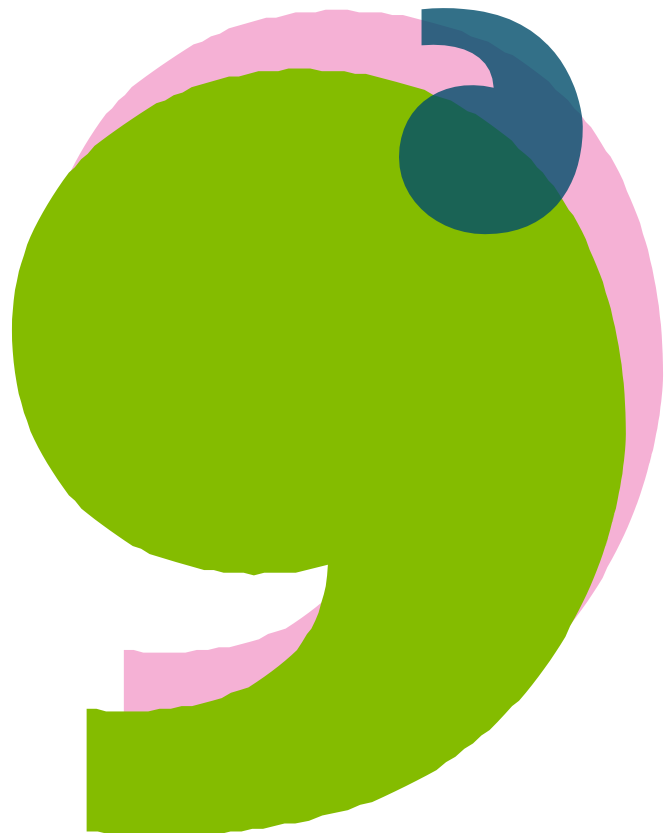


Experiences of cancer screening services in Norfolk and Waveney

March 2020



Contents

1	About	3
1.1	About Healthwatch Norfolk	3
1.2	About cancer screening.....	3
1.3	About this report	3
2	Introduction	4
2.1	Background and context.....	4
2.2	Aim.....	4
2.3	Objectives.....	4
2.4	Limitations	4
3	Our approach	5
3.1	Survey creation.....	5
3.2	Survey collation	5
3.3	Patient involvement	5
3.4	Analysis	5
4	Survey findings	6
4.1	Who we received feedback from	6
4.2	Staff attitudes	7
4.2	Breast cancer screening.....	8
4.3	Bowel cancer screening	10
4.4	Cervical cancer screening	12
4.5	Invitations and barriers	14
5	Conclusion	17
6	Appendices.....	19
	Appendix A: Information sheet	19
	Appendix B: Survey questions (printable version)	21



1 About

During the autumn and winter of 2019, Healthwatch Norfolk (HWN) ran an online survey to collect feedback on people's experiences of cancer screening in Norfolk and Waveney. Participants could share their views on bowel, breast and/or cervical screening as well as provide their opinions about general access and barriers to screening services. This report outlines the survey findings.

1.1 About Healthwatch Norfolk

Healthwatch Norfolk is the consumer champion for health and social care in the county. We are an independent organisation but we have statutory powers. The people who make decisions about health and social care in Norfolk must listen to you through us. HWN use the things you tell us about local care to influence future services in Norfolk. Our remit is to represent your views and your experiences to help inform and improve the services that are commissioned and provided in Norfolk.

1.2 About cancer screening

Currently, there are national screening programmes for breast, bowel and cervical cancer. Full details of eligibility for each type can be found at www.cancerresearchuk.org/about-cancer/screening. Screenings can help detect abnormalities which can allow for quicker diagnosis and treatment if any cancerous cells are found. Most bowel cancer screenings take place at home with a self-testing kit, whilst breast and cervical screenings require appointments in health facilities. Further details about all types of screenings can be found in the information sheet which is appendix A of this report.

1.3 About this report

This report details the results of an online survey. The survey was open from 20th September 2019 to 3rd January 2020. In this time a total of 285 responses were collected, however 39 of these were only partially completed, and 48 participants did not consent to their feedback being shared publicly. As such, a final total of 198 full, consented responses were collected. These 198 make up the analysis section of the report.

A copy of the survey questions can be found as appendix B. The findings in this report are based on analysis of both closed questions (such as satisfaction ratings) and open questions where participants could provide commentary on their answers and experiences.



2 Introduction

2.1 Background and context

HWN are represented on the Norfolk and Waveney Health and Care Partnership's Cancer Programme Board. One of the focuses of the Cancer Programme Board is cancer awareness and improving screening uptake across Norfolk and Waveney. Through liaising with our representative on the Cancer Programme Board, HWN established that whilst figures on screening uptake are available there was opportunity to gather additional insight about patients' experiences of screening. As such, survey questions were designed to enable respondents to give as much commentary as possible and to also give their ideas on what would make screening programmes better and more accessible.

2.2 Aim

The key aim of conducting this survey was to establish what elements of screening work well and whether any tangible changes could be made.

