

NHS

Wessex
Cancer Alliance

Health inequalities and cancer



What we will cover



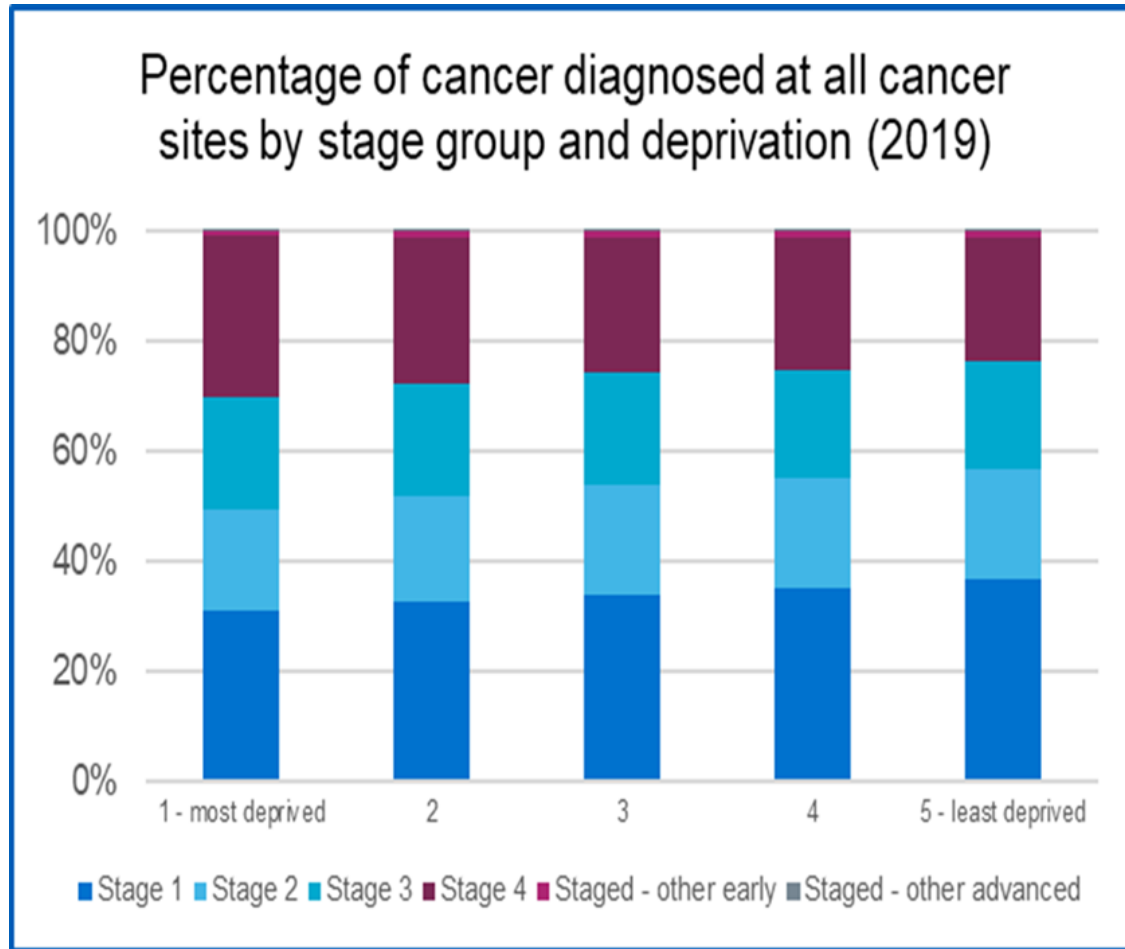
- What are health inequalities and why is it so important to try and tackle them?
- Health inequalities across the cancer diagnosis pathway
- Examples of projects/ interventions to help reduce inequality



