

# NO ONE LEFT BEHIND:

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Opportunities to improve  
breast screening uptake  
in London

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**We are continuing to educate and inform women about the importance of screening to drive attendance in London.**

**These include our:**

- Train the Trainer pilot in Westminster which aims to empower local individuals to deliver training on breast awareness, risk reduction and screening.
- Public Health talks on breast cancer awareness which delivered 27 in person sessions in London in 2023/24 alone.
- Funded research into the barriers to breast screening within the UK black African community and breast pain as a barrier in North East London.
- Our Screening Champions Group which brings together healthcare professionals with an interest in screening to learn and share best practice.

Early diagnosis saves lives. And breast screening is key to achieving this. We're working tirelessly to remove the barriers stopping women from attending screening appointments. So we can catch breast cancer quickly and at an early stage, when treatment is most likely to be successful. We're also looking for ways to drive improvements in the breast screening programme, especially in areas where engagement is lowest, such as London.

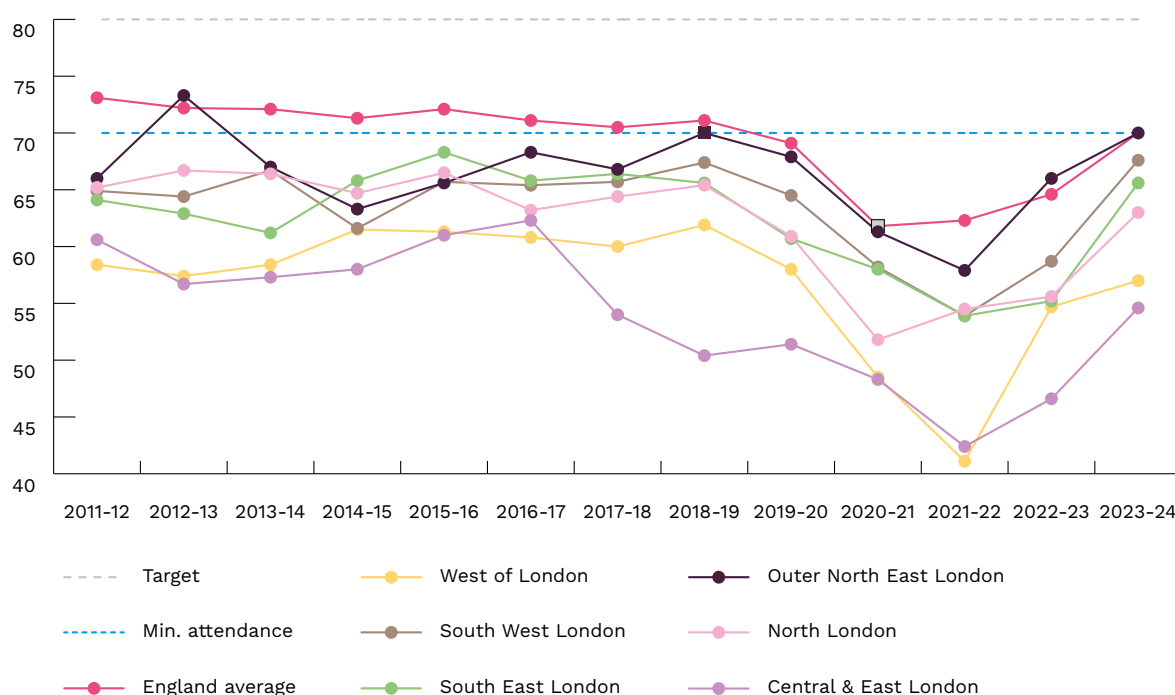
To this end, we've undertaken focused research looking at the current breast screening programme in London. And as part of this work, we chaired a roundtable with breast screening stakeholders across the city in Autumn 2025. This policy report reflects the lessons we've learned along the way. It offers an overview of the challenges and opportunities faced by breast screening in London. And translates our insights into a series of recommendations to address inequalities in breast screening and improve uptake long-term. So that no one is left behind.

# Understanding the problem

The NHS breast screening programme has been operating in England since 1988 and is one of our health system's biggest success stories. In the NHS London region alone<sup>a</sup>, around 8 breast cancers are detected for every 1000 women screened every year<sup>1</sup>.

