Surrey Cancer Inequalities Survey 2024: Results Report

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Executive Summary

Background: Address inequalities, including cancer inequalities, is a national and local health priority. In 2024, Surrey County Council Public Health & Communities team, and Surrey Heartlands ICS, undertook a stakeholder consultation exercise as part of the Macmillan-funded Surrey Cancer Inequalities Programme. The exercise identified that multiple interdisciplinary partners are working across the Surrey health system to tackle cancer inequalities. Partners described the risk of duplication, and a need to identify and collate the breadth of work being undertaken across the system, to support collaboration, knowledge exchange and strategic planning.

Aims and methods: This cross-sectional online survey, distributed via snowball recruitment in September-November 2024 to partners across the Surrey system, aimed to identify planned, ongoing or recently-completed (within last 3 years) activities designed to identify and address cancer inequalities in Surrey. The insights were used to create a comprehensive activity map to facilitate effective knowledge exchange across system stakeholders, and inform future strategic planning of action against cancer inequalities.

Key findings and recommendations: A wide range of projects spanning multiple populations, cancer types and pathway points are being undertaken to tackle cancer inequalities in Surrey (summarised in the activity map (**Figure 2**) and corresponding Index of Surrey Cancer Inequalities Projects (**Appendix 3**)):

- Most projects target inequalities in primary prevention, screening and early diagnosis, in alignment with the CORE20Plus5 framework key clinical area of focus on early diagnosis
- Many projects also address inequalities in treatment access, engagement and experience (although within these, the majority have a focus on experience), and palliative and end-of-life care, and a substantial proportion (24%) take a cross-pathway approach.
- Populations with the highest number of targeted projects include minoritised ethnic groups and people with learning disabilities and/or autism.

Gaps in coverage and recommendations to address them are described in depth in **Table 1**, including:

- No projects focused on cancer inequalities experienced by the following groups: looked after children and adults with care experience; young people out of work; people experiencing domestic abuse; victims of modern slavery; and sex workers. These groups have been identified as being at risk of poor health outcomes by Surrey Health and Wellbeing Strategy (HWS) and/or OHID's inclusion health approach.
- Other priority/inclusion health populations, such as people with severe mental illness, people experiencing homelessness and vulnerable migrants had projects that were targeted at particular points of the pathway, but did not span all the way across from primary prevention to palliative and end-of-life care.
- The only cancer-types with any targeted-projects reported in the survey were breast, bowel, lung, cervical and prostate cancers, with the majority of this work focused on screening.

Further recommendations for areas of focus include:

- Work to understand what cancer inequalities exist for those groups with no existing projects, the extent to which these are experienced in Surrey, and what action should be taken to address them.
- For those populations with some targeted work, partners should capitalise on the existing community and system partnerships and insights from existing projects, to address other cross-pathway inequalities experienced by these populations.
- Cancer-specific pathway leads can build from and adapt the insights from cross-cancer type projects to address cancer-type specific need.
- Partnership working to ensure the insights from research conducted at a national level by University of Surrey, and other organisations out of Surrey, can be effectively translated into action at the primary care, trust and ICS level can drive evidence-based action.
- Opportunities to maintain an iteratively updated activities map and index should be explored to facilitate ongoing cross-system knowledge exchange, collaboration and reduce risk of duplication

1. Introduction

1.1. Background

1.1.1. What are cancer inequalities?

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. *Healthcare* inequalities are part of wider inequalities. They relate to inequalities in health services access, experience and outcomes. These inequalities can occur by socio-economic factor, geography, possession of specific characteristics, or membership of socially excluded (or 'inclusion') groups (The King's Fund, 2022). In Surrey, cancer is the second largest contributor to the gap in life expectancy between the most and least deprived quintiles after circulatory disease (ONS, 2022). Inequalities can occur across the cancer care continuum, from prevention, diagnosis and treatment, through to survivorship and end of life care; there are shared as well as unique barriers across cancer types, and across different groups of people, experiencing inequalities.

Reducing health inequalities is an NHS priority at the national and system level, as laid out by the 2019 NHS Long Term Plan (2019). The Health and Care Act 2022 promotes integration and partnership working to improve health and tackle health inequalities through integrated care systems (ICSs), integrated care partnerships (ICPs), place-based partnerships and working with people and communities. These partners must collaborate to address the needs of local populations. To support this mission, NHS England and Improvement (now NHS England) launched the CORE20Plus5 approach to support focused action on improving health inequalities at a national and system level. This includes the commitment to diagnose 75% of cancers at an early stage (S1/2) by 2028 as one of the 5 key clinical areas.

1.1.2. Who plays a role in addressing cancer inequalities in Surrey?

In line with national guidance, a network of partner organisations play an active role in reducing cancer inequalities in Surrey at system, place and neighbourhood/community level.

One of the core functions of Surrey County Council (SCC)'s Public Health team is to improve and protect the health of people living and working in Surrey with a focus on reducing health inequalities through strategic system leadership/co-ordination, collaborative working with local partners, those with lived experience and communities (Public Health and Communities Service Plan 2025 to 2026). This includes the provision evidence-based recommendations, intelligence and insight, expert advice on relevant health protection and healthcare issue and the commissioning of a range of Public Health services based on need (eg, stop smoking service, NHS health checks, tier 2 weight management services for adults and children). The team also has a focus on the shared Surrey Health and Wellbeing Strategy (HWS)'s ambition of reducing health inequalities to ensure no-one is left behind and works across system partners for Empowered and Thriving Communities. This is also reflected in the prevention ambition of Surrey Heartlands Integrated Care Strategy.

To drive collective, targeted action against health inequalities, the Surrey HWS defines key neighbourhoods and priority populations in Surrey at the highest risk of the poorest health outcomes (see **Appendix 1**). These populations align with the CORE20 and Plus populations within the CORE20Plus5 framework. The Plus populations also include OHID's inclusion health groups (see **Appendix 1**).

The two ICS's covering Surrey's population (NHS Surrey Heartlands Health and Care Partnership, and NHS Frimley Health and Care) are key partners within Surrey HWB. Each ICS brings together NHS, local authority and third sector bodies to take on responsibility for the resources and health of an area or system. Tackling inequalities in healthcare outcomes, experience and access is one of the four key roles of ICSs.

Multiple partners work together within Surrey's two ICSs and the HWB, including:

- NHS Trusts and Foundation Trusts
- County, district and borough councils

- Place-based partnerships
- Primary Care Networks (PCNs)
- Voluntary, community, and social enterprise (VCSE) organisations

Other groups and organisations work closely in partnership with the ICSs and Surrey's HWB, including but not limited to:

- Surrey and Sussex Cancer Alliance
- NHS England South East Surrey and Sussex Screening and Immunisation Team (SIT)
- University of Surrey
- Hospices

1.1.3. Why do we need a survey?

The national, system and local level commitment to reducing health inequalities has resulted in a wide range of initiatives being undertaken to identify and address cancer inequalities in Surrey. As part of a Macmillan-funded Surrey cancer inequalities programme, SCC Public Health ran a series of stakeholder consultation sessions to inform the programme plan. This included workshops, presentation and discussion within the SCC PH Health Protection and Health Improvement teams, at the Surrey Heartlands Screening and Early Diagnosis Sub-Group, Surrey Heartlands Personalised Care Sub-Group and the Surrey Heartlands Cancer Board. Stakeholder feedback from these fora suggested that:

- There is a lot of activity occurring across the system to tackle cross-pathway cancer inequalities, but the plans, outcomes and/or learnings from these activities are not always known about by all relevant stakeholders cross-system
- It would be useful to have a repository of resources to promote cross-system efficiencies in reducing cancer inequalities, including preventing duplication of effort, and facilitating knowledge exchange and collaboration.

1.2. Objectives

The primary aim was to identify planned, ongoing or recently-completed (within last 3 years) activities designed to identify and address cancer inequalities in Surrey.

The insights were used to create a comprehensive activity map to facilitate effective knowledge exchange across system stakeholders, and inform future strategic planning of action against cancer inequalities.

2. Methods

2.1. Design

A mixed-methods cross-sectional online survey hosted on the Surrey Says platform was open for 8 weeks between September and November 2024. The survey asked respondents to provide information about their recently completed, ongoing or planned work on cancer inequalities, as well as requesting reflection on their experiences working on cancer inequalities in Surrey.

2.2. Population and recruitment

Surrey system stakeholders involved in delivering, influencing and/or lobbying to influence, the design, delivery and/or governance of cancer pathways in Surrey were recruited by snowball sampling via relevant email distribution lists. Colleagues were requested to forward the invitation on to other colleagues with involvement in cancer inequality activities. The survey was also publicised at relevant meetings including the Surrey Heartlands Cancer Board, Frimley Cancer Steering Group and Surrey Heartlands NHS LTP and Inequalities Group. Regular remind emails were sent to encourage completion.

2.3. Analysis

Quantitative data were summarised descriptively using percentages, and visualised using graphs and charts. Project descriptions were coded by point on the pathway, target population, and cancer type to develop the systematic activity map. Descriptions of projects were synthesised into the Surrey Cancer Inequalities Project Index, with project IDs linking to the activity map. Where the same project was described by more than one respondent, the project descriptions were combined into a single entry within the Index. Gaps in activity were identified by analysing representation by Surrey HWS priority populations, inclusion health groups, cancer types, and points on the pathway.

