

# Conversations About Cancer

**2025**

Executive Summary  
Report

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# Introduction to the project

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Healthwatch Blackpool were commissioned by the NHS Lancashire and South Cumbria Integrated Care Board **Blackpool Population Health** team, and the **Lancashire and South Cumbria Cancer Alliance**, to explore cancer awareness and barriers to early diagnosis in Blackpool. This was in response to Blackpool's **significantly higher cancer prevalence** and mortality rates compared to national averages. The primary goal was to understand what prevents local people from accessing cancer prevention, diagnosis, and treatment services. The project also sought to **empower residents** by increasing their understanding of **cancer signs and symptoms, promoting screening, and increasing awareness of prevention strategies and support services.**

## Project aims

- Undertake engagement work across a range of communities in Blackpool, to assess the existing awareness surrounding how to reduce risk of cancer, including the HPV vaccination.
- Assess the existing awareness of cancer screening programmes, and how to access these.
- Understand local knowledge surrounding awareness of cancer signs and symptoms.
- Ascertain local awareness of where to access support for cancer signs and symptoms.
- Listen to individual experiences with regards to assessment and diagnostics where people have sought support from health services.
- Better understand the perceived/actual barriers to accessing support in preventing, diagnosing and treating cancer in Blackpool.





# Methodology

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The project employed a mixed-methods approach to engage the community, reaching a total of 1906 people between April and July 2025.

## Survey

An **online survey** was developed to assess community awareness of cancer signs and symptoms, screening, and prevention, as well as to collect lived experiences of diagnosis and treatment. The survey was distributed widely through:

- **Physical posters:** Posters and postcards with QR codes were placed in GP waiting rooms, community centres, and leisure facilities.
- **Partnerships:** The survey was shared with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and local healthcare partners. Three primary care networks (PCNs) shared the survey via text/email.
- **Social media:** Paid advertisements and regular posts on Facebook generated 12,210 reaches and 44,770 impressions.
- **Callback service:** Within the survey, participants could opt to be contacted by a "Talk Cancer" trained staff member for further education and signposting to support services.

## Focus groups

- **Lived experience groups:** These groups gathered in-depth insights from individuals who have had a cancer diagnosis, with sessions supported by established networks like Macmillan.
- **General community engagement:** Sessions were designed to raise general awareness among a wider audience, particularly those who do not typically engage with health and social care services. These groups utilised the "Talk Cancer" approach from Cancer Research UK, incorporating interactive elements like "myth-busting" quizzes and discussions. Creative workshops were also offered to make the sessions accessible, particularly for those with learning disabilities.

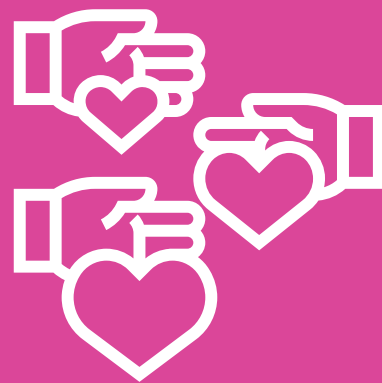
## Door knocking

Targeted **door-knocking** was conducted in the **Victoria ward**, an area with a higher prevalence of cancer. Engagement officers hand-delivered postcards and later followed up to guide residents through the online survey in person.



