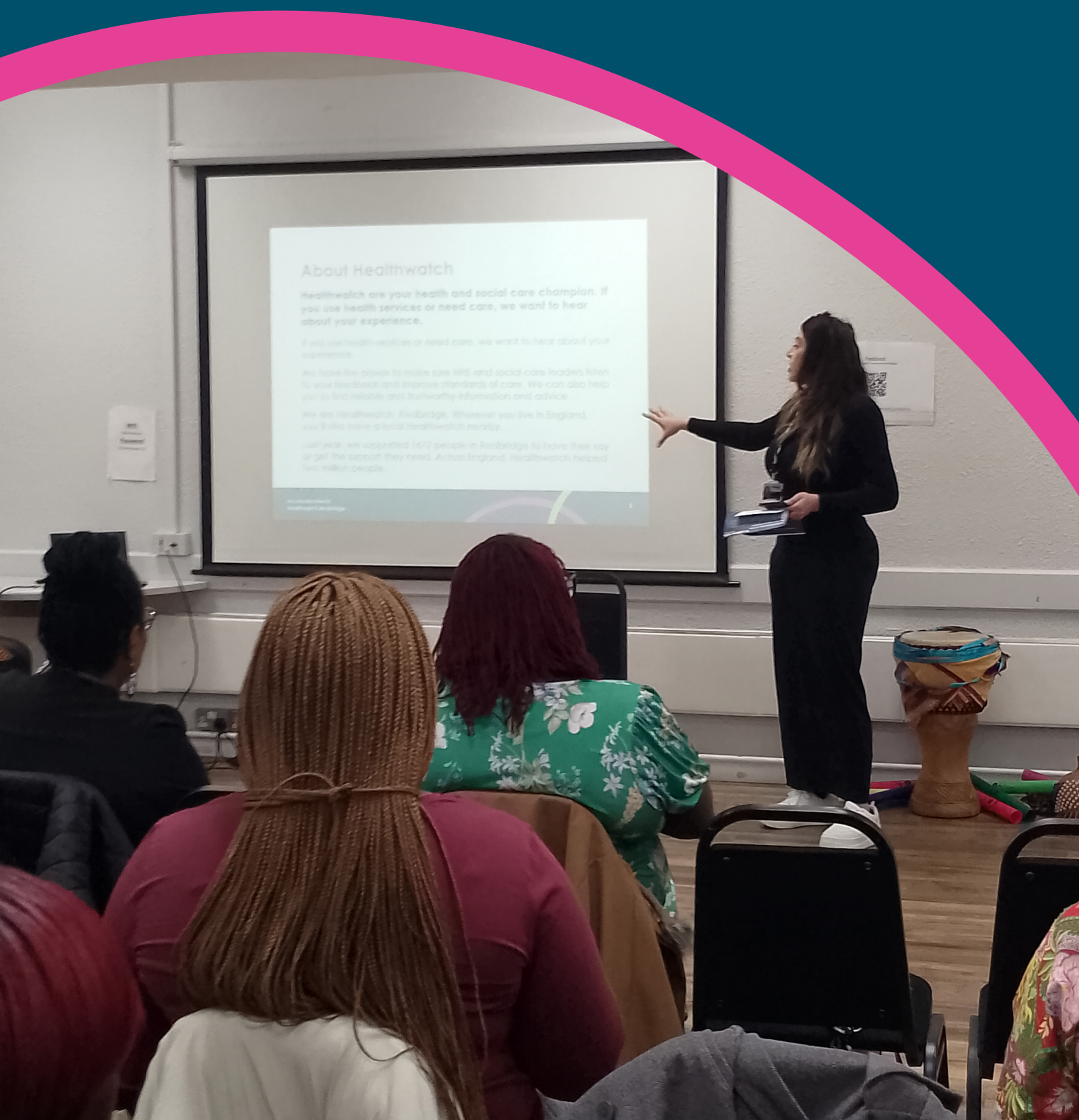
healthwatch Redbridge

Women's Health: Breast Screening Report

November 2025



About the Healthwatch Redbridge Women's Health Project

The Healthwatch Redbridge (HWR) Women's Health Project was established in 2024, to engage with and hear from all women about their experience and understanding of women's health provision in Redbridge and use these insights to influence and affect change.

The research project has been designed in 3 phases over 2024 – 2025:

- Phase 1: Cervical Screening
- Phase 2: Breast Screening
- Phase 3: Perimenopause and Menopause

Our first report focused on cervical screening[1] and was published in August 2025.

This report responds to the issues women told us about accessing breast screening in Redbridge.

We will publish our final report on menopause and perimenopause in Winter 2025.

This will be followed by an influencing event for all stakeholders and partner organisations in 2026.

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1 Healthwatch Redbridge. (2025). *Women's Health: Cervical Screening Report* https://www.healthwatchredbridge.co.uk/report/2025-08-05/womens-health-cervical-screening-report

Foreword

Breast cancer remains a major health concern for women in the UK. In Redbridge, we are proud to report that breast screening uptake has consistently exceeded the London average. In 2023–24, Redbridge was one of only a handful of London boroughs to meet the national acceptable coverage level of 70%. This is a significant achievement, especially given that London overall had the lowest regional uptake in England, at just 62%.

This strong performance provides a positive foundation for future strategic planning. However, our research - part of Healthwatch Redbridge's Women's Health Project - reveals that challenges persist, particularly for women from diverse and often marginalised communities, including those with disabilities, carers, and ethnic minorities.

Their stories highlight barriers such as inaccessible facilities, unclear communication, and inflexible service delivery. And whilst we acknowledge age eligibility for breast screening is set nationally - currently inviting women aged 50 to 71 every three years - it is important to consider how this impacts local populations.

Some Redbridge women expressed confusion or concern about age-related eligibility, particularly those approaching or just below the threshold. This suggests a need for clearer communication and support around national criteria, even in areas with high uptake.

We must move beyond a 'one-size-fits-all approach'. Screening services should be flexible, empathetic, and designed around individual needs. This includes better data recording, simplified materials, and improved staff training.

