

## Surrey Cancer Inequalities Index – March 2025

### About the index:

A collation of projects reported by contributors to the Surrey Cancer Inequalities Survey 2024, which was run by Surrey County Council Public Health team and Surrey Heartlands ICS, as part of the Macmillan funded cancer inequalities programme. The survey was open between September – November 2024 and invited cross-system stakeholders to describe the projects they are working on (planned, ongoing or completed within the past 3 years) to identify, understand or address cancer inequalities in Surrey. This index can be used to identify potential collaborators, as well as existing insights and resources, to inform planning of future projects that aim to tackle cancer inequalities in Surrey. The ‘P’ numbers in column 1 correspond to the project numbers in the activity map (Appendix 1), which visually maps the projects described in the Index to points along the cancer pathway. For questions about the Index, please contact [daisy.mcinnerney@surreycc.gov.uk](mailto:daisy.mcinnerney@surreycc.gov.uk)

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
<b>PRIMARY PREVENTION</b>								
1	<b>BOWEL, BREAST</b>  Primary prevention	Health and Well-being Team, Public Health, Surrey County Council	<ul style="list-style-type: none"> <li>Surrey key neighbourhoods</li> </ul>	No specific funding	Measure progress against Surrey HWB Strategy outcomes	Data collection, collation into HWB Strategy Index and Index Scorecard	Not evaluated	Index / Index Scorecard completed in June. Currently disseminating. Next steps unclear.
2	<b>BREAST</b>  Primary prevention  And  Early diagnosis	University of Surrey	<ul style="list-style-type: none"> <li>Black and Minoritised Ethnic groups</li> </ul>	Internally allocated funding	To reduce the risk of breast cancer and help achieve early diagnosis in women of black ethnicity by delivering cultural relevant intervention to: <ol style="list-style-type: none"> <li>1. Inform and improve awareness of risk factors relevant for the black ethnic population</li> <li>2. Promote healthy eating and physical activities</li> <li>3. Improve women's awareness of breast and ability to identify early warning signs and symptoms for further assessment and timely diagnosis.</li> </ol>	Co-production methodologies, engaging and work in partnership with members of the public, charities and local authorities mandated to promote public health. Hoping to attract collaborations from charities, companies and local authorities to deliver and evaluate the intervention.	Planned or underway	The project is at initial stage. The expected outcomes are: <ol style="list-style-type: none"> <li>1. Lifestyle behaviour change in terms of dietary habits and physical activities</li> <li>2. Health seeking behaviour - breast self-check attitudes, and intention to seek help</li> </ol>

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3	<b>CERVIX<sup>1</sup></b>  <b>Primary prevention</b>	Surrey Heartlands ICS	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>Children with additional needs and disabilities</li> </ul>	NHSE Core20Plus5 Funding	<p>To raise awareness and knowledge about the HPV vaccine</p> <p>To understand barriers and motivations towards receiving the HPV vaccine; experience of receiving the HVP vaccine; enablers and improvements to increase take up</p>	Twelve parents with a young person (YP) aged between 14-17 year old with a learning disability. were interviewed face to face (6 had consented for their YP to receive a HPV vaccine, 6 had not consented to their YP receiving a HPV vaccine).	Not evaluated	<p>Seven key recommendations were incorporated into the Immunisations team, and Surrey and Sussex Cancer Alliance plan:</p> <p><b>1. Information:</b> A Surrey wide comms campaign to address the myths surrounding HPV and the vaccine. To ensure that parents and YP receive engaging information before the vaccine that educates them on the importance of having the vaccine (mostly targeted at YP but something they digest together)</p> <p><b>2. Schools to link with immunisation team</b> and to let parents know if/ when HPV discussed in school. If YP opts out of having the vaccine and signposted to options / next steps</p> <p><b>3. Offer GP surgery as another access point:</b> familiar and likely to be closer than a clinic</p> <p><b>4. Offer more opportunities for ‘catch ups’</b> at school</p> <p><b>5. More opportunities to check vaccine status</b> e.g. College open days so that there is a reminder</p> <p><b>6. Targeted approach:</b> Consider how to offer the vaccine to these young people in more targeted way – less of a wait, separate waiting areas</p> <p><b>7. Nurse follow up:</b> Offer non consenting parents the invitation to speak to a nurse. Parents were unsure if they would use a helpline but welcomed links to websites</p>

<sup>1</sup> HPV vaccine, primarily for cervical cancer but also protecting against cancer of the vagina, vulva, penis or anus, caused by HPV . As well as mouth, throat, head and neck cancers caused by HPV

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4	<b>NOT CANCER TYPE SPECIFIC</b>  <b>Primary prevention</b>	Surrey County Council  Working with Thrive Tribe the provider on smoking cessation services in Surrey for general population.  A new service is being delivered working specifically with people from inclusion health groups to offer smoking cessation, this is due to commence early 2025.	<ul style="list-style-type: none"> <li>• Black and Minoritised Ethnic groups</li> <li>• GRT community</li> <li>• People with drug and alcohol problems</li> <li>• People with long term health conditions, disabilities or sensory impairments</li> <li>• People experiencing homelessness</li> <li>• People with serious mental illness</li> <li>• People experiencing multiple disadvantage</li> <li>• Surrey key neighbourhoods</li> <li>• Vulnerable migrants</li> </ul>	External grant (Section 31 Local Stop Smoking Services and Support Grant (DHSC))	Reduce smoking rates Increase the number of quit dates set.	Smoking cessation services delivered in a range of settings as well as remote.  Inclusion health smoking cessation pilot - roving model.  Targeted Lung Health Check programme - embedding smoking cessation in this.	Planned or underway	<ul style="list-style-type: none"> <li>• More people from inclusion health groups to quit smoking.</li> <li>• Reduce overall smoking rates.</li> </ul>
5	<b>NOT CANCER TYPE SPECIFIC</b>  <b>Primary prevention</b>  and <i>Experience/living well with cancer</i>	<b>Surrey County Council</b>	No specific population	External grant (Macmillan Cancer Support)	To identify potential sources of inequality in diet related to cancer incidence and living well with cancer, to inform evidence-based recommendations	A rapid evidence synthesis	Not evaluated	To guide strategic action to reduce inequalities related to diet and cancer

