ANSWER CANCER

# Evaluation Report

Improving Screening Uptake in Collaboration with Primary Care Networks

# Contents

## Introduction

The screening pilot was built into Answer Cancer's delivery plan to help increase screening uptake. The pilot drew on examples of effective practice already happening across Greater Manchester, as well as evidence from peer-reviewed academic literature on approaches that successfully influence screening behaviour.

A consistent theme in the evidence was the impact of personalised contact with patients from a trusted source. When resources permitted, this kind of non-coercive, direct engagement helped non-responders to screening invitations make an informed decision to take part, particularly those who were unsure about the screening offer or had previously opted out. This approach, known as the GP Screening Information Clinic (GPSIC), was adapted by Answer Cancer for the pilot.

The pilot began in July 2021 and concluded in December 2024, following an extension funded by NHS England. This additional investment enabled expansion to five PCNs across Greater Manchester and continued support for local voluntary organisations - also Answer Cancer organisational champions - to help deliver the work.

Each voluntary organisation would:

- focus on working with a PCN to increase cervical screening rates in their area
- target General Practices in areas where the need was greatest
- Target groups in deprived areas facing additional barriers to screening and lower uptake: Black, Asian and other minority ethnic communities, carers, disabled people, those with mental health conditions, and LGBTQ+ individuals.

Near to completion of the Cervical Screening Pilot we had the opportunity to adapt the cervical screening approach and collaborate with the Health Development Co-ordinator and Bowel Cancer Screening Improvement Lead (CSIL) to undertake calls at the Range Medical Centre in Manchester.

Throughout this work, we wanted to instigate and develop collaborative working models between the VCSE sector and PCNs.

## Objectives

Answer Cancer's partnership work with PCNs was anticipated to include a variety of approaches, but each partnership will follow the programme's objectives to increase cervical/bowel screening rates amongst groups and communities where uptake is currently low. In our partnership work with PCNs we aim to:

i. Use the core strengths of Answer Cancer: the ability to engage with low uptake communities by involving people and VCSE groups from within those communities to positively influence behaviour, communicate key screening

messages and develop collaborative working models between the VCSE sector and PCNs

ii. Partner with PCNs to achieve their objectives and targets in relation to the Early Cancer Diagnosis DES, Tackling Neighbourhood Health Inequalities DES and relevant QOF targets

iii. Contribute to addressing health inequalities within the PCN areas

iv. Prioritise sustainability from the outset of every new initiative

## Answer Cancer Approach

We aimed to boost screening rates across Practices, especially targeting those with the lowest uptake, using national evidence, local best practices, and community insights to tailor what we deliver to the patient population. Our approach comprised the following:

- Each GP surgery, with the support of Answer Cancer, produces a search on EMIS of cervical/bowel screening non-responders

- Answer Cancer issues contracts to VCSE organisations setting out delivery targets on the number of calls to be made, minimum number of patients to be contacted and minimum number of appointments to be booked

- Answer Cancer trains VCSE staff on conducting the calls, use of the EMIS system and the appointment booking system and how to code outcomes, i.e. declined appointment, booked appointment, pregnant etc.

- Answer Cancer agrees dates with GPs for VCSE organisations to carry out calls

- VCSE organisations are based in GP surgeries and contact cervical/bowel screening non-responders, deal with any queries through a one-to-one conversation and book an appointment. The process for managing a call related to a cervical screening non respondent is set out in Appendix 3.

- A record is kept of each attempt to contact a patient, and the time of contact will be fluctuated to ensure success. Up to 3 calls made before recording as an unsuccessful contact and relevant coding applied. Where a patient's number is obsolete, this is reported to the Practice administrator, and a letter is sent to the patient requesting they contact the surgery to update their contact details.

- All calls are coded and an accurate record of outcomes can be compiled from this data.

Each VCSE organisation was expected to produce a report on the achievement of the pilot, challenges recorded and opportunities for improvement and, where Practices had the capacity, some provided the necessary training for VCSE organisations.

Better Health PCN (Manchester) was the first to take up our offer and enabled us to learn and improve upon the project in other areas.  A different approach was adopted in Bolton as the PCN wanted to develop community clinics which were supported by the Answer Cancer Engagement Team.