# Engagement at a glance

**6,906** Individuals contributed to the project



## Door Knocking

**45**



Doors Knocked - 187



Doors Answered - 45



**101** Individuals engaged via cancer callbacks

## Focus Groups



216 individuals attended a focus group with HWB

**24** focus groups

**1690** survey responses

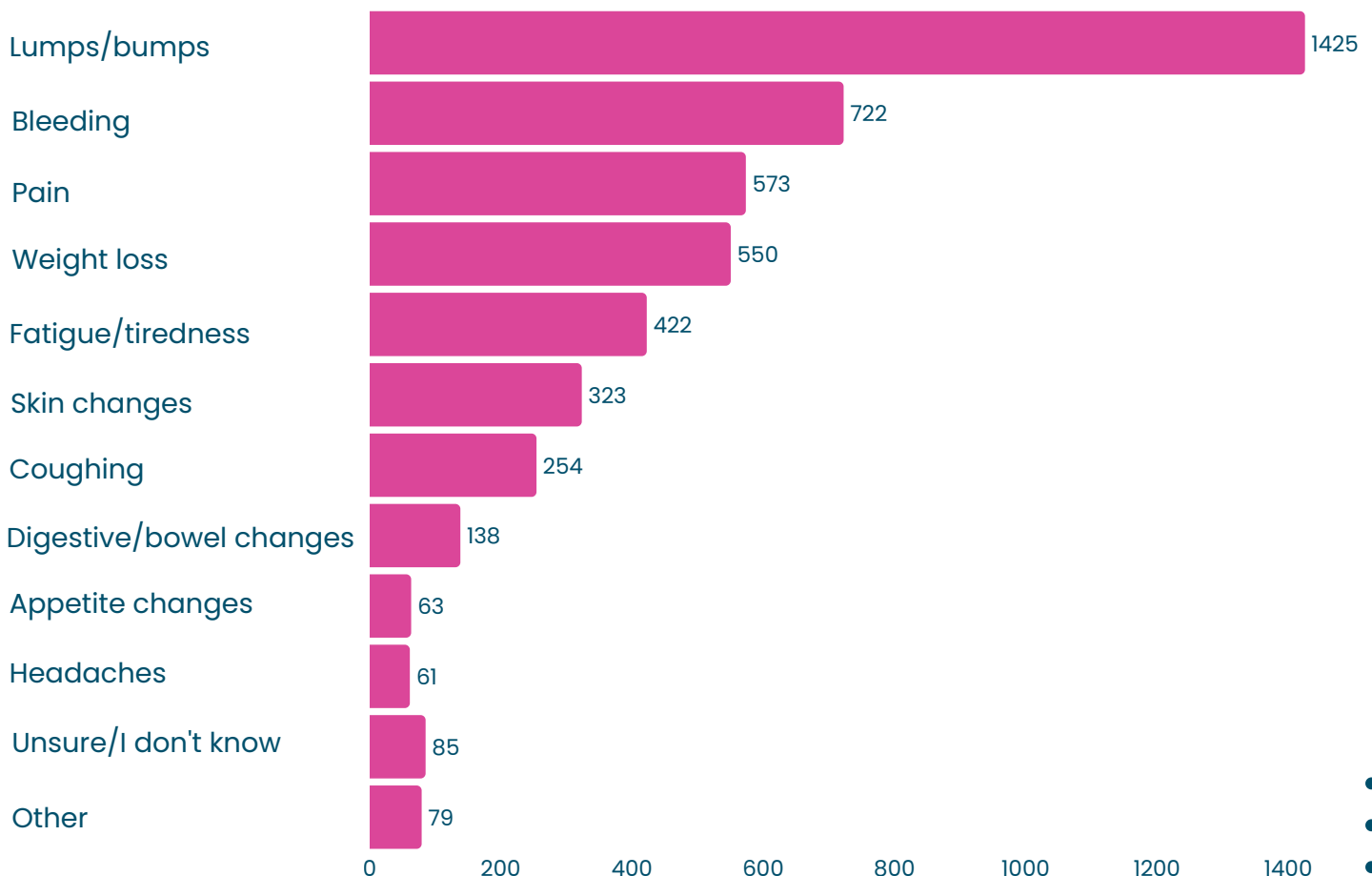




# Awareness & Symptoms

- The majority of people feel **somewhat confident** in their ability to identify cancer signs and symptoms.
- Lack of confidence is largely due to the **vagueness** of many symptoms, which can be **mistaken for other health conditions** or **signs of aging**.
- Many people have **limited knowledge** of cancer symptoms beyond common indicators like lumps. This is worsened by a general **lack of education** and a **distrust of healthcare professionals**, who are perceived as being “dismissive” at times.
- The **most frequently** reported **signs and symptoms** of cancer were **lumps or bumps**, followed by bleeding, pain, weight loss, and fatigue.

## What signs and symptoms do you associate with cancer?





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

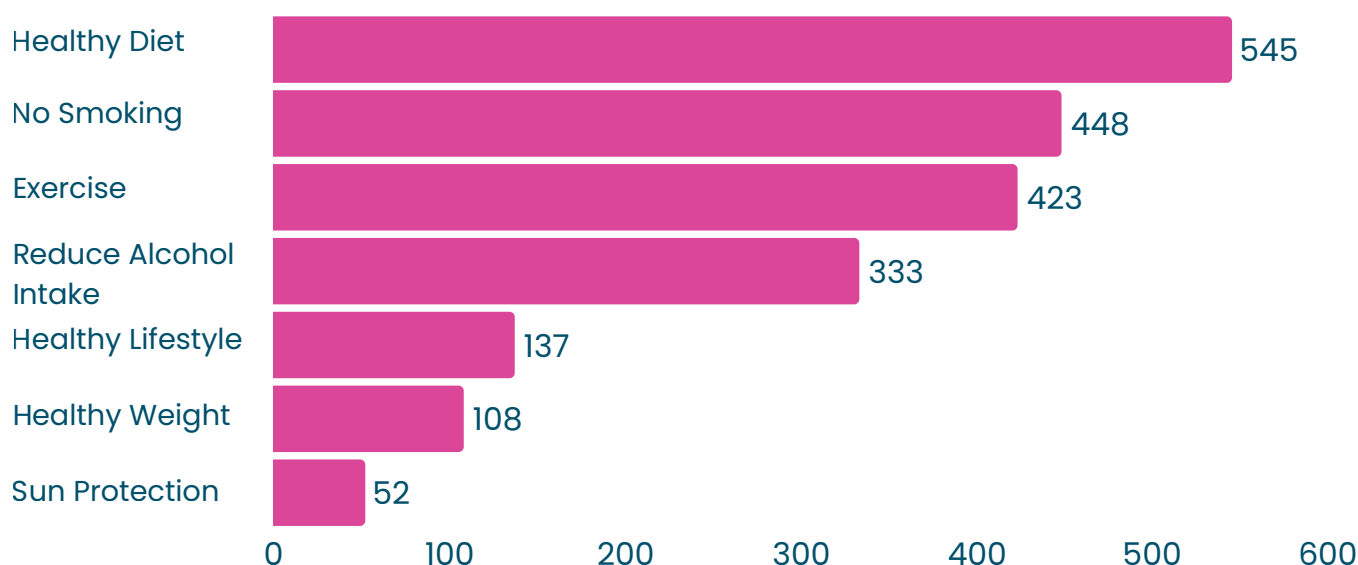
"I wouldn't want to waste GP time unnecessarily as I know how difficult it is to get appointments and how stretched our NHS has become."

