

Cervical Screening Engagement Report

Background

Between July and August 2023, Third Sector Leaders Community Champions, engaged with local communities to understand;

- Cervical screening and cervical cancer risk factors/symptoms awareness
- The challenges and barriers to accessing cervical screening services and support

A total of 1,047 individual conversations were held plus community champions reached out to various segments of the community, engaging 874 people through groups. A total of **1,921** conversations.

The findings were categorised based on demographics, including deprivation deciles, gender, age, and ethnicity.

Community Engagement & Awareness Efforts:

- 841 individuals were informed about cervical cancer symptoms and risk factors.
- 341 respondents were directed to online resources in multiple languages
- 351 people were advised to consult with their GP.
- People aged 50–79 stated they had a lot of knowledge of symptoms of cervical cancer
- Women who were Arab and Asian/Bangladeshi were more likely than any other ethnic group to know very little about cervical cancer

Health inclusion group respondents:

- 13 respondents had been victims of domestic violence
- 2 respondents were sex workers
- 2 people identified that they were victims of modern slavery
- 64 respondents had mental health conditions
- 11 people identified that they had challenges with drug and/or alcohol dependency
- 22 respondents identified that they were vulnerable migrants, seeking asylum or refugees
- 8 respondents were homeless
- 6 people stated they identified as LGBTQ+
- 107 respondents said they had low literacy levels
- 21 people identified they were not in education or employment

Current service utilisation:

Community Champions spoke to 715 people who had been invited for cervical screening and 572 women had taken up their appointment. 143 people had received their invite but had not taken up the appointment. 332 people spoken to had not received an invite. This was mostly due to;

- not falling within age parameters
- recently moved address

Key findings:

Individuals that attended their screening appointment:

From the people that Community Champions engaged with the findings show

- 81% of people based in **HD1, HD2, WF13, WF16** and **WF17** attended their screening appointments
- 42% of attendees were **Asian/Asian British/Pakistani**
- 33% of attendees identified themselves as **White**

Individuals that did not attend their screening appointment

Community Champions engaged with people around reasons why they had not attended their screening appointment 29% of people quoted they were fearful of the screening procedure. 20% said that practical barriers were the reason for not attending, this theme included forgetting to make the appointment, availability of appointments, childcare concerns and having to take time out of work for the appointment.

Demographic analysis

- Women **aged 18-24** were more likely to speak about being fearful of the screening procedure
- Women **aged 25-49** were most likely to talk about practical barriers alongside fear of screening
- People **aged 50+** assumed they were low risk so were unlikely to attend their appointment

Health inclusion Groups

- Women with **mental health conditions** were most likely to say that they were fearful of the screening process

- Women who identified that they had **low literacy levels** were most likely to state that language barriers/unable to understand as a barrier to attending their appointment

Primary Care Network areas:

- Women who fell into the Primary Care Network (PCN) area of **The Mast and Batley and Birstall** identified being fearful of the screening process more than other PCN areas.
- Women within the PCN area of **Three Centres** were more likely to speak about barriers related to ethnicity/culture and religion
- Women from PCN area **Viaduct** were most likely to speak about a fear of a cancer diagnosis as a barrier
- Respondents from **Meanwood and Toulson** PCN areas were most likely to speak about practical barriers as a reason for not attending their screening.

Deprivation decile analysis

- Women in deprivation **decile 1** were most likely to talk about being fearful of the screening process
- Respondents in **decile 2** were most likely to identify beliefs relating to ethnicity, culture or religion as barriers to attending screening
- People within **decile 3** were most likely to say that language barriers/unable to understand were the reasons for not attending
- Individuals within **decile 4** were more likely to say that a fear of a cancer diagnosis was a barrier
- **Decile 5** respondents quoted that practical barriers were the reason for not attending their appointment

Disability analysis

- Half of the women who identified as having a **learning disability or difficulty** said that fear of screening was a barrier
- Women with **long term conditions** said that fear of a cancer diagnosis was the biggest barrier
- Women with **physical or mobility impairments** were more likely to speak about practical barriers to appointments

Recommendations that Healthwatch Kirkles will be taking forward to the health and care system locally, regionally and nationally.

1. Implement community specific strategies addressing barriers and concerns raised.
 - Collaborate with local leaders and organisations for culturally sensitive approaches including multilingual and accessible resources.
 - Develop campaigns targeting different age groups to address barriers specifically fears and practical issues.

2. Collaborative Healthcare Networks
 - Provide additional support for Health Inclusion Groups and ensure that vulnerable populations received targeted support and information.
 - Collaborate with local voluntary and support organisations to provide specialised assistance for those who might need it.
 - Healthwatch Kirkles will be providing Primary Care Networks with data packs (January 2024) in relation to cervical screening barriers for their specific areas in hopes to develop tailored strategies for each area.

These recommendations collectively aim to create a comprehensive, community centred and collaborative approach to enhance cervical screening attendance and address diverse barriers within a local, regional and national context.



Cervical Cancer Screening Awareness



Qualitative Analysis



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Word Cloud

A word cloud featuring various terms related to cervical cancer screening awareness. The words are arranged in a non-linear fashion and are color-coded. The largest word is 'uncomfortable' in red. Other prominent words include 'invasive' in yellow-green, 'anxious' in orange, 'older' in purple, 'embarrassed' in dark blue, and 'worried' in yellow-green. Smaller words include 'husband', 'letter', 'history', 'appointment', 'busy', 'childcare', 'age', 'pain', 'fear', 'family', 'partner', 'language', and 'taboo'.

husband
letter history invasive
appointment busy childcare
age anxious uncomfortable
older pain fear
embarrassed family
taboo worried partner language

Demographic analysis

People aged **18-24** and **65+** were more likely to talk about not being offered screening due to their age.



“Older women are no longer invited to screening (after 64) I think this is wrong as older age groups are more likely to develop cancer and also assumes that older women don't have sex anymore. Older women in general are side lined as breast screening stops too in later life.”

Community champions explained that anyone can have the HPV virus and it wasn't related to number of sexual partners

People aged 25–49 covered all themes relating to...



Being Busy

“My children can't attend with me and I can't leave them anywhere as they are under 4 years old.”

“They said appointment times are often inconvenient because I have family commitments.”

Fear

“I am worried and anxious about the test and I'm fearful of the results.”

“I am a bit scared thinking I might get cancer as my mother did.”

Accessing Appointments

“I forget to make the appointments. I feel that it's out of sight out of mind. It would be easier to be contacted to have the screening.”

Embarrassed

“I'm embarrassment of the smear test, it's the fear of the unknown and male medical staff completing the procedure.”

“After a previous smear test I came out and felt invaded and slightly shocked.”

People aged 25–49 covered all themes relating to...

Family

“When I got my first letter I was married, I asked my husband about if I needed to go and he said it’s not important don’t bother going there.”

“I am very aware of attending screening as previously a family member had suffered with cervical cancer.”

Screening Letter

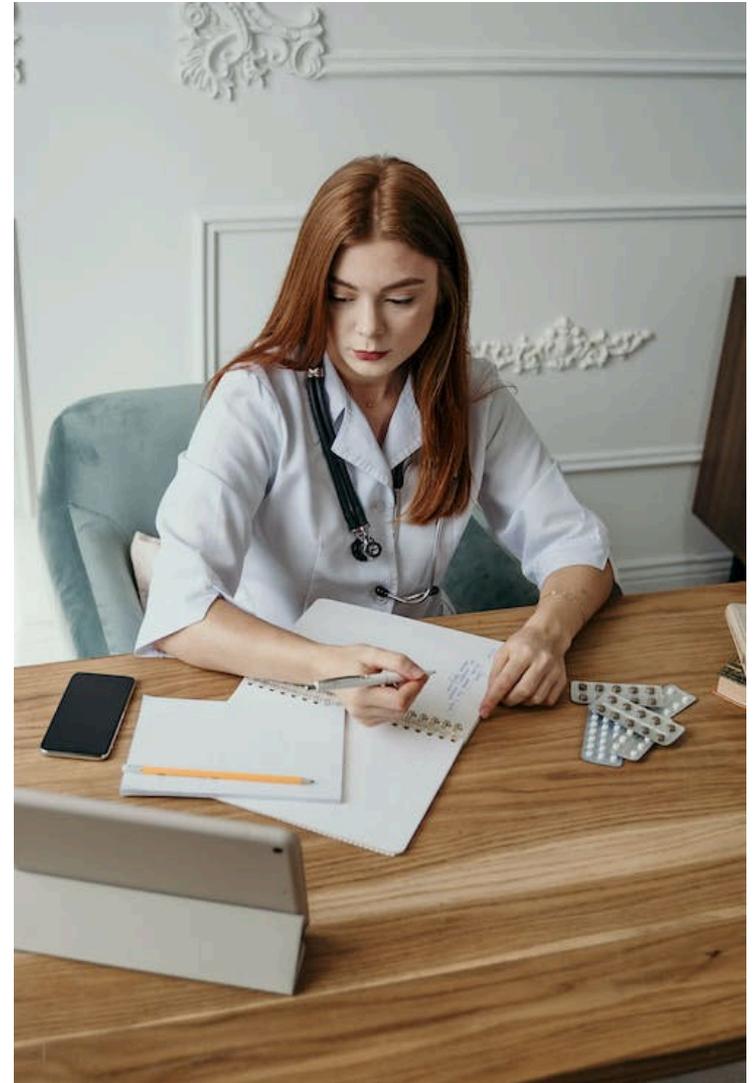
“If I was sent a letter with a pre-arranged appointment date / time already given. I would be more likely to attend rather than having to ring up and make an appointment. I put it off as I don’t really want to go.”

“I always ignore the appointment notifications but now I will go and read the online information.”

Pain

“I haven’t attended my most recent appointment as last time it was painful.”

“I’m worried about the pain because I have never had a test before.”



People aged 50–64 were most likely to speak about...

Fear

"I am anxious about going for tests, I feel embarrassed by the whole experience and I have postponed test until I can work up the nerve to go."



Pain



"I'm not willing to endure the pain and discomfort of the procedure."

Deprivation Decile Analysis

People who identified that they lived in deprivation deciles 1-3 were more likely to speak about language difficulties in relation to cervical screening.

"I have some language barriers. I did not know that there is support and guidance which could be offered regarding the appointment."

"I'm embarrassed to talk about it especially as there are language barriers, it's a bit taboo and I don't have the confidence to go."



People who lived in deprivation decile 2 were more likely to state that they were too busy to attend the appointment

"I routinely forget to book the appointments, plus I also put it off and do not prioritise the appointment."

Ethnicity Analysis

People who identified as Asian were most likely to report that they had challenges with; making appointments, being embarrassed, worried about uncomfortable procedures and language barriers.



People who identified as White were more likely to talk about age barriers and the screening letter/notification.



"I have moved house so haven't received any appointments."

"I think older women are more likely to get cancer and I feel it is unfair that older women don't get offered screening."

