



Improving Participation Rates of Cervical Screening in Haringey

Analysis of the local evidence base following community engagement work to explore the understanding of, and barriers to cervical screening in women living in Haringey, October 2020 – February 2021

1. Purpose

The purpose of this report is to:

- Highlight the **differences in knowledge** around cervical screening and cervical cancer across different groups of women in Haringey.
- Identify some of the **main barriers** to cervical screening amongst women in the borough from different ethnic backgrounds and age groups.
- Develop a series of **recommendations** with the aim of improving cervical screening uptake in those communities where rates are currently below the Haringey average.

2. Background and Rationale

Cervical screening supports detection of cell abnormalities that may become cancerous and is estimated to save 4,500 lives in England each year. Local and national studies have demonstrated that Black Asian Minority Ethnic (BAME) populations have a lower awareness of both cancer symptoms and cancer screening programmes¹. Different perceptions and barriers to screening are experienced by these women, and some communities do not recognize the term 'cervical screening' or 'smear test'².

Previous research undertaken in 2019 by Claremont consultancy³ aimed to increase participation in cervical screening in hard-to-reach communities, with a focus on Turkish women living in Haringey. In Haringey in 2020, 61.8% of women aged 25 to 46 years old who were eligible for a cervical 'smear test' received a screening within the previous 3.5 years. This was similar to the London average and was lower than the England average of 70.2%⁴. More detailed analysis of local cervical screening data undertaken by LB Haringey Public Health team highlighted that the lowest levels of screening tend to correlate with those communities where there are high concentrations of Black African, Black Caribbean, Asian and mixed ethnic groups. These findings were used to prioritise further community engagement work as part of this study with the aim of improving the uptake of cervical screening amongst different groups of women in Haringey. Similar projects undertaken in neighbouring boroughs across North Central London (NCL), including Enfield and Islington were consulted to identify any common trends or messages which could be used to develop the recommendations around. This project

¹ Niksic et al, 2016. Ethnic differences in cancer symptom awareness and barriers to seeking medical help in England. *British Journal of Cancer*, 115. 136-144

² Marlow LAV et al, 2015. Barriers to cervical cancer screening among ethnic minority women: a qualitative study. *The Journal of Family Planning and Reproductive Health Care*

³ Claremont Consultancy, NCL Cervical Screening Campaign Evaluation, September 2019

⁴ NHS Digital (Open Exeter)

aligns to some of the priorities set out in Haringey’s Borough Plan relating to the Healthier Lives outcome to ensure that residents can live healthy and fulfilling lives, with dignity, staying active and connected in their communities.

The findings from the focus groups will be used to inform further targeted campaign work. This will include the creation and dissemination of postcards and flyers across parts of Haringey to improve cervical screening uptake with the aim of reducing the risk of cervical cancer amongst the local female population.

3. Participant Demographics and Format of the Focus Groups

3.1 Age of the participants

Figure 1 provides a breakdown of the age groups of the participants who attended all the focus groups held by the Bridge Renewal Trust and Embrace UK. **In total, 128 women attended the focus groups.** Most of these women were aged between 35 to 49 years (44% or 56 women) and 25 to 34 years (35% or 45 women).

