

# Making the Right Decision: What Matters to Women About First Time Breast Screening

Understanding the underlying emotions and drivers that influence women to attend or not to attend their first routine breast screening

April 2020

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# Executive Summary

In 2019 NHS England Wessex (South) commissioned Wessex Voices to undertake public and patient engagement to understand what motivated women aged 47-54 years whether or not to go to their first routine breast screening. To complement the findings of the feedback we received, an emotion analysis was conducted to identify any underlying emotions and drivers that may have affected their decisions.

The national breast screening programme sends an invitation for first time screening within the first few years of a woman turning 50. Uptake for this appointment across the South East and South West of England is lower than the national target of 70%. Studies indicate women who attend their first screening are more likely to attend future appointments.

We heard from 142 women across Dorset, Hampshire and the Isle of Wight who told us they greatly valued their health. Many women felt screening was important and an effective way to ensure they and their loved ones were healthy, despite concerns with discomfort and the potential for detecting cancer. Many would encourage their friends and family to go for screening so they too could ensure they were physically healthy and receive diagnosis and treatment early if they did have cancer. We found a small number of women (11 out of 142) chose not to go because of reservations with screening, such as potential over treatment, false positives and exposure to radiation.

Ensuring women are fully supported throughout the process in various aspects would support higher uptake of screening. Women told us knowing what to expect at the screening, receiving results in a timely manner, understanding the effectiveness of mammograms and different screening options, and being made aware of breast screening and breast health from a younger age helped them go or would help them go for their first screening.

# Introduction

[Wessex Voices](#)<sup>1</sup> was asked by NHS England Wessex (South) in 2019 to find out what motivates women to go or not to go to their first routine breast screening. Women living in Dorset, Hampshire and the Isle of Wight aged 47-54 years were asked to share their views and experiences through an online survey, which was supported by an eight-week social media campaign.

The national NHS breast screening programme sends women their first appointment letter for routine breast screening within the first few years of them turning 50 years old, provided they are registered with a local GP.<sup>2</sup> Women then receive invitations for screenings every three years until they turn 71. Some women aged 47-49 years of age may also receive an invitation, as part of a national trial to go for screening earlier. By specifically asking women in this age range for their feedback, we were able to obtain feedback that reflected their view of current screening processes.

An emotion analysis was conducted by an external company, Pansensic, on the data we received to understand the deeper, underlying emotions and drivers that may have contributed to women's decision-making, rather than focussing specifically on the practicalities of screening (e.g. location and ease of access to mobile units, etc.)

This report provides a brief background on the current context of routine breast screenings for women nationally and at a local level; an overview of the women we heard from broken down into geographical area and age; key themes from the emotion analysis that was conducted and recommendations based on our findings.

Findings from this report will inform NHS and other health colleagues as to how they can improve services to better support women before, during and after their

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<sup>1</sup> <https://www.wessexvoices.org/>

<sup>2</sup> <https://www.nhs.uk/conditions/breast-cancer-screening/when-its-offered/>

routine screening, thus helping to improve the uptake of women attending breast screenings and supporting women in living healthier and longer lives.

## Background

Routine breast screening enables cancers to be detected early, even before there are any noticeable signs or symptoms.<sup>3</sup> Cancers detected at an early stage are usually easier to treat and have higher survival rates. In England, 98% of women who were diagnosed with breast cancer between 2013 and 2017 had survival rates of 5 years or more after diagnosis.<sup>4</sup>

Current uptake of women who attend their first screening appointment is 61% for women who live in South East England and 60.3% for South West England, both of which is below the national target of 70%<sup>5</sup>.

Studies suggest that women who attend their first routine screening are likely to attend future appointments (over 80% of these women in both South East and South West England attend routine appointments within 5 years). By increasing the uptake of women who attend their first screening appointment, the uptake of women attending regular appointments and the likelihood of detecting cancer early both increase.

## Methodology

Wessex Voices developed an online survey to collect feedback, which was supported by a social media campaign. The survey and campaign were both live for eight weeks between October 2019 and December 2019. Women targeted were

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<sup>3</sup> <https://breastcancernow.org/information-support/facing-breast-cancer/what-expect-breast-clinic-appointment/breast-screening>

<sup>4</sup> <https://www.cancerresearchuk.org/about-cancer/breast-cancer/survival>

<sup>5</sup> <https://files.digital.nhs.uk/60/77DCCC/breast-screening-programme-eng-2017-18-report.pdf>

predominantly aged 47-54 years and living within Dorset, Hampshire or the Isle of Wight. Mid-year 2018 population estimates for England indicate over 220,000 women in Hampshire (including Southampton, Portsmouth and the Isle of Wight) and over 86,000 women in Dorset are part of this targeted age group.<sup>6</sup>

The questions we aimed to answer in this particular engagement project were:

- Is breast screening important to women?
- What helps women decide whether or not to attend routine breast screening for the first time?

The survey consisted of approximately 12 questions. To support the emotion analysis, women were asked to share what advice they would give a friend who was unsure whether or not to go to her first routine breast screening, rather than focussing specifically on the practicalities of screening (e.g. location and ease of access to mobile units, etc.)