We thank the women who shared their experiences and the community organisations that supported this work. Their voices are the foundation of this report- and a call to action.

Together, we can build a breast screening service that is accessible, compassionate, and responsive to every woman in Redbridge and beyond.

- Cathy Turland, Chief Executive Officer, Healthwatch Redbridge

Acknowledgements

Healthwatch Redbridge (HWR) extends heartfelt thanks to all the women who generously shared their personal experiences of breast screening. We deeply appreciate their time and commitment to this important agenda, and their trust in us. Their voices were crucial for this report, helping us to uncover additional findings. We are also grateful to the community organisations that provided welcoming and supportive spaces for our engagement sessions, and assisted in the recruitment of participants and interviewees:

- Black Women's Kindness Initiative
- Albert Road Mosque
- One Place East
- VHP Hindu Centre
- Loxford Polyclinic
- Adanna Women's Group
- Redbridge Carers Support Services
- Ilford Community Kitchens

HWR also appreciates the dedicated volunteers who supported engagement efforts throughout the project. Finally, we would like to thank Public Health, Breast Cancer Now, North East London Cancer Alliance and Healthwatch England for their assistance.

Contents

Executive Summary

In phase two of the Women's Health Project Healthwatch Redbridge carried out engagement with local women from diverse ethnic communities, women with learning disabilities or autism, wheelchair users, visually impaired, and women with caring responsibilities.

Through community outreach, interviews, and partnership work with local organisations, Healthwatch Redbridge gathered rich insights that reflected not just the data, but the personal stories and experiences of women.

Fifty women were interviewed and indicated that, despite their desire to attend screenings and prioritise their health, the system often fails to meet their emotional, cultural, or practical needs.

Although this report focuses on local service delivery in Redbridge, several findings have highlighted systemic issues that extend beyond the borough. In response, we have included national-level recommendations to address these concerns, which we will raise with Healthwatch England to understand if these concerns require further investigation.

Report Findings

Patient experience: Wheelchair users (80%) and Black British Caribbean women (70%) found screening uncomfortable or painful. Learning-disabled participants (75%) described their screening as stressful, nervous, or uncomfortable. Bengali women (25%) reported rushed appointments or past misdiagnoses.

Translated information: Bengali and Indian women (66.7%) expressed a need for simplified, translated materials to support their understanding of breast screening. Bengali women preferred leaflets in their own language, citing reliance on family members for translation as a barrier. Indian women found translated invites too formal or technical, creating confusion.

Health literacy: Indian (60%) and Bengali (55.6%) women had never discussed breast screening with family or friends. Confidence in self-examination was low among (44.4%) of carers and Bengali women. Bengali participants (50%) stressed the need for breast screening education across all genders and ethnic groups, while (22.2%) cited cultural barriers, such as stigma, family control, and reliance on in-laws as obstacles to access.

Provision of information: Wheelchair users (60%) and learning-disabled women (43%) said they had not received screening invites or had their needs recorded. Disabled women (37.5%) and carers (33.3%) found invitation language unclear and complex, while (28.6%) of learning-disabled participants struggled with medical terminology like "fibrous tissue" and other unexplained clinical terms.

Accessibility issues: Black British Caribbean women faced transport and distance barriers, with 75% affected, while 60% of wheelchair users reported major accessibility issues like non-accessible mobile units or being asked to stand during screening.

Appointment flexibility and delays : Indian women (55.5%) reported challenges in scheduling, while 40% of wheelchair users cited difficulties due to unsuitable venues and transport. Bengali women (37.5%) raised concerns about location choice and the ability to reschedule. Delays in referral for mammograms after discovering a lump were reported by 20% of Black British Caribbean women, 11.1% of Bengali women, and 18.8% of Indian women.

Age eligibility: Lowering the minimum age was backed by Indian, disabled, and Black British Caribbean women, with 90% in favour, along with 83.3% of Bengali participants. Removing the upper age limit was also advocated by 66.7% of carers and 60% of disabled women, reflecting a strong preference for access based on individual risk rather than fixed age thresholds.

Support & emotional well-being: Bengali participants (22.2%), felt the environment was overly clinical and lacking warmth. Meanwhile, 20% of Black British Caribbean women described staff attitudes as dismissive, which impacted their sense of comfort and trust in the service.

Improve Data Recording: GP practices and screening services should keep better records of women's support needs, such as preferred language, learning disability, or access requirements.

Recommendations

The following recommendations are informed by the lived experiences of women across Redbridge and reflect both local service delivery challenges and broader systemic issues. They are divided into local and national-level actions to guide targeted improvements in breast screening access, communication, and care.

Locally, our recommendations focus on enhancing service delivery, improving accessibility, strengthening communication, and embedding trauma-informed, culturally sensitive practices. These are intended to be implemented collaboratively by local healthcare providers, community organisations, and public health teams.

At the national level, our recommendations address policy and structural changes, such as age eligibility criteria and inclusive public health messaging that require action from NHS England, national screening programmes, and government bodies.

Together, these recommendations aim to create a more equitable, responsive, and person-centred breast screening service that meets the diverse needs of women in Redbridge and beyond.

National-Level Recommendations

- Raise awareness of male breast cancer through inclusive public health campaigns and educational materials.
- Review age eligibility criteria to allow earlier access for women and easier opt-in for women over 71.

Recommendations

Local Recommendations

Improving Access and Service Delivery for Breast screening

- Ensure mobile and clinic-based breast screening services are fully accessible for wheelchair users and women with mobility limitations. This includes adjustable equipment, spacious layout, and assistance from trained staff.
- Simplify and clarify appointment booking systems, with flexible options for rescheduling and location choice.
- Extended appointment durations for women with additional needs to reduce discomfort and anxiety.