For the bowel screening pilot, the team needed to:

- Receive extra training on the Practice's EMIS system to access patient information
- Undertake additional training from the Bowel Cancer Screening Improvement Lead on the screening process
- Learn an updated telephone script specific to bowel screening
- Call eligible patients to offer a FIT kit
- Order and arrange postage of additional FIT kits for patients

The tables below show the PCNs/GPs involved in each of the 5 localities across Greater Manchester.

## Cervical Screening

| Manchester | Salford | HMR | Oldham | Bolton |
|---|---|---|---|---|
| **Better Health Manchester PCN**<br>(July 2021 – April 2022)<br><br>Robert Darbishire Practice<br><br>**Gorton and Levenshulme PCN**<br>(July – November 2023)<br><br>Westpoint Medical Practice<br>Ashcroft Medical Centre<br>Mount St Surgery<br>Hawthorne<br>Gorton Medical Practice<br><br>**Ardwick & Longsight PCN**<br>(July - December 2025)<br><br>Vallance Centre<br>Surrey Lodge Group Practice | **Broughton PCN**<br><br>Lower Broughton (14 February - 1 June 2023)<br><br>Newbury Green<br>(30 June – 31 October 2023) | **Canalside PCN**<br>Wellfield Medical Centre<br>(27 September 2024 – 10 January 2025)<br><br>**Rochdale North PCN**<br>Inspire Medical Centre<br>(2 September – 30 November 2025) | **Oldham Central PCN**<br><br>Greenbank Medical Practice<br><br>Hopwood House Medical Practice<br><br>Alexandra Practice<br><br>Sun Valley Medical Practice<br><br>Jarvis Medical Centre<br><br>(1 October 2022 – 15 March 2023) | The work in Bolton was led by the GP federation who set up pop up clinics, in community settings, to deliver cervical screening. The clinics were set up in Rumworth and supported by Answer Cancer's community engagement team. This activity was successful in increasing uptake of cervical screening, but all evidence was collated by the Federation. |

**Table 1 – PCNs and GPs involved in the cervical screening pilots**

| Manchester | Salford | HMR | Oldham | Bolton |
|---|---|---|---|---|
| **West Central Manchester PCN** (July 2025 to September 2025)<br><br>The Range Medical Centre | | | | |

**Table 2 – PCNs and GPs involved in the bowel screening pilot**

## Set up of the pilot

The first pilot was set up at Better Health PCN who were keen to be involved in the project as they were already trialling follow up calls to patients from one of their Practices.

We selected local community organisations in each locality based on the following criteria:

- Relevant experience in carrying out follow up calls
- Staff in post with multiple languages relevant to the patient profile
- Familiarity with the locality through past community engagement work
- Successful delivery of previous cancer awareness project via receipt of an Answer Cancer grant
- Delivery of project goals in a culturally relevant way

The voluntary organisations recruited to work with selected PCNs are as follows:

Voice of BME Trafford (VBMET) - Better Health PCN/Gorton & Levenshulme PCN
Fatima women's Association (FWA) - Oldham Central PCN
Greater Manchester South Asian Women (GMSAW) - Canalside PCN, Rochdale North PCN, Ardwick & Longsight and West Central Manchester PCN
The Fed – Broughton PCN

Each member of staff from the above community organisations were expected to:

- Hold an up-to-date basic DBS check
- Attend the required training
- Completed data security awareness training
- Understand and sign the Practice's confidentiality agreement and ensure compliance so that all information was kept within the Practice
- Ensure that all paperwork was securely stored in locked filing cabinets in the practice managers office.

Each Practice was expected to provide the following:

- Restricted access to EMIS
- Desk/office space and a telephone(s) where calls can be made
- Allocation of additional nursing to deliver cervical screening
- Available out of hours appointments for cervical screening
- Review Practice data to assess the effectiveness of the calls

## Challenges arising from the pilot

Most of the challenges arose at the set up and pre-set up stage as follows:

i. Limited office space made it difficult to accommodate additional community staff within some Practices, requiring careful scheduling and shared desk arrangements.
ii. Limited phone lines created call issues, particularly when community staff needed to contact patients or receive return calls. In developing the pilot arrangements were put in place for volunteers to have mobile phones, that were purchased by Answer Cancer purely to make calls to patients where phone lines were limited.
iii. Difficulty in recruiting a nurse to take up extra cervical screening appointments. This also delayed the start of the project at some GPs, but we tested sharing nursing resources between PCNs, and this worked well thereby tackling the issues around recruiting nursing staff.
iv. Many younger patients could not be contacted by phone, and they did not respond to texts meaning that they had never been screened

