

# Variation by ethnicity in personalised care and support planning for patients diagnosed with cancer in England

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## Background

Personalised care is essential to the cancer pathway. Holistic Needs Assessments (HNAs) are structured tools used to identify a patient's physical, social, emotional, and financial needs. HNAs support conversations that inform the development of a Personalised Care and Support Plan, also known as care planning.

Existing evidence highlights ethnic inequalities in cancer care, with people who are Black or Asian or who have mixed ethnicity reporting poorer overall experience of care compared with the national average (1). This study explores whether such disparities extend to the offer of an HNA or care planning within two years of a cancer diagnosis among people diagnosed with cancer in England in 2021.

## Methods

We used National Cancer Registration Data to identify patients diagnosed with a malignant tumour (ICD-10 C00-C97 excluding C44) in 2021. These records were linked to pathway data from the Rapid Cancer Registration Dataset to identify HNA and care planning activity.

We excluded patients with a stage 0 tumour, patients who died on the day of diagnosis, and patients with death certificate only diagnoses. We also excluded data from NHS Trusts where there were <10 HNA/care planning records and ≤100 patients diagnosed in 2021, or <20 HNA/care planning records and >100 patients diagnosed in 2021 (excluded Trusts: n=12 and n=18 for HNA and care planning cohorts, respectively).

We calculated the proportion (95% CI) of patients in each broad and specific ethnic group receiving at least one HNA or care planning offer within two years of diagnosis. Proportions were compared using two-proportion Z-tests (p<0.05).

## Conclusions

Patients from ethnically diverse backgrounds were less likely to be offered an HNA or care planning compared with patients of White British ethnicity. In addition, analysing both broad and specific ethnicity showed that broad

## Results

Of 305,645 and 298,550 patients included in the HNA and care planning cohorts, respectively, 26.1% were offered an HNA and 24.1% were offered care planning (or care planning was deemed 'not required').

### Holistic Needs Assessments offered

- **White British:** 27.3% (27.1–27.4)
- **Most ethnicities** had lower proportions of offers compared with White British, though not all differences were statistically significant
- **Lowest proportions** of offers among:
  - **Bangladeshi** (15.2%, 12.7–18.2)
  - **Unknown ethnicity** (17.6%, 17.1–18.2)
  - **Any other Black background** (19.0%, 16.9–21.4)
  - **Caribbean** (20.3%, 18.8–21.8)
- Some ethnicities had **similar proportions** of offers compared with White British ethnicity, including patients of **White and Black Caribbean** ethnicity (27.6%, 23.5–32.3) and patients of **White and Asian** ethnicity (26.5%, 22.0–31.5)