Quantitative Analysis



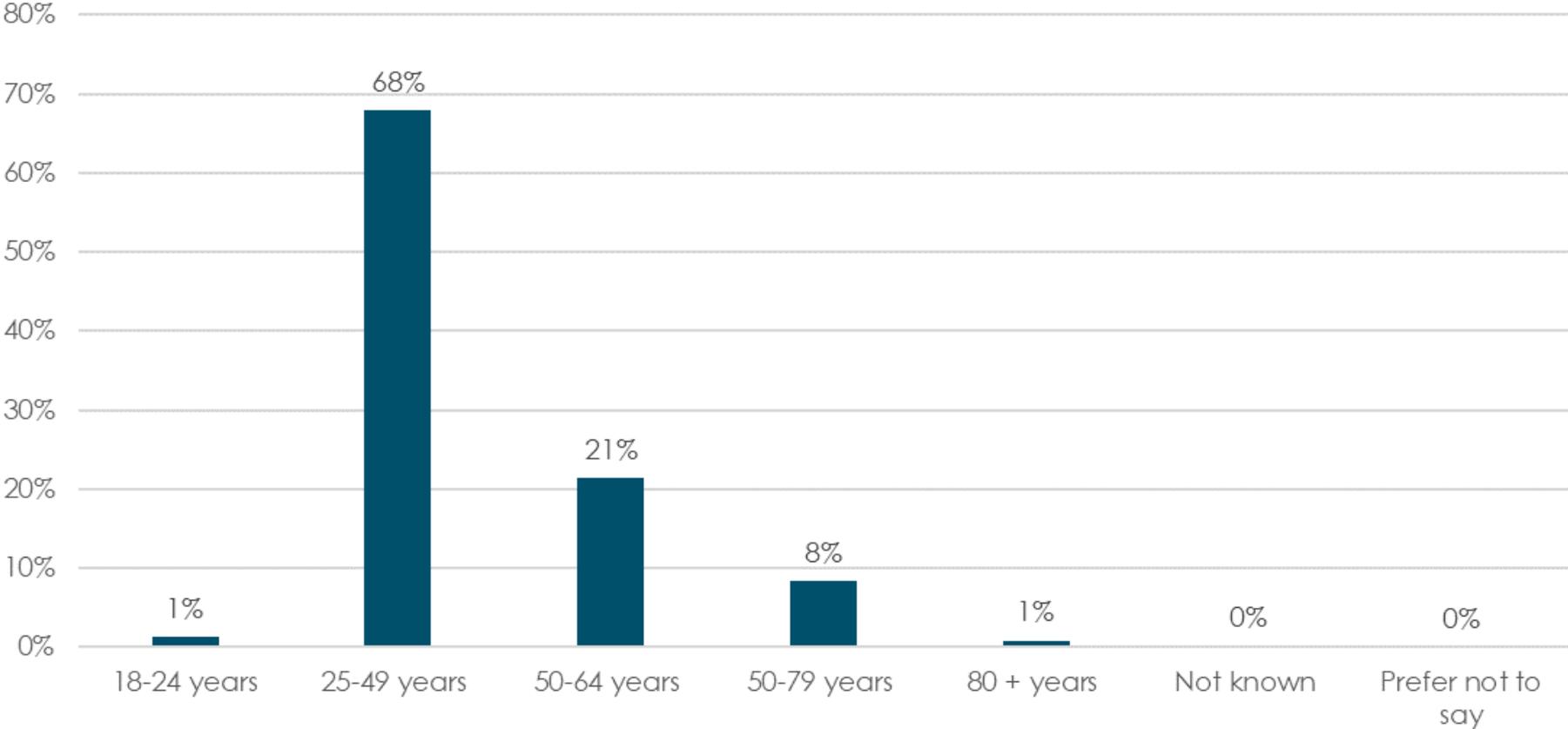
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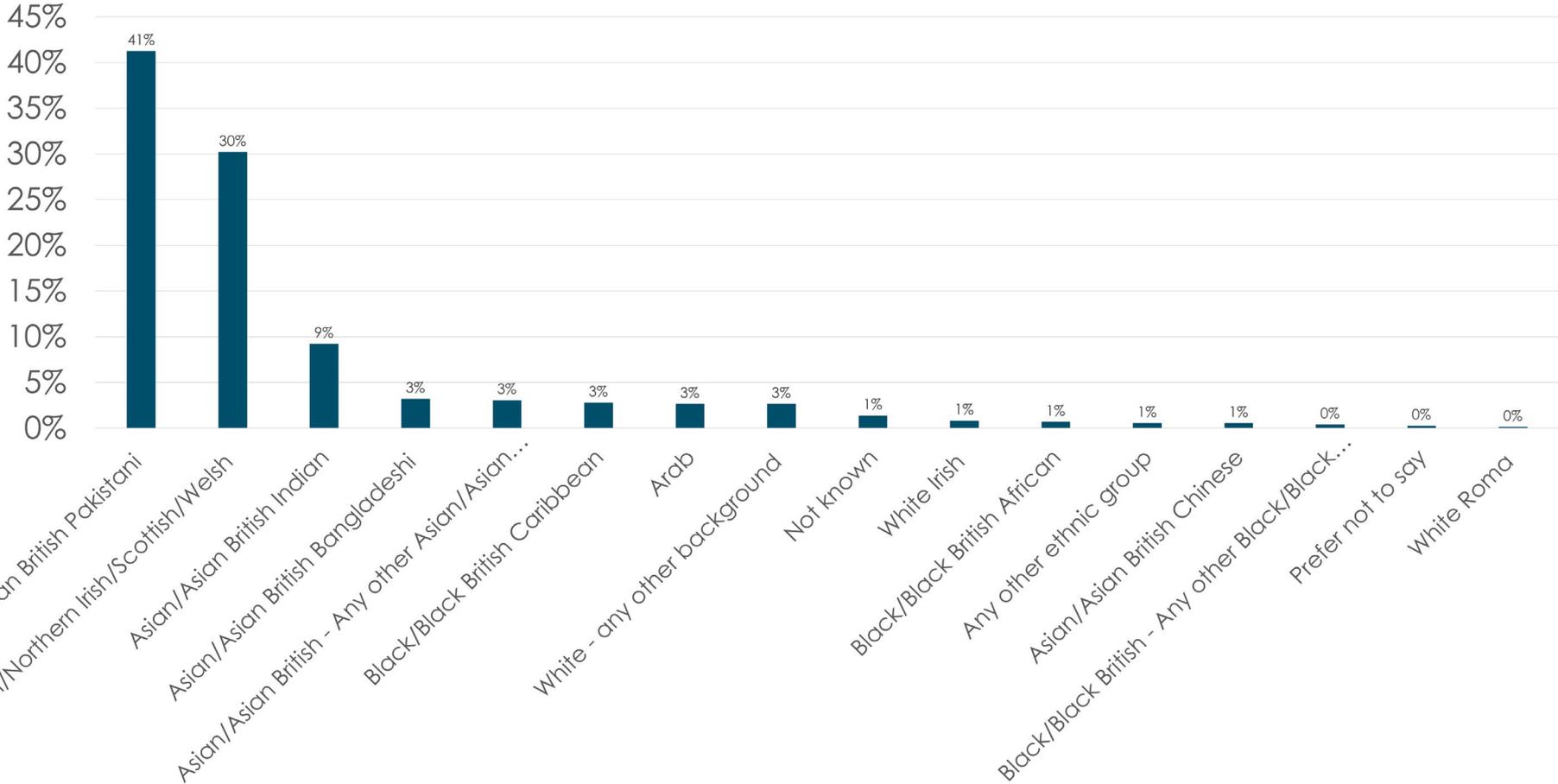
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Individuals invited for a screening

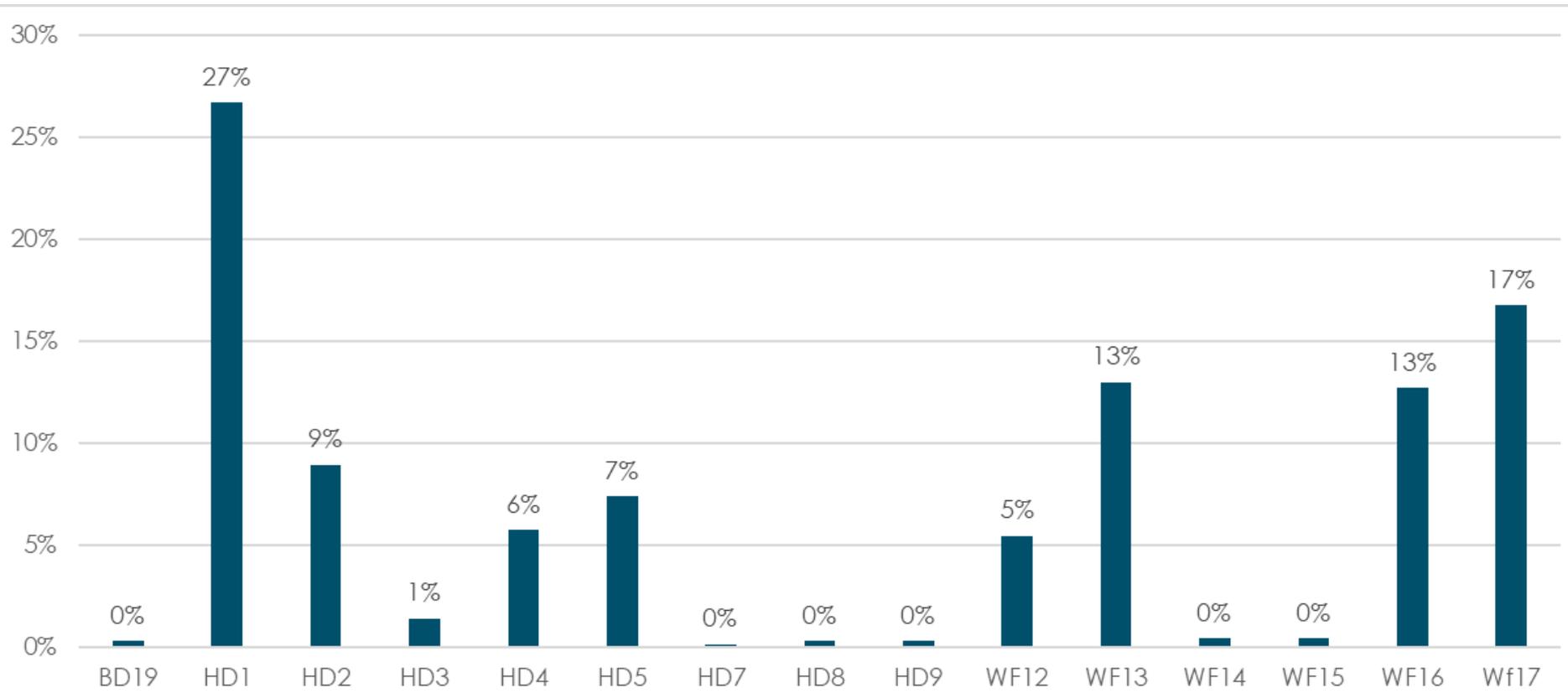
Individuals invited for a cervical screening by age



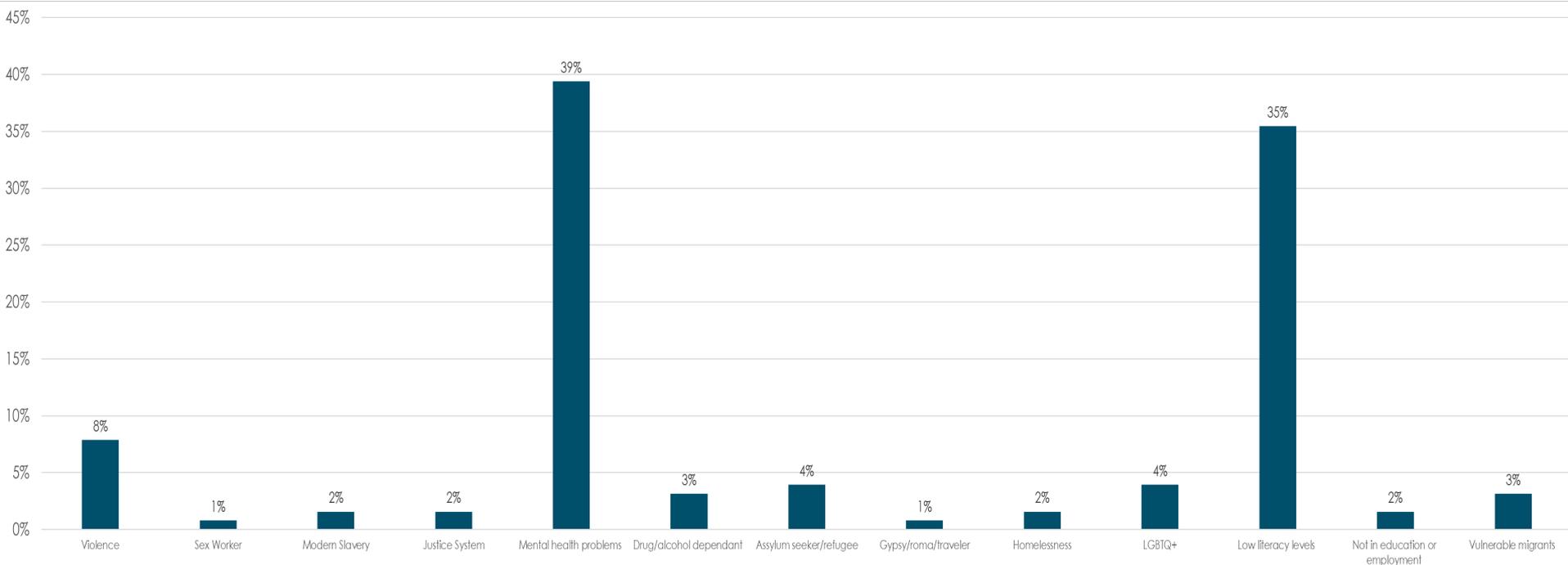
Individuals invited for a cervical screening by ethnic group



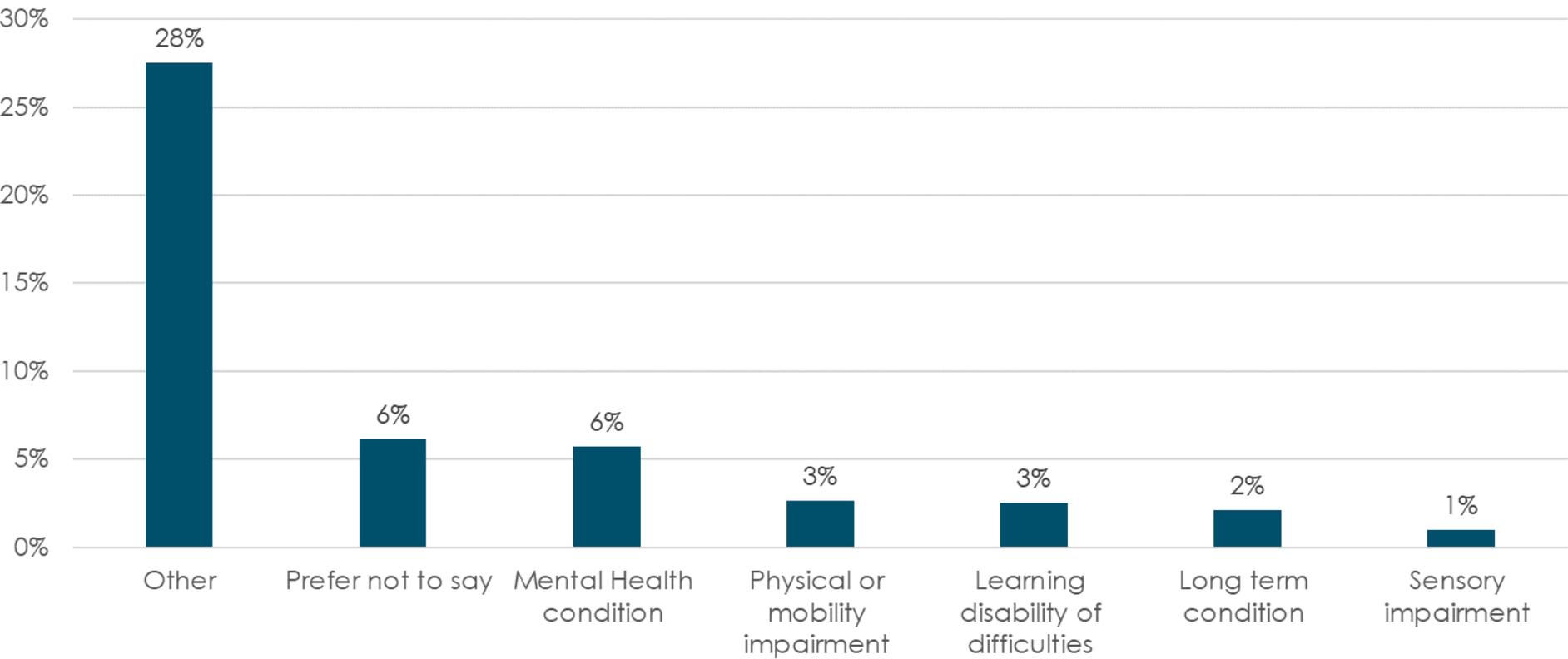
Individuals invited for a cervical screening by Postcode



