

# Health Check

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Very Good

Good

## Wolverhampton Cervical Screening Project report

January 2020

# Introduction

Healthwatch Wolverhampton are your local voice for the public in the delivery of health and social care services. We collect feedback from the public about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to develop service improvements. One of the ways that we collect feedback is to carry out focused projects around particular services. On this occasion we carried out a project looking at the views of women about cervical screening and what the barriers might be to attending screening appointments.

## Methodology

We used a mixture of ways to collect feedback from members of the public about cervical screening. Firstly, we used a survey in order to reach a wide cohort of women. The survey was an online survey shared via our social media channels, but we also made hard copies available at engagement events that we attended such as; GP and Hospital drop ins, stands at the Mander Centre, World Mental Health Day and our Wulfrun Centre pop-up shop.

We carried out one focus group in order to gain a deeper understanding of the potential barriers to attending screening as well as asking participants for their ideas on how barriers can be overcome. The focus group was located in an area of lower socio-economic status. It was made up of a diverse group of women that meet regularly to discuss health and social care topics.

We also collected comments made by people attending our pop-up shop who chatted whilst they were completing the survey.

Who took part?

There were **177 survey** responses and seven participants in the focus group. Participants in the focus group were able to complete the survey as well if they chose to.

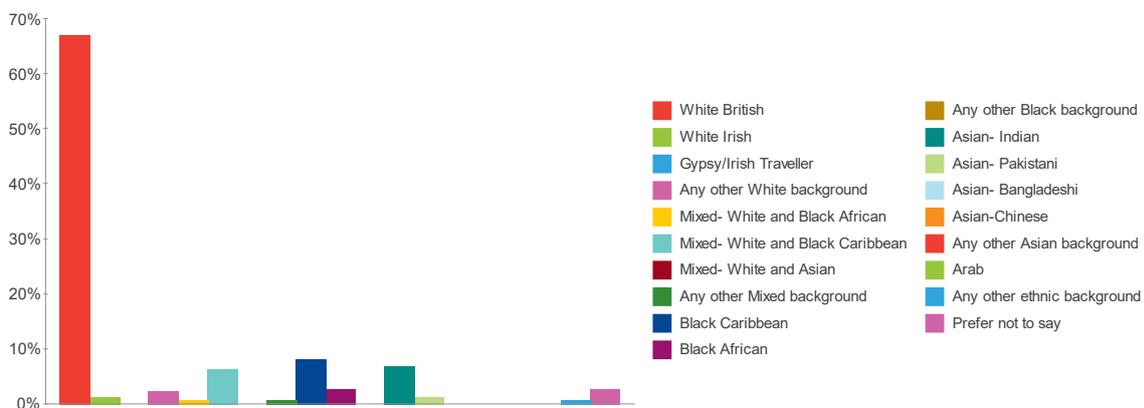
Survey respondents were asked a series of demographic questions but were free to choose not to answer those questions. Those attending the focus group were not asked about their protected characteristics in order to help preserve their anonymity.

The project was targeted at women and those that were born as female but may not still identify as female as this is a service that is provided only for those who were born as female.

**8% of the respondents** to the survey were aged **18-24**. Although they are not yet eligible for cervical screening it was felt that it was important to include this age group to test their awareness on the reasons for screening. The largest group of respondents were aged **35-44 years old (23%)**. The percentage of respondents aged **25-34 and 44-55** years old were roughly similar at **20.7% and 21.3%** respectively.

