Conversations About Cancer

2025

Full Report

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Executive Summary

Between April and July 2025, Healthwatch Blackpool engaged with 1906 residents through surveys, focus groups, door knocking, and callbacks to better understand local awareness, experiences, and needs in relation to cancer care. The project combined data collection with education using the Talk Cancer approach, aiming to empower residents with knowledge while amplifying their voices.

Key findings

- **Experiences of cancer:** Breast, bowel, and lung cancer were the most frequently diagnosed. Most cancer types were detected at stage 3 or 4, often through GP visits or screening. Most experienced timely diagnoses, supportive staff, and clear communication, while others reported delays in the diagnostic process, misdiagnoses, and challenges accessing support.
- **Awareness and symptoms:** Confidence in recognising cancer signs and symptoms were limited for some, particularly for symptoms that are less common or can be mistaken for other conditions.
- **Vaccination and screening:** Attendance and awareness of national screening programmes (breast, bowel, cervical) were relatively high, with information about programmes being received predominantly via a letter/phone call invitation. Over half of respondents had heard of the HPV vaccination, however vaccine uptake was low, and there was an overarching sense of uncertainty around the purpose of this.
- **Areas for improvement:** Availability of GP appointments and a lack of knowledge were cited as the main barriers to accessing support. Residents reported difficulties in accessing a doctors appointment, including long waiting times, limited appointment availability and restrictive booking systems (online-only access). Participants emphasised the importance of providing clear, accessible, and up to date information to improve cancer awareness and access, via healthcare, education and social media.
- **What is working well:** Macmillan and Trinity Hospice were praised as key cancer support providers. Respondents reported high satisfaction with hospital cancer care at Blackpool Victoria hospital, specifically the oncology department. The two week referral pathway was celebrated, particularly for breast, bowel and skin. Screening programmes were seen as effective.
- **Cancer drop-in clinics:** The majority of respondents said they would benefit from a walk-in, no-appointment cancer clinic, providing access to assessments and specialist advice for potential cancer signs and symptoms. This would be valuable for those who felt reluctant to book an appointment due to fears of wasting GP time.

Recommendations

- **Implement dedicated drop-in clinics:** Establish cancer drop-in clinics which could be community-based or mobile, operating in person. These clinics would provide an alternative pathway for individuals seeking professional advice, with a focus on initial symptoms, blood tests and reassurance.
- **Address barriers to screening and vaccination:** Ensure that people who have concerns about cancer, a family history of cancer, or develop new symptoms after their screening has ended are encouraged to contact their GP. Raise awareness that they may also be able to opt back into breast or bowel screening where appropriate Invitations for HPV vaccination should clearly explain its cancer-prevention benefits to parents and carers, emphasising its importance for both boys and girls. Improve public awareness of the four national cancer screening programmes and the benefits of these.
- **Strengthen public awareness:** Public health campaigns should highlight both common and lesser known cancer symptoms, using relatable stories to reduce stigma and fear. Local VCFSE organisations should be trained in cancer awareness, while targeted initiatives should focus on men, addressing when and how to discuss PSA testing with a GP. Cancer screening communications should explain that screening is for those who are asymptomatic, encouraging anyone with concerns to contact their GP.
- **Improve education within schools and colleges:** Offer age-appropriate cancer awareness workshops/drop-in sessions in schools, piloting a programme to develop young champions, increase knowledge, and reduce stigma. Work closely alongside Blackpool's Public Health team to help shape and develop existing initiatives that aim to educate young people about the HPV vaccine. Offer sessions for students/young women that provide positive information on expectations during cervical screenings.
- **Improve early diagnosis pathways:** Introduce high-priority systems in GP practices to ensure patients with cancer symptoms receive same or next-day appointments. Ensure patients have a clear point of contact in the cancer team and receive a comprehensive information pack to support communication and guidance throughout their cancer journey.
- **Ensure immediate, person-centred support at diagnosis:** Give every patient proactive information on local support services at the point of diagnosis, alongside a person-centred approach addressing emotional, practical, and financial needs. This ensures patients and families are not left to navigate the system alone and receive consistent help throughout their cancer journey.
- **Address gaps for those living with a disability:** Improve cancer awareness, screening access, and prevention for people with learning disabilities, by providing tailored information, clearer communication and practical support. Train social workers in cancer awareness and equip them with easy-read materials to enable meaningful conversations, empowering individuals and carers.

Introduction to Healthwatch

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool is the independent consumer voice for health and social care, listening to the views of local people on issues that matter.

Our ultimate aim is to ensure that local people have a voice, acting on feedback and driving change.

Our approach

- **Listening to people and making sure their voices are heard.**
- **Including everyone in the conversation – especially those who don't always have their voice heard.**
- **Analysing different people's experiences to learn how to improve care.**
- **Acting on feedback and driving change.**
- **Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.**

Introduction to the project

According to the Joint Strategic Needs Assessment (JSNA), Blackpool faces a significantly higher prevalence of cancer and increased mortality rates compared to both regional and national averages. For instance, in 2023/24, **the cancer prevalence rate among Blackpool GP practice registered patients was 4.4%, notably higher than the national average of 3.6%.**

Furthermore, mortality rates for cancers in Blackpool **(316.2 per 100,000 for 2021-23)** are significantly higher than the national average **(248.5)**, with the most common causes of death from cancer in Blackpool being lung, bowel and breast cancer. In terms of one year cancer survival, the latest figures from 2020 reveal that the **survival rate for Blackpool residents stands at 71.3%.** This is notably lower than the England average of **74.6%**, placing Blackpool's survival rate as the fifth lowest in the entire country(JSNA, 2023). This local context highlights the importance of early diagnosis, which is strongly linked to improved treatment outcomes.

Both the UK Government and the NHS have implemented various targets, plans, and initiatives in an attempt to improve early diagnosis. **A key ambition of the NHS in England is to diagnose three out of every four cancers at either Stage 1 or Stage 2 by 2028.** However, despite increased efforts in recent years, the proportion of cancers detected at these early, more treatable stages has remained persistently stable (Cancer Research UK, 2024).

In response to the local need, Healthwatch Blackpool were commissioned by the NHS Lancashire and South Cumbria Integrated Care Board Blackpool Population Health team, and the Lancashire and South Cumbria Cancer Alliance, to explore cancer awareness and barriers to early diagnosis in Blackpool. The aim was to empower local residents by enhancing their understanding of cancer signs and symptoms, promoting participation in screening programmes, and ensuring access to help and support services. Healthwatch Blackpool also aimed to gather insights directly from the community of current knowledge levels, while simultaneously delivering targeted education and raising awareness, in line with the "Talk Cancer" approach. Throughout the project, Healthwatch Blackpool listened directly to individuals experiences regarding cancer assessment and diagnosis, particularly when they have sought support from health services. This has allowed us to **better understand the perceived and actual barriers** that prevent people in Blackpool from accessing cancer support. By hearing and sharing **personal journeys**, we will inform more effective strategies to improve cancer care in our community.

Project aims

- Undertake engagement work across a range of communities in Blackpool, to assess the existing awareness surrounding how to reduce risk of cancer, including the HPV vaccination.

- Assess the existing awareness of cancer screening programmes, and how to access these.

- Understand local knowledge surrounding awareness of cancer signs and symptoms.

- Ascertain local awareness of where to access support for cancer signs and symptoms.

- Listen to individual experiences with regards to assessment and diagnostics where people have sought support from health services.

- Better understand the perceived/actual barriers to accessing support in preventing, diagnosing and treating cancer in Blackpool.

List of abbreviations

GP	General Practitioner
HPV	Human papillomavirus
LD	Learning Disability
NHS	National Health Service
PCN	Primary Care Network
PSA	Prostate specific-antigen
VCFSE	Voluntary, Community, Faith and Social Enterprise

Methodology

Survey design and distribution

To gain a deep understanding of the communities existing awareness and experiences of cancer, Healthwatch Blackpool collaborated with the NHS Lancashire and South Cumbria Integrated Care Board Blackpool Population Health team to develop a **mixed methods approach.** This approach utilised an **online survey,** which incorporated both **quantitative and qualitative questions**, along with **focus groups, callbacks, door-knocking** and **community listening events.** Healthwatch Blackpool representatives spoke to a total of 1906 members of the community between April and July, 2025.

healthwatch
Blackpool

Conversations
About Cancer

Education & Awareness drop in at
Layton Library

Share your experiences
and learn about cancer
screening
programmes, HPV &
cancer prevention

When: Friday 25th
July
11am
Where: Layton
Library
Talbot Road
Blackpool
FY3 7BD

The **online survey** aimed to gather awareness of cancer signs and symptoms, screening and prevention, as well as **lived experiences** of cancer diagnosis and treatment.

To ensure a comprehensive survey design, Healthwatch Blackpool consulted with local cancer support groups, healthcare professionals and key stakeholders, who made amendments and suggested changes to the survey, ensuring **ethical language** was used and survey questions were relevant and appropriate. To distribute our survey, we designed posters and postcards that included our contact information and a QR code that participants could scan with their smartphones to complete the survey. These posters and postcards were placed in GP waiting rooms, community centres, and leisure facilities, and other public spaces.

To **broaden our reach**, the survey was also shared within the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and local healthcare partners, who promoted the project through their networks and included the survey in local newsletters. We also partnered with Blackpool North, Blackpool South and Blackpool South Central primary care networks (PCN's), who agreed to share our survey via text/ email where possible to broaden our reach.

To increase the number of survey responses from people who have **experienced cancer**, Blackpool central PCN cancer care co-ordinator promoted our survey with patients, and Blackpool South Central PCN arranged for patients who had had a recent cancer experience to opt in to be contacted by a member of staff to discuss their experience.

Lastly, we used Facebook to endorse the survey as widely as possible, via paid ads and regular social media posts regarding the project. The impact of social media paid ads is detailed below:

12,210
reach

44,770
impressions

261
link clicks

Engagements

Focus groups and community events

To reflect the survey, focus groups also took a **two-pronged approach** to enhance cancer awareness and improve patient experiences across Blackpool. The first strand focuses on **gathering experiences from individuals who have experienced cancer**, aiming to gather in-depth insights into their journeys from initial screening through to treatment and aftercare. We then facilitated **targeted focus groups** supported by established networks such as Macmillan and local voluntary cancer support groups.

The second strand **broadens our focus** to general town-wide engagement with the wider community, particularly targeting those who do not typically interact with health and social care services, to discuss cancer signs and symptoms, screening and vaccinations, and raise overall awareness using the 'Talk Cancer' approach. This approach is a training programme developed by Cancer Research UK, designed to empower people to have **effective conversations** about cancer. It is aimed at individuals, particularly those who work in community-based health and social care roles, to help them communicate key messages about cancer prevention, early diagnosis, and screening.

The goal of the Talk Cancer approach is to **raise awareness and drive positive behavioral change**, which can lead to earlier detection and better cancer outcomes. Therefore, 4 members of the Healthwatch team **attended 'Talk Cancer' training**, facilitated by Cancer Research UK and utilised learning from this within focus groups. These focus groups and listening events were **designed to be interactive**, including cancer 'myth-busting', quizzes and key messages shared throughout open discussions. These sessions were also adapted in **different formats for accessibility**, especially for those with learning disabilities, as well as creative workshops.

At the end of these sessions, participants were asked to complete a short **feedback form**, which allowed us to ascertain if cancer awareness and education had been increased following the session.

At **all focus groups** and **listening events**, Healthwatch Blackpool shared leaflets and **resources** from a variety of different cancer support organisations and charities, including but not limited to, Cancer Research UK, Macmillan Cancer Support, Bowel Cancer UK, Breast Cancer Now, Coppa Feel, Melanoma UK, Orchid and Prostate Cancer UK.

To ensure this information was **accessible to all**, Healthwatch Blackpool also had a collection of easy read booklets about cancer.

Healthwatch Blackpool also created **2 information booklets**, one which contained key messages based on the 'Talk Cancer' approach, and a second which mirrored the information available on our website, signposting to local and national support services.

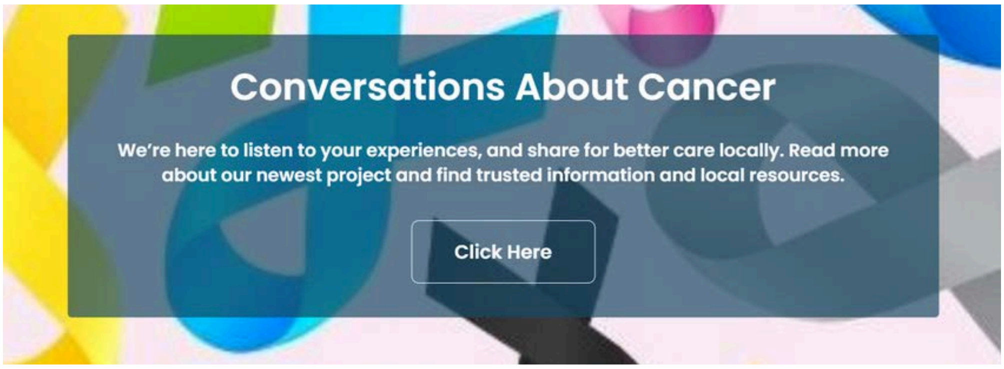
Door knocking

As part of our engagement, Healthwatch Blackpool undertook targeted door knocking in Victoria ward, due to a high prevalence of cancer. The procedure involved **hand-delivering postcards**, pictured below, to residential accommodation in Victoria ward. This was **followed up with a door knock** from two engagement officers the following week, who took residents through the online survey in an **empathetic and conversational manner.**

Education, information and signposting

A **significant part** of this project was to **provide education** and raise awareness of cancer throughout all methods of engagement, utilising the Talk Cancer approach. This was done in a variety of different ways. Firstly, as part of the survey, participants were invited to leave their contact details for a 'Talk Cancer' trained member of **staff to provide further education** and signposting.

Callbacks were then completed by staff where key information on cancer signs, symptoms, vaccinations and screening was provided either verbally or via email if participants provided this method of contact. Secondly, upon completion of the survey, **immediate information and signposting** to cancer support services was provided. In addition to this, within the Healthwatch Blackpool website, **a dedicated cancer page** was created, which signposted individuals to our survey, as well as key information about what to do if there is a cancer concern. The page also contained signposting to local and national cancer support organisations and charities, as well as trusted online resources. The website link was also shared at the end of our survey and on social media.



Conversations About Cancer

We're here to listen to your experiences, and share for better care locally. Read more about our newest project and find trusted information and local resources.

Limitations

Despite our best efforts, it is important to acknowledge that there are a number of limitations within the methodology. Firstly, the survey relied heavily on participants opting in to complete the survey via QR codes, links, or direct contact. This means the sample is not representative of the wider population but is instead composed of individuals who were already motivated, had an interest in the topic, or had easy access to the survey.

Additionally, the reliance on an online survey and QR codes created a digital barrier, likely excluding individuals who lack digital literacy, a smartphone, or internet access. This could mean the survey results do not fully represent key demographics, such as older adults and those from lower-income backgrounds, despite utilising other engagement methods.

The online survey's design may not have been fully accessible to all participants. While focus groups were adapted for those with learning disabilities, the survey format itself could have presented a barrier for people with visual impairments, language barriers, or other cognitive difficulties.

Another key limitation is the potential for recall bias, as the methods relied on participants' memories of their past cancer experiences. This means the accuracy of details about diagnosis and treatment may vary. There is also a risk of social desirability bias. Since cancer is a sensitive topic, participants may have felt a need to present their experiences in a more positive or negative light, which could have affected the objectivity of the data gathered.

Despite attempts to schedule focus groups at various times, it remained challenging to engage people who work standard hours. This could mean the views and experiences of the working population are underrepresented in the findings.

While valuable, door-knocking is resource-intensive and time-consuming. Despite efforts to visit the area at different times of the day to reach a variety of residents, door knocking was still completed within standard working hours, again underrepresenting the working population.

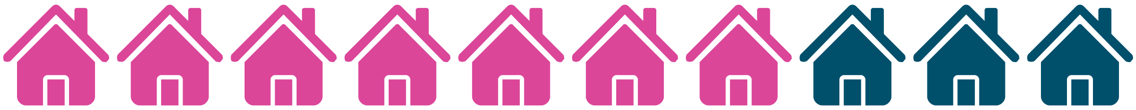
The survey and focus group data lack analysis by key demographic factors like deprivation level or disability status. This makes it impossible to understand if experiences with cancer differ significantly among these groups. The methods used may not have reached all demographics equally, leaving certain communities underrepresented.

Engagement at a glance

1,906 Individuals contributed to the project

Door Knocking

45



● Doors Knocked - 187

● Doors Answered - 45

101 Individuals engaged via cancer callbacks

Focus Groups

216 individuals attended a focus group with HWB

24 focus groups

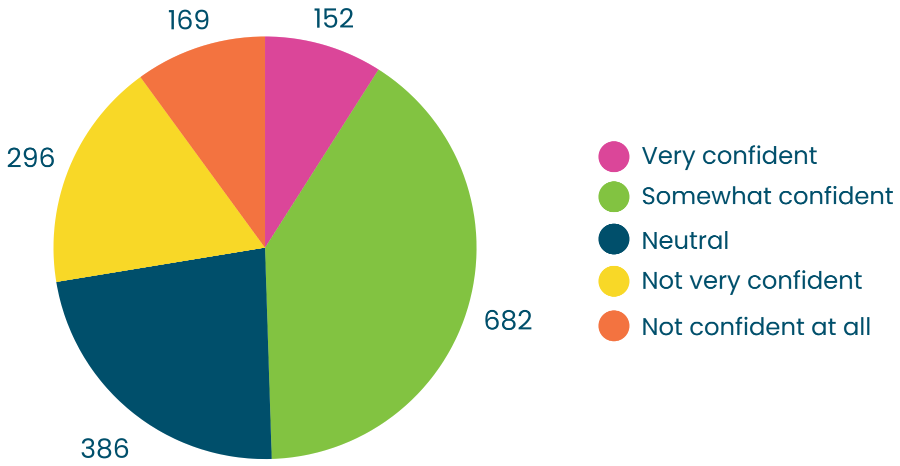
1690 survey responses

Survey Findings

Awareness & Symptoms

This section explores individuals' awareness and understanding of cancer signs and symptoms, the factors that influence individuals seeking medical support, preferred sources of support, and awareness of lifestyle factors linked to cancer risk.

How confident are you in identifying the common signs and symptoms of cancer?



834 individuals felt **very confident** or **somewhat confident** in identifying the common signs and symptoms of cancer, highlighting **increased awareness**. This shows that many individuals are **informed** and **better equipped** to **recognise potential warning signs**, supporting **early detection**.

If you do not feel confident, why is this?

Symptom confusion and complexity

284 out of 657 participants, who said they did not feel confident, highlighted that **cancer symptoms are often vague**, varied, and easily mistaken for common conditions like aging, stress, or other health conditions. This **complexity creates confusion** when identifying potential cancer signs and symptoms, causing many to find it difficult to know what to look out for. Some shared that cancer can be **symptomless or present in unexpected ways**, making early detection difficult and increasing uncertainty about when to seek help.

“There are so many types of cancer, I don’t feel confident about some signs.”

"How would I tell cancer from any other illness?"

"A vast array of symptoms for different kinds of cancer."

"Every cancer is different and not all have symptoms."

"Because there are so many different forms of cancer that makes it almost impossible to be confident about it."

“Wouldn't know what to look out for.”

Lack of awareness or education

For those who did not feel confident in identifying the common signs and symptoms of cancer, **199 respondents** highlighted a lack of knowledge surrounding this. **People often feel uninformed** and unsure who to turn to for guidance. Some feel **overwhelmed** by inconsistent or vague information, while others share that **cancer is not discussed openly enough.** Many responses highlight **no personal experience**, little to no information from healthcare services, and uncertainty about when or how to seek help.

“I don't know enough about the symptoms other than checking for lumps and blood."

"Unless I googled it, I don't know the common signs."

"People only get education on signs of breast cancer or testicular cancer.”

"I don’t think there is much education of cancer symptoms!"

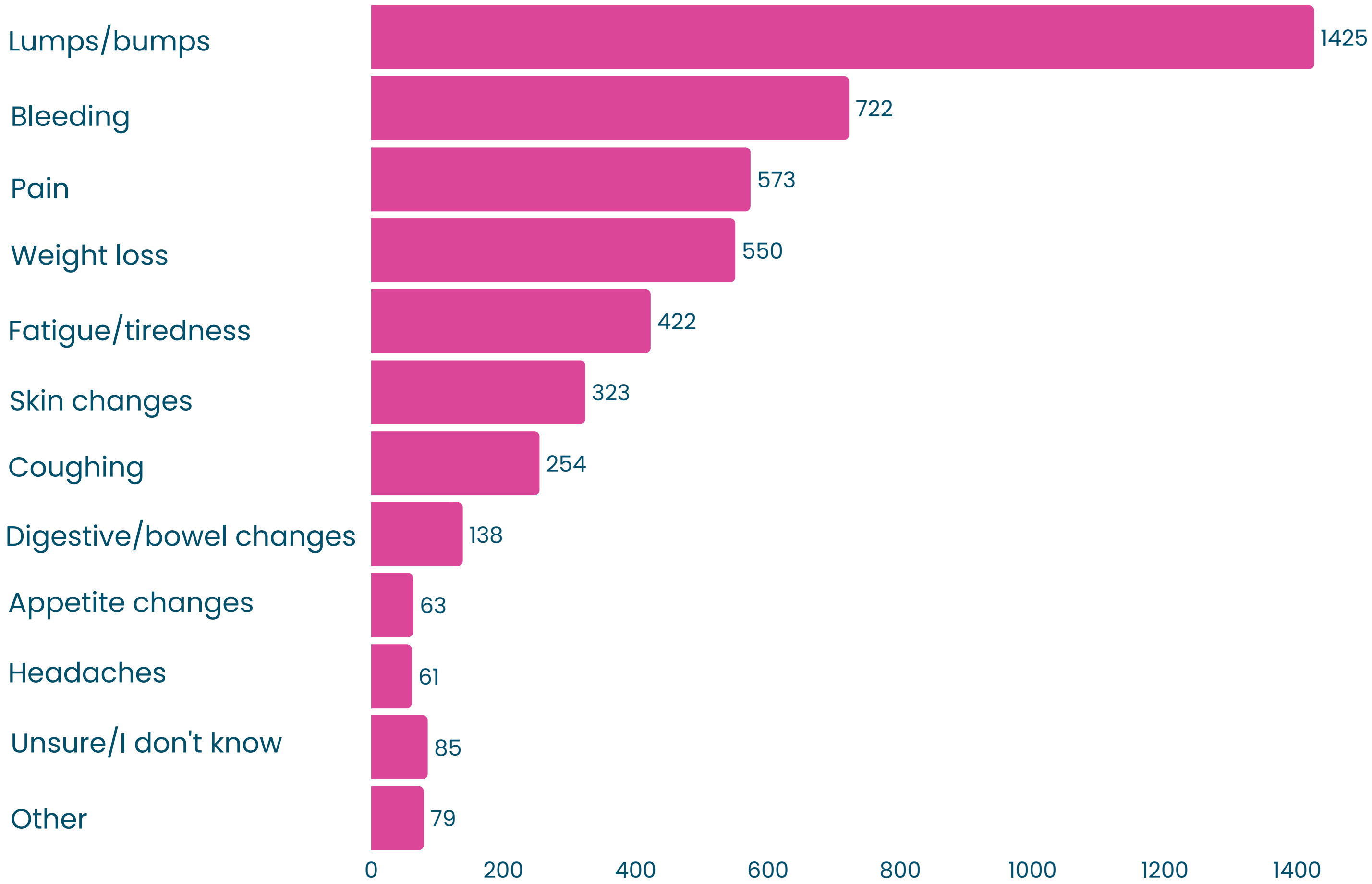
"I don't know what to look for – it would be nice to have somewhere you can go and see what these things look like."

Lack of trust

30 out of 657 participants felt their concerns about potential cancer symptoms were **dismissed or misunderstood** by healthcare professionals. Some shared that normal bodily changes related to age or existing health issues were often **not taken seriously**, leading to **delays in diagnosis**. Others shared that a lack of continuity, rushed appointments, and feeling like a burden contributed to a **lack of confidence** when seeking medical help. For some, past misdiagnoses or dismissals, especially those that had lost loved ones due to cancer, shared that they have **lost trust in the NHS.**

> "As you age, normal changes could be construed as cancer and it's often difficult to get reassurance from the medical profession due to time and funding restraints."
>
> "Because GPs don't take us patients seriously."
>
> “So many things can happen and you are fobbed off with routine illness."
>
> "NHS failed us all knowing your body, knowing you are not well, and knowing that your symptoms are being ignored."
>
> "Because I have lost my dad and he was misdiagnosed. I now worry that any minor health issue is cancer in myself.“

What signs and symptoms do you associate with cancer?



Lumps and bumps were the most common symptom noted, followed by bleeding, pain, weight loss, and fatigue. Further symptoms included skin changes, coughing, digestive issues, appetite changes, headaches, and a small number of other responses including feeling unwell, abnormal body changes and unusual symptoms. **85 individuals** stated that they did not know or were unsure on what symptoms to associate with cancer.

"Rapid loss of weight and appetite. Passing blood from peeing and excreting my waste products and coughing up blood. General lethargy. Pain that won't go away."

"No idea - maybe a long term cough or a sudden appearance of a lump etc."

"Fatigue and weight loss."

"Breast lumps."

"Moles changing or lumps anywhere."

"Skin colour, pain, weight loss."

"I don't know the signs."

"Lumps, blood in urine and/or poo, constant cough."

If you were concerned about possible cancer signs or symptoms, where would you go for support/information? Please specify:

GP/doctor	1334
Internet/online (NHS website, google)	170
Hospital/A&E	40
Cancer Specialists	40
Family/friends	30
NHS Services (NHS portal, applications)	29
Cancer Support Helplines	27
Pharmacist	12
Private Healthcare	7

1,334 people said they would **turn to their GP** or doctor if concerned about possible cancer symptoms. **170 individuals** mentioned that they **read information online,** particularly via the NHS website or Google. Further individuals suggested attending hospital or A&E, contacting cancer specialists, speaking with family or friends, using NHS services such as 111 and NHS apps, or reaching out to cancer helplines like Macmillan or Cancer Research UK.
A small number also mentioned seeking support from pharmacists or private healthcare services.

“Contact my GP plus seek information on NHS website.”

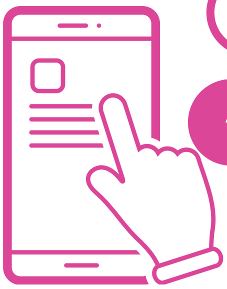
“Google, 111, GP.”

“Firstly I'd go to my doctors failing that I would then talk to cancer organisation.”

“I'd go to my GP first.”

“Would try GP but doubt I would get much help. I volunteer for Marie Curie so would speak to someone there.”

“I'd check online and then make a GP appointment.”



“Probably google first then doctors.”

“NHS website.”

“NHS portal.”

“Internet, NHS website or Cancer helpline then GP.”

“GP.”

“Maybe the walk in or A&E.”

“My mum.”

“Information from cancer research UK depending on the type of cancer.”

“Doctor and friends.”

“GP after probably checking symptoms online.”

“Talk to my partner.”

“GP and friends and family.”

“Oncologist specialist nurses.”

“Cancer Research and NHS websites.”

“Blackpool Victoria Hospital.”

What would prompt you to go and see your doctor in relation to signs and symptoms of cancer?

Discovering signs and symptoms in relation to cancer

600 out of 1565 people shared that they would be **prompted to see a doctor** if they noticed **signs and symptoms** related to cancer, particularly if those symptoms were unusual or persistent.

256 individuals reported lumps and bumps as a symptom that would prompt a doctor visit. Unexplained bleeding, especially blood in the urine or stools, was mentioned by **176 people**, while a further **175 individuals** highlighted that unusual or persistent symptoms would prompt them to see their doctor.

Pain was noted by **100 people**, and weight loss by **82**. Other symptoms such as skin changes, moles, fatigue or tiredness, unusual bowel movements, and swelling or bruising were also mentioned.

> “Unexplained lumps, unexplained pain/aches, blood in urine/stools, a mole bleeding/changing colour.”
>
> “Persistent illness, lump, blood in stools.”
>
> “Rapid weight loss, bleeding for no reason, lumps in the breast, bruises for no reason.”
>
> “Weight loss, passing of blood when using the toilet.”
>
> “Skin abnormalities, lumps.”
>
> “Feeling unwell, sudden weight loss, lumps in my breast.”

> “Bleeding, weight loss or any lumps.”
>
> “Probably any differences in bowel movements.”
>
> “Weight loss, pain.”
>
> “Sudden unplanned weight loss; changes in bowel/ bladder functioning; easily bruised; breathing issues.”
>
> “Blood in urine, lump in breast, lumps where lymph nodes are located, vomiting or coughing up blood.”
>
> “If I found abnormal lump or rectal bleed.”
>
> “Lump pain blood in stools or urine cough lasting longer than 3 weeks.”

Sudden and abnormal changes to overall health

384 respondents reported that any **sudden or abnormal changes** in their overall health would prompt them to see a doctor, particularly when symptoms felt abnormal for them, persisted over time, or disrupted their daily life.

There was a **strong sense of personal awareness**, with many people noting they knew what “normal” felt like for them, and **would know when something felt unusual.**

“Having an impact on my daily living.”

“If it becomes unmanageable.”

“Continuously feeling unwell.”

“If I felt concerned that something was wrong for me. Perhaps going on too long.”

“Something changed on body.”

“Specific pain or changes in my abilities to live a indepenndent life.”

“When you know something isn't right with your body.”

“A general feeling of being unwell and unease.”

“I am vigilant now regarding any body changes/ symptoms so would go at the first worrying sign.”

“Any changes in my usual health.”

“If the abnormalities lasted for a period of time, if I was concerned.”

“Significant changes that are not within my normal.”

“If I noticed something new and had no other explanation for it.”

Seeking clarity, diagnosis, and timely treatment

159 people shared that they would be **prompt to see a doctor** due to needing to get checked out, receive a diagnosis, and begin treatment if necessary. Many highlighted **the importance of early detection**, noting that catching cancer early provides effective treatment outcomes. Individuals frequently mentioned seeking reassurance, confirmation, or a referral to specialists. Others were motivated by a **desire for peace of mind.**

“To get checked out and treatment.”

“To receive a prompt diagnosis.”

“Needing reassurance.”

“I’ve studied cancer in my university work and know catching it early if concerned is best.”

“Knowing early diagnosis and treatment leads to more favourable outcomes.”

“I'd go for peace of mind.”

“For peace of mind/conformation or not.”

“To confirm the diagnosis and to get a referral if needed.”

“The urgency in an early diagnosis in the hope of being cured.”

“If can catch it early more chance of recovery.”

“Peace of mind.”

“The sooner it's checked then possible better outcome.”

Concern, worry and fear

97 people shared feelings of concern, worry, or fear being a major driver in prompting them to see a doctor in relation to signs and symptoms of cancer. People frequently mentioned **“concerns,” “anxiety,”** or **“fear of dying,”** all of which were often enough on their own to prompt a visit to the doctor.

“Worry would prompt me asap.”

“Anxiety as to whether what I was experiencing was cancerous or benign.”

“Immediate concern.”

“Fear of dying.”

“My health anxiety.”

“Worry and anxiety of illness.”

“Scared it may be cancer.”

“Anxiety and worry.”

“Fear of something that could kill me.”

“Worrying.”

“The fear of cancer.”

“Fright.”

Reluctance to seek help

50 respondents described a **reluctance to seek help** from their doctor, often **highlighting barriers** to access, negative past experiences, and a lack of trust in the healthcare system. Many expressed frustration with how difficult it was to secure appointments, reporting long waits, or receiving no follow-up despite concerning symptoms. **Others felt dismissed**, unheard, or that doctors no longer had the time. Individuals shared that they would visit the doctor as a last resort or had **low confidence in GP services.**

"As it is difficult to see a doctor nowadays I investigate first on the internet."

"I'd have to be desperate. It's very stressful dealing with my surgery."

"It would be a last resort thing."

"I don't want to suffer like my mum did because of the GP."

"Probably would end up dead before it was found."

"No point."

"Nothing, NHS is poor."

"No confidence in them."

"Nothing because they don't do anything anyway."

"Maybe, if I thought I would get a better response."

"Only after all avenues of investigation are exhausted."

"Doctor I suppose but little faith."

Prompt healthcare support

47 respondents expressed that they **would not hesitate** to contact their GP immediately if they noticed any signs or symptoms of cancer. Many described accessing medical help as **"common sense"** or the first step when something feels wrong. For some, seeing the doctor was already a **routine part** of managing existing health conditions or being under regular screening. Others referred to the GP as the "first port of call" or the only accessible source of medical help.

"Wouldn't need to be prompted."

"I have health conditions anyway so I go to my GP a lot."

"First port of call."

"They are the best people to seek advice from."

"I would feel sure the doctor would be my first point of call."

"I would go myself immediately."

"There is nowhere else to go."

"They are professionals, they know what they are talking about."

"Common sense."

Other

33 people mentioned that they would speak with **family and friends first** to discuss any next steps. **26 people** said their decision to see a doctor would be influenced by past experiences, either their own or those of family and friends. A strong family history of cancer, personal diagnoses, or seeing loved ones suffer or pass away from late diagnoses made them more likely to act quickly.

A further **46 individuals** shared that they were “unsure” or didn’t know if they would be prompted to seeing a doctor. Others also shared that they would first seek advice online by checking their symptoms or speaking with, pharmacists or Macmillan.

“My wife!”

“MacMillan.”

“Past experience and daughter in law.”

“Had before don't want again.”

“Seeing how my husband’s cancers developed.”

“The death of loved ones.”