2.3 Objectives

The objectives of conducting the survey were as follows:

1. To collect experiences of bowel, breast, and cervical screening from local service users.
2. To ascertain why patients are or are not accessing screening
3. To gather ideas on how screening could be made more accessible

2.4 Limitations

We recognise that there were some limitations to this piece of work:

1. Whilst we requested feedback and information from those living in Norfolk and Waveney, some comments came from those who live in surrounding areas such as Suffolk and Cambridgeshire. This can be seen in *figure 1* on page 6.
2. Participants self-selected to take part and therefore may have been more likely to have attended screenings previously. This means that the views of those who choose to not attend screenings may have been missed.
3. Bowel and cervical screenings have second stages where patients may have further investigations in hospital if abnormalities are found. Some comments collected may have reflected these experiences rather than the initial screening stage. However, as explained in sections 4.3.2 and 4.4.2, we felt it important to keep these experiences as part of the report.



3 Our approach

3.1 Survey creation

A HWN representative sits on the Norfolk and Waveney Cancer Programme Board. We worked in partnership with them to compile a survey with a series of questions to meet the aim and objectives of the project. An online survey was deemed the best way to collect information to allow for as wide a reach as possible, and also to ensure consistency and ease of analysis. The survey itself can be found as Appendix A.

3.2 Survey collation

The majority of responses came from the public completing the survey online. A sponsored Facebook post promoting the survey ran from 22nd October 2019 to 22nd December 2019. This was targeted at those stating that they live in Norfolk and Waveney and are aged 25+.

The survey was also promoted on HWN's other social media channels including Twitter and our newsletter. A small proportion of responses were collected by the HWN team face-to-face.

3.3 Patient involvement

Participation in the survey was entirely voluntary and anonymous, however in order to complete the survey participants must have consented for their answers and feedback to be shared. Should participants have wanted to leave more in-depth feedback or leave any comments on the survey itself they were advised to contact HWN on enquiries@healthwatchnorfolk.co.uk.

3.4 Analysis

The survey comprised of a range of questions types (including multiple choice, rating, closed-ended, and open ended), so analysis was broad to reflect this spectrum. Answers where respondents could type their own comments, were analysed using NVivo software. This enabled participants' free text responses to be coded to establish themes, which are reflected in section 4 this report.



4 Survey findings

4.1 Who we received feedback from

The survey received responses from 285 members of the public, which resulted in 198 usable results which are included in this analysis.

We received responses from members of the public across Norfolk and Waveney as displayed in *Figure 1*.