Information, Awareness, and Communication

- Ensure all invitation letters and breast screening leaflets are available in simplified community languages and accessible formats.
- Avoid medical jargon, ensure all written materials, and verbal communication use plain English. Consider creating visual aids or videos to explain the screening process step-by-step and provide better clarity around chaperones assisting individuals with additional needs.
- Work with local schools, colleges, and community groups to raise awareness about breast health to all genders and reach out to women who have not attended screening or have missed appointments alongside co-designing outreach strategies to ensure cultural relevance.

Creating a Supportive and Inclusive Environment

- Train staff in trauma-informed, empathetic, and culturally sensitive care, providing support for women with past trauma, cultural concerns, learning disabilities, or anxiety & discomfort during screening.
- Offer gender-sensitive care, including the option to be screened by female practitioners.
- Improve communication around screening results and provide emotional support and follow-up options.

Improve Data Recording

- GP practices and screening services should keep better records of women's support needs, such as preferred language, learning disability, or access requirements.

Introduction

Breast cancer continues to impact thousands across the UK; it is currently the most diagnosed cancer nationwide. According to Breast Cancer Now, a woman is diagnosed every 10 minutes, and unless improvements are made, that rate could rise to one every 8 minutes by 2040. Men are affected too, with one man diagnosed every day[2].

Even though breast screening services are free through the NHS, uptake has dropped to worrying lows in recent years. Breast Cancer Now highlighted communities such as ethnic minorities, disabled individuals, those without stable housing, and people within the LGBTQ+ community face persistent barriers that prevent them from accessing these potentially lifesaving services[3]. These inequalities are not new, but the COVID-19 pandemic made them even more visible. According to NHS Digital, breast screening attendance dropped by 44% in 2020–2021, and 7,000 fewer cancers were detected compared to the previous year[4]. Disruptions to healthcare services hit hardest for those already at risk of delayed diagnosis.

Improving outcomes is not about getting more people through the door, it is about making sure the door is open to everyone. That means meeting people where they are: culturally, physically, and socially. Screening services must be redesigned to reflect the diversity of those they serve. As Breast Cancer Now and other advocates have emphasised, breast screening should be inclusive not just in theory, but in practice.

Redbridge is performing well compared to the London average across several key indicators. This is a strength we acknowledge with pride. However, we must remain ambitious, our goal is not only to meet the national average but to exceed it, ensuring that every woman in Redbridge receives timely, culturally competent, and equitable care.

Research aims

Given the demography of Redbridge, HWR set out to better understand the local context and experience by engaging with women from marginalised or underrepresented backgrounds. The project research aims were to:

- Examine how social, cultural, and personal factors influence attitudes towards breast screening
- Generate insights and recommendations that are rooted in lived experience and tailored to the needs of Redbridge residents
- Identify how systemic issues might create or remove barriers to participation

Through interviews, focus groups, and community outreach, phase two of the Women's Health project offers a grounded, meaningful contribution to understanding and improving breast screening engagement at the local borough level.

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2 Breast Cancer Now. (2024). *Breast Cancer in the UK 2024: A compendium.* https://breastcancernow.org/media-assets/r4tfdgth/breast-cancer-in-the-uk-2024.pdf

3 Breast Cancer Now. (2024). *Delivering a fair and equal breast screening programme.* https://breastcancernow.org/about-us/campaign-news/delivering-a-fair-and-equal-breast-screening-programme

4 NHS Digital. (2023). *NHS Breast Screening Programme, England 2021-22.* https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2021-22

Redbridge in Context

Breast screening is provided every three years to individuals aged 50 to 71 who are registered with their GP as female. Redbridge has achieved notable results in this area, currently reporting an uptake rate of **58.9%**, the third highest in North East London (NEL). This figure exceeds the London regional average of **55.8%**, indicating effective local engagement and service implementation.

Despite this accomplishment, there remains room for improvement; the national average is **66.2%**[5], suggesting that Redbridge is well-positioned to further increase participation rates. By leveraging its existing strengths, Redbridge can lead the development of targeted and culturally competent outreach programmes, particularly in communities where screening uptake is lower. Through sustained investment and ongoing innovation, Redbridge can work towards meeting the national benchmark and establishing best practices for inclusive and accessible breast screening services.

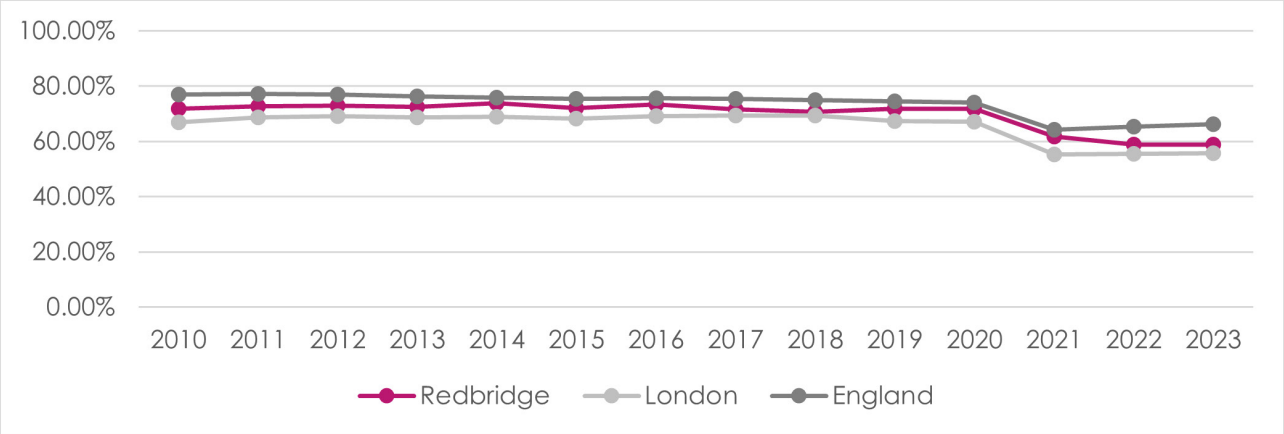
Table 1: Local, regional, and national proportion of eligible population receiving screening[6]

	Redbridge Coverage	London Coverage	England Coverage
Breast			
50-71 years old	58.9%	55.8%	66.2%

Between 2010 and 2020 rates of uptake remained steady at a national, regional, and local level. However there has been a substantial drop in uptake across the country since the pandemic that has not recovered **(Figure 1)**. Fortunately, over the past 20 years breast cancer mortality rates have been falling across the country with this trend repeated in Redbridge where mortality has dropped from **48.7 per 100,000 in 2001-03** to **29.6 per 100,000 in 2020-22**. The rates in Redbridge are similar to the London **(30.7 per 100,000)** and England **(31.3 per 100,000)** rates[7].

