

Practice Nursing

Strategies for increasing uptake of cervical screening

--Manuscript Draft--

Manuscript Number:	
Full Title:	Strategies for increasing uptake of cervical screening
Short Title:	Strategies for increasing uptake of cervical screening
Article Type:	Professional
Keywords:	Nursing, screening uptake, non- attendance, promoting screening, support
Corresponding Author:	Aine Kothari, MSc Anglia Ruskin University Chelmsford, Essex UNITED KINGDOM
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	Anglia Ruskin University
Corresponding Author's Secondary Institution:	
First Author:	Aine Kothari, MSc
First Author Secondary Information:	
Order of Authors:	Aine Kothari, MSc
Order of Authors Secondary Information:	
Abstract:	<p>Cervical screening uptake is declining throughout the UK. A knowledge of the reasons for non-attendance can be used to tailor Primary Care provision of cervical screening to encourage women to respond to their screening invitation. Cervical screening saves lives by early detection and treatment of precancerous abnormalities.</p> <p>The cervical screening procedure takes approximately 15 minutes and the result is generally available within 2 weeks of the test.</p> <p>This article discusses the barriers to attendance and the strategies that might be adopted to reverse the downward trend in screening uptake.</p>
Additional Information:	
Question	Response
Please enter the word count of your manuscript	2044

Strategies for increasing uptake of cervical screening

Abstract

Cervical screening uptake is declining throughout the UK. A knowledge of the reasons for non-attendance can be used to tailor Primary Care provision of cervical screening to encourage women to respond to their screening invitation. Cervical screening saves lives by early detection and treatment of precancerous abnormalities. The cervical screening procedure takes approximately 15 minutes and the result is generally available within 2 weeks of the test.

This article discusses the barriers to attendance and the strategies that might be adopted to reverse the downward trend in screening uptake.

Introduction

The National Health Service Cervical screening programme was established in 1988 in the UK. Cervical screening (previously referred to as the “smear test”) is designed to prevent cervical cancer by detecting and treating pre-cancerous abnormalities of the cervix. Women aged 25– 49 (241/2-49 in England) are invited for screening every 3 years yearly and screening is undertaken every 5 years in women aged 50-64. It is estimated that cervical screening saves 4,500 lives annually (NHSCSP,2016). Cancer of the cervix is now the twelfth most common cancer in women in the UK compared with the second most common worldwide (cancer research uk (CRUK) 2016). However, cervical cancer cases are increasing with 2,590 women in England diagnosed with cervical cancer in 2014 compared with 2221 cases in 2004. The crude mortality rate shows that there are 3 cervical cancer deaths for every 100,000 females in the UK(CRUK, 2015).

One of the key strategic priorities from the Cancer Taskforce report (2016) is to spearhead a radical upgrade in prevention of cancers. Uptake of cervical screening is a key element in early detection of cervical cell abnormalities and early treatment can prevent avoidable illness and death.

Screening Uptake

The screening programme utilises the Exeter database which contains a list of all patients registered with a GP. This is used to provide details of all women of screening age and this information is used to generate an invitation letter which is sent to the woman’s home address. The uptake of cervical screening in the target population (women aged 25-64) has fallen from about 82% in the late 1990’s to 73.5% in 2015 (NHSCSP, 2015). In England, 4.31 million women aged 25-64 were invited for screening in 2014-2015; 3.1 million women actually attended; a fall of 3.3% from the previous year. Women aged 25-49 have the lowest uptake at 71.2% (HSIC, 2016). However, screening uptake is also declining in women aged 50-64,

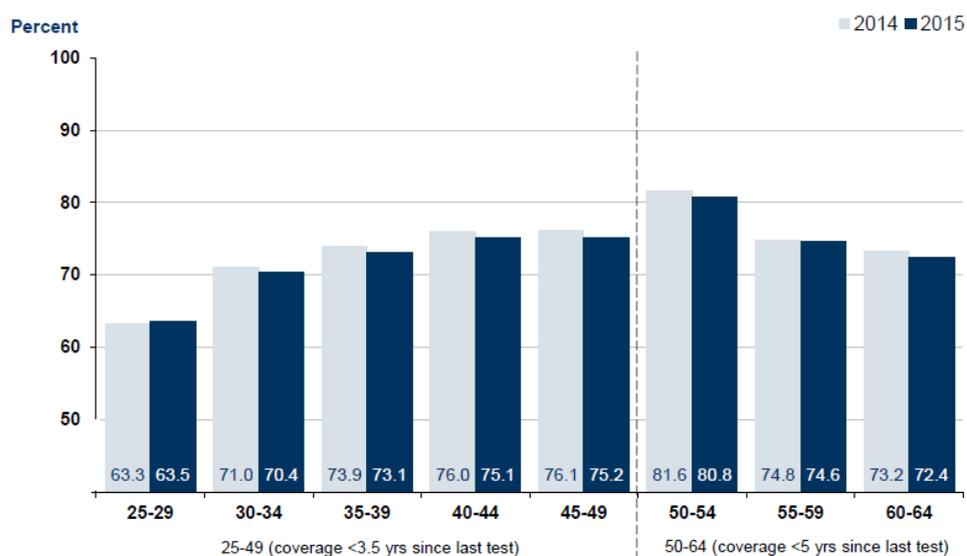
with 78.4 % of those invited attending for screening compared to 80.1% in 2011. Table 1 shows coverage by age-group.

