up in 2015 that were still alive one year later grouped by CCG. They show that for 2014 the average one year survival rate across the 9 CCGs of the STP was 96.7%, with West Lancashire CCG recording the highest survival rate (98.0%) and East Lancashire CCG recording the lowest (95.5%).

Figure 21 : Females diagnosed in 2014, followed up in 2015, one year breast cancer survival rates (%) by CCG.



Comparisons between the different CCG's show that as well as being significantly below the England rate, the East Lancashire rate is significantly below the rates of the Cumbria, Lancashire North and West Lancashire CCGs.

Trend line analysis, looking at the one year survival rates over the past 10 years, show that when compared to 2005 all but 2 of the CCGs have seen a significant increase in their survival rates. The two CCGs in question were Chorley and South Ribble CCG and East Lancashire CCG, both of whom have 2014 survival rates in line with their 2005 rates. With East Lancashire recording a survival rate that was only 1.6 percentage points (PP) above its 2005 value, whilst the average increase across the 9 CCGs was 3.0 PP. However, this is being inflated by Blackburn with Darwen who recorded a 6.5 PP increase. At a national level, England recorded a 1.9 PP increase.

Further analysis noted that whilst England has seen a consistent increase in its survival rate, the CCGs of the STP have not seen this (Appendix 4).

8.2. Mortality

Mortality from breast cancer defined as all deaths with an underlying cause of death of ICD-10 C50 : Malignant Neoplasm Of Breast.

8.2.1. All-age female breast cancer mortality

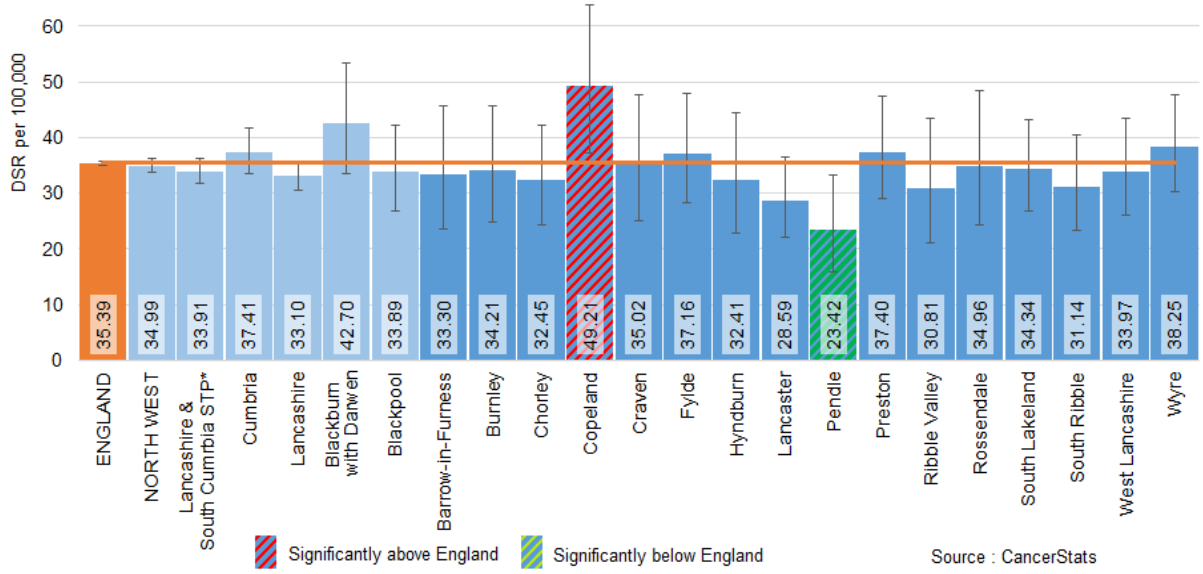
The figures in this section refer to the all-age female directly standardised rate (DSR) of breast cancer mortality per 100,000.

The latest three-year all-age figures cover the 2012-14 period and indicate that across the STP (excludes Copeland and Craven) a total of 907 females died from breast cancer giving the area a DSR of 33.91 in line with the England rate of 35.39.

