Thames Valley Cancer Alliance

NHS

Thames Valley Cancer Alliance

Health Inequalities Strategy

2025-2030

Contents

Executive summary

The Thames Valley Cancer Alliance (TVCA) is committed to reducing health inequalities in cancer care and outcomes across our diverse population of approximately 2 million people.

Aligned with the NHS Long Term Plan and Core20PLUS5 framework, this strategy provides a clear roadmap for tackling the persistent disparities in cancer prevention, diagnosis, treatment, and survival.

Our ambition is to ensure that every individual regardless of their background, ethnicity, socioeconomic status, or geography has equitable access to high-quality cancer services.

Our short term and long-term priorities
This strategy outlines both immediate and long-term commitments to reduce cancer inequalities and improve outcomes across the Thames Valley.
In the short term we will:

- Drive awareness of cancer signs and symptoms within underserved communities.
- Promote early help-seeking and improve uptake of cancer screening programmes.
- Continue delivering the Cancer Allies Programme to support community-led engagement.
- Strengthen partnerships with community organisations to extend reach and impact.

In the longer term we will:

- Implement a system-wide, data-driven approach to embedding health equality across the entire cancer pathway — from prevention to end-of-life care.
- Use evidence and population-level insights to inform targeted interventions and resource allocation.

These priorities will contribute to the National Ambitions by:

- Supporting the goal of diagnosing 75% of cancers at stages 1 or 2 by 2028.
- Improving cancer survival rates across all population groups.
- Ensuring equitable access, experience, and outcomes for all communities, especially those most at risk of poor cancer outcomes.

Introduction

1.1 About the strategy

The Thames Valley Cancer Alliance (TVCA) Health Inequalities in Cancer Strategy 2025 - 2030 sets out our commitment to reducing inequalities in cancer outcomes across the region.
The strategy has been developed in alignment with NHS England Health Inequalities agenda and the Core20PLUS5 framework, providing a clear roadmap to meet the National ambition of having 75% of cancers diagnosed at stages 1 or 2 by 2028 (NHS England, 2019; 2024).

Our vision is to embed health equality and equity across the entire cancer pathway, ensuring that all individuals, regardless of background, have access to timely, effective, and person-centred cancer care.
We will do this by focusing on:

- **Reducing variations**: addressing variations in screening, care, treatment, and outcomes
- **Collaboration**: partnering with communities and organisations to improve cancer care access
- **Addressing barriers**: improving equity in access to services for under-represented communities
- **Bridging gaps**: raising standards and outcomes across the region
- **Community representation**: promoting involvement of communities in shaping cancer services

Through an integrated, collaborative approach, TVCA is committed to delivering cancer services that are inclusive, equitable, and responsive to the diverse needs of our population.

1.2. National and statutory context

1.2.1 NHS England and ICB legal duties

NHS England and Integrated Care Boards (ICBs) have a legal duty under the NHS Act 2006 and Health and Care Act 2022 to reduce health inequalities in access and outcomes.

Additionally, the Equality Act 2010 requires ICBs to promote equality for individuals with protected characteristics. Specifically, the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Board (ICB) has a legal obligation to address health inequalities under the Equality Act 2010 and the NHS Act 2006, as amended by the Health and Care Act 2022.
This includes the Public Sector Equality Duty (PSED), which requires the ICB to eliminate discrimination, advance equality, and foster good relations across all its functions, including commissioning and policy development. This legal mandate ensures that strategic decision-making considers the needs of those who are most disadvantaged.

The national ambition as outlined in the NHS Long Term Plan aims to have 75% of cancers diagnosed at stages 1 or 2 by 2028, potentially enabling 55,000 more people to survive cancer for at least five years annually (NHS England, 2024).
The Plan also introduced the Core20PLUS5 framework, targeting the most deprived 20%, underserved groups, and five priority clinical areas.

Introduction

1.2.2 NHS England Core20PLUS5 Framework

Core20PLUS5 (Figure 1) is a national NHS England framework designed to guide action in reducing healthcare inequalities at both national and system levels. The approach defines a target population - 'Core20PLUS' - and identifies five clinical priority areas requiring accelerated improvement. The **'Core20'** refers to the most deprived 20% of the national population, as identified by the Index of Multiple Deprivation (IMD). The IMD comprises seven domains of deprivation, incorporating indicators that reflect a wide range of social determinants of health.

The **'PLUS'** population groups are identified at local level and include groups who experience social exclusion, commonly referred to as inclusion health groups. Key characteristics of these groups include:

- **Socio-economic deprivation:** unemployment, low income, poor housing, education, and employment prospects.
- **Protected characteristics:** such as age, gender, race, sexual orientation, and disability.
- **Vulnerable or inclusion health groups:** such as vulnerable migrants, Gypsy, Roma and Traveller communities, rough sleepers, homeless people, and sex workers.
- **Geography:** including both urban and rural populations.

The **'5'** represents five clinical focus areas where improvement is required at pace. Governance for these areas sits with national programmes, with national and regional teams coordinating activity across local systems to achieve shared national objectives.

