

# Dudley Health and Wellbeing Board

## Deep Dive Report on Breast Cancer Screening, March 2024

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### Executive summary

This report outlines why breast cancer screening is an important health service for women in Dudley and why it has been selected as a key priority for Dudley's Health and Wellbeing Strategy 2023-28. Historic trends at borough and primary care network level are presented, along with mortality and screening data. The impact of the COVID-19 pandemic on screening coverage and uptake is explored. Analysis of local data has been undertaken to prioritise areas of particular concern and opportunity. Having identified particular areas and primary care practices for focus, a description is provided of interventions being undertaken or planned to support improvements in screening uptake in areas that have historically experienced barriers to accessing screening, resulting in low uptake. It should be noted that results, in terms of improvements to screening uptake, will not be available until some time after the areas have invited women for screening.

### 1. Why we screen for breast cancer

One in seven women born since 1960 can expect to be diagnosed with breast cancer during their lifetime; men can also get breast cancer but are at much lower lifetime risk at around one in 870<sup>1</sup>. Compared to other similar countries, the UK has a relatively high mortality rate from breast cancer, and in England in 2022 it was the most common cause of death in women who died between the ages of 35 and 64<sup>2</sup>.

Thankfully, mortality due to breast cancer has nearly halved since the 1980s. Between 2016 and 2020, 96.1% of women diagnosed with breast cancer survived more than a

<sup>1</sup> Cancer Research UK (2016) cited in <https://www.nice.org.uk/guidance/dg34/documents/final-scope>

<sup>2</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2022#leading-causes-of-death>

year and 85.9% survived at least five years following their diagnosis. However, there is an inequality gradient. For women living in the most deprived quintile, the latest five year survival figure is 82.1%, whilst for those living in the least deprived quintile, five year survival is 88.4%<sup>3</sup>.

A number of factors have potential to increase the risk of developing breast cancer, including presence of certain genes, obesity, lack of physical activity, alcohol consumption and not breast feeding. Cancer Research UK has estimated around a quarter of cases of breast cancer are potentially preventable<sup>4</sup>; increasing age is a significant but unmodifiable risk factor.

Relatively few breast cancers could be entirely prevented exclusively through lifestyle changes, so improvements in survival have come primarily through a combination of better treatments once diagnosed, and early detection. The aim of breast screening is to detect breast cancer when it is at an early stage, before the woman is aware that she has it and before the cancer has had chance to spread around the body. Cancers that are detected early can be treated more easily and have better outcomes.

Because survival from breast cancer is much higher when diagnosed at an early stage, and because breast cancers can easily be detected by mammography (a type of breast X-ray) before they can be felt by the patient, breast cancer screening has been introduced to many countries to reduce the mortality from the disease. In the UK the NHS Breast Screening Programme has been estimated to save the lives of more than 1400 women a year<sup>5</sup>.

A recent report has estimated the total cost of breast cancer to the economy (including direct treatment costs and societal costs including care and lost productivity) annually in the UK to be between £2.6 and £2.8 billion<sup>6</sup>. Applied to Dudley that could equate to around £14 million per year.

## **2. How we screen for breast cancer**

The NHS Breast Screening Programme began in 1988. It aims to invite all women aged 50 - 70 years old for breast screening once every three years. The screening programme also offers women over 70 a free breast screen every three years. These women will not be sent an invitation but are encouraged to call their local service to make an appointment that suits them.

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<sup>3</sup> NHS Digital. Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021. Adult cancer survival data tables for 2016 to 2020 diagnoses. <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/cancers-diagnosed-2016-to-2020-followed-up-to-2021>

<sup>4</sup> Cancer Research UK: breast cancer risk. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/risk-factors>

<sup>5</sup> Indicator Definitions and Supporting Information - breast screening uptake: aged 50 to 70 years old. OHID Fingertips

<sup>6</sup> The cost of breast cancer. Modelling the economic impact to the UK. DEMOS (2024) [https://demos.co.uk/wp-content/uploads/2024/01/Cost-of-Breast-Cancer-Report.pdf?utm\\_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm\\_medium=email&utm\\_campaign=14306009\\_NEWSL\\_HMP\\_Library%202024-01-23&dm\\_i=21A8,8IML5,FNH0UY,Z8V82,1](https://demos.co.uk/wp-content/uploads/2024/01/Cost-of-Breast-Cancer-Report.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=14306009_NEWSL_HMP_Library%202024-01-23&dm_i=21A8,8IML5,FNH0UY,Z8V82,1)

Once every three years, all women at any given GP practice who are aged between 50 and 70 (unless ineligible for some reason) will be invited to attend for screening when the mobile screening unit is next visiting a location close to their GP practice. Hence some women may not receive their first invitation until they are 51 or 52.

The Dudley, Wolverhampton and South Staffordshire Breast Screening Service ("Breast Screening Service") is responsible for breast screening in Dudley and some of the surrounding areas. Screening usually takes place in a large mobile screening unit (Figure 1) which is periodically moved to different locations around the area, such as supermarket car parks. Support is available for women with additional needs such as learning difficulties and can also on occasion be arranged at Russells Hall Hospital. When a practice is due for its registered patients to be invited, those women who are eligible for screening will be contacted and invited to attend an appointment, which can be rearranged if not at a time that is convenient. The screening itself takes a few minutes, though women are advised to allow half an hour<sup>7</sup>.



**Figure 1** The Dudley, Wolverhampton and South Staffordshire Breast Screening Service mobile unit

Historically, screening sites have been used in four of Dudley's six PCN areas, the exceptions being Halesowen PCN and Dudley and Netherton PCN as suitable sites have not been available. The most frequently used site is the Asda carpark in central Brierley Hill. Unfortunately not only has Dudley and Netherton not had a suitable screening site identified until recently, it also has the lowest breast screening coverage and some of the highest levels of deprivation in the borough. Therefore accessing the mobile unit when located at Brierley Hill for those women coming from Dudley and Netherton has been cited as a significant barrier to screening.

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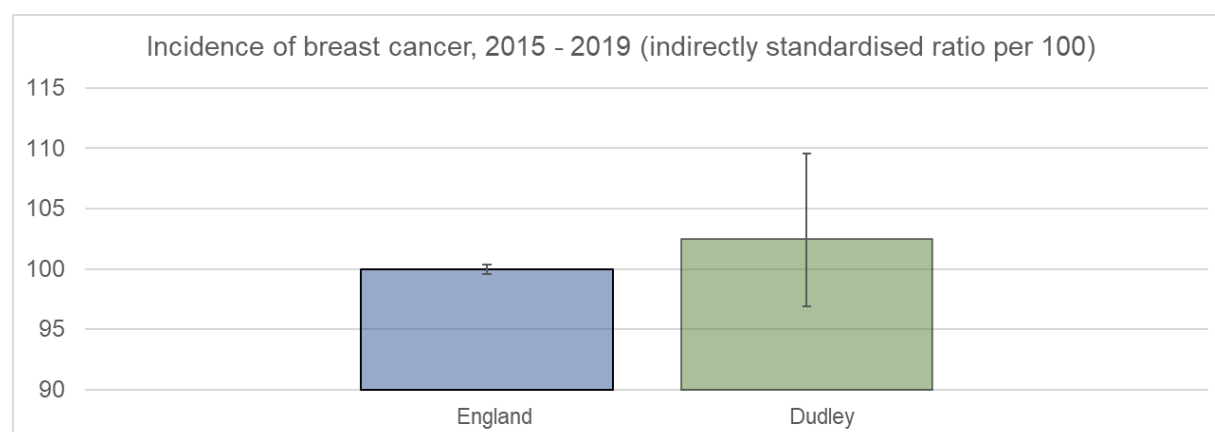
<sup>7</sup> Breast screening program – frequently asked questions. <https://www.bscreen.org.uk/Questions>

Unlike other NHS screening programs, breast screening is unusual in that there is a narrow window of opportunity to increase uptake in a given GP practice population that only comes around once every three years. Because screening involves the use of low dose X-rays, there is a practical limit to the minimum safe time between screening rounds. This also means it is very difficult to change the sequence in which practices are selected for screening.

