HEALTH AWARENESS: ATTITUDES TOWARDS CANCER SCREENING

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1. Introduction - background to the research.

I am conducting this research in the role of Community Researcher working for Sussex Interpreting Services (SIS). SIS is part of a successful partnership bid in for Community Participatory Action Research (CPAR) to tackle health issues related to COVID-19.

The partnership is sponsored by NHS Sussex Health Care partnership with Trust for Developing Communities, Hangleton and Knoll Project, Crawley Citizen's Advice Bureau, and Hastings Voluntary Action who were all involved in the research carried out in June 2020 about BAMER experience of Covid 19. I also contributed to this project as a Community Researcher.

CPAR is an approach to research where all stakeholders are equal partners, working together to make positive change within communities. The research subject chosen by CPAR Partnership in Sussex is Health Awareness: Attitudes towards Cancer Screening. This topic is of interest to the communities we are working with as well as a priority for the healthcare system.

Background to issues from the NHS Cancer Screening Perspective

There are three NHS Cancer screening programmes – breast, bowel and cervical.

Cancer screening programmes are designed to detect pre-cancerous conditions and provide treatment before cancer develops (e.g. cervical) or to detect cancer in early stages where it is more easily treatable (e.g. breast screening) and thus people are more likely to survive. Some groups of people are less likely to take up cancer screening, and we would like to understand more about the reasons behind this, in order to overcome barriers and ensure equality of uptake.

Background to issues in Brighton and Hove

In people from culturally and ethnically diverse communities there can be a reluctance to openly discuss cancer conditions that can be increased due to factors that include poor access to information or perceptions of conscious and unconscious bias toward them.

The subject of cancer awareness and screening has been raised with the Community Voices

Group. Within the agreed topic Health Awareness: Attitudes towards Cancer Screening, the areas that will be explored are: current knowledge and access to information, awareness of screening processes, cultural attitudes to the subject and recommendations to overcome existing or potential barriers.

In order to deliver the above, I have, as a Community Researcher, attended training and mentoring sessions focussed on developing an understanding of community health and the understanding and application of community action research approaches, delivered by the Scottish Community Development Centre (SCDC).

2. Research proposal.

This research is focused on migrant communities and their experience on their access to cancer screening programs with an emphasis on the barriers they might encounter. For individuals who cannot speak English fluently, for example, it is much harder to find out what services are available to access them. The Health Care and Social Systems also vary from country to country and for a person who has not been living in the UK for long, the lack of knowledge of how the system works might also prevent them from accessing services that would be otherwise available to them. As a Spanish and Italian interpreter I can reach migrants who speak these languages, and my interviews can be conducted in their first language so they can express themselves freely and accurately, rendering the raw data as precise as possible. Therefore, my target communities are determined by languages and the subjects of these communities are Italian speakers from Italy and Spanish Speakers from Spain and Latin American countries.

With regards to the subject, the focus of this research is on three types of cancer, bowel, breast, and cervical cancer which are the ones that are currently offered for screening.

Concerning the demographics of the people interviewed, they were eight female and one male between 35 and 55 years old and all either Spanish or Italian speakers.

3. Research process and methods.

The research plan involved creating a list of questions relevant to the above communities and subject. These were the result of input from the partnership, regional advisory groups, and community leaders, as well as my own following the training I received.

The questions for the interviews were divided around four areas:

1. Background knowledge: We would like to find out what interviewees already know about these types of cancer and cancer screening and whether they have had general direct or indirect experience of cancer.

2. Systemic barriers: Interviewees will be asked about their experience in attending a cancer screening, and if they think there are any barriers, including the impact of Covid.
3. Lifestyle barriers: These questions are around access to GP surgeries and appointments, including transport, that might have an impact on access to screening.
4. Cultural barriers: Here interviewees will be asked about the importance of the ethnicity or the gender of the professionals carrying out the screening on one hand and how comfortable they feel about sharing a cancer or symptoms experience with their family or friends on the other hand.
5. Improvements and conclusions: Where we will seek interviewees opinions on things that would make them feel more comfortable around cancer and screenings and improving access to the latter.