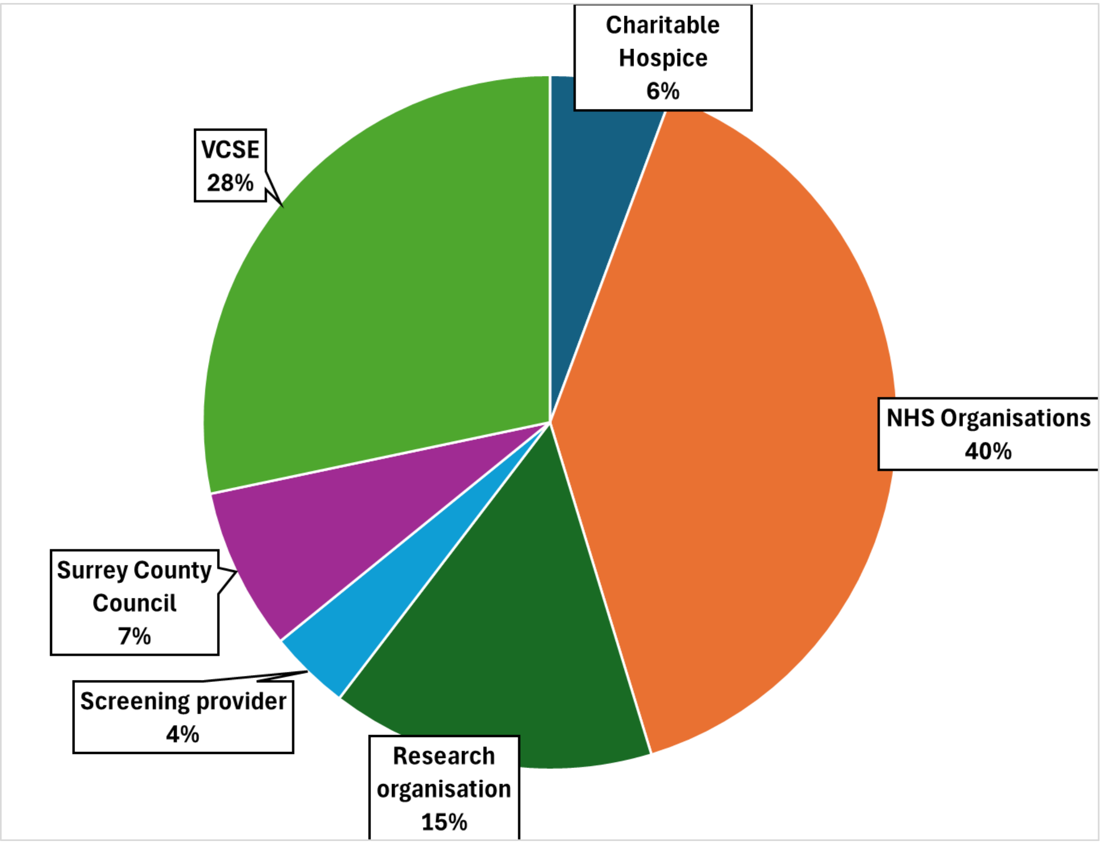
3. Results

3.1. Who took part?

53 unique responses were received from 36 organisations (see **Figure 1** and **Appendix 2** for full list of participating organisations). Of these:

- 21 (40%) were NHS organisations (2 from Surrey and Sussex Cancer Alliance, 7 from NHS Trusts, 2 from Surrey Heartlands ICS/ICB, 2 from NHS England, 5 from Primary Care, 3 NHS Community Healthcare Providers)
- 15 (28%) were from Voluntary, Community and Social Enterprise Sector organisations
- 8 (15%) were from Research Organisations (University of Surrey, Institute of Cancer Research)
- 4 (7%) were from Surrey County Council
- 3 (6% were from charitable hospices
- 2 (4%) were cancer screening providers

Figure 1. Types of organisations responding to the survey



3.1.1. Who is working on cancer inequalities in Surrey?

Of the 53 respondents, over half (n=30; 57%) reported they have carried out some work to identify and address cancer inequalities. Of these 30, there were representatives from all participating types of organisation. A searchable Index of all projects described in the survey and the organisation(s) delivering them, is provided in **Appendix 3.**

3.2. What type of work is taking place to identify and address cancer inequalities in Surrey?

Between the 30 respondents, 45 unique projects were described. Of these, almost two thirds (n=28/45; 62%) were described as collaborations between multiple organisations across Surrey.

The activity map in **Figure 2** summarises all projects by point on pathway; cancer type; and population, to provide an over-arching view of the cancer inequalities work taking place in Surrey. Project IDs shown in the map correlate to Project IDs in the accompanying Index of Surrey Cancer Inequalities Projects in **Appendix 3**. This index provides more detail on the key organisations; target populations, cancer types and pathway point; aims; methods; insights; impacts; and funding for each project as described in the survey responses.

3.2.1. Projects by population

Figure 3A shows the number of projects by target population. Participants were asked to select which Surrey priority populations or inclusion health groups their project focused on, and/or to describe' other' target populations. Just under a third of all projects (n=13/45; 29%) did not have a specific target population. Of the projects with specified target population(s), 12 (27%) targeted inequalities experienced by Black and Minority Ethic (BAME) groups, and 12 (27%) targeted inequalities experienced by adults with learning disabilities and/or autism. All other Surrey priority populations and inclusion health groups had at least one project targeted to the cancer inequalities they experience, except: looked after children and adults with care experience; young people out of work; people experiencing domestic abuse; victims of modern slavery; and sex workers.

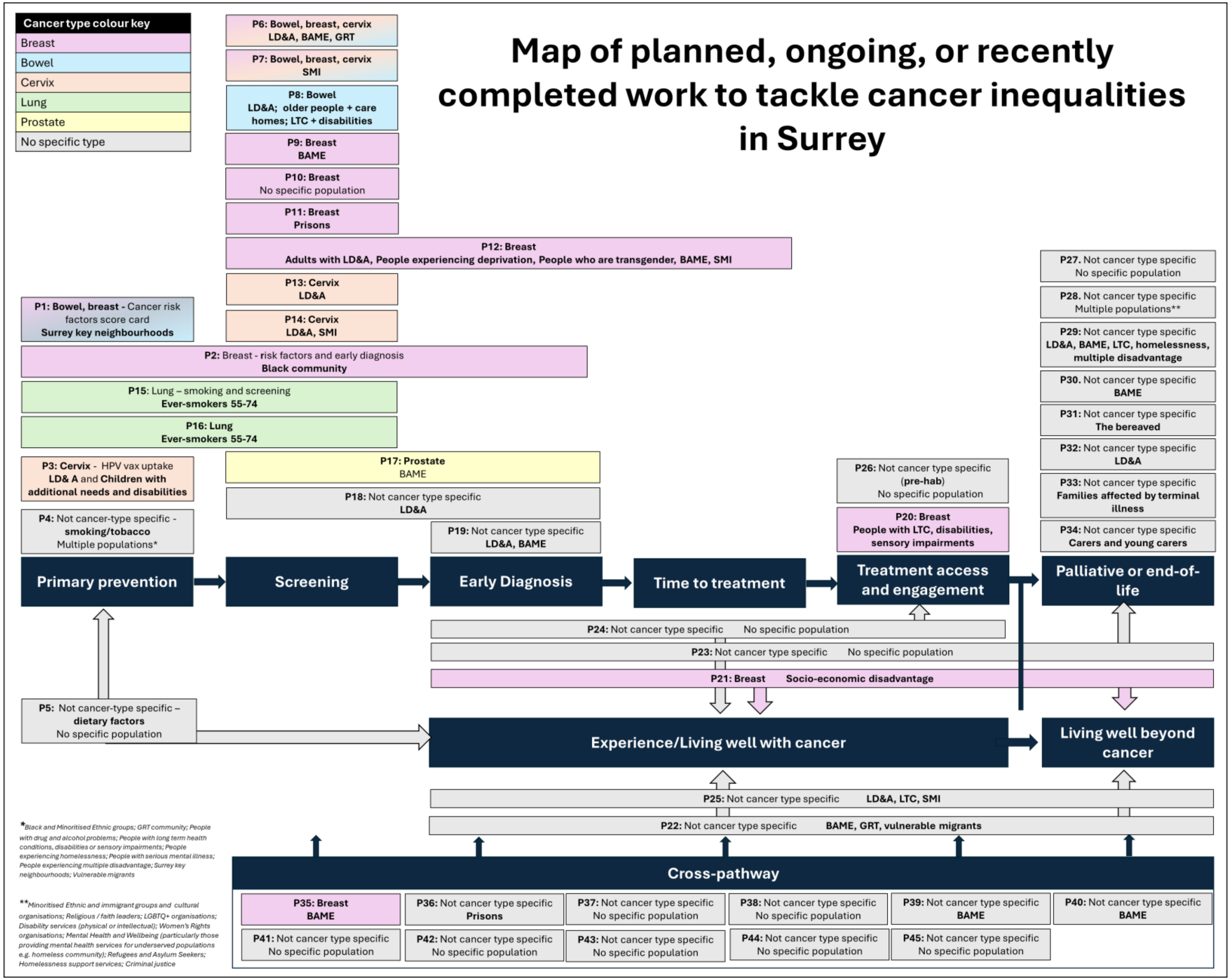
3.2.2. Projects by cancer type

Figure 3B shows the number of projects by cancer type. More than half of all projects did not focus on any specific cancer type (n=27/45; 60%). The only cancer types with projects naming them as the focus of the inequalities were those with screening programmes: breast (n=11; 24%), bowel (n=4/45; 9%), cervix (n=3/45; 7%), lung (n=2/45; 4%) and prostate (n=1/45; 2%).