Preparation begins several weeks before invitation letters are sent out, as practices are informed that their patients are almost due to be invited for screening. The screening service works with practices to identify specific groups of patients such as those who have a learning or physical disability for which additional support may be required. The screening service also seeks to identify women who are eligible and reside in care homes so that a bespoke information pack can be sent to the premises to encourage attendance. Finally, the service checks that invitations are not sent inappropriately, for example to patients who may have very recently died.

### 3. Breast cancer diagnoses in Dudley

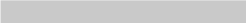

























Between 2015 and 2019 (the latest publicly available data), 1,457 women were diagnosed with breast cancer in Dudley, which works out at an average of around 290 per year. This is not significantly different from the national incidence (as 95% confidence intervals overlap on the chart in Figure 2).



**Figure 2** Source: NHS England/OHID Fingertips: Local health<sup>8</sup>

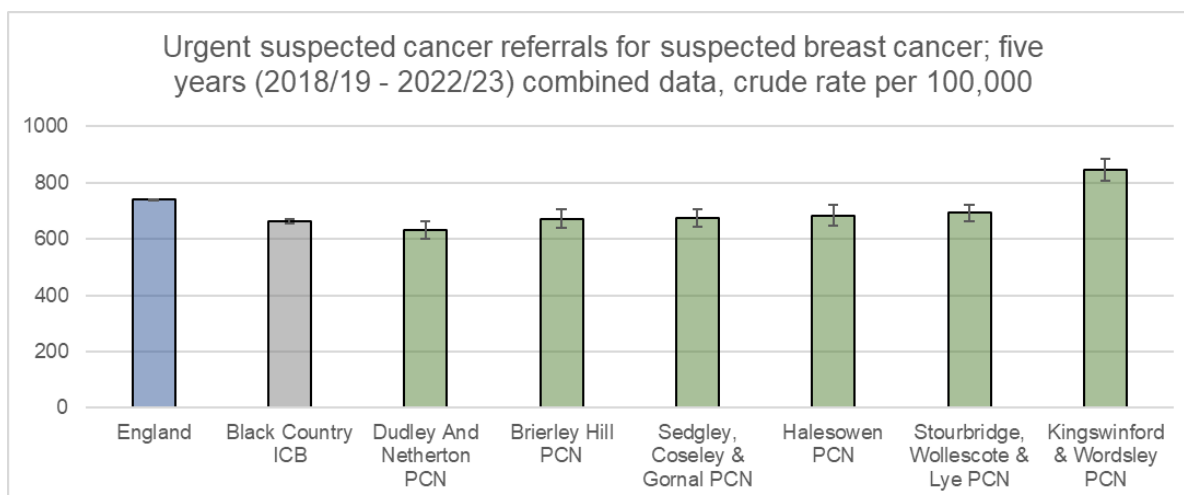
Similarly, when looking at available ward level data over a five year period, there is little variation in rates of diagnosis beyond what would be expected nationally (Figure 3), and nothing from the local data suggests significant concerns anywhere in particular.

<sup>8</sup> <https://fingertips.phe.org.uk/profile/local-health>

Area	Count	Value		95% Lower	95% Upper
England	233,645	100.0		99.6	100.4
Dudley	1,457	102.5		97.3	107.9
Wollaston and Stourbridge Town	81	128.6		102.1	159.8
Kingswinford South	78	119.8		94.7	149.5
Lye and Stourbridge North	59	117.2		89.2	151.2
Halesowen South	74	115.2		90.5	144.7
Brierley Hill	60	112.1		85.5	144.3
Hayley Green and Cradley South	64	111.6		85.9	142.5
Sedgley	68	107.6		83.6	136.4
Quarry Bank and Dudley Wood	60	107.0		81.6	137.7
Belle Vale	63	105.7		81.2	135.3
Netherton, Woodside and St Andrews	61	103.9		79.5	133.5
Amblecote	58	101.6		77.2	131.4
Kingswinford North and Wall Heath	69	101.0		78.6	127.9
Pedmore and Stourbridge East	67	99.4		77.0	126.2
St James's	59	97.4		74.1	125.6
Coseley East	52	96.2		71.8	126.1
Castle and Priory	51	95.4		71.1	125.5
Norton	61	94.7		72.4	121.6
Wordsley	59	94.6		72.0	122.1
Brockmoor and Pensnett	50	94.3		70.0	124.3
Upper Gornal and Woodsetton	60	94.0		71.7	121.0
St Thomas's	47	91.9		67.5	122.2
Cradley and Wollescote	49	90.5		66.9	119.6
Halesowen North	49	89.0		65.8	117.7
Gornal	58	88.7		67.4	114.7

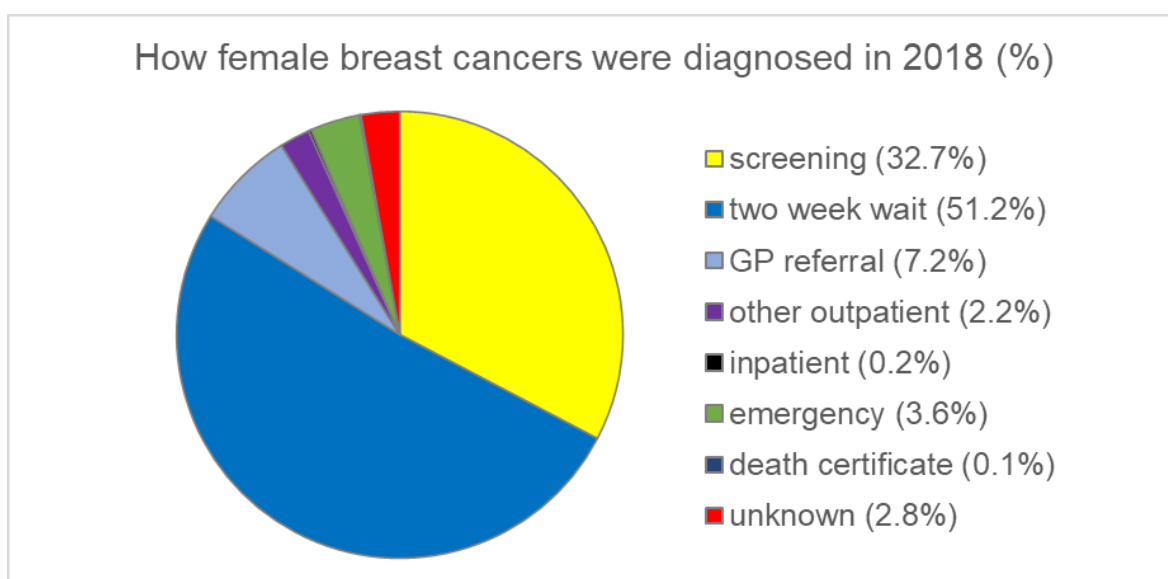
**Figure 3** Ward level incidence of breast cancer in Dudley, 2015-19 (indirectly standardised ratio per 100). Source: NHS England/OHID Fingertips: Local health

