

# Robert Darbshire Practice

## Cervical Screening Catch-up Partnership Project

Report by Anni Tonin, Health Inequalities Lead, Better Health MCR Ltd (September 2022)

### Duration of project:

July 2021 – April 2022

### Project leader and Partners:

**Project Lead:** Anni Tonin, Health Inequalities Lead, Better Health MCR Ltd

**Partners:** The Robert Darbshire Practice (RDP), Answer Cancer, BHA for Equality (BHAFÉ) and Voice of BME Trafford (VBMET)

## Introduction

Female cervical cancer incidence rates (2013-2017) are higher in White ethnic groups compared with Asian and Black ethnic groups in England. They are also 65% higher in women in the most deprived quintile compared with those in the least deprived quintile. The NHS Cervical Screening Programme prevents 75% of cervical cancers, saving an estimated 5,000 lives every year in the UK. However, uptake of screening is too low: each year more than half a million women do not attend, and approximately 3,200 new cervical cancer cases occur in the UK (2016-2018). Women from disadvantaged and minority ethnic communities are less likely to attend screening.

Most of the Better Health Manchester PCN population, including that of the Robert Darbshire GP Practice, live in the top 20% of most deprived LSOAs in England, and 62% of the resident population in 2011 was from an ethnic minority. There is over-utilisation of unplanned services and under-utilisation of preventative services, such as cancer screening. Uptake of cervical screening at Robert Darbshire Practice (RDP) has been consistently well below national targets and that of Manchester, declining steadily from April 2017 to mid 2021, particularly for younger women (see Figs 1. and 2.).

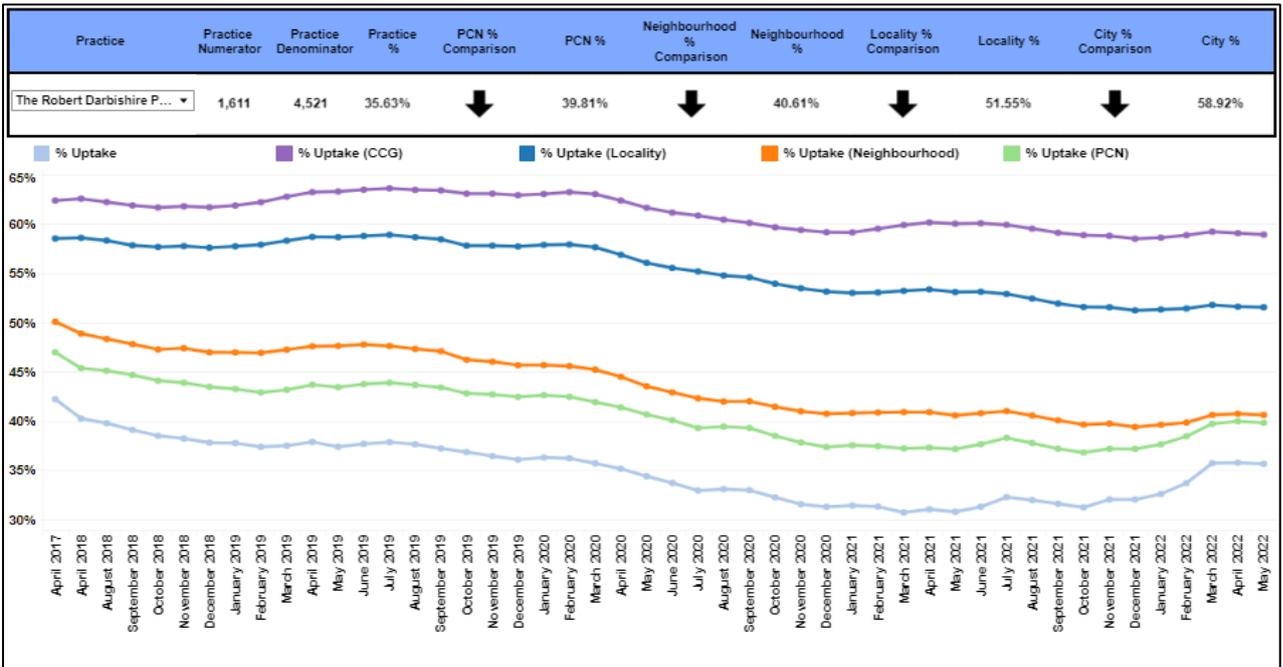


Fig 1. RDP: CS uptake 2017-2022. Age range 25 to 49 years (Manchester Tableau Intelligence Portal, 2022)