3.2.3. Projects by point on pathway

Figure 3C shows the number of projects by point on the pathway. 40% of projects focused on screening and early diagnosis (n=18/45). Just under a quarter (n=11/45; 24%) took a cross-pathway approach. Smaller numbers of projects focused specifically on palliative and EOLC (n=9/45; 18%), treatment access, engagement and experience (n=8/45; 18%) and primary prevention (n=7/45; 16%).

Figure 2. Cancer inequalities projects in Surrey mapped by point on pathway, cancer type and population



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

Cancer type colour key
- Breast
- Bowel
- Cervix
- Lung
- Prostate
- No specific type

Primary prevention

P1: Bowel, breast - Cancer risk factors score card
Surrey key neighbourhoods

P2: Breast - risk factors and early diagnosis
Black community

P15: Lung – smoking and screening
Ever-smokers 55-74

P16: Lung
Ever-smokers 55-74

P3: Cervix - HPV vax uptake
LD& A and **Children with additional needs and disabilities**

P4: Not cancer-type specific - **smoking/tobacco**
Multiple populations*

P5: Not cancer-type specific – **dietary factors**
No specific population

Screening

P6: Bowel, breast, cervix
LD&A, BAME, GRT

P7: Bowel, breast, cervix
SMI

P8: Bowel
LD&A; older people + care homes; LTC + disabilities

P9: Breast
BAME

P10: Breast
No specific population

P11: Breast
Prisons

P12: Breast
Adults with LD&A, People experiencing deprivation, People who are transgender, BAME, SMI

P13: Cervix
LD&A

P14: Cervix
LD&A, SMI

P17: Prostate
BAME

P18: Not cancer type specific
LD&A

Early Diagnosis

P19: Not cancer type specific
LD&A, BAME

Time to treatment

Treatment access and engagement

P26: Not cancer type specific
(pre-hab)
No specific population

P20: Breast
People with LTC, disabilities, sensory impairments

Palliative or end-of-life

P27. Not cancer type specific
No specific population

P28. Not cancer type specific
Multiple populations**

P29: Not cancer type specific
LD&A, BAME, LTC, homelessness, multiple disadvantage

P30. Not cancer type specific
BAME

P31: Not cancer type specific
The bereaved

P32: Not cancer type specific
LD&A

P33: Not cancer type specific
Families affected by terminal illness

P34: Not cancer type specific
Carers and young carers

P24: Not cancer type specific No specific population

P23: Not cancer type specific No specific population

P21: Breast **Socio-economic disadvantage**

Experience/Living well with cancer

Living well beyond cancer

P25: Not cancer type specific **LD&A, LTC, SMI**

P22: Not cancer type specific **BAME, GRT, vulnerable migrants**

Cross-pathway

P35: Breast
BAME

P36: Not cancer type specific
Prisons

P37: Not cancer type specific
No specific population

P38: Not cancer type specific
No specific population

P39: Not cancer type specific
BAME

P40: Not cancer type specific
BAME

P41: Not cancer type specific
No specific population

P42: Not cancer type specific
No specific population

P43: Not cancer type specific
No specific population

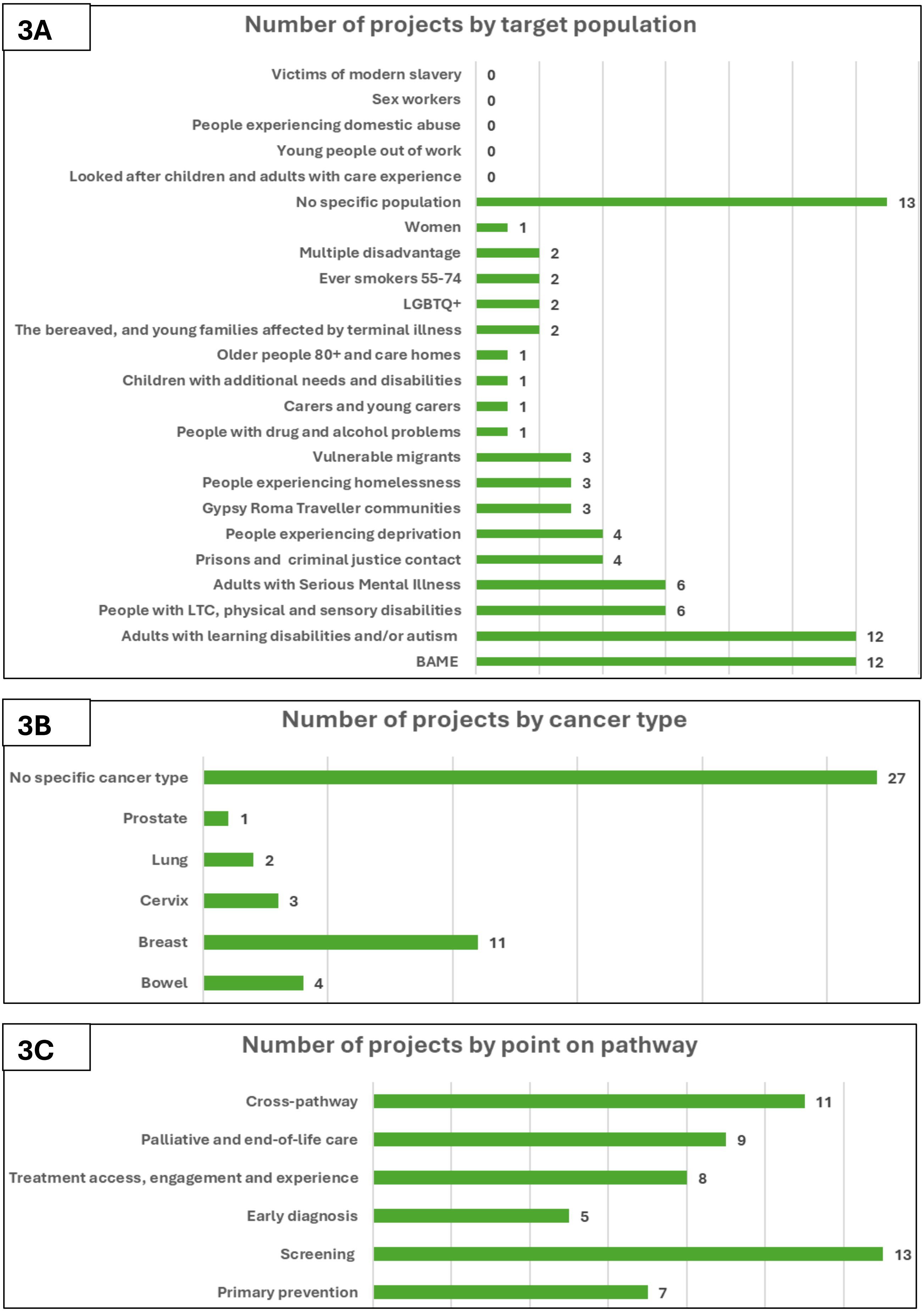
P44: Not cancer type specific
No specific population

P45: Not cancer type specific
No specific population

**Black and Minoritised Ethnic groups; GRT community; People with drug and alcohol problems; People with long term health conditions, disabilities or sensory impairments; People experiencing homelessness; People with serious mental illness; People experiencing multiple disadvantage; Surrey key neighbourhoods; Vulnerable migrants*

***Minoritised Ethnic and immigrant groups and cultural organisations; Religious / faith leaders; LGBTQ+ organisations; Disability services (physical or intellectual); Women's Rights organisations; Mental Health and Wellbeing (particularly those providing mental health services for underserved populations e.g. homeless community); Refugees and Asylum Seekers; Homelessness support services; Criminal justice*

Figure 3. Number of cancer inequalities projects by cancer type, target population and point on pathway



3.2.4. Gap analysis: triangulating population, cancer-type and point-on-pathway

Appendix 4 visualises gaps in activities targeting Surrey priority populations, inclusion health groups and other populations; gaps in specific cancer types; and gaps by point on the pathway. These gaps are described narratively below.

Important note: the term gap does not necessarily describe areas of unmet need; these gaps simply refer to cancer types, populations and/or pathway points for which no targeted projects were described in this survey.

People of BAME groups, and people in prisons and/or in contact with the criminal justice system, are the only populations that have Surrey-based projects targeting inequalities covering the entire pathway (from primary prevention, through screening/early diagnosis, treatment access, engagement and experience, and palliative and end of life care), either for a specific cancer-type or through pan-cancer type projects. The cross-pathway coverage for these groups is predominantly achieved by pan-cancer-type projects. Breast cancer is the only specific cancer type that has projects covering the whole pathway, and that is only for projects focusing on inequalities experienced by BAME groups.

Potential gaps identified by group are described in **Table 1.**

Whilst a number of population- and cancer-type specific gaps were identified, 13 projects were described that were not targeted at any specific population. These included projects targeted at the following parts of the pathway:

- **Primary prevention (Project 5):** This is a planned evidence synthesis to identify potential sources of and tools to address inequalities in relation to diet and cancer (primary prevention and living with)
- **Screening (Project 10):** A multi-lingual animated video in text reminder messages to support breast cancer screening uptake
- **Treatment access, engagement and/or experience (Projects 5, 23, 24, 26):** As well as the diet evidence review described above; two were focused on gathering feedback and perspectives from patients who were misdiagnosed and left too long before a F2F (Project 23) and patients visiting St Luke's Cancer Centre (Project 24), which could identify potential inequalities and ways to address them. Project 26 is focused on prehabilitation, supporting patients to become physically active before intervention/surgery to minimise inequalities in access to and recovery from treatment.
- **Palliative and EOLC (Projects 23, 27):** Project 23 also collected feedback from people receiving palliative and EOLC; Project 27 involves networking with numerous organisations linked to underserved populations to raise awareness of Phyllis Tuckwell Hospice Care services.
- **Cross pathway (Projects 37, 38, 40, 41, 43, 44, 45):** Are mainly insight gathering and accessibility-focused projects; Project 37 describes the Citizens Advice/Macmillan support service which helps provide access to help on welfare, money, employment, housing and travel; Project 38 is a broad scope project aiming to improve accessibility of psychological support; Project 40 describes the introduction of rapid diagnostic centres; Projects 41, 44 and 45 are insights gathering projects aiming to identify inequalities in incidence, experience and outcomes in Surrey to inform targeted action; Project 44 is the development of toolkit to support partners to use behavioural science to identify and address cancer inequalities at a local level.