11,019 women in Dudley were referred urgently (as a result of screening or through other routes) to investigate suspected breast cancer over the five year period between 2018-19 and 2022/23, an average of 2,200 per year. It should be noted that this figure is considerably larger than the number of cases of breast cancer actually diagnosed, since for the majority of patients no cancer was ultimately diagnosed (Figure 4).



**Figure 4** Source: NHS England/OHID Fingertips: cancer services<sup>9</sup>

Overall, nationally the breast screening programme was responsible for the detection of around a third of all new breast cancer diagnoses in 2018, and this number has been steadily increasing over the past two decades. Even so, the number of women who are found to have breast cancer as a result of routine screening is a very small proportion of the total number of women being screened – in 2021-22 for every 10,000 women screened, only 92 had breast cancer detected at screening (Figure 5)<sup>10</sup>.



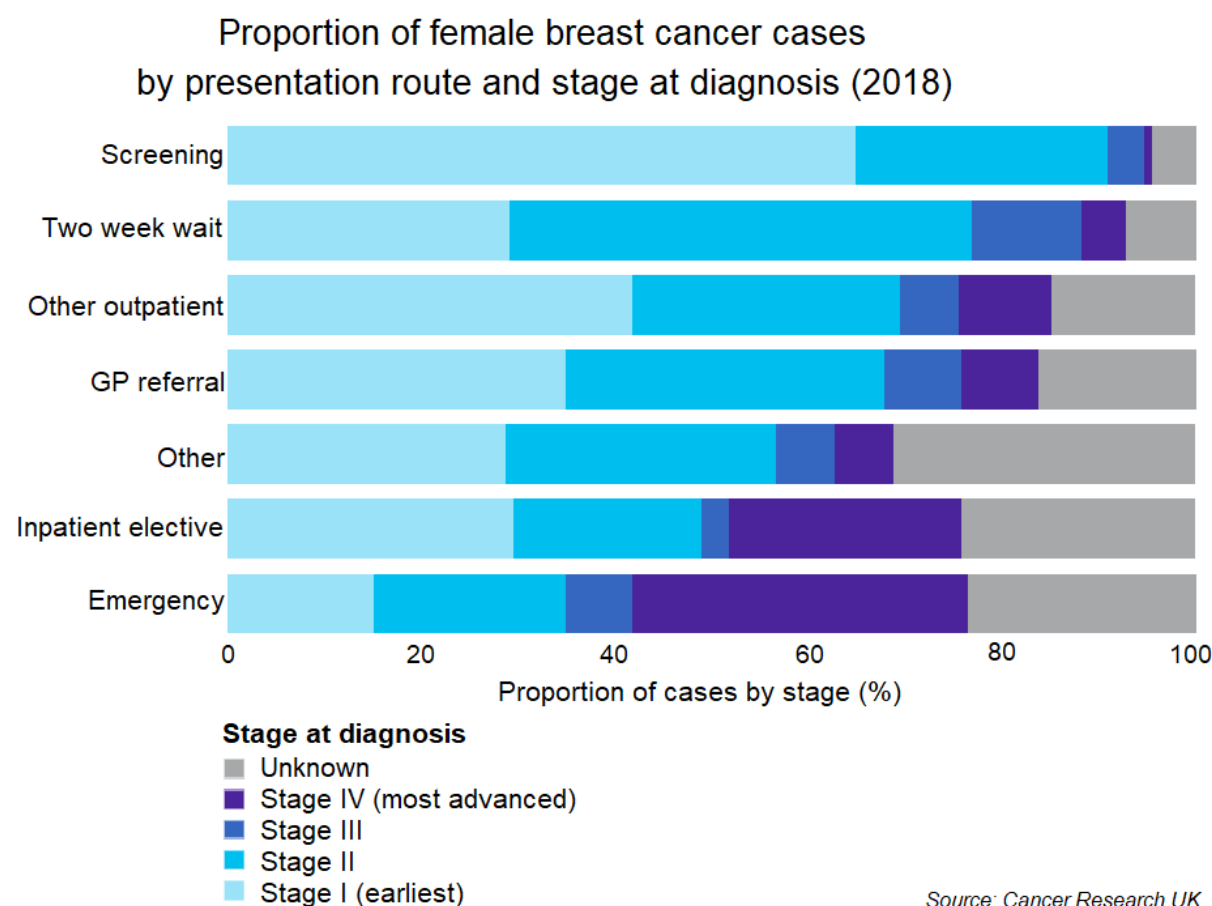
**Figure 5** Source: National Cancer Registration and Analysis Service (NCRAS)<sup>11</sup>

<sup>9</sup> <https://fingertips.phe.org.uk/profile/cancerservices>

<sup>10</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2021-22>

<sup>11</sup> <https://www.cancerdata.nhs.uk/routestodiagnosis>

The clear benefit of early detection through screening can be seen from Cancer Research UK data (Figure 6). A greater proportion of women are diagnosed at an earlier and more favourable stage of disease (i.e. stage I or stage II) if their diagnosis is made through breast screening than if their diagnosis is made as a result of coming through any other route<sup>12</sup>.