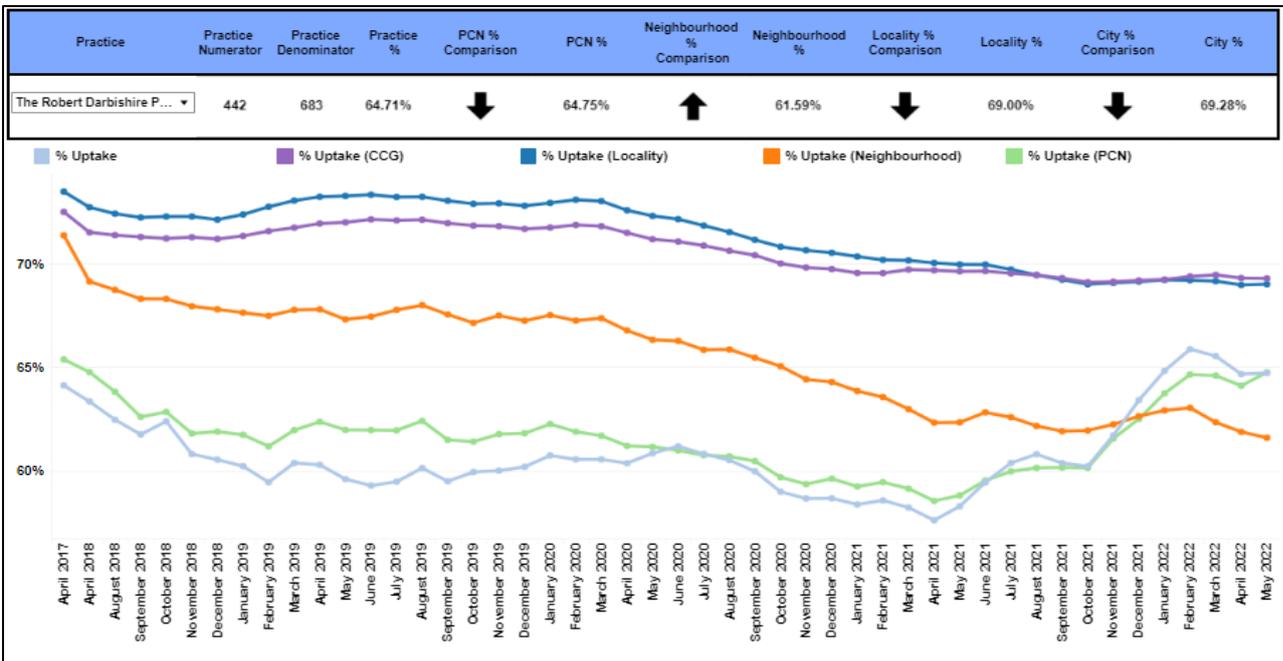
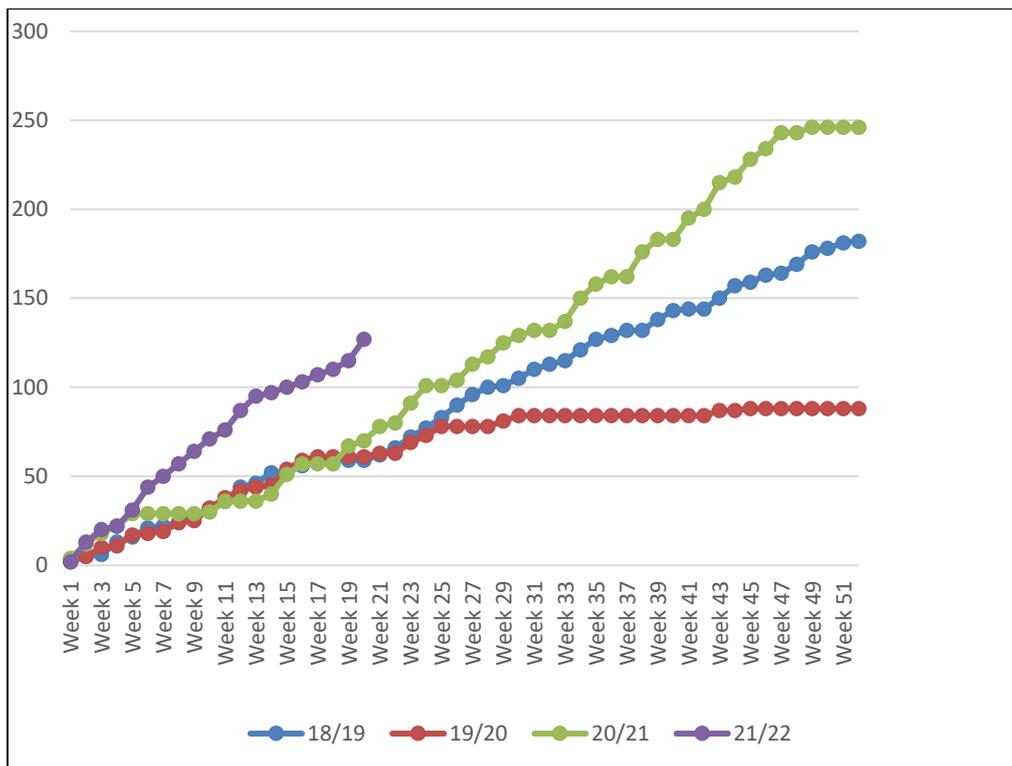