But despite the tireless efforts of NHS staff, breast screening uptake in the capital continues to lag behind other regions, failing to meet either the 70% minimum standard or the 80% achievable NHS target for at least 25 years<sup>2b</sup>.

## Breast screening uptake among invited women aged 50-<71 (%), first and all routine invitations, by Breast Screening Unit



<sup>a</sup> The NHS London region is a strategic arm of NHS England, overseeing healthcare for all 32 boroughs.

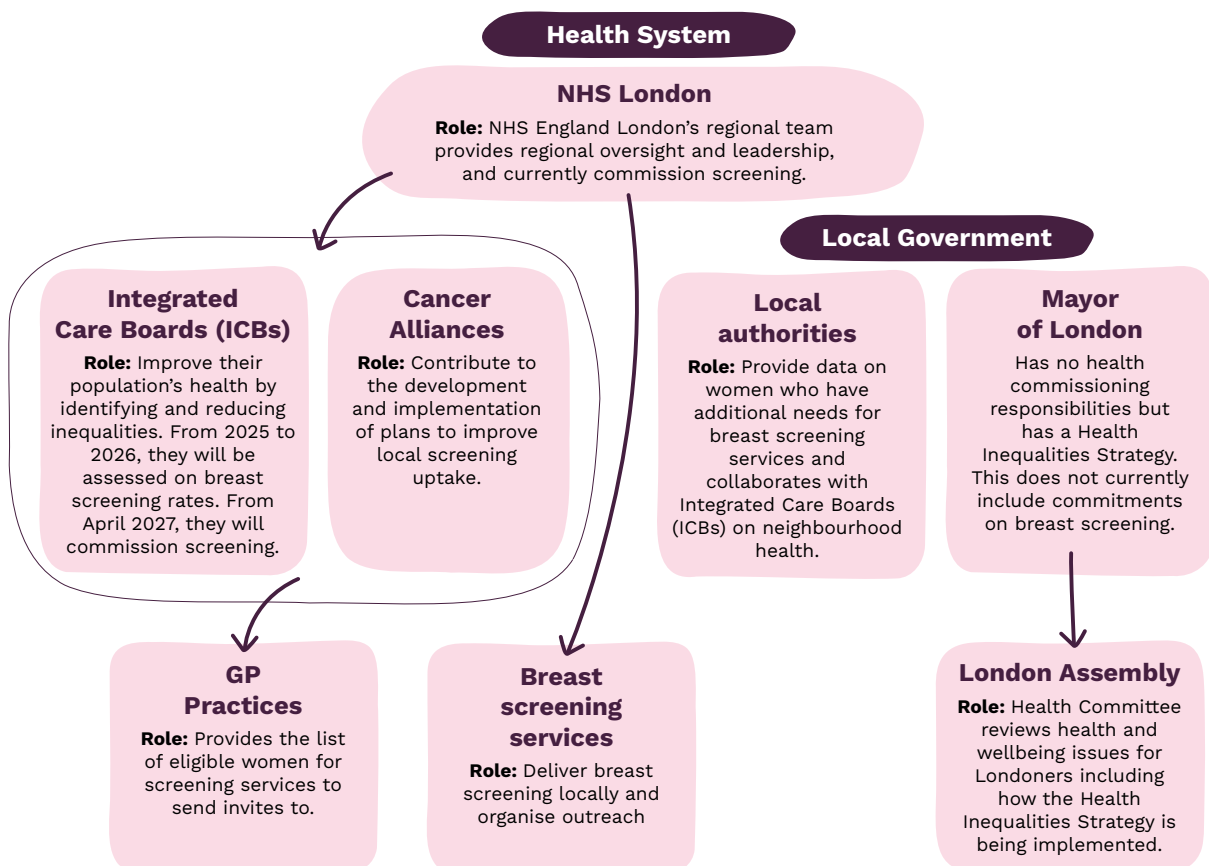
<sup>b</sup> Data before only 2007/08 shows uptake of women aged 50-64.

According to the latest data from 2023 to 2024, London's average uptake was 62.9%, around 7% below the national average. In some areas of London, this figure is as low as 54.6%, with a 15.4% difference between the lowest and highest performing areas. For first invites only, uptake in London falls to 55.6%, compared to the national average of 62.5%. And in some areas of London, fewer than half of women attend their screening appointment when first invited<sup>3</sup>. During the

pandemic, England's lowest uptake was 61.8%, compared to London's at 50.6%<sup>4</sup>. Targets being missed means thousands fewer cases of breast cancer will be found nationally every year. If we want to save more lives from breast cancer, this must change.