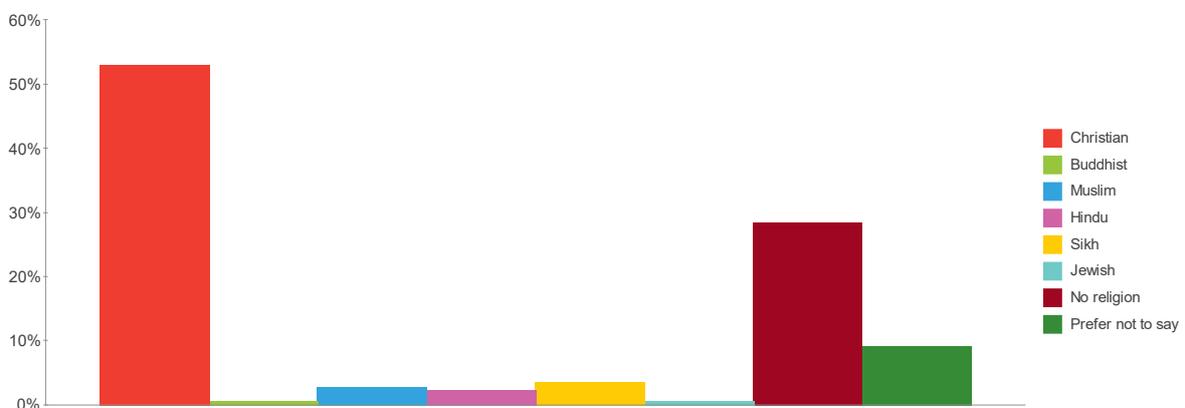
Respondents who identified as White British made up **67%** of the respondents to the survey. **8%** identified as Black Caribbean and **6.8%** identified as Asian- Indian. There were no respondents who identified as a Gypsy or Irish Traveller; Bangladeshi; Chinese or Arab.

What is your ethnicity?



**52.8%** of the respondents to the survey said that their religion or belief was Christianity; **28.4%** said that they had no religion or belief. **9.1%** of the respondents chose not to share their religion or belief. One respondent commented elsewhere in the survey that their religion was Wiccan.

What is your religion or belief?

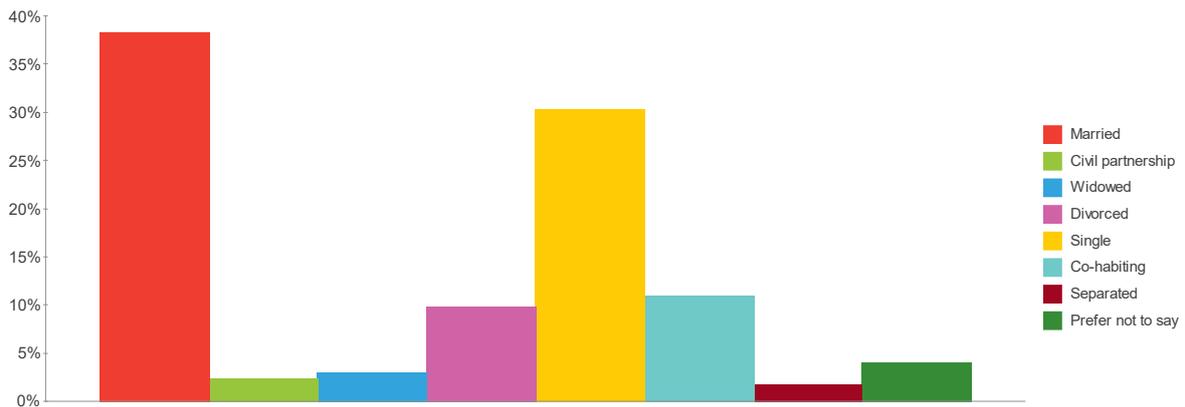


Most of the respondents identified as **Heterosexual (88%)**; **3% as Lesbian**; **2% as Bisexual**; and **7% preferred not to tell us their sexual orientation**.

**96%** of the respondents said that their gender was the same as at birth and **1%** said that it was not. **3%** said that they preferred not to say.

**38.3%** of the respondents were married and **30.3%** were single; **10.9%** of the respondents said that they were co-habiting.