Table 1. Gap analysis triangulating population, cancer-type and point-on-pathway

	Populations	Key gaps	Pragmatic recommendations to consider, with need and prioritisation to be identified by triangulation with broader intelligence on unmet need
With activities across the entire pathway (although not necessarily continuous by cancer type)	• **BAME groups** • **Adults with LD&A** • **People with LTC, physical and sensory disabilities** • **Adults with Serious Mental Illness** • **Prisons and criminal justice**	• No primary prevention work on bowel, breast, cervix, lung, prostate, other or pan-cancer-types for any groups except breast cancer for BAME communities, cervical cancer for adults with LD&A, and smoking cessation for BAME, LTC and SMI populations • Limited projects addressing treatment access, engagement and experience for any cancer type except breast (Projects 12 and 20) in these groups • Prison population work is all pan-cancer, except one project on breast cancer screening, and there is no primary prevention work for this group	• Share insights from breast cancer- specific projects (eg, Project 11, Project 12, Project 20) to inform work across other cancer pathways, with population specific outreach and engagement with cancer pathway leads to inform adapted recommendations • Adapt and apply insights from bowel, breast and cervical screening work (eg, Projects 2, 6, 8, 11, 12, 13, 14) to lung and prostate screening pathways using co-development methods with relevant professional and lived-experience groups • Broaden inequalities-targeted primary prevention work beyond tobacco control, and HPV vaccination for LD&A, for these groups; ensure primary prevention considered for prison populations • To act locally on insights from national University of Surrey research into early diagnosis, time to treatment and routes to diagnosis for breast cancer (Project 12), and on cross-pathway inequalities for prison populations (Project 36) • Conduct further work to understand and address inequalities in treatment access and engagement for bowel, cervical, lung, prostate and other cancer types for these populations • Act on insights from projects (eg, Project 25) aiming to understand and improve emotional and mental wellbeing for people living with cancer
With some activity at points along the pathway	• **Areas of deprivation / key neighbourhoods** • **Gypsy Roma Traveller communities** • **Homelessness**	• Gaps on cross pathway inequalities for all cancer types except breast cancer, and smoking cessation, for people experiencing deprivation • Gaps in primary prevention, access, engagement and experience, and palliative and EOLC for GRT communities • Gaps at all points of pathway except palliative and EOLC and smoking cessation for people	• To leverage existing relationships and insights generated by population-specific work to inform targeted work across the pathway. In particular: ○ People experiencing deprivation: primary prevention informed by index (Project 1) and smoking cessation engagement (Project 4); insights into screening, ED and treatment pathway inequalities along breast pathway identified through Projects 12 and 21 to

	Populations	Key gaps	Pragmatic recommendations to consider, with need and prioritisation to be identified by triangulation with broader intelligence on unmet need
	• **Vulnerable migrants** • **People with drug and alcohol problems** • **Carers and young carers** • **Children with additional needs and disabilities** • **Older people 80+ and those in care homes** • **LGBTQ+** • **Ever-smokers 55-74** • **People experiencing multiple disadvantage** • **Women**	experiencing homelessness and vulnerable migrants • Gaps at all points of pathway except smoking cessation for people with drug and alcohol problems • Gaps at all points of pathway except palliative and end-of-life care for carers and young carers • Gaps at all points of pathway except HPV vaccination for children with additional needs and disabilities • Gaps at all points of pathway except bowel screening for older people and those in care homes • Gaps at all points of pathway except breast cancer screening for people identified as LGBTQ+, and palliative/EOLC • No targeted activity for ever-smokers 55-74 beyond primary prevention and screening • Gaps at all points of pathway except smoking cessation and palliative/EOLC for people experiencing multiple disadvantage • Gaps at all points of pathway in activity targeted at women (although breast cancer screening is by eligibility aimed at this group)	inform pan-cancer and other cancer-type specific work ○ GRT communities: smoking cessation (Project 4), screening (Project 6) and experience (Project 22) insights to inform further cross-pathway work, including palliative and end of life care ○ People experiencing homelessness and vulnerable migrants: Insights from smoking cessation (Project 4), palliative and EOLC (Projects 28 and 29) and experience (Project 22) to inform further cross pathway work ○ People with drug and alcohol problems: leverage contact points via smoking cessation work (Project 4) to inform cross-pathway work ○ Carers and young carers: leverage insights and contact points from work in palliative and EOLC (Project 34) ○ Children with additional needs and disabilities: leverage insights and contact points from work on HPV vaccination uptake (Project 3) ○ Older people and those in care homes: leverage insights and contact points from work on bowel cancer early diagnosis (Project 8) ○ LGBTQ+: Leverage insights and contact points from work on breast cancer screening for transgender community (Project 12) on a local level, and contacts within LGBTQ+ from work on palliative and EOLC (Project 28) ○ Ever smokers 55-74: Consider primary prevention opportunities introduced through lung cancer screening initiatives (Projects 15 and 16), additional support that may be needed following screening along lung cancer pathway

	Populations	Key gaps	Pragmatic recommendations to consider, with need and prioritisation to be identified by triangulation with broader intelligence on unmet need
			○ Multiple disadvantage: Leverage insights and contact points from work on smoking cessation (Project 4) and palliative/EOLC (Project 29) ○ Women: Leverage insights and contact points from palliative and EOLC work (Project 28)
Populations with no activity described in the survey	• **Looked after children and adults with care experience;** • **Young people out of work;** • **People experiencing domestic abuse;** • **Sex workers;** • **Victims of modern slavery.**	Gaps in projects described in this survey exist at every pathway point and for every cancer type for these populations as no work at any point of the pathway was described.	• To assess broader intelligence to identify potential cancer inequalities experienced by these groups and prioritise targeted action to meet any potential unmet need (eg, HPV vaccination and cervical cancer screening for sex workers)

3.3. Wider insights into cancer inequalities work in Surrey

3.3.1. Additional work not described as standalone project

Respondents were asked to describe wider work on cancer inequalities in the system that they knew of, but were not involved in delivering directly. The following additional workstreams were identified:

Academic Partners

Respondents from University of Surrey cancer cluster described the wide range of multi-faceted projects being conducted on a national level, with implications for Surrey, including:

- Research projects around breast cancer inequalities in black ethnic women:
    - Understanding reasons for low uptake of breast screening among eligible black women - Anietie Aliu
    - Improving breast awareness, promoting regular self-check - Afrodita Marcu
- Prison populations
- People experiencing multiple levels of disadvantage

A respondent from the Institute of Cancer Research in Sutton described wider projects looking at better serving underserved communities, such as the transgender community and those from more deprived socioeconomic backgrounds.

Surrey and Sussex Cancer Alliance

Respondents from Surrey and Sussex Cancer Alliance described how inequalities are assessed in the delivery across every project.

Local authority

Respondents from Surrey County Council flagged the multiple workstreams taking place across the Public Health team, largely aligned with the primary prevention agenda. This includes work related to food, physical activity, alcohol, tobacco, health checks and wider social, commercial and environmental determinants of health. Whilst many of these activities are broader in scope and therefore not badged specifically as targeting ‘cancer inequalities’, addressing these wider determinants of health will tackle inequalities in multiple health domains, including cancer. Workstreams across Public Health are guided by Surrey Health and Wellbeing Board's Priority Populations and Key Neighbourhoods, to tackle inequalities in line with the guiding principle that nobody is left behind.

The workplan of the Surrey Heartlands Healthcare Inequalities (CORE20Plus5) and NHS Long Term Plan Prevention Group was also raised as a forum for broader healthcare inequalities discussion at the system level.

3.3.2. Reflections on cancer inequalities work in Surrey

Respondents also reflected on cancer inequalities work in Surrey more broadly in free-text questions. The following key themes were identified from these responses:

Inequalities seen in practice

Summarised with supporting quotes in **Table 2.** Respondents reported noticing inequalities in their practice experienced by people from minoritised ethnic groups; people with co-morbidities being unable to access SR1 forms (i.e. the “Special Rules” form used to apply for certain benefits for people with a terminal illness); challenging processes for accessing support for children, young people and families; and some healthcare professionals lacking awareness, understanding and willingness to work appropriately with people with learning disabilities or autism.