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<b>SCREENING AND EARLY DIAGNOSIS</b>								
6	<b>BOWEL, BREAST, CERVIX</b>  Screening	Surrey and Sussex Cancer Alliance Sussex ICB, Primary care and LDA voluntary organisation.	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>Black and Minoritised Ethnic groups</li> <li>GRT community</li> </ul>	Prefer not to say	To raise awareness about cancer screening among people with LDA and BAME communities.	Cancer screening videos for people with LDA	Planned or underway	Better understanding of the cancer screening process among people with LDA.
7	<b>BOWEL, BREAST, CERVIX</b>  Screening	University of Surrey  Office for Health Improvement and Disparities	<ul style="list-style-type: none"> <li>People with serious mental illness</li> </ul>	No specific funding	Explore possible inequalities in cancer screening participation among people with severe mental illness	Cross-sectional analysis of national data.	Completed	Peer-reviewed publication in British Journal of Cancer
8	<b>BOWEL</b>  Early diagnosis	Epsom St Helier Hospital NHS Trust	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>Older people 80+ and those in care homes</li> <li>People with long term health conditions, disabilities or sensory impairments</li> </ul>	No specific funding	<p>Patients who are under 80 have quicker access to 1st Encounter on the cancer pathway than those above 80.</p> <p>Typically, patients under 80 are more likely to have the gold standard of diagnostic tests (Endoscopy) compared those over 80 who have imaging due to its lesser invasiveness. However, any worrying image findings end up having to go through Endoscopy which ends up delaying their pathway.</p> <p>In addition, generally, patients above 80 are likely to have difficulties managing bowel prep, live in nursing homes, or have no family support. This makes them less flexible in being able to attend appointments and frequently requires them to be admitted to undergo bowel prep.</p>	<p>Liaising with the service to increase 1st encounter capacity to suspected LGI patients over 80</p> <p>Working closely with CNS and support worker teams to identify and support where required</p> <p>Improving the diagnostic decision making process through senior registrars receiving timely advice from the consultants on the appropriateness of imaging requests over Endoscopy diagnostics.</p>	Planned or underway	Improve access, management and support to 80+ year old patients to the colorectal service.

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9	<b>BREAST Screening</b>	NHSE GP practices, ICB and Breast Screening Provider	<ul style="list-style-type: none"> <li>Black and Minoritised Ethnic groups</li> </ul>	Internally allocated funding	A GP practice contacted us to say they wished to improve their breast screening rates as the practice had a high population of ethnic minorities and was in an area of deprivation.	The practice with support of the breast screening provider compiled a list of all individuals who had not been screened in the last 3 years or were previous non-attenders. Each individual was called and offered an appointment that was local to the practice and at a weekend.	Completed	The evaluation was very basic. We were provided with the number of people screened. They were not all from the targeted groups. Some responses were incredibly sad as post Covid a lot of people were struggling with their mental health and within a small group of around 30 people screened 2 mentioned severe depression.
10	<b>BREAST Screening</b>	Surrey and North East Hampshire Breast Screening Imperial College London	<ul style="list-style-type: none"> <li>No specific population</li> </ul>	No specific funding	To support uptake, language barriers, religious barriers	Animated video on text reminder messages in all different languages	Planned or underway	Increase in uptake
11	<b>BREAST Screening</b>	<b>NHSE SIT, Health &amp; Justice, SCC,</b> Central North West London NHSFT, Sodexo and screening provider, HMP Bronzefield, HMP Downview and HMP Send	<ul style="list-style-type: none"> <li>Prisons and those in contact with the criminal justice system</li> </ul>	Internally allocated funding	To improve breast screening offer and increase uptake amongst Surrey's prison population	<p>Mobile breast screening unit included prisons (HMP Bronzefield) as part of its screening round, enabling women to be screened on-site, rather than having to be transported to static site; there was also some health promotion work within the prison by on-site healthcare provider.</p> <p>SCC supported by facilitating a mixed-methods evaluation (uptake data, feedback from women invited to screening, focus group with project delivery group)</p>	Completed	Women screened on-site reported experience was improved compared to previous offsite screening. Anecdotal feedback from project delivery group reported uptake was higher on-site than off-site, but further evaluation required for direct comparison. Recommendations from the focus group to improve uptake for future rounds included more training/tailored invitation approach, improved collaborative processes with HMP Send and Downview to facilitate their participation, streamlining the waiting process on the day, capitalising on screening as a teachable moment for wider health improvement, capitalising on vans presence on site on the day to increase uptake, tying into wider health improvement/protection awareness events. The findings should be used to inform future breast screening, and other cancer screening initiatives for Surrey's prison population.

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12	<b>BREAST</b>  Early diagnosis Time to treatment Routes to diagnosis	University of Surrey	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>People experiencing deprivation</li> <li>People who are transgender</li> <li>Black and Minoritised Ethnic groups</li> <li>People with serious mental illness</li> </ul>	External grant (Breast Cancer Now Inequalities Award)	Identify potential inequalities in route to diagnosis, time to diagnosis and time to treatment for breast cancer, between various marginalised groups and respective counterparts.	Cross-sectional analysis / matched cohort study	Planned or underway	Publication in peer-reviewed journal
13	<b>CERVIX</b>  Screening	Surrey Heartlands ICS  Plan to involve charity partner	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> </ul>	External grant (Core20plus5 NHSE funding)	<p>Primary Aim: How do GP practices in Surrey support people with learning disabilities to obtain cervical screening?</p> <p>Secondary Aim: What reasonable adjustments do GP practices make to support Learning Disabilities?</p>	<p>Research design: Semi-structured 1:1 interviews or small group interviews with practice staff. Sample: ~ GP practices drawn from across Surrey Heartlands, with a sizeable LD population and either high or low uptake of cervical screening. Some with a higher uptake and some with a lower uptake.</p> <p>Interview themes: Practice overview (e.g. how many people with LD they look after) Roles and relevance to CS screening pathway LD training for staff Identification of patients Reasonable adjustments offered</p> <p>CS journey for an LD patient: before, during, after appointment Follow ups for DNAs Alternative formats offered</p>	Not evaluated	<p>Not yet completed.</p> <p>QI / Interventions / resources for GPs to utilise to support with increasing CS uptake for patients with a LD.</p>