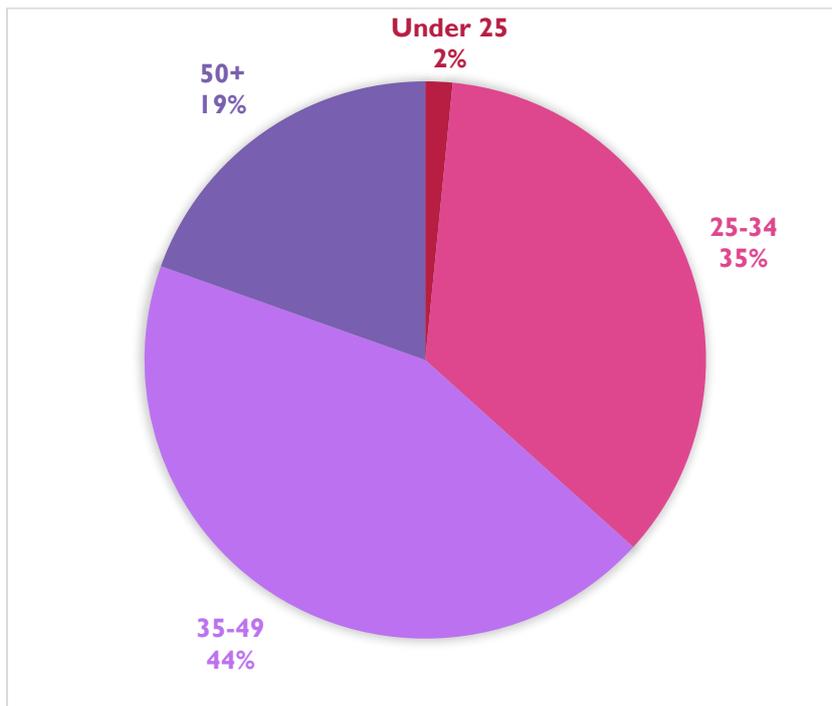


Figure 1: Age profile of the participants who attended the focus groups.

3.2 Ethnicity of focus group participants

Previous analysis undertaken by Claremont Consultancy in 2019 relating to cervical cancer screening participation in Haringey generally focused on the Turkish population and Eastern European women. Figure 2 shows the ethnic profile of women who attended the focus groups held by both Bridge Renewal Trust and Embrace UK. Most women attending the focus groups were either Black African (29%) or Black Caribbean (23%).

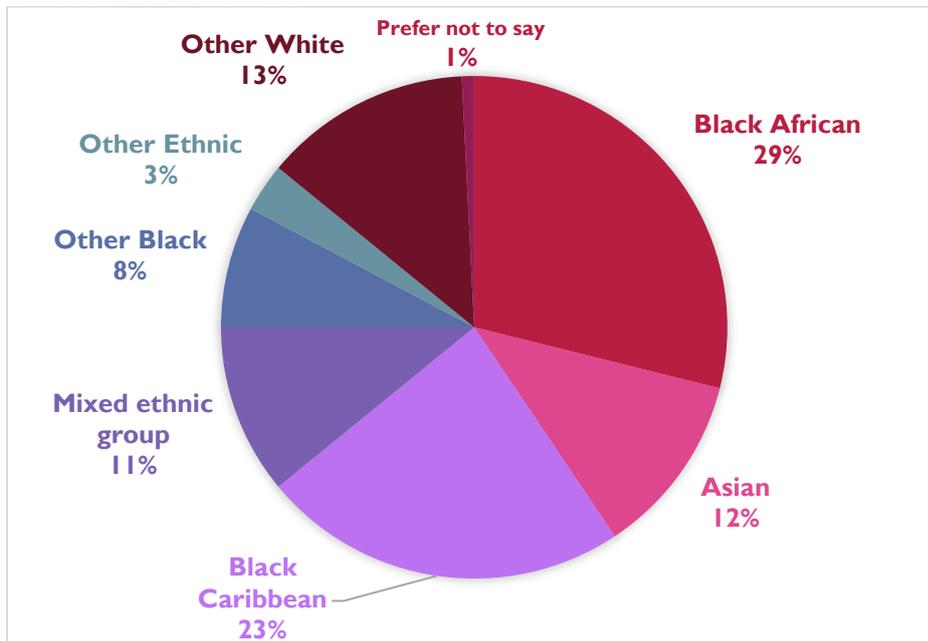


Figure 2: Ethnic profile of participants who attended focus groups hosted by Bridge Renewal Trust and Embrace UK

3.3 Postcode locations of participants

Most participants who attended the focus groups lived in the N17 postcode, with 44% living in this sector, followed by N22 (23%) and N15 (16%), as illustrated in figure 3. Participants who attended the focus groups lived in some of the most deprived communities in Haringey. Deprivation has previously been associated with lower screening attendance and a higher rate of cervical cancer incidence⁵. The participants of the focus groups attended various GP practices which included: Broadwater Farm Health Centre, Havergal Surgery, Tottenham Health Centre and Westbury Medical Centre. The GP practices where most participants attended were those where the uptake of cervical screening was either below or similar to the Haringey average (figure 4).