Fig 2. RDP: CS uptake 2017-2022. Age range 50 to 64 years (Manchester Tableau Intelligence Portal, 2022)

## Pre- project (September 2020 – May 2021)

- PCN and practice data analysis of our patient population uptake of cervical screening (CS), number of non-responders, estimates of staff resources needed for calling, provision of screening appointments in nurse clinics and follow-up.
- We assessed provision of CS in the three PCN GP practices in mid-2020 and noted that:
  - Practice and PCN CS uptake (as discussed above) was well below local and national uptake
  - data available at the start of the project did not reliably identify the number or proportion of eligible patients who spoke a home language other than English.
  - CS screening appointments were integrated into routine practice nurse clinics in all 3 practices
- Opportunistic engagement with local community groups and women, and reviews of national guidelines and research, to develop understanding of the barriers and facilitators to screening uptake, including the impact of cancer-related stigma for some groups of women.
- **The Whitswood Practice CS catch-up** began in October 2020 as a practice health improvement project, driven by its own practice staff, in response to the fall in CS uptake after the beginning of the Covid-19 pandemic. It included
  - Extra practice nursing time (provided largely by existing PCN staff) to provide weekly dedicated CS clinics
  - Generation of spreadsheets of all women who had not responded to the national call/recall system and/or had not had a smear for more than 3 years (aged 25 – 49 years) or more than 5 years (aged 50-64 years)
  - Texts and telephone calls to invite and remind non-responders for CS, by practice reception and nursing staff, using interpretation services wherever indicated
- The Whitswood Practice project has continued over the past 2 years, slowly transitioning from a catch-up project to a routine screening service. By March 2021 it was clear that the project was successfully increasing the number of women attending for screening, compared to previous years. Fig 3. shows the consistent improvement in the number of cervical screens completed over time.



**Fig 3. Smears completed for each year of the Whitswood Practice project (measured from October of each year)**

- Learning from The Whitswood Practice CS catch-up project: successful strategies were:
  - Protected time for calling
  - Texts and media messages are worded to avoid use of the word ‘cancer’
  - Dedicated CS clinics (as opposed to ad hoc appointments or planned bookings within general practice nurse clinics)
  - Monthly review of practice data on screening appointments
  - More than one call necessary to achieve appointment (many no access calls, poor response to text and voice messages, patients need time to decide and then follow-up.
  - Monthly solution-focused ‘task group’ meetings to address challenges and identify successful strategies
  
- CS uptake for Robert Darbishire Practice is poorer than that for TWP. It also has a much larger practice population: a catch-up project modelled on the successes of TWP’s strategy required a considerable scale-up of
  - provision of cervical screening nursing appointments
  - calling time needed to contact women by phone
  - project management time

## **Aims and objectives of the project**

### **Aims**

- A. Increase the number of eligible patients registered with RDP who have had a cervical screening (CS) smear within the last 3 years (aged 25 – 49 years) or 5 years (aged 50-64 years).
- B. Identify learning from the catch-up project to begin the process of developing a sustainable routine practice CS strategy, with improved CS uptake and coverage.

### **Objectives**

1. RDP to provide cervical screening facilities and nurse smear-takers, co-ordinated with the number of appointments made by callers, to provide an appointment within 2 weeks for each patient agreeing to an appointment.
2. Callers to contact all patients on the database within 6 months, to offer a catch-up appointment - direct calling of eligible patients to offer catch-up CS to all practice patients eligible for CS, who have not responded to the national call/recall system and/or have not had a smear for more than 3 years (aged 25 – 49 years) or more than 5 years (aged 50-64 years).
3. RDP to promote and support uptake of CS using tailored invitation and reminder text messages, social media and other media messages throughout the project
4. VBMET to provide three community events to raise awareness of CS during the project, either face to face or through radio or other community media.

