

## **Summary Report for Manchester Community Outreach Event – December 2025**

### **Introduction**

In December 2025, a Community Outreach event was held in Manchester, attended by the Cancer Theme of the Nuffield Department of Primary Care Health Sciences (NDPCHS), Oxford University, in partnership with local organisations, and individuals. The aim of the event was to explore views and experiences of the public about multi cancer early detection, testing in NHS General Practice. This report provides a summary of the event, the views participants shared and our planned future work with local communities.

### **1. Partnership Building**

Contact was established with a lead partner organisation, Equality Health, who liaised with the Caribbean and African Health Network (CAHN) and Cancer Care Diaspora, who organised the event and managed the promotion and recruitment.

The event started with a welcome by the Cancer Theme and Laura Urhobo, from Cancer Care Diaspora. Haleema Aslam, (Community Liaison Manager) outlined the planned programme for the session. GP Brian Nicholson introduced multi – cancer early detection tests and spoke about early detection of cancer at the GPs. Information on how tumours develop was also outlined by Brian Nicholson. Tanvi Rai led on discussions to identify barriers and solutions on how multi – cancer tests could be implemented in an accessible manner.

22 people from African and African and Caribbean heritage attended the event and were part of Cancer Care Diaspora's service users. 19 females attended and 2 males, whilst 1 person did not declare any demographic information. Majority of participants were 70 plus years, and one person being 25 years old. The majority were retired or economically inactive. 2 people had taken part in cancer trials and shared their experiences which were largely positive. Most of the participants had not heard about trials in Primary care.

Photo 1: Cancer Theme Lead Dr Brian Nicholson talking about MCED tests



Photo 2: Cancer Theme and local partners (Cancer Care Diaspora and Caribbean and African Health Network).



Photo 3: Event participants Enjoying the Discussion



The following is a write up of the topics discussed.

### **Factors impacting acceptance/willingness to undergo testing**

- **Distrust in medical professionals:**
  - Increased when researchers or GPs don't know how to answer questions (e.g., side effects)
  - Stigma about cancer and association with death
  - Concerns about confidentiality: "even with the GPs, you're never sure who they have been talking to"
  - GPs don't always take symptoms seriously or understand what patients are saying: "You'll be very sick, tell them the symptoms, and the doctor will call you a fool, then if you go to the emergencies, they'll ask you why you didn't go to the GP"
  - GPs go too fast, don't always listen, and don't want to know about multiple health issues: "they are not listening to you, they just want to prescribe"
  - GPs should clearly explain options to patients and include them in decision-making
  - Lack of acknowledgement and apologies when diagnosis or treatment took too long, impacting health outcomes
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- **Communication:**
  - Importance of transparency and detailed communication
  - Use colours and diagrams that people understand (e.g., a diagram of different symptoms)
  - Lack of communication from GPs, worsened by a fragmented care system (patients have to speak to many different health professionals and have to give their medical history over and over again)
  - Importance of kind and clear communication from booking the appointment with the receptionist, to GP consultation, to follow-up communication
  - Be mindful of language barriers
  
- **Family or peer lived experiences:**
  - Could encourage or hinder acceptance and participation in research and testing
  - Importance of advocacy (reassurance that testing doesn't hurt, testing will actually help, etc.)
  
- **Structural factors:**
  - Some people don't get attention
  - Lower awareness in specific patient groups
  - Transport
  - Literacy: "very illiterate individuals won't bother much with symptoms, partially literate individuals won't be very concerned but would be able to explain symptoms to their GP, then the elite, these are even more difficult patients, and they don't want to go to charities"

- **Recommendations for research design:**
  - Important to provide transparent and realistic expectations regarding the time the research will take and how much time commitment
  - Taking into account how much time and resources people can give. If people need to give more of their time or travel from far away, it's good to provide childcare allowances
  - Appropriate facilities – Culturally suitable food when attending hospitals for trials
  - Financial support
  - Sense of community: maybe a community group, once participants have been recruited have a network of participants who can discuss with one another
  - Ask consent (when taking pictures, how they will be used? where do photos end up?)
  - Clearly communicate benefits for the patient (e.g., access to specialised doctors) and their community
  - 1-3 tubes of blood are ok: multiple small tubes are less “scary” than one big one
  - Address common misconception: cancer won't automatically kill you
  - Appropriate time and place to recruit patients:
    - GP office: when patient first present themselves to their GP with symptoms, as long as they are reassured that it won't impact treatment
    - 'Alternative' medicine shops
    - Community or religious leaders
    - Don't reach out to people when they are in pain, when they are more receptive, especially because they are already stressed out in healthcare settings; people want to know you actually care, you're not just interested in their data
    - Not everyone knows how to find information online

### **Participant Evaluation of the Event**

The information from the Cancer Theme was positively received by the participants who actively engaged in the discussion and found the event to be “educational”. Comments were mainly positive, but some participants would have preferred others to focus more on trials and multi cancer tests instead of capacity issues and more discussion.