Health and high quality care for all, now and for future generations

Reducing inequalities in cancer care has been a priority policy issue since the publication of the Cancer Reform Strategy in 2007 and has recently been reiterated by the Independent Cancer Taskforce in its report, *Achieving World-Class Cancer Outcomes* (July 2015). The Taskforce’s report and a number of other reports and surveys have highlighted that people from Black and Minority Ethnic (BME) communities overall have poorer experiences of NHS cancer services. In particular, a critical issue raised is the lack of access to culturally appropriate practical support services, including ethnically appropriate prostheses and wig fitting services.

NHS England and other key arm’s length bodies are currently planning for implementation of the Cancer Taskforce’s report. At the same time, work is ongoing in relation to a number of the key strategic priority areas highlighted by the Taskforce, including improving experiences of care, treatment and support for all people with cancer.

As part of this ongoing work, NHS England’s Patient Experience Team is looking to develop the evidence base and improvement plans for BME experience of care in cancer services and deliver parity of esteem. In light of this, we would like to develop an in-depth understanding of the factors contributing to the inequality in experience of care for people from BME groups in cancer services. We want to identify strategies that would help to reduce the inequality in experience and outcomes for patients, with an ambition to achieve equality in outcomes.

To support this, the Patient Experience Team within NHS England has commissioned a scoping project to determine what more can be done across the system to ensure equal and timely access to ethnically appropriate wigs and prostheses for BME groups. This will involve:

FAO: CCG Clinical Leaders and Accountable Officers
• A review of the key issues in accessing and supplying appropriate wigs and prostheses for BME Groups;
• Identification of existing good practice across NHS England regions;
• Presentation of potential solutions to present a case for action to NHS England, CCGs, providers and other key stakeholders;
• Solutions and further actions required to help inform future development of commissioning guidance for BME groups.

We are interested to hear from CCGs, providers, suppliers, patient leaders and experts by experience about their experience in commissioning, providing and using these specific support services so we can share models of good practice and identify potential solutions for addressing this issue.

Please contact Cathy Regan (cathy.regan@pcc.nhs.uk) for more information and if you are able to contribute to this work.

Yours sincerely,

Catherine Thompson
Patient Experience Lead

Publications Gateway: 04686