



**DUDLEY AND
NETHERTON**
PRIMARY CARE NETWORK

PATIENT PARTICIPATION GROUP

Welcome

Welcome & Introductions – Samson Arishe

Housekeeping

Plan for session:

- Recap and actions since last PPG meeting
- Habits – Jazdeep Sandhu (PCN Health and Wellbeing coach)
- Lung Cancer Screening programme – Leanne Bood
- Breast Cancer screening programme- Jayne Burness
- Bowel Cancer Screening programme – Vanessa Nzekwu
- Table Discussions
- Next PPG Meeting

Ground Rules

- All views are valid and will be listened to
- Respect each person's opinion
- Allow people to speak out if there is something they don't understand
- Individual complaints/issues will not be discussed at this forum.
- All information discussed by PPG members will remain confidential
- Members will demonstrate a commitment to delivering results as a group
- Being a member of the PPG does not entitle that individual to preferential treatment above other patients

Last PPG Recap:

Theme was around wellbeing and health inequalities

- Talks from Your Health Dudley

Services include:

1. Smoking cessation
2. Weight management support
3. Family healthy lifestyle programmes
4. NHS Health Checks
5. Steps to Health initiative

PCN and Community Pharmacy team



Community Pharmacy
and Blood Pressure
Services



Blood Pressure
Monitoring (ABPM)



Home Blood Pressure
Monitoring (HBPM)



Helping **YOU** to
Complete Home Blood
Pressure Readings



Measure to help with
hypertension
management

Since the last PPG and based on your feedback

- Collaborated with two neighbouring PCNs to deliver blood pressure and health checks at Brierley Hill Shopping Centre during the Christmas period.
- Practices are developing stronger working relationships with community pharmacies to support the management of minor illnesses.
- A new Community Pharmacy Liaison Officer role has been introduced to:
 - Improve communication and reduce duplication between practices and pharmacies.
 - Support operational consistency across 263 pharmacies and 27 PCNs in the Black Country.
 - Identify systemic barriers and escalate these to the ICB/LPC as appropriate.

This PPG will continue the work started last year. Based on the table-top discussions and suggestions from our last meeting, we will be focusing on:

- Understanding the different cancer screening programmes
- Exploring how each screening process works
- Identifying who is eligible
- Highlighting the impact early screening has on treatment outcomes



Lung
Cancer
Screening



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Lung Cancer Screening Programme

Improving Early Detection of Lung Cancer in Dudley

Programme Overview

To improve early detection of lung cancer among high-risk individuals in Dudley

Eligibility Criteria:

- Age: 55-74 years
- Smoking history: Current or former smokers
- Registered with a GP who is currently participating
- Eligible participants will receive a letter inviting them to a lung screening appointment



Performance Aug 2024 – Jan 2026

- The programme is 'live' in Kingswinford & Wordsley, Brierley Hill & Amblecote, Dudley & Netherton and Stourbridge, Wollaston & Lye Primary Care Networks
- Current uptake rate 57.5% (national rate $\geq 50\%$)
- Conversion to high risk(following TT) 49.6% (national rate is 48%)
- Attendance rate F2F 95.2% (national rate $\geq 90\%$)
- Attendance of CT scan 99.4% (national rate $\geq 90\%$)



Total invitations sent:	37,387
Telephone Triages completed:	13,120
Face to Face completed:	5,392
Base line scans completed:	5,226
3-month recall scans completed:	606
12-month recall scans completed:	80
Smoking Cessation referrals:	1,059



Confirmed cancers

36 cancers have been detected in total to date (as of 31st January 2026) of which: -

51 lung cancers 90% stage 1 or 2 10% stage 3 or 4

8 other cancers: Renal, Oesophageal, Urological and Thymoma cancer (chest)



Participant feedback

‘The staff - absolutely brilliant - 5* would recommend anyone to attend’

‘Convenient location, parking, friendly staff. explained scan very well’

‘Professional, helpful, pleasant and informative’

‘I was treated with respect and looked after very well’



Communications and engagement

- ‘Health on the shelf’
- Wordsley Men’s health event



Comments

‘It’s great to hear you’re scanning on car parks; hospitals can put people off’

‘I had my scan at Morrisons (Kingswinford), it was really quick, and I got the all clear’

‘I’m worried about my lungs, I’m not sure if I’ve had my invitation, I’m going to call them on Monday’

‘I’m 71, ex smoker and worked in pubs and clubs all my life. This a brilliant idea’

‘Its good you’re going into communities; hospitals are scary to some people’



Any Questions ?

Breast Screening for over 70's

Jayne Burness

February 2026



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Overview of the service



WHAT IS BREAST CANCER



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BREAST CANCER OCCURS WHEN ABNORMAL CELLS IN THE BREAST GROW IN AN UNCONTROLLED MANNER

AS A WOMAN AGES, CELLS HAVE MORE TIME TO ACCUMULATE DAMAGE, AND THE BODY'S REPAIR MECHANISM AND IMMUNE SYSTEM SURVEILLANCE DECREASE.