Looking at the districts that make up the STP, it was found that the Copeland district (49.21), recorded a mortality rate significantly above the England rate, whilst Pendle (23.42) recorded a rate significantly below the national rate.

Benchmarked against one another, the Copeland rate was found to be significantly above the rates recorded by the North West region, the STP, the Lancashire county, Lancaster and Pendle. Whilst the Pendle rate was also significantly below the North West, Cumbria, Blackburn with Darwen and Copeland rates.

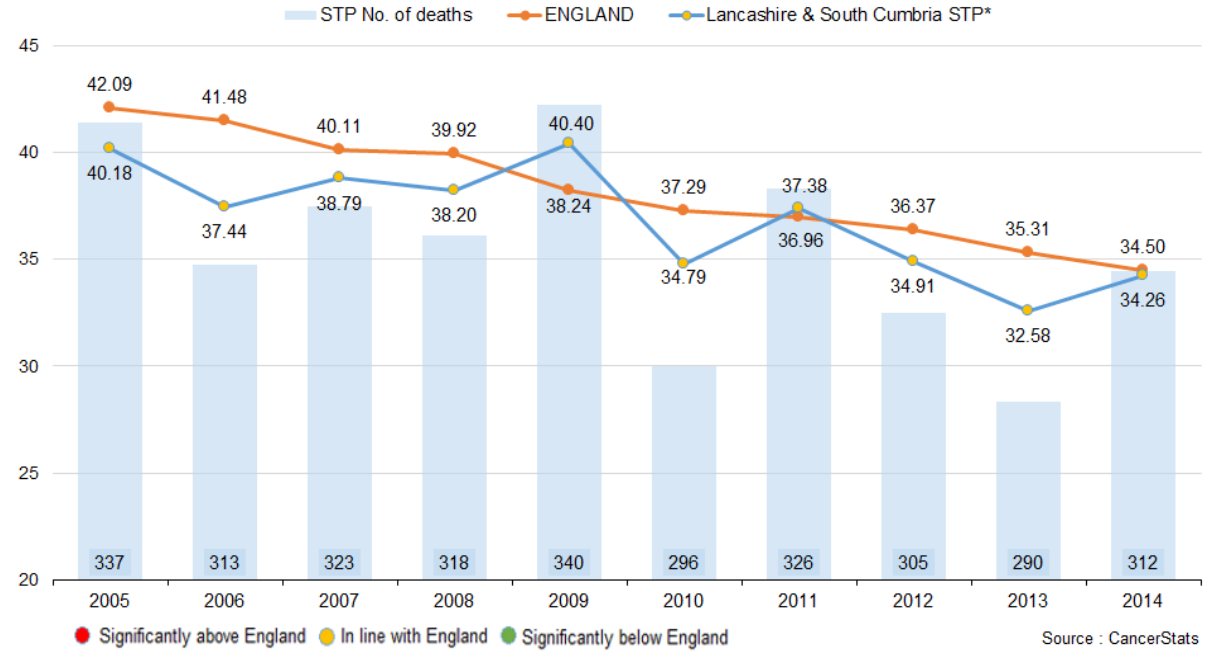
Figure 22 : All-age female breast cancer mortality rates at national, regional, STP, upper tier and lower tier authority level 2012-14.



Trend line analysis shows that whilst breast cancer incidence has gradually increased across the STP, breast cancer mortality is gradually reducing, with the rate going from 40.18 in 2005 to 34.26 in 2014. Whilst this decline was not found to be significant, it does follow the England national trend which has also declined. Additionally, when benchmarked against the national rate, the STP was found to consistently record a rate in line with England over the 10 year period examined.

In actual terms, there was an average of 316 breast cancer deaths across the STP per year, with 312 deaths recorded in 2014 and 337 in 2005, a decline of 7%.

Figure 23 : Lancashire and South Cumbria STP, directly standardised all-age female breast cancer mortality rates (2005-2014), benchmarked against England.