Individuals invited for a cervical screening by Health Inclusion Group



Individuals invited for a cervical screening by Disability

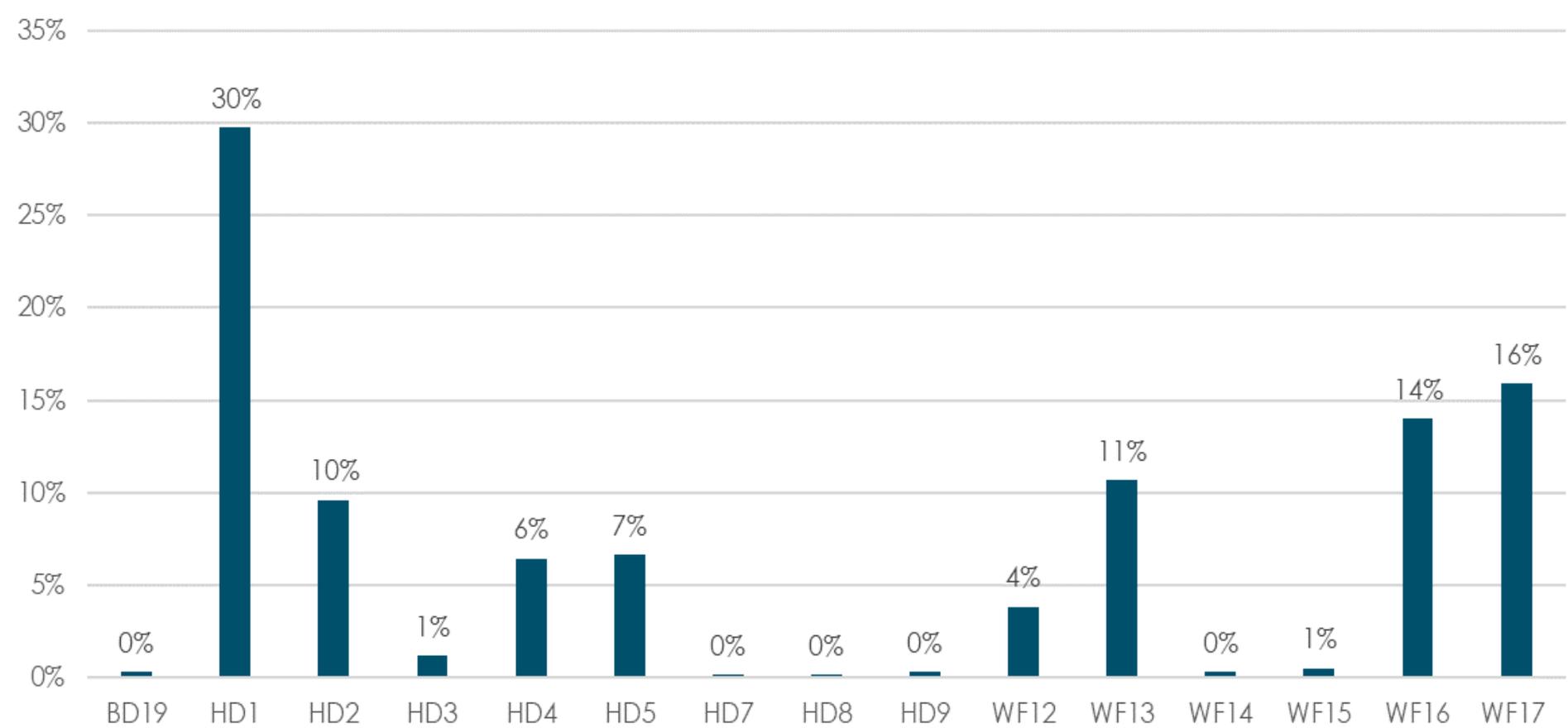




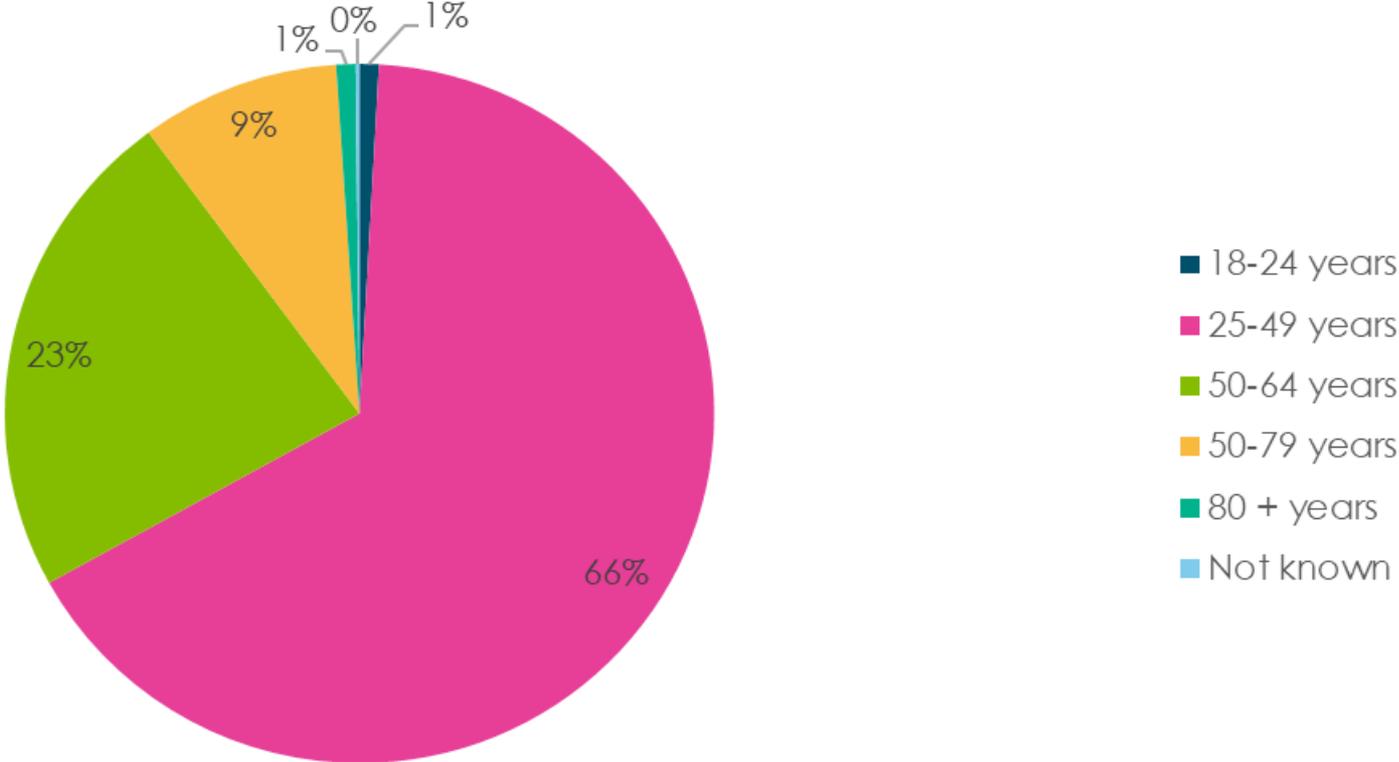
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Individuals that attended a screening

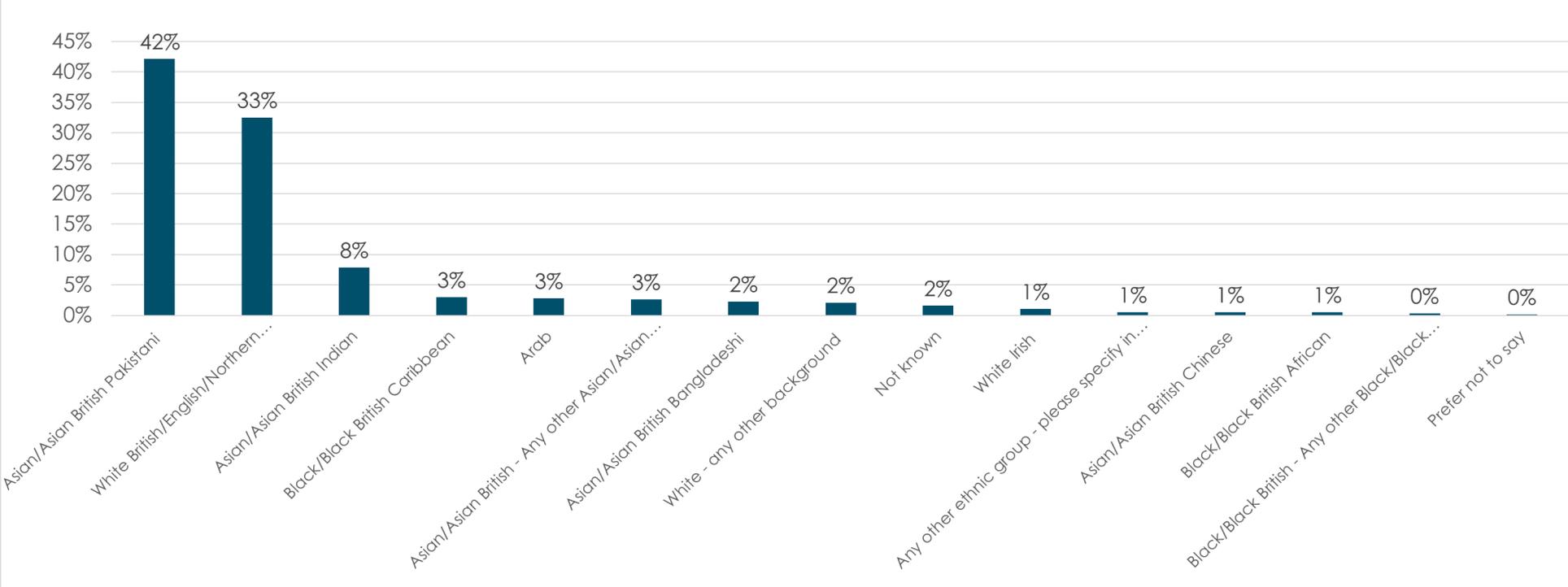
Individuals that attended their appointment by Postcode



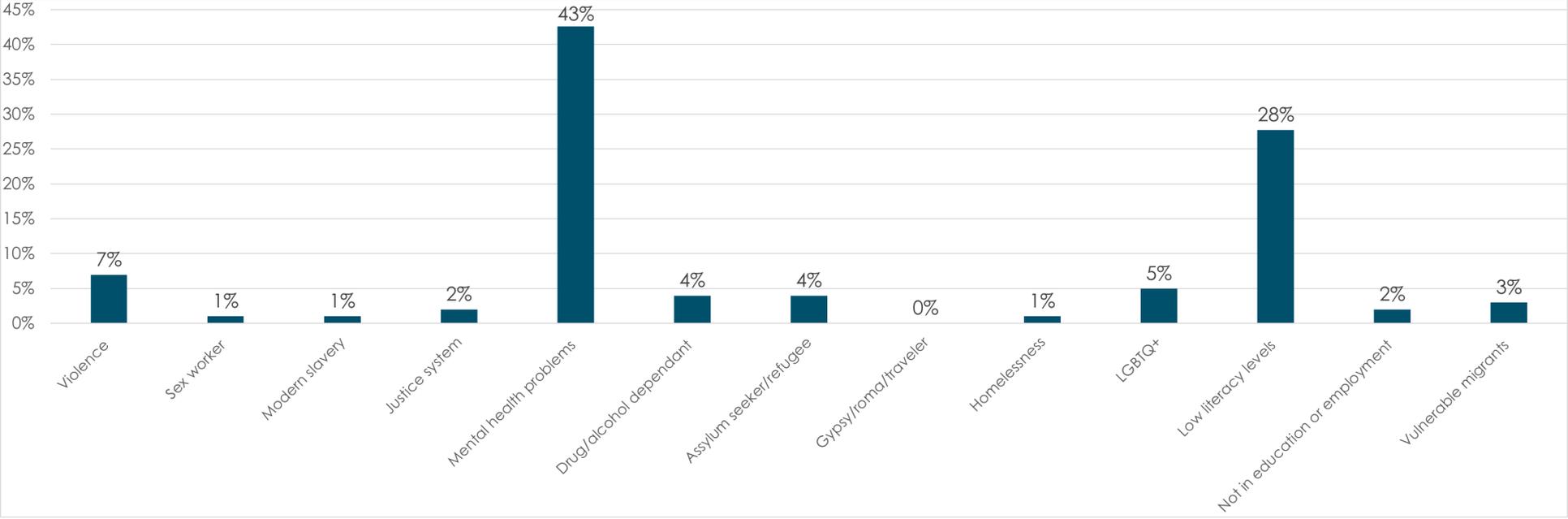
Individuals that attended their appointment by Age



