healthwatch
Worcestershire

Men's Experiences of PSA Testing and Prostate Cancer in Worcestershire

Follow-Up Report

Chris Byrne (Healthwatch Worcestershire) and **Phil Goodall** (Worcestershire Prostate Cancer Support Group), pictured during the prostate cancer awareness podcast.

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Executive Summary

Introduction

Healthwatch Worcestershire (HWW) is the independent champion for people using local health and social care services. We gather people's experiences and share them with NHS and Local Authority decision makers to help improve services.

Working with the Worcestershire Prostate Cancer Support Group (WPCSG), we have surveyed men over the past two years to monitor progress in prostate cancer diagnosis across Worcestershire. This latest survey, carried out in January/February 2026, captures the views of 154 Worcestershire men on PSA testing and prostate cancer. It builds on our 2024 Spotlight Report and 2025 Position Statement, exploring whether experiences have improved.

The findings reflect the views of those who chose to respond, including some who may have taken part in earlier surveys. While not statistically representative, they provide valuable insight into lived experience, concerns and themes that may merit further local review.

While some men report positive experiences of prostate cancer care, this report highlights ongoing variation in advice, access and information. It shows that, for some men, challenges remain around later diagnosis, early identification and clarity of information, reinforcing the need for more consistent, risk-based approaches across Worcestershire.

Key Findings

Later-stage diagnosis remains a concern for some respondents

- Among respondents who knew their diagnosis stage, 43% were diagnosed at Stage 3–4.
- Some men also described delays, uncertainty about when to seek help, or difficulty accessing follow-up support.

Some higher-risk men are not being identified or supported early

- Some higher-risk respondents reported having to push for testing or seek private options
- Risk factors such as family history, ethnicity and age are not consistently leading to earlier testing or proactive support.

Many respondents said they initiated PSA testing themselves

- Many respondents said PSA testing was prompted by personal concern, family/friends or awareness campaigns.
- This suggests that awareness and self-advocacy play a key role in accessing testing, which may disadvantage men with lower awareness.

Respondents reported varying degrees of GP support

- Experiences of GP support vary, with 45% reporting difficulty, delay or discouragement when discussing prostate concerns.
- Some men described being refused or discouraged from testing, while others reported positive and supportive care.

Many respondents described gaps in information and clarity

- Some men reported not receiving clear information about PSA testing, raised results or what happens next.
- Gaps in information may affect confidence, decision-making and timely help-seeking.

A short clip from Phil illustrates one participant's experience of delays and mixed messages. Watch the 1 minute video here:
Phil's Prostate Cancer Story

Conclusion

Overall, this survey suggests that the key issues raised in 2024 and 2025 remain. Some men in Worcestershire report inconsistent advice, later-stage diagnosis and unclear information about PSA testing and prostate cancer. While many men receive good care, variation in experience remains, and this may contribute to health inequalities where outcomes can depend on awareness and the ability to self-advocate. Consistency remains the challenge. The focus now needs to move beyond debates about PSA testing alone and towards earlier identification, clearer guidance and consistent, risk-based conversations.

Locally, we welcome the Integrated Care Board's (ICB) Prostate Cancer Awareness campaign, which highlights age, ethnicity and family history as key risk factors. The posters can be seen here:
View the campaign posters

Nationally, we await the UK National Screening Committee's recommendations on prostate cancer screening; draft guidance currently proposes prioritising BRCA (see technical terms list in appendicies for full explanation) gene identification as an indicator of higher risk.

In our survey, very few black men responded; however, national evidence shows black men are at higher risk[7]. Given this elevated and often under acknowledged risk, it is an inequality that must be addressed.

HWW will continue to work with partners across Worcestershire to ensure these findings reach decision makers and support improvements in awareness, early identification, and the quality and consistency of men's care.

Recommendations

Based on our findings, and consistent with our 2025 Position Statement, our recommendations remain largely the same. The gaps we have identified locally also mirror those raised by national prostate cancer charities.

1. Segment and target higher-risk men

Greater focus is needed on identifying men at higher risk of prostate cancer as early as possible. This includes strengthening the use of risk factors such as age, ethnicity and family history to support earlier engagement and reduce later-stage diagnosis.

2. Reach out to higher-risk groups

Targeted awareness and education should be strengthened to support higher-risk men to access PSA testing and timely advice. Messaging should be clear, accessible and focused on helping men understand their risk and when to seek support.