## **Methods and approaches used**

### **Project Initiation and Operation**

Partnership between The Robert Darbishire Practice (RDP), Answer Cancer, BHA for Equality (BHAfE) and Voice of BME Trafford (VBMET) agreed that:

- Initial project timespan: 6 months, starting July 2021.
- RDP to draw up an online database of the 2674 eligible patients, design calling templates and reporting frameworks, provide caller training in use of these, IT, information governance and telephone facilities by the start of the project, and ongoing daily operational support for callers.
- VBMET to provide callers trained to provide skilled advice and promotion of screening uptake, calling from the RDP during weekly sessions, and able to speak Arabic, Urdu, Punjabi (and Somali if possible) as a home language in addition to English.
- Callers to call all eligible patients to offer appointment (approximately 2700 patients), using own spoken languages, and interpreter service when needed.
- Calls and record keeping to be completed in the practice: callers manage workload via online spreadsheets, patient calls recorded and managed on EMIS using in-house templates with embedded coding and appointments booked directly into clinic slots (governance and training provided by RDP).
- RDP to provide all extra smear-taking clinics and nurse capacity using locum smear-takers.
- Answer Cancer/VBMET to hold 3 local community awareness events or media platform events to boost uptake throughout the project period.
- Monthly partnership review meetings chaired by RDP Project Lead.

### **Calling method**

The 2 674 patients were divided by age: 25-49 years and 50-64 years. An online database was built for each of these groups.

The spreadsheet databases for each age-group were duplicated so that two callers could work and record data at the same time. To avoid duplication of calls, each caller owned one of the spreadsheets and worked according to an alternate alphabetical plan based on patients' family name.

The callers then worked down their lists, starting with the 25-49 years age group, recording the outcome of the attempted call for each patient and allowing 2 calls per patient. Each patient was contacted once first, before the caller started to contact patients for a second time (unless the patient had asked for a call back). The callers could record the outcome of the call as one of eight options: unable to leave a voicemail; voicemail left; no contact details; answered call back later; declined; booked; discussion; other. There was a free text "Comments" section for each patient.

Callers who were staff members of the RDP spoke English only. Callers from VBMET spoke English and Arabic, or English and Urdu. Later in the project, when more language data from patients was available to the practice, lists were re-run and colour-coded by home language (yellow for Arabic, blue for Urdu) and plans were agreed to allocate these to the caller who spoke that language, in parallel with the alphabetical approach.

Calls were made from within the RDP, and recorded on EMIS using in-house templates with embedded coding, and appointments booked directly into dedicated clinics staffed by locum nurses.

## **Project Outcomes - Objectives**

- 1. RDP to provide cervical screening facilities and nurse smear-takers, co-ordinated with the number of appointments made by callers, to provide an appointment within 2 weeks for each patient agreeing to an appointment.**

RDP employed locum smear-taking nurses to run dedicated clinics based at the practice. Evening and weekend clinics could not be arranged during this period, but clinics were timed to provide morning and afternoon session appointments on a range of weekdays. If women could not attend locum nurse sessions, appointments were booked with RDP practice nurses within their own routine practice nurse sessions.

A total of 1262 appointments were made available in dedicated cervical screening clinics from July 2021 to April 2022 (In addition to appointments made in routine practice nurse slots)

- 977 (77%) appointment slots were booked. Of these
  - 30% resulted in non-attendance
- 285 slots were not used for smears but were made available to be converted to generic nursing slots and booked for other practice nursing work on the day.

- 2. Callers to contact all patients on the database within 6 months, to offer a catch-up appointment - direct calling of eligible patients to offer catch-up CS to all practice patients eligible for CS, who have not responded to the national call/recall system and/or have not had a smear for more than 3 years (aged 25 – 49 years) or more than 5 years (aged 50-64 years).**

A total of 2,674 patients were overdue cervical screening and all of them had at least one attempted contact, or two or more if the first contact attempt was unsuccessful. During the project, a further strategy was developed to reduce the high levels of non-attendance and cancelled appointments and support further access for non-attenders. This was done by adding reminder calls to patients booked in for screening within the next 24-72 hours, and following up failed or cancelled appointments by phone to offer support to re-book.

All calls began in English, and interpreting was offered according to patient preference. VBMET callers spoke Arabic and Urdu as well as English; wherever possible, patients who wished to communicate in Arabic or Urdu were reassigned to the appropriate VBMET caller for contacting. Later in the project colour-coding by newly available language data enabled the VBMET callers to concentrate on Arabic and Urdu speaking patients first, before making English-language calls.