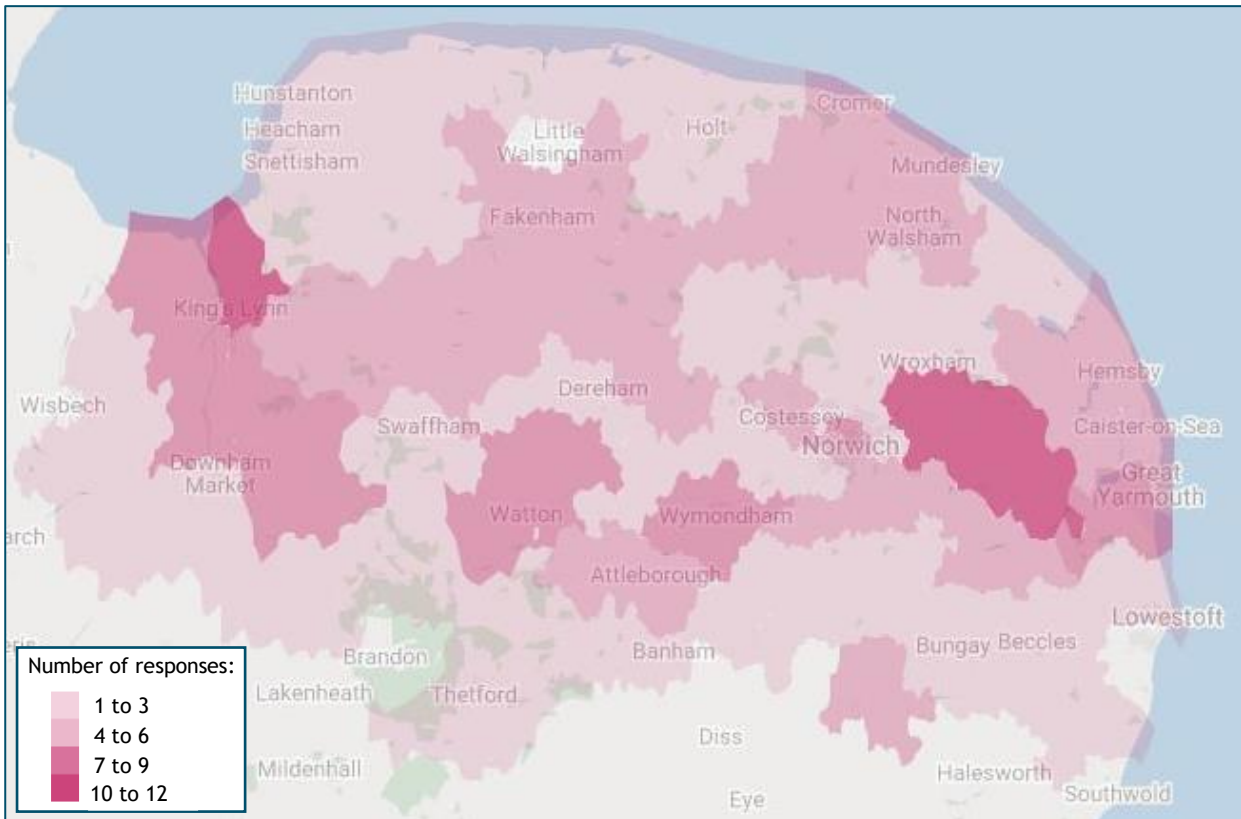


Figure 1. A map displaying where survey respondents live based on the first half of their postcode (e.g. NR18).

The age distribution of survey respondents is displayed in *Figure 2* overleaf. Seventy five percent of survey respondents were 56 years old or above.

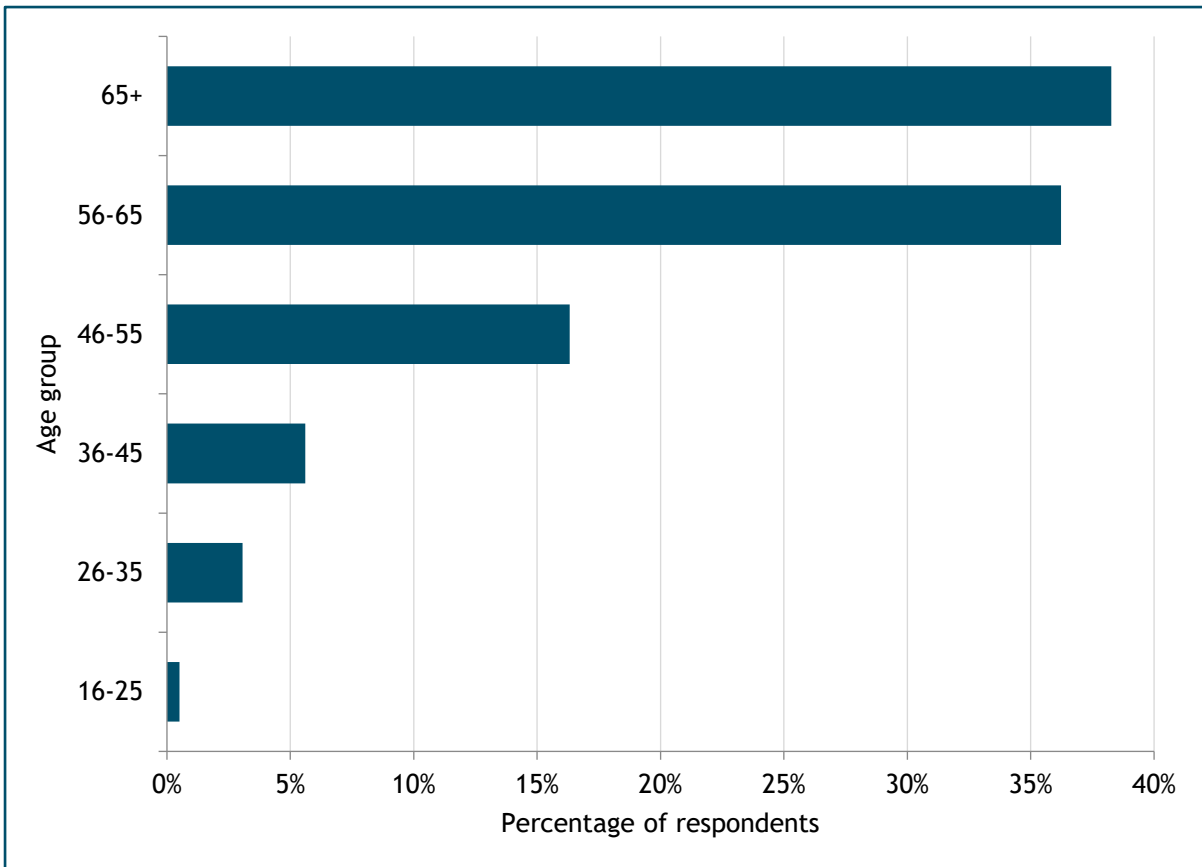


Figure 2. A chart showing the age distribution of survey respondents

4.2 Staff attitudes

Across all three types of cancer screenings the attitudes of staff were highly praised by respondents. *Figure 3* displays a word cloud with words which were used to describe staff. The figure shows that staff were most frequently reported to be kind, friendly, and professional.



Figure 3. A word cloud displaying words used to describe staff attitudes for screenings, larger words indicate more frequent use.

It was clear that staff attitudes had a significant impact on screening experience. People told us that staff made things less embarrassing, maintained privacy, and reduced anxieties as displayed in *Figure 4*.