Meeting the 70% minimum standard and the 80% NHS target would have far-reaching benefits for the lives of women in London, as well as the wider economy<sup>5</sup>.

## Who has a role to play in improving breast screening uptake?



## Barriers to attendance

There's a strong link between communities experiencing health inequalities, such as ethnic minority women or those experiencing homelessness, and low uptake of breast screening<sup>6</sup>. And many of these communities are more concentrated in London<sup>7</sup>.

These communities face a range of barriers to screening uptake, such as a lack of education or awareness about breast cancer and screening, a fear of pain, as well as wider cultural or religious beliefs around cancer, which make discussing it a taboo<sup>8</sup>. There may also be additional barriers to attendance in these demographics, such as a lack of step-free access and suitable transport.

Although socioeconomic status is often linked with lower attendance across the region, some local data suggests this is less distinctive in London compared to other parts of the country<sup>9</sup>.

“Don't put off your screening appointment. Catching things early made a huge difference in my own breast cancer journey and I'm so grateful I went when I did. Screening is an important part of looking after your health — just like going to the dentist or having a blood pressure or cholesterol check. Now, I want to do all I can to tell everyone just how important breast screening is - it really does matter”

– Paula, North London

# Current opportunities for change in London

## Embedding interventions that work

London has already introduced a variety of different initiatives and interventions to improve breast screening uptake in the capital. Some of these are more traditional initiatives, such as SMS reminders of breast screening appointments in Greenwich<sup>10</sup> or making reminder calls more sensitive to different cultures<sup>11</sup>. And others are more innovative interventions, such as the City of Westminster's "Chewies" community-based programme,<sup>12</sup>.

Charities are also working in partnership with NHS services to improve uptake. Our Train the Trainer programme, currently being piloted in the City of Westminster, trains trusted local messengers to promote breast awareness, screening and risk reduction messages. It also supports trainers with a hub for peer collaboration, networking and evaluation.

Our consensus statement on health inequalities within breast screening, developed in partnership with key charities, outlines a series of recommendations to bring about a more accessible, equal and fair breast screening programme<sup>13</sup>. These changes can support uptake in groups less likely to attend.

But these changes need the right conditions to happen. London's Cancer Alliances, NHS London's Public Health Commissioning Teams and local stakeholders have been instructed to work together in developing and delivering plans to improve uptake. These could include targeted community outreach projects or grants to engage communities with lower screening uptake<sup>14</sup>.

However, long-term resourcing and planning are needed to embed these interventions. Cancer Alliances are funded on a yearly basis, with their priorities based on annual planning guidance – meaning roles and projects to deliver this work are often fixed-term. Other community outreach and engagement projects are often delivered by breast screening nurses on top of their clinical responsibilities as well, so projects can be deprioritised or not embedded into business as usual.

**Recommendation:** NHS London should ensure Cancer Alliance plans to improve uptake are aligned across the region. London ICBs' strategies, including their 5-year plans, should enable Cancer Alliance's plans to be longer term by embedding and continuing on such plans for improving uptake once they begin to commission screening.

## Expanding on the national awareness campaign

In February 2025, NHS England backed our No Time to Waste campaign – the first ever national breast screening awareness campaign. This targeted areas of low uptake, including London. The campaign included advertisements across TV and radio, online, and in person, including on London buses. It also included community engagement in the 10 boroughs with the lowest coverage. The impact of this campaign is yet to be published, but it's crucial we build upon its momentum and maintain awareness in London.

Whilst Cancer Alliances and ICBs promoted the national campaign, NHS England has also instructed Cancer Alliances to develop their own promotional materials and campaigns on screening<sup>15</sup>. The London Assembly's Health Committee has highlighted the need for the Mayor of London to collaborate with Transport for London (TfL) to allocate more space for public health awareness campaigns<sup>16</sup>. The mayor himself has also highlighted the benefit of such public health campaigns for local communities<sup>17</sup>.

Breast screening communications should be amplified by, and coordinated alongside, other ongoing public health campaigns such as immunisation services or other cancer screening programmes. Working together, they can target communities with low uptake across public health programmes and help build trust. This should complement direct communication strategies between trusted messengers and individuals, such as our Train the Trainer programme and the other community engagement interventions outlined above.

