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healthwatch

Cancer awareness and presentation in Humber and North Yorkshire

Findings from 2024/25 Cancer Awareness Measure survey

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1. Headline findings

- Awareness of symptoms (from a prompted list) are close to national proportions and similar to 2010 survey for most symptoms.
- Proportions identifying risk factors(from a prompted list) are similar to national figures and higher for almost all risk factors when compared to 2010.
- Just over half of respondents report experiencing any cancer symptom, with 1.5 symptoms reported on average.
- 27% of those who have experienced any cancer symptom report being concerned about the seriousness of them (25% nationally) but concern is lower when thinking about specific symptoms.

- 49% of those who experienced any cancer symptom contacted their GP within 6 months and the majority saw their GP within a week after contacting them (both similar to national proportions).
- Of those who did not contact their GP, 43% did not follow up with another health professional (lower than 54% nationally).
- 84% were able to make an appointment at their GP while 11% tried but were unable to (both similar to national proportions).

- The most popular motivations to attend hospital tests were having a specific day/time for the test and choice over the day/time of the test. Other motivations were receiving reminders, receiving more information about what is involved and making it easier to get to the hospital.
- 22% of respondents say that nothing put them off/delayed them seeking medical attention (lower than 31% nationally).
- The main reasons for delaying were difficulty in getting an appointment, thinking the symptom was related to an existing illness/condition and not wanting to talk to a receptionist.
- At least half of those who were experiencing cancer symptoms recontacted their doctor. (similar to national figures) but around a fifth do not plan to do so – and 27% of those experiencing lung cancer symptoms do not plan to (both proportions which are lower than national figures).

- More respondents in this region than nationally had attended their last cervical cancer screening (78% compared to 72%), their last bowel screening kit (74% compared to 63%) and their last breast cancer screening (88% compared to 79%).
- More respondents in this region intend to attend/complete their next screening than nationally.

2. Background

The Humber and North Yorkshire Cancer Alliance faces continued challenges in understanding the needs of its varied populations and therefore commissioned York St John University to undertake a new Cancer Awareness Measure (CAM) survey, building on the previous CAM survey undertaken in 2010.

The Cancer Alliance wanted to gain a deeper understanding and insight of cancer awareness within the region's differing communities and populations, including benchmarking the region's varied populations in terms of cancer awareness and understanding of symptoms across the geography. It is envisaged that the CAM survey findings will support and inform the needs of NHS commissioners and providers and contribute to gaining a more granular understanding of differences in community awareness and understanding of cancer, inclusive of risks, signs, symptoms, and screening. The findings and learning from the survey will inform and direct both internal strategic plans and interventions but also has the potential to contribute to NHS providers thinking for future planning of cancer services. This will include targeted support and resources for identified communities.

The objectives of the survey were to:

- Measure the public's awareness of the symptoms and risk factors of cancer as well as the barriers to seeking help.
- Gain a deeper understanding and insight of cancer awareness within the region's differing communities and populations.
- Benchmark the region's varied populations in terms of their cancer awareness and understanding of symptoms.

3. Executive Summary

The Cancer Awareness Measure (CAM) survey in Humber and North Yorkshire collected 6,167 responses via a mixture of phone interviews and online responses, including from targeted harder to reach populations. In addition, 98 1:1 conversations were undertaken with those who would not usually complete surveys (e.g. homeless people, refugees/asylum seekers, people with learning disabilities), plus 2 conversations with staff/volunteers at VCSE organisations.

Survey responses are compared throughout this report with the national CAM online survey run in September 2023 (4,053 respondents)[1] and a former version of the CAM survey undertaken in the North Yorkshire and Humber region in 2010 (5,664 on-street interviews).

Cancer symptoms and risk factors

Spontaneous recall of signs/symptoms were in a similar order for local and national responses while prompted awareness of symptoms varied from 94% to 68% (close to national proportions). While the top 7 signs/symptoms spontaneously recalled in 2024 were also recalled in 2010, most of the remaining symptoms did not appear in the list. The proportions aware of each symptom were similar to the 2010 survey in this region for most symptoms but were lower for change in bladder habits and higher for persistent cough.

A higher proportion of respondents in this region spontaneously mentioned smoking (80%), drinking alcohol (52%), family history/genetics (31%) and a poor/unhealthy diet (27%) as risk factors. The proportions identifying risk factors when prompted were similar to national figures, although having a previous history of lung disease, using e-cigarettes/vapes and infection with HPV are slightly lower. A higher proportion of respondents in this region in 2024 spontaneously mentioned almost all risk factors when compared to 2010 while prompted awareness of all risk factors except smoking-related factors has increased since 2010.

43% of all respondents reported zero symptoms in the last 6 months (compared to 45% nationally). 57% reported experiencing any cancer symptom, with 23% identifying a red-flag symptom (higher than the national figure of 19%).

An existing physical health problem and external/lifestyle factors were the most commonly attributed causes of any cancer symptoms (close to national figures).

27% of those who had experienced any cancer symptom reported being concerned about the seriousness of them (compared to 25% nationally) but concern was lower when thinking about specific symptoms.

[1] Whitelock, V., (2023) Cancer Research UK's September 2023 Cancer Awareness Measure 'Plus' (CAM+). file:///C:/Users/v.baxter1/OneDrive%20-%20York%20St%20John%20University/IHCI%20-%20shared/HCRES/Projects/Cancer%20Awareness%20Survey/cam_plus_sept_2023%20report%20on%20national%20findings.pdf

Seeking help

49% of those experiencing any cancer symptom contacted their GP within 6 months (same as nationally). The majority saw their doctor within a week after contacting them (similar to nationally). 43% of those who did not contact their GP about a health concern did not follow up with another health professional (lower than 54% nationally).

84% were able to make an appointment at their GP while 11% tried but were unable to (both similar to national figures). 74% of appointments were in person (65% nationally) while 23% were virtual (31% nationally). 76% believed that the health service does not have enough staff to adequately attend to people with cancer (79% nationally).

A fifth of respondents said that there was nothing that would make them more likely to attend a doctor-recommended hospital test (higher than 15% nationally). The most popular motivations to attend were having a specific day/time for the test and choice over the day/time of the test. Other motivations were receiving reminders, receiving more information about what is involved and making it easier to get to the hospital. The proportion giving the top three motivations to attend were lower than nationally.

The most common reasons for seeking medical help were symptoms that were persistent, bothersome or unusual for the respondent. This was followed by having an existing appointment already, having a painful symptom, a feeling something was not right or not knowing what was causing a symptom. The proportion giving the top three prompts for seeking medical help were higher than nationally. 22% of respondents said that nothing put them off/delayed them seeking medical attention (fewer than 31% nationally). The main reason for delaying was difficulty in getting an appointment (the same as in 2010), thinking the symptom was related to an existing illness/condition and not wanting to talk to a receptionist. Fewer respondents found it difficult to get an appointment than nationally.

At least half of those who were experiencing cancer symptoms recontacted their doctor (similar to national figures). However, around a fifth did not plan to do so – and 27% of those experiencing lung cancer symptoms did not plan to (these proportions were lower than national figures). Over half contacted their doctor within two weeks of noticing they were still experiencing the symptom (higher than the national proportions).

Cancer screening

16% of those eligible did not attend their last cervical cancer screening (compared to 18% nationally). More respondents in this region had attended their last screening (78%) than nationally (72%) and more in this region intended to attend their next screening (77%) than nationally (73%). Embarrassment and experience of, or concerns about, pain were identified as the main barrier for those who did not attend their last cervical screening. The main barriers to attending screening for those who did not attend were similar to nationally, although more

respondents in this region were worried screening might be painful and fewer had found it painful previously.

11% of those eligible did not complete their last bowel screening kit (compared to 13% nationally). More respondents in this region completed a kit (74%) than nationally (63%) and more in this region intended to complete a kit next time (83%) than nationally (79%). The main barriers to completing the kit were its messiness, lack of cancer symptoms and fear of what the test might find. There were differences in the proportions for respondents in this region identifying barriers to completing the kit compared to nationally, although the barriers were in a similar order.

7% of those eligible did not attend their last breast cancer screening (9% nationally). More respondents in this region attended their last screening (88%) than nationally (79%) and more in this region intended to attend screening next time (89%) than nationally (80%). The main barriers to attending breast screening were worries about it being painful, difficulty in getting an appointment at a convenient time, embarrassment and not having any symptoms. There were differences in the proportions for respondents in this region identifying barriers to attending breast screening compared with nationally, and the barriers were ranked mostly in a different order.

Respondent lifestyles

52% of all respondents reported having never smoked (lower than 56% nationally), 39% stated that they exercised for at least 5 days or more (similar to nationally) and the majority stated that they drank within the recommended unit levels in the last week (similar to nationally).

Of the 17% who currently smoke, 55% wanted to reduce their smoking (48% nationally) and 31% wanted to stop smoking completely (23% nationally). When thinking about taking part in healthy behaviours, over half were currently trying to eat healthier foods or lose weight (similar to nationally) but fewer respondents in this region wanted to increase their physical activity than nationally.

Differences by local authority area

Respondents in East Riding….

- Were less likely to say they feel comfortable discussing health concerns remotely.
- Were more likely to want a specific time/day to go for the test.
- Were slightly more likely to drink 9 or more units of alcohol per week.

Respondents in Hull….

- Had consistently lower prompted recall of most symptoms AND consistently lower prompted awareness of many risk factors.
- Were significantly less likely to contact GP within 6 months of noticing symptom for any symptom.

- Were more likely to speak to someone in person and less likely to have a virtual/remote appointment.
- Had the lowest proportion saying there is nothing that would make them more likely to attend a doctor-recommended hospital test.
- Were more likely to want a specific time/day to go for the test and to receive reminders about their appointment.
- Were less likely to say they sought help as they had a symptom that did not go away or was “bothersome”.
- Were less likely to say that nothing put them off seeking medical attention.
- Were less likely to have completed a bowel cancer screening kit.
- Were more likely to smoke and twice as likely to say they use Shisha, chewing, oral or spit tobacco, Paan and Snus and also more likely to be trying to reduce or stop smoking, reduce the alcohol they drink and increase physical activity.

Respondents in North East Lincolnshire….

- Were more likely to report any cancer symptom.
- Were significantly less likely to contact GP within 6 months of noticing any symptom - and have a lower proportion contacting GP for oral symptoms.
- Were more likely to have a virtual/remote appointment (and less likely to see someone in person) and feel comfortable discussing health concerns remotely, although fewer felt a remote consultation counts as an official GP consultation.
- Were less likely to say they sought help as they had a symptom that did not go away or was “bothersome”.
- Had fewer saying that they found it difficult to get an appointment.
- Were less likely to have completed a bowel cancer screening kit.
- Were less likely to be trying to reduce alcohol intake and increase physical activity.

Respondents in North Lincolnshire….

- Were less likely to have a virtual/remote appointment but more agreed their concerns could be adequately addressed in a remote consultation, more felt comfortable discussing health concerns remotely and fewer were concerned about wrong decisions within remote consultations.

Respondents in North Yorkshire….

- Were slightly less likely to report experiencing a list of symptoms.
- Were more likely to get an appointment when they contact their GP practice after contacting them to discuss a health concern.
- Were slightly more likely to say that they were concerned about wrong decisions due to remote consultations.
- Had the highest proportion saying there was nothing that would make them more likely to attend a doctor-recommended hospital test.

- Were slightly less likely to say that they wanted a specific time/day to go for a hospital test.
- Had the highest proportion saying that nothing put them off seeking medical attention.
- Were slightly less likely not to drink any units of alcohol per week, slightly more likely to exercise 5 days per week or more and slightly more likely to be trying to lose weight.

Respondents in York….

- Were more likely to report any cancer symptom.
- Were less likely to be able to make an appointment when they tried to contact their GP.
- Were more likely to have a virtual/remote appointment and less likely to have an in person appointment.
- Had more wanting to choose/change the day/time of the test, to receive reminders. about their appointment and to have more information about what the test involved
- Were less likely to say that nothing put them off seeking medical attention.
- Had more saying that they found it difficult to get an appointment.
- Were less likely to have attended their last cervical screening but more likely to have attended their last breast cancer screening.
- Were less likely to exercise 1 day per week or less and also were more likely to be trying to increase physical activity.

Differences by characteristics of respondent

22% of respondents in coastal areas smoked, compared to 15% of those in non-coastal areas. The reporting of non-specific and oral symptoms was higher by respondents in coastal areas. The proportion contacting their GP within 6 months of noticing symptom was lower for respondents in coastal areas AND the proportion of respondents getting an appointment within a week for any symptom was lower in coastal areas.

The reporting of any cancer symptom was higher for survey respondents in the bottom 20% of areas for deprivation. Participants in 1:1 conversations in deprived areas cited their work commitments/loss of pay and difficulties getting there as barriers.

The only significant gender difference was that 61% of females reported any cancer symptom, compared to 52% of males.

Fewer symptoms were reported as respondents' age increased. The proportion contacting their GP within 6 months of noticing a symptom by age was lowest in the 18-30 age range. The proportion of respondents getting an appointment within a week for any symptom was lower for younger age groups.

30% of BAME respondents smoked, compared to 17% of White respondents. Their prompted recall of symptoms was 5%-14% lower across ALL symptoms. Cancer does not exist in certain countries (e.g. Sudan and Somalia), so people from there do not have a word for it and would

therefore not know the symptoms or risks. Reporting of symptoms by BAME respondents was higher for: red flag symptoms (8% higher), lung symptoms (5% higher) and oral symptoms (12% higher). The proportion of BAME respondents getting an appointment within a week of contacting GP was higher for non-specific symptoms. Just 62% of BAME respondents had attended their last cervical cancer screening, compared to 79% of White respondents (26% had not attended, compared to 15%)

The proportion of respondents getting an appointment within a week for any symptom was higher for those with an existing long-term condition/disability than all respondents.

Differences by vulnerable groups in 1:1 conversations

People with learning disabilities need education to understand the symptoms and the importance of spotting them. They tend to rely on their parents or carers to support them to make and attend health appointments – they said that advice from family members would make them more likely to contact a health professional. They also cited sensitivities/ embarrassment as a barrier to accessing screening and appointments.

Asylum seekers (and others with language challenges) mentioned an interpreter as a facilitator to seeking help. They cited language barriers and not knowing where to go/how to contact someone as barriers to seeking help as well as lack of trust, and some asylum seekers cited sensitivities/embarrassment as a barrier.

For homeless people cancer is often found very late, and it is often only found because they have had to go to hospital for something else. The symptoms – such as losing weight, feeling tired - are *"things that happen on the streets anyway"* and health is not seen as a priority for some. They feel they are "judged" because of their circumstances while their problems are *"blamed"* on drugs and alcohol. They would be more likely to contact a health professional about their health if they could access help via their support organisation and some cited lack of trust as a barrier to seeking help.

Some people with mental health difficulties cited anxiety as a barrier to seeking help.

Manual workers cited their work commitments/loss of pay and difficulties getting there as barriers.

4. Methodology

Questionnaire Design

The aim of the survey was to inform the development of cancer prevention and early diagnosis initiatives. The Cancer Awareness Measure (CAM) survey was used, which was developed and validated by Cancer Research UK. This allowed the resulting data to be compared to the findings from a national CAM survey in September 2023[2] where 4,053 people completed the online survey across England, Scotland, Wales and Northern Ireland.

A CAM survey was run in the North Yorkshire and Humber region in 2010, although there have been a significant number of changes to the questions asked since then. Where the data is available and the questions have remained the same, the findings from this survey are compared to the results from the 2010 survey where 5,664 on-street interviews were conducted across five PCT areas: NHS East Riding of Yorkshire; NHS North Lincolnshire; North East Lincolnshire CTP; NHS Hull; and NHS North Yorkshire and York.

Data collection methodology

The specifics of the desired sample in this survey required a tailored methodological approach.

The methodology aimed to ensure the broadest possible representation of the target population, including marginalised cohorts. A mixed data collection methodology was therefore required based on principles of random selection and implementation of targeted response methods. Additionally, the survey needed to be accessible to all groups in the population.

Survey fieldwork was completed between 9th October 2024 and 10th February 2025. In total 6,167 responses were obtained as follows:

- 2,500 phone interviews.
- 3,189 online panels (three different panels).
- 159 through a generally promoted online survey.
- 319 targeted harder to reach populations recruited/supported to respond.

In addition, 98 1:1 conversations were undertaken with those who would not usually complete surveys (e.g. homeless people, refugees/asylum seekers, people with learning disabilities), plus 2 conversations with staff/volunteers at VCSE organisations.

The 1:1 conversations with harder to reach populations were undertaken or facilitated through a range of VCSE organisations by the six local Healthwatch organisations.

[2] Whitelock, V., (2023) Cancer Research UK's September 2023 Cancer Awareness Measure 'Plus' (CAM+).

Data analysis

The approach taken for the survey analysis involved analysing questions by a range of socio-demographic variables including gender, age, ethnicity, local authority area, deprivation, living in a rural area and living in a coastal area.

In order to align analyses with the national survey data, all statistical analyses were informed by discussions with the Social and Behavioural Research Team at Cancer Research UK.

Analyses were conducted using IBM SPSS Statistics. The alpha level (p value) for statistical significance was set at $p < .05$.

The majority of differences were explored using Chi-squared tests ($\chi 2$; comparing count data across groups). We have highlighted the relevant groups where chi-square values exceeded the critical value, and therefore denote significant group differences.

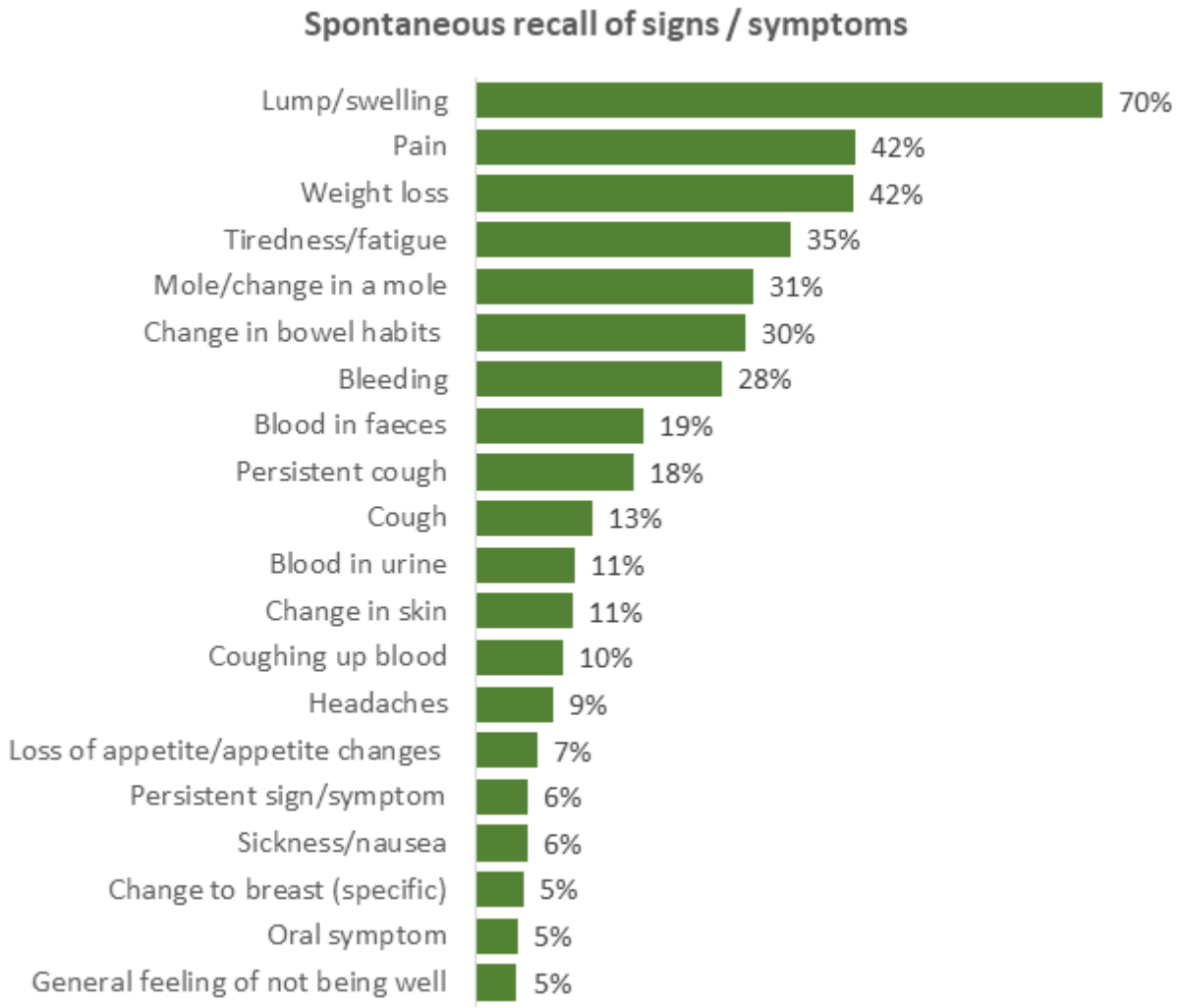
The qualitative data collected within 1:1 conversations and through open-ended survey questions were analysed thematically.

5. Results

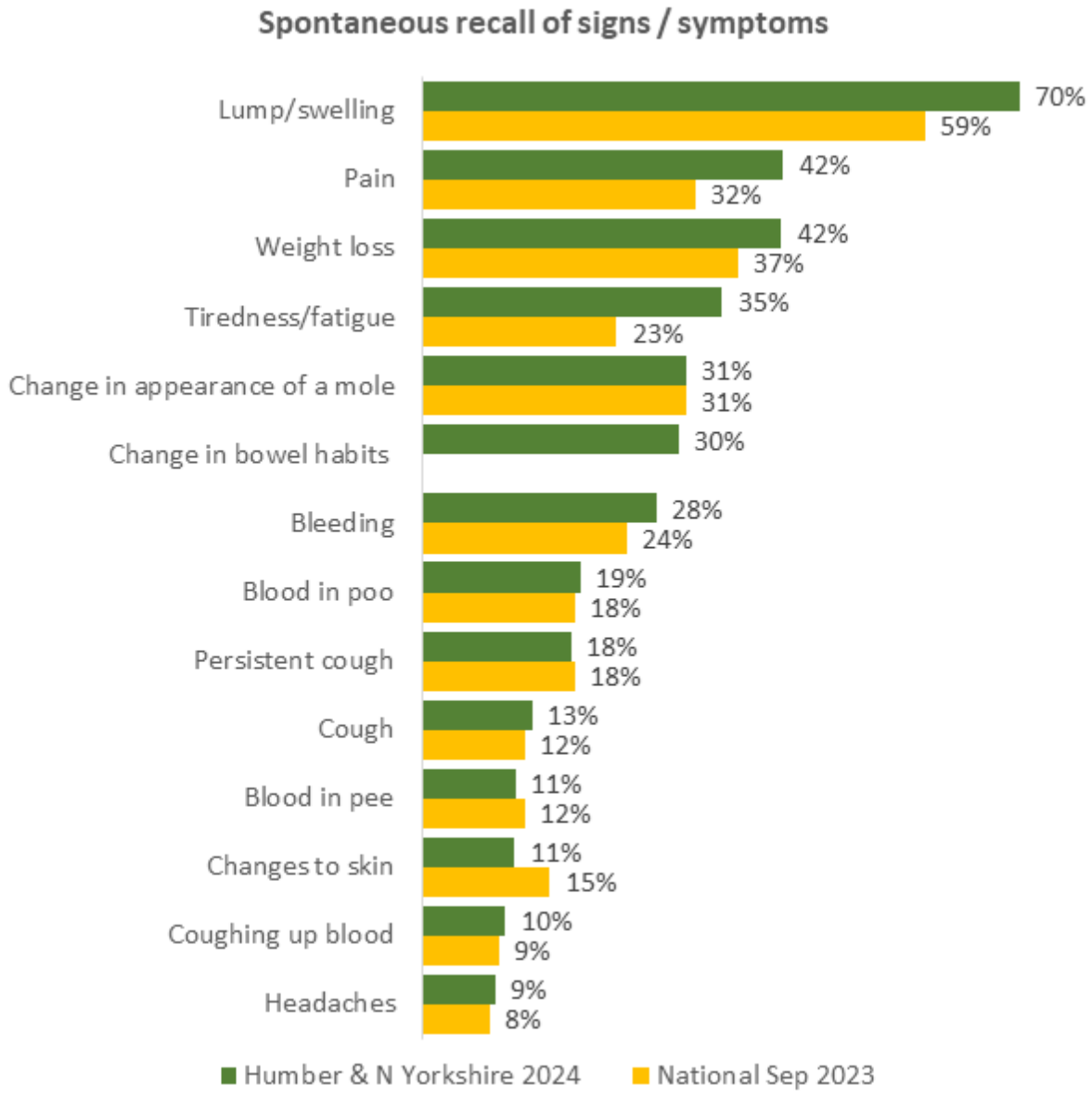
Awareness of cancer symptoms

Unprompted awareness of symptoms

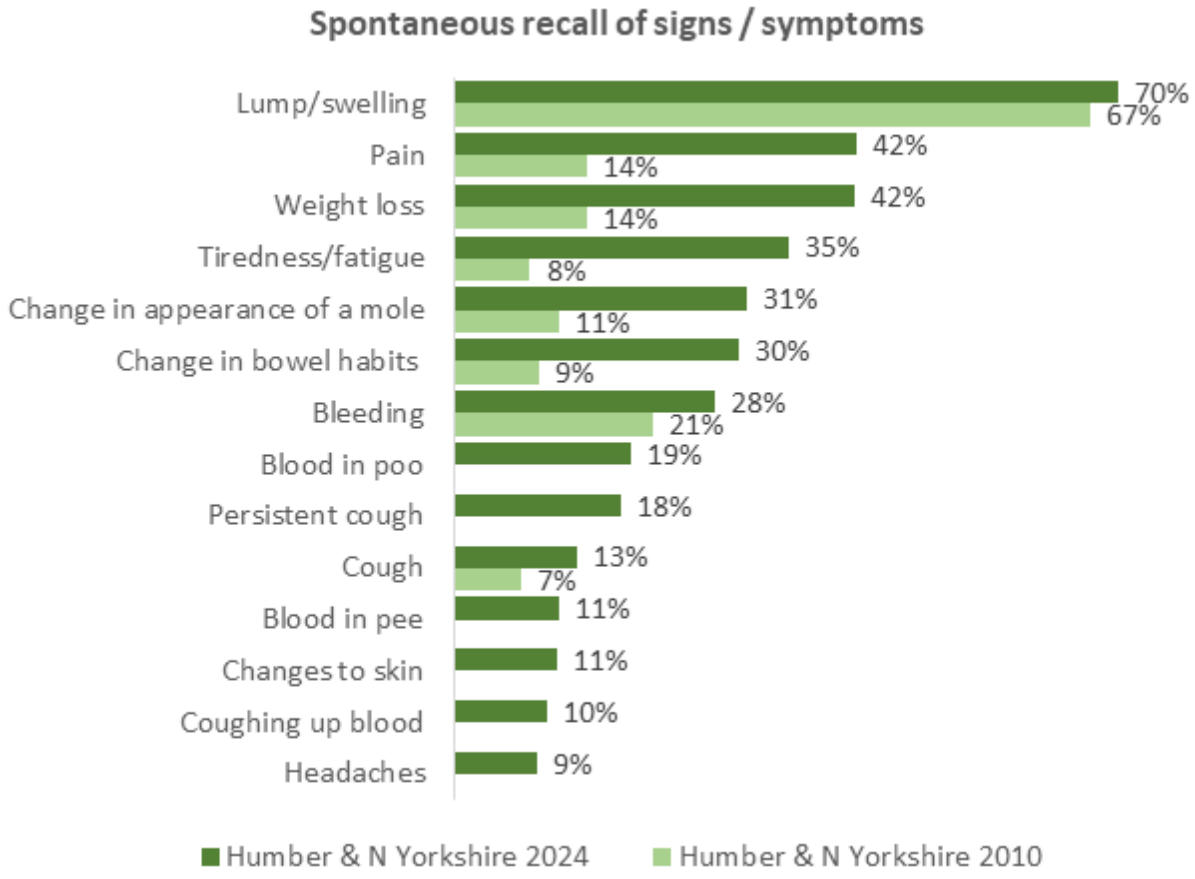
Respondents were asked to list as many warning signs and symptoms of cancer as they can think of (up to 10 signs or symptoms). A lump or swelling is the most common spontaneously recalled symptom of cancer.



The spontaneous recall of signs/symptoms are in a similar order for local and national responses, except change in bowel habits did not appear in the national list.

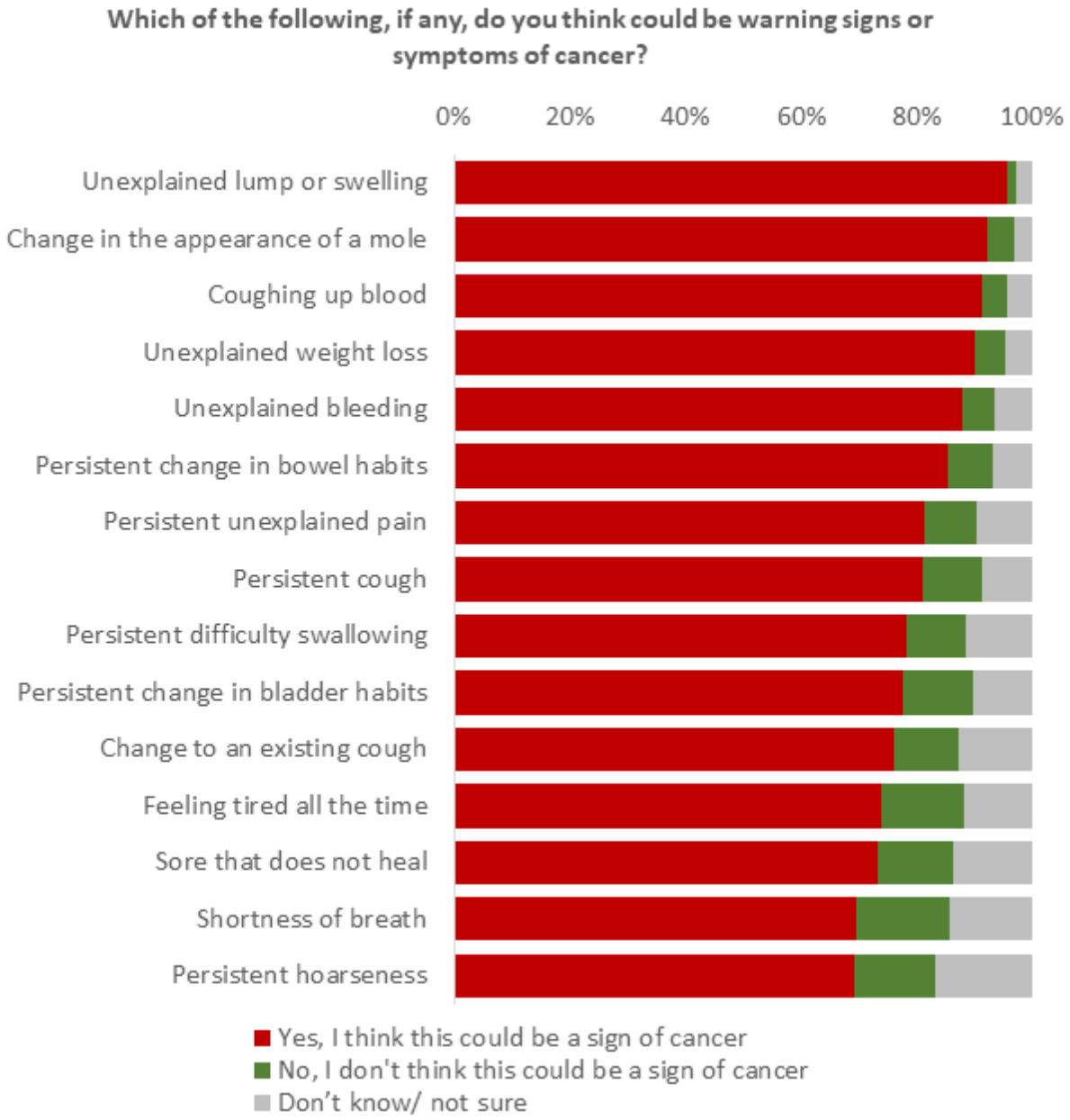


While the top 7 signs/symptoms spontaneously recalled in 2024 were also recalled in 2010, most of the remaining symptoms did not appear in the list. (NB: different percentages reflect that fewer symptoms were mentioned in 2010 and may also be partially due to differences in coding responses.)

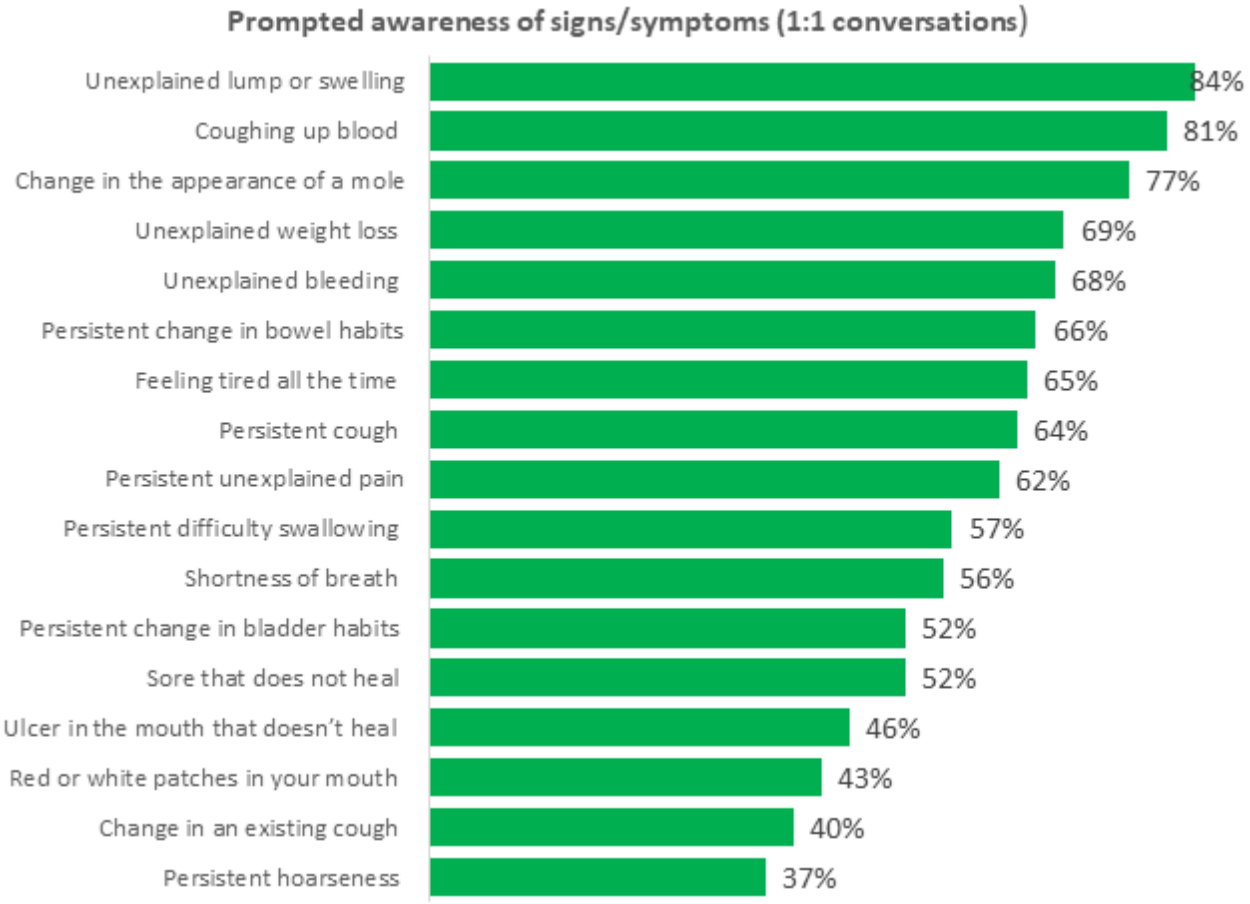


Prompted awareness of symptoms

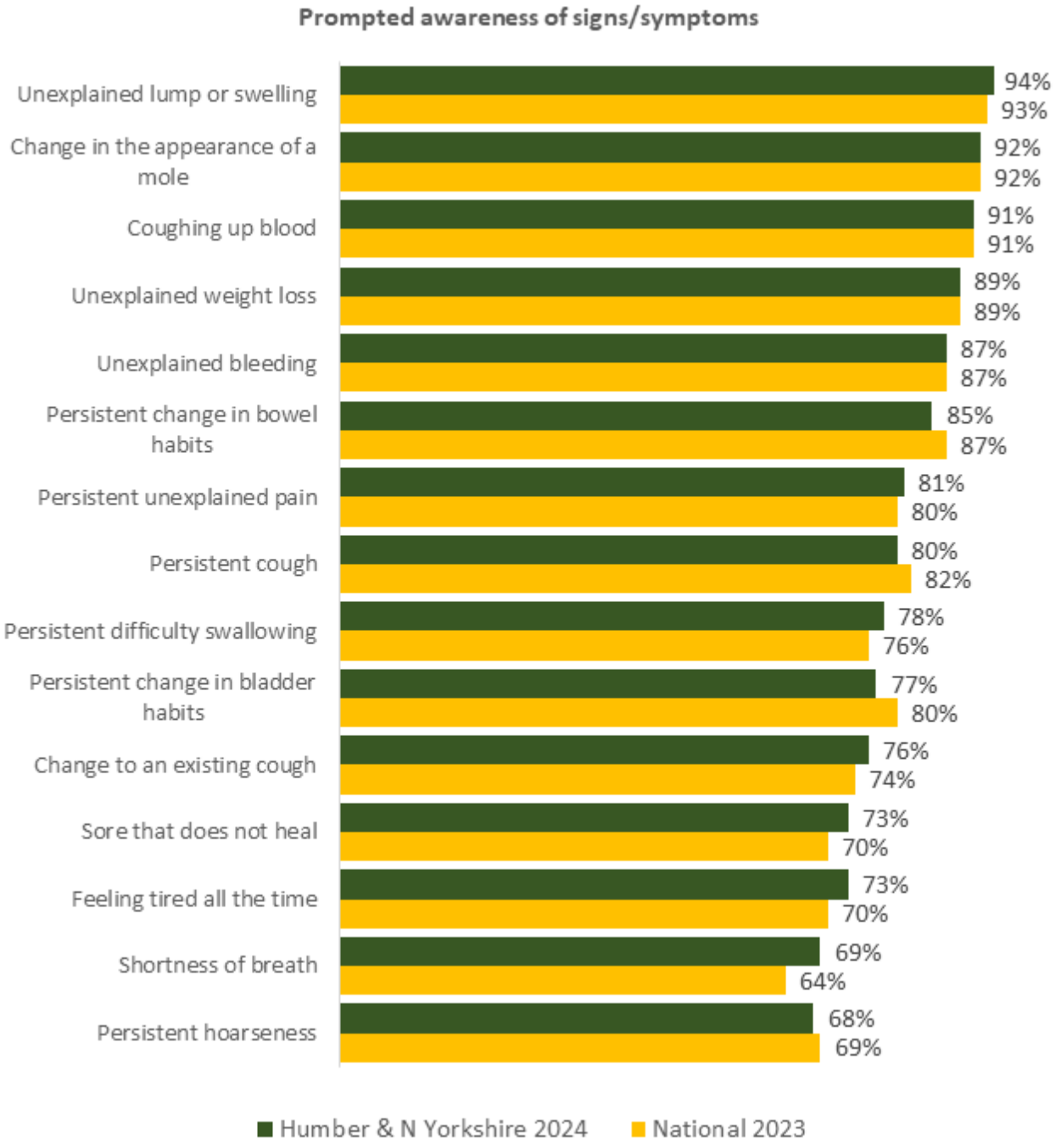
Respondents were then given a list of signs/symptoms and asked which they thought could be warning signs or symptoms of cancer, with this prompted awareness varying from 94% to 68%.