EARLY DETECTION CAN IMPROVE THE OUTCOME

WOMEN ARE ENCOURAGED TO BE BREAST AWARE. IT IS IMPORTANT TO GET TO KNOW YOUR BREASTS

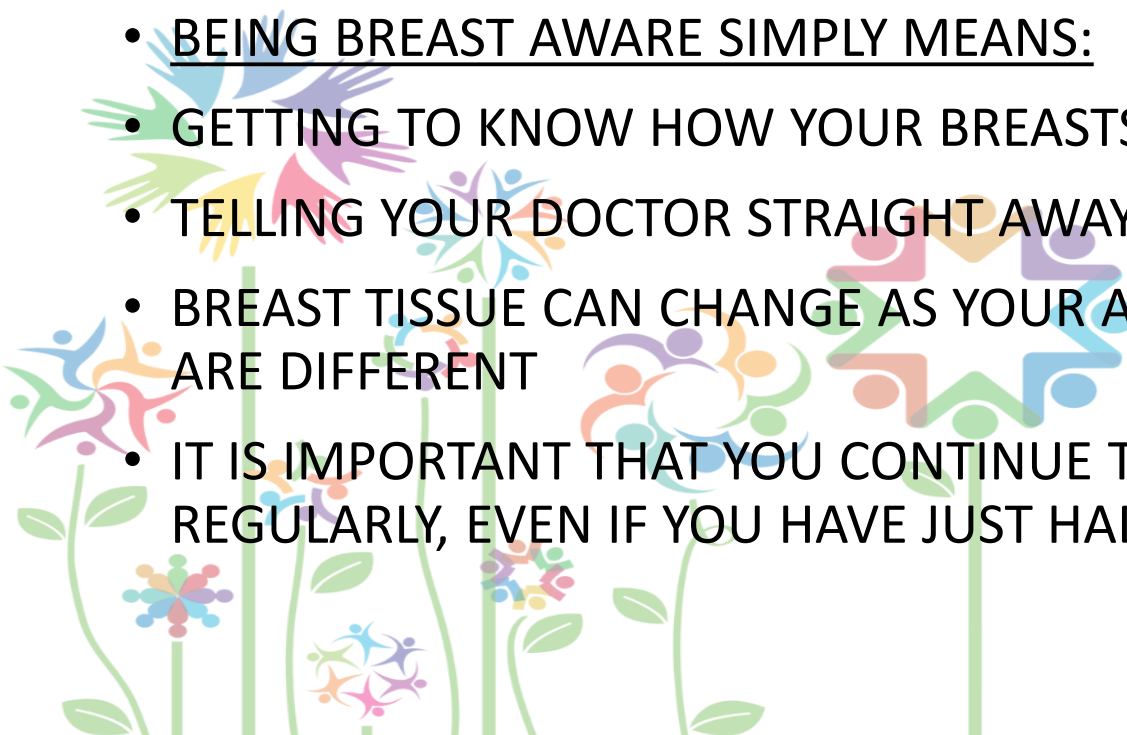


WHY WOMEN OVER 70 ARE NOT INVITED EVERY THREE YEARS



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- WOMEN OVER 71 ARE STILL AT RISK OF BREAST CANCER, HOWEVER, WE DO NOT ROUTINELY INVITE THESE WOMEN FOR BREAST SCREENING. EVIDENCE SUGGESTS THE BENEFITS DO NOT CLEARLY OUTWEIGH THE RISKS OF OVER DIAGNOSIS OR OVER TREATMENT. IT IS MORE LIKELY THAT WOMEN AGED OVER 71 COULD END UP HAVING TREATMENT THEY DO NOT NEED
- BEING BREAST AWARE SIMPLY MEANS:
- GETTING TO KNOW HOW YOUR BREASTS LOOK AND FEEL. WHAT IS YOUR NORMAL?
- TELLING YOUR DOCTOR STRAIGHT AWAY IF YOU NOTICE ANY UNUSUAL CHANGES
- BREAST TISSUE CAN CHANGE AS YOUR AGE INCREASES, AND EVERY WOMANS BREASTS ARE DIFFERENT
- IT IS IMPORTANT THAT YOU CONTINUE TO LOOK AT, AND CHECK YOUR BREASTS REGULARLY, EVEN IF YOU HAVE JUST HAD A MAMMOGRAM



WHY DO WE NEED TO ATTEND



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- BREAST CANCER IS THE MOST COMMON CANCER IN THE UK
- 1 IN 7 WOMEN WILL BE DIAGNOSED WITH BREAST CANCER IN THEIR LIFETIME
- THERE ARE 56,000 NEW CASE EACH YEAR WHICH EQUALS 150 EACH DAY
- 82% OF THOSE DIAGNOSED ARE AGED OVER 50
- 1 in 3 WOMEN OVER 70 OR 13,500 ARE DIAGNOSED WITH BREAST CANCER
- BREAST CANCER HAS DOUBLED OVER THE LAST 50 YEARS
- MEN CAN ALSO DEVELOP BREAST CANCER. APPROX 400 EACH YEAR, BUT THEY ARE NOT SCREENED.



BREAST SCREENING APPOINTMENT



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WOMEN ARE INVITED FROM 49 & 11 MONTHS, UP TO 70 & 11 MONTHS

WOMEN OVER 71 CAN SELF REFER **FREE** OF CHARGE BY CALLING THE ADMIN TEAM ON 01384 244177

INFORM THE STAFF IF YOU HAVE BREAST IMPLANTS OR A PACEMAKER

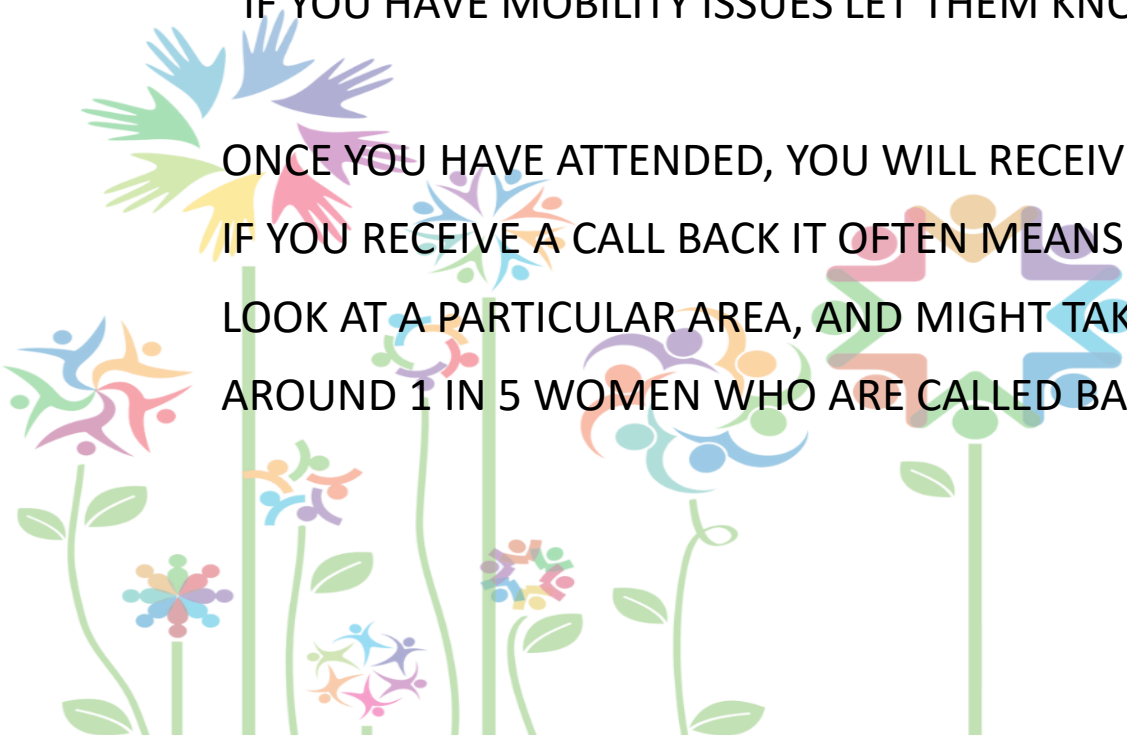
IF YOU HAVE MOBILITY ISSUES LET THEM KNOW, YOU MAY BE ABLE TO GO TO RUSSELLS HALLS STATIC SITE