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

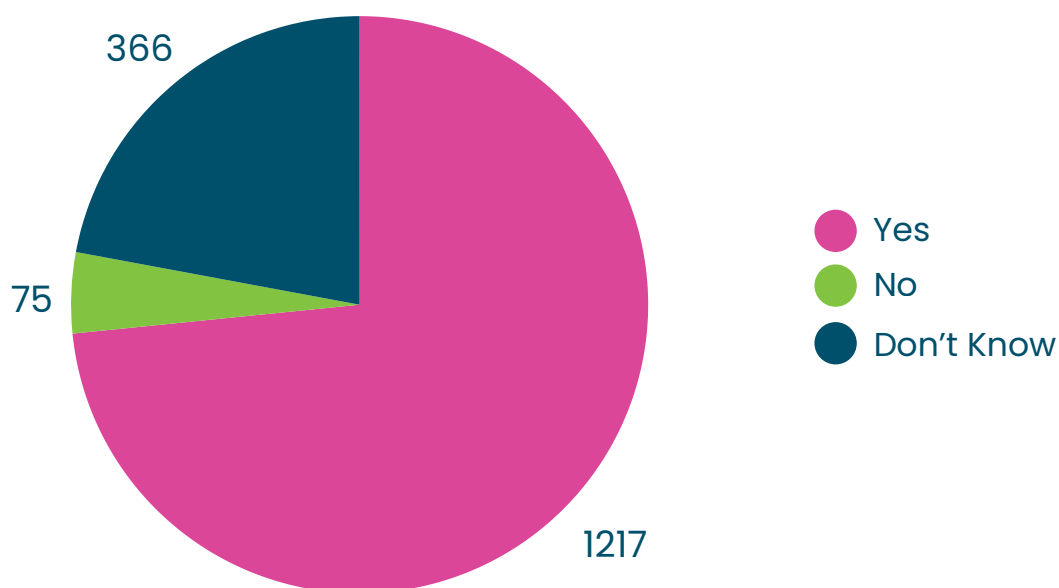


- Most people would visit their doctor if they noticed **lumps/bumps, unexplained bleeding** or any **unusual or persistent symptoms**.
- The main reason residents would delay seeking support from their doctor is due to **difficulties accessing GP appointments**, including long waits, limited availability and appointment systems such as **Patches**. Others also shared **fear** and **feeling a "burden" on the NHS**.
- The **majority** of people were aware of key lifestyle factors that can **reduce cancer risk**, such as a healthy diet, no smoking, exercising regularly, and reducing alcohol.
- Awareness of **sun safety was low** across both the survey and focus groups.

### Are you aware of any ways to reduce your risk of cancer (e.g. lifestyle changes)? Please specify what you are aware of:



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



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

"Being able to talk to someone about symptoms, show them the problem, a one stop shop."

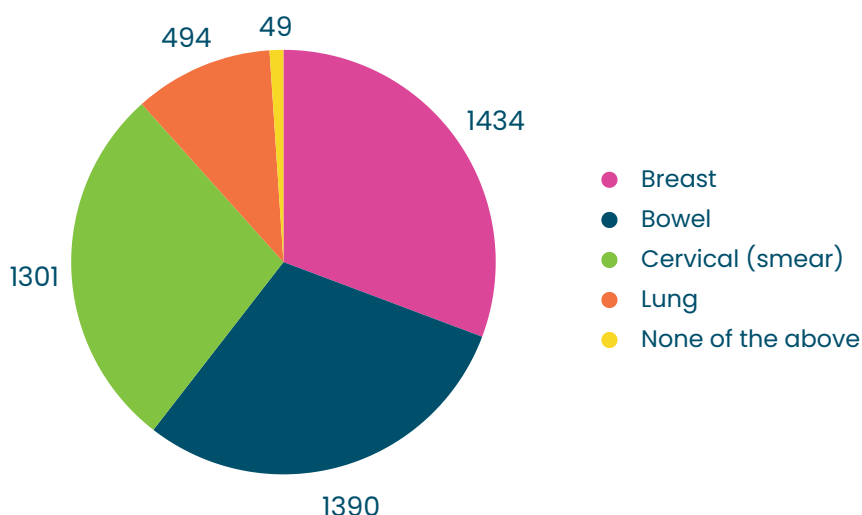
"Easier to drop in than try and get an appointment, which can take weeks and weeks. Seems like it would be a more laid-back approach in the initial investigation stages."

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



# Vaccination & Screening

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



- **Awareness** and **participation** in cancer screening were **relatively high** in Blackpool.
- The majority were **aware of breast, bowel and cervical**, and participation of attending these screening were **most common**.
- While many people consistently attended screenings, a significant number **faced barriers**, including:
  - Many individuals were unsure about which cancer screening programmes they were **eligible to access**.
  - **213 respondents** cited a **lack of awareness** as the reason for not attending all the national cancer screening programmes they qualified for.
  - Some participants were **not aware of the lung cancer** screening programme at all.
  - Some faced **issues** with **receiving screening invitations** or were not eligible because of **age restrictions**.