5 Joint Strategic Needs Assessment, Redbridge. (2024). https://www.redbridge.gov.uk/media/bpgnb4pv/jsna-2024.pdf
6 Joint Strategic Needs Assessment, Redbridge. (2024). https://www.redbridge.gov.uk/media/bpgnb4pv/jsna-2024.pdf
7 Joint Strategic Needs Assessment, Redbridge. (2024). https://www.redbridge.gov.uk/media/bpgnb4pv/jsna-2024.pdf

Figure 1: *Trends in Breast Cancer screening uptake, Redbridge, London, and England 2010 – 2023.* ***There was a substantial drop in breast cancer screening uptake during the pandemic that has not recovered in recent years[8].***



Redbridge offers a comprehensive range of local breast cancer services through key providers such as King George Hospital in Ilford and Queen's Hospital in Romford. King George Hospital delivers acute and planned care including one-stop breast clinics, imaging (mammograms, ultrasounds, MRIs), biopsies, and oncology treatments like chemotherapy and radiotherapy.

8 Joint Strategic Needs Assessment, Redbridge. (2024). https://www.redbridge.gov.uk/media/bpgnb4pv/jsna-2024.pdf

Queen's Hospital supports Redbridge residents with a Rapid Diagnostic Centre (RDC) that offers a streamlined referral route designed to speed up the diagnosis process for individuals showing unclear or concerning symptoms that may point to cancer. If a GP believes further investigation is needed, they can refer the patient to the RDC, where a specialist hospital team will carry out assessments. This approach helps identify potential issues early on, ensuring that any necessary treatment can begin promptly and efficiently. BHRUT also provides several other services detailed below:

- EMPOWER event offers guidance and information to help patients navigate the initial stages following a cancer diagnosis.
- HOPE (Help Overcoming Problems Effectively) course, a six-week programme focused on building resilience and rediscovering personal strengths.
- HOPE (Time and Space) workshop is available for family members and friends, offering a safe space to discuss the emotional impact of supporting a loved one with cancer.
- Look Good Feel Better (LGFB) pampering sessions, where trained beauty consultants guide participants through a ten-step skincare and makeup routine in a relaxed, group setting. These sessions aim to boost confidence and provide emotional support.
- Macmillan workshops include activities such as relaxation and visualisation techniques, art therapy, and creative writing.
- BHRUT offers a complementary therapy service that includes reflexology, aromatherapy, Indian head massage, and light massage.
- BHRUT provides access to a psychological support service, offering individual counselling sessions. Referrals to this service can be made through a healthcare professional[9].

Following the substantial decline in breast screening uptake during the pandemic, the London Borough of Redbridge (LBR) and partners opened a new mobile screening site in Ilford in January 2024. This was identified as a key priority as there was no local screening location leading to significant journey times for Redbridge residents[10].

Charitable services are also available to Redbridge residents - Sue's House Ilford Cancer and Holistic Help Centre has been a cornerstone of support since 1984, offering counselling, complementary therapies, nutritional advice, and relaxation techniques to patients, ex-patients, and families. The services are free and designed to complement medical treatment, helping individuals take ownership of their health journey[11].

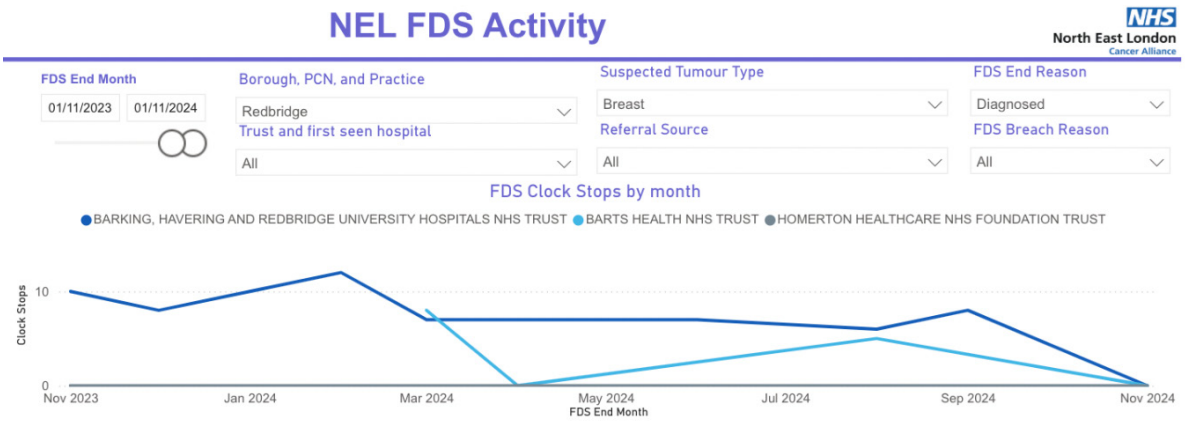
9 Barking, Havering and Redbridge University Hospitals. *All about our cancer services.* https://www.bhrhospitals.nhs.uk/cancer-services/

10 Joint Strategic Needs Assessment, Redbridge. (2024). https://www.redbridge.gov.uk/media/bpgnb4pv/jsna-2024.pdf

11 Sue's House. http://sueshousecharity.org/

North East London (NEL) Cancer Alliance Data – 2023-2024

Incidence and Prevalence in Redbridge and NEL - The graph below illustrates the number of diagnosed breast cancer cases in North East London, broken down by month from 2023-2024[12]. BHRUT (Barking, Havering and Redbridge University Hospitals NHS Trust) consistently recorded the highest activity and shows a peak in early 2024. The new screening centre in Ilford, opened in January 2024, could explain the rise in early 2024 diagnoses, especially February's peak.