⁵ <https://www.gov.uk/government/publications/health-matters-making-cervical-screening-more-accessible/health-matters-making-cervical-screening-more-accessible--2>

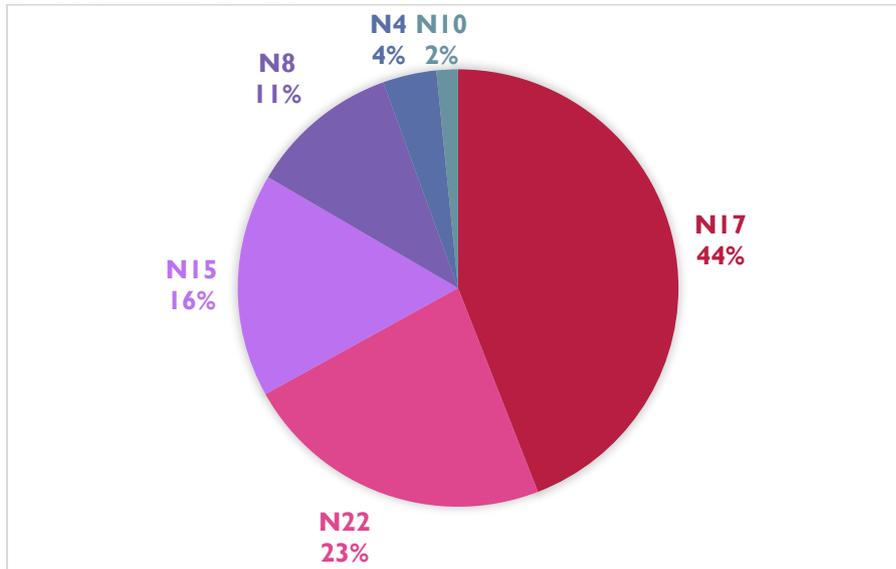
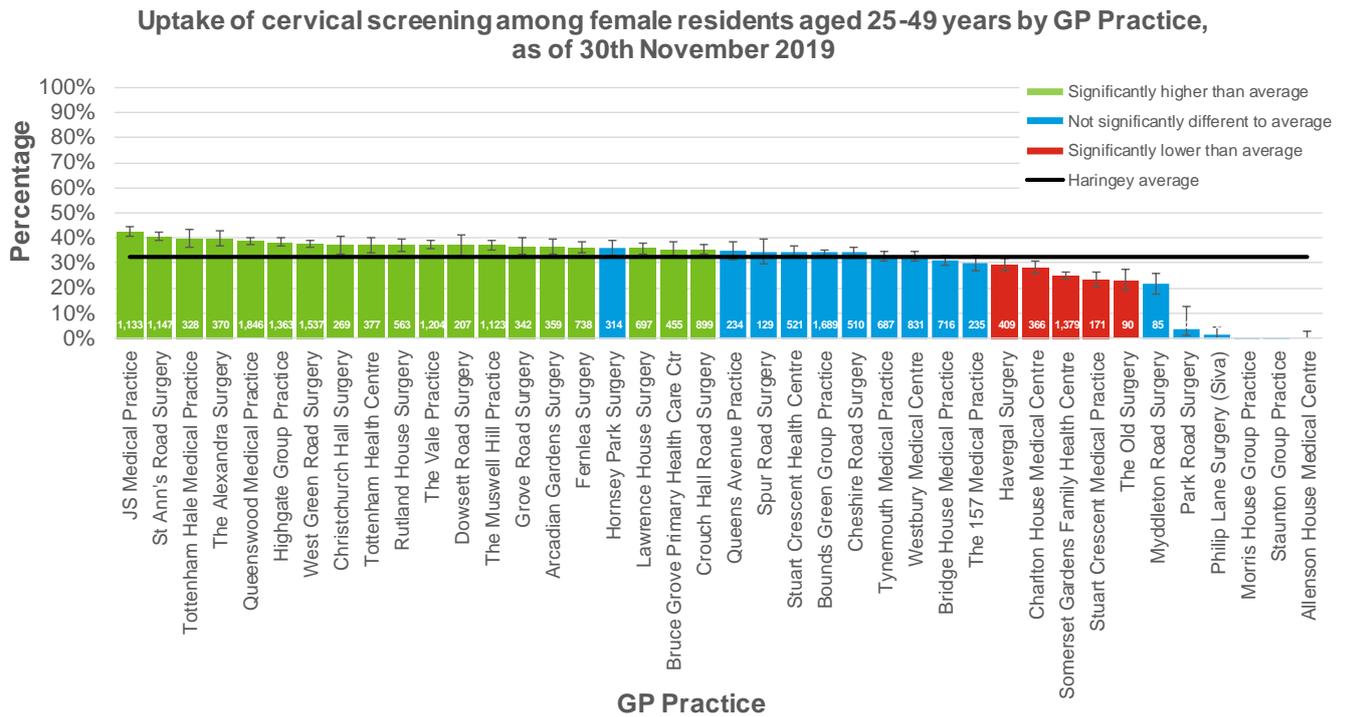