Individuals that attended their appointment by Ethnic Group



Individuals that attended their appointment by Health Inclusion Group

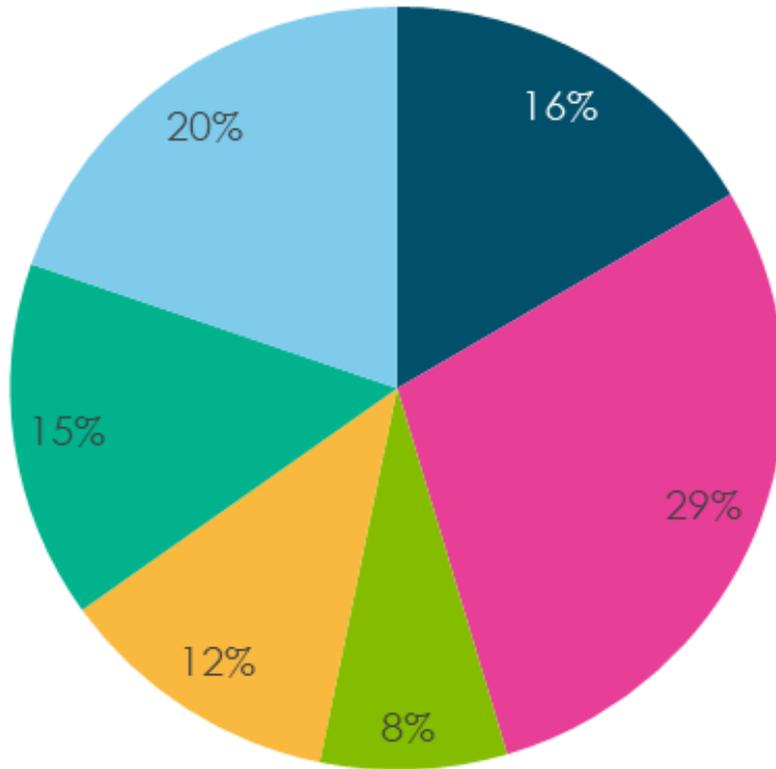




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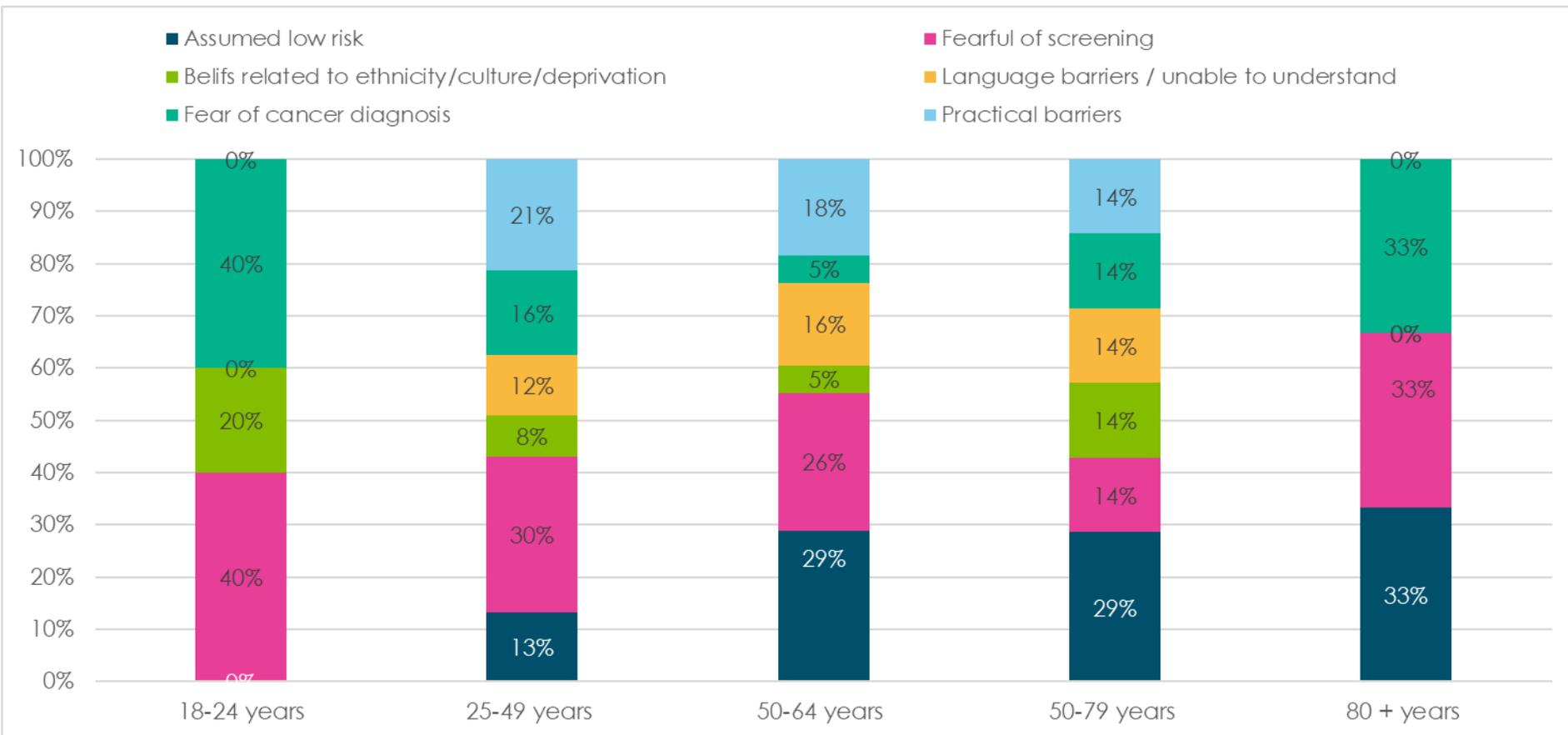
Individuals that did not attend their screening

I did not attend my appointment because...

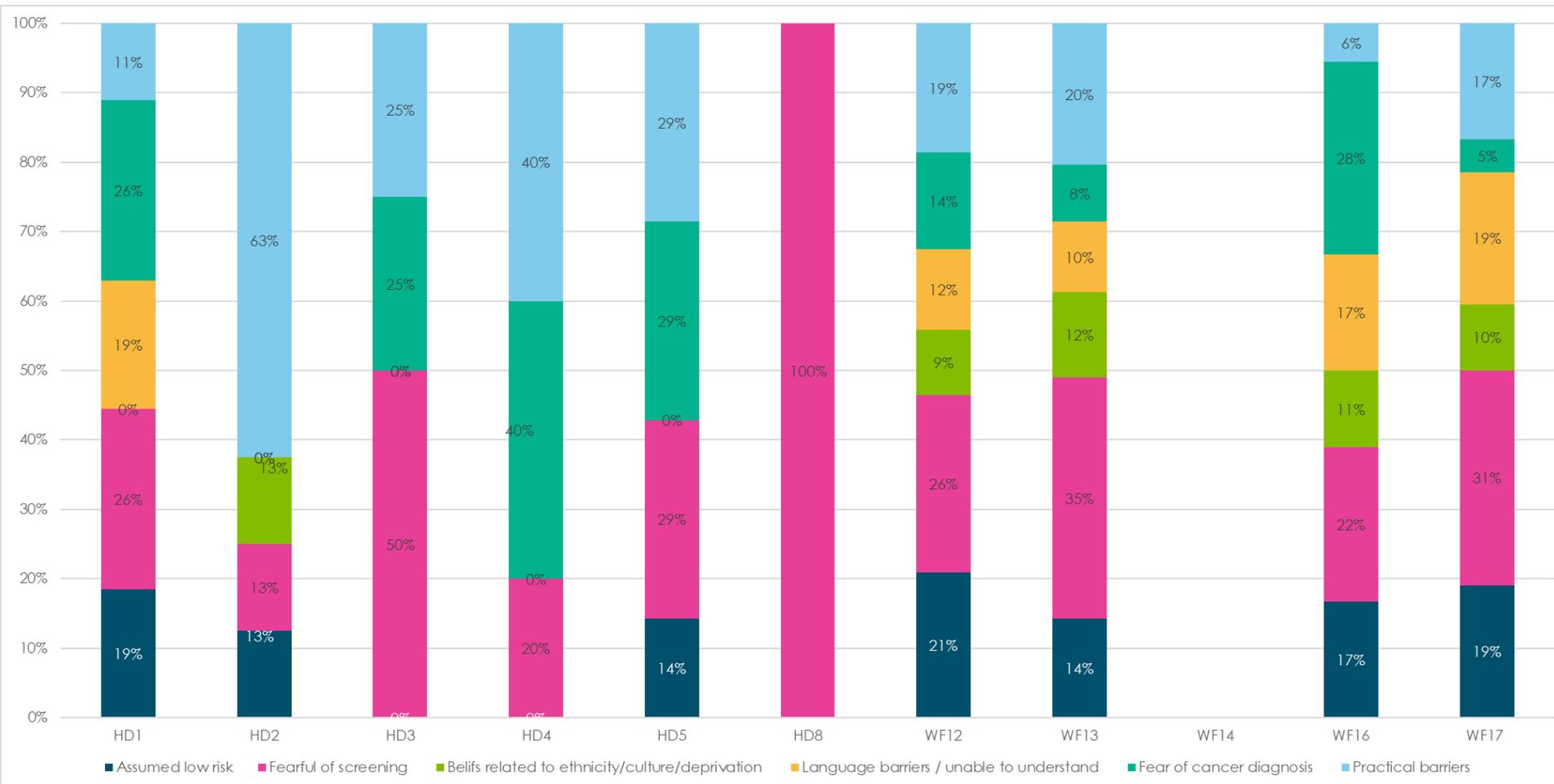


- Assumed low risk
- Fearful of screening
- Beliefs related to ethnicity/culture/deprivation
- Language barriers / unable to understand
- Fear of cancer diagnosis
- Practical barriers

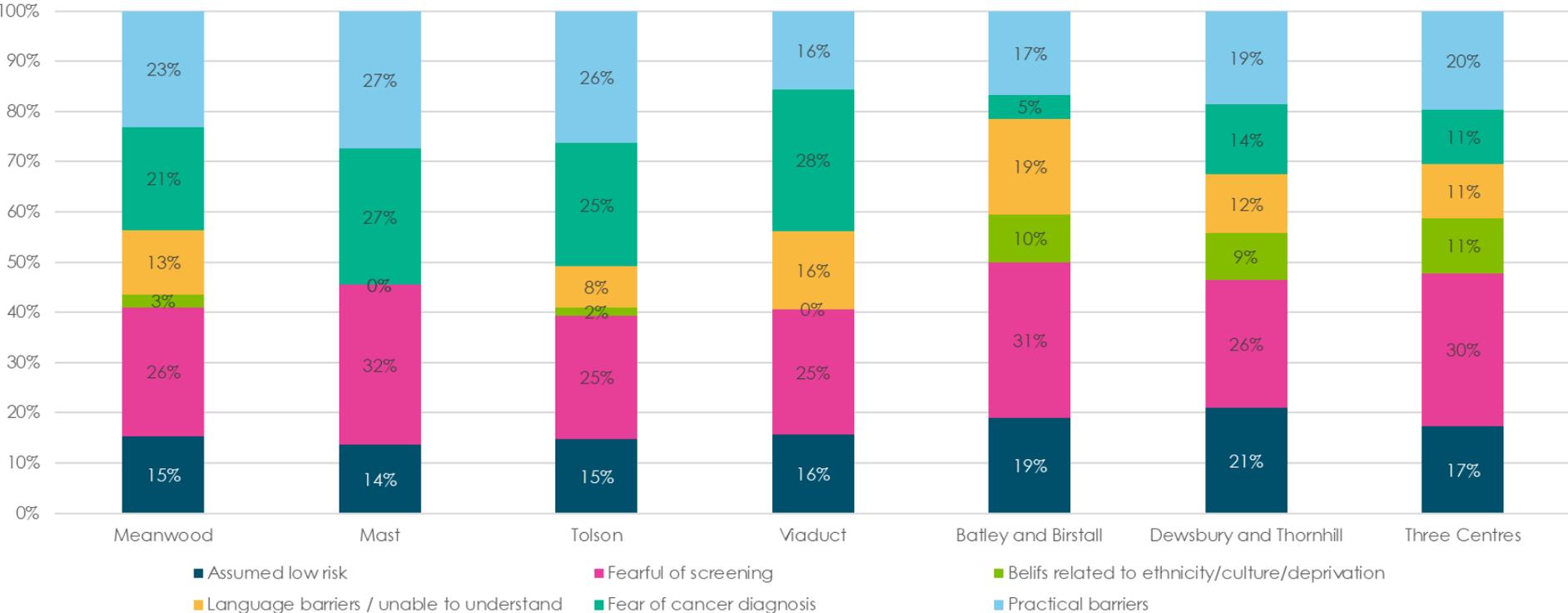
I did not attend my appointment because... (Age)



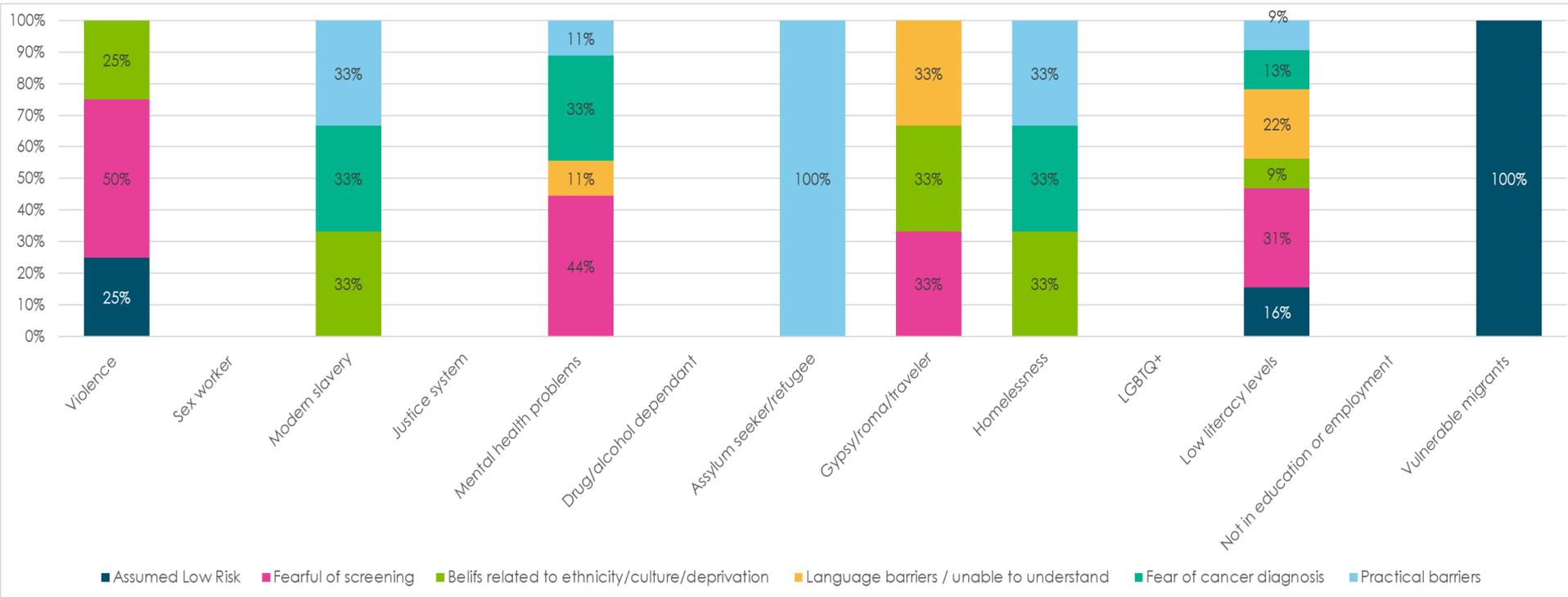
I did not attend my appointment because... (Postcode)