Suspected Tumour Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Total
Breast	20	19	15	26	24	10	13	15	11	26	20	15	0	214
Total	**20**	**19**	**15**	**26**	**24**	**10**	**13**	**15**	**11**	**26**	**20**	**15**	**0**	**214**

Age Distribution in Redbridge and NEL - Cancer Alliance data reported on symptomatic breast cancer cases detailing that the highest incidence is concentrated in women aged 54 to 65 across both Redbridge and the wider NEL region. The 45–49 and 65–69 groups also showed significant numbers but slightly lower than the 50–64 peak. Women under 40 and those above 80 had very few cases[13].

Geographical Disparities across Boroughs - Symptomatic breast cancer diagnoses across several boroughs in North East London from January 2023 to September 2023 highlighted that Redbridge recorded a spike in August (22 cases) and September (20 cases), with lower numbers earlier in the year[14].

Screening Uptake Trends - Havering consistently achieved the highest screening uptake in NEL, maintaining rates above 74% throughout the period. Redbridge demonstrated steady engagement, with screening uptake fluctuating between 62% and 64% - notably higher than the London regional average of 55.8%, though still below the national benchmark of 66.2%. City of London, Hackney and Newham continued to report the lowest uptake rates, frequently remaining below 55%.

The NEL Cancer Alliance also stated that data related to individuals with learning disabilities may not be reliable or recommended for use in official reporting[15], as it relies heavily on GP-recorded inputs via the Clinical Effectiveness Group (CEG) dashboard - a display that aggregates data from primary care records in North East London to monitor progress against local and national programmes.

12 Cancer Alliance. Internal dashboard data 2023-2024
13 Cancer Alliance. Internal dashboard data 2023-2024
14 Cancer Alliance. Internal dashboard data 2023-2024
15 Cancer Alliance. Internal dashboard data 2023-2024

Methodology

In October 2024, HWR launched outreach sessions at various organisations (see acknowledgments, page 2) across Redbridge. HWR visited numerous community hubs to deliver comprehensive presentations on the importance of breast screenings, detailing the procedure and addressing any concerns attendees might have.

During these sessions, HWR also collected expressions of interest forms from individuals interested in participating in confidential interviews to share their personal screening experiences. Additionally, HWR recruited many participants through outreach and engagement events held throughout the year.

The participants who took part in this project included:

- Women who are carers
- Bengali women
- Indian women
- Black British Caribbean women
- Women who are wheelchair users
- Women with learning disabilities/autistic women
- Visually impaired women

HWR conducted in-depth interviews from November to December 2024, informing respondents that their data would be shared locally and with Healthwatch England to advocate for national-level changes. 50 interviews were completed for this research. In focusing on in-depth interviews the research sought to understand barriers to breast screening from the perspective of local women.

Healthwatch Redbridge also recruited volunteers from global communities that spoke a variety of languages to assist participants where English was not their first language. HWR collaborated with local trusted community hubs and places of worship to increase knowledge about the screening process.

Findings

Throughout the interviews conducted with women from diverse backgrounds, distinct yet interconnected experiences emerged, surrounding breast screening services.

Theme 1: Experiences of marginalised women in accessing screening

Patient Experience – Nearly two-thirds of Indian women (62.5%) and one-third of carers reported positive experiences with breast screening. Black British Caribbean women shared mixed views, with less than a third (30%) describing supportive interactions with healthcare staff, while a significant majority (70%) found the screening process physically painful or uncomfortable.

> "And I just remember it being quite painful... really hard, the clamp they inserted in me was really hard." **- Black British Caribbean participant**

> "...so, you don't feel that it was really a process that was quite supported. There's nobody there to help you." **- Carer participant**

Many wheelchair users (80%) found breast screening uncomfortable or painful, while a majority (60%) experienced physical access issues. These included cramped mobile units or being asked to stand during procedures, which created significant barriers to a safe and dignified experience

> "I nearly passed out because I could only just about stand at the time. And you must stand right. They just do not seem to have the understanding that some women cannot stand up properly for extended periods of time. I would not go for one now anyway" **- Wheelchair user**

Three quarters (75%) of learning-disabled participants described their screening as stressful, nervous, or uncomfortable. One participant described it as, ***"very stressful, very nervous, and uncomfortable."*** Another reported, ***"You have the procedure and go as the next person is waiting so no time, or preference allowance."***

Just over a third (37.5%) of Bengali women had positive experiences, while a quarter (25%) expressed distress related to rushed appointments or past misdiagnoses.

> "I was very scared as they told me it was cancer and then after they said it wasn't, no one really supported me." **- Bengali participant**

Translated information - The need for translated materials and culturally appropriate communication was strongly voiced. Two-thirds (66.7%) of Bengali and Indian women required translated information, with some Bengali women preferring leaflets in their own language.

The challenge of relying on family members for translation especially regarding sensitive health information was highlighted as a major barrier to inform participation. Indian women highlighted that translated invites in their language often used overly formal or technical language, creating confusion rather than clarity.

> "Yes, I would like to see leaflets in Bengali with pictures, because when I went with my daughters, who are very young, they never knew what breast cancer screening is." **- Bengali participant**

Theme 2: Knowledge, beliefs, and understanding of screening

Health literacy - Awareness of breast self-examination and the national screening programme varied across groups. All Black British Caribbean participants (100%) were familiar with the screening programme, and nearly all Indian women (90%) shared this awareness. A large majority of Indian participants (80%) also reported knowing how to examine their breasts.

In contrast, just under half of carers and Bengali women (44.4%) expressed a lack of confidence in performing breast self-examinations. Half of the Bengali participants (50%) recommended that breast health education be delivered through schools and community-based initiatives, with an emphasis on reaching people of all genders and ethnic backgrounds.

