HOLOGIC

Women's Cancer Screening Taskforce

Empowering the hidden heroes behind every diagnosis

Tim Simpson
Sr. Director and GM of UK&I, BNL and Nordics

Foreword

At Hologic, our mission is to enable healthier lives everywhere, every day, and nowhere is this more important than in women's health. As the provider of the technology behind most breast and cervical cancer screening in the UK, we see first-hand the pressures and opportunities facing those delivering these vital services.

Today, the women's cancer screening workforce stands at a critical juncture. While the people who make up this workforce continue to drive earlier diagnoses and improve outcomes for women across the country, they do so against a backdrop of growing demand, limited resources and increasing expectations. Challenges such as workforce shortages, outdated infrastructure and insufficient training time are well recognised, but too often, they are not adequately addressed.

That is why we have launched the Women's Cancer Screening Taskforce.

Its members are experts in the workforce; with a wealth of experience across breast and cervical cancer screening, their deep understanding of the challenges it is facing and the solutions which are required shaped the scope of our work.

This report is the culmination of the Taskforce's work. Its members held a series of evidence sessions with a broad group of experts in breast and cervical cancer screening from across the NHS, public health, academia and the third sector. These sessions explored the impact and importance of digital transformation, the sustainability of the workforce and the interventions needed to raise screening uptake, particularly among those currently underserved by the system.

I would like to thank the Taskforce members for their ongoing efforts to improve the breast and cervical cancer screening programmes, for both the clinicians delivering care and the women whose lives depend on early diagnosis.

The Taskforce's focus is clear: to provide actionable recommendations for government and NHS leaders that help clinicians deliver life-saving care. Because when we support the workforce, we improve screening and when we improve screening, we give more women the best possible chance of a healthy future.

Tim Simpson
Sr. Director and GM of UK&I, BNL and Nordics

Executive summary

Women's cancer screening saves lives, but today the system and the workforce that underpins it are under significant strain. As a key technology provider in both cervical and breast cancer screening, Hologic convened a Taskforce of breast and cervical cancer screening experts, to explore the challenges and opportunities facing the UK's screening services.

This report draws on the insights from the members of the Taskforce, as well as insights gathered from experts during a series of evidence sessions conducted in Spring 2025. It identifies urgent barriers to early diagnosis and sets out practical recommendations to build a future-ready screening system – one that is innovative, equitable and grounded in the expertise of its workforce. The findings are structured around three critical areas:

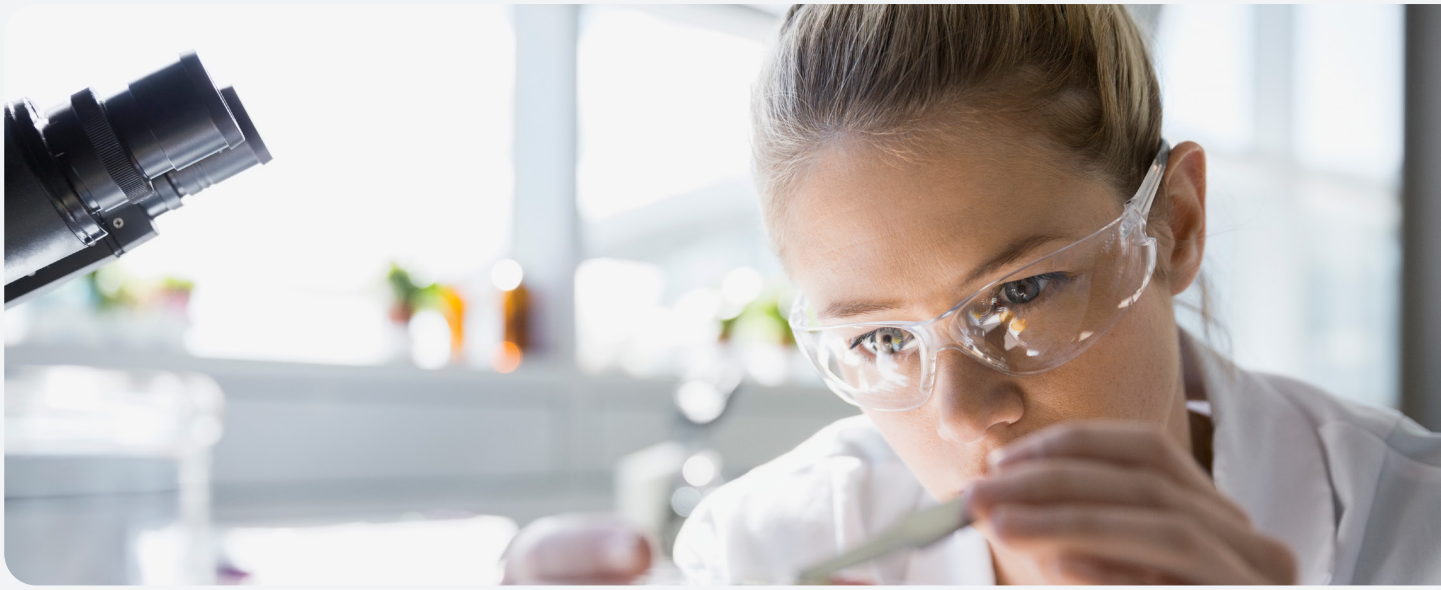
1. **The move from analogue to digital: accelerating innovation in screening pathways**
   Despite growing evidence of the clinical value of technologies such as digital cytology and AI, the NHS continues to adopt innovation at a slow pace. Outdated governance processes and lack of protected training time mean clinicians are unable to fully use the tools available. Embedding training into medical education and setting clear timelines for technology adoption are essential to equip the workforce and improve screening outcomes.
2. **The workforce gap: supporting the NHS's most critical resource**
   Persistent workforce shortages are placing unsustainable pressure on the screening system. Clinicians are reporting burnout, limited career development and job plans that do not allow time for research or innovation. The Taskforce calls for nationally consistent job planning, structured training and progression pathways, and a national campaign to promote apprenticeships and non-degree routes into screening roles.
3. **Cancer care: reimagining screening pathways to be equitable, accessible and innovative**
   One clear worry of clinicians is women not attending screening due to a range of barriers. Many women, particularly from ethnic minority and low-income communities, remain underserved by current programmes. Barriers such as stigma, language and inflexible appointment models continue to limit access. Clinicians need data systems that show who is being missed as well as confidence that trusted local organisations are reaching them. The report calls for investment in digital infrastructure, ringfenced funding for community engagement and a national public health campaign focused on the value of early diagnosis.