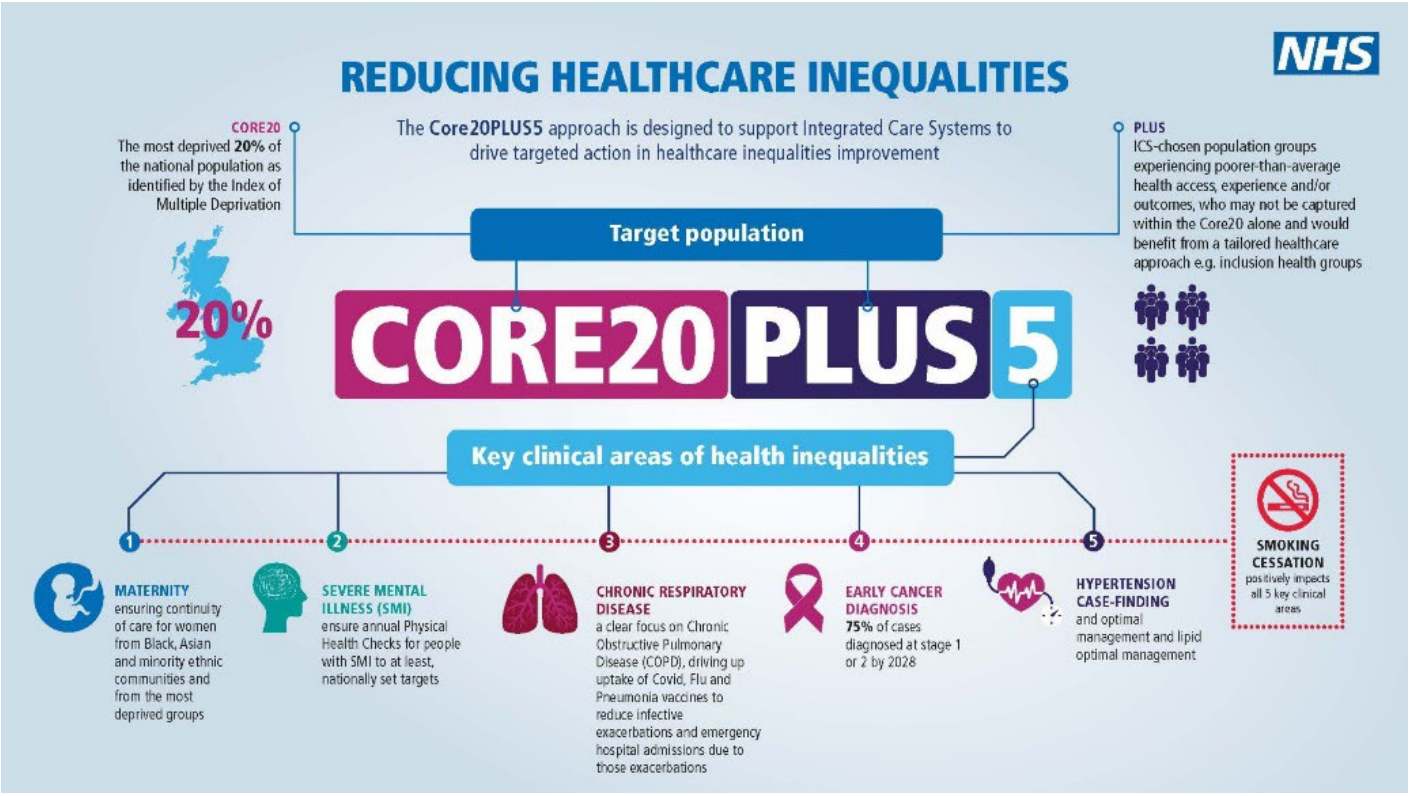

Figure 1: NHS England Core20PLUS5 Framework

Introduction

1.2 Measuring deprivation: the Indices of Multiple Deprivation (IMD)

The IMD is the official measure of relative deprivation in England and forms part of the broader Indices of Deprivation (IoD). It adopts an established methodological framework that defines deprivation in broad terms — encompassing multiple aspects of an individual's living conditions.

- People may be considered as living in poverty if they lack the financial resources to meet their basic needs.
- People are regarded as deprived if they lack any kind of essential resources, not just income.

The IoD 2019 is based on 39 separate indicators, organised across seven domains of deprivation. These indicators are combined and weighted to calculate the IMD 2019 — an overall measure of multiple deprivation experienced by individuals in an area. IMD scores are calculated for every Lower-layer Super Output Area (LSOA), or neighbourhood, in England.

The IMD highlights significant disparities in the entire cancer pathway, from prevention and early diagnosis through treatment and survivorship to end of life care.

Furthermore, it shows inequalities manifest across cancer outcomes by:

- Tumour type
- Ethnicity
- Geography
- Stage at diagnosis
- Key barriers contributing to cancer inequalities include:
- Socioeconomic deprivation
- Cultural and linguistic barriers
- Low health literacy
- Structural and systemic biases

2.1. Overview of Thames Valley Cancer Alliance

Thames Valley Cancer Alliance (TVCA) brings together cancer leaders, commissioners, service providers, people affected by cancer and third sector organisations to take a whole population approach to improving cancer services across the Thames Valley.

TVCA is committed to ensuring that cancer services are designed and delivered to meet the needs of all populations across the Thames Valley. Our ambition is to maximise the impact of cancer programmes, improve outcomes, and meaningfully tackle the persistent inequalities in cancer prevention, diagnosis, treatment, and care.

2.1.1. Alliance plans and objectives

The Thames Valley Cancer Alliance has an annual plan covering the whole cancer pathway, with the following objectives:

1. Operational Performance and Priority Pathways

- improve cancer performance to support achievement of the 28 days faster diagnosis and 31- and 62-days cancer waiting times standard.
- deliver improvement in priority pathways.

2. Early Diagnosis

- increase uptake and coverage of cancer screening programmes.
- raise awareness of signs and symptoms of cancer.
- increase the rates of cancer diagnosis at stage 1 and 2.
- target areas of known inequalities and high deprivation.

3. Treatment and Personalised Care

- implement stratified follow up pathways for appropriate tumour groups.
- include personalised care and support planning for all cancer patients as part of their pathway.
- reduce variation in treatment where NHS wide specific targets are unmet.

2.2 Geography and population demographics

The TVCA operates across two NHS regions namely Southeast and Southwest, and spans two Integrated Care Boards (ICBs) (Appendix A). Together, these areas cover a population of approximately 2 million (Office for National Statistics, 2024; BOB Integrated Care Partnership Report, 2022).
The geography of our region comprises a diverse mix of urban centres and rural communities, presenting unique challenges in access and service delivery.

According to the 2021 Census, the overall ethnic profile of the combined area aligns closely with the national average. However, this overarching picture conceals significant variation at the local authority level, highlighting the importance of locally informed approaches to addressing health inequalities.

According to 2021 census, ethnic profile of the area indicates 73% of residents overall (which is similar to the national average) are White British, but this ranges from 53% in Reading to 85% in West Berkshire. Among other ethnic groups that live within the area are Indian (3.5%), Pakistani (3.1%), Black African (1.6%) and Black Caribbean (0.8%) (BOB ICP Integrated Care Strategy, 2022). These relative proportions vary between local authorities and ethnic diversity tends to be higher in the major towns and cities.