Anonymised feedback was shared with Pansensic, an external company that uses a combination of Artificial Intelligence and key words and phrases to understand underlying drivers. They conducted an emotion analysis to understand how women felt about routine breast screening, what may have triggered these emotions and how these may have affected their decision making.

## **Specific engagement with Polish women**

The Dorset Polish Centre were interested in participating in this piece of work, so a Polish version of the survey was developed and published online. This was supported with social media activity targeting the Polish community in Dorset, using posts that were in Polish, encouraging them to share their feedback in the survey. Facebook was the primary social media account used to generate interest. We received 33 responses from the Polish community in Dorset.

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<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

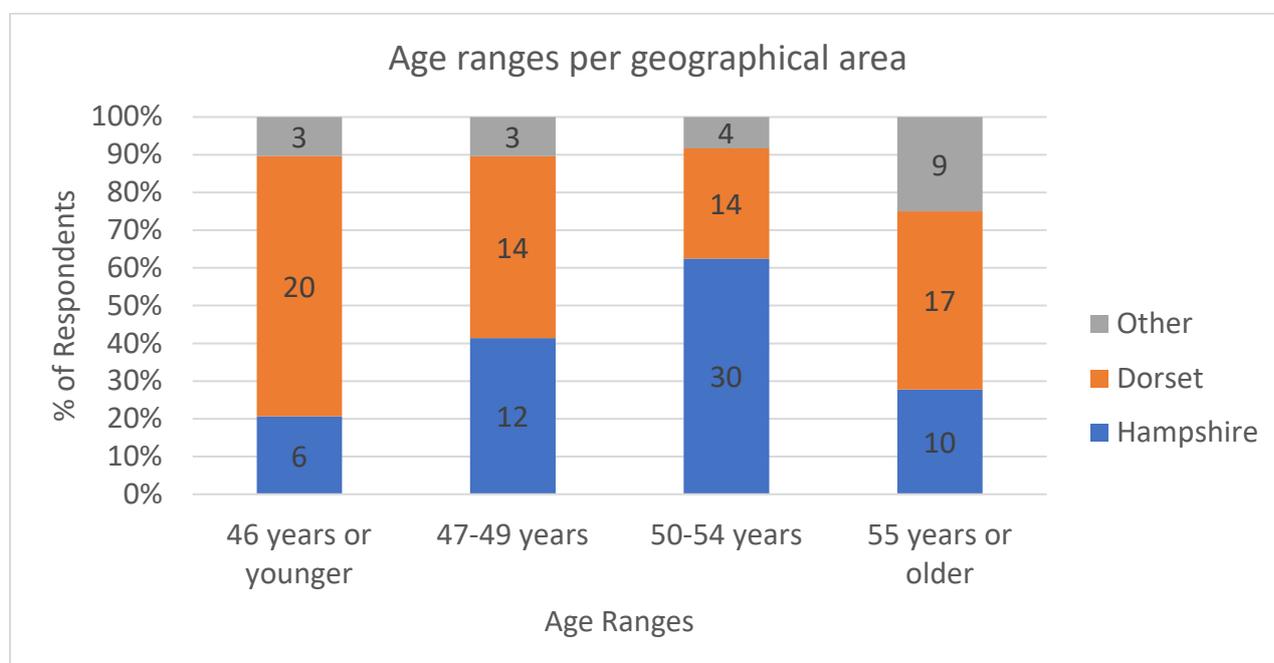
# Who We Heard From

## Across Wessex

Out of the 142 women who shared their views and experiences with Wessex Voices, over half (77 women or 54% of total respondents) were in our target age range of 47-54 years, 36 women (23%) were 55 years or older, and 29 women (19%) were aged 46 or younger.

53% of women were from Dorset, 36% were from Hampshire, Southampton, Portsmouth or the Isle of Wight, while 13% of responses came from women who lived in other areas across the country.

Below is a breakdown of age ranges per geographical area, noting Hampshire's figures include Southampton, Portsmouth and the Isle of Wight.



89 women (63%) considered themselves to be “White or White English/Welsh/Scottish/Northern Irish/British,” while 25 women (18%) considered themselves to

be “White - Other” (10% said they were Polish, with a small percentage remaining noting they were “European, White European, Half European and Half White)” and 28 women (20%) preferred not to disclose their ethnicity. When looking at these numbers in more detail, we see a shift between different geographical areas:

- **In Hampshire and the Isle of Wight:** 49 women (84%) of responses came from women who said they were “White or White English/Welsh/Scottish/Northern Irish/British,” with 3 women (5%) identifying as “White - Other” and 6 women (10%) chose not to disclose this information.
- **In Dorset:** 26 respondents (40%) of women living in Dorset said they were “White or White English/Welsh/Scottish/Northern Irish/British,” 20 women (31%) identifying as “White - Other,” and 19 women (29%) choosing not to disclose this information.