To collect the data, I organised two face to face focus groups with three participants on one group and four participants on the other group and two face to face individual interviews, interviewing a total of 9 people.

I chose the focus group because based on experience, I have found out that this has worked well in the past for community research. By creating a safe environment in the group, people feel free to express themselves and share their opinions and experiences. They also create empathy amongst those participating as they are instantly sharing something they are interested in. In a focus group, when someone shares an idea, it makes other people think about it either in agreement or disagreement, and this opens dialogue which in turns brings other ideas to the forefront.

For the two individuals who could not attend the focus group I organised two single face to face interviews. This gave me a chance to explore the subject in more detail and gave me more time to take notes.

4. Research findings.

The following data compiles the answers from 9 individuals to the questions formulated. When the answers are the same or very similar they have been grouped together to avoid repetition.

Part one - background

QUESTION:

As you know that we are carrying out this research about cancer screenings, can you tell me what you know about cancer screenings and what they are?

RESPONSES:

The responses were all yes with different variations such as: It's preventive testing for different types of cancer; it's a test for specific cancers, e.g. cervical, breast, that checks the body for different signs of early disease; they are targeted tests for specific cancers; it's a way of testing for cancer; it's tests and checks for cancer, such as mammograms, colposcopies, it could also be a blood test that checks certain markers; yes they are tests where they take a small sample to check for cancerous cells or anything that should not be there and cell levels. GP explained how to self-check for lumps that should not be there. They also do blood tests that check things related to cancer prevention; Yes, it targets people with a specific profile, they are tests they do after you're a certain age, to prevent cancer.

Interviewees were well informed on screening.

QUESTION:

Are you aware of the symptoms of cervical/breast/bowel cancer? Can you name the symptoms?

RESPONSES:

For Cervical cancer, most people replied that they don't know or are not sure. Only two interviewees said: yes, spotting and yes, unusual discharge.

One interviewee stated that they don't think cervical cancer has any symptoms, and that it's very difficult to know.

For breast cancer, all interviewees were familiar with its symptoms. They named a lump on the breast, nipple discharge, pain on the shoulder, lump on lymph nodes, sore breast, pain on the armpits, puckering of the skin, nipple changes, sagging of the breast or any other changes in the consistency of the breast.

For bowel cancer, the majority of the interviewees answered yes and mentioned constipation or diarrhoea, abdominal pain, weight loss, blood in the stools, other changes in bowel movements, rectal pain. Two people did not know the symptoms for bowel cancer.

QUESTION:

Where would you go to find this information?

RESPONSES:

Google, NHS Website, Specialist charities, GP. Most people emphasized trust in their GP and checking from reliable sources if checking online.

QUESTION:

if you know anyone that has experienced cancer, what was their experience like? Did they experience any barriers?

RESPONSES:

Here the responses varied:

One interviewee answered yes, but in Italy, not in the UK and they did not experience any barriers and again another interviewee said yes, but not here in the UK and they were not aware of any barrier.

The rest replied yes with one interviewee stating that she knew many people who have experienced barriers. Here in England she knew someone very young who died very quickly. They problem was that in the NHS the diagnosis was made too late. People go to the doctor with symptoms, but they do not get referred or investigated in time.

Another interviewee had her mother who passed away from cancer. The main barrier she experienced was that her mother was in denial so did not get help straight away. This made it difficult for those around her too. So it was about the approach and how some people find more difficult to deal with it than others.

Another interviewee compared their experience with cancer through loved ones between Italy and the UK, stating that it's easier in Italy because there is more prevention. The cancer experience of the person they knew was also related to their approach: they refused chemotherapy and decided to follow a vegan diet and other natural methods, even going on TV to defend these methods. The main barrier they stated is ignorance: people who are not well informed would end up being subject to scams, such as "natural healers" with no scientific evidence who charge for services that have no results.

