

## Manchester Cancer Awareness VCSE Funding Programme

### GUIDANCE

We are inviting applications for **four £4500 grants** from voluntary, community and social enterprise (VCSE) organisations with experience of working within Black African and Caribbean, South Asian, Middle Eastern and/or mixed-race communities to reduce health inequalities.

The grant application deadline is **12 midday on Tuesday 24 September 2024**. Macc will pay approved funding to successful applicants during October. Successful applicants must spend all of their funding by no later than 31 March 2025. Please make sure your proposed activities plan for this.

#### Background

The aim of this funding is to contribute to an increase in the proportion of cancers diagnosed at an early stage in Manchester, to meet the national ambition of 75% of all patients with cancer to receive a diagnosis in the earliest stages of the disease.

Cancer will affect many people in their lifetime. Statistically, people of Black African and Caribbean, South Asian, Middle Eastern and/or mixed-race ethnic groups are slightly less likely to receive a diagnosis at an early stage for some cancers and more likely to be diagnosed at a late stage for some cancer types.

Early diagnosis improves cancer survival. The earlier it is detected, the disease is less advanced and the sooner treatment can start - the better the chances of recovery. Treatments for cancer have improved over time and for some patients, treatment can now be personalised to improve chances of a cure. In some cases, cancers can be stopped from developing in the first place.

People from minoritised ethnicities are less likely to present to their GP when symptoms of ill health occur. This can be due to a lack of knowledge and awareness about how to access health care services, cancer signs & symptoms, and to understand the risk factors for cancer and how to address them. There is misinformation and there can also be stigma amongst members of the public about cancer diagnosis, ill-health and medical treatment.

We want you to tell us how you would use a £4500 grant to help raise awareness of cancers, as described in the next section, amongst the communities of minoritised ethnicities listed above.

#### Programme aims

At the end of this guidance document is data showing that early cancer diagnosis rates are lower amongst minoritised ethnicities than in the white population. Listed alphabetically below are seven broad types of cancer that specifically are under-diagnosed:

- breast
- colorectal / lower gastrointestinal
- gynaecological (focus on endometrial / womb & ovarian)
- head and neck
- lung
- upper gastrointestinal
- urological (kidney / bladder and haematuria)

[NHS Greater Manchester](#)<sup>1</sup> and the [Greater Manchester Cancer Alliance](#)<sup>2</sup> have made this funding available to VCSE organisations, aimed at engaging communities of Black African and Caribbean, South Asian, Middle Eastern and mixed-race people within the city of Manchester, to:

1. *Increase knowledge / awareness of the signs & symptoms of cancer*

Recognise common signs and symptoms of cancer (e.g., lumps, cough, unexpected bleeding, unexplained weight loss, change in bowel habit)

2. *Promote bodily vigilance (knowing what is right for your body)*

Understand what is right for your body, when something changes and be empowered to seek medical advice quickly. Cancer is common and there are many types affecting all parts of the body.

3. *Improve the understanding of cancer risk & how risk can be reduced*

There are many causes of cancer (smoking, weight, diet, physical activity, alcohol, ultraviolet light-exposure, family history, genetics, age) – many of which are modifiable, and can reduce a person's risk of developing cancer.

4. *Addressing myths, misinformation & stigma about cancer diagnosis & treatment*

Misinformation about the causes and treatment of cancer, and social stigma about the illness, are a potential barrier to people seeking help from their GP, cancer screening programmes and other NHS services.

5. *Encourage prompt attendance with GPs & cancer screening programmes & for people to readily be able to access reliable information about cancer ~~that is available~~*

Help can be simply encouraging people to talk about their health and to take care of themselves. Clarifying what someone needs to do to seek help from their GP, or signposting to information that is available, can be crucial.

## Public information about cancer

Information aimed at the public that VCSE organisations can use to help raise awareness amongst minoritised ethnicities include: <https://www.cancerresearchuk.org/about-cancer>.