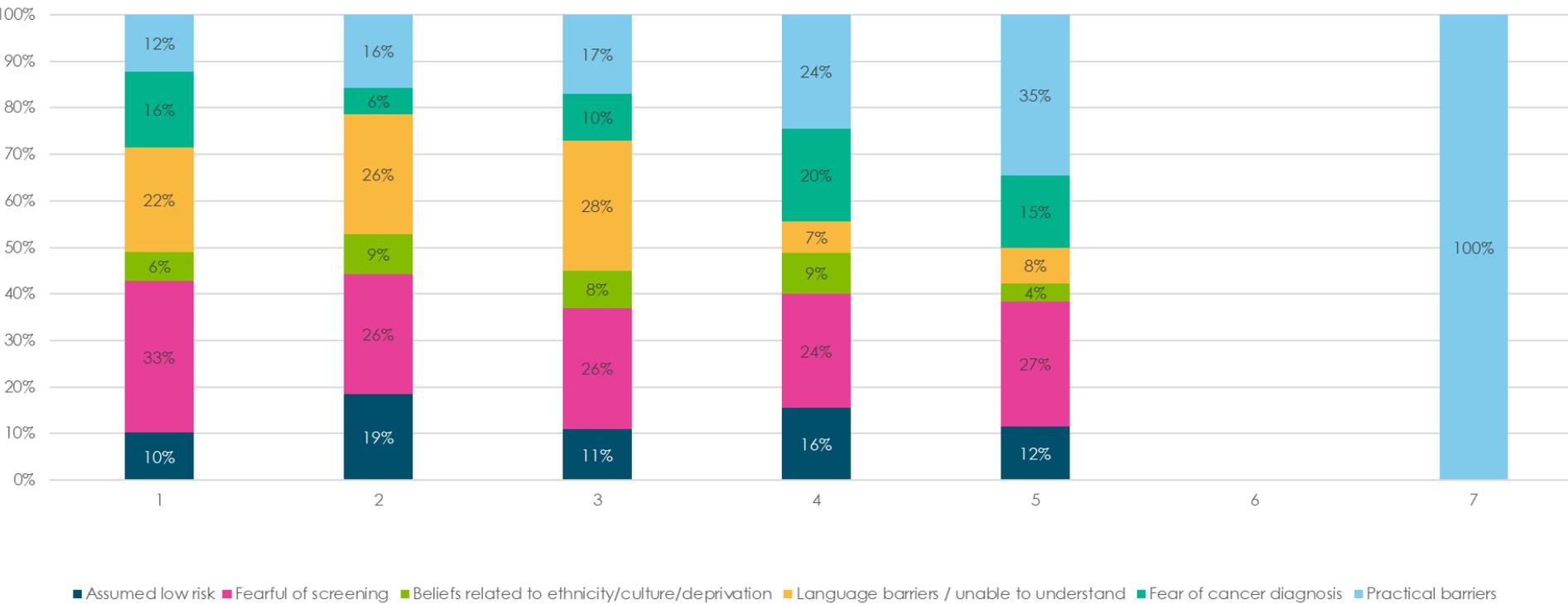
I did not attend my appointment because... (Primary Care Network)



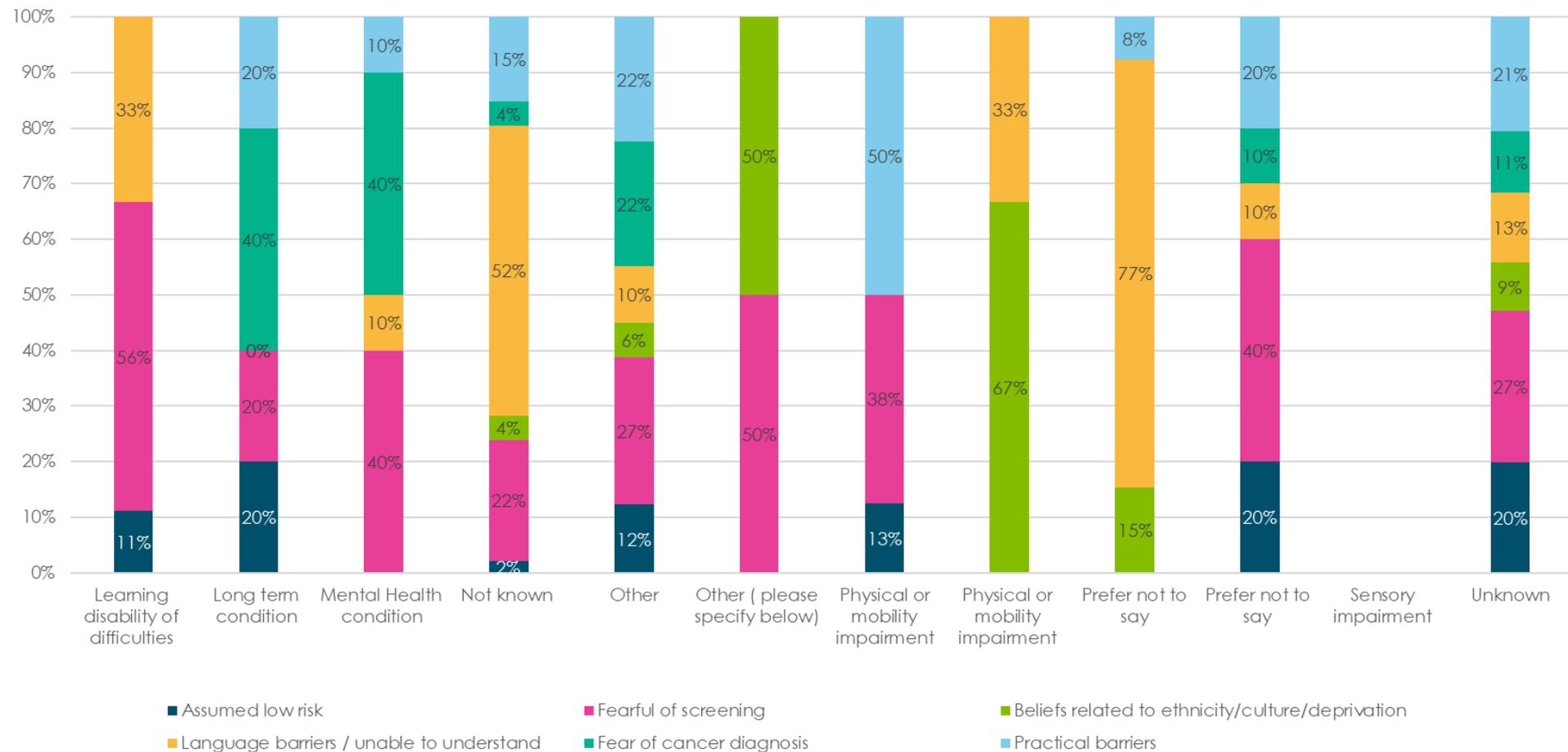
I did not attend my appointment because... (HIG)



I did not attend my appointment because... (Deprivation Level)



I did not attend my appointment because... (Disability)

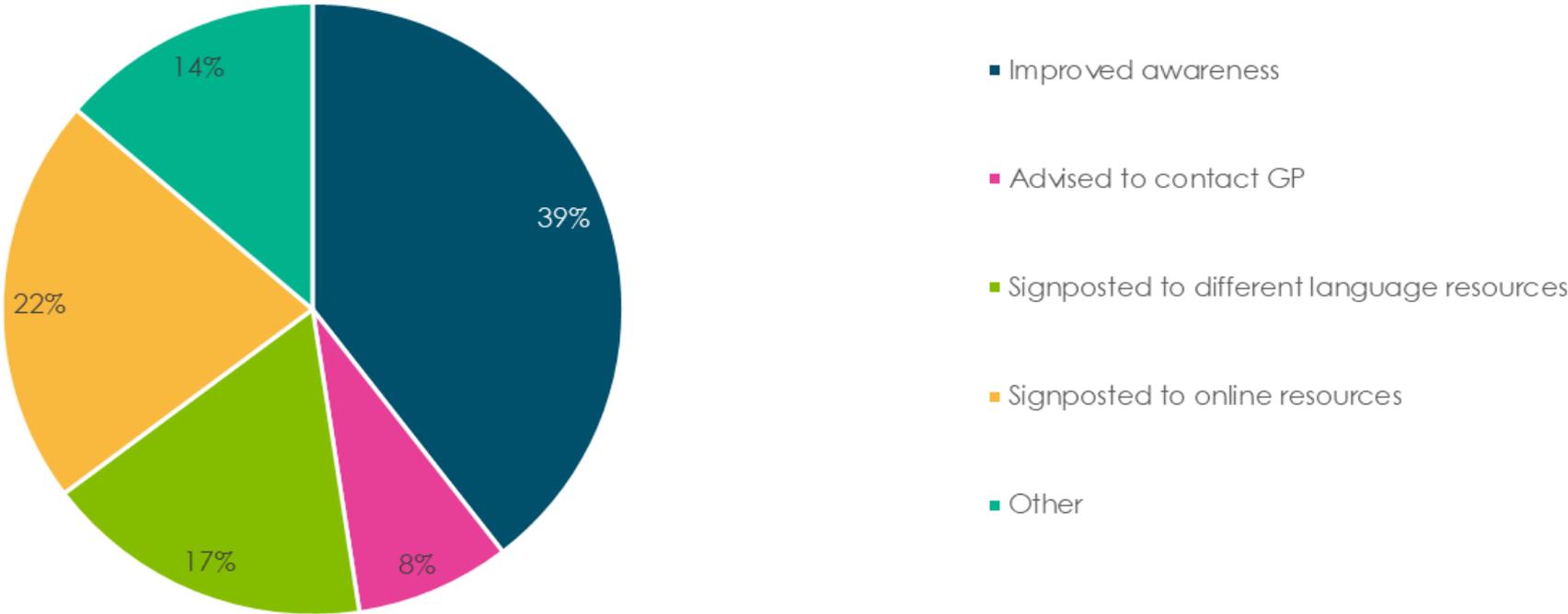




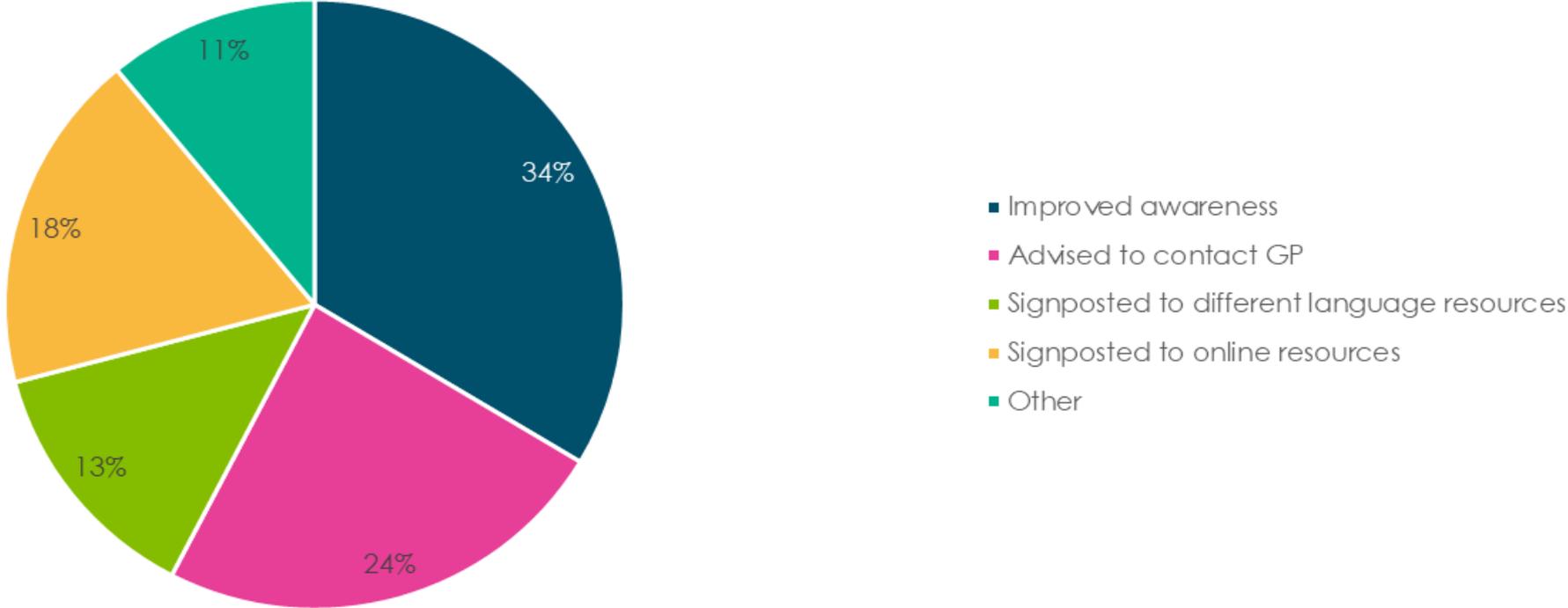
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Outcome of the conversation