Of the women tested in 2014-15, 93.6% had a negative (normal) result while 6.4% had abnormal results, from borderline changes to potential cervical cancer. High-grade abnormality was reported in 1.3% of results (NHSCSP, 2015).

Cervical Screening Programme: England, Statistics for 2014-15

Figure 2: Cervical screening – coverage* by age group

England, at 31 March, 2014 and 2015



*Age appropriate coverage in the 50-64 age group (as measured at five and a half years) is not currently available for the more detailed age bands. As such this chart shows the breakdown under the previous definition (as measured at five years)
 Source: KC53, Health and Social Care Information Centre. See also Table 1a in Data Tables section.

Table 1

There are geographic variations in uptake. London has the lowest rate of attendance with almost a third of women invited not attending and the East Midlands has the highest uptake at 76.3%. In a study conducted in Lambeth and Southwark which involved the retrospective analysis of the medical records of 180 000 women aged 25-64, 47% of women who develop cancer have not been screened in the previous 5 years or have never been screened and this group is more likely to have advanced cancer (Herbert et al, 2010). This underlines the need to promote screening in those who have never been screened.

Many complex factors influence a woman’s decision to attend for screening and an understanding of these is essential for any attempts to increase attendance. Gaining an understanding of the reasons for non-attendance can enable the Practice Nurse to identify women who might benefit from a discussion regarding the actual procedure and the benefits of screening.

Barriers to attendance for screening

Practical barriers Cultural barriers Psychological barriers

Practical Barriers

Practical barriers include difficulty attending for screening appointment. Waller, (2009) explored the barriers to screening in a population based study involving 580 women aged 26-64. 15% of the sample were overdue for screening. The study found that overcoming practical barriers may be the most important factor in maximising uptake of cervical screening, with the provision of evening or weekend clinics to help those women unable to attend during the working day.

Marlow's (2014) study regarding non- attendance for screening among ethnic minority women found that practical barriers such as restricted surgery opening times and availability of appointments posed problems for women.

In a survey conducted by Jo's Trust (an organisation which promotes cervical screening and cancer awareness) which involved a 1000 women over 50 and looked at the declining uptake in this age group, women gave a number of reasons for not attending. A quarter of the respondents found it hard to book an appointment at a convenient time. Nearly 40% said that being sent an appointment with their screening invitation would encourage them to go (Jo's trust, 2016). However, 14 million GP surgery appointments are missed annually (GP online, 2016), therefore implementing a scheme to send appointments along with screening invitation would need thorough evaluation before implementation.

Psychological barriers

In Waller's (2009) study, 15% of the sample were overdue for screening and the reasons given were embarrassment (29%) intending to go but not getting around to it (21%), fear of pain (14%) and worry about what the test might find (12%).

Likewise, a third of the respondents in the survey conducted by Jo's Cervical cancer Trust found the experience of cervical screening embarrassing, and one in five found it a painful experience (Jo's Trust, 2016).

Cultural barriers

Ethnicity is the most significant factor in cervical screening uptake (Moser et al 2009). Marlow's (2014) study found that ethnic minority women felt there was a lack of awareness about cervical cancer in their community and that emotional barriers, consisting of fear of the procedure, embarrassment, fear of cancer seemed to be a prominent reason for non- attendance among Asian women.

Young Bang et al (2012) national cross-sectional study revealed that cervical screening coverage was significantly lower in PCT's and practices serving higher percentages of younger-aged women , non-caucasian individuals and those living in socio-economic deprivation.

In addition to the above, cervical screening uptake is significantly lower in women with learning disabilities with uptake between 13-25%. People with learning disabilities are 45% less likely to be screened compared to women without learning disabilities (Biswas et al, 2015).

What can the Practice Nurse do?

The public health functions undertaken by the NHS in Service Specification no. 25 (DOH, 2013) stipulate that General Practices are expected to achieve coverage of at least 80% of the eligible population at 5 years. However, an uptake of 80% implies that 20 out of every 100 women eligible for screening are not attending. Practice Nurses will generally be aware of their Surgery uptake for cervical screening as part of the triennial Care Quality Commission review and will in many cases take action to encourage women to accept their invitation. Practical strategies that could be adopted might include the following:

Personalised invitation - Women receive a reminder letter 12 weeks after the initial screening invitation if they have not attended for screening. A final non-responder alert is then sent to surgeries if screening has not been undertaken. This can be an opportunity to send patients a personalised letter or text communication inviting them to attend for screening. This could include information about clinic times, reassurance that the sample taker will be female and explaining that they may talk to a Nurse if they have concerns.

Education of Reception staff- The use of alerts/prompts on clinical systems can highlight non-responders. Reception staff could use this opportunity to remind women that they are overdue for cervical screening and if they would like to make an appointment. This can be done by having the "NHS cervical screening leaflet" at reception desks, the leaflet could be given to the woman with information about cervical screening clinics at the surgery.