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

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

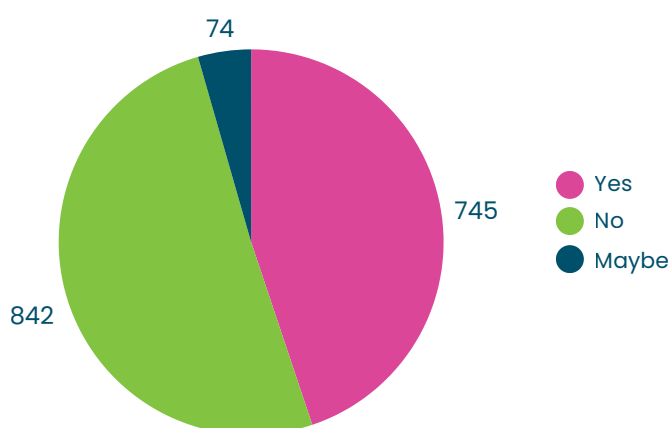
“I’m too old now-would liked to have continued with the bowel screening as I have it on both sides of the family.”

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

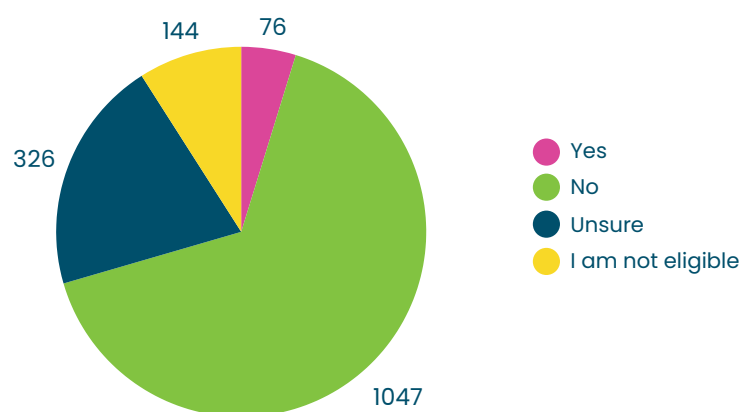
Letter/phone call invitation	909	Word of mouth (e.g. family, friends, work colleagues)	305	Information provided during hospital visits	207
GP Surgery	868	Poster or leaflets in public places	280	I do not know where to find this information	145
NHS Website	553	Mobile cancer screening bus	217	'Other' responses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

- **678** respondents were **uncertain** about the HPV vaccination, with answers like **"I don't know"** or **"no idea"**. Many were unsure what it does, while others **vaguely** associated it with a **virus**.
- **426** participants linked the vaccine to **cancer prevention**, most often **cervical cancer**, and occasionally other cancers such as **anal** or **penile** cancer.
- **101** individuals identified the vaccine as protecting **specifically against HPV**, either by **preventing infection** or **reducing transmission**.

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



### Have you received the HPV vaccination if eligible?



"I am not aware and have not heard of the vaccination."

"To stop the spread of HPV during intercourse."

"It's for young people to prevent the spread of the virus and minimise risk of cervical cancer."

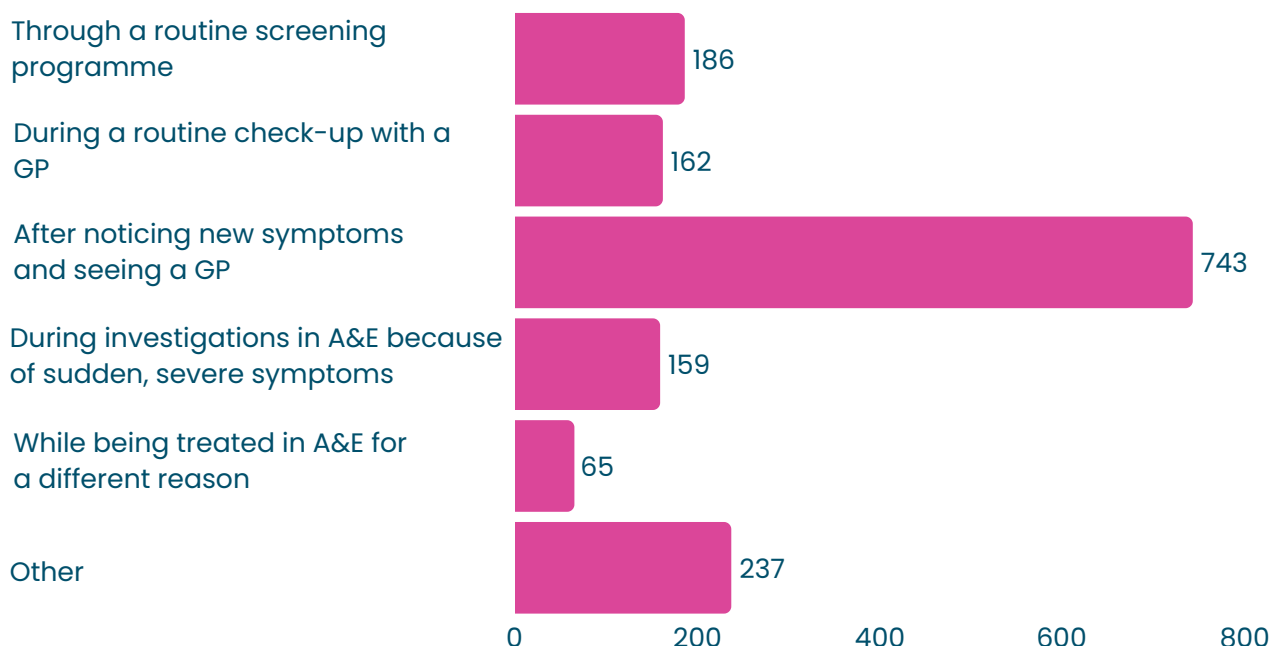
"Is it the one they give to teenagers?"

