MDA No.: 1824

Title: Health Committee – Breast Cancer Screening Letters

1. Executive Summary

1.1 At the Health Committee Meeting on 22 January 2026, the Health Committee discussed breast cancer screening in London and resolved:

That authority be delegated to the Chairman, in consultation with party Group Lead Members, to agree any output from the discussion.

1.2 Following consultation with party Group Lead Members, the Chairman of the Health Committee agreed the Committee's letters to NHS London and to Directors of Public Health at all London boroughs regarding breast cancer screening, as attached at **Appendices 1** and **2**.

2. Decision

2.1 **That the Chairman of the Health Committee, in consultation with the party Group Lead Members, agree the Committee's letters to NHS London and to Directors of Public Health at all London boroughs regarding breast cancer screening, as attached at Appendices 1 and 2.**

Assembly Member

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:

Printed Name: **Emma Best AM, Chairman of the Health Committee**

Date: **17 March 2026**

3. Decision by an Assembly Member under Delegated Authority

Background and proposed next steps:

3.1 The exercise of delegated authority approving the letters will be formally noted at the Health Committees' next appropriate meeting.

3.2 The terms of reference for this investigation were agreed by the Chair, in consultation with relevant party Group Lead Members, on 24 November 2025 under the standing authority granted to Chairs of Committees and Sub-Committees. Officers confirm that the response falls within these terms of reference.

Confirmation that appropriate delegated authority exists for this decision:

Signature (Committee Services):

Printed Name: Diane Richards

Date: 17 March 2026

Financial Implications: NOT REQUIRED

Note: Finance comments and signature are required only where there are financial implications arising or the potential for financial implications.

Signature (Finance): Not Required

Printed Name:

Date:

Legal Implications:

The Chair of the Health Committee has the power to make the decision set out in this report.

Signature (Legal):

Printed Name: Rebecca Arnold, Deputy Monitoring Officer

Date: 17 March 2026

Email: rory.mckenna@london.gov.uk

Supporting Detail / List of Consultees:

- *Krupesh Hirani AM, Caroline Russell AM and Alex Wilson AM*

4. Public Access to Information

4.1 Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website, usually within one working day of approval.

4.2 If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

4.3 **Note**: this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 - Deferral:

Is the publication of Part 1 of this approval to be deferred? NO

If yes, until what date:

Part 2 – Sensitive Information:

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form? NO

Lead Officer / Author

Signature: Tim Gallagher

Printed Name: Tim Gallagher

Job Title: Senior Policy Adviser

Date: 16 March 2026

Countersigned by Executive Director:

Signature:

Printed Name: Helen Ewen

Date: 17 March 2026

Appendix 1

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Tel: 020 7983 4000
www.london.gov.uk

LONDONASSEMBLY

Emma Best AM

Chairman of the Health Committee

Professor Kevin Fenton CBE
Regional Director for Public Health
NHS London

Will Huxter
Regional Director of Specialised Commissioning (London)
NHS

(sent by email)

16 March 2026

Dear Professor Fenton and Mr Huxter,

I am writing as Chairman of the London Assembly Health Committee regarding breast cancer screening in London. We held an evidence-gathering session on this topic on 22 January 2026 and heard from the NHS and charities in London.[1] We would like to thank guests from the NHS for attending and for the insightful evidence they shared with the Committee.

As you are aware, in 2023-24 London's uptake of breast cancer screenings was the lowest of any region in the country, at 63 per cent among women aged 50-70. This is an increase on the previous year, when uptake was 55 per cent, but remains below the England-wide average of 70 per cent and

[1] London Assembly Health Committee, Agenda, 22 January 2026

falls short of the NHS's "acceptable level" of 70 per cent or greater.[2] We outline in this letter some proposals to help improve this situation and increase uptake among Londoners.

