

# Cervical Screening Uptake

## Inequalities, Insights and Interventions

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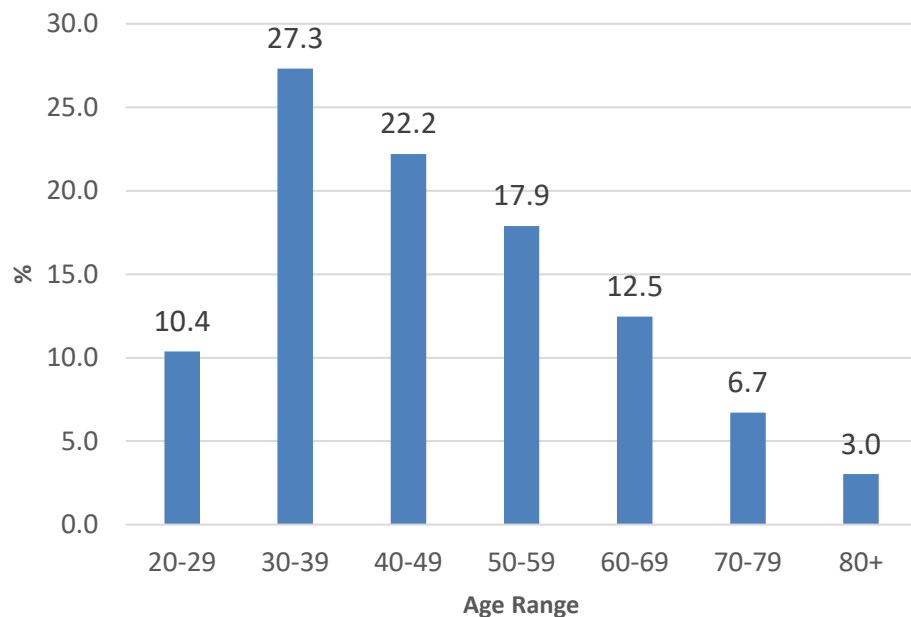
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# National Invasive Cancer Audit

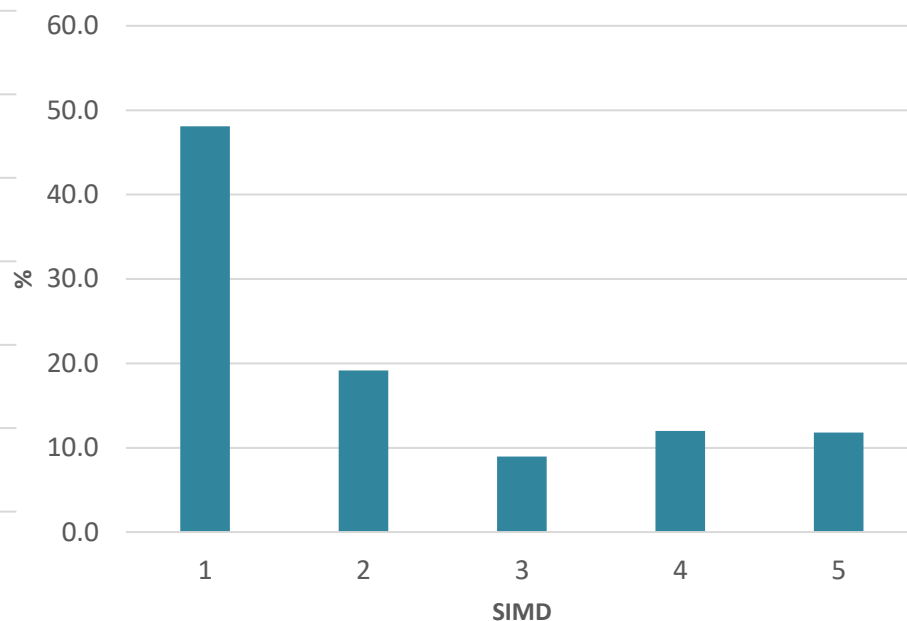
- Reviews all cases of invasive cervical cancer diagnosis
- identify variations in practice, the reasons for these variations and ultimately how to improve the quality of the screening and clinical services
- invasive cervical cancer audit are collated nationally and published annually in [Public Health Scotland Cervical Cancer Quality Performance Indicators Report](#)

In the ten year period from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2023, a total of 626 NHSGGC residents who developed invasive cervical cancer had a pathology diagnosis made in NHSGGC laboratories.