Table 2. Cancer inequalities in Surrey reported by survey respondents

Type of inequality		Supporting quotes
Populations experiencing inequalities	Ethnicity	*“Age and Race and religion” (VCSE respondent)* *“Working within breast screening we see the main barriers within ethnic minorities, transport links to certain screening vans and women with learning disabilities.” (Cancer screening provider)*
	People with co-morbidities	*“People with co-morbidities are being excluded from SR1 forms (terminal illness) as it's not necessarily cancer they will die from but other health issues. Patients can be very much boxed into a diagnosis and not looked at as a whole person.” (VCSE respondent)*
	Learning disabilities and autism	*“The learning disability and autistic population experience inequalities in the diagnostic and treatment pathways for cancer due to professionals lacking awareness and understanding of how people may present a-typically and not display common behaviours associated with some types of cancer. Some healthcare professionals’ unwillingness to investigate parent/carers concerns at an early stage results in late diagnosis with limited treatment options. Collectively we need to be creative in our solutions around cancer diagnosis and care for people who have a learning disability or autism. Not fully weighing up the pros/cons or "unsure if will tolerate" are not excuses for not offering treatments to individuals with complex needs. We should work more collaboratively with CTPLD[1] and other specialist teams to ensure that information is accessible in the way that it is presented and that people's wishes and feelings are truly considered when assessing capacity. My hope is that through the uptake of Oliver McGowan training, there is more of an understanding of learning disabilities and autism, and compassionate care is delivered by health colleagues from the point of a concern being raise with the GP or liaison nurse, right through to specialists and end of life care support.” (Local authority respondent)*
	Children, young people and families	*“Children Young People and Families: There are significant inequalities relating to care / clinical support offered to CYP&F vs adult (over 18yrs) services. Processes for getting support can be challenging and not always timely.” (Community Healthcare Provider respondent)*
Accessibility barriers: transport and digital exclusion	Transport	*“Working within breast screening we see the main barriers within ethnic minorities, transport links to certain screening vans and women with learning disabilities.” (Screening provider)*
	Digital exclusion	*“We offer benefit advice throughout the cancer journey for patients and their families. We see a lot of patients that are digitally excluded which makes claiming very hard for them and also for us as advisers.” (VCSE respondent)*

Collaboration and knowledge exchange

Respondents reflected on the strength of collaboration across the system:

> ***“The ICB, Alliance and Local Authority work really well together. There is good engagement and collaboration even though everyone is stretched.”***

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[1] CTPLD: Community Team for People with Learning Disabilities

Attention was drawn to the behaviour/cancer indicators on the Surrey Health and Wellbeing Strategy Index as a useful tool to facilitate sharing evidence-based insights: https://www.surreyi.gov.uk/indices/health-and-wellbeing-strategy-index/

However, it was noted that there is a risk of duplication in work across the system as it "***can be difficult to manage and remain aware of all the work ongoing***".

The importance of co-producing research with experts with lived experience engaged throughout was also raised: ***"It is critical all aspects of the research are completed in an accessible manner making the process inclusive at all stages. The inequity is both alarming and tragic, so we need to do better and make that change happen in our lifetimes. Research needs to be co-produced and experts with lived experience engaged throughout."***

The relevance of work taking place outside of Surrey, and opportunity to share learnings, was also raised. The University of Surrey respondents noted that whilst their projects often take place on a national level, the insights have relevance to Surrey. And one respondent flagged that, whilst they did not work in Surrey themselves, they have several ***"test and learn projects including a Prostate Cancer UK pilot to proactively engage with men 45+ to invite them in for a PSA blood test"***, as well as working with the West London Screening Programme team to proactively engage with those who Did Not Attend, and running a screening event for their learning disabilities community.

Gaps in action

Only one comment identified a specific gap in activity, raising that they ***"would like to see more work done on tackling inequality in the primary sector. If this work is happening, it is not shared."***

4. What does this mean for cancer inequalities work in Surrey?

4.1. Areas of strength

The results of this survey demonstrate the breadth of existing work being undertaken to target cancer inequalities within the Surrey system. As demonstrated by **Figure 3**, the majority of reported projects target inequalities in primary prevention, screening and early diagnosis. This approach is aligned with the CORE20Plus5 framework key clinical area of focus on early diagnosis, the Government's NHS 10-year plan prioritisation of prevention and Surrey Health and Wellbeing Strategy. Alongside this, multiple projects address inequalities in treatment access, engagement and experience (although within these, the majority have a focus on experience), and palliative and end-of-life care, and a substantial proportion (24%) take a cross-pathway approach. There is also targeted work being conducted with a range of Surrey priority populations and inclusion health groups. Populations with the highest number of projects include minoritised ethnic groups and people with learning disabilities and/or autism, both of which are groups known to experience cross-pathway inequalities, and were highlighted as in the free-text responses to the survey. The majority of projects described are also not targeted at any particular cancer type, highlighting the potential for the broad impact of each initiative. Another key strength highlighted is the strong collaboration taking place between partners. Most projects described were conducted in collaboration between two or more partners, including representation from VCSE partners, acute trusts, primary care, community healthcare providers, hospices, universities and the local authority.

4.2. Gaps in coverage and potential areas of focus

Gaps in coverage identified in the survey are described in depth in **Table 1**. Some Surrey priority populations and inclusion health groups had no projects described targeting inequalities they may experience along the cancer pathway: looked after children and adults with care experience; young people out of work; people experiencing domestic abuse; victims of modern slavery; and sex workers. Work should be undertaken to understand what cancer inequalities exist for these groups, the extent to which these are experienced in Surrey, and what action should be taken to address them. Other populations, such as people with severe mental illness, people experiencing homelessness and vulnerable migrants had projects that were targeted at particular points of the pathway, but did not span all the way across from primary prevention to palliative and end-of-life care. There are opportunities therefore to build on the existing community and system partnerships and insights established within these existing projects, to address other cross-pathway inequalities experienced by these populations. Likewise, whilst many projects were identified as being not cancer type specific, there is the opportunity for cancer-specific pathway leads to consider building on these insights to meet cancer-type specific need. Indeed, the only cancer-types with any focused-project described were breast, bowel, lung, cervical and prostate cancers, with the majority of this work focused on screening. Similarly, a high proportion (29%) of the projects did not target a specific-population; of these, a number were intelligence-gathering projects (i.e. stakeholder consultation, data analysis, surveys and feedback collected by residents and patients). These projects provide critical insight to help identify priority areas for inequality focus. It is important that future work within the system capitalises on this.

Beyond the gaps identified in **Table 1**, further opportunities for collaboration were identified. For example, maximising partnership working to ensure the insights from research conducted at a national level by University of Surrey can be effectively translated into action at the primary care, trust and ICS level is key to driving evidence-based action. The NIHR-funded Health Determinants Research Collaboration established between Surrey County Council and University of Surrey, VCSEs and other partners in 2024 will help establish mechanisms to achieve this translation of evidence to impact. Similarly, the opportunity to partner with and learn from organisations conducting work outside of Surrey was highlighted.

Additional insights into potential gaps were provided by free-text responses. One respondent involved in providing benefits advice to patients highlighted digital exclusion as a barrier that makes accessing support very difficult for many patients. Another respondent shared their perspective that the process for getting care and support for children, young people and families could be challenging and ‘not always timely’.

4.3. Limitations of this work

Crucially, the results presented in this survey do not reflect all cancer-inequalities related work being carried out across Surrey. They are a cross-sectional snapshot collected during Q4 of 2024, and whilst respondents were asked to describe recently completed and planned projects, new initiatives will continue to be conducted as part of Surrey’s ongoing duty and commitment to tackling inequalities. Similarly, the analysis is based only on the work that has been carried out by respondents to the survey. Whilst the response rate was relatively high, with a broad range of respondents across system partners, it is likely that there are other projects that have been carried out that have not been captured by this survey. It is also important to consider sampling bias: the results of this survey represent the views of individuals who are likely to be more engaged with cancer inequalities, driving their decision to take part, and have time to respond to the survey.

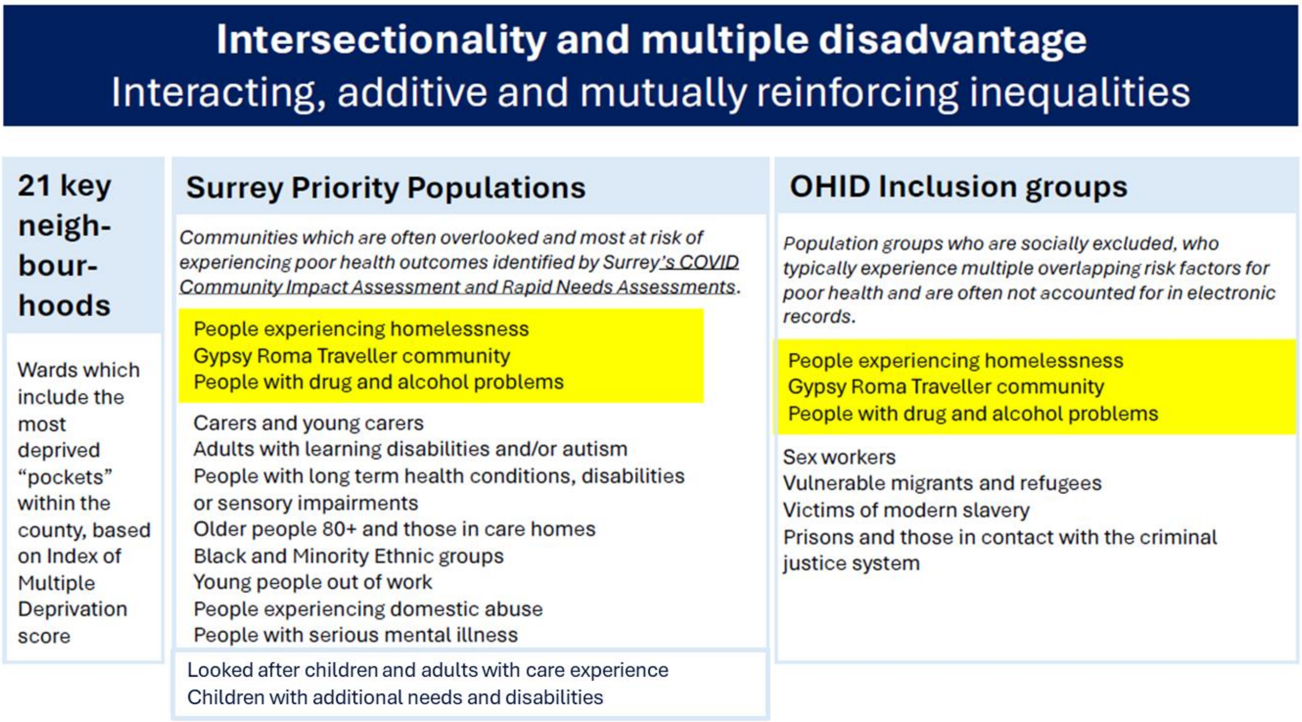
It is therefore important to note that the gaps identified in this survey do not necessarily reflect unmet need. Not only may they have been filled by work not captured by this survey, the gaps also simply identify what type of work is, and potentially is not, being conducted. This insight must be triangulated with broader intelligence around where the largest gaps in outcomes and experience are (eg, by cancer-type, population, and point on pathway) to inform strategic prioritisation of cancer inequalities work within the Surrey system. This strategic triangulation work is being completed as part of the Surrey Cancer Inequalities plan, which is being developed by Surrey County Council and Surrey Heartlands in parallel to this survey.