5 women (4% of respondents) said they had a disability, which did not affect their decision to attend or not attend a screening (3 out of 5 women chose to attend their first appointment and 1 out of 5 were not eligible for the national programme); 85 women (63%) of respondents said they did not have a disability and 44 women (33%) chose not to disclose this information. Within each geographical area, women told us the following:

- **In Hampshire and the Isle of Wight:** 39 women (71%) said they did not have a disability, 2 (4%) women said they did have a disability but this did not affect their decision to attend routine screening (one woman said she had rheumatoid arthritis but would attend anyway, and the other woman did not specify her condition), and 14 women (25%) chose not to share this information.
- **In Dorset:** 36 women (59%) said they did not have a disability, 2 women (3%) said they did have a disability but this did not affect their decision to attend, and 23 women (38%) chose not to disclose this.

# Findings

## Key Messages

The findings from the feedback we have received from women highlight the following areas, which are discussed in separate sections in this report:

- Most women in Dorset, Hampshire and the Isle of Wight think breast screening is important
- Over half the number of women said that they went to their first screening
- A small number of women (11 out of 142) chose not to go because of reservations about screening, such as potential over treatment and false positives
- Factors that would make women feel more comfortable about going to first time breast screening are:
  - Knowing what to expect and receiving results in a timely manner
  - Needing reassurance and wanting ‘peace of mind’
  - Understanding the effectiveness of mammograms and different screening options
  - The importance of breast screening awareness from a younger age

It is worth noting some who participated in our survey had yet to be invited to screening because they did not meet the age criteria and some chose not to answer certain questions.

## Women generally think breast screening is important

We asked women three key questions to help us understand how important breast screening was to women:

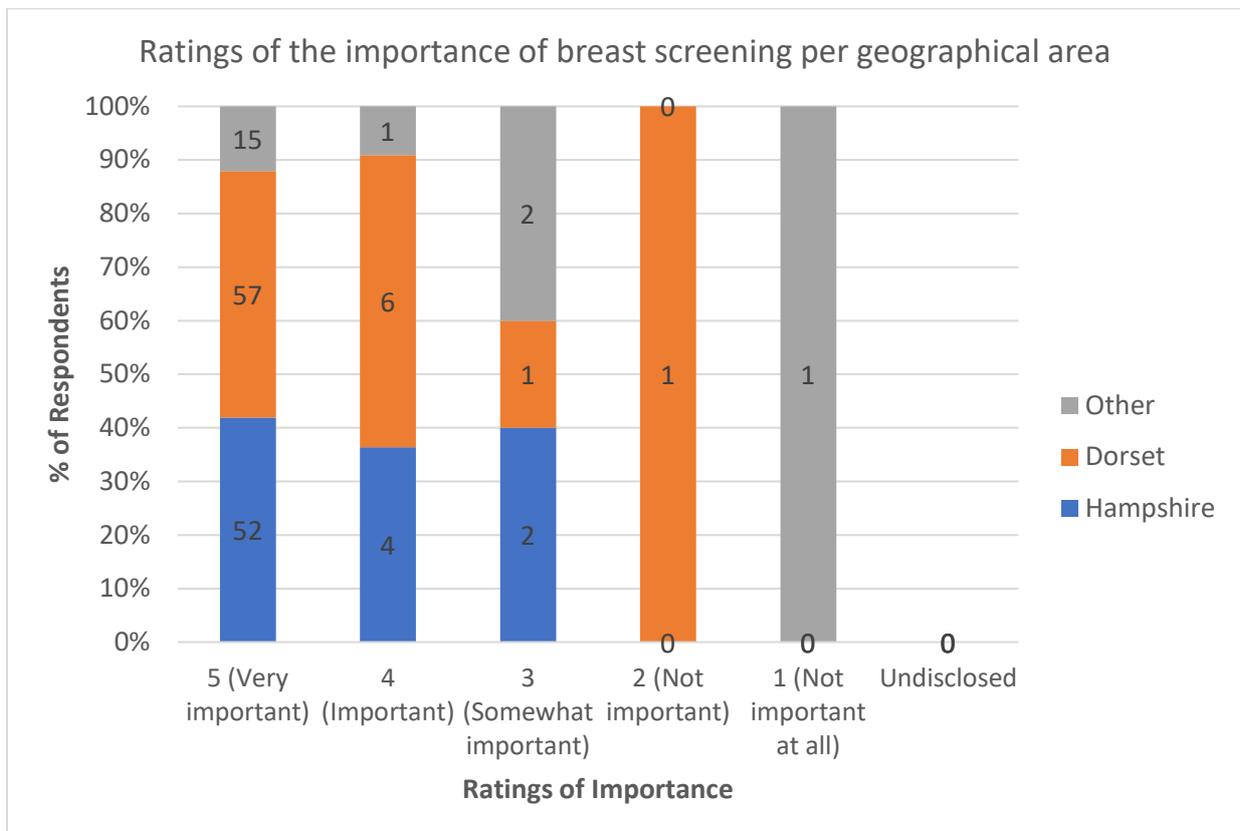
- Do you think breast screening is important?
- Why did you give this rating?

