



Cancer diagnostics and inequalities

18 and 25 November TCST

What types of people are we thinking about?

Protected characteristics e.g. age, sex, religious belief, learning or physical disability, sexual orientation (LGBT+), ethnicity

Inclusion health – people often not able to access mainstream health services, such as drug and alcohol clients, people with severe and enduring mental illness, street homeless clients, sex workers, people in contact with the criminal justice system

People from lower socio-economic status (SES, poverty)
People living in particular areas (geographical inequalities)

REFERRALS

Seeing the patient – is there diagnostic overshadowing e.g. are symptoms attributed to underlying conditions such as learning disability or other illnesses?

Do people need an NHS number to be referred for tests?

C.f. Safer Surgeries <https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/>

Can people understand the invitation? Simple wording, translated into other languages?

Can people have a 'familiarisation visit' e.g. if they have LD, anxiety issues

If the appointment isn't convenient, is it easy to change?

If people do not attend (DNA) – do you follow this up to find out why? E.g. they might have other clinics to attend or cannot travel easily

PREPARING FOR THE TEST

Protected characteristics

Is the information easy to understand?

In other languages if needed?

Can carers be involved e.g. for people with LD?

Is the preparation able to be simplified for people with a physical disability/dexterity problems?

Inclusion health

Do you need a bathroom (in a house) to prepare for the test? Can patients be admitted overnight to have dignity around the preparation?

Are people excluded simply because they can't prepare at home for the tests?

Lower SES (deprivation)

Geographical disadvantages

All – is there a number to call if people have a problem with the preparation?



NCPES 2017

"Beforehand, did you have all the information you needed about your test?"

Differences by deprivation -

There was a significant difference between people's perceptions of having all the information they needed for their tests, 95% of the richest people felt they had all the information, compared with 92% of the poorest people.

Differences by ethnicity - 94% of White patients thought they had all the information they needed... while 91% of BME patients thought that they had all the information they needed

WAITING FOR THE TEST (NCPES 2017)

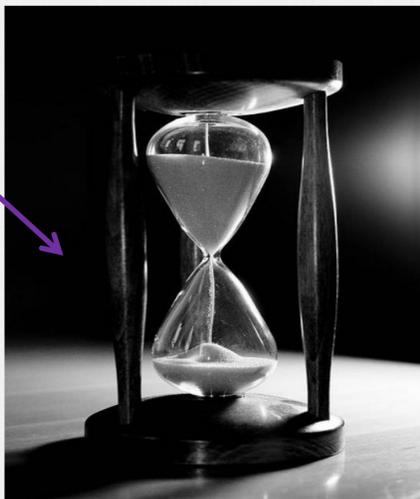
"Overall, how did you feel about the length of time you had to wait for your test to be done?"

Ethnicity

89% of White patients thought the wait for their cancer tests was 'about right', compared with 82% of BME patients, a significant difference.

83% of LGBT+ patients thought the wait was 'about right'... compared with 88% of heterosexual

86% of the poorest patients thought that the wait for tests was about right... while 89% of the richest patients thought the wait for tests was about right...



Getting to the test (access and timing)



Protected characteristics

Is the hospital designed so that wheelchair users can easily get in? (ramps, lifts, wide doors etc)

Are the signs confusing e.g. for people with dementia or visual impairment (black on yellow background)?

Inclusion health

Are there unnecessary multiple appointments or can you have a one stop shop? Better for inclusion health clients e.g. those with severe and enduring mental illness to reduce anxiety and inconvenience

Deprivation (socio-economic status SES)

Is the appointment time difficult for some people? Early commuter travel can be expensive and crowded for older people, for example

Geography

If the venue is hard to get to, does the hospital support travel costs for people in areas without public transport/ a car?

After the test

Protected characteristics

Do people know what to expect after the test?

Is that sort of information easily set out,

Is there a number to call afterwards if there is a problem?



Inclusion health

Do you know how to contact people if they have been street homeless or in prison after the test?

Is it appropriate to discharge after the test or should you make arrangements to admit people overnight to ensure their dignity?

NCPES 2017 test results

Were the results of the test explained in a way you could understand?"

Differences by ethnicity

78% of White patients thought the test results were explained in a way they could understand... while only 68% of BME patients thought so

Differences by deprivation

74% of the poorest patients felt their test results were explained in a way they could understand... While 80% of the richest patients felt that way

Telling people their test results

All

Do you seek people out for a face to face result and explain it in a way they understand?

Are results given in a private, appropriate area with time to ask questions?

Are the results explained clearly and followed up with written material?

Are people offered a support at the appointment i.e. bringing a friend or family to help with the news?

Do people know who to ask/call if they have questions later?

Is there a cancer nurse specialist at the result giving, or afterwards to ask questions of?

If people do not attend the results, are they followed up, even if they are of no fixed abode?

