

Cervical Screening, My Way: The National Perspective

In 2023, NHS England set a target to eliminate cervical cancer by 2040. It was set against declining levels of uptake by women of cervical screening over the past 20 years. In response, Healthwatch England launched research to investigate why some women are hesitant to go for screening, to make recommendations to policymakers on how to improve uptake and to help meet the elimination goal. They conducted research between November 2023 and February 2024. The research consisted of:

- A poll of more than 2400 women who were hesitant about the screening.
- Interviews of 30 younger, disabled, or minority ethnic women to amplify voices that are not always heard and who generally face service barriers.

Report Findings:

- Hesitancy among respondents were worries about physical discomfort, embarrassment at undressing in front of healthcare professionals and a belief they didn't have to go because they weren't currently sexually active.
- Women felt NHS information describing the purpose of cervical screening was good/clear (78%), but fewer (58%) said it explained Human Papillomavirus (HPV) as the leading cause of cervical cancer.
- Some women didn't receive accessible or translated information to enable them to understand the invitations and make an informal decision about attending a screening.
- Most women (81%) who'd attended screening previously said that staff treated them with respect. However, only a third (33%) felt they'd been able to ask staff for practical changes that could make them feel comfortable in appointments.
- There was strong support (73%) for home testing – currently being considered as an option by screening experts – if it was offered free on the NHS.
- Major gaps in national data on the diversity of women who attend cervical screening.
- Examples of innovative practices that improve uptake among diverse women for e.g. invitation letters provided in diverse languages.

Cervical Screening, My Way: The Redbridge Perspective

Healthwatch Redbridge supported the Healthwatch England national review; 'Cervical Screening, my way', by interviewing seldom-heard women about the barriers they faced when accessing, or seeking to access, cervical screening locally. We felt the insightful information provided by a small group of women, could be extended to enable better local information to support the development of improved services. We created the Women's Health Project; a research project designed in 3 phases, to understand how screening and support services for women's health might be improved. These are:

Phase 1: Cervical Cancer Screening – June to October 2024

Phase 2: Breast Cancer Screening – beginning September 2024

Phase 3: Perimenopause & Menopause – beginning January 2025

The research consists of:

- Reaching out to community hubs to present detailed presentations about the subjects.
- Interviewing women from ethnic minority groups, wheelchair users and learning disabled or autistic women.

Key Finding for Phase 1: Cervical Cancer Screening

Invitation to screenings via GPs – Many women told us they were invited for cervical screening; African/African Caribbean (63%), Romanian (66%), Somali (75%). Other women reported lower responses, Bengali (44%), Learning Disabled (LD) (25%) and wheelchair users (40%). However, Bengali women (22%) reported they were only invited after giving birth.

Translated Information – African/African Caribbean (36%), Bengali (22%), Romanian (66%), and Somali (41%) women stated they would want information in their own languages so they were more informed about the procedure and could make informed choices.

Improvement to the provision of information – Over half of women (55%) from the LD community and wheelchair users reported a lack of accessible information.

Speculum Sizes – A third of all women interviewed (34%) reported that they had no idea about the range of speculum sizes available which could improve their overall screening experience.

Accessibility – Many wheelchair users reported a lack of reasonable access within practices and a lack of understanding of their conditions when communicating with health professionals. One woman reported that due to the lack of an accessible venue with an appropriate examination table, she was misreported as refusing screening on several occasions, although she had consistently requested an appointment.

Health Literacy – Most (91%) participants reported that health literacy was an issue, such as not knowing what HPV was or what the screening would look for.

Patient experience: Some individuals reported services having a poor approach to culturally sensitive beliefs and practices, and trauma-informed care/FGM.

Home Testing Kits – Many participants (39%) reported they are willing to use home testing kits when they are rolled out by the NHS.