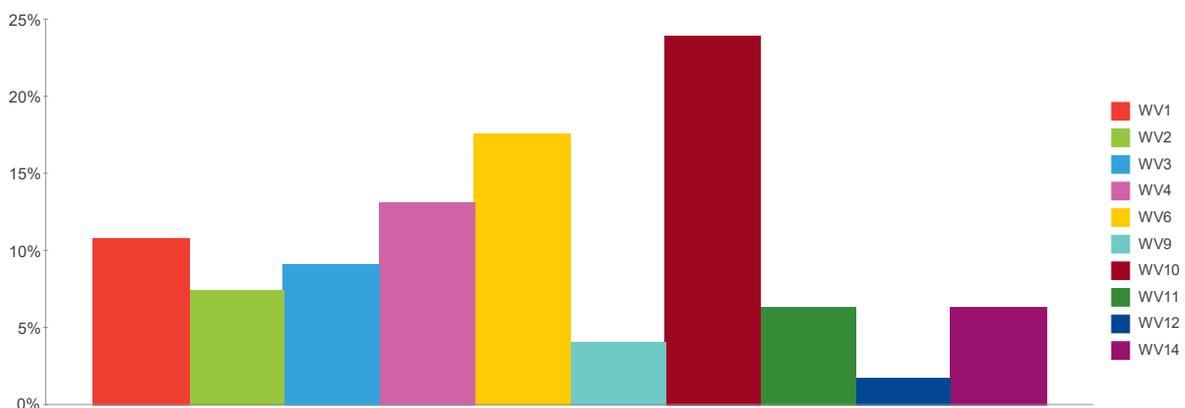
What is your marital status?



**3%** of the respondents said that they were pregnant or had had a baby in the last 12 months and **93%** said that they had not. The remaining respondents chose not to share this information.

Healthwatch Wolverhampton aim to engage with members of the public from across Wolverhampton. Therefore, we asked respondents for the first part of their postcode. The highest percentage of respondents came from **WV10 (23.9%)** and the lowest percentage from **WV12 (1.7%)**.

What is your postcode?

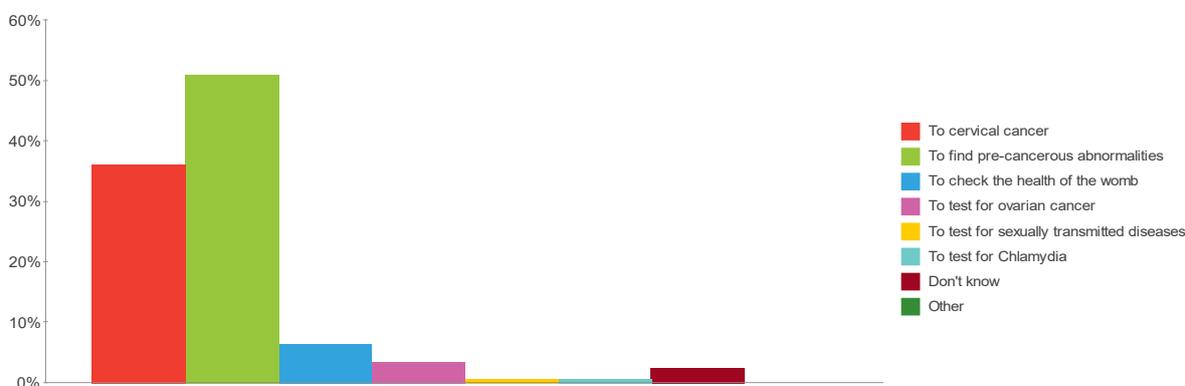


# Findings

When asked what they thought cervical screening was for the survey **50.9% of respondents** said that they thought it was to find pre-cancerous abnormalities and **36%** said that it was to check for cervical cancer.

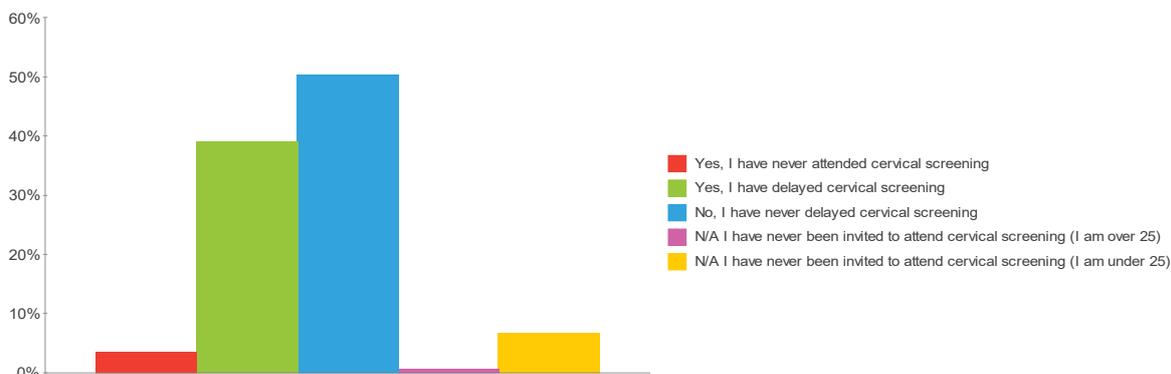
**6.3%** said that they thought cervical screening was to check the health of the womb; **3.4%** said that they thought it was to check for ovarian cancer; **0.6%** said that they thought it was to check for sexually transmitted disease and **0.6%** said that it was to check for Chlamydia. **2.3%** said that they did not know what cervical screening was for.