“My higher risk due to family history.”

“Don't know, don't know anyone with cancer.”

“I'm not sure - still in grief.”

“After Google search.”

“If advice given by other people or pharmacists.”

“NHS Internet saying that was the right thing to do.”

“If advised by pharmacist.”

“Advice from best friend.”

“Mum and dad.”

“Talking to my partner.”

“After the initial fear I would tell my family members and they would carry me there if necessary.”

Are there any reasons you might delay seeking support from a doctor if you had possible cancer signs or symptoms?

Commitment to seeking support

946 respondents stated that they would **not delay seeking medical help** if they experienced possible signs or symptoms of cancer. Many emphasised their commitment to seeking support, particularly surrounding the importance of early detection.

“Would not delay seeking medical advice.”

“Not at all, even if it turned out not to be, I’d rather be safe than sorry.”

“Wouldn’t delay absolutely essential to catch it early doors.”

“No I would address it asap.”

“No. Because all my family members have died from cancer.”

“No - early detection saves lives.”

“I would seek support early.”

“I would never not go to see a doctor as very Important. It's your life and very precious. Cancer is very cruel.”

Accessibility issues

146 respondents expressed that the main reason that they would delay seeking support from a doctor is the difficulty they face in **accessing a GP appointment.** Individuals shared long waiting times, lack of availability, and difficult appointment systems such as **PATCHES**. Respondents reported that they were unable to get through on the phone, facing dismissive receptionists, and being limited to discussing only one symptom per visit. Some shared that after **repeated failed attempts** of receiving an appointment, they felt discouraged or gave up trying.

> "Never can get an appointment then they are dismissive when you go about other things."
>
> "Not being able to get an appointment, receptionist who think they know more than doctors and dismiss you."
>
> "Yes booking an appointment it's really hard to use the patches app, you can't book an appointment over the phone."
>
> "The GP booking system. There is no booking a GP except on the day and you have to be in the phone rat run. We were often 20 plus on phone so had to phone several days in a row to get an appointment. Caused considerable delay."
>
> "It's difficult to get an appointment and waiting times are lengthy."
>
> "Lack of appointments, being fobbed off by receptionist."

Fear and worry

141 respondents indicated that **fear** was a reason why they would delay seeking medical help. Fear was due to being diagnosed with cancer, fear of what the diagnosis would mean for their future, fear of treatments and fear of reliving traumatic past experiences, either personal or involving loved ones. Others mentioned anxiety, uncertainty, or worry about the outcome, as well as feeling embarrassed, overwhelmed, or afraid of not being listened to.

"Yes - fear of knowing and not being able to deal with a diagnosis mentally."

"Yes, being told have cancer would be life changing."

"Fear of being told I had cancer and the implications."

"The trauma I experienced during dads journey."

"Fear."

"Scared of the outcome."

"Uncertainty as to whether it is cancer."

"Scared of diagnosis after going through it with my husband for 15 years."

"Anxiety and fear that it is going to be the news that you have it."

"Fear of the diagnosis and the impact it will have on my life."

Lack of confidence in healthcare professionals

78 respondents expressed that a **significant reason** they might delay seeking support is the **lack of trust and confidence** they have in healthcare professionals, **particularly GPs**. Individuals shared feelings of not being listened to, taken seriously, or believed. Some described being **"fobbed off"** which led to hesitancy in returning unless symptoms worsened.

"I feel ignored or fobbed off."

"Lost confidence in GP."

"Experience of GPs telling me that health concerns are normal as a woman or are weight related."

"Would probably be dismissed."

"I had bleeding from my bottom and was worried. It was just a tear. Doctor made me feel like I was wasting time and being silly for worrying about cancer."

"They might fob you off with a minor diagnosis or not take you seriously."

"Yes. I don't trust my GP to take me seriously. I feel I'd have to wait until the symptoms are more severe to be taken seriously. "

"Feel like you are not listened to."

"From my experience with cancer, symptoms have often been dismissed and then a later stage of cancer has been prevalent before diagnosis."

"Yes. Lack of faith in system."

Hesitation due to concerns about burdening healthcare professionals

71 Individuals shared that they would **delay seeking medical support** due to feeling like they were **wasting doctor's time.** Many expressed concerns around feeling like a **burden on already stretched NHS services**, or taking up appointments that might be needed by others. Others shared a reluctance to bother their GP.

"I think most people would be the same as me in not wanting to waste someone's time or appear silly for thinking the worst but from experience it's better to do that rather than run the risk. My sister and my father both put off going to see a doctor and one died of lung cancer, the other with pancreatic cancer."

"I wouldn't want to waste GP time unnecessarily as I know how difficult it is to get appointments & how stretched our NHS has become."

"Wouldn't like to be seen as a time waster."

"To avoid the feeling that you are being a bother."

"GPs have too much to do. Worried I might be wasting their time."

"Worries about wasting doctors time."

"I would just feel like I had wasted an important appointment if if wasn't cancer."

"I would probably leave it until symptoms were specifically linked to cancer. I wouldn't want to bother doctors with vague symptoms."

"May feel jumping to worse scenario, and wasting Dr time."

Other

Other responses highlighted a range of **different factors** in delaying support from a doctor, including time constraints due to work, caregiving responsibilities, holidays, or clashing schedules with appointment availability. Others mentioned **minimal symptom awareness**, uncertainty about whether symptoms were serious, previous negative experiences, fear of invasive tests, or due to existing health conditions.

"Too much to do looking after everyone else, I haven't got time to be ill!"

"Finding time. Appointments at my local doctors are only available for that day which is hard with work."

"If symptoms were only slight I may delay until I was more sure something was wrong."

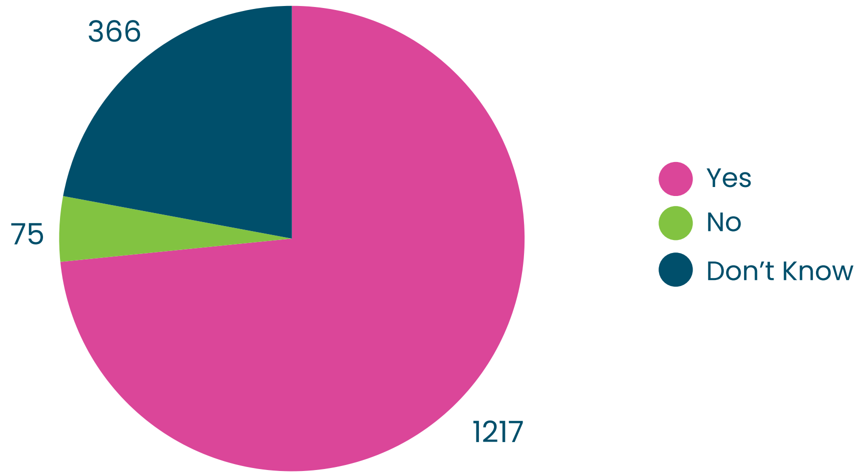
"Embarrassment if in private area."

"Still in grief over parents."

"If my depression was bad I might be grateful for a way out."

"Destructive, damaging results to my body during radiation."

Would a drop-in clinic for cancer concerns be beneficial?



If yes, what aspects of a drop-in clinic for cancer concerns would be most beneficial?

Walk-in cancer clinic assessments with specialist knowledge and information

870 respondents highlighted strong support for a dedicated walk-in, no-appointment cancer clinic, providing access to immediate assessments and thorough body check-ups for potential cancer signs and symptoms. They highlighted the importance of a dedicated service where concerns could be physically examined by medically trained staff with specialist cancer knowledge, without the perception of wasting a GP's time, offering reassurance and peace of mind.

Within this drop-in, individuals expressed a need for direct access to medically trained staff with specialist cancer knowledge, such as specialist nurses and doctors with cancer expertise. Individuals wanted staff to provide accurate information, tailored advice, and reassurance. Many felt that access to this kind of expertise would reduce the risk of missed or delayed diagnoses, provide peace of mind, and allow patients to receive guidance before visiting a GP.

"Being able to talk to someone about symptoms, show them problem. One stop shop."

"Easier to drop in than try and get an appointment, which can take weeks and weeks. Seems like it would be a more laid back approach in the initial investigation stages."

"It would be quicker than waiting for a doctor's appointment. You could go there straight away and if they agree, you could be sent to the next path on which you need to take."

"General guidance to alleviate any concerns. Most people go online, and medical websites say anything is a sign of cancer."

"It would be informative to talk with a professional rather than the scare talk on the internet."

"The availability of specialist nurses more frequently. Whilst mine have been superb one often has to wait maybe a day to get an answer to a question which is causing severe anxiety and panic attacks. The current nurses as well as taking phone calls also have to run clinics which is not a good situation."

"Quicker access to professional help & advice."

"Advice/signposting."

"You would be dealing with a professional who would confirm whether or not you would need to see a Doctor or specialist."

"Education, leaflets to keep for reference."

"For help and advice. Open long hours as it's a 24 hour emergency all the time when you have cancer."

"Don't feel like I'm taking up a precious doctor's appointment for a vague worry about a mole for example... maybe as a precursor to doctor appoint."

"Check changes, skin markings and lumps etc. Anxiety around this and the WAITING can be very negative on mental health and wellbeing."

"You would feel confident going and not feel as though you were wasting GP time."

Diagnostic testing

92 individuals shared that they strongly support the availability of **on-the-spot diagnostic tests**, including blood, urine, and stool samples, scans, x-rays, and cancer-specific screenings without delays. Many participants noted that timely diagnostic testing would help reduce long waiting times and ease worries. They emphasised that early access to diagnostic tools could enable earlier cancer detection, accelerate treatment, providing reassurance when results are clear.

Whilst some individuals expressed a need to have screening more often when they have concerns, this highlights a common misunderstanding. Screening is designed for those who are asymptomatic. Anyone with symptoms or worries should contact their GP, rather than waiting for their next screening. This applies across all screening programmes.

"Screening, for men and women for different types of cancer especially bowel and cervical area related cancers. Screening more often than every 3/5 years for women. Allowing women to have a smear when concerned about issues."

"Could offer fast track to more tests and screening and also an early examination of the area suspected of cancer."

"Where they could do a biopsy and send it off."

"Aspects may provide quick testing of urine and faeces. May be able to re-check for lumps, take a family history test - anxieties soothed."

"For prostate a PSA check could be useful with maybe a Dr follow up if appropriate. Sometimes it's just reassurance that all's well that's really useful."

"Mole check, blood tests, testing of stool samples."

"Getting tested earlier."

Emotional support and peer support

57 respondents expressed how **quicker and easier access** to emotional support throughout theirs or their loved ones cancer journey at drop-in clinics would be beneficial. Many shared that a **support worker or counsellor** can support with fears and provide reassurance. Others highlighted the need for **peer support** such as meeting others going through similar experiences and sharing understanding, with a sense of **not feeling alone**. Some respondents mentioned the need for both individual and family support, particularly with difficult conversations on how to tell loved ones.

"Emotional support and counselling for issues surrounding dying and leaving loved ones behind. Dealing with the cancer journey and your loved one whilst having to work."

"Because you've got other ladies and if you're going through the same thing it helps."

"It would be very supportive for clients to talk through their issues."

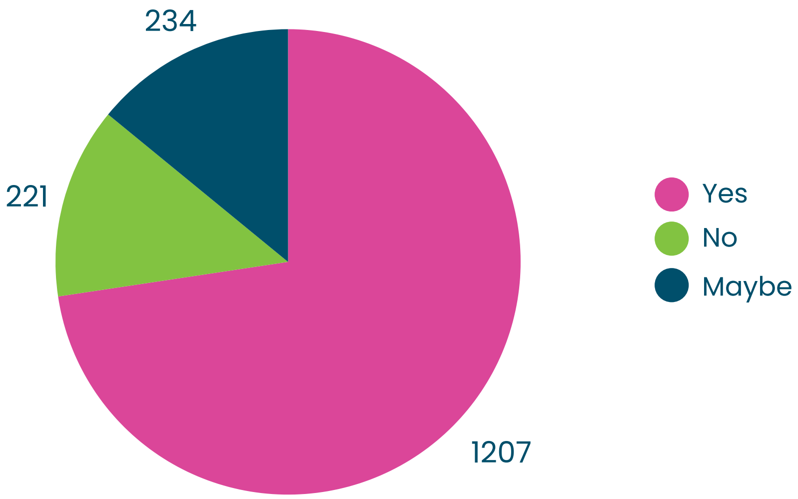
Other

Others suggested that a **drop-in cancer clinic** could help reduce the pressure on GP services, as difficulties in securing timely GP appointments often delay diagnosis and leave patients feeling unheard about potential cancer symptoms. Additionally, others highlighted the need for cancer clinics to offer **flexibility either online or in person**, with an emphasis on opening hours to be beyond the **typical 9-5 hours.**

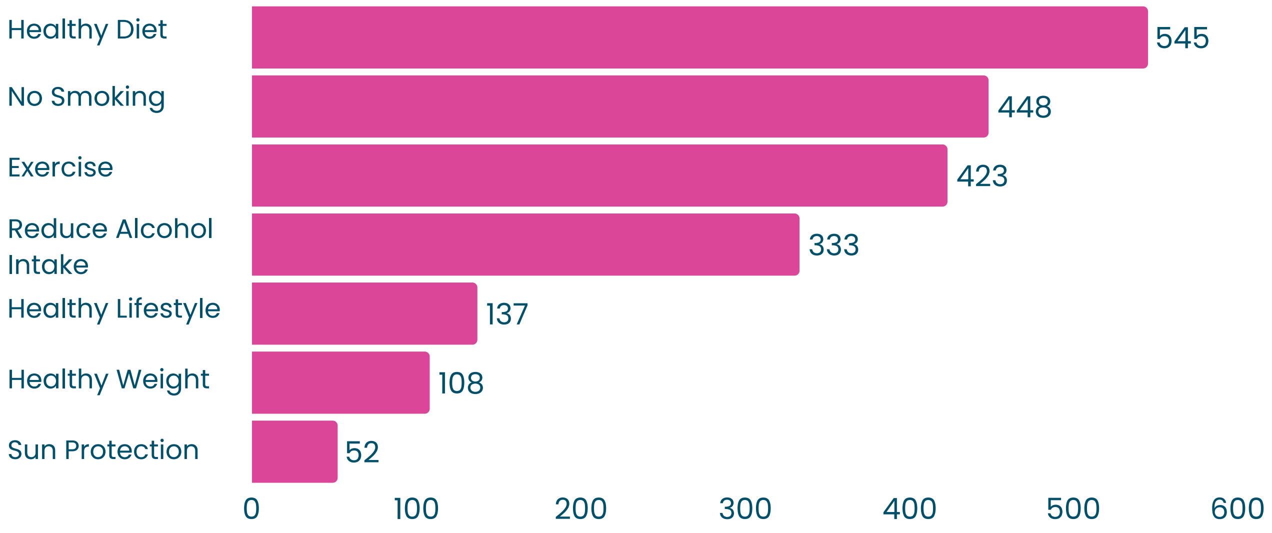
> “Wait times at some surgeries so this would take the strain off waiting for an appointment.”
>
> “Just to be put at ease without putting extra strain on the NHS and GP's.”

> “Flexibility- evening/weekend or online.”
>
> “Not just 9-5.”
>
> “Less pressure on GPs.”
>
> “Saving being in a queue on the phone to the GP.”

Are you aware of any ways to reduce your risk of cancer (e.g. lifestyle changes)?



Please specify what you are aware of:



Individuals were asked further about their awareness on ways to reduce cancer risk. The **most commonly identified factors** were maintaining a healthy diet, mentioned by **545 respondents** and avoiding smoking, mentioned by **448 people.** Exercise was frequently noted by **423 respondents** recognising its importance, particularly in supporting healthy weight management. Additionally, **333 individuals** highlighted reducing alcohol consumption. Other respondents suggested adopting an overall healthy lifestyle and maintaining a healthy weight. Notably, awareness of sun safety was relatively low, indicating that more work is needed to highlight the importance of protecting skin from harmful UV exposure, and the role of sun protection in cancer prevention.

"Eat healthier, stop smoking and drinking, more exercise."

"Good diet, maintaining healthy weight, not smoking, alcohol intake minimal, exercise."

"Due to heart problems I have changed my lifestyle. I have never smoked and I drink very little and I am overweight so I do not drink at all and I have totally changed how I eat and exercise."

"Good body weight, exercise, none or moderate alcohol consumption, smoking, a family history."

"Natural foods over heavily processed foods, alcohol."

"Not smoking, no excessive drinking, skin protection in the sun."

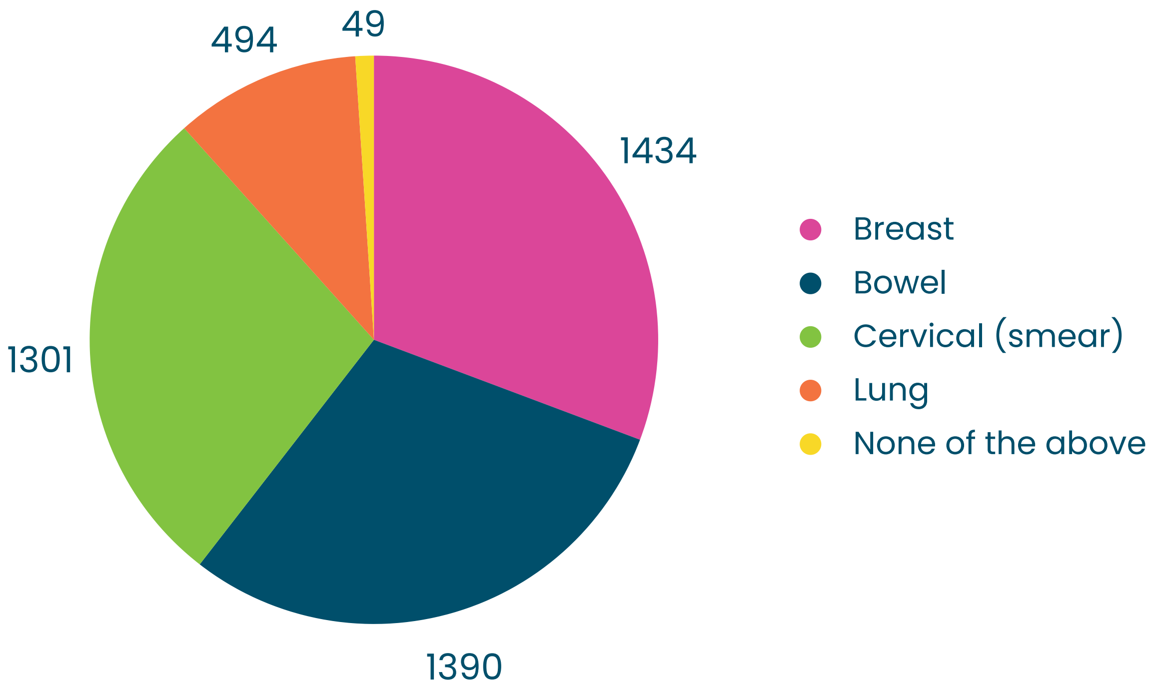
"Do not smoke, watch your weight and alcohol intake. Exercise is helpful, be careful in the sun, use sun cream/lotion."

Vaccination & Screening

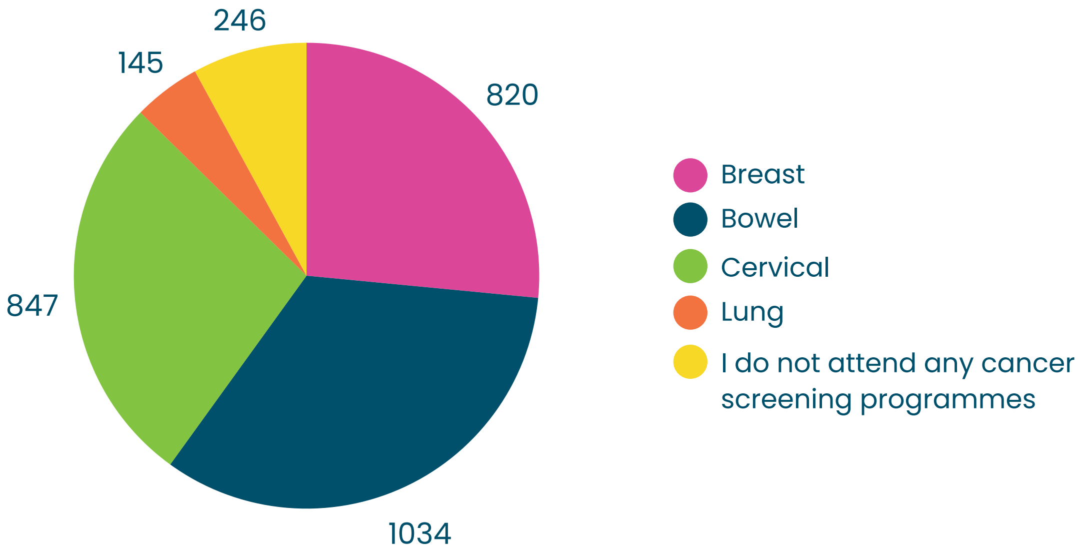
The vaccination and screening section explores **public engagement** with national cancer screening programmes and the HPV vaccination, highlighting awareness, participation, and barriers. Survey responses revealed that while some individuals consistently attend screenings to remain proactive about their health, many others face challenges such as lack of awareness, missed invitations, age-related criteria, accessibility issues, and fear or embarrassment. Regarding HPV vaccination, responses indicated a mixture of uncertainty, partial understanding, and recognition of its role in cancer prevention, particularly cervical cancer.

Some individuals expressed a desire for more frequent screening when experiencing cancer concerns, highlighting a common misconception. Screening is intended for those without symptoms, and anyone with symptoms should contact their GP, rather than waiting for their next screening. This principle applies across all cancer screening programmes.

Which of the following national cancer screening programmes are you aware of? (Please select all that apply):



Which of the following national cancer screening programmes have you participated in? (Please select all that apply):



If you do not attend all the national cancer screening programmes you qualify for, why is this?

141 respondents stated that they do attend all the screening programmes they qualify for. Individuals stressed the importance of these in order to be proactive, preventative and remain healthy.

> “I've participated in all those I was invited to undertake, every time.”
>
> “I will always attend any screening program if I am offered one.”

> “I get it through the post and send it off bowel.”
>
> “I have attended all my screening programmes.”

Of those who do not, **213 respondents** cited a **lack of awareness** as the reason for not attending all the national cancer screening programmes they qualified for. The most prominent theme was a lack of knowledge regarding lung cancer screening, with **106 individuals** stating they “didn’t know about lung screening”, however do attend other screening programmes. **97 individuals** stated they were unaware screening existed, with some respondents disclosing they had received no information relating to these. **10 respondents** lacked clarity relating to accessing screening programmes, being unsure of the location in which screening occurs and how to attend these.

“Never heard of the lung cancer screening programme.”

“Not aware of lung screening.”

“I don’t know which screening programmes I qualify for.”

“Did not know they existed.”

“I wouldn’t know where to go or how to go about it.”

“Don’t know how to access.”

“I’ve had no information regarding cancer screening and what to do.”

“I’m not really aware of programmes I can attend.”

A further **127 individuals** stated they are **not asked** to attend all screening programmes, with participants describing a **lack of contact** as the main reason for non-attendance. Some respondents reported they had only been contacted for certain screening tests, such as bowel or cervical screening, with no invitation for others. In some cases, invitations had been cancelled without rescheduling, creating a barrier to participation.

“I haven’t been invited to have a smear test for about 3 years.”

“I haven't been invited or requested to attend them.”

“Never been asked.”

“Not invited to any!!”

“They’ve not been offered.”

“I have never seen or been invited to any cancer screenings. The last time I had a colonoscopy it was because I requested it myself from the GP.”

“I have not a had a smear test for years, surgery has cancelled the last few appointments.”

111 individuals stated they **do not attend** screening programmes due to age related eligibility criteria, either for being too old or not old enough. Some respondents explained they were no longer invited once they passed the upper age limit, while others noted they had not yet reached the qualifying age. Some individuals were **uncertain about their eligibility**, while others expressed a willingness to attend if this was permitted, irrespective of age.

> “Because I am considered too old to deserve any of these!”
>
> “I am under 25 so I cannot have a smear but I am being referred for the breast clinic.”
>
> “I don't qualify at present.”
>
> “I think my age (79) is a deterrent.”

> “Too young, not eligible.”
>
> “I'm too old now-would liked to have continued with the bowel screening as I have it on both sides of the family.”
>
> “I'm over the age to be invited automatically now, but I do put myself forward whenever one's due.”

A further **57 individuals** do not attend national cancer screening programmes due to **avoidance**, largely relating to perceived irrelevance and an ‘ignorance is bliss’ mindset. **20 of these 57 respondents** answered “not sure,” “don’t know,” “I don’t want to,” “no reason,” and “no idea.”

> “Don’t really think of it.”
>
> “Never needed to.”
>
> “Don’t feel the need to.”

> “Never had any reason to.”
>
> “I don’t want to know if I have it.”
>
> “No reason.”

49 respondents do not attend screening programmes due to **perceived personal exemption** from screening. **27 of these 49 individuals** felt this was unnecessary due to them having no symptoms, with a further **10** feeling this was irrelevant due to them receiving ongoing medical care. **4 individuals** believe their lifestyle made them exempt from screening, due to the risk factors being low. These responses reflect a **mindset** whereby individuals assess their own risk and care needs, concluding that formal screening programmes are not currently relevant for them.

> “I don’t have any symptoms.”
>
> “No signs.”
>
> “My oncologist says I do not need bowel screening.”

> “I don’t smoke so unlikely to get lung cancer.”
>
> “No cancer in my immediate family.”
>
> “I have regular scans so hopefully anything will be picked up there.”

A further **24 individuals** do not attend screening programmes due to **fear** and **embarrassment.** Some respondents perceived screening to be painful, whilst others felt self-conscious in front of medical professionals.

"I don't like breast screening-it's painful. I'm not aware men have testicles flattened in a vice to detect cancer. Surely there is a less painful or humiliating process."

"Smear is painful."

"Fear. Lack of human empathy and fear of being a burden to my family."

"Don't like cervical one because I suffer with psoriasis around my genitalia, so probably too embarrassed to have that one done."

"Breast cancer screening I feel very uncomfortable undressing in front of others."

"I shy away from bowel as I find that one very uncomfortable."

18 respondents do not attend cancer screening programmes due to **accessibility barriers**, with non-attendance being linked to a combination of practical and logistical challenges. Some participants described significant difficulties securing appointments, with others having conflicting schedules which meant screening was not prioritised. **Physical and mobility barriers** also posed a barrier for some individuals, and for others, time constraints due to employment or caring responsibilities played a role.

"I was sent an appointment whilst I was on holiday... I tried to ring them and kept getting cut off."

"Not gone to breast screening as not confident with the steps at the mobile units."

"Working full time not always being able to get the time off."

"I'm housebound and they won't travel to me."

"Time and distance."

"Because getting an in person appointment is impossible."

"I'm disabled and some are uncomfortable and you feel a nuisance. Some staff are irritated if you can't do as they wish."

17 respondents do not access screening due to them having undergone a hysterectomy.

"Apparently I no longer need a cervical smear because I had a hysterectomy."

"I have had a total hysterectomy when I was 41."

"I now longer have a cervix so haven't needed to go since 2002."

"No need for cervical. Hysterectomy."

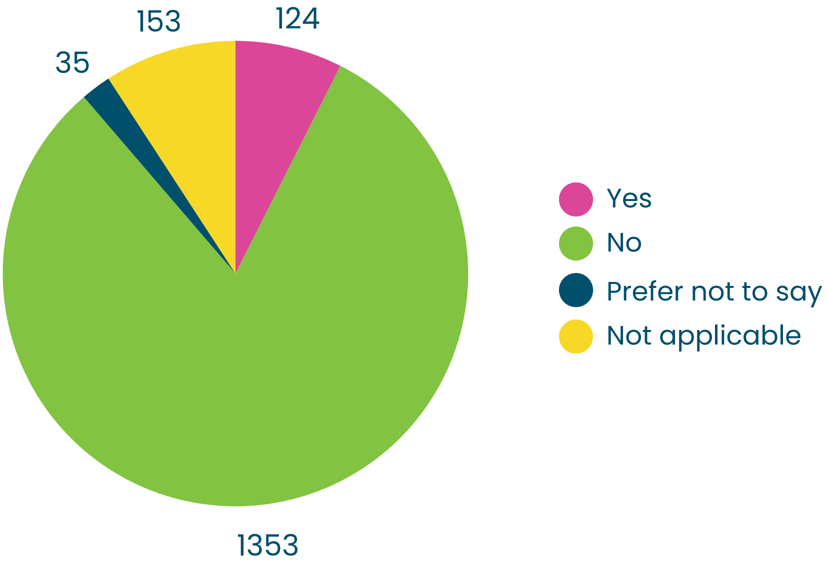
12 individuals felt screening was **not applicable** to them as they are “male.” Other respondents cited numerous reasons why they do not attend, including the following.

> “Cervical smear - never been sexually active.”
>
> “I didn’t attend breast screening because I’m flat chested.”

Where do you find information about national cancer screening programmes? (Please select all that apply):

Letter/phone call invitation	**909**	Word of mouth (e.g. family, friends, work colleagues)	**305**	Information provided during hospital visits	**207**
GP Surgery	**868**	Poster or leaflets in public places	**280**	I do not know where to find this information	**145**
NHS Website	**553**	Mobile cancer screening bus	**217**	‘Other’ responses included general internet searches, having ‘life experience’ and being a health professional, such as a nurse, themselves.	**40**
Television or radio advertisements	**376**	Social media	**212**		

Have you had any issues with receiving screening invitations or reminders?



If yes, what do you think was the reason for this? (E.g. address issues, how you identify etc)

Several respondents had experienced issues with receiving screening reminders, highlighting gaps in the invitation system. **12 individuals** stated they “didn’t know” what the reason was for this. A further **30 respondents** stated they had not received invitations or reminders, with some experiencing **administrative and postal issues.** Other individuals linked this delay to disruptions during COVID, reflecting systemic lapses, inconsistent communication, and a lack of proactive follow up.

> “Completely missed off system.”
>
> “Not heard from anyone.”
>
> “Just don't seem to have been sent letter/text to be able to have smear.”
>
> “Letters not received or sent from clinics.”

> “I missed breast screening during COVID and haven't yet been recalled, it's been 5 years.”
>
> “I assumed I'd have another once turning 30 for cervical but hasn't happened. Not sure if screening has changed.”

A further **21 individuals** attributed the lack of screening reminders to their age, either being considered **too old or young** to qualify for programmes. Some respondents expressed how strict age criteria, alongside unclear communication, leave them feeling excluded, frustrated, or uncertain about their screening rights.

> “Breast screening seems to stop after age 70?”
>
> “Don't think I'm old enough.”
>
> “Due to age, which is ludicrous.”

> “I am too old for cervical screening.”
>
> “Requested bowel check as I am over 80.”

16 respondents highlighted barriers to accessing screening services, with long **waiting times** and **difficulties securing an appointment** being a prominent issue. Some respondents found **mobility and location barriers** to be problematic, illustrating how logistical and physical access combine to reduce screening participation, even when invitations are received. A further **3 individuals** attributed poor access to inadequate staffing levels.

> “Breast cancer. Found it hard to get an appointment on the phone, rang several times on different days.”
>
> “Appointments take too long. I wish there could be walk in centre for breast screening and smear without having to book appointment and wait for weeks.”
>
> “Can hardly get through and can hardly get an appointment at the dr's. Plus this link is the only way I can talk to someone as I can’t use the patches app I am having help now.”
>
> “Overwhelming of the NHS. Not enough staff for people. Feel for all doctors and nurses trying to fit everyone in.”
>
> “They all expect you to travel to them, they don’t think how you’re meant to get to them when you’re housebound.”
>
> “Told to wait outside in the rain because I was the first person after lunch and they were not allowed to let me in. Never went back again. Cold and lack of empathy.”
>
> “Could not attend mammogram because I have issues with open stairs. Only offered place in Lancaster.”

A further **15 respondents** found **poor communication** acted as a barrier to accessing screening. Several reported **incorrect or outdated information** with invites being sent to old addresses, whilst others cited miscommunication between services as being problematic. Some described distressing or unnecessary invitations, with GP’s failing to inform patients about abnormal results. **Inconsistent** advice from GP’s also created uncertainty, leaving some patients unsure of their eligibility or next steps.

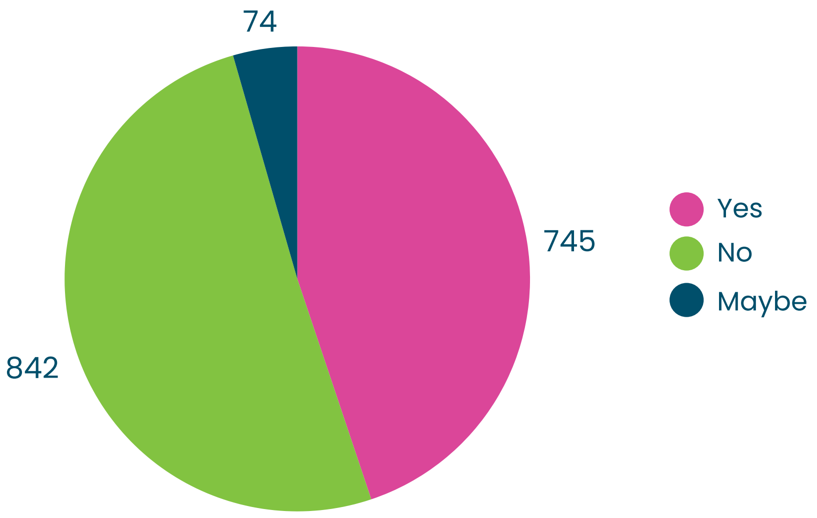
> “Sent to an old address, even though my current address was given at the GP surgery.”
>
> “Confusion as to who invites you for what and the system’s not connected… e.g. invited for 'first' mammogram when already on a five year check system.”
>
> “I am still receiving cervical (smear) reminders when I no longer have a cervix. I'm assuming because medical records are not effectively shared between different GPs/hospitals etc.”

