

Cross Party Group on Cancer: Inequalities Inquiry – Evidence Session 1

Key details

- **What:** Cross Party Group on Cancer, launch of cancer and inequalities inquiry and AGM
- **When:** 14.00 – 15.30, Thursday 1st December 2022
- **Where:** Teams meeting.
- **Purpose of the session:** To present evidence to members on inequalities in cancer.

Topic

This session is focussed on presenting evidence surrounding cancer, risk behaviours and diagnosis. Speakers from ASH Cymru, Tenovus, Macmillan and Public Health Wales all presented evidence on risk behaviours and cancer prevalence in deprived communities to contribute towards the evidence session.

Agenda

- 1. Opening the Inquiry of the CPG into inequalities 14.05-15.20**
 - a. Talk from Suzanne Cass, CEO of ASH Cymru on lung cancer inequalities.
 - b. Questions for Suzanne from members and attendees.
 - c. Talk from Judi Rhys, CEO of Tenovus on lung cancer inequalities.
 - d. Questions for Judi from members and attendees.
 - e. Talk from Julie Bishop, Public Health Wales on cancer, obesity and inequalities.
 - f. Questions for Julie from members and attendees.
 - g. Talk from Richard Pugh, Macmillan on access to screening, messaging and inequalities.
 - h. Questions for Richard from members and attendees.
- 2. AOB 15.20-15.30**

Attendees

Megan Cole
Katie Till
Suzanne Cass
Judi Rhys
Richard Pugh
Julie Bishop (Public Health Wales - No. 2 Capital Quarter)
Irranca-Davies, Huw (Aelod o'r Senedd | Member of the Senedd)
Doyle, Ryland (Staff Cymorth yr Aelod | Member Support Staff)
Dr Lee Campbell
Lowri Griffiths
Maddy Young
Glenn Page
Rachel Bott
Tom Crosby (Velindre - Consultants)
Paul Munim
Sikha de Souza (Public Health Wales - No. 2 Capital Quarter)
Benedict Lejac
Sarah Beard
Greg Pycroft
Llinos Price
Madelaine Phillips
Tracey Burke
Davies, Anthony (HSS - Quality & Nursing Directorate)

Dawn Casey (CTM UHB - Patient Care & Safety)
Dr Peter Henley
Emma Stevenson
Thomas Brayford
Jon Antoniazzi
Jenny-Anne Bishop (She / Her) Unique Trans (Guest
Marion Thorpe
Grimshaw, Stephanie (Staff Cymorth yr Aelod | Member
Support Staff)
Louise Carrington (NHS Wales Health Collaborative)
Annette Beasley (Cardiff and Vale UHB - CANCER SERVICES)
Rose, Graeme
Alicia Rice
Rachael Barlow (Cardiff and Vale UHB - PREHABILITATION)
Isherwood, Mark (Aelod o'r Senedd | Member of the Senedd)
Clark, Maggie
Gonzalez, Lee (Staff Cymorth yr Aelod | Member Support
Staff)

Introductions

Huw introduces the session and the speakers outlining the session's focus on risk factors and early diagnosis in deprived communities.

Huw introduces Suzanne who will be discussing smoking risk factors and prevalence in deprived communities.

Presentation from Suzanne Cass – CEO ASH Cymru

Suzanne begins her talk by discussing Smoke free Wales and the work ASH Cymru have done to contribute to the Welsh Government's smoke free Wales strategy.

Suzanne then discusses the life expectancy stats for smokers and outlines the regional variance surrounding areas with higher levels of deprivation.

Stating that in Wales we have seen little improvement over the last decade, with poorer people in Wales dying on average 7 years earlier than those more affluent and it is anticipated that the current cost of living crisis with further this divide.

While smoking prevalence has fallen in Wales with the latest stats saying around 13% of those in Wales smoke. However, we must be mindful of the way data is collected during the pandemic. So Pre covid figures were slightly higher. So despite a fall in smoking rates in Wales, there has been little change in smoking inequalities.

Suzanne went on to outline that 6/10 smokers in Wales want to quit smoking. And the rates of those who do quit are heavily influenced by the environments in which they live. So many find it hard to break intergenerational trends of smoking. So those who live in poorer communities are more likely (22% compared to 5%) to struggle to quit. Children whose parents smoke are three times more likely to become smokers themselves.

Suzanne moved on to discuss smoking and cancer rates in Wales. Attributing smoking to be the biggest preventable cause of cancer. 7200 cancer cases in Wales could be prevented, including 3000 smoking related cancers.