ONCE YOU HAVE ATTENDED, YOU WILL RECEIVE YOUR RESULT IN 2-3 WEEKS

IF YOU RECEIVE A CALL BACK IT OFTEN MEANS THE CONSULTANT WOULD LIKE TO TAKE A CLOSER

LOOK AT A PARTICULAR AREA, AND MIGHT TAKE MORE X-RAYS.

AROUND 1 IN 5 WOMEN WHO ARE CALLED BACK NEED A BIOPSY OR ARE DIAGNOSED WITH BREAST CANCER



ON THE DAY OF YOUR APPOINTMENT



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EACH WOMAN IS GIVEN A SIX MINUTE APPOINTMENT, UNLESS WE ARE MADE AWARE OF MOBILITY, LEARNING DISABILITY, IMPLANTS OR PACEMAKERS. IF WE ARE MADE AWARE AHEAD OF THE APPOINTMENT WE CAN OFFER A DOUBLE SLOT, (12mins) OR ATTEND A STATIC SITE INSTEAD.

MALES ARE NOT ALLOWED IN THE UNIT AS IT IS A FEMALE ONLY UNIT

WEARING SEPARATES IS A GOOD CHOICE AS YOU WILL NEED TO REMOVE YOUR CLOTHES FROM ABOVE THE WAIST FOR THE X-RAY.

IF YOU ARE REQUIRED TO COME BACK FOR FURTHER EXAMINATIONS, YOU WILL ATTEND A STATIC SITE, AND MAY HAVE FURTHER X-RAYS /AND OR AN ULTRASOUND. SOME WOMEN WILL REQUIRE A BIOPSY IF AN AREA LOOKS SUSPICIOUS, AND A FURTHER APPOINTMENT WILL BE MADE TO DISCUSS THE RESULTS.



BREAST CANCER RISKS YOU CANNOT CHANGE



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AGEING INCREASES THE RISK OF ALMOST ALL CANCERS, INCLUDING BREAST CANCER

BEING FEMALE. LIFETIME EXPOSURE TO HIGH LEVELS OF OESTROGEN

HISTORY OF BREAST CANCER AND GENETICS SUCH AS THE BRACA GENE

AWARENESS OF SYMPTOMS IS OFTEN LOWER IN THIS AGE GROUP, AND MANY WOMEN ASSUME THEY ARE NO LONGER AT RISK ONCE ROUTINE AUTOMATIC SCREENING INVITATIONS CEASE



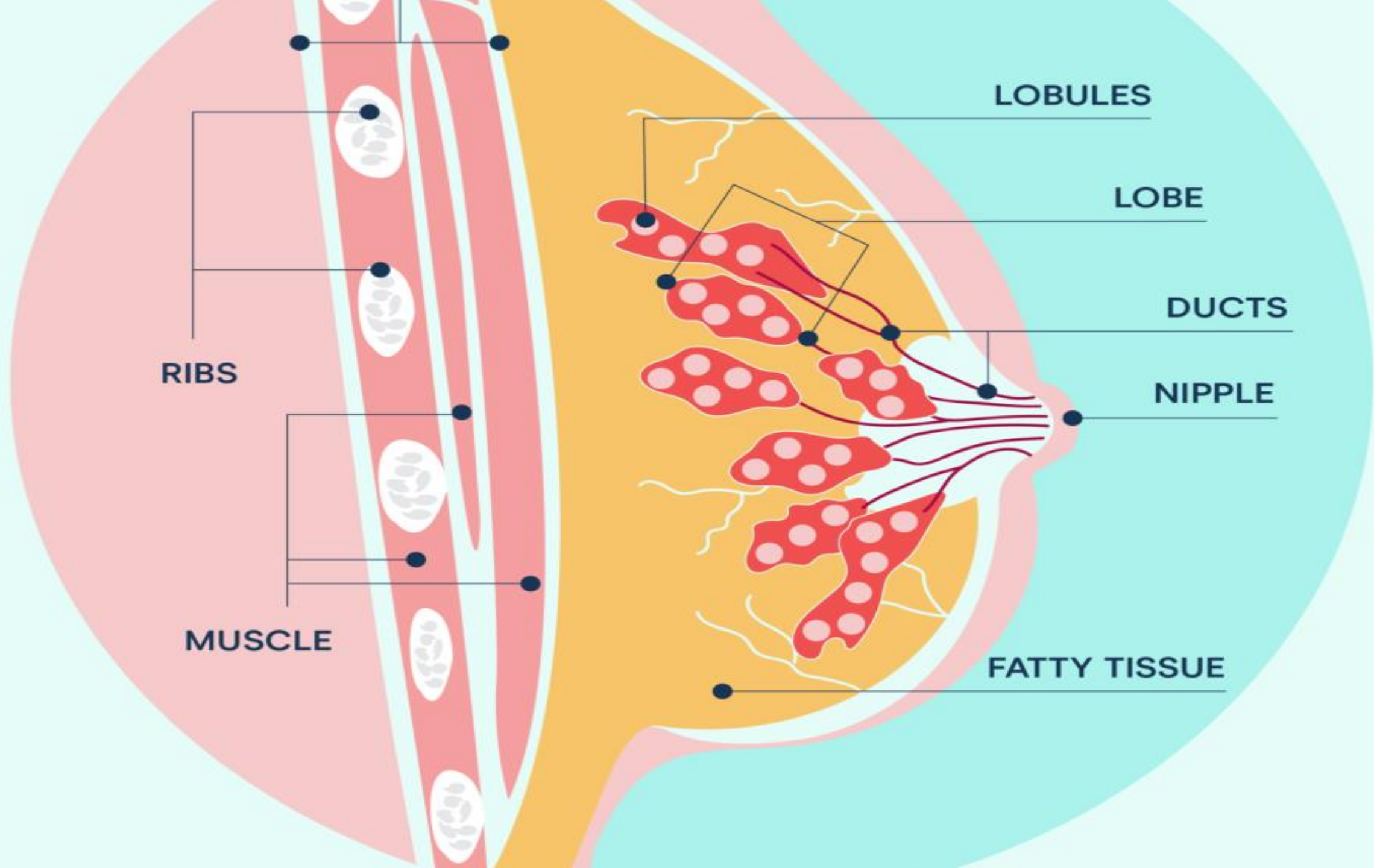
CHANGES YOU CAN MAKE TO REDUCE YOUR RISK