Figure 3: Postcode breakdown of participants attending the focus groups.



Notes: Extracted December 2019, based on data uploaded from participating Haringey CCG GP Practices by various dates in December 2019 and only data coded up to 30th November 2019 is included. Figures for some practices may be underestimated due to patients perhaps not having their data extracted because they have requested that their data not be part of any extraction by local/national health teams. Figures may also not be reflective for some practices due to technical issues meaning there have been several months since data was last imported from that practice into the DataWarehouse. Practices most likely affected by the above issue include: Staunton Group Practice (F85008), Morris House Group Practice (F85019), and Stuart Crescent Medical Practice (F85065).
Source: NELCSU Sandpits Data Warehouse as of 30 November 2019

Figure 4: Cervical screening uptake by GP practice in Haringey in 2019

3.4 Format of the Focus Groups

Participants for each of the focus groups were recruited through local community groups or centres, including the Women's Resource Centre. Due to the Covid-19 pandemic, most focus groups were held online using Zoom.

The facilitators of each of the focus groups used prompts to initiate conversation and dialogue amongst the participants which included presenting a video to the group from Jo's Cervical Cancer Trust followed by a series of questions.

The following questions were presented to the participants to help inform discussions:

1. Are you aware that the main cause of cervical cancer is HPV?
2. Are you aware of the cervical screening services in Haringey?
3. What are the main reasons for women not taking part in cervical screening?
4. Do screening programmes meet cultural and faith needs across different ethnicities?
5. What could be done to improve overall take up?

4. Key Themes and Emerging Findings

The key findings relating to participants understanding and awareness of the service and the main barriers to participating in the screening programme are summarised below. More detailed findings have been included in the appendix.

4.1 Understanding and Awareness of the Service

Some focus group participants were aware of the cervical screening service in Haringey. They were familiar with the process of booking a smear test at a Sexual Health Clinic. However, many participants were unaware of the symptoms of cervical cancer. Some women who attended secondary school in England said that they were taught and given HPV vaccines during their time in school which brought cervical screening to their attention. However, those women who were educated elsewhere had not heard about HPV. Some participants mentioned that they feel that the reminder letters for cervical screening do not have much information on the risk of cervical cancer.

4.2 Barriers to Screening

The main barriers to cervical screening which emerged during the focus groups are set out below. Broadly, the barriers can be broken down into the following groups: cultural, practical, awareness and understanding and other.

Cultural

A common response from participants who attended the focus groups was that the staff who carried out the screening were not from the BAME community and were not aware of the cultural needs of some women.