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14	<b>CERVIX</b> Screening	Surrey County Council Surrey Heartlands ICS  Academic and charity partners TBD	<ul style="list-style-type: none"> <li>Learning Disabilities &amp; Autism</li> <li>Serious Mental Illness</li> </ul>	External grant (NHSE Core20Plus5 Funding)	A piece of implementation research is being planned to guide implementation of recommendations from Project 13 and wider literature to improve uptake of cervical cancer screening among people with learning disabilities and people with SMI, funded by the NHSE Core20Plus5 Accelerator Grant.	Co-development workshops with people with lived experience and service delivery stakeholders, informed by implementation science methods. This is building on recent research conducted by Surrey Heartlands working with GP practices understand the reasonable adjustments for people with LD&A to access cervical screening.	Planned or underway	Planned to co-produce a toolkit that will facilitate improved uptake of cervical screening for people with LD&A and/or SMI. Planned to publish a research report, and to inform a formal evaluation of the toolkit (acceptability, process and impact on uptake and experience)
15	<b>LUNG</b> <b>Screening</b> <i>Primary prevention (eg, smoking, diet, lifestyle modification)</i> <i>Early Diagnosis</i>	Surrey and Sussex Cancer Alliance  One You Surrey	<ul style="list-style-type: none"> <li>Ever smokers 55 -74 years</li> </ul>	External grant (NHSE)	Detect lung cancer at an early stage in people at highest risk of developing the disease. The early detection makes it more treatable with possible better outcome.	Target patients are invited + risk of lung cancer assessed using clinical assessment tools. Those considered high risk are offered a CT scan in the community. Findings are followed up in primary or secondary care.	Completed	75% of lung cancer are detected in stages 1 or 2 via the project. Outside of the programme only 30% are detected at an early stage. Some of the patents quit smoking following engagement with smoking cessation course that is offered via the programme. Other serious conditions are detected and managed.
16	<b>LUNG</b> <b>Screening</b>	Surrey County Council  With: Surrey Heartlands ICSSCA	<ul style="list-style-type: none"> <li>Ever smokers 55 -74 years</li> </ul>	External grant (Macmillan Cancer Support)	To identify potential inequalities, and make evidence-based recommendations to minimise them, to guide equitable implementation of lung cancer screening in Surrey	Narrative evidence synthesis	Not evaluated	The evidence synthesis is expected to inform the implementation of lung cancer screening in Surrey in 2025, with the aim to minimise inequalities in uptake, engagement and experience, particularly in relation to deprivation, people who currently smoke and inclusion health groups (who typically experience high deprivation with high smoking prevalence - to major risk factors for low lung cancer screening uptake)
17	<b>PROSTATE</b> <b>Screening</b> <b>Early diagnosis</b>	Institute of Cancer Research  Royal Marsden Hospital	<ul style="list-style-type: none"> <li>Black and Minoritised Ethnic groups</li> </ul>	Not sure	Inviting unaffected Black men of African and African Caribbean ancestry to come for prostate cancer screening, with PSA and offer MRI and biopsy, looking for genetic changes that may explain why higher risk of prostate cancer (1 in 4 compared with 1 in 8 for men of European ancestry and 1 in 12 for men of Asian ancestry)	To promote awareness of the study, we have undertaken a lot of engagement activities	Planned or underway	The expected outcomes are that we will be able to correlate a polygenic risk score to PSA levels, and MRI and biopsy outcomes, we will also check for genetic rare variants in these men, this is very important as previous work has mostly been done in those of European ancestry and we need to be more inclusive in research and have far more genetic diversity in order to best serve all.

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18	<p><b>Not cancer type specific</b></p> <p><b>Early diagnosis</b></p>	<p>University of Surrey</p> <p>With: University of Exeter and QMUL, Active Prospects, Disability Action in Islington.</p>	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> </ul>	External grant (NIHR HSDR)	<p>Aims: To understand why there are delays in diagnosing cancer in people with learning disabilities and make recommendations for how this could be improved.</p> <p>Research questions</p> <ol style="list-style-type: none"> <li>1) What are the main personal, social and organisational factors that contribute to inequalities in cancer diagnostic outcomes for PwLD?</li> <li>2) What is the current evidence for interventions to support symptomatic cancer diagnostic pathways for PwLD?</li> <li>3) Where in the diagnostic process are avoidable delays occurring for PwLD?</li> <li>4) What features of cancer do PwLD tend to present with and are they reliably acted on with referrals and investigations?</li> <li>5) How are symptomatic cancer diagnostic pathways and interventions for PwLD currently experienced by patients and carers, healthcare staff, social care, system leaders and charities?</li> <li>6) How does local context affect implementation of interventions to redress inequalities in cancer diagnostic outcomes for PwLD?</li> <li>7) What are the acceptable and feasible possibilities for tailoring existing interventions or designing new interventions to redress inequalities in symptomatic cancer diagnostic pathways for PwLD at scale?</li> </ol>	<p>Scoping review of published scientific literature exploring cancer risk factor and symptom awareness for adults with learning disabilities, paid or unpaid carers and healthcare practitioners. (Completed)</p> <p>Interview study to explore patient and career experiences of symptom recognition and reporting in primary care (in progress).</p> <p>Quantitative research using health records to explore potential differences in diagnostic intervals for patients with and without learning disabilities (planned).</p> <p>Co-produced recommendations informed by results of study to guide good practice</p>	Planned or underway	<p>Expected to increase understanding of where inequalities in early diagnosis are occurring for patients with learning disabilities and inform future research (planned and funded). We also hope to be able to make recommendations for healthcare practitioners who provide care for people with learning disabilities, based on the findings. As well as stakeholder/PPI/traditional academic outputs.</p>