According to the 2024 Learning Disability profiles, 1.5% of individuals in BOB ICB and BSW report a learning disability, slightly below the national average of 1.8%. Although protected under the Equality Act 2010, people with learning disabilities continue to face significant health inequalities, including poorer outcomes, reduced life expectancy, and barriers to care. These stem from systemic issues such as diagnostic overshadowing, poor communication, lack of reasonable adjustments, and wider socioeconomic disadvantage.

In Buckinghamshire, Oxfordshire, Berkshire, and Swindon, between 1.39% and 3.4% of residents identify as lesbian, gay, bisexual, or other, slightly below or in line with the national average of 3.1%. These populations may experience unique barriers in accessing cancer services, such as discrimination, lack of culturally competent care, and lower screening uptake, contributing to persistent health inequalities in cancer outcomes for LGBTQ+ individuals.

While overall health in Buckinghamshire, Oxfordshire, Berkshire West, and Swindon is better than the national average, many still experience preventable poor health. Healthy life expectancy surpasses national levels across these areas, but inequalities remain, particularly among subgroups and between genders, as seen in Swindon where men live 4.4 more disability-free years than women. Nationally, healthy life expectancy is 61.5 years for men and 61.9 for women, highlighting disparities. Key cancer risk factors such as smoking, poor diet, inactivity, and alcohol use - continue to impact health outcomes across the regions.

Cancer inequalities in the Thames Valley

The intersection of geographical location with protected characteristics - such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation - gives rise to a multifaceted nature of health inequalities within the region. These intersecting factors compound disadvantage and create distinct barriers to accessing health services and information.

Such complexity underscores the need for a tailored, equity-focused approach that recognises the layered and interdependent drivers of inequality, and addresses them through coordinated, culturally competent, and data-informed interventions.

A journey through the cancer pathway

The cancer pathway is complex. There are variations in patients suspected cancer presentation of investigation, diagnosis, receive treatment and support through different routes and settings in which TVCA involves. This includes 178 GP practices, 4 Acute hospitals, a range of social care organisations and community settings/organisations.

Reducing inequalities along different parts of the pathway can therefore be equally complex requiring close partnership working.

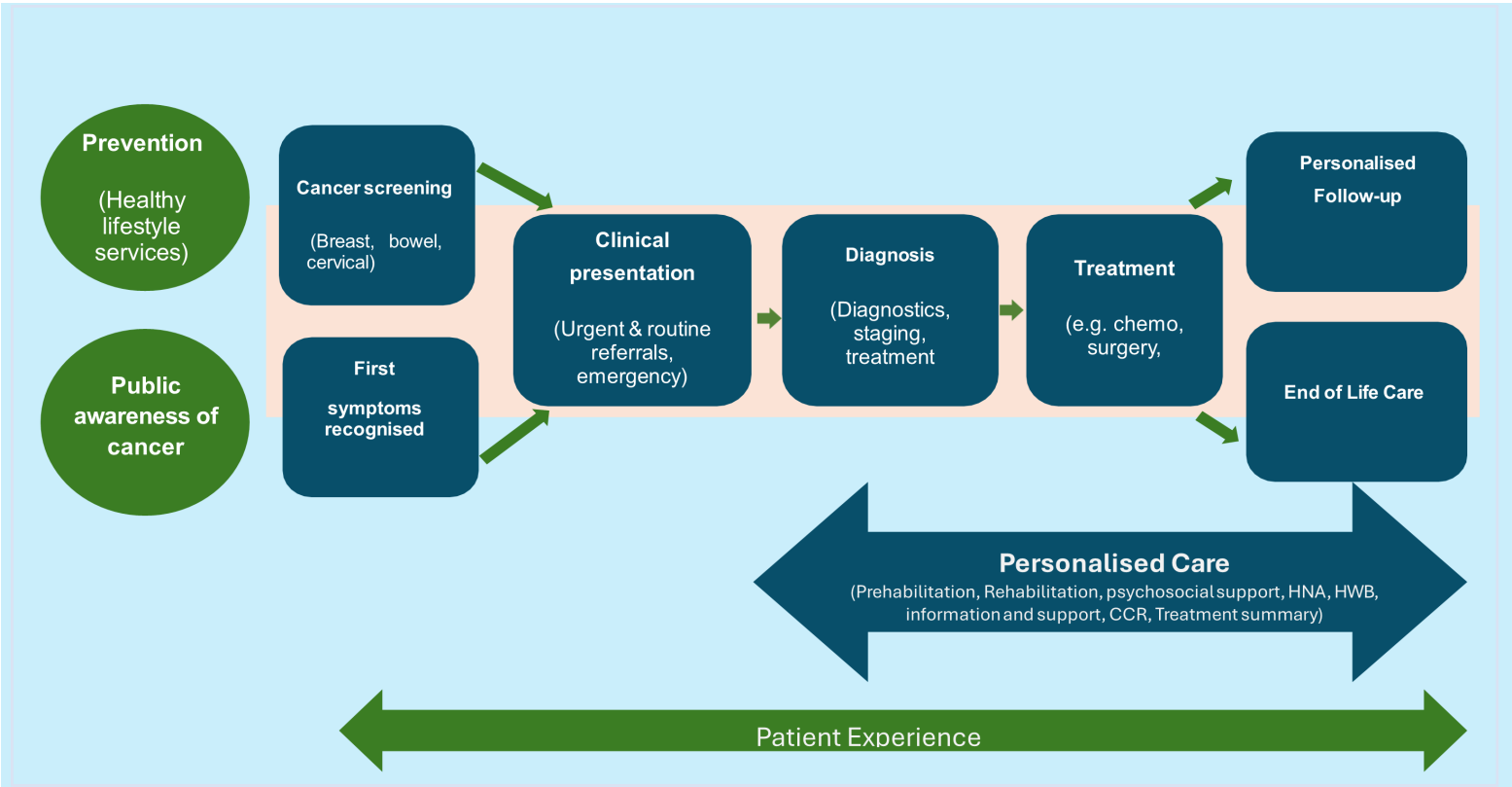

Figure 2: Overview of the cancer pathway and patient journey

Cancer inequalities in the Thames Valley

2.3 TVCA health inequalities challenge

Cancer inequalities can arise at every stage of the cancer pathway, disproportionately affecting people from deprived areas, ethnic minority groups, older people, and those with protected characteristics or complex social needs. Embedding a focus on equity within each stage of the pathway is critical to improving outcomes for underserved populations.