Figure 4. A figure displaying positive comments about staff attitudes in screenings.

Conversely, on the few occasions where respondents told us staff attitudes were poor, respondents reported a more negative overall experience.

"Reception staff excellent but 'screening lady' was very unfriendly. Procedure felt very rushed, was painful and I did not feel the screening was comprehensive or well carried out by the screener."

One respondent also told us that because the radiographer at their breast screening treated them badly they "*understand why other women might not*" attend their routine screenings.

4.2 Breast cancer screening

One hundred and fifty four survey respondents had attended a breast cancer screening.

As displayed in *Figure 5*, 55% (85) had attended their screening in a mobile facility and 44% (67) attended their screening at a hospital.



Figure 5. A chart showing where the breast screening of respondents took place

Additionally, one respondent reported having their screening out of county and another respondent reported having had screenings in both a mobile facility and in hospital.



4.2.1 Breast cancer screening in a mobile facility

Experiences of breast cancer screening highlighted: *location, accessibility, waiting time for appointment and result waiting time.*

Location

Respondents were generally happy with the “*convenient*” location of the mobile cancer screening. Frequently reporting that the screening was “*easy to get to*”, “*easy to park and find*”, and that “*parking was easy*”.

On the other hand, respondents raised concerns about privacy at the mobile facilities. This included that “*it seems much more public especially if you’re feeling vulnerable as I was*” and “*having to confirm name and address details in an open environment for all to hear*”.

Accessibility

While respondents were generally happy that the mobile facility location was “*easily accessible*”, six respondents highlighted that “*access would be more of a problem if mobility was an issue*”. In particular that the “*steps difficult*” and that it “*would have been nice to have disabled access with my walker*”.

Alongside the step difficulty it was highlighted that it would be beneficial to have “*something to hang on to at machine with poor balance*”.

In addition to this, it was felt by one respondent that for service users with additional needs there were “*not enough staff to be able to deal with*” them as one lady with additional needs “*was very distressed and kept asking everyone if it hurt*”.

Waiting time for appointment

Respondents frequently reported that appointments were “*quick and efficient*” that there was “*no waiting*” and “*exact time keeping*”, and that “*all went very smoothly*”

Result waiting time

Results after the appointment came “*in the post*” and were “*quick*”, “*speedy*”, “*prompt*”, “*fast and explained*”.

4.2.2 Breast cancer screening at hospital

Respondents who attended screenings at hospital discussed *waiting time for appointment, result waiting time, and staff explanation.*

Waiting time for appointment

Respondents mainly reported that appointments were “*on time*”, “*incredibly efficient*”, there was “*prompt attention*”, and “*each time I have walked straight in no wait*”.



Result waiting time

Results for breast cancer screenings in hospitals “*came quickly*” and were “*timely*” for most patients who mentioned the waiting time.

On the other hand, four respondents felt that it was a “*long wait for results*” and that this “*is the hardest part as a week feels like a long time when all you want to do is tell your nearest and dearest*”.

Staff explanation

Staff in the hospital were reported to give “*clear explanations of what they need to do*”, the process was “*explained as it went along*”. Staff also “*answered questions that I asked*”.

4.3 Bowel cancer screening

Seventy-nine survey respondents reported that they had attended a bowel cancer screening.

As displayed in *Figure 6*, 49% (39) of respondents did their bowel screening at home and 46% (36) attended a bowel screening at hospital.

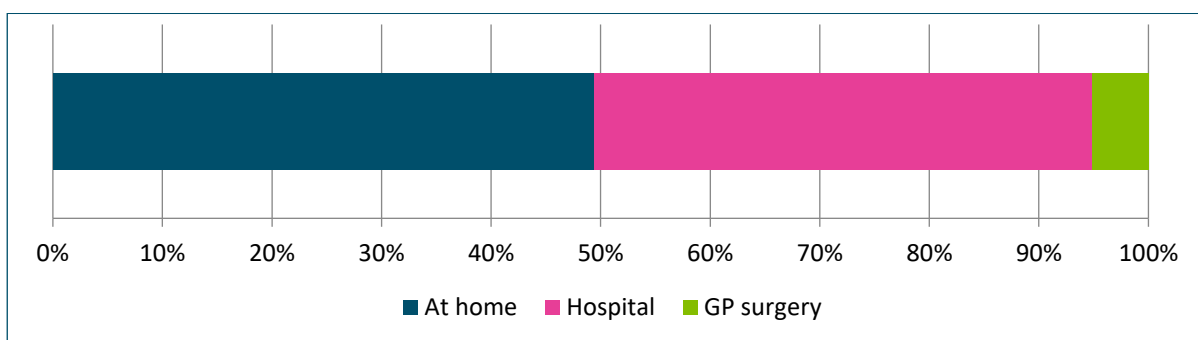


Figure 6. A chart showing where the bowel screening of respondents took place

4.3.1 Bowel cancer screening at home

It should be noted that since bowel cancer screening is often completed at home, respondents may not have considered this as attending a screening. For example one respondent who said they had not attended a bowel cancer screening, later in the survey reported that they “*did complete the home bowel cancer screening test twice*”. Another respondent clearly highlighted this confusion with the statement that it was “*not screening but did the postal test*”.