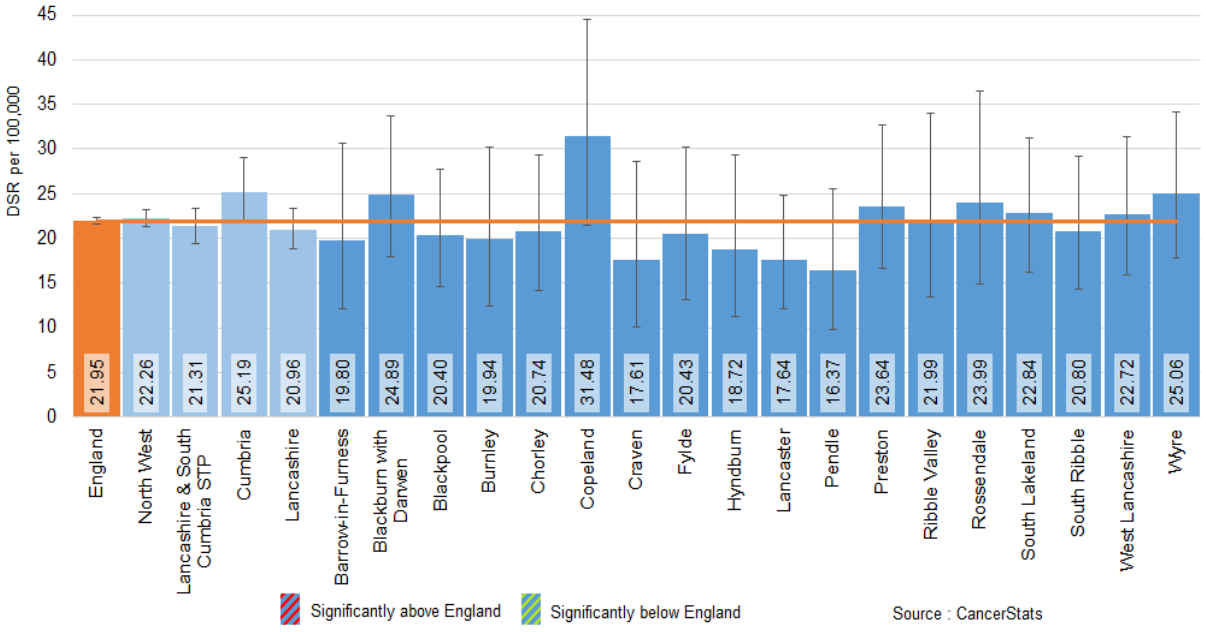
Appendix 5 details the rates for each of the STP districts.

8.2.2. Female premature mortality (under 75)

The figures covered in this section refer to the female under 75 directly standardised rate (DSR) of breast cancer mortality per 100,000

The latest premature breast cancer mortality figures (2012-14) show that across the STP (excluding Copeland and Craven) there was a total of 481 such deaths over the period examined, giving the area a DSR of 21.31 in line with the national rate of 21.95. At a district level, Copeland recorded the highest rate (31.48) and Pendle (16.37) the lowest, fitting in with the all-age mortality figures.