# Experiences of Cancer

## Diagnosis

- Many cancers were diagnosed at **stage 4**.
- The most frequently reported cancers were **breast, bowel, and lung cancer**.
- Participants reported that symptoms **varied**, with the most common being changes in **bodily functions**. A prominent theme was altered bowel and bladder habits, with many mentions of increased frequency of urination, difficulty urinating, and changes in bowel consistency, including both diarrhoea and constipation.
- Others included persistent **pain and discomfort**, and **lumps/bumps**.
- The majority of individuals discovered they had cancer after **noticing new symptoms and seeing a GP**.

### How was yours/a family members cancer first discovered?

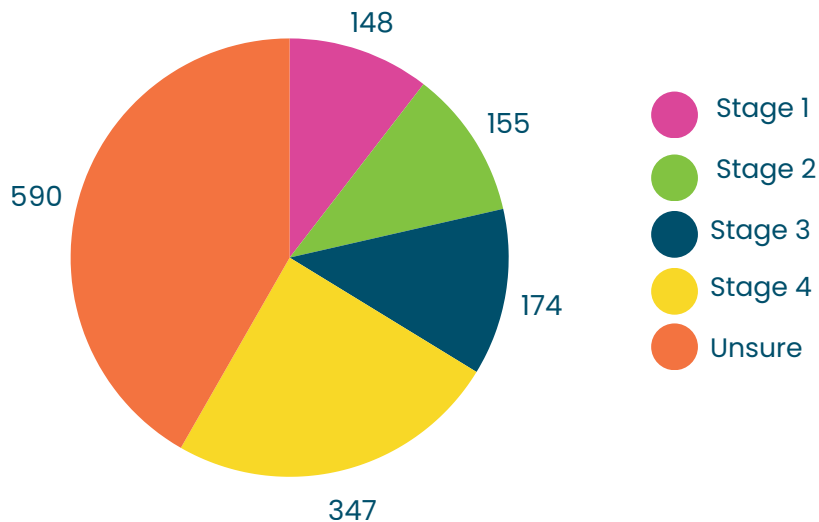


"Diagnosed quickly and told on the day of colonoscopy. Staff were professional and explained what they had found and next steps for referrals."

"GP referred me to the hospital. My GP was excellent, very caring, concerned and talked everything through with me."



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



## Treatment

- Most participants were treated at **Blackpool Victoria Hospital** or by specialist services in Preston and Manchester.
- **676** participants reported positive experiences of the cancer diagnostic and treatment processes due to the **speed** of their **diagnosis, high quality** and **supportive care** and **clear communication**.
- **442** individuals reported that negative experiences were often caused by either **delays, poor quality of care, lack of communication or misdiagnoses**.

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

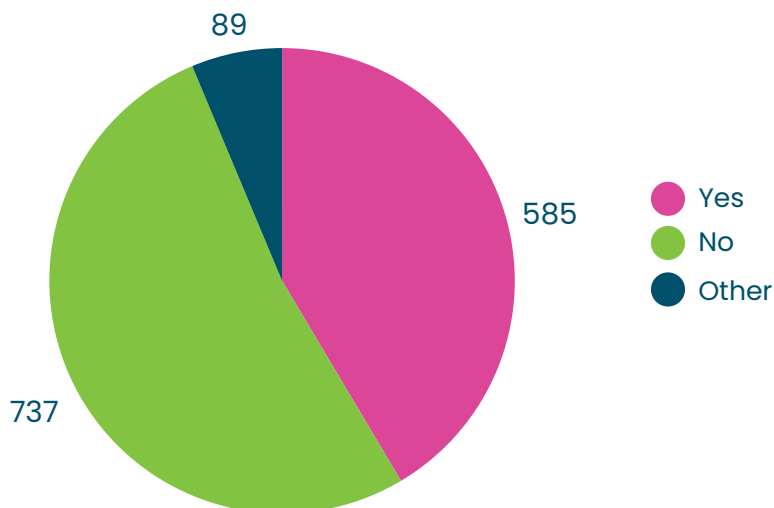
"My mother was misdiagnosed; was told it was menopause/mental health. She died 3 weeks after diagnosis."

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



## Support

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



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

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

"I believe there may have been, but it seemed very limited. I personally did not get any early support, which would have helped me with my 2 young children."

- The majority of respondents had a **specialist doctor** as the key person in their treatment journey.
- **737** shared that they **did not access** any **support services**, for example, Macmillan.
- Of the **585** who **did access support**, **Macmillan** was the most used service, praised for **emotional** and **practical** help with finances, benefits, and navigating care.
- **Hospice, nursing** and **local voluntary support groups** were also praised for their support and guidance.
- **473 participants** shared that at times, **support** was either **not offered**, leaving them to seek this out themselves, or support was inconsistent.
- Feedback suggested that individuals would like **more emotional** and **practical support** such as counselling, group support or family-focused care for both patients and loved ones.

# Barriers, Opportunities for Improvement, & Areas to Celebrate

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

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





- The biggest barriers identified were **limited access to GP appointments** and **long waiting times** for appointments.
- Residents suggested overcoming these barriers by:
  - **Increasing appointment availability**
  - **Raising public awareness** and **education on cancer** (especially cancer education in schools)
  - **Improving communication** – empathetic, non-judgmental interactions, clear explanations of processes and symptoms
- Individuals supported the idea of a **dedicated cancer drop-in clinic** to offer **timely advice, direct access** to specialists with cancer knowledge, and **support** early detection.