Across all three areas, the message is clear: support the workforce, modernise the system and empower local services to deliver. If these recommendations are implemented, the UK can ensure more women receive timely, accurate diagnoses – and the workforce behind every screening is given the tools they need to succeed.

Recommendations

Drawing on the insights shared throughout the Taskforce's evidence sessions, we recommend the following actions to build a future-ready screening system – one that equips the workforce, accelerates the adoption of innovation, and ensures equitable access to early diagnosis for women across the UK:

1. **The Department for Health and Social Care should work with the General Medical Council to embed training on emerging technologies, such as AI, into the core medical education curriculum.** This should be done alongside continued instruction in traditional diagnostic methods to ensure all future clinicians are confident working across both analogue and digital systems.
2. **NHS Trusts must ensure clinicians have consistent, protected time within their job plans to engage with training and safely adopt new technologies.** This time allocation should be embedded as a core part of clinical roles, reflecting the increasing integration of digital tools and innovation into everyday practice and be consistent across Trusts.
3. **The Department for Health and Social Care should introduce stringent timescales for the UK National Screening Committee (NSC) to conclude its assessments and provide its recommendations.** Clear timelines would ensure that clinically validated technologies are adopted without unnecessary delay, enabling clinicians to offer patients the most effective and up-to-date screening tools.
4. **NHS Trusts must ensure that all clinician job plans include protected Supporting Professional Activities (SPA) time dedicated to professional development and research.** This time should be consistently applied across Trusts to improve job satisfaction, support retention, and enable clinicians to develop expertise in areas such as cancer screening and early diagnosis.
5. **The Department of Health and Social Care should launch a national campaign to promote apprenticeships in women's cancer screening.** The campaign should raise awareness of earn-and-learn opportunities, highlight non-degree entry routes and improve the visibility and attractiveness of career pathways in cervical and breast cancer screening.