> "It was upsetting to be repeatedly offered breast screening post bilateral mastectomy - I think things have changed now."
>
> "Only 3 years later found I had HPV on the original screening and due to lack of communication. I had missed 2 screenings."
>
> "GP said I wasn't due, but received an invite.”

6 participants felt their personal or **family cancer history** was not adequately factored into screening invitations or eligibility. Several described being **excluded** from routine screening despite being higher risk, whilst others felt frustrated by a lack of proactive offers for relevant screening, despite a family history of cancer.

> “Even though my sister died of lung cancer, my doctors have never offered to screen me for lung cancer.”
>
> “I was taken off the bowel screening programme at 75 despite my higher level of risk to due my family history. Thankfully my GP practice was able to get me back onto the screening programme.”
>
> “I need over 70 breast screening as runs in the family, took ages to arrange but managed it in the end.”

Have you heard of the Human papillomavirus (HPV) vaccination?



The human papillomavirus (HPV) is a common virus that infects the skin and the cells lining the inside of the body, including the mouth, throat, and genitals. In most cases, HPV causes no symptoms, and the body clears the infection naturally, meaning many people never know they have had it. HPV is usually transmitted through close skin-to-skin contact, most often during sexual activity, including vaginal, anal, or oral sex. HPV is very common and can affect people of all genders. It is estimated that around 8 in 10 people will be infected with HPV at some point in their lives. The likelihood of infection increases with the number of sexual partners a person has.

What do you think the HPV vaccination is for?

Certain high-risk types of HPV can cause changes in cells that may lead to cancers, including cervical, anal, throat, and other genital cancers, making prevention and early detection through vaccination and screening important. Cervical cancer is the main type of cancer linked to HPV. Regular cervical screening detect HPV/abnormal cervical cells before they become cancerous.

Vaccines are now available to help prevent infection by the most common high-risk types of HPV, reducing the risk of developing HPV-related cancers. All children, aged 11-13 in the UK, can get the HPV vaccine. It is also available for free to people up to the age of 25 who missed their vaccine when they were offered it, men who have sex with men (up to the age of 45), and some transgender people (up to the age of 45).

Despite the availability of vaccines to prevent high-risk HPV infections, awareness and understanding of the HPV vaccine remain limited. **678 respondents** expressed an overarching sense of uncertainty about the HPV vaccination, with the dominant sentiment being “I don’t know” or “no idea.” Some had “**never heard of it**” or admitted they were “**not sure what it actually does**,” while others vaguely linked it to a virus, but lacked confidence with their answers. A few individuals recognised the letters HPV but could not remember what they meant.

“Can't remember what it actually is to be honest but recognise the letters.”

“I am not actually sure.”

“I am not aware and have not heard of the vaccination.”

“I have no idea if that would be something I’d require.”

A further **426 individuals** connected the HPV vaccination to **cancer prevention**, most often identifying this with cervical cancer, and in some cases, other cancers such as anal or penile cancer. Some respondents associated the vaccine with protection, and others generally described this as “reducing the risk of cancer”.

“Helps reduce cervical cancer in women and girls.”

“Is to protect against HPV which is associated with causing cancers (cervical cancers in women).”

“Preventing cervical cancer.”

“To prevent transmission of virus that can cause cervical cancer.”

“My daughters both had the vaccination, cervical cancer prevention.”

101 individuals identified the HPV vaccination as a way to protect against the human papillomavirus specifically. Many directly named this as preventing HPV, and others recognised this could help with stopping the transmission. Some respondents highlighted that the HPV vaccine reduces health risks, such as preventing HPV cells developing into cancerous cells, or lessening the effects HPV can cause. There was a **shared understanding** that the vaccine aims to stop people from "getting HPV", and the wider implications of this.

> "To prevent contacting HPV, which has been linked to an increased risk of cervical cancer."
>
> "Protection against human papillomavirus."

> "To stop the spread of HPV during intercourse."
>
> "To try and prevent the spread of HPV."
>
> "To prevent HPV or lessen the impact."

92 individuals stated the HPV vaccine protects against sexually transmitted infections. Many specifically noted that it **prevents the spread** of genital warts, with others associating the vaccine to broader sexual health protection. Some individuals connected the vaccine to specific sexually transmitted infections, mentioning herpes, hepatitis, and HIV, occasionally with a link to cancer prevention.

> "Prevention of sexually transmitted disease that can cause cancer."
>
> "Genital warts and a virus that can cause various cancers."

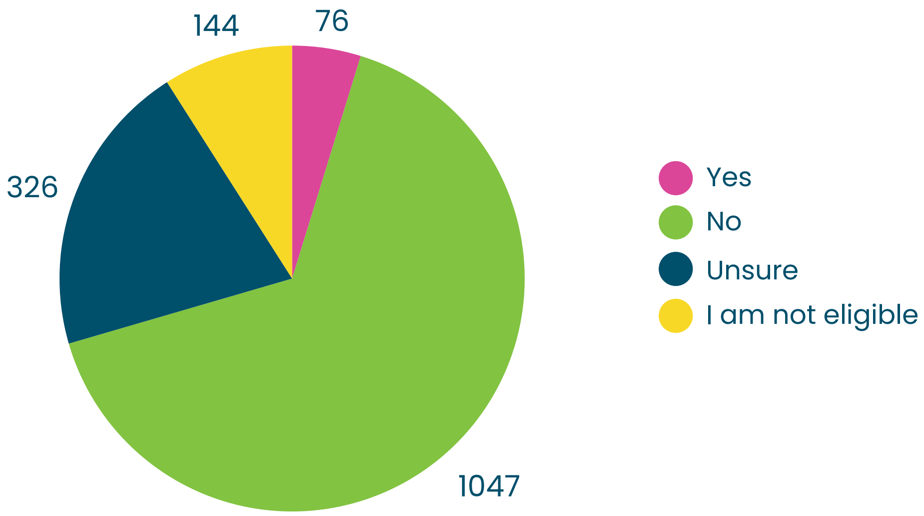
> "Protection against genital warts."
>
> "To protect against sexually transmitted stuff."
>
> "Youngsters initially. Prevents genital warts... skin to skin contact."

A further **78 respondents** felt the HPV vaccination is given **primarily to young people**, especially girls, to prevent future health risks such as cervical cancer. Many described it simply as "for teenagers," with a frequent emphasis on this being given before any sexual experiences, supporting with prevention. Others felt it should be given to all women, not just young girls. Some individuals also linked this to broader outcomes, including protecting reproductive health and reducing cancer risk later in life. An additional **16 respondents** recognised the vaccine is given in schools or around the ages of **11 to 13 years**, reflecting its adolescent focus.

> "Is it the one they give to teenagers?"
>
> "It is given to young women."
>
> "It seems to aimed at teenagers to prevent."
>
> "It's for young people to prevent the spread of the virus and minimise risk of cervical cancer."

> "It's for young females before any sexual experiences."
>
> "It's for youngsters to prevent types of cancer."
>
> "It protects the womb from forming cancer cells. My daughter had this vaccine at school 15 years ago."

Have you received the HPV vaccination if eligible?

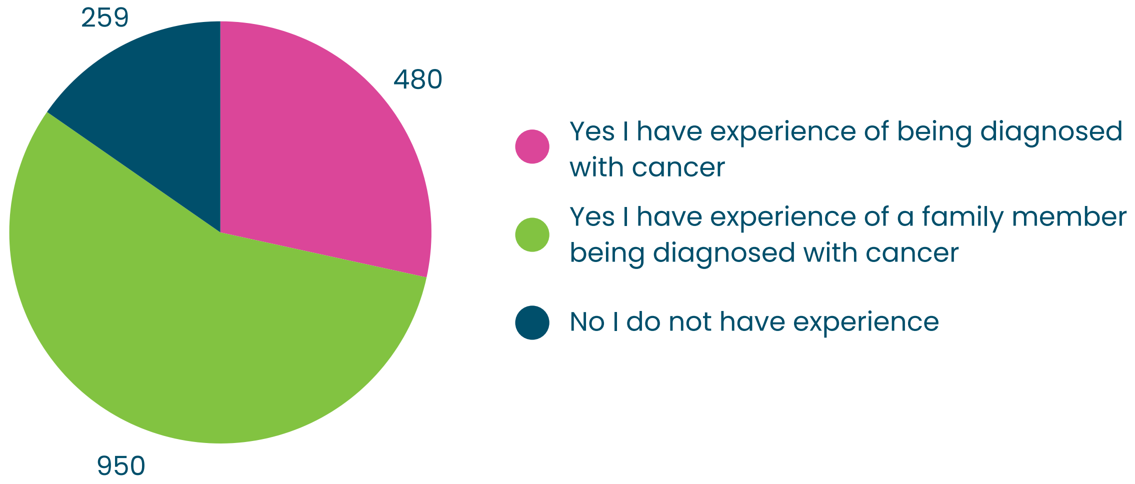


Experiences of Cancer

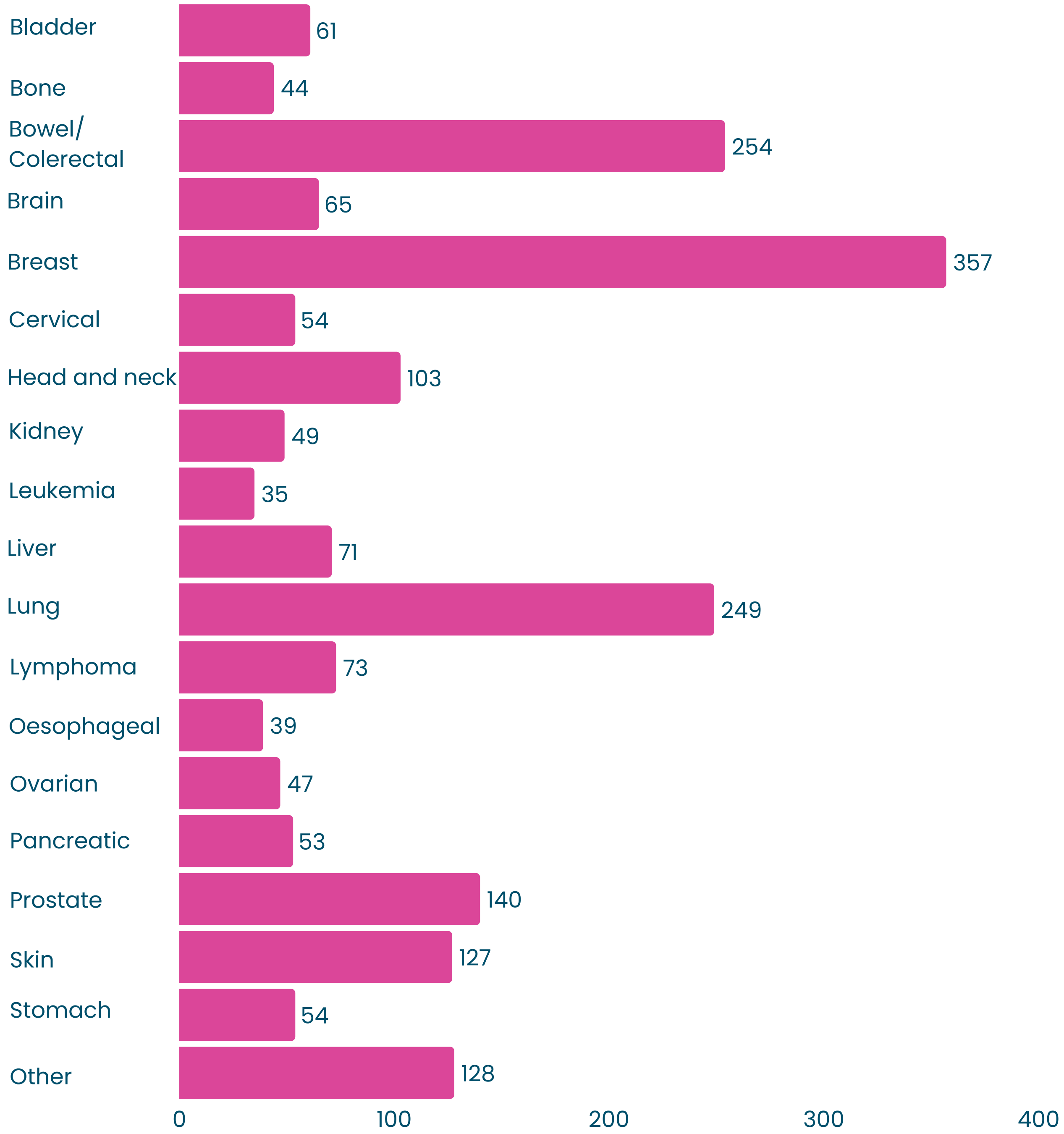
Experiences of cancer treatment and care

This section explores the personal experiences of Blackpool residents regarding cancer diagnosis and treatment. Survey responses discuss the types of cancer most commonly reported, the initial symptoms people experienced, and their journeys through the diagnostic process. Responses highlight a mixture of positive and negative experiences, with positive experiences often attributed to speed, efficiency and person-centred care. Conversely, negative experiences were linked to delays, misdiagnoses and poor communication.

Do you, or a close family member, have experience with cancer?

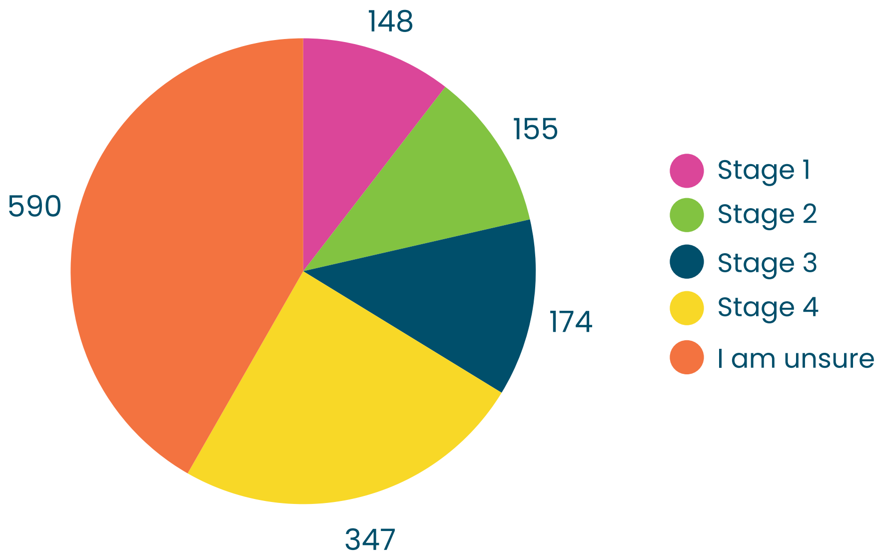


If comfortable, please share what type of cancer were you/your family member diagnosed with?

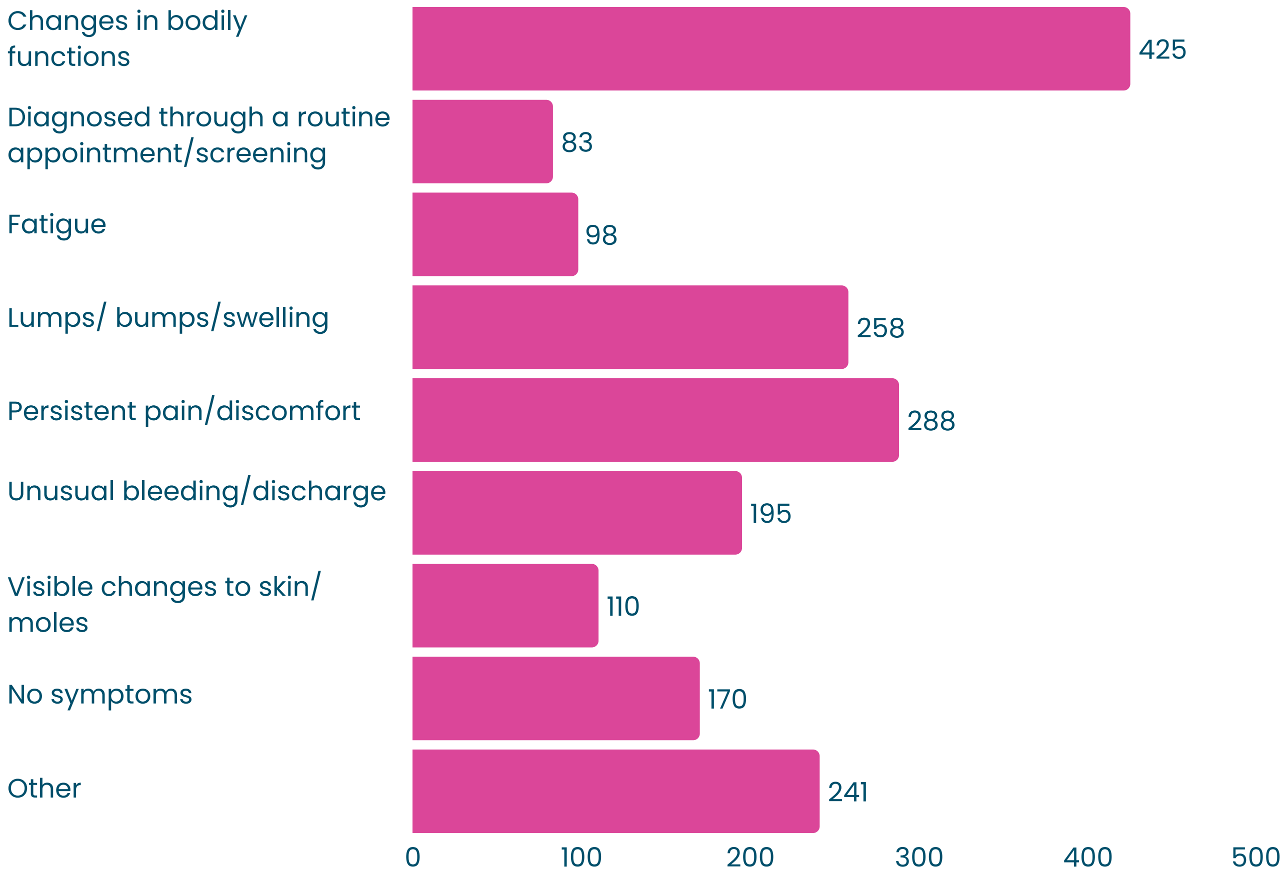


Other responses included, but were not limited to, “womb”, “thyroid”, “bile duct”, “spinal”, “anal”, “blood”, “testicular”, “gall bladder” and “eye”. Other responses also included where participants were “unsure” or had answered “everywhere”.

If comfortable, please share at what stage you/ your family members cancer was diagnosed?



If comfortable, please describe what symptoms you/your family member initially experienced:



Changes in bodily functions

The most common symptoms experienced by **425 participants** were **changes in bodily functions.** A prominent theme was altered bowel and bladder habits, with many mentions of increased frequency of urination, difficulty urinating, and changes in bowel consistency, including both diarrhea and constipation.

“My sister started having problems going to the toilet, her bowel was so backed up that she started to bring up coffee grounds. The doctors thought she had ovarian cancer and sent her for a scan, this revealed it was everywhere.”

“My husband felt as though he had a problem, knew something was not quite right, went to doctor for a prostate examination which didn’t show anything. A short time later he couldn’t urinate and had a tube fitted for his water works. We paid privately and aggressive stage 4 cancer of prostrate (only) was diagnosed.”

“My Dad suffered digestive and bowel issues.”

“Very loose faecal matter and excess wind during bowel movements.”

“Burning sensation when urinating.”

“Going to urinate 3 or 4 times during the night and erectile dysfunction.”

Other significant changes include **severe issues with eating and digestion**, such as difficulty swallowing, heartburn, constant indigestion, and a feeling of food getting stuck.

“My father unable to swallow and digest food, mother the same with extreme pain.”

“My partner smoked quite heavily, he experienced not being able to swallow food easily and it got worse and worse.”

“Struggling to swallow, weakness. Came to the doctor's multiple times about it.”

“Hiccups when eating, feeling of food getting stuck.”

“Husband had constant constipation over 3 weeks. My sister had indigestion, sickness and constipation.”

Participants also frequently describe an onset of **respiratory problems**, such as a persistent cough, breathlessness, and wheezing.

"Cough, breathlessness, wheeze, shortness of breath, dysphagia."

"I had a cough for months, went to my GP surgery in early September and then as many as twice a week. Referred to respiratory doctor at hospital on 18th December. In April was told stage 3."

"Mainly a bad cough. The cancer was only found when she was taken to A&E with suspected pneumonia."

"She had difficulty breathing with the lung cancer and started coughing up blood when the throat tumour was found."

Furthermore, many people reported general **systemic changes** like **unexplained weight loss** and **anemia.**

"I was losing weight and my wife kept saying "you are losing weight". I kept saying "it's summer time" but my wife kept going on. I went to the doctors and they did some tests and sent me to the hospital."

"Unexplained weight loss, cough, confusion - was being treated for bladder cancer initially so tended to blame any symptoms on that."

"Loss of weight breathing problems unable to do a lot of activities."

"Anemia, fatigue."

In some cases, more **acute symptoms** like jaundice, a burst blockage, or vision disturbances were the **first signs** that led to a diagnosis.

"Eyes turned yellow. Thought it was jaundice."

"Woke up having skin turned yellow (overnight!!) had intermittent stomach pains prior to this, no other symptoms."

"Flashing lights. Restricted vision."

"A burst blockage. He ended up in A&E with it and they found it. There was some bleeding."

Persistent pain and discomfort

The second most common symptom, found in **288 responses** is **persistent pain and discomfort**, often felt in various parts of the body. A **recurring theme** is significant and ongoing **abdominal or stomach pain**, frequently accompanied by bloating, that is sometimes misdiagnosed as conditions like IBS.

> "Stomach pain for years and reported to GP."
>
> "Stomach pain on the low left and loss of weight."
>
> "Sickness, stomach ache, weight loss but was misdiagnosed with stomach ulcers."

> "She had a pain in her side she assumed it was her ME that she has that was causing her pain, then found it was cancer."
>
> "Pain in abdomen, loss of appetite and inability to move about freely."

Back pain is also a widespread symptom, with many individuals describing it as **severe**, unusual, or initially mistaken for a pulled muscle or arthritis.

> "Strong pain in my back."
>
> "Pain in right side of back. Unable to sit on a chair or lying down on the bed comfortably."
>
> "Strong pain in my back."

> "They thought it was a pulled muscle, that's what doctor first said until it got worse and I was in a lot of pain."
>
> "Mum had back pain. She never had much before and was very breathless. Loss of appetite."

Other frequently mentioned areas of discomfort include **chest pains, sore throats, and headaches.** This pain is often described as **persisten**t, uncomfortable, and a key indicator that something was wrong, sometimes being the **only noticeable symptom before a diagnosis.**

> "Sore chest, came to doctor numerous times and fobbed off."
>
> "Extremely bad neck pain and headaches."
>
> "Headaches, whooshing sounds, memory loss and seizures."
>
> "Sore throat, hoarse voice and pain."
>
> "My dad had persistent pain in his throat which was treated by antibiotics for the first few months."

Lumps, bumps or swelling

Lumps, bumps, or swelling were also a very **common initial symptom** of cancer, referenced by **258 people**, often discovered by the individuals themselves. Many quotes describe finding a lump in the breast, a symptom frequently identified through **self-examination** or mammograms.

"A red lump popped up on my Mums breast. Dr thought it was an abscess."

"For the breast the first time it was a lump, the second time was a mammogram and they weren't happy with it - sent to Lancaster and they found a small lump."

"I felt well in myself but I found a lump about the size of a grape in my breast, it was quite high up close to my armpit."

"None but a lump caused by my daughter's cat on the breast."

Other lumps were found in **various locations**, including the neck, armpits, groin, and testicles.

"It started with a small lump at the side of my ear that started to grow."

"Swollen ankle, then leg, then lump in groin."

"A small lump in my groin."

"Felt a lump in testicle - went to GP."

"Husband noticed a lump in my neck before, and I would wake up at night with a dry mouth."

The quotes also highlight **internal swelling**, with many people mentioning a "mass," "bloated," or "swollen" abdomen or stomach. These physical changes, while **sometimes painless**, were often a clear and concerning sign that prompted people to seek medical attention.

"With ovarian cancer I was very bloated and very, very uncomfortable."

"Hardly any symptoms really. Quite heavy periods and a very slight swelling in my tummy in the morning which went down after I had been to the toilet."

"Swelling of the abdomen. Feeling unwell."

"One had a breast lump , and the other had a mass in her stomach."

Unusual bleeding or discharge

For **195 participants**, unusual bleeding or discharge was a significant and alarming first symptom of cancer. Many people reported seeing blood in their urine or stool, which was **a clear indicator** that something was wrong. For some, this was **the only symptom they noticed**.

> “My mum experienced bleeding, constipation and discomfort which she ignored for too long believing it to be caused by hemorrhoids.”
>
> “We had just arrived in Majorca, my father went to toilet and was there ages. He got cross when we asked if anything was wrong. We found out later that he had urinated blood.”
>
> “I was always very fit and regular with the toilet. I got blood in my poo so I went to the doctor and she said it's probably piles. Then I started going at strange times and feeling like I wanted to go and there was nothing there. Saw a doctor, sent for a blood test and nothing came back. The original doctor got back to me and sent me for a colonoscopy and took a biopsy and it came back not cancerous. The consultant at the hospital was adamant it was cancer, so they sent me for a second biopsy which was bigger and it came back stage 3 cancer. This occurred over 3-4 months.”

Other individuals, particularly women, experienced post-menopausal bleeding or heavy, irregular periods.

> “Bleeding and discharge past menopause.”
>
> “My Mum started bleeding from her vagina well after menopause.”

> “Periods irregular then heavy, general bloating.”
>
> “Bleeding more regular and during sex.”

Additional examples of **abnormal bleeding** included coughing up blood, bleeding from a mole or nipple, and a heavy nosebleed. These instances of unexpected bleeding, from various parts of the body, served as **the first sign** that led many to seek medical attention and ultimately **receive a cancer diagnosis.**

> “Bleeding spot on nose.”
>
> “Nipple discharge.”

> “Coughing up a small amount of blood.”
>
> “Bleeding mole.”

Visible changes to skin or moles

110 participants reported observing **changes to skin or moles**, including appearance of new moles, lacerations, changes in texture and bruising. A common theme is the appearance of a new mole or a change in an existing one, with people **noticing alterations** in its size, shape, color, or texture. In some cases, a mole that started to itch or bleed was the first sign.

> “A change in mole, then the Dr picked it up on my back as well.”
>
> “Discovery of mole on leg which started bleeding.”
>
> “Unusual mole that was a different colour to the rest and looked a bit mottled.”

> “It started as a mole on her shin which she knocked and it bled and in time it caused all sorts of problems.”
>
> “I injured a mole on my leg. When I sought treatment, this was diagnosed.”

Other skin-related symptoms included sores or spots that **would not heal**, patches of dry skin, or growths on the face and scalp.

> “The first Basal Cell Carcinoma (BCC), which turned out to be a pigmented infiltrative one, initially presented as what felt like three blisters on my scalp that merged together after only a few weeks. My hairdresser noticed that the skin looked bruised and recommended having it looked at. The following two were also small blisters that had their own blood supply. A scaly patch above my right eyebrow that I'd had for at least ten years, on and off, was initially treated several times as an actinic keratosis, but after regrowing around the new skin at least four times was eventually also diagnosed as a BCC after the second punch biopsy.”

> “A bump on the head which broke the skin failed to heal and on investigation was found to be cancerous.”
>
> “Inflammation to the skin at the back as well as shoulder pain.”

> “Lesion changing frequently in shape, size, colour & texture.”
>
> “Patches of dry skin on my nose which never healed. Not the well publicised symptoms at all.”

For breast cancer, people reported seeing dimpling or "orange peel" texture on the skin, as well as changes to the nipple such as inversion, crustiness, or discharge. These **visible signs often served as an important red flag** that led to a diagnosis.

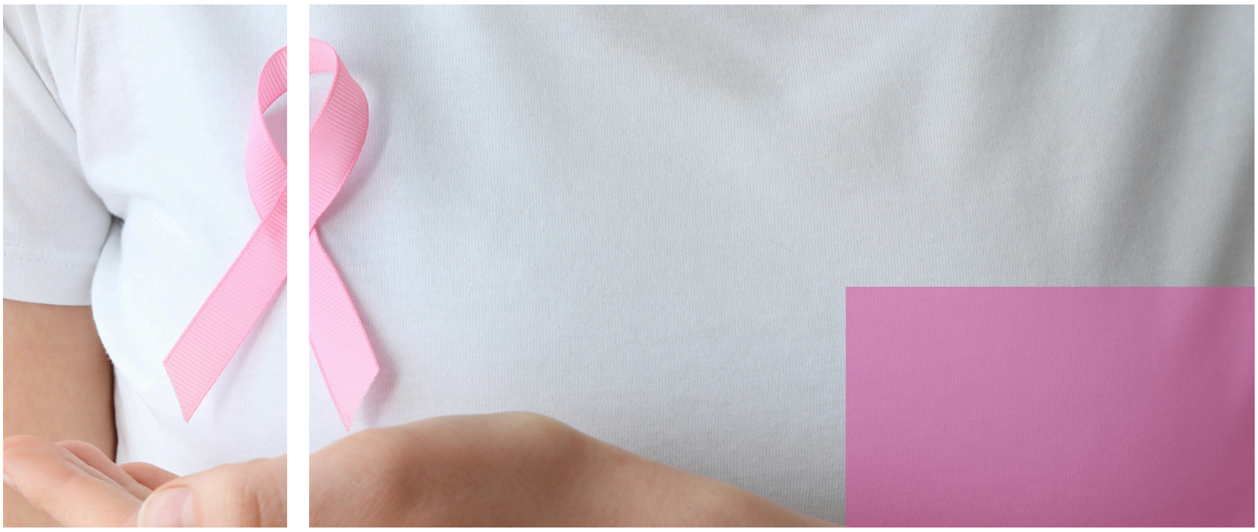
“Breast cracking and weeping and later pain inside shoulder area.”

“Inverted nipple and a little sore.”

“My sister had a deep dimple groove on her breast.”

“Wonky nipple... my words to doctor: ”looks like it's being pulled in from underneath". I did not use technical term 'inverted' because that is not what I was looking at.”

“Red, inflamed, painful breast. Orange peel appearance.”



Fatigue

Fatigue was a **common first symptom** of cancer for **98 participants.** Individuals described tiredness as **"extreme"** or **"chronic"**, feeling this is often more than just ordinary exhaustion. In some cases, it was the **only noticeable symptom**, leading individuals to seek medical attention. In other cases, fatigue was accompanied by other general feelings of being unwell, such as a loss of energy, pain or weight loss.

“I just felt tired, so I went to the doctors and he sent me for an x-ray.”

“Sudden Fatigue ,small rash and everything tased very sweet.”

“My son experienced pain in his left hand side and was very weary.”

“Tiredness, irritable, breathless, anger, struggle to make decisions, no confidence, scared.”

“My wife was always tired and had swollen legs and ankles. Her kidney function dropped as she has only ever had one kidney.”

No symptoms or diagnosed through routine appointment/screening

253 participants described being diagnosed with cancer **without experiencing any prior symptoms.** In some instances, the cancer was discovered **incidentally during routine screenings**, such as a mammogram, cervical or bowel screening. Other individuals attended other appointments such as with the **dentist, optician** or a **doctor** for a different health issue, where it was picked up. Other diagnoses were made through routine testing for other health issues, when the person felt completely well. For certain types of cancer, like breast or lung cancer, individuals felt that there were **no symptoms at all**, or that they were diagnosed before becoming symptomatic. Some cases were so asymptomatic that the cancer was **only found during a post-mortem examination.**

"My father had eye check at opticians. They saw a tumour and notified doctor."

"Daughter was referred through the dentist. My husband's cancer was diagnosed through a poo test through the post."

"I didn't have any symptoms at all ,it was picked up on a routine mammogram screening."

"No colon cancer symptoms. Went to GP with another medical problem."

"Breast cancer was picked up at a clinic wellbeing appointment by a nurse."

"Lukemia diagnosed at post mortality."

"Disbelief - felt well no symptoms. Quite difficult to come to terms with."

"Heart attack and the cancer was found because of the heart attack - no symptoms."

"No symptoms. Had emergency surgery on perforated intestines when the tumour found."

"Lung cancer - no symptoms just very lucky it was picked up very early on a routine yearly cat scan."

Other symptoms

241 'other' initial symptoms of cancer were mentioned by participants, which were often **difficult to pinpoint** or were **mistaken for other conditions.** These included general feelings of being unwell, sickness, flu-like symptoms, and a low immune system.

> "Nausea, upset digestion, extreme mood swings, sun sensitivity, changes in taste, smell, touch and sight...and more that I can't recall right now."

> "A lot of illness, low immune system and low platelets."
>
> "Flu-like and weakness."
>
> "Sickness and dizziness."
>
> "Vomiting straight after eating."

Neurological symptoms such as confusion, memory loss, dizziness, and seizures were also reported as **first signs** of cancer.

> "Confusion, initially signs of TIA. Objects moving around the room i.e TV. Forgetfulness."
>
> "Brain tumour, blanks in memory, aggressive behaviour."

> "Memory loss when I first had seizures because that's how they found it."
>
> "Memory loss, doing strange things."
>
> "My dad and I thought mum was possibly starting with dementia but it was multiple brain tumours, bad back, it was in her spine."