One interviewee answered yes, and the person in question waited too long to be checked, so the cancer was too advanced by the time they found out. Once again, the attitude was a barrier here, it was described as the "typical man" who believes he does not need help.

The waiting times were also described as a barrier. First there is a waiting time to be seen by the GP, then any tests the GP might request also take time, there is too much waiting. Then a referral to a consultant also takes a very long time. All this waiting is crucial in catching the cancer early, in addition, there is very little preventative medicine in the UK, often people go to the GP already displaying symptoms that could indicate that it's already advanced and then there is all the waiting.

An interviewee stated the lateness to detect the cancer was the problem in their case, they had a grandma and an uncle diagnosed too late, and they passed away really quickly without encountering any barriers in the system.

One of the interviewees had cancer herself. The main barrier she encountered was within the NHS and their traditional approach to medicine. She stated that at the time she was ill, they only offered three types of treatment, chemotherapy, radiotherapy and radiation. In her opinion there are other treatments that can be considered alongside those, such as thermotherapy that allows to see inflammation. With regards to screening she was sceptical about a mammogram being the best way to detect cancer. In addition, any additional therapies that are offered by Macmillan, for instance, are considered add-ons as opposed to being considered an integral part of the therapy.

Part two - systemic barriers

QUESTION:

Have you ever attended a cancer screening? What was your experience like?

RESPONSES:

Yes, mostly mammograms and smear tests. The access to screening was easy, it was offered to the interviewee several times by letter, and it was easier than in their country of origin. The appointments and the test were all ok.

The interviewee said they had a mammogram and a smear test. In Spain they do screening from 40 years old. Here they start later. She had the feeling that she was checked regularly there, but here is not enough. When she got older and was over 50 they started offering the screening by letter.

Yes. bowel and prostate. It was a straightforward experience, it's a bit of a worrying experience, the interviewee felt anxious while waiting for the results.

Yes to bowel because there's a family history of bowel cancer. It was difficult to get tested because the interviewee was not in the age bracket for regular screening, and she got mixed messages from GP and specialist doctor in the hospital. GP said she should be tested, specialist doctor said that the family history was not enough, she had to have symptoms to be screened.

Yes to smear test. The interviewee had a bad experience with a male doctor who was rude and insensitive to the pain that the test was causing.

Yes to smear test, had a couple of bad experiences with nurses who did not seem properly trained and could not find the right angle to get the sample. This caused discomfort, pain, and frustration in the patient as the nurses could not carry out the test.

It is very hard to get referrals for testing if you do not tick all the boxes but think you need to be tested.

QUESTION:

Do you think there are any barriers to accessing cancer screening? If so, can you give us any examples?

RESPONSES:

Yes, people don't know that it's available. People can't be bothered to go, they're not aware of the importance of screening. People think they do not need it.

No, there are telephone numbers to call, they give you an appointment quite quickly, it's more complicated in my country.

An interviewee stated that she had not had any problems, other than the process being quite slow. It took a while before she had the screening, as she had three telephone appointments (she did not know why so many) before the actual appointment at her surgery. She thinks she was requesting to be tested before she was eligible due to her age.

Some people don't know they exist, or they don't know they can have them done.

Other people don't want to find out the truth, they worry about being tested and being positive. So, these are more psychological barriers.

QUESTION:

Do you think COVID has had an impact on accessing screenings? How?

RESPONSES:

The responses were overwhelmingly definitively. This was due to two main factors, on one hand, a psychological factor for people who needed the screenings, who have been more reluctant to go to doctor or hospital appointments due to covid fear. On another hand, the lack of capacity of the NHS, with the system being overwhelmed, cancelling non-essential appointments, or not having enough staff. Making an appointment to see a GP face to face has been incredibly difficult during the pandemic, with appointments for other specialist doctors at the hospital or specialist services like screenings being even more difficult to book. When calling the GP surgery, consultations offered were only by phone where the doctor cannot examine a patient with potential cancer symptoms. Some surgeries had an e-consult option to make appointments online and many people struggled to use these and often symptoms were not listed.