There are also other sources of information provided in different languages, relevant to several of Manchester's minoritised ethnicities, e.g.:

- <https://www.macmillan.org.uk/cancer-information-and-support/get-help/in-your-language>
- <https://www.cancerresearchuk.org/about-cancer/coping/general-books-links/cancer-information-other-languages/resources-other-languages>
- <https://www.youtube.com/@askmydoc4217/featured>

To support VCSE organisations raise awareness of cancer, successful applicants will be required to attend, or will need to have already attended, either Cancer Research UK's "Talk Cancer" or "Train the Presenter training".

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<sup>1</sup> <https://gmintegratedcare.org.uk/nhs-gm/>

<sup>2</sup> <https://gmcancer.org.uk/>

## Cancer Research UK (CRUK) Training

The GM Cancer Alliance have commissioned free [“Talk Cancer” and “Train the Presenter” sessions](#)<sup>3</sup> from CRUK to train and give confidence to people in their ability to talk about cancer in their communities.

To aid successful grant applicants in the delivery of event-based awareness-raising activities, it is a condition of funding that organisations attend, or have already attended, a “Talk Cancer” or “Train the Presenter” training session. Train the Presenter session is highly recommended as this will enhance your presentation skills and support you in giving sensitive information to members of the public.

This training can help you promote health and wellbeing in your community and to make your conversations with people more impactful. Delivered by nurse trainers, the training will equip and empower you to raise cancer awareness in your community. It will do this by:

- increasing your knowledge of key messages around reducing the risk of cancer, the national cancer screening programmes, and spotting cancer early
- building your confidence to talk to the public about cancer
- helping you to encourage people to make healthy changes, access local services and visit their GP promptly with any concerns

The workshops are free and fill up fast. **You may wish to attend training, irrespective of whether your organisation’s grant application is successful.** If so, the next available sessions and links to sign-up are:

- [10am-4pm, Wednesday 28<sup>th</sup> August \(in-person session, “Train the Presenter”\)](#)<sup>4</sup>
- [2pm-4pm, Thursday 26<sup>th</sup> September \(online session, “Talk Cancer”\)](#)<sup>5</sup>
- [10am-4pm, Tuesday 15<sup>th</sup> October \(in-person session, “Train the Presenter”\)](#)<sup>6</sup>
- [2pm-4pm, Wednesday 20<sup>th</sup> November \(online session, “Talk Cancer”\)](#)<sup>7</sup>

CRUK will add more sessions throughout 2024/2025. In October, once funding decisions have been made, we will ask successful applicants whether they have already attended CRUK training or to establish if they still need to do so.

## Eligibility of applicant organisations

Please submit a grant application if your organisation meets the following criteria:

- a Charitable Incorporated Organisation, Community Benefit Society, Community Interest Company (limited by guarantee), Registered Charity or an Unincorporated Association
- with its own bank account
- already based and working within Manchester for the benefit of Black African and Caribbean, South Asian, Middle Eastern and/or mixed-race communities
- has attended, or will attend before project delivery, a CRUK training session
- able to deliver an activity in the city of Manchester that meets the programme aims as summarised in this guidance
- agrees to complete and return a Grant Monitoring Form after the activity is finished

<sup>3</sup> <https://www.cancerresearchuk.org/health-professional/awareness-and-prevention/cancer-awareness-training-programme>

<sup>4</sup> <https://www.gmcanceracademy.org.uk/event/cruk-talk-cancer-train-the-presenter-training-day-6/>

<sup>5</sup> <https://www.gmcanceracademy.org.uk/event/cruk-talk-cancer-online-cancer-awareness-workshop-17/>

<sup>6</sup> <https://www.gmcanceracademy.org.uk/event/cruk-talk-cancer-train-the-presenter-training-day-7/>

<sup>7</sup> <https://www.gmcanceracademy.org.uk/event/cruk-talk-cancer-online-cancer-awareness-workshop-18/>

## What we can fund

We want to fund activities that raise awareness of cancer amongst significant numbers of people from minoritised ethnicities, by addressing the key aspects numbered 1-5 in the “Programme aims” section on page two above.

Activities might include public events/meetings, educational/training courses, drop-in/advice surgeries, radio shows/podcasts, posters, videos, social media campaigns, articles in newsletters, or provision that adds on to existing activities, etc. However, we are also keen to see project ideas different to those suggested.

Be clear about the likely timescale for your activities, what do they consist of, what is the number or frequency of key actions?

