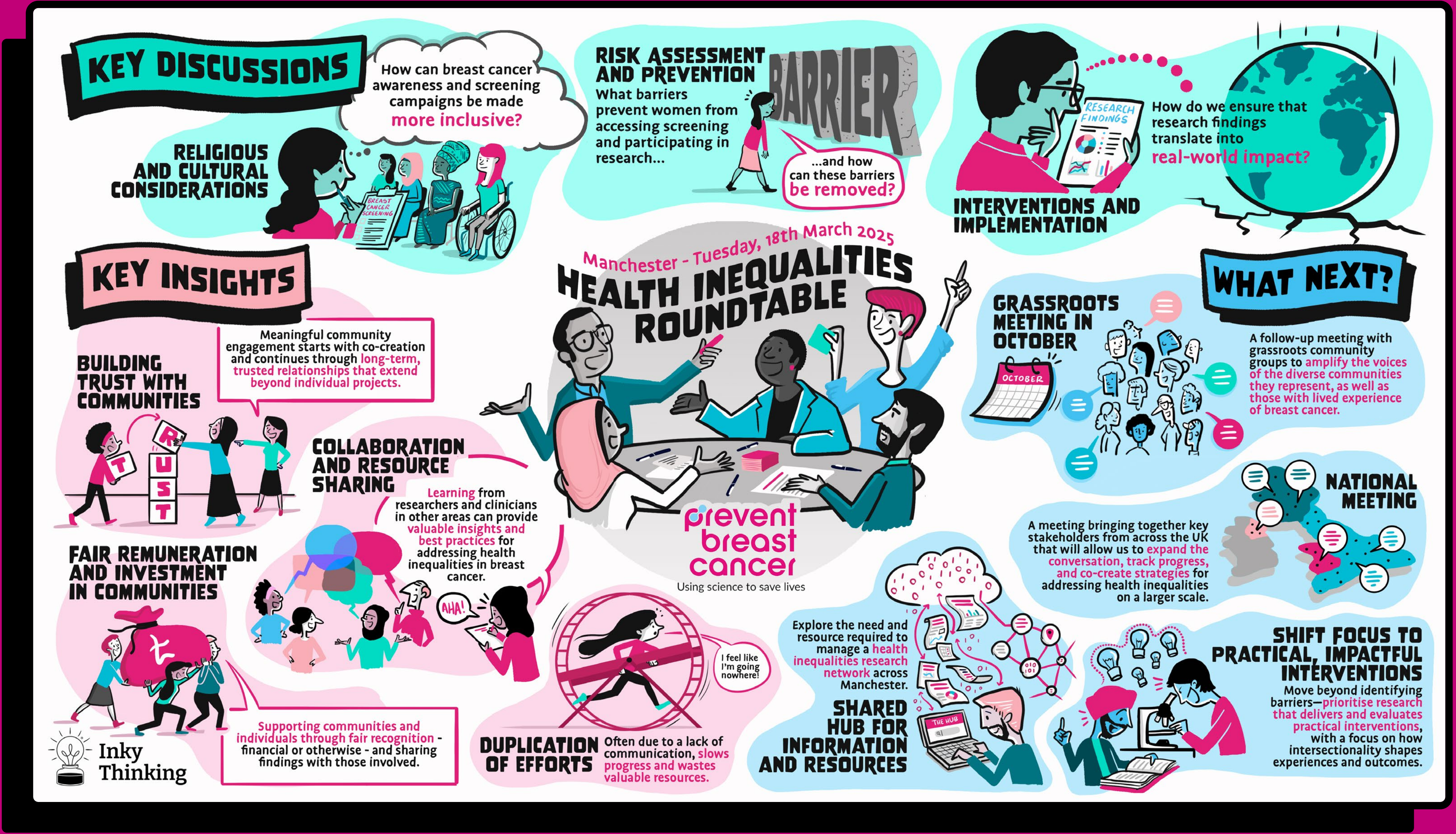


HEALTH INEQUALITIES RESEARCHERS ROUNDTABLE

Impact Report 2025

CONTENTS

ABOUT PREVENT BREAST CANCER

Using science to save lives.

Breaking the cycle of breast cancer means thinking bigger.

That's why we're all-in on using science to save lives.

We fund expert research into prediction, prevention and early detection.

So none of our friends, family or anyone else has to go through it in the first place.

Prevent Breast Cancer is the only UK charity entirely dedicated to the prediction, prevention and early detection of breast cancer. Based at the Nightingale Centre in Wythenshawe Hospital, Manchester, our work spans prevention research, breast cancer awareness education and community engagement to help create a future free from breast cancer.

We believe a woman's breast cancer outcomes should not be determined by her postcode, background or ethnicity. Our mission is rooted in prevention and early diagnosis, which we are committed to making equitable for all. Through targeted outreach, multilingual education campaigns and now, dedicated Roundtables, we are working to ensure the benefits of prevention and early detection reach every community.

To drive this commitment forward, we have established a dedicated Health Inequalities Committee, delivered bespoke intervention workshops to ethnic communities in the language they understand, developed multilingual resources and launched several outreach campaigns, including using our mobile awareness hub (a converted horsebox) to directly engage with underserved communities.

INTRODUCTION

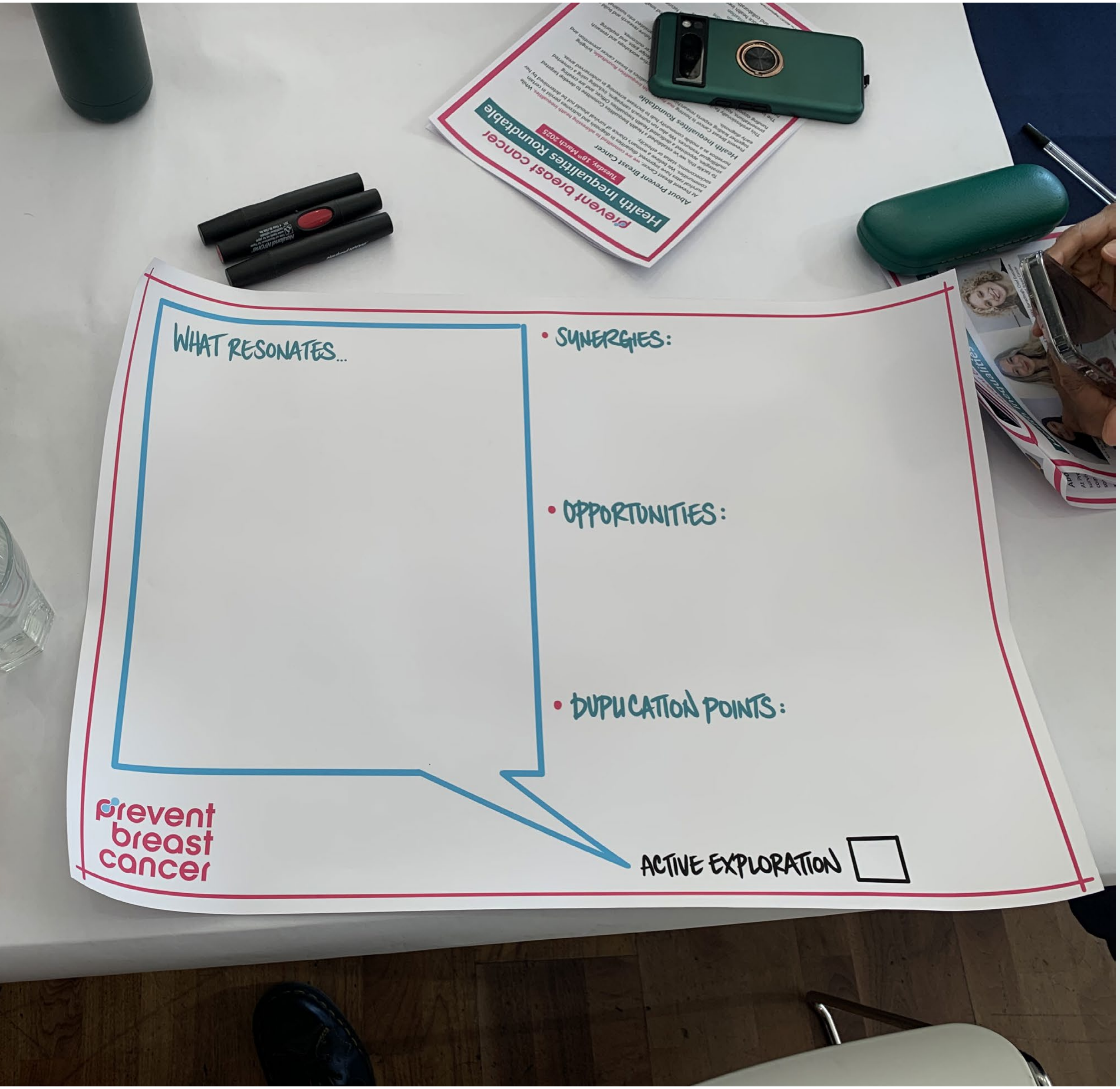
Despite advances in breast cancer research, early detection and treatment, breast cancer outcomes in the United Kingdom continue to show significant disparities. Socioeconomic status, ethnicity, language barriers and cultural stigma continue to influence breast screening uptake, as well as participation in research and clinical trials. These inequalities impact breast cancer awareness and help-seeking behaviour, leading to later diagnoses and poorer survival rates within underserved communities.