**Figure 6** Stage of diagnosis for various presentation routes for breast cancer

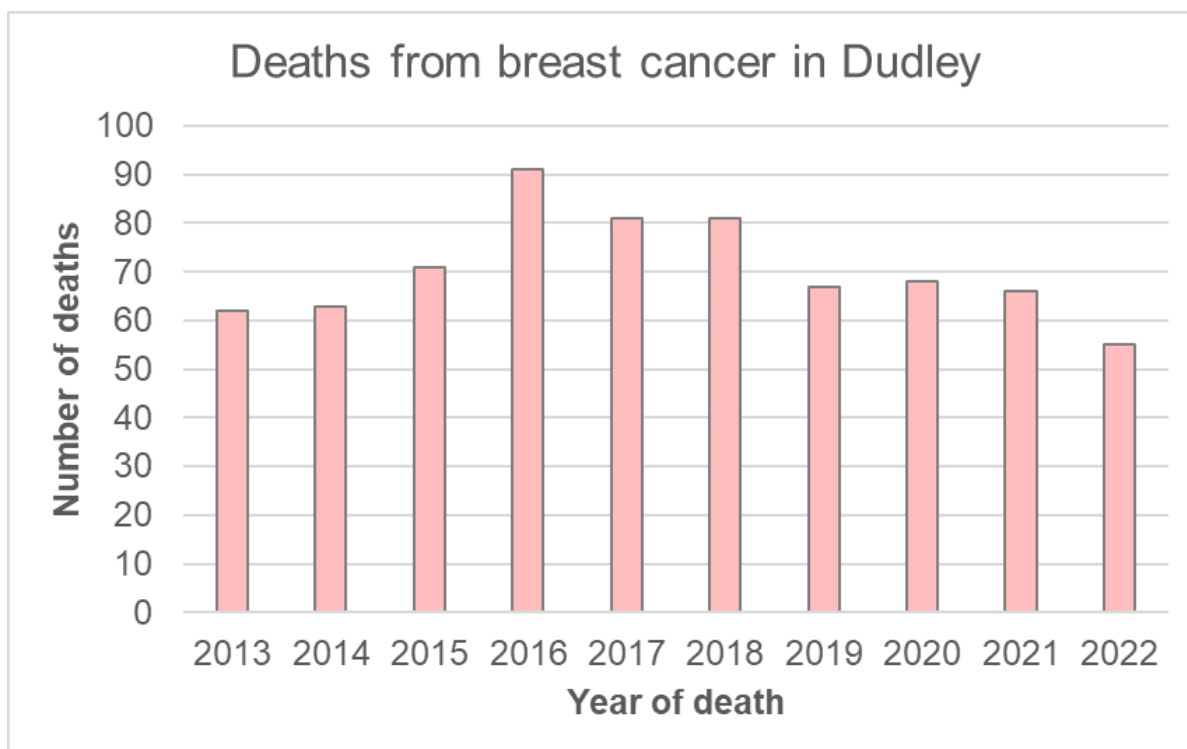
#### 4. Breast cancer mortality in Dudley

On average over the past decade, around 70 women in Dudley each year have died from breast cancer, and slightly fewer than half of these women (43%) were younger than 75 years when they died (Figure 7). Over the last ten years no men died from breast cancer in Dudley<sup>13</sup>.

<sup>12</sup> <https://crukcanerintelligence.shinyapps.io/EarlyDiagnosis/>

<sup>13</sup> Office for National Statistics, mortality statistics - underlying cause, sex and age (<https://www.nomisweb.co.uk/>)





**Figure 7** Source: Office for National Statistics

## 5. Breast screening rates in Dudley

There are essentially two key indicators that measure the success of breast screening:

- Coverage.** This is defined as the proportion of women who are aged between 53 and 70 and eligible for screening, who have been screened at least once in the previous 36 months. Note that depending on when a woman's GP practice population is invited, she may be 50, 51 or 52 before she receives her first invitation, hence why the indicator starts at the age of 53. Also, until recently the indicator included people between the ages of 50 to 70, so historic data trends are not currently available beyond 2021-22.
- Uptake.** This is defined as the number of women aged between 50 to 70, who were invited for breast screening in the previous twelve months and who attended breast screening within six months of the invitation.

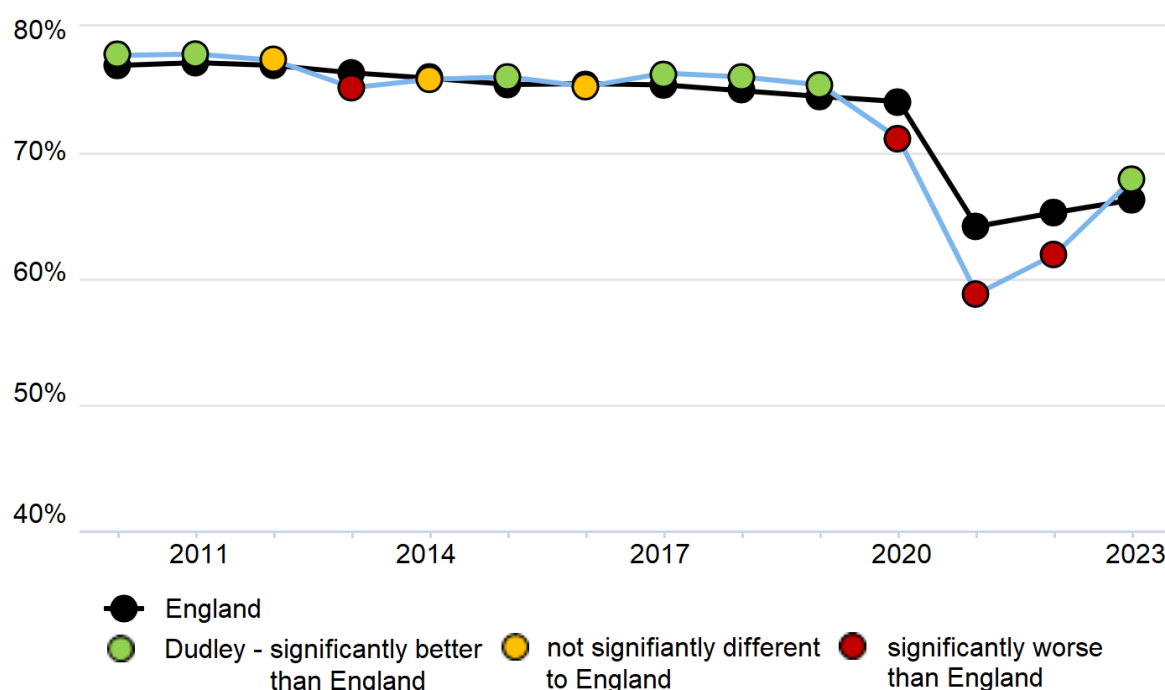
There may be minor differences in the precise figures provided for both metrics. They can include people in one of two ways, (i) all those living in Dudley irrespective of whether they have a Dudley-based GP, or (ii) all those who have a Dudley-based GP, irrespective of whether they are a Dudley resident or not. Breast screening uptake is generally calculated according to where the woman's GP practice is based. Both metrics are also available at primary care network (PCN) level and at GP practice level. Note too that local authority time periods may run from January through to December whereas NHS data periods often run from April through to March the following year.

For both indicators the national "acceptable" target is 70%, with an "aspirational" target of 80%, though very few places have exceeded this.



The COVID-19 pandemic had a significant effect on both screening coverage and uptake, at least during the first half of 2020 and many screening appointments had to be postponed. This created a temporary fall in both coverage and uptake (Figure 8), which the Breast Screening Service and other screening services have been striving to make up for subsequently. But at least in the short term, the impact in Dudley meant that a service that historically had tended to provide a higher coverage than the national average, fell sharply and to significantly lower than what the national figure fell during the pandemic period. By the end of 2022 across Dudley, 22,400 out of a total of 36,182 women aged between 53 and 70 had participated in breast screening during the previous three years, giving a coverage of 61.9% for that period. This has raised the profile of breast screening and led to it becoming a key priority of Dudley's Health and Wellbeing Board.