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19	<b>Not cancer type specific</b>  <b>Screening Early diagnosis</b>	University of Surrey  With: UCL, Oxford, Cambridge, Leicester, NHS England	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>Black and Minoritised Ethnic groups</li> </ul>	External grant (NIHR Policy Research Unit)	Examples from Surrey workstream: 1) Support the design and evaluation of a novel genre of public education campaigns with a focus on higher-risk and disadvantaged groups to: 1a. increase public understanding of respiratory and abdominal cancer symptoms; 1b. reduce barriers to presentation including emotional factors (e.g. fear, fatalism; smoking-associated stigma/guilt; embarrassment associated with abdominal symptoms); 1c. address barriers to peoples' perceived entitlement (so-termed 'candidacy') to healthcare, and encompass 'patient activation', particularly for vague/non-specific symptoms; 1d. intercalate messages on both awareness and screening; 1e. bolster the role of healthcare professional endorsement.	Surveys, co-design, review methodology	Planned or underway	Multifaceted impact expected.
<b>TREATMENT ACCESS, ENGAGEMENT AND EXPERIENCE</b>								
20	<b>BREAST</b>  <b>Treatment access and engagement</b>	Healthwatch Surrey  Breast cancer support group	<ul style="list-style-type: none"> <li>People with long term health conditions, disabilities or sensory impairments</li> </ul>	Internally allocated funding	Understand the experiences of people in <b>Surrey Heath</b> undergoing treatment for secondary breast cancer	Focus group	Planned or underway	Expected to share with providers and Surrey Heath Place with recommendations based on the conversations
21	<b>BREAST</b>  <b>Experience/Living well with cancer</b> (including financial support, pre-hab and re-hab) <b>Living well beyond cancer</b> (post-treatment)	University of Surrey  Royal Surrey Hospital (sponsor)	<ul style="list-style-type: none"> <li>People experiencing socio-economic disadvantage</li> </ul>	External grant (NIHR RfPB)	The aim of this study is to improve the health and wellbeing of people from under-served groups in England who have completed treatment for breast cancer by exploring whether Personalised Stratified Follow-Up (PSFU) meets their needs, and to make recommendations for future development and feasibility testing.	<b>WS1:</b> A mapping exercise to include: <ul style="list-style-type: none"> <li>A scoping review of the literature relating to PSFU for breast cancer.</li> <li>A qualitative interview with the lead for implementation of PSFU at each of the 21 cancer alliances in England.</li> <li>A review of Office for National Statistics (ONS) demographic reports to identify three cancer</li> </ul>	Planned or underway	Findings from the research will be used to develop interventions that have the potential to improve the experiences of people with breast cancer on PSFU by initiating changes in practice that will enhance the accessibility and/or acceptability of PSFU for all patients, particularly those from under-served groups.  The format and content of the interventions will be discussed at the focus groups in WS3. It is not within the scope of this project to implement and evaluate the interventions. However, this is intended as

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						<p>alliances with the highest proportion of under-served groups.</p> <p><u>WS2:</u> Qualitative interviews with relevant professionals involved in delivering PSFU in NHS organisations within the three cancer alliances identified in Workstream 1 (n=15) as well as up to five people who support people with breast cancer through charities, to explore their experiences of PSFU (total=20) recruited through a 'snowballing' technique.</p> <p><u>WS3:</u> Using a sampling frame informed by WS2 findings, we will conduct qualitative interviews with 8-10 patients from each of these three cancer alliances (n=30). Following data analysis, we will invite interviewees to attend a discussion group. We will hold two or three groups each with up to 6 participants (max total =18). These groups will discuss our findings and their potential use to inform the development of interventions.</p>		<p>preliminary work to inform development and feasibility testing of the interventions followed by a future definitive study.</p> <p>The outcomes will help to address areas of identified unmet need relating to support for their physical and mental health and wellbeing, and reduce the potential for inequalities in PSFU provision..</p>

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22	<p><b>Not cancer type specific</b></p> <p><b>Experience/Living well with cancer</b> (including financial support, pre-hab and re-hab)</p> <p><b>Living well beyond cancer</b> (post-treatment)</p>	Surrey Minority Ethnic Forum	<ul style="list-style-type: none"> <li>Black and Minoritised Ethnic Groups</li> <li>GRT community</li> <li>Vulnerable migrants</li> </ul>	External grant (Macmillan Cancer Support)	<p>The project aims to empower Black and minority cancer patients and their carers with:</p> <ul style="list-style-type: none"> <li>Information they require for healthy nutrition and diet during and after cancer treatment.</li> <li>Make informed decisions about treatment.</li> <li>Access emotional and practical support.</li> <li>Reduce isolation.</li> <li>Improving understanding and acceptance of a cancer diagnosis within the BME community in Surrey.</li> <li>Give a voice and connect with the BME communities regarding the issues they face related to all aspects of pre and post diagnosis of cancer.</li> <li>Address the issues related to culture and stigmas around cancer.</li> <li>Improve their overall well-being and quality of life.</li> </ul>	6 Online and 2 in person Nutrition and Advice Sessions and Peer Support	Planned or underway	Expected outcomes similar to aims for the project.
23	<p><b>Not cancer type specific</b></p> <p><b>Treatment access and engagement</b></p> <p><b>Experience/Living well with cancer</b> (including financial support, pre-hab and re-hab)</p> <p><b>Palliative or end-of-life</b></p>	CREST Cancer Support Ashford Middx	No specific population	No specific funding	We wanted to understand why patients were misdiagnosed and why were they left too long without a face-to-face appointment	We talk to all patients about their needs and their journey and compile notes	Not sure	<p>To understand what can be done when a patient comes to us with the same story</p> <p>To try and sign post to areas which can help immediately</p> <p>To prepare for not a good outcome for some</p>