Callers altogether spent approximately 220 hours in calling, not including the reminder calls and follow ups for those who cancelled or did not attend. In total, 4683 calls were recorded, approximately 60% by VBMET callers and 40% of them by RDP staff.

#### Of the 2 674 women called and offered a CS appointment during the project

663 (27%) of the 2 450 women aged 25-49 years were booked and attended for cervical screening  
92 (41%) of the 224 women aged 50-64 years were booked and attended for cervical screening

Many women who were called more than once did not book and attend cervical screening. The main reasons were:

- Could not be contacted by phone
- Did not respond to voicemails and/or texts
- Declined
- Unsure
- Preferred to book later

The main reasons given for declining were:

- not being sexually active
- maybe would book in future
- just not wanting a screen
- no reason
- being fearful of the test

### **3. RDP to promote and support uptake of CS using tailored invitation and reminder text messages, social media and other media messages throughout the project**

At the time of the project, it had not been possible to design text and social media messages in the spoken languages of many of our patients. As with the concurrent catch-up project being run at The Whitswood Practice, all eligible women were sent text messages in English. "Jo's Trust" was chosen as a web link on texts, for its easy online accessibility and information that could be seen in different languages.

An initial text message was sent to all patients identified for the project, inviting them to book a cervical screen. Text messages were also sent by callers to confirm bookings made by phone, and reminder texts were sent automatically a few days prior to the appointment

Social media messages were designed by practice staff to improve inclusivity, and posted onto PCN social media pages using a rolling plan of new images and messages. Both texts and media messages

(see Appendix) were worded to avoid use of the word 'cancer' because community groups prior to the project start had flagged up the fear of cancer in some communities as a barrier to uptake.

**4. VBMET to provide three community events to raise awareness of CS during the project, either face to face or through radio or other community media**

The objective of awareness-raising events provided by VBMET during the project and local to the RDP patient population in order to promote uptake, was not met. Videos promoting cervical screening, have been since made by VBMET and by RDP staff and will be used in future uptake promotion work

## Project Outcomes – Aims

- A. Increase the number of eligible patients registered with RDP who have had a cervical screening (CS) smear within the last 3 years (aged 25 – 49 years) or 5 years (aged 50-64 years)

### Cervical Screens completed

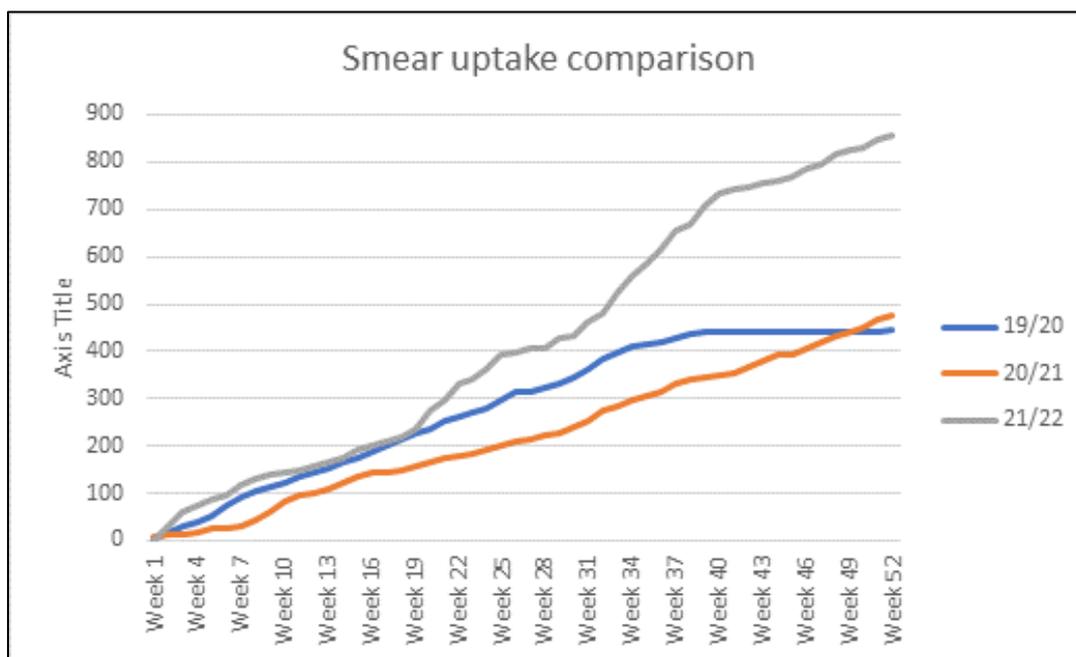


Fig 4. Smears completed at RDP 1 July - 30 June in 2019/20, 2020/21 and 2021/22

Over the 41-week period of the project (1 July 2021 – 7 April 2022), a total of 755 cervical screens were completed at RDP. This represents an improvement of:

- 113% over the same period in the 2020/21 year (354 screens completed)
- 72% over the same period the 2019/20 year (439 screens completed up to the beginning of the Covid-19 pandemic and 'lockdown' in the UK)

This increase has also been sustained (although at a slightly lower rate) in the 3 months following the end of the project. Over the full year from 1 July 2021 to 30 June 2022, a total of 856 cervical screens were completed at RDP, an 80% improvement over the 476 completed in the same period in 2020/21

### Uptake and Coverage

Note: Uptake is the proportion of those invited for screening who attended for a test within 6 months of their programme invitation date. Uptake was not explored as part of this project, which aimed to offer a catch-up opportunity to women who had **not** taken up the screening invitation.

Coverage is the percentage of those eligible for screening at a time point, who were screened adequately within 3.5 years (aged 25 to 49years), and within 5.5 years (aged 50 to 64years).

Table 1. shows the small negative trend in total (25 – 64 years) coverage across the Manchester CCG during the project period, whilst RDP’s cervical screening coverage increased by 3.7%. Within the PCN, The Whitswood Practice (a smaller practice where a longer-term intensive recall strategy had been in place since October 2020, using its own staff, and making use of the same texting, media and project review methods used at RDP) showed a slightly lower increase, whilst for the New Bank Health Centre, which continued with its routine strategy, coverage declined by 2.4%.

**Table 1. Percentage improvement in CS Coverage August 2021 – March 2022 (25 to 64 years) (NHS Digital, 2022)**

	Aug-21	Mar-22	% change
Better Health MCR (BHM) PCN	41.2%	43.4%	2.2%
New Bank Health Centre (NBHC)	46.8%	44.4%	-2.4%
<b>Robert Darbshire Practice* (RDP)</b>	<b>35.9%</b>	<b>39.6%</b>	<b>3.7%</b>
Whitswood Practice (TWP)	55.7%	58.5%	2.8%
<b>Manchester CCG (MCCG)</b>	<b>61.9%</b>	<b>61.7%</b>	<b>-0.20%</b>

Coverage has been extremely low for several years for younger women (aged 25-49 years). Coverage for those aged 50-64 years is relatively much higher. Both have continued to improve from the start of the project until May 2022 (Table 2.). However, coverage remains well below that for Manchester as a whole, and far below the national target of 80%, with that for younger women still less than half the target value.

**Table 2. RDP Cervical Screening Coverage July 2021 vs May 2022 (NHS Digital, 2022)**

	July 2021	May 2022
<b>All ages (25 – 64 years)</b>	36%	39.46%
<b>Aged 25 – 49 years</b>	32.2%	35.63%
<b>Aged 50 – 64 years</b>	60.3%	64.71%

## Post-pandemic Recovery

Figure 5. illustrates how cervical screening coverage fell across Manchester CCG following the beginning of the pandemic in early 2020.

RDP's cervical screening coverage has been significantly lower than Manchester CCG rates historically, and its coverage for both age groups also reduced during this period. However, while CCG coverage in January- March 2022 remained below pre-pandemic rates for both age groups, RDP coverage by May 2022 exceeded pre-pandemic levels.