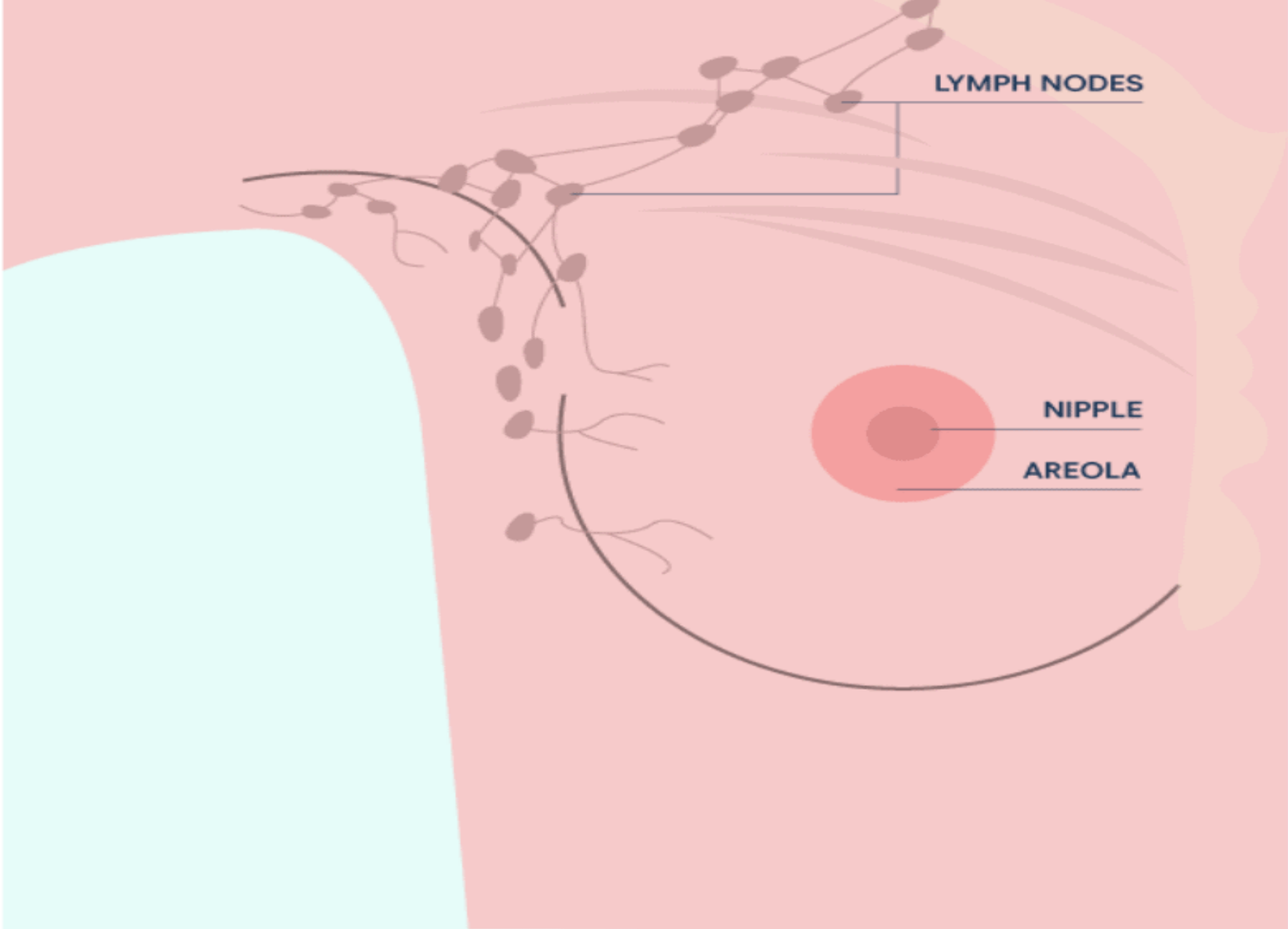


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- THE PROPORTION OF BREAST CANCERS THAT CAN BE PREVENTED IS BETWEEN 23% AND 37%
- LIFESTYLE- BEING PHYSICALLY FIT
- OBESITY- MAINTAIN A HEALTHY WEIGHT
- ALCOHOL- REDUCE YOUR INTAKE







LYMPH NODES

NIPPLE

AREOLA



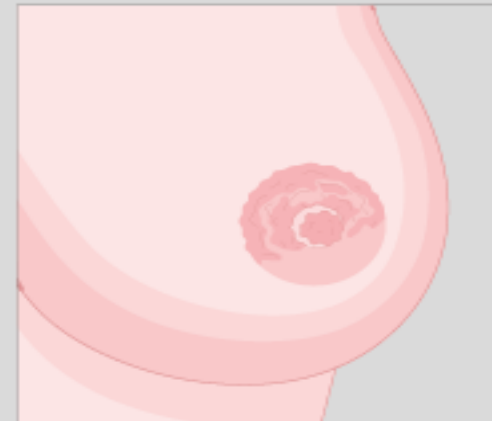
Lump - may not be seen but might be felt



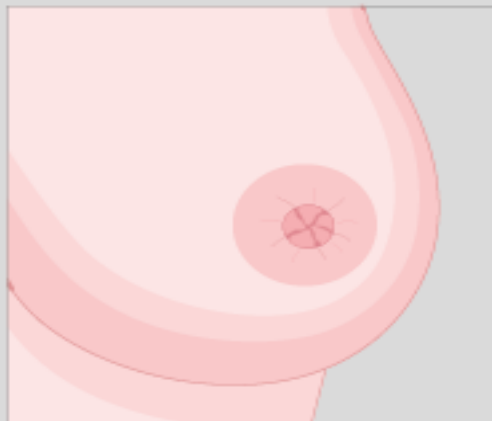
Nipple discharge



Skin texture such as dimpling or puckering



Rash or crusting



Appearance or direction of nipple



- ANY QUESTIONS ?