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24	<b>Not cancer type specific</b>  <b>Treatment access and engagement</b>  <b>Experience/Living well with cancer</b> (including financial support, pre-hab and re-hab)	Healthwatch Surrey  St Luke's Cancer Centre	No specific population	Internally allocated funding	Encourage/educate/inform those receiving treatment at St Luke's Cancer Centre to share feedback on the service.	Face to face conversations with people and their family/carers at the clinic at the time of our visit.	Completed	Re St Luke's: recommendations shared with provider on how to encourage/make sharing feedback meet needs of service users
25	<b>Not cancer type specific</b>  <b>Experience/Living well with cancer</b> (including financial support, pre-hab and re-hab)  <b>Living well beyond cancer (post-treatment)</b>	Healthwatch Surrey	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>People with long term health conditions, disabilities or sensory impairments</li> <li>People with serious mental illness</li> </ul>	Not sure	Understand and improve the emotional, wellbeing and mental health support for people living with cancer	Survey/in depth interviews	Planned or underway	Expected to encourage better integration of mental health and cancer services meaning people experience better support
26	<b>No specific cancer type</b>  <b>Prehab</b>	First Community Health and Care  Surrey and Sussex Healthcare	No specific population	External grant (Cancer Alliance via Surrey Heartlands)	To see people after a diagnosis and work with them to get them as physically active as possible prior to any intervention / surgery (prehab) and also ensure that they would be able to manage as independently as possible at home post intervention / surgery. Followed up for a couple of weeks after intervention / surgery.	Project with OT and PT supporting patient's with getting themselves as physically and functionally fit as possible prior to any treatment either surgical or medical: Part time physio and OT supporting patients. Worked with consultants / cancer clinics at SASH to pick up referrals and then work with the patients in their own home.	Completed	Good feedback from patients on the intervention they received and they felt it made a difference. Positive feedback from colleagues at SASH regarding the project.

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<b>PALLIATIVE AND END-OF-LIFE CARE</b>								
27	<b>Not cancer type specific</b>  <b>Palliative or end-of-life</b>	Phyllis Tuckwell Hospice Care with: Action for Carers, Jigsaw, Luminus, Princess Alice Hospice, Care Agencies and even with a labour councillor) and groups (The Hive in Guildford, Wellbeing Cafe in Guildford, RSCH bereavement Palliative care services) in our catchment area	No specific population	Internally allocated funding	We have been doing a great deal of networking with other organisations: <ul style="list-style-type: none"> <li>To see what resources and services are available and if anything, we can collaborate with</li> <li>Get our services known and to ensure people know we are very much open for business. Hopefully this will increase referrals to PTH</li> <li>Raise awareness on our wide provision of services for patients and carers</li> <li>To recruit more HS volunteers.</li> </ul>	As per aims	Not evaluated	Better connections
28	<b>Not cancer type specific</b>  <b>Palliative or end-of-life</b>	Phyllis Tuckwell Hospice Care	<ul style="list-style-type: none"> <li>Minoritised Ethnic and immigrant groups, cultural organisations, religious / faith leaders</li> <li>LGBTQ+ organisations</li> <li>Disability services (physical or intellectual)</li> <li>Women's Rights organisations</li> <li>Mental Health and Wellbeing (particularly those providing mental health services for underserved populations e.g. homeless community)</li> <li>Refugees and Asylum Seekers</li> </ul>	Internally allocated funding	To create a database of local agencies involved with underrepresented groups. The aim is to ensure that our services are available to all individuals regardless of their faith, culture, or background. This will be available to all internally.	Tasks as part of this project include: Researching local agencies: using local government directories, newsletters, online searches, etc. Contact: explain our objective and who we are. Understand their experiences supporting individuals through end of life and whether they would like to hear more about our free of charge services. Make contact with local networks and groups where these agencies may be represented (for example Wellbeing Café, Community Centres) and inform them of our recruitment of volunteers process.	Not stated	Not stated

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
			<ul style="list-style-type: none"> <li>Homelessness support services</li> <li>Criminal justice</li> </ul>					
29	<b>Not cancer type specific</b>  <b>Palliative or end-of-life</b>	Princess Alice Hospice SPEAR Beyond Words	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> <li>Black and Minoritised Ethnic groups</li> <li>People with long term health conditions, disabilities or sensory impairments</li> <li>People experiencing homelessness</li> <li>People experiencing multiple disadvantage</li> </ul>	Internally allocated funding (Hospice UK Grant and Princess Alice Hospice charitable income)	<p>To provide accessible palliative and end of life care and support addressing inequities and aimed at key underserved communities. A Diversity and Inclusion work programme comprising 10 projects:</p> <p>D&amp;I 001: Protected characteristic and vulnerable group data collection (in progress)  D&amp;I 002: Approach to interpreting and translation (in progress)  D&amp;I 003: Inclusion lunch and learns and inclusion hub (ongoing)  D&amp;I 004: Learning disability outreach (in progress)  D&amp;I 005: Compassionate Neighbours and dementia  D&amp;I 006: Improving access to PAH Services to the underserved in Kingston (scoping)  D&amp;I 007: Homelessness in Kingston and Richmond (in progress)  D&amp;I 008: Bereavement support model in prisons (on hold)  D&amp;I 009: Public commitment to being an anti-racist organisation (in progress)  D&amp;I 010: Financial insecurity at end of life (on hold)</p>	<p>A range of activities including:</p> <ul style="list-style-type: none"> <li>Improving our own data collection and conversations with patients about their identity</li> <li>Starting a Multi-Professional Team approach with support workers working with those experiencing homelessness</li> <li>Purchase and testing of communication app</li> <li>Exploring volunteer roles to improve companionship on the ward for people with different language skills</li> <li>Building relationships with different referrers</li> <li>Reviewing our compassionate neighbour programme to make sure it's supporting people living with dementia</li> </ul>	Planned or underway	<p>We have a full benefits plan (including tangible and intangible benefits) and mechanisms for tracking.</p> <p>Our top 3 programme level expected benefits are:</p> <ul style="list-style-type: none"> <li>More equitable access to hospice care for communities in our care area.</li> <li>Increased staff confidence to talk about issues related to diversity and inclusion.</li> <li>Our public profile demonstrates to a variety of communities that we are genuinely here for them as a care provider and as an employer.</li> </ul>

