



healthwatch
Oxfordshire

What we heard about cancer and access to healthcare

March 2026



Contents

Contents.....	1
Key findings.....	2
What is community action research?.....	4
Why cancer?.....	5
What did we do?.....	6
What did we hear?.....	9
What's next?.....	17
Useful information.....	20

Acknowledgements

Many thanks to everyone who shared their experiences and views as part of this project, the community researchers from Sunrise Multicultural Project and the rest of the Sunrise team for their support. Thanks also to Sam Evans and colleagues at the Oxford Breast Imaging Centre.



Key findings

Cancer is a serious illness that affects many of us, but not everyone is affected equally. People from global majority backgrounds and more deprived areas are less likely to have their cancer detected and diagnosed early, which can mean they have worse outcomes. Tackling these inequalities around cancer is one of the priorities of the NHS through their Core 20 Plus 5 approach – both nationally and locally in Oxfordshire.

Sunrise Multicultural Project wanted to understand the experiences of some of the communities they support in Banbury Neithrop and Ruscote, especially South Asian women – including what barriers people face to getting a timely diagnosis and what would support people to find and get help for cancer early on. With support from Healthwatch Oxfordshire, using a community research approach, together we ran focus groups with two of our ladies' support groups. We heard from around 20 women about their experiences of cancer screening, diagnosis and treatment, and of accessing healthcare more generally.

We heard:

- Some women faced **barriers to accessing health and care services** including GPs, dentists and hospital appointments. These included **long waits for appointments** and **difficulty contacting their GP practice by phone**.
- Several people had experienced **challenges getting the interpreting support they needed** – for example, being offered an interpreter who did not speak their dialect – and felt they had to rely on family members to help them.
- The ladies have some awareness and understanding of cancer, often based on the experiences of friends or family members. They make sure to attend screening appointments, even though they can be uncomfortable, and encourage other women in their community to attend as well. Some women, but not all, knew about how to self-check and why it was important, and played a key peer support role encouraging others in their community to attend screening.
- There were contrasting experiences of getting a cancer diagnosis and of their symptoms being taken seriously. We also heard about the positive difference made by practical and culturally appropriate support.

Next steps

- Sunrise Multicultural Project, with support from Healthwatch Oxfordshire, is taking forward actions from the report – including organising a visit from a breast care nurse and making translated information available to our groups.
- We are sharing this report with people who make decisions about health and care in Oxfordshire to inform the design and delivery of health services covered by this report, including Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Oxford University Hospitals NHS Foundation Trust, and the Thames Valley Cancer Alliance. We are asking them to:
 - Build on communities' awareness of cancer prevention, screening and diagnosis through outreach to community groups and empowering community members as 'champions' providing culturally appropriate support to others in their communities
 - Address gaps in interpreting support and GP access, including navigating phone options, which adversely affect people from global majority backgrounds and those with additional communication needs
 - Proactively share, signpost to and work with communities to build support culturally appropriate cancer care, information, communication and support
 - Take note of our findings in the development of the Cancer Alliance 10 year strategy.



What is community action research?

Community action research is an approach to hearing about people's needs, views and experiences, and using this to help bring about change. It involves communities themselves in each step of the process. This means working with community members to find out what issues are important to their communities and together listening to community members' views. It enables ideas and suggestions to be made as to where change or practical solutions can be achieved. Communities bring many strengths to research, including lived experience and local knowledge to understand problems and build solutions, strong networks, relationships and trust, culturally appropriate knowledge and ideas and energy for change.¹

Four key principles of our community research approach, identified by community researchers from Oxfordshire, are:

- Nothing about us without us.
- Commit to action.
- Value lived experience and time.
- Be open, transparent and accountable.

This community research project was led by Sunrise Multicultural Project with ongoing support from Healthwatch Oxfordshire.