To deliver these aims, we would expect to see activities with the following kinds of costs:

- room / equipment hire / light refreshments
- printing and other communications / materials costs
- training, staffing / expenses, travel
- administration / overheads

**NOTE:** successful applicants are **not** required to develop NEW resources; public cancer awareness information is available (see “Public information about cancer” on page two above).

In your application, try to be specific about which ethnicities you support, such as:

- Black African (e.g. Ghanaian, Nigerian, Somali) and Caribbean
- South Asian (e.g. Pakistani, Indian, Bangladeshi)
- Middle Eastern (e.g. Arab, Iranian, Kurdish)
- and/or other mixed-race people living in the city

Tell us where you will deliver your activities. People of minoritised ethnicities live all around Manchester, though most commonly in central and north areas of the city, including places such as Ardwick, Cheetham, Longsight, Moss Side, Whalley Range and surrounding areas.

## What we cannot fund

Unfortunately, we will not be able to fund:

- any activity not delivered within the city of Manchester
- direct payments to clients
- costs that cannot be incurred by March 2025
- core costs that would use this funding to replace existing other funding
- activities that promote a particular religion
- political organisations

## Queries about the grants programme

For general queries about the grants process, please email [grants@macc.org.uk](mailto:grants@macc.org.uk).

For more specific information about strategic approaches to reducing inequalities in cancer diagnosis contact [coral.higgins@nhs.net](mailto:coral.higgins@nhs.net).

For general support with preparing a bid to this programme, contact Macc’s capacity building team via 0333 321 3021 or [info@mcrcommunitycentral.org](mailto:info@mcrcommunitycentral.org).

## **Submitting your grant application**

Please read this guidance document and the application form in full before completing it. Email it in Microsoft Word or Open Document Text format (no PDFs please) to [grants@macc.org.uk](mailto:grants@macc.org.uk) by 12 midday on Tuesday 24 September 2024.

## **What happens after the grant application deadline closes?**

A panel of NHS and VCSE sector representatives will review the applications received and select organisations to fund. We will contact all applicant organisations no later than 14 October to notify the panel's decisions.

Subsequent to standard basic due diligence checks, we aim for successful organisations to have received their money ASAP during October and November 2024.

All funded activity must be wholly completed by the end of this financial year, i.e. 31 March 2025. We will be providing a post-project monitoring form that you must complete and submit by 30 April.

## **Project monitoring**

Applicant organisations need to think carefully about project monitoring. Aside from confirming what grant holders' spent their funding on and an overview of how their project went, we seek to gather specific information including:

- attendance and demographical information about the audience your activity reached
- confirmation of the numbers of people whose cancer awareness has increased, comparing before and after their participation in your funded activities, in terms of
  - cancer signs & symptoms
  - understanding cancer risks and how to reduce risks
  - understanding the benefits of early detection and the impact of cancer-stages at diagnosis on outcomes
  - understanding the importance of going to see your GPs and accessing cancer screening programmes
  - dispelling myths and misinformation and challenging stigmas around cancer
- anonymised case study-type information about participants and their comments about the barriers they experience in seeking cancer-related healthcare and advice
- where applicable, anonymised anecdotal evidence of specific individuals being encouraged by your organisation to access GP or cancer screening programme support
- recommendations and suggestions for improvements in access and information regarding cancer signs and symptoms

Grant holders must plan to submit a completed monitoring form no later than 30 April 2025.

## Background data

<https://cancerstats.ndrs.nhs.uk/COSD/Level3>

We have analysed 2020 data on cancers in Manchester and levels of diagnosis at an early and a late stage.

### Early Stage Diagnosis

Table 1 below shows the proportion on patients diagnosed at an early stage for broad ethnic groupings. Patients from Asian, Black, and mixed ethnic groups have slightly lower proportion of patients diagnosed at an early stage (29.1% - 31.1%) than the White population in Manchester (33.2%), but there is variation across different tumour pathways.