Comments about bowel cancer screening at home included mentions of *ease of use* and *result waiting time*.



Ease of use

The home kit was reported by several respondents to be a *“helpful, informative kit”*, *“easy to do”* and meant that they *“did not have to visit hospital or GP”*. This is clearly highlighted by the response from one respondent below:

“I received a testing kit through the post around my 60th birthday which amused me: it was an unusual birthday card! The instructions provided were clear and the kit itself easy to use. Also, I didn't have to take time off work to go to a appointments as I did it in my home at times to suit me.”

On the other hand, one respondent commented that the at home kit might have a limited uptake stating that *“I am not sure everyone will send it off. If you had to attend an appointment more people might take part”*

Result waiting time

Many respondents were happy with the *“prompt results”* that there was a *“letter advising outcome arrived very quickly”*.

4.3.2 Bowel cancer screening at hospital

It is worth noting that some comments received were about colonoscopies. Whilst we recognise that this is not one of the two types of initial screening tests offered by the NHS¹, we wanted to include these comments given that the procedure can detect growths, which *“can sometimes be cancer”*². It also highlights that there may be a gap in public knowledge around what is classed formally as a screening.

Various compliments and concerns were raised by respondents who attended a bowel cancer screening at hospital, including good staff explanation, pain or discomfort during the procedure, privacy concerns, mixed experiences of appointment and result waiting time, and comments about parking. *Figure 7* overleaf highlights some of the comments made:

¹ NHS UK Online (2018). ‘Overview: Bowel Cancer Screening’. Available at <https://www.nhs.uk/conditions/bowel-cancer-screening/> [accessed 15.01.2020].

² NHS UK Online (2019). ‘Why It’s Done: Colonoscopy’. Available at <https://www.nhs.uk/conditions/colonoscopy/why-its-done/> [accessed 15.01.2020].





Figure 7. A figure displaying comments regarding bowel cancer screening experiences in hospital.

4.4 Cervical cancer screening

One hundred and thirty three survey respondents had attended a cervical cancer screening. The majority of these screenings took place at a GP surgery, with 93% (124) of respondents reporting this, 7% (9) of respondents reported that their screening took place in hospital.

4.4.1 Cervical cancer screening at a GP surgery

Experiences of cervical cancer screening at a GP surgery included mentions of *discomfort, location, and result waiting time*

Discomfort

Some respondents reported that the screening is “*never a comfortable experience*”, and that this might mean they will not attend screenings in the future, however reported a better experience when “*staff taken into account how you are feeling*”. This is highlighted by the response below:

“*I had a previous painful and not correctly done cervical smear test, not at this surgery, so I had delayed going for another by several years. This time the nurse was competent and confident and it was done really quickly with no fuss.*”



Furthermore, other respondents highlighted that *“the smear test itself is a bit uncomfortable but worth it for the potential of saving your life and definitely no worse than going to the dentist!”*.

Location

Respondents reported that the screening taking place at a GP surgery means that it is a *“handy location”, “easily accessed”, and “convenient”*.

Result waiting time

Mentions of result waiting time were mainly positive including: *“results were through soon”* and *“quick”*.

On the other hand, five respondents reported a *“long wait for results delivered to home via Royal Mail”* and that *“results are longer than other tests”*, with one of these respondents stating that *“results were back within 6 weeks”*.

4.4.2 Cervical cancer screening at hospital

Nine respondents said that they attended their cervical screening at hospital. We recognise that ‘most cervical screening is done in a GP surgery by a female nurse or doctor’³. Those who are seen in hospital for cervical screening may have actually had a colposcopy, a slightly different procedure is not part of the initial screening process. Further information on colposcopies can be found in the information sheet (appendix A). As with bowel screening, we felt it important to still include feedback of those who stated they had a cervical screening in hospital:

- *“Easy and on time”*
- *“No problems”*
- *“Couldn’t fault them”*
- *“My GP surgery couldn’t do it so was referred to the James Paget. Waited months for an appointment - nurse was brilliant when I attended after 2 aborted attempts with GP. Waited 4 months for result. As someone who has had pre-cancerous cells this was very worrying.”*
- *“Staff attitude and respect”*
- *“A bit of a wait and not notified very quickly of my result”*
- *“Very good service”*

³ NHS Online (2019). ‘How to Book: Cervical Screening’. Available at <https://www.nhs.uk/conditions/cervical-screening/how-to-book/> [Accessed 3.3.2020].



4.5 Invitations and barriers

Alongside finding out about patients' experiences of screening we wanted to collect information and opinions on accessing screenings. This included questions on whether invitations had been received and taken up, as well as ideas on what would make it easier for patients to attend screenings. We asked respondents to comment on what would help and make a positive difference in the future, rather than what is or is not currently happening.