Dudley and Netherton PCN PPG

March 2026

Vanessa Nzekwu – Health Inequalities and Health Improvement

Wolverhampton Bowel Cancer screening programme

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Bowel Cancer facts

- Bowel cancer (also called colorectal cancer) is the **fourth** most common cancer in the UK and the **second** most common cause of cancer death.
- Around **42,900** people are diagnosed with bowel cancer in the UK each year. In the UK, every 30 minutes, someone dies from bowel cancer
- Around **268,000** people living in the UK today have been diagnosed with bowel cancer.
- More than nine out of ten new cases (94%) are diagnosed in people over the age of 50, and nearly six out of ten cases (59%) are diagnosed in people aged 70 or over.
- However, bowel cancer can affect anyone of any age. More than **2,600** new cases are diagnosed each year in people under the age of 50.
- 1 in 15 men and 1 in 18 women will be diagnosed with bowel cancer during their lifetime.

Bowel Cancer Signs & Symptoms

Knowing the symptoms of bowel cancer could save your life



Bleeding from your bottom and/or blood in your poo



A persistent and unexplained change in bowel habit



Unexplained weight loss



Extreme tiredness for no obvious reason



A pain or lump in your tummy

If you have any concerns or if things just don't feel right, go and see your doctor.

- It is recommended that you see your GP if you have any symptoms of bowel cancer for 3 weeks or more.
- **Bowel cancer screening is not a test for symptoms.**

Risks of developing Bowel Cancer

Everyone, whatever your sex, is at risk of developing bowel cancer. Things that can increase your risk include:

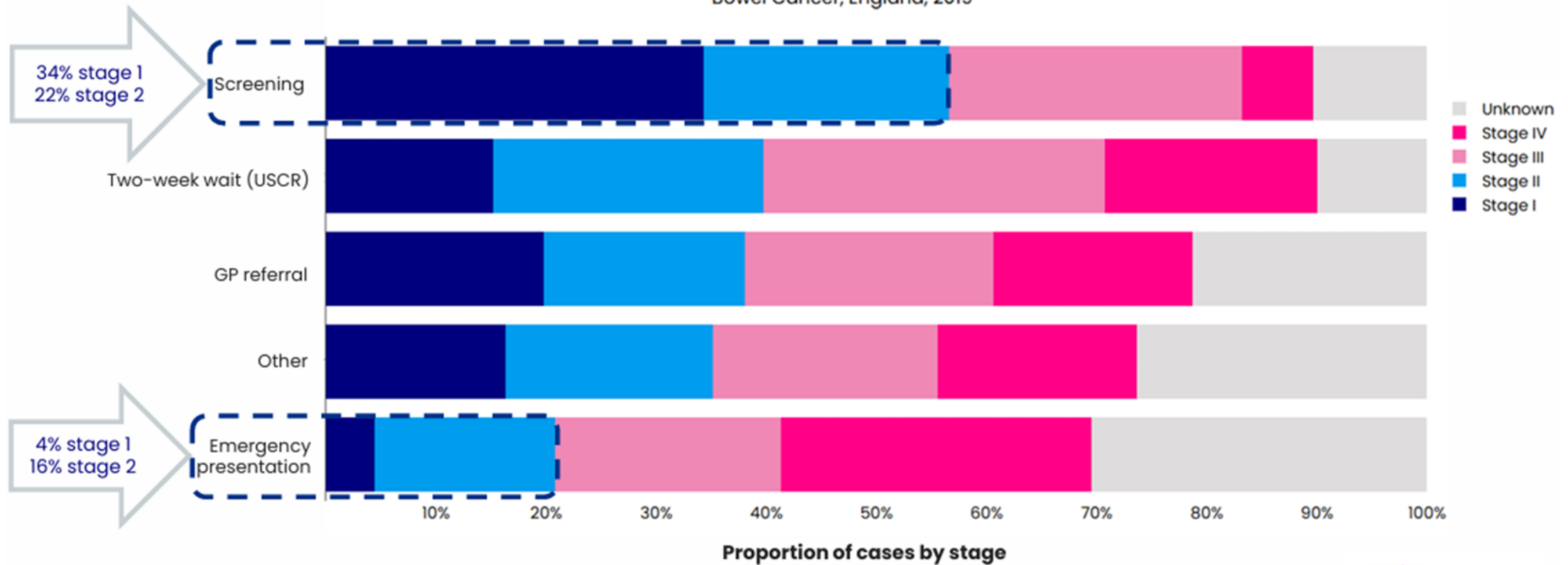
- getting older (8 out of 10 people diagnosed with bowel cancer are over 60)
- not being active enough
- being overweight
- a diet high in red and processed meat and low in fibre
- smoking
- drinking too much alcohol
- having type 2 diabetes
- having inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- a family history of bowel cancer

Bowel Cancer Screening - why it matters

- We offer screening to detect bowel cancer when it is at an early stage in people with no symptoms. This is when treatment is more likely to be effective.
- Screening can also find polyps. These are abnormal clumps of cells in the bowel. Polyps are not cancers but may develop into cancers over time.
- Polyps can be easily removed, which reduces the risk of bowel cancer developing.
- *Regular bowel cancer screening reduces the risk of dying from bowel cancer by up to 25%*

Bowel Screening: A Key Pathway to Early Diagnosis

Proportion of Cancer Cases by Presentation Route and Stage at Diagnosis
Bowel Cancer, England, 2019



Source: Cancer Research UK [Early Diagnosis Data Hub](#)