- Did you attend your NHS breast screening appointment when you were invited for the first time between ages 47-54?

When asked if breast screening was important and to rank it on a scale from 1 (not important at all) to 5 (very important):

- 124 out of 142 (87%) women told us it was “5 - Very important”
- 11 (8%) told us it was “4 - Important”
- 5 (4%) said it was “3 - Somewhat important”
- 1 (1%) felt it was “2 - Not very important”
- 1 (1%) said it was “1 - Not important at all”

Below is a breakdown of these rankings across Dorset, Hampshire and the Isle of Wight and other areas:



Reasons for giving their ratings varied but for many women they understood the importance of early detection and were strongly promoting it, which also

resonated in other responses they gave throughout the survey. The graph below provides a full picture of the types of responses we received, with key points below:

- Having a family member, friend or they themselves having a cancer diagnosis affects women's perspectives. The majority of women who said this was a reason behind their rating, usually provided a rating of "4 - Important" or higher and were strong supporters of routine breast screening.
- There were a few women who said there were pros and cons to screening. Two women from Hampshire noted, "Because there are risks as well as benefits" and "There are pros and cons - like being over treated on the basis of a mammogram." Women from Dorset told us, "I have read information about screening which indicates that sometimes cancer is found which would never have been a problem but because something is found then surgery takes places which might never have been necessary" and, "If it were ultrasound [instead] of mammography (which can be harmful or very confusing) then I would very much urge me [to go]." These concerns highlight the need for more information on treatment options and the effectiveness of mammograms.
- No women from Dorset said they were concerned about false negatives or positives, while we had one woman in Hampshire who raised this as a concern stating, "Many false positives and false negatives."

Women in Dorset provided additional reasons behind their rating, noting:

"At my age I feel healthy and not sure of the need for it yet. Also I check for lumps"

"Breast screening should be available for younger women"

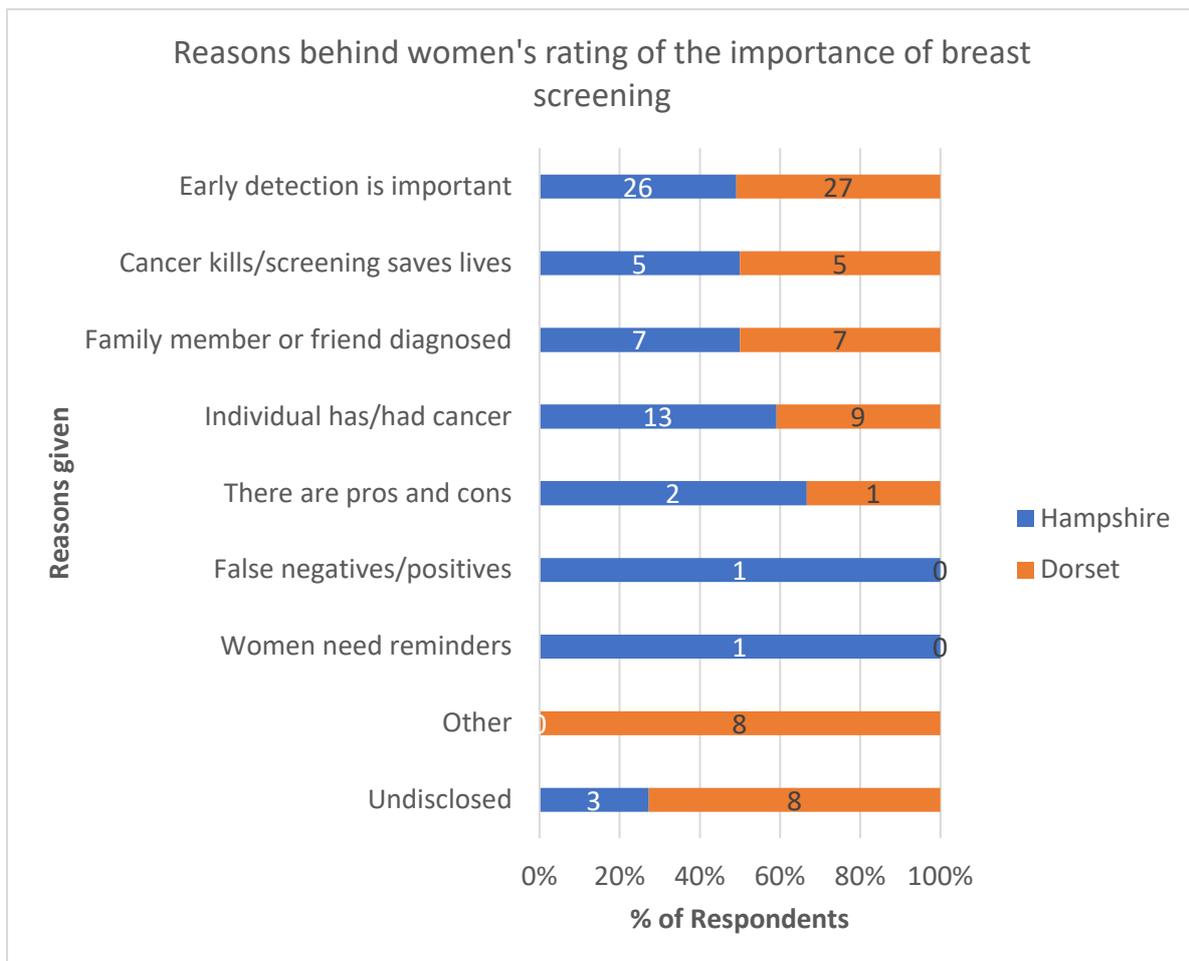
"Unfortunately breast cancer is getting more frequent more and more young women; getting pregnant women nursing breast;