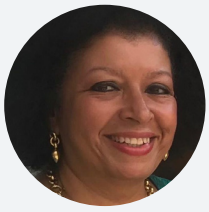


6. **The Department for Health and Social Care, Scottish Government and Welsh Government should embed long-term workforce planning in cancer screening services, backed by visible investment in grassroots training and stable commissioning.** This should ensure local systems can build and sustain the specialist workforce needed to deliver high-quality, equitable screening services.
7. **Integrated Care Boards must commission structured career development pathways, supporting progression from entry-level roles to specialist positions in cancer screening.** This includes scaling apprenticeships, providing formal mentorship and embedding clear routes for career progression at early and mid-career stages.
8. **The Department for Health and Social Care should commission a national, multi-channel public health campaign focused on the importance of early cancer diagnosis.** The campaign should be informed by behavioural insights and co-designed with communities to ensure messaging is relatable, emotionally resonant and reflects the wider impact of screening on families and communities.
9. **The Department for Health and Social Care should provide dedicated, ringfenced funding for NHS Trusts to partner with local, trusted community organisations to engage with hard to reach women.** This funding should be targeted toward groups embedded within ethnic minority and low-income communities, enabling them to deliver culturally sensitive engagement and tackle barriers to screening such as stigma, misinformation and language.
10. **The Department for Health and Social Care must accelerate the development of interoperable IT infrastructure across primary care, community services and screening providers to ensure the cancer screening workforce understand who is being reached by screening services.** This should include ensuring that key data fields, such as ethnicity, deprivation and previous screening history, are shared securely and seamlessly to identify gaps in coverage and support targeted outreach.

About the Women's Cancer Screening Taskforce

The Women's Cancer Screening Taskforce brought together senior clinicians, national programme leaders and professional body representatives to form its Steering Group. Each brings extensive frontline and leadership experience in women's cancer screening, offering a uniquely informed perspective on the workforce challenges and solutions needed to secure the future of early diagnosis in the UK.

The members of the Taskforce Steering Group include:



Dr Theresa Freeman-Wang

Consultant Gynaecologist and former President of the British Society for Colposcopy and Cervical Pathology

Dr Deirdre Lyons

Consultant Gynaecologist and President of the British Society for Colposcopy and Cervical Pathology

Dr Keshthra Satchithananda

Consultant Radiologist and Associate Medical Director, King's College Hospital NHS Foundation Trust

Dr Nisha Sharma

Consultant Radiologist and Director of the Breast Screening Programme for the NHS Leeds Teaching Hospital

David Wells

Chief Executive of the Institute of Biomedical Science

Professor Allan Wilson

Lead Clinician for the Scottish Cervical Screening Programme

The Taskforce held a series of evidence sessions in Spring 2025, to hear insights and ideas from expert witnesses from across the NHS, public health, academia and the voluntary sector. These sessions focused on three core areas:

1. **Innovation**
2. **Workforce Sustainability**
3. **Equitable Access**

They provided an opportunity to explore the issues facing the screening workforce and identify actionable solutions that the Government and NHS could prioritise to improve cancer screening for women across the UK. Expert witnesses who provided evidence were:

- **Dr Christine Ekechi,** Co-Chair, Race Equality Taskforce, Royal College of Obstetricians & Gynaecologists
- **Helen Hyndman MBE,** Ask Eve Co-ordinator, Eve Appeal
- **Danielle Jeffries,** Analyst, The King's Fund
- **Sue Johnson,** Professional Officer, Society and College of Radiographers
- **Janet Lindsay,** Chief Executive Officer, Wellbeing of Women
- **Safia Nazir,** Trustee and Lead for Education and Awareness, Safeena Muslim Cancer Support Network
- **Professor Adam Rosenthal,** Consultant Gynaecologist and Honorary Associate Clinical Professor, University College London Hospitals NHS Foundation Trust
- **Nishan Sunthares,** Executive Director Diagnostics, Association of British HealthTech Industries
- **Luella Trickett,** Executive Director for Medical Devices, Value and Access, Association of British HealthTech Industries
- **Meg Ward,** Lead Nurse Colposcopist, North Bristol NHS Foundation Trust
- **Martin Windschwendter,** Professor in Women's Cancer, University College London
- **Jane Lewis,** Chief Operating Officer, Association of British HealthTech Industries

Introduction

Unlocking capacity, delivering early diagnosis

Early and accurate diagnosis remains one of the most effective tools we have in the fight against breast and cervical cancer. Screening saves lives, yet significant challenges continue to limit the impact of the UK's national screening programmes for cervical and breast cancer.

These limitations are ever-present for the women's cancer screening workforce; persistent workforce shortages, uneven access to training, and slow adoption of digital tools. This means the NHS's ability to detect cancers earlier is at risk of falling behind.

As the primary provider of the technology underpinning much of the UK's breast and cervical cancer screening, Hologic is uniquely positioned to understand both the opportunities and the pressures facing the women's cancer screening system. This is why we convened a Women's Cancer Screening Taskforce, a cross-sector group of experts and practitioners brought together to share insights, challenge the status quo and identify practical, actionable solutions.

This report summarises the key findings based on the Taskforce's insights and the evidence sessions it led in Spring. These sessions focused on three critical areas – innovation, supporting the workforce and equitable access – which shape this report.

The evidence collected has informed a series of recommendations about how policy makers and health officials can directly support the women's cancer screening workforce. It aims to ensure they have the time, tools and training needed to thrive. In doing so, we can enable more women across the UK to receive timely, accurate diagnoses that can significantly improve outcomes and save lives.