> "I didn't get much knowledge. I did not know what I was expecting when I went there. But what needs to be done is we should have someone explain to us properly before we go into the appointment, that this is what the screening is about, and reassure us of the radiation, does this give us cancer, or what implications it might have for us having these screenings because as soon as you think of radiation, you think cancer, and you think, oh, if I go there, will I end up with cancer? Like, if you have a biopsy done, if they burst the actual cancer thing, then it spreads over the body. No one knows that, but if you're going to go for something, you need to be educated by the professionals so that you can make a conscientious decision, rather than you know the unconscious bias, where they think you know everything, and then you end up not knowing as a service user. They must be reassured and make a conscientious decision right?"~ **- Bengali participant**

> "What I want to say is that breast screening should not be just for women. It should be for men as well. I know a male who has discovered lumps, and they are not sure what is going on. Men should also be educated, whether it is about men or women, and it should not just be a woman thing, it should be in school for both to learn about it." **- Bengali participant**

Most disabled women (81.8%) expressed confidence in checking their breasts, while just over a quarter of participants with learning disabilities (28.6%) shared that their awareness of breast health came solely through community support.

Cultural silence around breast health was a notable concern. More than half of Bengali women (55.6%) and a majority of Indian women (60%) said they had never discussed breast screening with family or friends. Bengali participants also highlighted that stigma and family gatekeeping were significant barriers to accessing screening services.

> "Some people have issues overcoming barriers with family members if they're dependent on them to take them to the doctors or allow them to go to the doctors, there's a lot of coercive controlling within Asian minorities, and it becomes a barrier." **- Bengali participant**

> "I wasn't aware of anything [breast screening examination]. That's why I was in fear that how they were going to check that area." **- Indian participant**

Provision of information - Across the groups, understanding of the breast screening invitation was generally high. Two-thirds of carers (66.7%), a majority of Black British Caribbean women (70%), and most Indian women (87.5%) found the information easy to understand.

However, one-third of carers (33.3%) and more than a third of disabled women (37.5%) felt that the language used in the invitations was too complex or lacked clarity. Suggestions to improve comprehension included the use of pictures, which was recommended by just over a fifth of carers (22.2%), along with simplified language. One visually impaired participant reported difficulty accessing the information and required assistance to read the invitation.

> "Yeah, I think pictures would have been really good, so that you'd probably have more idea of what was happening if you hadn't spoken to anybody else prior to going. I think it would maybe make you feel a bit more comfortable knowing what was going to occur." **- Carer participant**

> "I have a visual impairment, so I'm unable to read any printed materials, obviously, had to ask somebody to read the letter to me, so I was only able to digest so much information, if that makes sense, because I couldn't go back and reread it. So, I was partly aware of what was involved at that time, but I would not say I was prepared for what would happen on the day of the appointment." **- Visually impaired participant**

Over a quarter (28.6%) of learning-disabled women expressed confusion with medical terminology, especially around phrases like "fibrous tissue" or other unexplained clinical terms.

> "I've been told I have fibrous tissue, but no one explained what it means." **- Learning disabled participant**

A majority of wheelchair users (60%) and just under half of learning-disabled women (43%) reported that they had not received screening invitations or had their individual needs properly recorded. Additionally, one visually impaired participant shared that there was no clear guidance on whether she could bring someone to support her during the appointment, highlighting a gap in accessible communication for patients with visual impairments.

> "It said that you must come alone. For me, like that just was not going to happen. I physically could not have gone alone, I tried contacting them, nobody answers their phone, and you just think you are supposed to be the breast cancer clinic. Like, come on, guys, pick up the phone. It was very tough in the sense that if I had that information it could have helped my anxiety at the time." **- Visually impaired participant**

> "I think even before getting to the appointment, I appreciate they might not know if someone has a disability and if they have challenges, but I think the letter that they send needs to acknowledge that patients receiving this letter may have additional needs. And I think that was the sad part because it was like there was no understanding or awareness from their side." **- Learning disabled participant**

Theme 3: Accessibility

Accessibility – Many wheelchair participants (60%) encountered significant accessibility issues, including being sent to non-wheelchair-accessible mobile units or being asked to stand during procedures.

> **"I mean they obviously didn't look at my records, or they didn't even realise that I was disabled. Once I got there, it was a mobile unit, so I couldn't get into it because of the steps." - Wheelchair user**

Many Black British Caribbean women faced significant location-based challenges when accessing breast screening services. These included long walking distances and poor transport connectivity, with three-quarters of participants (75%) reporting such difficulties. One woman specifically shared that her dial-a-ride service refused to enter the car park where the mobile screening unit was stationed, highlighting the practical barriers that can prevent timely and comfortable access to care.

> **"Well, I didn't know where it was located because they put it at the back of Sainsbury's, and I've got the dial a ride bus to take me, but they said that the dial a ride bus driver said he was not allowed to go in the car park... it's a long walk from the front of Sainsbury's to the back where it was. And if you've got disabilities, like mobility problems, it will cause a problem." - Black British Caribbean participant**

In contrast to other groups, a majority of Indian women (55.5%) and more than a third of Bengali women (37.5%) described their appointment locations as accessible. However, a notable portion from both communities still reported challenges with location flexibility, indicating that ease of access was not consistent across all experiences.

> **"...I was sent an invite from the hospital, and they sent me to Hornchurch, with great difficulty, I just about reached there, but I would prefer if I was given a local location for me to get there with ease." - Indian participant**

> **"I would say that you should have more accessible points. For example, in shopping malls, people can go about, do their normal stuff, go in for the screening, and it becomes part of the process. I think it should be put in more accessible places, rather than in hospital settings itself" - Indian participant**

Appointment flexibility - Appointment flexibility emerged as a recurring concern across groups. Many carers (71.4%) and Black British Caribbean women (70%) appreciated the availability of flexible booking systems. In contrast, fewer Bengali women (37.5%) shared this view, indicating that flexibility was not consistently experienced. A lack of clarity around rescheduling and rigid appointment locations were frequently mentioned, with some participants unsure how to request changes or unaware that such options were available.

