

Beating cancer for everyone

Executive Summary: Cancer Research UK Policy Briefing – Cancer Inequalities in England, June 2022

Health and cancer inequalities are unfair, avoidable, and systematic differences in health across the population, and between different groups within society.¹ They impact every part of the cancer pathway including prevalence of cancer risk factors, screening uptake, stage of disease at diagnosis, and access to treatment, and these all contribute to stark differences in incidence and outcomes. They are driven by factors such as socio-economic status, age, sex, disability status, gender identity, sexual orientation, and social and cultural factors, impacting opportunities for good health and health behaviours.

Our ability to understand and tackle cancer inequalities is heavily dependent on the quality of data we have. Currently, the strongest available data is on socioeconomic variation.² This data clearly shows that more deprived groups face greater barriers to good health at every stage of the cancer pathway, creating inequalities in cancer incidence and outcomes.

There is also evidence of other types of inequalities which impact people from ethnic minority backgrounds, people with disabilities, and LGBTQ+ people, amongst other groups, such as lower uptake or barriers to participating in screening programmes, and poorer patient experience. Furthermore, there is significant regional variation in cancer service performance and outcomes, which means where someone lives currently influences their chance of an early and timely diagnosis and experience of treatment.

Evidence indicates that cancer inequalities for many are worsening.³ It is crucial that action is taken now to tackle cancer inequalities and ensure no one is left behind in our shared mission to beat cancer. This will require a comprehensive approach across several priority areas.

Firstly, we must fund and roll out activity and interventions which tackle the known drivers of inequalities right across the cancer pathway. Secondly, we must build a much stronger understanding of where inequalities exist and what is driving them through strengthening comprehensive data collection across cancer services. CRUK is currently partnering with four other cancer charities to identify cancer data availability and usage, and its gaps, barriers, and enablers – this work will have a vital part to play in improving the data landscape on cancer inequalities. Thirdly, we must ensure that efforts to tackle inequalities are a core element of the framework for measuring system performance, as well as ensuring a focus on national targets does not obscure variation between groups and regions.

Understanding the root causes of these cancer inequalities, who they impact, and how to tackle them, is complex and multi-faceted; there is much more we must do to fully understand cancer inequalities. However, this does not mean we cannot act now. We have enough evidence of inequalities now to make a real difference and we must drive forward comprehensive action to greatly reduce these inequalities.

Ultimately, CRUK believes it is unacceptable that there are avoidable differences in cancer incidence and outcomes between groups. Beating cancer means beating it for everyone.

¹ Williams, E., Buck, D., and Babalola, G. 2020. [What are health inequalities?](#) The King's Fund. Accessed February 2022.

² Cancer Research UK. 2020. [Cancer in the UK 2020: Socio-economic deprivation](#). Accessed February 2022.

³ Cancer Research UK. 2020. [Cancer in the UK 2020: Socio-economic deprivation](#). Accessed February 2022.

Recommendations

- The UK Government should implement a **cross-government strategy to reduce health inequalities**, led by the Prime Minister, including targets and evaluation metrics that go beyond the government's aim of narrowing the gap in healthy life expectancy by 2030.⁴
- **The Government must commit to reducing disparities in smoking prevalence**, by setting a target of reaching less than 5% smoking prevalence for all socio-economic groups by 2040 at the latest and putting a clear plan in place to reach this target. Based on CRUK modelling, 2040 is a stretching but achievable target date.
- **The Government should explore further measures that would create a healthier food environment**. These include evidence-informed policies outlined in Obesity Health Alliance's Healthy Weight Strategy⁵ that further reduce the amount of exposure people face to the marketing of unhealthy food, empower people to make and maintain healthier habits, and provide evidence-based treatment to those who need it.
- NHS England and the Department of Health and Social Care must **target activity which aims to encourage help-seeking and reduce barriers to participation in screening programmes** to groups showing lower uptake and engagement.
- In the 10-Year Cancer Plan, Government must commit to an ambition to **reduce the proportion of cancers diagnosed in an emergency** to below 10% by 2032, with transparent breakdowns of emergency presentations by different population groups.
- The NHS must undertake further research, as well as granting access to trusted organisations to undertake research, to **understand and address why certain patient groups are less likely to receive optimal treatment**.
- **Government and health services should provide specific funding opportunities for the development and piloting of evidence-based interventions to reduce disparities**, based on open calls for innovation.
 - If proven successful, sustained long-term funding will then be essential for the roll out of these interventions by ICSs and Cancer Alliances to address poorer outcomes within marginalised groups and regional disparities in cancer services. Establishing mechanisms to share examples of best practice between systems will also be critical.
- NHS England must **address regional disparities in the capacity of cancer services, particularly within the diagnostic workforce**, including targeted and funded interventions to encourage healthcare professionals in key specialties to take up roles in understaffed regions.
- Funding for **elective recovery must include targeted resources and support to address the challenges faced by the cancer pathways and NHS providers worst impacted by COVID-19**. This should also include measures to address regional and demographic inequalities.
- Health services must improve the consistent and sustained collection of data about cancer prevention, cancer patients, and those engaging with cancer services, ensuring the **comprehensive collection of demographic information which supports a better understanding of cancer inequalities**.

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⁴ Royal College of Physicians. [Inequalities in Health Alliance](#). Accessed June 2022.

⁵ Obesity Health Alliance. 2021. [Turning the Tide: A 10-year Healthy Weight Strategy](#). Accessed May 2022.