Some individuals experienced specific issues like a blood clot in the shoulder, a metallic taste in food, or a loose tooth that would not heal.

> "Blood clot in shoulder, 3 months later- pulmonary embolism."
>
> "He lost his hair and went very ill/weak. He was being sick after eating and said he could taste a metallic taste in all foods."

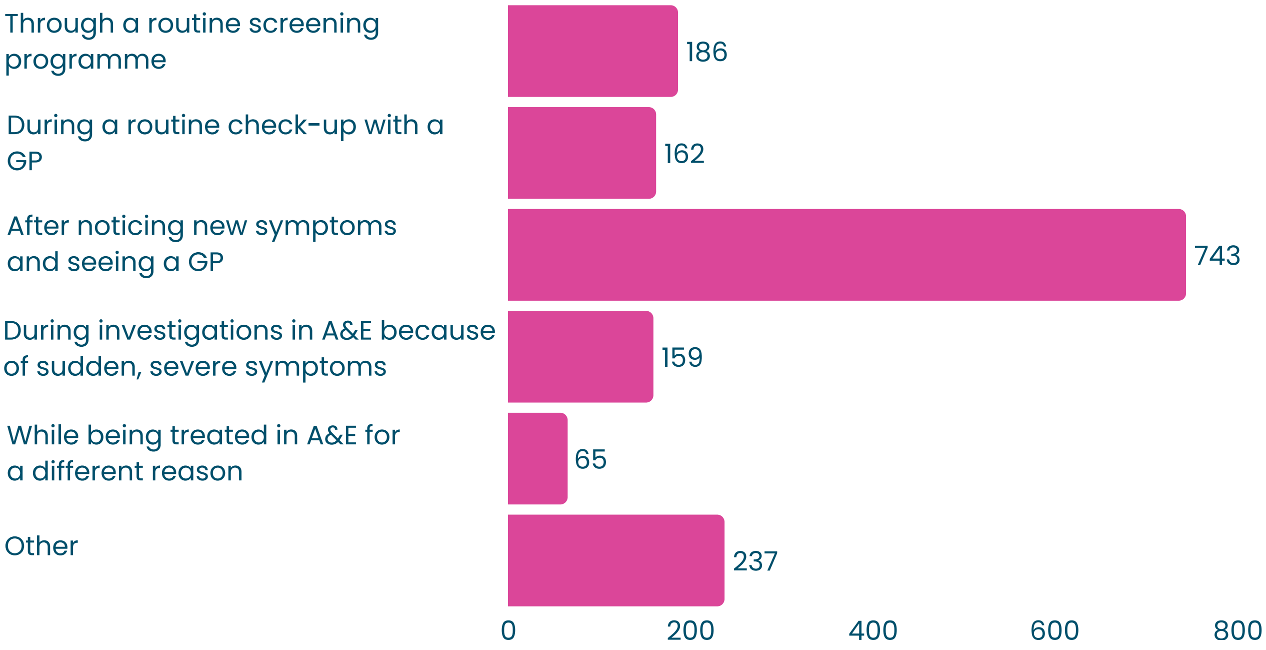
> "I had a loose tooth which fell out before I could see a dentist. The hole left in my jaw would not heal so I was referred to the hospital who took a biopsy, the results revealed cancer, stage 4."

Others noted significant **changes in their mood** or behaviour, such as aggressive behaviour, depression and mood swings. The emotional symptoms upon receiving a cancer diagnosis were also notable, with many quotes describing initial feelings of **shock, anxiety,** and **fear** for the future.

> "Change in pattern of behaviour."
>
> "Anxiety, depression, worry."

> "Irritability, mood swings, tiredness."
>
> "There was a much more than physical symptoms as he experienced depression and anxiety."

How was yours/a family members cancer first discovered?



Other comments also included 'I don't know', 'not known', 'not sure' or 'unknown'. For some, they could not recall how cancer was discovered by themselves or a loved one due to the amount of time that had passed.

What was yours/a family members experience of the diagnostic process (e.g. were there any delays, did you feel listened to, how well was this communicated?)

Positive experiences

676 out of 1906 participants reported **positive experiences** of the cancer diagnostic processes. These were generally attributed to the **speed** in which their diagnosis and treatment was received, **high quality** and **supportive care** and **clear communication**, celebrated separately below. The high number of participants that reported positive experiences, highlights the exceptional standard of care and responsiveness delivered throughout the process.

Efficiency and speed

For **337 participants**, efficiency and speed are **consistently highlighted** as key contributors to a positive cancer diagnosis experience. Patients frequently use terms like "**very quick**," "**no delays**," and "**fast tracked**" to describe their journey, from initial GP appointments to receiving test results and starting treatment. For many, receiving **timely care and treatment** creates a sense of **confidence** and reassurance during a stressful time. This not only reduces anxiety but also allows for timely medical intervention, which many patients believe is crucial for a successful outcome. Feeback also indicated that a fast process, coupled with **good communication**, leaves patients feeling well-cared for, listened to, and supported.

> “Blackpool Victoria Hospital were efficient and supportive throughout treatment.”
>
> “Diagnosed quickly and told on the day of colonoscopy. Staff were professional and explained what they had found and next steps for referrals.”
>
> “Breast care unit was great from initial appointment to starting treatment. It was very quick, from seeing GP to starting treatment within 5 weeks. aHving the one stop approach and having examinations, tests and biopsies all in one centre on the same day made it a quicker process.”
>
> “The GP was fantastic. It was on my breast as well so he was cautious from that point of view, he got a nurse in to chaperone. He looked at it a few times and he referred me and I was called down to Clifton within 2 weeks. Showed a doctor there and he did a biopsy - this was done within a couple of weeks. It was a month before I heard back and they said it was malignant- it has been sent down to London due to the unusual colour and a panel of consultants had looked at it. They worked around my holiday and had me in a couple of days after my holiday. I then had 3 monthly check-ups - checked all my moles and skin - did this for 3 years.”
>
> “Treatment commenced within 2 weeks of diagnosis. Explained what the treatment would be and what foods to eat/avoid. When the first course of chemotherapy didn't reduce any of the cancer a second course was put into place. This reduced every single area with the cancer. Eventually after a few annual check-ups he was advised he no longer needed to return and to contact again if he noticed anything at all. The communication and treatment and support were all excellent. Leaflets were given to him and support network offered.”

High quality, supportive care

Supportive and high-quality care was highlighted by **365 people**, characterised by **empathy, clear communication,** and a **patient-centred approach**. Many individuals described that they **felt listened to** by their doctors and nurses, and they were treated with **dignity and kindness**. Professionals like GPs, specialists, and Macmillan nurses were praised for being "**fantastic**," "**caring**," and "**supportive throughout**." This **supportive environment** was attributed to staff taking the time to explain everything in detail, providing reassurance, and answering all questions. This **compassionate communication** helped patients and their families navigate their diagnosis, making the overall journey feel **well-managed**. Participants described feeling "**in safe hands**" and receiving "**excellent**" or "**first-class**" service.

> “I was surprised to get my diagnosis as I thought I had a different medical problem. I was shocked when I left the appointment at Blackpool Victoria Hospital. Once diagnosed, I was referred to the Royal at Preston where I received first class treatment. My surgeon was fantastic; he was frank - which I appreciated; he gave clear information and descriptions of my situation; he explored every possible treatment pathway and discussed the risks so I could make an informed decision. He referred me to the Christie to explore radiotherapy as an option. Once I had decided on surgery, he referred me to an anaesthetist for a consultation and then discussed the risks of surgery with me again. He listened to my concerns and addressed them all. I received world class treatment.”

> “I cannot fault any department in Lancaster, Rose Cancer Centre in Blackpool Victoria and Rosemere at Preston. The journey was made easier than I thought with everyone's support. Thank you.”
>
> “GP referred me to the hospital. My GP was excellent, very caring, concerned and talked everything through with me. The hospital, the same. I've not had any bad experience all the way through.”

> “The oncologist on my dad’s 2nd cancer diagnosis (terminal 8 weeks) was just so so lovely, you could tell he actually cared about us when giving a family such devastating news. Which definitely helps looking back.”

Communication

96 participants felt that good communication **contributed to their positive cancer diagnosis experiences.** Individuals reported that being kept well-informed, having things explained thoroughly, and feeling listened to made the process more manageable. Individuals described having “**clear”** and **“frank” communication** from medical professionals, including GPs, nurses, and consultants, which helped them to understand their diagnosis and care plan. This in turn instilled **confidence** and allowed patients to make **informed decisions** about their treatment options. This high standard of communication helped to **build trust** for individuals, ultimately helping them to feel an element of **control** in their cancer journey.

> “Excellent diagnostic process where my sons own doctor spoke to him and told him about the very possibe prognosis and everyone reassured my son all the time, as he is autistic and extremely behavioural.”

> “After a few blood tests at the GP I was told to go to the Macmillan centre in my local hospital (Blackpool Victoria) where I was informed of my diagnosis. It was very professional and sympathetic; communication was very good.”

> “It was really quick, rang the next day and within a week I was at the clinic. I had everything done at the same time and the nurse prepared me and she said it was looking like cancer and so I was well prepared with consultant appointment.”

> “I was seen very quickly by my GP who referred me urgently. I was contacted by the breast care unit almost immediately. I felt supported and encouraged as well as informed during the diagnostic process.”

Negative experiences

Delays

186 out of 1906 participants were negatively affected by delays at some stage, which often led to **feelings of being ignored** or **not taken seriously**. Delays were experienced **at various stages**, from initial GP appointments where symptoms were not detected, to long waits for scan results, biopsies, or referrals. Several accounts highlighted a **lack of urgency**, with appointments being cancelled or rescheduled, and some patients having to repeatedly chase up their cases. Delays in reaching an accurate diagnosis could sometimes have meant that the cancer had progressed, occasionally **limiting treatment options**, with patients feeling that **earlier detection** might have offered a better chance for **effective treatment**. A small number of individuals who experienced **delays** sought **private healthcare**.

“Yes I had a delay because the lady that booked the appointments was on bereavement leave. I was left not knowing was my cancer going to kill me or not until they operated, it wasn’t communicated very well. I was left at work crying after the phone call where she informed me that I would have to wait two weeks longer than originally said.”

“Several weeks delayed. The first delay was because the screening in Blackpool refers patients to Lancaster hospital. She was diagnosed there and then a further delay as her notes were then transferred to Blackpool Victoria. Then another delay as Dr's couldn't agree between themselves if she was well enough for the operation as she had breathing problems which were unrelated to the cancer.”

“For the full colostomy my father was told he had 6 weeks to live, but the operation list was 18 months. He paid for a private operation. Same with the prostatectomy paid to go private because of prognosis.”

“After finding a lump she was told that she would need to wait a month before a GP would see her due to the cysts being normal in women under 40. A month later, she got an appointment and had to wait another 3 weeks before her appointment date. After diagnoses the doctor apologised and stated the criteria is for women under 30 to wait a month. If there are any changes women are encouraged to see a GP so having to wait is terrible. She is now due to start chemotherapy and radiotherapy before having an operation to remove both her lymph nodes and breast. A wife, a mother, a friend. Terrible to have to wait.”

Poor quality of care

128 out of 1906 participants shared experiences of poor quality of care, characterised by a **lack of attentiveness**, **dismissal of concerns**, **a lack of a person-centred approach** and generally feeling “**not listened to**”. Individuals reported some instances where their symptoms were not taken seriously or were **dismissed as minor issues**, with some being told they were "**paranoid**" or "**anxious.**" These experiences, including some individuals feeling **abandoned** with **no follow-up support**, contributed to patients feeling **less confident** and **more uncertain** about the diagnostic process.

> “I felt my concerns were dismissed every step of the way, which I believe played a part in my initial diagnosis being delayed. I have at times felt patronised, and like a diagnosis and not a person.”

> “Utterly appalling and devastating. After being fobbed off for 6 years a crisis brought her to A&E.”
>
> “Process was haphazard. Concerns of the family were dismissed by the GP. Hospital investigations were slow, piecemeal and uncoordinated.”

> “Unfortunately, I can’t say it was all positive. There were many times members of the family were not actively listened to in most of our experiences. In some instances, there were delays that couldn’t be helped - some of the time it felt negligent though. There were times when they didn’t feel very empowered.”

> “Didn't feel listened to at all. My sister told me she had a nurse say ‘we can't keep taking lumps out willy-nilly’ when begging for her third biopsy. Between the period of her having her second and third biopsy she went from ‘no cancer’ to ‘stage 3’".
>
> “He was told in a ward bay of 8 on a ward round, then left by doctors and staff.”

Poor communication

Poor communication was an issue in diagnosis experiences for **68 participants**, leaving individuals feeling **confused, scared,** and **unsupported.** Some patients reported a lack of communicating important information, such as **not being told what to expect,** as well as a lack of coordination and communication **between different medical departments.** This sometimes led to missed results and conflicting information. Individuals felt they were forced to **chase up their own care**, feeling "**fobbed off**" by doctors who failed to explain diagnoses, prognoses, or treatment risks.

> “I felt that there was a complete lack of information at my very first urology appointment. I was not informed what was going to happen during the appointment, I was not consulted about the attendance of several students. The nurse who spoke to me after coldly announced that I had cancer, stuffed some leaflets in my hand and said they would be in touch. I was not warned that my bladder had been filled with fluid during the procedure and wet myself whilst driving home.”

> “Told stage 1 that could have hysterectomy and cancer would be gone. During operation (there was a wait for this), they had to stop it because they discovered it was stage 3. Not treated well and told whilst heavily sedated then left alone with no follow up. My mum informed me from the hospital bed whilst coming round slightly from sedation. I was told I was going to die and it was terminal.”

> “The different departments within the hospital do not communicate with each other. I was sent to three different departments and nobody seemed to know what the other was doing. It was a very scary time made worse by incompetence.”

> “There were delays because it was over Christmas. Then delays diagnosing pancreatic cancer because of young age. Constantly calling different departments because breast cancer dealt with at Preston and Chorley and pancreas dealt with at Blackburn. The systems don’t share information.”

Misdiagnoses

Misdiagnoses had a negative impact on the cancer diagnosis experience for **60 individuals**, sometimes resulting in delays and a feeling of being disregarded. People reported their symptoms were frequently **overlooked** or **incorrectly attributed** to less serious conditions. For some participants, they felt that their cancer was not **recognised** until it had **progressed** to a more serious stage, due to a misdiagnosis. Some described feeling **overlooked** or **dismissed** by medical professionals, sometimes being told they were "**too young**" for cancer, or that their concerns were "**paranoid**." These experiences often left individuals feeling **uncertain**, **frustrated**, and **unsupported** within the healthcare system.

Awful. Week after week being admitted to hospital and given antibiotics. I was told by one doctor after weeks you haven't got cancer - oh the best was - you have a bad back! They planned for a scope week after week after being discharged home, but every week she got worse and so unable to carry out the procedure. Initially they thought it was diverticulitis. But she was unlucky week by week as she had an infection and inflammation. It took 9 weeks scan after scan, and no one took a moment with all her symptoms to take a step back and think something else was going on. I'm a nurse and knew something else was going on."

"GP and local Hospital did not diagnose fast enough. They said she was anaemic and kept fobbing her Mum off. At one point they said she was an "overprotective Mum". It took Alder Hey Children's Hospital to take one look at her to acknowledge there was something more sinister going on."

Initial symptoms reported to GP and was told it was IBS, no further investigation, told too young for anything worse at 44. He didn't go back for months until symptoms became much worse. Saw different doctor given hospital appointment 3 days later. Brief exam doctor said he could see it."

"No, my mother was misdiagnosed, was told it was menopause/mental health. She died 3 weeks after diagnosis."

Mixed experiences

133 participants shared that their experiences with cancer diagnosis were often mixed. Some individuals shared how the **process varied**, not only from person to person but also within the same individual for **different cancers.** There were also different experiences from **one healthcare professional to another**, for example a patient may have been “**ignored**” by one doctor but quickly and effectively helped by another. Others shared a **disparity between the speed** of the diagnostic process and the quality of care or communication that followed. For example, some individuals faced initial delays, yet received good quality treatment and aftercare, once diagnosed.

“4 times I was brought into A&E. Told I was constipated given pain killers and on one occasion an enema then sent home on each occasion. On last admission to A&E I was admitted to a ward, told I had an umbilical hernia requiring immediate surgery, a colleague said it was nearer the appendix, but the more senior Dr/Consultant snapped at him and said it wasn't. I questioned why so quickly and told they would leave me to think about it and do it tomorrow. I spoke to one Dr (not the lead consultant) who listened to what I had to say. He ordered an MRI, endoscopy, bloods etc. If it had not been for him, I would have had the completely wrong surgery. I had a blockage in my bowel where the small and large intestine joined. I had stage 4 bowel cancer.”

“Actions were taken quite quickly, but communication was not the best - at first, I didn't know why I was having so many investigations.”

“Breast lump seen within 2 weeks and biopsy taken on day but was initially told probably just a fibrous lump and to wait for surgery - felt listened to. Melanoma not diagnosed quickly at first by a nurse. Only when a different nurse fast tracked me to a GP several months later was it considered urgent and the removed within 48 hrs at hospital.”

“Dealt with sympathetically, but I could have done with someone to talk to after the diagnosis.”

Other experiences

202 other participants shared general feedback, describing the process they experienced. Some were **unable to remember** due to their experience being a long time ago, whereas others replied "unknown" "or don't know" as it was regarding a loved one. Many individuals chose to **share the emotional impact** that the cancer diagnosis had, with many patients and their families describing the shock and, in some cases, depression experienced upon receiving the news.

> "Was very depressed after diagnosis."
>
> "It was hectic. Obviously tests were needed, one after another but by now my relative was very weak and poorly. It was hard for them."

> "It was very sudden. Admitted to hospital and we were in shock when the Consultant told us it was cancer, and they were operating."
>
> "Shock first, then depression."

Where did you/a family member receive your/their treatment and care?

744 individuals received their treatment and care at Blackpool Victoria Hospital. A strong sub-theme was the shared pathway between Blackpool and Royal Preston Hospital, reflecting how services were split across sites. Others described additional links with hospices, showing the continuity of care.

> "Blackpool Victoria Hospital and The Christie."
>
> "Blackpool Victoria Hospital and the Rosemere Cancer Centre in Preston."
>
> "Blackpool Victoria hospital and then the hospice."

299 individuals received their treatment and care at Preston, most often at Royal Preston Hospital or the Rosemere Cancer Foundation, showing how **vital** these were for radiotherapy and oncology. Some accounts described movement between wider regional services but returning to Preston for the core of their treatment. For surgery, radiotherapy, or specialist oncology, Preston was central to people's care journeys.

> "Royal Preston Hospital and Rosemere Centre."
>
> "Preston hospital (chemo radiotherapy, PET scans)."
>
> "Preston hospital and Victoria."

A further **130 respondents** made reference to receiving care in Manchester, with the Christie Hospital repeatedly described as the central place for cancer treatment. Other individuals noted other Manchester hospitals, including Manchester Royal Infirmary, Salford Royal, Withington Hospital, and Wythenshawe Hospital. Overall, The Christie was seen as the main centre of care for cancer in Manchester.

"All cancer treatment at christies."

"Hope Hospital Manchester and The Christie Hospital."

"I received treatment at The Christie Hospital in Manchester."

An additional **78 individuals** described receiving their treatment and care in a hospital, with a further **40 individuals** making specific reference to Clifton hospital, located within Lytham St. Annes. Many responses simply stated "hospital", emphasising this as the primary place of care. A strong sub-theme was the link between hospital and home based care, alongside hospice support.

"Clifton hospital, St Annes."

"Hospital and Hospice."

"Hospital and home care."

70 respondents made reference to receiving vital support in a **care home** or **hospice** setting. For some, this was part of a planned transition, whereas others shared how hospices provided end-of-life care. Many made reference to Trinity Hospice, voicing how essential support, dignity, and comfort was provided in the final stages of care.

"Care from the GP and Trinity hospice."

"Trinity hospice after Victoria hospital."

"Hospital and Trinity Hospice (palliative)."

A further **51 respondents** made reference to **care at home**, often with support from family, community services, or visiting professionals. A sub-theme was end-of-life care at home, highlighting the **role of family** in providing comfort and familiarity.

"She attended hospital appointments until they had her house kitted out with bed and oxygen so she could pass away at home."

"She gets it at home."

"Was too late for treatment. Looked after at home."

51 individuals received crucial support from their **GP** as part of their treatment and care journey. For some, the GP was the starting point for diagnosis and referrals, whilst others highlighted **ongoing care** and monitoring by their GP. There was also an emphasis on the **coordination with hospitals**, with GP's playing a key role acting as a bridge to specialist care.

"Doctor told me. I told my family."

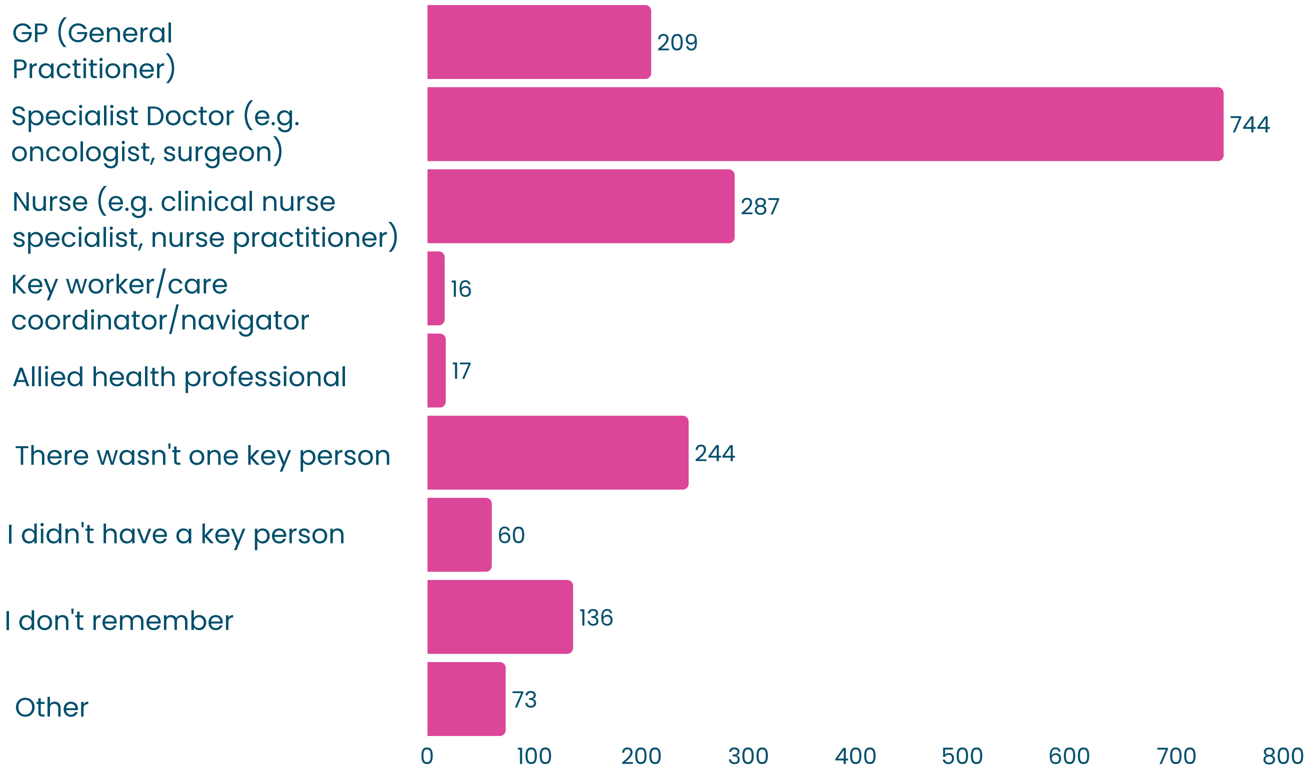
"Doctors and hospital eventually."

"First via GP, then locum Dr who referred me to Specialist after filling in a questionnaire."

"Doctors, kidney taken out at Victoria then on to Christys for treatment."

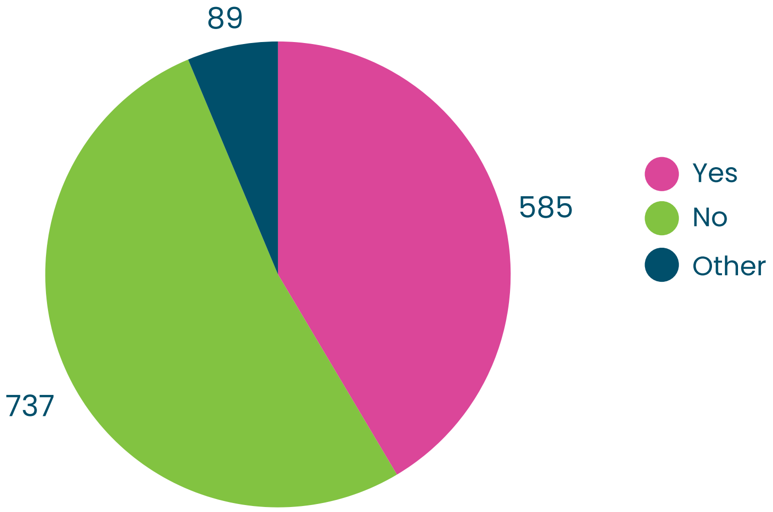
An additional **34 respondents** received care in Merseyside, with Clatterbridge frequently highlighted as a key centre. Some individuals mentioned other major hospitals in the area, including Royal Liverpool University Hospital, Southport and Formby District General Hospital, and Liverpool Women's Hospital.

Who was the key person in your/your family members treatment journey?



'Other' comments included other medical professionals included specialist nurses, such as Macmillan, breast care and district nurses. Family members were also mentioned within 'other', including children and spouses. A small number of responses also mentioned palliative care, such as Trinity Hospice.

Did you/a family member access any support services? for example Macmillan, local support groups



'Other' responses included 'Macmillan', 'Hospice' and 'friends and family'. Some individuals also mentioned specific charities, such as the British Lung Foundation and Melanoma-me.

If yes, which support services did you/a family member access?

The main service utilised by 414 individuals was **Macmillan**, which many highlighted as a vital source of support, offering emotional care and practical help. Specific mention was given to the nurses, with respondents commenting on their kind and supportive nature. Practical assistance was also highlighted, with several individuals noting how Macmillan helped them navigate benefits, finances and offered helpful advice. Respondents found that Macmillan provided wide ranging support, often extending beyond the patient to families, and helped bridge the gap between medical treatment, emotional wellbeing and practical needs.

> "Macmillan nurses - worth their weight in gold!"

> "If I was not getting a reply from my key nurse in the women's clinic, the Macmillan nurse would get me the answers."

> "Macmillan came to speak with me while I was in the hospital, and they attended to me after I had the operation, and they were brilliant."

A further 88 respondents described the **hospice** as a **crucial source of support**, offering compassionate care for both patients and families. For some, this meant specialist end of life care based within Trinity Hospice, while others spoke of the relief that came with hospice at home services, all highlighting the emotional and practical support received. Several also valued the combination of hospice care with other services, such as Macmillan nurses or district nurses, to provide a holistic approach. Respondents felt the hospice was a place of comfort and vital support, not only in the final stages of life, but also in helping families navigate grief and practical challenges.

"Trinity hospice were excellent, and the cancer nurses."

"Trinity Hospice were supportive at the end of life, in addition nurses and a doctor from the surgery."

"Trinity Hospice who approached us at the hospital - fabulous nurse."

"Advice and hospice day service. Wigs and complimentary treatments and therapy."

"MacMillan nurses were great. Hospice in Bispham was excellent."

39 individuals accessed a range of nursing and clinical support services throughout diagnosis, treatment, and end of life care. Hospital based nursing and district nursing was frequently mentioned, alongside palliative support. This was viewed as a central part of an individual's care, providing continuity and reassurance throughout their cancer journey.

"She had regular visits off nurses and doctors and cleaning lady who came daily."

"My sisters had support from cancer specialist nurses."

"Assigned cancer nurse at hospital clinic."

"Clinical nurse specialist."

18 respondents highlighted the role of local groups in providing **practical and emotional support** throughout their cancer journey. Hospital affiliated groups were frequently mentioned, alongside breast cancer specific support groups. Several individuals combined these with Macmillan services for holistic care, emphasising the broader support offered beyond clinical settings. Individuals found local support groups were valued for connecting them to information, peer support and complementary therapies.

"A local group at Blackpool Victoria Hospital."

"Fylde coast breast cancer support group."

"MacMillan and local breast cancer support group."

"After first diagnosis in 2011, no support service's accessed but after second diagnosis, Fylde Coast breast cancer support group and MacMillan."

"MacMillan and I attended a support group, I was offered and used holistic services."

A further 15 individuals emphasised the role of **Marie Curie** in supporting both patients and families during their cancer journey. Respondents valued Marie Curie for the professional and comprehensive support they received, helping families manage care at home and through the end of life period.

"Help to find out about money etc Marie Curie."

"Macmillan and Marie Curie nursed, both fantastic."

"Marie Curie were absolutely brilliant, we would not have been able to cope without their help."

An additional 13 respondents highlighted **counselling and therapy services** as a key form of support throughout diagnosis, treatment and bereavement. Many families accessed support via Macmillan, with others accessing counselling for bereavement via Trinity Hospice. This was viewed as essential for emotional wellbeing, providing both practical guidance and comfort.

"Trinity hospice gave us so much support even after she passed away with access to grief counselling, and some respite the odd night from Macmillan nurses."

"Macmillan talking therapy."

"Macmillan - accessed counselling through them."

"MacMillan counselling during radiotherapy."

8 individuals highlighted the use of **online groups** as a key source of support, information and peer connection. Social media based groups were frequently mentioned, with specific mention being given to Facebook, while broader online communities were noted. Information and guidance were also accessed via digital channels, with respondents utilising online information and internet support.

> “Helpline and internet support. Chatting to specialist nurses and relevant charities for help, guidance and information.”

> “Fylde coast breast cancer on Facebook.”

> “Facebook groups.”

What additional support or resources have been/would have been helpful to you/a family member during the early diagnosis process?

Support Satisfaction

Participants most commonly highlighted support from a range of services, including specialist nurses, district nurses, hospices, GPs, Macmillan, and hospital teams, as well as from family and friends. Many described the support as timely, compassionate and reassuring.

> “Had all the support I could possibly need from PCN, Macmillan and hospital.”
>
> “I had support from my specialist nurse, I had her phone number & could call her if I needed to.”
>
> “I think that the doctors and nurses did a fantastic job and were so kind and caring, unfortunately the cancer was too far gone to be treated.”
>
> “I actually don’t think the diagnosis could have been better after symptoms were identified, she spoke with health care professionals throughout this process.”
>
> “My cancer nurse at Rose Centre was amazing. I had 1-1 therapy through my journey. I joined my local Macmillan group.”

Emotional and practical support for patients and families

While many praised the support from Macmillan and NHS services, 125 respondents highlighted the need for additional emotional and practical support for both patients and families. Suggested resources included counselling, group support, and family-focused care. Several emphasised the importance of a named professional for continuity and guidance, providing a direct contact for questions or concerns. Many noted the need for emotional support for family members, especially children and younger relatives.

“Emotional support for both my husband and myself especially when he was diagnosed as palliative. Hospice at Home Care was abysmal.”

“I'm unsure to be honest. My parents were offered counselling yet my father's children who are also losing their dad, weren't offered anything.”

“Keep in touch calls. Mental health first aider. Not just for the person suffering but the family who are also affected.”

“Maybe a group chat with others diagnosed with similar affliction.”

Improved communication

81 respondents highlighted poor or inconsistent communication during the early diagnosis process, with some describing their diagnosis as being delivered abruptly or without sensitivity, while others felt left with confusing information and unclear points of contact. Individuals shared that there were gaps in professionals explaining treatment options, side effects, and prognosis often leaving patients and relatives feeling uncertain or unsupported.

“A single point of contact to speak to and get clear and honest updates. We spoke to so many different people who often contradicted each other.”

“I would have liked to have been informed in the same way my GP was informed. This was that it was only recently categorised as a cancer etc. I was bluntly told that I had blood cancer and would be on chemo for the rest on my life.”

“More communication as my family member found himself waiting for phone calls/letters to arrive. His life was on hold until we knew he could have the operation.”

“My dad being told the truth - he seemed to believe he didn’t have it and no plan was discussed. We were told when he got pneumonia there was nothing they could do for him, but there is always that thought - could they have done more to save him?”

“The whole process was unclear. My Father was kept in the dark on his prognosis.”

“Would of liked a specialist to give in depth information on the type of cancer diagnosed and realistic options of treatment and length and value of life left.“

Prompt diagnosis, referral and treatment

74 individuals emphasised the need for timely diagnosis, referral, and treatment which would have supported them during their diagnosis process. Many reported delays in being taken seriously by GPs, missed or incorrect diagnoses, and long waiting times for scans, referrals, and test results. Several respondents felt that being listened to earlier or referred more quickly could have led to an earlier diagnosis. Others highlighted the distress of delays between appointments and treatment, with some turning to private care to avoid long waits.

“Being listened to would have, I believe, led to a quicker diagnosis.”

“I was given a lot of support, but it was the waiting times in between appointments that was very difficult.”

“It would have helped if the doctor sent her for a scan two years ago when she noticed a lump in her abdomen. Doctor said it was just fat because she was overweight.”

“Quicker detection, more routine checks for cancer, thankfully not aggressive but still stage 4 diagnosis a shock.”

“It would have helped if Blackpool Vic had diagnosed cancer early on instead of telling us, something not right just don’t know what. You don’t expect ovarian cancer in a twenty year old girl.”