Health Inequalities

- Health inequalities are avoidable, unfair and systematic differences in health between different groups of people
- The gap in life expectancy between the most deprived and least deprived areas of Dorset is 6.3 years for men and 5.3 years for women. In Hampshire, the gap is 7.5 years for men and 5.3 years for women. Healthy life expectancy is nearly 20 years lower and decreasing for all groups, with a substantial gap for those living in areas of deprivation.
- Health inequality isn't just about the place you live or how much disposable income you have. Some people identify with several protected characteristics and may face multiple barriers.
- Health inequalities can therefore involve differences in: life expectancy and prevalence of health conditions, quality of and access to care, behavioural risks to health, such as smoking and wider determinants of health, including quality of housing

The national view

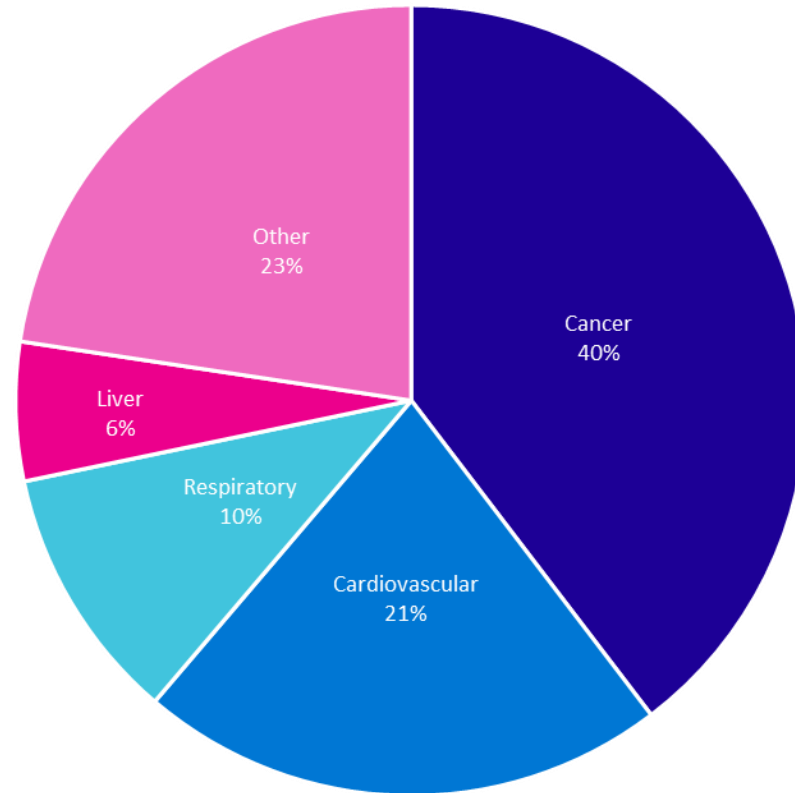


People living in more deprived areas are more likely to be diagnosed at a later stage compared to people from less deprived areas – an estimated 8.3 percentage point gap.

Source: National Disease Registration Service (NDRS), CancerData.
Available from: https://www.cancerdata.nhs.uk/stage_at_diagnosis

Why focus on cancer?

