

Lifting the lid: Uncovering hidden inequities

Breast cancer diagnosis: State of the Nation 2024

Read the full report to understand where inequity exists in your area [Click here](#)



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Early diagnosis is critical to the chances of surviving breast cancer. NHS England has a target to reach early diagnosis in 75% of cancers by 2028¹. However, it is not on track to meet this target for all groups of women. ICBs and Cancer Alliances urgently need to understand what drives these unjustified disparities and develop new approaches to breast cancer diagnosis and specific programmes of work to improve outcomes for all women with breast cancer.

Who loses out on early diagnosis?

Although most breast cancers are caught early, certain groups of women are at a striking diagnosis disadvantage. Our analysis of 217,000 individual instances of breast cancer diagnosis in England between 2019/20 and 2022/23 uncovers the women who are more likely to be diagnosed once their breast cancer has already progressed.

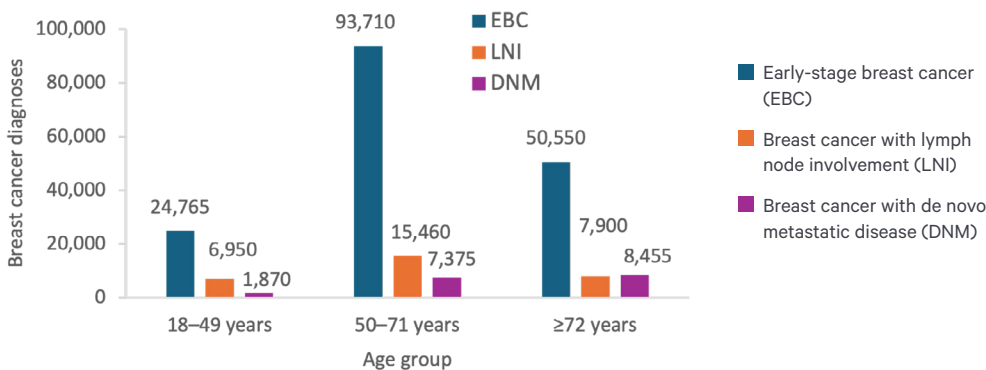
With higher rates of late diagnosis and poorer chances of survival, these women are being left behind to suffer inexcusable inequity:

- **Black and South Asian women** vs White (British).
- **Women in the most deprived areas** vs the least deprived.
- **Older women** ≥72 years vs screening-age women 50–71 years (who receive routine mammogram invitations).
- **Women in certain localities** highlighted by the variation between the 21 Cancer Alliances in England, e.g. only seven met the NHS’s 75% target for early diagnosis in women below routine screening age (18–49 years).

Age matters

Fig 1. Initial diagnoses of breast cancer by age and diagnosis (England 2019/20–2022/23).

fig 1



Digging deeper into the social determinants of health

Fig 2. Significance of the inequity in proportion of initial diagnoses of early-stage breast cancer between the least versus most deprived quintile in women age 50–71 years (by Cancer Alliance, 2019/20–2022/23) where significance is a signifier of the level of inequity between two groups.

Fig 3. Alert signals from the data: example profile of an individual Cancer Alliance.

fig 3

	Age (years)								
	18–49			50–71			≥72		
	EBC	LNI	DNM	EBC	LNI	DNM	EBC	LNI	DNM
Ethnicity	SA			SA	SA				
Deprivation									
+ ethnicity	x	x		x	x				x
+ urbanicity				x	x				
Literacy				x	x	x	x		
+ ethnicity				SA		SA			

SA = South Asian

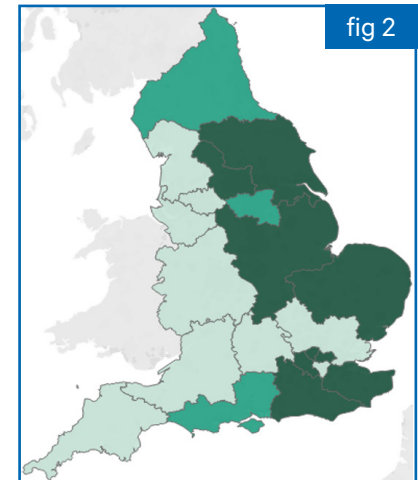


fig 2

Statistical significance level:
 0 = not significant ($p \geq 0.1$)
 1 = likely significant ($p \geq 0.05$, $p < 0.1$)
 2 = significant ($p < 0.05$)

A fairer future for breast cancer

How to build equity into diagnosis

Achieving a fairer future for breast cancer diagnosis relies on identifying where the imbalances exist that lead to poorer health outcomes. In prioritising health equity, NHS England recognises that some groups of people need more support to enable everybody a fair opportunity to reach their full potential for health and wellbeing.

HEALTH EQUALITY VS HEALTH EQUITY



Treating patients the same, allocating healthcare evenly.

Treating patients according to their needs, allocating healthcare strategically.

ICBs and Cancer Alliances will need to evolve services that are a better fit for individual groups of people and distribute resources strategically to build fairness into the bricks and mortar of the system.

References:

¹ NHS Long Term Plan ambitions for cancer. Available from: <https://www.england.nhs.uk/cancer/strategy/> (accessed June 2024).

The building blocks of fairness

Understand inequity

The foundation stone of fairness is understanding who is losing out on early diagnosis and why. Use the alert signals from the data in this report to start uncovering inequity in your area.

Meaningful engagement

Dig deeper into the reasons why certain women are being left behind. Listen carefully to their insights and concerns about where the barriers to early diagnosis lie, especially to those with direct experience of breast cancer.

Build trust

Real breast cancer stories are powerful. Try collaborating with someone whose voice could resonate with their community. Breast health can be a delicate subject, so being culturally sensitive is also an opportunity to grow a community's confidence.

Develop with not for

Co-design solutions together with communities to help ground discussions in reality and identify what services/support will truly work for them to come forward earlier, for example, or proactively request breast screening.

Create true accessibility

Think about ways to start breaking down the barriers and make services truly accessible to specific groups. Consider ease of access from deprived areas, such as the practicalities of using public transport and appointment options for shift workers.

Simplify participation

Encourage women to join in by ensuring participation is as easy as possible. Straightforward services are more likely to boost involvement in screening and other breast health strategies.

Fairness will flourish in joined-up systems with user-friendly pathways.



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