**Recommendation:** The Mayor of London, NHS London, London's Cancer Alliances and ICBs, should build on NHS England's breast screening campaign, with a targeted London campaign. This campaign should continue to focus on communities with lowest engagement but be informed by the campaign's national and local evaluation.

# Key barriers to improving uptake

## Data issues are a significant barrier for improving uptake

Inaccurate and inconsistent data are holding back progress for the projects and initiatives working to improve uptake in London. While this is not specific to the capital, it has a bigger impact on the region due to its transient population and high concentration of underserved groups compared to other NHS regions.

The data used to identify eligible individuals who may need additional support for breast screening is often inaccurate and lacks sufficient detail to support targeted interventions. Breast screening uptake data can only be analysed at GP practice level, which limits the ability to assess uptake among specific communities or within smaller geographic areas.

In addition, GP registration data in many London boroughs significantly overestimates the resident population due to the presence of ‘ghost patients’—individuals who remain registered with a GP despite no longer living in the area. For example, Camden has approximately 72,500 more patients registered with GPs than are recorded as residents in the census, a pattern seen across

London<sup>18</sup>. This means that the baseline number of invites sent to patients for screening may be distorted.

Data sharing across relevant services to support breast screening can also be limited or outdated, preventing targeted and engaged support for underserved communities. Local authority data identifying women with additional needs who require support is not automatically shared with screening services, either. This means services can’t provide sufficient support at the appointment, or that extra resources are required by breast screening services and local authorities to enable this. Similarly, screening services rely on phone numbers registered to GP patients to contact those who don’t attend and understand why. But a significant proportion of phone numbers aren’t provided or up to date.

**Recommendation:** London’s GP practices, local authorities, and breast screening services must consistently collaborate to share patient data relevant to interventions that aim to improve uptake.



Many of these issues stem from the outdated National Breast Screening Service (NBSS) IT system and supporting digital infrastructure<sup>19</sup>. Led by NHS England, plans are already underway to digitally transform breast screening. We welcome these upgrades, but staff will need to be trained and supported in delivering them to maximise functionality and improve patient support: for example, pulling data from existing health records and allowing screening attendees to provide information ahead of an appointment<sup>20</sup>.

**Recommendation:** Once the Digital Transformation of Screening programme is implemented, NHS London should facilitate training for all relevant staff on the full capabilities of new digital screening systems.

## Prioritising effective evaluation

Evaluation is a core part of developing and scaling new interventions. It's how services can demonstrate their impact to stakeholders and inform future planning and commissioning.

And it's something that's recognised across the board by breast screening stakeholders. However, there are challenges in evaluating breast screening uptake interventions, such as inconsistent data or outcomes like relationship building that can't be measured by traditional metrics. Cancer Alliances were instructed by NHS England to ensure evaluation is embedded throughout breast screening uptake improvement work<sup>21</sup>. Likewise, the strategic commissioning framework for ICBs also stresses the need for quality evaluation of services, including screening<sup>22</sup>. And the North West London ICB has developed a general evaluation toolkit for local projects<sup>23</sup>. Guides like this, which are backed by research methodologies, can help scale effective evaluation across breast screening services in the region as well.

**Recommendation:** NHS London should support London's Cancer Alliances and ICBs to evaluate breast screening uptake interventions, for example through developing toolkits, and ensure best practice is shared and adopted across the region, to enable service improvement.

## Screening needs to be on the health agenda for the whole system

Improving breast screening uptake in the capital won't happen overnight, or in isolation. Partnership is crucial as we work to boost uptake. There are already some promising examples of collaboration, but breast screening services continue to experience inconsistent buy-in from the wider health system. Moving forward, future regional plans must encourage and incentivise working in partnership.

### Neighbourhood health services

The Department of Health and Social Care's 10 Year Plan has an ambition to develop care in the community – what it calls a 'neighbourhood health service'<sup>24</sup>. Partnerships between primary care, ICBs, and local authorities to develop neighbourhood health services will call for local collaboration on prevention and early intervention for major conditions<sup>25</sup>.

As of January 2026, 5 sites in London are piloting neighbourhood health<sup>c</sup>. These pilots and new neighbourhood health sites should include breast screening within their plans, firstly, due to the prevalence of breast cancer, and secondly, to align with existing strategic plans within ICBs and Cancer Alliances to improve the early diagnosis of cancer.