Greater Manchester illustrates this pressing challenge, recording some of the lowest breast screening uptake rates in the country. In 2022, uptake was 48.2%, compared to the national average of 64.6%[1]. However, it's important to note that these figures were skewed by the impact of Covid-19, which disrupted services and exacerbated existing inequalities. Since then, uptake in much of Greater Manchester has improved significantly, now reaching an average of 73%[2] across Salford, Trafford, Manchester, Oldham and Tameside - in line with the NHS's acceptable target.

Yet this headline figure masks stark variation between localities. Areas with higher levels of deprivation and ethnic diversity continue to see significantly lower participation. For example, while uptake in Trafford stands at 81.4%, in Manchester it falls to 64.5%[3], and in local areas characterised by both high levels of deprivation and ethnic diversity, such as Ardwick, Longsight, Moss Side, Hulme and Rusholme, it hovers around 46%[4]. These disparities underscore the ongoing need for targeted, culturally sensitive, and community-driven approaches to breast cancer awareness and early diagnosis.

Recognising the urgent need to listen, learn and act, Prevent Breast Cancer hosted its inaugural Health Inequalities Roundtable in Manchester on Tuesday 18th of March 2025. The event brought together leading experts in breast cancer prevention and early diagnosis, including researchers and patient advocates, to explore how research can address persistent disparities in breast cancer outcomes. It provided a platform for collaboration, knowledge-sharing and action-focused discussion.

1. NHS Breast Screening Programme Statistics, https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england---2022-23/mainreport2223
2. Data provided by the Manchester Breast Screening Programme, The Nightingale Centre.
3. Data provided by the Manchester Breast Screening Programme, The Nightingale Centre.
4. Manchester City Council Report for Information, Health Scrutiny Committee – 10 January 2024 https://democracy.manchester.gov.uk/documents/s44555/Cancer%20Screening%20Update.pdf



This Roundtable marks the first in a series of events we plan to deliver, initially focused on research-led responses to health inequalities. Our ambition is to build a national picture of the work being done in this space by mapping and understanding the efforts of all the stakeholders involved. These early conversations are a vital step in aligning efforts, identifying gaps, and moving toward systemic change.

The insights gathered are already shaping our next steps, including a dedicated grassroots community roundtable in September. This has always been part of our wider strategy and reflects our belief that meaningful change must be built in partnership with the communities facing the greatest barriers to breast cancer awareness, screening and early diagnosis. The meeting will empower community organisations to identify priorities, explore collaborations and access funding to deliver targeted, culturally appropriate interventions. As a research-focused charity, we are committed to ensuring that community-led insights shape the evidence base and drive more inclusive, impactful solutions.

We are pleased to share this Impact Report to outline the outcomes of the Roundtable and our collective vision for a more equitable future in breast cancer prevention and early diagnosis.

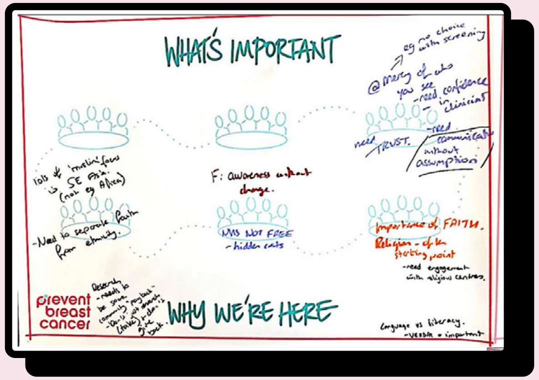
A COLLABORATIVE APPROACH: THE WORLD CAFÉ METHOD

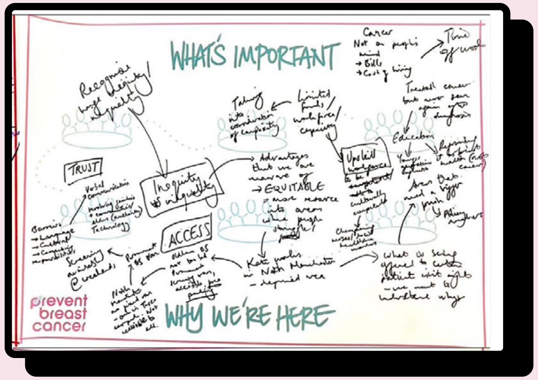
To create an open, inclusive and action-focused environment, the Roundtable was professionally facilitated and visualised by Inky Thinking, who produced the illustration featured on the opening page of this report. The event was structured using the World Café Method – an interactive, café-style approach that encourages dynamic discussions and collaborative problem solving.

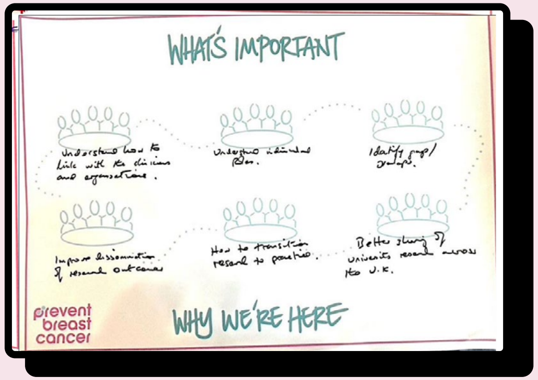
The day began with a powerful opening address from Leena Chagla, President of the Association of Breast Surgery, who emphasised the urgency of addressing health inequalities in breast cancer prevention and early diagnosis, stating that there is no use in doing all the work if services are not accessible for people in the first place. Her words set the tone for a day of honest, action-driven conversation.

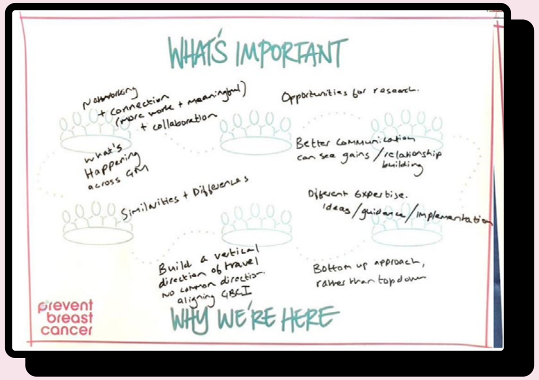
Shortly after, participants were asked to reflect on 'What's Important' and 'Why We're Here'. These opening reflections helped guide the day's discussions based on common values and goals. Participants highlighted the need for better sharing of university-led research across the UK, the importance of informed choice for all women and clarity on both the end goal and how to get there.

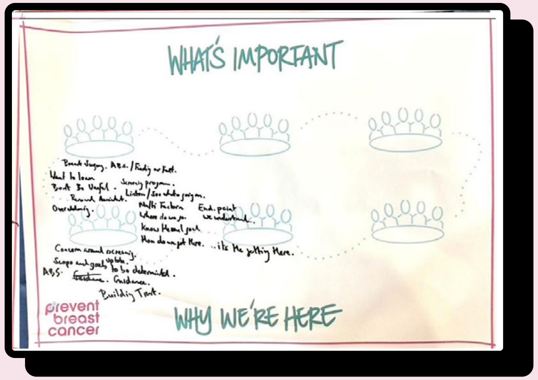
Other key messages included the need for more equitable distribution of resources where inequalities exist, building fundamental trust with communities and fostering awareness, not only about breast cancer, but about the wider changes needed across the healthcare and research systems to support equity. This includes rethinking how services are designed, funded and delivered to better reflect the needs of underserved communities. A call for a "vertical direction of travel" also resonated, urging stronger alignment and communication across grassroots, academic, clinical and policy levels.