In addition, due to the above difficulties, many patients just gave up trying to make an appointment or assumed the cancer screenings had been stopped altogether during the pandemic.

Covid has also had a massive impact on the waiting list for all appointments including screening.

Part three - lifestyle barriers

QUESTION:

Are you registered with a GP surgery? If not, why not?

RESPONSES:

Everyone who was interviewed was registered with a GP surgery and felt confident to go to their doctor.

QUESTION:

How does the time of appointments affect your ability to access cancer screenings or GP appointments, for example after work/childcare commitments etc.? If not you, do you think the time of appointments can have any impact on your community?

RESPONSES:

This question was confusing for many of the people interviewed. They were not sure if it meant the duration of the appointments, or the times at which the appointments are made.

Some interviewees said that for them it’s difficult to find the time to go to the doctor, due to work, childcare, and other activities. While some people prioritise doctor’s appointments and don’t have a problem to take time off work, for instance, some other people find it more difficult to request time off for appointments and delay making the appointment with the doctor. For mothers who care for young children is very difficult to leave them with someone else and often had to take their children to their appointments.

Another issue spoken about is how short the doctor’s appointments are. With 10 minutes or 20 minutes for people with interpreters, this does not give patients enough time to talk about their health issues or for GPs to offer a proper diagnostic, and patients often had to come back. Making an appointment with a GP is difficult due to covid and they do not offer face to face appointments in many surgeries and a telephone consultation is not the same.

In conclusion, time has an impact: there is an increased waiting time to be seen due to the lack of appointments, and the duration of the appointments is too short.

QUESTION:

How does access to transport affect your ability to access cancer screenings or GP appointments, for example are family members able to take you or are you able to get public transport and is it affordable for you/is there a bus stop nearby to where you live?

RESPONSES:

Transport was not an issue for any of the interviewees. They stated that Brighton is a small city, it´s very easy to use public transport, walk or cycle. Some of the interviewees have a car and they use it to go to appointments. It was mentioned that buses are expensive but not unaffordable.

Part four - cultural barriers

QUESTION:

How does the gender or ethnicity of the GP or nurse undertaking the screening matter to you? How important is it to be getting the screening done by someone who can speak your first language? OR how important do you think these things are for your community?

RESPONSES:

Ethnicity did not matter to any of the interviewees. The gender of the health practitioner was important for most of them. Most women interviewed did not mind having a male practitioner but preferred to be tested by women as they make them feel emotionally and naturally more comfortable, and they make them feel more relaxed. This was particularly important for smear tests, and for one person it was also important for bowel screening. Three women did not want to be tested by men, two of them based on negative experiences with men. Another woman said it was more important that the person doing the testing is empathic. For the male interviewee, he did not mind the gender.

With regards to the language, interviewees did not mind getting the screening done in English as they all speak it fluently, however they all agreed that for people who don’t speak English in their communities it’s very important that these can express themselves in their own language to communicate more freely and accurately, to be understood properly and because medical terms are more difficult.

QUESTION:

How comfortable are you talking about cancer in your community? Why/why not?