What do you think cervical screening (smear test) is for?



Respondents were asked if they had ever delayed going for screening. **3.4%** said that they had delayed screening and as a result had never attended cervical screening. **39%** said that they had delayed screening but had attended eventually. **50.3%** said that they had never delayed their cervical screening. The remaining respondents said that they had never been invited to attend with **0.6%** saying that they were over 25 and therefore might have been expected to have been invited to be screened.

Have you ever delayed your cervical screening (smear test)?



Those that had delayed screening but had attended eventually were asked how long they had delayed for. **27.9%** said that they had delayed screening for over 12 months; **26.2%** said they had delayed for 6-12 months; and **34.4%** said that they had delayed for 3-6 months.

If you have delayed cervical screening but did attend, how long did you delay for? .



Respondents who said they had delayed or not attended cervical screening were asked the reasons for this. Respondents were asked to indicate all the reasons that applied to them. The highest percentage of respondents (**35.6%**) said that embarrassment was a reason why they had delayed or not attended cervical screening. **21.9%** said that they were not confident about what their body looks like and **20.5%** said that they were uncomfortable being undressed in front of a stranger.

Participants in the focus groups spoke about the gender of the person carrying out the cervical screening as being a barrier to attending. It was felt that having a male doctor carry out the appointment would act as a barrier to many women attending because of embarrassment and not wanting to be undressed in front of a male practitioner. One participant commented that for some *'it's the feeling that it's not right for another man, doctor or no doctor.'*

**16.4%** said that they had problems booking a convenient appointment and **13.7%** said that they could not take time off work.

**16.4%** said that they had had a bad experience before when they had been for screening.

**1.4%** said that they presumed there was nothing wrong with them and **1.4%** said that they thought that cervical cancer was rare in their ethnicity.

None of the respondents said that it was because of cultural reasons but during the focus group two of the participants made particular reference to cultural barriers to attending cervical screening. For example, one participant said that *'it will make a difference for*

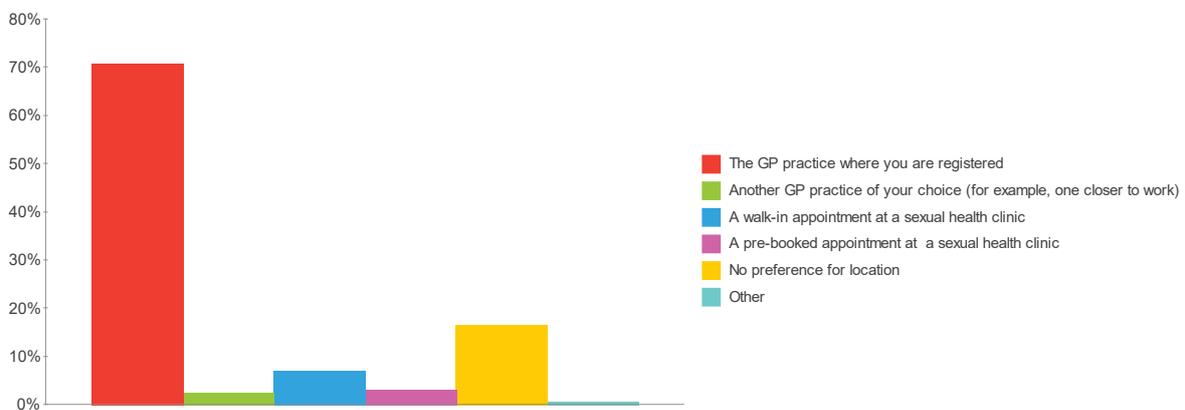
some people from different cultures’ and another that ‘I’m mindful of where people come because of cultural reasons and stuff like that.’

