

INTRODUCTION

Research suggests that there are ethnic variations in the incidence of certain types of blood cancer [1,2]. For example, multiple myeloma is more common amongst men and women of Black heritage.

It is widely accepted that there are also inequalities in care experiences in England, yet little blood cancer specific research has considered this. Data from the National Cancer Patient Experience Survey (NCPES) in general support that minority ethnic patients tend to report less positive experiences of their overall care [3].

More research is needed to therefore understand and address inequalities in cancer care.

AIM

The aim of this project was to understand the unmet needs of minority ethnic people living with blood cancer in England by:

1. Exploring existing national datasets on cancer care experience.
2. Exploring the perspectives of healthcare professionals on the meaning of culturally appropriate blood cancer care.

METHOD

The National Cancer Patient Experience Survey (NCPES)

The National Cancer Patient Experience Survey (NCPES) consists of 61 questions asking patients about their care experiences from seeking diagnosis through to receiving treatment.

Blood cancer specific patient data from the 2019 NCPES were analysed across five ethnic groups: White, Mixed, Asian, Black and other ethnicity.

Interviews with healthcare professionals

One-to-one interviews were conducted with seven healthcare professionals involved in blood cancer care to explore their experiences of supporting patients from minority ethnic groups.

Interviews were transcribed verbatim and analysed using reflexive thematic analysis.

REFERENCES

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- [2] Delon, C., Brown, K. F., Payne, N. W. S., Kotrotsios, Y., Vernon, S., & Shelton, J. (2022). Differences in cancer incidence by broad ethnic group in England, 2013-2017. *British Journal of Cancer*, 126(12), 1765-1773. doi: 10.1038/s41416-022-01718-5
- [3] Pinder, R. J., Ferguson, J., & Møller, H. (2016). Minority ethnicity patient satisfaction and experience: results of the National Cancer Patient Experience Survey in England. *BMJ Open*, 6(6), e011938. doi: 10.1136/bmjopen-2016-011938.

RESULTS



National Cancer Patient Experience Survey (NCPES)

NCPES data were available from 143 NHS Trusts.

The majority of respondents (88.3%) were of White heritage. According to prevalence data, **individuals who identified with a minority ethnic heritage were underrepresented** in the 2019 NCPES (see Table).

Ethnic group	NCPES 2019 response rate	Prevalence (2018)
Asian	288 (2.7%)	8,474 (4.3%)
Black	188 (1.7%)	5,018 (2.5%)
Mixed	99 (0.9%)	1,445 (0.7%)
Other	21 (0.2%)	3,057 (1.5%)
Unknown	667 (6.2%)	8,769 (4.4%)
White	9,553 (88.3%)	170,740 (86.4%)

Patients from minority ethnic backgrounds reported **poorer experiences** in relation to:

Overall blood cancer care

Waiting times

Understanding their health condition

Involvement in health decision making

Aspects of personalised care



Interviews with healthcare professionals

Theme 1: Language and Communication

Language was identified as a major factor which can influence how patients' experience care. Blood cancer is a complex condition and the terminology can be difficult for patients to understand. Explicit language barriers can lead to further communication challenges, impacting patient experience and limiting health engagement.

"...the system generally can feel quite complex and oppressive even if you're White British and your first language is English... let alone if you're not in that category."

Theme 2: Clustering of disadvantage

In addition to ethnicity, healthcare professionals identified other factors that impact patient experience, including education and religious beliefs. All healthcare professionals highlighted the importance of recognising the individual patient at the centre of culturally appropriate care.

"[Culturally appropriate care is] making sure that the patient understands and is able to understand and that the care that is provided fits them as an individual."

CONCLUSIONS

Blood cancer patients who identify with minority ethnic backgrounds reported poorer experiences of care compared to patients from White backgrounds. Considering the impact of ethnicity and culture has been highlighted as an important part of providing patient centred care. Qualitative research with patients from distinct minority ethnic communities is needed to understand disparities and to support the co-production of actions aimed at narrowing the care experience gap.

ACKNOWLEDGEMENTS

We would like to thank the healthcare professionals for giving their time to contribute to this research, which was funded by the Blood Cancer Alliance.