**What is your experience of cancer screening?**

**Positive:**

* Self-examination as a form of screening
* Breast screening/diagnostic – immediately seen and good experience.
* Had to have quite heavy treatment after cervical screening but went on the have 5 children. Positive outcome.
* Really positive quick and efficient – very important.
* Comfortable with systems that support us
* Multiple screenings – dealt with quickly
* Taking bowel test and breast screening
* Lung screening at Sainsburys car park, easy to access
* Bowel screening pack improved now

**Negative:**

* Access to screening denied – give options
* Not taken up screening options
* Fight on behalf of a friend to support with interpreting
* Not being listened to when sharing family history
* Not able to access screening with a friend even when interpreting
* If non smoker no help/access service for passive smokers (Lung checks)
* Screening feedback – mistake so no result
* Sister aged 60 – she was refused breast cancer screening and died of breast cancer.
* Covid has delayed accessing appointments and screening – things get missed
* Difficult to access screening using public transport if can’t drive
* Diagnosis can fall through the cracks. Tests get done and can lead nowhere. This happened to me.
* Refused mammogram request.
* Someone who has English as Second Language was not allowed someone else with her at breast screening appointment – I had to advocate on her behalf and speak to manager re this.
* The Park centre reception are rude
* Breast screening isnt good at understanding the needs of women who have already had breast cancer

**Barriers/concerns/challenges:**

**Fear/Embarrassment:**

* Idea of finding out “There is something else wrong with me”
* Modest/shy
* Fear from family history
* Mammogram can be uncomfortable
* Pain mammograms?
* Previous unpleasant smear experience means don’t want to do again
* Messaging isn’t always clear or reassuring

**Transport:**

* Very difficult to attend medical appointments when could not drive
* Distance and time travelled to screening sites
* Breast screening – we need easier access than Preston Park
* Public transport – cost/time

**Negative experience/attitudes of NHS:**

* Concerns about NHS funding cuts, impacting on services/access
* “they don’t know what to do/how to deal with people post treatment”
* Men can ask for a get PSA test locally but NHS not confident in overall results.
* Cervical screening not listening at point of screening or ensuring comfort of patient during procedure.
* Diagnosis can fall through the net. Tests can get done and not go anywhere
* Hard to diagnose/tests are inconclusive.
* We are not listened to when we attend screening

**Cultural:**

* Cultural and religious barriers mean sex of the screener is important to feeling comfortable (needs a woman)
* Cultural/language barriers

**Screening age:**

* Screening age
* Longer we are living – screening age should be older
* Earlier screening age

**Inaccessible to specific groups:**

* What about LD/Autism/PD access
* Men not attending screenings.
* Passive smokers not considered priority by lung check screening programme.
* Juggling work, family,
* Age ranges

**Access to GPs:**

* Unable to get a GP appointment to access smear
* End up trying to diagnose self online – can’t access GP
* Improved access to GP appointments – first point of contact, f2f/physical exam
* More info to primary care about patient needs to improve access so more invitations for screening rather than patients having to initiate it – lots of barriers.

**Knowledge/beliefs:**

* Lack of knowledge
* If there was something wrong with my body I would know
* Men need to be made aware of signs and symptoms as less likely to approach GP/screening appointment
* What is the level off up take for women’s screening? Less campaigns now for screening programmes.
* Make known what symptoms are particularly for men

**What do you think we as a community could do to support people to access screening?**

**Cancer awareness/information:**

* Informing symptoms, evidence, stats with invitation letters,
* Information, knowledge understanding – media/gp/community
* Important of signs and symptoms on all cancers.
* Need the rarer cancers included in screening programme. More info on signs and symptoms.
* Talk about it more – discuss symptoms, address stigma
* Through influencers in the community (social media)
* Knowledge and awareness – personal health trivial pursuit/quiz.
* Leaflets in public spaces and newsletters and Facebook page.
* Raising awareness
* Information, knowledge, understanding
* Community workshops, events, forums
* Signs and symptoms
* More info about vaccine programme - benefits – wider community.
* Myth busting/reducing fear.
* Publicity – info
* Support for men/women – personal experiences – positive messages.
* Think about events at local surgeries (Men!)
* Use PPS’s to bring patients together – surgery based events
* Inclusive resources
* HPV vaccine - improve uptake- family awareness

**Accessible resources:**

* Interpreting
* Inclusive resources
* Accessible, clear, simple language – no jargon.

**Personalised Approach:**

* Choice of female/male doctor/profession
* Person centred approach by GPs
* Support eg dogs for nervous patients/quiet sessions
* Flexibility of days/times for appointments
* Availability of appointments

**Volunteer/advocate support:**

* Friend/chaperone/interpreter
* Advocate
* Volunteer
* Volunteer buddy system
* Chaperone/friend/volunteer

**Transport:**

* Public transport – links/routes, accessible buses, cost a barrier
* Transport – negotiate deal to improve access
* Volunteer drivers – to access appointments
* Group of residents transported in a minibus, block book appointments

**Accessible location:**

* Take services to the community – groups, work place, schools etc.
* Mobile units – walk ins, easier to access
* Is there data to compare take up from polyclinic to Preston Park?
* Mobile units – Polyclinic, Waitrose – accessibility/bring to local community – publicise location
* Mobile unit – coming into community – accessible
* Bring access closer

**Extend screening age:**

* Post menopausal cervical screening.
* Info on over 70 access
* Fingertip data picked up by Sky news
* Lower and extend screening ages
* Screening age should be extended as we are living longer.
* Screening age should be lowered

**Positive experience:**

* Positive approach
* Creating a positive experience
* Make screening a positive/nice experience – link to eye/dental care

**Other comments:**

* Resources can be used inefficiently
* Why certain age?
* Self refer
* The importance of genetic connections.
* Medics need time to join up complex conditions.
* Mike and Mark to do talking heads promo on bowel screening
* Response time is key
* Role out of Mile Oak Good Practice
* Incentivise screening?
* Targeting cannabis users re smoking issues