“Without the support and information provided by Trinity and Marie Curie we wouldn’t have known as much as we did, as GP and hospitals didn’t really give any support.”

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

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

- **592 respondents** were unsure or unable to identify which aspects of cancer support in Blackpool were operating well.
- Most explained that they **could not comment** because they had not personally accessed cancer care services or were not local.
- **134 individuals** highlighted **Macmillan Cancer Support** and **Trinity Hospice** as key cancer support providers in Blackpool.
- **130 respondents** highlighted **high satisfaction** with hospital-based cancer care at Blackpool Victoria Hospital. Many **praised the oncology department**, chemotherapy and radiotherapy services, specialist clinics.
- Many praised the **two-week referral pathway**.

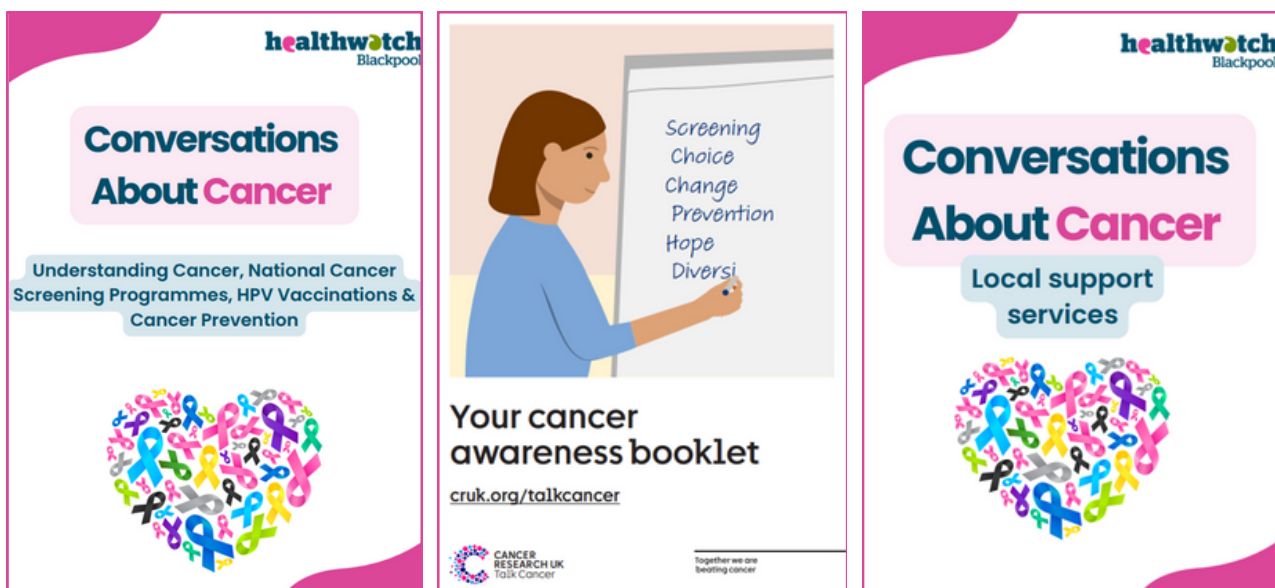
# Door Knocking

- Door-knocking efforts in Blackpool's Victoria ward found that many residents were **unaware** of **available support services**, beyond Macmillan Cancer Support.
- Some residents were confident in **identifying common symptoms** like lumps, weight loss, and unusual bleeding.
- Some residents faced **barriers** like **fear**, **stigma**, and **difficulty securing GP appointments**.
- Participants suggested initiatives to **improve education** and visibility, such as **mobile clinics**, **social media** campaigns, and **school-based education**.
- Awareness of **breast, bowel, and cervical** cancer screenings were **high**.
- Knowledge of the **HPV vaccination** was **very limited**.
- There was **strong support** for a **local cancer drop-in clinic** to provide accessible information and reduce the strain on GP services.



# Talk Cancer Approach

- Talk Cancer is a training programme developed by **Cancer Research UK**, providing individuals with information and resources to have **effective**, informed **conversations** about **cancer**.
- It is designed to equip people with the skills to **communicate key messages** on cancer prevention, early diagnosis, and screening.
- **Four members** of the **Healthwatch Blackpool team** completed the Talk Cancer training.
- Utilising the Talk Cancer approach, trained Healthwatch representatives provided individualised **education** to **101 people** via opt-in **callbacks**.



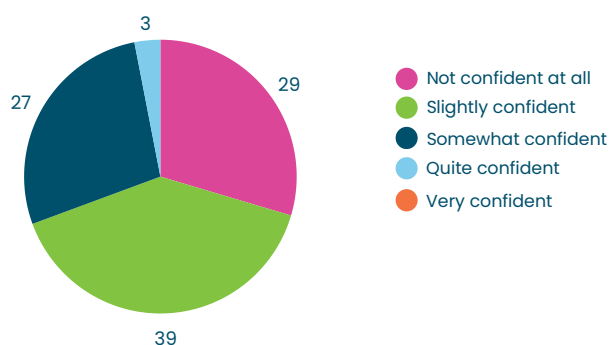
As a result of the callbacks conducted by Healthwatch Blackpool staff:

- Many participants expressed a **need** for more information about national cancer screening programmes.
- It was found that whilst awareness of **some screenings** (breast, bowel, cervical) were **high**, knowledge of the newer **lung cancer screening** programme was **limited**.
- Some participants also reported confusion regarding age eligibility for screenings, expressing frustration at no longer being eligible and not understanding the rationale for age limits.
- Others admitted to delaying or skipping screenings due to **fear**, **inconvenience**, or **administrative issues**.
- Some participants demonstrated **good awareness** and actively maintained a healthy lifestyle, such as limiting alcohol intake, avoiding smoking, and eating a balanced diet. Others showed gaps in knowledge, particularly regarding **sun safety** and the use of **sun cream**.