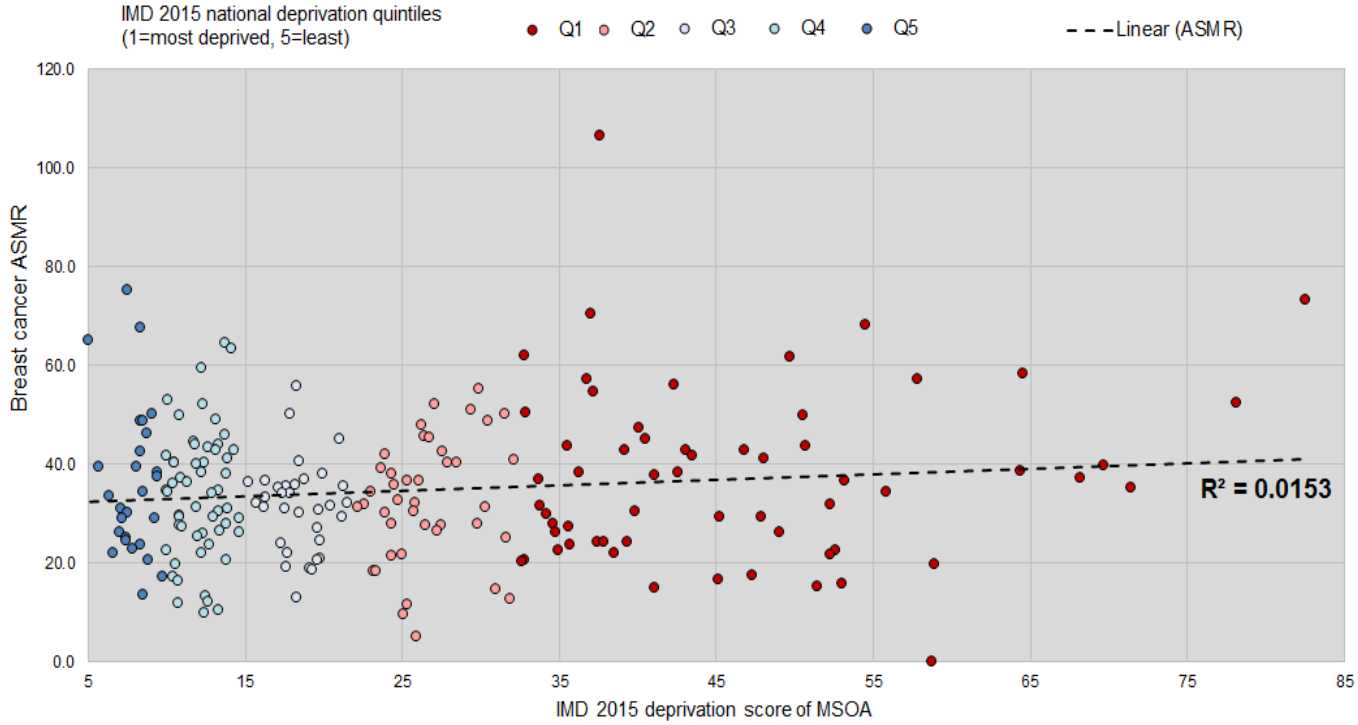
Figure 24 : Premature female breast cancer mortality rates at national, regional, STP, upper tier and lower tier authority level 2012-14.



8.2.3. MSOA level breast cancer mortality

MSOA level age-standardised mortality rate analysis, using data provided by the National Cancer Registration and Analysis Service (NCRAS) North West Office. Shows that whilst there appears to be a link with deprivation, with the more deprived MSOAs tending to record the highest mortality rates (2011-15), it was not possible to establish a strong correlation between the two measures. This fits in with the evidence base were screening uptake tends to be lower amongst the most deprived communities (Appendix 2), whilst mortality rates tend to be higher.

Figure 25 : 2011-15 MSOA level age-standardised breast mortality rates (ASMR) and MSOA IMD2015 deprivation scores.



9. Conclusions

Whilst breast cancer screening uptake rates across the Lancashire and South Cumbria STP, appear to be declining. It was found that both the eligible population and the number of women being screened is increasing. Placing extra demand on the local services and resources. It is also known that uptake levels are inversely associated with socio-economic deprivation and English literature levels amongst ethnic minority population with the STP home to some of the poorest communities in England as well as large ethnic Asian minority communities. Local providers have fed back that workforce and equipment issues have also had impact on the performance the local screening services.

Detailed analysis of the district breast cancer incidence rates was unable to establish why significantly high rates were noted in Blackpool and Copeland or why significantly lower ages 45-74 rates were seen in Pendle.

The significantly lower levels of one-year breast cancer survival recorded by East Lancashire CCG could be linked to deprivation with 3 of the five districts within the CCG boundary home to some of the poorest communities in England. However nationally, one-year relative survival rates are similar between women living in the most and least deprived areas, at all stages. It may also be linked to the CCGs significantly high late stage cancer diagnosis rates, although Blackburn CCG which also record a significantly high late stage diagnosis rate, did not record a low one-year survival rate. It is possible that survival rates could be improved by reducing the number late diagnosis and emergency presentations (not covered by this report) and increasing patient awareness of the signs and symptoms of cancer.