RESPONSES:

The responses from the interviewees were varied on this section. One of the interviewees who had cancer, struggled to speak about it because she did not want the pity, people who knew asked and she got “fed up” with talking about it. Now that she has been cleared, she feels more comfortable talking about it. Some of the interviewees felt they could talk about it stating that “it’s like any other illness” even though they understood that there is fear because it’s an illness that can’t be cured, while others thought it is something people don’t talk about much. They also found that it is easier to talk about it when there is no one who has or had it in the conversation and more difficult if there is some who has. Some of the interviewees agreed that it also depends on whether they are the one who is ill with it or not. This would affect their ability to talk about it, and most of them will feel more comfortable talking about it with people they know: for some it was friends, for some it was family or their partner, for someone it was other mums. This interviewee pointed out that she found easier speaking about it with English speaking mums than with Spanish speaking mums. She did not know why, stating that Spanish speaking mums might prefer to talk about cooking or other things, and she did not know if this is culturally related. She added that she does not generally speak about cancer to other people, the subject does not really come up. One of the interviewees was unsure but definitely felt ok to speak to the doctor about it in a medical setting. There was a general feeling amongst the interviewees that women talk about it more easily than men. Also younger mums/people find it more difficult to talk about.

QUESTION:

If you have had cancer, did you tell your friends/family? Why, why not? How far through was it when you told them?

RESPONSES:

Of the interviewees, only one has had cancer. She said that she had to tell her family, she could not hide it from them, they had to know, and besides, she wanted to share it with them. She was away from her family when she found out, and waited to come back to tell them, but it was in the early stages.

The rest of the interviewees were unsure whether they would tell their families and friends. They stated that they thought so, but some of them did not know whether they would.

QUESTION:

Would you tell your friends or family if you experience any symptoms?

RESPONES:

Again, some of the interviewees were unsure of the answer with two of them responding that they did not know what they would do. One of the interviewees stated that “they’re not big talkers” in her family, so it’s unlikely. Two interviewees said they would not tell their family because they would not want to worry them, especially with closer members of the family like their mums, while another one said she would be scared and therefore would not want to share that information also because she tends to deal with things on her own. Another interviewee said she is not good at sharing or expressing herself with others, so it would depend on how anxious she’d feel about it. The rest of the interviewees stated that they would tell their families and friends, specially husband or closer friends and family. One of the interviewees said that she did not understand why people are secretive about these things as this makes the experience a lot harder and there needs to be a normalisation process. She also thought this is a generational factor, with younger people being more open and talkative about health issues, which is, in her opinion, a positive thing.

Part five – improvements/conclusion

QUESTION:

What would make you feel more comfortable to talk about cancer symptoms/screenings?

RESPONSES:

Interviewees seemed to struggle with this question, many stating that they did not know, as it’s a difficult question for a difficult issue, but having someone who you they can trust (such as partner) seemed prevalent. For some having a nice and approachable GP would make easier to talk about it and this is the setting where they would feel most comfortable to talk about cancer symptoms/screenings. More time with GPs would also improve the chance and quality of the conversation with their doctor. One of the interviewees stated that a cultural change is needed for people to be able to talk more comfortably about this issue, as many people think of cancer as a death sentence, which it is not. Another interviewee agreed with this, stating that there needs to be some kind of normalisation in society so people can feel more open to talk about it. One way to approach this is for the NHS to give more information and make more emphasis on stories of successful patients.

Often consultants don't want to know what you're doing well and the things that are working if they are not traditional medicine, even though these might be contributing to a successful case. In addition, another way to normalise cancer would be to teach the basic issues at school, such as symptoms and self-checking, or teach about cancer itself.

QUESTION:

Is there anything that can be done to improve the access to cancer screenings or to overcome the barriers that we spoke about earlier?

RESPONSES:

Talks, more information, do more awareness campaigns (like the ones to stop smoking, or like the "touch your boobs" campaign), stressing how important it is to catch it in time. Show survival statistics. More advertising on social media, like pop up adverts, or in the toilets in public places.

Better info on how to self-check. More check-ups to be offered by GPs. Reminders for self-checking for symptoms or for appointments.

Women better than men at checking, targeting them on how to self-check via reminders or notifications on apps like Strava, that they use for doing sport and check often.

For general and specialist doctors to be more open minded towards an integrated approach for cancer. At the moment it feels like it is either or traditional versus alternative medicine, but these can work together, and the NHS should offer all these possibilities.