Practical

Practical reasons for not attending screening included the following:

- Some working women found it difficult asking for time off during their working day to attend a cervical screen.

- Women often had other issues to consider such as childcare, so attendance at appointments had to be scheduled around school or when they could arrange childcare.
- For women with irregular periods, scheduling of an appointment needed to fit with their cycle and this could be challenging.

Awareness and understanding

The main barriers to participating in screening surrounding awareness and understanding included:

- Some women who attended secondary school in England said that they were taught and given HPV vaccines during their time in school which brought cervical screening to their attention. Nevertheless, some of the participants who were educated elsewhere had not heard about HPV and the fact that cervical cancer can kill women, particularly younger women.
- Some participants did not fully understand the importance and benefits of attending a screen.
- Participants often expressed concerns around not fully understanding what the screening process actually entailed.
- Reminder letters for cervical screening do not contain enough details about the risk of cervical cancer.
- There are limited materials available which are translated and published in different languages and this can be problematic for women who do not read or speak English.

Other

- Some participants highlighted concerns around pain and discomfort relating to the smear and that a bad examination or fear of one could put off a woman from having future screenings.
- Some women expressed concerns around the physical intrusion of having a smear test.
- Several participants from African or Caribbean heritage distrusted information from medical authorities and were reluctant to have medical interventions, including vaccines. Furthermore, women with Sickle Cell or Lupus from these communities may be particularly adverse to taking part in additional medical or hospital interventions.
- Some women did not feel comfortable about giving permission for the HPV vaccine to their daughters (and sons) without having all the facts.
- For those communities where men make the decisions, health education can only work effectively if engagement is done through traditional hierarchies within these communities (e.g., Gypsy and Somali communities).

4.3 Further considerations

A series of questions were put forward by participants who attended the focus groups for Haringey GP's, public health commissioners and VCS organisations to consider further when designing and planning cervical screening services. Some of the key questions are set out below.

1. How could cervical screening information be better disseminated in the local community on the 'smear' test procedure and what it entails?
2. Could information on the screening procedure be published in a range of languages to meet the diversity of the local population?
3. To improve accessibility to cervical screening, could appointments be booked online through the GP practice website?
4. Could focus groups be held in local colleges and universities to increase awareness about the importance of cervical screening amongst student women?
5. How can faith and religious leaders in the borough be encouraged to be involved and advise their parishioners about cervical cancer?
6. Could further workshops be held in local community centres for women from different ethnic groups which are facilitated by women from the same ethnic background? This would create a "*comfortable environment for women to express their concerns and ask pertinent questions about the screening process.*"

5. Recommendations and Next Steps

Following analysis of the local data, intelligence and findings emerging from the focus groups, a series of recommendations have been put forward for further consideration in the design and planning of cervical screening services in Haringey. The recommendations were co-produced with views sought from participants attending the focus groups to ensure that they are reflective of the needs of local women.