Better signposting and information

69 individuals highlighted the need for clearer, more accessible, and better signposted information during the early diagnosis process. Individuals shared that they often felt left in the dark and uncertain about what services or resources were available. Individuals highlighted the need for information and guidance on how best to support their loved ones, while others suggested that simple resources such as leaflets or website links would be extremely beneficial.

“More education, information, support, and guidance on what to look out for should the cancer return.”

“Information about benefits and finances, a realistic idea of how long she could expect to live - medics were very cagey which family member took to mean they were going to get better, she didn't understand that she was dying. Maybe that was better.”

“Leaflets, web links.”

“It would have been helpful if I knew what services were available.”

“GPS should make people aware of services, counselling, nurses.”

“Information leaflets clearly stating the diagnosis and treatment options and journey.”

Other

Other respondents described the significant financial pressures faced during the early diagnosis and treatment process. Many highlighted losses of income due to time off work, as well as additional costs for travel to appointments, accommodation, and childcare. Several also noted challenges in accessing benefits or financial support, and emphasised the need for clear guidance, assistance with paperwork, and help with transport, particularly when treatment was not local.

> "It would've been helpful to find out more about the benefit system because I was unable to work."
>
> "More info on financial services as he couldn't work during the treatment and wasn't allowed to claim certain benefits either. Also, he had to drive himself to radiotherapy every day there and back in another town. It would have been better if radiotherapy was local and if they helped with more transport for patients instead of one bus a day. He used the transport once or twice but then had to wait around for hours and hours for bus to take him home when all he wanted to do was get into his own bed and rest after treatment."
>
> "Non-existent financial support being self-employed."
>
> "Difficult illnesses, you need to miss work many times to take care or take to chemo sessions so a better understanding in society. It is quite depressing in itself to know that the life of someone you love is going to end in such a bad way."
>
> "Financial help as giving up her job caused a lot of money worries."

Was any support offered to you/a family member upon receiving a diagnosis? If yes, how did you find this?

499 individuals shared that they **were provided support** upon receiving a diagnosis. Support was offered in many different forms, though experiences varied on individual circumstances. For many, the most consistent and valued source of help were from specialist cancer or breast care nurses, who provided direct information, emotional reassurance, and a point of contact throughout treatment. Macmillan services were frequently mentioned, both through nurses and helplines, though some people found them invaluable while others chose not to engage or felt the support was inconsistent. Other means of support were provided through leaflets, booklets, counselling, hospice input, and referrals via GPs or consultants.

Specialist nurses

Many people highlighted the role of breast care nurses, cancer specialist nurses, and clinical nurse specialists as the most significant and consistent support. Individuals highlighted that they were provided clear information, emotional reassurance, and support via phone. For some, these nurses were described as “lifesaving” and were a continued source of support after treatment. However, a few found it difficult to reach their named nurse or felt there was not always continuity.

“My specialist nurse was a godsend. She supported me from my first appointment all the way through.”

“The specialist nurse was without doubt our saviour and was always there for her. Even now she can be called upon with any further problems.”

“My cancer nurse immediately got in touch with me and introduced herself. She was by my side all the way.”

“I was given a named specialist nurse to access, but unfortunately, each time I did ring it went straight to voicemail and I don't like leaving messages, especially under pressure. Also, the nurse went on maternity leave and I wasn't allocated a specific person, however, I have to say that the nurses I did have access to were extremely helpful and worked with me.”

“Breast care centre at Blackpool Victoria hospital offered immediate support.”

Macmillan support

Macmillan services were mentioned frequently by individuals. For some, Macmillan nurses were described as "fabulous," "amazing," and a vital part of coping during treatment and after care. Many highlighted that they provided home visits, phone support, practical advice, and signposted patients to local groups. Others shared that support was inconsistent or that they did not receive a follow up, and described feeling "let down."

> "I was referred to Macmillan, which was helpful as Macmillan has been a positive help to me and my family since then."
>
> "We were given a leaflet to contact McMillan and the lady we were given was not very helpful. We felt let down by them."

> "The support from the Macmillan nurse has been excellent."
>
> "Macmillan gave great support and regular visits helped. Mum joined a cancer group in the area which we both attended. It was helpful."

GP and hospital staff

GPs, consultants, surgeons, and oncology teams were often praised by individuals for their kindness and clear communication. Several people highlighted being given information packs or referred directly to support services by their GP.

> "The nurses are always there and have been a great help and a shoulder to cry on when needed."
>
> "All meetings with health care professionals were supportive and calm and explained everything at the level which it could be absorbed and understood."
>
> "Stoma Nurses available to talk to who are Macmillan trained."
>
> "I rang the GP surgery twice as I was feeling very helpless and needed help mentally to cope with the diagnosis. I spoke to a locum who prescribed anti-anxiety medication which I never took. I rang one other time and spoke to a doctor via a telephone consult who really calmed me and helped me. I spoke to a councillor via occupational health at Blackpool Vic who gave me coping strategies and hypnotherapy to help me cope with everything."
>
> "A package was sent from GP which was thoughtful."

Signposting information

Participants shared that leaflets, booklets, and information packs were widely given out. These included helpline numbers, details of local cancer support groups, and other organisations. While some found this very useful, others felt overwhelmed or said the information was impersonal and hard to navigate. A few mentioned that they did not look at the written material until much later.

> “Other than a pile of leaflets, I don't remember being offered any other support.”
>
> “Info book provided.”
>
> “Leaflets with details of organisations - breast cancer now.”
>
> “Lots of leaflets, my surgery was good at signposting to PCN.”

Hospice and palliative care

Many shared that hospices such as Trinity along with palliative care, provided essential support particularly towards the end of life. Families shared the value of the practical and emotional care hospice staff gave, describing them as “excellent” or “marvellous.” However, a few felt support came too late or was inconsistent.

> “Yes, both Backpool Vic and Trinity hospice offered advice regarding what she was entitled to and help completing the forms. The offer of support and counselling if I needed it as her main carer, which continued after she passed.”
>
> “Support from Trinity Hospice. As good as it could be from an overstretched, charitable service.”
>
> “Hospice. Great for end-of-life support.”
>
> “Trinity Hospice Blackpool were marvellous.”

Counselling support

Some people were referred to counselling, either through Macmillan, hospices, or occupational health at work. For several respondents, this was helpful in managing their emotional wellbeing upon receiving a diagnosis. Others noted that although counselling was offered, it was not always taken up, or it was difficult to access due to timing and other life pressures.

> “Psychological help, but it's difficult to access it. Between work, care, shopping, cooking, cleaning - those of us who are healthy even lack hours to sleep. Even though they offer help , it's often difficult, if not impossible to access it.”
>
> “My partner had some counselling at Trinity.”
>
> “Counselling through my work.”
>
> “Yes. Immediate support by the colonoscopy specialist. Also other offers of support and counselling, although I did not take these up.”
>
> “I believe counselling was offered but sadly my mum refused to accept the diagnosis so dad wasn’t able to get the help he needed.”

No support

473 participants reported that no formal support was offered or were left to navigate the situation alone. Some described minimal forms of help, such as a nurse contact, referral to Macmillan, or access to a leaflet, but often felt this was inadequate. Some respondents highlighted that they had to actively seek out support themselves, through charities, online groups, or through family. Others expressed frustration at financial barriers or the lack of guidance during a highly distressing time.

> “No, we were all just told in a room away from my dad, it was devastating.”
>
> “I believe there may have been, but it seemed very limited. I personally did not get any early support, which would have helped me with my 2 young children.”
>
> “Nobody really bothered us. Macmillan couldn't offer any financial assistance and we think because the surgeon was a locum when he moved on obviously nobody really wanted to do follow up on something they hadn't done. So, then she got put back with the GP.”
>
> “My mum applied for financial help because she was self employed but because somebody opened her shop so they could do their work while she was going through treatment and recovery, they told her she wasn't entitled to any money.”
>
> “Mum had to ask for it. Nothing was offered.”
>
> “I was taken into what I assume was the staff break room by a MacMillan nurse after my diagnosis (there were 2 other staff in there on their break) and given a leaflet about how my data was going to be used. Again, I was told by the nurse that my cancer will probably come back, and I felt rushed out of there. I sought out a cancer charity myself after that and got most of the support /information I needed from them.”

Barriers, Opportunities for Improvement, and Areas to Celebrate

This section summarises participant feedback on the challenges, successes, and opportunities to improve cancer awareness, support, and services in Blackpool. it highlights barriers to screening, diagnosis, and treatment, as well as suggestions to enhance patient experience and access to care.

What do you perceive as barriers to accessing support for cancer prevention, diagnosis and treatment in Blackpool? Please select all that apply:

Availability of GP appointments	**1036 (64%)**	Mobility issues (e.g. disability, chronic illness)	**223 (14%)**
Waiting times for appointments	**948 (58%)**	Stigma	**218 (13%)**
Lack of awareness and knowledge (e.g. of local services, importance of early diagnosis, symptoms)	**918 (57%)**	Transport barriers	**150 (9%)**
Fear	**816 (50%)**	Physical barriers (e.g. accessible location of services, adequate ramp access)	**107 (7%)**
Mental health barriers (e.g. anxiety, depression, stress)	**466 (29%)**	Cultural Beliefs	**103 (6%)**
Difficulties navigating NHS services	**463 (29%)**	I would rather not know	**92 (6%)**
Embarrassment	**359 (22%)**	Language barriers	**90 (6%)**
Lack of trust in the NHS	**350 (22%)**	Other	**77 (5%)**
Lack of accessible information (e.g lack of easy read, audio or video resources)	**271 (17%)**	It is not my priority	**45 (3%)**
Work and family commitments	**264 (16%)**	I do not leave the house	**33 (2%)**

Appointment access

292 respondents reported difficulties in accessing a doctor's appointment. Common concerns included long waiting times, limited appointment availability, restrictive booking systems, and barriers such as online-only access or receptionists being restrictive with appointments. Many shared a need for a **greater availability of appointments** with simpler, more flexible booking options, including phone, in-person, and extended hours (evenings/weekends), as well as longer consultation times and quicker access when cancer symptoms are present. Respondents also highlighted the need for **annual wellbeing checks** and tailored support for elderly patients or those who are digitally excluded.

"Have more appointments available to cut waiting times. Maybe do a Saturday consultation to help with appointments."

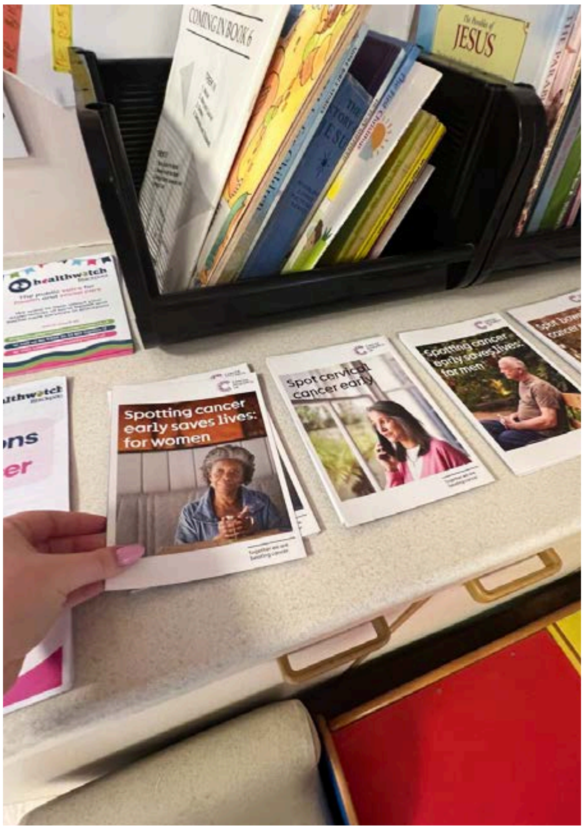
"Make more appointments more available to people."

"I'm not sure, but making appointments more accessible and not having to do it online puts a lot of people off like my husband. He phoned and didn't get an appointment as he hasn't set up patches. So will go for weeks now till he gets round to it."

"A change in obtaining appointments. Too many obstacles. Simple call in at surgery - why is this such a difficulty- elderly need help not obstruction."

"Prompt appointments available when you have concerns or worries about symptoms, less dismissive receptionist, time for GP to discuss concerns."

"If you have symptoms you know you have to go and see your GP. When you ring for an appointment you're given one to see a nurse practitioner who once you tell them your symptoms, they tell you to make an appointment with the doctor."



Education and awareness

A total of **263 people** shared that **overcoming barriers** to cancer care requires improving awareness and education. Participants emphasised the importance of making information **accessible** and easy to understand through leaflets, GP surgeries, schools, colleges, community settings, and public media such as TV, radio, and social media. Respondents shared that early education, particularly in schools, should be utilised as a way to reduce fear, stigma, and embarrassment, while providing clear information on symptoms, screenings, and available support. Others also suggested outreach initiatives, including community drop-in clinics and proactive GP engagement, to further raise awareness and improve access to care.

"I think maybe more awareness on social media from different outlets would be a good push to change the stigma about getting tested, as well as correctly informing people about the screenings. For example: cervical screenings may be painful for some (e.g. those with conditions like vaginismus), but it is not meant to be. Many assume it is, and therefore won't get tested. So maybe more emphasis on this would help, and maybe additional support emphasised to those who have such conditions to make their screening seem less scary."

"More advertising about general health problems that could be related to a form of cancer on social media, NHS, TV, radio and information leaflets."

"Ensure that children at school are brought up with health related knowledge. Use every opportunity to promote the benefits of early intervention."

"All of these can be overcome by spreading the word."

"A leaflet with clear details, stating signs to watch for, step by step action you should take, with contact details relevant to your area."

"More education in school. More openness in talking about problems which people see as embarrassing."

Communication

89 individuals highlighted that **effective communication is essential** for overcoming barriers to cancer care. Respondents suggested **empathetic, non-judgmental interactions,** clear explanations of processes and symptoms, timely updates on appointments and results, and **consistent** points of contact. Many reported frustration with NHS systems, including difficulty reaching the correct medical professionals, inconsistent advice from different doctors, and poor digital communication across systems. Individuals suggested that health care professionals should **listen to patients more** and provide compassionate, patient-centred communication to help reduce fear, stigma, and stress during patients cancer care journeys.

"Improved digital communication between all parties."

"Make sure staff listen and be more compassionate."

"More talking and open discussion."

"Communication between Doctors."

"My personal experience is that patients don't have one clear line of communication and treatment paths can be dependent on the consultant on the day. My grandad experienced poor treatment last year as one day they wanted to operate so he went nil by mouth but the next day a different doctor decided another treatment was better. This level of care is poor and should not happen."

"By GP surgery actually listening to your problems and not being fobbed of by a receptionist or sent to a nurse practitioner instead of a proper doctor."

"Being able to sit down and talk with someone about what the processes are e.g. after a mammogram being told what the process is. What symptoms to expect if refusing treatment."

Cancer care clinics

69 individuals strongly support the idea of a **dedicated cancer drop-in clinic** when overcoming barriers to cancer care. Respondents suggested **local or mobile** drop-in centres, community outreach sessions, one-stop clinics, and telephone services without automated systems, allowing patients to speak directly with knowledgeable and specialised staff with any cancer concerns. Others highlighted that a designated cancer clinic would aim to reduce reliance on GPs, provide non-intimidating spaces for discussion on signs/symptoms of cancer, and ensure timely, clear advice, resulting in early detection.

> "Drop in clinics away from doctors surgery might help more people to ask for help."
>
> "A dedicated helpline for those who are unsure of their symptoms to get advice before contacting the surgery."

> "Drop-in clinic or dedicated cancer concern phone line that is easily accessible."
>
> "I think a drop in centre is ideal as we could attend when the moment comes to us without fear developing whilst waiting for an appointment."

> "Drop in idea is a good idea - something with a mobile aspect - so vulnerable people can access it."
>
> "Just make it super easy to engage, well-advertised drop ins for male specific cancers that wives/girlfriends would be unlikely to nag about would be good."

> "Pop-up centres around town using empty shops; taking stalls at community events; doing drop -in sessions at community hubs; having a health bus that stops at different spots in Blackpool, with the top deck dedicated to cancer awareness and the itinerary published in advance. Social media posts. All of the physical events should get published well in advance."

Other

Other individuals emphasised the need for **increased NHS funding**, more staff including GPs, specialists, and nurses, with improved access to equipment and diagnostic tools. Respondents also highlighted the importance of broader cancer screening for **all ages**, without limiting access to age-specific eligibility criteria. Some also highlighted the need for improved support for individuals throughout their cancer journey.

> “An open access screening system with dedicated cancer risk triage would help. It takes it from a general practice to a dedicated specialist. I've more confidence in that specialist approach. They could still refer to a GP if they suspect an alternate case but you'd be confident if you had early cancer signs that a specialist screener would see them.”

> “More funding for cancer and the NHS, also more funding for hospices.”
>
> “Make more younger people eligible for checks not just specific appointments only. e.g at my current age I am only eligible for a cervical screening. I understand that older woman are more susceptible to breast cancer but if you are under that age bracket with no family history you aren’t thought of.”

> “More GPs and specialist doctors.”
>
> “I think that the whole idea of cancer should be inclusive of any age not targeted to specific age groups. There is no barrier to how old you are to get cancer, you have to broaden your audience to include everyone.”

> “Cancer screening out in the community - no need to see the GP or hospital, just book online like you would a hairdressers appointment. Do the screenings in places that are easy to get to - libraries, community/ children's centres, supermarket community rooms, sports centres, schools, mobile health vans.”

What aspects of cancer support in Blackpool do you think are operating well?

Limited awareness of services

592 respondents were unsure or unable to identify which aspects of cancer support in Blackpool were operating well. Most explained that they **could not comment** because they had not personally accessed cancer care services, were not local, or that they had only lived in Blackpool for a short while.

Community and charity support

134 individuals highlighted **Macmillan Cancer Support** and **Trinity Hospice** as key cancer support providers in Blackpool. Many praised Macmillan for its accessibility within **Blackpool Victoria Hospital**, their specialist nurses, support groups, and information services. Others highlighted Trinity Hospice for their **high quality** end-of-life care, home services, day units, and support for patients and families. Others mentioned Marie Curie or other local support groups for specific cancer such as breast cancer support groups.

> “Without the support and information provided by Trinity and Marie Currie we wouldn’t have known as much as we did, as GP and hospitals didn’t really give any support.”
>
> “MacMillan Support being situated in the Windmill unit at Blackpool hospital has massively improved awareness of support and every team member there is amazing.”

> “Any contact I had with Macmillan was positive and they are readily available in the oncology department. Information given when diagnosed about local support groups for breast cancer which I accessed and found supportive.”
>
> “Local charities at the forefront of people’s minds. Very robust fundraising and profiles.”

Hospital and clinical services

130 respondents highlighted **high satisfaction** with hospital based cancer care at Blackpool Victoria Hospital. Many **praised the oncology department,** chemotherapy and radiotherapy services, specialist clinics (e.g. breast, urology, haematology, dermatology and stoma care), and consultants were praised for being **efficient and compassionate.** Many highlighted the important role of cancer nurse specialists within the Windmill Centre for their support, follow-ups, and guidance throughout diagnosis and treatment.

"I cannot express how grateful I am to have been seen and treated at Blackpool Victoria Hospital. However there has been a significant improvement from 2006 to 2020 in all aspects for which I am grateful."

"The Windmill Clinic is fabulous, as is Haematology and Oncology at Victoria Hospital."

"I feel I have had excellent treatment. I was treated quickly and I am followed up regularly which is very reassuring. I have been supported and guided by the ENT specialist nurses who have been at the end of a telephone for any crisis and issues that have arisen. Macmillan are excellent, they have every angle covered and provide exacting knowlege, support and reassurance in a very understanding manner."

"Very pleased with my sister and husbands care thank you Blackpool Victoria hospital you have been more than fantastic."

"Get good support from Stoma service."

"Excellent conversations with Surgeon and follow up by hospital staff."

"My experience of diagnosis , radiotherapy, chemotherapy and surgery was as good as I could have hoped for. All the staff who I had contact with were amazing. I couldn't have asked for better."

Referral and diagnosis process

127 individuals highlighted that the **referral and diagnosis process** for cancer were working well. Many praised the two week referral pathway, particularly for breast, bowel, and skin cancers. Respondents shared that they received a positive referral and diagnosis process within the breast cancer service at **Blackpool Victoria Hospital,** where patients can receive examinations, imaging, and biopsies in a single visit. Many shared that once diagnosed, treatment starts quickly.

"From my experience I can't complain, from the first diagnosis to now seeing my oncologist."

"Once diagnosed and in NHS system I have nothing but praise for the support given."

"Breast care clinic has great process... eg exam / mammogram / biopsy in same day. Unlike other clinical areas that pass you back and forth before biopsy."

"The breast cancer team at the breast care unit are amazing."

"Once it had been recognised a friend of mine started chemo quite quickly."

"2 week referral seems to be working."

"Skin cancer - immediate referral. Appointment, treatment and follow up within less than a fortnight - excellent. Bowel cancer - 3 times I have had cause to receive investigations for possible bowel cancer and this was dealt with very quickly with scans and sigmoidoscopies. Prostate cancer diagnosis for my husband 23 years ago took many months . I think it is very different now as all our sons are receiving annual PSA checks. Breast cancer screening- exceptional in their referral and diagnostic process, hardly any waiting time for me to find out my lump was not malignant."

Cancer screening programmes

86 individuals shared that cancer screening programmes in Blackpool were working well with many **praising** breast, bowel, and cervical screening. Some shared that they found the bowel cancer screening programme effective due to the posted stool sample kits. Some highlighted mobile breast screening services which they found **accessible** while others shared the benefits of targeted lung health checks when available.

"I have been called for the appropriate screening for mammogram and receive bowel screening products in the post."

"Lung screening programme when it was in operation."

"Bowel cancer screening very good. Gastro Department at Blackpool Victoria excellent. I have had personal experience with this Department and cannot speak highly enough. Breast cancer screening good. Excellent mobile service. Cervical screening good."

"Services are available and visible i.e. mammograms. Personally, I have no complaints about being sent for relevant screening although I would now like lung screening to be available to me as I have family history."

"Mobile units are brilliant for breast cancer checks. More units like this for all cancer checks would be helpful."

Other

Other respondents **praised** the role of GPs in early intervention, quick referrals, same day appointments and health checks. Many shared the aftercare and ongoing support, highlighting follow-up scans and regular monitoring. Others felt that all aspects of their cancer support they had experienced were operating well.

“GP, Healthwatch for help, advice, information, confidence to go ahead, citizens advice. Walk in centres.”

“All aspects for me were working well. Could not fault any area through my journey.”

“I had excellent treatment and follow up for breast cancer. My husband has regular monitoring for his prostate cancer. My son has regular scans and blood tests for his risk of liver cancer. I am aware there is a mobile drop in service to detect early lung cancer.”

“As someone who only moved here a year ago, I am very impressed with the health service my husband and I have received. It is far superior to the service from our previous health service in South west England. We have not had cancer but have had investigations to discount it, which have been efficiently carried out without much delay.”

“The GP are on the ball they do all the appropriate tests and use the two week system for referrals to consultants at the hospital. I can only speak for the Gastro unit at BVH. I have been under them for over three years now. And every member of staff are professional and expert in their field. I was seen within two weeks had my colonoscopy, had removal of polyps and at present I’m on the surveillance list over 3 to 5 years. All my follow up appointments yearly have been kept and all my colonoscopy are too. The system seems to be working well between first presenting at GP.”

What do you think would help improve cancer awareness and/or access to services in Blackpool?

Education and awareness

The majority of individuals emphasised the need for clear, accessible, and ongoing cancer information to **improve cancer awareness** and access to services. Many shared that this information should be delivered through multiple channels such as TV, radio, buses, billboards, social media, GP texts or emails, and leaflets or booklets. Respondents highlighted **community outreach** as an effective method in schools, workplaces, community centres and public events, tailored to different ages, cultures, and socio-economic groups. Others highlighted that information should provide clear signposting to services, screening programmes, contact points, and what to expect.

> “Presentations/training at various organisations in Blackpool so the teams can pass on the information to their service users.”
>
> “More/better advertising such as bus stops, council vehicles, bus adverts, radio, possibly all social media platforms, healthcare facilities, leisure centres and also through both the NHS and my GP apps.”
>
> “More targeted advertising. Educate young people about cancer and have positive actions to prevent cancer as part of the national curriculum.”
>
> “More advertising and awareness campaigns from GP or through social media. Leaflets at health centres, dentists, pharmacists, council offices, hospitals and local transport would really help. Even taxis and takeaways and local shops could offer leaflets to spread the word.”
>
> “Education at school and higher education - easy access clinics - make things more accessible for those who struggle with technology to access support - speak to humans not a computer.”

Limited awareness

A significant number of respondents felt unable to suggest improvements to cancer awareness or service access in Blackpool. Many shared that this was due to a lack of knowledge around existing services, limited personal experiences or that they received a positive experience during their cancer care.

> “Not sure because I have had a positive experience.”
>
> “Not sure as I have not been involved myself.”
>
> “Don't know - my answers relate to my personal experience which the hospital went above and beyond they could not have done more.”

Appointment access

127 people highlighted that timely and easy access to GP and specialist appointments were critical for early cancer detection and treatment. Many reported difficulties securing initial GP appointments, long waiting times, and difficulties with online systems that can be hard to navigate. Many suggested extending surgery opening hours, more face-to-face consultations, and increasing the number of GPs, specialist nurses, and oncologists.

> “Appointments outside of 9-5pm for people who don't want to leave work but can still prioritise their health.”
>
> “Dramatically improve waiting times & treatment times.”
>
> “Get rid of PATCHES and let's start communicating human to human again.”
>
> “If the online programmes were more easy to use, and staff at the GP surgery were available and willing to help when I struggle trying to navigate the programmes.”
>
> “Think doctors are needed rather than a larger staff of nurses - again because of their specialised training. Nurse appointments often then require the doctor to follow up - so a delay. Only my personal opinion!”
>
> “Not getting fobbed off with nurses saying “I’m not concerned about this.” - Where are the GP appointments?”

Cancer care clinics

90 individuals shared the idea of a dedicated cancer drop-in service, ranging from permanent community hubs to mobile clinics, as a way to provide accessible advice, symptom checks, and early screening without long waits for GP appointments. Many highlighted the need for mobile services in easily accessible locations such as supermarkets or community centres to reach individuals less likely to engage.

> “Outreach clinics for access, drop in information areas with confidential areas to discuss concerns.”
>
> “One stop cancer centre, quicker access to GP or at least a specialist nurse who could order scans etc quickly for aid in early diagnosis.”
>
> “A drop in clinic would be really good, even if it was an FCMS van.”
>
> “More community hubs. Going out more into the community rather than expecting those who won’t or can’t to follow up appointments and screening. Blackpool being a historically transient population will be difficult to follow up on patients with appointments etc.”
>
> “More mobile clinics in difficult area as they work well to break barriers of trying to get GP appointments for smaller services like information and advice.”

Communication and listening

66 respondents highlighted the need for better communication between patients and healthcare professionals, with a strong emphasis on listening to concerns and taking them seriously. Many felt that they were dismissed, leading to delays in diagnosis, and highlighted the need for GPs and specialists to ask more questions, provide clear explanations, and maintain regular patient contact. Individuals suggested direct communication via letters, emails, and text messages.

“To keep in contact with the patient and not just leave it to them ,it should be a partnership.”

“Designated consultants, better communication as to what’s going on particularly in elderly patients with other ailments (hearing etc). MDTs where patients and family are invited to discuss patient care and choice.”

“Being listened to and not being fobbed off.”

“Staff need to tell the whole truth. I got snippets of information in a trickle. Also explain what is expected of the patient to ensure treatment is most effective.”

“A better attitude by health professionals and a stop to patients who have concerns being blocked from accessing cancer specialists.”

Other

Other respondents raised a wide range of additional suggestions such as faster diagnosis, earlier screening, and timely treatment for all cancer types. Many emphasised the value of peer support groups and providing adequate staffing and funding for the NHS. Some shared expanding screening programmes to younger age groups and being offered information and further testing for hereditary cancer concerns.

“More money - professional people not pushed to the limit - the system would then have time to care and feel valued. People would be happier to come for treatment in a more positive environment.”

“I'm from a family of 5 and all of us have had cancer lost my dad at 46 tumour head then secondary, my brother died age 61 never smoked had lung kidney and pancreas. My younger brother is 60 stage 4 rectum cancer, my mum is 86 has had bowel and breast cancer and myself age 63 cervical at 29 and 4 lots of skin cancer from moles plus radiation. I'm told its not hereditary - more info needed if your whole family has had or died from any form of cancer.”

“Lowering screening age for things like breast cancer as I know more people under the age of 35 with it than over 35.”

Is there any other feedback you would like to share about your experiences, concerns or suggestions regarding cancer awareness and services in Blackpool?

Patient and family experience

The majority of individuals shared further feedback reporting a mixture of positive and negative experiences with cancer care. Many praised the professionalism, compassion, and speed of treatment at Blackpool Victoria Hospital, local hospices, and specialist clinics. Positive experiences highlighted timely diagnosis, effective treatment, and support for patients and families. However, some participants described significant challenges, including delayed referrals, dismissive or unempathetic staff, administrative errors, lack of local specialist services, and insufficient aftercare support.

"My dad died of starvation and dehydration, caused by the cancer as he couldn't swallow anything and therefore was a skeleton when he died. It was shocking and distressing to see this happening. It should have been found earlier when something could be done."

"MacMillan were brilliant when we used them and my mother never got to hospice but I believe it's amazing for patients."

"My experience has been very good as mentioned all the teams involved have carried out prompt action and offered support all the way through the process."

"My experience was really bad. My mum bled to death because of wrong diagnosis. Because she had cancer staff didn't seem to be bothered. They didn't do any test to check. The attitude seemed to be, well she hasn't got long to live. Let's not bother just give her more morphine. She had a bleeding duodenal ulcer. They gave her blood thinners for a suspected.... not proven blood clot. Hence I watched her bleed to death."

"My husband is terminal. My sister in law was too weak for any treatment basically she starved to death. 8 weeks in hospital. Dead. 4 months of doctors telling her it's in her head, you've got an eating disorder. Husband 18 months being told he had piles the lumps were visible on the outside of his bottom. Disappointed a doctor doesn't know the difference. Disappointed a doctor has no time of day for his/her patients. Not a caring profession anymore sadly."

Healthcare access and systematic issues

82 individuals highlighted that more access to appointments and speaking with GP's or specialist doctors would ensure timely diagnosis, treatment options and provide reassurance. Some shared that effective communication is crucial for improving healthcare access, particularly between services.

"Doctors and specialist who you are involved with need to talk to each other and not work in isolation."

"Length of time between diagnosis and treatment. Going to be 15 months this time between first seen by GP. The thing is growing so will need a bigger area removed."

"The time people have to wait for appointments and referrals is too long leading to anxiety and stress when you're already going through a bad time anyway."

"The start of any patients journey is usually with their GP practice and as this is now hugely difficult, no services will improve without addressing the issue of many of us not being able to get an appointment with a GP. It's as simple as that."

Education and awareness

33 Respondents emphasised the need for stronger, more visible cancer education across all ages and communities, with information on prevention, early symptoms, and healthy lifestyles delivered through multiple platforms.

"Just more information and adverts be put out there more visually, so if anyone gets signs symptoms a lightbulb moment goes off in your head, and you are more likely to seek out help and assistance having seen what symptoms signs you may have, but have been unsure/unaware were cancerous until being reminded by information and adverts that may stick in your head."

"Communication is key and whilst yes you're taking no one's listening due to the way it is being presented. Make it less serious, break the stigma, fear and embarrassment around cancer- it's not as scary as it once was. We have proven ways to treat it so show it. Success stories are fantastic way to share positive energy around cancer and it shows a statistically view overall that the treatment is winning, not the cancer. Also target every age group with knowledge not just adults it can be done, so even children understand. Never too young to know what happens in our body with different things. The more a person knows the better prepared they feel if it does happen to them."

Screening

26 participants highlighted challenges in cancer screening and testing. Many shared concerns around limited access to prostate tests and age limits for cancer screening, particularly breast and cervical screening. People expressed a desire for more frequent and extended screening, especially for those with family histories of cancer, and for more availability of genetic testing.

“More genetic screening for people with cancer in the family offered.”

“For me, it's prostate cancer that's the scare. Why's it so difficult to get a test at 63 years old and symptoms?”

“Allow a PSA test every 12 months not 3 years. Women get everything, men nothing.”

“I would like cancer screening to continue past the ages that they currently stop. Just because one reaches a certain age, it doesn't mean we won't get cancer, and I wish I was still getting automatic invitations like I used to.”

“I would like to see GP surgeries being more proactive re. prostate problems and maybe a proper national screening system similar to the one for breast cancer.”

Talk Cancer Approach

Talk Cancer Approach

Overview

The Talk Cancer approach formed a **central strand** of Healthwatch Blackpool's engagement work, aimed at **broadening community awareness** of cancer and focused on **raising knowledge** about cancer signs and symptoms, screening programmes, vaccinations, and general awareness.

Talk Cancer Approach training

The Talk Cancer approach is a training programme developed by Cancer Research UK to provide individuals with information and resources to have **effective, informed conversations** about cancer. It is designed to equip people, particularly those in community-facing health and social care roles, with the skills to **communicate key messages** on cancer prevention, early diagnosis, and screening.

Four members of the Healthwatch Blackpool team completed the Talk Cancer training, facilitated by Cancer Research UK, and applied their learning within focus groups and community engagement activities. The training ensured that staff were confident and informed in delivering cancer-related education to the public.

Survey and opt-In engagement

A key part of the project involved gathering insight from the public through our survey. Within the **survey**, participants were invited to opt-in to receive further cancer education and awareness from trained Healthwatch Blackpool staff in line with the Talk Cancer approach. This follow up engagement, referred to as "callbacks," allowed for discussions on cancer signs, symptoms, vaccinations, screening, and cancer risk reduction.