4.4. Conclusions and next steps

The findings of this survey will be shared with partners across the Surrey system, and with respondents to the survey who indicated they would like to receive the results. Partners should use the results to identify opportunities for collaboration; build on findings in their own planning of inequalities projects and practice; and inform strategic and action plans based on the identified gaps in action. To reduce the ongoing risk of duplication, it would be valuable to repeat the survey on an annual basis to gather emerging insights and outputs from existing projects, as well as new initiatives. We will also pursue opportunities to develop the map (**Figure 1**) and index (**Appendix 3**) of cancer inequalities related projects into an online resource, which can be iteratively updated as new projects are conducted and completed, to facilitate sustainable collaboration and knowledge exchange.

Appendix 1. Surrey Health and Wellbeing Strategy Priority Populations and Inclusion Health Groups

This figure summarises the 21 key neighbourhoods and priority populations defined by Surrey Health and Wellbeing Strategy, and OHID’s inclusion health groups:



Intersectionality and multiple disadvantage
Interacting, additive and mutually reinforcing inequalities

21 key neighbourhoods

Wards which include the most deprived “pockets” within the county, based on Index of Multiple Deprivation score

Surrey Priority Populations

Communities which are often overlooked and most at risk of experiencing poor health outcomes identified by Surrey’s COVID Community Impact Assessment and Rapid Needs Assessments.

People experiencing homelessness
Gypsy Roma Traveller community
People with drug and alcohol problems

Carers and young carers
Adults with learning disabilities and/or autism
People with long term health conditions, disabilities or sensory impairments
Older people 80+ and those in care homes
Black and Minority Ethnic groups
Young people out of work
People experiencing domestic abuse
People with serious mental illness

Looked after children and adults with care experience
Children with additional needs and disabilities

OHID Inclusion groups

Population groups who are socially excluded, who typically experience multiple overlapping risk factors for poor health and are often not accounted for in electronic records.

People experiencing homelessness
Gypsy Roma Traveller community
People with drug and alcohol problems

Sex workers
Vulnerable migrants and refugees
Victims of modern slavery
Prisons and those in contact with the criminal justice system

Appendix 2. Participating organisations

Organisation	Broad label
Phyllis Tuckwell Hospice Care	Charitable Hospice
Princess Alice Hospice	Charitable Hospice
Woking & Sam Beare Hospice and Wellbeing Care	Charitable Hospice
Central Surrey Health	NHS Community Healthcare Provider
First Community Health and Care	NHS Community Healthcare Provider
Surrey and Sussex Cancer Alliance	NHS Organisation (Cancer Alliance)
NHSE	NHS Organisation (NHS England)
NHS Surrey Heartlands ICB	NHS Organisation (ICB)
Surrey Heartlands ICS	NHS Organisation (ICS)
Ashford & St Peter's Hospital	NHS Organisation (Trust)
Epsom & St Helier NHS Trust	NHS Organisation (Trust)
South East Coast Ambulance Service NHS Foundation Trust	NHS Organisation (Trust)
Surrey and Sussex Healthcare NHS Trust	NHS Organisation (Trust)
Fort House Surgery	Primary care
Primary Care *(not specified)*	Primary care
South Fulham PCN Ltd	Primary care
Institute of Cancer Research	Research organisation
University of Surrey	Research organisation
In Health	Screening provider
Surrey and North East Hampshire Breast Screening	Screening provider
Surrey County Council	Surrey County Council
Active Prospects and Pro Active Community	VCSE
Cancer Chat Café	VCSE
Cancer Rehab Collective	VCSE
Citizens Advice Hampshire	VCSE
Citizens Advice South West Surrey	VCSE
Citizens Advice Surrey Heath	VCSE
CREST Cancer Support Ashford Middx	VCSE
East Surrey Domestic Abuse Service	VCSE
From Me to You The Art of Survival	VCSE
Healthwatch Surrey	VCSE
Independent Cancer Patient Voice, Digestive Cancers Europe	VCSE
Olive Tree Cancer Support Group	VCSE
Surrey Minority Ethnic Forum	VCSE
South East Cancer Help Centre	VCSE
The Brigitte Trust	VCSE

Appendix 3. Index of Surrey Cancer Inequalities Projects

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
PRIMARY PREVENTION								
1	**BOWEL, BREAST** **Primary prevention**	Health and Well-being Team, Public Health, Surrey County Council	• Surrey key neighbourhoods	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	**BREAST** **Primary prevention** And *Early diagnosis*	University of Surrey	• Black and Minoritised Ethnic groups	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: 1. Inform and improve awareness of risk factors relevant for the black ethnic population 2. Promote healthy eating and physical activities 3. Improve women's awareness of breast and ability to identify early warning signs and symptoms for further assessment and timely diagnosis.	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: 1. Lifestyle behaviour change in terms of dietary habits and physical activities 2. Health seeking behaviour - breast self-check attitudes, and intention to seek help
3	**CERVIX**[2] **Primary prevention**	Surrey Heartlands ICS	• Adults with learning disabilities and/or autism • Children with additional needs and disabilities	NHSE Core20Plus5 Funding	To raise awareness and knowledge about the HPV vaccine To understand barriers and motivations towards receiving the HPV vaccine; experience of receiving the HVP vaccine; enablers and improvements to increase take up	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	Seven key recommendations were incorporated into the Immunisations team, and Surrey and Sussex Cancer Alliance plan: **1. Information:** 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) **2. Schools to link with immunisation team** 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 **3. Offer GP surgery as another access point**: familiar and likely to be closer than a

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[2] 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

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
								clinic **4. Offer more opportunities for ‘catch ups’** at school **5. More opportunities to check vaccine status** e.g. College open days so that there is a reminder **6. Targeted approach:** Consider how to offer the vaccine to these young people in more targeted way – less of a wait, separate waiting areas **7. Nurse follow up:** 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
4	**NOT CANCER TYPE SPECIFIC** **Primary prevention**	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.	• Black and Minoritised Ethnic groups • GRT community • People with drug and alcohol problems • People with long term health conditions, disabilities or sensory impairments • People experiencing homelessness • People with serious mental illness • People experiencing multiple disadvantage • Surrey key neighbourhoods • Vulnerable migrants	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	• More people from inclusion health groups to quit smoking. • Reduce overall smoking rates.
5	**NOT CANCER TYPE SPECIFIC**	**Surrey County Council**	No specific population	External grant (Macmillan	To identify potential sources of inequality in diet related to cancer incidence and living well with	A rapid evidence synthesis	Not evaluated	To guide strategic action to reduce inequalities related to diet and cancer