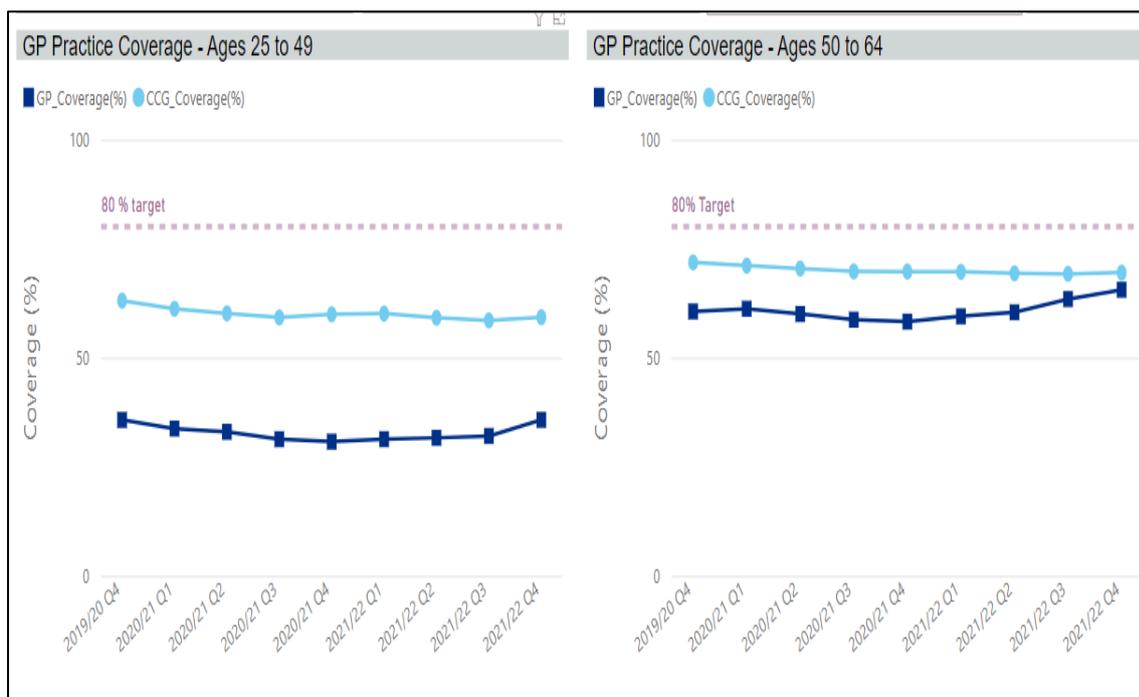


Fig 5. Percentage coverage by age group, RDP and Manchester CCG (NHS Digital, 2022)

### **B. Identify learning from the catch-up project to begin the process of developing a sustainable routine practice CS strategy, with improved CS uptake and coverage.**

Learning from the catch-up project is summarised in Box 1. below, and informed the development of the sustainable cervical screening strategy across the PCN:

A routine cervical screening recall strategy has been adopted across all 3 practices in the PCN - Robert Darbishire Practice, the Whitswood Practice and New Bank Health Centre – following the completion of the project. This dovetails practice-level screening letters, texting, calling and recalling with the timing of the national screening programme invitations and reminders, so that practice staff call and follow-up non-responders to programme invitations, practice letters and texts on a monthly basis, within the time constraints of national uptake targets. Calling templates continue to be used

as part of monitoring and evaluation, including the use of free text to record patients' reasons for declining screening. Online questionnaires will be sent out periodically via text to patients who did not respond to screening offers, to better understand the reasons for their choice.

Dedicated, coded weekly routine cervical screening clinics were already in place at The Whitswood Practice. These are now established at RDP, staffed by RDP's practice nurses, with other routine nursing slots being used when these clinic times are not suitable for patients. Online questionnaires will also be sent out periodically via text to patients who attended, to identify areas for service improvement.

Monthly reviews of the practice-level screening strategy are in place for the 3 practices on a rolling basis to identify challenges and trial solutions tailored to the particular practice.

We have started a deep dive into the records of the many women who could not be contacted by phone, to understand the range of factors that may be contributing to communication challenges, and ways in which these can be addressed.

Reasons given by women for declining screening point towards the need for awareness-raising and culturally sensitive promotion of health literacy at population level. Cancer screening callers have now developed partnership working with a range of community organisations to provide tailored advice, information and support to improve uptake of screening programmes.

The scale and intensity of the catch-up enabled a better understanding of factors affecting uptake in the practice. These included:

- Even with intensive telephone contact and follow-up, only 28% of the women who were called went on to complete their cervical screen.
- Many (mostly younger) women could not be contacted by phone on any number available to our systems
- A high percentage of non-attendance, after appointments were booked by calling, despite reminder texts.
- Reminder calls reduced non-attendance rates, but required dedicated calling time within a tight time-frame
- Follow-up calls to non-attenders did result in patients re-booking; this appeared to be most successful when patients said they had forgotten, or had been given other appointments for themselves or their family on the same day.
- Many women were willing to listen to information by phone, but still declined an appointment. The callers' template enabled free text recording of reasons for declining. By far the most common reason given (even after callers provided screening information) was not being sexually active
- The next most predominant themes for declining were:
  - maybe would book in future
  - just not wanting a screen

- no reason
- being fearful of the test
- Use of interpretation services was better than no interpretation at all, but made information-giving difficult. Some examples were
  - Needing to avoid use of male interpreters because of the gender-sensitive issues discussed
  - Finding understandable language to discuss body parts, and medical and screening concepts, especially when interpreters were unfamiliar with the subject
  - Difficulty in building a relationship to provide information and support informed consent/decline