Sunrise Multicultural Project is a grassroots charity working with minority communities in Banbury Neithrop and Ruscote, which are among the 20% most deprived local areas in England. Sunrise runs a wide range of events and activities including free English classes, youth groups, kids' clubs, children's football and drop-in sessions for women. We provide support and advice, including on housing, benefits, health services and domestic abuse. The people Sunrise works with includes those from Banbury's South Asian communities, as well as refugees and asylum seekers. The relationships Sunrise has built through this work means we have a powerful insight into the experiences these communities have of accessing and using health and care services locally.

Healthwatch Oxfordshire supports community research on topics relating to health inequalities by working with grassroots groups and individual researchers to hear from their communities. We particularly focus on working with communities who are most likely to experience health inequalities, such as those from diverse and global majority backgrounds and those living in Oxfordshire's priority neighbourhoods.

¹ For more information about community research, see [Healthwatch Oxfordshire Community research webpage](#)

Why cancer?

The first and main reason why we looked at cancer was because it is important to the communities we work with. A relative of a member of one of Sunrise's groups was recently diagnosed with breast cancer and because of this, there was interest in the community in learning more about cancer prevention and early diagnosis, as well as understanding and tackling the barriers that people face to seeking and getting help.

Cancer is a serious but very common illness - 1 in 2 of us will be diagnosed with cancer at some point in our lives, usually as we get older.² In recent years there have been major improvements in detecting and treating cancer early, leading to better outcomes for people with cancer. However, these improvements have not been experienced equally. People from global majority backgrounds are more likely to be diagnosed at a later stage than white people³ and people living in the most deprived areas of England are more likely to be diagnosed at a later stage than people living in less deprived areas.⁴

Because of this, early cancer diagnosis is one of the priorities of the government's Core 20 Plus 5 health strategy, which has also been adopted locally by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board in their Joint Forward Plan. Research by Cancer Research UK has shown that screening is most likely to detect cancers at an early stage. Those who are referred for tests by their GP are also more likely to have their cancer diagnosed at an early stage than those who present as an emergency (for example at A&E) – even though these people might visit their GPs more often.⁵ Things preventing people getting diagnosed could include barriers to people seeking help, such as fear or mistrust of health services, as well as barriers to people getting help when they seek it, for example difficulty making appointments or a lack of interpreting support for those whose first language is not English.⁶

Health and care services have introduced improvements to reduce these inequalities – for example, by making it easier for people to be referred to cancer specialists from A&E⁷, supporting patients to get a second opinion for persistent symptoms⁸, and reaching out to different communities to encourage people to attend screening⁹. The National Cancer Plan for England, published in February 2026, identifies actions to improve early diagnosis, including strengthening community awareness, piloting ways for women to self-refer to breast diagnostic clinics without having to see a GP first, making mammography machines more accessible to disabled people.¹⁰

² [Cancer Research UK news article - 1 in 2 people in the UK will get cancer](#)

³ [Anna Fry et al \(2023\) Relationship between ethnicity and stage at diagnosis in England: a national analysis of six cancer sites. BMJ Open 13 \(1\) e062079](#)

⁴ [Cancer in the UK 2020: Socio-economic deprivation. Cancer Research UK report](#)

⁵ [Cancer Research UK article: Health inequalities - improving early cancer diagnosis for everyone, November 2023](#)

⁶ See also: [Healthwatch England blog: Understanding cancer care from the patient's perspective, September 2025](#)

⁷ [Enhancing Cancer Care in Emergency Setting - Oxford University Hospitals NHS Foundation Trust news article](#)

⁸ [Jess's Rule: Three strikes and we rethink - NHS England article](#)

⁹ See for example, [Thames Valley Cancer Alliance](#)

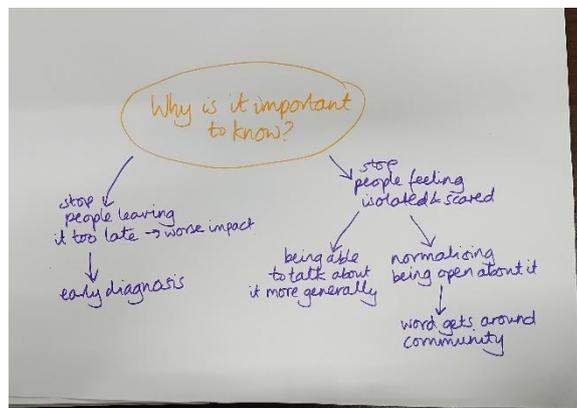
¹⁰ [National Cancer Plan for England](#)

What did we do?