3. Upgrade the system to support consistent, risk-based care

Men should be able to expect consistent advice and support regardless of where they live. Primary care should be supported with the tools, capacity and clear pathways needed to provide timely, risk-based advice. This includes ensuring sufficient diagnostic capacity (such as mpMRI) and clear referral routes to reduce variation and support earlier diagnosis.

For an explanation of technical terms in this document, please see Table 1 below in the appendix section.

Background

Why This Report Was Needed

This 2026 report builds on our 2024 Spotlight Report and 2025 Position Statement, continuing our work to understand men's experiences of PSA testing and prostate cancer in Worcestershire. Working with the WPCSG across all three projects has enabled us to hear directly from men about their experiences of PSA testing, prostate cancer and the wider diagnostic pathway.

This new survey explores whether respondents' experiences have changed while national policy discussions continue, and while we await the outcome of the UK National Screening Committee's consultation on targeted screening. Any reader who has concerns about prostate cancer or PSA testing should talk to their GP.

What We Already Knew

Our 2024 and 2025 engagement work identified recurring themes including reports that:

- PSA testing was often initiated by men themselves.
- Some higher-risk men (including those with a family history) were not always identified proactively.
- Some men found information about raised PSA results and next steps unclear.

In our 2024 Spotlight Report, we also wrote to all Worcestershire GP surgeries for assurance that they were complying with NHS England's 'Informed Choice Programme' for PSA testing, but only 37% responded, limiting the level of assurance available at that time and prompting questions about inconsistency and engagement.

Local Context: Action Taken by the ICB

Following our earlier reports, the ICB agreed to take steps to improve[3] earlier diagnosis, strengthen primary care guidance and support clearer communication. As HWW, we acknowledge and appreciate that the ICB has since introduced an improved local service to support PSA testing and is delivering a social media campaign highlighting prostate cancer risk for men. We recognise these as constructive system responses to concerns raised previously.

However, Variation Remains

Despite these steps, current survey responses suggest that some inconsistencies in experience within and between GP surgeries across Worcestershire may remain. Some respondents shared concerns similar to those raised previously which may indicate that further improvement is still needed.

Where Things Stand Now Nationally

Nationally, the UK National Screening Committee[4] ran a consultation (Nov 2025–Feb 2026) on a draft recommendation to offer targeted screening every two years for men aged 45–61 years with confirmed BRCA1/2 variants, and not to offer whole population screening. The draft consultation did not propose targeted screening pathways based solely on black ethnicity or family history at that stage. The consultation has now closed, with the final recommendation expected after the March 2026 UK NSC meeting.

About the Survey

This survey ran from January 1 to February 28 2026.

A full list of survey questions and all answers can be found in Appendices A and B. Some men may also have taken part in earlier surveys; because responses were anonymous, repeat participation could not be identified.

Governance and ethics

This work was undertaken as a HWW listening exercise / service evaluation to understand local people's experiences of PSA testing and prostate cancer pathways in Worcestershire, and to inform improvement discussions with system partners. The survey was conducted in line with HWW's governance and information governance processes, with participation voluntary and responses anonymised. Further detail on governance, ethics and data handling can be found in Appendix D.

How the Survey Was Developed

The survey was co-produced with the WPCSG. Their lived experience, long-standing involvement in PSA testing events, and insight into the barriers men face helped shape the questions and ensured the survey reflected the real-world situations men experience.

Podcast, Phil's Story and National Reach

As part of the campaign, HWW produced a prostate cancer awareness podcast[5] featuring Phil Goodall (prostate cancer patient and member of the WPCSG) and Chris Byrne (HWW – Director). Their discussion about PSA testing, delays, symptoms and variation in GP advice helped raise local awareness and encouraged men to reflect on their own risk.

A short clip from the conversation, focusing on Phil's personal story, reached 3,500 views and helped widen awareness of the survey and related messages. We would like to thank Phil for generously sharing his experience and helping strengthen the impact of this work[6].

The podcast also directed listeners to the Prostate Cancer UK Risk Checker[7], helping men assess their risk and seek advice if needed. As part of our ongoing engagement, HWW discussed this work with Prostate Cancer UK, sharing links to the podcast to demonstrate local activity and to highlight the experiences men are reporting locally.