From a TVCA deprivation overview (figures 3 and 4), inequalities are experienced across cancer types, gender, ethnic groups, geographical area, stage at diagnosis and treatment.

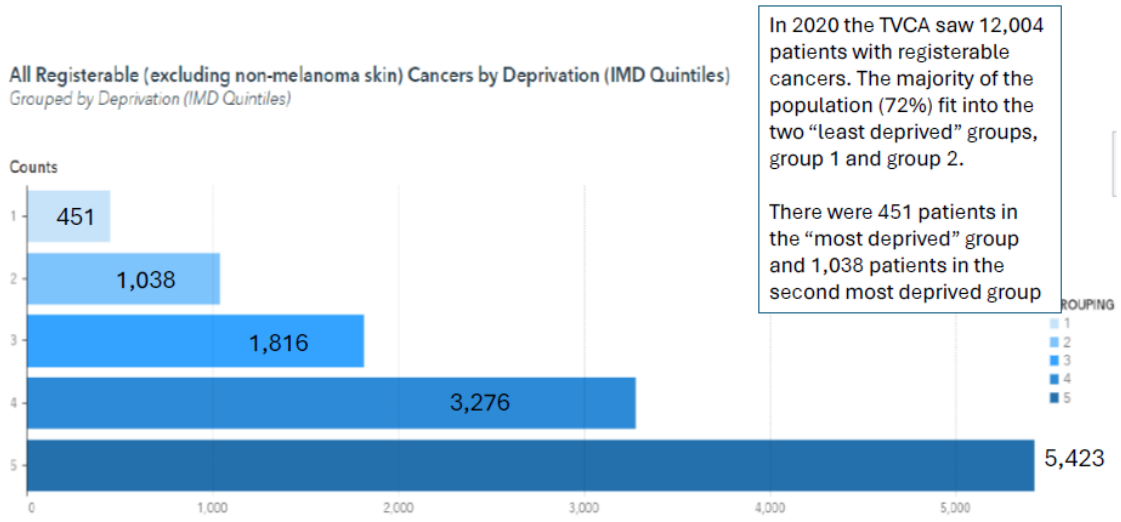

Figure 3: Deprivation across TVCA for registrable cancers (Source: Cancerstats COSD Level 3)

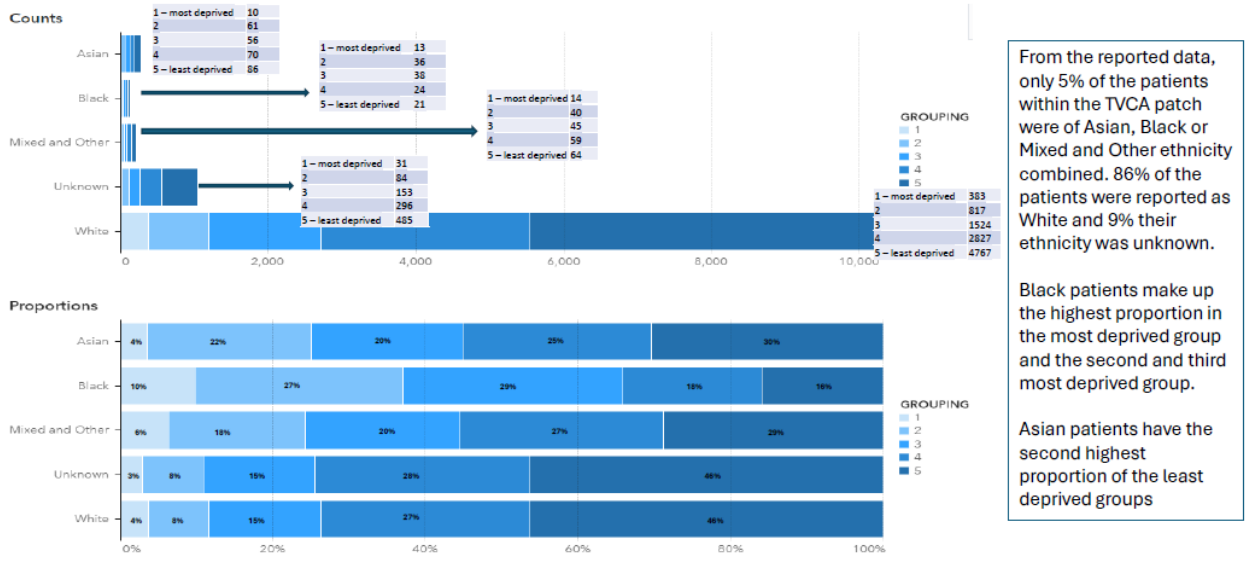

Figure 4: Deprivation across TVCA by ethnicity (Source: Cancerstats COSD Level 3)

Cancer inequalities in the Thames Valley

Across TVCA, cancer prevalence is higher in the less deprived areas. Furthermore, certain population groups experience systematic barriers to access, late-stage diagnosis, and poorer survival outcomes.

Data shows that the most deprived groups in our region have lower cancer referral rates, consistent with trends across other Southeast Cancer Alliances.

Data from Office for Health Improvement and Disparities (OHID) Fingertips shows that individuals living in deprived communities are significantly less likely to participate in cervical, breast, and bowel cancer screening programmes and are more likely to experience higher rates of modifiable risk factors, including smoking and obesity (OHID, 2025a; 2025b). These disparities contribute to a higher incidence of cancer in more deprived populations, who are also more likely to be diagnosed through emergency routes and at later stages, leading to significantly poorer survival outcomes (Cancer Research UK, 2020; NCRAS, 2019; Office for National Statistics, 2019).