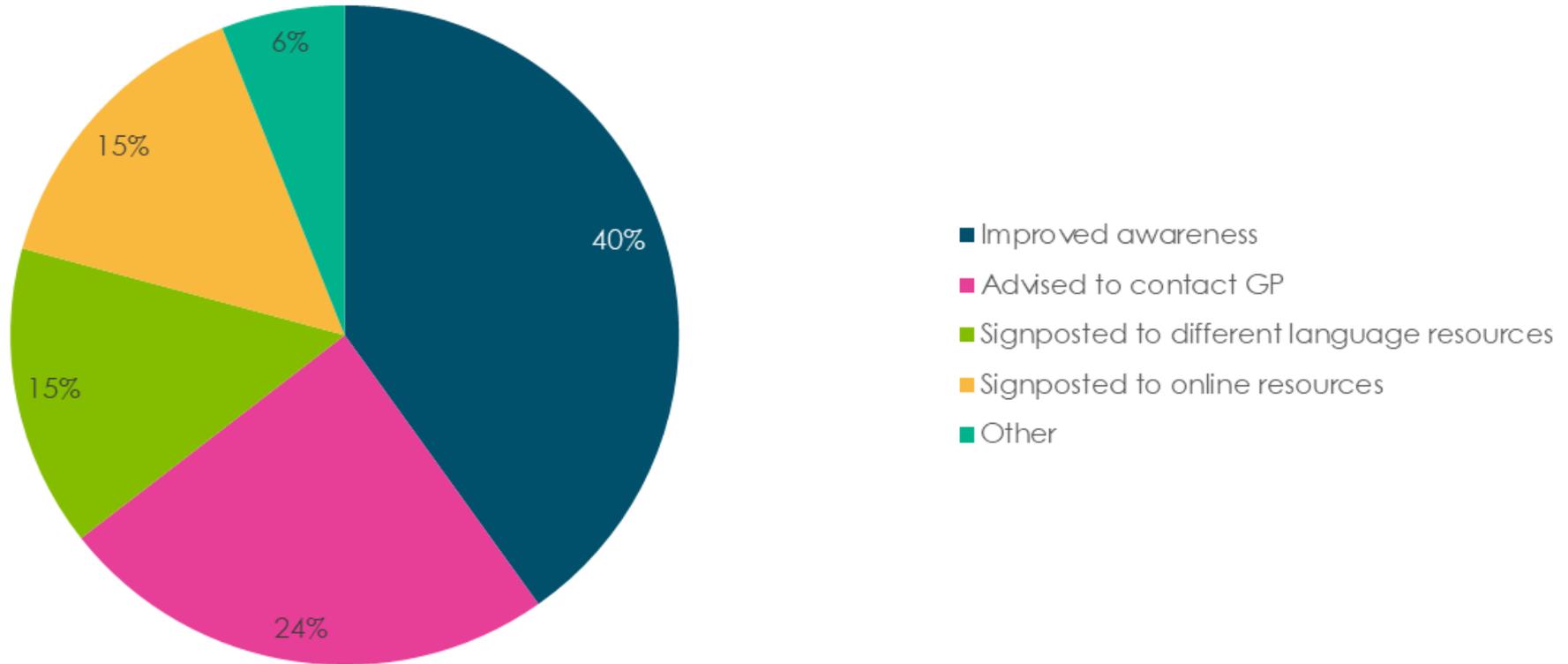
What was the outcome of the conversation around attending appointments (I attended)



What was the outcome of the conversation around attending appointments (I did not attend)



What was the outcome of the conversation around attending appointments (I was not invited to an appointment)

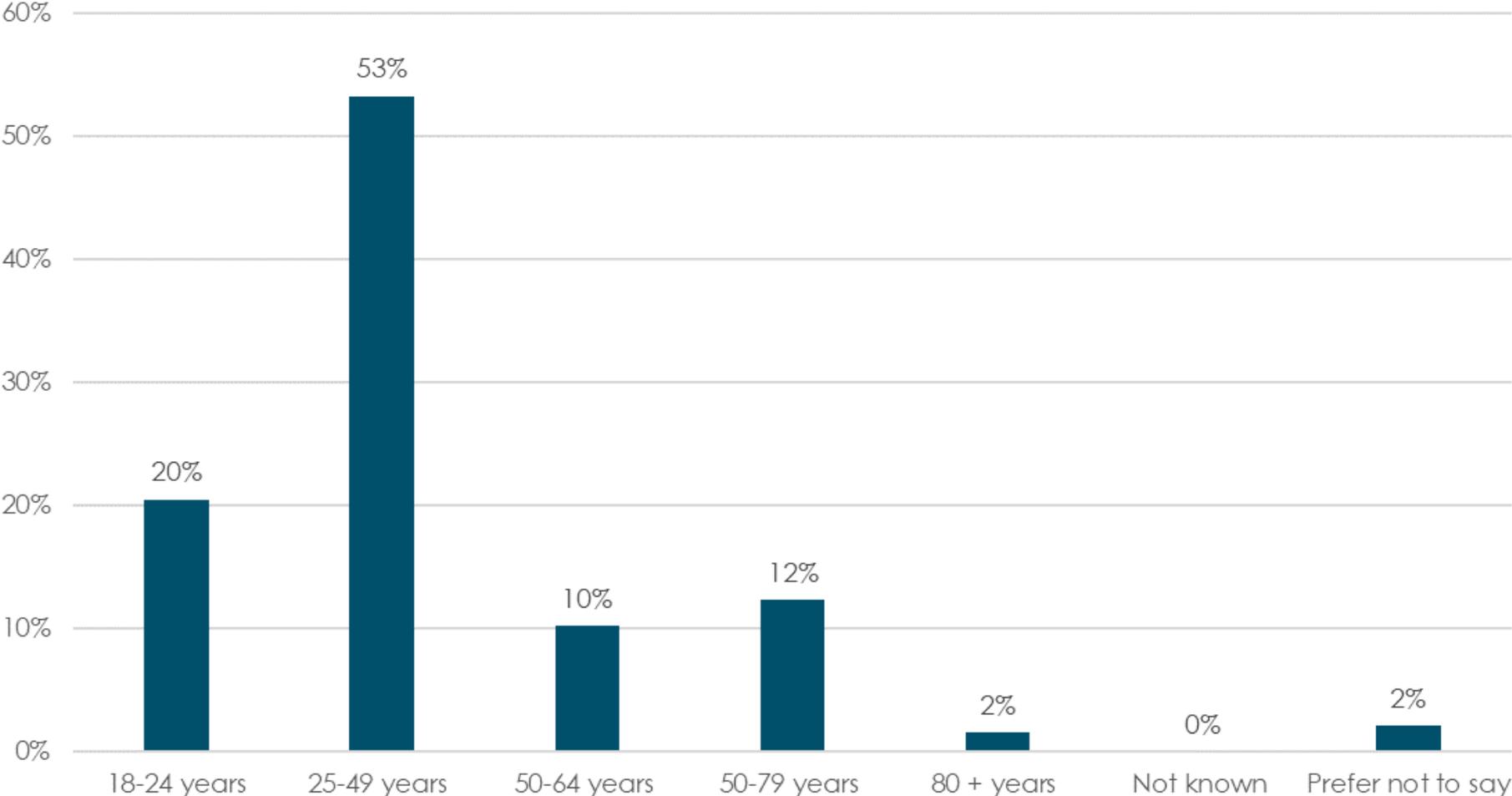




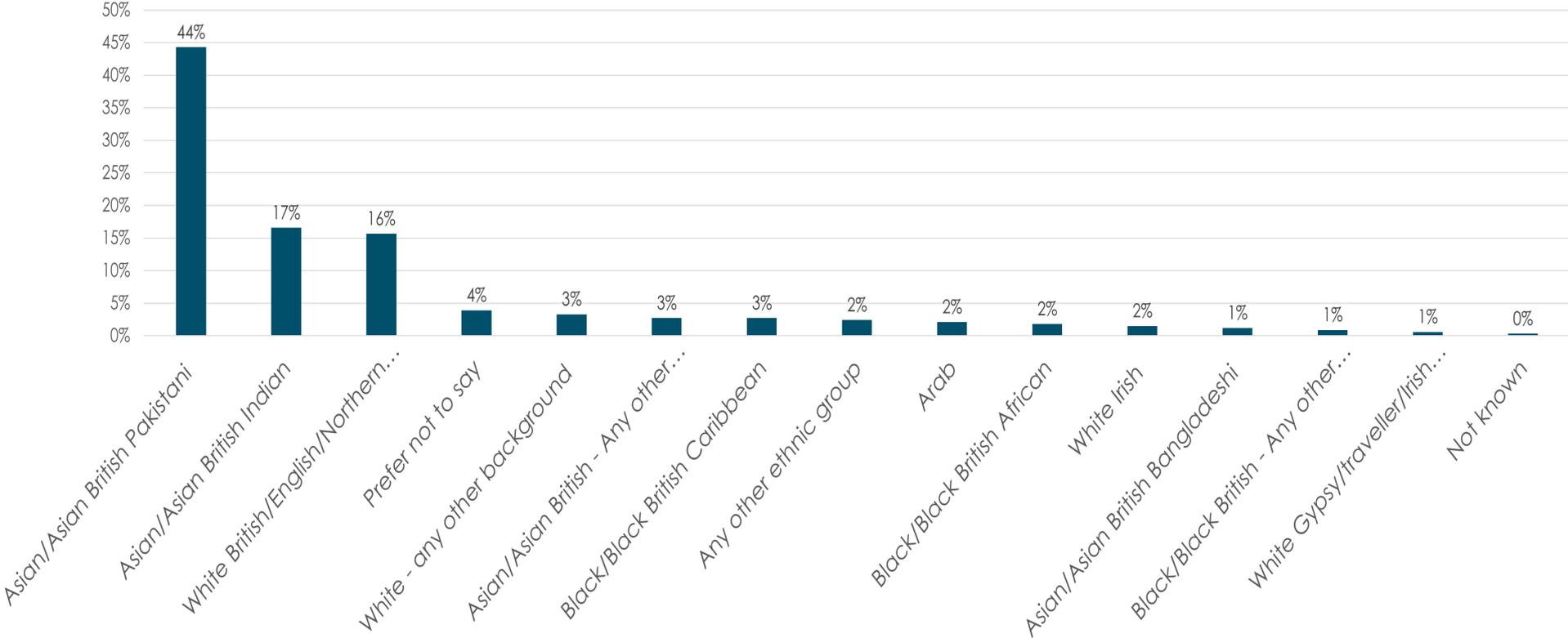
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Individuals not invited for a screening

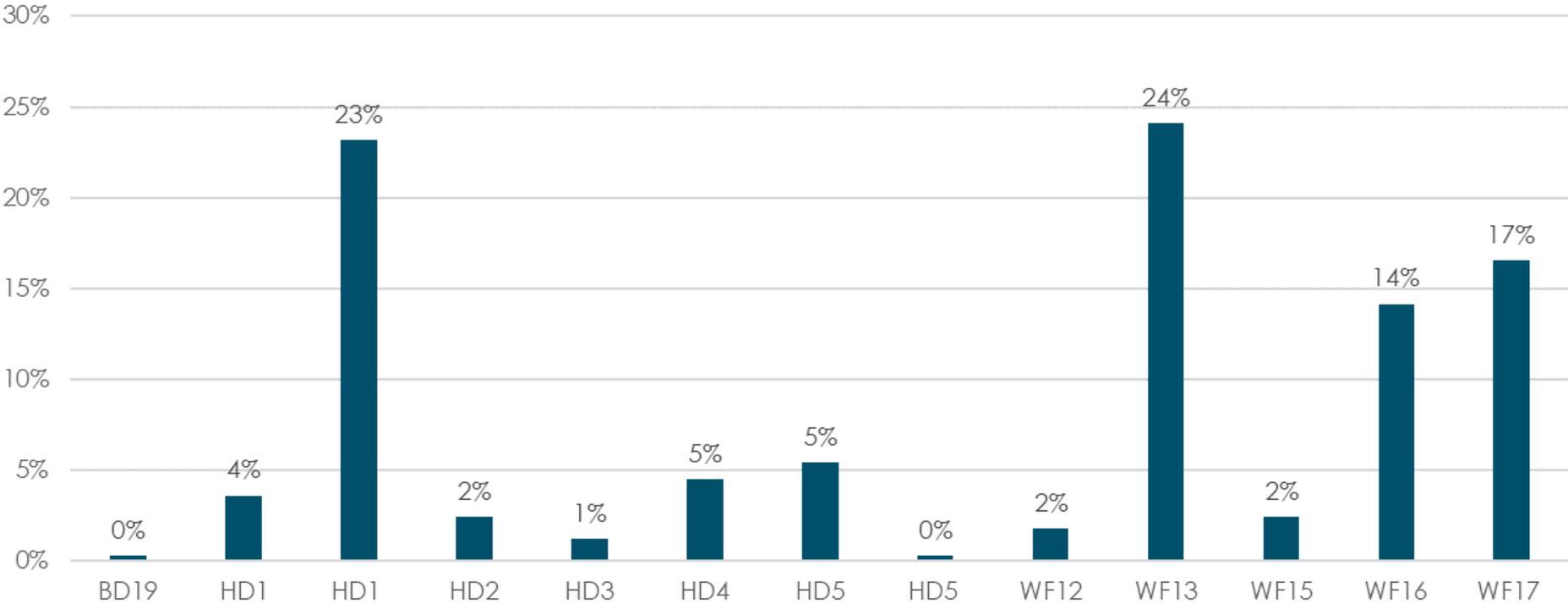
Individuals NOT invited for a cervical screening by age