A total of **101 individuals opted in** to the Talk Cancer approach. The purpose of this engagement was to explore participants' experiences with cancer, provide education on ways to reduce cancer risk, explain national screening programmes and HPV vaccination, and offer further signposting to relevant support services. This approach ensured that participants received **tailored information** and guidance to support cancer awareness and early detection.

Contact methods

Survey participants that opted in to the talk cancer approach provided either email addresses or mobile numbers for a follow-up.

Email

44 participants who shared their email addresses were sent a Healthwatch Blackpool Signposting and Support Booklet and an Understanding Cancer Booklet alongside details of Macmillan Support Groups, Cancer Research UK guidance on early cancer detection, and an invitation to reach out for additional support or information.

Phone calls

Among the **57 participants** who provided a mobile number, 28 calls were unanswered or went to voicemail, while **29 participants answered**. Of these, **11 individuals** specifically requested further education.

The discussions highlighted several key themes. Many participants expressed a need for **more information** about national cancer screening programmes. While most were aware of and had participated in the breast, bowel, and cervical screening programmes, awareness of the **newly introduced lung cancer screening programme** was limited, and participants were provided with relevant information. Some participants also reported confusion regarding age eligibility for screenings, expressing frustration at no longer being eligible and not understanding the rationale for age limits.

A few individuals mentioned not completing their bowel screening tests due to not receiving the invitation, needing to follow up, or delaying use of the kit for several months. One participant expressed reluctance to attend breast screening due to **fear of radiation** or anticipated discomfort, while others indicated a general unwillingness to participate in screenings.

In addition, there was **significant interest** in learning more about ways to reduce cancer risk. Some participants demonstrated **good awareness** and actively maintained a healthy lifestyle, such as limiting alcohol intake, avoiding smoking, and eating a balanced diet. However, others showed gaps in knowledge, particularly regarding **sun safety** and the use of sun cream. One individual specifically expressed a desire to quit smoking and was provided with further information about the NHS stop smoking service to support this goal.

Several participants noted that they were **aware of changes in their bodies** and felt confident in recognising anything unusual. Some shared that they regularly perform self-checks to monitor for signs and symptoms of cancer such as checking their breasts or faeces, while others mentioned attending routine appointments, such as PSA tests or blood tests as part of their ongoing health monitoring.

As a follow-up to these phone calls, **four individuals** welcomed receiving additional cancer information via email.

“I haven’t taken part in any breast screening as I have concerns about radiation and don’t want to be pressed there.”

“I have had the bowel screening, breast screening, cervical smears.”

“I always check my faeces, I’m always aware of any changes of my body.”

“I eat relatively healthy.”

“I know to keep a healthy weight.”

“I don’t do my screening programmes, I don’t want to do them.”

“Need to chase up my bowel screening.”

“I don’t really drink alcohol.”

“I have a slightly enlarged prostate- had it checked out 12-18 months – I do checks regularly.”

“I go to my cancer screen programmess – bowel cancer screening.“

An additional **18 individuals** shared their personal or family experiences with cancer, detailing their journey from diagnosis through to treatment. During these discussions, Healthwatch Blackpool also raised **four specific enquiries** with the appropriate healthcare services in response to individual concerns including persistent breast pain, side effects following prostate surgery, hormone treatment issues, and a lack of follow-up care after cancer treatment.

Summary of impact

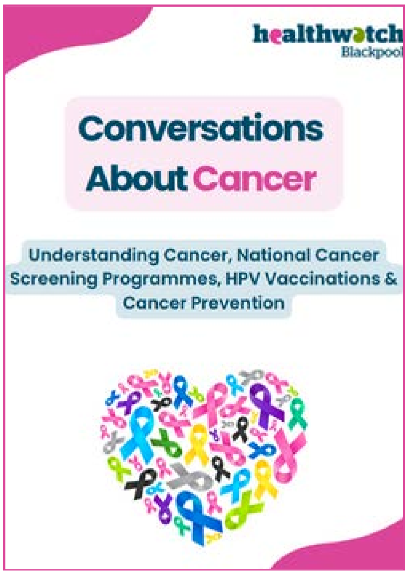
This approach **successfully combined** proactive education, personalised engagement, signposting, and tailored signposting to support services, while also addressing individual enquiries to ensure **participants' voices were heard**. Healthwatch Blackpool empowered local residents with the knowledge and resources needed to make informed decisions about their health.

Your cancer awareness booklet

cruk.org/talkcancer

CANCER RESEARCH UK Talk Cancer

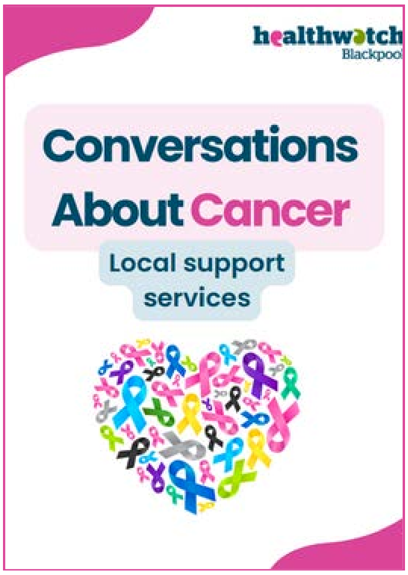
Together we are beating cancer



healthwatch Blackpool

Conversations About Cancer

Understanding Cancer, National Cancer Screening Programmes, HPV Vaccinations & Cancer Prevention



healthwatch Blackpool

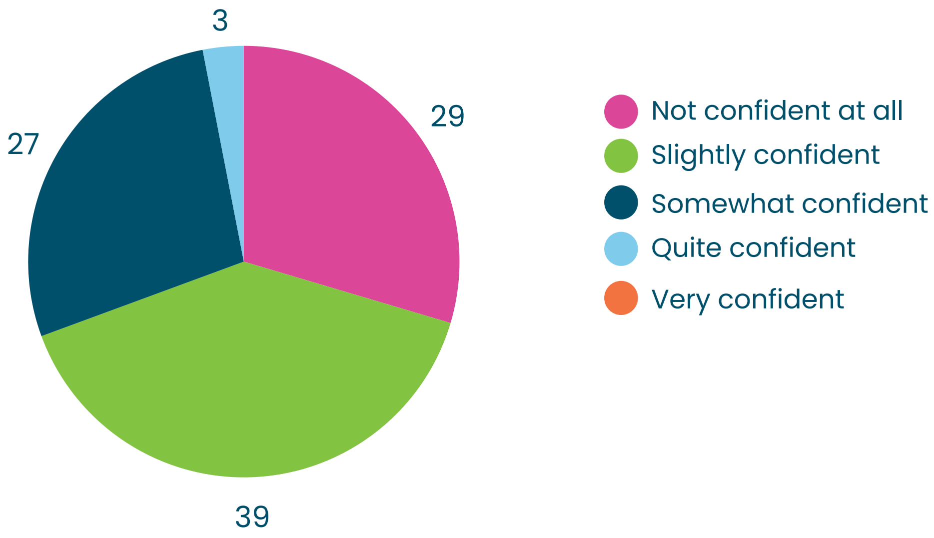
Conversations About Cancer

Local support services

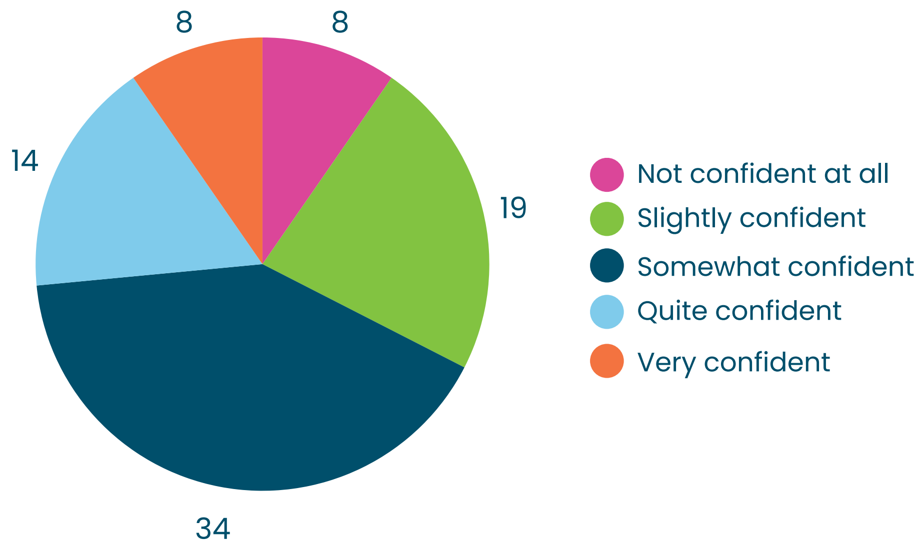
Talk Cancer Feedback

Further to callbacks, we also utilised 'Talk Cancer' training during focus groups and listening events. These sessions were designed to bust common myths and share key messages through open discussions and quizzes. They were also adapted into different formats for accessibility. At the end of these sessions, participants completed a feedback form to determine if their cancer awareness and education had improved.

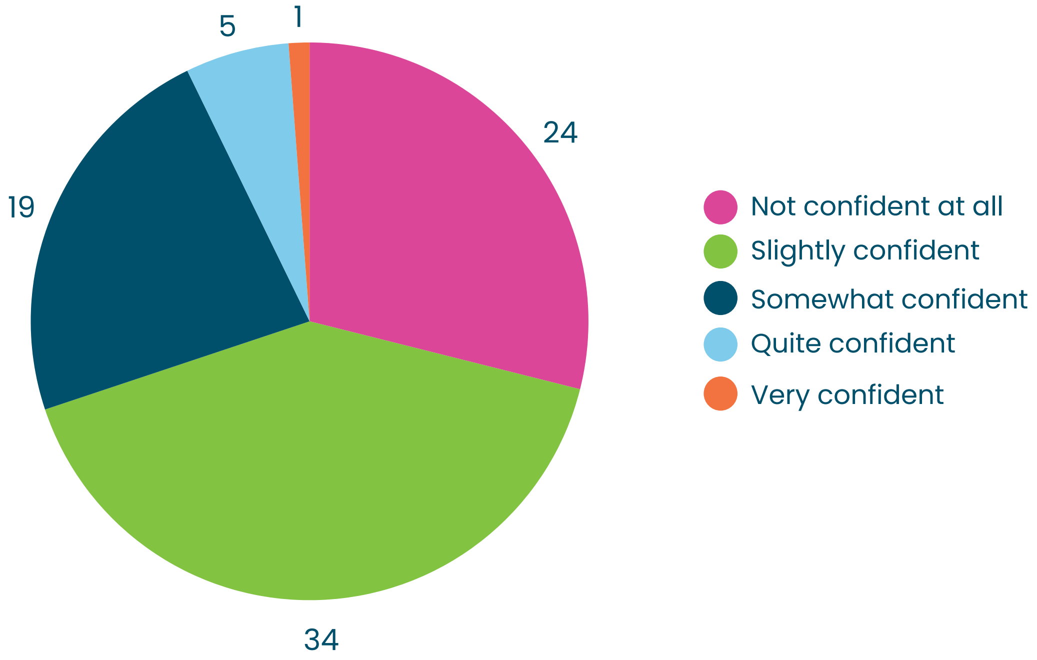
Before today's discussion, how you would rate your knowledge of the topic?



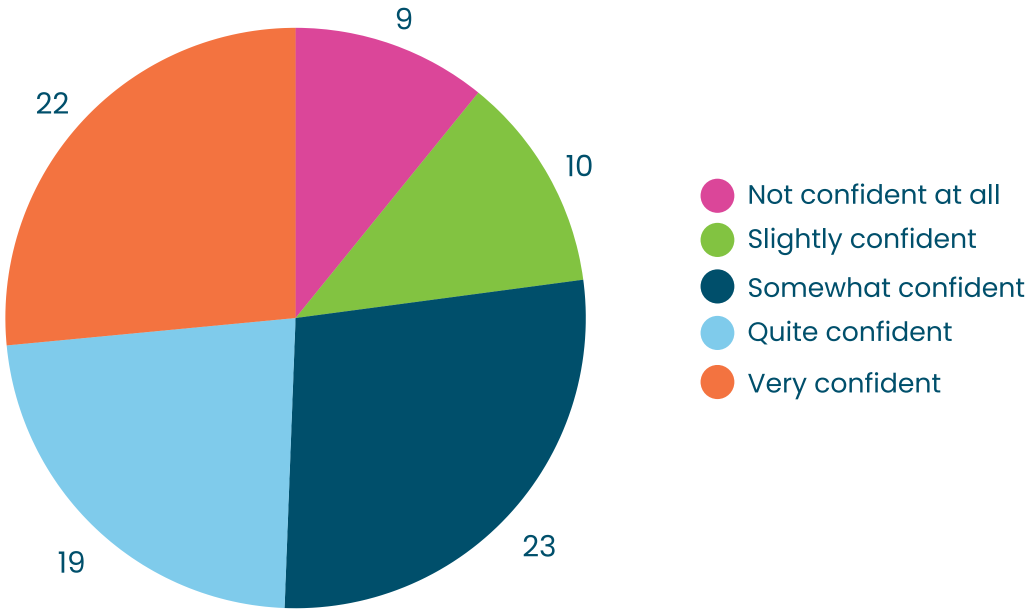
After today's discussion, how you would rate your knowledge of the topic?



Before today’s discussion, tick how confident you felt about your knowledge of the Human papillomavirus (HPV) vaccination?



After today’s discussion, tick how confident you feel about your knowledge of the Human papillomavirus (HPV) vaccination?



Participants were asked to rate their **general knowledge** of cancer prior to the session and after the session. After attending the session, participants showed a **significant increase** in their confidence regarding general cancer knowledge. Before the session, a combined **22 participants** felt either "not confident at all" or "slightly confident." Following the session, that number dropped significantly, with **no one reporting a lack of confidence** and only three people feeling "slightly confident." The positive shift was most evident among those who felt "very confident," which jumped from just **8 participants** to **27** after the session. These results show that the session successfully increased participants' overall confidence and knowledge about cancer.

Participants were also asked to rate their knowledge on the HPV vaccination prior to the session and following the session. Before the session, over half the participants **(41 people)** felt either "not confident at all" or "slightly confident." Afterwards, that number had **significantly reduced**, with only one person feeling "not confident at all" and five feeling "slightly confident." The most **substantial change** was among those who felt "very confident," which more than doubled from **9 participants** before the session to **24** after it, showing a significant increase in HPV vaccination knowledge and confidence.

In an open text box, participants were asked to share what they learned from the session that they didn't know before. The most common responses indicated increased knowledge of screening, comments included:

> "I didn't realise cervical smears were now every 5 years – shocking."
>
> "That there are 4 types of screening for cancer."
>
> "Smear tests aren't painful."

> "That there is a screening assessment for lung cancer related to past smoking."
>
> "That there was not a national screening programme for prostate cancer."

The second most common responses indicated an increased awareness of the impact that certain lifestyle choices can have on the likeliness of cancer. Comments included:

> "Healthy amounts of exercise, smoking impacts."
>
> "How to help prevent cancer by living healthier lifestyle."
>
> "How significant the risk factors of cancer are e.g. how much the risk of cancer increases with alcohol consumption and smoking."
>
> "That smoking is expensive."

Responses also indicated increased knowledge of HPV, including what it is and information regarding the HPV vaccine:

"HPV information."

"HPV vaccine is now given to males and females."

"HPV is important to know."

"I didn't know about HPV before."

Other comments referenced an increase in general knowledge of cancer, including types of cancer, signs and symptoms and the importance of checking yourself:

"More about the myths of cancer, symptoms of cancer, local information, some life experiences from people in the group."

"About GP's, don't ignore symptoms."

"How to check my body."

"What signs to look for."

"What the signs and symptoms of cancer are and that they are not to be embarrased about."

In another open text box, participants were asked what was the most important message that they took away from the session. The most common message, found in 36 responses was the importance of being aware of changes in their body, and acting on these quickly by seeking medical advice:

"Get checked out at the earliest signs of symptoms by GP."

"Always listen to your own body, and be persistant when it comes to appointments and second opinions."

"Go to GP/ parent when I see early signs to aid prevention and detection."

"Not to ignore symptoms or be intimidated by the thought of tests/ results."

"Be aware of changes to your body and act on them sooner rather than later. Be open to discuss any concerns."

"To go to the GP early with anything that doesn't feel right."

"Always check your own body and professionally when change occurs."

The second most popular message, chosen by 15 participants was how lifestyle choices are sometimes linked to cancer, and the importance of looking after our bodies.

"That it's important to maintain good health."

"2 1/2 hours exercise recommended."

"Don't drink and smoke."

"Sun can cause cancer."

Finally, 9 participants felt that information on the HPV vaccine and screening was the most important message to them.

"Cancer screening should be done regularly."

"Get your cervical screening."

"Take your vaccines like HPV."

"To always go to screening to keep yourself safe."

Participants were also asked if they found the discussion **engaging** and if the information was **easy to understand.** All participants reported that they found the discussion engaging, with comments including "very much so, interesting and helpful", "yes, very open and honest" and "yes the discussion was very engaging and has opened my eyes." The majority of participants also reported that the information was easy to understand, with only one participant stating that they struggled to understand due to their illness. Comments included "easy to understand and explained well", "yes it was very useful" and "completely - relaxed, all information straight forward."

Finally, participants were asked what **further information** and support they would find helpful, to give insights into what information our community would like to know more about. **15 participants** felt that **more education** is needed generally, including information on cancer treatments and that this should be offered from a **young age.**

"Generally more discussions like this in the community and more opportunities in our neighbourhoods and GP surgeries to offer out opinions, and help cut NHS costs and to know how to help challenged communities in poverty, different cultures who may need info and guidance on their health."

"More exposure from a younger age."

"Information and knowledge about cancer."

"Chemo information."

"Just more awareness on tv and social media."

8 participants felt that more information on screening would be beneficial, as well as teaching individuals how to self-examine for cancer.

> "How to carry out self-checks."
>
> "Smear test talks. Female to male doctor talks."

> "How to self-exam."
>
> "I'm 54 so very interested in the lung screening programme."

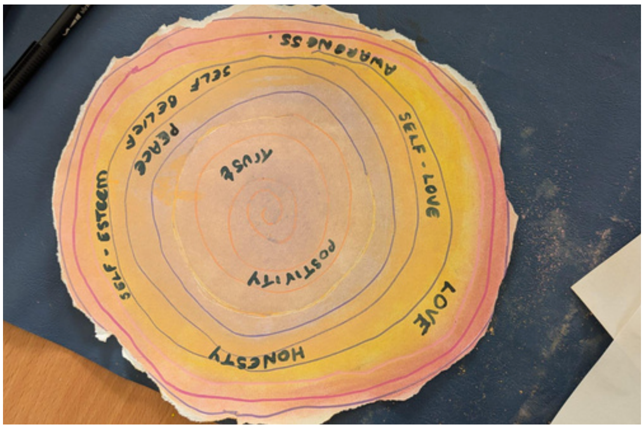
A further 8 participants shared that further information on the signs and symptoms of cancer would be helpful.

> "Showing us lumps and signs."
>
> "Specific signs and symptoms."

> "I would find more awareness about symptoms helpful."

Finally, 6 participants felt that having more signposting to support services, such as stop smoking services, services for emotional support and signposting from their GP.

> "Where and what support there is to help with emotional support."
>
> "Support to stop smoking."
>
> "Maybe a leaflet or poster sent to people via email from the GP etc."



Door Knocking Findings

Door Knocking

Overview

Healthwatch Blackpool carried out door knocking in the Victoria ward, **187 houses** were visited across six streets to ensure coverage of the north, central, and south areas. We **engaged with residents** on their doorsteps to carry out our survey while also sharing cancer-related information such as our Healthwatch Blackpool Signposting and Support Booklet and an Understanding Cancer Booklet, alongside details of Macmillan Support Groups, and Cancer Research UK guidance on early cancer detection.

In total, **45 residents** engaged with the Healthwatch Blackpool team. Of these, **12 individuals** completed the survey, **26 accepted** a project postcard containing a QR code linking directly to the survey, and **7 declined** or felt uncomfortable participating. No response was received at the remaining 142 addresses.

Observations

While door knocking in the Victoria ward, it became clear that many residents were either out at work or working from home, which **limited opportunities** for engagement. Additionally, some residents felt **uncomfortable discussing cancer**, as the topic was sensitive and felt very personal.

Findings from door knocking conversations

Personal experiences

Many participants reported either **personal or family experience** of cancer, covering breast, ovarian, skin, thyroid, and lung cancers. In many cases, individuals stated that cancer was first identified after noticing symptoms such as lumps, changes in mobility, bowel issues, or through GP visits and routine check-ups.
Individuals shared their **diagnosis journeys**, which varied. Some described being diagnosed early and feeling well supported by healthcare staff, while others faced delays and frustration due to having to chase appointments. Participants shared that they received care at Blackpool Victoria Hospital, Preston, and Manchester.

Macmillan was the most frequently mentioned source of support, with participants **praising their emotional and practical support.** Some individuals did not engage with services and often sought support from family and friends. Individuals shared a lack of awareness around what other services exist locally.

Symptom awareness

All participants were either very confident or somewhat confident in identifying cancer symptoms. Individuals **recognised common signs** associated with cancer including lumps, weight loss, tiredness, bowel changes, and unexplained bleeding. One individual felt a lack of confidence approaching their GP with potential signs and symptoms of cancer, whereas the rest of the participants would seek help through their GP.

Barriers and improvements

The **common barriers** raised were fear, stigma, and availability of GP appointment, which participants felt could delay people from seeking help. Others highlighted challenges such as mobility or transport difficulties, the need for a female GP, and uncertainty about what symptoms to act upon. Individuals shared that these barriers could be overcome through further **education and awareness**, a drop-in clinic with a mobile aspect and more NHS staff. The majority of individuals suggested that **more visibility** such as door knocking, social media and sponsored adverts, and cancer taught sessions in schools would improve cancer awareness in Blackpool.

Vaccination and Screening

The **majority** of participants were **unaware** of the HPV vaccination and were unable to share what this was for, with just **one individual** aware of the vaccination and its protection against cervical cancer. Most participants were familiar with breast, bowel, and cervical screening programmes, and some were also aware of the newer lung screening programme. **The majority attended all screenings they were eligible for.**

Awareness of reducing cancer risk

Participants shared a good understanding of ways to reduce cancer risk and highlighted key lifestyle factors such as no smoking, limiting alcohol intake, and healthy eating.

Cancer drop-in clinic

There was strong support for the idea of a local cancer drop-in clinic. Participants felt this would provide an opportunity to access information and advice, as well as a space to discuss concerns around cancer-related signs and symptoms.

Focus Group Findings

Focus Groups

We facilitated a **variety** of focus groups in community and educational settings, using a **combined approach** to raise cancer awareness and gather personal experiences of cancer, either directly or through loved ones to inform our findings and support improvements in local cancer care.

A key part of this work involved **gathering insights** from individuals with experience of cancer, exploring their journeys from initial screening through treatment and aftercare. These sessions were held with organisations such as Macmillan and local voluntary cancer support groups, creating a **safe and supportive environment** for sharing experiences.

We also worked with the **wider community**, particularly those who may not regularly engage with health and social care services. Discussions covered cancer signs and symptoms, screening, and vaccinations, with the aim of increasing awareness through Cancer Research UK's **Talk Cancer approach**.

Sessions were designed to be interactive, featuring cancer myth-busting activities, quizzes, and **open discussions.** They were also adapted into **accessible formats**, including tailored activities for people with learning disabilities and creative activities to encourage engagement.

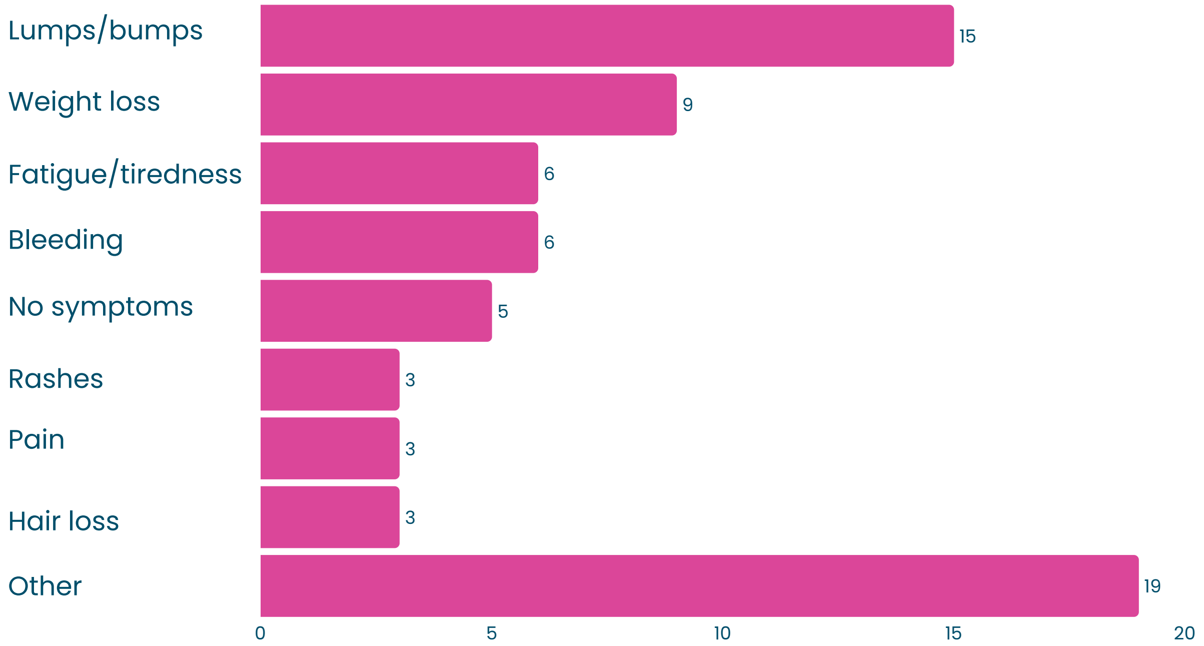
Participants received cancer-related **resources**, including our own support group signposting booklet, an "Understanding Cancer" guide, and materials from Cancer Research UK, Macmillan, Bowel Cancer UK, and CoppaFeel. We also created **feedback** forms to measure participants awareness and knowledge after each session, and each participant received information on the project and Healthwatch Blackpool contact details.

In addition, we ran four **local listening drop-in** events in libraries and community hubs, offering a range of cancer-related information and opportunities for informal conversations about personal experiences and local care.

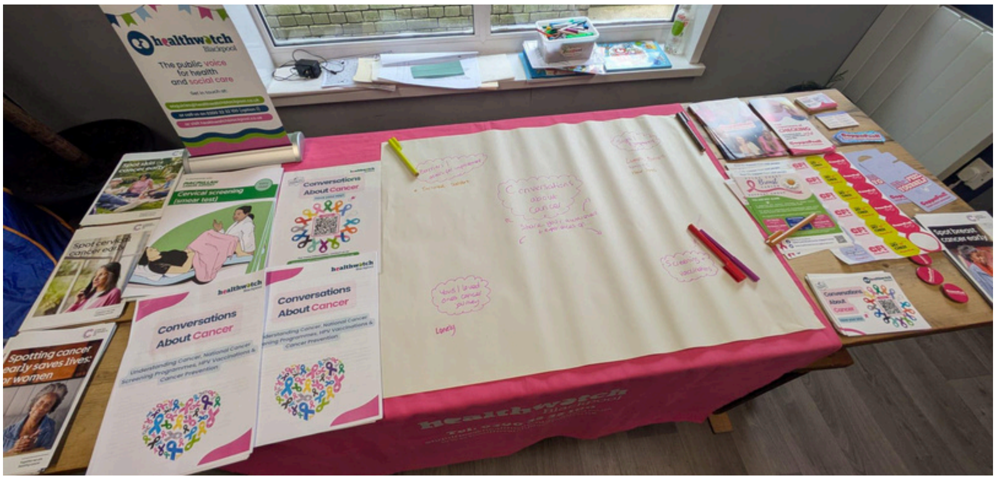
Awareness and symptoms

This section explores **public awareness and understanding** of cancer. It considers what signs and symptoms people associate with cancer, how confident they feel in identifying these signs, and where they would seek support or information if concerned. The section also examines what factors might prompt or delay individuals from seeking medical advice. Additionally, it explores **potential interventions** such as drop-in clinics and assesses awareness of lifestyle factors that may reduce cancer risk.

What signs and symptoms do you associate with cancer?



Other less frequent mentions included hair loss, nausea/vomiting, mood changes, confusion, bruising, marks on body, period changes, vision/balance changes, and night-time urination.



Across the responses, **the most recognised** cancer symptom was lumps, followed by unexplained weight loss, fatigue/tiredness, and various forms of unusual bleeding (including vaginal, anal, and blood in stool). Some participants highlighted that some cancers could present **without any noticeable symptoms,** making this challenging to detect. Others mentioned hair loss, rashes, pain, nausea or vomiting, changes in mood, confusion, bruising, and appetite changes.

> "Weakness (fatigue), sometimes you can have no symptoms (grandson special needs 26yrs couldn't talk went for dental check-up looked like he'd bit his tongue, went to GP cancer of the tongue, operation, lost so much weight- (died at 27yrs)."

> "Lumps, tiredness, weakness, fatigue."
>
> "My nana had no symptoms."
>
> "Blood in strange places."

How confident do you feel in identifying these?

11 individuals shared that they felt **confident** in identifying common signs and symptoms related to cancer with some highlighting that they felt particularly confident when monitoring bodily changes or checking their breasts for lumps. **Several noted uncertainties** due to symptoms being **mistaken for other conditions**, overlapping with menstrual cycles, or being associated to ageing. Others shared that they had cancers detected through screening without any symptoms or they struggle to check areas on the body as a wheelchair user.

> "I feel confident in looking for signs and symptoms of cancer, the biggest one would be a change."
> "Yes, I think I do feel confident in recognising any changes but then again it can just be old age. Tendency to put everything down to getting old."
>
> "As a female you often have so many symptoms aligned to menstrual, and you just think it is that."

> "I didn't have any symptoms, it was found at a mammogram, I didn't know I had it. I've always had a feel when I've been in the shower – it was a complete shock."
>
> "There's so many different symptoms that mimic different stuff like bronchitis."
>
> "It is hard to check my testicles because I'm in a wheelchair."

Several participants expressed **low confidence** in identifying cancer signs and symptoms, sharing great difficulty when **distinguishing symptoms** from other conditions or not associating signs with cancer immediately. Some noted that changes in the body, such as lumps and bumps in the breasts, make it challenging to detect new or concerning changes over time.

> “I don’t feel confident because it could be anything.”
>
> “I might think it was something else and wouldn’t necessarily associate this straight way with cancer.”

> “No don’t feel confident, my boobs are all full of lumps and bumps, I don’t think I could tell the difference month in month out.”

If you were concerned about your signs and symptoms, where would you go for support/information?

Most participants said they would go to their **GP** if concerned about signs and symptoms related to cancer, although some shared **low confidence in their doctor** due to a lack of responsiveness or lack of appointment access. A few noted they would turn to hospitals, family members, or online searches like Google for information.

> “I would probably go to my GP – although I don’t have confidence in my GP.”
>
> “I use google as opposed to going to the Dr because it’s easier to get the information as opposed to getting an appointment. Don’t get what you want from GP even if you get to see one.”
>
> “My parents.”

> “Family Dr would generally recognise if something was wrong, not feasible in this day and age to have a family Dr, no continuity. Same practice for 40 years see whoever is there.”
>
> “Yes, I feel comfortable going to doctors and they listen.”

What would prompt you to see your doctor?

Individuals shared that **previous experiences**, such as having a colposcopy, **encouraged them** to keep up with check-ups. Individuals felt confident in recognising what is **normal for their body**, though some shared they may delay seeking help due to needing to reassure themselves. However, most would see a doctor if something unusual or concerning appeared.

> "I had a colposcopy – ever since then I've always faithfully carried on having them."
>
> "I know my own body, I am 43 years old, I know what's right and what's not."

> "I tend to wait – I'll persuade myself."
>
> "If it was something really strange."
>
> "Most would go – especially older."

Are there any reasons you may delay seeking support from a doctor if you had possible signs and symptoms of cancer?

Most individuals shared that **fear and anxiety** often cause people to delay seeking help. While others shared that they felt they were a **"hypochondriac"** or they were being a burden.

> "I feel like I am a hinderance at the GP, I have asthma and mild depression, I feel like I was always there. I would give it 6 months before going again – that's why I don't like going. Something a GP said to me once, we always know when people are depressed because they always start coming more often."

> "It's apprehension, its fear, it's what if."
>
> "Might not be ready to fully accept the treatment due to fear or denial."
>
> "I feel like a hypochondriac – well what am I worrying for and my anxiety."

Many respondents highlighted that **challenges in accessing GP appointments,** limited communication from healthcare providers, and low awareness of available support services often led to delays in seeking help.

“When someone gets a cancer diagnosis, you’re meant to be connected with the right support services, but it doesn’t happen. I didn’t know about benefits, I didn’t know about my job, I didn’t know what was going to happen with my life and the medical professionals are expecting you to get that information from somewhere else and you’re just left. You don’t want to lean on family and friends because you don’t want to worry them or scare them, so you keep it all in.”

“When I was diagnosed at the Vic I came away and I was told I would be contacted and I waited and I waited and I waited, that was in the June, in October I phoned up myself and was told my oncologist was on maternity and not to worry. I finally argued and managed to get seen in October, but I was left.”

“I was sent away with a diagnosis and pretty much told to get on with it.”