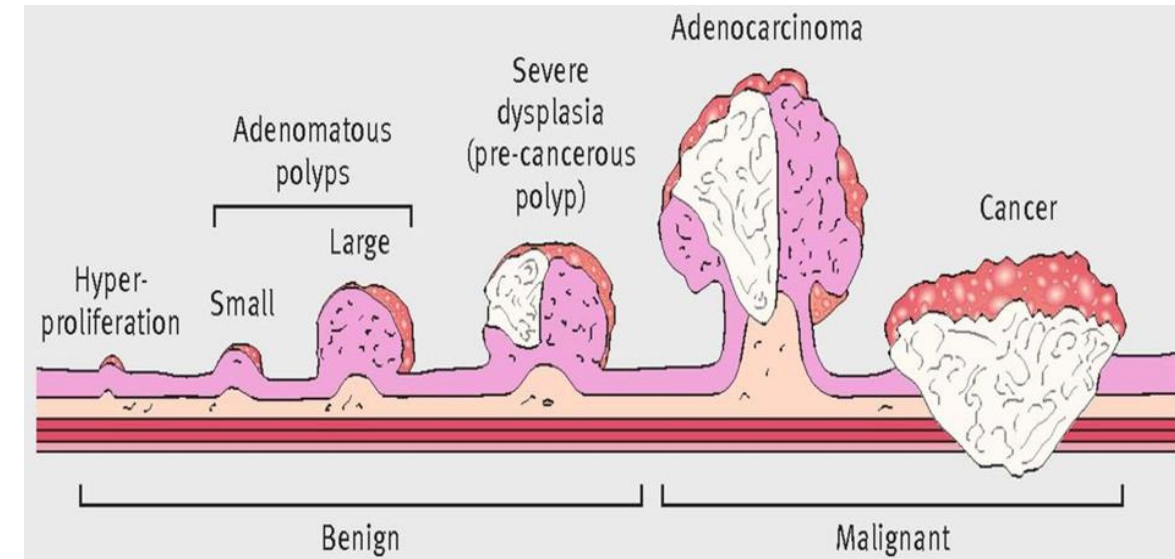
Colon Polyp Sizes and Types

Bowel polyps are small growths on the lining of the large intestine (colon) or rectum.

While polyps are quite common (affecting 1 in 4 people who are 50 or over) they do not usually cause symptoms.

Polyps do not usually turn into cancer but if some sorts of polyps are not removed (adenomas), there is a chance they will eventually become cancerous

They are usually found during a **colonoscopy**. Its size can help your doctor assess your cancer risk.



The process can take years to develop to Cancer

Who we invite

- Automatic invitations: People aged **50 to 74** who are registered with a GP in England are sent a free bowel cancer screening (FIT) kit every 2 years

What Happens After Age 74

- People aged 75 or over are no longer automatically invited to receive a screening test by post.
- However, if you are 75 or older and want a screening kit, you can request one every 2 years by calling the free NHS bowel cancer screening helpline: **0800 707 60 60**

Important Notes

- Screening is still important at older ages, but routine **automatic invitations** stop at 75. This doesn't mean you can't be screened at older ages — you can choose to request the test or discuss individual screening decisions with a clinician.

The Bowel Cancer Screening KIT & Pre- Invitation letter



NHS No: [REDACTED]

10 March 2023

[REDACTED]
Hornchurch
Essex

EXAMPLE

S1f-DL# 3319705/1/1808

Dear Mrs [REDACTED]

Your GP practice, Rahman and Tsol, supports the NHS Bowel Cancer Screening Programme

I am inviting you for NHS bowel cancer screening. Screening aims to find bowel cancer early, when successful treatment and cure is more likely.

We offer screening every 2 years to people aged 60 to 74. We are also gradually extending this age range, so if you are aged 56 or 58, we are inviting you as part of this process.

Your screening kit will arrive in 2 weeks. Full instructions are included. Use the kit at home and return it in the prepaid packaging provided. We will post results to you within 2 weeks. A copy of your screening result is also sent to your GP to keep your health records up to date.

If you need help to use the kit, please contact us for extra information about taking part.

Even if you have had bowel investigations or surgery in the past, you may still be able to take part in screening. You can call our free helpline for advice on 0800 707 60 60. You can also call us with any other questions about bowel cancer screening.

There is brief information on the back of this letter about bowel cancer screening. Read our full information leaflet at: www.gov.uk/bowel-screening-leaflet (scan the QR code with your smartphone or device to go straight to the website).



Our information is available in other formats like large print, braille, audio, BSL and easy guides (simple text). To request information in these formats, please telephone our free helpline on 0800 707 60 60. If you have hearing or speech difficulties, you can use the Relay UK service to contact us.

Yours sincerely

[REDACTED]

Registering with a GP

Everyone has the right to access healthcare. You do not need ID or a fixed address to register with a GP, and your immigration status does not matter.

It is important that the GP has accurate information about you to include:

- Full name, Date of birth Gender
- contact details e.g. mobile number and an agreed address for your health letters to go to e.g. care of (c/o) address.

The bowel cancer screening pre-invitation will be sent as a letter to the address registered with your GP surgery. There are plans for this to go digital from December 2025, where it will instead be sent via the **NHS App**.

We therefore strongly encourage you to download and register for the **NHS App** so you can receive future communications digitally.