doctors ignore requests for tests such as ultrasound or mammograms”

“Because there is a lot of talk in Poland about these screening”

“I care about my health”

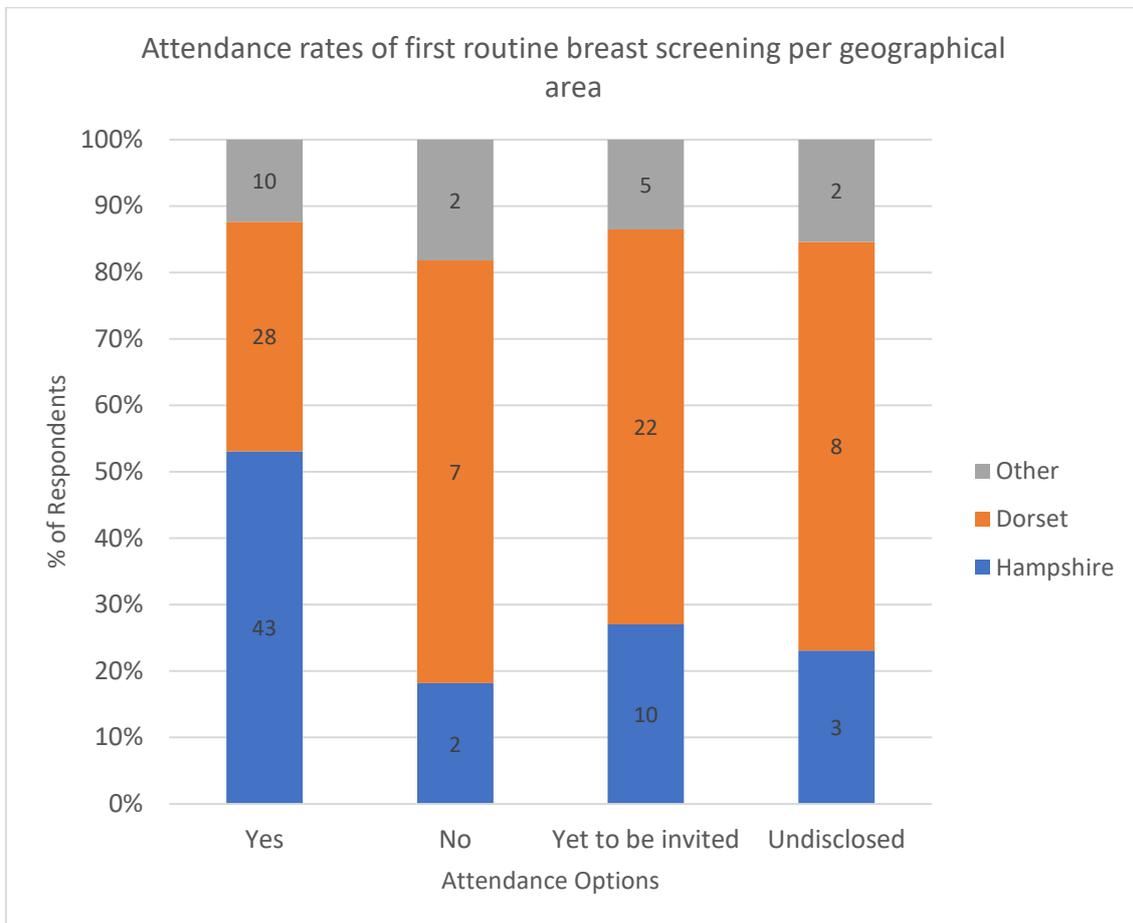
“Because I know it's important but I don't do it”



## Over half the women went for their first time screening

When asked, “Did you attend your NHS breast screening appointment when you were invited for the first time between ages 47-54?”, 81 women (57%) reported they had gone to their first appointment, while 11 (8%) said they did not, 37 women (26%) were yet to be invited and 13 (9%) chose not to answer this question.

