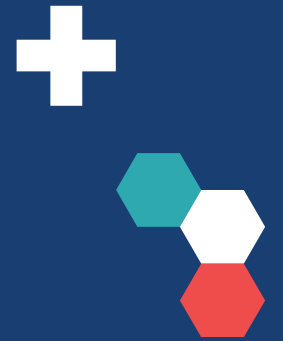


Investigating health inequalities in the access to, experience of, and outcomes from treatment for lung cancer: A mixed methods approach



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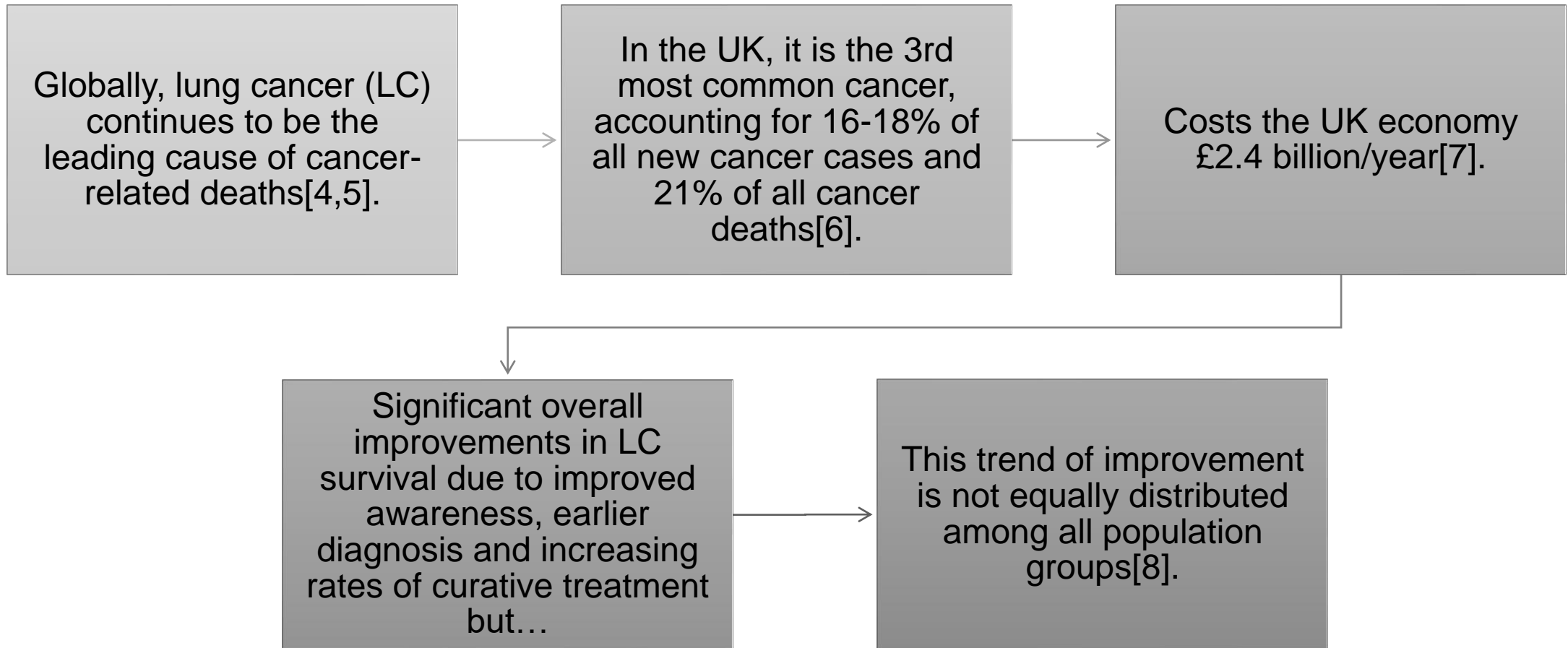
The Context

In England, there are persistent Health Inequalities (HIs) across the life course which, following a period of decline, has risen again in the last decade[1].

The NHS Long Term Plan[2], outlines ambitions for the whole health system to close the gap on HIs and set specific targets.

Supported by the launch of the 'Core20PLUS5[3].

Inequalities in Lung Cancer



The Project

Partnership Working

- A collaboration between a local hospital, Cancer Alliance and ARC Northwest London (NWL)

Resource

- RM partners funded a one-year health inequalities research fellowship

Aims

- To identify potential areas of health inequalities in LC care provided by a NWL Trust
- Make recommendations to address these inequalities within and beyond the hospital setting



Methods

Systematic scoping review of global literature

Ascertain existing evidence on HIs in LC care (databases: EMBASE, HMIC, Medline, PsycINFO, and PubMed).