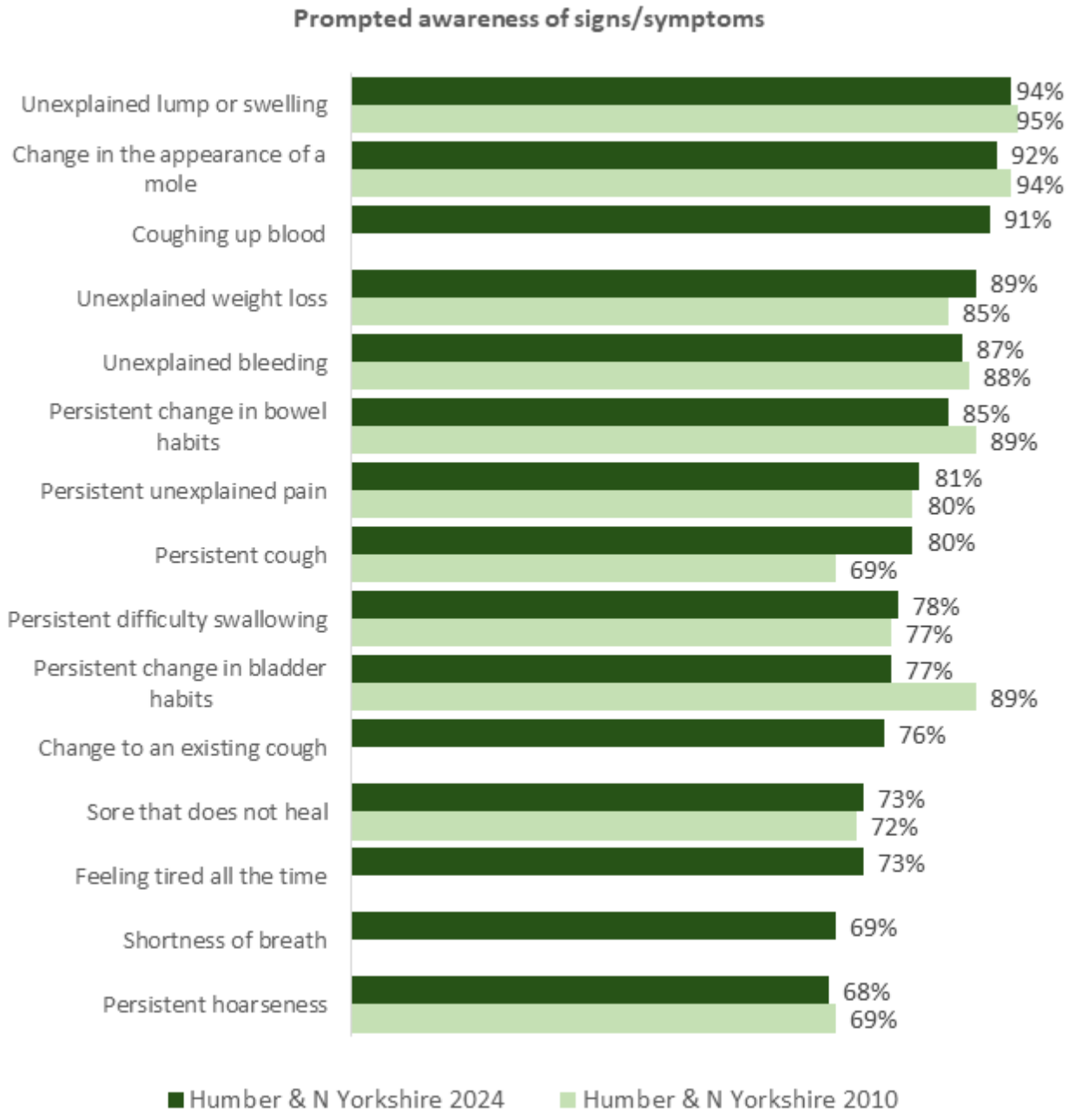
Prompted awareness of symptoms within the 1:1 conversations varied from 84% to 37%, lower than the survey respondents but in a similar order of awareness.



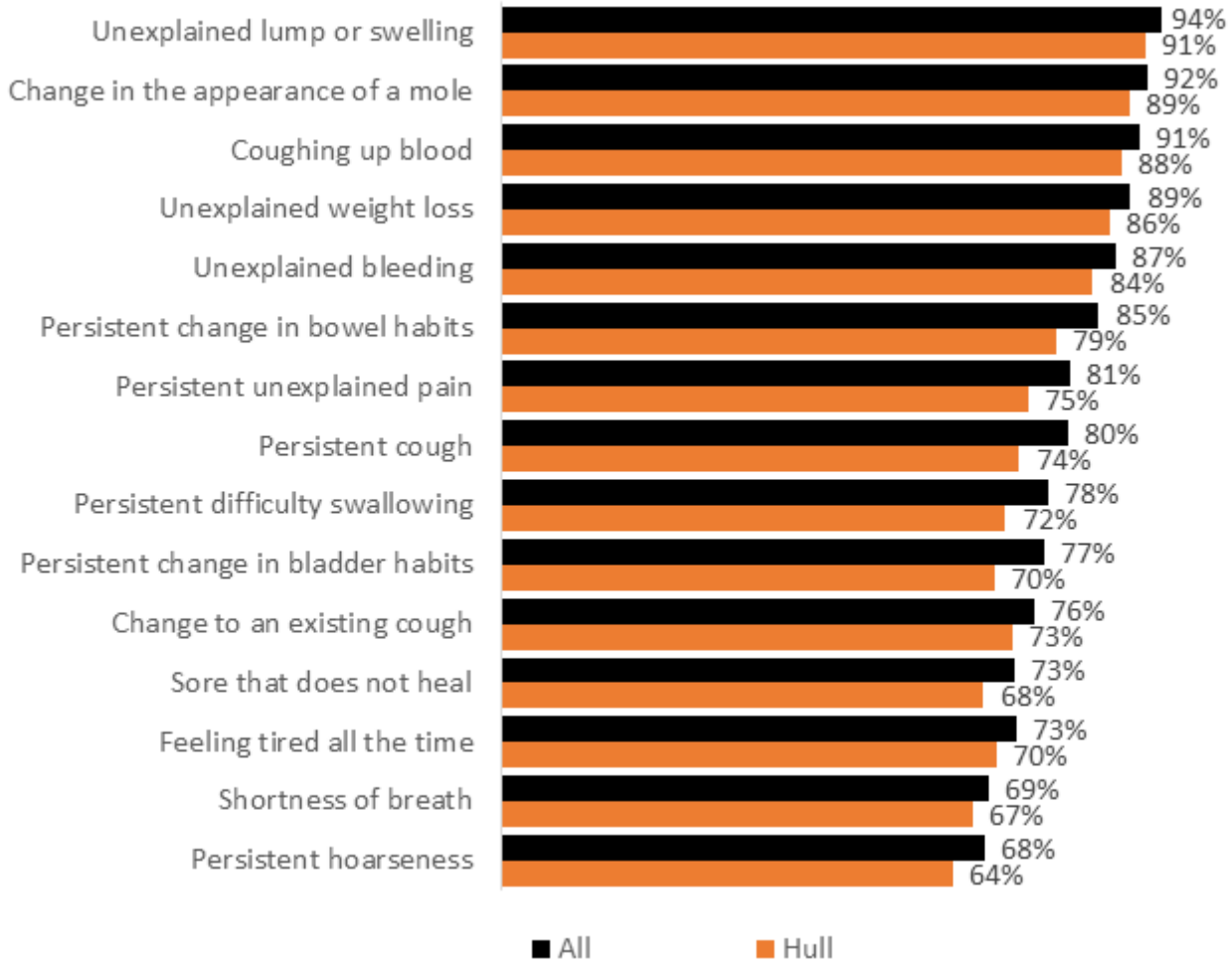
The proportions aware of each symptom were similar to national proportions.



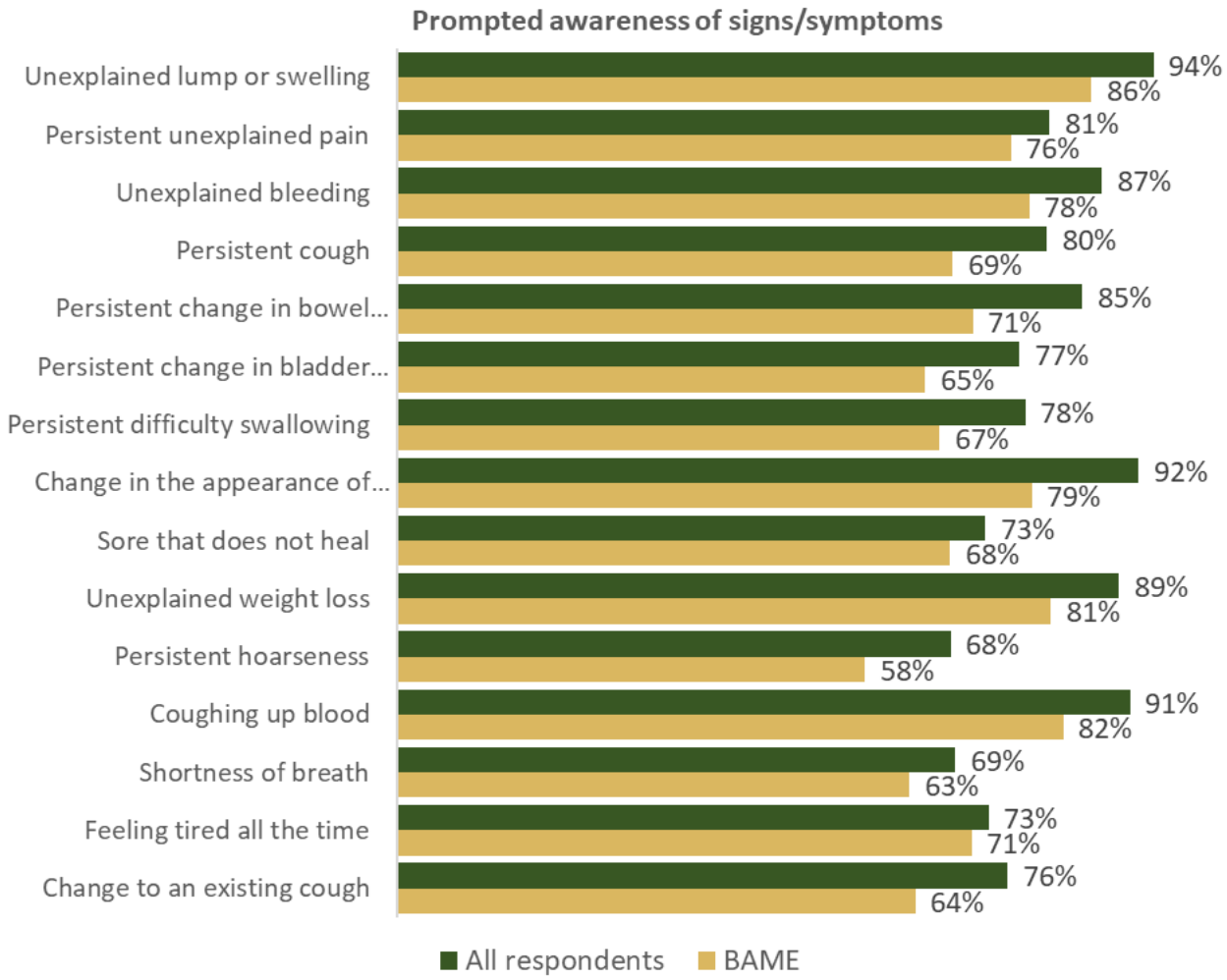
The proportions aware of each symptom were similar to 2010 survey for most symptoms but were lower for change in bladder habits and higher for persistent cough. (NB: not all symptoms were asked about in 2010.)



Most local authority areas have similar prompted recall of symptoms, except that Hull has consistently lower prompted recall of most symptoms.



BAME respondents' prompted recall of symptoms was between 5% and 14% lower across ALL symptoms.



One organisation in the 1:1 conversations highlighted that there is no word for cancer in some countries such as Sudan and Somalia and so people from there do not know what the signs/symptoms might be.

> *"Cancer does not exist in certain other countries, we do not even have a word for it so would not know what the signs, symptoms or risks are because of this. In other countries we do not have things such as cancer screening, we do not know about things like you should check your breasts for lumps. We do not have knowledge of symptoms. Very basic information is needed for people from other countries, almost like for a child to be able to spell out what is cancer like ABC explain it all. Cancer is not a concept in other cultures the same way that it is here. It would be good to speak to and educate group and community leaders to be able to share information with their communities. Often get a diagnosis when it is too late or only once died."* (Practitioner working with asylum seekers)

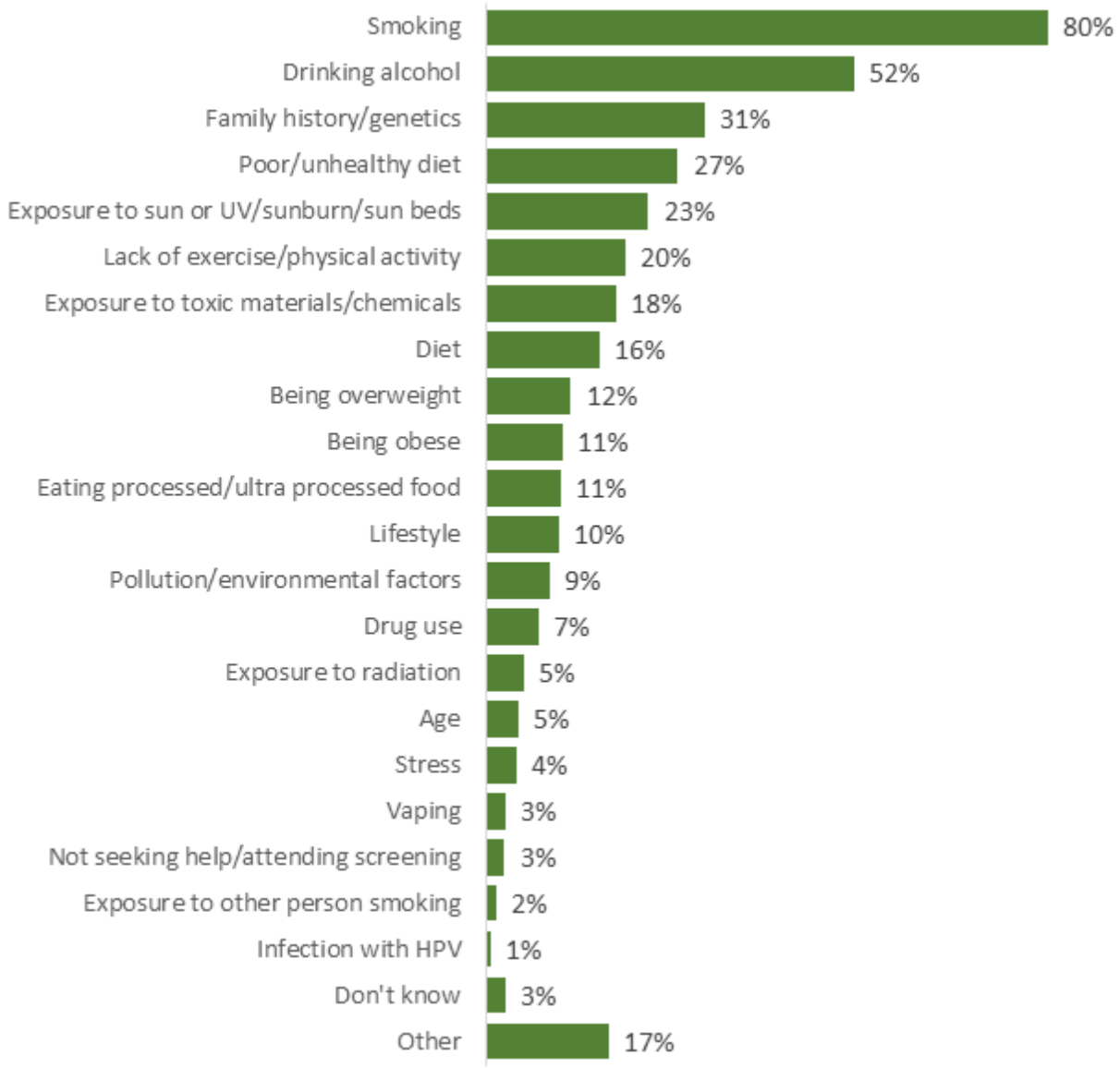
One organisation supporting people with learning disabilities mentioned the success of a recent course educating people about cancer signs/symptoms.

> *"The course has taught them new skills in spotting the signs and this could be rolled out across the ICB to support people with Learning Disabilities to understand the importance of spotting the signs."* (Practitioner supporting people with learning disabilities)

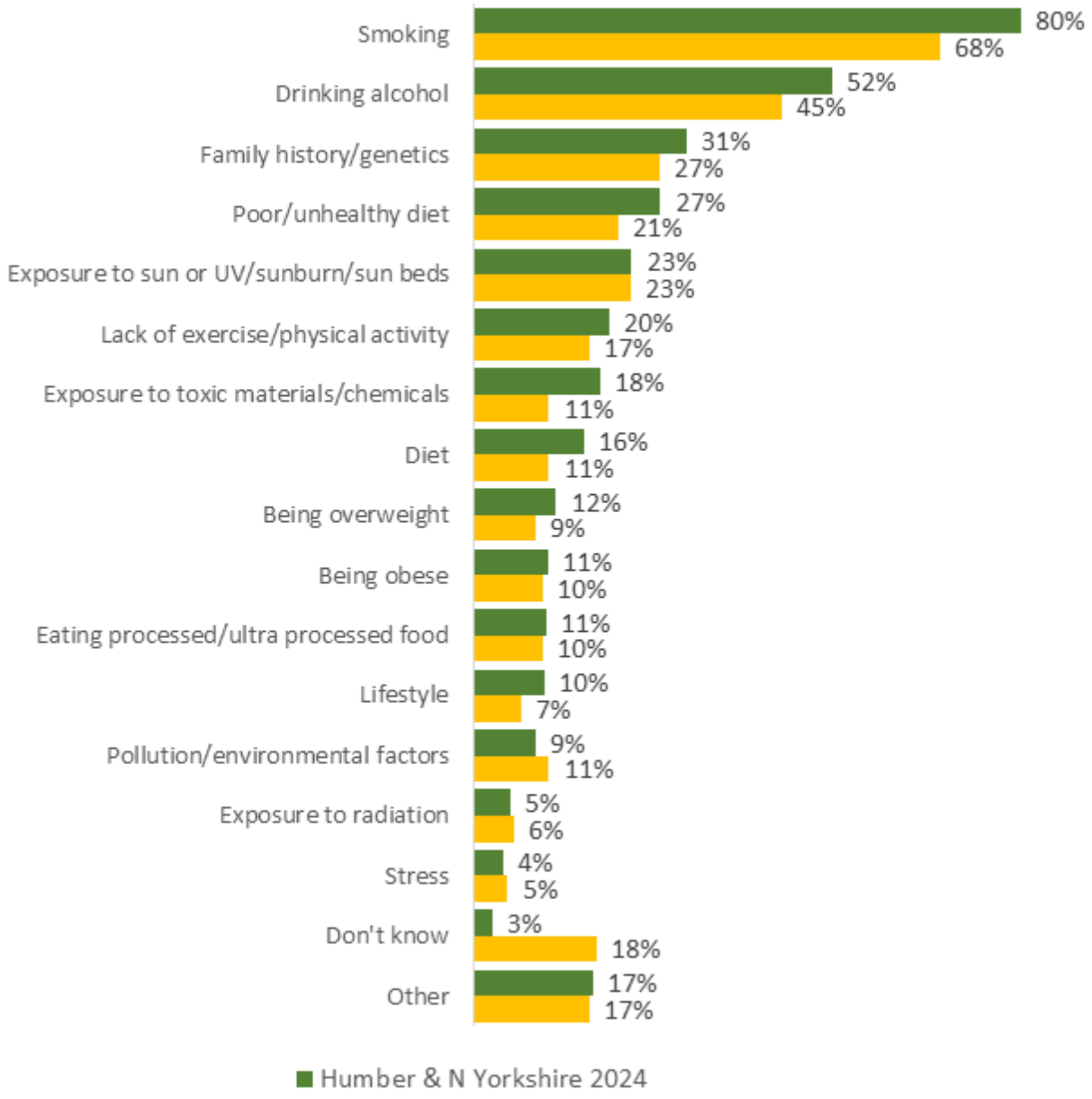
Awareness of cancer risk factors

Unprompted awareness of risk factors

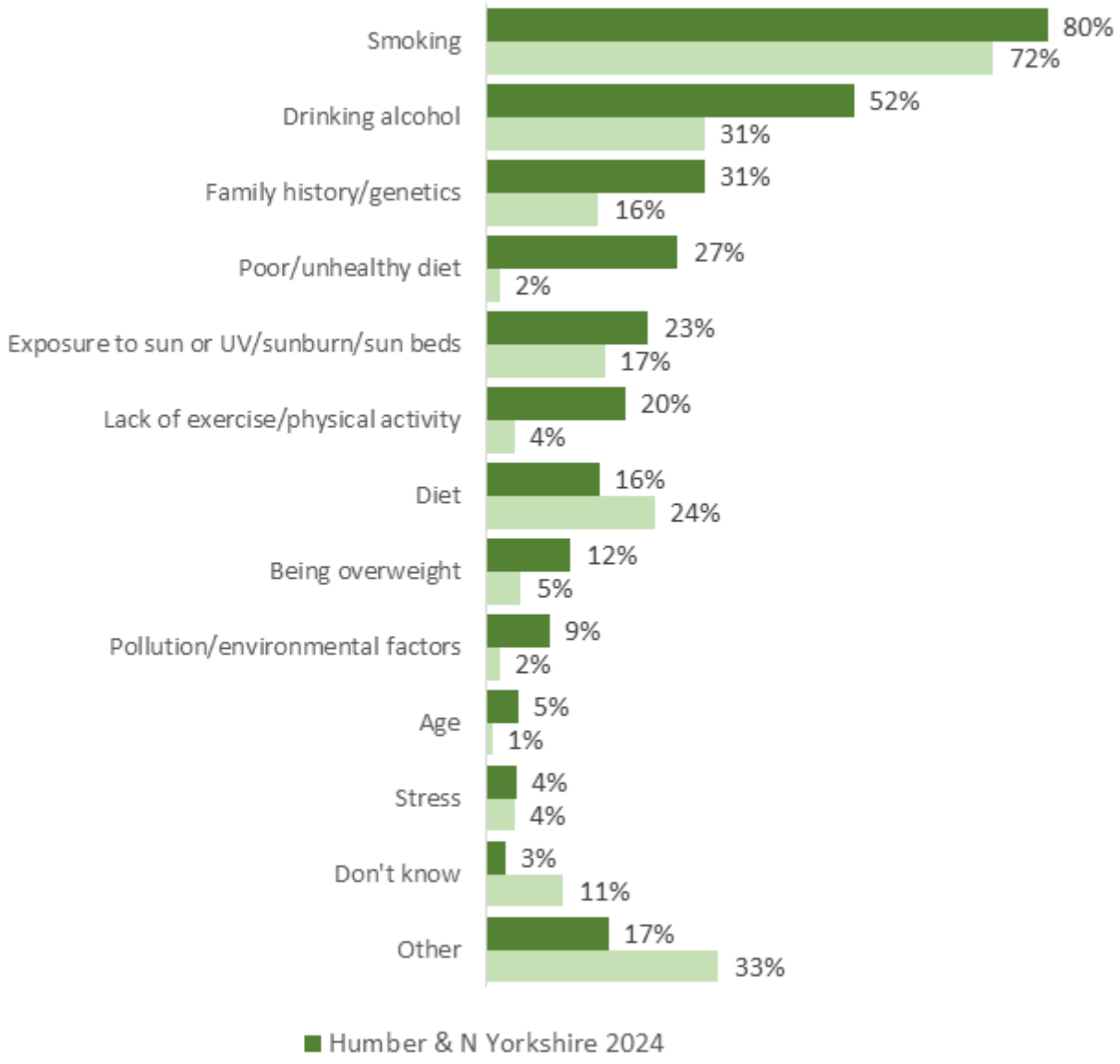
80% of respondents spontaneously mentioned smoking as a risk factor while 52% mentioned drinking alcohol and 31% family history/genetics.



A higher proportion of respondents in this region than nationally spontaneously mentioned smoking, drinking alcohol, family history/genetics and a poor/unhealthy diet as risk factors. (Please note that different percentages may be partially due to differences in coding responses.)

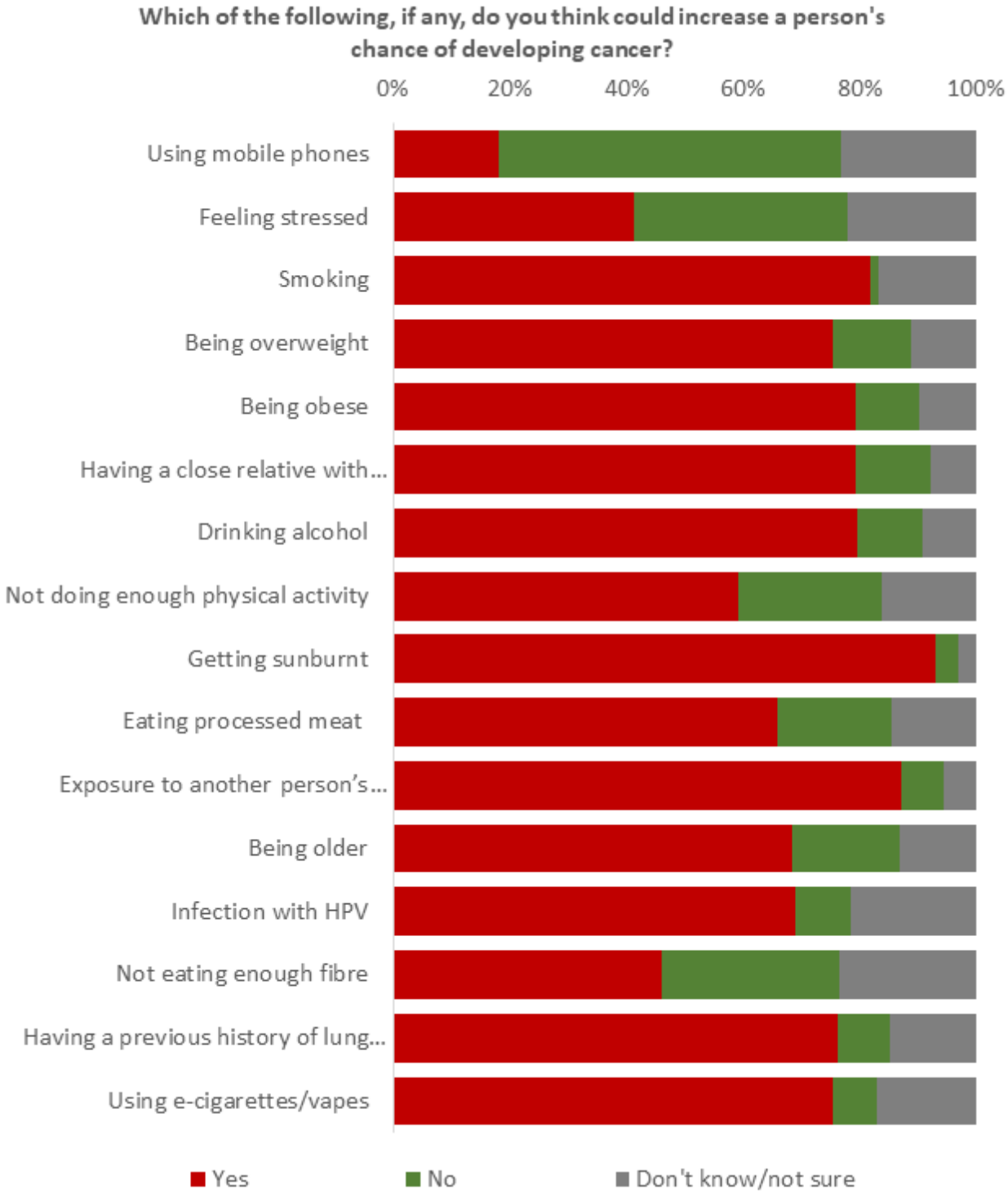


A higher proportion of respondents in 2024 spontaneously mentioned almost all risk factors when compared to 2010. (Please note that different percentages may be partially due to differences in coding responses – e.g. for diet and poor/unhealthy diet.)

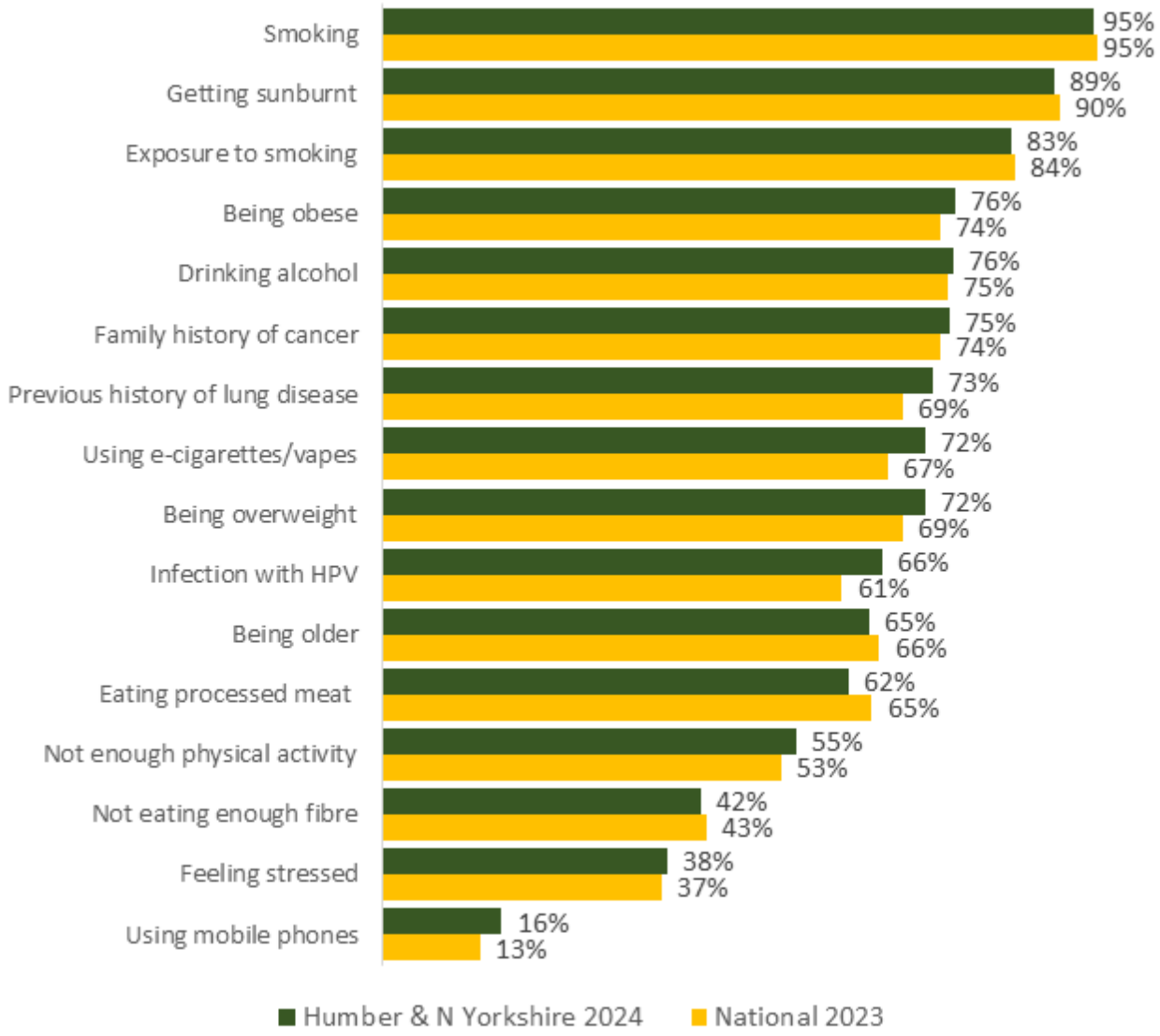


Prompted awareness of risk factors

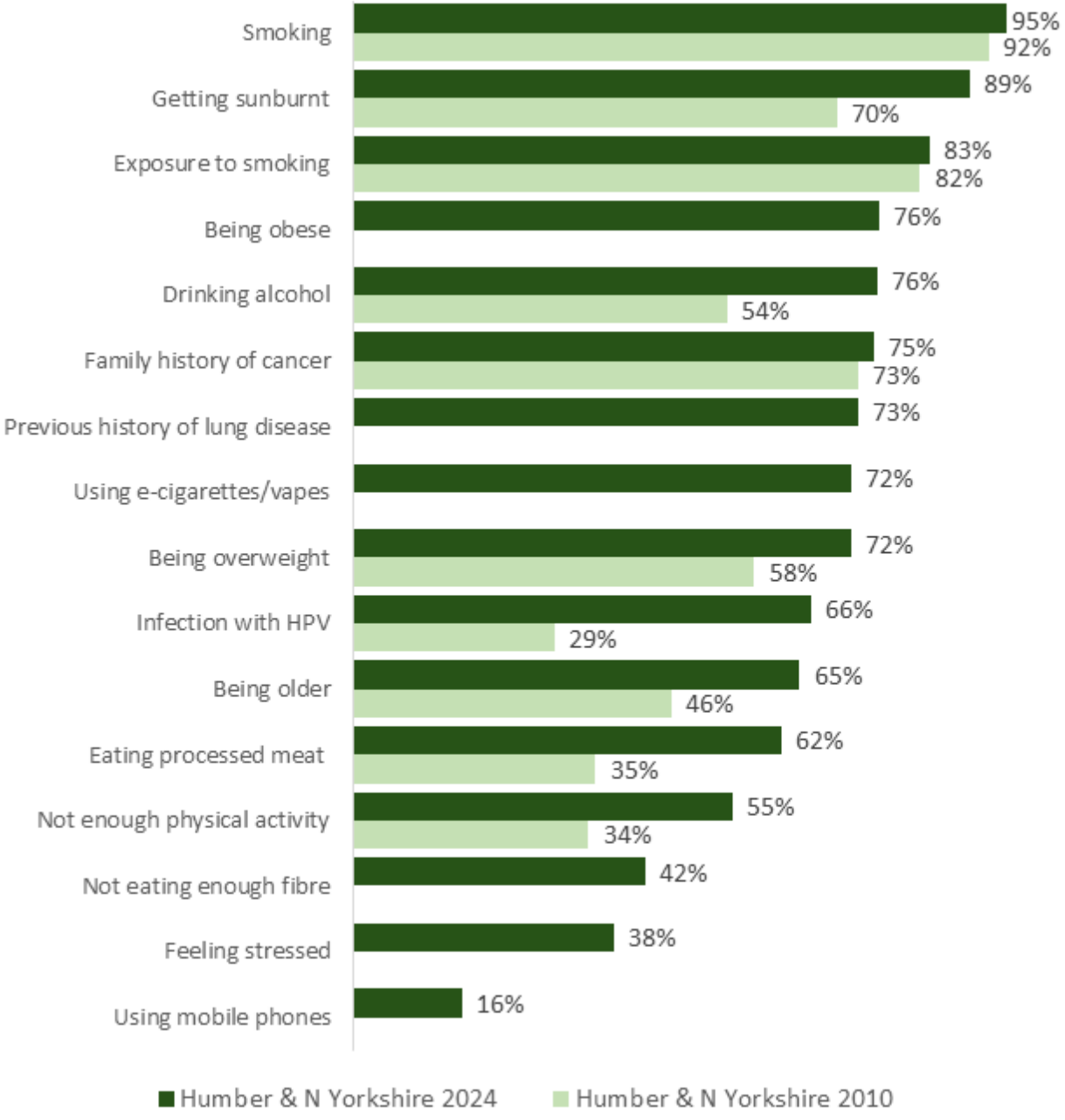
Respondents were given a list and asked which, if any, they thought could increase a person's chance of developing cancer. Over 80% of respondents identified smoking, getting sunburnt or exposure to another person's smoking as risk factors.