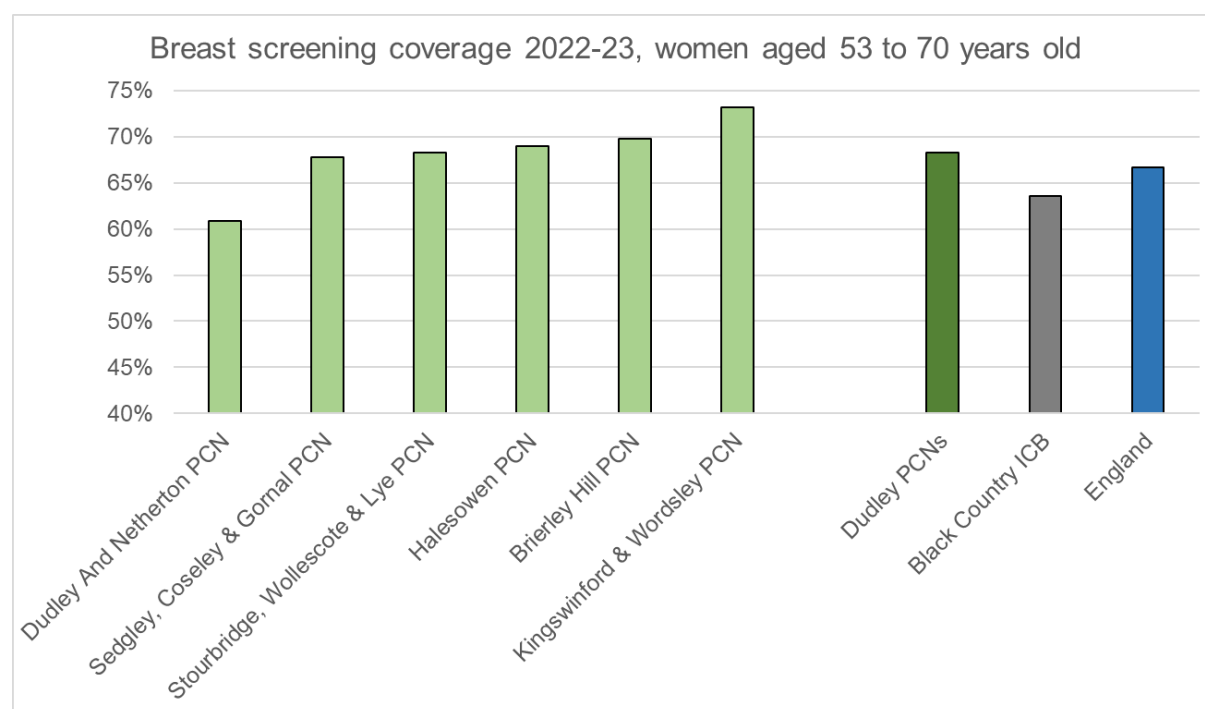
### Breast screening coverage (% women aged 53-70 screened in the previous three years) for Dudley and England, 2010 - 2023



**Figure 8** Source: Public Health Outcomes Framework (Dudley residents)

However, during 2023 the picture improved considerably, so that by the end of the year overall coverage of Dudley residents (67.9%) was significantly better than that of England (66.2%) though still yet to reach the 70% target. For the population registered with Dudley GPs, in aggregate, the coverage across Dudley's six PCNs (68.2%) now exceeds both that of the Black Country (63.6%) and the England coverage (66.6%) (Figure 9). Meanwhile uptake (women who have been screened within six months of receiving an invitation exceeded the Black County for Dudley as a whole, and three of Dudley's six PCNs exceeded the England uptake in 2022-23 (Figure 10). This improvement represents a significant achievement for Dudley's breast screening program.

A note of caution when analysing charts of uptake or coverage at PCN level is that because women in each GP practice are all invited over a short period of time and then must wait a further three years before the practice population is reinvited, in some years very few women in any given PCN will attend screening. Hence rates can vary considerably from year to year and if there is a significant fall in attendance during the period of invitations, data may not show complete recovery for up to three years.