The graph below displays these percentages as well as breaking them down into geographical areas:



## Factors that would make women feel more comfortable about going to first time breast screening

What influences women to go or to not go to routine breast screening can vary. Of the women we heard from, the key factors that has helped them decide whether or not to attend their first routine breast screening are below; each is discussed in more detail in the remainder of this report:

- Knowing what to expect and receiving results in a timely manner
- Needing reassurance and wanting “peace of mind”
- Understanding different treatment options and the effectiveness of mammograms

- The importance of breast screening awareness from a younger age

From the emotion analysis, we know the key emotions that contributed to women's decision making regarding their first routine breast screening were primarily worry and reassurance. Despite most women thinking screening is important, there are still things that concern them about the process, which shapes their own behaviour and advice to others. Many who wanted reassurance, wanted any doubts or worries about potentially having breast cancer responded to quickly.

Women across all areas were generally encouraging of other women to make informed choices. Later in this report we provide a more detailed information about the responses from women who chose not to attend regular screening and highlight additional findings from a survey we conducted in 2019 on women's views and experiences on breast and cervical screenings.

## **Knowing what to expect at a screening appointment**

Knowing what to expect beforehand can help women feel better prepared when deciding whether or not to attend their first routine breast screening. Ensuring women are informed of what will happen at the appointment when they arrive can also help to reduce any worries and make the process more comfortable.

Overall, quite a few women reported feeling worried about their results and potentially being diagnosed with breast cancer and some felt worried about the actual procedure itself. Women also felt uncomfortable when steps in the screening procedure were not explained or managed in a supportive, friendly manner.

When asked about their first routine screening, some of the feedback from women living in Hampshire provided were:

“I wasn’t as embarrassed as I thought I’d be. I was more worried about what the outcome would be, as I’d noticed change in my breast.”

“Tell her that it was uncomfortable but it is only for a very short time and could save her life. I couldn’t go to my original appointment and it took me a lot of phone calls to schedule another appointment but I persevered as I knew it was very important. I was recalled so definitely was important.”

“It was a short appointment. The radiographer was very pleasant and explained the procedure. It was very uncomfortable, felt like my breast was going to be ripped off”

Women from Dorset noted the following about their first time experiences and worries they had leading up to it:

“I was very worried about what to expect but the staff were all very sensitive of every patient and our privacy was respected as much as possible.”

“I found it quite painful once the clamp was tightened and that wasn’t really explained that that was going to happen. So anticipating it for the second breast I clearly tensed up and was then told to relax. I said, ‘How?’ given the position you are expected to be in, so the nurse came over and put her hands on my shoulders and pushed down which had the desired affect but I wouldn’t say it was relaxing. On balance again I would say go to my friend and just explain what happens so she is prepared.”

“Not as bad as I thought. I thought It would be more complicated than it was.”

“At my first appointment I didn’t know what to expect! I knew that my appointment would be held in a mobile unit as I’d seen it

before. When I arrived, I was greeted by the receptionist who explained very briefly what would happen. Then I went in and got changed before being called through for the screening procedure itself. However as I have some body piercings I had to go back out and take them out (would have been useful to know that first but perhaps I should have thought!) and the lady doing the screening appeared to be a bit annoyed which made me feel a bit embarrassed.”

“I found it very unpersonal. It wasn't strange as nobody really said anything you were just ushered into a cubicle and then into a room for the screening. I wanted to ask some questions about the screening and how to prevent getting breast cancer but the staff were very off hand and clearly didn't want to talk to me. My advice would be don't expect anything except going into the van had being put into the machine.”

Many women we heard from prioritised having the right information to make an informed decision and several mentioned the leaflet that is sent to first time invitees for a routine breast screening; comments are below. While the feedback is mixed, it suggests that some women may benefit from being signposted to a variety of resources:

“I would encourage her to read the leaflet and make an informed choice. Seek different opinions and read the leaflet!”

“I was initially anxious but found leaflet helpful.”

“I would recommend she read pros and cons leaflet. If particularly anxious and I could help, I may offer to go with her/ meet for coffee after.”

Comments from women in Dorset were:

“Read the leaflet that is sent with the appointment- I found that really useful”

“I would suggest she reads more information on it particularly good sources such as the Cochrane Review to make up her own mind. If there was a medical history in her family that could be different. I would suggest that it is not as straight forward as the leaflet you get says”

“Do what you feel comfortable with, but do read up on the subject not just the leaflet you are sent. Also look up how to prevent breast cancer through behaviour choices because this is equally if not more important”

A few women outside of Wessex who participated in the survey also made similar comments saying, “Look up the benefits online, look up the reasons why not to have one, check the reasons why again and then draw up a pros and cons list” and to “Research.”

Additional recommendations were also made by a few women in Dorset and Hampshire, suggesting women speaking to multiple people, including their GP or a nurse, and looking at alternative resources to get more information to address any worries, concerns or fears others may have about their first time screening:

“I would suggest she talk to the department or her GP practice regarding her concerns. If she were a very close friend, I would tell her about my experience.”

“I'd encourage her to talk about her concerns and to objectively weigh up the pros and cons of going. I'd also encourage her to talk to the experts - either her GP or to call the Macmillan helpline.”