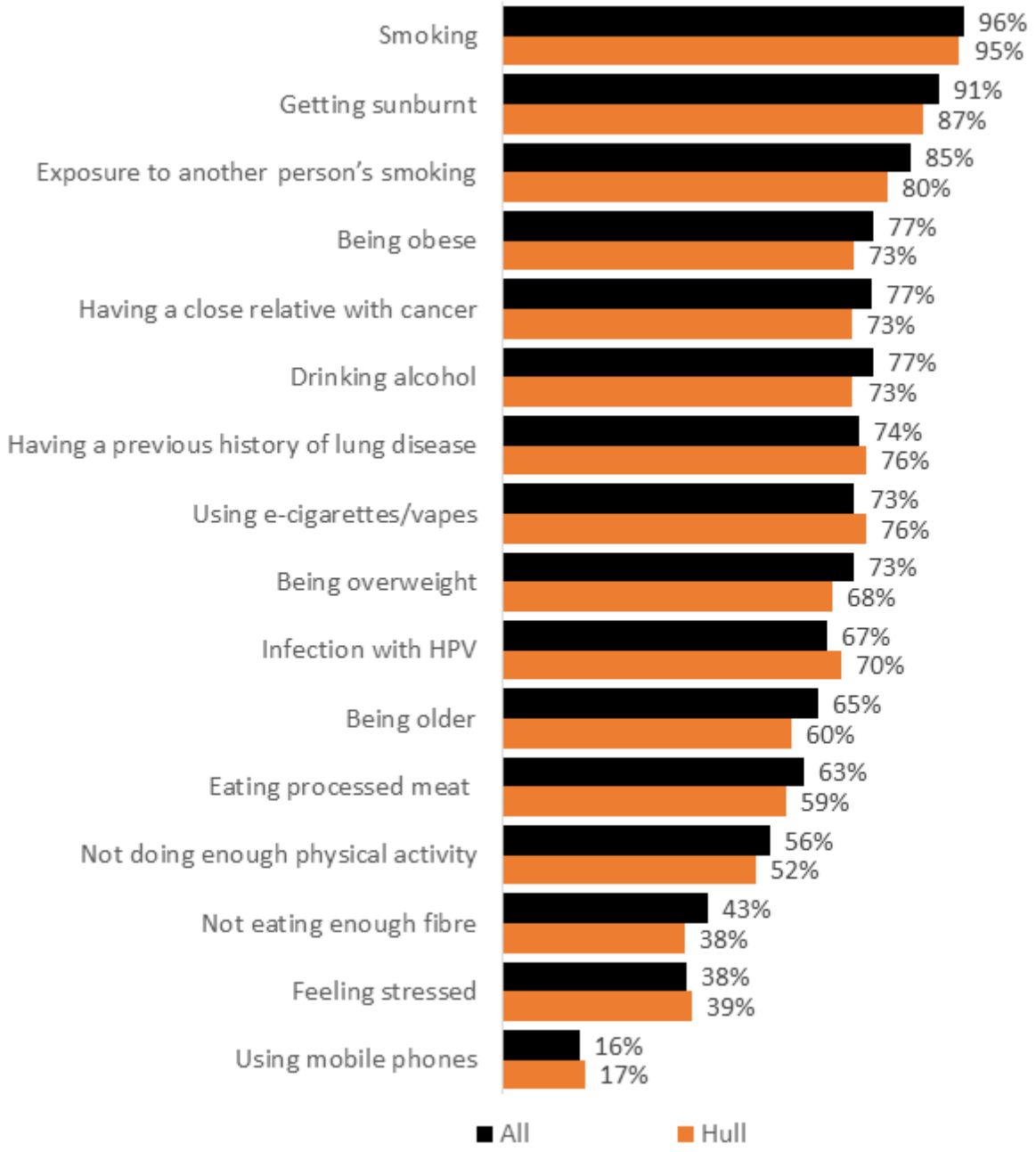
The proportions identifying prompted risk factors are similar to national figures, although having a previous history of lung disease, using e-cigarettes/vapes and infection with HPV are slightly lower.



Awareness of all risk factors except smoking-related factors has increased since the 2010 survey. (Please note that some caution must be used as responses were different in the two surveys: 'Yes' in 2024 and 'Agree' and 'Strongly agree' in 2010.)



Most areas have similar prompted awareness of risk factors, except that Hull has consistently lower prompted awareness of many risk factors.

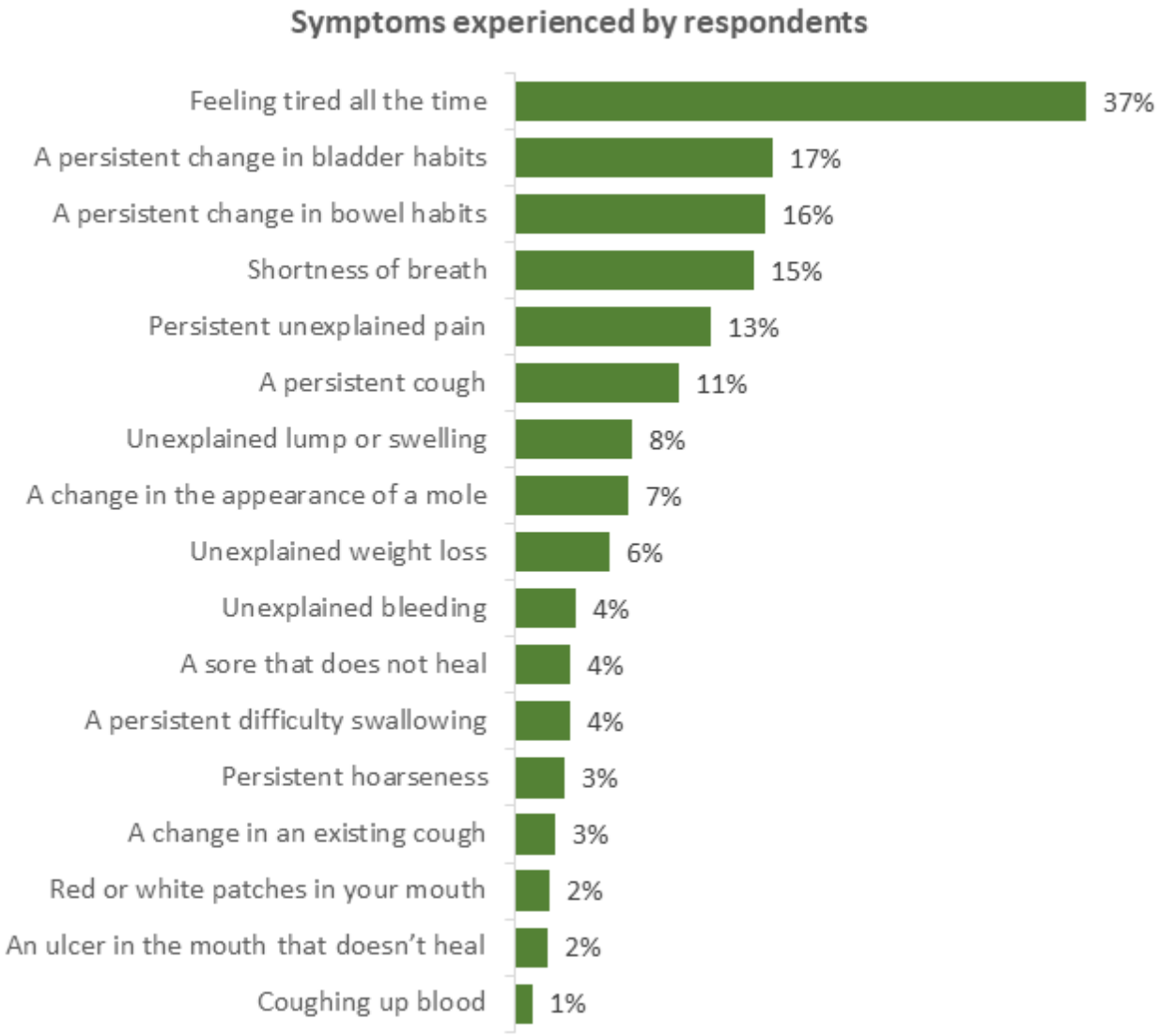


Experience and presentation of symptoms

43% of survey respondents reported experiencing zero symptoms in the last six months (compared to 45% nationally) and the average number of symptoms reported was 1.5 per respondent.

46% of participants in 1:1 conversations reported zero symptoms (close to that of survey respondents) while the average number of symptoms reported was 1.2 (lower than for all survey respondents).

37% of survey respondents reported feeling tired all the time while 17% reported a persistent change in bladder habits, 16% a persistent change in bowel habits and 15% shortness of breath.



This data was analysed using Cancer Research UK's definition of symptoms, as shown below.

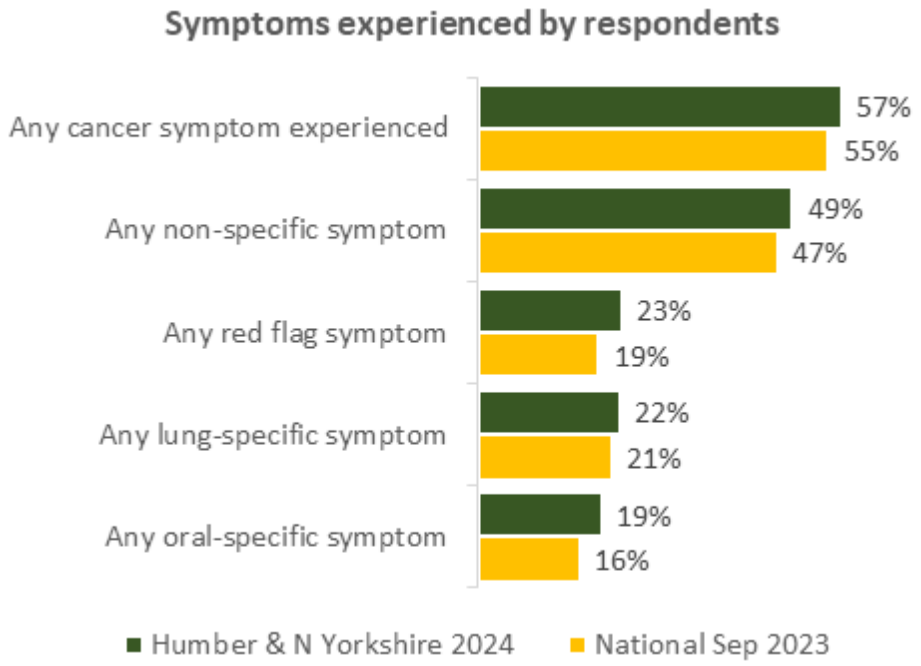
Non-specific symptoms
Persistent change in bowel habits
Persistent change in bladder habits
Tired all the time
Persistent unexplained pain
Unexplained weight loss

Lung-specific symptoms
Shortness of breath
Persistent hoarseness
Persistent cough
Change in an existing cough
Coughing up blood

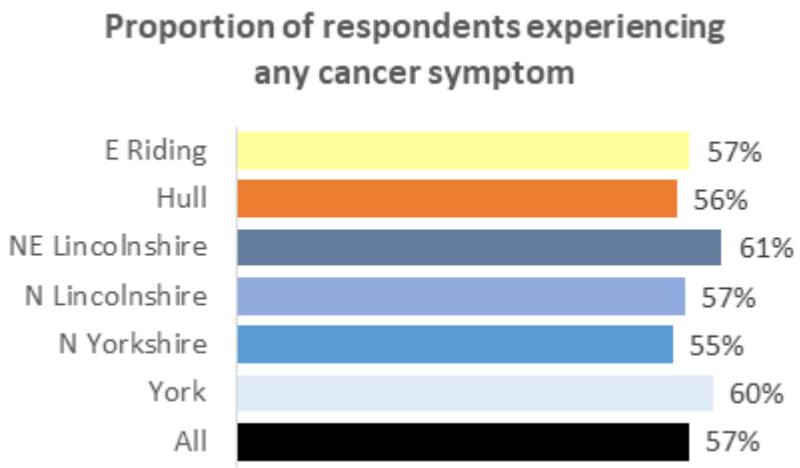
Red flag symptoms
Change in the appearance of a mole
Unexplained lump or swelling
Unexplained bleeding
Persistent difficulty swallowing
Sore that does not heal
Unexplained weight loss
Coughing up blood

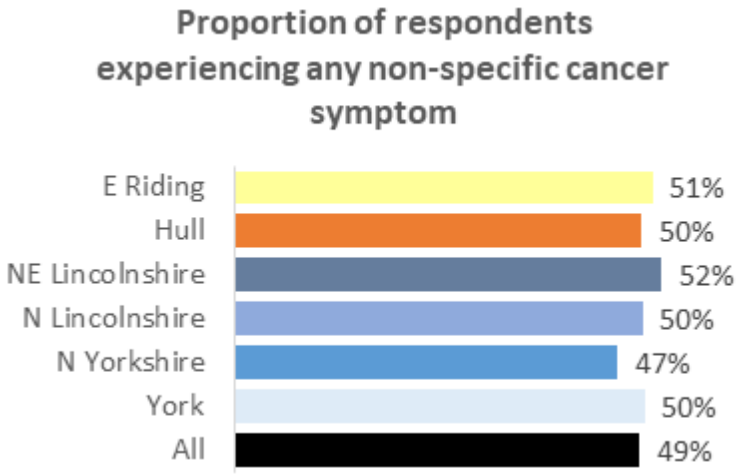
Oral-specific symptoms
Red/white patches in mouth
Ulcer in the mouth that does not heal
Persistent difficulty swallowing
Persistent unexplained pain
Unexplained weight loss

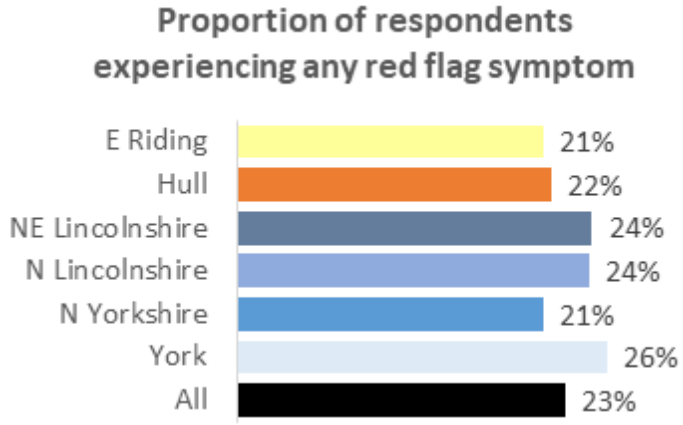
Over half of respondents reported experiencing any cancer symptom in the last six months, with 23% identifying a red-flag symptom (four percentage points higher than the national figure).

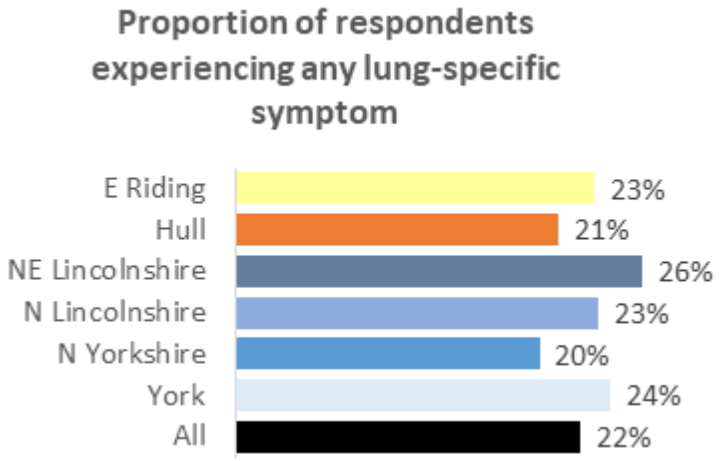


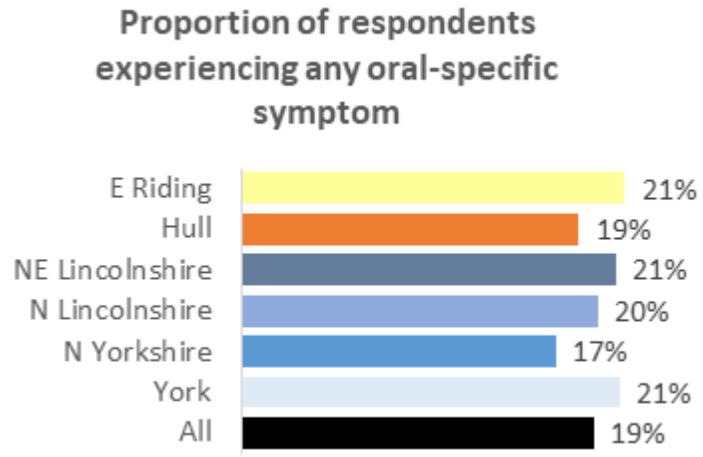
Respondents in NE Lincolnshire and York were more likely to report any cancer symptom. Those in N Yorkshire were less likely to report symptoms.











In terms of differences by characteristic, 61% of females reported any cancer symptom, compared to 52% of males. Fewer symptoms were reported as respondents' age increased.

The reporting of non-specific and oral symptoms was higher by respondents in coastal areas (by 4% and 3% respectively) and reporting of any cancer symptom was 6% higher for respondents in the 20% most deprived areas. (NB: 41% of respondents living in coastal areas were in also in the 20% most deprived areas.)

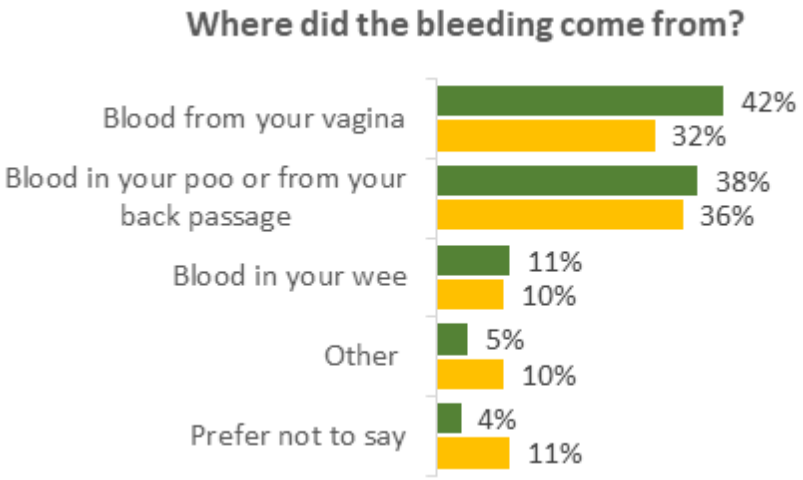
The reporting of symptoms by BAME respondents was higher for: red flag symptoms (8% higher), lung symptoms (5% higher) and oral symptoms (12% higher).

One issue mentioned for homeless people was that often cancer symptoms are only found at a late stage because they are in hospital for something else.

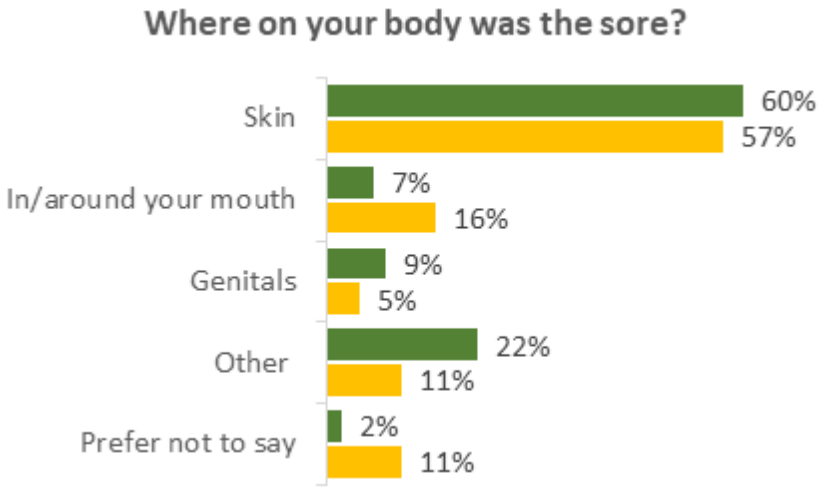
> *"A lot of the time cancer is found very late with the people we work with, it is often found because they have had to go to hospital for something else such as due to a fight/being*

attacked or taking an overdose - if they are in hospital for a while and blood tests etc take place this is often when it is found. There have been a lot of cases where it has been stage 3 and often stage 4 meaning treatment is often end of life/palliative." (staff member of organisation working with homeless people)

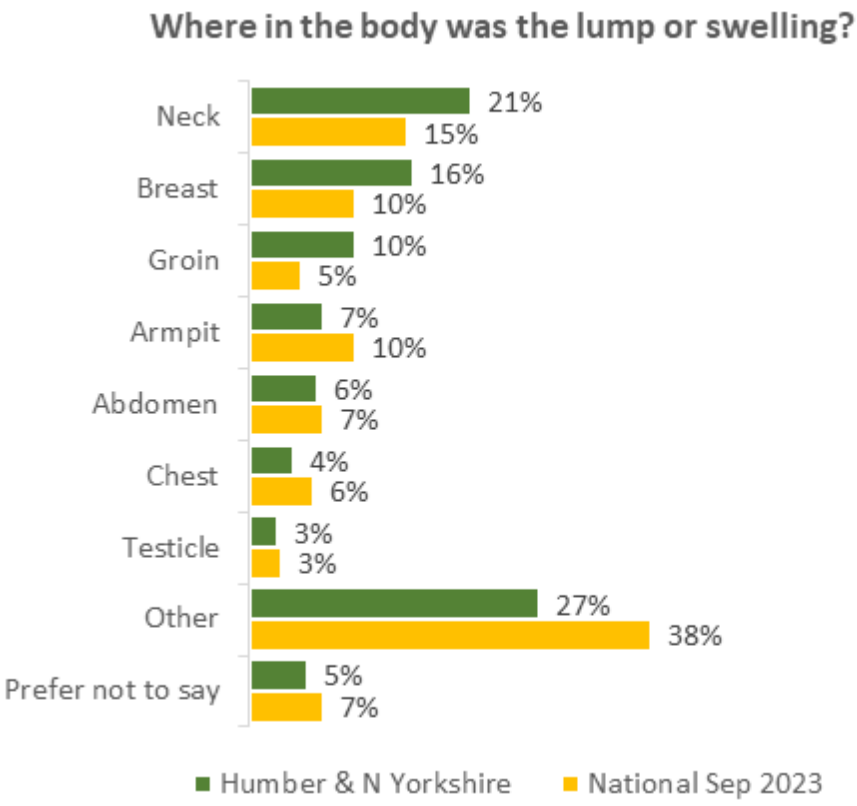
Respondents were asked where their specific symptoms were located - bleeding was most commonly from vagina (higher than the national proportion) or in poo (similar to nationally).



Sores were most commonly found on the skin (slightly higher than nationally).

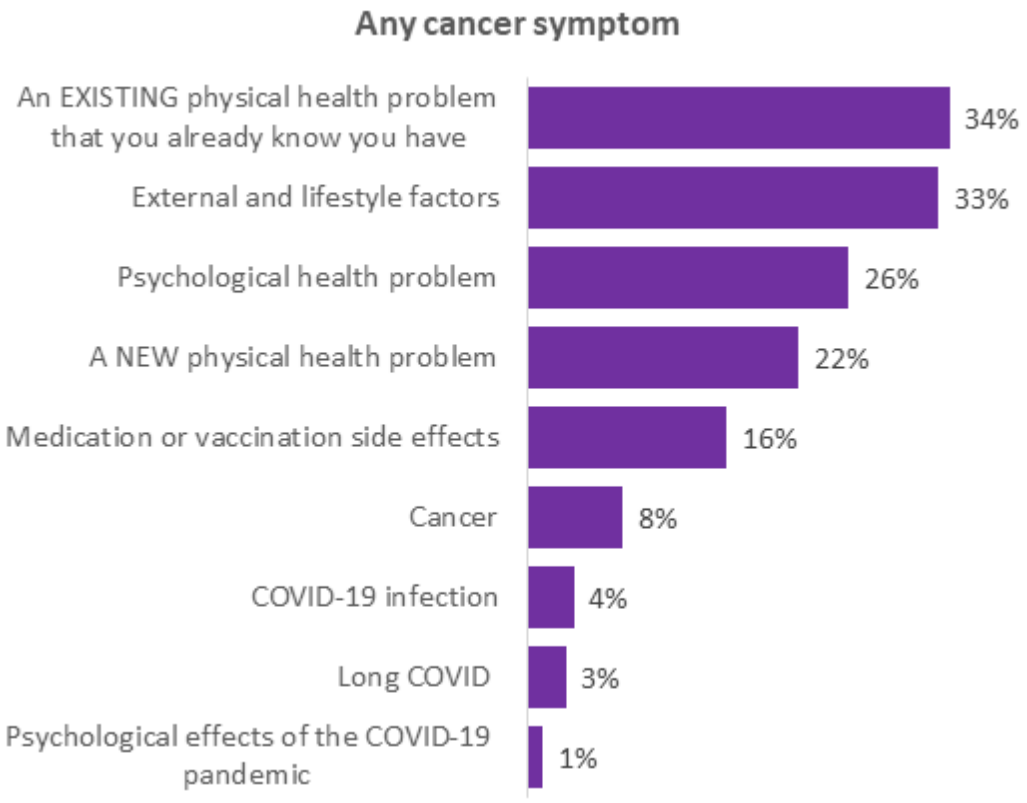


Lumps were most commonly found in the neck or breast, both proportions higher than the national figures.

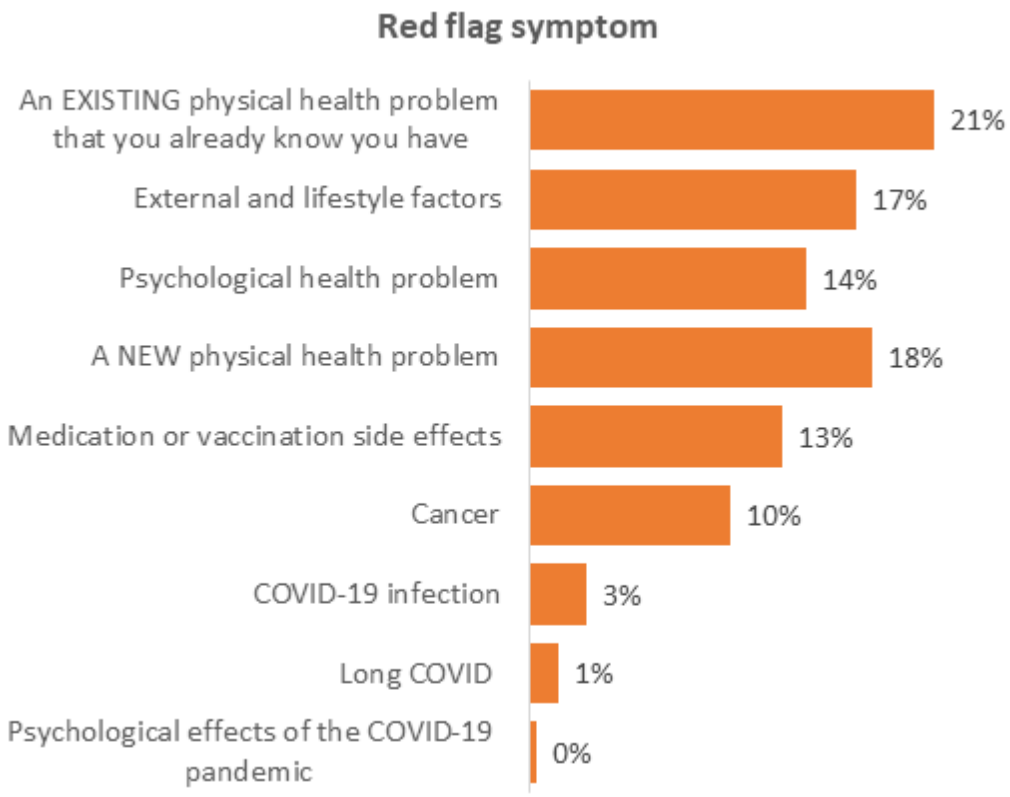


Attributed causes of cancer symptoms

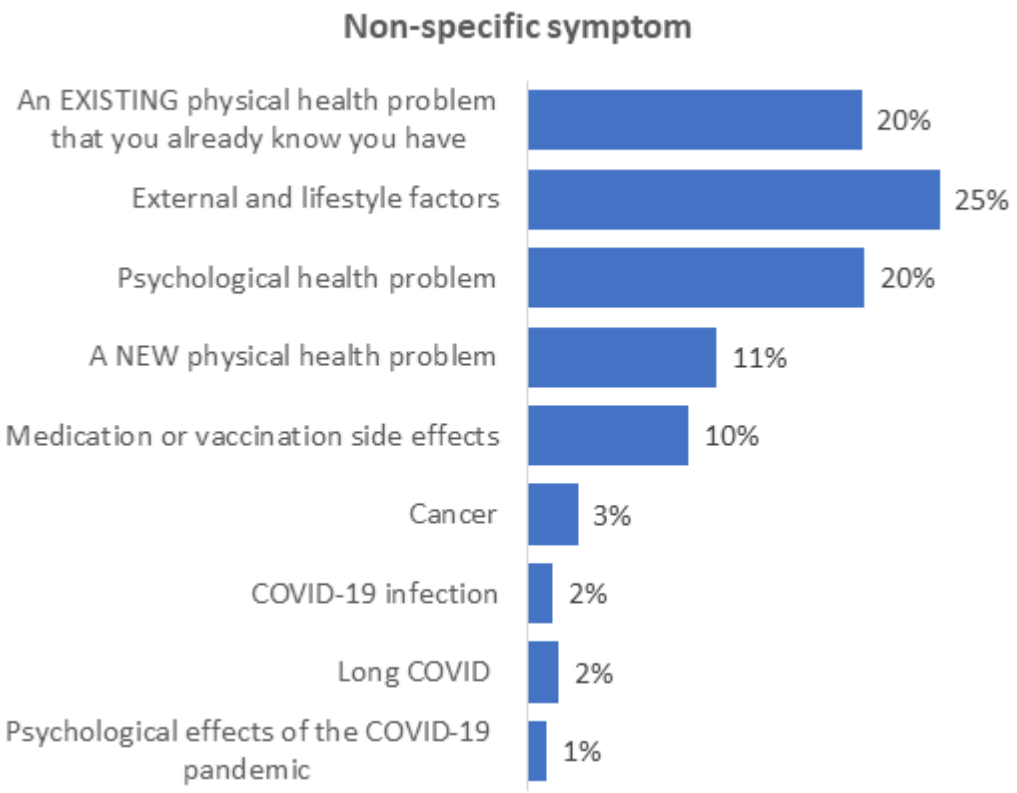
An existing physical health problem (34%) and external and lifestyle factors (33%) were the most commonly attributed causes of any cancer symptoms (30% and 33% respectively nationally).



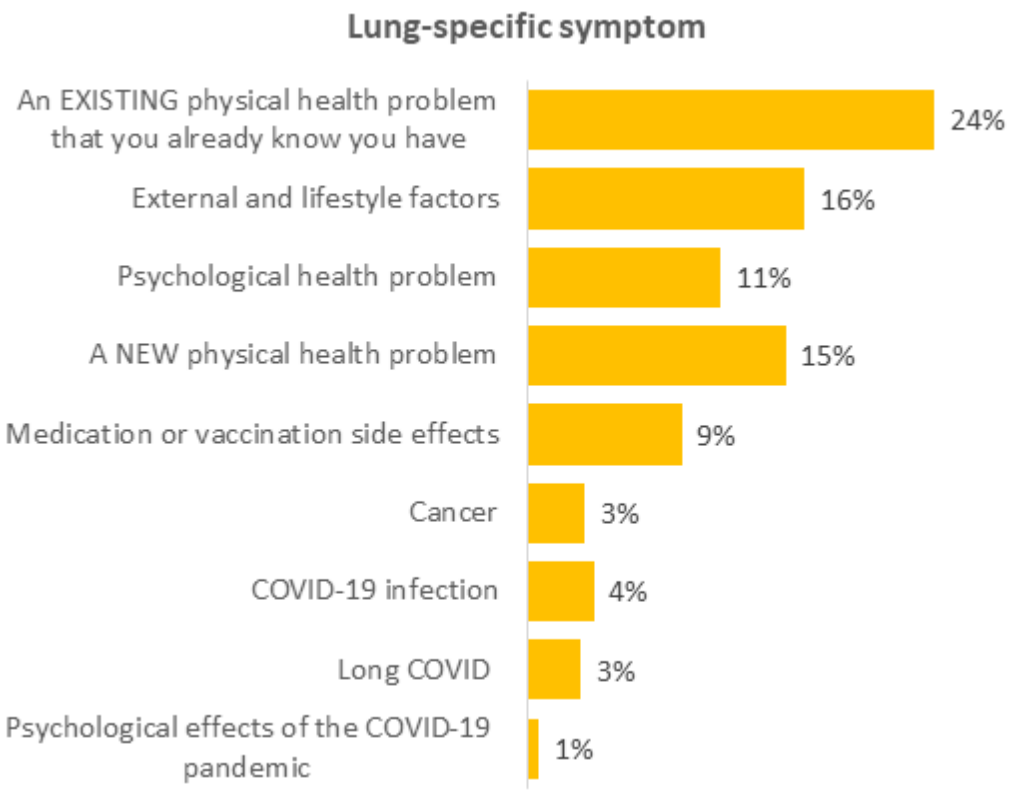
For red flag cancer symptoms, an existing physical health problem (21%) was the most commonly attributed cause followed by a new physical health problem and external and lifestyle factors.



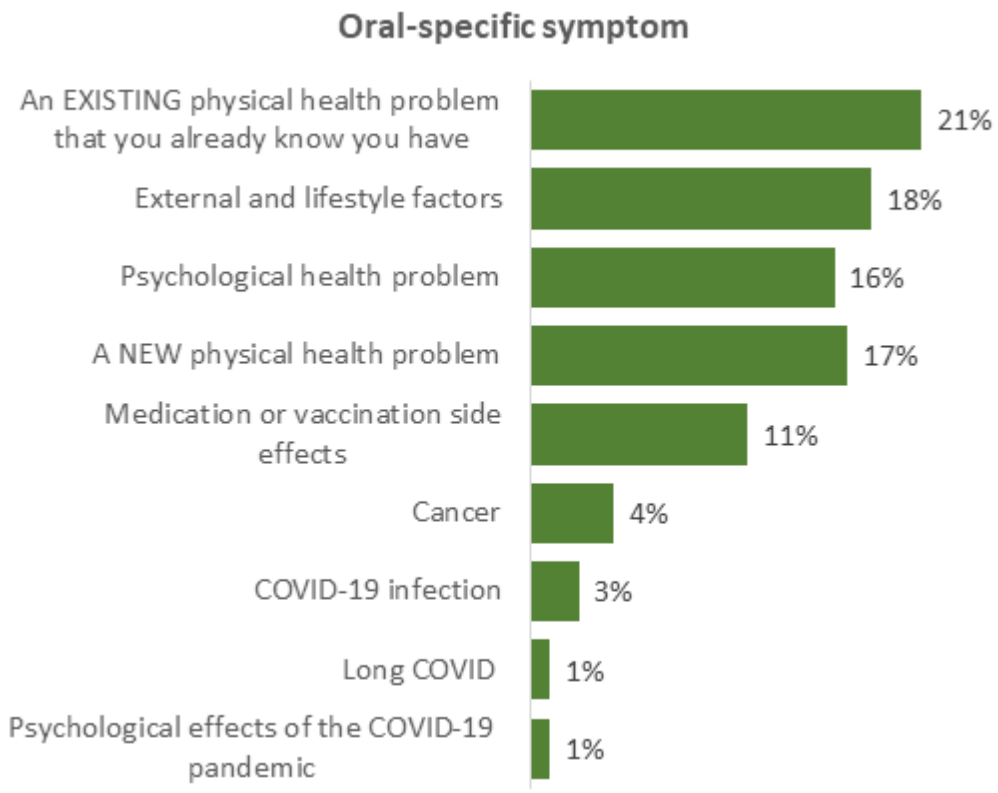
For non-specific cancer symptoms, external and lifestyle factors (25%) were the most commonly attributed cause followed by an existing physical health problem and psychological health problem.



An existing physical health problem (24%) was the most commonly attributed cause of lung-specific cancer symptoms.

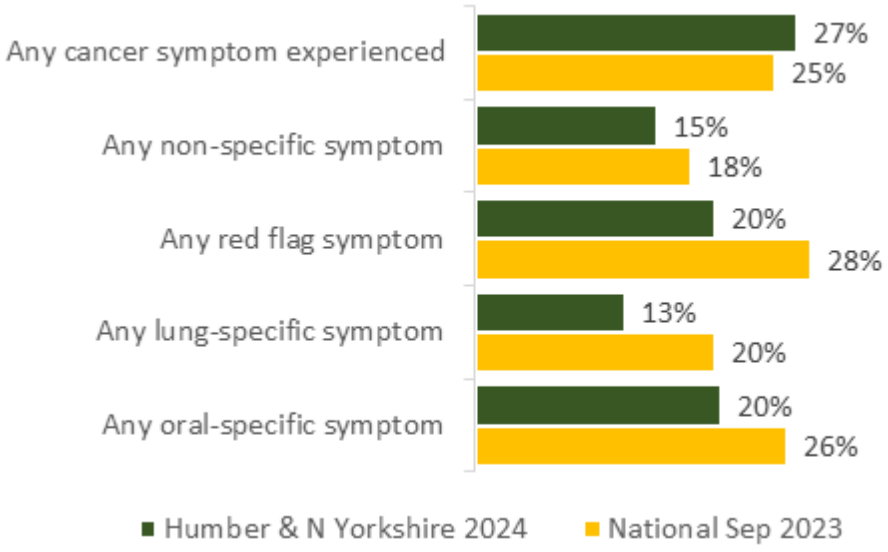


An existing physical health problem (21%) was the most commonly attributed cause of oral-specific cancer symptoms.

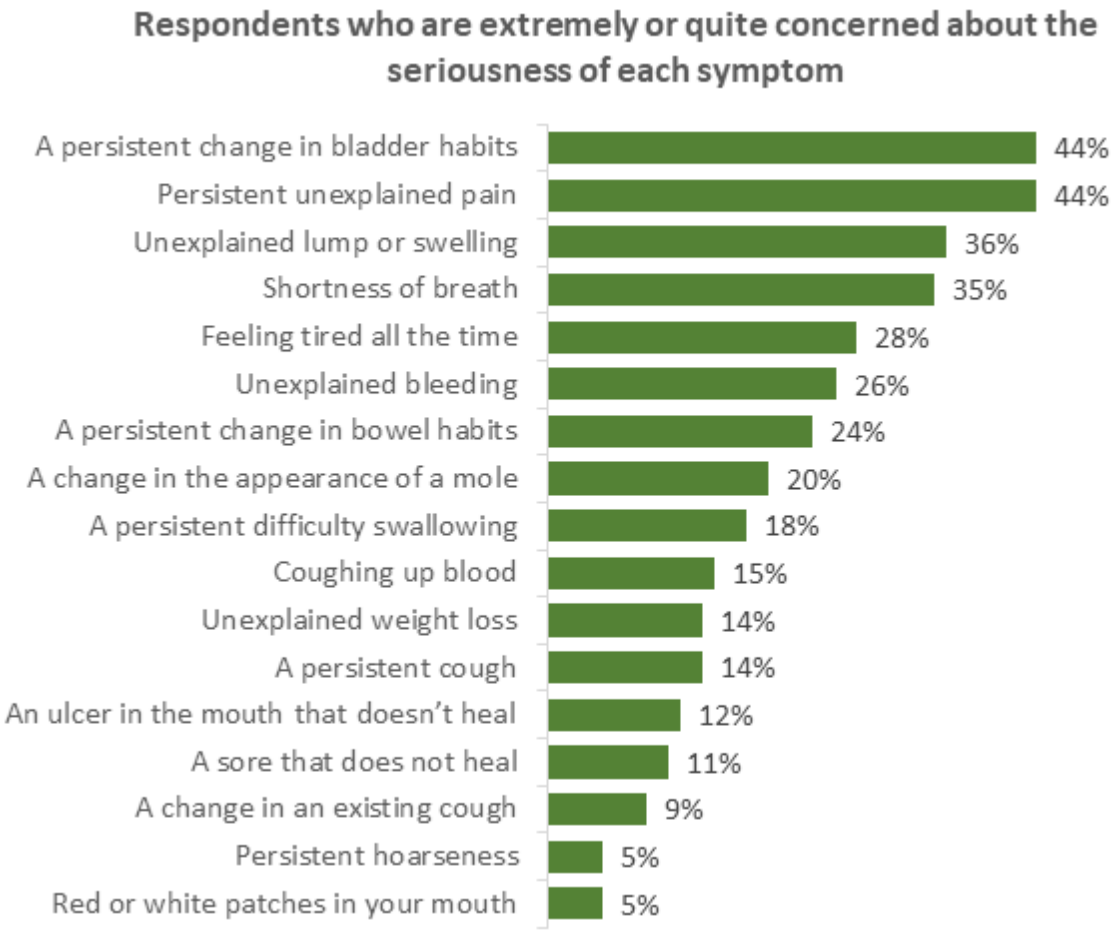


Concern about seriousness of symptoms

27% of respondents who have experienced any cancer symptom reported being extremely or quite concerned about the seriousness of them (compared to 25% nationally).