This report, the work of the Taskforce, and their recommendations are a clear call to action for government and NHS leaders: prioritise women's cancer screening within broader NHS reform and act now to ensure the system is resilient, equitable and future-ready.

1

Chapter 1:

The move from analogue to digital: Accelerating innovation in screening pathways

The need for transformation within the NHS has never been more critical, with the Government prioritising a shift from an analogue service into the digital age. However, the adoption of new technologies in cervical and breast cancer screening remains a significant challenge. This is despite many of them being proven to effectively support clinicians in their roles, improve diagnostic accuracy and ultimately increase earlier diagnosis.

During the evidence sessions, our Taskforce members and experts agreed there are two main barriers the Government and NHS must overcome to maximise the potential of promising innovations:

- **the lack of adequate and consistent support for clinicians to train in their usage and integrate them into their day-to-day roles**
- **the pace at which the NHS adopts innovative technologies.**

By increasing the pace of adoption, the Government and UK NSC can ensure clinicians are enabled to integrate these tools into everyday practice. This will make sure the healthcare workforce is fully equipped to deliver more efficient, accurate and personalised care to patients. Once implemented, the workforce will need training or guidance to effectively use these tools - taking advantage of the potential of AI and other technologies.

Only with the right support can clinicians fully embrace these innovations, leading to improved screening outcomes and more efficient care for patients.

The potential of technology in cancer screening

All parts of the cancer screening workforce are grappling with the potential use of technology – particularly around the use of AI. Discussing the drive behind adopting AI, Martin Widschwendter explained “AI is being implemented because of the desire to make something which is subjective, objective”.

There was broad consensus during the evidence session that many see AI as a silver bullet, which will eliminate human error. Nisha Sharma explained that “AI is a sexy term, and the Government thinks it’s going to be the solution to everything”. She noted, however, that it is important to recognise that AI is not infallible and can have an “off day” and algorithms can underperform, in the same way a human can.

During the evidence sessions, our experts agreed, acknowledging it is critical to empower clinicians to “have the courage to actually challenge AI, if they consider it inaccurate”, as explained by Deirdre Lyons. She noted this was particularly important for those at the start of their careers, to ensure their expertise is not undervalued.

However, despite this perspective, our experts agreed AI can and will play a role in improving screening pathways. For its deployment to be as effective as possible, however, they agreed on the need to differentiate between its role in administrative tasks versus diagnostics tasks. While it can create efficiencies, improve workflow and minimise human errors as part of a clinician’s administrative role, Nisha made clear “in a diagnostic symptomatic setting we are multi-tasking and AI would be used as a reader assist, but as clinicians we need a lot more training and support before we could embed AI.”

> **“AI is a sexy term, and the Government thinks it’s going to be the solution to everything.”**
>
> **- Dr Nisha Sharma**

There was agreement during the evidence sessions that to support clinicians to effectively adopt technology, including AI, training was essential. It is critical this training is not just offered to those who are beginning their careers, but also to experienced members of the women's cancer screening workforce. This is to ensure that everyone screening women for cervical and breast cancer has the confidence to both rely on and challenge the information they receive from innovative technologies.

Any training should strike a balance between new and existing methods. Allan Wilson explained that trainee pathologists are trained in both digital and routine microscopy methods to develop a comprehensive understanding of pathology. Digital pathology allows for the use of whole slide imaging, enabling rapid sharing and review of cases, while analogue methods, such as glass slide examination, remain crucial for certain procedures and clinical diagnoses where digital pathology cannot be used. Therefore, the training programme which incorporates both will prepare trainees for various aspects of pathology practice.

To ensure clinicians are confident, support must be tailored to their stage of training and experience. The Government should embed training on new technologies into medical education, while maintaining a focus on traditional, analogue styles of teaching.

To support those already in the workforce, clinicians' job plans must include sufficient time dedicated to learning about and training to use new technologies. This approach will build long-term capability within the workforce and ensure innovations can be adopted safely, consistently and at pace.

Overcoming barriers to technology adoption

Reflecting on her experiences of adopting new techniques and technologies in the cervical screening programme, Theresa Freeman-Wang shared that historically it has been a slow process; "from the time it was clear that HPV is the best test for survival screening to the time it was implemented took at least 10 years." She added that in order for HPV testing to be adopted in the UK, research done in other countries "had to be replicated".

Our experts agreed there is a sense of frustration from clinicians when procedural hurdles within the NHS slow down adoption of technology that the scientific community has already validated.