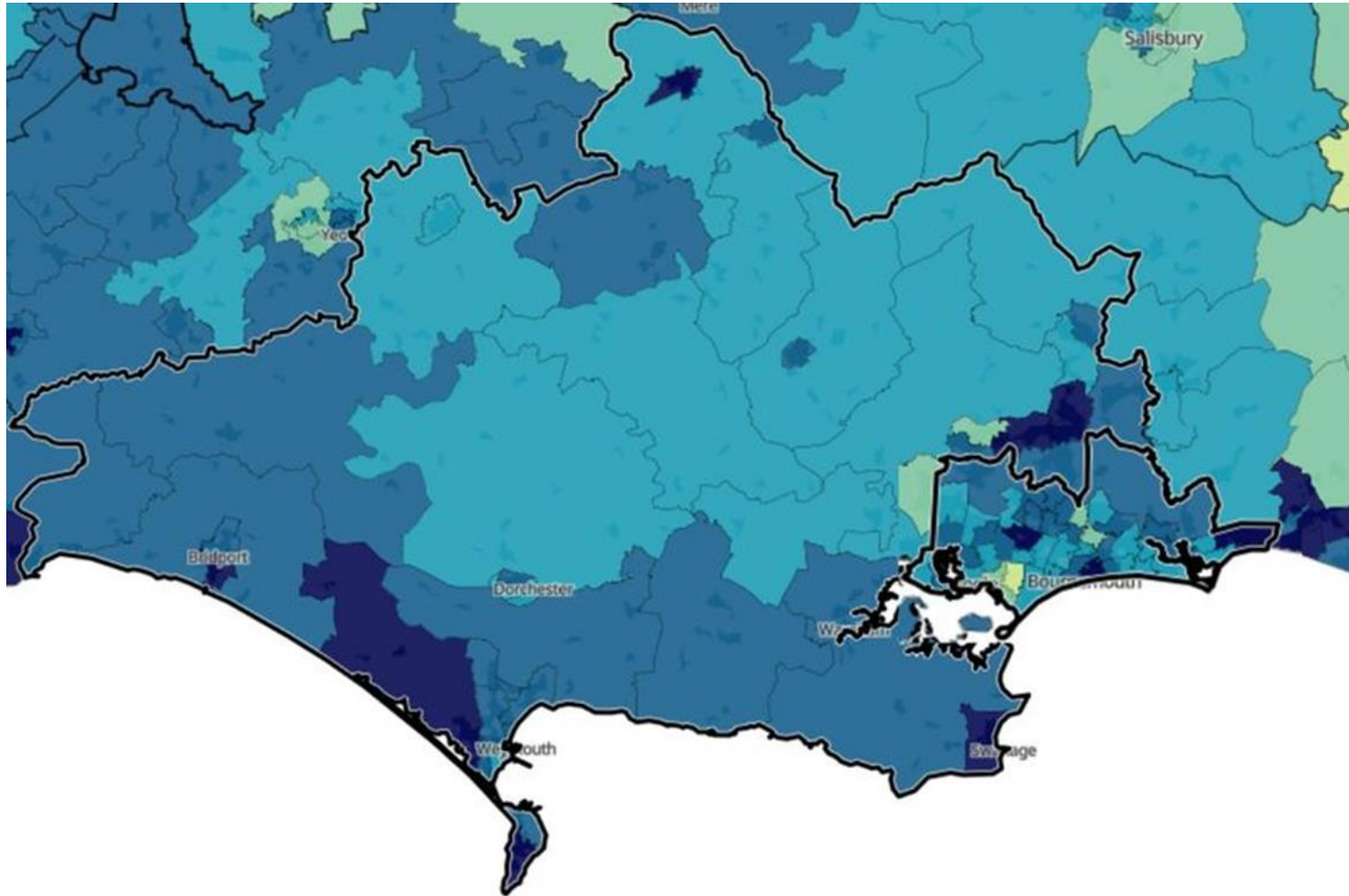
Under 75 deaths in England 2017-2019



■ Cancer ■ Cardiovascular ■ Respiratory ■ Liver ■ Other

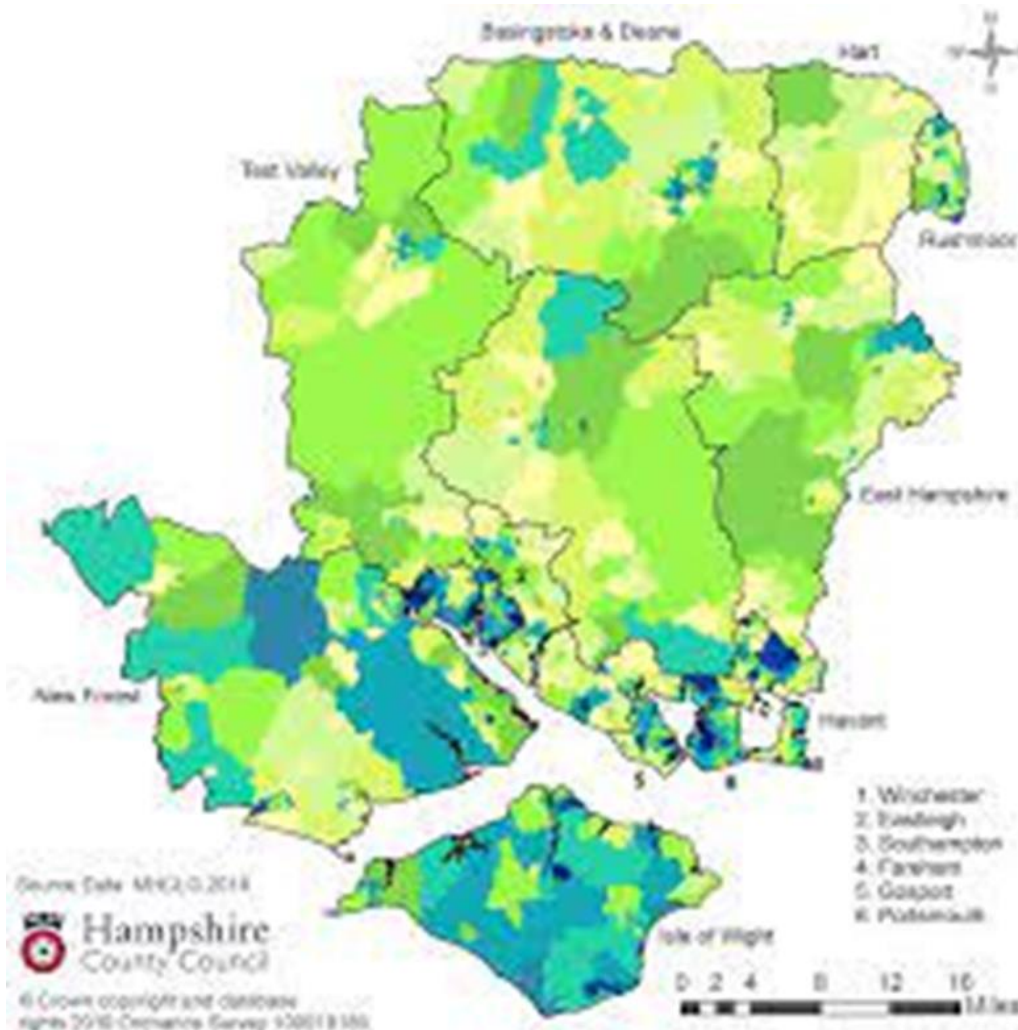


Deprivation in Dorset





Deprivation in Hampshire





Useful information for your area



- <https://ourdorset.org.uk/inequalities/health-inequality-reports/>
- <https://www.publichealthdorset.org.uk/jsna/needs-assessments-and-related-documents>
- <https://documents.hants.gov.uk/public-health/jsna-2022/iow-district-report.pdf>
- <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/2021-healthy-places#:~:text=Overall%2C%20Hampshire%20is%20an%20affluent,10%25%20most%20deprived%20in%20England.>
- <https://data.southampton.gov.uk/health/jsna/>
- <https://www.portsmouth.gov.uk/services/health-and-care/health/joint-strategic-needs-assessment/>
- <https://www.gov.uk/guidance/english-indices-of-deprivation-2019-mapping-resources>



**How well do you know your PCN
population?**



- How can you use searches/ clinical systems to find out more and target work?
 - Are your registers up to date? LD, SMI
 - Coding- ethnic origins, languages
- Is there a health inequalities lead in your PCN?



Health inequalities across the cancer prevention and diagnosis pathway



Smoking & cancer prevention

Smoking is the single largest driver of health inequalities in England

- Smoking is far more common among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.
- Smoking is so corrosive to individual, family and community health that any success in reducing smoking in disadvantaged groups has knock on benefits for the wider determinants of health, including through a reduction in poverty.
- Smoking related health inequalities are not restricted to socio-economic status. Smoking rates are also higher among people with a mental health condition, people in contact with the criminal justice system, looked-after children, and LGBT people.



What work could you do on this?