However, concern was lower than nationally when thinking about specific symptoms.

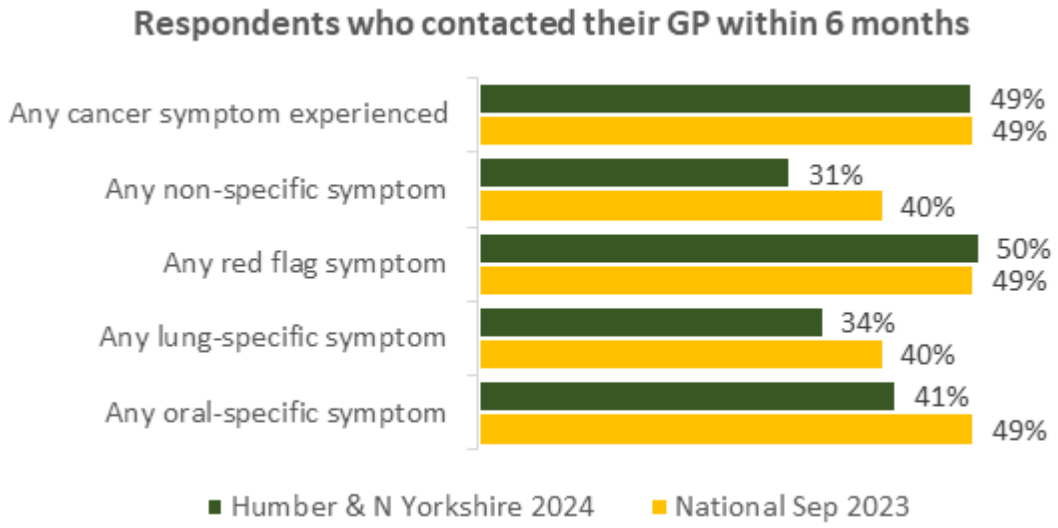


Seeking help

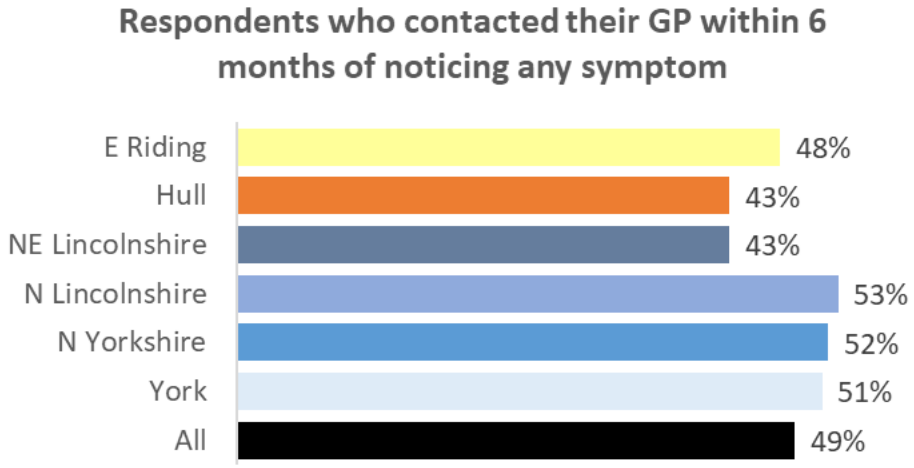
Contacting GP

Respondents who experienced symptoms - any cancer symptom (n=3,515), any non-specific cancer symptom (n=3,041), any red-flag cancer symptom (n=1,390), any lung-specific cancer symptom (n=1,370) and any oral cancer symptom (n=1,198) - were asked how long after they first noticed the symptom they contacted the GP about it.

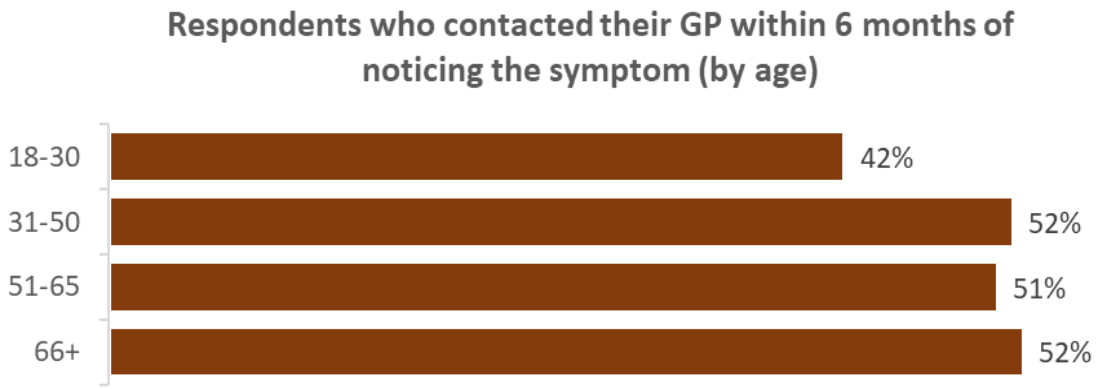
49% of respondents who experienced any cancer symptom contacted their GP within 6 months (the same as nationally). Fewer respondents in this region than nationally contacted their GP for non-specific symptoms, lung-cancer symptoms and oral-specific symptoms.



The proportion of respondents contacting their GP within 6 months for any symptom was significantly lower in Hull and NE Lincolnshire. The proportion contacting their GP for oral symptoms was lower in NE Lincolnshire.

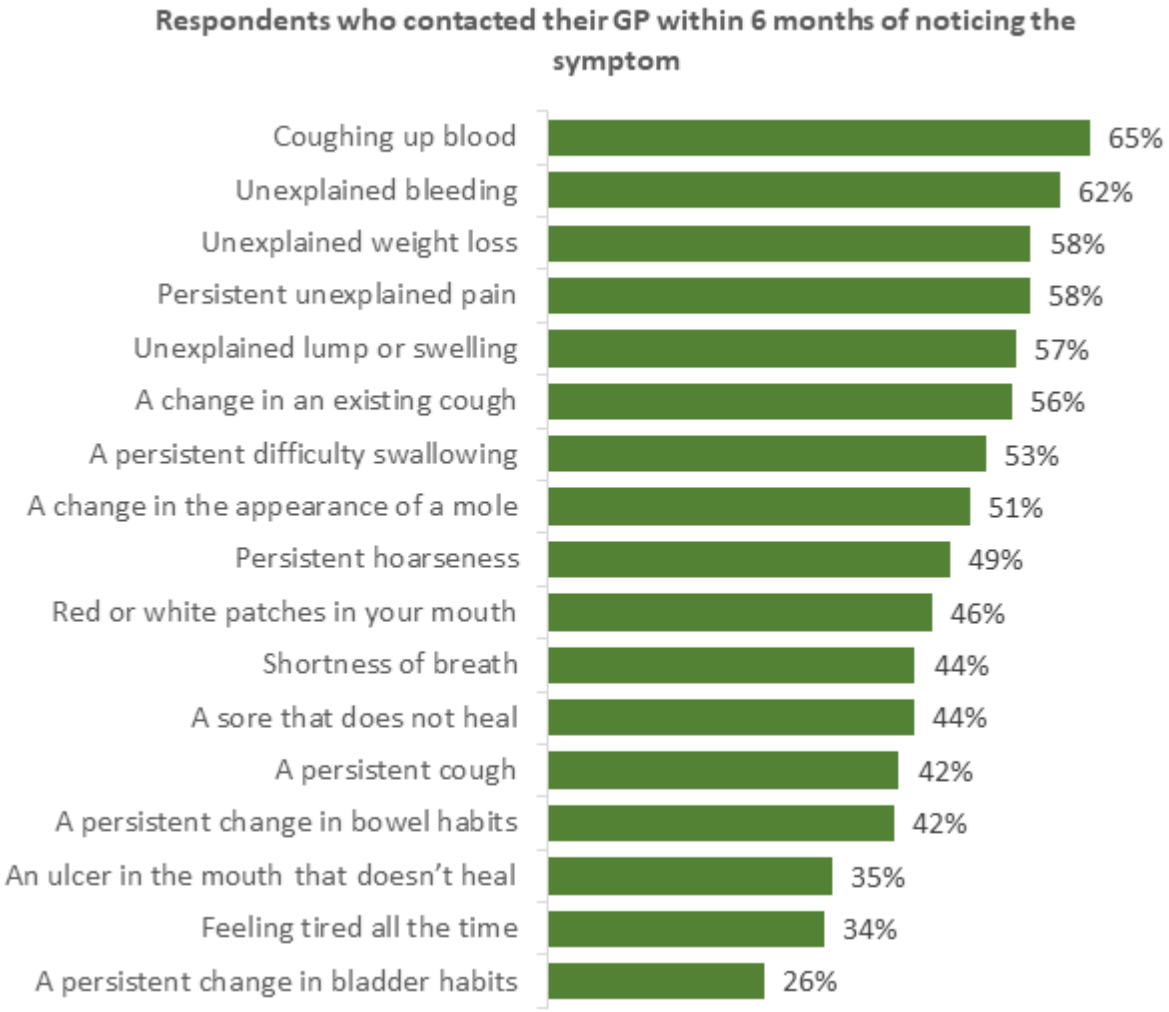


The proportion contacting their GP by age was lowest in the 18-30 age range.

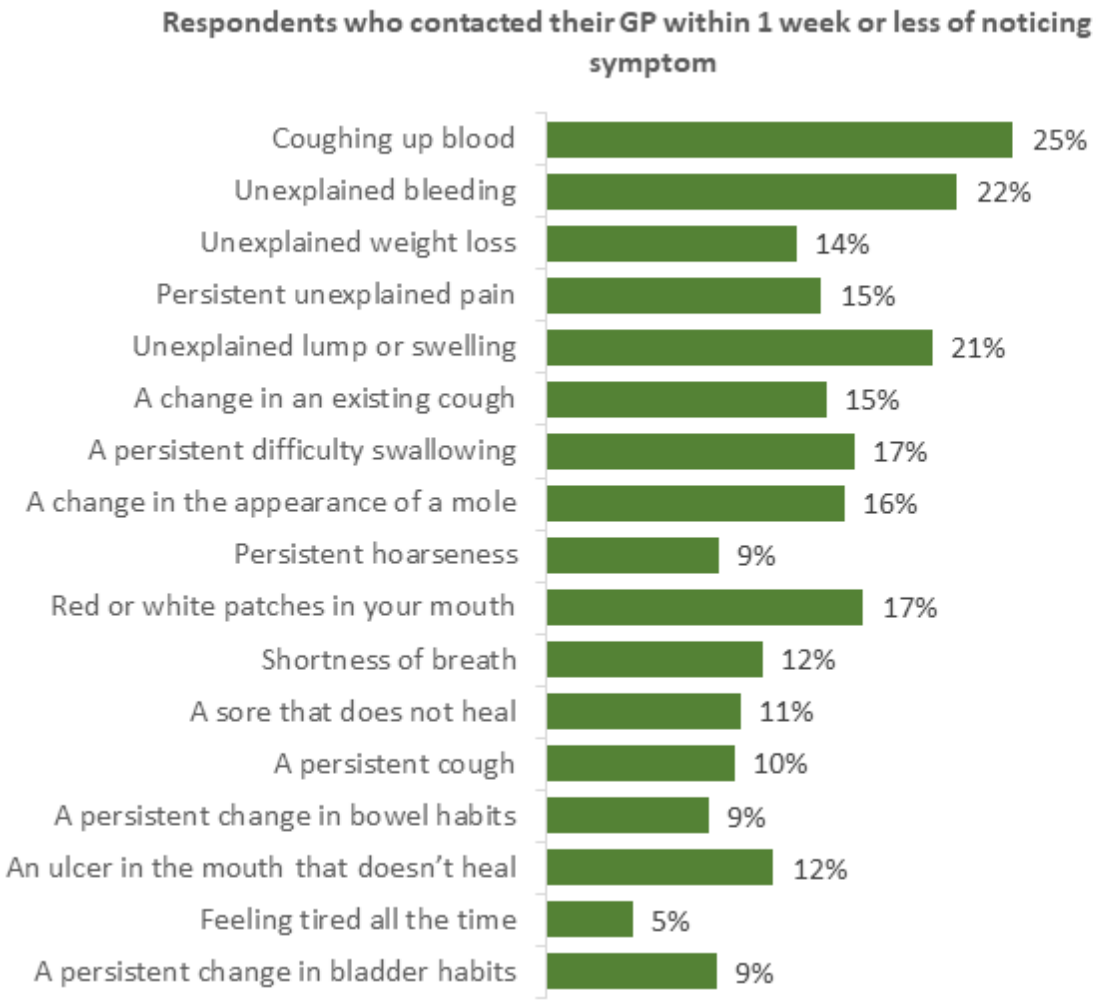


The proportion contacting their GP within 6 months was lower in coastal areas (40% compared to 60% of non-coastal areas).

Over 60% of respondents contacted their GP within 6 months if they experienced coughing up blood or unexplained bleeding, while over 50% did so if they experienced unexplained weight loss, persistent unexplained pain, an unexplained lump or swelling, a change in an existing cough, a persistent difficulty swallowing or a change in the appearance of a mole.



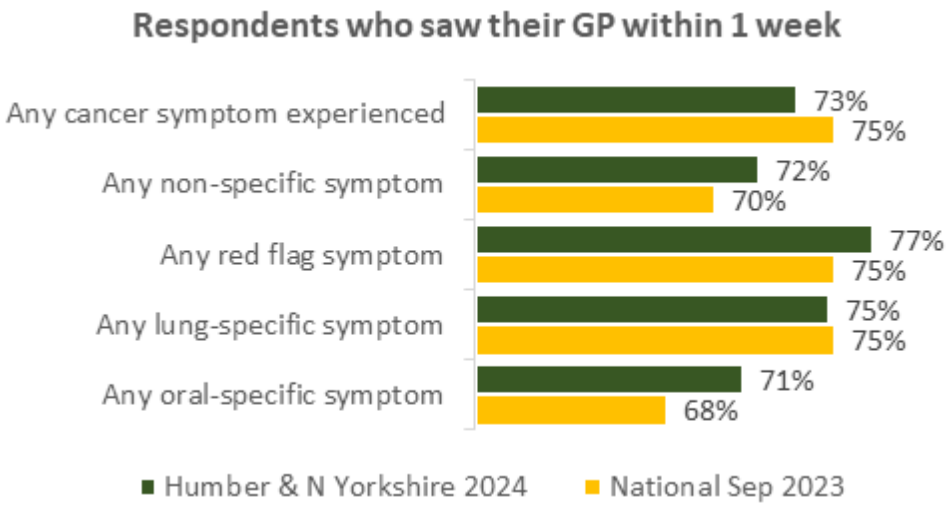
A quarter of respondents contacted their GP within a week or less if they experienced coughing up blood, 22% if they experienced unexplained bleeding and 21% an unexplained lump or swelling.



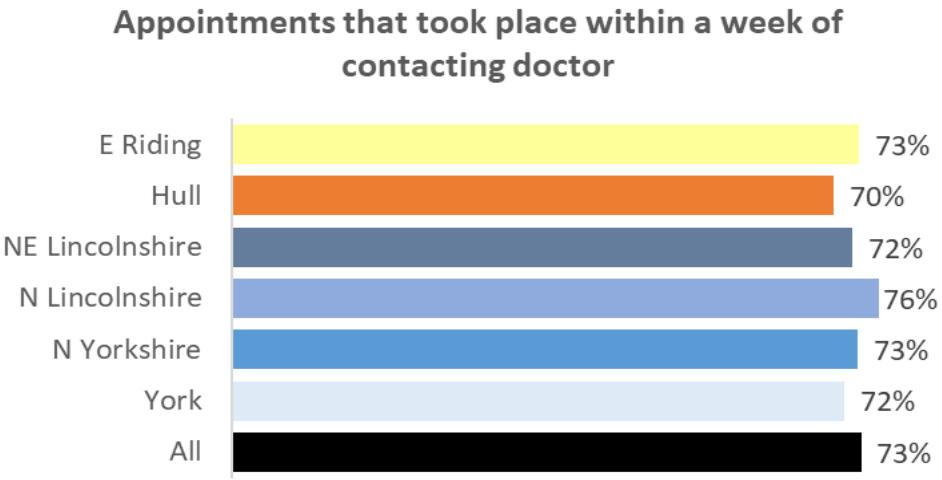
Time before GP appointment

Respondents who contacted their doctor after experiencing a symptom - any cancer symptom (n=3,515), any non-specific cancer symptom (n= 3,041), any red-flag cancer symptom (n=1,390), any lung-specific cancer symptom (n=1,370) and any oral cancer symptom (n=1,198) - were asked how long after contacting the GP that the appointment took place.

The majority of respondents said they saw their doctor within a week after contacting their doctor, similar to national proportions.



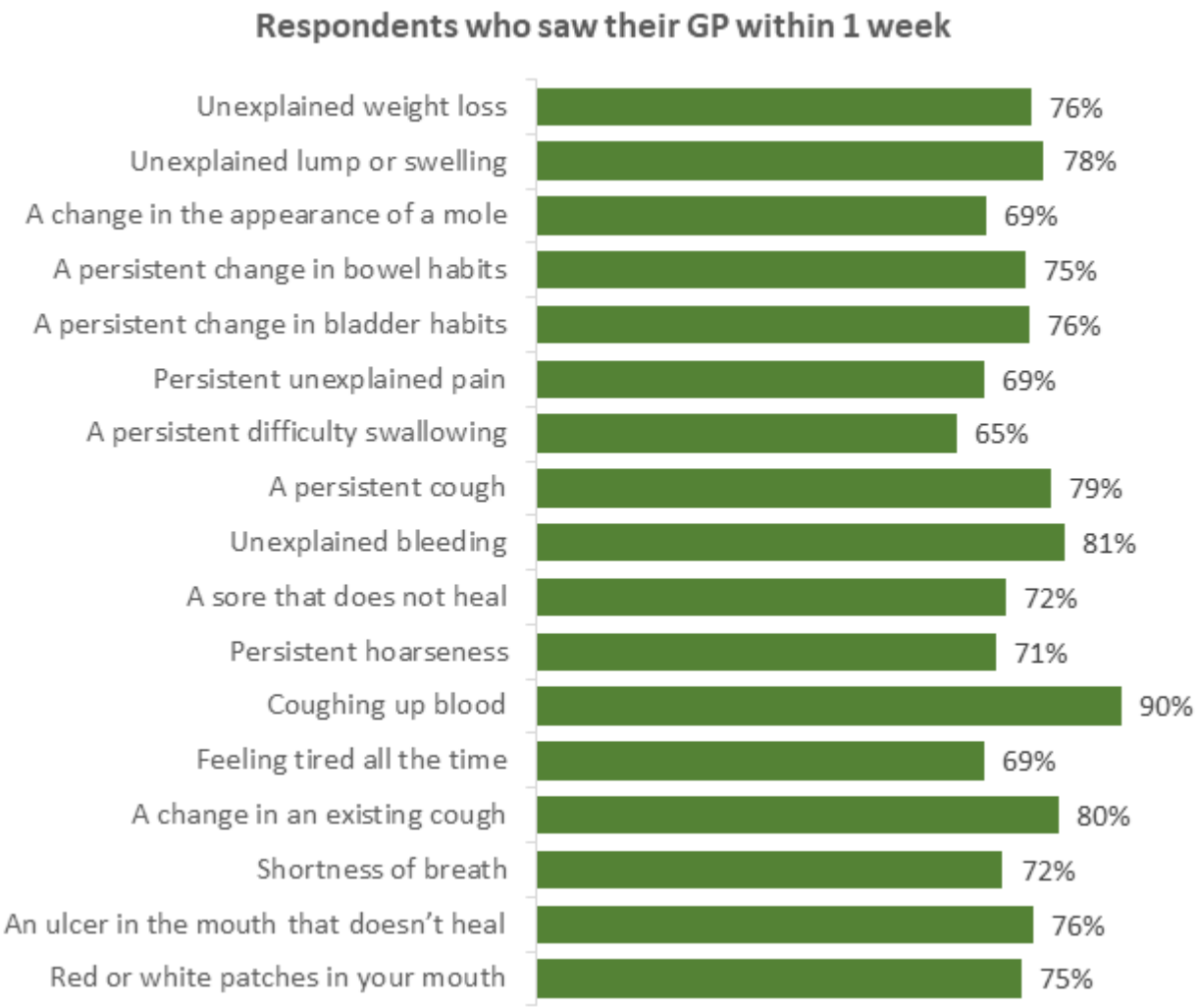
There were no significant differences by area in the proportion of respondents getting an appointment within a week (those reporting any symptom).



The proportion of respondents getting an appointment within a week for any symptom was 5% lower for the youngest age group (18-25 year-olds) and 6% lower for respondents in coastal areas. It was 4% higher for those with an existing long-term condition/disability.

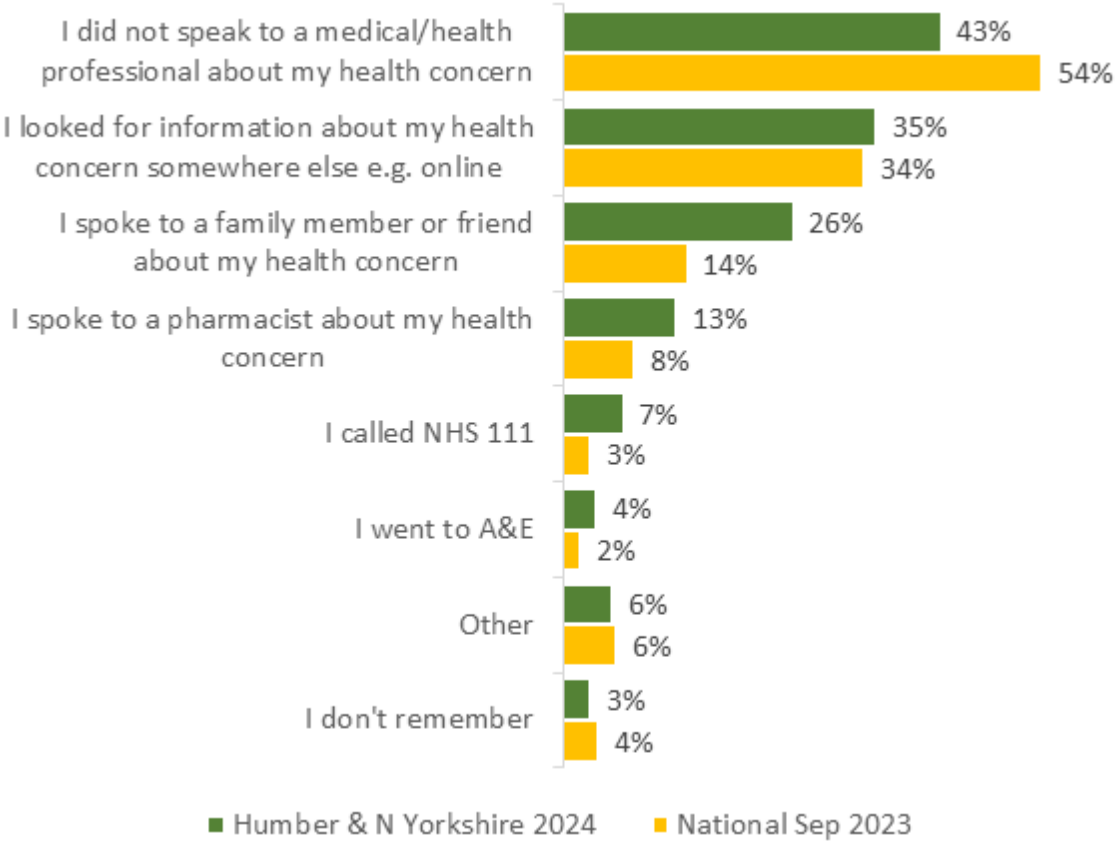
The proportion of BAME respondents getting an appointment within a week was 3% higher for non-specific symptoms.

90% said that they saw their doctor within a week after coughing up blood and over 80% did so if they had unexplained bleeding or a change in an existing cough.

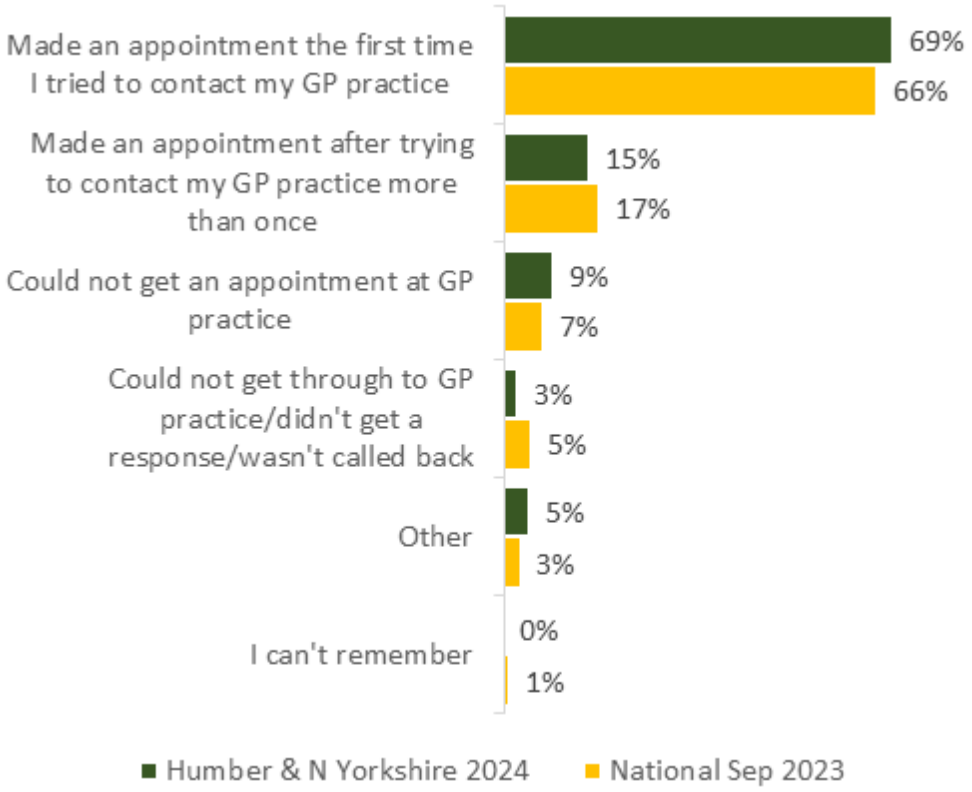


When GP not contacted

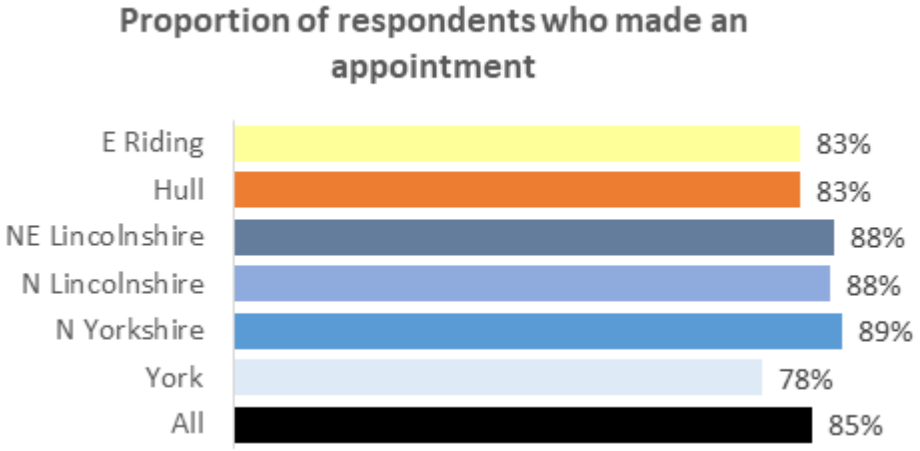
Respondents who considered contacting their GP practice to discuss a health concern with a medical professional but did not contact them (n=1,524) were asked what happened next. 43% of those who did not contact their GP about a health concern did not follow up with another health professional (significantly lower than the 54% nationally). Just over a third looked for information about their concern somewhere else (similar to nationally) while 26% spoke to a family member/friend and 13% spoke to a pharmacist (with both being higher proportions than nationally).

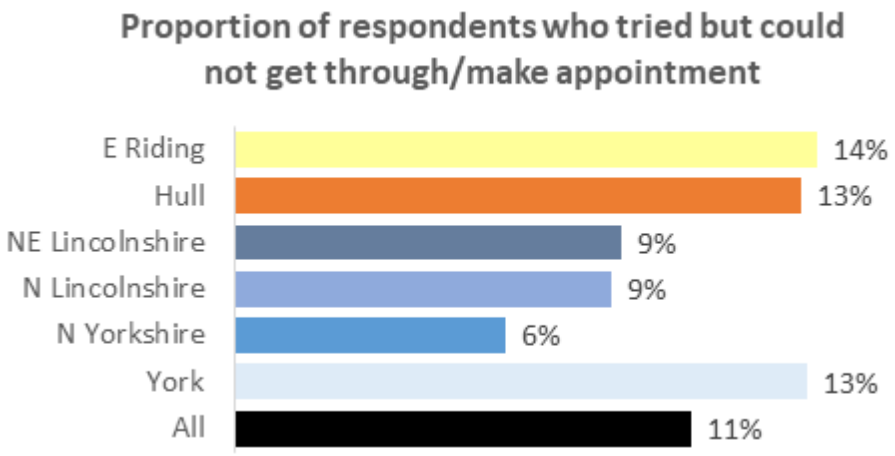


When respondents tried to contact GP practice, 85% made an appointment (83% nationally) while 11% tried but could not get through/make an appointment (12% nationally).



Respondents in York were less likely to be able to make an appointment at their GP while those in N Yorkshire were more likely to get an appointment.





BAME respondents were less likely to be able to make an appointment the first time they tried (5 percentage points lower).

77% of those taking part in 1:1 conversations had sought medical advice/attention while 23% had not. 81% had had tests done - of whom for 90% the symptoms were diagnosed as something other than cancer but for 10% they were diagnosed as cancer.

> *"I got an appointment on my day off, it took a while to get through for the appointment on the phone but they did manage to get me in the same day so I was quite impressed with that. They asked some questions and did some checks. I got given some antibiotics which worked well, they think it was a bad chest infection."* (manual worker)
>
> *"I went to the doctor in Afghanistan to get it checked and they ask some questions and checked. Again today in The Quays they have had a look and checked- they have done some blood test."* (asylum seeker)
>
> *"Spoke to my dad and dad took me to the doctors… We went to see the doctor, dad made the appointment for me and the doctor asked questions about my asthma and my inhalers."* (young person with learning disabilities)
>
> *"Doctor but always get fobbed off because I am a smoker, I'm returning back to the doctors."* (person with disabilities/long-term health conditions)
>
> *"Health isn't a priority for me, I don't use the health service or go to doctors/ hospital. I don't like going they judge me because of my circumstances and blame problems I do have on drugs and alcohol. The symptoms are things that happen on the streets anyway, you do lose weight, you do feel tired, get sick its just what happens."* (homeless person)
>
> *"Try to see my GP but this is impossible. Try phoning and cannot get through."* (person in deprived coastal area with multiple needs)

89% of those taking part in 1:1 conversations would usually speak to their GP if they had a concern about their health, 14% would speak to a family member, 9% would call 111 and 5% would speak to a pharmacist.

> *"I don't have a GP so I would go to hospital or a walk-in centre. I would probably ring 111 first to be able to find out what the best thing to do is. I would ring 111 or just attend the walk-in centre or hospital (if needed) in person and speak to them that way. I might go online if it was a minor issue to see if there was any advice on there."* (manual worker)

> *"I used to be homeless so I didn't have a GP then, and to be honest I never really go to doctors so I just haven't ever bothered to sort it out. It is also quite hard because I work the night shift so it means getting up earlier in the day to sort things out while they are open but the queues are so long it's a lot of effort sometimes."* (manual worker)

> *"My dad would help me speak to the doctor. I don't like doing this by myself."* (young person with learning disabilities)

> *"I would go to Mencap to get support to speak to my doctor."* (person with learning disabilities who doesn't speak)

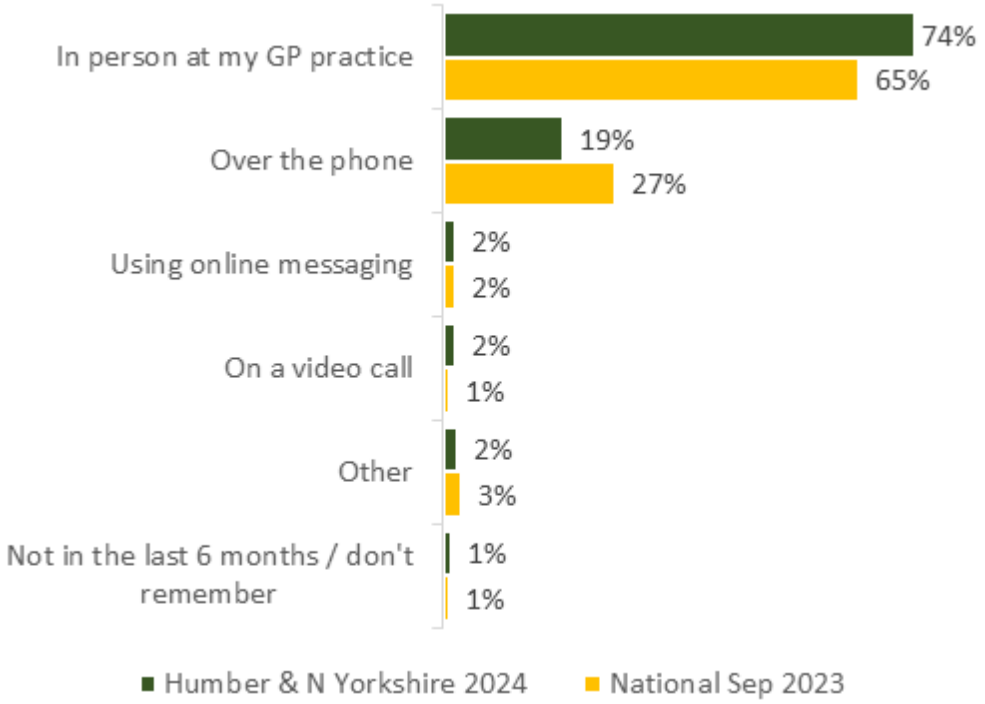
> *"I would attend clinic for a drop-in appointment. I tend to struggle to find time to attend the drop in though so if symptoms were somewhat manageable I would likely put off going to see the GP."* (parent of neurodiverse child)

> *"GP and would contact them via text. I am neurodivergent and don't like to use the phone."* (neurodivergent person)

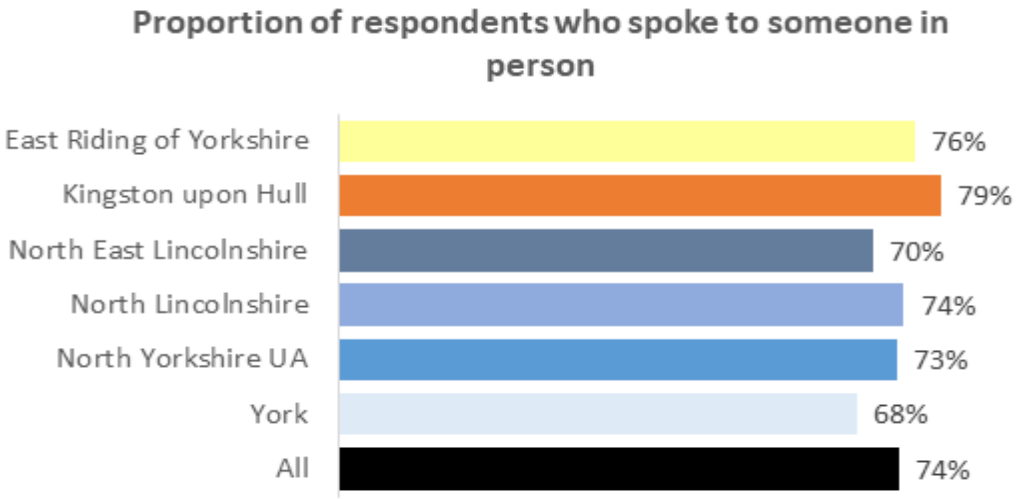
> *"Pharmacy – go in and talk to pharmacist. GP – via online form, but only if something hasn't gone away after a reasonable time or something is particularly worrying."* (person with a long-term health condition)

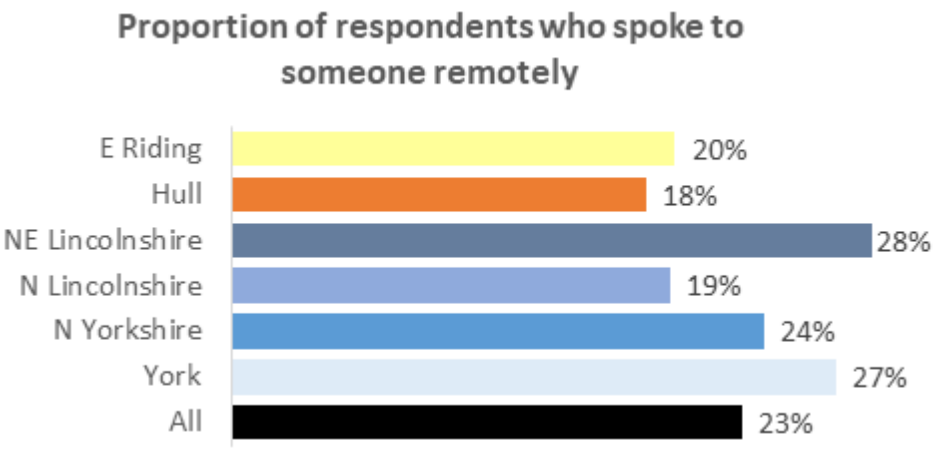
Type of doctor's appointment

69% of respondents were able to make an appointment at their GP on their first attempt while just over 10% tried but were unable to. 74% of appointments were in person while 23% were remote/virtual (compared to 31% nationally).