“I would say to speak to GP or a Nurse”

“Talk to a wide range of people”

“Look online for articles/videos”

## **Needing Reassurance and Wanting ‘Peace of Mind’**

Women recommend this as a primary reason for friends and family to go to a breast screening. Many acknowledged the mild to moderate discomfort they felt during the procedure, but felt it was worth it for the reassurance or peace of mind they received after receiving results. Some also highlighted that detecting cancer early was important so people were able to receive treatment as soon as possible.

When asked what they would tell a friend who was considering going for her first routine breast screening, some of the responses women shared included:

“Go and do it! It only takes a few minutes but can give you so much reassurance. It can catch things early, catch them and it saves lives”

“Would say even if nothing is found it is good to have that reassurance but also highlight the returns to have a screening so that if you develop any concerns in the future there is something to compare it with. The reason i say is that when I had a lump investigated information there had been a hiccup with getting the mammogram so it was not find at that time. Years later on a "routine" mammogram something was spotted and various biopsies later turned out to be nothing. Had the mammogram been done years earlier they would have seen it was the same thing and no biopsies would have been needed. Saving pain, anxiety and money.”

“Do what you feel comfortable with, but do read up on the subject not just the leaflet you are sent. Also look up how to prevent

breast cancer through behaviour choices because this is equally if not more important.”

“I was nervous - who really wants to expose their breasts to strangers?! But staff were fab and made me so at ease. Advice would be the awkwardness is a small price to pay for something that might save your life.”

It is worth mentioning some women also mentioned that receiving results quickly helped to reduce any additional concerns or worries about potentially having breast cancer. A woman from Hampshire made the following remark:

“Good thing was to have results at the same time. I am aware this was at the specialist centre and not a mobile unit so probably not always the case”

While a couple of women from Dorset noted the below:

“The results are posted promptly and received within a week so there's no need to worry unnecessarily. I'd rather know if there's a problem so that it can be addressed.”

“Always worth getting things checked even if it's just for peace of mind. It's quick, free & the results also come back pretty quickly.”

“Always worth getting things checked even if it's just for peace of mind. It's quick, free & the results also come back pretty quickly.”

## Understanding the effectiveness of mammograms and different screening options

The topic of the effectiveness of mammograms and different screening options were highlighted by Polish women, which was supported by the emotion analysis highlighting worry and fear as emotions linked to this subject.

A notable number of Polish women living in Dorset were strong proponents of going for breast screening, saying it was a 'no-brainer' and in Poland, there is information given to women consistently about breast health. Some comments we received included:

“Prevention is very important”

“Do you respect your life and life of your family? You won't let you get you and cancer!”

“My aunt had breast cancer, she was screened that helped her with a quick diagnosis. So it has both breasts and the treatment was quick and effective

“I never met someone [who] fear[ed] these research”

“Of course, she should be. It's important to know that she's healthy”

Polish women living in Hampshire also echoed the thoughts above with feedback including:

“It's simple - breast screening saves lives”

“Better to discover something early when it is possible to have simpler treatment”

“It is better to prevent than to treat”

The exposure to radiation from mammograms was another concern that made women feel uncomfortable or worried about going for a mammogram. Women who received breast checks overseas are offered alternatives like ultrasounds, were more likely to recommend these instead of mammograms. Below are comments primarily from women in Dorset with one comment from a woman in Hampshire and another outside of Wessex:

“If it were ultrasound [instead] of mammography (which can be harmful or very confusing) then I would go”

“Unfortunately breast cancer is getting more frequent, more and more young women; getting pregnant women nursing breast; doctors ignore requests for tests such as ultrasound or mammograms”

“Mammography does not show all these changes”

“Because I had a breast tumour. Thanks to the early detection by the ultrasound test, it was removed early (fortunately it turned out to be mild). Now, despite the old age, 73, I receive regular invitations for the screening and of course I use them”

“I do ultrasound and I think this screening is better”

“I tell her it’s very quick and not too uncomfy. I would prefer an ultrasound personally.”

“It is important to catch breast cancer early but, at the same time, there is an exposure to radiation and it can pick up things that would not necessarily need treating and can cause a lot of unnecessary stress and discomfort by treating them”

There was one comment made regarding false positives or negatives from women living in Hampshire, “Many false positives and false negatives” and a woman from Dorset shared her experiences below with false negative outcomes:

“I would say she should definitely go for screening. The process is uncomfortable and undignified though is soon forgotten and nothing compared to a challenging cancer treatment plan. The chance to have a cancer detected sooner is important. Though the result may not be 100 percent accurate and any advice on how to regularly check yourself is also valuable. I had a false negative mammogram result in September 2018 and by January 2019 I referred myself to breast screening via GP and was stage 3. The team could see the cancer on the September 2018 image which was a false negative result at that time.”

## Encouraging informed choices

Five women said they have chosen not to go to routine breast screening when asked if they attended their first routine breast screening and who were eligible for the national screening programme. The average score of the women’s ratings on their views of the importance of breast screening was 3 (somewhat important), with ratings between 1 (not at all important) and 4 (important) given from each woman.