Questions to Suzanne

- **Katie Till CRUK** - What do we know about the barriers for those trying to quit smoking?

Suzanne: Success rates among those in less affluent areas do not translate as well as those in affluent areas despite an appetite to quit. We need to assess the support in place for them and learn to understand those living more complicated lives.

- **Glenn Page Macmillan** -What evidence is there around adverse childhood experience to suggest this is a barrier for many to quit smoking?

Suzanne: Those who are born to parents who smoke are far more likely to start smoking and far less likely to quit. Teenage mums for example, may often smoke during pregnancy due to conditioning.

Huw introduces our next speaker Judi Rhys

Presentation by Judi Rhys – Tenovus

Judi outlines the topic of her talk on smoking, lung cancer, screening and health inequalities.

Between the most and least deprived groups the healthy life expectancy falls by around 19 years. And when looking at geographical levels, life expectancy a male born in Blaenau Gwent will live for 76 years compared to 80.5 years in Monmouthshire. And one of the biggest drivers of this is tobacco use and smoking rates in deprived quintiles in Wales.

Lung cancer isn't experienced equally throughout the population. There are a range of factors that contributed towards this inequality with key risk factors playing a role. For example, lower awareness of symptoms and reporting these. Incidence is 2.75 times higher in the most deprived areas and lung cancer mortality is 2.9 times higher in these areas.

Survival rates for lung cancer are also very poor in the most deprived areas. With just over 6% lower survival rates in the most deprived areas compared to the most affluent. The reasons behind survival are extremely complex. However, what we do know is that there are links between unemployment education and residency which act as barriers to symptomatic presentation and contribute towards stigma.

How do we address these inequalities? Judi attributes early detection of lung cancer and screening programmes as one step towards addressing this. Targeted lung screening checks and campaigns will help deprived communities and be a huge step forward. One study reported that 85% of tumours that were diagnosed at an earlier stage helped lower cancer mortality by 20%.

Questions for Judi

Katie Till CRUK – What are the barriers for those in deprived communities taking part in pilots?

Judi – Much of the barriers are around health stigma, many we saw highlighted in the pandemic where people don't feel like bothering their GP with their illness because they think there are bigger issues out there.

Mark Isherwood MS – How does vaping contribute to cancer incidence and smoking rates in deprived communities?

Judi – Attributes vaping as a good smoking cessation tool and reiterates the message "if you don't smoke don't vape"

Huw Introduces next speaker Julie Bishop Public Health Wales

Julie Bishop's presentation

Julie outlines her presentations focus on obesity and the health factors that contributed to cancer rates in deprived communities in Wales.

Julie begins by discussing the wider determinants of health and how they affect cancer rates. With determinants including income, employment, housing and education. Julie outlines there are also significant behavioural determinants such as smoking and obesity.

Julie then outlined the obesity rates in Wales and the correlation between higher levels of overweight and obese individuals living in areas of high deprivation.

Julie then discussed the need for a universal approach to tackling the problems that deprived groups experience and emphasised a need to not isolate these deprived groups. Universal approaches include measures like the ban on indoor smoking.

Questions to Julie

Glenn Page – Macmillan: How can the wider determinants of health contribute towards the effectiveness of public health approaches?

Julie – There needs to be a whole person whole population approach to addressing many of these issues.

Huw calls for all questions to be asked after the final speaker due to time constraints and introduces the final speaker Richard Pugh.

Presentation by Richard Pugh – Macmillan.

Richard outlines his talk will focus on the information aspect of inequalities and the way we effectively communicate to deprived communities.

Richard suggests that the problems outlined in all the presentations today have been around for decades, however, it is good that we are working to address them and acknowledge the impact they have on deprived communities. It is also a good thing that we are proposing new solutions to old problems rather than assuming that individuals are unsalvageable because they belong to a certain demographic or come from a certain area.

Richard then outlines the barriers to communicating with deprived groups such as inability to read, access to information sources such as internet/WIFI access or the ability to understand complex language on leaflets distributed by NHS/Third sector. He also comments on the impact of the cost of living to the stress and worry of deprived groups, attributing the cost-of-living crisis as another reason individuals may not prioritise their health.

Richard suggests a holistic approach is needed to address these problems and data must be called upon to understand why these groups are unable to get the treatment and services they need.

Huw calls for questions

Katie Till CRUK – Asks Richard about the impact of the cost-of-living grants Macmillan give to individuals?

Richard – Cites a case of a self-employed gentleman who put off his treatment due to the perceived financial burden of being unable to work.

Huw calls the meeting to an end and tells members to answer the consultation to contribute towards the inquiry.