“For me on a personal note, when I was going through everything I didn’t know of any support, I didn’t hear of any support Macmillan nurse said, “you phone me if you need anything”. The support networks were not only not there for me, but I also didn’t know they exist.”

“No compassion in the system – you’re a number on a register.”

“Not being able to get an appointment.”

Other individuals reported delaying support from their doctor due to other **commitments**, such as work or study, confidence in knowing their own body, or a tendency to “ride it out” until symptoms worsened.

“Other things on your mind, might have college or work.”

“If it’s the kids I’ll get them seen immediately.”

“I wait until I’m about to burst before going.”

“Individuals reported delaying support from their doctor due to other commitments, such as work or study, confidence in knowing their own body, or a tendency to “ride it out” until symptoms worsened.”

Would a drop-in clinic for cancer concerns be beneficial? Why would it be beneficial?

Overall, conversations with individuals about a cancer-focused drop-in clinic revealed **strong support**. Most participants agreed it would be beneficial, highlighting both **practical and emotional advantages.** Many shared that a drop-clinic provides a less formal and more approachable setting, which could encourage engagement and make it easier to discuss concerns.

Participants emphasised that drop-in clinics **could catch cancer earlier**, reduce GP waiting times, and offer convenient and community-based locations such as community centres or car parks.

> "Would have to wait weeks for an appointment with the GP."
>
> "It could be a pop-up clinic in a car park."
>
> "Yes, having a place where you can pop in like in the hounds hill- this would save a lot of time and ease pressure off the GP's."
>
> "Trying to get an appointment you might be waiting 2 weeks but if there are places for drop ins, like hounds hill, community centres, where clinicians can be and give advice and an examination at the same time and get your journey started, this would be beneficial. I'd probably rather attend a pop in."

> "Stationary drop in."
>
> "They do it for blood pressure checks, so why do they not do that for lumps and bumps so they can be checked."
>
> "Might not feel as worried about going – going to be taken more serious."
>
> "Less intimidating, less clinical."

Respondents highlighted the value of drop-in clinics as spaces for emotional support, including peer or listening groups, particularly during or after a cancer journey.

> "Drop-in clinic – I am an emotional guy, and you could do with a cry room. You come out of the radiotherapy, and it affects you and you're just straight out of the door. There's no space to let your experiences land or deal with them in a good way."

> "Cancer screening, wellbeing drop-in, peer groups, listening groups combined."

Participants also felt that drop-in clinics could **raise awareness**, provide guidance, and offer accessible information about cancer in a supportive setting. They valued having **a dedicated place** to ask questions.

> "Could ask those questions if one place to go to, can't ask questions of GP as feel stupid. I do worry about it, always there, if there was somewhere specifically and you could talk to someone and tell them your worries it would be really good. Specific advice is good."

> "There have been drop-in sessions here and they've done cancer awareness things; they've given information out and access to the rooms telling you about the smears and providing awareness on lumps."
>
> "Yes a drop in would be really beneficial, when you're first diagnosed you don't know what to do with yourself – it's a huge shock."

Are you aware of any ways to reduce your risk of cancer (e.g. lifestyle changes)? – if yes then what are you aware of?

Participants provided an overall awareness of lifestyle factors that reduce cancer risk, while some expressed some confusion around conflicting information.

Healthy lifestyle

Participants highlighted the **importance** of maintaining a balanced diet, including eating plenty of fruits and vegetables, and avoiding excessive junk food. Regular exercise and staying physically active were commonly mentioned, alongside maintaining a healthy weight. Many also noted that **managing stress** and finding balance in daily life contributes to overall cancer risk reduction.

> "Eat healthy, balanced food."
>
> "Stress is a factor of cancer, linked to a higher risk of cancer."
>
> "Maintaining healthy weight is good."

> "Making meals is so important – improves health outcomes because they are eating better."
>
> "Move and exercise more."

Avoiding harmful substances

Many individuals shared that **avoiding tobacco** in all forms, including smoking and vaping, limiting alcohol consumption, and being safe in the sun were emphasised as **important elements** of reducing cancer risk.

> "Wear sunscreen."
>
> "Not baking yourself in the sun all the time."
>
> "Not getting filler."
>
> "Drink less alcohol."

> "Who invented the vaping- it was more for a short-term replacement."
>
> "Especially in the UK we do gardening in the garden and its only on hot days where we think we will probably burn."

Awareness and early detection

Participants shared the **importance of self-checks** such as monitoring the body for lumps or unusual signs. Others highlighted educating children and young people about cancer symptoms, how to check their body, and promoting healthy lifestyle factors were seen as important for early detection and continued awareness.

> "Teenagers don't know how important it is to check. It is important to teach children give them that knowledge and catch it earlier. Build it into a healthy lifestyle, check in showers. There's too many cancers to explain but you can teach some basic health literacy."

> " I did set up a petition about educating high school children about the signs and symptoms of cancer although it needed too many signatures and it shouldn't just be us that are having to do this."
>
> "The number of young people in Blackpool those with walking aids and are immobile, its astronomical."
>
> "Awareness, Awareness and Awareness."

Other

Some participants shared that adopting a healthy lifestyle can be **challenging**, particularly due to **financial constraints** or access to fresh food and exercise opportunities. Others expressed confusion or skepticism about the role of chemicals, diet, and lifestyle factors.

> "I do feel with smoking and mammograms and chemicals in everything; we have to question whether they cause cancer. So many now have been having cancer diagnosis compared to 100 years ago. Food industry, smoking, nicotine, cancers a huge industry- it's a massive employer."
>
> "There's stuff like foods that have been told that they can cause cancer but whether it's true or not I don't know."

Vaccination and screening

This section summarises participant awareness and engagement with national cancer screening programmes and the HPV vaccination, including factors influencing participation and knowledge of the vaccine's purpose and uptake.

Which of the following national cancer screening programmes are you aware of?

Participants' awareness of national cancer screening programmes varied. While most were familiar with breast, cervical, and bowel screening, awareness of lung screening was limited. Some participants who were aware of these programmes expressed uncertainty about their eligibility and the procedures involved.

> “My friend had a well woman check and they sent her for lung cancer screening from there due to her smoking. She’s now had lung cancer and some of her lung removed.”

> “what does the lung screening programme entail?”
>
> “Lung screening.”
>
> “I wonder if vaping will be covered in the lung screening.”

Some participants had limited or no understanding of national cancer **screening programmes,** with many expressing confusion particularly around prostate tests, which were **mistakenly believed** to be part of the national screening programme. Others questioned screening programmes for other organs, such as womb or brain.

When engaging with college students, **particularly females**, many shared reluctances to participate in cervical screening when they reach eligibility age. This was due to perceived discomfort and frequently using words such as “scraping.” Several students asked if the procedure was uncomfortable, highlighting fear and uncertainty to engage.

> “The screening obvious works, because prostate cancer risk has come down, so why haven’t we got a screening programme.”
>
> “Is prostate classed as screening.”

> “Is it chemo?”
>
> “Smears are uncomfortable aren’t they.”
>
> "Is that when they scape inside."

What national cancer screening programmes have you participated in?

The **most mentioned** screening programme that individuals had participated in were **breast screening** followed by **bowel** and **cervical** screening. Some individuals highlighted that they had attended all their eligible screening programmes, and others shared that they had participated in the lung screening programme or lung screening trial. A few individuals highlighted their **lack of awareness** of screening programmes or hadn't had one for many years.

"I have been for a bowel screening."

"Lung, breast, cervical."

"I attend all of mine ."

"2 days after my 55th birthday I had the bowel screening invite – I had to go for my test at the hospital."

"I had my breast screening last year."

"I attend regular screening, and my colonoscopies come back clear."

"Took part in the Lung trial through the GP that was being tested in Blackpool."

"It's been a long time since I had one, maybe about 9 years, will contact GP."

Some individuals reported being **too young** or **too old** to access certain screenings.

"I have participated in national cancer screening programmes – breast, bowel, I used to do my smear but I'm too old now."

"I am 45 so I'm not old enough yet."

"Wouldn't mammogram me due to my age."

Some individuals shared their personal experiences during their screening highlighting **discomfort**, clinician gender, and chaperone availability.

"Cervical screening sometimes with male doctors/nurses – uncomfortable, no females available, had to see a male. No chaperone in room at the time."

"Breast screening, squishy, squashy, uncomfortable but fine. Stops at 70 so maybe they should carry it on."

"Should be other options available to not have a male."

If you do not attend the screening programmes, that you are eligible for, why is this?

Many participants felt restricted by **age limits** on screening programmes and some questioned why bowel screening stops at 75 and breast screening at 70. It was highlighted by participants that **screening ages** should be both lowered and extended.

> "why does bowel screening stop at 75?"
>
> "My dad was struggling a bit and they said it wasn't worth doing it due to his age."

> "Screening ages need to be lowered and highered."
>
> "Age limitations."

Individuals described a **range of access issues** that limited their ability to attend screenings, particularly for people with learning disabilities. Others were **unsure** whether screenings could be requested directly. It was highlighted by participants that **mobile units** were often seen as unsuitable for people with disabilities due to a lack of space or adaptable screening equipment, and suggested that alternative options, such as ultrasounds, should be made available.

One example highlighted an individual with learning disabilities, with a family history of cervical cancer, who was unable to have a smear test as their carer felt it was too risky.

> "Assured the mammogram unit in Lancaster was accessible but this was still a fixed unit - individual has cerebral palsy and can't weight bare. Why are ultrasounds not offered as an alternative?"
>
> "History of cervical cancer, they haven't agreed to have it done due to the risks."
>
> "Breast screening – 6 years ago mammogram at Whitegate drive – the machine moved forward for accessibility, but this machine broke. They were told they have to use mobile units. They had real problems accessing the mobile unit as the space wasn't big enough. Victims of health inequalities. That machine did get fixed."

Participants shared that some people **do not fully understand** the importance of early detection, such as young women being unaware of the need for regular breast self-examinations. **Personal feelings** such as embarrassment, fear of "tempting fate," or the belief of being "fine" led to some individuals avoiding screenings. Family experiences and attitudes further shaped decisions, with examples of relatives refusing certain tests or avoiding screening altogether.

"Young girls don't understand the importance of checking breasts."

"My husband doesn't attend any of them – he wont go to them, I don't know why – I try and tell him and nag him. He went for the colonoscopy but will not do the bowel testing kit."

"Embarrassment, as I've got older it's silly to think about not going."

"The screening tests through to my 40's, now I've got older, I don't want to temp fate."

"I have a friend who has never been to a screening in their life."

Have you heard of the Human papillomavirus (HPV) vaccination?

Of those that we engaged with, **37 participants** had heard of the HPV vaccination, often through **school programmes** or personal experience with HPV. Many associated it with cervical screening or protection against sexually transmitted infections, though some expressed uncertainty about who receives it and its purpose. **5 individuals** had not heard of it at all.

"They inoculate the kids with that at school."

"It's to do with boys not getting the vaccination, girls did, are boys getting the vaccine now?"

"When we were growing up there wasn't any HPV vaccines."

"I have heard of it – it's an STI."

"Every time I go for a smear, I have HPV, I go for proper checks and biopsies, and they never find anything."

What do you think the HPV vaccination is for?

Participants showed **mixed understanding** of the HPV vaccination with only **one individual** recognising that HPV could cause some of the female cancers and that males can be carriers. While some recognised it as a vaccine given to both girls and boys in school, there was **confusion** about what it protects against, with some linking it to cold sores instead of its prevention against HPV-related cancers.

> “I don’t think they cover every HPV.”
>
> “Can cause some of the female cancers, but male can be carriers.”

> “I’ve known of a couple of women in their 80s that have been diagnosed with cervical cancer.”
>
> “My daughter had cold sores and ended up allergic to it.”

Has anybody here received the HPV vaccination, if eligible?

Of those we engaged with, **16 participants** who were eligible for the HPV vaccination shared that they **had received** this, mainly through **school-based vaccination programmes**. However, **many weren’t sure** if they had received it at all.

> “I had the vaccination in school.”
>
> “My son has had it done.”

> “I don’t know.”
>
> “I had mine in year 8.”

Personal experiences

This section explores the experiences of individuals and their families navigating cancer treatment and care, highlighting both positive and negative aspects of their journeys.

Positive Experiences

Early detection and quick referrals

Individuals shared their experiences of being seen quickly, fast referrals, same day tests, and receiving prompt results, which overall supported early detection and reduced anxiety and worries.

> " I had a mole on the side of my face. At first I just thought it was nothing. It started to itch and bleed – I thought that's not right, so I went to the doctors, and they send me to Clifton, so they froze it. She said it was cancerous, but it was very early stages – they said I should wear factor 50 even in the winter – I do that. It was very quick – within a few days I was up there. From start to finish it was only 3 weeks."

> "I was treated very well, I have history of breast cancer in family – I was given next day appointment and was given a next day appointment at the breast clinic, luckily it turned out to be a cyst – the experience I had was amazing, the consultant was very sensitive with me. When you find a lump – you think the worse, you tend to act more on lumps but other symptoms like pain, it's hard to pick up on whether its cancer."

Positive interactions with health professionals

Individuals highlight the positive experiences about their care. Many spoke with appreciation for the **compassion** and **clear communicatio**n they received from doctors, nurses, and hospital teams.

> "I was in Cleveleys, and they were great." "Went to see a specialist, he said "you've got a parasympathetic nervous system" and it was really rare but the specialist explained it really well and I understood what was going on."
>
> "I'm glad it was breast cancer and I'm glad it was Blackpool – I couldn't fault anything."

> "I had cancer in my bowel, and it was in the abdominal wall, I was referred from Blackpool to Christie's hospital, and I couldn't fault them. I was diagnosed in September 2022 and by 2023 the surgeon had removed all the cancer. I am all clear now. I attend regular scans, and my colonoscopies come back clear."

Support from groups and loved ones

Participants described the **importance of having support networks** during their cancer journey. They shared that groups such as Macmillan offered help and emotional guidance, while others highlighted that peer groups create a space to share experiences and raise awareness, particularly around less visible cancers.

> "When I was diagnosed it happened so quick – I had a blood test for diabetes – there was something he wasn't happy with and he sent for another, got the results back, still wasn't happy. Referred to hematology – all done within a week. My brother died of cancer a few years ago and he had a really rough time – in covid – he went 2 or 3 times to the doctor with bleeding from the backside – doctor said he had strained himself. I ended up having to go to A and E and it was cancer and terminal. If he hadn't had support from people like these (Macmillan support group) he wouldn't have had anything."

Positive outlook

Several participants highlighted the role of maintaining a positive mindset in coping with cancer. They shared that positive thinking, staying optimistic, and being open about their experiences **helped them manage** the emotional impact of diagnosis and treatment.

> "Positive thinking helps massively with cancer diagnosis."
>
> "6 weeks after treatment I did the great run, and I proved cancer wrong."
>
> "I had cancer 15 years ago, I was very positive, never thought I'd die, but people were asking where I was, I told them I was diagnosed with breast cancer- I was very open about it at work and people found this comforting."

Negative Experiences

Delays and misdiagnosis

A common theme across people's experience is the impact of **delays and misdiagnosis** in cancer care. Many patients described their early symptoms being dismissed, associated to other health conditions, or not investigated promptly.

> "By the time they're diagnosed with bowel cancer, it is always too late."

> "It's not working the same at the minute, the 2 week fast track isn't working at this timeframe – it's more of a 6 week-7 week at the minute."

Poor communication and not feeling listened to

Many individuals described their experiences where they felt **dismissed**, ignored, or spoken to **without compassion** during their care. Some shared that consultants had delivered **life-changing news insensitively**, with little support or empathy. Others spoke of repeatedly having to push for tests or follow-ups, or doctors disregarding symptoms. Individuals highlighted **long waits** for contact after diagnosis and poor continuity of care.

> "If you go to the Dr's they think you are being dramatic or lying. Keep saying it's a UTI but it's not. If I ask for a scan, they say no. Grandad just diagnosed with pancreatic cancer that has spread, it advanced because they wouldn't refer him for a scan."
>
> "My dad got head and neck cancer when I was a teenager. The care he received was not the best – he was told at one point that "he was being soft" – he died 2 days later!"
>
> "When I was diagnosed at the Vic I came away and I was told I would be contacted and I waited and I waited and I waited, that was in the June, in October I phoned up myself and was told my oncologist was on maternity and not to worry. I finally argued and managed to get seen in October, but I was left."

Lack of support

Many people described a lack of emotional and ongoing support for **both patients and families**. Individuals highlighted about being left to cope with long-term side effects and the mental impact of cancer on their own, while families and carers often received no support. Others expressed a lack of clear signposting and information that was provided to them or their families, often feeling unsupported during and after their cancer journey.

> “My family were more affected by it then me - looking back if I had someone close who’s really ill it does affect the family.”

> “If your cancer journey is over, it still affects you mentally and you still have side effects and you’re just left again.”
>
> “A friend of mine has had it and she is struggling with the loss of her breast.”

> “When I told my wife we went to the meetings afterwards – I found, you’re all helping me but who’s helping my wife. Nobody had ever told me that that was available for my wife. When you are diagnosed you need a book, because all that’s going in at the diagnosis stage is the Big C. You need an action plan and all the questions in there that the patient and carer is going to be asking.”

Lack of respect and dignity

Patients and families shared **distressing care experiences** that left them feeling **humiliated and dehumanised**. Experiences ranged from being forced to wear undignified clothing, left without privacy or placed in corridors or porta cabins. Families described loved ones struggling with incontinence, frailty, and end-of-life needs without dignified or compassionate care.

> “They were making cancer patients wear blue tracksuits. That’s what they’re putting people in – they don’t want you lying around and want you to get up so you don’t get blood clots.”

Other

Others described how **poor coordination** between hospitals and services created confusion. Individuals often found themselves caught between Blackpool and Preston, with records, test results, and communication not being shared between the hospitals.

> “I was treated at Preston hospital – coming back from then on – I have found it difficult because Blackpool Vic and Preston don’t talk to each other. It has created a problem – I had to give a blood sample, and I asked how it was going to get back and they said they’d have to request it.”

> “The services were disjointed- my husband had cancer and the treatment he got was good but the after care for families wasn’t there- this was about 7 years ago, if it wasn’t for my family supporting me I wouldn’t have gotten through it.”

Barriers, Opportunities for Improvement, and Areas to Celebrate

This section examines the **various challenges** that individuals face when accessing support for cancer signs and symptoms, as well as areas where barriers could be overcome. The section also considers participants' perspectives on what is currently working well in Blackpool, what could be improved in terms of awareness and access to cancer support, current awareness on cancer resources, and how resources could be improved.

What do you perceive as barriers to accessing support for cancer signs and symptoms ?

31 individuals shared difficulties in accessing support for cancer signs and symptoms due to **systemic issues** within healthcare services. Participants mentioned long waiting times, a lack of medical knowledge, difficulties securing GP appointments, and limitations on discussing multiple concerns in a single visit. Other barriers included the **reliance on technology**, disorganised record-keeping, and inconsistent communication between healthcare providers.

> “Struggle if you want to see a female GP, they understand you more especially for menopause things – symptoms can be the same for menopause and cancer.”
>
> “Length of GP appointments is an issue or being told they can only deal with 1 issue per appointment. When I go it's for something that's an immediate concern that has stopped me going to work. I ask “while I'm here can you look at this mole? They said “no” you will have to make an appointment.”
>
> “I know covid has had an effect on our healthcare services, Blackpool's been like 2 years since I was able to get a scan – it's only a polyp but all they did was send me texts through- I wanted to actually contact them and speak to anyone. I got a notification saying I failed to attend. 2 years I've waited for this scan.”
>
> “The problem is ringing up – they want to do it over the phone rather than in person. I said what do you want me to do, video my bits?”

Lack of education and awareness

19 participants shared that a significant barrier to accessing support for cancer signs and symptoms was a **lack of education** and awareness. Many people reported that cancer is rarely covered, if at all, in the school curriculum. Others shared that there was a lack of public education on signs and symptoms of cancer, with some finding this confusing. Some suggested that cancer related information should be advertised on the TV more.

"When I taught in secondary school, it's the specification – it's covered on some just the higher science its taught in but not lower science, it's just the spec – its only brief."

"There is not enough awareness and education about cancer signs and symptoms."

"The international barrier- people don't realise the severity of it or how quickly it can come on and where people can get their information from."

"A lot of the catholic schools won't teach about sexual health or cancer."

"Awareness and education that's accessible – the tv, you're inundated with adverts."

"Everyone's confused, there's a lot of concerned patients now."

"It was only when someone got cancer in year 6 that it was explained".

"It could be that people are educated about how to look after themselves."

Fear and worry

Fear and worry were **major barriers** to accessing support for cancer signs and symptoms. Many people shared that they avoid seeking help because they are **scared about a potential diagnosis**, embarrassed, or reluctant to be taken seriously by health professionals.

Others highlighted that **cultural attitudes**, such as men being less likely to talk about symptoms, and the stigma associated with cancer, further amplify this fear.

"We changed the name of the group to friendship Friday due to wanting to avoid saying the word cancer."

"Men don't share - we have found that in this group."

"A lot of people will not go because they don't want to know what's wrong with them."

"People call it 'the big C' – it just breeds fear."

"It's knowing what the signs and symptoms are – you might just think it's normal, you might be embarrassed about it."

"Men fear more than women."

"Fear of rejection from health professionals."

Access barriers for learning disabilities

Individuals with **learning disabilities** were faced with barriers when accessing support for cancer signs and symptoms. Individuals shared the **difficulties communicating** pain, limited accessibility for cancer screening and uncertainty among carers about how to assist and support. Some shared that individuals with LD were refused scans or dismissed by GPs for pain management.

"One person who had gone in with pneumonia – had been to GP with lump and GP thought it would go away. The cancer had turned metastasis."

"Pain management with GP's- people with LD don't display pain the same way as other people. Battling GPs for someone with pain relief. Comes through as behavioural challenges, not pain that has been mismanaged."

"Attended the mammogram unit in Lancaster – still a fixed unit – the individual has cerebral palsy and can't weight bear. Why are ultrasounds not offered as an alternative?"

"We've struggled with mums and young girls for cervical smears, and them refusing the daughter to have it because they don't want her to have that sensation down there because she hasn't been touched in that way. Don't know if a best interest was done or if there was a power of attorney."

"LD person referred on urgent cancer pathway – booked at Spire and was refused to have an MRI and told she couldn't have it done there because she has a learning disability."

"Issues stemming back to screening – cervical cancer. Carer saying no because they don't think they can handle it."

Socioeconomic impact

Participants highlighted that socioeconomic factors and **location** can significantly **limit access to cancer support.** Some shared that people living in **deprived areas** may face underfunded facilities, limited healthcare resources, and reduced availability of equipment or specialist care. As well as this, others shared that financial constraints and local challenges can also influence lifestyle choices.

"We live in a seaside town, I feel like it's our hospital, and we can't access our services – do feel like the Vic only have a small amount of money, and because we're a tourist town, I do wonder if the has a knock-on effect with our healthcare."

"You need to go to the most problematic areas and bring it to them, on the estates and run-down areas."

"Location – Blackpool's quality of care, we are known for tourism, not health."

"Poverty – effects people's lifestyle choices and some of these choices can lead to increased risk of cancer."

"Healthcare facilities, one of the poorest areas, might not have enough equipment to deal with cancer, the quality."

Other

Participants also identified a variety of other barriers affecting access to cancer support including, age-related screening gaps, financial constraints, language and cultural barriers, gender differences in health awareness, and personal circumstances such as domestic abuse.

> "Language barriers/cultural barriers – a lot of women aren't integrating- you have to try and break through that as that is our population at the end of the day."
>
> "Maybe domestic abuse -those that cannot access services."

> "Daughter was in early 40's when diagnosed with breast cancer – mammograms not until 50 – seems to be happening to younger women."
>
> "Financial situation."
>
> "I was found out at a mammogram, and it went form there really- maybe people not engaging in screening."
>
> "Translators and language issues."

How could these barriers be overcome?

Education and awareness

Participants emphasised the need for **greater education** and awareness around cancer, starting in schools and to include practical guidance on how to check for symptoms. They suggested using **relatable role models**, such as celebrities or athletes, and sharing more positive cancer stories rather than negative stories often seen in media. Some shared a need for clearer information on pathways, symptoms, and awareness on available support.

> "They could get someone advertising symptoms, so people watching can relate and see if it's symptoms that they may have."
>
> "Too much negativity on the NHS out there and not enough celebration of life with positive cancer stories."

> "Teach me how to check my breasts for lumps."
>
> "The adverts on the TV don't provide positive aspects to cancer, and we need to have celebration success stories, having better adverts where there is signposting information."
>
> "We need it to be in science lessons."

Waiting time

Individuals highlighted that **long waits for scans**, test results, and treatment decisions caused **stress and uncertainty**. Participants expressed a need for faster processes and implementation of providing updates by phone, to keep patients informed.

"The consultant has a permanent stack of the scans, once he's gone through them, then that'll have to be typed up and then that goes to the GP – it's not that there isn't enough staff- they have to be looked at a couple of time by different people."

'It's the waiting that's the killer – once you've been told and a bit of a plan. That's the worst part is waiting."

"Speed it up – even if it's a phone call to inform us where they're at with it."

"The waiting for further tests."

Communication

Participants expressed the need for clearer, **more timely communication** after appointments, including **updates on whether their treatment is working**. They highlighted the importance of simple check-ins, reassurance, and treating patients as individuals.

"Better communication - after going to a cancer appointment. I went and had to call two weeks later."

"Improve by making the communication channels better – even just a quick conversation to ask how a patient is getting on. Awareness that patients are human beings, have feeling etc. Reassurance would help. "

"The need to be informed if the treatment is working."

Accessibility for people with learning disabilities

Participants suggested **improving accessibility** for people with learning disabilities by building relationships, offering familiarisation visits, and ensuring hospital staff are more aware of their needs. They also recommended **easy read screening information** and incorporating cancer checks into annual health checks to make screening more inclusive and understandable.

> “Screening – easy read for breast screening and testicles. Don’t think they actually knew how to check and then it’s like where do staff stand? If they don’t know how to do this, can they not go to the GP and get checked? Or it be part of the annual health check?”
>
> “Outpatient appointments at the hospital – they need to be more aware of people with a learning disability.”
>
> “Build up relationships with LD, take them to look at the area, meet the nurse, etc.“

Other

Individuals shared that **funding research** can improve treatments and early detection, as well as increasing public awareness around the importance of cancer screening programmes. Some people mentioned making **services more convenient** by implementing drop-ins and highlighted that individuals may be worried to go and get checked due to fear.

> “I think a drop in – it is less personal if you have been at your GP and self-conscious. Bit more anonymous.”
>
> “There are thousands of women who had missed out on a routine mammogram – it was last autumn, and I was one of them.”

> “Ensuring people attend their smears, it only takes a couple of minutes.”
>
> “Cancer research projects being more regularly funded.”
>
> “People are worried to go to and get checked because they are scared.”

What do you think is working well in Blackpool in terms of cancer support?

Many participants highlighted **local cancer support group**s, particularly Macmillan's Walk and Talk, the buddy system, and Trinity Hospice as providing safe, supportive spaces that reduce loneliness and connect people with others on similar cancer journeys.

> "I receive good support from family and friends but keen to find additional support groups like the MacMillan Walk and Talk group. I am very satisfied with the support that me and my family have received from the NHS and from MacMillan."
>
> "I want to recommend Walk and Talk and all the other social prescribers."
>
> "Macmillan nurses great – buddy system fab for mental health and stress relief."
>
> "Community groups are here so we can support each other, we work with social prescribers, cancer care coordinators, we find these on our own and then feed this back."

Macmillan nurses, care coordinators, dieticians, and NHS staff were **praised** by individuals for their **empathy, responsiveness, and improved services,** especially for people with additional needs. Some people experienced fast, efficient diagnosis and referral, which provided reassurance and timely care.

> "The speed of the diagnosis, things just flowed."

> "My friend sings praise to the team at Blackpool, he takes them chocolates, they were great."

> "Trinity hospice – fab facilities – people need to be more aware what's out there."

> "Provided with support through Macmillan, cancer nurse, dietician and everything. Trinity were also fantastic. We'd both go together. If anything was wrong like if he had constipation they got in touch with the doctors straight away. He loved coming to the cancer support group."
>
> "Macmillan unit have been a lot better over recent years supporting people with LD."

What do you think could be improved in terms of awareness and access to services for cancer support?

Education and awareness

Of those that we engaged with, **15 individuals** shared that cancer awareness needs to **start early in schools** and continue throughout adulthood. Others suggested workplace conversations, regular information sharing via the media, and celebrities' cancer stories could play a stronger role in normalising conversations, encouraging checks, and providing education and awareness. It was highlighted that **honest and accessible information** should be provided at diagnosis and beyond to help individuals feel supported and informed.

"Information given about life after cancer charity – free online courses. It is like falling off the cliff. Afterwards you feel like no one is looking after you."

"Workplaces discussing conversations around cancer would be advantageous – we need more of this raising that awareness."

"There needs to be celebrities that have been through their cancer journeys and be the ambassadors in ensuring people stand up and get checked."

"I think it needs to be discussed in school, then college and university, and all the way into adulthood."

Support groups

7 participants highlighted the **importance** of local cancer support groups. Some shared that local, community-based cancer support groups provide **trust, empathy, and lived experience** that are more beneficial than large charities. Others shared that awareness of these local groups are low, and some are only discovered by chance. It was highlighted that **more promotion**, resources, and access to counselling and peer support were needed.

"Our community group is plugging the gap of Macmillan, they've pulled funding for Macmillan, we want to offer counselling we want to offer support to everyone."

"Empathy and understanding are the key but lived experience is what we are grounded in, we aren't reading from a book we understand what people have been through and we are there."

"Macmillan – people don't have any trust or faith in. The Fleetwood community group feels like a family."

"One thing I didn't know about was the groups. I found out about it when I was talking about it in the vets."

Systematic barriers

Others highlighted difficulties navigating the **referral system**, which often caused delays in diagnosis, treatment, and follow-up care. People expressed the need for easier access, including local treatment in Blackpool and sufficient specialist staff.

"Needs to be an easier way in – you don't get referred to the right places, the referral system doesn't work. Even to get diagnosed the 2nd time it took 6 months. Needs to be much easier access. I was told to go away, was misdiagnosed."

"When you're first diagnosed you don't know what to do with yourself – it's a huge shock."

"For treatment to be in Blackpool."

Are you aware of any resources that are shared regarding cancer? (e.g. leaflets, posters, infographics)

6 participants were aware of cancer resources, most commonly mentioning Macmillan support, including nurses providing information, respite care, and signposting to further services. Some also highlighted Trinity Hospice and **specific charities** such as Myeloma UK. Individuals shared that leaflets, posters, and brochures in GP surgeries and hospitals were visible. One individual felt that it was **up to individuals** to utilise these resources.

"I was advised by the MacMillan nurse to undertake some studying into the cause and nature of my condition in order to improve my understanding. I started doing this and found it very useful."

"See enough signs in Dr's waiting room at the surgery. Headlines are there, only so many brochures. Down to individual to make an effort, don't be scared, get checked out."

"We were given lots of information and booklets – we did find them helpful. I see a lady at Macmillan at the hospital, and we were signposted to Myeloma UK."

"Macmillan supported my mum; the nurses came in and did shifts on respite care."

"Trinity hospice they were amazing."

Could resources regarding cancer be improved?

Participants felt that cancer resources could be improved through **better aftercare, effective communication, and wraparound support** to ensure patients return for follow-up care. Individuals highlighted the need for **consistent and regularly reviewed information**, as well as improved staff training, particularly for GP receptionists. Others shared having accessible, practical resources such as step-by-step guides would be beneficial as well as educating younger generations to ensure understanding around cancer.

Others shared more **targeted outreach**, for example engaging men through community settings like football clubs to raise awareness of prostate cancer.

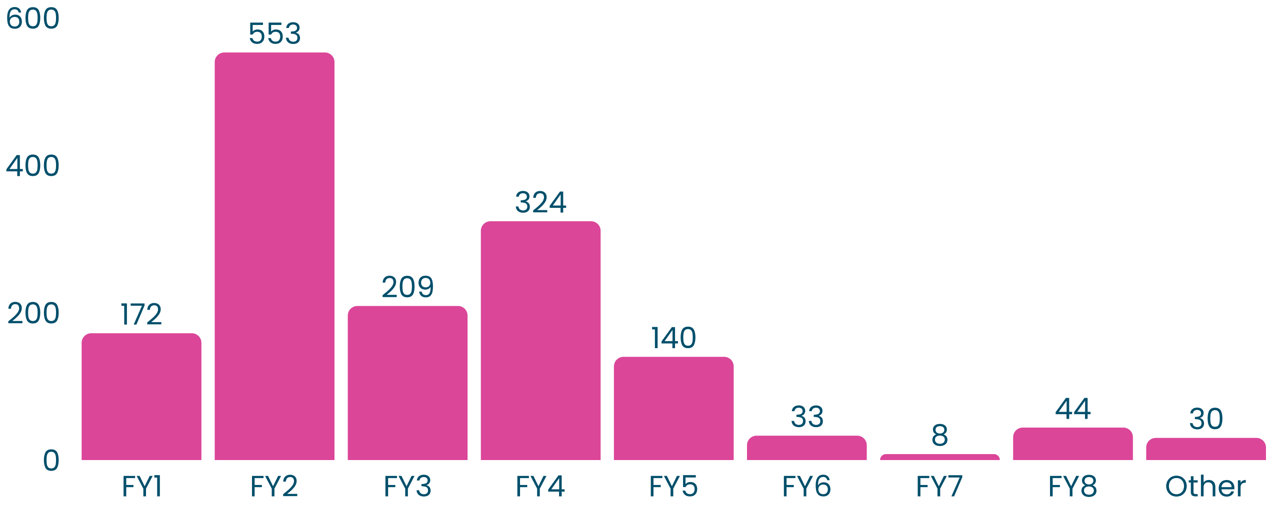
> "Consistency of information, relevant, appropriate and reviewed and staff need to do it consistency."
>
> "Education – especially receptionist at the doctors need to be educated. 2 weeks could have made a huge difference. Receptionists are not trained properly."