The day was then split into three 'Active Exploration Themes':

- **Religious and Cultural Considerations:** How can breast cancer awareness and screening campaigns be made more inclusive?
- **Risk Assessment and Prevention:** What barriers prevent women from accessing screening and participating in research, and how can these barriers be removed?
- **Interventions and Implementation:** How do we ensure that research findings translate into real-world impact?

Each theme was introduced by short presentations from invited contributors with related research projects, which provided context and sparked ideas for the small group discussions that followed. These presentations grounded the conversations in real-world context and prompted critical engagement with the issues at hand.

Participants then took part in group discussions, rotating between tables to discuss key themes, reflect on what resonated, identify duplication and synergies and explore opportunities for collaboration or future research. Groups were encouraged to capture their ideas and insights on paper tablecloths and printed pieces of paper, fostering open, creative dialogue. A Prevent Breast Cancer team member hosted each table and later fed back key themes and discussions to the wider group.

The following section outlines these key themes and discussions in greater detail, highlighting the most pressing challenges raised and the collaborative solutions proposed.

KEY DISCUSSIONS

Religious and Cultural Considerations

Two research presentations framed the discussions in the first session:

- ### PROMOTE – Perceptions of Cancer and Clinical Trials Among Muslim Women with Breast Cancer

  To initiate the discussion, Lorraine Turner, Consultant Advanced Nurse Practitioner at The Christie NHS Foundation Trust and PhD researcher at the University of Manchester, presented her ongoing research project, which seeks to understand how religious beliefs and cultural norms influence Muslim women's perceptions of breast cancer and their participation in clinical trials.

  Using a mixed-methods approach, the study includes interviews with Muslim women who have undergone breast cancer treatment, an online survey of healthcare professionals and community-centred participatory workshops.

  These workshops will help co-design a culturally and faith-sensitive intervention to support greater participation of Muslim women in breast cancer clinical trials. The project highlights the importance of trust, tailored communication and inclusive research design.

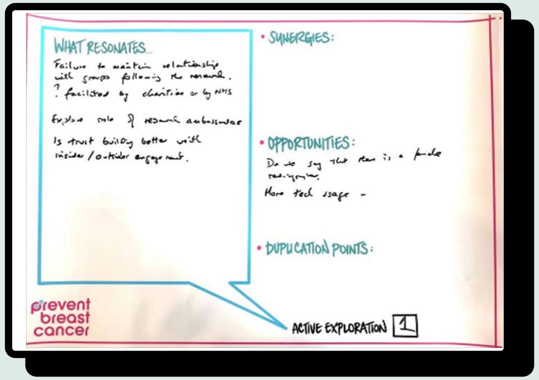
- ### A Pragmatic Qualitative Study Exploring the Barriers, Facilitators and Interventions to Increase Breast Screening Uptake in Pakistani Women in Greater Manchester

  Aysha Khan, a PhD researcher at the University of Manchester, followed with a presentation on her ongoing study that focuses on increasing breast screening uptake among Pakistani women in Greater Manchester.

  The research explores the barriers and facilitators that influence screening attendance with the goal of co-developing an intervention that addresses both cultural and practical challenges.

  Through focus groups and interviews with healthcare professionals, women aged over 50 and their family members, the study is gathering detailed insights to inform the design of community-driven solutions.

  It also includes consultation with healthcare staff to understand training needs and improve communication within this demographic. The project emphasises the value of community involvement, cultural competency and targeted support to improve engagement and early detection in underrepresented groups.


WHAT RESONATES...
Failure to maintain relationship with groups following the research.
? facilitated by charities or by NHS

Explore role of research ambassador

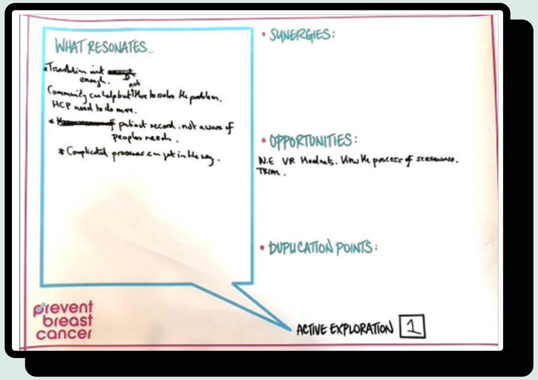
Is trust building better with insider / outsider engagement.

• SYNERGIES:

• OPPORTUNITIES:
Do we say that there is a female radiographer.
More tech usage -

• DUPLICATION POINTS:

ACTIVE EXPLORATION 1

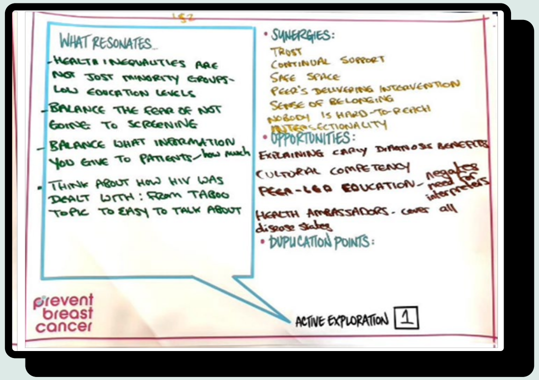

WHAT RESONATES...
*Translation isn't ~~enough~~ enough.
Community can help but not there to solve the problem.
HCP need to do more.
* [illegible] patient record. not aware of peoples needs.
* Complicated processes can get in the way.

• SYNERGIES:

• OPPORTUNITIES:
N.E VR Headsets. View the process of screening.
TRIM.

• DUPLICATION POINTS:

ACTIVE EXPLORATION 1

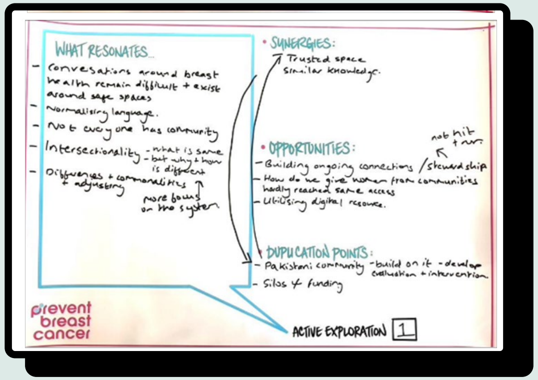

WHAT RESONATES...
- HEALTH INEQUALITIES ARE NOT JUST MINORITY GROUPS - LOW EDUCATION LEVELS
- BALANCE THE FEAR OF NOT GOING TO SCREENING
- BALANCE WHAT INFORMATION YOU GIVE TO PATIENTS - how much
- THINK ABOUT HOW HIV WAS DEALT WITH: FROM TABOO TOPIC TO EASY TO TALK ABOUT

• SYNERGIES:
TRUST
CONTINUAL SUPPORT
SAFE SPACE
PEER'S DELIVERING INTERVENTION
SENSE OF BELONGING
NOBODY IS HARD-TO-REACH
INTERSECTIONALITY

• OPPORTUNITIES:
EXPLAINING EARLY DIAGNOSIS BENEFITS
CULTURAL COMPETENCY
PEER-LED EDUCATION - negates need for interpreters
HEALTH AMBASSADORS - cover all disease states

• DUPLICATION POINTS:

ACTIVE EXPLORATION 1

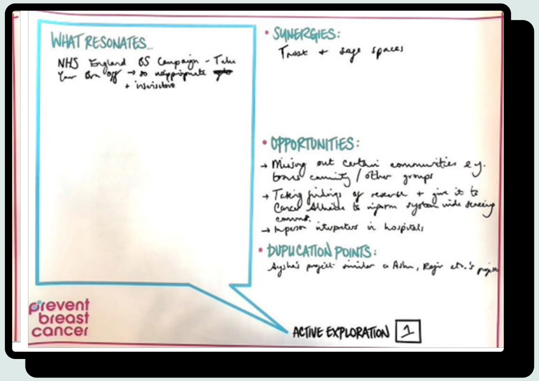

WHAT RESONATES...
- Conversations around breast health remain difficult + exist around safe spaces
- Normalising language.
- Not everyone has community
- Intersectionality - what is same - but why + how is different
- Differences + commonalities + adjusting
more focus on the system

• SYNERGIES:
Trusted space
Similar knowledge.

• OPPORTUNITIES:
not hit + run.
- Building ongoing connections / stewardship
- How do we give women from communities hardly reached same access
- Utilising digital resource.