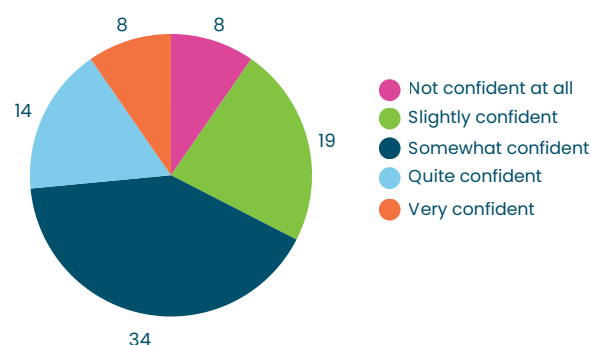


- We also utilised **‘Talk Cancer’** training during **focus groups** and **listening events**. These sessions were designed to bust common myths and **share key messages** through open discussions and quizzes.
- They were also adapted into different formats for **accessibility**. At the end of these sessions, participants completed a **feedback form** to determine if their cancer awareness and education had improved.
  - Feedback showed the talk cancer approach **significantly increased** participants **confidence** and **knowledge** of **cancer** and the **HPV vaccination**.
  - Participants learned about lung cancer screening, accurate **information** about **prostate checks**, and the impact of **lifestyle choices** and **reducing cancer risk**.
  - The most impactful takeaway was the importance of **listening** to their **bodies** and **seeking medical advice** for any changes. This led to a **demand** for more community-based discussions and practical guides on self-examination.

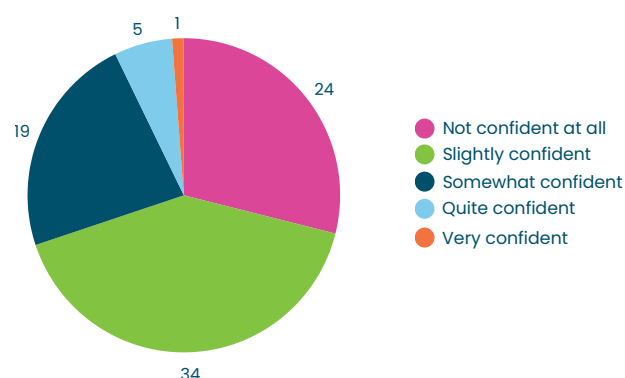
**Before today’s discussion, how you would rate your knowledge of the topic?**



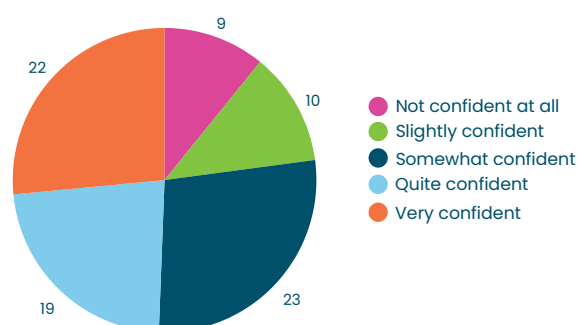
**After today’s discussion, how you would rate your knowledge of the topic?**



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



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





# Recommendations

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## Implement cancer drop-in clinics

- We recognise that there is an opportunity locally to test and learn, and we suggest that the primary focus be establishing cancer drop-in clinics, which could be community-based or mobile, operating both in person and also accessible online or by phone. These clinics would provide an alternative pathway for individuals seeking medical advice, with a focus on initial symptoms, blood tests, and reassurance. By offering direct access to GPs with enhanced cancer expertise, supported by specialist nurses or other trained practitioners, the clinics could ensure patients receive timely, clear, and accessible advice. This approach would reduce pressure on GP surgeries while still providing the specialist knowledge and reassurance people said they valued.
- Incorporate peer support groups or dedicated discussion sessions within these drop-in clinics, giving patients the chance to share experiences, ask questions, and receive advice from others who have faced similar challenges.

## Address barriers to screening and vaccination

- Ensure clear communication that anyone with concerns about cancer symptoms, a family history of cancer, or new worries between screening intervals/after routine screening has stopped, should contact their GP. Promote awareness that individuals can choose to opt back in to breast or bowel cancer screening after the upper age limit, where possible to do so.
- When young people are invited via educational settings to receive their HPV vaccine, include comprehensive information within the invite which is sent to parent and carers, informing them of the reason why their child has been invited and the importance of this. This needs to strongly emphasise the role of the vaccine in preventing HPV related cancers, with evidence included to showcase the effectiveness of this. Importantly, the information should also clearly state that the HPV vaccine is recommended for both males and females, highlighting that both genders play a critical role in preventing the spread of HPV and reducing the risk of cancer.





- Continue to facilitate mobile screening services, choosing easily accessible locations, such as community centres, sports facilities, supermarkets and health vans, to increase participation and reach populations who may face barriers attending traditional healthcare settings. Considering trialling this approach for cervical cancer screening to increase participation.
- Improve public awareness of the four national cancer screening programmes and what each programme involves. Feedback highlighted a clear disconnect, with many participants unaware that they were taking part in national screening programmes, often assuming these were routine check-ups or tests.