4.5.1 Screening invitations and knowledge of eligibility

Respondents were asked to indicate whether they were aware of their eligibility for screening for each type of cancer, as well as the outcomes of having received (or not received) invitations. *Table 1* below shows the results of this question.

Table 1.
A table displaying responses to the question "which statement is true for you for each type of screening?"

	Breast	Bowel	Cervical
I attended after having received an invitation	74% (137)	44% (76)	60% (105)
I received an invitation but haven't yet attended	1% (2)	5% (9)	3% (5)
I haven't received an invitation but I am eligible	2% (4)	7% (12)	2% (3)
I don't know if I am eligible	4% (7)	27% (47)	7% (13)
I am not eligible	19% (35)	16% (28)	28% (49)
Total	100% (185)	100% (172)	100% (175)

As *Table 1* displays, for breast and cervical screening the majority of respondents either attended the screening after receiving an invitation or were aware that they were not eligible for the screening. However responses for bowel cancer screenings were more mixed. Twenty seven percent (47) of responses stated that they did not know if they were eligible for the screening. *Figure 8* overleaf displays the percentage of respondents in each age group who selected "I don't know if I am eligible" for bowel screening. As the graph shows, 50% (3) of respondents aged 26 to 35, and 50% (14) of respondents aged 46 to 55 did not know whether they are eligible for bowel cancer screening.



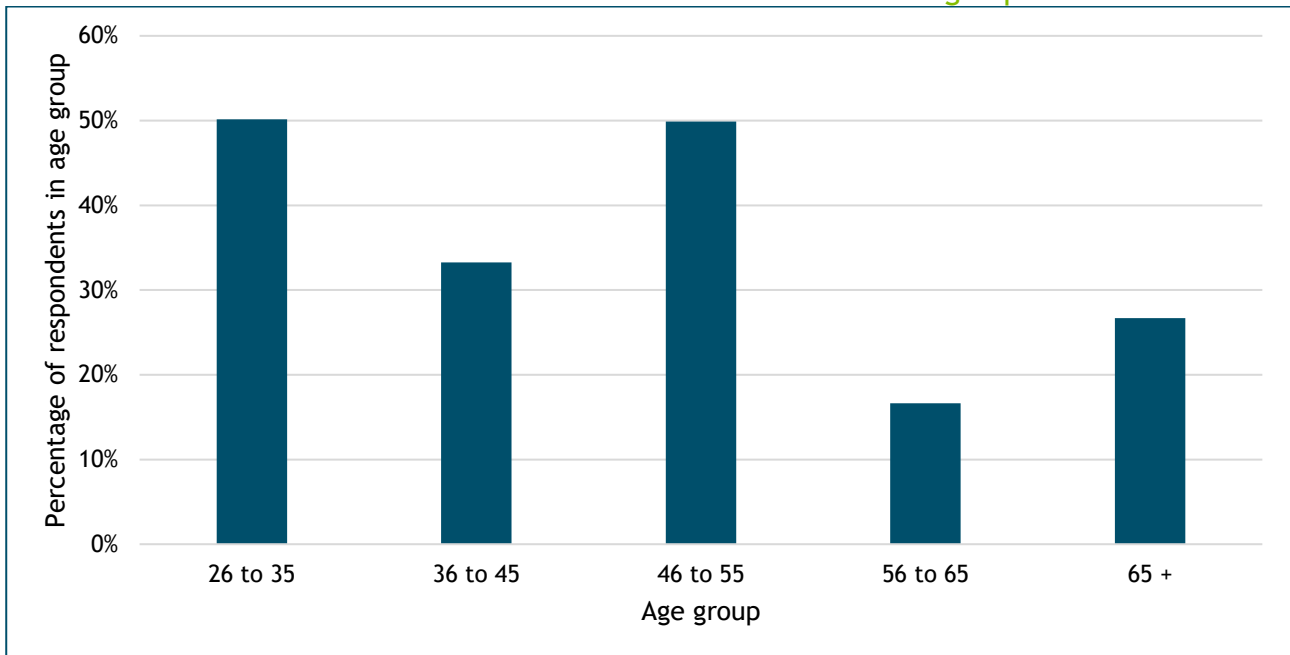


Figure 8. A chart displaying the percentage of respondents in each age group who selected “I don’t know if I am eligible” for bowel cancer screening.

4.5.2 Barriers to screening

Respondents were asked why they have not attended a screening (if they are eligible) and if there was anything that would make it easier to access screening services. Various factors were highlighted including *convenience*, *more information* and *more awareness*.

Convenience

The convenience of screening was highlighted by respondents as having an influence on attendance.

Respondents suggested “*keep all screening services local*”. In comparison to hospital services, GP practices were considered “*nicely familiar and slightly more local and convenient*”. It was suggested that “*better use of the mobile unit for breast screening, such as visiting the villages*” could be beneficial. One respondent pointed out that “*we have the excellent Cromer hospital in this area. More screening appointments should be made available there*”. Home visits were suggested as a solution for service users who are “*mostly housebound so attending is difficult*”.