The overall focus of the project on cancer was developed through discussions between Sunrise, their communities, and Healthwatch Oxfordshire. Sunrise staff came together for a training session on the key principles and steps of community research.

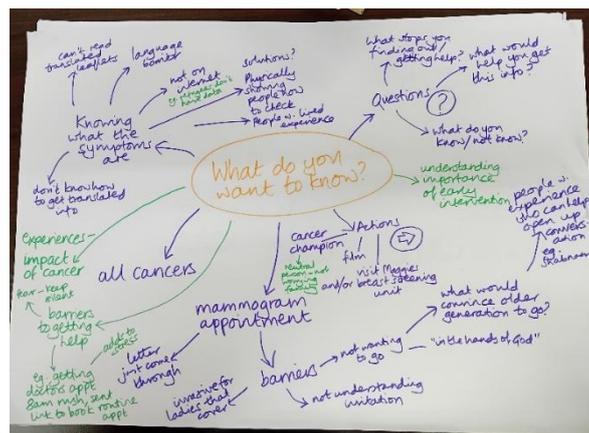
As part of this session, we looked together at the bigger picture of cancer and healthcare before focusing in on what is important to our communities, asking questions including:

- What do we want to know?
- Why is it important to find out?
- How do we want to hear from people?
- What do we want to do with what we've heard? What might change?
- What do we need to bear in mind around data protection and ethics?



Drawing on our extensive experience and understanding of the communities we work with, we identified potential areas of focus, including barriers and questions. Some key areas we came up with were:

- Hearing about people's understanding and experiences of all types of cancer
- What barriers people face to seeking and getting help?
- What might stop people from going to a mammogram appointment and what might support people to attend?
- How people find out about cancer symptoms, and what might support better awareness about this such as self-checking?



Building on these questions, we discussed the research methods we wanted to use to hear from the people we support about these issues. Although Sunrise received funding from Healthwatch Oxfordshire to support the project, as a small and busy community organisation there were limits to how much time could be given to the project.

Together, we decided to have focus group conversations with two of our ladies' groups. These groups meet at lunchtime, at the Sunrise office in Banbury Neithrop on Tuesday and Ruscote Community Centre on Thursday. They are attended by local women of a mix of ages, mostly Pakistani and Indian. The group talk and eat together, and often have visits from different services.

Naseem Hussain, who runs the groups, was the lead researcher for the project. She has built a strong relationship and trust with the ladies in her groups and can communicate with group members in English, Urdu and Punjabi.

We discussed some of the barriers that some ladies might find in talking about cancer, so we came up with some warm-up questions about GP practices, to support them to feel comfortable sharing their experiences, before moving on to more challenging questions around people's knowledge and experiences of cancer. Some of the women were happy to share their lived experiences of supporting family members with cancer, as a route into wider discussion.

- Have you used any health services recently, e.g. GP? What was it like? Is there anything that made it difficult?
- Have you heard of cancer? What kinds of cancer?
- If you were worried about cancer, where would you go?
- Has anyone you know had cancer? What happened? What support did they get from family, community, services?
- Have you been for a mammogram? What was it like? If you haven't been, what stopped you from going?
- What questions do you have about cancer (or other health issues)?

We held the focus groups during regular ladies' group sessions in June and July 2025, attended by around 20 women. We had discussions in a combination of Punjabi, Urdu and English, with Sunrise staff interpreting as needed. Healthwatch Oxfordshire supported with recording consent and capturing conversations via notes and voice recordings.



Despite our initial concerns, the ladies were forthcoming in talking and shared a lot together in lively discussions – both around general experiences of health and care services, and cancer specifically. We also interviewed a member of the Sunrise team who had personal and family experiences of cancer, taking notes and writing up a transcript of this conversation.