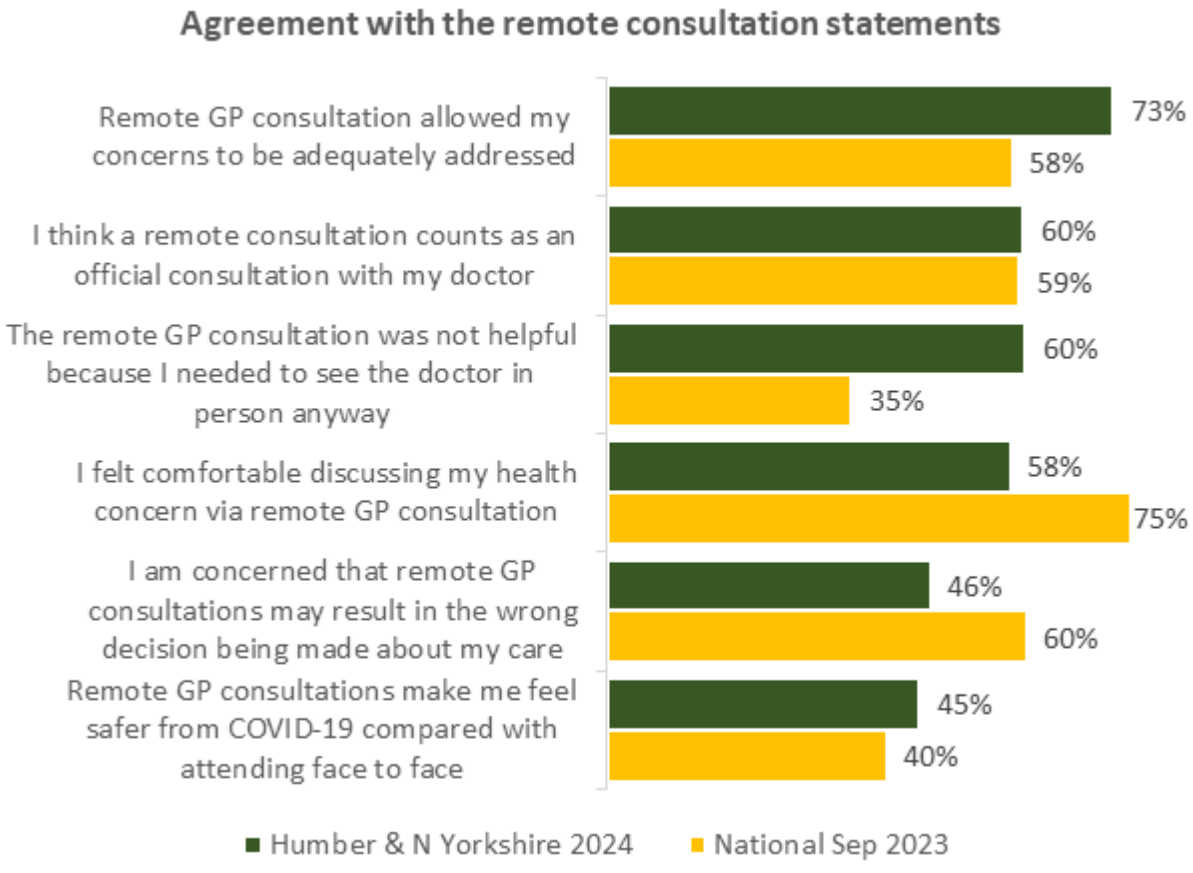
Respondents in Hull were more likely to speak to someone in person and less likely to have a virtual/remote appointment. Respondents in N Lincolnshire were also less likely to speak to someone remotely. Those in NE Lincolnshire and York were more likely to have a virtual/remote appointment and less likely to have an in person appointment.





Views about remote consultations

Overall, there are generally positive perceptions regarding remote consultations, although respondents here are less comfortable discussing their health via a remote GP consultation and are more concerned that remote consultations may result in the wrong decision than nationally.

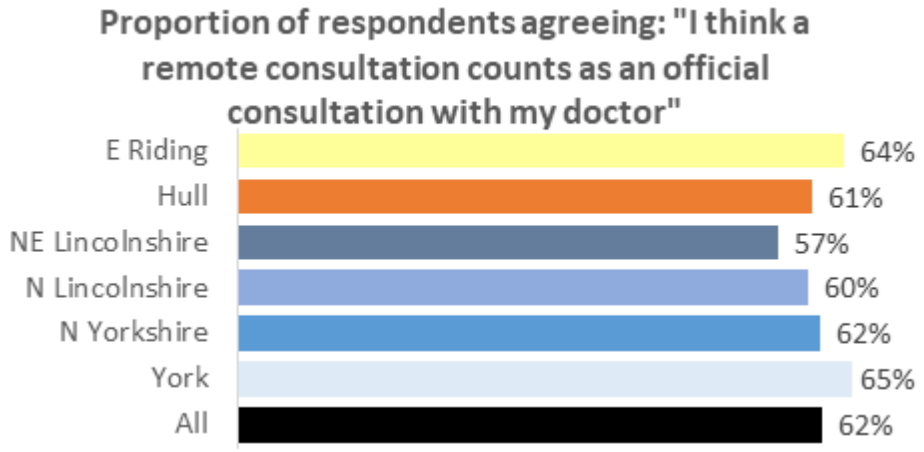


"Virtual appointments so online would be good especially for me as I work nights it would save me a lot of time being able to do it online, I know that wouldn't work for everything and some things they would need to look at but the things which could be done online would be good. I know there are things like those Superdrug online doctors and things but that always seems a bit dodgy, they don't seem to ask enough questions or really check it seems to be a bit too easy to get medication from there. I would rather something like that but with the actual doctor." (manual worker)

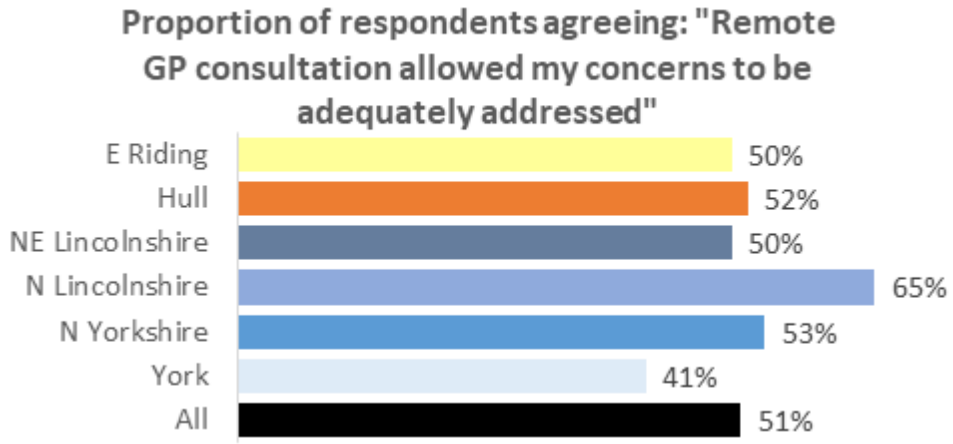
"I'm a techophobe. I would struggle with a website. I would like to be able to speak to someone face to face and look them in the eye. I don't like AI, I'm not a robot." (Traveller)

"It is impossible to get appointments for things they may not be considered urgent like a mole and also you often have to go twice because the photo is not good enough to diagnose after a first phone appointment so any assistance gets delayed for months." (survey respondent)

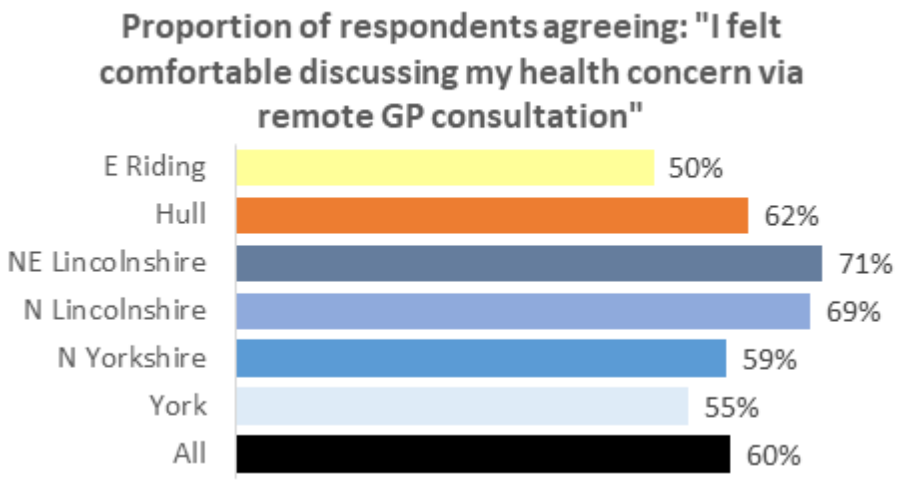
Fewer respondents in NE Lincolnshire felt a remote consultation counts as an official GP consultation.



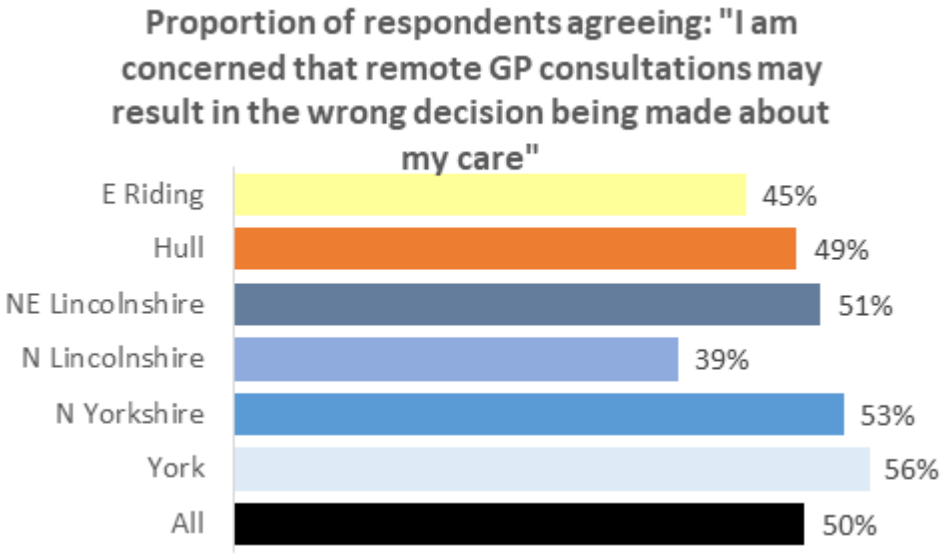
More respondents in N Lincolnshire agreed their concerns could be adequately addressed in a remote consultation.



More respondents in NE and N Lincolnshire felt comfortable discussing health concerns remotely, but fewer in E Riding.

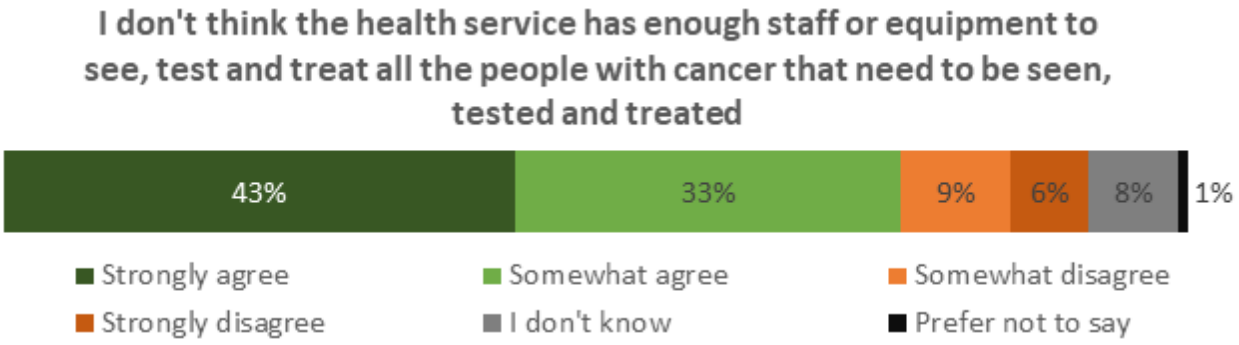


Fewer people in N Lincolnshire were concerned about wrong decisions.



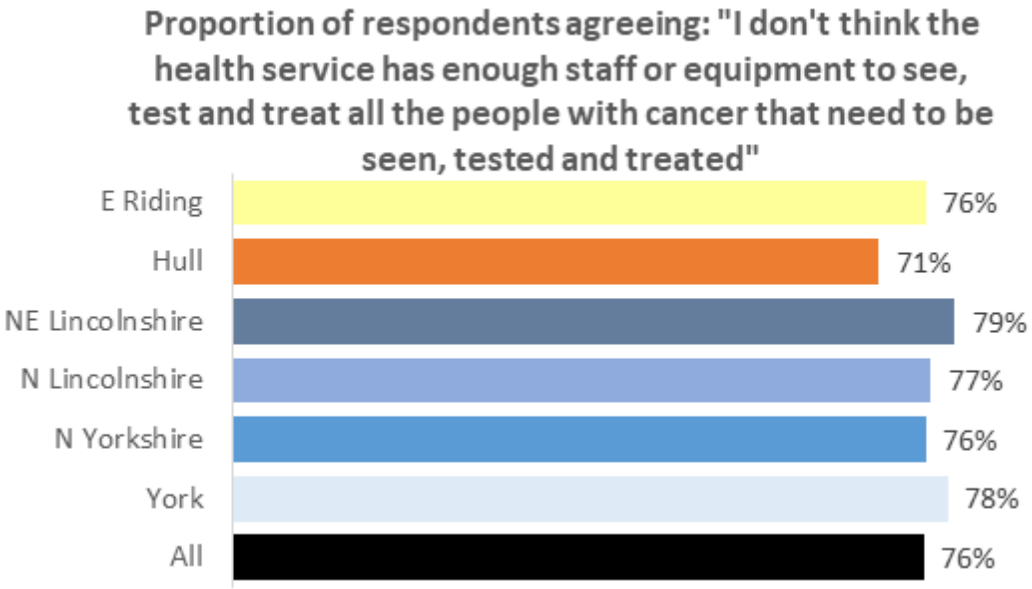
Concerns about NHS staffing

76% believe that the health service do not have enough staff to adequately attend to people with cancer compared to 79% nationally.



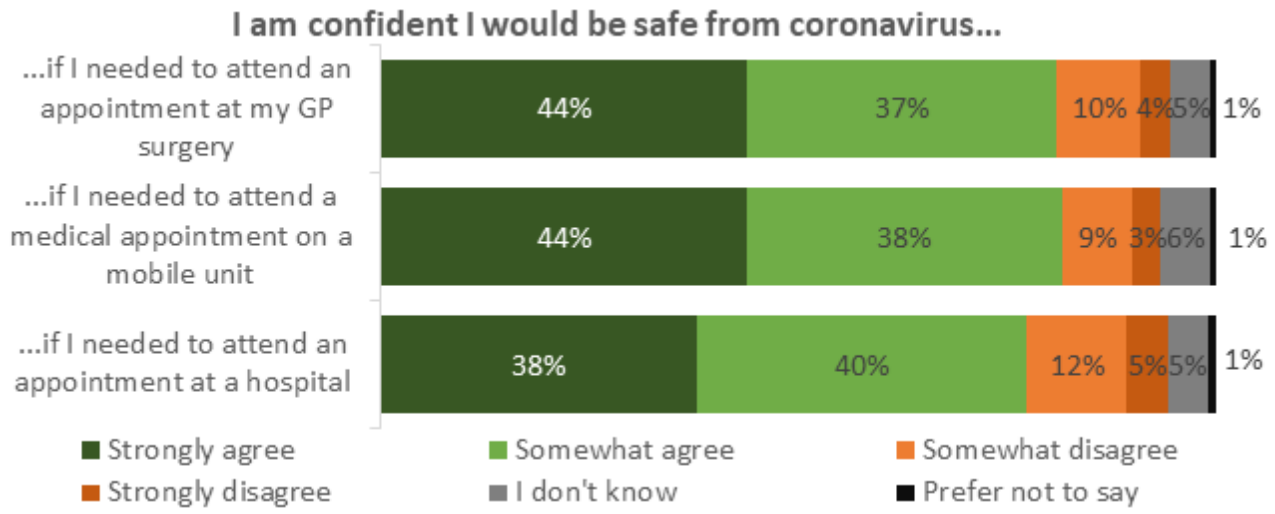
"Don't have much faith in the NHS and the system. They are so understaffed and underfunded. I do have faith in the actual person so the doctors I have faith in them and the nurses, it's not their fault the system is the way that it is. It is very difficult to get an appointment so I end up thinking I can't be bothered to go which I know isn't the right thing to do really but you are sat on the phone forever or on hold and its frustrating." (manual worker)

Fewer respondents in Hull agree that the health service do not have enough staff to adequately attend to people with cancer.



Concerns about coronavirus

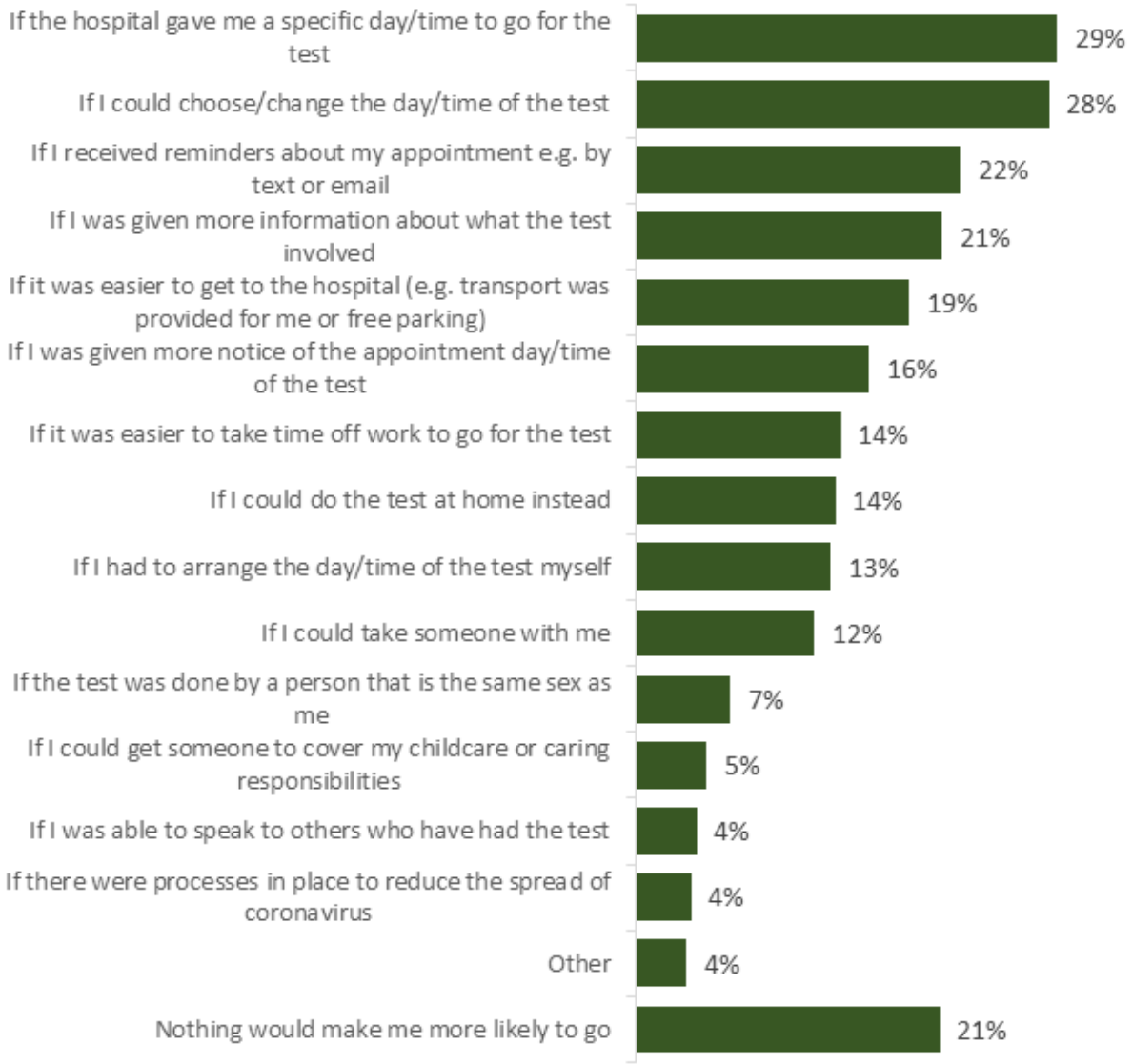
When thinking about the risks of coronavirus, 81% agree they would be safe from coronavirus at a hospital, 82% at a mobile unit and 77% at their GP surgery, compared to national proportions of 75%, 76% and 79% respectively.



Motivations to attend hospital tests

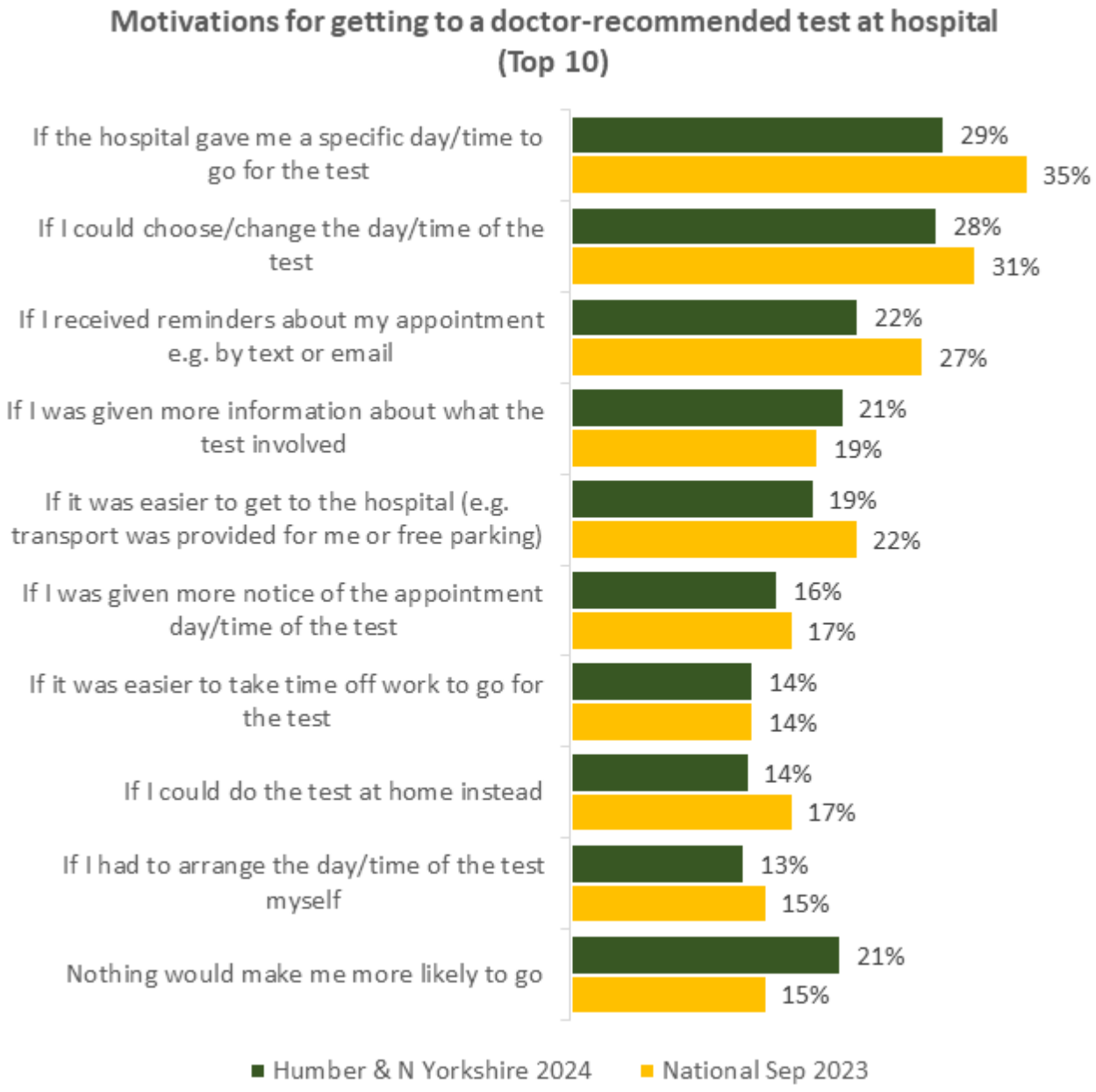
A fifth of respondents said that there was nothing that would make them more likely to attend a doctor-recommended hospital test.

The most popular motivations to attend were having a specific day/time for the test and choice over the day/time of the test. Other motivations were receiving reminders, receiving more information about what is involved and making it easier to get to the hospital.

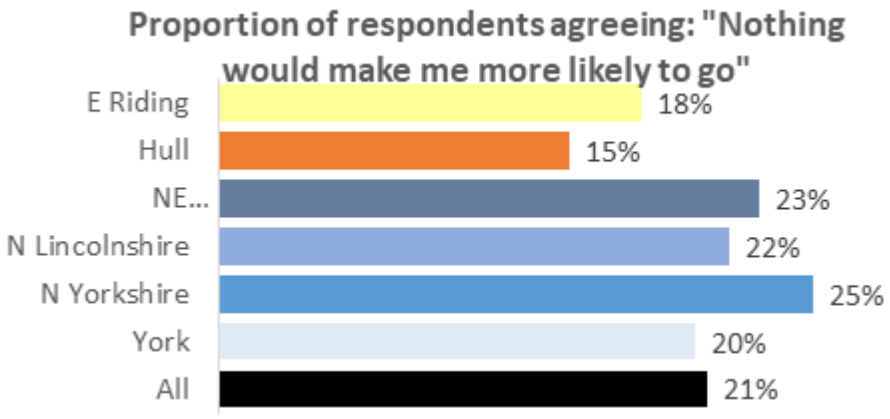


The proportion saying there was nothing that would make them more likely to attend a doctor-recommended hospital test is higher than nationally.

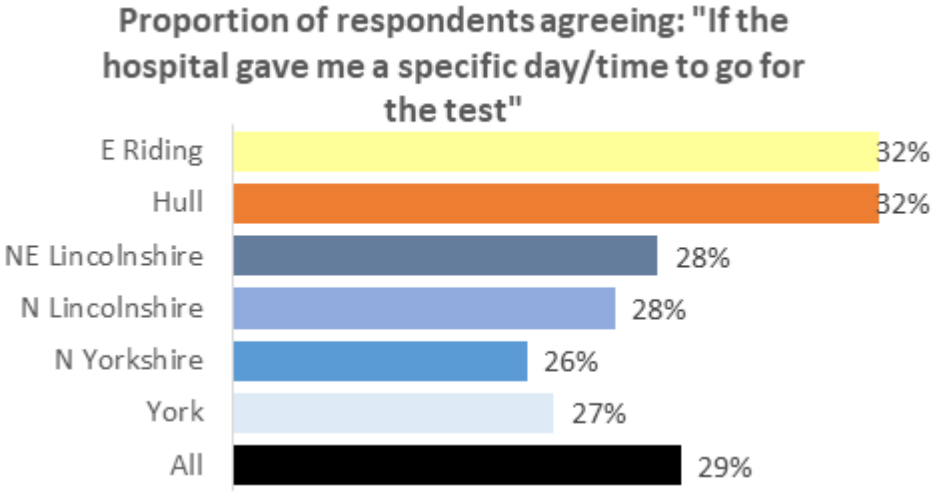
The proportion giving the top three motivations to attend are lower than nationally.



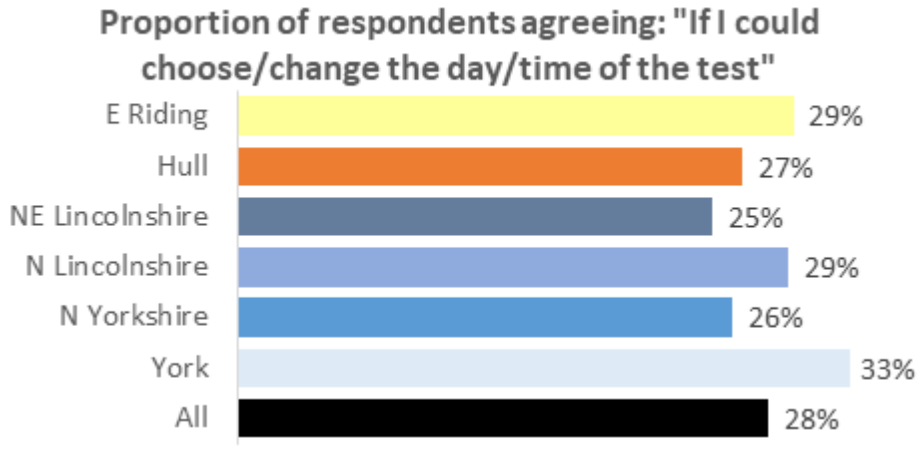
The proportion saying there was nothing that would make them more likely to attend a doctor-recommended hospital test is lowest in Hull and highest in N Yorkshire.



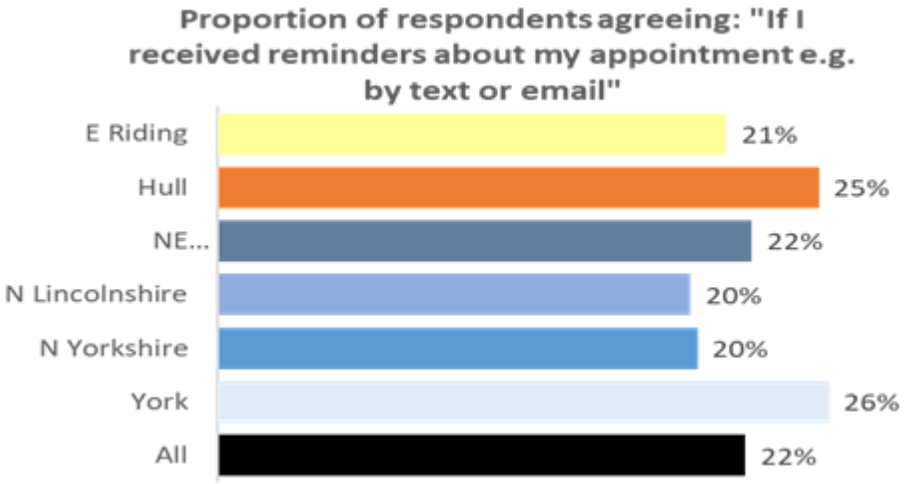
More respondents in E Riding and Hull wanted a specific time/day to go for the test.



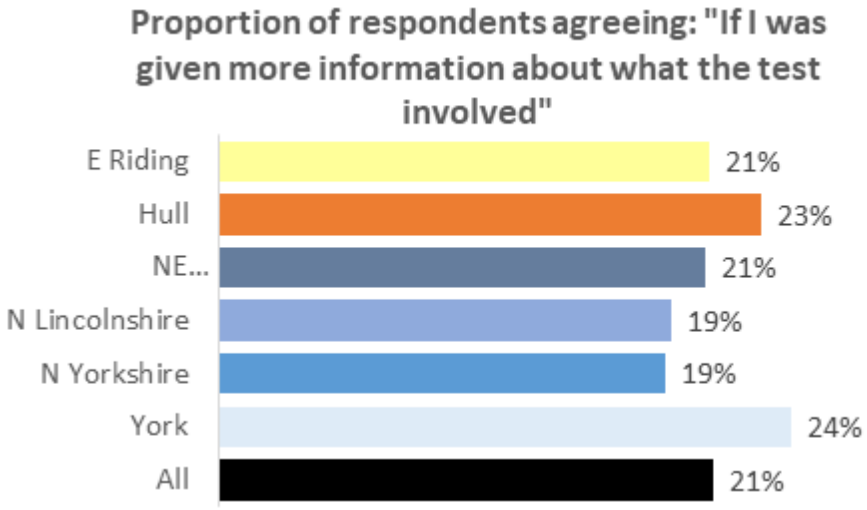
More respondents in York wanted to choose/change the day/time of the test.



More respondents in York and Hull wanted to receive reminders about their appointment.



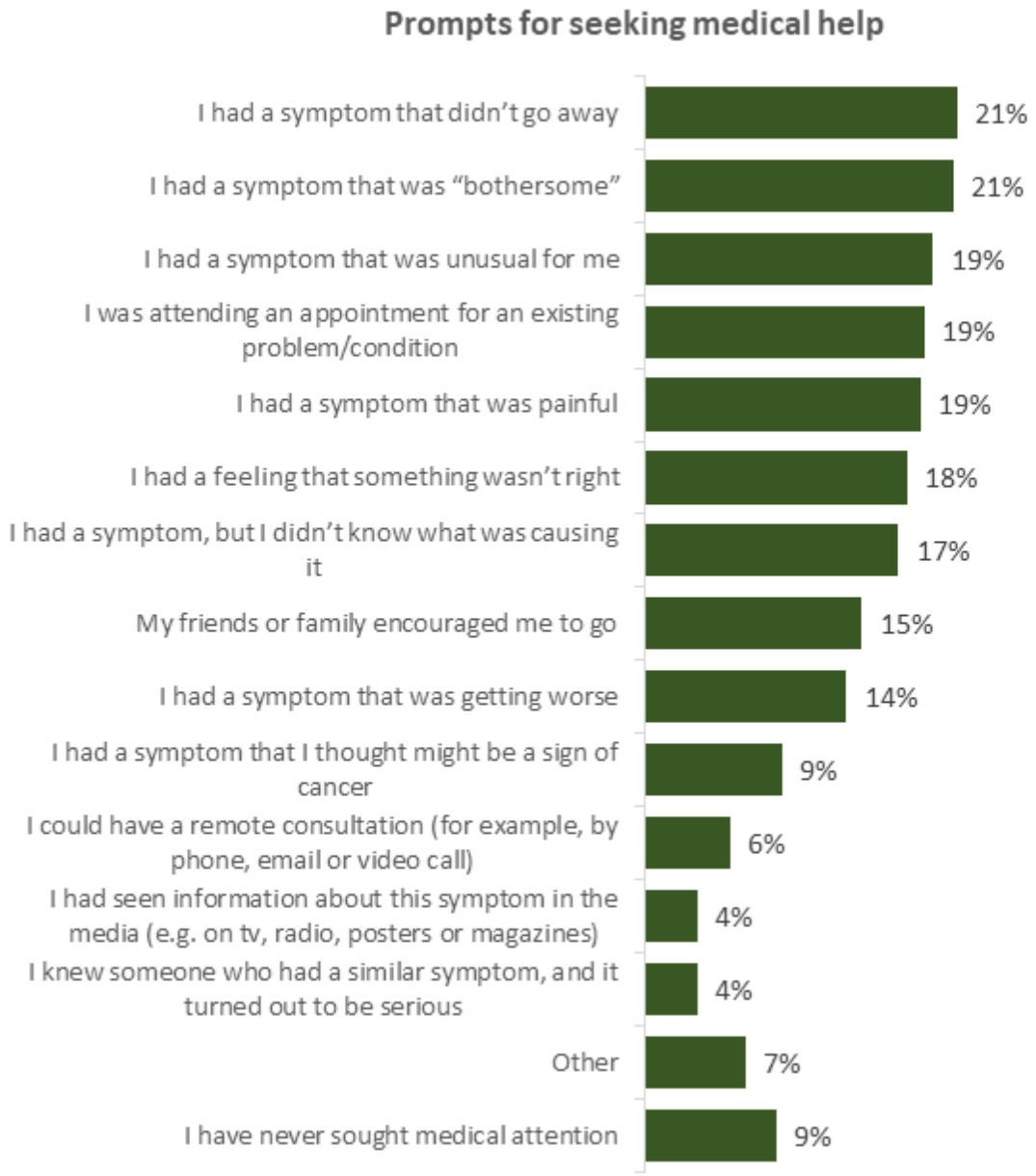
More respondents in York wanted to have more information about what the test involved.



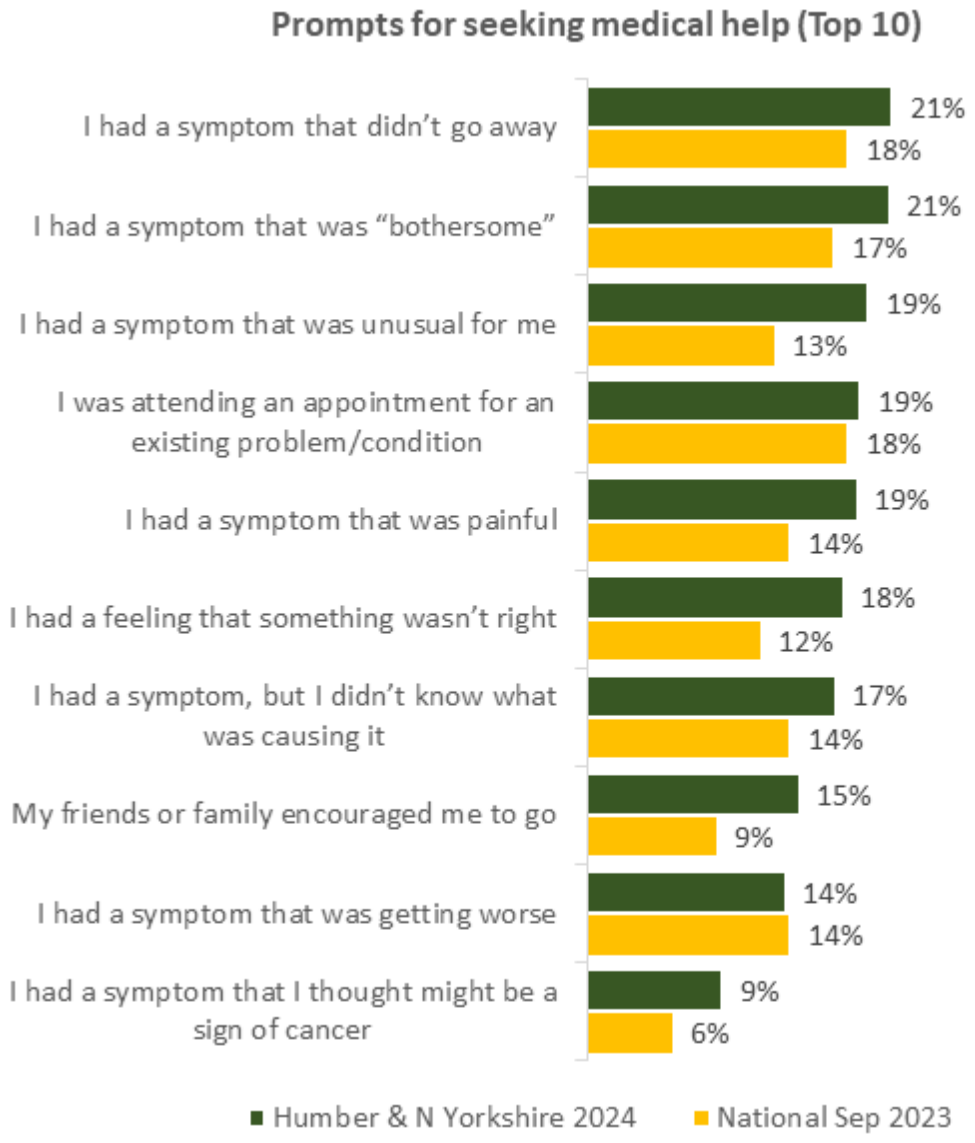
More BAME respondents wanted to be given more information about what the test involved (34% compared to 20% of White respondents).