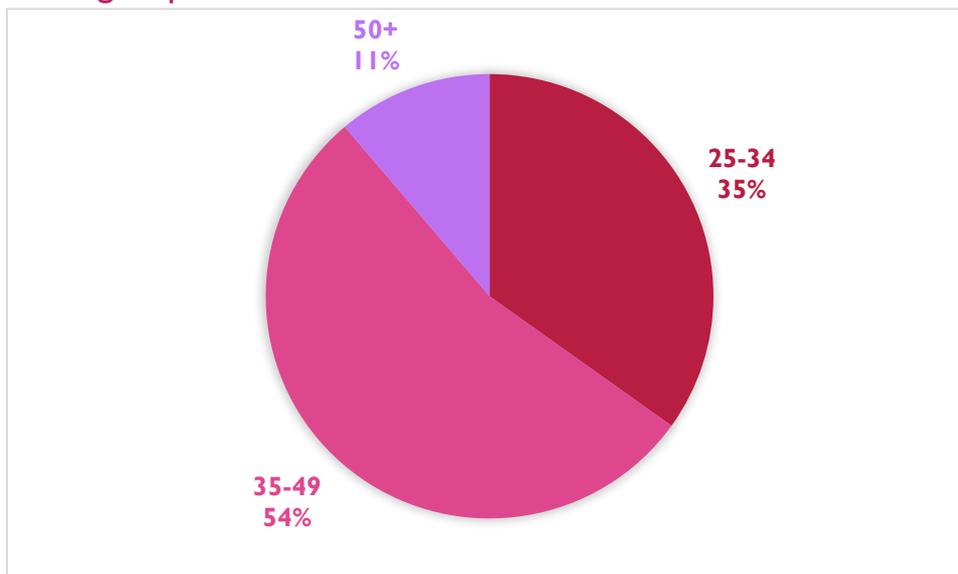
1. Produce and disseminate campaign materials (e.g., postcards) in different languages to raise awareness of cervical screening in those communities where participation is lowest in a range of settings including community pharmacies, GP surgeries, community centres and at Women's groups.
2. Dissemination of campaign materials (e.g., videos featuring local cervical screening ambassadors) through social media to target a wider range of women across local communities where participation rates are below average, including younger women aged 25-34.
3. Further engagement work with attendees of the focus groups to determine whether participants have booked to attend a subsequent cervical 'smear test'.
4. Engagement with local faith leaders and other community advocates to encourage them to be involved in the dissemination of information surrounding cervical cancer screening and prevention in local churches, mosques and similar community settings.
5. Integrate cervical screening participation improvement work into wider women's health screening programmes with a broader group of women across Haringey. Conversations surrounding cervical screening could be framed more widely about

empowering women to maintain their health throughout life with a focus on issues such as menstruation, cervical care, sexual health and menopause.

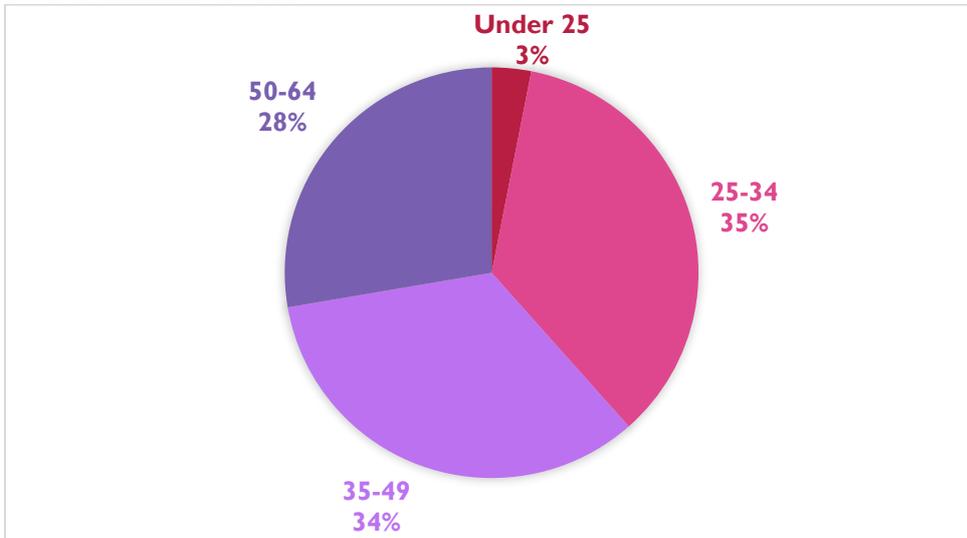
6. Further support to women's community groups (ethnic groups, Sister Circles, mother and child groups) providing advice and support on the value of cervical screening, and women's health 'MOTs'.
7. Provide more context in cervical 'smear test' letters to patients setting out the reasons why a test is required and the related benefits of having a screen. Information contained within the letter should be available in a range of languages.
8. Prior to sending out a 'smear test' invite letter, information on cervical cancer and cervical screening could be sent to women a year before they are due to attend their initial screening providing details of the procedure and an opportunity to ask questions beforehand.
9. Further awareness raising sessions around cervical screening and the symptoms of cervical cancer in local community groups led by screening "ambassadors".
10. GP's and cervical screening "ambassadors" hold open facilitated discussions in local secondary schools and colleges with female students providing actual real-life examples to demonstrate the impact of cervical cancer on the families of victims.