- How many patients in practice are smokers? If unusually low could look at coding
- Text message campaigns (could these be targeted?)
- Signposting to services
- Link in with national campaigns like Stoptober
- Share prevention education resources with colleagues-VBA
- Using screens and website for messaging campaigns



**What do you think are the barriers
to people attending their cancer
screening?**



Reasons for non-attendance may be complex. Some of these barriers may include:

- Relevance of screening
- Practical barriers
- Fear of cancer
- Beliefs related to ethnicity, culture or deprivation
- The test itself
- Lack of awareness/ knowledge of the purpose /benefits of the test

Non-attendance and certain barriers may be more prominent in some of the following groups:

- those living in areas of high deprivation
- those with a learning or physical disability
- ethnic minority communities

You may be able to identify other people in your practice population who are less likely to participate in screening



**Is there anything you're doing to
address these barriers/
inequalities?**

Using your bowel cancer screening kit

This short animation explains how to use your bowel cancer screening kit. Subtitles are available in English, as well as Arabic, Bengali, Chinese (simplified and traditional), Farsi, Gujarati, Polish, Portuguese, Punjabi and Urdu. A British Sign Language version is also available.

Share

Using your bowel cancer screeni...

NHS Screening

With optional English subtitles

Using your bowel cancer screeni...

NHS Screening

With British Sign Language, plus hardcoded English subtitles, suitable for use in locations where sound cannot be heard.

Using your bowel cancer screeni...

NHS Screening

Arabic subtitles

Translate >

Breast screening

About 1 in 8 women in the UK are diagnosed with breast cancer during their lifetime. If it's detected early, treatment is more successful and there's a good chance of recovery.

Breast screening aims to find breast cancers early.

- WHO? +
- WHY? +
- HOW? +



ਐਨ ਐਚ ਐਸ (NHS)
ਛਾਤੀਆਂ ਦੀ ਸਕਰੀਨਿੰਗ
ਨਿਰਣਾ ਕਰਨ ਵਿਚ ਤੁਹਾਡੀ
ਮਦਦ ਲਈ

Punjabi

Polish



Badania przesiewowe szyjki macicy wykonywane przez NHS

Pomoc w podjęciu decyzji



Niniejsza ulotka została opracowana przez agencję Public Health England (PHE) w imieniu NHS



Supporting patients with Learning Disabilities attend Cervical Screening

Training sessions for sample takers:

Tuesday 27th June 12-2

Wednesday 4th October 12:30-2:30

Contact Nicola.duffield1@nhs.net

Cancer Care Coordinators may like to attend the training and pass on information or promote to sample takers within your PCN.



Cervical Screening for People with Learning Disabilities

Working together we have created training to help you consider the needs of people with learning disabilities to increase the number attending cervical screening. This will help your practice achieve Network Contract DES for earlier diagnosis.

To sign up to a session please complete the form [here](#):

- **Tuesday 27 June, 12-2pm**
- **Wednesday 4 October, 12.30-2.30pm**

Who's it for?

Sample takers (doctors and nurses)

This training has been coproduced with patients with a learning disability, who will be present at the training to share their experiences.



Who is running the training?

- NHS Isle of Wight
- NHS England
- NHS Solent
- NHS Southern Health
- NHS Dorset
- NHS Wessex Cancer Alliance

Toolkit

Increasing the uptake of Cervical Screening in people with a learning disability



[Toolkit to increase uptake of Cervical Screening in people with a learning disability - Welcome to Wessex Cancer Alliance](#)

Examples of good practice



Process:

Complete a search to identify the patients who have not had a cervical sample taken over the last 3 or 5 years (3 for patients 25-49 and 5 years for 50 – 64 years. Review the list to exclude people for whom it may not be appropriate for the practice to contact e.g. those with a recent diagnosis of cervical cancer or those currently under investigation on the cervical cancer pathway

Ardens have the following templates:

- Screening Groups - Age 25-49 + cervical overdue + no advice in last 1y
- Screening Groups - BAME + cervical overdue + no advice in last 1y
- Screening Groups - Blind + cervical overdue + no advice in last 1y
- Screening Groups - Language + cervical overdue + no advice in last 1y
- Screening Groups - LD + cervical overdue + no advice in last 1y
- Screening Groups - LGBT + cervical overdue + no advice in last 1y
- Screening Groups - Safeguarding + cervical overdue + no advice in last 1y

[QIP Cervical Cancer Screening](#)

LD and bowel screening

- Send LD registers to Bowel Screening Hub
 - Recorded on Bowel Cancer Screening System
 - Enable service adjustments for individuals
 - Tailor the information
 - Link with learning disability nurses at local level

Extract from your GP system any patients aged 50-74 who have been diagnosed with a learning disability

- NHS number
- full name
- date of birth

rsc-tr.BCSPSouthernhub@nhs.net



Those with a cancer diagnosis who also have SMI are more likely to die from cancer than those without SMI

It has been suggested that this is contributed to by reduced uptake of cancer screening services, delayed cancer diagnosis, and reduced adherence to treatment plans.