> "Prostate cancer – they send people to Fleetwood football club that give out flyers. They need to do this more with men – focus on places where there are a lot of men – the amount of men that don't know."
>
> "Younger generation also need educating more. My granddaughter asked if she could see my wound."

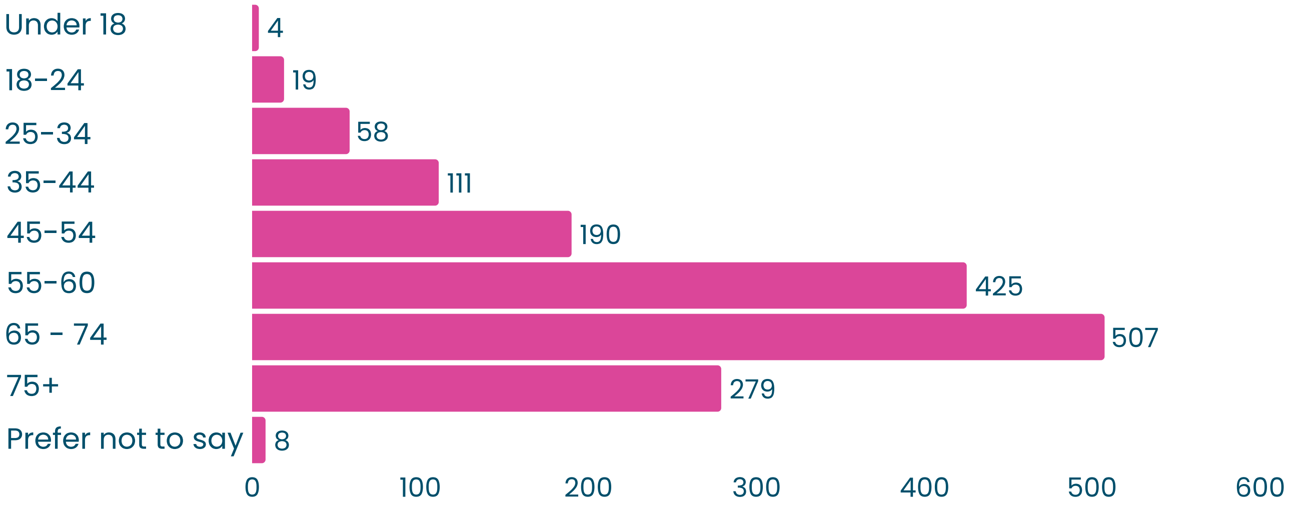
Demographics

Survey Demographics

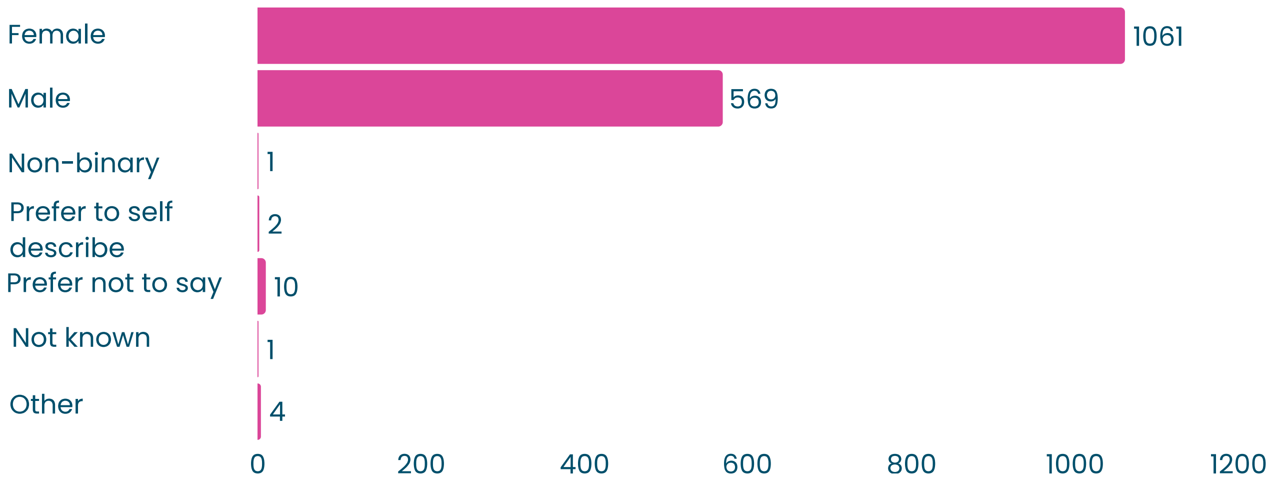
Please enter the first half of your postcode



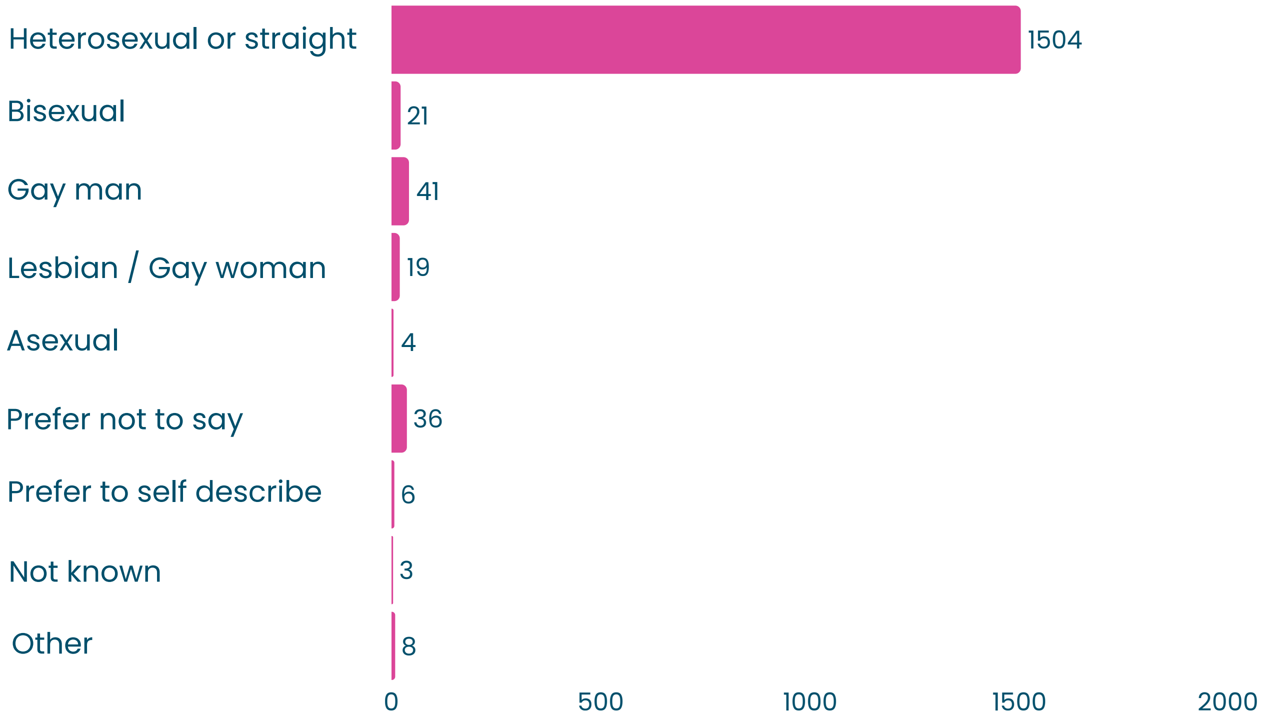
What is your age?



What gender do you identify as?



What is your sexual orientation?



What is your ethnicity?

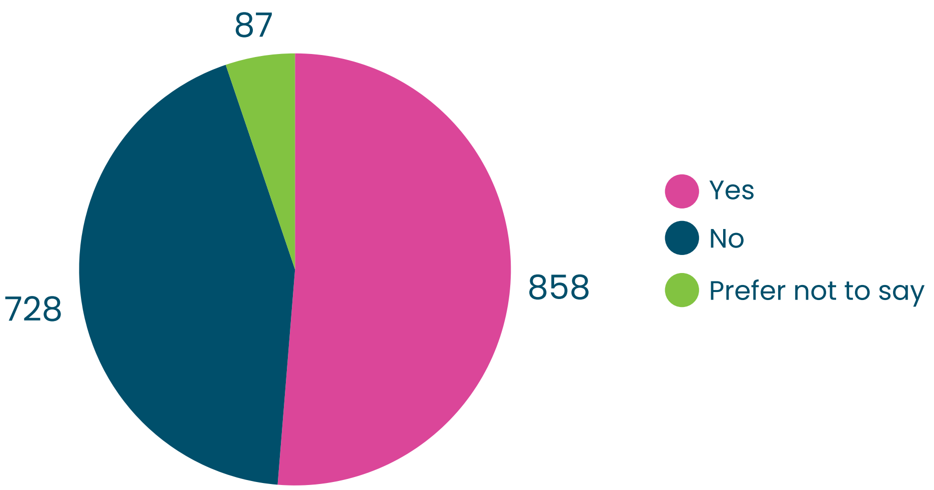
Asian, Asian British or Asian Welsh: Bangladeshi	6
Asian, Asian British or Asian Welsh: Chinese	3
Asian, Asian British or Asian Welsh: Indian	4
Asian, Asian British or Asian Welsh: Other Asian	1
Black, Black British, Black Welsh, Caribbean or African: African	9
Black, Black British, Black Welsh, Caribbean or African: Other Black	2
Mixed/Multiple ethnic groups	3
White: English, Welsh, Scottish, Northern Irish or British	1551
White: Irish	12
White: Other White	46
Prefer not to say	21
Not Known	3
Other	13

What is your employment status?

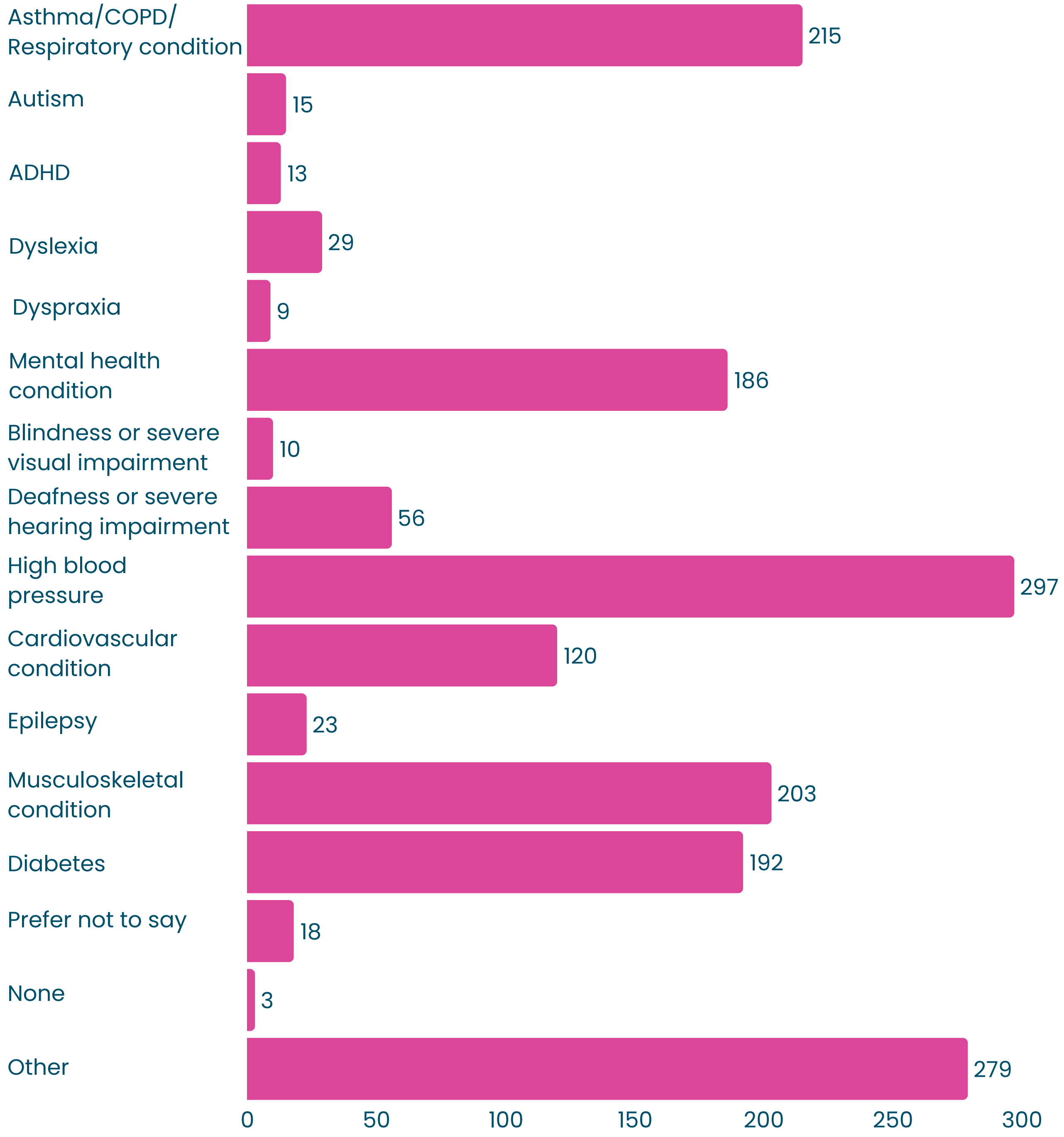
Working full-time (30+ hours);	409
Working part-time (16-30 hours);	164
Working part-time (less than 16 hours);	49
Unpaid work, including regular voluntary/work experience;	22
Caring responsibilities	58
In full time-education (student);	8
In part-time education (student);	4
Retired	846
Unemployed	48
Long term sick or disabled;	103
Prefer not to say;	32
Other	17

‘Other’ responses included ‘semi-retired’ and ‘stay at home mum’.

Do you have a long term health condition or disability?



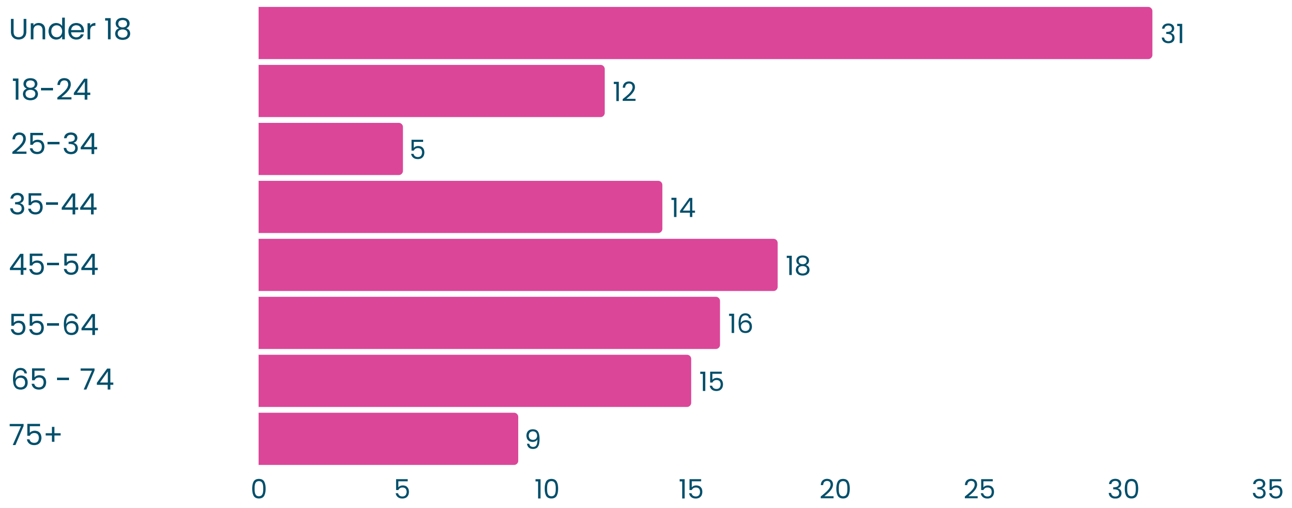
Which of the following long-term conditions or disabilities do you have?



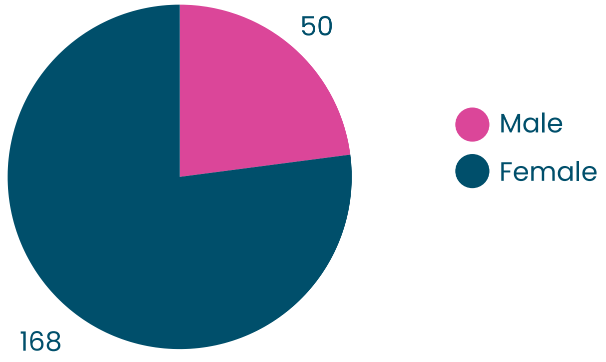
‘Other’ responses included, but are not limited to, ‘arthritis’, ‘cancer’, ‘Crohn’s’, ‘fibromyalgia’, ‘IBS’, ‘Lupus’, ‘multiple sclerosis’ and ‘Parkinson’s’.

Focus Group Demographics

How old are you?



What gender do you identify as?



What is your ethnicity?

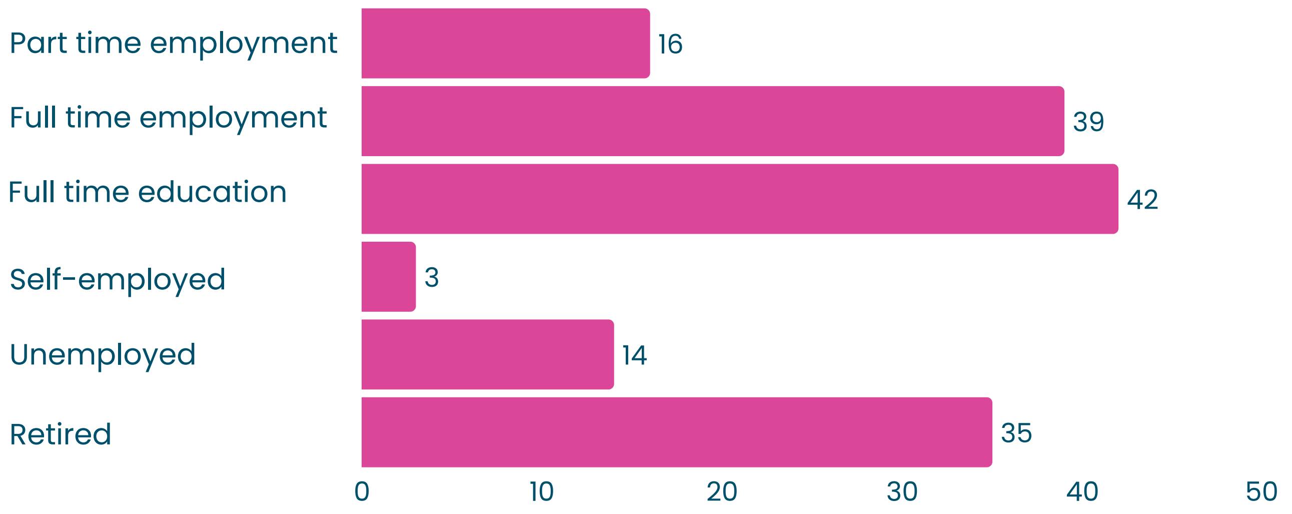
Asian, Asian British or Asian Welsh: Bangladeshi	3	Black, Black British, Black Welsh, Caribbean or African: African	1
Asian, Asian British or Asian Welsh: Chinese	2	White: English, Welsh, Scottish, Northern Irish or British	149
Asian, Asian British or Asian Welsh: Indian	4	White: Other White	1
Asian, Asian British or Asian Welsh: Other Asian	2	Other	2

Which of the following long-term conditions or disabilities do you have?

Asthma/COPD/ Respiratory condition	1	Cardiovascular condition	2
Dyslexia	1	Epilepsy	1
Dyspraxia	1	Musculoskeletal condition	4
Mental health condition	10	Other	17

‘Other’ responses included ‘incontinence’, ‘psoriasis’, ‘learning disability’, ‘stroke’, ‘brain cancer’ and ‘dysphagia’.

What is your employment status?



Conclusion and Recommendations

Conclusion

Between April and July 2025, Healthwatch Blackpool representatives engaged with a total of 1906 residents, across surveys, focus groups, door knocking and callbacks, to gather their views and opinions on cancer awareness and care locally.

Feedback showed that experiences of cancer care in Blackpool are mixed, with some reporting timely and compassionate care, whereas others experienced delayed diagnoses and differences in care. The most common cancers were breast, bowel, and lung, with varied initial symptoms like changes in bodily functions, pain, and lumps being the most reported. Though many diagnoses were made after a GP visit for new symptoms, a significant number of people (170) were diagnosed without symptoms through routine screenings. The majority of care took place at Blackpool Victoria Hospital, often supplemented by specialist services in Preston and Manchester, with many also relying on hospices and home-based care. Positive experiences were attributed to the speed in which their diagnosis and treatment was received, high quality and supportive care and clear communication. Negative experiences highlighted how delays, poor quality of care, and misdiagnoses had a significant negative impact on patients. Delays often stemmed from issues at the GP level or within the hospital system, leading to feelings of being ignored and, in some cases, cancer progression. Similarly, poor communication and being misdiagnosed with less serious conditions left many feeling unheard and caused further delays in receiving appropriate care. Despite the availability of support, the majority of respondents (737) reported that they did not access any services, and many who were offered help found it inconsistent, often having to proactively seek out support from charities like Macmillan. The findings highlight a clear need for more consistent, person-centered care and improved communication throughout the cancer journey.

When asked about their awareness of cancer signs and symptoms, the majority felt somewhat confident in identifying these, however a significant number reported a lack of confidence in identifying the common signs and symptoms of cancer. This is primarily due to the vagueness of many signs, which are often confused with other health conditions or signs of aging.

This lack of knowledge is compounded by a general lack of education about cancer symptoms, beyond common indicators like lumps. Despite these barriers, people generally state that they would visit a GP if they noticed unusual or persistent symptoms. In terms of prevention, most people were aware of lifestyle factors that can reduce cancer risk, including a healthy diet, regular exercise, and avoiding harmful substances like tobacco and excessive alcohol. Despite this, awareness of sun safety was relatively low, indicating that more work is needed to highlight the importance of protecting skin from harmful UV exposure, and the role of sun protection in cancer prevention.

Awareness and participation in cancer screening and vaccination programmes in Blackpool is mixed. While many people consistently attend screenings, some face barriers, including a lack of awareness about specific programmes like lung cancer screening, with others experiencing issues with receiving invitations. Many also report that age restrictions, accessibility problems, and personal factors like fear or a belief that they are not at risk prevent them from participating. Whilst some individuals expressed a need to have screening more often when they have concerns, this highlights a common misunderstanding. Screening is designed for those who are asymptomatic. Anyone with symptoms or worries should contact their GP, rather than waiting for their next screening. This applies across all screening programmes. There is also a notable knowledge gap regarding the HPV vaccine, with many unsure of its purpose or eligibility criteria, despite some correctly linking it to cancer prevention. This suggests a clear need for improved communication and greater public education to overcome these barriers and increase participation.

A primary barrier to cancer diagnosis and treatment in Blackpool is limited access to GP appointments and long waiting times, which respondents believe could be solved by more flexible booking systems with dedicated cancer clinics. A lack of public awareness and education on symptoms, alongside fear and stigma, also prevents people from seeking help. To address this, residents suggest widespread public campaigns, with information delivered through various media channels, and a greater emphasis on teaching about cancer in schools or colleges. Participants also highlighted the need for systemic improvements, such as increased NHS funding and staffing, and the expansion of screening programmes to be more inclusive of all age groups. There was also strong support for dedicated cancer drop-in clinics to overcome barriers to care. Participants felt that these clinics would reduce the burden on GPs and create a less intimidating environment for people to discuss symptoms. The goal is to ensure timely, clear advice and encourage earlier detection, and increased engagement with health services. While many challenges exist, participants praised the support provided by local community groups, Macmillan nurses, and Trinity Hospice for their empathy and vital assistance.

Door-knocking efforts in Blackpool's Victoria ward found that while residents have a high degree of personal experience with cancer, there is a noticeable gap in their awareness of available support services beyond Macmillan Cancer Support.

Many people felt confident in identifying common symptoms like lumps, weight loss, and unusual bleeding, but some expressed fear and stigma or faced practical barriers such as difficulty getting GP appointments.

Participants highlighted the need for more education and visibility, suggesting initiatives like mobile clinics, social media campaigns, and school-based programmes. Awareness of cancer screenings for breast, bowel, and cervix was high, but knowledge of the HPV vaccination was very limited. There was strong support for a local cancer drop-in clinic to provide accessible information and reduce the reliance on overstretched GP services.

Healthwatch Blackpool also used the Talk Cancer approach to provide personalised education and support to 101 people via opt in callbacks from the survey. These conversations revealed that while most residents were aware of common screenings for breast, bowel, and cervical cancer, knowledge of the newer lung cancer screening programmes was limited. Many participants expressed frustration with age-related eligibility rules and admitted to delaying or skipping screenings due to fear, inconvenience, or administrative issues. While residents had a basic understanding of risk reduction through a healthy lifestyle, they lacked specific knowledge on topics like sun safety. The personalised approach proved to be impactful, as 18 people shared personal cancer experiences, leading Healthwatch to raise four direct healthcare enquiries on their behalf.

The Talk Cancer approach was also used within focus groups to improve public awareness and education on cancer. Post-session feedback showed a significant increase in participants confidence and knowledge, particularly regarding the HPV vaccination and general cancer facts. Key takeaways included learning about the existence of a lung cancer screening for former smokers, the lack of a national prostate screening programme, and a greater understanding of how lifestyle choices impact cancer risk. The most powerful message participants took away was the importance of listening to their bodies and seeking medical advice for any changes. The sessions were highly engaging and informative, leading to a demand for more community-based discussions, educational resources, and practical guides on self-examination.

The insights gathered evidence clear areas of focus for cancer care in Blackpool. It is evident that systemic issues like limited appointment access and long waiting times must be addressed. Residents strongly support creating new, direct routes to care, such as dedicated cancer drop-in clinics, which would empower them to seek support earlier. A key focus must also be on enhancing public education about cancer signs, symptoms, prevention, and screenings, while also tackling the fear and stigma that remain significant barriers. Most importantly, residents want consistent, person-centred support, available from the moment of diagnosis through to recovery and beyond.

Recommendations

Implement cancer drop-in clinics

- We recognise that there is an opportunity locally to test and learn, and we suggest that the primary focus be establishing cancer drop-in clinics, which could be community-based or mobile, operating both in person and also accessible online or by phone. These clinics would provide an alternative pathway for individuals seeking medical advice, with a focus on initial symptoms, blood tests, and reassurance. By offering direct access to GPs with enhanced cancer expertise, supported by specialist nurses or other trained practitioners, the clinics could ensure patients receive timely, clear, and accessible advice. This approach would reduce pressure on GP surgeries while still providing the specialist knowledge and reassurance people said they valued.

- Incorporate peer support groups or dedicated discussion sessions within these drop-in clinics, giving patients the chance to share experiences, ask questions, and receive advice from others who have faced similar challenges.

Address barriers to screening and vaccination

- Ensure clear communication that anyone with concerns about cancer symptoms, a family history of cancer, or new worries between screening intervals/after routine screening has stopped, should contact their GP. Promote awareness that individuals can choose to opt back in to breast or bowel cancer screening after the upper age limit, where possible to do so.

- When young people are invited via educational settings to receive their HPV vaccine, include comprehensive information within the invite which is sent to parent and carers, informing them of the reason why their child has been invited and the importance of this. This needs to strongly emphasise the role of the vaccine in preventing HPV related cancers, with evidence included to showcase the effectiveness of this. Importantly, the information should also clearly state that the HPV vaccine is recommended for both males and females, highlighting that both genders play a critical role in preventing the spread of HPV and reducing the risk of cancer.

- Continue to facilitate mobile screening services, choosing easily accessible locations, such as community centres, sports facilities, supermarkets and health vans, to increase participation and reach populations who may face barriers attending traditional healthcare settings. Considering trialling this approach for cervical cancer screening to increase participation.

- Improve public awareness of the four national cancer screening programmes and what each programme involves. Feedback highlighted a clear disconnect, with many participants unaware that they were taking part in national screening programmes, often assuming these were routine check-ups or tests.

Strengthen public awareness of cancer signs, symptoms and prevention

- Feedback recognised the need for widespread Public Health campaigns to educate residents about cancer signs, symptoms and prevention. These need to go beyond the most common symptoms, incorporating positive and relatable success stories to build confidence and reduce fear/stigma. The insights gathered from community voices throughout this project should be used to help shape and inform upcoming awareness campaigns, soon to be implemented via the Cancer Alliance.

- Expand community education by upskilling existing VCFSE organisations to deliver cancer awareness training key with the people they support. Sessions should provide practical, engaging information on self-examination, symptoms, lifestyle factors, and the purpose of different screenings, whilst also helping to reduce stigma/fear.

- Awareness of sun safety is currently low, highlighting the need for targeted Public Health initiatives to improve understanding of the risks associated with UV exposure. Efforts should focus on educating individuals about the role of sun protection in cancer prevention, promoting practical strategies such as using sunscreen, wearing protective clothing, and seeking shade, and integrating sun safety messages into broader cancer prevention campaigns.

- Implement dedicated initiatives targeting males to raise awareness of cancer signs and symptoms, and to encourage timely help-seeking. Communications should provide clear information on when and how to discuss PSA testing with a GP, ensuring men have accurate and accessible guidance to support informed decisions.

- Communications about cancer screening in Blackpool should clearly explain the purpose of screening, and that it is intended for asymptomatic individuals. There needs to be an emphasis that anyone experiencing symptoms or concerns should contact their GP, rather than waiting for their next screening. Messaging should also raise awareness of all available programmes, address common misconceptions, and use accessible channels to reach those who face barriers to participation.

Improve education within schools and colleges about cancer signs, symptoms and prevention

- Offer age appropriate cancer awareness workshops and drop-in sessions in schools and colleges, linked to the Cancer Awareness Champions project. Consider piloting a programme in Blackpool to develop young people's champions, increasing knowledge about cancer, the impact of lifestyle choices, and reducing stigma from an early age.

- Work closely alongside Blackpool's Public Health team to help shape and develop existing initiatives that aim to educate young people about the HPV vaccine, ensuring the purpose and importance of receiving the vaccine is included, alongside this being applicable for both males and females with the reasons why.

- Offer sessions for college students and young women that provide clear, positive information on what to expect during cervical screenings. These sessions should use approachable language, feature healthcare professional Q&As, and share positive testimonials to reduce fear and normalise the procedure.

Improve early diagnosis pathways and communication across primary and secondary healthcare services

- Address the primary barrier of long waiting times for GP appointments relating to cancer concerns by implementing a streamlined, high-priority system for patients presenting with potential cancer symptoms. Ensure these patients can access same-day or next-day appointments, facilitating timely GP assessment and urgent referral, while supporting alternative routes such as drop-in sessions.

- Ensure patients have a clear, consistent point of contact within secondary care within the cancer team, to support communication and provide information throughout their cancer journey. This should include a comprehensive information pack with guidance and sources of support, helping patients feel informed and supported while complementing existing care pathways.

- Ensure clear and empathetic communication with patients about their cancer diagnosis, inclusive of the diagnostic stage where possible, helping them understand what it means for their care. Provide explanations of how the diagnosis informs treatment options and the overall care pathway, tailored to the individual’s circumstances.

- To support timely diagnosis whilst acknowledging the complexity of clinical decision making, we recommend strengthening safety netting practices across primary care. Clear guidance should be provided to ensure patients understand next steps, expected timelines, and when to seek further advice. This approach helps manage uncertainty in cases where symptoms are non-specific or overlap with other conditions, reduces the risk of delayed follow up, and reinforces transparent communication between clinicians and patients.

Ensure every patient receives immediate, person-centred support at the point of diagnosis

- Improve the visibility of cancer support services by ensuring patients are proactively provided with information on all local support options, including community groups, specific cancer support groups, hospice services, and NHS services, immediately following their diagnosis. By offering this information, patients and their families are not left to seek out help themselves, connecting them with vital resources when they need them most.

- To ensure high quality support, every patient should receive a person-centred support plan at the time of their diagnosis. This plan should serve as a comprehensive guide, proactively addressing a patient's emotional, practical, and financial needs throughout their entire cancer journey, from initial diagnosis to post-treatment recovery.

Address gaps in cancer awareness and prevention for those living with a disability

- For people with learning disabilities, there is a need to improve awareness of cancer among both individuals and their carers, empowering them to recognise symptoms and understand prevention.

- Accessibility to cancer screening programmes remains a significant barrier, with many facing challenges in understanding, navigating, or attending appointments. Insights from disability focus group highlighted the importance of tailored information, clearer communication, and practical support to ensure accessible equipment to prevention, early detection and care.

- To address the significant barriers faced by people with disabilities in cancer awareness, prevention and early detection, it is recommended that the Adult Social Care Learning Disability and Autism team utilise their regular contact with individuals and families. Social workers should be educated in cancer awareness training, giving them the confidence and tools to have meaningful conversations about cancer with individuals and their carers. In addition, providing social workers with free, easy-read materials containing clear information on cancer symptoms, prevention, and screening options would further enhance their ability to educate and empower the people they support.

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Thank You