> **"No one actually ever told me I had a choice of the location" - Bengali participant**

A significant portion of wheelchair users (40%) reported limited appointment flexibility, largely due to unsuitable venues and transport-related challenges. In addition, participants from the Black British Caribbean, Indian, and Bengali communities shared experiences of delays in being referred for a mammogram after discovering a lump, highlighting inconsistencies in timely access to diagnostic care across different groups.

> **"My concern was, what is the phone consultation? How do they know what it is, what is in my breast, or that they feel talking on the phone is good? I would have preferred that the service should be straight away, yes, for them to check up, scan everything now." - Indian participant**

Theme 4: Age Eligibility and Screening Guidelines

Views on screening age -There was widespread support across all groups for lowering the minimum age for breast screening. Among Indian, disabled, and Black British Caribbean participants, the vast majority (90%) endorsed starting screening earlier, with some suggesting it should begin as young as eighteen, especially in cases where there is a family history of breast cancer. Similarly, a strong majority of Bengali women (83.3%) advocated for earlier access to screening, with several suggesting age 25 or 40[16].

> **"I think it's something that should start even earlier, because I have heard about people with breast cancer in their 30s. So yes, I do think it should start earlier than 50 and keep it on-going because my aunt was way in her 80s when she was diagnosed, and I wonder if she'd continued with regular screenings, whether she they would have found it earlier." - Black British African participant**

> **"I know people, my niece, she had it when she was under 40, and one was 45 so I think they should start when women turn 30." - Indian participant**

Meanwhile, two-thirds of carers (66.7%) and a clear majority of disabled women (60%) advocated for removing the upper age limit for breast screening or extending it into later life, such as up to age 75-80. This reflects growing concern about the risk of late-life diagnosis and the need for continued access to screening. Across all groups, there was strong agreement that decisions about ongoing screening should be guided by individual risk factors rather than fixed age thresholds.

> **"I think that any woman, if she feels that there's problems, and has checked herself, or has anything wrong with nipples or such, the doctor should treat them, regardless of the age." - Carer participant**

> **"But given my age, which is 77 I feel that it should actually carry on till later, as much as the person can bear it, because I did get cancer in later age, so I feel that it should actually be increased."- Indian participant**

16 NHS England. (2025). *Your guide to NHS breast screening.* https://www.gov.uk/government/publications/breast-screening-helping-women-decide/nhs-breast-screening-helping-you-decide

Theme 5: Support and Emotional Impact

Support and emotional well-being: While many participants from the Indian community felt supported by staff during their breast screening experience (62.5%), others described feeling distressed due to rushed procedures, a lack of trauma-informed care, or overly clinical environments.

Fewer than half of carers (44.4%) reported feeling adequately supported, with one carer specifically noting discomfort at being screened by a male practitioner. A fifth of Black British Caribbean participants (20%) recounted instances where staff appeared dismissive despite their visible anxiety, and just over a fifth of Bengali women (22.2%) felt that the setting was too clinical and impersonal, which negatively impacted their experience.

> **"And I feel like it's a rushed, because they have appointments five minutes apart or 10 minutes apart, so people are rushing, and they put your breasts in the plates, and it's quite heavy. And then they go back to their machine, and then they come back, and I say, oh, it was not positioned properly so we need to do it again" - Black British Caribbean participant**

> **"I know when I had it done the first time, it felt like you're, on a conveyor belt, because they have the appointments back-to-back. Once you come out, it is like you do not have much time to put your clothes on properly, because otherwise you are going to be stopping the next person from going in and there is not a lot of space." - Visually impaired participant.**

Conclusion

Phase two of the Women's Health Project has illuminated the complex and deeply personal realities of breast screening for women in Redbridge, particularly those from ethnic minority backgrounds, disabled communities, and other marginalised groups. While the intention behind screening services is to be inclusive and equitable, the lived experiences of many women reveal a landscape marked by physical discomfort, limited accessibility, inadequate information, and emotional strain.

Improving breast screening is not simply a matter of expanding access, it requires a fundamental shift toward culturally competent, trauma-informed, and person-centred care.

The emotional and physical experience of breast screening plays a pivotal role in shaping patient outcomes and long-term engagement with healthcare services.

Many participants described procedures that felt rushed, interactions with staff that lacked empathy, and clinical environments that offered little emotional comfort. Physical discomfort was particularly pronounced among Black British Caribbean women, wheelchair users, and individuals with learning disabilities. Trauma-informed and patient-centred practices must be embedded, with staff trained to offer reassurance, respect boundaries, and respond to visible distress.

Gender-sensitive care, including the option to be seen by female practitioners should be available to all. Offering individuals the option to visit prior to their main screening appointment to assist them in understanding the procedure that can ease physical and sensory discomfort, while feedback mechanisms and follow-up support ensure that women feel heard and supported beyond the appointment itself.

Equally accessibility must be prioritised, screening environments should be physically accommodating, with adjustable equipment, adequate space for mobility aids, and alternatives for those unable to stand. Transport challenges and or inaccessible locations must also be addressed to ensure that all women, including wheelchair users and those with mobility limitations, can attend appointments with dignity and ease.

Health literacy and the provision of accessible information emerged as significant gaps throughout this project. To address this, materials must be simplified and translated to reflect the linguistic diversity of the population. Easy-read formats and visual aids should be prioritised, particularly for women with learning disabilities or those with limited engagement with primary care.

Clear, standardised guidance is also essential, covering how to navigate the screening pathway, interpret invitation letters, reschedule appointments, bring a chaperone, or access tailored support. Offering pre-screening consultations and longer appointment slots can further reduce anxiety and enable more personalised, informed care.

Age eligibility also emerged as a significant concern. Many women advocated for lowering the minimum screening age, particularly when there is a family history of breast cancer, and for removing or extending the upper age limit. These calls reflect a desire for screening policies that are responsive to individual risk rather than rigid age thresholds.