In line with the breast incidence rates, Copeland recorded a significantly high mortality rate, whilst Pendle recorded a significantly low rate. Again, it was not possible to conclude why this was.

Over the past 10 years, the STP and England have both seen an increase in breast cancer incidence rates and a decrease in breast cancer mortality rates, which combined with increasing one-year survival rates indicates that breast cancer prevalence is increasing ultimately resulting in an increase the number of women requiring treatment and the need for service provision.

NHS England have recently commissioned the three Breast screening programmes in Lancashire to develop a Lancashire wide communication plan to raise awareness of breast screening and ultimately increase uptake. Various initiatives include a social media campaign and practice waiting room advertising via TV screens and pop up banners. The programmes have also been commissioned to deliver a “patient navigator” intervention to target non-responders to gather local insight into the reasons why women choose not to attend, the intention is that this insight will inform the communications plans and influence service improvement.

A local community organisation has been commissioned to deliver a “Community Champions” intervention to raise awareness through peer to peer initiatives of the national cancer screening programmes. Direct support to Primary Care practices to share information of top tips to improve their breast screening coverage has been completed.

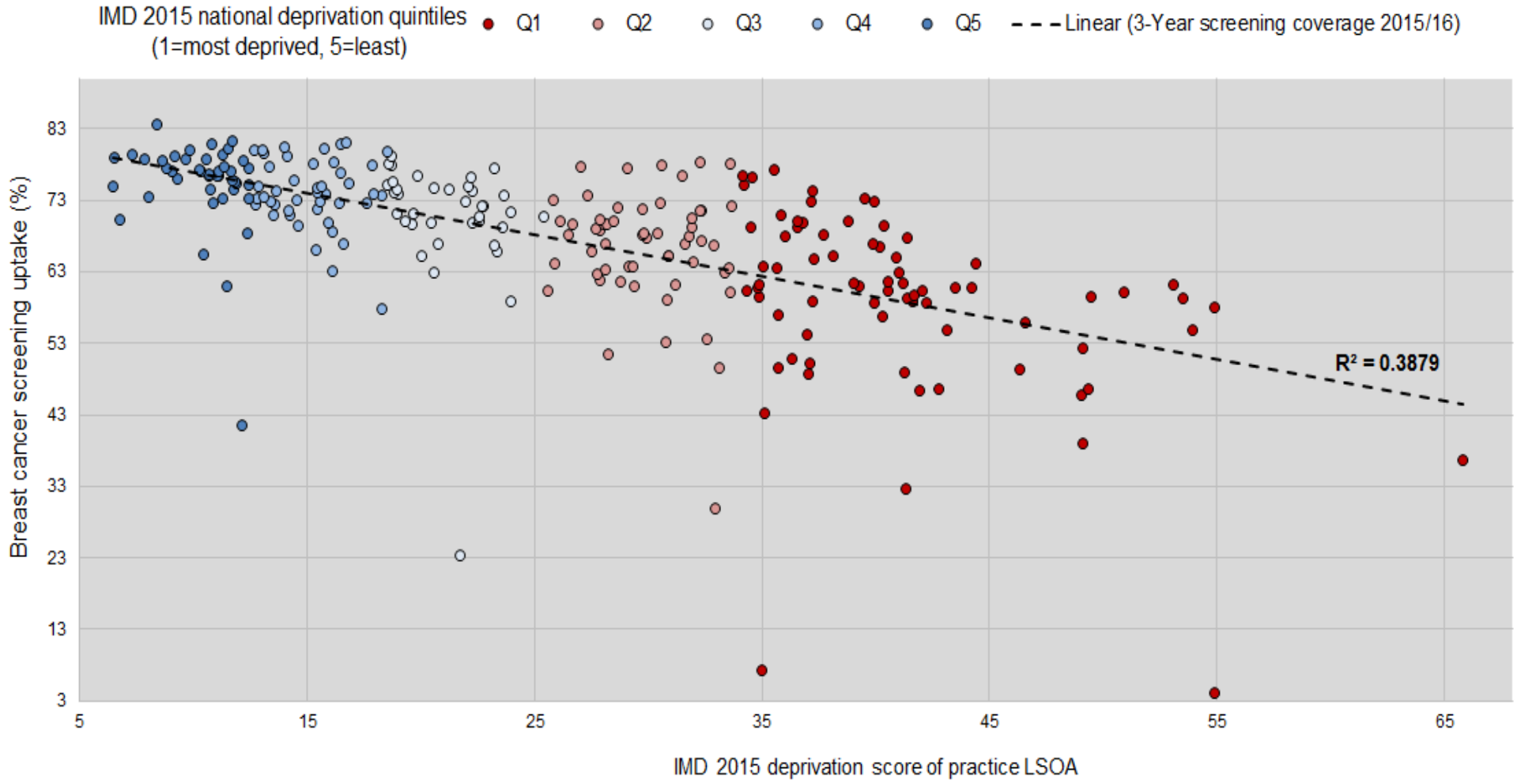
A greater alignment with the delivery and transformation of the Lancashire and South Cumbria Sustainability and Transformation Plan will take advantage of the emphasis on the health and social care system to work together to achieve improve health outcomes for the local population.