Despite notable improvements in overall cancer care, the deprivation gap persists across the cancer pathway, driven by entrenched inequalities in access to services, timeliness of diagnosis, and the quality and experience of care received (Cancer Research UK, 2020; NCRAS, 2019; Office for National Statistics, 2019). Insights from the TVCA Health Inequalities Data pack indicate that ethnic minority groups are disproportionately represented within the most deprived quintiles, increasing their risk of later-stage cancer diagnoses.

A marked intersection between ethnicity and deprivation further deepens disparities in the TVCA region. According to the TVCA Health Inequalities Data pack (2025), individuals from Black, Mixed, and other ethnic groups diagnosed with cancer are disproportionately likely to live in the most deprived areas, compared to their White counterparts (TVCA, 2025: Figure 4). This compounding of disadvantage increases the risk of late presentation, limited access to culturally appropriate care, and poorer outcomes.

Tackling these intersecting inequalities demands the implementation of targeted, culturally appropriate, and community co-designed solutions as an approach that is both a strategic necessity and a statutory obligation for the NHS and TVCA (NHS England, 2025b; NCRAS and CORE20PLUS5, 2025).

Mapping inequalities across the cancer pathway enables TVCA and system partners identify where targeted actions are needed to improve equity and quality of care for underserved populations as shown in Figure 5.

Cancer inequalities in the Thames Valley

1 **Prevention Pathway**
Health inequalities in the prevention pathway can emerge through unequal access to screening, lifestyle interventions, and health education, often influenced by socioeconomic status, ethnicity, or geographic location.

2 **Diagnosis Pathway**
In the diagnosis pathway, inequalities may occur due to delays in diagnosis, misdiagnosis, or limited access to diagnostic services, disproportionately affecting underserved and marginalised populations.

3 **Treatment Pathway**
Treatment-related health inequalities can arise from differences in access to timely, appropriate, and high-quality care, often shaped by factors such as ethnicity, income, or language barriers.

4 **Personalised Care Pathway**
In the personalised care pathway, inequalities can occur when individuals do not receive care tailored to their specific needs, preferences, or cultural backgrounds, limiting opportunities for shared decision-making and self-management.

5 **Palliative and End of Life Care Pathway**
Health inequalities in palliative and end of life care may manifest as limited access to culturally sensitive support, pain management, or hospice services, especially for people from minority ethnic groups or lower socioeconomic backgrounds.

Figure 5: Overview of cancer pathways and health inequalities

TVCA's health inequalities initiatives have largely focused on early diagnosis in alignment with NHS England's Core20+5, with early diagnosis being one of the five clinical areas.

Learning from the success of Covid 19 vaccination uptake through work undertaken with faith-based leaders, the emphasis of our delivery approach to date has been on developing strong community engagement, partnerships and collaborations.

Activities include provision of funding to co- produce culturally tailored and community-based outreach and awareness through the Cancer Allies Programme.

TVCA health inequalities delivery approach

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3.1 TVCA Cancer Allies programme

Thames Valley Cancer Allies Programme was developed in 2021 with the aim of addressing and reducing health inequalities in the Early Diagnosis of cancers in line with NHSE England's Core20+5 Strategy.

Based on principles of co-production, the Allies programme was developed to work collaboratively with key stakeholders to:

- Develop **targeted** cancer campaign messaging designed to raise awareness of cancer signs and symptoms
- Improve the knowledge and understanding within specific communities – recognising that **one size doesn't fit all** – and that communities want to talk about health in a holistic manner in their own spaces
- Understand and support actions to address challenges faced within communities
- Reassure that it is safe to attend GP practices post COVID
- Promote acting early improves outcomes.
- Build health equity

To achieve the Alliance vision, and meet the needs of our population, the Cancer Allies programme uses available analytical data to target improvement. The following framework and methodology were adopted:

- Understanding specific communities – "One size doesn't fit all"
- Patient Engagement and Experience to reflect diversity
- Genuine co-production of knowledge and interventions, and sharing of resources and equitable funding
- Working with existing community architecture (i.e. organisations, faith groups etc.) and assets, trusting them so they can trust us
- Developing approaches that engage with those at greatest risk
- Tailoring the message to communities based on understanding of cultural barriers and nuances, and working with authentic trusted messengers in those communities
- Support National campaigns, targeted campaigns, case findings, access & treatment.

TVCA health inequalities delivery approach

To ensure our health inequalities activity focusses on greatest need, TVCA adapted the NHS national Core20Plus5 (Figure 6) approach to the local needs of our Thames Valley region. This forms the foundation of our Cancer Allies programme.

The “Core20PLUS” elements are the same with NHSE approach, but the key clinical areas are centred on cancer tumour sites – namely Skin, Breast, Bowel, Lung and Prostate.

Our activity addresses the most deprived 20% of the TVCA population, ‘plus’ those populations most likely to experience inequalities in cancer care and outcomes. This includes BAME groups, people with learning disabilities, and health inclusion groups. For the TVCA ‘5’, we prioritised awareness activities to those cancers which data shows are the most common cancer types amongst patients in the most deprived groups

The TVCA Core20Plus5 enables our Cancer Allies to work with communities to reduce inequalities in cancer screening and early diagnosis.