To build a story from what we had heard, we analysed our data – we looked together at all the notes and transcripts from our conversations, cut these up and then arranged quotes to identify and label the different themes that had come up – for example, comments to do with interpreting or waiting for appointments. These have been written up in the sections that follow.

The final step of the community action research cycle is to share what we have learned and use it to help bring about some change. Practical steps included holding a question and answer session for the women face to face with a visit from a breast care nurse. This helped to improve understanding of pathways to help, as well as understanding more about prevention, symptoms and treatment. Our final report is also shared with health and care decision-makers and providers to support improvement and understanding by bringing women's voices and experience to the fore, and highlighting some of the challenges and barriers they may face (see What's next, below).



What did we hear?

We heard that people had mixed experiences of accessing healthcare. Problems included difficulties contacting GP practices, long waits for different health and care appointments, and a lack of interpreting support in people's own dialect. This is relevant to cancer diagnosis and treatment because primary care is often people's first port of call when they notice possible cancer symptoms.

We heard that personal experiences of cancer in people's family or community could help increase knowledge and awareness of cancer, and that the older ladies in the groups attend breast screening and encourage others to do so, even though it is uncomfortable. However, we also heard about barriers to early cancer diagnosis including a lack of translated information, experiences of not feeling listened to by health and care professionals, and the barriers to accessing healthcare already discussed. We heard about the positive difference made by culturally appropriate information and support.

Access and experience of healthcare

Waiting and appointments

People told us about some of the barriers they faced to getting help from health and care services. We heard about long waits for appointments – including dentists, GPs and hospital appointments. We heard that waits could be longer to speak to their usual GP or get help with interpreting.

“The time from phone call to appointment. There's a three week wait – by which time your symptoms have often gone away.”

“I had an allergic reaction, my face was swollen, I couldn't get a doctor's appointment. I ended up at A&E and the doctor said, 'why have you come here? You haven't broken an arm or a leg, you're not seriously ill, you shouldn't be here.' My GP [Highlands Surgery] said there were no appointments for four days. In the end, the emergency doctor gave me some high-strength allergy pills”

People also said they had difficulties getting through to GP practices over the phone.

“It used to be easy to make an appointment, now it’s difficult. They don’t answer the phone – and then there are lots of options to choose. It’s hard to get through.”

“You can’t get hold of anyone”

“Big long queue, 23 people are in the queue”

Some people had started to use 111 to help get care when they need it – but some experienced language barriers when choosing options on the phone.

“The good thing with 111 is that if you have to go to the hospital emergency [department], they make an appointment for you, so you just go there. They will even try to make the appointment with your doctor to fit you in, if they can’t, they will fix you in the hospital and then they tell you, ‘Can you be there at 2 o’clock?’ so you know you’re going to see someone.”

We heard about the impact of waiting on the person’s anxiety and wellbeing when waiting for care or test results for a potentially serious problem, such as something that could be cancer.

“I’ve had to wait four months for something that was really giving me anxiety. I have got a lump and when you go to the doctor and say ‘there’s a lump’ and they refer you, you just want to be seen there and then. But I had to wait to be seen for 4 months and I couldn’t sleep, I was googling it all the time and touching it. Eventually they saw me. And then when I got the appointment they did a scan and said it’s benign, non-cancerous, but we need to send you for more check-ups which is in Oxford at the cancer Institute, and that also took 6 months. I went there and they said the same thing, it’s non-cancerous, but they will keep checking. And they’ve called me after a year. So you’re just there waiting, wondering if it has turned into something.”

Problems with interpreting

We heard that some people were happy with the interpreting support they got, either from an interpreter or a GP who spoke their language.

“They have translators at the doctors sometimes who we can go to. They already know I need an interpreter at my GP practice so they provide one if my daughter is busy – with the long waits I can’t expect my daughter to wait because she works and is busy.”

We heard that some people had challenges getting interpreting support – for example, for urgent appointments or an interpreter who spoke their dialect, meaning that they had to rely on family members to interpret for them.

“My doctor speaks my language but if I needed an emergency appointment I wouldn’t be able to get one until the next day and I would have to take a family member with me to interpret.”