When asked why they gave their rating, women stated:

“It is important to catch breast cancer early but, at the same time, there is an exposure to radiation and it can pick up things that would not necessarily need treating and can cause a lot of unnecessary stress and discomfort by treating them”

“Cancer fears, mom, aunty, 2 uncles died of cancer”

“False positives”

“Many false positives and false negatives”

“Some friends have had cancers detected early and survived”

However, despite their reasons for not personally attending, all respondents said they would encourage friends to do their research so they made informed decisions. One respondent told us:

“I would say it was up to her and to look at the pros and cons of attending. I would not tell her I hadn't been as I wouldn't want to prejudice her or put her off (I didn't attend having had a mammogram a few years prior to my invitation and it was the most excruciating pain I have ever experienced in my life). It's a very personal decision”

## Comparison to Previous Engagement on Screening

Wessex Voices conducted a survey from 2018 to 2019 focussing on views and experiences with both cervical and breast screening, particularly regarding why they did not or had stopped going for cervical and breast screening. We obtained feedback from women aged 50+ years and living in Dorset, Hampshire, Southampton, Portsmouth and the Isle of Wight, including feedback from women living in more deprived areas of Dorset and Hampshire.

Women in group interviews and through social media stated they understood the importance of screening but had various reasons for not attending including:

- Some women “had had a bad experience - either at a screening (extreme discomfort) or personally (examples were sexual violence and menopause)”
- Others felt they were healthy enough to not need to go to screening
- Lack of sensitivity and warmth from staff

- Unable to find the venue easily or could not accommodate the appointment time within their schedules

It is interesting to see the feedback we have received in this survey is of a more positive nature, despite the worries many women seem to have about going for a screening and what the potential outcome of the screening may be. As the questions in the breast screening specific survey focussed on understanding whether women felt screening was important and what would help them to go to screening when speaking with a friend, we see women's concerns about ensuring they are healthy highlighted in the responses we received.

Some of the feedback in the cervical and breast screening report do highlight concerns that align with those found in our survey results, including having warm, friendly and supportive staff making the experience a more comfortable one, knowing of family or friends who had been diagnosed with cancer motivated some women to become strong supporters of screening, having more information would help relieve concerns, and ensuring appointment times and locations were convenient for women. Two respondents from the previous survey noted on the latter concerning disability access:

“I don't have a disability though work pressures also affect decision to go to screening. Flexibility of service location important. Not everyone lives where they work e.g. I worked in Bournemouth and my screening invite was in Weymouth mobile screening. I took annual leave to attend.”

“I do not consider myself as having a disability, however I know that the mobile units have steps and this might post a problem for women with mobility problems. Not sure if there is anything that could be done about that?”

# Recommendations

Many women felt worried, anxious, nervous or a mix of those emotions before going to their first appointment and/or afterwards, while waiting for results. Drawing from the key themes, we make the following recommendations to help reduce worries and support higher uptake of first-time routine breast screening:

- 1. Combine local and national evidence on feedback given by women on breast screening to co-produce public health campaigns for first time attendees and ensuring these address concerns around the effectiveness of mammograms and different screening options. Ensure seldom heard groups are part of co-production.**
- 2. Co-produce messaging with women who have breast checks overseas to ensure they understand differences with the NHS breast screening and to promote uptake in the UK.**
- 3. Signpost women to various resources with simple and clear messaging to provide reassurance when making informed choices.**
  - Share existing simple and accessible resources, such as infographics or a link to a video of a screening process from start to end may help women feel better prepared by reassuring them about what to expect.
  - Emphasise on current letters that the telephone number listed can be called for questions and concerns women may have in addition to changing or cancelling appointments.
  - Discuss the process and what to expect when women arrive for their appointments, even if they have read the leaflet previously sent to them. This would help to ensure they feel supported during the process.

4. Ensure women receive their results in a timely manner to reduce any concerns or fears they may have about the outcome.
5. Public health commissioners to review how screening providers gather feedback, implementing standard feedback processes across all providers, and to regularly discuss feedback from patients shared after screening with screening providers.
6. Raise breast screening awareness as part of messaging around women's general health and wellbeing from a younger age and throughout their lives, working with other campaigns on women's health to ensure breast health is included.

## Conclusion

Women very much value their health and wellbeing, so for many, breast screening is a key way to ensure they remain healthy. They are well aware of what screening can do and that early detection of cancer early usually means a shorter or easier treatment and higher survival rate.

The practicalities of breast screening that were raised in this survey are not unfamiliar, however underlying emotions or drivers that influence women's decision making, can be better assuaged by ensuring they feel supported throughout the entire process - i.e. from raising awareness, to signposting, ensuring they are treated with warmth and kindness at the appointment and receive their results quickly. A multi-pronged approach to co-producing public health campaigns and screening services should ensure they better address women's concerns and potentially increase uptake of first time screening.

Further work through focus groups in lower income areas and with black and minority ethnic communities would help provide a more comprehensive review.

# Acknowledgements

Wessex Voices would like to thank all who took the time to participate in the survey. Their feedback has been incredibly helpful.

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# Contact Details

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