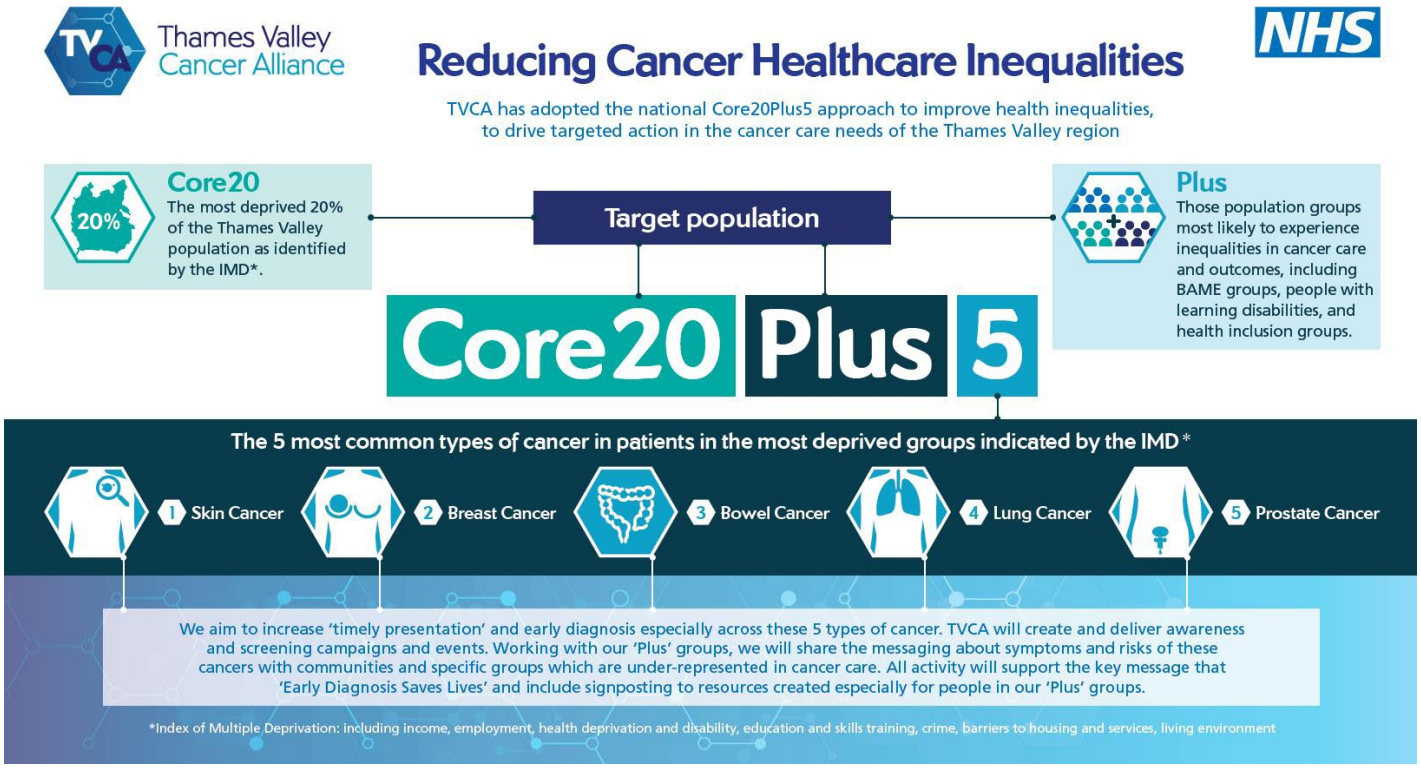

Figure 6: Core20PLUS5 framework for TVCA.

3.1.1 Impact of the Cancer Allies programme

Our collaborative, community-centred approach is helping to reduce inequalities in screening uptake and early diagnosis and is contributing to improved cancer outcomes across the region.

The Cancer Allies Programme has made measurable progress evidenced by:

- Steady increase in the proportion of early-stage cancer, now averaging 63% over the past 12 months
- Meaningful engagement and collaboration with over 34 community groups and PCNs to deliver cancer awareness and screening projects in the past 2 years.

TVCA commissioned Queen Mary University London to undertake an evaluation of the Cancer Allies Programme. The report highlights the importance and effectiveness of the Cancer Allies commitment to community engagement and working with diverse communities and faith-based institutions to co-produce culturally tailored education. In addition, the report includes ten recommendations which will be implemented alongside opportunities identified in section four of this strategy.

The combination of strategic leadership, community engagement through the Cancer Allies programme, and alignment with national priorities positions TVCA to make sustained progress in reducing cancer inequalities and improving outcomes for all.

TVCA health inequalities delivery approach

TVCA health inequalities delivery approach – opportunities

Our approach to addressing cancer inequalities in TVCA will include consolidation of progress made in early diagnosis as well as development of a cohesive, data-driven plan embedding health inequalities into all aspects of Alliance work.
This plan aims to improve cancer experience of care and outcomes by addressing local needs through an integrated, patient-centred approach.

This approach will inform future work by providing a clear framework for targeting health disparities, enabling the design of interventions that not only prioritises early diagnosis but focuses efforts to address inequalities across the whole cancer pathway, optimising patient experience of care and outcomes based on data-driven insights.

4.2 Encouraging timely presentation for early diagnosis

4.2.1 Awareness of signs and symptoms of cancers through community engagement
We will continue our drive to increase public awareness of signs and symptoms of cancers targeting areas and groups of known inequalities to improve timely presentation and reduce late-stage diagnosis.

Our Cancer Allies programme will drive community engagement and initiatives to identify cultural and religious barriers and advocate change in mindset and behaviour in relation to cancer and ensure patient information resources accessible to all.

We recognise the power of social capital and influence and will channel interventions and shift in mindsets through recognised and influential leaders in the communities to advocate for change.

We will continue partnership working with community leaders to understand unique barriers and challenge, organise local events such as health fairs, symptom awareness days, and mobile health clinic to promote health literacy.

We will improve access to information for all by developing communication materials and campaigns tailored to different patient groups with the vehicle of social media platforms segmentation and various channels including digital, printed and face to ensure messaging reaches the target audience.

4.2.2 Increase screening uptake

Data shows lower cancer screening uptake among people living in the deprived and more ethnically diverse areas in Thames Valley in comparison with less deprived groups. Bowel, Cervical and Breast Cancer screening coverage vary across all counties with PCNs in most deprived areas having lowest uptake rate. We will work with PCNs with lowest uptake and coverage of screening to develop targeted interventions aimed at increasing knowledge of benefits of screening as well as drive informed uptake of screening.

This work will be embedded within a system-wide, collaborative approach, undertaken in close partnership with the ICB, regional NHS screening teams, and local public health leads. Working together will enable alignment with broader population health strategies, help avoid duplication, and ensure our efforts are integrated into existing structures and pathways for maximum effectiveness.