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
	Primary prevention and *Experience/living well with cancer*			Cancer Support)	cancer, to inform evidence-based recommendations			
SCREENING AND EARLY DIAGNOSIS								
6	**BOWEL, BREAST, CERVIX** **Screening**	Surrey and Sussex Cancer Alliance Sussex ICB, Primary care and LDA voluntary organisation.	- Adults with learning disabilities and/or autism - Black and Minoritised Ethnic groups - GRT community	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	**BOWEL, BREAST, CERVIX** **Screening**	University of Surrey Office for Health Improvement and Disparities	- People with serious mental illness	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	**BOWEL** **Early diagnosis**	Epsom St Helier Hospital NHS Trust	- Adults with learning disabilities and/or autism - Older people 80+ and those in care homes - People with long term health conditions, disabilities or sensory impairments	No specific funding	Patients who are under 80 have quicker access to 1st Encounter on the cancer pathway than those above 80. 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. 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	Liaising with the service to increase 1st encounter capacity to suspected LGI patients over 80 Working closely with CNS and support worker teams to identify and support where required Improving the diagnostic decision making process through senior registrars receiving timely advice from the consultants on the appropriateness of imaging requests over Endoscopy diagnostics.	Planned or underway	Improve access, management and support to 80+ year old patients to the colorectal service.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
					less flexible in being able to attend appointments and frequently requires them to be admitted to undergo bowel prep.			
9	**BREAST** **Screening**	NHSE GP practices, ICB and Breast Screening Provider	• Black and Minoritised Ethnic groups	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	**BREAST** **Screening**	Surrey and North East Hampshire Breast Screening Imperial College London	• No specific population	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	**BREAST** **Screening**	**NHSE SIT, Health & Justice, SCC,** Central North West London NHSFT, Sodexo and screening provider, HMP Bronzefield, HMP Downview and HMP Send	• Prisons and those in contact with the criminal justice system	Internally allocated funding	To improve breast screening offer and increase uptake amongst Surrey's prison population	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. SCC supported by facilitating a mixed-methods evaluation (uptake data, feedback from women invited to screening, focus group with project delivery group)	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.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
12	**BREAST** **Early diagnosis** **Time to treatment** **Routes to diagnosis**	University of Surrey	• Adults with learning disabilities and/or autism • People experiencing deprivation • People who are transgender • Black and Minoritised Ethnic groups • People with serious mental illness	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	**CERVIX** **Screening**	Surrey Heartlands ICS Plan to involve charity partner	• Adults with learning disabilities and/or autism	External grant (Core20plus5 NHSE funding)	Primary Aim: How do GP practices in Surrey support people with learning disabilities to obtain cervical screening? Secondary Aim: What reasonable adjustments do GP practices make to support Learning Disabilities?	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. 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 CS journey for an LD patient: before, during, after appointment Follow ups for DNAs Alternative formats offered	Not evaluated	Not yet completed. QI / Interventions / resources for GPs to utilise to support with increasing CS uptake for patients with a LD.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
14	**CERVIX** Screening	Surrey County Council Surrey Heartlands ICS Academic and charity partners TBD	• Learning Disabilities & Autism • Serious Mental Illness	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	**LUNG** **Screening** *Primary prevention (eg, smoking, diet, lifestyle modification)* *Early Diagnosis*	Surrey and Sussex Cancer Alliance One You Surrey	• Ever smokers 55 -74 years	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, their risk of developing lung cancer assessed using clinical assessment tools. Those considered high risk are offered a CT scan in the community. Findings are followed up in either primary or secondary care.	Completed	75% of lung cancer are detected in stages1or 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	**LUNG** **Screening**	Surrey County Council With: Surrey Heartlands ICSSSCA	• Ever smokers 55 -74 years	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	**PROSTATE** **Screening Early diagnosis**	Institute of Cancer Research Royal Marsden Hospital	• Black and Minoritised Ethnic groups	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 these men are at higher risk of prostate cancer, their risk of 1 in 4	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

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
					compared with 1 in 8 for men of European ancestry and 1 in 12 for men of Asian ancestry			more genetic diversity in order to best serve all.
18	**Not cancer type specific** **Early diagnosis**	University of Surrey With: University of Exeter and QMUL, Active Prospects, Disability Action in Islington.	- Adults with learning disabilities and/or autism	External grant (NIHR HSDR)	Aims: To understand why there are delays in diagnosing cancer in people with learning disabilities and make recommendations for how this could be improved. Research questions 1) What are the main personal, social and organisational factors that contribute to inequalities in cancer diagnostic outcomes for PwLD? 2) What is the current evidence for interventions to support symptomatic cancer diagnostic pathways for PwLD? 3) Where in the diagnostic process are avoidable delays occurring for PwLD? 4) What features of cancer do PwLD tend to present with and are they reliably acted on with referrals and investigations? 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? 6) How does local context affect implementation of interventions to redress inequalities in cancer diagnostic outcomes for PwLD? 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?	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) Interview study to explore patient and career experiences of symptom recognition and reporting in primary care (in progress). Quantitative research using health records to explore potential differences in diagnostic intervals for patients with and without learning disabilities (planned). Co-produced recommendations informed by results of study to guide good practice	Planned or underway	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 #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
19	**Not cancer type specific** **Screening** **Early diagnosis**	University of Surrey With: UCL, Oxford, Cambridge, Leicester, NHS England	• Adults with learning disabilities and/or autism • Black and Minoritised Ethnic groups	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.
TREATMENT ACCESS, ENGAGEMENT AND EXPERIENCE								
20	**BREAST** **Treatment access and engagement**	Healthwatch Surrey Breast cancer support group	• People with long term health conditions, disabilities or sensory impairments	Internally allocated funding	Understand the experiences of people in **Surrey Heath** 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	**BREAST** **Experience/Living well with cancer** (including financial support, pre-hab and re-hab) **Living well beyond cancer** (post-treatment)	University of Surrey Royal Surrey Hospital (sponsor)	• People experiencing socio-economic disadvantage	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.	WS1: A mapping exercise to include: • A scoping review of the literature relating to PSFU for breast cancer. • A qualitative interview with the lead for implementation of PSFU at each of the 21 cancer alliances in England. • A review of Office for National Statistics (ONS) demographic reports to identify three cancer	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

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
						alliances with the highest proportion of under-served groups. WS2: 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. WS3: 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.		preliminary work to inform development and feasibility testing of the interventions followed by a future definitive study. 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..
22	**Not cancer type specific** **Experience/Living well with cancer**	Surrey Minority Ethnic Forum	• Black and Minoritised Ethnic Groups • GRT community • Vulnerable migrants	External grant (Macmillan Cancer Support)	The project aims to empower Black and minority cancer patients and their carers with: • Information they require for healthy nutrition and diet	6 Online and 2 in person Nutrition and Advice Sessions and Peer Support	Planned or underway	Expected outcomes similar to aims for the project.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
	(including financial support, pre-hab and re-hab) **Living well beyond cancer** (post-treatment)				during and after cancer treatment. • Make informed decisions about treatment. • Access emotional and practical support. • Reduce isolation. • Improving understanding and acceptance of a cancer diagnosis within the BME community in Surrey. • 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. • Address the issues related to culture and stigmas around cancer. • Improve their overall well-being and quality of life.			
23	**Not cancer type specific** **Treatment access and engagement** **Experience/Living well with cancer** (including financial support, pre-hab and re-hab) **Palliative or end-of-life**	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	To understand what can be done when a patient comes to us with the same story To try and sign post to areas which can help immediately To prepare for not a good outcome for some
24	**Not cancer type specific** **Treatment access and engagement**	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

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
	Experience/Living well with cancer (including financial support, pre-hab and re-hab)							
25	**Not cancer type specific** **Experience/Living well with cancer (including financial support, pre-hab and re-hab)** **Living well beyond cancer (post-treatment)**	Healthwatch Surrey	- Adults with learning disabilities and/or autism - People with long term health conditions, disabilities or sensory impairments - People with serious mental illness	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	**No specific cancer type** **Prehab**	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.
PALLIATIVE AND END-OF-LIFE CARE								
27	**Not cancer type specific** **Palliative or end-of-life**	Phyllis Tuckwell Hospice Care with: Action for Carers, Jigsaw, Luminus, Princess Alice	No specific population	Internally allocated funding	We have been doing a great deal of networking with other organisations: - To see what resources and services are available and if	As per aims	Not evaluated	Better connections