It is FREE to Participate in the Bowel Screening programme

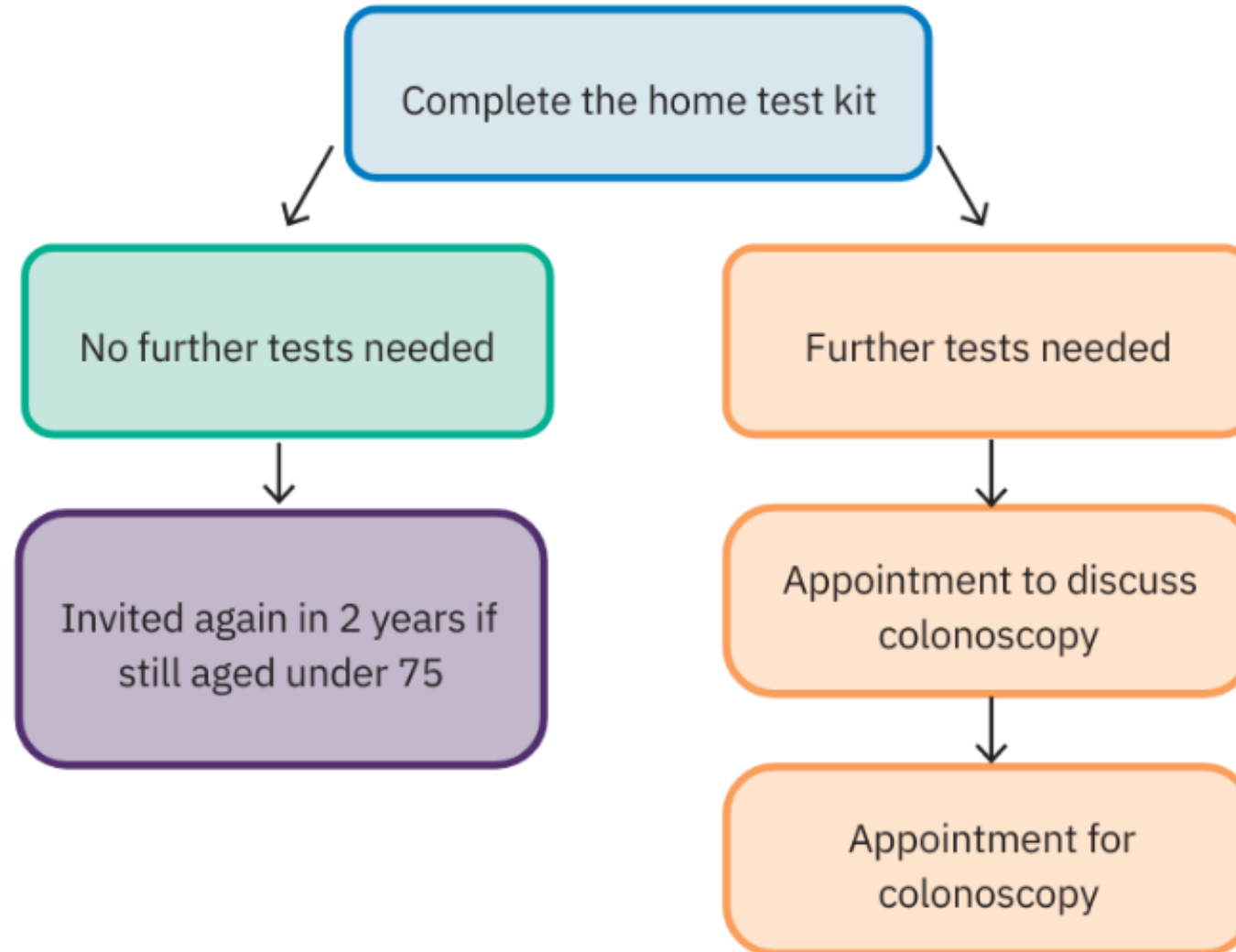
How to complete the Bowel Cancer Screening Kit - Video



The animation is available with subtitles and in British Sign Language. Subtitled versions are provided in English, Arabic, Bengali, Chinese (simplified and traditional), Farsi, Gujarati, Polish, Portuguese, Punjabi and Urdu.

NHS video in English and other languages:
<https://vimeo.com/showcase/6663813>

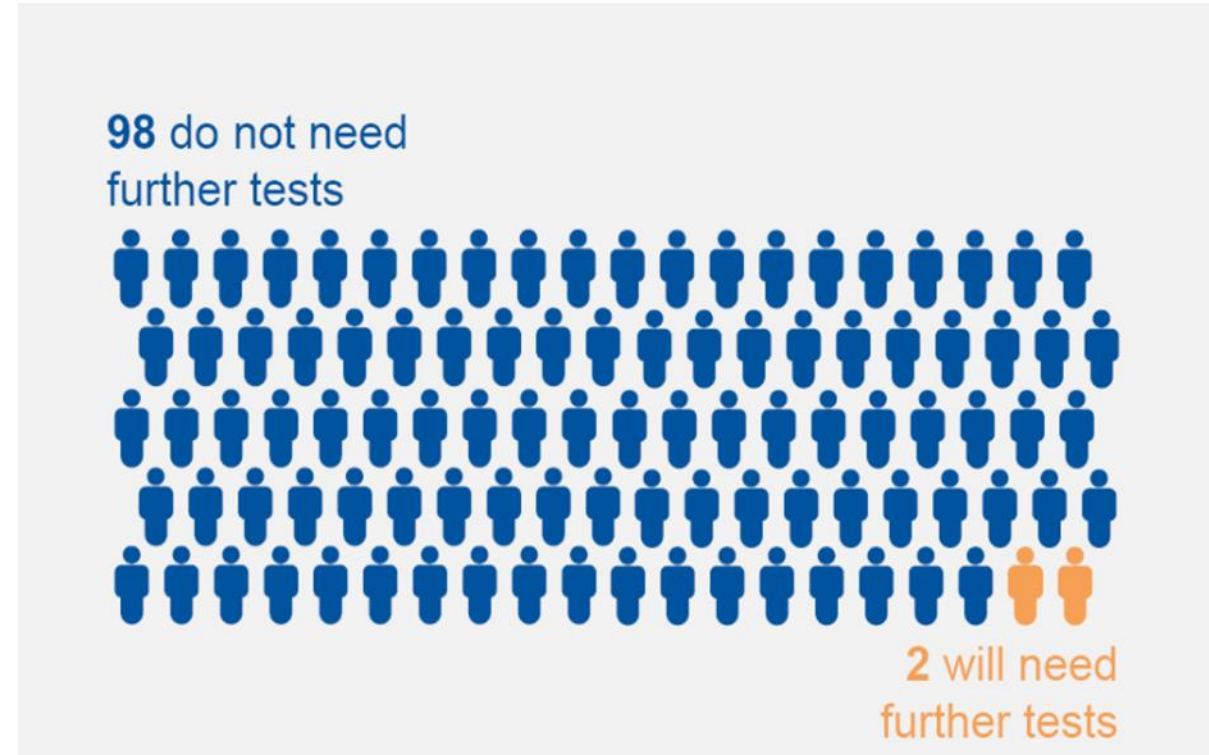
Bowel cancer screening process



What happens after you complete your Bowel Cancer Screening kit?

- For every 100 kits received, 2 to 3 people will have a positive result and receive an appointment for an assessment with a Specialist Screening Practitioner (SSP) – a nurse who specialises in bowel screening
- If you live in Wolverhampton, Dudley, Walsall, Cannock and the peninsula of South Staffordshire, and have an abnormal FIT, you will be offered an appointment at **New Cross Hospital, Wolverhampton; Cannock Chase Hospital, Cannock; and Russells Hall Hospital, Dudley.**

This appointment will be offered within two weeks of the test result.