10. Appendices

Appendix 1 : Count of practices with a 3-year breast cancer screening coverage significantly above or below the England rate and the practice level screening uptake range (2015/16) by district

LA	Total practices	Significance compared to England (Count of practices)						Variance between practices		
		Above	% of total	In line	% of total	Below	% of total	Max uptake rate	Min uptake rate	Percentage point difference
Barrow-in-Furness	**11**	6	55%	2	18%	3	27%	79.7%	61.6%	18
Blackburn with Darwen	**27**	0	0%	6	22%	21	78%	75.0%	38.8%	36
Blackpool	**21**	0	0%	2	10%	19	90%	72.7%	4.0%	69
Burnley	**16**	3	19%	5	31%	8	50%	78.2%	45.6%	33
Chorley	**18**	7	39%	8	44%	3	17%	80.0%	51.4%	29
Copeland	**1**	0	0%	1	100%	0	0%	73.6%	73.6%	0
Craven	**1**	0	0%	1	100%	0	0%	70.9%	70.9%	0
Fylde	**9**	3	33%	2	22%	4	44%	80.9%	62.7%	18
Hyndburn	**16**	1	6%	5	31%	10	63%	77.7%	54.2%	24
Lancaster	**10**	5	50%	2	20%	3	30%	78.5%	65.1%	13
Pendle	**13**	3	23%	2	15%	8	62%	78.1%	58.5%	20
Preston	**25**	0	0%	8	32%	17	68%	76.9%	32.5%	44
Ribble Valley	**6**	4	67%	1	17%	1	17%	80.1%	65.3%	15
Rossendale	**9**	2	22%	2	22%	5	56%	79.1%	60.0%	19
South Lakeland	**18**	11	61%	6	33%	1	6%	83.6%	68.5%	15
South Ribble	**18**	4	22%	8	44%	6	33%	78.8%	57.8%	21
West Lancashire	**21**	6	29%	8	38%	7	33%	78.7%	59.3%	19
Wyre	**14**	6	43%	7	50%	1	7%	80.1%	41.5%	39
STP Total	**254**	**61**	**24%**	**76**	**30%**	**117**	**46%**	**83.6%**	**4.0%**	**80**

Appendix 2 : Lancashire and South Cumbria STP 2015/16 3-Year screening coverage, plotted alongside the IMD2015 practice deprivation scores.