Prompts for seeking help

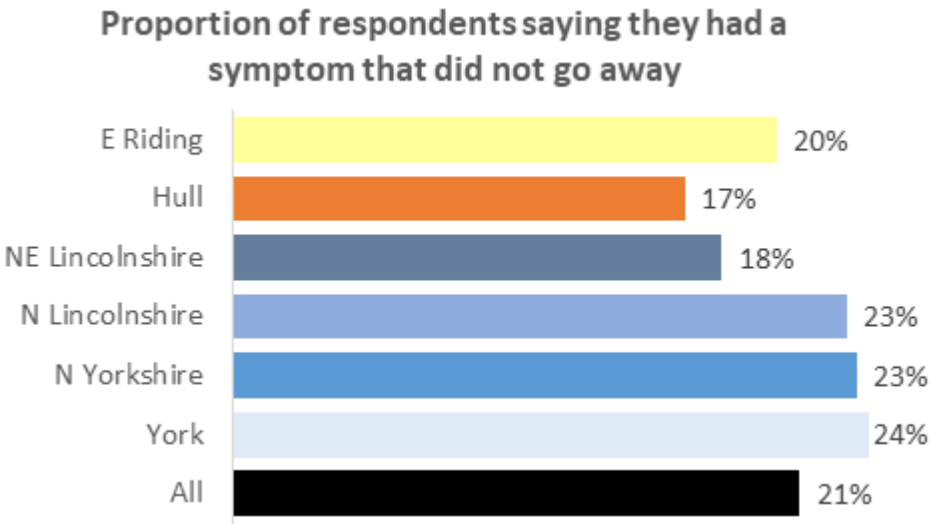
Respondents were asked which factors played a role in their decision the last time they saw or spoke to a medical professional about their health. The most common reasons for seeking medical help were symptoms that were persistent, bothersome or unusual for the respondent. This was followed by having an existing appointment already, having a painful symptom, a feeling something was not right or not knowing what was causing a symptom.

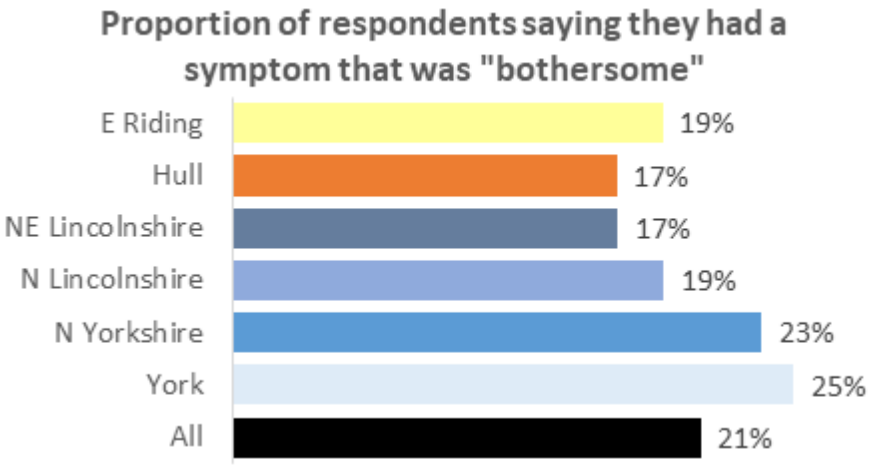


The proportion giving the top three prompts for seeking medical help were higher than nationally.



Respondents in Hull and NE Lincolnshire were less likely to say they sought help as they had a symptom that did not go away or was “bothersome”.





16% of those completing 1:1 conversations said that nothing would make them more likely to contact a health professional about their health. 14% said they would seek help if they were in pain, really unwell or not getting better.

> *“If I am very concerned of a certain health problem then only I would contact the health professional.”* (person from ethnic minority background)

12% said they would if it were easier to get appointments, 6% if there were more appointments, 5% if there were more forms of contact and 1% if there were more options for appointments.

> *“Easier calling systems and more appointments would make me more likely to contact a health professional.”* (person experiencing multiple unmet needs)

"Make it easier to access, so to be able to ring up and get an appointment rather than be waiting in a massive queue for an appointment." (manual worker)

"If there were an easy way just to check if something needs to be seen to. So a way to ask a quick question rather than filling out an online form which can take up to 20 minutes and isn't always available." (person with a long-term condition)

"Maybe if they had more options like virtual appointments online, different times, different places, just more options to make it easier." (manual worker)

10% cited being able to see a familiar person/go to a familiar place.

"I would feel better if I know the doctor well and I would like the doctors to explain things more clearly to me. I like to have support staff with me when I go to the doctors." (adult with learning disabilities)

"Having a regular GP – not always different ones." (person with a long term condition)

6% cited someone accompanying them would be a facilitator and 3% wanted information about what is available.

Homeless people said they would be more likely to contact a health professional about their health if they could access help via their support organisation.

"If they had something at the Hub I would probably speak to them, I come in here most days for a hot drink and to sort things out with the staff. Would have to be the right sort of person though, someone who doesn't judge you and look down on you, the staff in here are good so someone like them." (homeless person)

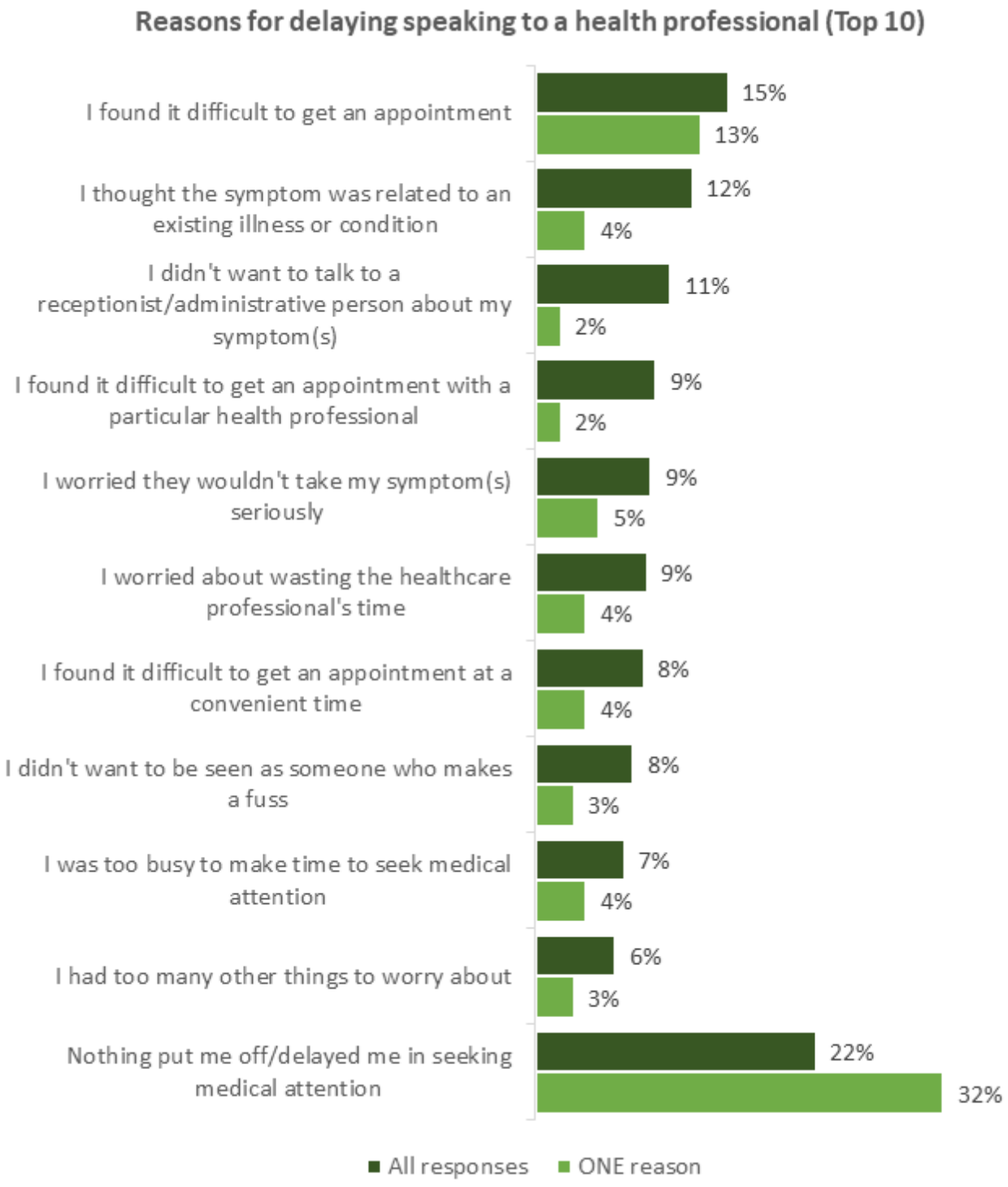
Asylum seekers and others with language challenges cited an interpreter as a facilitator to seeking help.

*"More confidence if I knew that they could understand me and if staff could communicate with me better, e.g. used sign language." (*Parent who does not speak and is a user of Augmentative and Alternative Communication)

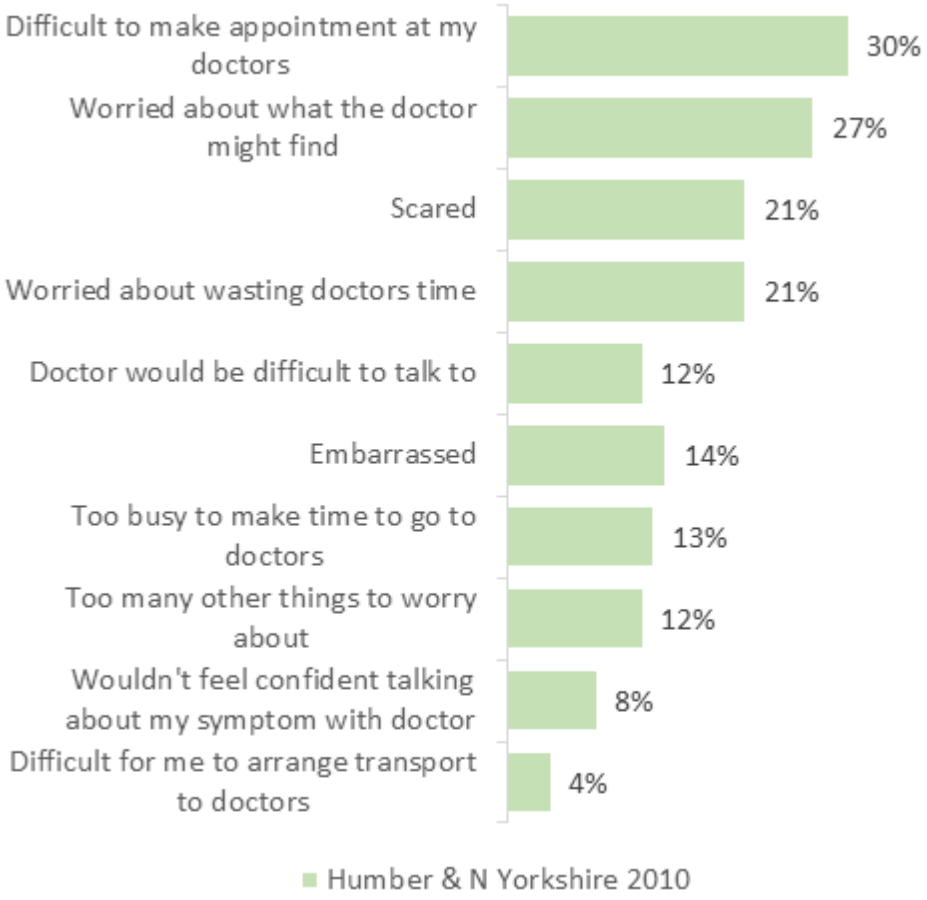
People with learning disabilities said that advice from family members would make them more likely to contact a health professional.

Barriers to seeking help

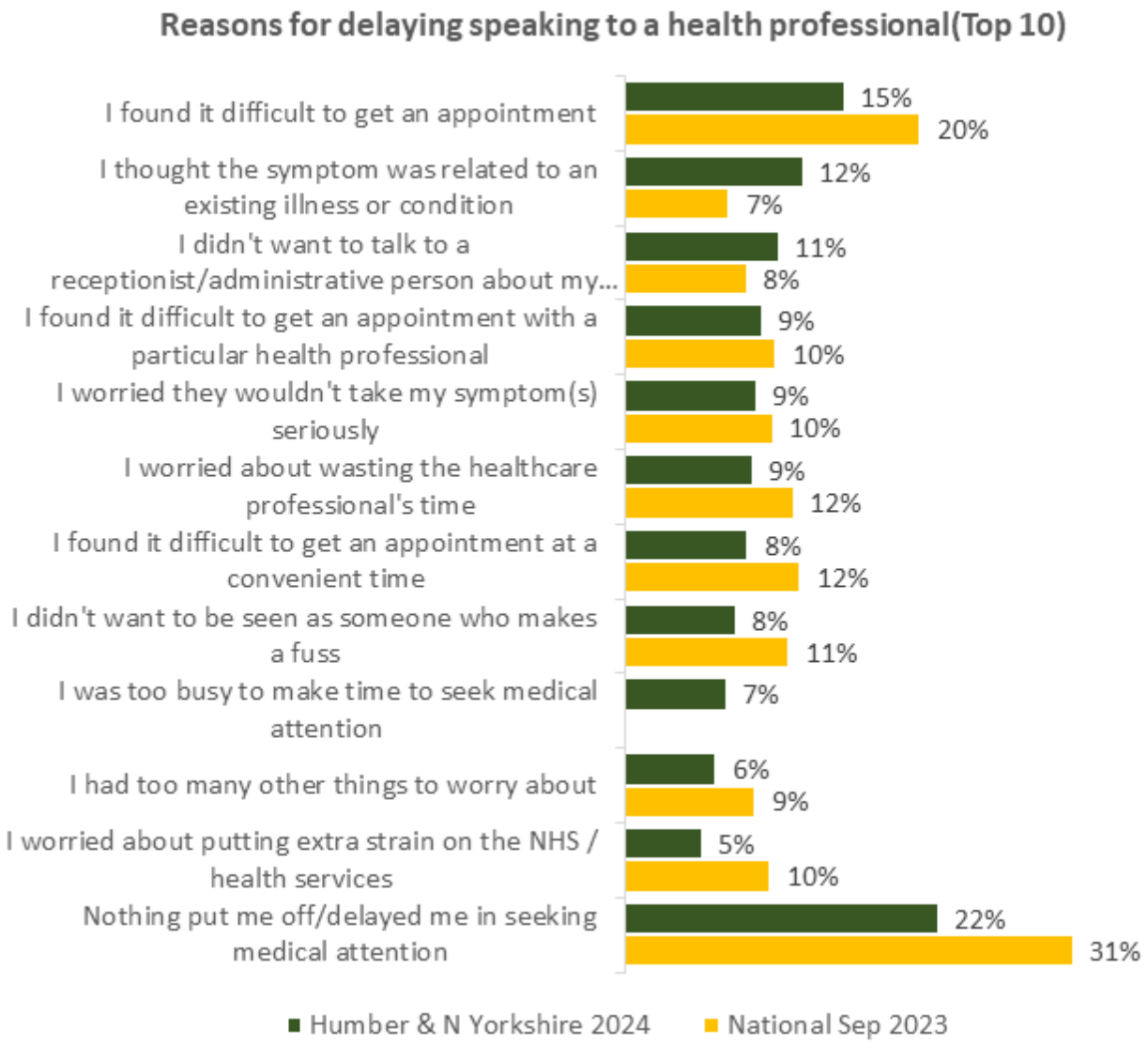
Just over a fifth of respondents say that nothing put them off/delayed them seeking medical attention. The main reason for delaying was difficulty in getting an appointment, thinking the symptom was related to an existing illness/condition and not wanting to talk to a receptionist.



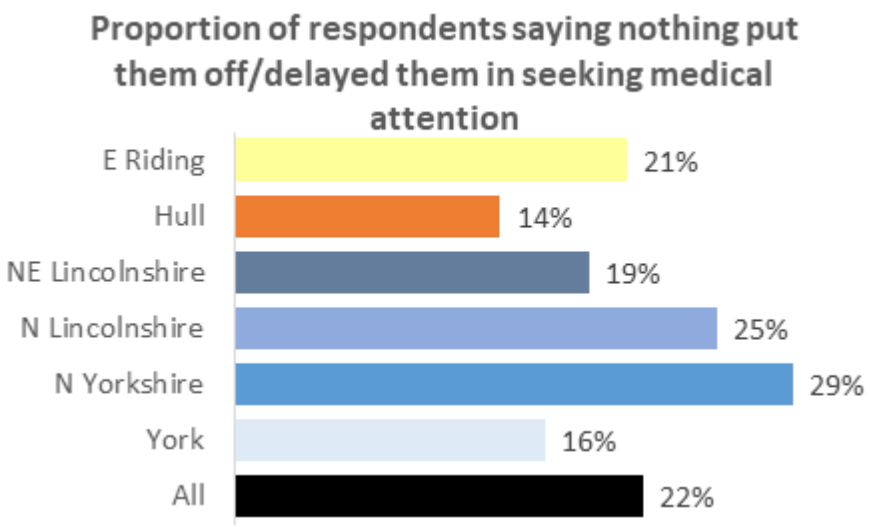
In the 2010 survey, the main reason for delaying was also difficulty in getting an appointment, followed by being worried about what the doctor might find, being scared and being worried about wasting the doctor's time. Please note that actual percentages will vary between the two surveys since fewer barriers were included in 2010.



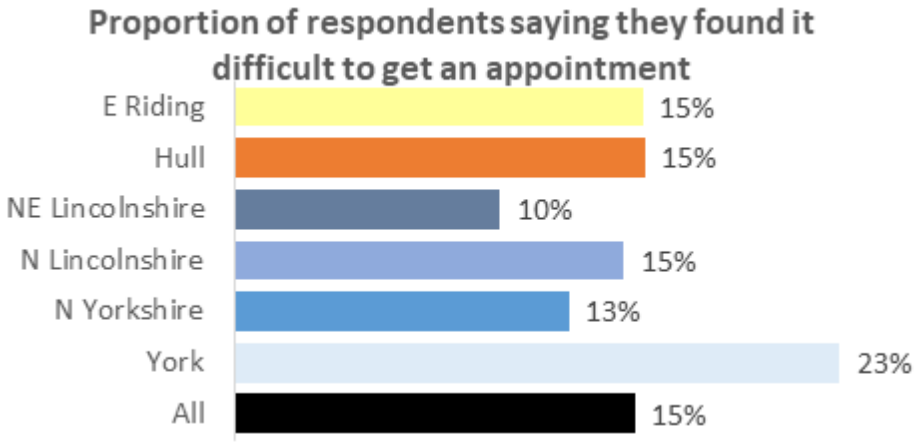
Fewer respondents in this region found it difficult to get an appointment than nationally and fewer said that nothing put them off than nationally.



Fewer respondents in Hull and York, and more in N Yorkshire, said that nothing put them off seeking medical attention.



More respondents in York and fewer in NE Lincolnshire found it difficult to get an appointment.



29% of those in 1:1 conversations said there was nothing that would put them off or delay contacting a health professional about their health.

> *"Nothing, would always go if something worries me. I do need interpreter but I can get or use the translator, I can only understand little bit of English."* (asylum seeker)

24% cited difficulties in getting an appointment as a barrier.

> *"Long phone queues would put me off contacting a health professional."* (person with multiple unmet needs)

"The difficulty in getting an appointment, particularly for something that doesn't seem urgent. Also don't want to waste healthcare professional's time when there might be someone else with a greater need." (person with a long-term condition)

6% cited their caring/family responsibilities as a barrier

"Childcare responsibilities as a parent carer and being busy with other appointments. I tend to put my needs last." (parent of neurodiverse child)

"I would not see it as urgent. My parental responsibility would take priority. Lack of confidence that I would be taken seriously." (parent of neurodiverse child)

Some survey respondents echoed these points.

"Struggle with language barrier." (Asian male respondent, 36-45)

"Their only way to request an appointment is an online form that is only active when the surgery is open." (male respondent, 46-55)

"Difficult to get an appointment around work." (male respondent, 36-45)

"Getting through to the GP on the phone is a nightmare and there is always long queues." (female respondent, 56-65)

"I knew that if I got an appointment it would involve me waiting over 6 weeks to see a a GP." (female respondent, 46-55)

Asylum seekers in 1:1 conversations cited language barriers and not knowing where to go/how to contact someone.

"Accessing a GP for an asylum seeker in the first place is very difficult. Many people do not know where to go or what they are supposed to do. There is a lot of fear to approach a GP with no status and no papers. If you go in they ask for ID sometime and then if you do not have you leave and never go back again. This can mean when people finally get status and papers and go to GP they have very serious health problems like advanced cancer… It is very difficult also even if you have GP because the advice they give you around health cannot be followed. They will tell you to eat healthily, how can I do this when I have no money and rely on food parcels from the food bank, I have to have what they give me, very rarely get anything green it is usually pasta, tins and thing which I am very grateful for. I don't have the choice to be healthy as I don't have any money." (asylum seeker)

Asylum seekers and some homeless people in 1:1 conversations cited lack of trust.

"Lack of trust in services and misinformation is a huge issue. The women especially are very vulnerable. Depression and stress is very high. A lot of the women experience domestic violence so are very scared to approach a professional or GP service, they worry the police could be called and they could end up in trouble or in trouble with the home office." (asylum seeker)

"If you ever have to go to A&E the staff get real funny with you from the minute you walk in, security are looking and watching you even if you haven't done anything and are just sat there

like everyone else. The wait is too long so unless I really needed it I wouldn't go. I struggle to sit in hospital for too long I need a drink or I start feeling even worse but if I leave they send me right to the back of the queue again." (homeless person)

"There are a lot of issues around mental capacity as we can inform people/suggest they go and get something checked but if they have capacity and they choose not to go there is not much we can really do. Many people don't want/can't have operations due to their addictions. Chaotic lifestyles can also affect this e.g. people not turning up to appointments, prioritising addiction. People often feel they are judged and treated poorly by medical professionals or the health service." (Organisation working with homeless people)

In 1:1 conversations, manual workers and those living in deprived areas cited their work commitments/loss of pay and difficulties getting there as barriers.

"If it was somewhere far away, I would struggle to go because I don't drive I only have my bike but if I was unwell I couldn't go on my bike. If it was somewhere I could get the bus I would do that. Working nights can make it quite hard sometimes to be able to go to doctors in the day but I would go if I had to." (manual worker)

"Work schedule - not being paid for time off." (person living in deprived area)

People with learning disabilities and some asylum seekers cited sensitivities/embarrassment as a barrier.

"A man. I'm not showing intimate things to a man." (adult with learning disabilities)

Some people with mental health difficulties cited anxiety as a barrier.

Some survey respondents echoed these points

"Difficulty getting there, and worry over wait times (I was seeing the GP at hospital through the A&E services)." (male respondent, 26-35)

"I just don't like attending the doctors. I don't like being prodded and poked as this was an intimate problem area." (female respondent, 46-55)

"GP's have a habit of dismissing my symptoms as 'anxiety'." (non-binary respondent, 18-24)

Other comments during 1:1 conversations about barriers included:

"Not knowing which doctor I will see. I have been to the doctors before and only found out at the appointment that the doctor has changed." (adult with learning disabilities)

"Anxiety about whether it is 'bad' enough to contact the GP." (person with long-term health conditions)

"Jargon and words I don't understand." (person with learning disabilities)

"For this group not knowing what is going to happen is one of their biggest fears and having leaflets in easy read is vital." (organisation supporting people with learning disabilities)

"Receptionist questioning me about my health." (person with disabilities/long-term health conditions)

Other comments about barriers from survey respondents, with some based on past experiences, included:

"I have had several bad experiences at my GP practice and find it very stressful going. You see a different agency GP every time you go and they don't understand my medical history which is complex." (female respondent, 36-45)

"I hoped it might go away on its own and didn't want to bother people unnecessarily." (female respondent, 46-55)

"They were dismissive about it so I stopped asking for a while but it's too painful to ignore so I asked for a 2nd opinion." (female respondent, 56-65)

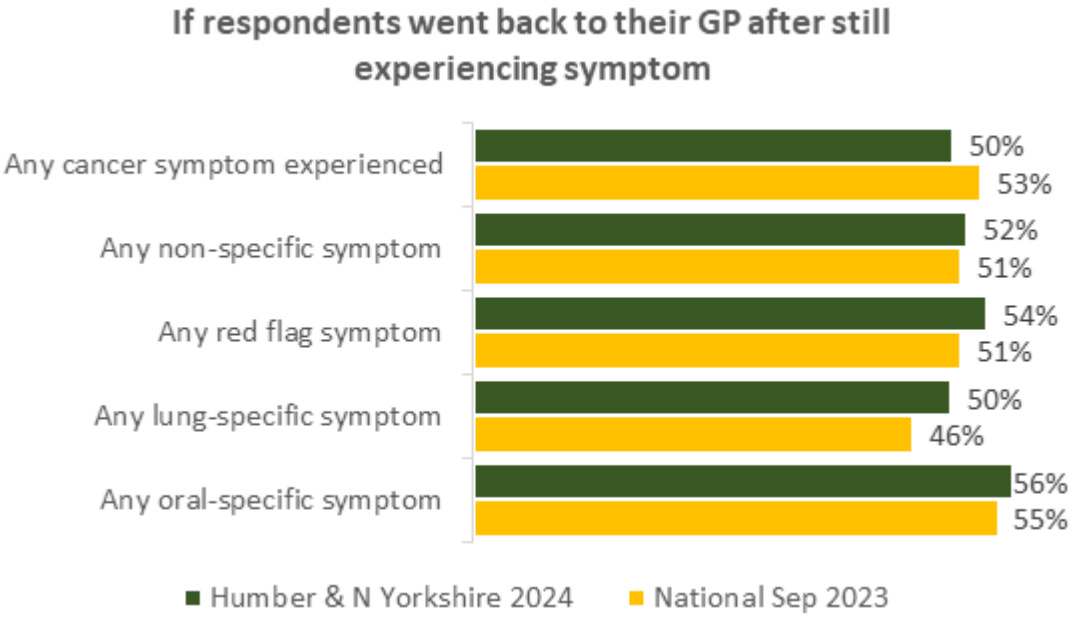
"The reception staff are hostile at my doctors surgery and make you feel unable to face them in order to request an appointment." (female respondent, 26-35)

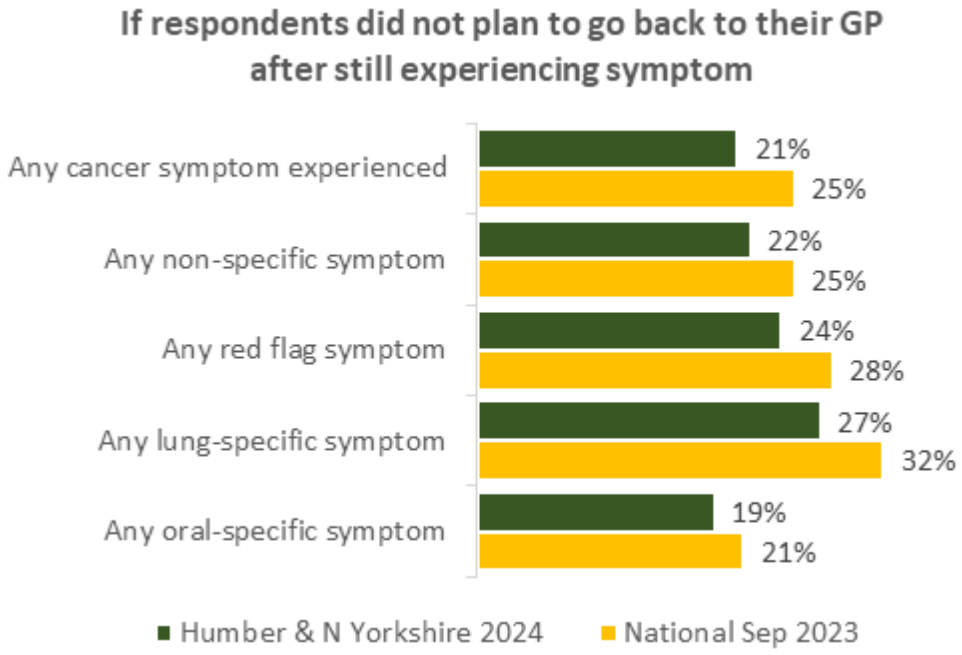
"I'm trans which has led to uncomfortable appointments with uninformed medical professionals." (male respondent, 26-35)

"I am often made to feel like I have wasted an appointment someone else could have taken." (female respondent, 36-45)

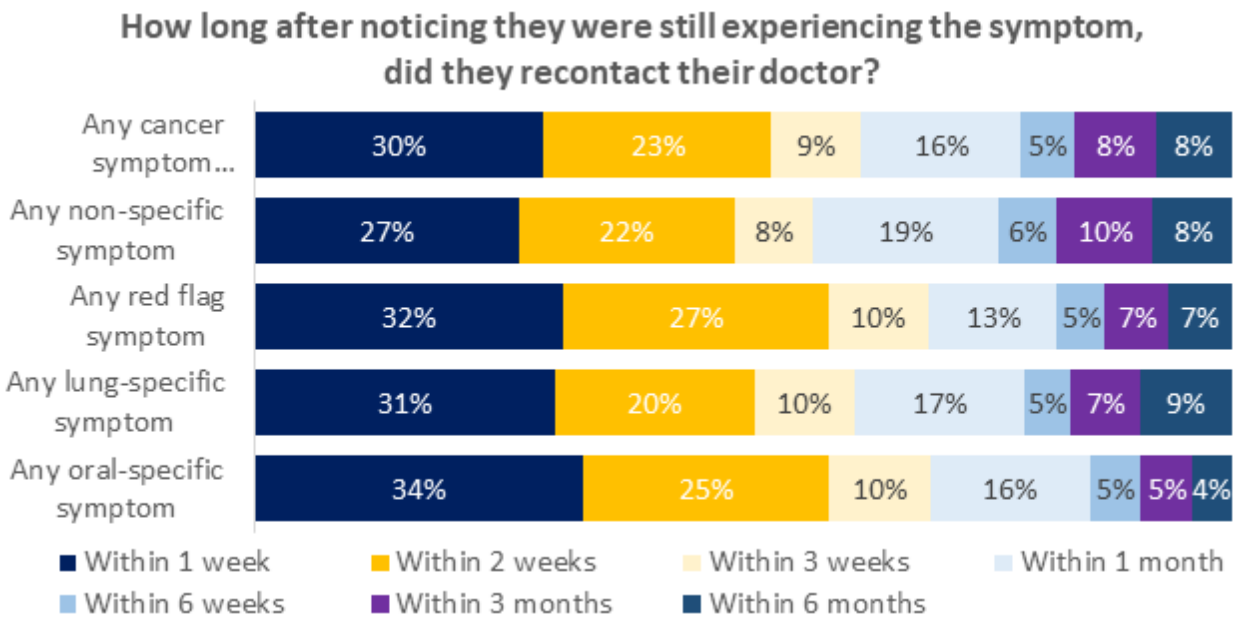
Re-presentation after still experiencing symptom

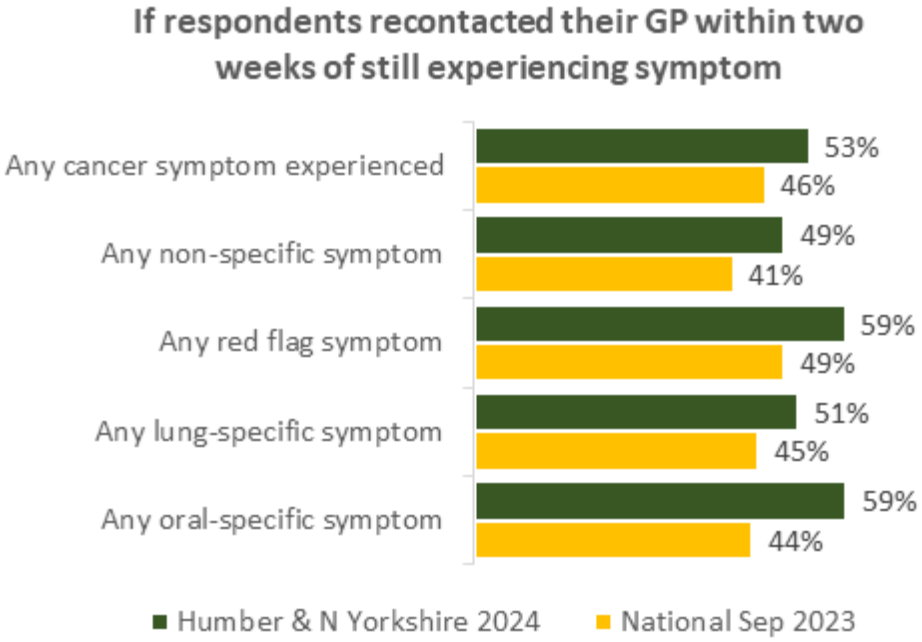
Respondents who were still experiencing a symptom after discussing it with their GP were asked if they contacted their doctor again - those still experiencing… any cancer symptom (n=341), any non-specific cancer symptom (n=341), any red-flag cancer symptom (n=152), any lung-specific cancer symptom (n=189), any oral cancer symptom (n=231). At least half of those who were experiencing cancer symptoms recontacted their doctor but around a fifth do not plan to do so – and 27% of those experiencing lung cancer symptoms do not plan to.





Over half contacted their doctor within two weeks of noticing they were still experiencing the symptom, higher than the national proportions.

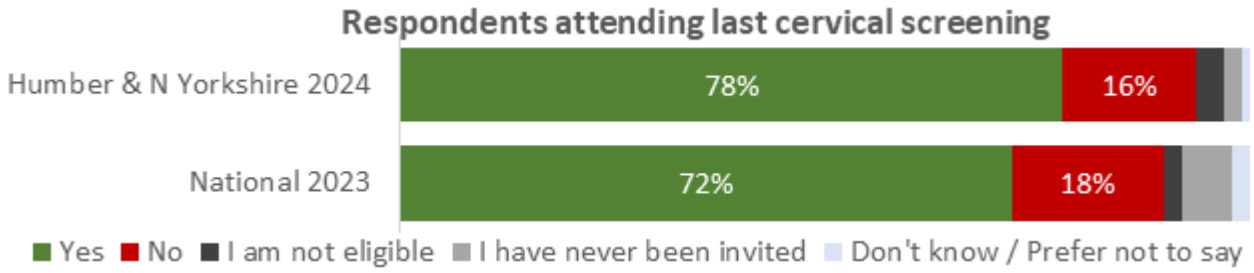




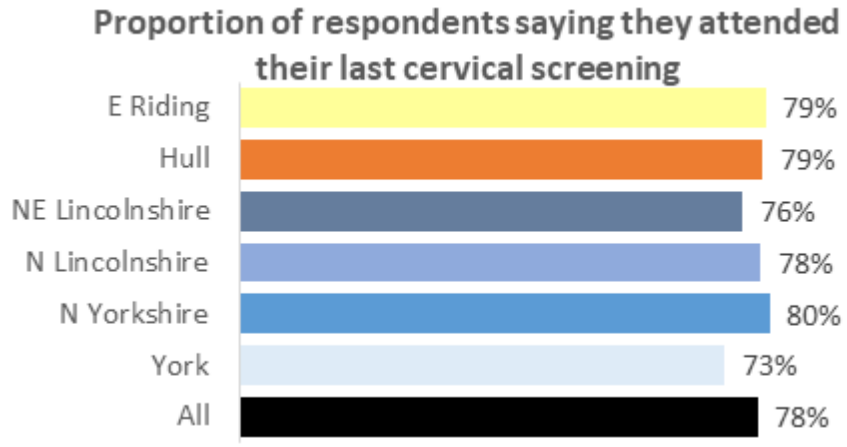
Cancer screening

Cervical cancer screening

16% of those eligible did not attend their last screening (18% nationally) while 78% did attend their last cervical screening (higher than the 72% nationally).



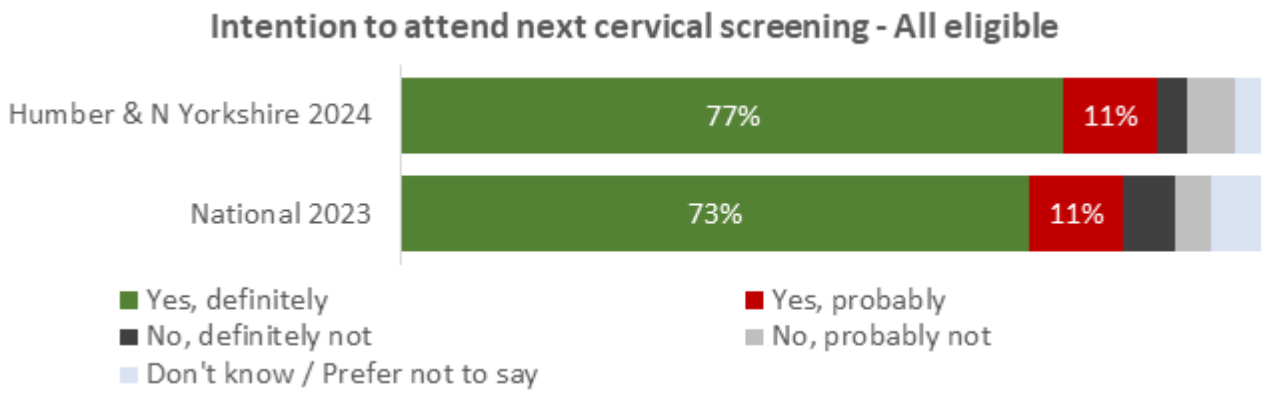
Fewer respondents in York had attended their last cervical screening.



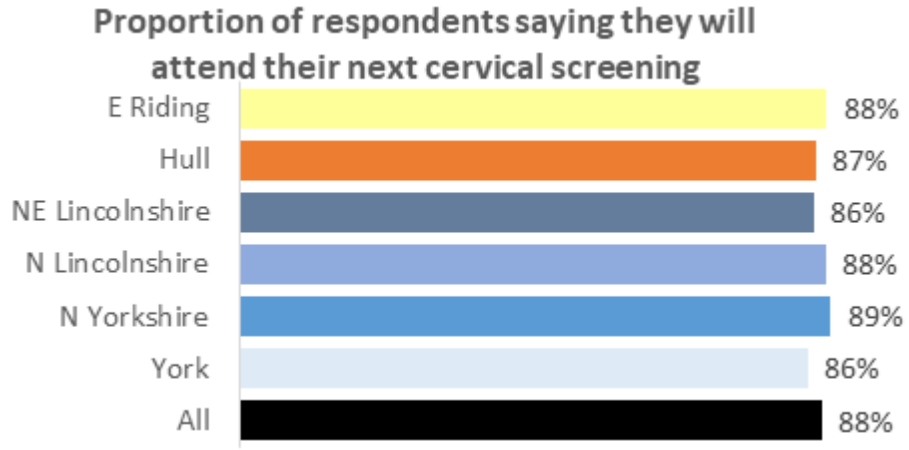
While 79% of White respondents had attended their last screening, just 62% of BAME respondents had (26% had not).