There were significant issues in engaging with some patients because of contact details not being up to date. Incorrect or missing patient information on the EMIS system resulted in inaccurate patient information which required manual review and close collaboration with practice staff to resolve the error. Incorrect patient data is an ongoing problem within GPs, and this was identified across all the PCNs that we engaged with. The following case studies give some insight into the challenges faced.

## Case Study Insights

### Case Study 1

A patient who has learning disabilities was called to discuss making an appointment for her cervical screening. Her father answered the call and confirmed that he speaks on his daughter's behalf. When told the call was to discuss her cervical screening appointment, he replied "my daughter doesn't need that as she doesn't go out and doesn't see boys". The caller spent time explaining that sexual activity was not the reason for screening and it is to look for changes in cells. After the conversation the father agreed to make an appointment.

### Case Study 2

Ms. B has a history of mental illness and has missed several appointments due to anxiety. Although she recently attended a medication review, cervical screening was not discussed. Her records show she is overdue for screening.

### Case Study 3

When called Mrs B, who suffers with anxiety stated "I know screening is important, but my anxiety makes it really hard to go through with it. I need reminders and maybe someone to talk me through what to expect. It's just stressful."

### Case Study 4
A patient who suffers from urinary incontinence said “I can't go because it's too embarrassing, because of my incontinence I have blisters down below and they are sore” the caller suggested making the appointment and at the same time the nurse could look at the sores and offer her advice.

### Case Study 5
A Chinese patient attended screening, but when the slot was booked it was only allocated as a single slot, which did not allow time for interpretation, so she was sent home without a follow-up.

### Case Study 6
A patient was called to book her appointment but said she had no childcare. She said her sister had also had a call to book her appointment. The sisters were offered appointments close together so they could resolve the childcare issue

### Case Study 7
A patient who had a hysterectomy at 25 was contacted mistakenly and was unsure why she was on the list.

The above challenges need to be considered and resolved if this model is to be replicated

## Learning from the Pilot

- Telephone follow ups of non- attendees are essential to understand barriers to screening uptake and enable changes to be made to improve services.
- A dedicated telephone line for booking cervical screening appointments at a Practice would be advantageous.
- Having multilingual staff conducting the calls to patients was a key element for the success of the project, in certain localities, alongside explaining the importance of screening to reduce stigma and dispel myths.
- It was important for the voluntary organisations conducting calls to have regular review meetings with PCN staff to assess progress and deal with any issues that arose.
- Additional community engagement, in a locality, at the same period that calls were being conducted reinforced the need for screening.
- It was important for Practices to undertake regular reviews of Practice data on screening appointments to assess progress.
- If possible, patients who do not attend a cervical screening appointment should be followed up on the same day.

## Outcomes and Impact on Cervical/Bowel Screening

The following outlines the calls conducted at each PCN and the impact on uptake of screening

| PCN | No of Calls | No of direct contacts | No of appointments booked | % increase in screening appointments |
|---|---|---|---|---|
| **Better Health**<br><br>**Gorton & Levenshulme**<br><br>**Ardwick & Longsight** | 2674<br><br>1500<br><br>840 | 2674 (100%)<br><br>523 (35%)<br><br>740 (4%) | 1096<br><br>341<br><br>26<br>120 texts sent to rebook | 41%<br><br>65%<br><br>4% |
| **Broughton** | 1500 | 413 (28%) | 108 | 26% |
| **Oldham Central** | 2423 | 1080 (45%) | 504 | 47% |
| **Canalside / Rochdale North** | 668 | 306 (46%) | 172 | 56% |
| **Bolton** | Please see Appendix 4 for project outcomes and learning | | | |
| **Bowel Screening** | | | | |
| **West Central Manchester** | Key Outcomes:<br>584 patients contacted<br>302 replacement kits issued<br>72 kits completed by non-responders (24% increase) | | | |

An observation worth highlighting is that, although the scale of increase in cervical screening appointments varied, Practices consistently reported that the rise was significant compared with previous years. However, without access to data on appointment dropout rates, it was not possible to determine the true level of screening uptake.