About the Survey Cont.

How We Reached Men Across Worcestershire

To maximise reach and encourage participation from men with a range of backgrounds, confidence levels and awareness, we used a multi-channel campaign:

- **Paid Facebook advertising -** targeted at Worcestershire men aged 45+
- **Organic Facebook posts -** sharing information about PSA testing and linking directly to the survey
- **Worcestershire Prostate Cancer Support Group promotion -** including newsletter distribution and community networks
- **Healthwatch Worcestershire newsletter and website**
- **Video and podcast content -** signposting listeners to the survey and further information

Respondent demographics reflected some characteristics of the local population; however, responses were self-selected and some groups were under-represented. As with many voluntary surveys, some groups were more represented than others, so findings should not be treated as statistically representative of the Worcestershire population. Several themes raised in this survey are similar to issues highlighted in earlier local engagement work and by national prostate cancer organisations.

Limitations Of The Survey

- Voluntary self-selected sample
- May overrepresent people with stronger views or direct experience
- Some respondents may have participated previously
- Findings are based on self-report
- Not statistically representative of all Worcestershire men
- Useful for identifying themes and experiences

Partnership with the support group helped reach men with lived experience, while wider public promotion aimed to broaden participation.

Key Findings

The survey consisted of 15 questions. The full questionnaire is provided in Appendix A, with response tables and verbatim comments for each question included in Appendix B.

Findings in this section reflect the experiences of people who chose to respond to the survey and should be understood as patient insight rather than statistically representative of all men in Worcestershire. However, they do highlight issues that may merit further review and improvement.

Across the survey, recurring themes were identified. These are outlined below, followed by a more detailed exploration of the findings.

Themes

1. Concerns about later-stage diagnosis remain
2. Uncertainty around personal risk and when to seek testing
3. Reliance on self-advocacy and informal awareness to access testing
4. Variation in access to GP support between practices
5. Gaps in information at key decision points

Later-stage diagnosis remained a concern for some respondents

Key Insight

Among respondents who reported their diagnosis stage, a substantial proportion said they were diagnosed at Stage 3 or Stage 4. These findings reinforce the importance of continued focus on earlier diagnosis.

Main Findings

Among respondents who reported a diagnosis stage:

- 43% said they were diagnosed at Stage 3 or 4.
- 57% reported diagnosis at Stage 1 or 2.
- Among those reporting Stage 3 or 4 diagnosis, 45% had some difficulty accessing GP support.

What Respondents Told Us

Some respondents described delays linked to follow-up, symptoms or uncertainty about when to seek help:

- "I left 18 months before getting a follow-up test and it was too late."
- "Originally refused PSA test without symptoms."
- "I had several tests which showed a gradual increase in PSA level... I had no response about the need for further tests."
- "I wish I'd been able to have a routine test to catch my cancer sooner."

These comments describe individual experiences and are not intended to represent all patient journeys.

What This May Mean

Responses suggest that later diagnosis remains an important concern for some men. Some respondents also described uncertainty about when to test, delays in follow-up, or difficulty accessing support. Earlier conversations and clearer pathways may help improve timely diagnosis.

Some higher-risk men are not being identified or supported early

Key Insight

Family history, ethnicity, age and some inherited genetic factors can increase prostate cancer risk. Some respondents with known risk factors did not report receiving proactive or early support.

Main Findings

Among respondents:

- 25% reported a family history of prostate cancer.
- 21% reported a family history of breast cancer.
- Only 14% said their family history prompted them to seek a PSA test.

What Respondents Told Us

Some comments highlighted gaps in communication and missed opportunities for targeted support:

- "My Mother had Breast Cancer but any possible link that I could be more at risk due to this was never pointed out to me… Following the biopsy, I had my Prostate removed but unfortunately the Cancer has spread to my bones."
- "I was told there was no correlation between family history and PC."

What This May Mean

These responses may suggest opportunities to improve risk-based conversations, particularly where family history or other recognised risk factors are present. Clear and consistent communication may help ensure that higher-risk men are identified earlier and supported to access timely PSA discussions.

Many respondents said PSA testing is often self-initiated

Key Insight

In this survey, respondents more often described PSA testing as something they initiated themselves, rather than it being prompted by a clinician.

Main Findings

Among respondents who had a PSA test:

- 53% said personal concern or advice from family/friends influenced them.
- 13% said GP recommendation prompted testing.
- 18% were prompted by media or public health information.