<b>Table 1: % diagnosed at early stage</b>	<b>Asian</b>	<b>Black</b>	<b>Mixed</b>	<b>White</b>
<i>Tumour Type</i>	<i>Early stage</i>	<i>Early stage</i>	<i>Early stage</i>	<i>Early stage</i>
All	31.1%	30.4%	29.1%	33.2%
Breast	56.2%	52.5%	54.8%	63.6%
Colorectal (bowel/colon/rectum)	26.7%	23.5%	26.9%	31.4%
Gynaecological (female reproductive organs)	32.3%	17.2%	17.5%	25.5%
Head & Neck	25.4%	29.1%	26.5%	36.6%
Lung	26.8%	24.9%	25.1%	27.4%
Upper Gastrointestinal (digestive tract)	17.2%	12.2%	15.0%	17.1%
Urological (urinary/reproductive organs)	38.8%	47.8%	39.3%	38.7%

Patients who identify as Asian are less likely to have an early-stage diagnosis than White patients for the following tumour pathways:

Breast (56.2% compared to 63.6%), Colorectal (26.7% compared to 31.4%), and Head & Neck (25.4% compared to 36.6%)

Asian patients are more likely to have an early-stage diagnosis for Gynaecological cancer (32.3% compared to 25.5%)

Patients who identify as Black are less likely to have an early-stage diagnosis than White patients for the following tumour pathways:

Breast (54.8% compared to 63.6%), Colorectal (23.5% compared to 31.4%), Gynaecological (17.2% compared to 25.5%), Head & Neck (26.5% compared to 36.6%) and Upper Gastrointestinal (12.2% compared to 17.1%)

Black patients are more likely to have an early-stage diagnosis for Urological (mainly prostate) cancer (47.8% compared to 38.7%)

Patients who identify as Mixed race are less likely to have an early-stage diagnosis than White patients for the following tumour pathways:

Breast (52.5% compared to 63.6%), Colorectal (26.9% compared to 31.4%), Gynaecological (17.5% compared to 25.5%), and Head & Neck (29.1% compared to 36.6%)

## Late Stage Diagnosis

Table 2 below shows the proportion on patients diagnosed at a late stage for the following broad ethnic groups.

Patients from Asian, Black, and Mixed ethnic groups have slightly lower proportion of patients diagnosed at a late stage (25.4% - 26.8%) than the White population in Manchester (31.0%), but there is variation across different tumour pathways.

Pathways with the highest proportion of cancers diagnosed at a late stage include Colorectal, Head & Neck, Lung, and Upper Gastrointestinal

<b>Table 2: % late stage</b>	<b>Asian</b>	<b>Black</b>	<b>Mixed</b>	<b>White</b>
<i>Tumour Type</i>	<i>Late stage</i>	<i>Late stage</i>	<i>Late stage</i>	<i>Late stage</i>
All	26.8%	26.7%	25.4%	31.0%
Breast	15.3%	15.5%	14.5%	12.9%
Colorectal (bowel/colon/rectum)	41.3%	42.2%	38.8%	42.4%
Gynaecological (female reproductive organs)	15.1%	19.2%	11.0%	14.9%
Head & Neck	50.6%	48.5%	45.5%	45.0%
Lung	55.2%	58.5%	62.1%	61.1%
Upper Gastrointestinal (digestive tract)	45.6%	44.6%	46.2%	51.5%
Urological (urinary/reproductive organs)	25.8%	23.2%	25.1%	31.0%

Patients who identify as Asian are more likely to have a late-stage diagnosis than White patients for the following tumour pathways:

Head & Neck (50.6% compared to 45.0%)

Asian patients are less likely to have a late-stage diagnosis for Lung cancer (55.2% compared to 61.1%), Upper Gastrointestinal (45.6% compared to 51.5%) and Urological (25.8% compared to 31.0%)

Patients who identify as Black are more likely to have a late-stage diagnosis than White patients for the following tumour pathways:

Gynaecological (19.2% compared to 14.9%)

Black patients are less likely to have a late-stage diagnosis for Upper Gastrointestinal (44.6% compared to 51.5%) and Urological (23.2% compared to 31.0%)

Patients who identify as Mixed race are less likely to have a late-stage diagnosis than White patients for the following tumour pathways:

Upper Gastrointestinal (46.29% compared to 51.5%) and Urological (25.1% compared to 31.0%)