5. Key findings.

Although my target community was determined by language, it was up to me to find and contact individuals to carry out the interviews. Working as an interpreter, I have access to Italian and Spanish speaking migrants who would encounter language as a barrier to access services, however, because I provide a service to these users on behalf of an agency, it was not appropriate to approach them for this project in my role as an interpreter. Therefore, I approached individuals in my own community. These individuals all speak English proficiently, so even though they encounter barriers accessing health services, the language barrier was not reflected on the research.

More specifically within the Italian community that I approached, there is a lack of sense of community. All of the individuals I interviewed coincided in this: most are married to English people and have been living in the UK for a long time, so they feel well integrated in British society, are aware of how the health system works and have contact with other people of their own nationality and culture but not so much more than with people from other cultures. They feel strong ties with formed friendships and groups that are not necessarily culturally similar.

Within the Spanish speaking community that I approached, there is a stronger sense of community, based on bringing children up at the same time and making ties during the attendance to a bilingual playgroup. Similarly they have adapted to English culture, and they have not encountered barriers that any other British person would not encounter.

Within both cultures, there is a strong tendency to compare the health system and access to it in the UK against that of their country of origin, finding positive and negative aspects in both systems. Based on their personal experiences, there seem to be more preventive medicine in those countries than in the UK. Despite the guidelines both in Italy and Spain suggesting that smear tests should be done every three years[1], interviewees report that smear tests are still offered every year in Spain (this used to be the case before 2007)[2] and Italy, compared to every three years in the UK. The statistics for cervical cancer differ amongst those three countries: in 2020, according to the Spanish "Gaceta Médica" (*Medical Gazette*) the number of cervical cancer cases in Spain was around 2000[3], while in Italy, the Health Ministry recorded around 2400[4], and Cancer Research reported around 3200[5] in the UK.

The interviewees are well informed about screening and cancer symptoms. The cancer they are most familiar with is breast cancer, followed by bowel and cervical cancer. They are all registered with a GP. None of the interviewees had transport issues to go to appointments.

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[1] https://www.salute.gov.it/portale/donna/dettaglioContenutiDonna.jsp?lingua=italiano&id=4511&area=Salute+donna&menu=prevenzione

https://www.minifiv.es/blog/citologia#:~:text=La%20Sociedad%20Espa%C3%B1ola%20de%20Ginecolog%C3%ADa,los%2030%20hasta%20los%2065.

[2] https://elpais.com/diario/2007/08/08/catalunya/1186535245_850215.html#:~:text=El%20Departamento%20de%20Salud%20defiende,hecho%20la%20citolog%C3%ADa%20con%20regularidad.

[3] https://gacetamedica.com/investigacion/mas-de-2-000-mujeres-son-diagnosticadas-de-cancer-de-cervix-cada-ano-en-espana/#:~:text=El%20c%C3%A1ncer%20de%20cuello%20uterino,alrededor%20de%202.000%20en%20Espa%C3%B1a.

[4] https://www.salute.gov.it/portale/tumori/dettaglioContenutiTumori.jsp?lingua=italiano&id=5539&area=tumori&menu=vuoto#:~:text=In%20Italia%20sono%20stimati%20nel,i%2050%20anni%20di%20et%C3%A0.

[5] https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer#:~:text=There%20are%20around%203%2C200%20new,year%20(2016%2D2018).

None of the interviewees had language as a barrier, however, they all thought it is crucial to have interpreters for non-English speakers and agreed on the importance of being understood in one’s main language in a medical setting.

BARRIERS

With regards to general barriers related to cancer, there were two main factors:

- Barriers in the system: even though there is trust in the GPs and other doctors, it is difficult to get referred, GP appointments are too short, and many appointments are needed with the GP before a referral takes place with patients being diagnosed too late.
- Societal barriers(psychological, attitudes): Patients are in denial of cancer (either before or after diagnosis) or refuse conventional medicine.