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
30	<p><b>Not cancer type specific</b></p> <p><b>Palliative or end-of-life</b></p>	Phyllis Tuckwell Hospice Care	<ul style="list-style-type: none"> <li>Black and Minoritised Ethnic groups</li> </ul>	Internally allocated funding	To improve understanding of Nepalese community on our provision of services (Clinical and non-clinical) and how to access these.	<p>We have delivered presentations to the Nepalese community:</p> <ul style="list-style-type: none"> <li>for their leaders: Formative session to improve their understanding on our provision of services (Clinical and non-clinical) and how to access these. This formative session also covered bereavement support and aimed to build their confidence in handling pre post bereavement</li> <li>Separate presentation covering the same topics but adjusted to our audience, members of the Nepalese community (not aimed to professionals supporting them). This was simultaneously translated into Nepalese by one of their leaders.</li> </ul>	Not evaluated	Better understanding

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
31	<b>Not cancer type specific</b>  Palliative or end-of-life	Phyllis Tuckwell Hospice Care	<ul style="list-style-type: none"> <li>The bereaved</li> </ul>	Internally allocated funding	The Listening Lounge is targeted at anyone who has experienced a bereavement due to terminal illness but with a focus on those experiencing isolation, emotional difficulties, low income, etc.	The Listening Lounge is a bereavement café where bereaved people can come together once a month for support. This is not formal counselling, no fixing or solving. This forum intends to be a safe space to find solace of others who truly understand. From the feedback obtained from our Carers, we have learnt that some have felt unsupported during the period that follows the death of their loved ones. We currently offer counselling support at week 9 within the bereavement, when the Carers are ready to talk about their loss and their difficulties to fully process their grief and adjust to it. It is also acknowledged that not all our Carers wish to access counselling support, and that they may value more having a safe space to connect with others who are affected by similar circumstances or feel isolated.	Not sure	Wider bereavement support. We are hoping that this project will also contribute to challenge stereotypes around hospice care.
32	<b>Not cancer type specific</b>  <b>Palliative or end-of-life</b>	Phyllis Tuckwell Hospice Care	<ul style="list-style-type: none"> <li>Adults with learning disabilities and/or autism</li> </ul>	Internally allocated funding	Creation of a new leaflet "What to expect at the end of life".	Easy read with pictures	Planned or underway	<p>Answer questions around this topic to help relatives of our patients with a learning disability.</p> <p>We have just finished a review and will share for everyone's input.</p>

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
33	<b>Not cancer type specific</b>  <b>Palliative or end-of-life</b>	Phyllis Tuckwell Hospice Care	<ul style="list-style-type: none"> <li>Young families affected by a terminal illness</li> </ul>	Not stated	This project aims to make our provision of services available to young families affected by a terminal illness and to contribute to challenge stereotypes around hospice care limited to elderly people.	Following on our success and positive response to our project of education in bereavement aimed to primary schools, we have now initiated a new project to support professionals working in secondary schools. It has a focus on a multi-agency approach and on "teams around the family" where young parents and their children can benefit from a holistic approach to care.	Not stated	Not stated
34	<b>Not cancer type specific</b>  Palliative or end-of-life	<b>Phyllis Tuckwell Hospice Care</b>	<ul style="list-style-type: none"> <li>Carers and young carers</li> </ul>	Not stated	Aimed to support those who are finding it difficult to navigate through the system of sourcing care or need help to maximise their income.	Drop in Sessions for Carers on Fridays at the Beacon Centre. To discuss applications for non-means tested benefits, sources of funding for care, guidance on nursing homes and care agencies, etc.	Not stated	Not stated
<b>CROSS-PATHWAY</b>								
35	<b>BREAST</b>  <b>Cross-pathway / no specific point on pathway</b>	University of Surrey  With multiple stakeholders	<ul style="list-style-type: none"> <li>Black and Minoritised Ethnic groups</li> </ul>	External grant (Doctoral college studentship)	Not stated	CPES analysis, qualitative interviews	Completed	Published outputs
36	<b>Not cancer type specific</b>  <b>Cross-pathway / no specific point on pathway</b>	University of Surrey With KCL, UCL, UCLH, Uni of Southampton, Revolving Doors, Science Gallery (KCL), Synergy Theatre company.	<ul style="list-style-type: none"> <li>Prisons and those in contact with the criminal justice system</li> </ul>	External grant (NIHR HSDR)	To identify the incidence of cancer in the prison population and to explore how it is managed within the prison setting	Mixed methods: * epidemiological analysis of incidence and survival rates * qualitative interviews with people in prison and a range of professionals * economic analysis of costs of diagnosing and treating cancer in people in prison	Not sure	Not reported