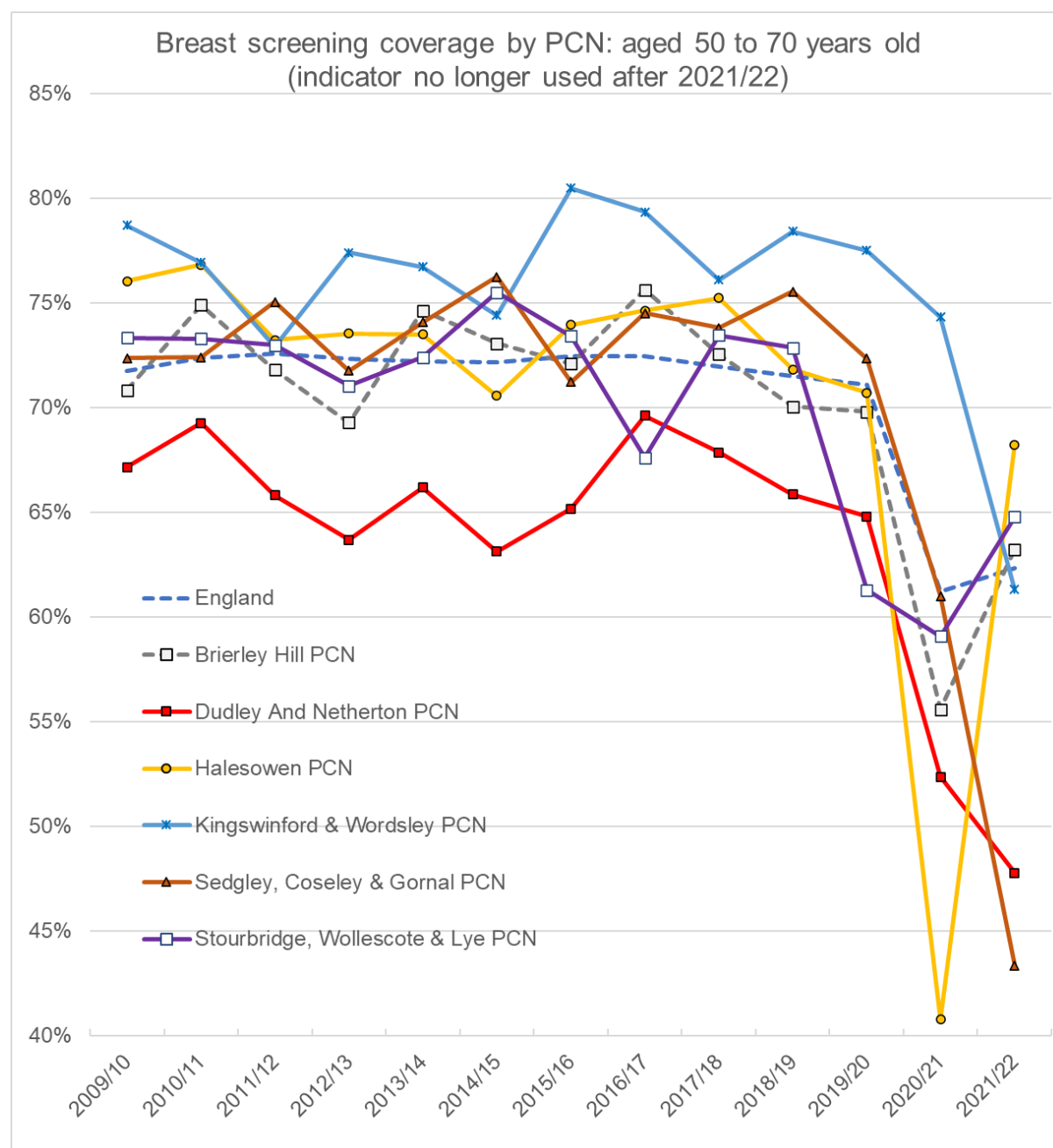


**Figure 9** Source: OHID public health profiles – cancer services (Dudley GP registrations)



**Figure 10** Source: OHID public health profiles – cancer services (Dudley GP registrations)

The coverage for one of the six PCNs, Dudley and Netherton, has consistently lagged several percentage points below the others (Figure 11). This PCN area also includes some of the most disadvantaged parts of the borough and hence it warranted a more in-depth analysis and local research to understand what some of the barriers to screening in this part of the borough could be.



**Figure 11** Source: OHID public health profiles – cancer services (Dudley GP registrations)

Of the eleven primary care practices in Dudley and Netherton PCN, three are scheduled to invite their registered and eligible women patients in the spring of 2024, and the remaining eight practice populations are due to invite their patients in late 2024 or early 2025. Consequently, any PCN-level changes in uptake and coverage will be gradual as the practice uptakes average out and significant improvements to published indicators may not become apparent for another two years. However, this provides an

excellent opportunity to pilot new and innovative approaches to improving uptake in the PCN during early 2024 with a view to rolling them out across the PCN later if successful.

## **6. Breast cancer screening literature search**

To improve our understanding of which interventions are most strongly evidence based and likely to be most effective at encouraging women to attend breast screening, particularly those from more disadvantaged groups, we undertook a review of the literature and evidence base with the assistance of DMBC Knowledge Services and UKHSA Library Services. Drawing mainly from research conducted in the UK and comparable high-income countries, we paid particular attention to studies that considered breast screening in the light of inequalities, socioeconomic deprivation and ethnicity.

### *Education and information*

- Across the articles explored, it was evident that provision of information leaflets had the ability to increase knowledge (benefits and harms) of breast cancer screening as well as elicit more positively explicit attitudes towards the service. However, there are likely to be disparities in engagement with information between ethnic groups, age profiles and whether they had a previously attended an appointment.
- Literature shared with the target audience must be factually correct and sensitive to people's perceptions, language needs and be culturally relevant.
- Education-based interventions in the community and healthcare settings can produce favourable outcomes in terms of the BCS uptake, knowledge, and beliefs among women.
- Education and information-based interventions need to be combined with additional healthcare support or incentives to have a positive impact on screening attendance.

### *Collaborative working with health care services*

- Collaborative healthcare approaches, the effectiveness of specific interventions like scheduling assistance, and the potential of nurse-led interventions may improve uptake.
- Increased interaction with primary care physicians was linked to improved screening mammography adherence.
- Patient navigation services and increasing diversity in the physician workforce are potential interventions to improve access to preventive care, particularly for underserved populations.

### *Group interventions in the community*

- Targeted group-based interventions with underserved and ethnic minority women in community settings can improve self-efficacy and increase health literacy; see more eligible women indicating an interest in or need for screening; increase attendance at subsequent screening appointments (even amongst participants who were under or never screened for cancer) were all cited as intervention results.

### *Reminders*

- A telephone reminder can improve on the number of women attending breast screening appointments. Reminders may positively impact on underserved communities, but the significance of this impact differs between ethnic groups.
- Postal reminders and text message reminders can also show some improvement on attendance.
- Target strategies to improve health inequalities amongst ethnic and socially deprived groups.

### *Social media*

- Social media may have a role to play in providing peer emotional support. Issues were highlighted around social media not always being managed by health professionals however, plus the importance of tailoring information to targeted populations.

## **7. Specific interventions and initiatives**

Dudley Council's health and wellbeing directorate is working with a wide range of internal and external stakeholders and partner organisations to plan, develop and deliver a number of interventions that seek to address barriers to attending breast screening across Dudley and particularly within Dudley and PCN. These include:

- Primary care interventions
- Breast Screening Service interventions
- Improving pathways for people with learning or physical disabilities
- Improving access to screening for carers
- Community engagement events
- Improving geographic access to breast screening
- Breast screening awareness campaigns

## **8. Primary care interventions**

General practices play a pivotal role in helping to raise awareness of screening and identifying people who do not take up screening. Evidence shows that by endorsing the value of screening, GPs can encourage people to attend who otherwise might not have done so.

Most practices in Dudley have a designated Cancer Champion, usually a member of the administrative team who has received specific training about cancer screening programs and who is able to support patients to be screened if they have queries or have missed a screening opportunity. The public health and wellbeing directorate at Dudley Council helped to initiate this training several years ago. This is now being led through the Black Country Integrated Care Board (BC ICB), supported by the Macmillan Cancer Facilitator. Several PCNs also have a cancer care coordinator to help them address systematic barriers and plan and coordinate interventions aimed at improving screening uptake.

It is imperative that breast screening data is recorded accurately within each practice. This enables practices to identify every registered patient who is eligible for breast

screening, including those with learning disability, mental health service users, homebound patients, and those who have not attended clinics, not responded to invitations or did not meet screening criteria during the previous cycle. Subject to data sharing agreements, this information may be shared with the Breast Screening Service to ensure that where appropriate women can receive the right kind of support and information, such as timed appointments, easy read invitation letters and leaflets or referral to a specialist service.

It is recognised that there are inconsistencies in coding patient screening data onto the primary care health information system (EMIS Web) for a number of reasons, including staff turnover, uncertainty about which codes should be used when there are many options, or failure to recognise the significance of certain codes (such as whether a patient has specific additional needs). This is in the process of being standardised by the NHS at a higher level for breast screening.

To help address this issue, the Cancer Care Coordinator at Brierley Hill PCN has also been writing a protocol for general practices to use which explains why this is important for practices, and which codes to use. It provides sample text messages and letters that can be used by Cancer Champions or other practice staff before and during the six-month period around the time the practice is inviting women to raise awareness and encourage patients to attend screening. This initiative is currently being piloted at the Three Villages Medical Practice in Brierley Hill PCN, with a view to wider rollout once it has been thoroughly tested in operation.

## **9. Breast Screening Service interventions**

Around six weeks before a practice is due to invite its population for their three-yearly screening, the inequalities lead from the Dudley and Wolverhampton and South Staffordshire Breast Screening Service will visit the practice to remind staff what is expected of them in coming weeks. National and local marketing materials may be supplied by the service, and support is available to ensure practices correctly identify and contact the eligible population.