The appointment times and opening hours of services was seen as a potential barrier, particularly for service users who are in employment. Respondents commented that “*the option of evening appointments would be good for those of us who work*” and “*appointments outside of usual working hours e.g. on Saturday mornings*”. As highlighted by one respondent “*it can be uncomfortable to tell your line manager that you need to take time off for a smear test*”.

Parking was also considered a contributing factor for attending screenings: “*It sounds trivial, but parking is an important factor*”. Similarly “*better transport*” was seen as a potential influence.



Finally, the home kit for bowel screening was commented to be “*very convenient*” and “*less daunting than going to a doctor*”. One respondent stated that “*until I can do it myself, it won’t happen*”.

Information

Respondents highlighted a need for “*a bit more information about the test would be nice*”, including “*give the public easily accessible information about testing and eligibility*”. Respondents reported having “*no idea at what age each screening stops*”. They also reported having a lack of explanation when their screenings stop: “*have been told I no longer need screening for cervical cancer no explanation given for this*” and “*not sure when you stop sending invite or what age*”. This is particularly highlighted by one respondent who shared that they “*consider myself invisible, no use any more*” and that they are not “*worth being checked*”.

Awareness

Not only did respondents suggest more information on screenings is required, they also felt that there needs to be more awareness in general about screenings and the positive impact having a screening could have. As below, they suggested that this awareness could be through education or media and could include a focus on reducing the stigma and embarrassment of going for a screening.



“Particularly with bowel cancer I think the hurdle is getting people to the point of actually having the screening - however it is delivered. Some people won’t do the screening at home because of the word “cancer” - we have to demystify this word. But the act of screening people and raising awareness is key”



“More publicity via social media”



“It should be stressed if anyone has a worry get screened. Get friends to talk to friends as part of advertising for screening. You can take a friend with you.”



5 Conclusion

The survey and results have indicated several key points for consideration. Some are more specific to different types and locations of screening, as have been highlighted in the analysis. However there are areas of focus that thread throughout respondents' comments.

Staff attitudes

The quality of care and support provided by staff conducting screenings can have notable impact on patients' experiences. This is the case across all three types of screening, with an emphasis on the importance of being put at ease. Where patients had good impressions of staff, their overall screening experience tended to be more positive even if the procedure itself was not the most enjoyable.

Accessibility

The findings indicate that the physical location and timings of screenings are important; ease of access can be a positive factor during the procedures, as well as being something that may be more likely to encourage people to attend their screenings. This is particularly relevant for those of working age.

Another aspect of accessibility is ease of access for people with disabilities or mobility issues. It is important to ensure that all procedures and locations have appropriate facilities to cater for those who may need extra support and that these are clearly explained to patients in advance.

1. Invitations to screening ask patients to contact the clinic if they have a disability or problems with mobility. It would be useful if letters had detailed information about physical requirements of the screening to allow patients to decide whether they may need additional support.

Awareness and information

Responses to the 'invitation and barriers' section highlight a gap in knowledge around eligibility. There are comments that indicate there are members of the public who *are* eligible but do not realise it, as well as those who are no longer eligible but don't understand why.

2. Inform the public via their preferred method of communication when they are no longer eligible for screenings, stating clearly why and what their rights are in terms of accessing further screenings if they wish.

3. Improve access to screening information, such as posters or leaflets in public areas such as GP surgeries and hospital waiting rooms.



Highlighting the benefits

It is important to acknowledge that screenings are not always perceived in a positive light. Respondents to this survey, particularly in regard to cervical screening, highlighted that procedures can be uncomfortable. But there is general consensus of the importance of calling attention to their benefits given the vital impact they can have.

4. Continue to highlight the importance of screenings in a clear and accessible manner, utilising both online and physical information sources.



6 Appendices

Appendix A: Information sheet

The following information has been compiled together with staff involved in the Norfolk and Waveney Cancer Programme Board.

Current England Cancer Screening Programmes

Bowel

Home-testing kit

Who? Men and women aged 60-74

When? Every 2 years

How? Kit received in the post, one sample required

Details: <https://www.nhs.uk/conditions/bowel-cancer-screening/>

If you're 75 or over, you can ask for a home testing kit every 2 years by calling the free bowel cancer screening helpline on 0800 707 60 60.

Bowel scope

Who? Men and women aged 55-60

When? One-off

How? By a clinician, usually in a hospital

Details: <https://www.nhs.uk/conditions/bowel-cancer-screening/bowel-scope-screening/>

If the results of either a home-testing kit or a scope require more investigation, you may be asked to have a colonoscopy. This is when the insides of your bowels are checked using a very small camera. More details about colonoscopies can be found here: <https://www.nhs.uk/conditions/colonoscopy/>

Cervical

Cervical screening

Who? Those with a cervix aged 25-64

When? Every 3 years up to the age of 49, then every 5 years

How? Usually a female nurse or doctor in a GP surgery

Details: <https://www.nhs.uk/conditions/cervical-screening/>

You'll usually stop being invited for screening once you turn 65. This is because it's very unlikely that you'll get cervical cancer. You'll only be invited again if 1 of your last 3 tests was abnormal.