Allan Wilson echoed this sentiment. He emphasised the overwhelming evidence supporting innovations such as digital cytology, which has been successfully deployed across Northern Europe and Australia, but is still not widely available to clinicians in the UK due to this deeply ingrained hesitancy to accept external data.

For clinicians, these delays translate into missed opportunities to deliver earlier, more accurate diagnoses and limit their ability to keep pace with developments in global practice. There was consensus that the NHS needs to become more open to international evidence and less reliant on needing to have UK-based studies. Otherwise, clinicians will continue to operate within outdated models, unable to fully harness the benefits of modern technology for their patients.

For example, the UK NSC plays a vital role in the approval and adoption of technology, but it operates without clear timelines for when decisions have to be made. For instance, it has been considering the adoption of 3D Mammography™ in breast cancer screening since May 2024, but has not committed to a timeframe for its decision.[1] This is despite a growing evidence base for the benefits of using this technology in breast screening.

As a result, clinicians are left in limbo – aware of more effective diagnostic tools used elsewhere, but unable to access or implement them.

However, the Taskforce members and experts providing evidence were hopeful that change is possible. Luella Trickett pointed to the ongoing restructuring of NHS England and the Department of Health and Social Care as a timely opportunity to clarify roles and accountability in healthcare innovation, noting that "we need to use this opportunity... to address who's accountable and who's responsible."

To support clinicians effectively, it is critical that clear and enforceable timelines are placed on UK NSC decision-making. This would enable new technologies to reach frontline services faster, allowing clinicians to use the best tools available with confidence.

At the same time, structural reform should establish clear lines of accountability, so that innovation is no longer held back by ambiguity or inertia – ultimately ensuring that patients and clinicians alike benefit from the technologies already transforming care in other countries.

"We need to use this opportunity... to address who's accountable and who's responsible."

- Luella Trickett

Recommendations

Based on the insights and expertise shared during the evidence sessions, we recommend the following actions to accelerate the adoption of innovative technologies across the cervical and breast cancer screening pathways and to support its use by the workforce:

1. **The Department for Health and Social Care should work with the General Medical Council to embed training on emerging technologies, such as AI, into the core medical education curriculum.** This should be done alongside continued instruction in traditional diagnostic methods to ensure all future clinicians are confident working across both analogue and digital systems.
2. **NHS Trusts must ensure clinicians have consistent, protected time within their job plans to engage with training and safely adopt new technologies.** This time allocation should be embedded as a core part of clinical roles, reflecting the increasing integration of digital tools and innovation into everyday practice, and be consistent across trusts.
3. **The Department for Health and Social Care should introduce stringent timescales for the UK NSC to conclude its assessments and provide its recommendations.** Clear timelines would ensure that clinically validated technologies are adopted without unnecessary delay, enabling clinicians to offer patients the most effective and up-to-date screening tools.

2

Chapter 2:

The workforce gap: Supporting the NHS's most critical resource

The cancer screening workforce plays a critical role in the early diagnosis of cancer, improving patient outcomes and often reducing the need for more intensive treatments. However, **due to ongoing NHS workforce shortages, an estimated 340,000 patients will miss out on early cancer diagnosis between 2019 and 2028.**[2] This stark projection demonstrates the urgent need to prioritise and sustain the cancer screening workforce.

However, those working in cancer screening are facing immense and increasing pressure – as shared during the Taskforce's evidence sessions. The system is overburdened and under-resourced, with a 30% shortfall in clinical radiologists across the UK - a gap expected to grow to 40% by 2028 if unaddressed. Many within the screening workforce are reporting burnout and contemplating leaving the profession, and one third of consultants leaving the workforce under the age of 45.[4]

If we are to not only preserve the high-quality and accessible cancer screening programmes that women rely on, but also improve them, it is critical that the workforce is better supported through actionable investment in training, job planning and development.

"Working within the wider profession, such as teaching and training, makes people's lives so much nicer and helps them have a fulfilling career."

- David Wells

Enhancing clinicians' professional development

There was broad consensus during the evidence sessions that clinicians are not receiving the support they need to deliver their expanding roles. Part of this is due to a persistent misunderstanding of the value clinicians bring. Nisha Sharma explained that clinicians are seen as an "an expensive commodity" and as a result their needs are often not recognised.

To address this, there must be a recognition of the value clinicians bring, beyond hitting targets, as well as recognition "that the NHS shouldn't be run on goodwill," as noted by Meg Ward.

Therefore, considering what clinicians enjoy doing, what progression looks like and how to support work-life balance, is critical to ensure they feel valued and want to remain in the workforce.

During evidence sessions it was made clear that one priority should be ensuring clinicians are given the opportunity to pursue professional interests that may sit adjacent to their screening responsibilities. Deirdre Lyons commented "if clinicians have some time to do things they're also interested in, like research or teaching, you will retain staff."