Appendix

Age breakdown broken down by Embrace UK and Bridge Renewal Trust led focus groups

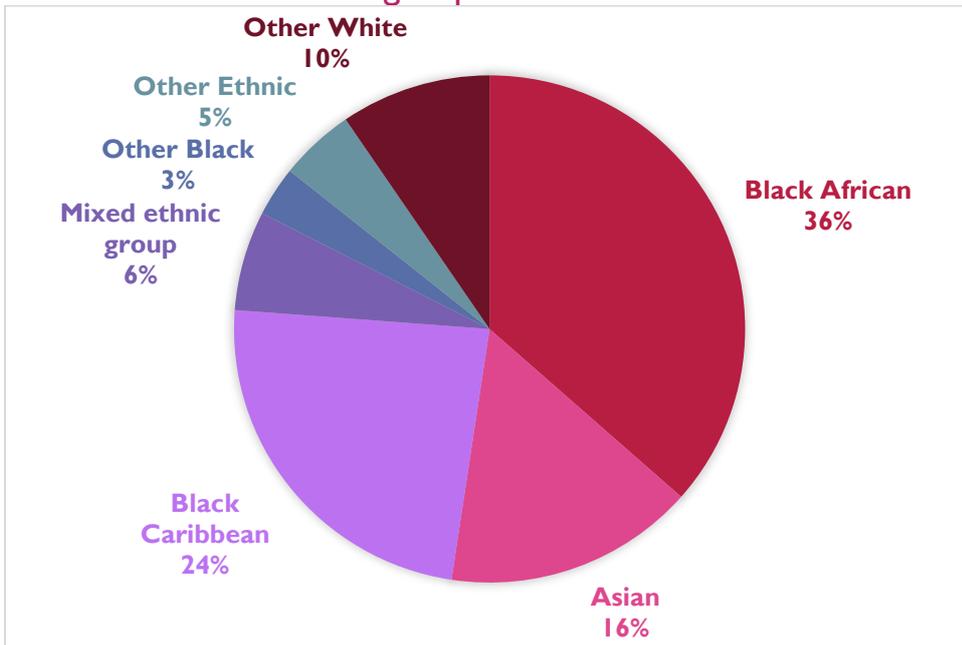


Breakdown of age groups for Embrace UK led focus groups.

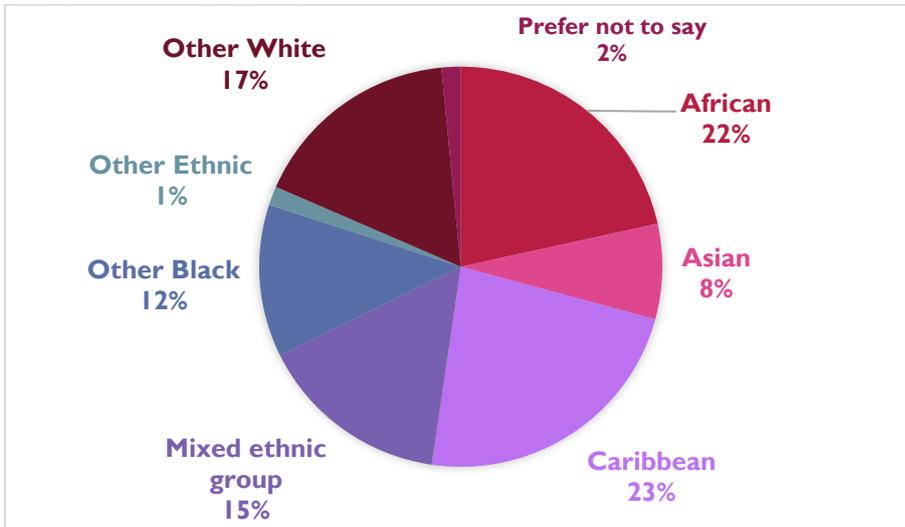


Breakdown of age groups for Bridge Renewal Trust led focus groups.