With regards to barriers specific to cancer screening:

- There is not enough information about screening and the importance of it.
- Lack of knowledge: people do not know that screening is available to them, or they do not think they need it, or they do not take it seriously.
- Psychological barriers: people are afraid of the results and avoid having them done.

CANCER SCREENINGS

- Are easy and straight forward in general if the patient is within the age bracket and meets the criteria.
- It is more difficult to access screening for patients who are outside the age bracket or do not meet the criteria, even if there is family history or symptoms.
- Unpleasant experiences were reported by women from male practitioners and untrained GP nurses,
- The ethnic origin of the health practitioner is not important; however gender is: most women felt more comfortable being seen by women.

IMPACT OF COVID

Covid had most definitely an impact on cancer screenings:

- Fear: patients were scared to go to appointments for fear of catching the virus.
- Access to GP appointments was difficult, there were no face to face appointments and the telephone lines were often collapsed.

- Lack of NHS capacity due to reduced staff there was an increase in cancellations and waiting times on the waiting lists for appointments.

TALKING ABOUT CANCER

- It is easier to talk about cancer in a medical environment.
- It is easier to talk about cancer with someone you trust/know.
- It is easier to talk about cancer if no one in the conversation has or has had it.
- Women find talking about cancer and symptoms easier than men.
- People with cancer find talking about it difficult because they do not want the pity and they have the feeling of having to repeat the same story again and again. However, they felt they needed to speak to their family and share it with them.

TALKING ABOUT CANCER SYMPTOMS

- It is a very personal choice and there are many variants.
- Interviewees would not tell closer members of their family and friends to avoid worrying them.
- Interviewees would only talk about cancer symptoms depending on the level of anxiety these are causing or how serious they are
- Most interviewees would talk about cancer symptoms.
- Speaking about cancer symptoms might be a generational issue with younger individuals feeling more comfortable about it.
- Having someone one can trust makes taking about cancer symptoms easier in a personal environment.
- Having a nice, approachable, and trustworthy GP makes talking about cancer symptoms easier in a medical environment.
- More acceptance towards cancer within society and a cultural shift on attitudes towards cancer would make talking about cancer symptoms easier.

IMPROVEMENT OF ACCESS TO CANCER SCREENING. The following would improve the access to cancer screening:

- More general information.
- More awareness campaigns.
- More advertising.
- More information on how to self-check.
- More check-ups offered by GPs.

6. Actions – Recommendations.

For access to screening to improve, both short term and long term changes would need to take place. The short term changes should be addressed mainly within the GP practices and the NHS appointment system. The long term changes require a cultural shift that starts educating children at school.

Access to screening would improve if access to GP practices in the first place was made easier. The appointments system in most practices in East Sussex, requires patients to call on the same day or to fill in an e-consult online. This creates barriers for people who do not speak the language or who cannot use the internet, moreover, it creates frustration for those who do not have said barriers, as there are long waiting queues to both access the practice and get an appointment. The second issue with the GP appointment system is that the duration of the appointments is too short, and they do not give enough time to the patients to properly explore their problems. In addition to this, the referral system seems to be lengthy and difficult to navigate for patients, taking very long to be seen by a specialist doctor and in potential cancer cases this is crucial. Therefore, a consultation about the appointments system within GP practices and the NHS Hospital trust in East Sussex would be recommended.

With regards to longer term changes, children would need to be educated at a school age on self-checking for symptoms and taught about cancer in a healthy way to normalise talking about the condition, so people grow more familiar with it, eliminating the taboos around it. This could be introduced as part of the Curriculum within PHSE.

Another recommendation would be to increase cancer information for people by way of awareness campaigns and advertising by the NHS or local Trust using media and apps. In areas where there are large populations of non-English speakers, it would be important to provide cancer information in their own languages.

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