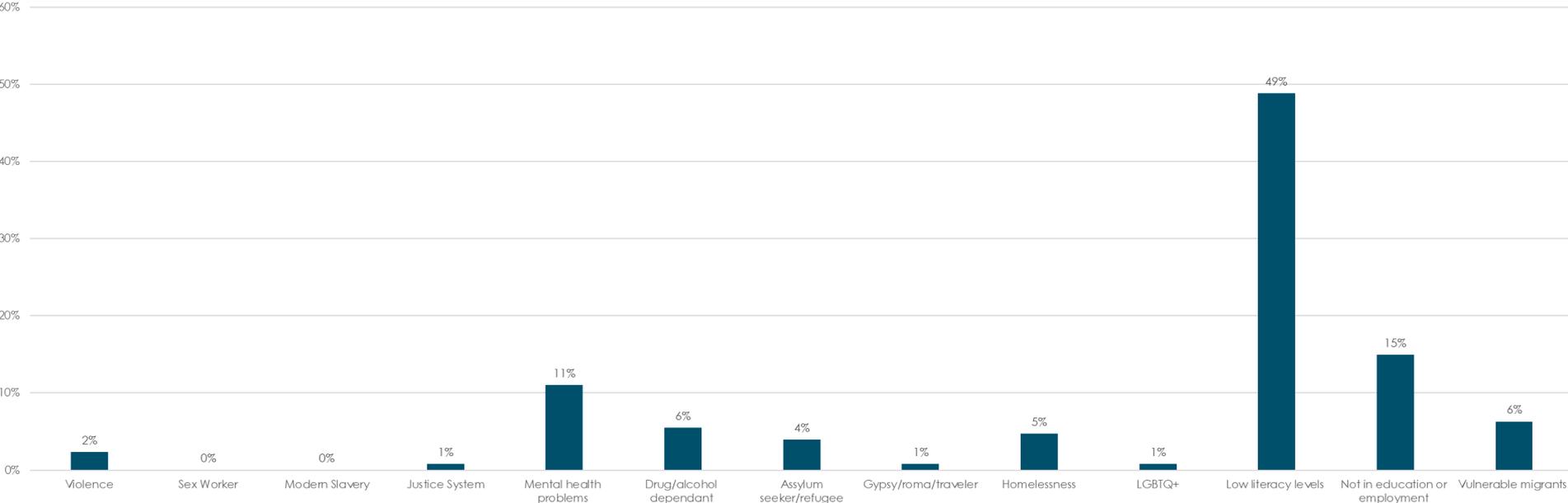
Individuals NOT invited for a cervical screening by ethnic group



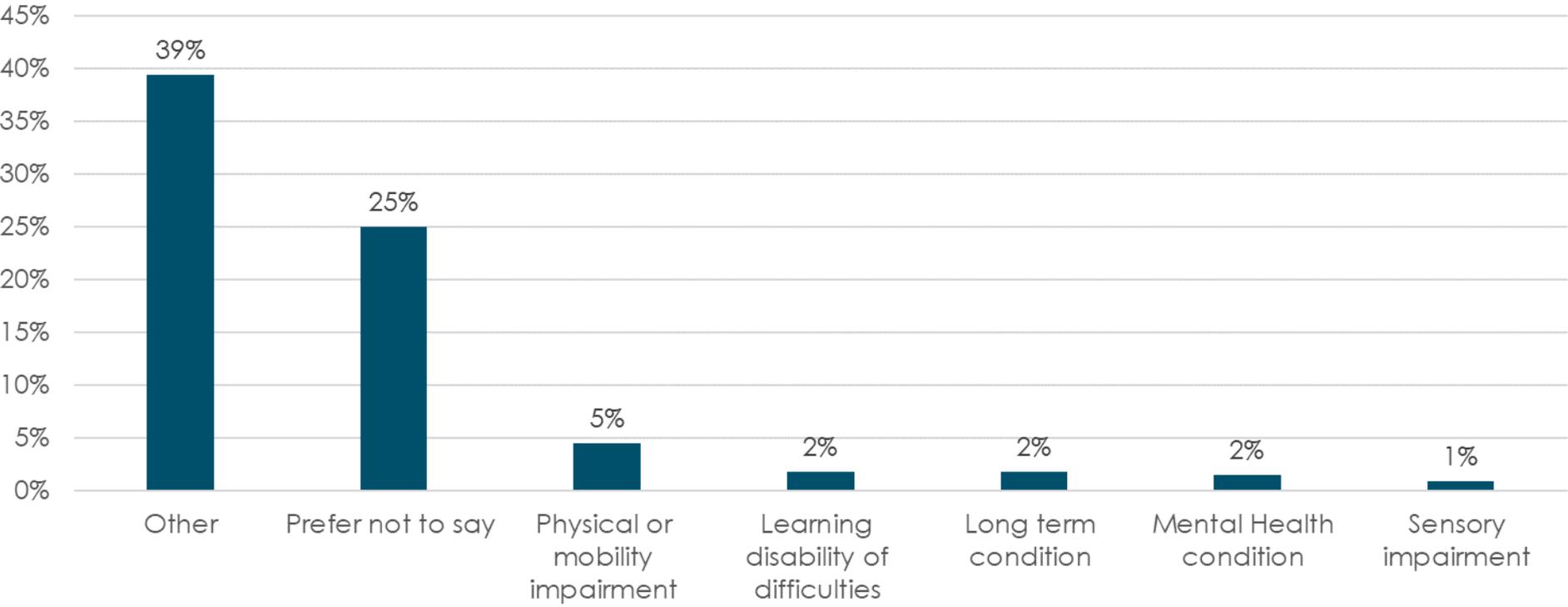
Individuals NOT invited for a cervical screening by Postcode



Individuals NOT invited for a cervical screening by Health Inclusion Group



Individuals NOT invited for a cervical screening by Disability

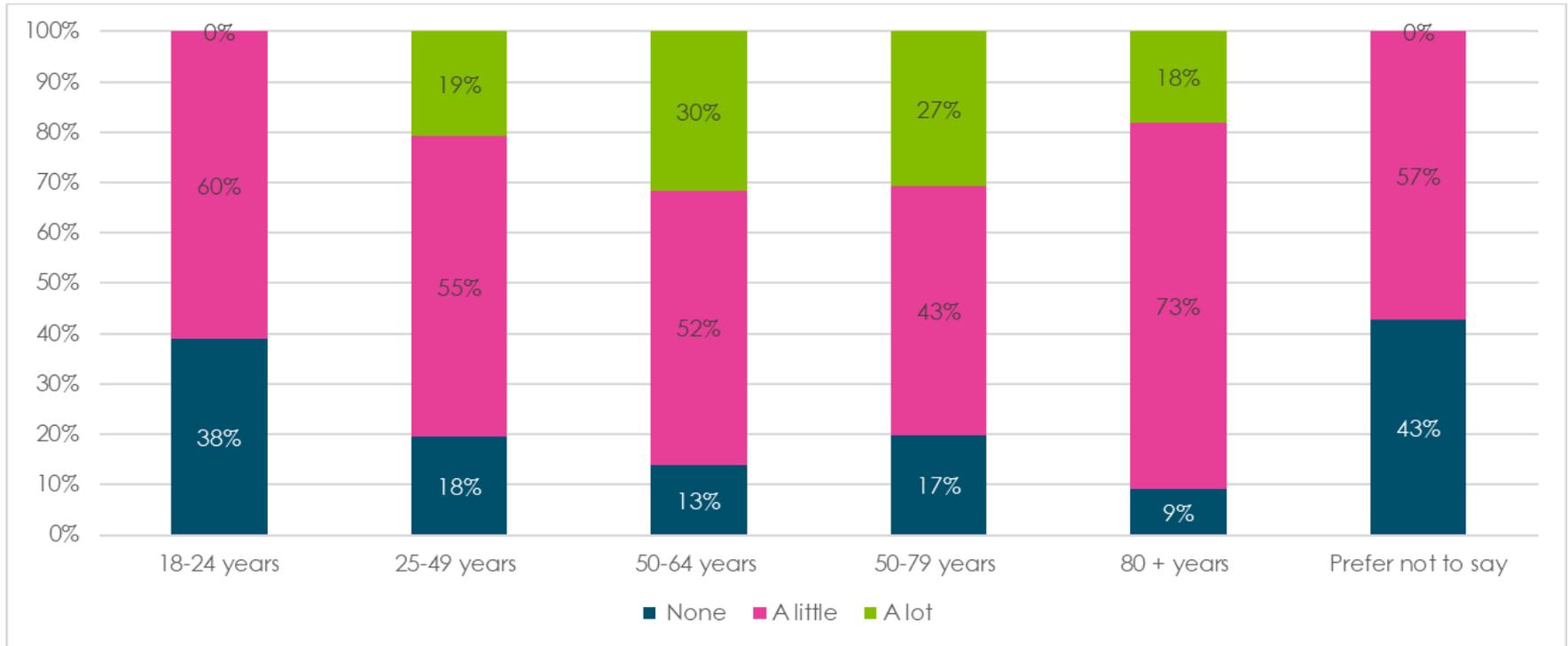




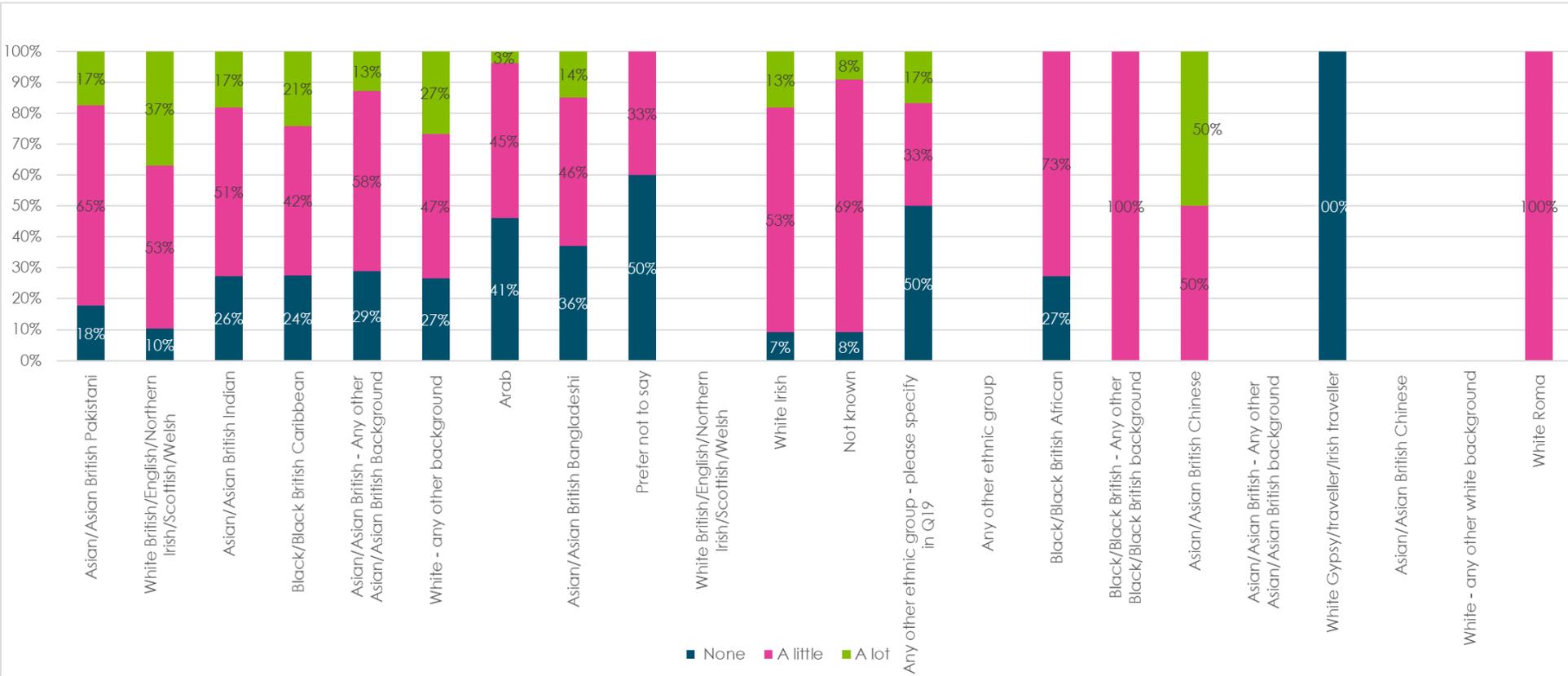
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Knowledge of Symptoms