This was echoed by David Wells who explained how time for SPA can boost morale, as "working within the wider profession, such as teaching and training, makes people's lives so much nicer and helps them have a fulfilling career."

Importantly, Christine Ekechi highlighted that often female clinicians can be particularly impacted when dedicated time is not assigned for this. She noted that "it's primarily women healthcare professionals that are using their own time to do their research and innovation and don't have that time actually scheduled in their job plans more than our male counterparts."

Ultimately, the experts agreed that including SPA time in every clinician's job plan will allow staff to balance professional development and research. They discussed that providing this time would contribute not only to retention, but also to a more sustainable workforce model.

2

Promoting cancer screening as an essential specialism

One of the key issues highlighted by our expert evidence sessions was the need to better promote the cancer screening profession as an exciting and viable long-term career.

David Wells stressed the need to counter a common misconception that the cancer screening profession is a declining field within the NHS – or as he put it, “it’s not a dying service.”

The reality is that the role of clinicians continues to grow, as does their importance in improving patient outcomes. The role of radiologists is expanding into the therapeutic setting and cytologists now play a critical role in diagnosing and monitoring multizonal disease progression.

Failure to address this misconception or promote the increasing importance of clinicians in women’s cancer screening by the Government and NHS risks these roles not being seen as attractive or viable career choices.

To future-proof the workforce, the Government should launch a national campaign to promote apprenticeships in women’s cancer screening and raise awareness of the opportunities in the cancer screening field. This would help attract more individuals to the sector, emphasise the value of non-degree pathways and ultimately strengthen the workforce. David Wells highlighted that “the apprenticeship model is a really important model...those diamonds in the rough are just excellent.”

In parallel, visible investment in career development at the early and mid-career stages is essential to future-proof the workforce. Apprenticeships, earn-and-learn routes, and structured progression into specialist roles like breast or cervical screening must be scaled nationally, with clear incentives and support at the local level. These initiatives should be promoted through targeted outreach to raise awareness among underrepresented groups and increase diversity within the screening workforce.

2

The importance of a long-term workforce planning strategy

Beyond ensuring there is a sufficient pipeline of clinicians joining the women's cancer screening workforce, there is also clear need for a structured, long-term workforce planning strategy within the NHS; one that is not vulnerable to the shifting priorities of political cycles. Currently, workforce challenges are compounded by systemic issues that lack long-term solutions and rely too heavily on short-term measures. This was highlighted by Sue Johnson when she commented that "the NHS has a big national vision that doesn't necessarily filter down to the coalface".

A key challenge is the absence of a consistent and coherent workforce strategy that addresses the fundamental gaps in training, progression and retention. It was highlighted during the evidence sessions that there is a growing issue of vacancies, particularly among consultants, where 60% of roles remain unfilled for over six months after being advertised.[3] This cannot be resolved by training new staff, but by addressing the ongoing recruitment crisis through long-term workforce planning.

This is not only exacerbated by insufficient public awareness of career opportunities, particularly in specialised fields like cancer screening, but also the lack of efforts to translate national workforce ambitions into actionable plans at the local level.

To overcome these structural barriers, the Government and NHS must translate national workforce ambitions into practical, locally delivered change. This can be achieved through consistent commissioning, long-term planning and visible investment in career pathways and grassroots training.

Without this long-term, joined-up approach, the NHS risks continuing cycles of workforce shortages that compromise both patient care and clinician wellbeing. By embedding stability and opportunity into the system, the NHS can build a future-proof workforce equipped to deliver equitable and innovative cancer screening services for all women.

Recommendations

Based on the insights and expertise shared during the evidence sessions, we recommend the following actions to strengthen the workforce and enhance the effectiveness of provision for our national cancer screening programmes:

4. **NHS Trusts must ensure that all clinician job plans include protected SPA time dedicated to professional development and research.** This time should be consistently applied across Trusts to improve job satisfaction, support retention and enable clinicians to develop expertise in areas such as cancer screening and early diagnosis.
5. **The Department of Health and Social Care should launch a national campaign to promote apprenticeships in women's cancer screening.** The campaign should raise awareness of earn-and-learn opportunities, highlight non-degree entry routes and improve the visibility and attractiveness of career pathways in cervical and breast cancer screening.
6. **The Department for Health and Social Care, Scottish Government and Welsh Government should embed long-term workforce planning in cancer screening services, backed by visible investment in grassroots training and stable commissioning.** This should ensure local systems can build and sustain the specialist workforce needed to deliver high-quality, equitable screening services.
7. **Integrated Care Boards must commission structured, locally delivered career development pathways, supporting progression from entry-level roles to specialist positions in cancer screening.** This includes scaling apprenticeships, providing formal mentorship and embedding clear routes for career progression at early and mid-career stages.