### Care planning offered

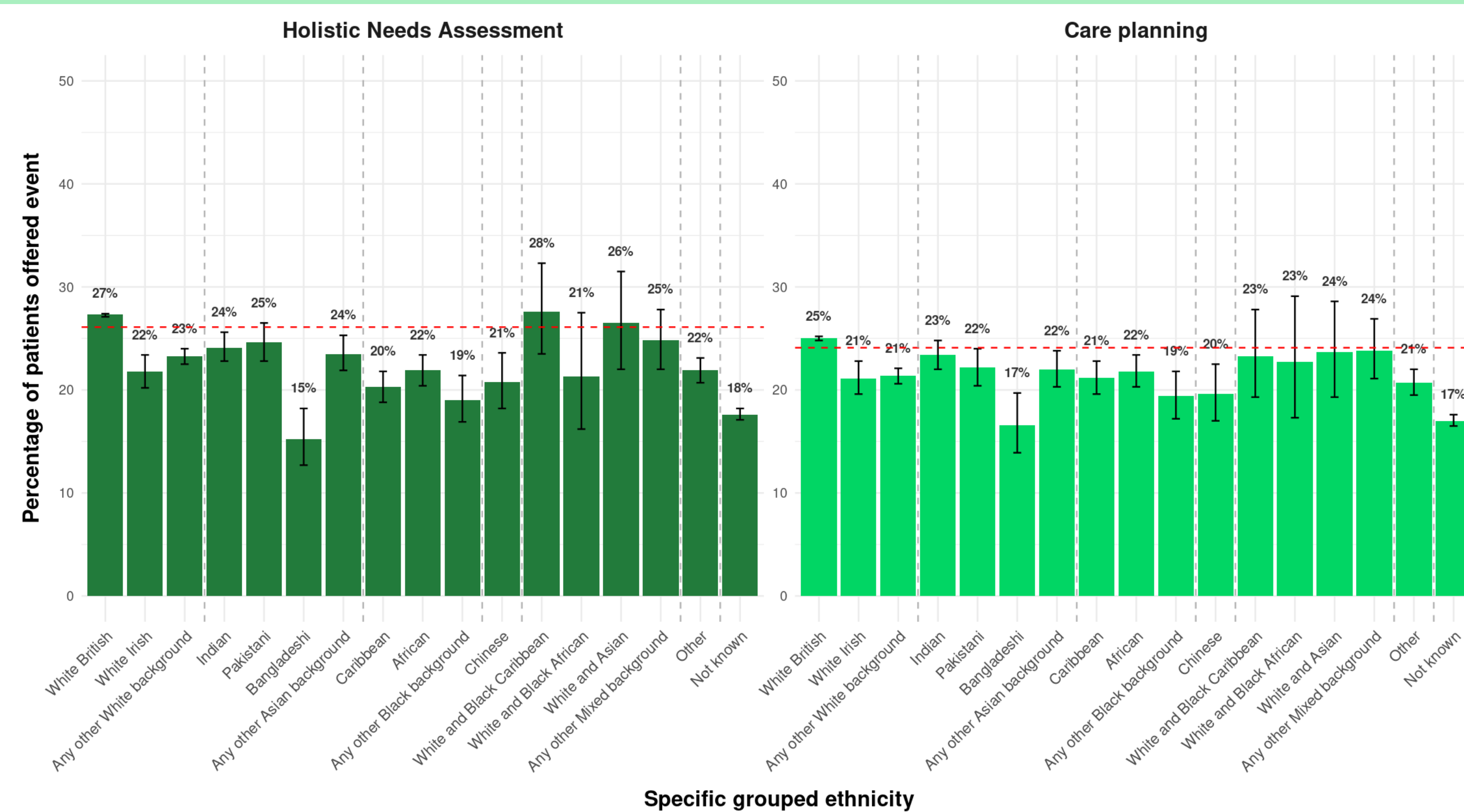
- **White British:** 25.0% (24.8–25.2)
- **All other ethnicities** had lower proportions of offers compared with White British, though not all differences were statistically significant
- **Lowest proportions** of offers among:
  - **Bangladeshi** (16.6%, 13.9–19.7)
  - **Unknown ethnicity** (17.0%, 16.5–17.6)
  - **Any other Black background** (19.4%, 17.2–21.8)
  - **Chinese** (19.6%, 17.0–22.5)

### Within-group disparities

Significant variation also existed within broad ethnic groups:

- **Asian:** Bangladeshi patients had lower proportions of both HNA and care planning offers compared with patients of Indian, Pakistani, or Other Asian ethnicity (all p<0.05)
- **Black:** Caribbean or Any other Black background patients had lower proportions of both HNA and care planning offers compared with patients of African ethnicity (not significant due to wide confidence intervals)

**Figure 1:** Proportion of patients diagnosed with cancer in England in 2021 receiving an offer of a holistic needs assessment or care planning post-diagnosis, by specific ethnic groups



Solid vertical lines represent 95% confidence intervals. Dashed horizontal lines represent overall mean (HNA: 26.1%; Care planning: 24.1%).

grouping can mask important variation.

Differences may reflect language barriers, since some ethnically diverse groups are less likely to speak English as a first language, or a lack of staff awareness or cultural competency. This requires further exploration.

Currently the HNA is available for use in 32 languages in PDF format on the Macmillan website (2).

Multivariable analysis is also needed to assess whether differences persist after adjusting for age, cancer type, and other demographic or clinical factors.