> *"I think a lot of women would not like to go to cervical screening because of FGM and the trauma and fear surrounding that. They don't access this and this is one of the reasons why."* (Organisation working with asylum seekers)

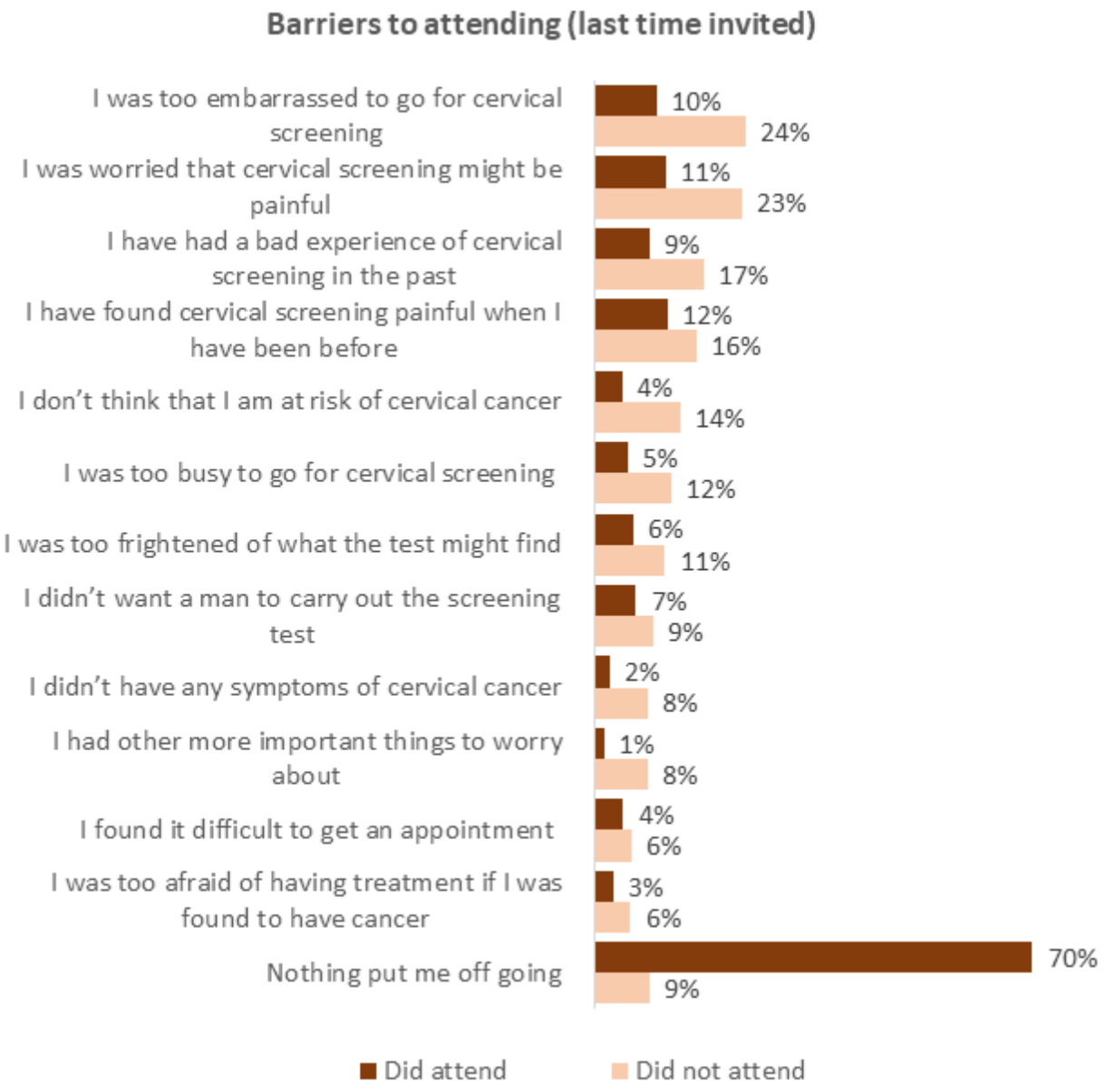
More respondents in this region intended to attend their next cervical screening than nationally (88% compared to 84%).



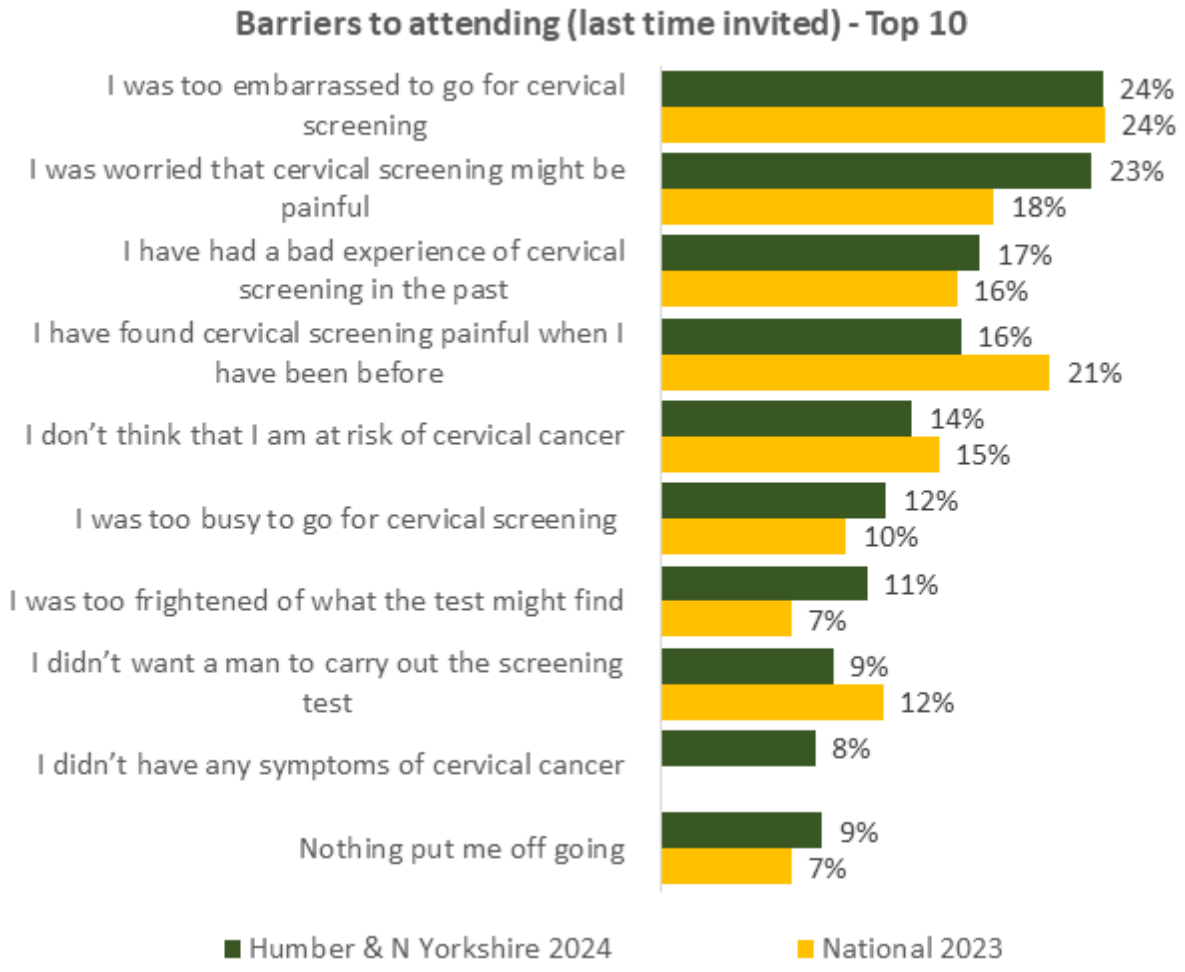
There were no significant differences by area.



Embarrassment and experience of, or concerns about, pain were identified as the main barrier for those who did not attend their last cervical screening.



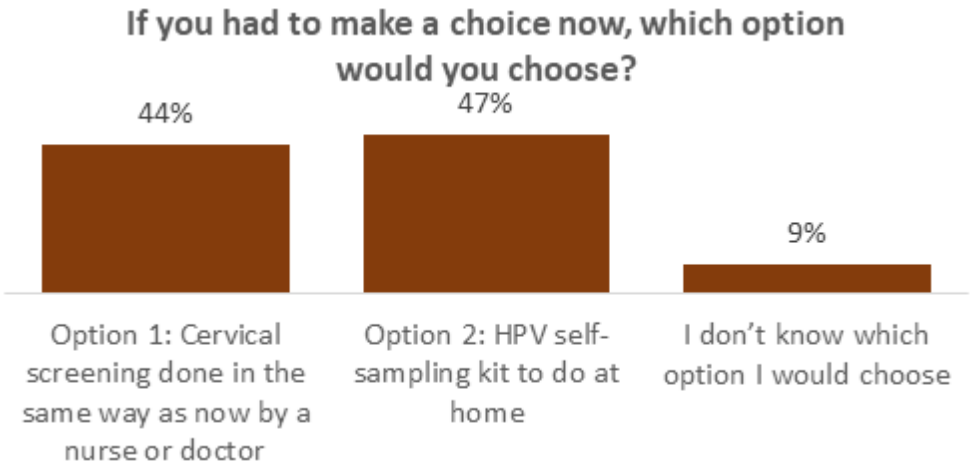
The main barriers to attending screening for those who did not attend were similar to nationally, although more respondents in this region were worried screening might be painful and fewer had found it painful previously.



The following question was asked: In the future, it may be possible for people to do the cervical screening test themselves at home (HPV self-sampling). This might involve using a vaginal swab (like a long cotton bud) to take a sample from the vagina (it wouldn't need to be from the cervix) or by collecting a sample of urine (wee). Imagine when you are next invited for cervical screening, you have two choices.

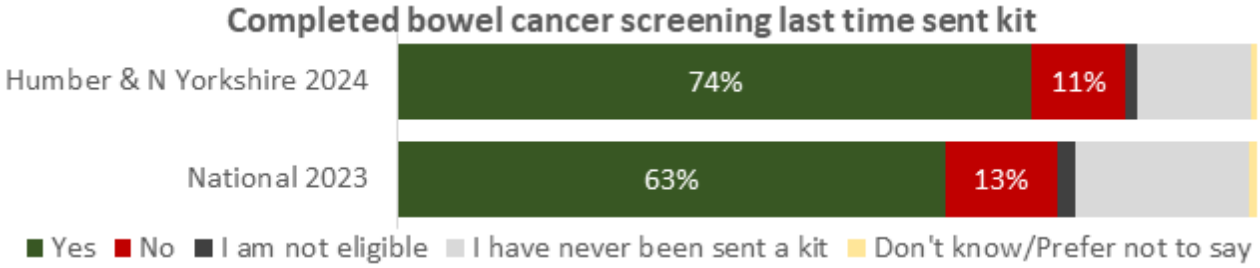
1. Make an appointment at your GP surgery or sexual health clinic to have cervical screening done by a nurse or doctor (as happens now)
2. Request a self-sampling kit to be sent to your home so you can do the test yourself and send it directly to a laboratory in a pre-paid envelope

44% of respondents would prefer what happens now while 47% would prefer a home self-sampling kit.

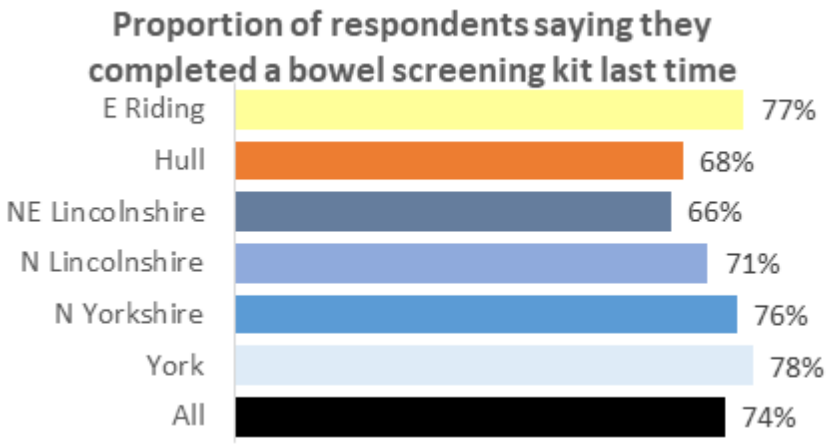


Bowel cancer screening

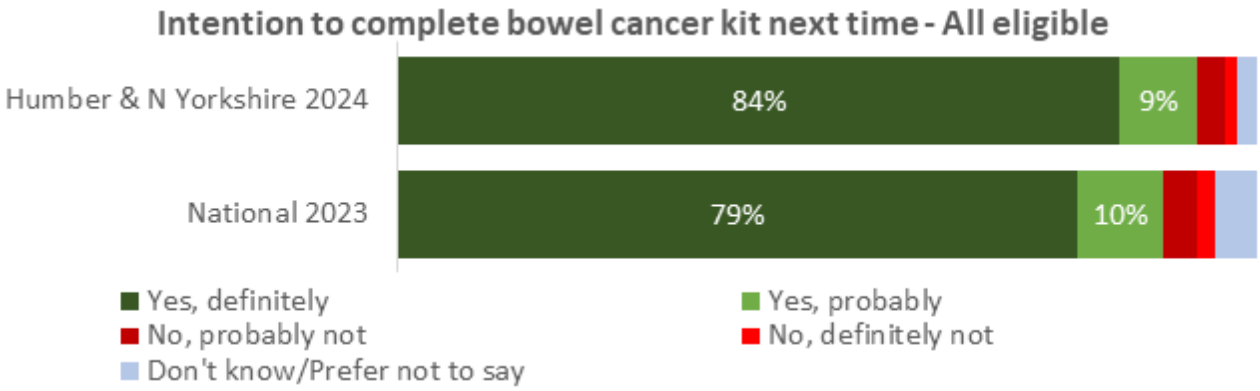
11% of those eligible did not complete their last kit (13% nationally) while 74% did complete their last kit (higher than the 63% nationally).



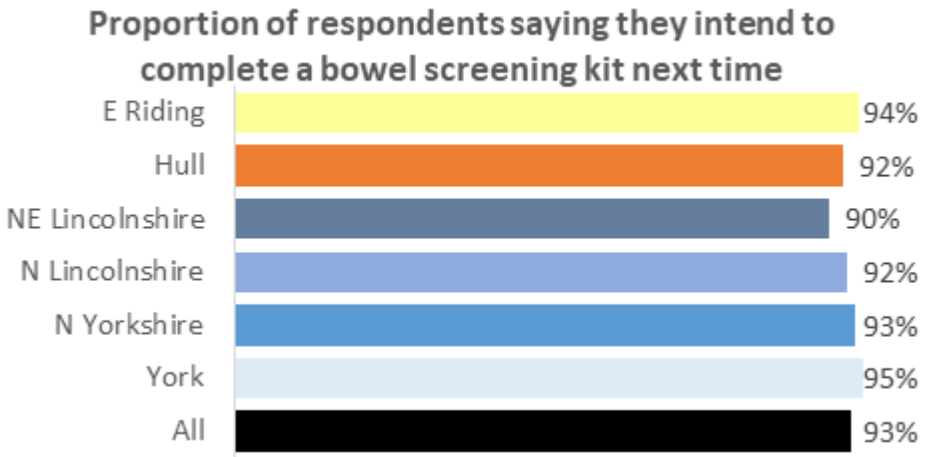
Fewer respondents in Hull and NE Lincolnshire had completed one.



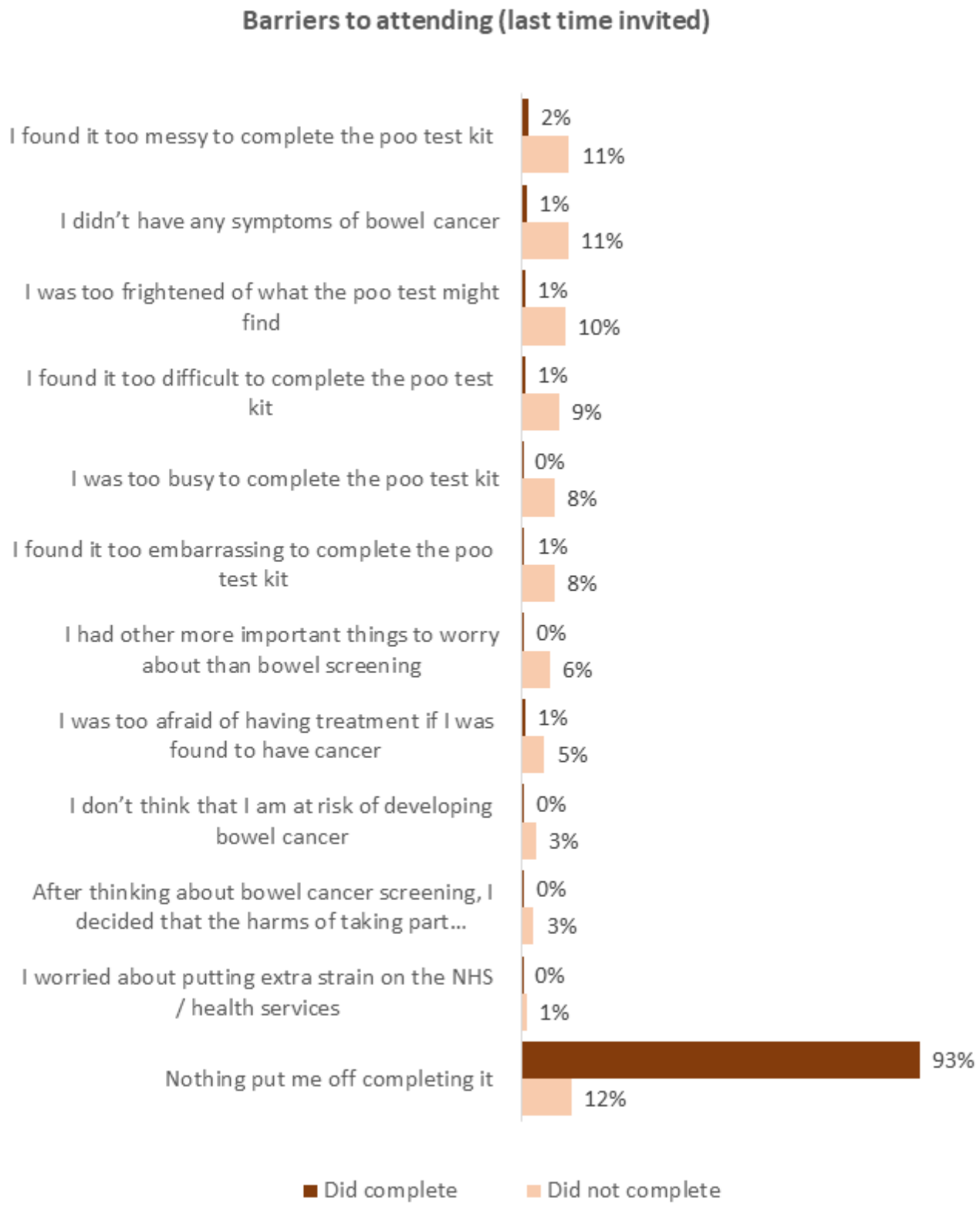
Slightly more respondents in this region intend to complete a bowel cancer screening kit next time than nationally (91% compared to 89%).



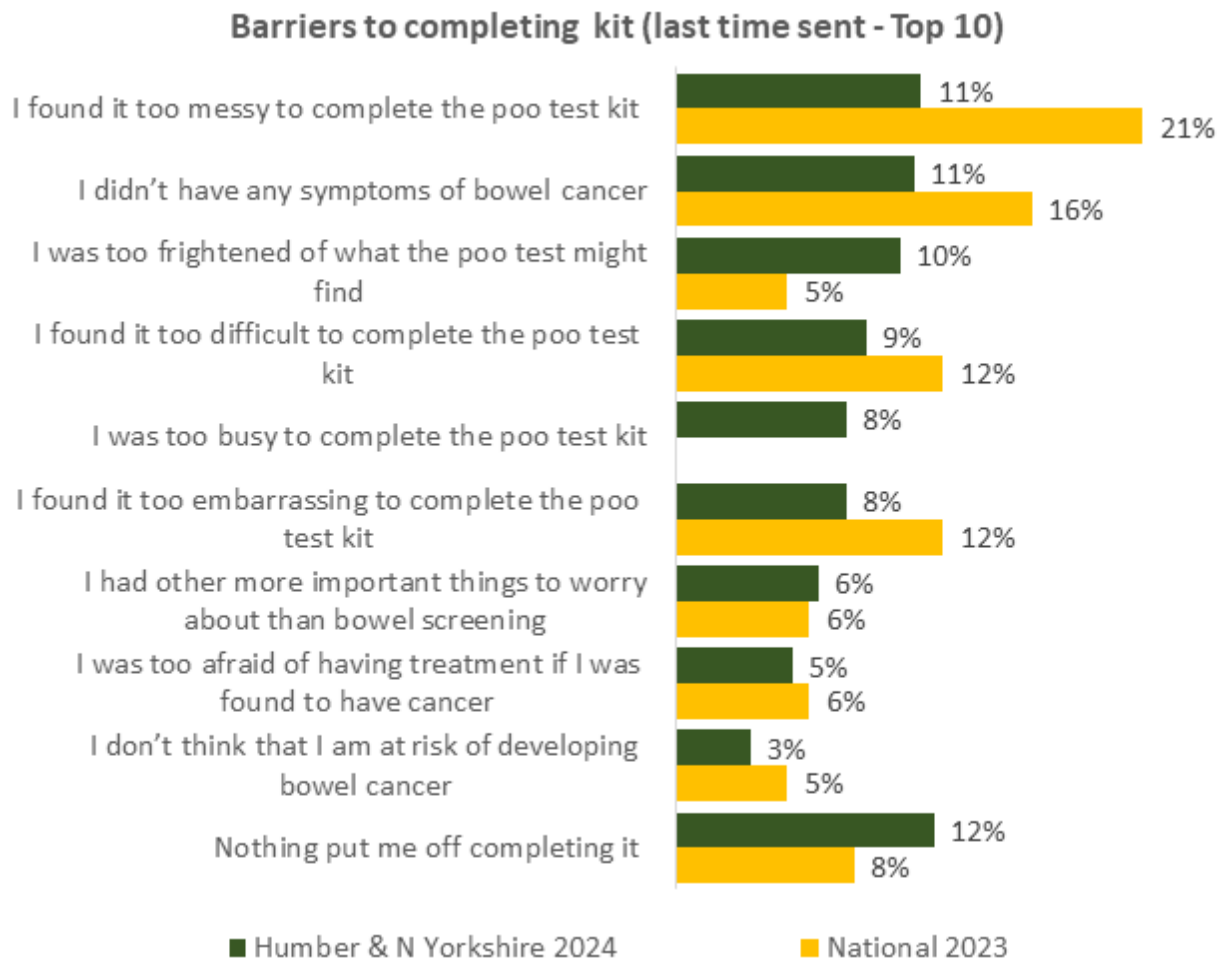
There were no significant differences by area.



The main barriers to completing the kit were its messiness, lack of cancer symptoms and fear of what the test might find.

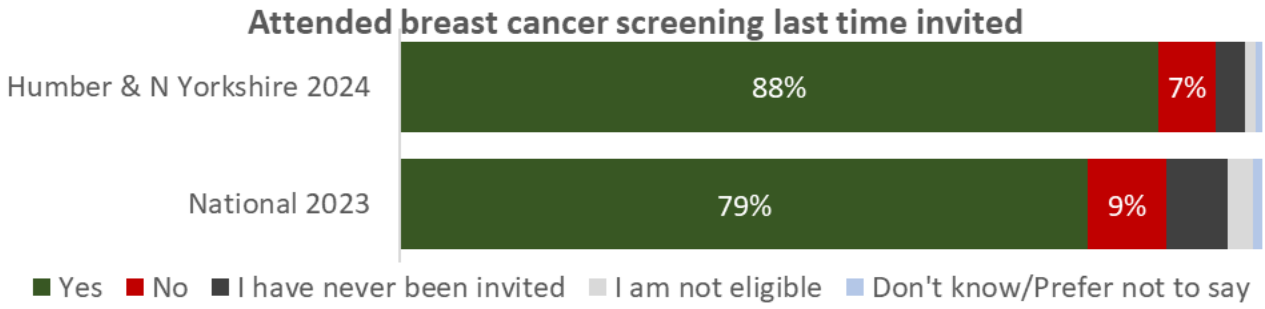


There were differences in the proportions for respondents in this region identifying barriers to completing the kit compared with nationally, although the barriers were in a similar order.

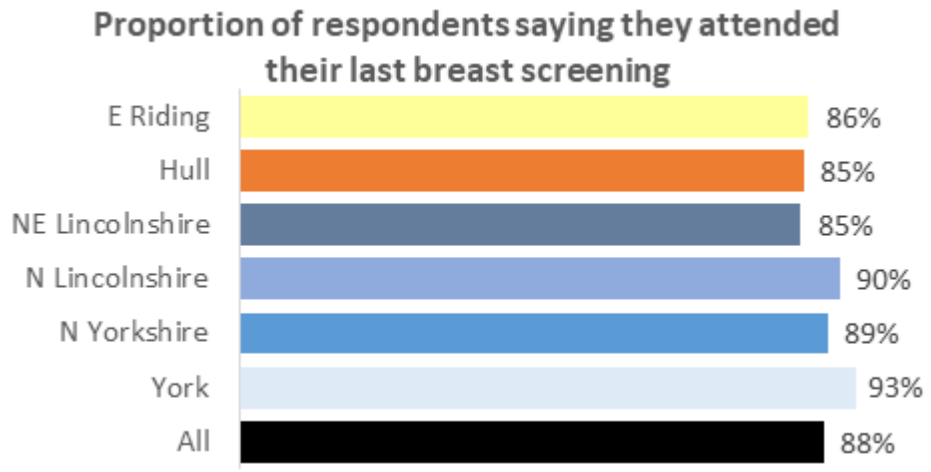


Breast cancer screening

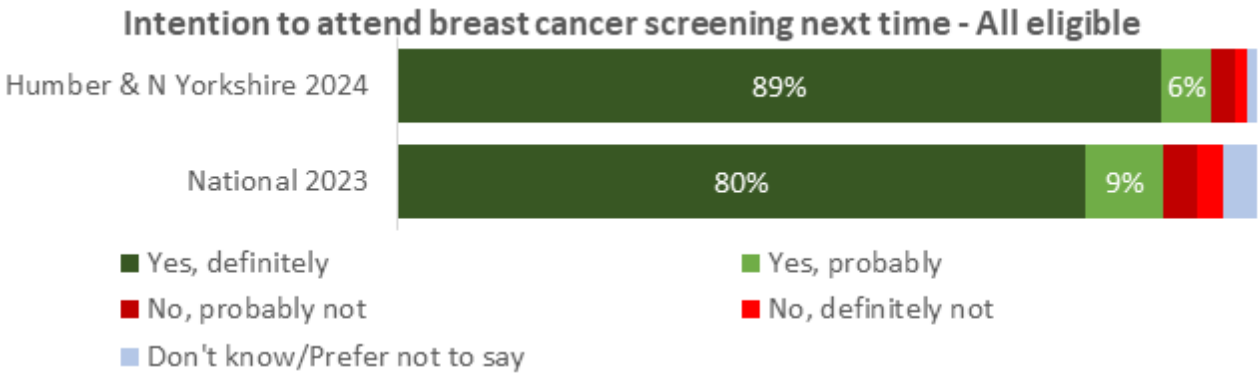
7% of those eligible did not attend their last screening (9% nationally) while 88% did attend their last screening (significantly higher than the 79% nationally).



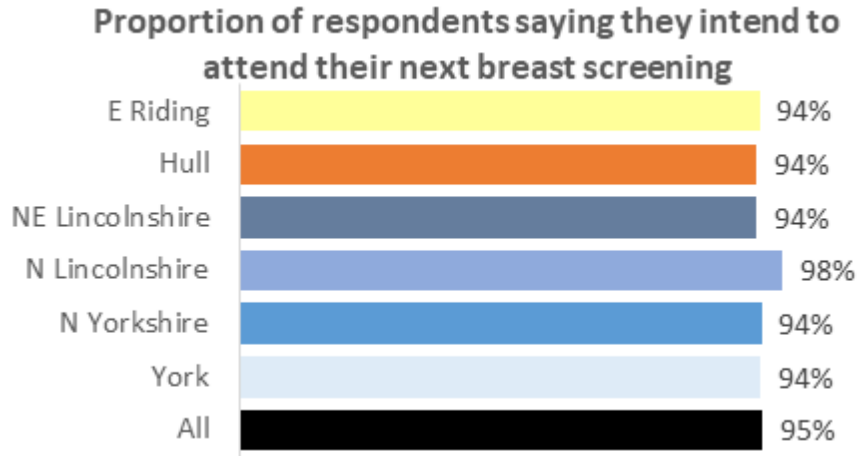
More respondents in York had attended their last screening.



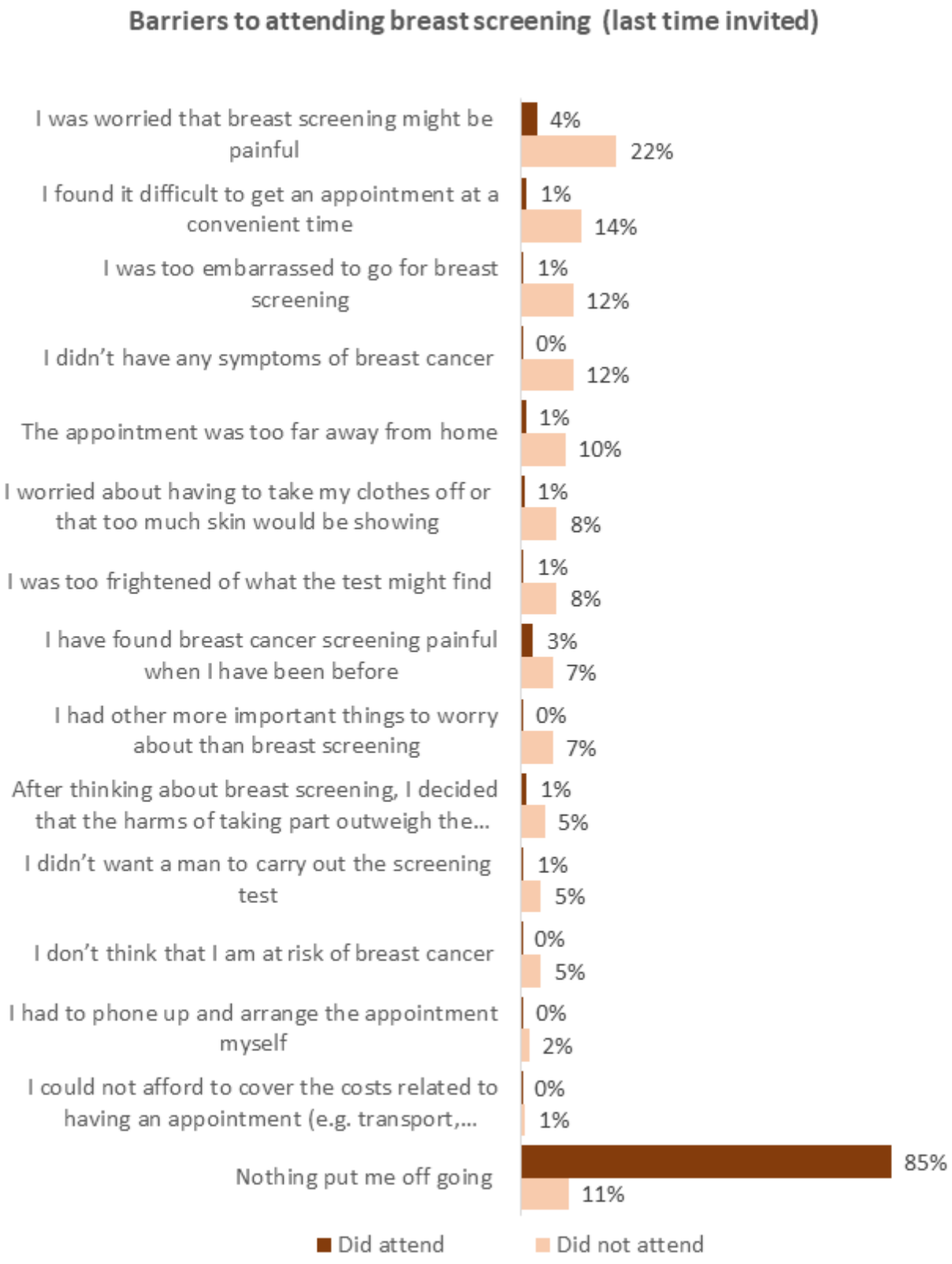
More respondents in this region intended to attend their next breast cancer screening than nationally (95% compared to 89%).



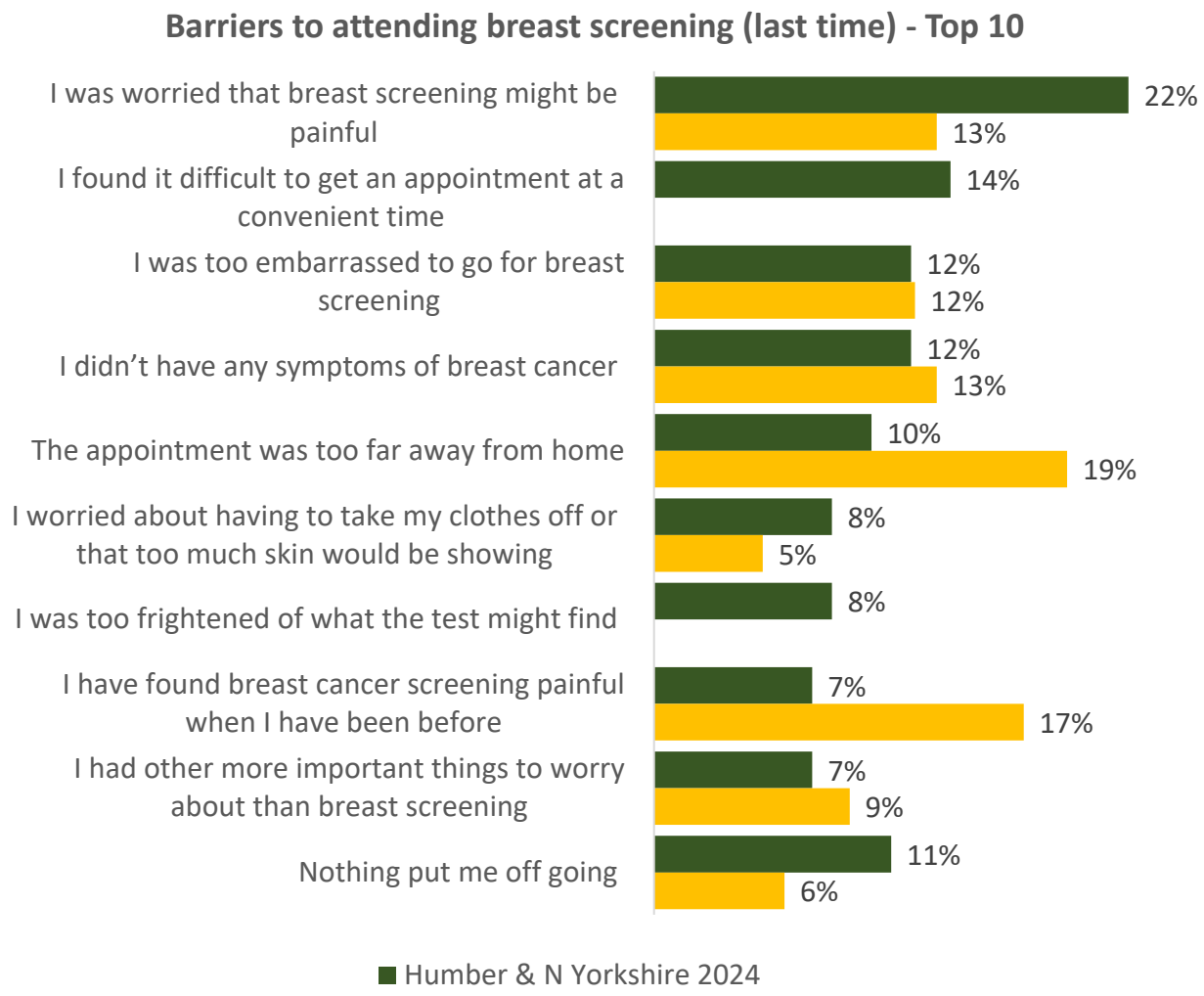
There were no significant differences by area.



The main barriers to attending breast screening were worries about it being painful, difficulty in getting an appointment at a convenient time, embarrassment and not having any symptoms.



There were differences in the proportions for respondents in this region identifying barriers to attending breast screening compared with nationally, and the barriers were mostly in a different order.



Barriers to cancer screening mentioned in 1:1 conversations

70% of participants in the 1:1 conversations said that nothing would put them off attending/ completing cancer screening. Participants mentioned very similar barriers to cancer screening as the survey responses.

Four participants with a range of conditions complained about staff who were insensitive or did not understand their needs.

> *"Some doctors are abrupt and don't understand that I have a learning disability." (Adult with learning disabilities)*
>
> *"Re cervical smear – the rudeness of the person carrying out the procedure as she didn't believe it hurt/was uncomfortable for me." (Person with a brain injury/long term neurological condition)*

"Breast and cervical – unhelpful staff and the way I was treated. Also staff not listening to me when I said it was painful." (Neurodivergent person)

Two participants said that transport or getting to an appointment was a barrier. Two others said that they were too busy, with one of them (a manual worker) also citing financial pressures as a barrier.

"I did miss a mammogram due to the stress the job centre were putting on me. I had to attend 3 times a week after doing that I didn't have the energy and time to go for health appointments as well." (Manual worker)

Two participants said that the waiting times were too long. One said they were scared of what the cervical screening test might find, but did eventually go after information from social media.

"I was just scared in case they found something so I did not go for a bit when they sent the letter but then I thought no I should really go so I booked it and went. It was not as bad as I thought, I saw a lot of people talking about it on social media on TikTok which sounds crazy but kind of let me know what might happen so that was quite helpful to make me feel better." (Manual worker)

One homeless person said that they had more important concerns than their health.