### **Strengthen public awareness of cancer signs, symptoms and prevention**

- Feedback recognised the need for widespread Public Health campaigns to educate residents about cancer signs, symptoms and prevention. These need to go beyond the most common symptoms, incorporating positive and relatable success stories to build confidence and reduce fear/stigma. The insights gathered from community voices throughout this project should be used to help shape and inform upcoming awareness campaigns, soon to be implemented via the Cancer Alliance.
- Expand community education by upskilling existing VCFSE organisations to deliver cancer awareness training key with the people they support. Sessions should provide practical, engaging information on self-examination, symptoms, lifestyle factors, and the purpose of different screenings, whilst also helping to reduce stigma/fear.
- Awareness of sun safety is currently low, highlighting the need for targeted Public Health initiatives to improve understanding of the risks associated with UV exposure. Efforts should focus on educating individuals about the role of sun protection in cancer prevention, promoting practical strategies such as using sunscreen, wearing protective clothing, and seeking shade, and integrating sun safety messages into broader cancer prevention campaigns.
- Implement dedicated initiatives targeting males to raise awareness of cancer signs and symptoms, and to encourage timely help-seeking. Communications should provide clear information on when and how to discuss PSA testing with a GP, ensuring men have accurate and accessible guidance to support informed decisions.







- Communications about cancer screening in Blackpool should clearly explain the purpose of screening, and that it is intended for asymptomatic individuals. There needs to be an emphasis that anyone experiencing symptoms or concerns should contact their GP, rather than waiting for their next screening. Messaging should also raise awareness of all available programmes, address common misconceptions, and use accessible channels to reach those who face barriers to participation.

### **Improve education within schools and colleges about cancer signs, symptoms and prevention**

- Offer age appropriate cancer awareness workshops and drop-in sessions in schools and colleges, linked to the Cancer Awareness Champions project. Consider piloting a programme in Blackpool to develop young people's champions, increasing knowledge about cancer, the impact of lifestyle choices, and reducing stigma from an early age.
- Work closely alongside Blackpool's Public Health team to help shape and develop existing initiatives that aim to educate young people about the HPV vaccine, ensuring the purpose and importance of receiving the vaccine is included, alongside this being applicable for both males and females with the reasons why.
- Offer sessions for college students and young women that provide clear, positive information on what to expect during cervical screenings. These sessions should use approachable language, feature healthcare professional Q&As, and share positive testimonials to reduce fear and normalise the procedure.

### **Improve early diagnosis pathways and communication across primary and secondary healthcare services**

- Address the primary barrier of long waiting times for GP appointments relating to cancer concerns by implementing a streamlined, high-priority system for patients presenting with potential cancer symptoms. Ensure these patients can access same-day or next-day appointments, facilitating timely GP assessment and urgent referral, while supporting alternative routes such as drop-in sessions.
- Ensure patients have a clear, consistent point of contact within secondary care within the cancer team, to support communication and provide information throughout their cancer journey. This should include a comprehensive information pack with guidance and sources of support, helping patients feel informed and supported while complementing existing care pathways.





- Ensure clear and empathetic communication with patients about their cancer diagnosis, inclusive of the diagnostic stage where possible, helping them understand what it means for their care. Provide explanations of how the diagnosis informs treatment options and the overall care pathway, tailored to the individual's circumstances.
- To support timely diagnosis whilst acknowledging the complexity of clinical decision making, we recommend strengthening safety netting practices across primary care. Clear guidance should be provided to ensure patients understand next steps, expected timelines, and when to seek further advice. This approach helps manage uncertainty in cases where symptoms are non-specific or overlap with other conditions, reduces the risk of delayed follow up, and reinforces transparent communication between clinicians and patients.

### **Ensure every patient receives immediate, person-centred support at the point of diagnosis**

- Improve the visibility of cancer support services by ensuring patients are proactively provided with information on all local support options, including community groups, specific cancer support groups, hospice services, and NHS services, immediately following their diagnosis. By offering this information, patients and their families are not left to seek out help themselves, connecting them with vital resources when they need them most.
- To ensure high quality support, every patient should receive a person-centred support plan at the time of their diagnosis. This plan should serve as a comprehensive guide, proactively addressing a patient's emotional, practical, and financial needs throughout their entire cancer journey, from initial diagnosis to post-treatment recovery.

### **Address gaps in cancer awareness and prevention for those living with a disability**

- For people with learning disabilities, there is a need to improve awareness of cancer among both individuals and their carers, empowering them to recognise symptoms and understand prevention.
- Accessibility to cancer screening programmes remains a significant barrier, with many facing challenges in understanding, navigating, or attending appointments. Insights from disability focus group highlighted the importance of tailored information, clearer communication, and practical support to ensure accessible equipment to prevention, early detection and care.





- To address the significant barriers faced by people with disabilities in cancer awareness, prevention and early detection, it is recommended that the Adult Social Care Learning Disability and Autism team utilise their regular contact with individuals and families. Social workers should be educated in cancer awareness training, giving them the confidence and tools to have meaningful conversations about cancer with individuals and their carers. In addition, providing social workers with free, easy-read materials containing clear information on cancer symptoms, prevention, and screening options would further enhance their ability to educate and empower the people they support.





# Contact Us



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## Thank you!