<https://www.gov.uk/government/publications/severe-mental-illness-inequalities-in-cancer-screening-uptake/severe-mental-illness-smi-inequalities-in-cancer-screening-uptake-report>

Research and analysis

Severe mental illness (SMI): inequalities in cancer screening uptake report

Published 21 September 2021

The report found that people with SMI were:

- 18% more likely not to have participated in breast screening
- 20% more likely not to have participated in cervical screening
- 31% more likely not to have participated in bowel cancer screening, within the recommended time period than people without SMI



What are the barriers for this group?

Invitation

- Identification of cohort – may not be on SMI register or not registered with a GP
- Not opening post
- May be in period of crisis when invite arrives and not respond
- Address invalid/no longer receiving post
- Chaotic lifestyle so may not receive invite
- Screening provider may be unaware if patient in secure unit
- Communication barrier (language/nonverbal etc)
- Lack of knowledge/awareness of screening and immunisations
- Lack of accessible and personalised resources
- Distrust of health services or authority





What are the barriers for this group?

Completing the test



- No motivation to live longer
- Physical health not prioritised
- Low self-worth
- Past trauma/sexual abuse
- Previous negative experience
- Influenced by negative family members/peers
- Communication barrier (language/nonverbal)
- Lack of knowledge of screening
- Anxiety/inability to booking the appointment without support
- Clinics/appointments may not be flexible
- Not knowing what to expect from the process
- Anxiety over who is doing the screening
- Fear of result
- Distrust of medical professionals or the system
- May miss appointments due to SMI complications



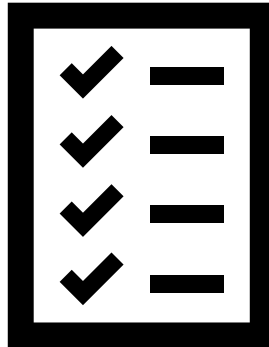
Engaging with people with SMI: Reasonable adjustments

- Pre appointment familiarisation visits can reduce anxiety
- Continuity allows trust to build and avoids people recounting their trauma multiple times
- Support with prioritising health and developing self-worth. Talk about wider needs, find out about other people in their life such as carers and trusted relatives. This may take multiple or extended appointments.
- Involve carers or peers as advice and information may be better received from someone the patient trusts.
- Longer or flexible appointments will allow more time for addressing any additional needs
- Engage with mental health teams to allow for appropriate support to be put in place
- Some people may prefer to use a checklist to communicate additional needs





Extra support checklist



Cervical screening: extra support required

Dear nurse, some things listed on this page may affect my experience. I may need extra support because *(tick any boxes that describe your situation)*:

- I have a mental health condition
- I hear voices
- My medication makes me shake
- I find it hard to leave my house
- I sometimes find it hard to process information
- I don't like to feel exposed or naked
- I am embarrassed about my body
- I have scars
- I feel judged
- I feel like a burden
- I am afraid it will hurt
- I may start to cry or freeze up
- I may pass out or faint
- I may have a panic attack
- I get distressed during a physical examination
- I have had a bad smear test experience
- I have experienced trauma
- I am a survivor of sexual violence
- I am a survivor of female genital mutilation/cutting (FGM/C)
- I want to be warned before the nurse touches me
- Waiting rooms make my symptoms worse
- These words can trigger attacks or flashbacks *(please list those words here)*:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/983184/Cervical_screening_extra_support_checklist.pdf





An Introduction to LGBTIQ+ Inclusive Care for primary care



Part 1

This webinar is Part One of a two-webinar programme, covering non-clinical aspects of LGBTIQ+ affirmative patient management. It is designed as an introduction to key concepts in supporting LGBTIQ+ patients including:

