

Health Inequalities

Prof Matt Evison, Ali Jones, Dan Clark, Liam Hagerty

Introduction

The health inequalities work at The Greater Manchester Cancer Alliance is led and governed through the Health Inequalities Programme Board, which has developed a Tackling Health Inequalities Strategy (QR code) with subsequent implementation plan. At GMCA, health inequalities is everyone's business, with all programme prioritising reducing inequalities with their work, some of the work that has happened in 23/24 is highlighted in this poster.

Early Diagnosis

In 23/24 there have been several projects that have been designed to reduce inequalities in Early Diagnosis (ED), they include:

- A behavioural insight piece of work was commissioned to better understand the reason behind inequalities in ED
- The roll out of the Targeted Lung Health Check programme prioritising those from our most deprived communities where smoking levels are highest (see poster for more details) and where incidence of lung cancer is highest
- This Van Can, a targeted project aimed at the 'at risk' communities (see poster for more details)
- The timely presentation work at GM Cancer Alliance has been targeted to the communities experience the most inequalities
- VCSE grants programme, awarding over £80,000 to small to medium VCSE organisations
- Delivery of CRUK Talk Cancer training to workforce, both formal and informal who reach our communities who experience inequalities
- Targeting of our primary care resources and education to practice that supports our communities who experience health inequalities
- An innovation fund with a strong focus on projects that were addressing inequalities in ED

Research

This year saw GM Cancer Alliance hold a research inclusivity education event, which has led on to the formation of the Research Participation and Inclusivity Meeting, which will lead to more joined up working tackling the inequalities that exist in cancer research.

Workforce

There has been a large amount of work completed in 23/24 to promote 'Belonging to the NHS' focusing on inclusion and reducing inequalities within the cancer workforce. This is detailed further in the 'Addressing Workforce & Education Inequalities within the Cancer Workforce' poster.

Diagnosis, Treatment and Care

The work to tackle inequalities in Diagnosis, Treatment and Care has been steered through our EIA process, ensuring that any innovation, change or new service does not increase inequalities, some examples of this work include:

- Work on the Single Queue pathway to ensure cost of travel is not a barrier to accessing diagnostics
- Identification of the inequalities that exist in accessing CT colonography for older people and people with a disability and action to address this
- Robust EIAs of the Personalised Stratified Follow Up (PSFU) process leading to working around education and accessibility of information

Through the personalised care innovation fund a post has been recruited at MFT to look at the inequalities in the PSFU pathway.

GM Cancer – Overarching

Other projects that occurred in 23/24:

- Creation of an Inequalities Data Hub (see poster for more details)
- Recruitment to a VCSE Strategic Lead for Cancer and Inequalities role with our partners 10GM. This post will increase the VCSE voice within the cancer system and increase the VCSE capacity to support the cancer system
- Embedding of the Equality Impact Assessment (EIA) process into GM Cancer Alliance project planning and development process
- Delivery of Health Literacy training to GM Cancer Alliance staff
- Further development of the patient and public involvement and engagement programme with a focus on increasing diversity of voice (see poster for more details)

Strategy



Newsletter