Cultural barriers

The Committee heard that there are cultural barriers with regards to screening take up for particular communities. Leeanne Graham, Advocacy Lead, Black Women Rising explained that there is a lot of mistrust in the health system amongst Black women, as well as some religious barriers.[3] She also told us of some of the experiences of Black women in this regard:

> "We often find that we are not listened to. We find that Black women are told that their pain and their symptoms are not what they think they are, and we are told to not trust our own instincts. That then creates further barriers, especially when we repeat that to our friends, our colleagues, who are also Black or women of colour."[4]

Guests told us of some important considerations when engaging communities in a culturally appropriate way. Helen Dickens, Chief Support Officer at Breast Cancer now, told us about the importance of making invitations available and accessible in different languages.[5] Lee Dibben, Education and Policy Manager at OUTpatients told us that campaigns may not resonate with lesbian, gay or bisexual communities:

> "What we see in women who have sex with women, particularly lesbian, gay, bisexual women, is that they do show lower attendance at breast screening programmes. That is often due to a misunderstanding that this is something that they should engage with [...] It is a very hyper-feminised space within cancer, it is very pink, and that really does not work sometimes for a lot of lesbian, gay and bisexual women. It also does not work for a lot of women who are straight as well."[6]

The NHS Breast Cancer Screening Awareness Campaign

We heard about the NHS's breast cancer awareness campaign in London, launched in 2025, which was the first of its kind in the UK.[7] Dr Josephine Ruwende, Consultant in Public Health and Cancer Screening Lead, NHS England - London Region, told us:

> "We worked with an organisation targeting minority groups in the ten boroughs with the lowest breast screening uptake. This involved having female-only street teams going to a variety of areas within the locality, jointly identified by the local authority, where women are likely to congregate and having discussions about breast cancer screening." [8]

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[2] NHS England, Breast Screening Programme, England, 2023-24, Main Report, 18 February 2025

[3] Leeanne Graham, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p.3)

[4] Leeanne Graham, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p.3)

[5] Helen Dickens, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p. 5)

[6] Lee Dibben, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p.2)

[7] NHS England, NHS launches first-ever breast screening campaign to help detect thousands of cancers earlier, 17 February 2025

[8] Jo Ruwende, London Assembly Health Committee meeting, 22 January 2026, Panel 2 (p.7)

Dr Ruwende reported that the campaign has been successful, with "100 per cent take up of [campaign] materials", and one-to-one conversations with 10,000 women.[9] She also told us that there were many elements tailored to particular cultures, including minority influencers, celebrities and healthcare professionals appearing on social media and community radio.[10]

The Committee is encouraged to hear about the promising findings of the awareness campaign discussed in our meeting. The NHS should build on this success and continue to work with charities and other organisations to deliver future breast cancer awareness campaigns in a culturally appropriate way. We hope to see good practice embedded and rolled out to other areas.

Data

We heard that one of the difficulties with low uptake of breast cancer screenings in London is due to the transient nature of its populations. Dr Ruwende explained that this is makes it difficult for the NHS when sending out screening invitations:

> "Up to 40 per cent of the population can change addresses within a year, but also you have, in some of these affluent boroughs, a significant proportion of second homes, people spending significant parts of the year outside of the country. It then becomes quite a complex mix of the NHS not having accurate details of individuals, they are sending invitations to the wrong address or sending people invitations when they are out of the country."[11]

We also heard about the importance of collaboration between screening services. Helen Dickens told us that there is a need to "reduce some of the fragmentation" of ongoing breast cancer screening work.[12] She told us that there is an "opportunity under the [Integrated Care Board] banner to bring together" various screening functions.[13]

We also were informed that the data that the NHS collects on breast cancer screenings in London may not reflect the picture in London accurately. Lee Dibben told us that "the quality of data is a big issue," setting out the following example on the recording on gender information:

> "With gender identity, what we see in patient records is that sex and gender are functionally the same marker. If it is changed, you lose the data. This is more complex when it comes to breast screening, because we are thinking more about people's anatomy rather than their sex assigned at birth. That is less relevant than what care they have accessed, because you might have a cisgender woman who has had a mastectomy, and she is not eligible, but you might have a transgender woman who has taken oestrogen, and she is eligible."[14]