- LGBTIQ+ language and terminology
- Pronouns and inclusive language
- Barriers to equitable care
- Patient data and management
- Building inclusive environments



An Introduction to LGBTIQ+ Inclusive Care for primary care

Part 2

Clinical aspects of supporting LGBTIQ+ patients in cancer care and screening. Exploring barriers experienced by LGBTIQ+ patients, ways to address these, how the LGBTIQ+ cancer patient experience may differ, including:

- Supporting screening for LGBTIQ+ patients
- Prevention and risk
- Addressing non-attendance and overcoming systemic barriers
- Delivering person-centered care for LGBTIQ+ patients
- LGBTIQ+ palliative care considerations





Video texting

The **aim** of the pilot was to test effectiveness of sending third reminders via video texting to encourage participation in cervical screening to the targeted cohorts below.

Target population (cervical screening non-responders) specifically;
30–34-year-olds who have never attended for cervical screening
49–54-year-olds who have missed the last two screening rounds for cervical screening

- **Why?**
- Uptake of cervical screening is found to be much lower in areas of deprivation.
- Deprivation is associated with low levels of literacy and consequently low levels of health literacy. It is reported that this can lead to lack of understanding and compound fear and anxiety about what cervical screening is, what is involved and how painful it might be.
- The use of text messaging has grown in healthcare especially and it is well documented that this is an effective communication method and in groups who experience health inequalities. Text messaging interventions have been shown to moderately increase screening rates for cervical screening.



Video texting Pilot

What were practices asked to do?

- Run a search to identify target group
- Sending out the bulk video message to those identified in the searched and attaching identifiable code
- Running searches (after agreed time period) to identify number of those attending screening
- Informing reception staff of the project and potential for additional calls
- Data sharing process
- Increasing sample taker capacity for a potential increase in cervical screening requests





**Are you doing any targeted
messaging campaigns?**



Signs & Symptoms – targeted messaging

NHS

“JUST A BIT UNCOMFORTABLE”

If it lasts for three weeks or more
JUST SPEAK TO YOUR GP

Clear on cancer help us help you

NHS

“I’M JUST A BIT BLOATED”

If it lasts for three weeks or more
JUST SPEAK TO YOUR GP

Clear on cancer help us help you

NHS

“IT’S JUST A LITTLE LUMP”

JUST SPEAK TO YOUR GP

An unexplained lump could be a sign of cancer. It’s probably nothing serious, but finding cancer early makes it more treatable.

Clear on cancer help us help you



Cancer awareness calendar

January	February	March	April	May	June
Cervical Cancer Prevention Week Less Survivable Cancers Awareness Day (11 January)*	Kidney Cancer Awareness Week Oesophageal Cancer Awareness Month World Cancer Day (4 February)	Brain Tumour Awareness Month Colorectal Cancer Awareness Month International HPV Awareness Day (4 March) Kidney Cancer Awareness Month Ovarian Cancer Awareness Month Prostate Cancer Awareness Month	Bowel Cancer Awareness Month Testicular Cancer Awareness Month	Bladder Cancer Awareness Month Melanoma Awareness Month Skin Cancer Awareness Month Sun Awareness Week World Ovarian Cancer Day (8 May)	Cervical Screening Awareness Week Myeloma Awareness Week
July	August	September	October	November	December
Sarcoma Awareness Month World Head and Neck Cancer Day (27 July)		Blood Cancer Awareness Month Childhood Cancer Awareness Month Gynaecological Cancer Awareness Month Hereditary Cancer Awareness Week Thyroid Cancer Awareness Month Urological Cancer Awareness Month	Breast Cancer Awareness Month Liver Cancer Awareness Month Myelodysplastic Syndromes (MDS) World Awareness Day (25 October)	Gastric Cancer Awareness Month Lung Cancer Awareness Month Mouth Cancer Action Month Movember** Pancreatic Cancer Awareness Month	

*Less Survivable Cancers Awareness Day encompasses brain tumours, liver cancer, lung cancer, oesophageal cancer, pancreatic cancer and stomach cancer **Movember is often used to raise awareness for prostate cancer

cruk.org/healthprofessional

Together we will beat cancer





Prostate Cancer Campaign: raising awareness of prostate cancer with and for Black men