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
37	<p><b>Not cancer type specific</b></p> <p><b>Cross-pathway / no specific point on pathway:</b></p> <ul style="list-style-type: none"> <li>• Experience/Living well with cancer (including financial support, pre-hab and re-hab)</li> <li>• Living well beyond cancer (post-treatment)</li> <li>• Palliative or end of life care</li> </ul>	Citizens Advice Surrey Heath Citizens Advice Hampshire Macmillan	No specific population	External grant (Macmillan Cancer Support)	<p>To provide a free, dedicated service to ensure everyone in Surrey with a cancer diagnosis is able to quickly access the advice and information they need for help with:</p> <ul style="list-style-type: none"> <li>• Welfare benefit applications and appeals</li> <li>• Money matters</li> <li>• Employment issues</li> <li>• Housing issues</li> <li>• Accessing charitable grants and one-off payments</li> <li>• Travel to/from appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Presence in local hospitals to meet with clients.</li> <li>• Telephone appointments</li> <li>• Home visits</li> <li>• Assurances with completing disability benefit forms and appeals</li> <li>• Assistance with grant applications Support to deal with debt</li> </ul>	Planned or underway	<p>People are able to access the financial support they are entitled to in a timely manner giving them greater peace of mind and financial resilience.</p> <p>People are able to access the advice and information they need to make decisions about their lives and that of their families giving them greater confidence and mental wellbeing.</p> <p>The outcomes are demonstrating the need for the service across Surrey by measuring the financial outcomes gained by our clients and the amount of client being seen.</p>
38	<p><b>Not cancer type specific</b></p> <p><b>Cross-pathway / no specific point on pathway</b></p>	NHS Surrey Heartlands ICB Macmillan Cancer Support	No specific population	External grant (Macmillan Cancer Support)	<p>To identify all local and regional resources and services that provide elements of 24 psychological support across any or all 4 levels of need, to better enable people affected by cancer equitable and timely access to support.</p> <p>To explore with providers their longer-term vision for their services, to establish where gaps may arise, and duplication maybe avoided.</p> <p>To facilitate the co-production of future psychological support services for those affected by cancer and are reflective of all stakeholders' views and aims to</p>	Extensive scoping and mapping of psychosocial and psychological support and care offered to patients with a cancer diagnosis across Surrey & Frimley. Process has involved: relationship building with cancer teams to understand the complex variations in care and pathways across the different tumour groups, surveys, FTF interviews (cancer/oncology/palliative care/EoLC/hospice care/ VCSE sector/Talking Therapies/Mental health	Planned or underway	<p>(1) Outcome: Integration of mental health support in cancer. Impact: Supports patients' emotional resilience, helping them cope with the stress of cancer, which may improve quality of life and potentially even survival rates</p> <p>(2) Outcome: Personalised and proactive approach to cancer care Impact: Earlier, more effective treatments, improved outcomes, survival rates, &amp; patient experience.</p> <p>(3) Outcome: Collaboration &amp; teamwork aimed at delivering patient-focused care Impact: Enhanced treatment quality, streamlined patient experiences, and improved health outcomes.</p>

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
					<p>deliver a service that is sustainable and equitable</p>	<p>services), shadowing staff &amp; teams, meetings and workshops.</p> <p>Setting up Steering Group for the purpose of evaluating project findings.</p> <p>Workshop (October 2024) with cancer leads &amp; mental health care professionals to determine what "Good" psychological care should look like for people with cancer requiring specialist support (levels 3 &amp; 4).</p> <p>Local workshops Nov/Dec 2024 with cancer/oncology teams to map the local pathways, referral processes/protocols, clarify when cancer/oncology/palliative care teams seek specialist (levels 3 &amp; 4) mental health support for patients, what's available to them, and how they access these services.</p> <p>Co-design Patient Survey with Health Watch aimed at people with cancer requiring level 3 &amp; 4 support from services outside of secondary care. Distribution will include; the Acute, Community, Primary Care, and Mental Health Services.</p>		<p>(4) Outcome: Incorporate mental health as a core training standard within cancer Impact: Improves care quality, supports patient resilience, and enhances overall outcomes in cancer treatment.</p> <p>(5) Outcome: Strategy for enhanced outcomes and equitable mental health support system Impact: Better patient outcomes, fair access to support, reducing health disparities in cancer care.</p>

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
						<p>Working with NHSE's Cancer Patient Experience Survey (CPES) Advisory group with the aim to influence change to the survey and incorporate a dedicated section to assess the emotional impact of cancer.</p> <p>Working with Surrey Mental Health Commissioners to influence change that ensures cancer is recognised as a Long-Term-Condition (LTC). Currently Surrey is the only region within the SSCA footprint not to do so.</p>		
39	<p><b>Not cancer type specific</b></p> <p><b>Cross-pathway / no specific point on pathway</b></p>	From Me to You The Art of Survival	<ul style="list-style-type: none"> <li>Black and Minoritised Ethnic groups</li> </ul>	No specific funding	In October 2020, Zahida Ramzan-Asghar, Senior Lawyer at Government Legal Department published 'Breaking Down the Taboos: Lifting the Lid off Cancer in BAME Communities' which described how, despite seemingly equal access to the National Health Service, there are more inequalities in cancer morbidity and mortality amongst black women compared to women of other racial and ethnic backgrounds, particularly white women. The same is the case for Black and Asian men compared to white men. Cancer can seem a taboo subject in some communities and this in part, as well as the language used to promote services and preventative messages, can create significant health inequalities for people of different background.	<ul style="list-style-type: none"> <li>Outreach into local communities through faith groups and other key forums to increase awareness amongst the black and Asian populations around the signs and symptoms of cancer, and empower them to reach out for screening and tests if they feel that they may have some of the signs and symptoms</li> <li>Training for front line staff including GPs on key language and attitudes that can be barriers to</li> </ul>	Completed	To improve engagement and to lead to a decrease in mortality rates amongst black and marginalised communities.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
					<p>From Me to You is a local charity, established by Judith Neptial and her daughter Ashleigh. Judith is an award-winning social entrepreneur who is committed to eliminating healthcare disparities that affect black African and Caribbean people who have cancer. In July 2018, Judith came out of a reconstructive surgery to be told they had found a terminal cancer. Judith decided to challenge and independently research her diagnosis – a decision which she feels saved her life. Judith is passionate about supporting local people to navigate the complex health and care system, which can feel like an impenetrable maze, especially to someone who has just been told that they have cancer, and this led her to establish From Me To You. From Me To You is a community-led group of experts by experience and ethnicity providing peer support and advice. Using her own experience, Judith empowers the voices of people with cancer from black and ethnic minority backgrounds. To empower the Black cancer community with comprehensive knowledge of cancer services, care pathways, and self-advocacy strategies, fostering increased engagement and improved health outcomes</p> <p>Participants who complete FM2U's Empowerment Training will demonstrate increased confidence and capability in self-advocacy, decision-making, and resilience-building within healthcare and community settings. This improvement will be measurable through self-reported assessments</p>	<p>supporting people of a Black or Asian background to accessing screening and support</p> <ul style="list-style-type: none"> <li>• Advocacy for local Black and Asian people who already have a cancer diagnosis, helping them through their journey in a meaningful way, using language that resonates with them, to achieve the best outcomes for them</li> </ul>		