19.2% gave ‘other’ as an answer. Some of the reasons what were given as other answers related to having found cervical screening painful in the past; having time to go; or because the respondent had only recently had a baby.

## Location and times for appointments

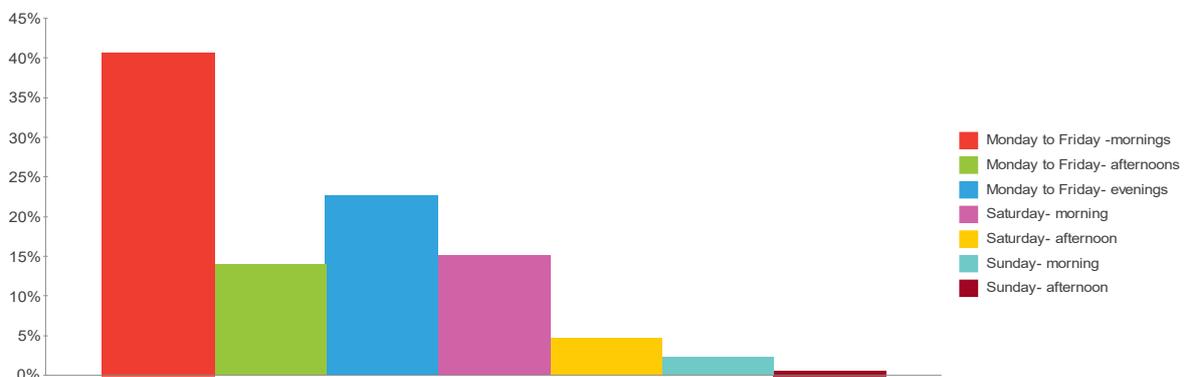
Respondents were asked what their preferred location would be for their cervical screening appointment. 70.9% said that they preferred it to be at the GP practice where they were registered. 16.6% said that they had no preference for a particular location whilst 6.9% said that they would like a walk-in appointment at a sexual health clinic.

What would be your preferred location for having your cervical screening appointment?



When asked about their preferred times for cervical screening appointments 40.7% of the respondents said that they would prefer mornings between Monday and Friday and 22.7% said that they would prefer evening appointments between Monday and Friday. 15.1% of respondents said that they would prefer an appointment on a Saturday morning.

What would be your preferred time for a cervical screening appointment?



Respondents were asked what would encourage them to attend a cervical screening appointment when they had been invited. Respondents were asked to indicate all of the options that they thought might encourage them to attend cervical screening. The largest percentage of respondents (60%) said that having more flexible appointments times at their GP practice would encourage them to attend cervical screening. 40.6% said that being able to book online would encourage them to attend and being sent a reminder by text was indicated by 35.8% of the respondents as being something that would encourage them to attend.

Participants in the focus group spoke about a celebrity who had died of cervical cancer and how her profile had impacted on knowledge of cervical cancer with one participant saying *'I think that's when it all blew up and people started knowing more'*. 3% of the respondents to the survey also said that seeing a celebrity talking about screening could help them to attend cervical screening.

For some in the focus groups, it was felt that some barriers, both cultural and otherwise, could be overcome through peer to peer support or communication. For example, one participant spoke of how *'when I'm out in the community and someone asks me something and I know that information, I can share that information with people'* and another said *'people are more likely to trust someone who has been through the process who...has no connections to the NHS or professionals.'* 4.2% of respondents to the survey said that receiving reassurance about the procedure from members of their community could encourage them to attend cervical screening. 8.5% of respondents said that receiving reassurance from their friends and family about the procedure would also encourage them to attend cervical screening.

Knowing someone who had cervical cancer or cervical abnormalities would encourage 6.7% of the respondents to the survey to attend cervical screening.