• DUPLICATION POINTS:
- Pakistani community - build on it - develop evaluation + intervention.
- Silos & funding

ACTIVE EXPLORATION 1

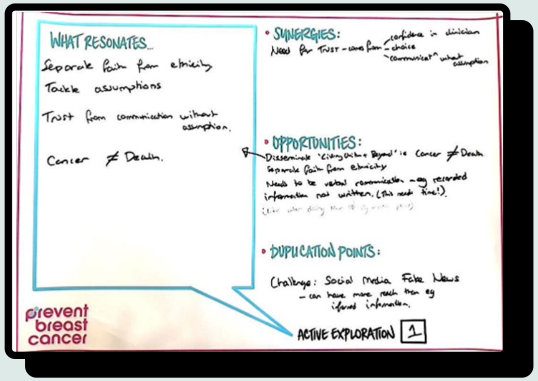

WHAT RESONATES...
NHS England BS Campaign - Take Your Bra Off → so inappropriate + insensitive

• SYNERGIES:
Trust + safe spaces

• OPPORTUNITIES:
→ Missing out certain communities e.g. trans community / other groups
→ Taking findings of research + give it to Cancer Alliance to inform system wide screening comms.
→ In-person interpreters in hospitals

• DUPLICATION POINTS:
Aysha's project similar to Asha, Rajiv etc.'s project

ACTIVE EXPLORATION 1


WHAT RESONATES...
Separate faith from ethnicity
Tackle assumptions
Trust from communication without assumption.
Cancer ≠ Death.

• SYNERGIES:
Need for Trust - comes from - confidence in clinician - choice - communication without assumption

• OPPORTUNITIES:
Disseminate 'Living With + Beyond' ie Cancer ≠ Death
Separate faith from ethnicity
Needs to be verbal communication - eg recorded information not written. (This needs time!).
[illegible]

• DUPLICATION POINTS:
Challenge: Social Media Fake News - can have more reach than eg informed information.

ACTIVE EXPLORATION 1

Discussions

The discussion highlighted that religious and cultural considerations must be addressed with greater sensitivity and nuance if breast cancer awareness and prevention efforts are to be truly inclusive. Participants emphasised the need to distinguish between faith and ethnicity, to avoid making assumptions about communities and to ensure that public campaigns are culturally appropriate.

There was also support for maintaining long-term relationships with communities beyond the life of individual research projects and for sharing research findings, both with those who participated and with organisations such as Greater Manchester Cancer Alliance to shape future screening communications.

The importance of cultural competency among healthcare professionals was underscored, alongside calls for more accessible language in health communications, improved use of technology to reach diverse audiences and a deeper understanding of patient needs. A recurring message was that empowering language, grounded in trust and tailored to community realities, is essential for reducing stigma and improving engagement.

Risk Assessment and Prevention

Three presentations under this theme offered insight into how current research is addressing disparities in breast cancer risk assessment and early detection.

- ## BC-Predict: Addressing Breast Screening Inequalities

Dr Vicky Woof presented the findings from the BC-Predict study, a five-year research programme that aimed to evaluate the feasibility and acceptability of risk-stratified breast screening, particularly among underserved groups.

Focusing on British Pakistani women in East Lancashire, the study conducted in-depth interviews (including with participants who required translation) to understand how cultural and socioeconomic factors influence engagement with risk-based screening. The findings have helped inform more culturally sensitive and accessible approaches to risk communication within breast screening services.

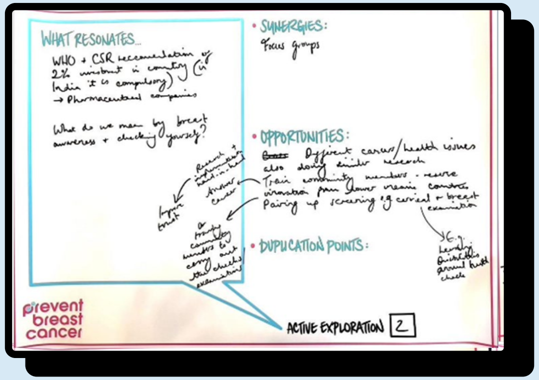
- ## PREVENT-Breast: Proactive Risk Evaluation for the Early Detection of Breast Cancer in Younger Women

Professor David French introduced PREVENT-Breast, an ongoing project that explores how breast cancer risk assessment can be introduced for women aged between 30–49, particularly those from underserved groups. The study is working with women from Muslim, low-income and Roma backgrounds, as well as those with learning disabilities or mental health conditions.

By involving these communities and healthcare professionals in the co-design of services, the project aims to test and refine approaches to embedding risk assessment into routine NHS practice.

- ## Breast Density Community Project: Acceptability of Radiofrequency Breast Density Assessment in Primary Care and a Community Setting

Anya Webber and Molly Parfett shared the Breast Density Community Project, which is currently assessing the acceptability of a novel breast density scan (Mi~Scan®) for women aged between 30–49. Conducted in both primary care and community settings in Moss Side and Longsight, the project focuses on engaging Black African and Caribbean women. Using a mix of questionnaires, focus groups and interviews with healthcare professionals, the research is exploring how new technologies can be introduced in ways that are both acceptable and accessible to the communities they are intended to serve.


WHAT RESONATES...

WHO + CSR reccomendation of 2% investment in country (in India it is compulsory)
→ Pharmaceutical companies

What do we mean by breast awareness + checking yourself?

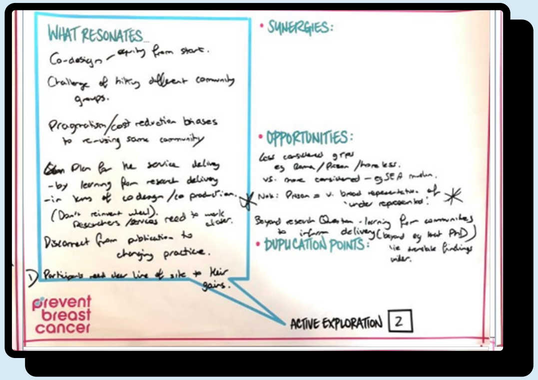
Research + implementation hand-in-hand
Improve trust
Answer cancer
or training community members to carry out the checks/examinations

• SYNERGIES:
Focus groups

• OPPORTUNITIES:
~~[illegible]~~ Different cancers/health issues also doing similar research
Train community members - reserve [illegible] from lower income countries
Pairing up screening e.g cervical + breast examination
e.g. [illegible] around health checks

• DUPLICATION POINTS:

ACTIVE EXPLORATION 2


WHAT RESONATES...

Co-design - equity from start.

Challenge of hitting different community groups.

Pragmatism/cost reduction biases to re-using same community

~~[illegible]~~ Plan for the service delivery
- by learning from research delivery
- in terms of co design/co production.
(Don't reinvent wheel).
Researchers/services need to work closer.

Disconnect from publication to changing practice.

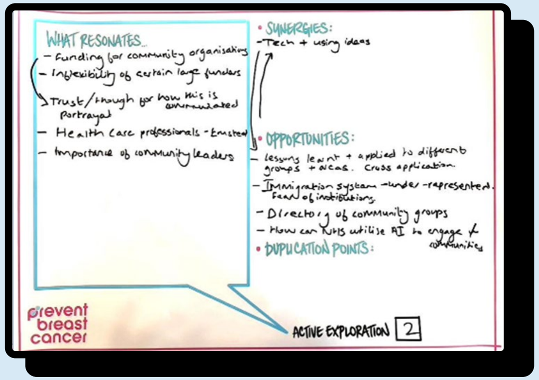
1) Participants need clear line of site to their gains.

• SYNERGIES:

• OPPORTUNITIES:
Less considered grps eg Roma/Prison/homeless.
vs. more considered - eg SEA muslim.
Note: Prison = v. broad representation of 'under represented'.
Beyond research Question - learning from communities to inform delivery (beyond eg that PhD) ie translate findings wider.