“The translator we get, although it may be a bit of our language, we still can’t understand the person – in Pakistan there are different dialects, Urdu is the official language but some people can’t understand it.”

Language was also a barrier to some people using 111.

“You can’t call 111 unless there is someone at home at that time who speaks English to go through the options with you.”

Understanding and experiences of cancer diagnosis and treatment

Knowledge and awareness

The ladies had some questions about what causes cancer and how it is treated. Many of them knew friends or family members who had had cancer.

One person told us they thought that awareness of cancer was increasing, mostly due to hearing about and supporting other members of their community or family through cancer diagnosis and treatment.

“I think 20 years ago there wasn’t that much awareness, but now people are listening to other people in the community, the benefit is that when someone you know’s family member has a cancer or something, they tell the family member to pray for that person, and then they are more aware of it, and there’s lots of family support.”

“There are lots of different types of cancer in Asian families, especially the ladies, breast cancer, or in the stomach somewhere, or cervical cancer.”

Cancer screening and tests

The ladies told us that cervical screening and breast screening can be painful or embarrassing, but that this didn’t stop them from attending. Several ladies said they take paracetamol before their mammogram to help them with the pain.

“I find it really painful – depending on the nurses”

“One of my cousins was nervous to go to screening, so I told her that I went and it was painful, but I take paracetamol before I go, and it’s important to check so they can treat you.”

“Because I am a single mum, I went in with my sons to my smear test, because I didn’t have anywhere to leave them and they normally pull the curtain. I left my boys outside and went in with the doctor, who was a lady. When we finished we came back to sit and my boys said, ‘Mum, we saw everything!’ It’s better now they are big and I can leave them at home.”

We heard about the importance of peer support and encouragement in increasing screening attendance. Women said they encourage others in their family or community to attend screening. For example, they can share experiences of those who got a diagnosis and treatment to help motivate others, and explain how to make the experience more comfortable. Women can also support others in their community by empathising with the fear that they or others experienced at the possibility of cancer – including the stress of the two weeks’ wait for results after the mammogram appointment.

“For the older generation, there’s some embarrassment and modesty, and then the added language barrier. Even after her sister had cancer, I really had to tell my mum, “You are going for a mammogram!” With my auntie,

her tumour was quite external, and it was crusted and bloodied, because she was embarrassed to tell people. I think it's about normalizing it's OK to go for checks and go to your GP – and community groups are a great place to share that message.”

“One of my cousins’ wife, when she was 50 or something, she had a breast screening, but she was feeling dizzy and all those things but she didn’t know what was happening to her, but when she went for the screening she found a breast cancer, they treated her and she’s fine now. That’s how I convinced my cousin to go to screening, I said, ‘One of my cousin’s wife found out because of screening. If you go for it, hopefully you will be fine, if something goes wrong, you get the treatment. Hopefully you will be fine.’ I tried to reassure her, and she said, ‘OK, I will go and make an appointment and make time.’ And she went and she said, ‘It’s very painful’ and for two weeks she was a bit depressed, and then the report came and she was, ‘Oh thank you, you sent me.’ Because people don’t talk about these screenings and things in the community, but more people are educated now about things like that. She had antenatal depression as well, she had been in hospital and that sort of person, their brain is thinking about negative things. So I said, ‘I’ve been to it, it will be fine,’ and I didn’t say, ‘If something goes wrong with you,’ I said, ‘If something goes wrong with *me*, they will treat *me*.’”

“Once I had a heavy bleed and the GP said, ‘If you can come to the practice in 10–15 minutes,’ and I said ‘Yes, it’s not far for me’, and she asked me all the questions and examined me, blood test, everything, and then they sent me a letter saying to go for a cancer test in the Horton Hospital. I wasn’t scared, I was brave. The letter was there on the worktop and my husband saw it and got really panicky and worried about the letter. I said, ‘Don’t worry, if something goes wrong with me, everybody has to leave this world.’ The Horton lady, it was very very painful at that time without any medication, it was horrible, but everything was OK. But mentally I was prepared, if something goes wrong or I have cancer, they will treat me and

I will be fine, and if I'm not fine, one day you have to leave this world and meet your creator."