Focus group participants also spoke about the role of the media in promoting the importance of cervical screening and encouraging women to attend appointments however, they questioned how effective they had been with one participant commenting that *'I think the media has power to do more but it's not doing that much; yes there are bits and bobs but there's not enough to actually incentivise people to go there.'* 6.1% of respondents to the survey said that advertising on the television or on social media would help to encourage them to attend cervical screening. Focus group participants also spoke about the need to target advertising to specific communities with one saying that *'it would dismiss some of the sort of ideas that they are already having, preconceived ideas that they already have within these communities.'*

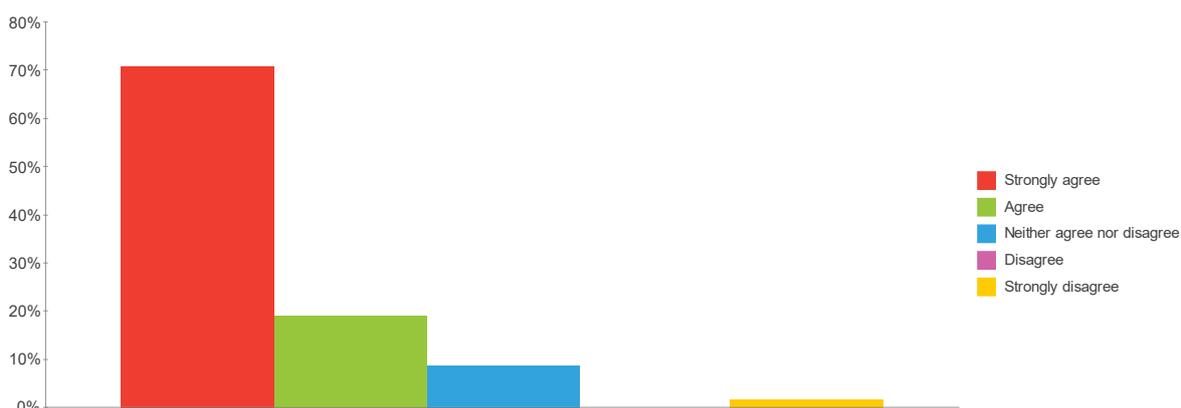
6.7% of the survey respondents said that nothing would encourage them to attend cervical screening. Two of the participants in the focus group also spoke of their reluctance to attend cervical screening with one saying that they had never been screened and that they were ‘uncomfortable’ and that they had *‘led a sheltered life.’* The other said *that ‘I don’t want it done; I don’t want to have it done.’*

Additionally, those in the focus group spoke about how having access to a female practitioner to carry out the cervical screening or knowing that it would be carried out by a female practitioner from the invitation letter could be a way of reassuring women who were concerned about being seen by a male doctor. For example, one participant commented that *‘it might trigger them to say yes, and not put it in the bin because they’ll know they’re going to see a female person as opposed to male’* whilst another said *‘may be if it was told to them that it would be a female doctor, they might make more of an effort to go and get themselves checked.’*

## HPV Vaccination

Respondents to the survey were asked if they thought that all women should attend cervical screening regardless of whether they had had the HPV vaccine. **89.8% of the respondents** to the survey either strongly agreed or agreed that all women should attend cervical screening. **1.7% of the respondents** strongly disagreed that all women should attend cervical screening even if they had had the HPV vaccine.

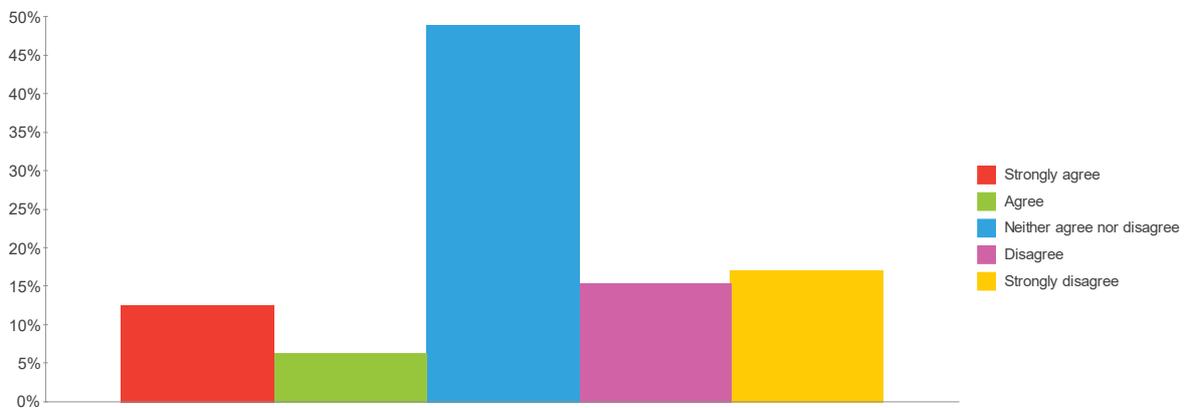
All women should attend cervical screening regardless of whether they have had the HPV vaccine?