• DUPLICATION POINTS:

ACTIVE EXPLORATION 2

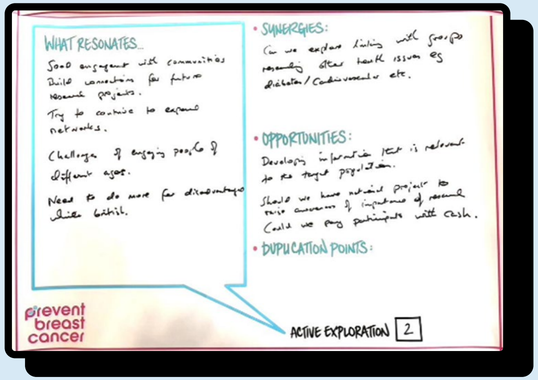

WHAT RESONATES...
- Funding for community organisations
- Inflexibility of certain large funders
Trust/though for how this is communicated portrayal
- Health care professionals - trusted
- Importance of community leaders

• SYNERGIES:
- Tech + using ideas

• OPPORTUNITIES:
- lessons learnt + applied to different groups + areas. Cross application.
- Immigration system - under-represented. Fear of institutions
- Directory of community groups
- How can NHS utilise AI to engage + communities

• DUPLICATION POINTS:

ACTIVE EXPLORATION 2


WHAT RESONATES...

Good engagement with communities
Build connections for future research projects.
Try to continue to expand networks.

Challenge of engaging people of different ages.

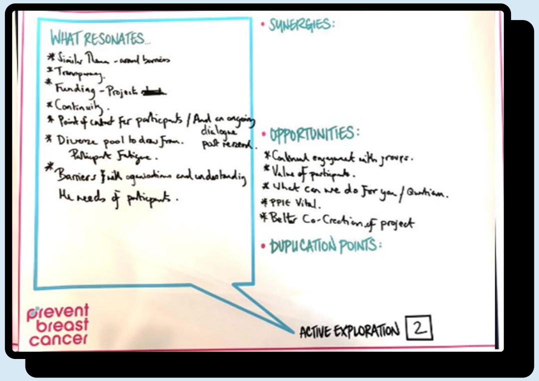
Need to do more for disadvantaged white british.

• SYNERGIES:
Can we explore linking with groups researching other health issues eg diabetes/Cardiovascular etc.

• OPPORTUNITIES:
Developing information that is relevant to the target population.
Should we have national project to raise awareness of importance of research
Could we pay participants with cash.

• DUPLICATION POINTS:

ACTIVE EXPLORATION 2

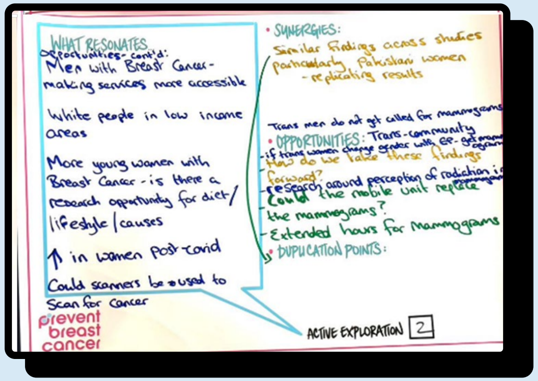

WHAT RESONATES...
* Similar Themes - around barriers
* Transparency.
* Funding - Project ~~[illegible]~~
* Continuity.
* Point of contact for participants / And an ongoing dialogue past research.
* Diverse pool to draw from. Participant Fatigue.
* Barriers faith organisations and understanding the needs of participants.

• SYNERGIES:

• OPPORTUNITIES:
* Continued engagement with groups.
* Value of participants.
* What can we do for you / Question.
* PPIE Vital.
* Better Co-Creation of project

• DUPLICATION POINTS:

ACTIVE EXPLORATION 2


WHAT RESONATES...
Opportunities - cont'd:
Men with Breast Cancer - making services more accessible

White people in low income areas

More young women with Breast Cancer - is there a research opportunity for diet/lifestyle/causes

↑ in women post-covid

Could scanners be used to scan for cancer

• SYNERGIES:
Similar findings across studies particularly Pakistani women
- replicating results

Trans men do not get called for mammograms

• OPPORTUNITIES: Trans-community
- if trans women change gender with GP - get mammograms
- How do we take these findings forward?
- research around perception of radiation in mammograms
- Could the mobile unit replace the mammograms?
- Extended hours for mammograms

• DUPLICATION POINTS:

ACTIVE EXPLORATION 2

Discussions

Discussions around risk assessment and prevention focused on the practical and systemic challenges of engaging underserved communities in research and screening initiatives.

Participants emphasised the importance of compensating both individuals and community groups for their time and expertise, as well as the need to build stronger, more transparent partnerships with a focus on longevity. To address this, suggestions included developing a directory of trusted community organisations, training local community members to act as research ambassadors and improving communication between researchers and service providers to ensure that research findings are translated into practice effectively, and that implementation leads to real, measurable change rather than falling short.

There was also interest in expanding outreach through mobile screening units and targeting underrepresented populations, such as younger women and people in prisons - groups seen as reflective of broader societal inequalities.

Interventions and Implementation

The final theme focused on how research can be translated into real-world outcomes to ensure that effective strategies are implemented and sustained. Two projects were presented that explored different models of intervention to address persistent inequalities in breast cancer early diagnosis.

- ## Using Peer Education to Address Inequalities in Breast Cancer Care for Women from Ethnic Communities in Greater Manchester

Rajiv Dave, Consultant Surgeon at Manchester Foundation Trust, presented a project focused on developing a peer education programme to improve breast cancer awareness among women from ethnic communities in Greater Manchester.

The project began by holding focus groups with women from five key communities – Pakistani, Bangladeshi, Indian, Black African, and Black Caribbean – to explore the barriers and enablers that influence whether women seek advice, support, or screening for breast health.

Insights from these conversations were used to co-create culturally relevant health messages, which will be shared through a peer-led education programme designed to encourage positive changes in breast health behaviours. As part of this phase, the team worked closely with community members to produce four bespoke breast health awareness videos, each tailored to reflect the values, language, and communication style of the participating communities.

This project highlights best practice in collaborative, community-centred research – from involving community groups at the earliest stages to maintaining transparency and ensuring their voices were heard throughout. For example, community feedback was sought and incorporated into the scripts before filming, ensuring that the final messages felt authentic and respectful. The women will also be asked to provide feedback on the videos by filling out questionnaires.

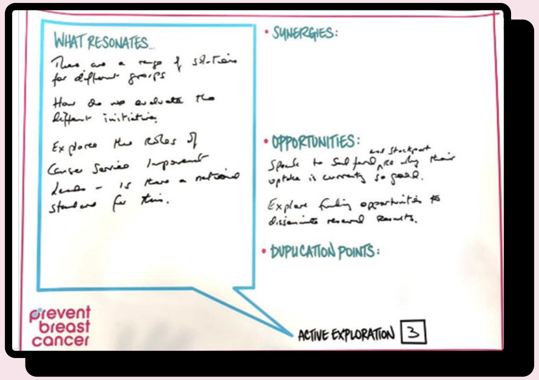
Prevent Breast Cancer supported the project by co-funding the videos, as well as working with the research team on their production and evaluation. Our Health Inequalities Officer is also delivering breast cancer awareness workshops to the five groups of women. The project's effectiveness will be assessed by comparing awareness and attitudes before and after the campaign, helping to determine its real-world impact.

- **Healthcare Providers Experiences of Promoting Breast Cancer Screening Among Minoritised Women: A Qualitative Study**

Helen Morley, a PhD researcher at the University of Manchester, presented a qualitative study exploring the experiences of healthcare providers in promoting breast cancer screening among minoritised women. The research aims to understand which initiatives providers have used, what they believe works, and the challenges they face in addressing inequalities.

Initiatives identified include personalised telephone follow-ups, calls in preferred languages, text reminders, simplified and translated materials, and the involvement of dedicated health inequality staff. Many approaches focused on community outreach, such as delivering awareness workshops, collaborating with local leaders, creating culturally tailored videos, and engaging with women in everyday settings like mosques, supermarkets, and salons.

While engagement efforts are well-established, the study highlights a gap in evaluating whether these initiatives lead to long-term behavioural change. The next phase will involve deeper analysis and collaboration to evaluate the effectiveness of specific interventions.



WHAT RESONATES...

There are a range of solutions for different groups

How do we evaluate the different initiatives

Explore the roles of Cancer Services Improvement Leads – is there a national standard for this.

• SYNERGIES:

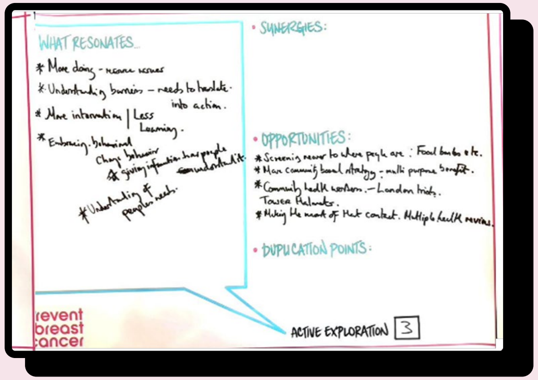
• OPPORTUNITIES:

Speak to Salford and Stockport re why their uptake is currently so good.