3

Chapter 3:

Cancer care: Reimagining screening pathways to be equitable, accessible and innovative

Throughout the Taskforce's work and evidence sessions, one theme was consistent; the screening workforce is deeply committed to delivering high-quality care, but their ability to do so is hindered when patients do not attend appointments. When clinicians feel they are not reaching all women who need them, especially those at highest risk, their sense of purpose and professional fulfilment is diminished.

Supporting the workforce, therefore, means more than addressing contracts, training and equipment. It also means enabling them to do the job they trained for: catching cancers early and making a difference in women's lives. To do this, women must be encouraged and supported to attend their screening appointments.

Addressing the barriers that prevent women from attending will enable clinicians to focus more on their role of diagnosing women, rather than worrying that they are not seeing everyone they should be.

By supporting initiatives that increase attendance, the Government and NHS can help ensure the workforce is not only more effective, but also more motivated, valued and retained.

The challenge of early diagnosis

Missed appointments don't just represent poorer outcomes for women, but also the missed opportunities for clinicians to deliver the early diagnoses they are trained to provide.

The value of early diagnosis is undisputed. As Professor Adam Rosenthal explained during the evidence sessions, diagnosing cancers early is critical. However, the rate of women attending both breast and cervical cancer screening appointments is below national targets.[5,6]

Missed communications, confusion about the HPV vaccine, cultural isolation and systemic inequalities continue to prevent many women from accessing screening. These gaps not only delay diagnosis, but also drive up the intensity of intervention when cancer is eventually found.[7]

The NHS must go further, faster, to reach more women and empower clinicians to deliver earlier diagnosis by building services that are equitable, digitally connected and community-led.

David Wells explained during the evidence sessions that some nations do not view health as solely the concern of the individual, including Japan "where an individual's health becomes both their employers and their community's responsibility".

It was agreed during the evidence sessions that a similar approach could be beneficial in the UK, where societal attitudes toward health and wellness could be shifted to mirror those found in such systems. This model could help raise the status of screening appointments and ensure that women feel supported not just by the healthcare system, but by the wider community and workplace.

This would be particularly impactful for clinicians working in the NHS; Nisha Sharma pointed out "the NHS sends out messaging to say, 'Your health is important, have you been for your screening appointments?' None of that messaging about making sure you attend screening appointments comes to the staff."

Adam Rosenthal added that this can be remedied easily for some screenings "by providing drop-in clinics for clinicians at their place of work."

Creating a culture where women are actively encouraged to attend screening appointments will not be achieved without significant effort. However, as Nisha Sharma, explained "if you can relate [earlier diagnosis] to the impact it would have on someone that they love, then they're more likely to take that messaging on board."

Emphasising the need for a multi-faceted approach and strong government intervention, our experts called for a national, public campaign that educates both women and the wider public about the benefits of early cancer diagnosis. This public campaign would need to focus on explaining the meaning behind terms like "early diagnosis" in a way that resonates on a personal level. Women need to understand not just the health implications, but also the ripple effect that attending screenings can have on their loved ones.

By tying the concept of early diagnosis to the broader impact on families and communities, the experts agree that individuals would be more inclined to see it as a shared responsibility, not just a personal one.

Helping clinicians reach all patients

Janet Lindsay made clear that the challenges facing some women attending appointments do not exist because they are "hard to reach, they are actually very easy to reach, if we go out and seek them." Instead, "they are easy to ignore", as their needs aren't considered when planning outreach, whether that is addressing perceived shame about screening, a language barrier or not being able to take time off work. Simply put, there are women who are not being actively engaged in a way that will encourage them to attend screening.

Women from low socio-economic backgrounds as well as ethnic minorities are disproportionally impacted. For example, the proportion of all cancer cases diagnosed at stage 1 is lower among patients living in the most deprived areas in England compared to the least (30% vs 35% respectively), while the proportion diagnosed at stage 4 is higher compared to the least (31% vs 24% respectively).[8]

By ensuring all women are able to attend screening and receive an early diagnosis for cervical and breast cancer, we can reduce the risk of inequalities in outcomes.

To achieve this, the evidence sessions explored the need to engage directly with communities, with Safia Nazir pointing out that there is a need to identify "why they are not being accessed and why there is a low uptake of cancer screening". Another expert witness, Helen Hyndman MBE, reinforced this by noting that "gaining an understanding of what influences attendance within these groups is critical to make sure that people can make informed choices and access screening."