In addition, we will work alongside other Cancer Alliances to ensure our interventions reflect current regional priorities and benefit from shared learning across the system. Engagement with voluntary and community sector (VCS) organisations will be key in facilitating access to underserved populations, co-producing culturally tailored resources, and addressing barriers such as mistrust, stigma, or misinformation.

We will also seek to build on existing community relationships and collaborative infrastructures, including health inequalities working groups, faith-based initiatives, and grassroots outreach programmes.

Through this approach, we aim to not only improve screening uptake but also foster greater community empowerment, reduce inequalities in early cancer detection, and support sustainable behaviour change.

Outcomes of this work will be monitored through shared metrics developed in collaboration with stakeholders, with a focus on both quantitative improvements in screening uptake and qualitative insights into patient experiences and engagement.

4.3 Referral pathways

We will build on the work we have undertaken to support Primary Care to implement approaches for effective and timely referral of patients by supporting pilot projects to strengthen diagnostic capabilities in primary care settings and scaling up successful local innovations across the region.

Likewise, we will support PCNs through targeted education and decision-support tools.

The Health Inequalities team will work with programmes across the TVCA to adopt a whole cancer pathway approach, deepening understanding and build expertise in identifying areas of health inequalities within workstreams.

TVCA health inequalities delivery approach: Opportunities

4.4 Embedding health inequalities and building expertise across programmes
The Health Inequalities team will work with programmes across the TVCA to adopt a whole cancer pathway approach, deepening understanding and build expertise in identifying areas of health inequalities within workstreams.

We will support teams to identify proven interventions in addressing health inequalities based on evidence from the Cancer Allies programme, analysis of available data and insights from people impacted by cancer.
All members of our team will complete relevant training covering key topics such as health inequalities, the voice of those affected by health disparities, the wider determinants of health, barriers to accessing healthcare, the concept of intersectionality, and a focused exploration of health inequalities within the cancer care pathway.

This collaborative approach will involve leveraging data insights, community engagement, and system-wide initiatives to tackle the root causes of inequalities. Through joint efforts, the team will help shape interventions that improve cancer services for underserved populations, ensuring that every patient receives the care they need, regardless of their background or circumstances.

4.5 Cross-sector collaboration with external partners
The work undertaken through the Cancer Allies Programme has reiterated the fact that the most impactful initiative to reduce health inequalities are those carried out at the local level as inequalities in access through to outcome vary across the region. The Cancer Allies Programme has worked with Black, Asian and minority ethnic groups; faith communities; and learning disability organisations to build equity and co-produce meaningful engagement activities around cancer experiences and outcomes.
This approach has been characterised by utilising trusted, existing assets in the community (such as places of worship and specialist charities) who have an intimate knowledge, and crucially, the ability to positively influence underserved populations with intersected protected characteristics.

We will continue and expand collaborative work with our external partners including voluntary organisations, NHS acute and Primary Care, Cancer charities, health and social care providers through provision of grants and co-producing tailored strategies for our population.

Concluding statement

The Thames Valley Cancer Alliance's Health Inequalities Strategy 2025–2030 represents a bold, data-driven, and community-focused commitment to reducing cancer inequalities across the region.

By embedding health equality and equity at the core of every stage in the cancer pathway - from prevention and early detection to treatment, survivorship and palliative care - we aim to ensure that every individual, regardless of background, has the opportunity for better cancer outcomes.

Through close collaboration with system partners, integration with national and regional priorities, and ongoing engagement with underserved communities, we will drive sustainable change.

Building on the successes of our Cancer Allies programme and leveraging robust data insights, we will continue to co-produce interventions that reflect the lived experiences of our diverse populations.

Together, we will work towards a future where disparities in cancer care are eliminated, and equitable access and outcomes are a reality for all across the Thames Valley

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Appendix A – TVCA geography boundary

- Southeast - Buckinghamshire, Oxfordshire and Berkshire West (BOB)
- Southwest - Bath and Northeast Somerset, Swindon and Wiltshire (BSW)
  * TVCA on covers Swindon population

Appendix B – Definitions and glossary

What are healthcare inequalities?

NHS England (NHSE) has defined health inequalities as preventable, unfair and unjust differences in health status between groups, populations or individuals within society. These differences include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Health inequalities encompass various definitions, differences, and concepts that highlight disparities in access to and outcomes of cancer services. These inequalities can arise due to factors such as socioeconomic status, geographic location, ethnicity, and healthcare availability, leading to variations in cancer prevention, diagnosis, treatment, and survival rates. Understanding the different dimensions of health inequalities is crucial for identifying gaps in care and implementing targeted interventions to improve equity in cancer services.

Addressing these disparities requires a multifaceted approach that includes policy changes, community engagement, and tailored healthcare strategies to ensure all individuals receive timely and effective cancer care (see Appendix A for various definitions, differences, and concepts).

What is health equity?

Health equity ensures that everyone has a fair opportunity to achieve their best health, free from avoidable and unjust disparities. Without it, structural barriers continue to limit access to care, leaving some communities with poorer health outcomes simply due to their background, socioeconomic status, or where they live.

Achieving health equity requires fairer distribution of resources and equitable service design that brings care closer to home, in ways that are meaningful to communities. This includes culturally competent services, gender-congruent care, and models of delivery shaped by the lived experiences of those affected by inequalities.

Communities are not "hard to reach"—they are simply not reached effectively. Addressing inequities means shifting from a deficit-based approach, which problematises populations, to an asset-based approach that builds on strengths.

Health systems must go beyond consultation and actively trust communities with the means and resources to co-produce solutions that work for them. Innovation is key—not as a buzzword, but as a necessary approach to redesigning services that dismantle barriers rather than reinforce them.

Tackling disparities requires bold thinking, genuine collaboration, and a commitment to transforming healthcare into a system that works for everyone, not just those it was originally designed to serve.