Explore funding opportunities to disseminate research results.

• DUPLICATION POINTS:

ACTIVE EXPLORATION 3



WHAT RESONATES...

- * More doing - resource issues
- * Understanding barriers – needs to translate into action.
- * More intervention | Less Learning.
- * Embracing behavioural change behaviour
  - * giving information that people can understand it.
- * Understanding of peoples needs.

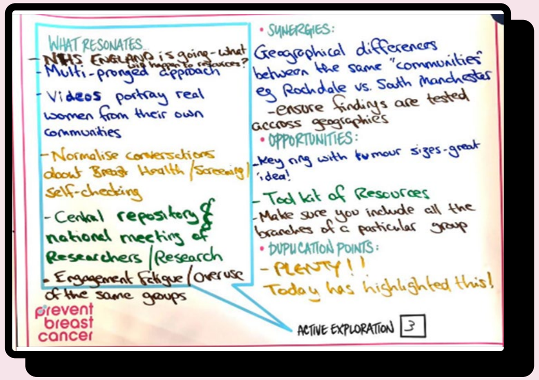
• SYNERGIES:

• OPPORTUNITIES:

- * Screening nearer to where people are: Food banks etc.
- * More community based strategy - multi purpose benefit.
- * Community health workers. – London trials. Tower Hamlets.
- * Making the most of that contact. Multiple health reviews.

• DUPLICATION POINTS:

ACTIVE EXPLORATION 3



WHAT RESONATES...

- NHS ENGLAND is going - what will happen to resources?
- Multi-pronged approach
- Videos portray real women from their own communities
- Normalise conversations about Breast Health/Screening/self-checking
- Central repository & national meeting of Researchers/Research
- Engagement Fatigue/Overuse of the same groups

• SYNERGIES:

Geographical differences between the same "communities" eg Rochdale vs. South Manchester

-ensure findings are tested accross geographies

• OPPORTUNITIES:

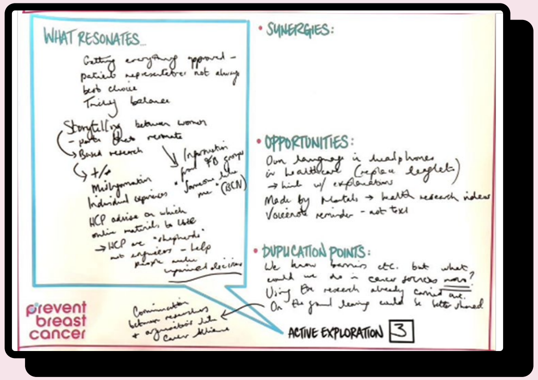
- Key ring with tumour sizes - great idea!
- Tool kit of Resources
- Make sure you include all the branches of a particular group

• DUPLICATION POINTS:

- PLENTY!!

Today has highlighted this!

ACTIVE EXPLORATION 3



WHAT RESONATES...

Getting everything approved – patient representatives not always best choice

Tricky balance

Storytelling between women – parts that resonate

→ Based research

↳ +/–

Misinformation

Individual experiences

Information from FB groups

• Someone like me • (BCN)

HCP advise on which online materials to use

→ HCP are "shepherds" not engineers – help people make informed decisions

Communication between researchers + organisations like Cancer Alliance

• SYNERGIES:

• OPPORTUNITIES:

Own language in headphones in healthcare (replace leaflets)

→ link w/ explanations

Made by Mortals → health research videos

Voicenote reminder – not text

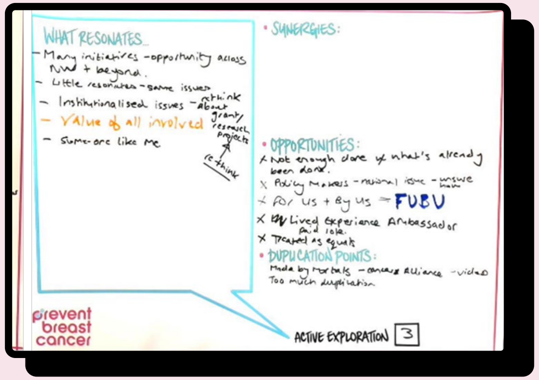
• DUPLICATION POINTS:

We know barriers etc. but what could we do in cancer services now?

Using the research already carried out.

On the ground learning could be better shared

ACTIVE EXPLORATION 3



WHAT RESONATES...

- Many initiatives - opportunity across NW + beyond.
- Little resonates - same issues
- Institutionalised issues - rethink about grant/research projects
- Value of all involved
- Some-one like me

re-think

• SYNERGIES:

• OPPORTUNITIES:

- x Not enough done of what's already been done.
- x Policy Makers - national issue - unsure how
- x For us + By us = FUBU
- x Lived Experience Ambassador paid role.
- x Treated as equals

• DUPLICATION POINTS:

Made by Mortals - Cancer Alliance - video

Too much duplication

ACTIVE EXPLORATION 3

WHAT RESONATES...

Media needs to be appropriate.

Complete circle. → implement → evaluate implementation

• SYNERGIES:

Use the resources. eg so many people in room speak different languages – but needs at lay level.

Because money [illegible] limited.

– with focus on verbal

"U tube short or reel" 10-60s

• OPPORTUNITIES:

"Celebrities." – but relatable.

↓

OR "INFLUENCER".

• DUPLICATION POINTS:

?Work with other diseases → general health ↕ sensitive cancers

(vs info overload).

ACTIVE EXPLORATION 3

Discussions

Group discussions highlighted a number of practical and strategic considerations for successful intervention and implementation. Participants raised concerns about duplication of efforts and the lack of visibility around existing work, emphasising the need for a central hub or coordinated system that makes ongoing initiatives more transparent.

The importance of treating community members as equal partners was another strong theme, with suggestions to formally recognise and remunerate lived experience ambassadors, including potentially designating them as "Associate Researchers."

The group also discussed the potential of simple, immediate solutions such as providing translation tools like headphones during routine healthcare encounters, as well as the broader impact of storytelling and social media in spreading awareness. However, the conversation also acknowledged the risks of misinformation, particularly on social media platforms, highlighting the role of healthcare professionals in guiding patients toward reliable sources.

Finally, participants stressed the need for improved collaboration between charities for better evaluation of interventions and consideration of how successful local programmes could be scaled up nationally, balancing the value of established community-led models with innovative new solutions.


Phase 1. Establish community connections and assemble focus groups.
Pakistani (n=8)
Bangladeshi (n=8)
Indian (n=8)
Black African (n=8)
Black Afro-Caribbean (n=8)
'Mixed' (n=8)
Focus groups / one-to-one sessions, for each community group, stratified by generational status, using Tree of Life
methodology
Complete
Difficulty in recruiting Asian/South African cohort
Sperate collaboration with UoM, Manchester Museum and Gilead to create a video installation exploring authenticity in story-telling
Phase 2. Co-develop peer education tool
Pakistani (n=3)
Bangladeshi (n=3)
Indian (n=3)
Black African (n=3)
Black Afro-Caribbean (n=3)
Focus groups, applying behavior change wheel, to co-design peer education intervention.
methodology
PEER EDUCATION INTERVENTION
Complete. Recommendation of a video intervention
Phase 3. Sharing learning with the wider community and establish a mechanism to monitor impact.
Bangladeshi (n=20)
Indian (n=20)
Black African (n=20)
Black Afro-Caribbean (n=20)
BEFORE
Apply the peer designed intervention
AFTER
CRUK E-CAM and COM-B questionnaire
Video production underway, aided by Prevent Breast Cancer
'Intervention' sessions lined up for April
WHAT'S IMPORTANT
WHY WE'RE HERE
WHATS ALREADY HAPPENING
WHATS TO COME?

KEY INSIGHTS

Across all presentations, projects and discussions, several key themes emerged that reflect both shared challenges and a collective ambition to shift from understanding the problem to delivering lasting solutions. These insights form a foundation for more equitable, effective, and collaborative approaches to improving breast cancer awareness, screening and outcomes.

From Barriers to Action

There was a strong consensus that whilst identifying barriers to screening and diagnosis remains important, the focus must now shift decisively toward implementing and evaluating interventions. Many attendees noted the saturation of observational research and called for a more intervention-focused landscape — one that generates practical, scalable models for change. Projects showcased during the Roundtable demonstrated that some shifts are already underway, with a growing emphasis on co-designed, community-led initiatives with research participants involved from the project outset.