If you're 65 or older and have never been for cervical screening, or have not had cervical screening since the age of 50, you can ask your GP for a test.

Colposcopy

If your cervical screening results need more investigation, you may be asked to have a colposcopy where your cervix is physically checked.



You may be referred for a colposcopy if:

- some of the cells in your screening sample are abnormal
- the nurse or doctor who carried out the screening test thought your cervix did not look as healthy as it should
- it was not possible to give you a clear result after several screening tests

You may be referred for a colposcopy within a few weeks of cervical screening. It's often possible to tell you right away if there are any abnormal cells in your cervix. But if you had a biopsy, it may take 4 to 8 weeks to get your results in the post.

Breast

Breast screening

Who? Those with breasts aged 50-70

When? Every 3 years. Women over 70 can request a screening

How? An appointment in a clinic which may either be at a hospital or in a mobile facility

Details: <https://www.nhs.uk/conditions/breast-cancer-screening/>

You may be eligible for breast screening before the age of 50 if you have a very high risk of developing breast cancer.

If you're 71 or over, you'll stop receiving screening invitations.

You can still have screening once you're 71 or over if you want to, and can arrange an appointment by contacting your local screening unit.

If you are worried about any symptoms relating to bowel, breast or cervical cancer, it is always best to see your GP rather than wait for your next screening.

Why have a screening?

- Over 10 million adults attend screening appointments each year and save approximately 10,000 lives each year.
- Screening should always be a personal choice.
- The large majority of people who attend population screening will be found to have no abnormality.
- The aim is to lower incidence of disease and improve early diagnosis and outcomes for patients.

Waiting for results

- You should get your results within 14 days. But they can take longer to arrive.
- If you have waited longer than you expected, call your GP surgery to see if they have any updates.
- Try not to worry if your results are taking a long time to get to you: it does not mean anything is wrong, and most people will have a normal result.



Appendix B: Survey questions (printable version)

NB: respondents only had to answer questions relating to screenings they have had. If they haven't had any screenings (either opting out or not being eligible) they will still be able to fill out the 'invitation and barriers to screening' questions

Cancer screening experience in Norfolk



About and consent

This survey is to gather experiences of cancer screening for Norfolk residents. We want to try to establish whether current screening protocol and awareness is effective and well-used. Currently, there are national screening programmes for bowel, breast and cervical cancer. Full details on eligibility can be found by [clicking here](#).

With your consent, anonymous results will be shared with health providers and may also be shared publicly on our website.

The survey is anonymous, and will take around 5-10 minutes to complete depending on how many screenings you have had.

I consent to my feedback being shared publicly *

Yes

No

I can confirm I am over the age of 16 *

Yes

No

I would like to receive the Healthwatch Norfolk Newsletter

Yes

No

Email address:

About you



How old are you?

What is the first half of your postcode? (eg. NR26)

Have you attended a breast cancer screening? *

Yes

No

Have you attended a bowel cancer screening? *

Yes

No

Have you attended a cervical cancer screening? *

Yes

No

Breast cancer screening experience

Where did your breast cancer screening take place?



GP surgery

Hospital

At home

In a mobile facility

Other

If you chose 'hospital' or 'GP surgery', please state their names. If you chose 'other', please specify:

Please rate your breast cancer screening experience (1 being poor, 5 being excellent)

1

2

3

4

5

Please explain your answer, thinking about things such as access/promotion, staff attitude, communication, wait time for results

Bowel cancer screening experience

Where did your bowel cancer screening take place?



GP surgery

Hospital

At home

In a mobile facility

Other

If you chose 'hospital' or 'GP surgery', please state their names. If you chose 'other', please specify:

Please rate your bowel cancer screening experience (1 being poor, 5 being excellent)

1

2

3

4

5

Please explain your answer, thinking about things such as access/promotion, staff attitude, communication, wait time for results

Cervical cancer screening experience



Where did your cervical cancer screening take place?

- GP surgery
- Hospital
- At home
- In a mobile facility
- Other

If you chose 'hospital' or 'GP surgery', please state their names. If you chose 'other', please specify:

Please rate your cervical cancer screening experience (1 being poor, 5 being excellent)

- 1
- 2
- 3
- 4
- 5

Please explain your answer, thinking about things such as access/promotion, staff attitude, communication, wait time for results

Invitations and barriers to screenings



Which statement is true for you for each type of screening?

	I attended after having received an invitation	I received an invitation but haven't yet attended	I haven't received an invitation but I am eligible	I don't know if I am eligible	I am not eligible
Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are eligible but have not attended any screening/s, what is your main reason? (Please choose the answer which most heavily influenced your decision)

- Transport issues
- Work or home commitments
- I don't believe it reduces cancer risk
- I was nervous about the procedure
- I was nervous about waiting for the results
- I didn't know where to get the test done
- N/A
- Other (please specify):



Please explain your answer if you wish

17. Is there anything that would make it easier to access screening services? You could think about things such as information provided, physical access to appointments, or promotion of screening