**Recommendation:** London's ICBs and NHS London should include breast screening as a key element of their neighbourhood health plans as part of aligning neighbourhood approaches with system-wide strategies.

### Location of screening services

London needs more screening services and in more accessible locations. This would help increase visibility and improve uptake in the capital. As it stands, many screening units are located in hospitals, with the long travel times impacting women's decision to attend. As a longer-term ambition, many staff working in screening would like to see a unit in each borough, as well as mobile vans moving across different neighbourhoods to offer screening on people's doorsteps.

Including breast screening within Community Diagnostic Centres (CDCs) could help to make screening more accessible. This could include providing breast screening directly or breast screening information if this is not possible. As data integration develops, CDCs could also highlight screening for patients flagged as non-attenders. NHS England has recommended that CDCs broaden their scope of available services by integrating breast screening services into new models<sup>26</sup>. However, none of the CDCs across London offer breast screening currently.

<sup>c</sup> These sites are: Lambeth/ Southwark, Barking and Dagenham, Croydon, Hillingdon, Kensington & Chelsea/ Westminster

The Mayor of London's 2021 to 2026 London Plan requires local bodies to identify and address local health and social care needs within infrastructure development plans. We want to see the next iteration of this Plan support health services to provide more accessible screening services that improve uptake.

**Recommendation:** NHS London and ICBs should explore how their CDCs can provide or promote breast screening, such as providing health information and highlighting screening to patients flagged as non-attenders.

## Primary care

Breast screening in London benefits hugely from engagement by GP practices with the programme. When GP practices share accurate data, breast screening services can proactively contact first-time invitees or non-attenders, encouraging them to attend and supporting patients to reschedule appointments. The Making Every Contact Count (MECC) strategy should also help primary care raise breast awareness, whilst screening

should be routinely discussed during patient visits. Guidance is already available across London to support primary care in improving uptake, including from the North East London Cancer Alliance<sup>27</sup> and a 'good practice guide' developed by stakeholders across London<sup>28</sup>.

Directed Enhanced Services (DES) for 2025 to 2026 – services that GP practices are incentivised to offer beyond their core obligations – include Primary Care Networks (PCNs) working with partners to improve breast screening uptake<sup>29</sup>. Although DES offers an attractive pot of funding to GP practices, PCNs should oversee how funding is allocated to ensure it is being used effectively across their area to improve uptake.

**Recommendation:**

- PCNs across London should ensure DES is being used to play a greater role in promoting breast screening.
- London's NHS services should create a new best practice guide to support primary care with screening to reflect upcoming ICB-led commissioning of screening services.

c These sites are: Lambeth/ Southwark, Barking and Dagenham, Croydon, Hillingdon, Kensington & Chelsea/ Westminster

# Looking ahead to the future of screening

By April 2027, ICBs will become the strategic commissioners for screening<sup>30</sup>. This will enable ICBs to use local insights to inform the commissioning of breast screening in London. And with all screening commissioned under their direction, it will open the door to greater collaboration and better coordination across NHS services, as well as aligned and longer-term planning.

London's ICBs must effectively prepare for their role as strategic commissioners of breast screening, with support from NHS England and the Department of Health and Social Care. Programme standards, guidance, service specifications and quality assurance requirements need to be retained nationally for consistency, while allowing for local innovation and planning.

As part of the transfer of breast screening commissioning to ICBs, DHSC should consider reintroducing protected funding for public health functions, as with specialised commissioning<sup>31</sup>. This would help

prevent resources from being diverted to meet top-line national priorities, something we saw in 2020 when ring-fenced funding for public health functions, including screening, was removed during the pandemic. Ring-fenced funding is vital in the context of ICB's running costs cuts<sup>32</sup>.

Change does not happen overnight. And it won't be easy. Breast screening and broader NHS services are navigating an interplay of complex issues, like workforce shortages and a lack of funding. But a range of innovative projects and initiatives are underway already. And NHS services across London are working tirelessly towards the minimum and achievable NHS targets for breast screening uptake in the capital. As we look ahead, it's vital that these services collaborate, are well-resourced and empowered to drive uptake. By building on what has worked, learning from what hasn't and developing a long-term approach to improving breast screening across London, we can close the gap in screening uptake between London and other regions.

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