As well as working closely with general practices ahead of sending out invitations, the Breast Screening Service has been piloting an initiative to encourage women that have not attended their previous appointment. The intervention includes sending these women a personalised endorsement letter from their GP that informs them about the benefits of attending screening and encourages them to attend when they receive their invitation letter. Evaluation will inform how this intervention might be taken forward in Dudley.

Some people whose first language is not English find there is a lack of information in an appropriate format and language that could empower them to make an informed decision about screening. The Breast Screening Service worked in partnership with stakeholders across the Black Country ICS and the community to produce breast screening awareness information videos in English, Arabic, Hindi, Polish, Romanian and Urdu, which are amongst the languages most widely spoken across the Black Country. The videos have been shared on a number of platforms including the ICB website, the Healthwave app and through the community channels. Further work is being planned to produce videos in these languages for the bowel and cervical

screening programme. A new video is expected to be made during March 2024 featuring women from the “Black Breasts Matter” project demonstrating the mobile breast screening van.

#### **10. Improving experience of screening for people with learning disabilities**

People with learning disabilities can experience inequalities when accessing mainstream services. The Promoting Access to Main Stream Health Services (PAMHS) learning disabilities team at the Black Country Health Care NHS Foundation Trust has established a screening project group which includes representation from Kingswinford Medical Practice, Dudley Integrated Health and Care NHS Trust, BC ICB and the Breast Screening Service Inequalities Lead. The purpose is to review screening pathways for people with learning disability and ensure that they receive person-centred care that meets their individual needs when they access breast screening.

Key to success is enabling primary care practices firstly, to identify their registered patients who have a learning disability who are eligible for breast screening, and secondly, to inform the Breast Screening Service so that reasonable adjustments can be put in place that would enable them to attend. This can be achieved by carrying out an assessment to determine if a Capacity / Best Interest documentation and reasonable adjustments are required and ensure that referrals for specialist support are made in a timely manner. The revised pathway is being trialled in Kingswinford Medical Practice with a view to refining the pathway and rolling it out more widely across the four local authority areas within the Black Country ICB.

#### **11. Carers**

Women who are paid or informal carers are in another vulnerable group of people who can find it difficult to attend breast screening appointments. If someone who is a carer informs their GP practice, a “flag” may be placed on their records to indicate this, and around 8% of women eligible for screening in the first two practices where this flag has been searched for are listed as carers.

As there is no systematic route either for adding or removing the flag, GP records may not a particularly accurate means of identifying carers, but the numbers so far appear to be in line with expectations. Further work is ongoing to see how this information may be used, for instance when planning events about screening and health for carers.

#### **12. Community Engagement Activity**

Over the past year several community awareness-raising events have been held across Dudley to raise awareness of health and wellbeing in places where people are likely to congregate and be able to build trusting relationships. At some of these events breast screening awareness has been promoted by officers from Dudley Council Public Health and from the Breast Screening Service. Examples include:



- *Dudley College Awareness Event 23<sup>rd</sup> May 2023*  
BC ICB cancer team in partnership with the Breast Screening Service attended Dudley College event to raise awareness of Breast Health and other screening programs. They engaged with a number of students who wanted information about how to be breast aware and were motivated to cascade this information to other women in their community. Work is ongoing with the college and further health and wellbeing awareness events are anticipated.
- *Women's Health Event 11<sup>th</sup> June 2023, Ghausia Community Centre, Lye*  
This very successful community event with over 100 women attending was particularly intended for women from minority communities and included promotion of breast cancer along with other cancer screening programs and promotion of cardiovascular health.
- *African Caribbean Health and Awareness Event, 30<sup>th</sup> September 2023*  
Dudley Integrated Health and Care NHS Trust worked with partners including the High Oak Youth and Community Centre, the Dudley Caribbean Friends Association Reconnect Befriending Service, Change, Grow, Live and local diabetes ambassador Tony Kelly, to codesign and deliver a celebratory event heralding the start of Black History Month. The event at the Dudley African Caribbean Community Centre focussed on taking health advice and support out into the community, working with an under-served population.

Health checks for blood pressure, kidneys, cholesterol and diabetes were available on the day through the Healthy Hearts Hub, Solutions4Health and the pharmacy team with University of Birmingham pharmacy students. Volunteers and NHS partners brought along information on a range of topics including Dudley Talking Therapies for Anxiety and Depression, Black Breasts Matter, Breast Screening, White House Cancer Support, Macmillan, Atlantic Recovery Centre, Thrive Into Work, Community Inclusion Team, Diabetes UK and Prostate Cancer UK. A number of fun activities including face painting, arts and crafts, a smoothie bike, masked theatre, music and dominoes were used to engage with the audience. Over 120 people of all ages attended the event and overwhelming feedback was that such events should be held more regularly.

- *Breast Cancer Awareness Month, October 2023*  
Breast Cancer awareness month is an ideal opportunity to amplify awareness messages. To coincide with the month a number of awareness events were organised across the borough, including a breast cancer awareness event at The Faithful Coffee Lounge, Albion Street, Brierley Hill. This helped to raise awareness of screening and breast health; the importance of being breast aware, and knowing to report any unusual changes to a doctor. The breast awareness model proved effective at engaging with women and helping to dispel cultural barriers and myths in a relaxed ambience.
- *Don't leave your health on the shelf, November 2023*  
A pop-up health and wellbeing shop was set up for a week in the Churchill shopping precinct in central Dudley and included promotion of breast screening and other cancer screening programmes.

- *Breast screening awareness bus tour, central Dudley 29th February 2024*  
A breast screening awareness bus is visiting Dudley centre, which coincides with the area we are focussing a forthcoming campaign on, in late February 2024.

### **13. Community screening champions**

White House Cancer Support have secured funding to work with African Caribbean communities to develop a community champion programme. This program aims to recruit and train people to become advocates and raise awareness of cancer screening within their communities. This initiative is a twelve month pilot, with the possibility of developing it further in other areas if successful, subject to funding.

### **14. Improving accessibility of the mobile breast screening unit**

As noted earlier, Dudley and Netherton is both the PCN with the greatest level of socioeconomic deprivation in Dudley and has the lowest screening uptake. Three practices in the PCN, Keelinge House, St James 1 and Central Clinic, are due to be invited in early 2024 with the remaining eight practices not due for invitation until late 2024 or early 2025. These three practices are therefore a particular focus of attention as the key to improving overall screening rates in Dudley is to narrow the inequality gap and improve coverage in this area in particular.

Research carried out in Dudley with PCN practice managers and women who have not attended previous screening appointments has identified travel distance and accessibility as a barrier, especially for those with limited access to a car. Childcare is another factor, and women have cited not having time to go by themselves to Brierley Hill for screening if they are looking after children or grandchildren, though they felt a central Dudley venue would be easier to reach.