"I wouldn't go to a screening appointment because it's not important to me, I don't care if I die really, there are more important things I have to worry about- where am I going to bed down? Am I going to be safe? Can I get what I need for the day- food, drink, drugs. It's cold, I'm tired, I need to see other people like housing which is more important." (Homeless person)

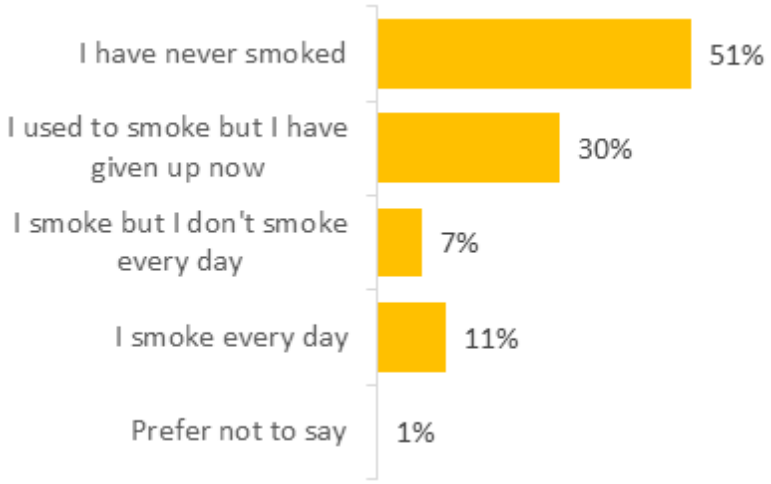
One older male highlighted that men should have prostate cancer screening in the same way that women have cervical cancer screening. One female participant suggested that women under 50 with a family history of breast cancer should be offered screening.

"I have a family history of breast cancer and would really like a breast cancer screening test even though I am under 50. I think this should be prioritised for people with a family history. Due to my brain injury I can't really manage to check my own breasts so want a breast cancer screening test as soon as possible for reassurance." (Person with long-term health condition)

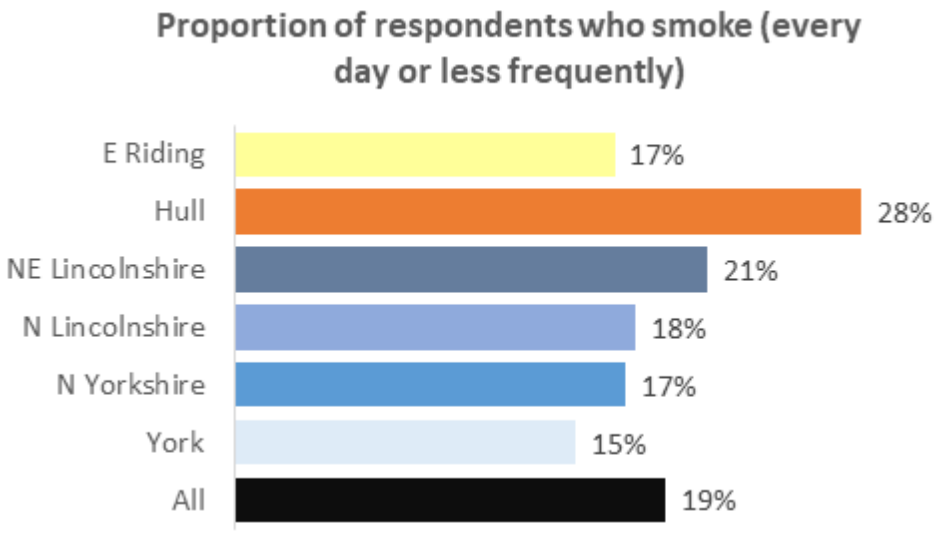
Lifestyle of respondents

Smoking

Overall, half of the sample report having never smoked compared to 56% nationally while 17% of respondents in this region currently smoke compared to 13% nationally.



Respondents in Hull are significantly more likely to smoke while those in York are less likely to do so.

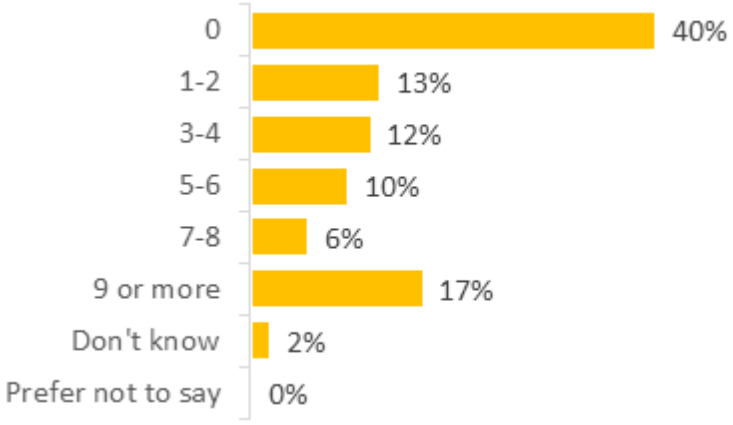


22% of respondents in coastal areas smoke, compared to 15% of those in non-coastal areas.

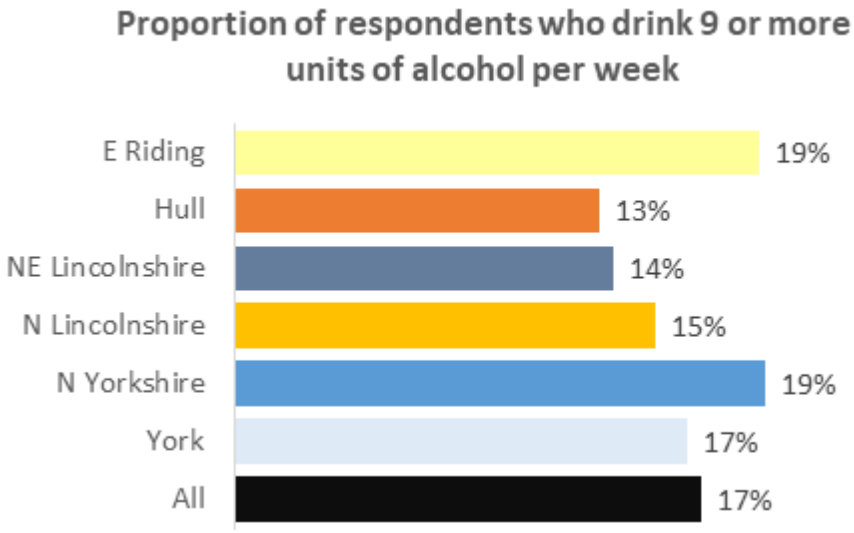
30% of BAME respondents smoke, compared to 17% of White respondents.

Drinking alcohol

The majority of respondents state that they drank within the recommended unit levels in the last week, which is similar to nationally.

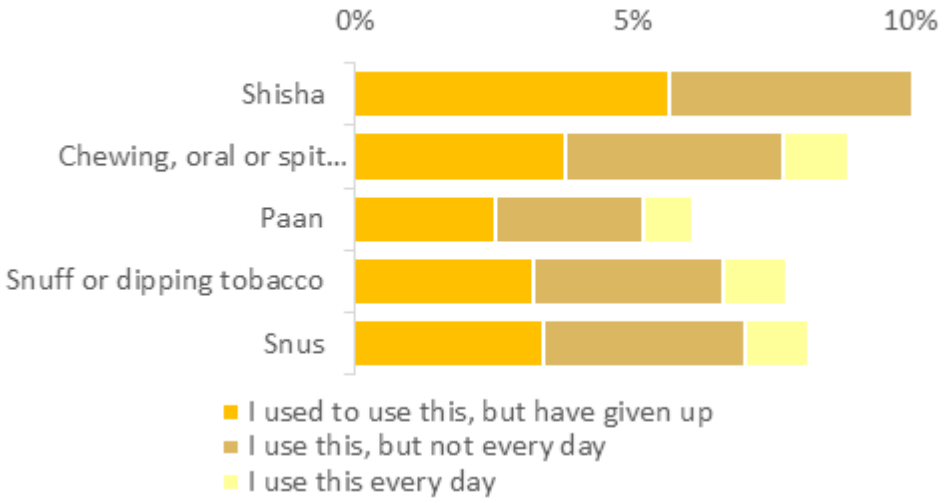


Respondents in East Riding and N Yorkshire are slightly more likely to drink 9 or more units of alcohol per week.



Other substances

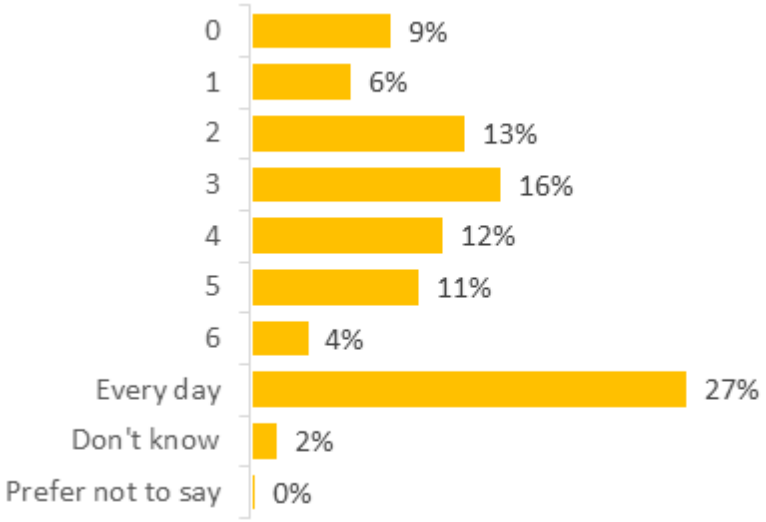
Respondents were asked how often, if ever, they use a number of products. 88% say they have never used Shisha, 91% have never used Chewing, oral or spit tobacco, 93% have never used Paan, 92% have never used Snuff or dipping tobacco and 91% have never used Snus. Between 4% and 5% of all respondents say that they use any of these substances, either every day or less frequently.



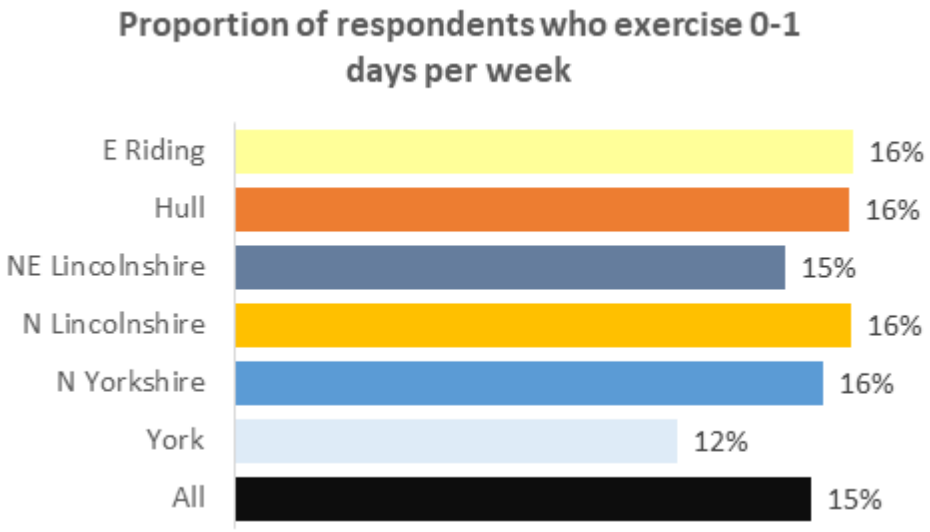
Respondents in Hull are twice as likely as all respondents to say they use Shisha, chewing, oral or spit tobacco, Paan and Snus.

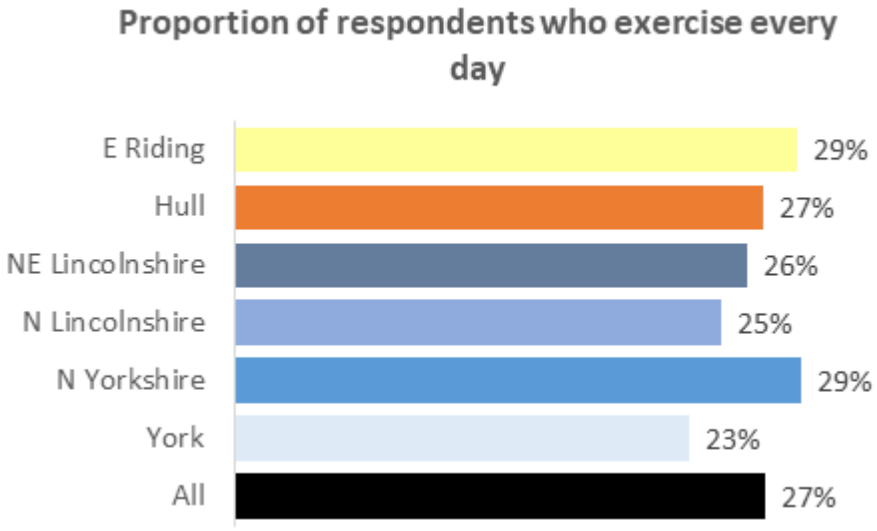
Exercise

39% state that they exercised for at least 5 days or more, similar to the 40% nationally.



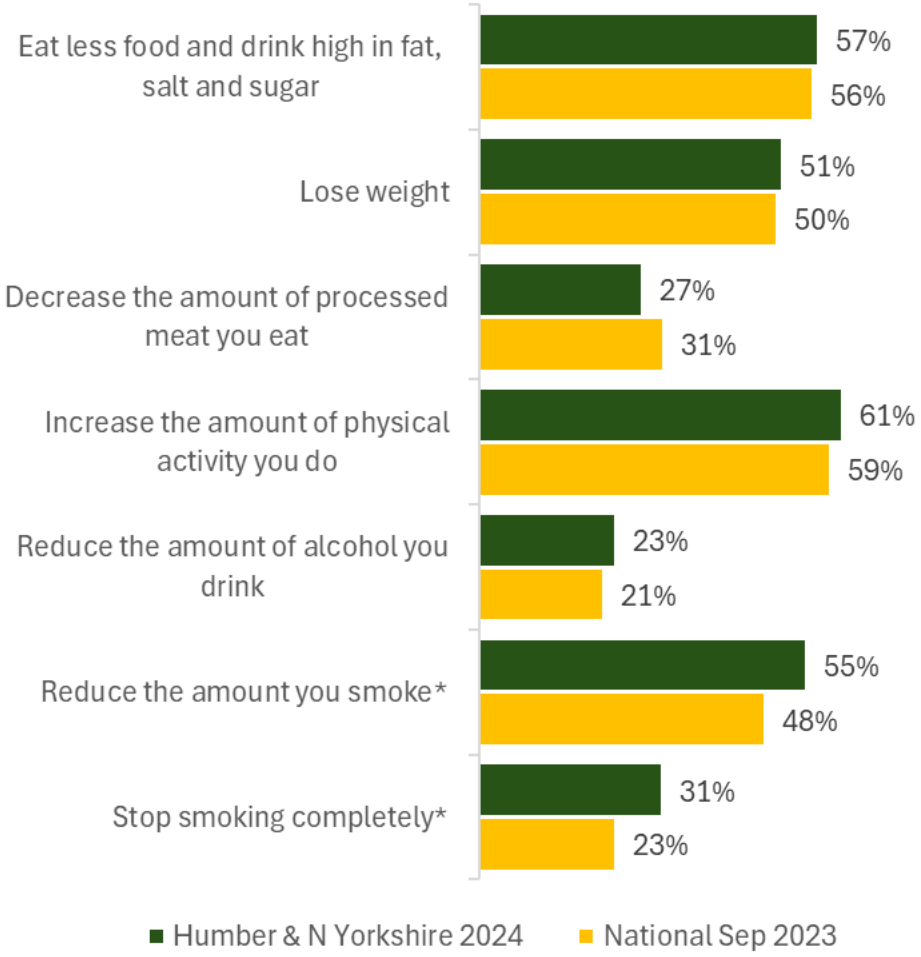
Respondents in York are less likely to exercise 1 day per week or less and also to exercise every day.





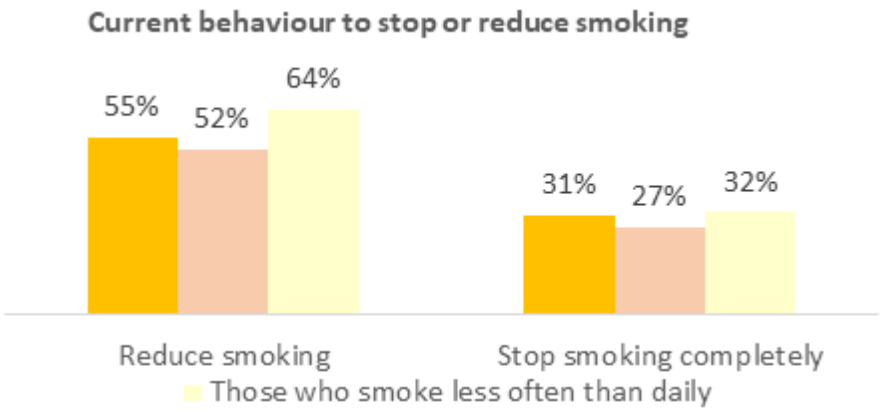
Changes in lifestyles

When thinking about taking part in healthy behaviours, over half of respondents state they are currently trying to eat healthier foods, lose weight or increase physical activity(similar to nationally).

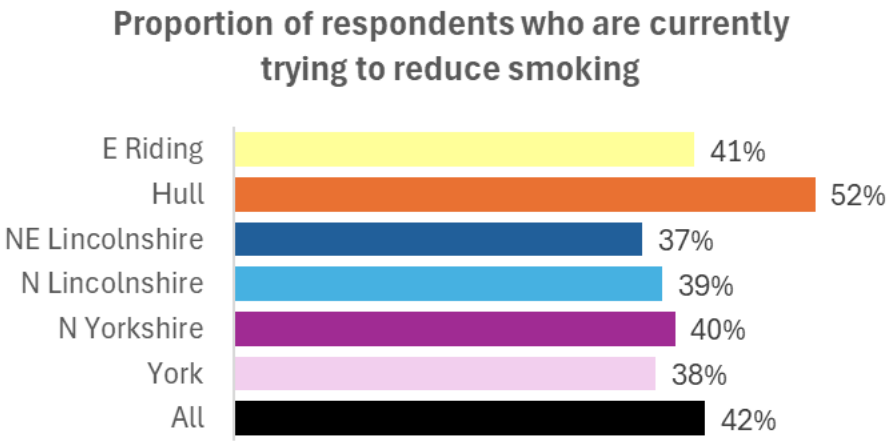


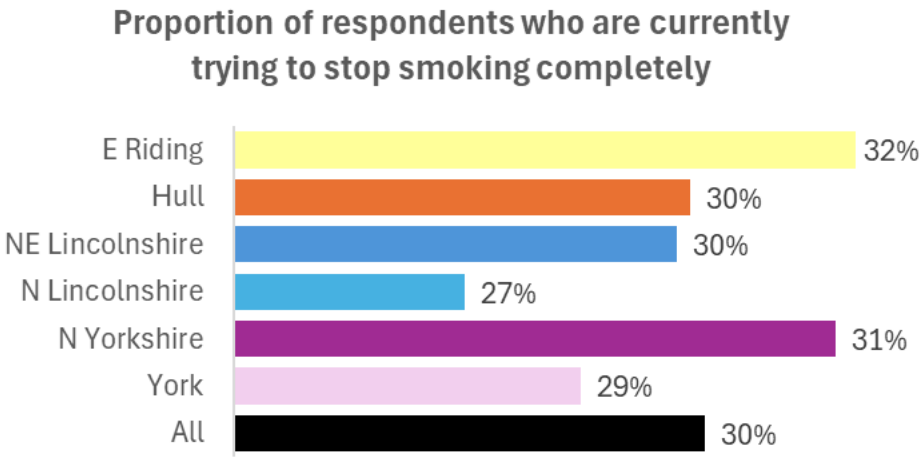
*Statements specific to smoking were only shown to those who currently smoke.

Of the 17% who currently smoke, just over half report that they want to reduce their smoking (48% nationally) and 31% want to stop smoking completely (23% nationally).

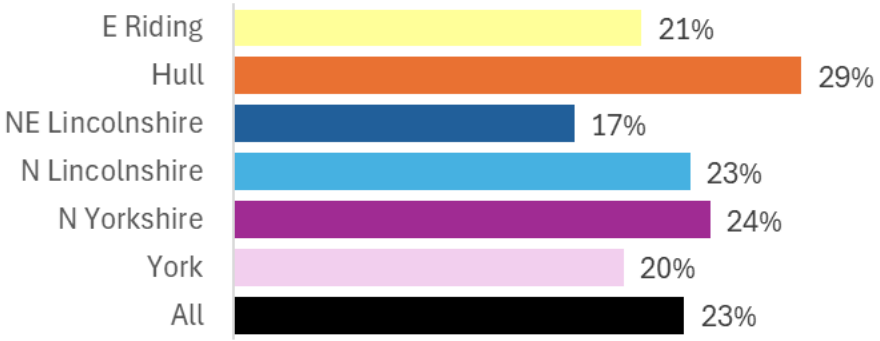


Respondents in Hull are more likely to be trying to reduce smoking, reduce the alcohol they drink and increase physical activity but less likely to be trying to lose weight. NE Lincolnshire respondents are less likely to be trying to reduce smoking, reduce alcohol intake, increase physical activity and lose weight. Respondents in N Lincolnshire are less likely to be trying to stop smoking completely. Those in York are more likely to be trying to increase physical activity.

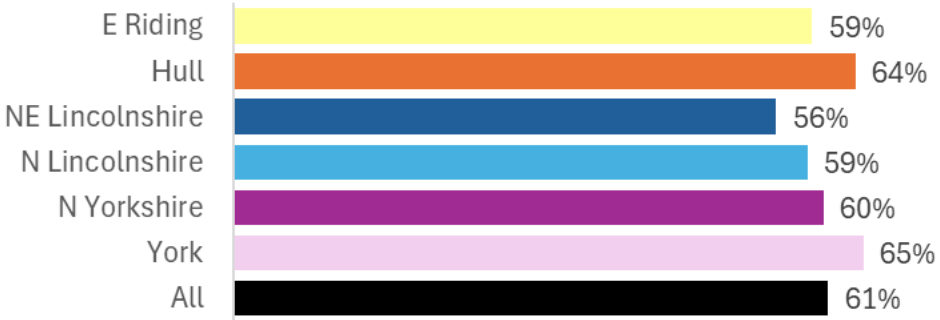




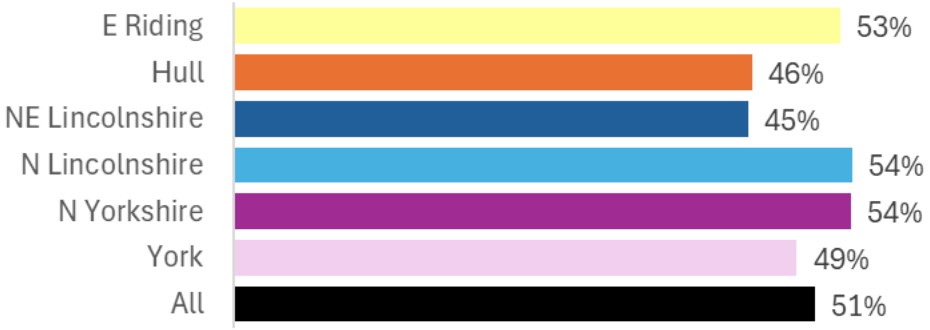
Proportion of respondents who are currently trying to reduce the alcohol they drink

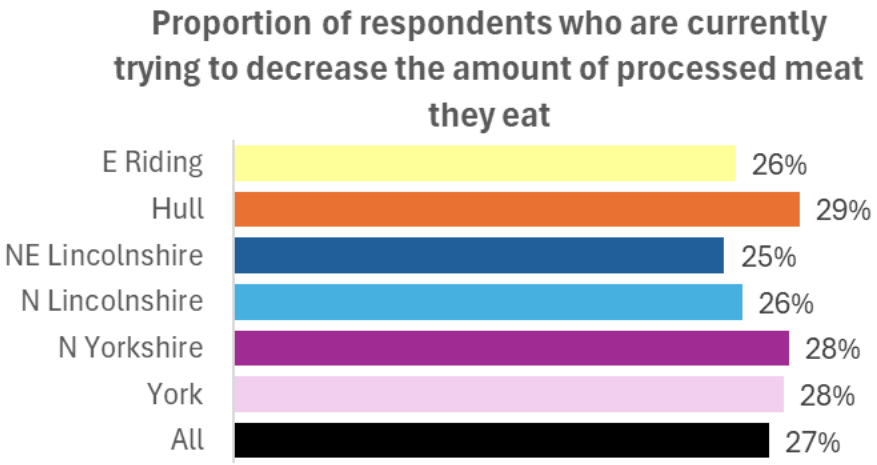


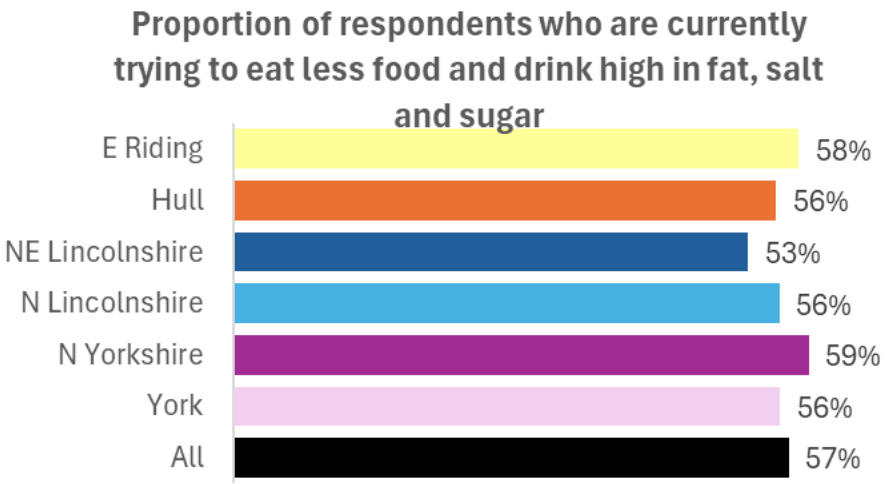
Proportion of respondents who are currently trying to increase their physical activity



Proportion of respondents who are currently trying to lose weight

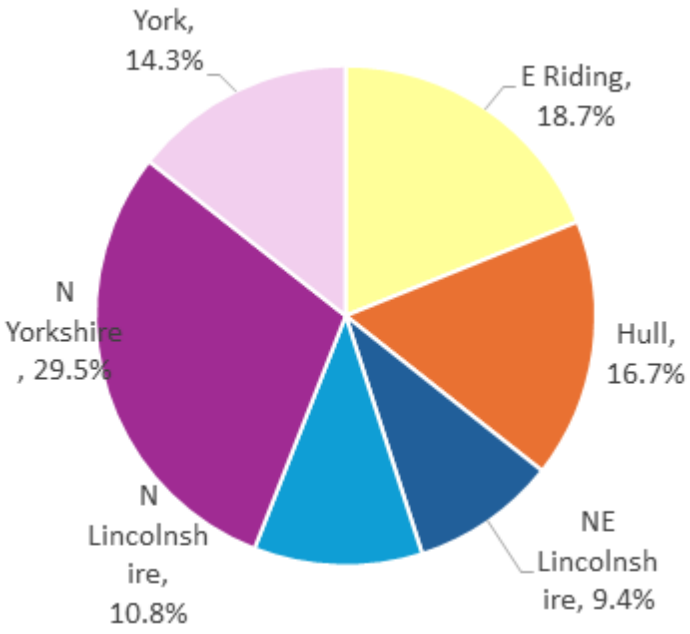



Proportion of respondents who are currently trying to decrease the amount of processed meat they eat
E Riding
Hull
NE Lincolnshire
N Lincolnshire
N Yorkshire
York
All
26%
29%
25%
26%
28%
28%
27%


Proportion of respondents who are currently trying to eat less food and drink high in fat, salt and sugar
E Riding
Hull
NE Lincolnshire
N Lincolnshire
N Yorkshire
York
All
58%
56%
53%
56%
59%
56%
57%

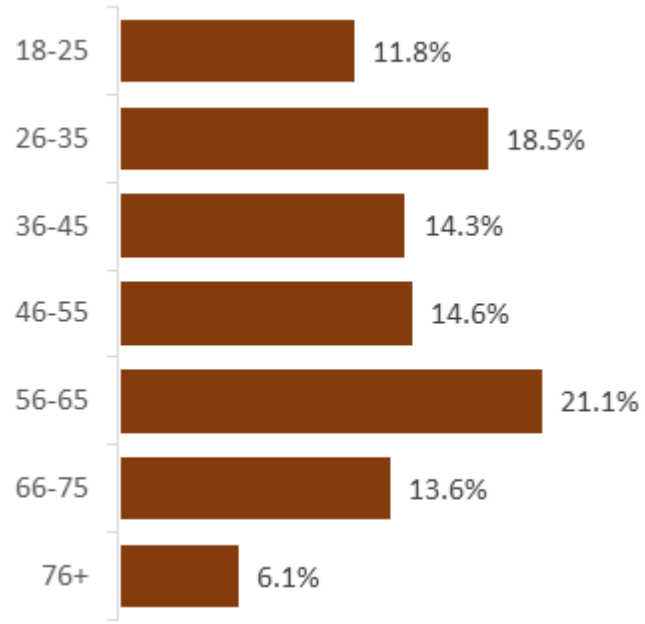
Characteristics of respondents

The proportion of respondents by local authority area was in line overall with the 2021 Census.



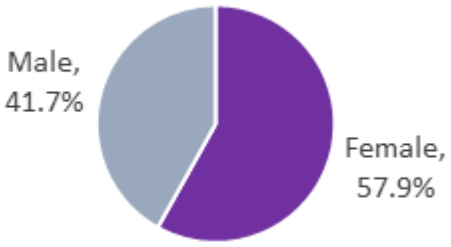
	Survey %	Census %
E Riding	18.7%	19.5%
Hull	16.7%	15.4%
NE Lincolnshire	9.4%	8.9%
N Lincolnshire	10.8%	9.7%
N Yorkshire	29.5%	35.0%
York	14.3%	11.5%
Not matched	0.6%	

There were fewer respondents aged 76 and over than in the overall population, but other age groups were fairly evenly represented.

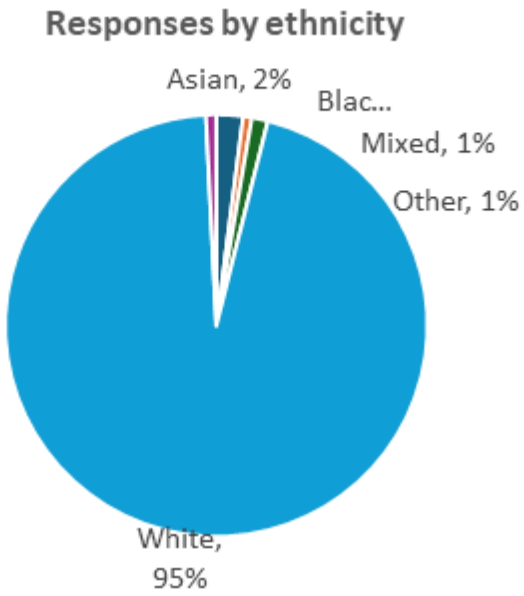


Age range	Sample	Census 2021 population
18-25	11.8%	9.5%
26-35	18.5%	14.6%
36-45	14.3%	14.1%
46-55	14.6%	16.5%
56-65	21.1%	17.6%
66-75	13.6%	15.0%
76+	6.1%	12.8%

58% of the sample were female and 42% were male, compared to 51% and 49% of the population.

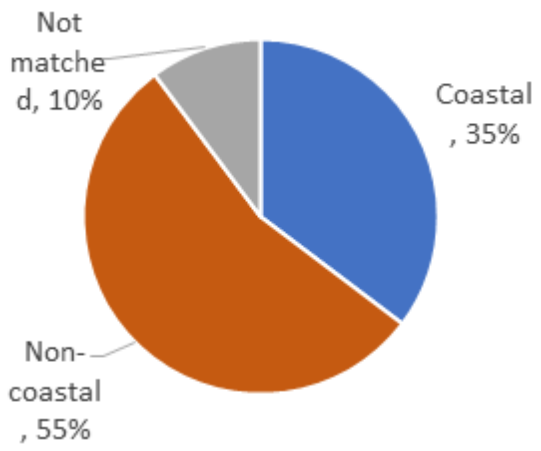


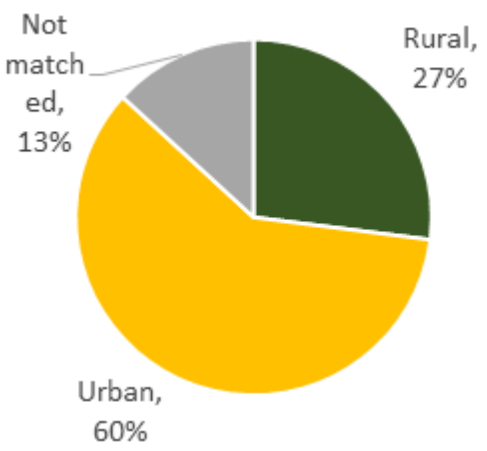
Just over 90% of respondents were White (88% were White British), compared to 95% of the population, as the sampling was designed to provide a higher proportion of BAME respondents.



	Sample	Census 2021 population
Asian	2.3%	2.0%
Black	3.4%	0.7%
Mixed or Multiple ethnic groups	3.1%	1.2%
White	90.8%	95.4%
Other ethnic group	0.4%	0.8%
Prefer not to say/missing	0.6%	

Of the total sample, 35% of respondents live in coastal areas and 27% live in rural areas.





16% of all respondents live in the 20% most deprived areas of the region. 13% live in an area that is both coastal and in the 20% most deprived areas while 15% live in an area that is both urban and in the 20% most deprived. 41% of respondents living in coastal areas are in also in the 20% most deprived areas, compared to just 5% of those in non-coastal areas, and 27% of respondents living in urban areas are in also in the 20% most deprived areas, compared to just 2% of those in rural areas.

38% have a physical or mental health condition or illness lasting or expected to last 12 months or more - of whom 26% (10% of the total) say it reduces their ability to carry out day to day activities “a lot”.

73% have had a family member or partner with cancer, and 9% have had cancer themselves.

6. Appendix 1: Organisations supporting responses from harder to reach communities

	Survey responses	1:1 conversations	Deprived	Coastal	Rural	BAME	Migrants/asylum seekers	Homeless	Domestic abuse	Substance misuse	Dementia	Mental health	Multiple needs	Learning disabilities	Neurodiverse	People with disabilities	Long-term health conditions	Older people	Carers	Manual workers	Veterans	Other
HW North Lincolnshire	65																					
British Steel	2																			X		
Two Sisters	*					X														X		
Ironstone Centre		1	X																			
Mindful Sisterhood (Muslim Women	*					X																
Mill Lane Travellers site	*					X																
Starlight Arts		5												X								
The Lighthouse		2						X														
Forge Project/ Victor House	3	2						X		X		X										
HW North East Lincolnshire	43			X																		
Foresight		2												X	X	X	X					
Health gospel	*					X																
Side door food bank	*		X																			
The Canopy sewing club		8														X	X	X				X
The Crescent Community Hub	*																	X				

	Survey responses	1:1 conversations	Deprived	Coastal	Rural	BAME	Migrants/asylum seekers	Homeless	Domestic abuse	Substance misuse	Dementia	Mental health	Multiple needs	Learning disabilities	Neurodiverse	People with disabilities	Long-term health conditions	Older people	Carers	Manual workers	Veterans	Other
Generation Church – food pantry	*		X																			
Clee Library		4		X								X				X	X	X				
Strand Court		5	X	X									X									
Scartho Community Centre		5												X		X	X	X				
Thrive NEL support groups	*																X					
HW Hull	1																					
The Crossings	2		X					X	X	X			X				X					
Violence against women and girls	2		X						X	X			X				X					
Westbourne House	1		X					X	X	X			X				X					
ReNew- drug and alcohol treatment service	4		X					X	X	X			X				X					
Amazing Grace Chapel foodbank	8		X			X																
UK resettlement group at The Quays	2	4	X			X	X					X										
The Open Door	5	2	X			X	X		X			X										
Changing Futures	6	4	X					X	X	X			X				X					
Cranswick factory	6	2																		X		
Redwood Glades	5	2										X		X	X	X						
City Health care partnership CIC	2											X		X	X	X						X

	Survey responses	1:1 conversations	Deprived	Coastal	Rural	BAME	Migrants/asylum seekers	Homeless	Domestic abuse	Substance misuse	Dementia	Mental health	Multiple needs	Learning disabilities	Neurodiverse	People with disabilities	Long-term health conditions	Older people	Carers	Manual workers	Veterans	Other
Humber Teaching NHS Foundation Trust	11											X		X								X
Lived experience community of practice	7	4	X					X	X	X		X	X									X
HW East Riding	34	3																				
Love Driffield Foodbank	*	1	X	X																		
Bridlington Food Pantry - Fareshare	*		X	X																		
Us Women (The Hinge Centre)	*		X	X																		
Creative Minds (The Hinge Centre)	*		X	X																		
Healthy Minds (The Hinge Centre)	*		X	X																		
Independent Living (The Hinge Centre)	*		X	X																		
Warm Welcome (the Hinge Centre)		7	X																			
Butterflies	*										X											
Hull & East Riding Diabetes support group	*																X					
Bridlington Health Forum		1																				X
Driffield Methodist Church	*																					X
Parkinsons UK Hull & ER	*																X					
Home Instead	*																	X				

	Survey responses	1:1 conversations	Deprived	Coastal	Rural	BAME	Migrants/asylum seekers	Homeless	Domestic abuse	Substance misuse	Dementia	Mental health	Multiple needs	Learning disabilities	Neurodiverse	People with disabilities	Long-term health conditions	Older people	Carers	Manual workers	Veterans	Other
Age UK Hull & ER	*																	X				
Shores Centre – Withernsea	*		X	X																		X
Armstrong Centre, Beverley		2																				X
Bridlington North Library	*			X																		X
Beverley, Withernsea and Bridlington Leisure Centres	*																					X
Good life with Dementia group	*										X											
Patient Participation Group	1																					
As time goes by carers group	*																		X			
HW York	20											X										
York Carers Centre	12																		X			
York Mind	*											X										
York Migrant Forum	*						X															
York Access Forum	1															X						
Life	*							X		X		X										
York Women's Centre	4							X		X		X										
MySight	4															X						
York Travellers Trust	5					X																
York Deaf Cafe	*															X						

	Survey responses	1:1 conversations	Deprived	Coastal	Rural	BAME	Migrants/asylum seekers	Homeless	Domestic abuse	Substance misuse	Dementia	Mental health	Multiple needs	Learning disabilities	Neurodiverse	People with disabilities	Long-term health conditions	Older people	Carers	Manual workers	Veterans	Other
Cafe Neuro	*	8													X	X	X					
York Disability Rights Forum	9															X						
Next Door South Acomb	1																					X
York haematology support group	8																X					
York Myeloma Support Group	1																X					
Refugee Action York		6					X															
HW North Yorkshire																						
Revival	23														X							
Mencap (Nothallerton & Scarborough)		6												X								
NDCC (Catterick)		5													X							
SeeChange	15		X																			
Age UK Scarborough office	1																					
Carers Plus	10																		X			
Catterick Garrison Veterans iHub at Loos Road Community centre	*																				X	
Army Welfare Catterick		8				X																
BSL interpreter	1																					
Skipton Step into Action	*					X																

(* means that the exact number of survey responses from these organisations is unknown)