Appendix 3 : 2005–2014 all-age female breast cancer incidence at a national, regional, Lancashire & South Cumbria STP footprint level and its associated upper and lower tier authorities

Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2014 rank
England DSR	**162.07**	**160.49**	**158.92**	**163.18**	**162.57**	**164.82**	**163.77**	**165.71**	**170.42**	**173.38**	-
North West	156.47	157.15	152.60	155.92	159.31	160.25	168.34	166.33	169.87	171.04	-
Lancashire & South Cumbria STP*	156.03	152.44	158.62	156.94	156.35	153.89	173.93	156.19	170.87	168.69	-
Lancashire	149.15	154.98	152.49	148.46	157.87	150.55	166.76	160.64	168.19	164.79	-
Cumbria	159.62	160.41	164.54	166.02	153.79	148.22	181.37	171.75	171.42	177.30	-
Blackburn with Darwen	168.09	147.12	123.90	197.04	158.23	131.44	200.43	135.02	140.01	186.01	4 out of 18
Blackpool	186.47	118.87	211.64	160.36	132.49	211.68	190.94	148.27	204.96	163.82	9 out of 18
Barrow-in-Furness	167.86	144.72	164.23	174.23	200.14	165.81	164.51	157.59	190.43	163.13	10 out of 18
Burnley	161.44	137.16	213.31	160.45	144.43	166.86	138.18	167.85	166.16	153.09	13 out of 18
Chorley	170.68	160.96	169.26	131.54	144.00	135.70	150.50	152.23	163.44	220.66	1 out of 18
Copeland	116.71	124.30	168.65	159.27	157.88	180.47	178.31	174.00	231.15	183.22	6 out of 18
Craven	158.25	180.42	175.76	118.99	183.95	136.82	126.26	220.82	188.77	106.41	18 out of 18
Fylde	172.19	197.27	168.51	173.48	162.14	172.88	136.00	189.23	156.48	176.47	7 out of 18
Hyndburn	131.81	135.21	165.99	139.97	132.44	164.54	158.86	188.03	156.60	131.98	17 out of 18
Lancaster	160.19	165.25	175.79	192.43	150.93	156.80	179.85	145.99	166.92	155.75	12 out of 18
Pendle	129.37	153.64	106.14	152.04	176.40	73.31	162.00	152.29	159.56	156.65	11 out of 18
Preston	169.88	176.28	160.45	141.55	180.76	146.44	168.51	168.24	174.15	164.39	8 out of 18
Ribble Valley	141.63	136.49	170.37	169.35	124.51	241.36	144.23	182.71	234.00	148.37	14 out of 18
Rossendale	164.07	164.21	97.21	202.08	167.53	95.29	267.09	127.87	139.63	206.94	2 out of 18
South Lakeland	160.97	180.40	184.06	179.21	138.11	131.67	201.28	141.93	181.30	201.37	3 out of 18
South Ribble	113.19	121.16	207.54	125.38	157.51	178.37	147.57	121.90	212.48	141.00	15 out of 18
West Lancashire	103.13	90.21	52.31	67.42	154.15	141.65	175.96	159.41	156.58	140.35	16 out of 18
Wyre	172.92	206.87	143.19	156.77	180.43	147.11	182.99	180.78	146.98	184.90	5 out of 18

***Excludes Copeland and Craven**

Appendix 4 : One year breast cancer survival rates by CCG 2005 - 2014

CCG	Survival (%)									
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
England	**94.6%**	**94.9%**	**95.1%**	**95.3%**	**95.5%**	**95.7%**	**95.9%**	**96.1%**	**96.3%**	**96.5%**
NHS Blackburn with Darwen CCG	91.1%	91.8%	92.4%	93.4%	94.1%	94.5%	95.7%	96.6%	96.9%	97.6%
NHS Blackpool CCG	92.8%	94.0%	93.6%	94.2%	95.5%	95.5%	95.9%	96.9%	95.9%	96.6%
NHS Chorley and South Ribble CCG	93.5%	94.8%	95.1%	95.3%	95.5%	96.1%	95.8%	96.1%	96.0%	96.5%
NHS Cumbria CCG	94.8%	95.0%	95.5%	95.8%	95.6%	96.1%	96.3%	96.4%	96.6%	96.8%
NHS East Lancashire CCG	93.9%	94.3%	95.0%	94.6%	94.7%	95.0%	95.1%	95.0%	94.9%	95.5%
NHS Fylde & Wyre CCG	93.7%	94.7%	94.3%	94.7%	95.2%	95.5%	95.3%	95.9%	95.8%	95.9%
NHS Greater Preston CCG	93.9%	94.1%	94.2%	94.5%	95.0%	95.1%	95.6%	95.8%	96.2%	95.9%
NHS Lancashire North CCG	94.8%	95.3%	95.9%	96.0%	96.3%	96.5%	96.3%	96.9%	97.3%	97.2%
NHS West Lancashire CCG	94.9%	95.3%	95.8%	95.9%	96.4%	96.8%	97.1%	97.6%	97.5%	98.0%