Lee Dibben articulated a potential solution to this issue, which is through an opt-in service:

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[9] Jo Ruwende, London Assembly Health Committee meeting, 22 January 2026, Panel 2 (p.8)

[10] Jo Ruwende, London Assembly Health Committee meeting, 22 January 2026, Panel 2 (p.7)

[11] Jo Ruwende, London Assembly Health Committee meeting, 22 January 2026, Panel 2 (p.1)

[12] Helen Dickens, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p.16)

[13] Helen Dickens, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p.16)

[14] Lee Dibben, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p.9)

> "Within cervical screening, they have introduced an opt-in update to allow people with a male record to opt in to that screening programme if they have a cervix. The same programme for breast screening would be fantastic, it would allow that nuance, those people to present when it is relevant to who they are." [15]

While the Committee notes the increase in uptake of screening in London and the positive work on awareness campaigns, we are concerned that the numbers of people who are potentially eligible may not be accurately recorded, and are therefore not being reached to encourage screening. We urge the NHS to consider how to ensure that those individuals who require screening are included in the programme regardless of their gender assignment at birth. In particular, this should involve consideration of an opt-in service for the programme.

The Committee would be grateful if you could set out your views on our letter and respond to our recommendations. We would welcome a response by 1 May 2026. We look forward to hearing from you.

Yours sincerely,

Emma Best AM

Chairman of the Health Committee

[15] Lee Dibben, London Assembly Health Committee meeting, 22 January 2026, Panel 1 (p.3)

Appendix 2

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LONDONASSEMBLY

Emma Best AM

Chairman of the Health Committee

London Directors of Public Health

(Sent by email) 16 March 2026

Dear London Directors of Public Health,

I am writing as Chairman of the London Assembly Health Committee regarding breast cancer screening in London. We held an evidence-gathering session on this topic on 22 January 2026, hearing from the NHS and charities in London.[1]

In 2023-24 London's uptake of breast cancer screenings was the lowest of any region in the country, at 63 per cent among women aged 50-70. This is an increase since the previous year, when uptake was 55 per cent, but remains below the England-wide average of 70 per cent and falls short of the NHS's "acceptable level" of 70 per cent or greater.[2]

The Committee discussed mobile breast cancer screeening units with our expert guests, and heard that those operating mobile units face operational challenges. Dr Will Teh, Consultant Radiologist and Director, North London Breast Screening service explained that:

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[1] London Assembly Health Committee, Agenda, 22 January 2026

[2] NHS England, Breast Screening Programme, England, 2023-24, Main Report, 18 February 2025

> "Where we found previously we have enough space because they are very large, they take about eight parking spaces, every year we find that the place we used to park has been sold, the land has been sold, we cannot park there. Where they are willing to have us there, there is a time limit, and they have not got the power supply to put them in."[3]

We are concerned that this may prevent vital screening services from reaching eligible women in London.

We recognise that there are a number of organisations invoved in providing these screening units access to operate, including the NHS and Transport for London. However, as you are aware, Directors of Public Health (DsPH) in local authorities have statutory responsibilities for the health of their populations. When applied to screening programmes, these include:

- acting on behalf of the population to make sure screening programmes are delivered fairly and efficiently and are accessible to everyone in the population we serve
- helping screening commissioners and providers connect with communities who might struggle to access their services.[4]

As such, please could you provide us with the following information:

1) How much space is allocated to mobile breast cancer screening units in your borough?
2) For each of the spaces where mobile units have permission to park, for what length of time is this permission guaranteed?
3) How you are ensuring that mobile breast cancer screening units can access parking spaces, power and other essential requirements to operate?

The Committee would be grateful if you could set out your responses to our questions by Friday 1 May 2026. We look forward to hearing from you.

Yours sincerely,

Emma Best AM

Chairman of the Health Committee

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[3] Dr Will Teh, London Assembly Health Committee meeting, Panel 2, 22 January 2026 (p.5)

[4] UK Government, What role do local public health teams play in screening?, 24 February 2025