To address this geographical barrier, the Dudley Council healthcare public health team and community development workers have worked closely with the Breast Screening Service and other stakeholders to identify potentially suitable locations within central Dudley that are capable of hosting the mobile unit, thus helping to overcoming some of the accessibility issues faced by these women. The Dudley Council public car park in Stafford Street has been identified as meeting Breast Screening Service criteria for mobile unit locations. Plans are well advanced to relocate the mobile unit to Stafford Street on a pilot basis to enable patients to attend in approximately April 2024 if they are registered at one of these three practices in central Dudley. This intervention will subsequently be evaluated to determine if it has helped to increase the screening uptake in these three practices before making further plans for the remaining eight practices in the PCN later in the screening round.

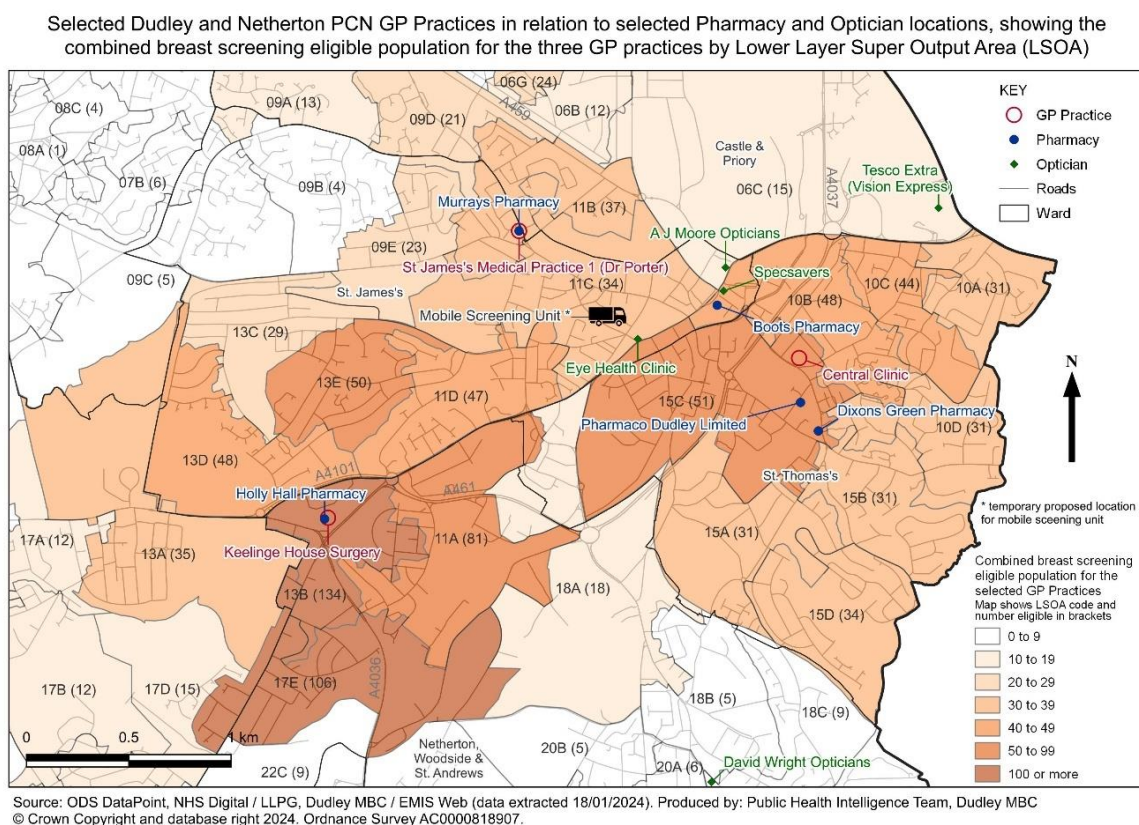
### **15. Breast screening awareness campaign**

The area in which the majority of women live, who are registered at the three practices and eligible for screening in the spring of 2024 in the three practices in Dudley and Netherton PCN being screened shortly, has been mapped (Figure 12). This map includes the numbers of women in different locations to help define where most of the

women being invited currently live. Nearby pharmacies, optometrists, beauty salons and hairdressers were identified through Google Streetview and local knowledge.

A localised awareness campaign has been developed through close partnership working between Dudley Council, the Breast Screening Service, Local Pharmacy Committee (LPC) and the Local Optical Committee (LOC). The key message of the campaign is that their breast screening is due and that the mobile unit is now in their area. This represents a call to action following receipt of a screening invitation.

The campaign message will be delivered through five pharmacies and five optical practices closest to the three primary care practices, which are expected to be the most likely used by people registered at these practices. Pharmacies will use campaign branded bags when dispensing medicines, and display health promotion materials in their Health Zone area to encourage conversations with customers.



**Figure 12** Map of the area around central Dudley towards Holly Hall, where an awareness-raising campaign is being prepared for launch in the spring of 2024

The campaign has been developed through meticulous community engagement. Four very different creative designs were produced by Dudley Council's communications (CAPA) team and were tested with the target audience of women aged 50-71 who live in the Dudley and Netherton PCN catchment area. The Care Coordinator for Dudley and Netherton PCN sent a short questionnaire to 377 women from a variety of ethnic backgrounds from 10 practices across the PCN asking them their preferred design and why. 107 women responded to the questionnaire, and a large majority favoured

one particular design (Figure 13). This design has been selected for the campaign branding and will feature on dispensing bags and posters.

The campaign message will be delivered through various communication channels, including GP practices, Facebook advertising, posters in local Asian supermarkets, Dudley Library, Duncan Edwards Leisure Centre, faith settings, beauty salons, hairdressers, local schools and Family Hubs. In addition, a community engagement group has been established which includes partners from community and voluntary organisations to identify community and events at which the target audience can be reached.

Following the campaign, a robust evaluation framework is being planned to assess the effectiveness of the campaign alongside the impact of moving the mobile unit closer to where the local population lives. If successful it is anticipated that similar interventions will be undertaken when the remaining practices in Dudley and Netherton PCN are invited to attend screening from late 2024 and into 2025.



**Figure 13** The campaign design preferred by women in Dudley and Netherton

## 16. Conclusions

Breast screening is organised in a relatively unusual way for NHS screening programmes. Although sensitisation can and probably should be taking place throughout the cycle, in reality there is a short period once every three years during which interventions to improve uptake have an opportunity to be implemented, especially in areas that historically are found to have a low uptake.

In the first year of the Health and Wellbeing Board strategy we have detailed how careful epidemiological analysis and on the ground research has identified particular locations within Dudley to prioritise interventions for improving uptake of screening. In the first few months of 2024 certain interventions, especially relating to accessibility and awareness of the mobile screening unit, are being piloted with a view to repeating them when other practices in the area are due to send invitations later in the screening round (2025). Breast screening coverage in Dudley appears to be improving since the difficulties of COVID, but we will continue to monitor this.

A further benefit of trialling these approaches to breast screening is the capacity building of primary care teams, particularly cancer screening champions in most practices and cancer care co-ordinators in primary care networks, who will be able to apply the lessons learnt to improve the uptake of other NHS screening programs.

### **17. Request to HWB**

Dudley Health and Wellbeing Board is asked to note the content of this Deep Dive and progress against activities in the breast screening action plan. The ongoing support of partners to meet the objective of increasing breast screening across the borough, and particularly in areas and populations with greatest need, is appreciated.