## Feedback from PCNs

The following comments were made by PCNs relating to the Pilot:

**Oldham:**

"There has been a 50% increase in number of smears done in the past 9 months compared to 2019/20. Follow up and second calls are essential to improving uptake and we have seen approximately 25% of second calls resulting in a booking. The

relationship that the PCN has started to build with BHA for Equality, Answer Cancer and Fatima Women's Association during this work, has paved the way for further opportunities to develop and understand the needs of the local community and work more effectively."

**Manchester**:
"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 monthly, within the time constraints of national uptake targets.

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."

## Conclusion

National and international evidence recognises that one to one engagement with patients has a positive impact on their involvement in screening programmes and other health interventions.

Although results varied in each PCN area the approach achieved an increase in attendance from individuals likely to be non-attendees for screening. Achievement of a high level of success requires dedicated time of trained individuals alongside additional nursing support to undertake cervical screening and administrative arrangements in place to request an additional FIT kit. It should also be noted that one-to-one engagement has also been tested in other areas of health through staff engaging with patients from a Practice to:

- Increase uptake of learning disability health checks
- Assess additional needs of individuals diagnosed with hypertension/high cholesterol
- Increase uptake of vaccinations

This approach is adaptable and can offer results in other areas of health.

## Recommendations

The approach piloted by Answer Cancer was successful in increasing the uptake of cervical/bowel screening at different rates and needs, trained individuals who understand the purpose of screening, to carry out the calls and have sufficient time to do so. We would therefore recommend the following to enable development of this approach:

i. Develop funding model to enable scaling up of this successful model across Greater Manchester
ii. Answer Cancer to consider production of a Good Practice Guide for circulation to PCNs to enable replication of this approach
iii. Development of a webinar/training session to supplement good practice guide
iv. In some Practices, designated staff or cancer champions handle patient calls but lack proper training and sufficient time to engage effectively. Providing additional time and training, including communication and cultural competency, would enhance their ability to support patients.

This Pilot also highlighted the negative impact of both structural and cultural barriers already identified by Answer Cancer in a separate report – Barriers to Breast, Bowel and Cervical Screening – Tackling Inequalities. Improvements in existing practice within some PCNs is still required as follows:

**Improve Communication and Accessibility**

i. Data Cleanse: Update Practice data, including patient contact information, interpreter alerts, addresses and disability status including the need to communicate with the patient's carer and requested communication needs.
ii. Enhance Telephone Services: Ensure more lines are available or extend call hours to reduce busy signals and no-answer issues.
iii. Flexible Appointment Scheduling: Offer more flexible scheduling options, including evenings (after 6pm) and weekends, to accommodate patients with work commitments.
iv. Use Letters and Leaflets: Inform patients about screening through various communication methods, including different languages, where appropriate.

**Address Specific Health and Social Needs**

i. Mental Health Support: Provide additional support and resources for patients with mental health conditions, including tailored communication and counselling.
ii. Special Considerations for Learning Disabilities: Develop specialised communication strategies and support for patients with learning disabilities including checking need for screening during annual disability health checks.
iii. Postnatal Care Integration: Integrate cervical screening reminders and education into postnatal care routines.

**Education and Awareness**

i. Patient Education Campaigns: Run educational campaigns to inform patients about the importance of cervical and other cancer related screening and address common misconceptions.
ii. Clear Information on Eligibility: Provide clear and accessible information regarding who needs screening, especially targeting those who believe they are exempt.
iii. In-Practice Education: Use waiting room time to educate patients through leaflets, posters, and videos. Educate healthcare professionals to remind patients of screening when overdue during other appointments.

# Appendices

## Appendix 1 – PCN Offer booklet

Please find a copy of our PCN offer booklet here

## Appendix 2 – PCN Joint Working Offer

### Answer Cancer & PCN Joint Working Offer

#### Answer Cancer: The Greater Manchester Screening Engagement Programme

Answer Cancer is the working name of the Greater Manchester Screening Engagement Programme. It is a VCSE partnership working to improve cancer awareness and increase uptake of cancer screening across Greater Manchester. The programme looks to target geographical areas, ethnic minority groups and communities of identity where screening uptake is lowest, reducing health inequalities.