Appendix B – Definitions and glossary

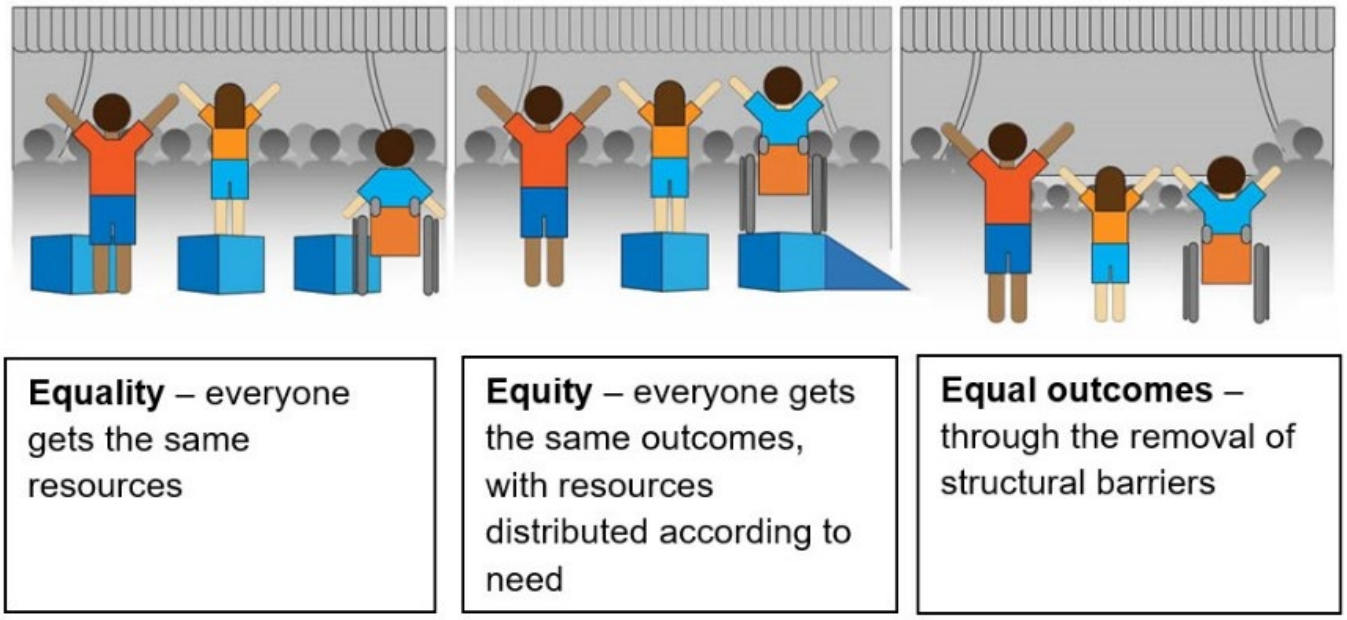

Figure 7: Visualizing health equity: one size does not fit all

Treatment variation

Treatment variation in cancer care refers to differences in the type, quality, and timing of treatments provided to patients with similar clinical profiles. These variations can occur across different hospitals, regions, or healthcare providers and may result from differences in institutional resources, clinical decision-making, or adherence to treatment guidelines.

While some variation may reflect patient preferences or unique clinical needs, unwarranted treatment disparities can lead to suboptimal outcomes, including delayed recovery, increased side effects, or reduced survival rates.

Health inequalities significantly contribute to treatment variation in cancer care.

For example, individuals from lower socioeconomic backgrounds or ethnic minority groups may experience barriers to accessing timely diagnosis and treatment due to limited healthcare literacy, financial constraints, or implicit bias within the healthcare system.

These disparities can be further compounded by factors such as mistrust in the medical system, language barriers, and underrepresentation in clinical trials, which collectively influence treatment choices and outcomes.

Appendix B – Definitions and glossary

Addressing treatment variation and the health inequalities underpinning it requires a multifaceted approach.

- Firstly, promoting equity-focused training for healthcare providers can help mitigate unconscious bias and improve culturally competent care.

- Secondly, ensuring equal access to diagnostic tools, specialist consultations, and cancer treatment services across all geographic and socioeconomic groups is critical. Additionally, involving patients and communities in the co-design of services and decision-making processes can enhance trust and ensure care pathways are responsive to their needs.

- Finally, routine monitoring and transparent reporting of treatment outcomes by demographic factors can help identify gaps, inform policy, and drive accountability in reducing unjustified variations in cancer treatment.

Health Inequalities across cancer pathways

- **Prevention**: people in deprived communities and certain ethnic groups may face barriers to adopting healthy lifestyles or accessing vaccination and screening services. Targeted outreach, culturally appropriate interventions, and tackling the wider determinants of health are needed.

- **Diagnosis**: There is evidence that patients from deprived backgrounds and some ethnic groups may experience delays in seeking help or in referral and diagnosis, contributing to later-stage diagnoses. Improving symptom awareness, access to primary care, and culturally competent communication can help address this.

- **Treatment**: Variation exists in access to and uptake of optimal treatments, influenced by factors such as age, comorbidities, ethnicity, and geography. Ensuring equitable access to timely, high-quality treatment is a key priority.

- **Personalised Care**: Support needs may vary across different population groups, with some facing additional psychological, social, or financial burdens. Personalised care must be sensitive to cultural, linguistic, and socioeconomic factors to avoid widening inequalities.

- **Palliative and End-of-Life Care**: Some groups are less likely to access palliative care services or to have their preferences and needs recognised. Proactive identification of need and culturally appropriate end-of-life care planning is vital.

Appendix B – Definitions and glossary

Cancer-specific health inequality terms

Cancer screening disparities	Differences in access to and uptake of cancer screening programs (e.g., lower prostate cancer screening rates among Black men).
Delayed diagnosis	When patients experience barriers to early detection, leading to late-stage cancer diagnoses and poorer outcomes.
Survival disparities	Variations in cancer survival rates across different groups due to differences in treatment access, socioeconomic status, or systemic biases.
Treatment adherence gap	Differences in patients' ability to follow prescribed treatments due to cost, accessibility, or distrust in healthcare providers.
Patient navigation programmes	Support systems designed to help underserved populations navigate complex healthcare systems, improving cancer outcomes.

Thames Valley
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