Regular monthly 'task group' meetings also highlighted that

- Training and ongoing support of callers in data governance, practice record-keeping and IT skills is time-consuming, but necessary to ensure information governance and reliability of data. It also encouraged confidence and empowered callers to test and implement valuable strategies.
- Dedicated, coded clinic slots, together with coded calling templates were essential to project evaluation and reduced human error in reporting by callers, smear-takers and reception staff
- Co-ordinating callers, smear-takers, practice resources (desks, computers, telephones, treatment rooms, etc) to complete the catch-up project was time and labour-intensive, and costly, but essential to developing an evidence-based sustainable approach
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**Box 1. Summary of learning from the RDP CS project**

## **Acknowledgements and Thanks**

RDP's Project Partners - Answer Cancer, BHA for Equality and Voice of BME Trafford

Callers, especially (in alphabetical order) Nafila Babar (VBMET), Sara Buckley (RDP), Anna Hooper (RDP) and Dura Rihmtalla (VBMET)

PCN practice and Locum nurses who provided screening clinics and appointments

Alex Carr (and all RDP staff including the Admin, Reception, and Wellbeing teams who have supported the project)

Lauren Thorne for her design and posting of PCN social media

Coral Higgins, Cancer Commissioning & Reform Manager (Manchester Integrated Care Partnership, for her enthusiasm, critique, data and support

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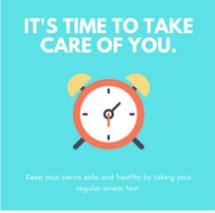
<https://www.jostrust.org.uk/about-us/our-research-and-policy-work/our-research/barriers-cervical-screening-amongst-south-east>



# Appendix

## Examples of PCN social media messages

### Social Media



**Twitter:** The last year may have been a challenge, but you still need to get your smear test done! Getting your screening regularly is the best way to make sure your cervix stays healthy. Get in touch to book in today! For more information on smear tests, visit:.....

**Facebook/Instagram:** The last year has been a challenge, but one thing hasn't changed: you still need to get your smear test done! Getting your cervical screening regularly and on time is the best way to make sure your cervix stays healthy. Couldn't make it to your last test appointment? Haven't booked in just yet? Get in touch with us today!

For more information on smear tests, take a look at Jo's Trust.....

### Social Media



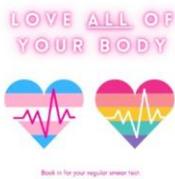
**Twitter:** We all know that feeling when you get your cervical screening reminder – but don't fear the smear! Getting a smear test is the best way to make sure your cervix is healthy. Contact us to check when yours is due! To know more about smear tests, visit.....

**Facebook/Instagram:** We all know that feeling when you get your cervical screening test reminder – but don't fear the smear! Getting a smear test is the quickest and easiest way to make sure your cervix is healthy.

Contact us to book your appointment or check when it is due!

To know more about cervical screening, what exactly it is and what happens in the test, take a look at Jo's Trust.....

### Social Media



**Twitter:** We all try our best to stay healthy, like brushing our teeth and eating well – but other parts of your body need looking after too! If you're aged 25+ & you have a cervix, it will need a regular check -up. Give yourself peace of mind & book in for yours

**Facebook/Instagram:** We all try our best to stay healthy, like brushing our teeth, exercising and eating well – but other parts of your body need looking after too!

If you're aged 25 or more and you have a cervix, it will need a regular check -up. The best way to make sure your cervix is healthy is to get your smear test!

Give yourself peace of mind, and book in for your cervical screening. Contact us today to find out when your next smear test is due.

### Examples of text messages sent

Text messages were sent to all patients identified for the project, inviting them to book a cervical screen. Jo's trust was chosen for its easy accessibility online and information in varied languages

*'Your smear is due. It is important that you attend for this to make sure you're healthy. You can find more information in your language about cervical screening by following the link <https://www.jostrust.org.uk/information/cervicalscreening> and selecting choose your language at the top of the screen'*

Text messages were also sent by callers to confirm bookings made by phone, and reminder texts were sent automatically a few days prior to the appointment

### Appointment reminder details

**Selected site locations:**  
The Robert Darbshire Practice

**Selected slot types:**  
Smear, Smear only

**Message:**  
Dear [Patient],  
This is a reminder of your appointment which is booked for [date] at [time] at [location].  
This is with your practice nurse. You can find out more information about your smear test at [www.jostrust.org.uk](http://www.jostrust.org.uk). Your health is very important! We look forward to seeing you. Need to rebook? Please contact us immediately on 0161 225 6699.  
If you need to cancel, please follow this link: (link will autogenerate here)  
Thanks,  
The Robert Darbshire Practice

**Post appointment message:**  
Off