- Our Community Engagement Team work with local stakeholders and communities to raise awareness of cancer screening programmes and local services.
- We recruit and support individual and organisational Answer Cancer Champions across Greater Manchester who look to raise awareness of cancer screening and early diagnosis in their communities and workplaces.
- We deliver a range of communications and coordinate activity around local and national campaigns.
- We provide training designed to build confidence around sharing cancer screening messages and providing practical approaches to help people raise awareness.
- Our Evaluation and Research workstream aims to discover what works in relation to increasing screening uptake; use what works and share what works.

#### Answer Cancer and PCN Joint Working Offer

In addition to our services above, we are also currently specifically looking to partner with a small number of PCNs to deliver collaborative projects within primary care. These will aim to increase cervical screening uptake in areas and communities of identity where the need is greatest.

This work might look different in each PCN, but each partnership will follow the programme's objectives to increase cervical screening rates amongst groups and communities where uptake is currently low.

In our partnership work with PCNs we aim to:

1. Utilise the core strength of Answer Cancer: the ability to engage with low uptake communities by involving people from within those communities to positively influence behaviour and communicate key screening messages

2. Partner with PCNs to achieve their objectives and targets in relation to the Early Cancer Diagnosis DES (directed enhanced service) and relevant QOF (Quality and Outcomes Framework) targets.

3. Contribute to addressing health inequalities within the PCN areas we partner with

4. Focus on the sustainability of all our work right from the start of any new initiatives

We want to work in partnership with PCNs to co-design interventions, projects and initiatives that make the most of resources and opportunities. We therefore anticipate a healthy variety of approaches with different PCN partnerships.

However, we also want to offer PCNs a model of partnership working that we think might achieve the highest outcomes with the resources available.

### Proposed joint working model: The GP Screening Information Clinic (GPSIC)

After reviewing the peer-reviewed, published evidence within academic journal articles, there are some approaches to positively influencing behavioural change in relation to cancer screening that are proven to be more successful than others. One key theme woven through the evidence is that, where resources allow, personal contact from a trusted source with screening non-responders can often make the biggest difference. Non-coercive personal engagement can lead to an informed choice to participate amongst those who either didn't understand the screening offer or chose not to participate.

An approach like this has been running highly successfully for several years in Lancashire and South Cumbria (their 'Call for a Kit Clinics'). More information about this approach and the evidence to support its impact is available on request.

The GPSIC Model is outlined below; however, there will inevitably be tweaks and changes to this model to make it work as effectively as possible with each individual GP Practice.

1. The GP Practice / PCN produces a list of recent non-responders for the cervical cancer screening programme.

2. The GP Practice and Answer Cancer staff arrange times for both in-practice and online GPSICs for forthcoming weeks as needed.

3. GP Practice Staff (e.g. Non-clinical Practice Cancer Champion where they exist – or equivalent) phone and/or text each of the non-responders identified with an offer to engage in a GPSIC. Wherever possible, the patient will have

the choice to either come into the GP Practice for a face-to-face GPSIC, or if they choose, they could join on online GPSIC.

4. Whenever possible, offers will be made to patients to join a GPSIC that will present the screening information in their primary language, delivered by either one of Answer Cancer's Engagement Team, or one of our Cancer Champions. Patients will therefore be grouped by primary language to facilitate this approach.

5. Patients are booked onto the relevant GPSICs by GP Practice staff until the clinic is full.

6. Answer Cancer delivers the GPSIC (either in-practice or online). Messaging, language and approach of the GPSICs can be tailored to specific communities as required. At the end of the clinic, patients are asked to take a clear action if they consent. In advance of the GPSICs, the GP Practice needs to arrange additional cervical screening clinic slots to offer to patients. At the end of the GPSIC, patients are then asked to sign up there and then to book themselves onto their cervical screening slot.

7. All patient's attending the GPSICs have their records updated on EMIS (or equivalent GP system), allowing us to track the outcomes of the GPSICs.

8. Further GPSICs are arranged as needed as resources allow until all recent cervical non-responders have been invited to attend.