What Respondents Told Us

Some respondents described learning about prostate cancer through informal routes:

- "I'd not heard of it until seeing information at a local car show."
- "A local charity advertised PSA checks."
- "Knew others who developed the cancer."

What This May Mean

Responses suggest awareness, confidence and personal networks may play an important role in whether some men seek testing. This may create barriers for people who are less aware of their risk or less confident approaching services. As a result, some higher-risk men without these networks, particularly those from minority and equality-protected backgrounds, may be more likely to miss early opportunities for detection.

Respondents reported varied experiences of accessing GP support

Key Insight

Survey responses suggest mixed experiences when men tried to discuss prostate concerns with a GP practice.

Main Findings

- 48% said access was easy.
- 45% described some form of difficulty, delay or discouragement.
- 65 respondents reported difficulty accessing GP support.

What Respondents Told Us

Some respondents described barriers or discouragement:

- “Originally refused PSA test without symptoms.”
- “Discouraged from having the test.”
- “Very difficult to persuade GP to give me a PSA test until I changed GP practice.”
- “Never offered a PSA at drs as they say its not in their remit....would have to go private for test and treatment.”
- “This test was approved by GP when symptoms appeared- previously declined before symptoms.”

Other respondents described positive support and timely care.

What This May Mean

These responses may indicate variation in patient experience, with opportunities for discussion differing between GPs and practices. This is particularly concerning given NHS guidance[8] states *“men aged 50 or over can ask their GP for a PSA test, even if they do not have symptoms.”* Clearer access routes, consistent communication and supportive conversations may help reduce avoidable barriers.

Many respondents described gaps in information and clarity

Key Insight

Some respondents said they did not receive enough clear information about PSA testing, raised PSA results, possible treatment side effects, or what might happen next.

Main Findings

- 46% said they were not informed about potential treatment side effects.
- 30% said they did not fully understand that a raised PSA could lead to further tests.
- 34% said they did not have enough information to make an informed decision.

What Respondents Told Us

We asked what people wished they had known in advance:

- “Given no info so had no test.”
- “Was just given a leaflet and told to look on the website.”
- “There seems to be a lot of confusion… not sure who to believe.”
- “What result is considered high, and when should the next PSA be done?”

What This May Mean

These responses suggest clearer, more consistent information may help people make informed choices, reduce anxiety and support earlier help-seeking where appropriate.

Conclusion

Respondents continue to describe variation in experiences between GP practices/surgeries. Later-stage diagnosis remains a concern among those who reported diagnosis stage, and some men are not receiving the clear guidance they need when making decisions about testing or follow-up. Continued focus on earlier diagnosis and timely care may help improve outcomes and reduce avoidable harm.

To achieve meaningful change, the emphasis must now shift away from the ongoing debate about PSA testing. A greater focus is needed on earlier identification, awareness and consistent pathways. Alongside this, strengthening the focus on identifying higher-risk men earlier, supporting men to approach their GP, and ensuring consistent, risk-based advice across practices may help reduce variation. Without further progress, some barriers and inequalities in experience may persist, although positive steps are already being taken.

The experiences shared by 154 Worcestershire men suggest that, for some, the current approach does not always feel clear, timely or consistent. HWW will continue to engage with men across the county, ensuring that lived experience informs both local and national conversations. We will continue working alongside the WPCSG and Prostate Cancer UK, and raise awareness, particularly among those at higher risk, to support earlier conversations about prostate cancer.

Future improvement may depend on continued focus on earlier identification, clearer guidance and consistent, risk-informed conversations across the local system. HWW recognises that positive steps have been taken, which provide a foundation for further improvement.

These findings reflect the experiences of those who chose to take part and should be understood as patient insight rather than representative of population data. The recommendations that follow are therefore aimed at supporting a more consistent, risk-based approach to PSA testing and prostate cancer care across Worcestershire, with a focus on earlier identification, clearer information and reducing variation in patient experience.

Recommendations

As set out in our 2025 Position Statement on Prostate Cancer and PSA Testing, survey responses suggest that several previously identified issues may still be affecting patient experience. The three recommendations from 2025 therefore remain relevant in supporting greater consistency and earlier identification.