Clinic times – A survey undertaken by Jo's Trust highlights the need for more flexible appointment times in GP Surgeries with availability of early morning/late evening appointments to provide an opportunity for those who cannot attend during the day (Jo's Trust, 2016).

Consulting rooms- The woman's experience of the screening appointment may have an impact on her likelihood of returning or recommending screening to others. A positive

experience is more likely when the layout of the room ensures privacy and unnecessary disturbance is avoided.

Smpling technique- Education & Training-Standard CHS37 Skills for Health (2010) sets out the training requirements for cervical screening sample takers. The skills of the Nurse in obtaining a cervical sample will have an impact on the woman's experience and it is important that the technique used results in a good quality sample which can be screened effectively.

The sample taker should take time to introduce herself, to explain the procedure and possible outcomes of the test and acknowledge women's concerns and anxieties. Staff training needs should be addressed at annual reviews and relevant training sought and provided.

Fear of "finding cancer"- Alongside acknowledging women's fear of the procedure, Nurses may also be able to talk to women about their fear of the test results. Reiterating that screening involves the detection and treatment of precancerous cervical cell changes and the treatments that are available may help to allay some anxieties and encourage women to be screened.

Reaching out to specific populations -A project undertaken in Dudley (Curno et al, 2012) demonstrated that an increased awareness of the benefits of cervical screening could be achieved by involving minority ethnic communities in the development of materials and information designed to increase cancer awareness and prevention strategies.

In the same way, women with learning disabilities could be encouraged to attend by tailoring invitations and appointments to their specific needs. Local Learning Disabilities teams can offer support including assistance with consent and possible accompanying the woman to her appointment. Jo's Trust have developed an easy-to-read leaflet and a short film to encourage and enable women with learning disabilities to better understand the benefits of cervical screening (Jo's trust, 2015).

Conclusion

Early detection of pre-cancerous cervical abnormalities enables early treatment and improved outcomes. Nurses should use their knowledge about their specific surgery population, the screening test and the benefits of screening to encourage women to participate in the screening programme. Knowledge of the reasons for non-attendance can help Practice Nurses focus their efforts to improve uptake of the cervical screening programme.

References

Biswas M, Whalley H, Foster J, Friedman E and Deacon R. Women with learning disability and uptake of screening: audit of screening uptake before and after one to one counselling. J Pub Health. 2005. 27(4), pp. 344-347. Available from: <http://jpubhealth.oxfordjournals.org/content/27/4/344.full?sid=c6a2ad4c-ddb6-4660-88a1-13eb2dedc8ba>

Cancer Registration Statistics, England

Available at:

<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/cancerregistrationstatisticscancerregistrationstatisticsengland>

Accessed 31/8/16

Curno P, Parker R, Pritchard J, Sogi P (2012). Life is Precious. Dudley Cancer awareness Arts and Health Project. September 2011

DOH 2013 Public Health functions to be exercised by NHS England. Service Specification No. 25 Cervical screening. Prepared by- Cancer screening, early Diagnosis and Skin Cancer Prevention Team, Department of Health.

Gp on line 2016. Available at: www.gponline.com/exclusive-patients-fail-to-show-14m-gpappointments.../1351972

Jo's cervical cancer trust (2016) Women over 50 facing increased threat of cervical cancer and potential loss of life due to lack of understanding about prevention. Available at: <http://www.jostrust.org.uk/node/451613>(accessed 13 June 2016)

Jo's cervical cancer trust (2016) Impact of GP and employer flexibility on attendance of cervical screening. Available at <https://www.jostrust.org.uk/about-us/our-research/impact-gp-and-employer-flexibility-attendance-cervical-screening> (accessed 15 August 2016)

Herbert A, Anshu Culora G, Dunsmore H, Gupta SS, Holdsworth G et al (2010). Invasive cervical cancer audit: why cancers developed in a high-risk population with an organised screening programme. BJOG 2010;117. 763-45

Moser K, Patnick J, Beral V (2009) Inequalities in reported use of breast and cervical screening in Great Britain: analysis of cross sectional survey data. British Medical Journal.338,b2025

Skills for Health 2010 CHS37 Obtain cervical cytology samples from individuals. Available at: <https://tools.skillsforhealth.org.uk/competence/show/html/id/1030/>

Waller J, Bartoszek M, Marlow I, Wardle J. 2009 Barriers to cervical cancer screening attendance in England: a population-based survey. J Med screen December 2009 vol.16 no.4 199-204

Young Bang Yi, Yadegarfar G, Soljak M, Majeed A 2012 Primary care factors associated with cervical screening coverage in England. J Public Health
doi:10.1093/pubmed/fds019

Title: Strategies for increasing uptake of cervical screening

Corresponding author: Aine Kothari
Senior Lecturer Community Nursing
Anglia Ruskin University
Bishop's Hall Lane
Chelmsford
Essex CM1 1SQ
Email: aine.kothari@anglia.ac.uk
Tel: 0845 196 4698