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
					before and after the training, as well as by observed behavior changes in their interactions with others." Participants who complete FM2U's Multicultural Sensitivity Training will show a significant increase in cultural awareness, empathy, and competency when engaging with individuals from diverse backgrounds, as measured by post-training evaluations. This will result in more inclusive communication, reduced bias, and a stronger sense of cultural responsiveness in professional and community interactions.			
40	<b>Not cancer type specific</b>  <b>Cross-pathway / no specific point on pathway</b>	Epsom St Helier Hospital NHS Trust	No specific population	External grant	The aims have been realised, by introducing rapid diagnostic centre service and making it business as usual.	Manage patients with vague symptoms for potential cancer.	Completed	Faster Diagnosis Standard performance is 90% percent (National target is 75%)
41	<b>Not cancer type specific</b>  <b>Cross-pathway / no specific point on pathway</b>	Surrey County Council Surrey Heartlands ICS Macmillan Cancer Support	No specific population	External grant (Macmillan Cancer Support)	To identify inequalities in cancer incidence, experience and outcomes in Surrey to inform a Surrey cancer inequalities plan	<ul style="list-style-type: none"> <li>Data scoping looking at Fingertips, Cancer Data Hub and screening uptake data</li> <li>Literature scoping looking at cancer inequalities among priority populations and inclusion health groups who are largely invisible in existing data sets</li> <li>Stakeholder consultation across Surrey partners including Surrey Heartlands, Surrey and Sussex Cancer Alliance, University of Surrey</li> </ul>	Planned or underway	The insights inform a cancer inequalities plan for Surrey.  Expected impacts are to guide strategic action to reduce inequalities identified as a priority by the scoping activity, including profiling GPs with low screening uptake, improving cervical cancer screening uptake for people with learning disabilities and Severe Mental Illness, journey mapping for people experiencing deprivation with an intersectional lens for people living with breast, lung and colorectal cancer.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
42	<b>Not cancer type specific</b>  Cross-pathway / no specific point on pathway : <b>Screening Time to treatment Treatment access and engagement</b>	NHSE NHS Trust, Public Health, Health and Justice, Prisons	<ul style="list-style-type: none"> <li>Prisons and those in contact with the criminal justice system</li> </ul>	No specific funding	Ensuring that prisoners are seen within the same timeframes as the general population. Currently security measures make this difficult. There are also difficulties ensuring that inmates are referred to secondary care as they may be moved to a different facility.	Scoping meeting	Not sure	Failsafe Patients seen within the 2 or 6 weeks
43	<b>Not cancer type specific</b>  Cross-pathway / no specific point on pathway	Surrey County Council	No specific population	External grant (Macmillan Cancer Support)	To develop a training toolkit to facilitate teams to design their own behavioural science-informed research projects to identify and address cancer inequalities at a local level	The toolkit was developed by a behavioural science researcher with expertise in co-development and cancer inequalities, and informed by best practice guidelines.	Completed	The training was delivered at Macmillan Professionals conference, and the toolkit will be socialised across the Surrey system, with expected long-term impact of upskilling the workforce to design evidence-based approaches to identifying and addressing local cancer inequalities.  The toolkit training session was evaluated as part of the conference, but no wider of evaluation of future impact across Surrey has been planned or undertaken.
44	<b>Not cancer type specific</b>  Cross-pathway/no specific point on pathway	Surrey County Council, Surrey Heartlands ICS, Macmillan Cancer Support	No specific population	External grant (Macmillan Cancer Support)	To create an evidence-based cancer inequalities plan for Surrey to inform targeted work to identify and address cancer inequalities	A cancer inequalities plan for Surrey is being developed, based on insights from stakeholder consultation, data and literature scoping.	Not evaluated	The plan will propose a series of recommendations to identify and address cancer inequalities. Impact and outcomes will be determined by how widely the recommendations are adopted and acted upon. Specific targeted projects should be evaluated to measure outcome and impact against target inequalities.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
45	<p><b>Not cancer type specific</b></p> <p><b>Cross-pathway / no specific point on pathway:</b></p>	Surrey and Sussex Healthcare NHS Trust SSCA	No specific population	No specific funding	To identify and address areas of inequality for those diagnosed and living with cancer	<ul style="list-style-type: none"> <li>• Surveys to identify areas needed to be addressed</li> <li>• Availability of information in various languages</li> <li>• Arranging support groups and sessions for specific minorities</li> </ul>	Not evaluated	We expect to see an increase in the CPES score and our internal surveys should show an increase in patients feeling more supported

# Appendix 1. Map of planned, ongoing or recently completed work to tackle cancer inequalities in Surrey

## Map of planned, ongoing, or recently completed work to tackle cancer inequalities in Surrey