The gaps identified locally also reflect those raised by national prostate cancer charities. Our recommendations align with Prostate Cancer UK, who are campaigning for earlier diagnosis and are funding the Transform Trial[9] to explore different screening approaches. HWW will look to support recruitment into this trial across Worcestershire.

1. Segment and target – identify and support people at higher risk
Shifting more diagnoses to earlier stages requires a greater focus on men at higher risk of prostate cancer. Longstanding debates about the benefits and limitations of PSA testing may continue to create uncertainty for both patients and clinicians, potentially limiting earlier engagement.

Survey findings suggest that some men are still being diagnosed at a later stage, with reports of delays, uncertainty about follow-up and difficulty accessing GP support. Strengthening the use of risk factors such as age, ethnicity and family history may help support earlier conversations and more timely identification.

2. Reach out to higher-risk patients – improve early identification
Clearer and more targeted communication may help ensure that higher-risk men understand when and how to seek advice or request a PSA test.

Survey responses suggest that PSA testing is often self-initiated, with relatively few respondents reporting that testing was prompted by family history, despite some identifying this as a risk factor. This may indicate a need for more visible and accessible support for men at increased risk.

Targeted awareness and education activity in higher-risk communities, alongside clear and balanced public messaging about risk, symptoms and testing, may help improve early engagement. Where proactive identification is limited, approaches such as baseline PSA testing for higher-risk men over 50 could be considered to support monitoring.

3. Upgrade the system – support consistent, risk-based care
Findings suggest that variation in GP access and information provision may still be affecting patient experience. Some respondents described difficulty accessing GP support or discussions, discouragement when requesting a PSA test, or uncertainty about next steps following a raised result.

Supporting primary care with the tools, capacity and clear pathways needed to deliver consistent, risk-based advice may help reduce this variation. Ensuring that all practices are able to offer clear and supportive conversations may help support earlier diagnosis and reduce missed opportunities.

This may include strengthening pathways for identifying and following up higher-risk men, alongside ensuring sufficient diagnostic capacity, such as access to mpMRI, to support timely investigation and maintain pathway quality.

Acknowledgements

We would like to thank everyone who contributed to this report and supported this work.

The men who took part
We would like to thank the 154 Worcestershire men who shared their experiences through this survey. Your honesty, time and insight are central to this report.

Worcestershire Prostate Cancer Support Group
Thank you for co-producing the survey and promoting participation through your networks and PSA testing events. Your partnership helped ensure the questions reflected the real experiences of men across the county.

Phil Goodall
Thank you for sharing your personal experience as part of our prostate cancer awareness podcast, and for helping to promote the survey and raise awareness across the county.

The podcast explores Phil's story, his delayed diagnosis, experiences with PSA testing, and who is at higher risk — encouraging men to reflect on their own risk and seek advice if needed.

You can watch the full podcast here:
[PSA Testing and Prostate Cancer - The conversation men should be having]

Prostate Cancer UK (PCUK)
We would also like to thank Prostate Cancer UK for engaging with our work and supporting wider conversations about earlier diagnosis and consistent advice for men at higher risk.

This is a link to the Prostate Cancer UK Risk Checker which helps men understand their personal risk and seek advice where needed:
[Prostate Cancer UK - Risk Checker]

Herefordshire and Worcestershire Integrated Care Board (ICB)
Thank you for the steps taken following our previous reports, including the development of a Local Enhanced Service (LES) for PSA and a prostate cancer risk awareness social media campaign. These actions provide important foundations for improving consistency across the county.

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Appendices

Further detail supporting this report is provided in the appendices, which are available alongside the main report. These include the full survey questionnaire, detailed response tables and verbatim comments, references, and additional supporting information on terminology and governance.

Readers who would like to explore the findings in more detail are encouraged to refer to the appendices, which provide additional depth and context to the insights presented in this report.

Appendix A – Survey Questionnaire
- Full list of survey questions used to gather responses.

Appendix B – Survey Response Tables (including all verbatim comments)
- Detailed breakdown of responses for each question, including all verbatim comments.

Appendix C – Reference List
- Sources and evidence referenced throughout the report.

Appendix D – Governance and Ethics
- Information on methodology, governance, ethics and data handling.

Table 1 – Technical Term Explainer
- Definitions of key terms used within the report.

This report has been reviewed using digital tools to support accuracy and clarity. Please note that AI was not used in the collection of data.