LC pathway studied in detail for HIs

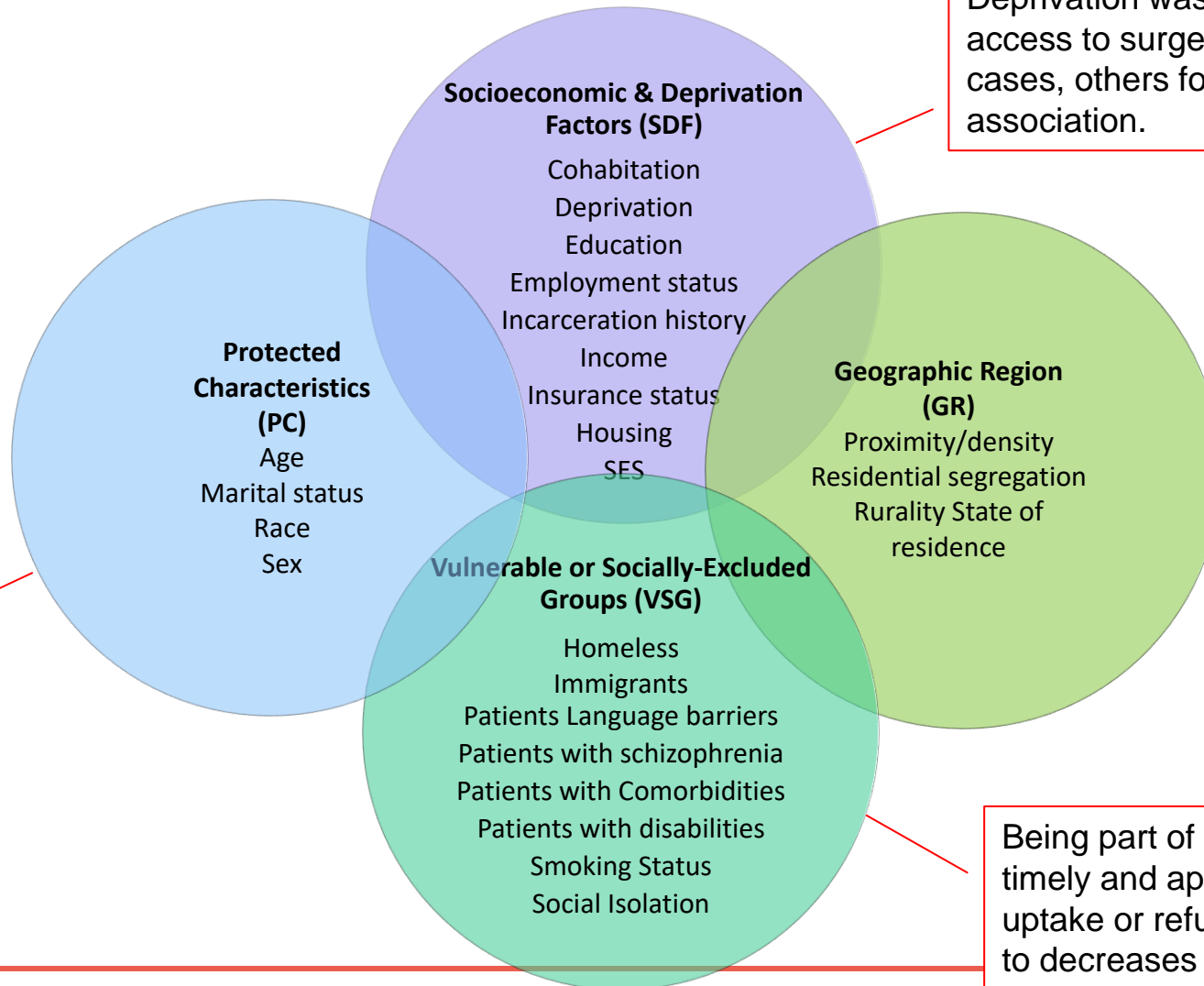
Data from patients with suspected (n=6,414) and confirmed LC (n=975) were analysed. Univariate and multivariate logistic regressions with HI variables (e.g., age, sex, ethnicity, deprivation).



Semi-structured interviews

Insight into lived-experiences of HIs. Thematic content analysis was conducted using NVivo software.


Results: Scoping Review n=41



Deprivation was shown to impact access to surgery and survival in some cases, others found no such association.

Race impacts access to and uptake of treatment, however, relationship with survival and mortality was mixed.

Being part of a VSG impacted access to timely and appropriate care including uptake or refusal of surgery, also linked to decreases in survival and higher mortality.




Results: Quantitative analysis

Data Quality:

- ~ 25% of patients had ethnicity recorded as 'unknown' or 'not stated'.
- Potential vulnerabilities not included.

• LC Diagnosis and Death

- Patients who were older, White British, or referred via the Emergency Department (ED), were significantly more likely to receive a lung cancer diagnosis.
 - Being older or referred via ED significantly increased the likelihood of death.
 - Patients who were Asian or 'unknown ethnicity' more likely to fail to attend diagnostic test appointments.
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Results: Qualitative Analysis

The Experience

“People who are more vulnerable or don't fit the 'mould' don't have equal access to care.” – Staff

“I am the breadwinner of the family... I had to stop working.” - Patient

Challenges

“If I had been asked then I would be happy to give the information.”- Patient

“If the data is not in there, reason is because they don't know what to record, when to record, what is mandatory, and what is not important”. – Staff

Ways to Improve

“We could try and book everything in one day and arrange transport so they don't have to keep coming back and paying.”- S12

“The hospital could write one sentence along the lines of 'We would like to ask your permission for you to answer the following questions as this helps us provide the best medical care for everybody'.”- P1

Recommendations and Next Steps



Improve recording of health inequalities data variables.



Consider and support the additional needs of older patients.



Symptom awareness to support earlier diagnosis of lung cancer and increased GP referrals.



Findings are supporting the development of a Trust HI-reduction strategy including a 'How to guide' for investigating HIs which will be implemented and tested.



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