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
		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			anything, we can collaborate with • Get our services known and to ensure people know we are very much open for business. Hopefully this will increase referrals to PTH • Raise awareness on our wide provision of services for patients and carers • To recruit more HS volunteers.			
28	**Not cancer type specific** **Palliative or end-of-life**	Phyllis Tuckwell Hospice Care	• Minoritised Ethnic and immigrant groups and cultural organisations • Religious / faith leaders • LGBTQ+ organisations • Disability services (physical or intellectual) • Women's Rights organisations • Mental Health and Wellbeing (particularly those providing mental health services for underserved populations e.g. homeless community) • Refugees and Asylum Seekers • Homelessness support services • Criminal justice	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
29	**Not cancer type specific**	Princess Alice Hospice	• Adults with learning	Internally allocated funding	To provide accessible palliative and end of life care and support addressing inequities and aimed at	A range of activities including:	Planned or underway	We have a full benefits plan (including tangible and intangible benefits) and mechanisms for tracking.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
	Palliative or end-of-life	SPEAR Beyond Words	disabilities and/or autism - Black and Minoritised Ethnic groups - People with long term health conditions, disabilities or sensory impairments - People experiencing homelessness - People experiencing multiple disadvantage	(Hospice UK Grant and Princess Alice Hospice charitable income)	key underserved communities. A Diversity and Inclusion work programme comprising 10 projects: D&I 001: Protected characteristic and vulnerable group data collection (in progress) D&I 002: Approach to interpreting and translation (in progress) D&I 003: Inclusion lunch and learns and inclusion hub (ongoing) D&I 004: Learning disability outreach (in progress) D&I 005: Compassionate Neighbours and dementia D&I 006: Improving access to PAH Services to the underserved in Kingston (scoping) D&I 007: Homelessness in Kingston and Richmond (in progress) D&I 008: Bereavement support model in prisons (on hold) D&I 009: Public commitment to being an anti-racist organisation (in progress) D&I 010: Financial insecurity at end of life (on hold)	- Improving our own data collection and conversations with patients about their identity - Starting a Multi-Professional Team approach with support workers working with those experiencing homelessness - Purchase and testing of communication app - Exploring volunteer roles to improve companionship on the ward for people with different language skills - Building relationships with different referrers - Reviewing our compassionate neighbour programme to make sure it's supporting people living with dementia		Our top 3 programme level expected benefits are: - More equitable access to hospice care for communities in our care area. - Increased staff confidence to talk about issues related to diversity and inclusion. - Our public profile demonstrates to a variety of communities that we are genuinely here for them as a care provider and as an employer.
30	**Not cancer type specific** **Palliative or end-of-life**	Phyllis Tuckwell Hospice Care	- Black and Minoritised Ethnic groups	Internally allocated funding	To improve understanding of Nepalese community on our provision of services (Clinical and non-clinical) and how to access these.	We have delivered presentations to the Nepalese community: • 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	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
						pre post bereavement • 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.		
31	**Not cancer type specific** Palliative or end-of-life	Phyllis Tuckwell Hospice Care	• The bereaved	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	Not sure	Wider bereavement support. We are hoping that this project will also contribute to challenge stereotypes around hospice care.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
						circumstances or feel isolated.		
32	**Not cancer type specific** **Palliative or end-of-life**	Phyllis Tuckwell Hospice Care	• Adults with learning disabilities and/or autism	Internally allocated funding	Creation of a new leaflet "What to expect at the end of life".	Easy read with pictures	Planned or underway	Answer questions around this topic to help relatives of our patients with a learning disability. We have just finished a review and will share for everyone's input.
33	**Not cancer type specific** **Palliative or end-of-life**	Phyllis Tuckwell Hospice Care	• Young families affected by a terminal illness	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	**Not cancer type specific** Palliative or end-of-life	**Phyllis Tuckwell Hospice Care**	• Carers and young carers	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 om 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
CROSS-PATHWAY								
35	**BREAST** **Cross-pathway / no specific point on pathway**	University of Surrey With multiple stakeholders	• Black and Minoritised Ethnic groups	External grant (Doctoral college studentship)	Not stated	CPES analysis, qualitative interviews	Completed	Published outputs
36	**Not cancer type specific**	University of Surrey With KCL, UCL. UCLH, Uni of	• Prisons and those in contact with the	External grant (NIHR HSDR)	To identify the incidence of cancer in the prison population and to	Mixed methods: * epidemiological analysis of incidence and	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
	Cross-pathway / no specific point on pathway	Southampton, Revolving Doors, Science Gallery (KCL), Synergy Theatre company.	criminal justice system		explore how it is managed within the prison setting	survival rates * qualitative interviews with people in prison and a range of professionals * economic analysis of costs of diagniosising and treating cancer in people in prison		
37	**Not cancer type specific** **Cross-pathway / no specific point on pathway**: - Experience/Living well with cancer (including financial support, pre-hab and re-hab) - Living well beyond cancer (post-treatment) - Palliative or end of life care	Citizens Advice Surrey Heath Citizens Advice Hampshire Macmillan	No specific population	External grant (Macmillan Cancer Support)	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: - Welfare benefit applications and appeals - Money matters - Employment issues - Housing issues - Accessing charitable grants and one-off payments - Travel to/from appointments	- Presence in local hospitals to meet with clients. - Telephone appointments - Home visits - Assistances with completing disability benefit forms and appeals - Assistance with grant applications Support to deal with debt	Planned or underway	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. 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. 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.
38	**Not cancer type specific** **Cross-pathway / no specific point on pathway**	NHS Surrey Heartlands ICB Macmillan Cancer Support	No specific population	External grant (Macmillan Cancer Support)	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. To explore with providers their longer-term vision for their services, to establish where gaps may arise,	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	Planned or underway	(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 (2) Outcome: Personalised and proactive approach to cancer care Impact: Earlier, more effective treatments, improved outcomes, survival

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
					and duplication maybe avoided. 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 deliver a service that is sustainable and equitable	care and pathways across the different tumour groups, surveys, FTF interviews (cancer/oncology/palliative care/EoLC/hospice care/ VCSE sector/Talking Therapies/Mental health services), shadowing staff & teams, meetings and workshops. Setting up Steering Group for the purpose of evaluating project findings. Workshop (October 2024) with cancer leads & mental health care professionals to determine what "Good" psychological care should look like for people with cancer requiring specialist support (levels 3 & 4). 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 & 4) mental health support for patients, what's available to them, and how they access these services. Co-design Patient Survey with Health Watch aimed at people with cancer		rates , & patient experience. (3) Outcome: Collaboration & teamwork aimed at delivering patient-focused care Impact: Enhanced treatment quality, streamlined patient experiences, and improved health outcomes. (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. (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 #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
						requiring level 3 & 4 support from services outside of secondary care. Distribution will include; the Acute, Community, Primary Care, and Mental Health Services. 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. 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.		
39	**Not cancer type specific** **Cross-pathway / no specific point on pathway**	From Me to You The Art of Survival	- Black and Minoritised Ethnic groups	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	- 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	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
					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. 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	may have some of the signs and symptoms • Training for front line staff including GPs on key language and attitudes that can be barriers to supporting people of a Black or Asian background to accessing screening and support • 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		

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
					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 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	**Not cancer type specific** **Cross-pathway / no specific point on pathway**	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	**Not cancer type specific** **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 identify inequalities in cancer incidence, experience and outcomes in Surrey to inform a Surrey cancer inequalities plan	• Data scoping looking at Fingertips, Cancer Data Hub and screening uptake data • Literature scoping looking at cancer inequalities among priority populations and inclusion health groups who are	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
						largely invisible in existing data sets • Stakeholder consultation across Surrey partners including Surrey Heartlands, Surrey and Sussex Cancer Alliance, University of Surrey		
42	**Not cancer type specific** **Cross-pathway / no specific point on pathway : Screening Time to treatment Treatment access and engagement**	NHSE NHS Trust, Public Health, Health and Justice, Prisons	• Prisons and those in contact with the criminal justice system	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	**Not cancer type specific** 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.

P #	Cancer type, point on pathway	Organisation(s)	Target population(s)	Project funding	Project aims	Project methods	Project evaluation	Outcomes and impacts
44	**Not cancer type specific** Cross-pathway/no specific point on pathway	Surrey County Council, Surrey Heartlands ICS, Macmillan Cancer Support	No specific population	Exernal 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.
45	**Not cancer type specific** **Cross-pathway / no specific point on pathway:**	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	• Surveys to identify areas needed to be addressed • Availability of information in various languages • Arranging support groups and sessions for specific minorities	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 4. Gap analysis by pathway point, population and cancer type

Gap analysis: Priority populations and inclusion health groups

		Primary prevention	Screening	Early diagnosis	Access, engagement and experience	Palliative and EOLC	Cross pathway
BAME 12 projects	**Bowel**		Project 6				
	Breast	Project 2	Projects: 2, 6, 12	Project 12	Project 12		Projects: 35
	Cervix		Project 6				
	Lung						
	Prostate		Project 17	Project 17			
	No specific cancer type	Project 4	Project 19	Project 19	Project 22	Projects: 28, 29, 30	Project 39

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Adults with learning disabilities and/or autism 12 projects	**Bowel**		Project 6	Project 8			
	Breast		Projects: 6, 12	Project 12	Project 12		
	Cervix	Project 3	Projects: 6, 13, 14				
	Lung						
	Prostate						
	No specific cancer type		Project 18, 19	Project 19	Project 25	Projects: 28, 29, 32	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
People with LTC, physical and sensory disabilities 6 projects	**Bowel**			Project 8			
	Breast				Project 20		
	Cervix						
	Lung						
	Prostate						
	No specific cancer type	Project 4			Project 25	Project 28, 29	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Adults with Serious Mental Illness 6 projects	**Bowel**		Project 7				
	Breast		Project 7, 12	Project 12	Project 12		
	Cervix		Projects: 7, 14				
	Lung						
	Prostate						
	No specific cancer type	Project 4			Project 25	Project 28	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Prisons and criminal justice contact 4 projects	**Bowel**						
	Breast		Project 11				
	Cervix						
	Lung						
	Prostate						
	No specific cancer type					Project 28	Projects 36, 42

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Gypsy Roma Traveller communities 3 projects	**Bowel**		Project 6				
	Breast		Project 6				
	Cervix		Project 6				
	Lung						
	Prostate						
	No specific cancer type	Project 4			Project 22		

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Homelessness 3 projects	**Bowel**						
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type	Project 4				Projects: 28, 29	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Deprivation (inc. key neighbourhoods) 4 projects	Bowel	Project 1					
	Breast	Project 1	Project 12	Project 12	Project 12, Project 21		
	Cervix						
	Lung						
	Prostate						
	No specific cancer type	Project 4					

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Vulnerable migrants 3 projects	Bowel						
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type	Project 4			Project 22	Project 28	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
People with drug and alcohol problems 1 project	Bowel						
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type	Project 4					

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Carers and young carers 1 project	Bowel						
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type					Project 34	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Children with additional needs and disabilities 1 project	Bowel						
	Breast						
	Cervix	Project 3					
	Lung						
	Prostate						
	No specific cancer type						

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Older people 80+ and those in care homes 1 project	Bowel			Project 8			
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type						

Gap analysis: Other populations and target groups

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Bereaved + young families affected by terminal illness 2 projects	**Bowel**						
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type					Projects: 31, 33	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
LGBTQ+ 2 projects	**Bowel**						
	Breast		Project 12				
	Cervix						
	Lung						
	Prostate						
	No specific cancer type					Project 28	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Ever-smokers 55-74 2 projects	**Bowel**						
	Breast						
	Cervix						
	Lung	Projects 15, 16	Projects 15, 16				
	Prostate						
	No specific cancer type						

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Multiple disadvantage 2 projects	**Bowel**						
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type	Project 4				Project 29	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
Women 1 project	**Bowel**						
	Breast						
	Cervix						
	Lung						
	Prostate						
	No specific cancer type					Project 28	

		Primary prevention	Screening	Early diagnosis	Access, experience and engagement	Palliative and EOLC	Cross pathway
No specific population 1 3 projects	**Bowel**						
	Breast		Project 10				
	Cervix						
	Lung						
	Prostate						
	No specific cancer type	Project 5			Projects: 5, 23, 24. 26	Project 23, 27	Projects: 37, 38, 40, 41, 43, 44, 45