When asked if they agreed that there was no link between the HPV vaccine and cervical screening the highest percentage of respondents (**48.9%**) opted for a neutral answer suggesting that they were unsure if there was a link between the two. **18.8%** felt there was

no link between the vaccine and cervical screening whilst **32.3%** said that there was a link between the two.

There is no relationship between the HPV vaccine and cervical screening



There were some comments about the HPV vaccine in the focus group with the participants asking questions about the HPV vaccine and who is eligible to be vaccinated. This was also the case for people who had attended the pop-up shops.

## Conclusions

There were some key themes from the findings of the survey and the focus group.

Feedback suggests that it is not always clear to people what the purpose is of cervical screening with some respondents seeing it as being a check for sexually transmitted infections or for problems with the womb rather than for pre-cancerous cells in the cervix.

Whilst around half of the survey respondents said that they had never delayed attending a cervical screening appointment there were still a high percentage of respondents who had delayed their appointment. The reasons for delaying their appointments varied but the highest percentage said that it was because they found the process embarrassing. Relatively high percentages also said that they were self-conscious about how their body looked or did not want to undress in front of strangers. The gender of the person carrying out the procedure was also identified as a barrier by focus group attendees, as were cultural concerns relating to the propriety of being examined by male practitioners in particular.

The convenience of being able to book appointments for screening was a reason for delay for some participants and survey respondents were asked about the times and locations that

would be most convenient for them to attend. Having appointment available in the mornings and evenings between Monday and Friday and on Saturday mornings were a preference and being able to attend their own GP practice was a preference for the highest number of respondents.

When asked what would encourage them to attend cervical screening appointments as well as having access to flexible appointments, respondents to the survey and the focus group participants felt that having more information from different sources such as the media, or through peer to peer support could help to overcome the barriers to attending.

The relationship between the HPV vaccine and cervical screening was unclear as was the eligibility for the vaccine and the vaccination programme. This may have been due to the age groups that took part in the project and them not having been in the target groups for the vaccination.

## Recommendations

From the feedback that was received the following recommendations are made:

1. The availability and flexibility of appointments was seen as a barrier to attending screening for people completing the survey. Whilst Monday to Friday mornings were pinpointed as a preference, there was also suggested demand for weekday evening appointments and Saturday mornings. Therefore, it is recommended that consideration is given to providing extended hours appointments specifically for cervical screening at GP practices.
2. Some participants felt that there were cultural barriers to attending screening within some communities, largely in relation to being seen by male practitioners. It was suggested that having targeted information and advertising could help to overcome the barriers. Therefore, it is recommended that consideration is given to how specific communities could be targeted with additional information and advice to overcome those concerns.
3. Some participants in the focus groups felt that having peer support and information could have a role to play in reassuring people and encouraging them to attend appointments. Therefore, it is recommended that consideration is given to how peer support can be developed and rolled out in specific community settings.
4. Not all of the people taking part in the project were clear on the reasons for cervical screening or on the process of the screening. Therefore, it is recommended that

consideration is given to providing more information with the cervical screening invitation letters and the reason and process as to the purpose of the screening.

5. Several participants felt uncomfortable about the gender of the professional carrying out the screening. Therefore, it is recommended that information is provided on the types of practitioners who undertake the screening and the right to ask for a gender specific practitioner.
6. People taking part in the project were not clear on the impact of the HPV vaccine or eligibility for it. Therefore, it is recommended that more information is provided on the vaccine, the vaccination programme and what it means for those who have been vaccinated.

**healthwatch**

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