Building and Sustaining Trust

Trust emerged as a cornerstone of successful engagement, but one that requires time, effort, and sustained investment. Participants stressed that genuine trust-building starts at the planning phase and must be nurtured throughout and beyond the life of any project. While challenges such as limited resources and short-term funding cycles persist, participants suggested that charities can play a vital role, maintaining continuity and acting as trusted intermediaries between researchers and communities. Engagement must go beyond consultation and be rooted in shared ownership, cultural sensitivity, and long-term relationship-building. Crucially, when communities see that their contributions lead to real change, their trust and willingness to stay involved grows stronger.

Recognition, Remuneration, and Reciprocity

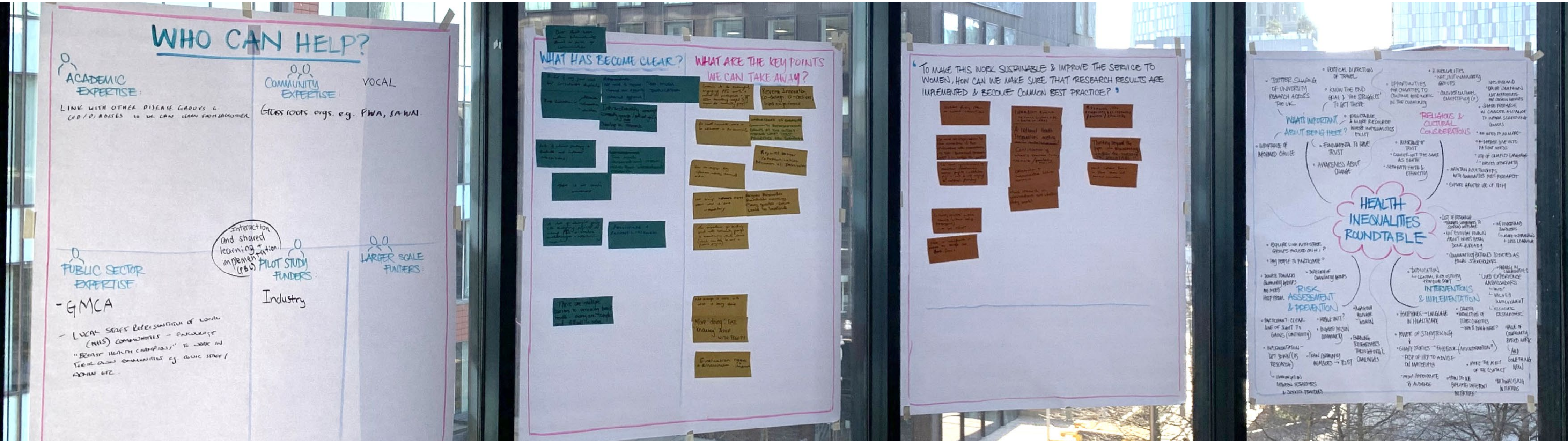
Fair remuneration emerged as both a practical necessity and a principle of equity. Ensuring that individuals and community organisations are compensated (financially or through other forms of recognition) for their time, insights and labour is essential to building genuine partnerships. In addition, sharing findings and demonstrating tangible community benefits from research was seen as a non-negotiable part of ethical engagement.

Cross-Sector Collaboration and Shared Learning

Many of the projects presented had overlapping aims and were working with similar communities, but often in isolation. Several participants noted that they were unaware of other ongoing initiatives, leading to unnecessary duplication and missed opportunities for joint working. This highlighted the need for better communication and coordination across the sector. Suggestions included creating a shared online space for updates and resources, as well as hosting regular forums to stay connected and learn from each other's progress. Participants also pointed to the potential of applying successful strategies from other areas, such as diabetes care, bowel screening, or COVID-19 outreach, showing how lessons learned elsewhere could be adapted to address breast screening inequalities more effectively.

Infrastructure for Equity

The Roundtable made it clear that long-term progress requires structural support. There is a gap in the national infrastructure for embedding successful pilot projects into routine practice, particularly when it comes to engaging with underserved populations. Attendees stressed the need for national funding streams, cross-organisational partnerships and shared platforms to sustain and scale-up local innovations. Equity-focused interventions must not remain siloed or time-restricted and should be embedded into mainstream services as standard practice.



Valuing Community Expertise

There was a strong call to reframe the role of community members from “participants” to “partners.” Concepts such as peer educators, associate researchers and lived experience ambassadors offer models for more inclusive research that values knowledge outside of academia. Investing in training and supporting community members to take on these roles not only builds trust, but also strengthens research relevance and impact by ensuring that research questions, methods, and solutions are grounded in real-world experiences. This approach increases the likelihood that findings will be meaningful, culturally appropriate, and more likely to be acted upon by the communities they aim to serve.

Smarter, Inclusive Communication

Ineffective communication — whether in research materials, screening invitations, or educational campaigns — continues to act as a barrier, particularly when it lacks cultural sensitivity or accessible language. The power of storytelling, especially through social media, was noted as both a strength and a risk as it offers reach and relatability but also has the potential for misinformation.

Therefore, key next steps should include tailoring health messages to different audiences via their preferred channels and working alongside healthcare professionals to develop culturally appropriate and accurate materials.

WHAT NEXT?

Prevent Breast Cancer's first Health Inequalities Roundtable surfaced valuable insights and created momentum for collective action. To ensure this progress translates into lasting impact, we are committed to sustaining and expanding this conversation through the following next steps:

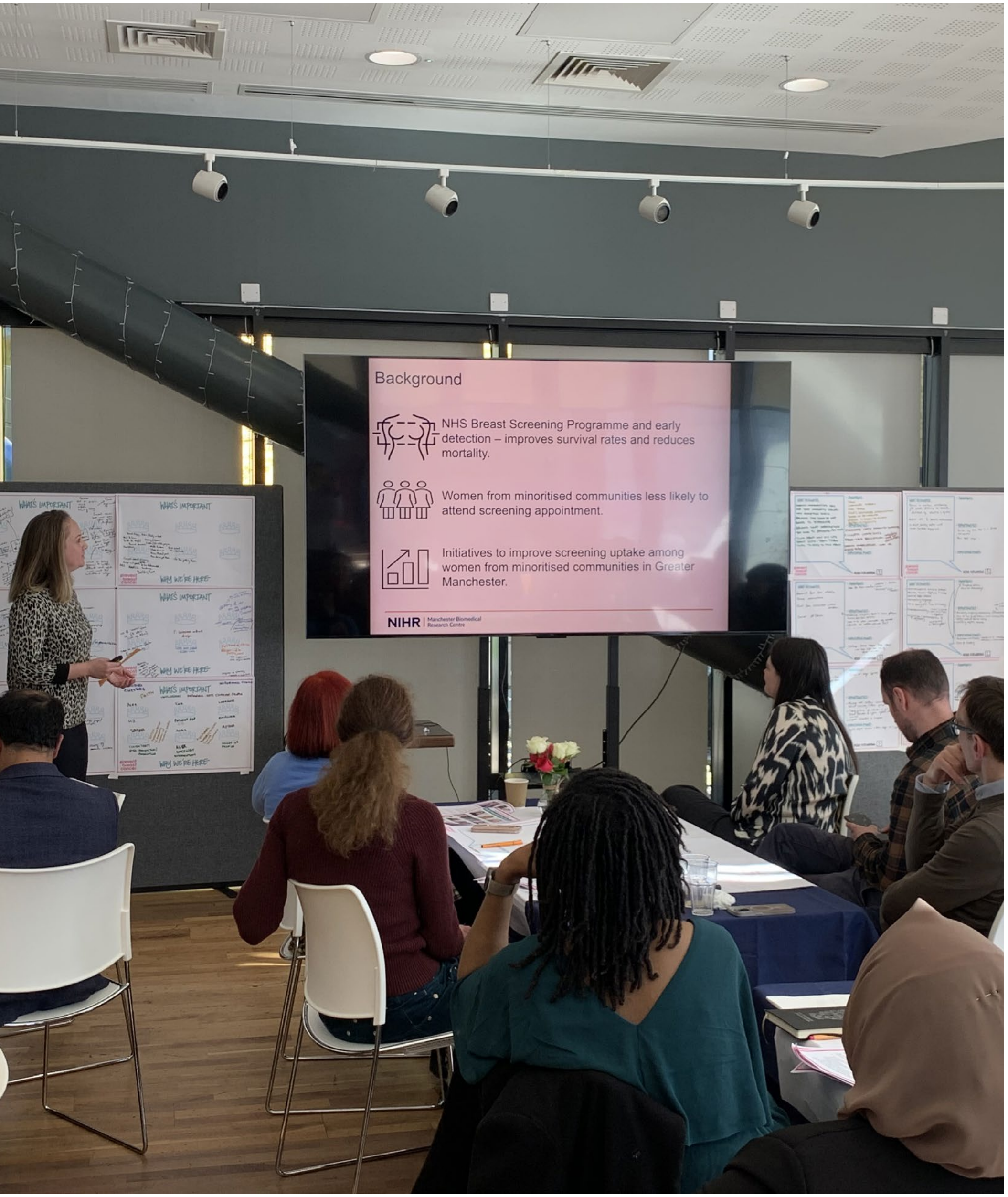
Health Inequalities Community Roundtable

In September 2025, we will host a dedicated Health Inequalities Community Roundtable in Manchester, as part of our wider strategy to address health inequalities through joined-up, community-led approaches, and to ensure that lived experience continues to shape future research and interventions. This meeting was already in development prior to the Roundtable but the discussions confirmed there is an urgent and unmet need for such an event.