Ethnic breakdown of participants broken down by Embrace and Bridge Renewal Trust led focus groups



Breakdown of ethnic groups for Embrace UK led focus groups.



Breakdown of ethnic groups for Bridge Renewal Trust led focus groups.

More detailed findings of the focus groups

Some of the more detailed findings from the focus group held by Embrace UK and Bridge Renewal Trust are set out in the table below.



Embrace UK led focus groups

- Information could be disseminated in local community centres and children's centres to explain the "smear test process". This would be helpful to ease some of the fears and increase understanding of the benefit of screening and the risks of ignoring it.
- Offer interpreters in person or over the phone to overcome language barriers in GP practices with involvement from local community organisations.
- GP practices could improve the ease of access to appointments, such as an online booking system or by having a separate telephone number for making appointments for screening.
- Focus groups to young women in colleges and universities would be beneficial to educate them on the importance of having a cervical screen.
- Organising 'wellness talks' in schools for mothers and carers and educating them on the importance of having a cervical screen.
- Regular talks could be made available through the Haringey Adult Learning Services (HALS) to improve the understanding of, and benefits associated with the cervical screening programme.
- Information contained in the letters from GP practices could be made simpler in terms of screening process and what it entailed. The letter could also be made available in a range of languages to help more women understand the process.
- Extend knowledge to males in the targeted communities. They could encourage their wife or partner to take the test and highlight the importance in doing so.
- Providing emotional and psychological support for women who have experienced abuse and past traumas and find it difficult to attend a smear test.
- Organising workshops in community hubs and centres for women from different ethnic groups, conducted by women from the same ethnic group to address any language barriers.
- Create bespoke, informative campaigns using diverse platforms.

Bridge Renewal Trust led focus groups

- GPs to provide more information in the invite letters on the cervical 'smear test' in terms of what it entails, the benefits and HPV.
- The provision of a "do it yourself" home test kit which could improve uptake of those who experience pain, discomfort or anxiety as part of the screening.
- Use social media to provide more detailed information on the screening process.
- "Sister circles" would be helpful where women come together to discuss issues around the screening process which provides a platform and support network to facilitate open discussions.
- Greater flexibility of appointments in GP surgeries and reduced waiting times to attend appointment.
- Ensure that cervical screening is taught from an early age and is part of a wider conversation around overall health and well-being.
- Produce video clips aimed at young people featuring a woman around 25 years old who is attending her first screening with a positive message or outcome.
- More information could be provided in terms of overall awareness of cervical screening in sexual health clinics, colleges and universities.
- Provide an online booking system via GP practice websites.
- Multi-lingual staff or advocates.
- Instigation of a national cervical cancer awareness week and campaign work/advertising relating to cervical screening and cancer.
- Peripatetic screening at venues across the local community including mother and baby groups.
- Using a blood test rather than a cervical screening test.
- De-stigmatise cervical screening and integrate as part of a holistic approach to women's health.
- Further outreach work with local schools, women's groups, churches providing information on the cervical screening programme and the related benefits.



- Use social media to raise awareness of cervical, breast and prostate cancer and create videos and visuals to be disseminated on Haringey Council website.
- Provide more information and re-assurance in relation to the smear test for young girls who are not yet sexually active to encourage future attendance.
- Request feedback from women about their cervical screening experience/test and distribute them to others to increase awareness.
- Provide more reassurance that the smear test will be conducted by a female nurse.
- Provide a cover or gown for women to cover their intimate parts immediately before the smear test.

- GPs to facilitate open discussions about the benefits of cervical screening to overcome any potential barriers and reduce any anxiety associated with a 'smear test'.
- GP surgeries could carry out targeted voluntary awareness raising campaigns in BAME communities in mosques, churches, schools, colleges, and similar settings following the Covid-19 pandemic.