Appendix 5 : 2005–2014 all-age female breast cancer mortality at a national, regional, Lancashire & South Cumbria STP footprint level and its associated upper and lower tier authorities

Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2014 rank
England	42.09	41.48	40.11	39.92	38.24	37.29	36.96	36.37	35.31	34.50	-
North West	41.41	41.41	39.84	38.87	37.90	35.95	36.15	35.86	35.31	33.81	-
Lancashire & South Cumbria STP*	40.18	37.44	38.79	38.20	40.40	34.79	37.38	34.91	32.58	34.26	-
Lancashire	40.06	36.34	38.70	40.15	42.11	31.75	37.17	33.27	32.36	33.64	-
Cumbria	32.11	43.09	38.99	38.80	34.31	38.02	41.84	37.85	40.83	33.65	-
Blackburn with Darwen	38.46	29.92	33.93	36.87	34.25	39.41	26.90	45.94	42.78	39.38	7 out of 18
Blackpool	51.62	43.68	48.48	30.58	41.35	47.00	38.62	33.32	30.74	37.88	8 out of 18
Barrow-in-Furness	48.94	46.99	39.04	44.15	30.47	48.27	49.39	33.13	31.29	35.91	11 out of 18
Burnley	33.08	31.67	38.57	45.56	50.92	44.40	37.27	33.07	25.75	43.53	3 out of 18
Chorley	42.76	33.31	37.83	44.47	39.63	37.33	45.74	29.61	31.91	35.95	10 out of 18
Copeland	24.32	45.17	34.09	50.34	36.45	41.63	44.56	42.20	53.14	52.31	1 out of 18
Craven	43.9	20.9	29.6	21.1	27.8	34.0	38.3	30.6	32.7	41.2	6 out of 18
Fylde	61.14	36.50	40.00	38.78	53.13	34.12	28.52	36.35	32.88	42.33	4 out of 18
Hyndburn	23.11	27.98	32.37	33.42	33.88	47.41	36.81	21.51	30.34	45.01	2 out of 18
Lancaster	39.49	44.31	37.00	36.80	23.32	30.18	28.43	35.37	28.37	22.16	18 out of 18
Pendle	18.73	45.93	29.35	47.38	37.96	36.86	24.90	15.52	18.16	36.15	9 out of 18
Preston	36.19	47.05	39.52	45.98	67.33	27.17	36.52	28.89	58.74	24.44	17 out of 18
Rossendale	39.57	24.14	50.56	49.90	27.04	31.69	26.91	41.94	34.44	29.14	14 out of 18
Ribble Valley	31.37	25.73	44.94	33.08	54.57	41.16	43.21	35.82	21.83	34.90	12 out of 18
South Lakeland	22.38	40.44	32.66	26.70	34.71	34.33	41.18	43.12	30.38	29.51	13 out of 18
South Ribble	52.36	31.20	37.23	35.65	38.37	17.05	41.47	33.31	33.40	26.90	16 out of 18
West Lancashire	50.21	25.12	33.08	35.37	39.51	28.43	56.94	39.92	34.82	27.04	15 out of 18
Wyre	41.4	48.2	45.0	37.9	38.7	23.0	33.7	42.1	30.5	42.3	5 out of 18

***Excludes Copeland and Craven**