To truly prepare and empower marginalised women, services must go beyond clinical outreach. Engagement must be rooted in community partnerships, with faith leaders, grassroots organisations, and peer advocates co-designing strategies that resonate culturally and emotionally. Education should be delivered in safe, familiar spaces, where stigma can be challenged and dialogue encouraged.

Ultimately, breast screening must evolve into a service that not only detects disease but affirms the dignity, autonomy, and diversity of every woman it serves. By embedding these changes, Redbridge can lead the way in shaping a future where breast screening is not just accessible but equitable, empowering, and deeply human.

Recommendations

These recommendations are intended to enhance access, experience, and participation with breast screening services in Redbridge. Collaboration between local healthcare providers and community organisations could facilitate the implementation of these changes, considering the needs of local women from various backgrounds and communities.

Improving Access and Service Delivery

Recommendation 1 - Ensure full accessibility for disabled women - Mobile and clinic-based screening units must be physically accessible for wheelchair users and those with mobility limitations. This includes adjustable equipment, spacious layouts, and trained staff assistance.

Recommendation 2 - Enhance booking systems for clarity and flexibility - Simplify the process of selecting, rescheduling, and attending appointments. Ensure that location, time, and transport options are clearly communicated and adaptable to individual needs.

Recommendation 3 - Extend appointment durations where needed - Offer longer time slots for women with additional needs, allowing for a more comfortable and unrushed experience.

Information, Awareness, and Communication

Recommendation 4 - Provide translated and accessible materials - All invitation letters and educational leaflets should be available in simplified community languages and easy-read formats, with visual aids to support understanding.

Recommendation 5 - Use plain, inclusive language - Avoid medical jargon in both written and verbal communication. Consider using step-by-step visual guides or videos to explain the screening process.

Recommendation 6 - Clarify support options in communications - Clearly state that women with additional needs are welcome to bring a chaperone, and provide guidance on how to arrange this, including contact details for further support.

Recommendation 7 - Promote breast health education in the community - Partner with schools, colleges, faith groups, and grassroots organisations to raise awareness of breast health across all genders and communities, especially targeting women who have missed or never attended screening. Alongside co-design services with community organisations to develop outreach strategies that are culturally relevant and emotionally resonant.

Creating a Supportive and Inclusive Environment

Recommendation 8 - Embed trauma-informed and empathetic care - Train all screening staff in trauma-informed practices, cultural sensitivity, and how to support women with learning disabilities, or women experiencing anxiety, discomfort, or past trauma.

Recommendation 9 - Offer gender-sensitive care options - Ensure women have the choice to be screened by female practitioners and that privacy and dignity are upheld throughout the process.

Recommendation 10 - Improve communication around results - Ensure that screening outcomes are explained clearly, with opportunities for follow-up discussions and emotional support where needed.

Strengthening Data and Personalisation

Recommendation 11 - Improve recording of accessibility and support needs - GP practices and screening services should maintain accurate records of women's preferred language, disability status, and access requirements to ensure personalised care.

National-Level Recommendations

Recommendation 12 - Raise awareness of male breast cancer - Public health campaigns should acknowledge the risk of male breast cancer and include men in educational materials and outreach efforts.

Recommendation 13 - Review age eligibility criteria - Support earlier access to screening for women with family histories of breast cancer and make it easier for women over 71 to opt into continued screening based on individual risk.

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Appendices

Appendix A
Invitation for participation flyer (English)

healthwatch Redbridge

Women's Health Project
Understanding Your Experiences -Menopause, Perimenopause or Endometriosis

Healthwatch is an organisation that collects the views and experiences of local people using health and social care services. We want to hear your views so that we can help improve services for everyone.

We recently spoke with groups of women about their experiences of cervical & breast screening appointments and now want to hear about experiences around Menopause, Perimenopause or Endometriosis from ethnic minorities and women with physical and learning disabilities. We want to understand any barriers you face and the effect they have on your ability to access services.

We will take out private & confidential interviews. No personal data will be shared in any publication. Please complete this form if you are interested in taking part:

Name:

Tel:

Address:

Age:

Interpreter needed: Yes / No

£10.00 Free Shopping Voucher

www.healthwatchredbridge.co.uk
rafat@healthwatchredbridge.co.uk
020 8553 1236

Appendix B
Invitation for participation flyer (Bengali)

মহিলা স্বাস্থ্য প্রকল্প

স্তন ক্যান্সার স্ক্রীনিং আপনার অভিজ্ঞতা বোঝা

হেলথওয়াচ হল এমন একটি সংস্থা যা স্বাস্থ্য এবং সামাজিক যত্ন পরিষেবাগুলি ব্যবহার করে স্থানীয় লোকদের মতামত এবং অভিজ্ঞতা সংগ্রহ করে। আমরা আপনার মতামত শুনতে চাই যাতে আমরা প্রত্যেকের জন্য পরিষেবা উন্নত করতে সাহায্য করতে পারি।

আমরা সম্প্রতি মহিলাদের গোষ্ঠীর সাথে তাদের সার্ভিকাল স্ক্রীনিং অ্যাপয়েন্টমেন্টের অভিজ্ঞতা সম্পর্কে কথা বলেছি এবং এখন জাতিগত সংখ্যালঘু এবং শারীরিক ও শেখার প্রতিবন্ধী মহিলাদের কাছ থেকে স্তন ক্যান্সার স্ক্রীনিং অভিজ্ঞতা সম্পর্কে শুনতে চাই।

আমরা আপনার মুখোমুখি হওয়া যেকোনো বাধা এবং স্ক্রীনিং অ্যাক্সেস করার আপনার ক্ষমতার উপর তাদের প্রভাব বুঝতে চাই।

আমরা ব্যক্তিগত এবং গোপনীয় সাক্ষাৎকার নেব। কোনো ব্যক্তিগত তথ্য কোনো প্রকাশনায় শেয়ার করা হবে না।

আপনি অংশ নিতে আগ্রহী হলে এই ফর্মটি পূরণ করুন:

নাম:

টেলিফোন:

ইমেইল:

দোভাষী প্রয়োজন:
£10.00 ফ্রি শপিং ভাউচার

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