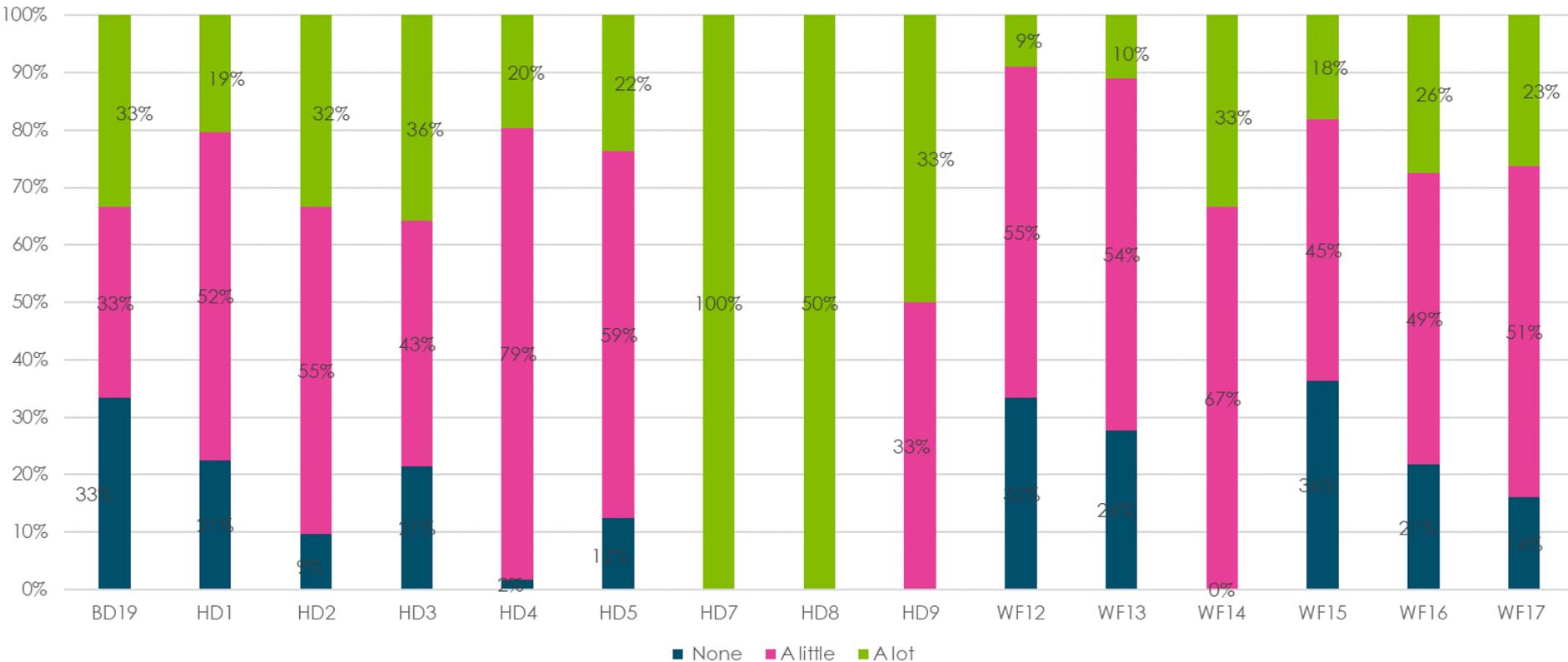
Knowledge of Symptoms by Age



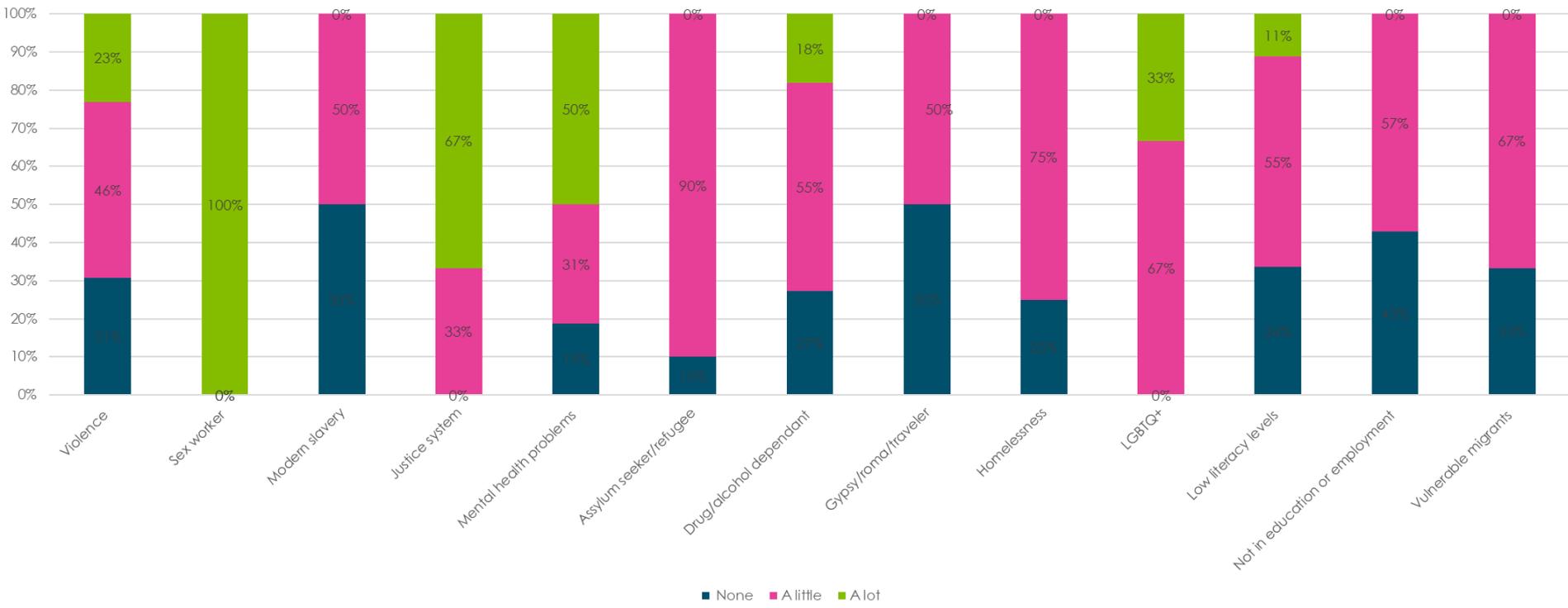
Knowledge of Symptoms by Ethnicity



Knowledge of Symptoms by Postcode



Knowledge of Symptoms by Health Inclusion Group

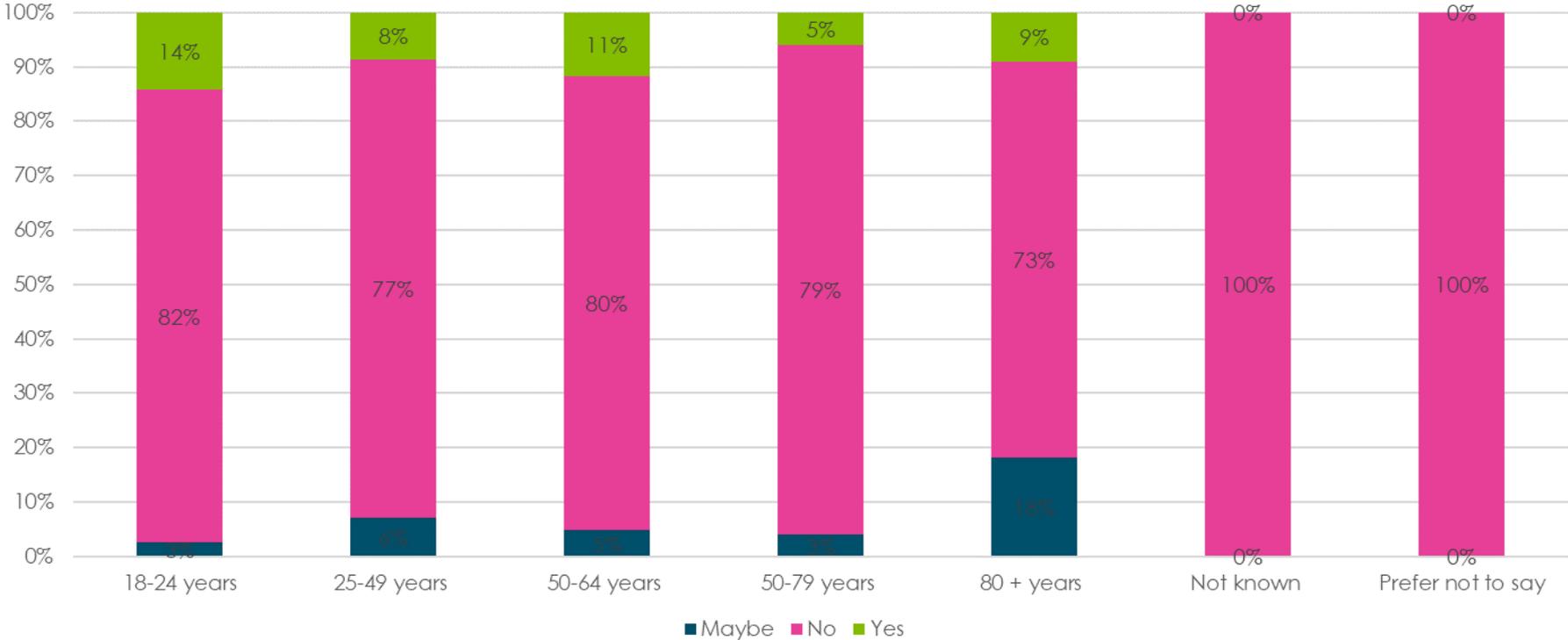




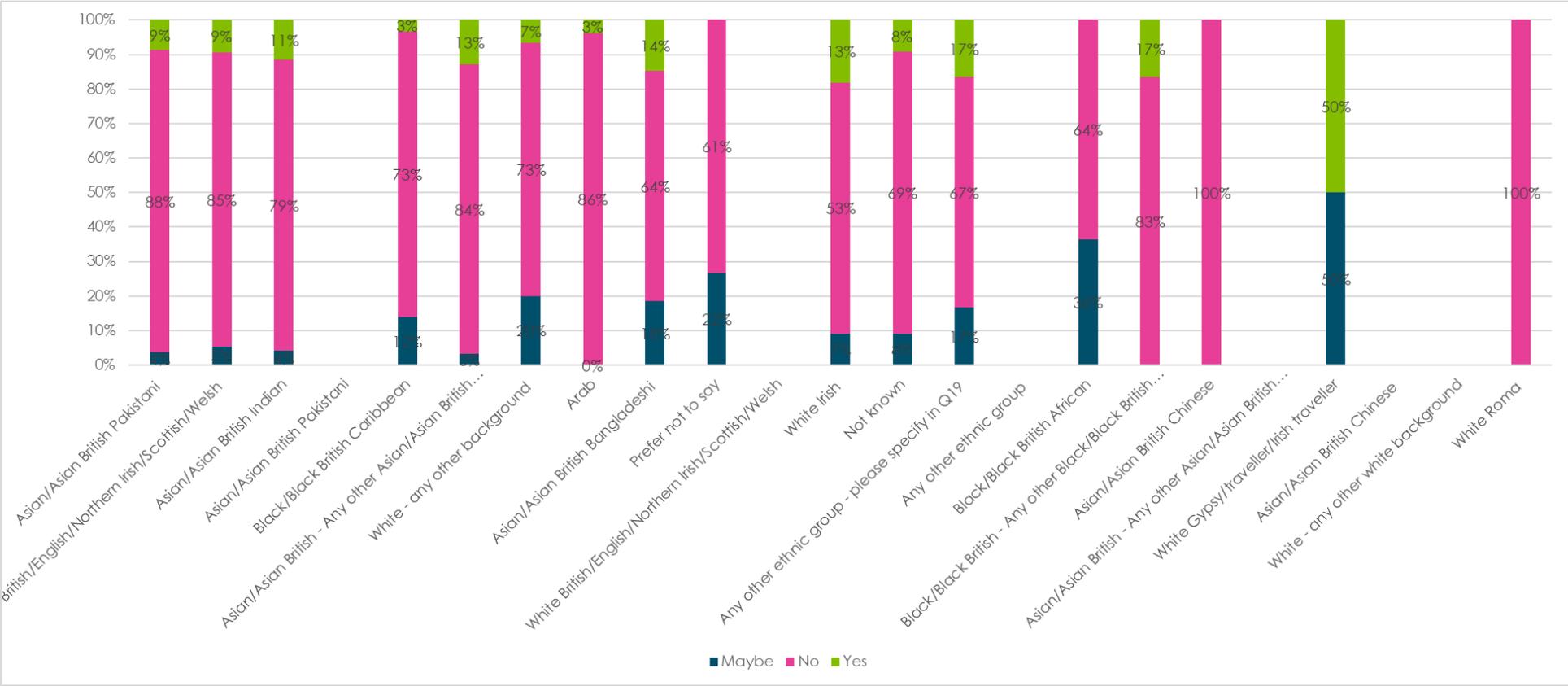
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Mental Health

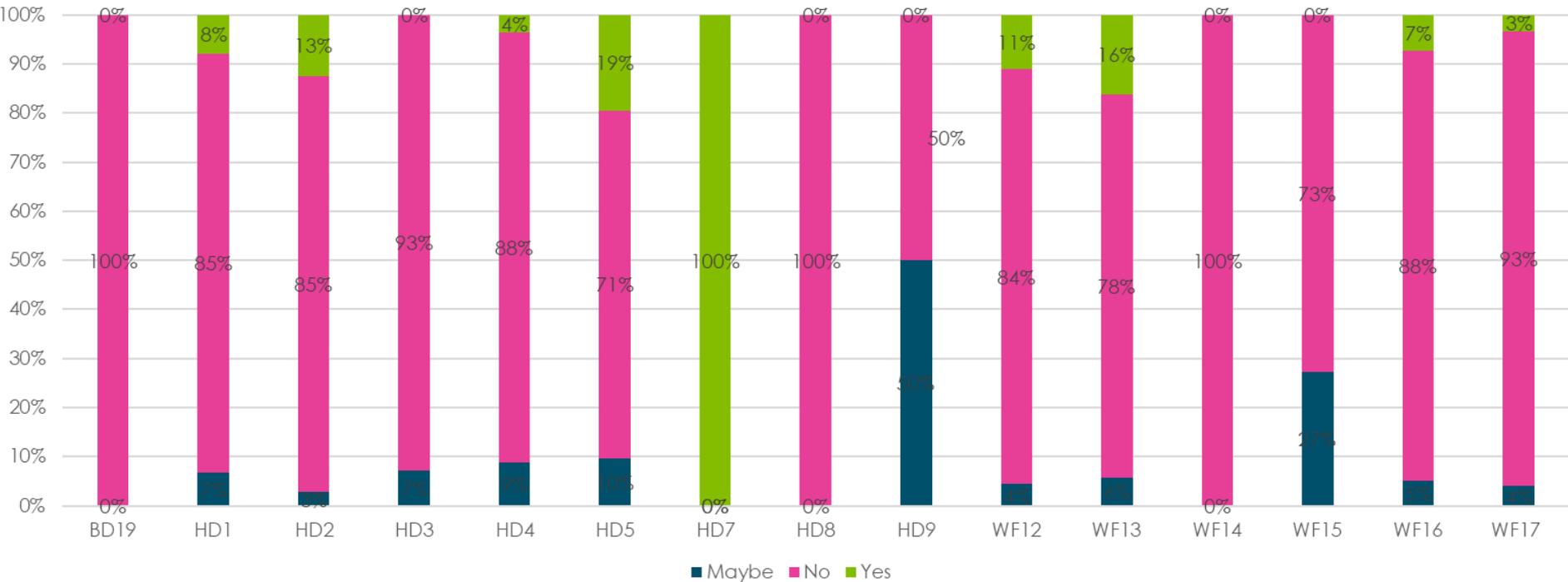
Did the individual have any specific worries, anxieties, concerns that they shared with you that may be or are affecting their mental health? (Age)



Did the individual have any specific worries, anxieties, concerns that they shared with you that may be or are affecting their mental health? (Ethnicity)



Did the individual have any specific worries, anxieties, concerns that they shared with you that may be or are affecting their mental health? (Postcode)





Healthwatch Kirklees and Healthwatch Calderdale

www.healthwatchcalderdale.co.uk www.healthwatchkirklees.co.uk

t: Calderdale 01422 412141 Kirklees 01924 450379

e: info@healthwatchcalderdale.co.uk info@healthwatchkirklees.co.uk