Self-checking

Not everyone in the groups knew about self-checking, although one person told us about learning about it at her daughter's school.

"When my daughter was young we had a nurse come into the school and show us how to check our breasts on a dummy, and they said that every time, after your period, is a good time to check."

We heard again about fear of cancer – as a cancer survivor described how she feels about self-checking now:

"Before I was diagnosed, I was good at checking my breasts – I'd do it once a month, in the shower. Now I don't like checking them – I've got that fear and sense of dread, and I'm scared to check."

Diagnosis and being listened to

We heard two contrasting experiences of getting a cancer diagnosis: one person who felt she had been listened to and her symptoms taken seriously, and another person whose relative had had difficulty being listened to and getting a diagnosis.

"I feel I had a very positive experience – I mean obviously not positive that I had cancer! – but everyone was caring and efficient, and I was taken seriously right away. I know some people in Asian communities experience racism and people not taking them seriously, but I didn't have any of that."

"One of my cousin's daughters, she's under 35, she has stage 3 cancer and she's having chemo, she has little young children and that's really sad. She was having back pain, so she goes to the doctor and they told her, 'Oh you might be overweight or something,' that's why she had the back pain. And then the back pain gets worse and a lump appears and she was having a really high temperature, and one of her aunties said to her, 'Go to the doctor, have a check-up, why you are having a high

temperature,' and then she went and they did lots of tests and they find out it is stage 3 cancer, it could have been prevented or found it earlier or something like that if she had had an earlier diagnosis, but GP appointments you can't get.

Support while living with cancer

We heard that people had different experiences of living with cancer – some talked about stigma about cancer within the Pakistani community, particularly the older generation, but that individuals also spoke of positive experiences of community support.

"In Asian and Pakistani communities there can be stigma, people feel like you must have done something bad in your life if you get cancer. I didn't hear that directly but I know people who have heard that."

"She's been through a lot but the whole family is really supportive, she said 'my family members supported me a lot, my husband is very very supportive.'"

We heard the difference it made to get practical support from organisations like Maggie's, as well as being able to find emotional support from others with lived experience of cancer or who had similar religious or cultural backgrounds and values. This highlighted the need for health and care services to work with people to develop culturally appropriate services and support.

"Maggie's were quite good. They did workshops like "Look good feel better" where they gave you free make-up and a makeover, and a goody bag of quite nice and expensive things. It was really thoughtful, and I got to meet other patients."

"Initially I reached out to Macmillan, but I felt that because of my cultural background it wasn't quite right for me. I found this thing called Sakoon on Insta, it means 'peace' in Urdu. They do Instagram lives with people who'd had breast cancer, and a befriending service. There was someone who'd call me every fortnight and it was so good to just talk. It helped that it was someone with that lived experience of cancer, because it can be quite lonely. You can't talk to your family because they're already worried and

upset. I remember speaking to my father about it one time and he broke down, and I broke down too and I decided I would never do it again, I couldn't talk to my family. I talked to friends but they couldn't connect with it. But those befrienders got it."

What's next?

From research to action

- Following the focus groups, we arranged a visit to one of the groups from a breast care nurse from the Oxford Breast Imaging Unit. She talked about breast health and was able to answer the women's questions about cancer prevention, diagnosis and treatment.
- We will make translated summaries of this report, including the Q&A with the breast care nurse, available to women from the groups to use and share with other members of their communities.
- We will also share this report with people who make decisions about health and care in Oxfordshire to inform the design and delivery of health services covered by this report, including Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Oxford University Hospitals NHS Foundation Trust, and the Thames Valley Cancer Alliance. We are asking them to use what we have learned to improve early cancer diagnosis and support for people from the communities we work with.



Visit from breast screening nurse

In October 2025, Sam Evans from the Oxford Breast Imaging Centre came to speak to the Tuesday ladies' group about breast health, and answer questions from the ladies about checking for cancer and cancer treatment.

Questions & answers about cancer from the session

What causes cancer – is it genetic?