This event will bring together grassroots organisations, NHS staff and public health workers from across Greater Manchester. It will focus on building connections, sharing knowledge, and supporting community organisations to access funding and develop tailored, culturally appropriate interventions. A key aim is to create space for participants to speak, be heard, and shape what effective, equitable research collaboration should look like, so that community organisations feel confident and informed when deciding whether to get involved in research. We are committed to supporting—not placing demands on—grassroots organisations, and ensuring their insights are central to the work that follows.

National Meeting

To complement our regional work, we will also host a national meeting at the end of 2026 that will bring together charities, researchers, commissioners, clinicians and policymakers. As the first Roundtable highlighted, research on breast cancer inequalities in Greater Manchester is often duplicated, which we believe is likely to be the case nationally as well as regionally. This meeting will help map existing work, encourage collaboration across regions and disciplines, and begin the development of a coordinated national strategy. It will also provide a platform for researchers to share learnings and explore opportunities for scaling up and securing funding for impactful interventions on a larger scale.



Ongoing Collaboration and Knowledge-Sharing

We will continue to support and collaborate with research teams who are working to develop and test innovative approaches that enable the early detection and prevention of breast cancer. However, we also recognise there is a need to go further. We want to encourage the sharing of evaluation frameworks, minimise duplication and create a central space for projects, research findings and community resources that can be accessible across the sector.

Prevent Breast Cancer is well-positioned to act as a conduit between researchers and community groups to build trust, facilitate long-term partnerships and help ensure community voices are engaged meaningfully in research from the outset. Strengthening relationships across disciplines and geographies will be key to building the infrastructure needed for sustainable change. We also recognise that this is a significant and complex task, and achieving it will require thoughtful planning, investment and resourcing.

Embedding Impact in Research Practice

As a charity, we will advocate for research that moves beyond identifying problems to delivering and implementing solutions. We will encourage funders to support intervention-based studies and push for stronger links between research and healthcare practice. This includes ensuring findings are translated into policy, shared with participants and communities and embedded into routine services in ways that are scalable and equitable.

Learning from Other Sectors

To inform our next steps, it is necessary to undertake a review of existing literature and publicly available resources to explore successful interventions aimed at tackling health inequalities in other areas of health. By identifying what has worked in different contexts, such as diabetes or mental health, we can adapt relevant lessons and evaluate whether these interventions could also be used to improve breast cancer awareness, early diagnosis and outcomes in underserved communities.

Laying the Groundwork for Systemic Change

The Roundtable made clear that addressing breast cancer inequalities cannot rely on isolated initiatives or short-term projects. It requires a joined-up, long-term approach that connects research, policy, healthcare systems and community action. Prevent Breast Cancer will continue to convene meetings for cross-sector dialogue, encourage intervention-based research and the implementation of evidence-based interventions, and champion the inclusion of underserved voices in shaping research projects and strategy. By working collaboratively across disciplines and sectors, we can contribute to building a more coherent, sustainable response to breast cancer inequalities locally, regionally and nationally.

CONCLUSION

The discussions, projects, and insights captured in this report reflect a growing momentum across Greater Manchester and beyond to address breast screening inequalities with urgency, creativity and – above all – collaboration. Across healthcare, research and community sectors, there is a clear recognition that we must move from identifying barriers to delivering practical, culturally responsive interventions that are informed by those most affected.

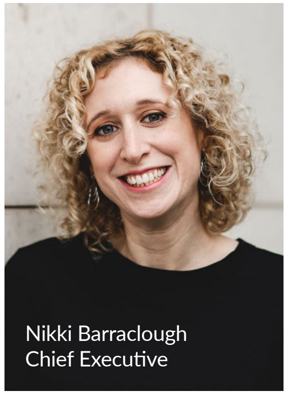
The discussions, projects, and insights captured in this report reflect a growing momentum across Greater Manchester and beyond to address breast screening inequalities with urgency, creativity and – above all – collaboration. Across healthcare, research and community sectors, there is a clear recognition that we must move from identifying barriers to delivering practical, culturally responsive interventions that are informed by those most affected.

Encouragingly, we are already seeing the positive impact of initiatives such as the work of Cancer Screening Improvement Leads and community engagement programmes, which have contributed to the significant rise in screening uptake over the past two years. But this is not just about improving statistics; it is about building trust and maintaining relationships, empowering communities and making healthcare systems more equitable and inclusive.

The success of this work depends on long-term partnerships, fair investment in communities and a sustained commitment to listen, learn and act together. As we move forward, the priority must be turning insight into impact, embedding equity into everyday practice and ensuring the voices of underrepresented communities continue to shape the future of breast cancer prevention.

CLOSING REMARKS FROM OUR CHIEF EXECUTIVE

Our Mission to Reduce Health Inequalities



Nikki Barraclough
Chief Executive

At Prevent Breast Cancer, putting patients first is at the heart of everything we do. We are committed to ensuring that every individual—regardless of their background, ethnicity or postcode—has access to timely, accurate information, early diagnosis, and ultimately, better health outcomes. That commitment means truly listening to communities, championing their needs, and taking meaningful action.

As a charity, we are proud to be a trusted and independent voice. We amplify the experiences and insights of the communities we serve, particularly those who have historically been unheard and underserved. When focusing on health inequalities, we must also ensure we're not overlooking other marginalised groups, including the LGBTQ+ community, people with learning disabilities, and others whose needs too often go unrecognised.

Far too often, we are told of women who had to fight to be taken seriously, visiting their GP numerous times before referrals were finally made. We have heard of individuals who only made it to diagnosis because a loved one stepped in to advocate for them. These stories reflect a deep mistrust in healthcare services, often rooted in previous dismissals or poor treatment, and they continue to drive delays in help-seeking behaviour and lead to later diagnoses.

These are not isolated experiences. The King's Fund has highlighted that systemic racism and discrimination remain present in the NHS, and that without directly addressing these structural issues, efforts to tackle health inequalities will fall short[4]. It is not enough to raise awareness. We must also confront the systems and attitudes that keep disparities in place.

That's why we're calling for more research into routes to diagnosis, particularly in the six months prior to a breast cancer diagnosis. How many times did a patient seek help? What symptoms were they presenting? Was a Significant Event Audit (SEA) completed and if so, what did it reveal? Crucially, how do these journeys vary across different ethnicities and other underserved groups? These are the questions we need answers to if we are to implement truly effective interventions.

We also need innovation. We want to see research that not only identifies problems but tests and evaluates solutions. We believe that interventions that build trust, improve access, and empower communities must be funded, scaled and embedded into practice.

Prevent Breast Cancer is a small but mighty charity. We punch above our weight, but we can't solve these systemic problems alone. If you are a funder, a researcher, a healthcare professional, or simply someone passionate about tackling inequality, we want to work with you. This report marks the beginning of a series of actions we hope will lead to real and lasting change. To join us in this mission, please get in touch at **info@preventbreastcancer.org.uk**.

By working together, we can ensure that every individual has an equal chance of early diagnosis and survival.

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[4] Tackling health inequalities: seven priorities for the NHS, The King's Fund - **https://www.kingsfund.org.uk/insight-and-analysis/long-reads/tackling-health-inequalities-seven-priorities-nhs?utm_term=thekingsfund&utm_source=Twitter&utm_medium=social**

Acknowledgements

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