



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

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 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:

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,

A handwritten signature in black ink, appearing to read 'Emma Best', written in a cursive style.

Emma Best AM

Chairman of the Health Committee

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