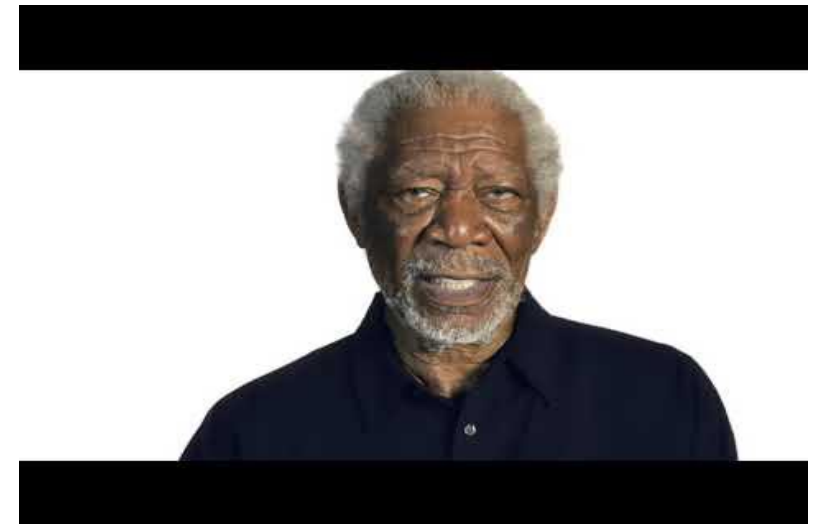


Key Messages

- 1 in 4 Black men will get Prostate cancer in their lifetime, compared to 1 in 8 men of other ethnicities
- Family history heightens risk of Prostate Cancer
- You can request a PSA test from your GP which can identify if there are any issues that need further investigation
- Prostate cancer can be detected early and treated
- Black Men aged over 45 are at a heightened risk of Prostate Cancer
- In males in the UK, Prostate cancer is the most common cancer with over 50,000 new cases every year (CRUK)

Target Audience: Males, Black, Aged 45+ living in Wessex

To mark World Cancer Day (Friday 4 February 2022) Wessex Cancer Alliance, Dorset Race Equality Council and Wessex Voices hosted a conversation on prostate cancer in our online event [Let's Talk About Prostate Cancer](#).





Prostate QI Project



- Identified Patients in cohorts (Ardens searches)
 - Men aged 50+ (exc. those already diagnosed)
 - Men 45 + with family history of prostate cancer
 - Men 45+ with black ethnicity.
- Cohort 1 – send AccuRx text with signs and symptoms leaflet
- Cohort 2 & 3 – invited for face-to-face appointment for 'PROSTATE HEALTH CHECK ' - 30 mins including IPSS (Internal Prostate Symptom Score) score and PSA test. 36 Men invited
- Ardens have an IPSS template set up.
- 12 patients attended for face to face with 1 patient found to have Ca prostate as a result.

Communities against cancer

- Alliance funded initiative run by Action Hampshire aiming to increase cancer awareness and prevention messages in the community
- Gives grants to community/ voluntary sector groups to do work around raising awareness of cancer
- Will be relaunching for this year in next month or two
- If you have a group or project that may benefit from this, then please get in touch with Nicola.Duffield1@nhs.net





Safety netting

- **Accessing appointments** e.g. transport, cancellations, arranging carers at time of appointment, was not brought by carer, cost issues.
- **DNAs**- People in some groups are generally more likely to miss their appointments; for instance, Royal Cornwall Hospitals NHS Trust found that the 10-20% of their patients from the most deprived backgrounds were most likely to miss an outpatient appointment.
- **Following up and monitoring** Systems and providers should therefore take appropriate steps to ensure they are not exacerbating health inequalities in relation to their approach to managing DNAs.
- **Pathway navigators?**



Primary Care Toolkit



[Primary Care Toolkit - Welcome to Wessex Cancer Alliance](#)



Q & A

Further questions contact:

Victoria.Wright42@nhs.net or Lucy.Pickup4@nhs.net