If further tests is required

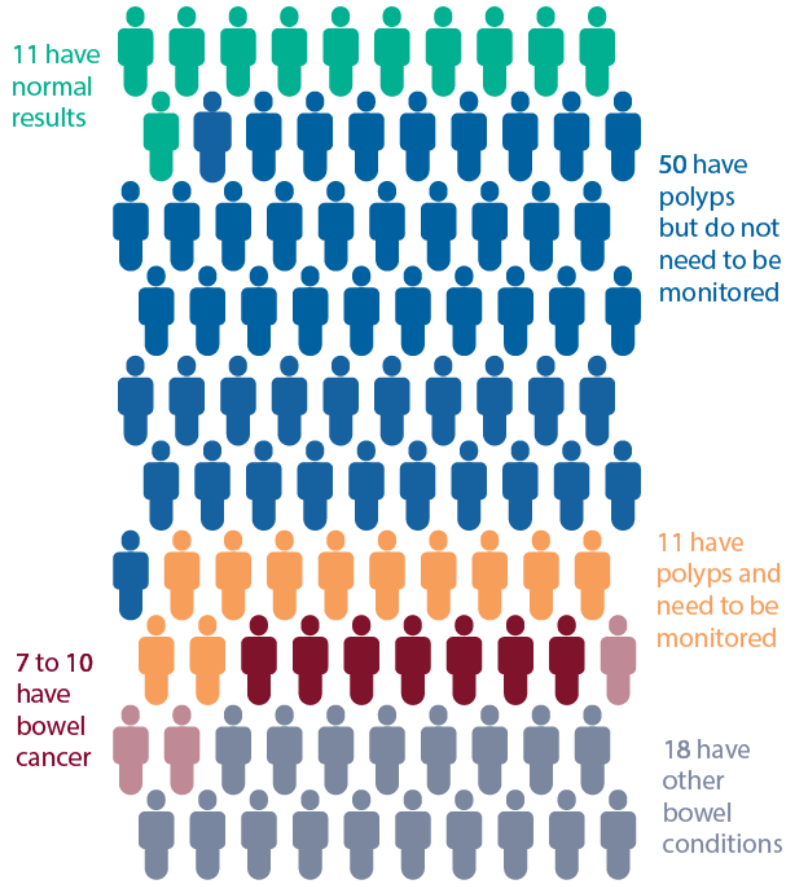
If the FIT is positive the patient will be offered an appointment at a local screening centre (usually a hospital). This is to discuss and arrange having a more detailed examination of your bowel (colonoscopy). The colonoscopy is to see if there is a problem that needs treatment.

If the patient is not fit enough for colonoscopy, patients may offer you a different investigation such as a computerised tomography (CT) scan (sometimes called a 'virtual colonoscopy').



Likely outcomes of colonoscopy

For every 100 people having a colonoscopy



Screening vs Symptomatic

There are some key differences in the use of **Faecal Immunochemical Test (FIT)** for screening asymptomatic people through the bowel screening programme, compared to it being used to investigate symptomatic patients. FIT for symptomatic patients is the same test as the FIT used in the National Bowel Cancer Programme.

The symptomatic thresholds for a positive result are much lower than the thresholds used in national bowel cancer screening programmes.

Screening pathway

- It is for people aged 50-74 years [1] every 2 years. People aged over 74 can request a kit [2]
- The threshold for determining a positive result is set at 80 µg Hb/g faeces

Symptomatic pathway

- It is for people who present symptomatically.
- The threshold for determining a positive result is lower than BCSP (normally 10 µg Hb/g faeces).

Reasonable Adjustments/Common Barriers

Common Barriers to participating in the Bowel Cancer Screening Programme

Not registered with a GP

Not a priority

Concerns about the procedure

Men are less likely to complete their test

Concerns of the cleanliness of test

Ability to make an informed decision

Test not applicable if there is no apparent symptoms of bowel cancer

Not completed in usual healthcare setting

Fear of results

English is not a first language

Unable to read or follow the instructions

Practical barriers

What are we doing to try increase participation in Bowel Screening?

- We are promoting awareness of the new age groups now eligible for bowel screening.
- We are working to **increase uptake**, especially in areas and communities where participation is **low**, and bowel cancer outcomes are poorer. Certain areas/groups in the ICB has **below national average uptake**, and this is particularly evident in:
 - Certain **ethnic minority communities** ,Men ,**Low-income areas** ,People with **learning disabilities, severe mental illness, with sight loss, limited health literacy etc**
- Our goal is to work **with PCNs, practices , Public health teams, community leaders, and other partners** to change that and promote reasonable adjustments in place.
- We now have translated screening leaflets in: Somali, French, Polish, Spanish, Italian, Greek, Bulgarian, Turkish, Romanian, Simplified Chinese, Gujarati, Punjabi, Urdu, Tamil, Arabic and English.

Key take away messages

- You do **not** need to wait for symptoms — screening finds problems early.
- Doing the test gives you a fair head-start — early = more options and easier treatment
- The **FIT home test** is simple, and you can ask for support in completing the test
- Feeling fine doesn't mean you're clear. -Bowel cancer usually starts with no symptoms — screening is how we catch it early.
- Age range is being extended to 50+.
- Healthy lifestyle helps prevention
- There are **reasonable adjustments** and help available.
- If anything changes in your bowels, don't stay silent — **tell someone early**.
- Screening is not about fear — it's about protecting your future independence.
- You are **not alone** — your GP practice, community nurses and screening helpline can help with access.

Thank you



vanessa.nzekwu@nhs.net

Table Feedback



What are the biggest barriers people in our community face when trying to attend cancer screening appointments, and what practical solutions could help overcome them?



How can our PCN, practices, and community groups communicate cancer screening messages in a way that is clearer, more motivating, and culturally appropriate?



What changes small or large would make cancer screening appointments feel easier, more comfortable, or more patient-friendly?



What would you like us to cover in the next PPG meeting?

Next PCN PPG

DATE: TBC
THEME: TBC
Venue to be confirmed.

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Twitter - @DNPCN1