9. GP Practice / PCN works closely with Answer Cancer's Evaluation Team to produce clear outcome measures to evidence the impact of the initiative. This should include running pre-scripted searches providing data on:

    - % of patients who are invited to a GPSIC who attend
    - % of patients who book on to a cervical screening clinic at the end of a GPSIC
    - % of patients who then go on to attend their cervical screening clinic

### Additional potential activities / joint working initiatives

In additional to the proposed GPSIC model outlined above, Answer Cancer is also open to exploring other activities / considerations that might include:

- Discussing with GP Practices the feasibility of using Answer Cancer Champions / GP Practice Volunteers to work alongside GP Practice staff to make calls to cervical screening non-responders. This might be to make calls to those due to attend their smear tests in the forthcoming week, to remind them about their booked appointment and support them to attend (significantly reducing DNA rates).

- In partnership with the PCN / GP practice, undertaking additional community engagement work in a targeted area at the same time as the GPSIC calls and clinics are being delivered.

- Using the GPSIC approach to target a particular group, geographical area, or community of interest where need is greatest.

- Considering how this work might link to social prescribing models

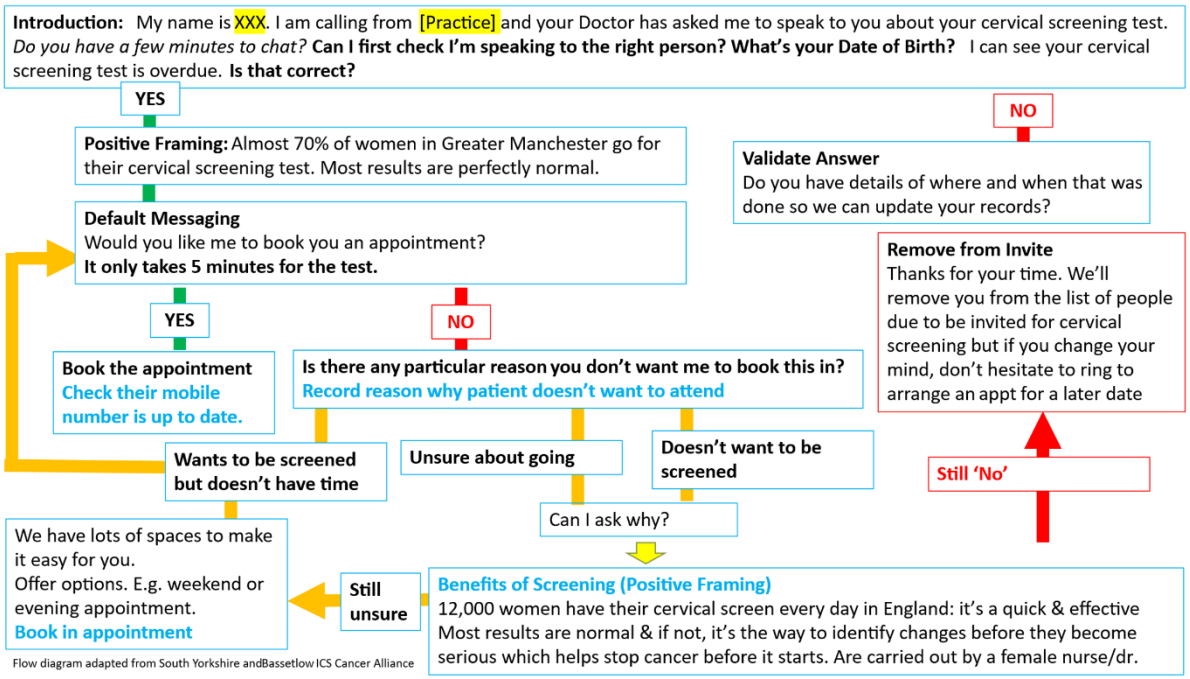
- Including additional key health messages within the GPSICs that are a priority for the PCN / GP Practice.

- Offering GPSICs in other alternative community-based venues

- Exploring how GP Practice Patient Groups (PPGs) might get involved in the projects

Answer Cancer is keen to enter into a dialogue with selected PCNs in relation to this partnership work.

## Appendix 3 – Process for calls



Flow diagram adapted from South Yorkshire andBassetlow ICS Cancer Alliance

## Appendix 4 – Bolton GP FED Case Study

Please find a copy of the Bolton GP FED Case Study here