1 in 7 women will get breast cancer in their lifetime – the biggest thing that increases your chance of getting it, is getting older. It can also be genetic – if a close family member has had cancer, speak to your GP to see if you are eligible to be referred to genetics to look at your chance of getting cancer and whether you need extra screening.

How and when should I check my breasts?

Touch and look – can you see or feel anything new or unusual? Try to do this once a month, for example, when in the shower or getting dressed. Your breasts might feel different before and during your period, so after your period is a good time to check.

What happens if I notice something wrong or different with my breasts?

See your GP. Your GP will examine you and decide whether to refer you to the breast clinic.

If I have a new lump, should I seek help even if it's not painful?

Yes! If you notice something different with your breasts, you should see your GP – even if it's not cancer, it's better to check. Things to look out for include:

- a new lump or thickening in the breast or armpit
- skin changes like dimpling or redness
- changes in the size or shape of your breast
- changes to your nipple, for example a rash, discharge (liquid coming out of your nipple) or a nipple inversion (your nipple being pulled inside).

"I got a rash under my breast – I used Dettol soap and it got better."

It's likely not cancer, but some people might experience pain on the skin under their breast, which is called intertrigo – if you get this, you should see your GP.

Even when you have had treatment, does it stay in the body? If the breast is removed, does that stop the cancer?

The earlier cancer is found, the more successful treatment is. Treatment for cancer is a bit like gardening – you can pull the weeds (the operation or surgery), and spread weedkiller (radiotherapy and if needed, chemotherapy).

Is there less of a risk of breast cancer if you breastfeed?

Yes, breastfeeding can reduce the risk of breast cancer. The longer you breastfeed the more the risk is reduced. So if you can and want to breastfeed, then do!

What happens with the scans from my mammogram?

The scans are checked by 2 different doctors for any signs of cancer. If they see anything that looks unusual, they will invite you for another scan.

How can I help other people look out for signs of cancer?

If you're caring for older relatives, like helping them wash and dress, keep an eye out for any changes to their breasts. Tell young women and other relatives to check themselves and attend screening.

Useful information

Information about cancer symptoms, screening and diagnosis

- Videos about cancer screening in 8 languages
www.youtube.com/playlist?list=PLEm1CvSoQcDIhmLz0srHv5m59CkQwMzr5
- Breast/chest self-checking guide self-checkout.coppafeel.org
- Breast/chest self-checking leaflets in 8 languages coppafeel.org/breast-cancer-info-and-advice/materials-resources/checking-leaflets/
- Easy Read information about self-checking your breasts or chest
www.thera.co.uk/about/projects/know-your-body/know-your-chest-resources/
- Easy Read information about breast care and screening
www.macmillan.org.uk/cancer-information-and-support/stories-and-media/booklets/breast-care-easy-read
- Information about cancer including symptoms and treatment
www.cancerresearchuk.org/about-cancer

Support for those with a cancer diagnosis

- Safeena – for Muslim people with cancer
www.safeena.org.uk
- Sakoon Through Cancer – for South Asian women
sakoonthroughcancer.org
- Maggie’s Oxford – support for people who have been diagnosed with cancer and their loved ones
www.maggies.org/our-centres/maggies-oxford
01865 751882 oxford@maggies.org
Patricia Thompson Building, Churchill Hospital, Old Road, Oxford OX3 7LE
- The Hummingbird – cancer support and therapy centre, Bicester
thehummingbirdcentre.org.uk
01869 244244 info@thehummingbirdcentre.org.uk
The Hummingbird Centre, Grange Courtyard, Station Road, Launton, Bicester OX26 5DX
- Oxford Breast Buddy Group – support group run by people with experience of breast cancer for anyone affected by breast cancer
oxfordbreastbuddygroup.co.uk
obbg@oxfordbreastbuddygroup.co.uk



healthwatch
Oxfordshire

Healthwatch Oxfordshire
Office F20, Elmfield House,
New Yatt Road,
Witney OX28 1PB

www.healthwatchoxfordshire.co.uk
t: 01865 520520
e: hello@healthwatchoxfordshire.co.uk