To address this, it was widely agreed by our experts that the government should support local, trusted organisations, particularly those embedded in ethnic minority and low-income communities, who can lead culturally sensitive engagement. Nishan Sunthares, explained this could be achieved by "convening the community, having it highlighted by the faith-based organisation or other interlocuters committed to the wellbeing of their communities, and then mobilising testing to where it was needed."

Jane Lewis explained the Core20PLUS5 Community Connectors programme is a strong example of this approach in action, with it being "one way that you can actually use volunteers and people that look like the people in the community who need to be engaged – while not putting additional pressures on clinicians". These connectors, with influence in their communities, can engage local people with health services and offer unique insights into barriers faced. They are ideally placed to advise NHS services on how to improve access and deliver care that truly meets community needs.

Harnessing digital communication

A further barrier to improving early diagnosis is the outdated, fragmented state of NHS IT infrastructure. As Nisha Sharma explained,

"If you don't have the data, you don't know who you're not reaching and who you are reaching. The infrastructure is currently very paper-based and the systems do not connect with one another."

This not only limits the ability to deliver targeted interventions, but undermines the efficiency and effectiveness of care.

Modern IT systems wouldn't just improve patient access, but also empower clinicians with the insights needed to proactively reach underserved groups, increasing their impact and professional satisfaction. Without reliable, connected data systems, it is impossible to fully understand who is being reached by screening services and who is being left behind. Improving interoperability between NHS systems, such as those used in primary care, community outreach and screening services, would allow for a clearer view of population-level needs.

For example, GP practices routinely collect information such as ethnicity and socio-economic status, but this data is often inaccessible to screening providers due to the disconnected systems. As Nisha pointed out, "I feel uncomfortable asking women what their ethnicity is when they attend for a breast screening appointment, when GPs have this information already." Bridging these data silos would reduce duplication, enhance patient experience and allow providers to monitor uptake trends across different communities more accurately.

By investing in modern, connected IT systems, the NHS could learn from every patient interaction and support clinicians to continually improve services. It would ensure there is a better understanding of specific community health needs and the gaps in who is being reached. It would also maximise the NHS's single-payer structure and historic investments, such as the introduction of the NHS Number, which means it is uniquely positioned to harness rich longitudinal data.

Such data is critical for identifying the causes of ill health, understanding risk and enabling more efficient, personalised care. Fully realising this potential will require coordinated government action and sustained digital investment, but the long-term gains for both patients and the system are clear.

Recommendations

Based on the insights and expertise shared during the evidence sessions, we recommend the following actions to amplify the importance of early diagnosis, improve access to screening for women which have been hard to reach and make use of digital solutions to ensure more women are reached and support clinicians to bridge the gap in cancer care:

8. **The Department for Health and Social Care should commission a national, multi-channel public health campaign focused on the importance of early cancer diagnosis.** The campaign should be informed by behavioural insights and co-designed with communities to ensure messaging is relatable, emotionally resonant and reflects the wider impact of screening on families and communities.
9. **The Department for Health and Social Care should provide dedicated, ringfenced funding for NHS Trusts to partner with local, trusted community organisations to engage with hard to reach women.** This funding should be targeted toward groups embedded within ethnic minority and low-income communities, enabling them to deliver culturally sensitive engagement and tackle barriers to screening such as stigma, misinformation and language.
10. **The Department for Health and Social Care must accelerate the development of interoperable IT infrastructure across primary care, community services and screening providers to ensure the cancer screening workforce understand who is being reached by screening services.** This should include ensuring that key data fields, such as ethnicity, deprivation and previous screening history, are shared securely and seamlessly to identify gaps in coverage and support targeted outreach.

Conclusion:

Championing the screening workforce and delivering earlier diagnoses

The Taskforce's findings are clear: investing in the screening workforce can help to improve patient outcomes and support the UK's ambitions for earlier diagnosis. However, to realise this value, the screening workforce must be equipped to meet the challenges of today and tomorrow.

By prioritising actions that support the effective adoption of technologies, enable clinicians to undergo training and ensure all women are being encouraged and supported to attend their screening appointments, the Government and NHS can effectively support the hidden heroes behind every cancer diagnosis.

This transformation is necessary and must be digitally enabled and patient-centred. It requires leadership, investment and clear accountability. It will have to ensure the workforce is strategically supported, not overburdened and new technologies are consistently adopted. By doing so, we can ensure thousands of women have the best possible chance to receive early diagnoses.

The Taskforce's work has shown that solutions exist, but they must be embraced and implemented at scale. By putting the right policies, tools and support in place, we can build a screening system that delivers on its promise: earlier diagnosis, less invasive treatment and better outcomes for women across the UK.

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