**Age distribution**



**SIMD distribution**



56.7% of 626 cases had an incomplete screening history

39.6% of 626 cases were detected through cervical screening

# Screening Uptake & Inequalities - Local Analysis

## Deprivation

- Scottish Index of Multiple Deprivation

## Age (where applicable)

- 5 year Age band

## Geography

- Health & Social Care Partnership (HSCP\_
- Data zone maps

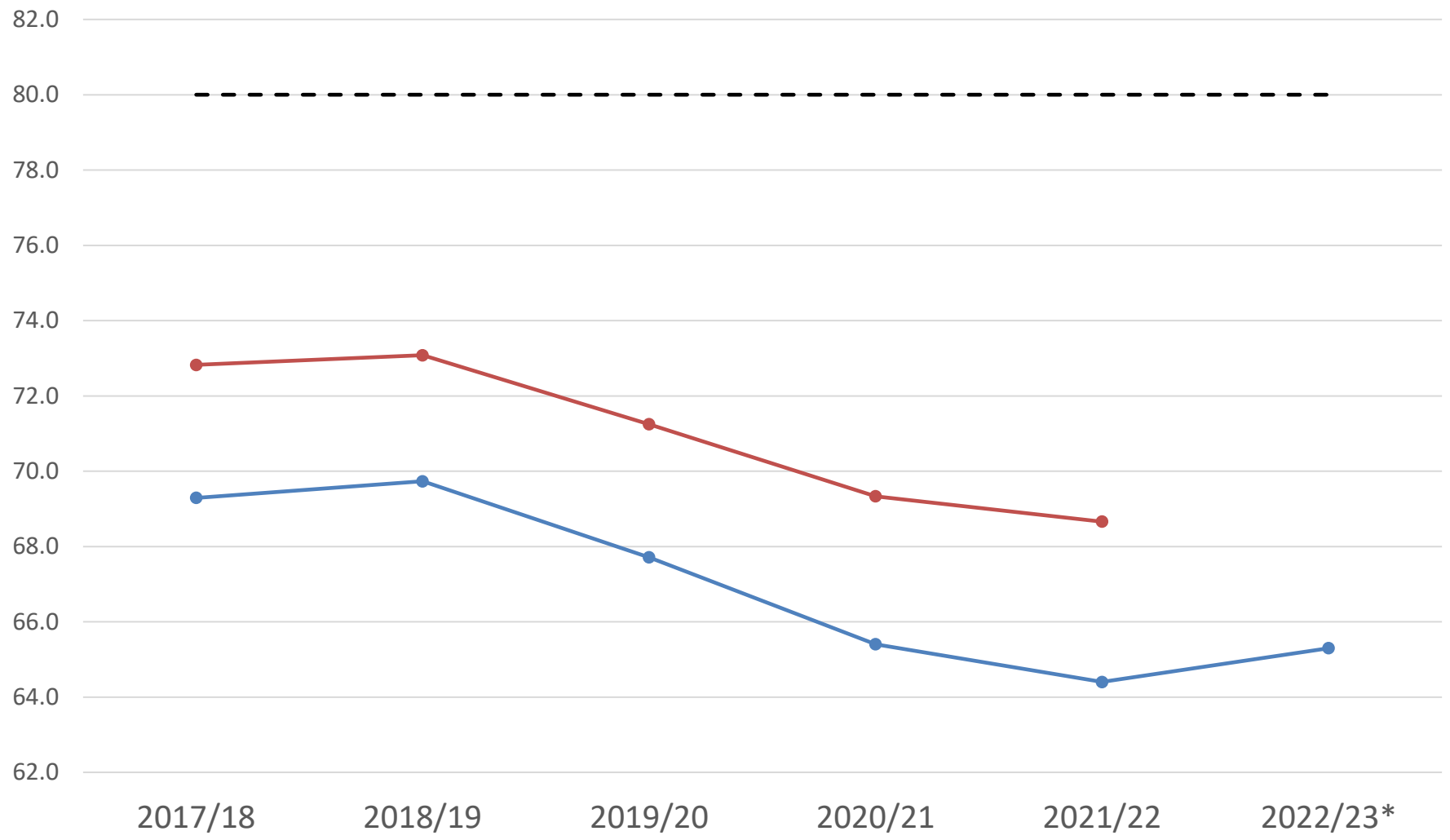
## Populations with Protected Characteristics (where routine data available)

- Ethnicity
- Learning Disability
- Severe & Enduring Mental Health

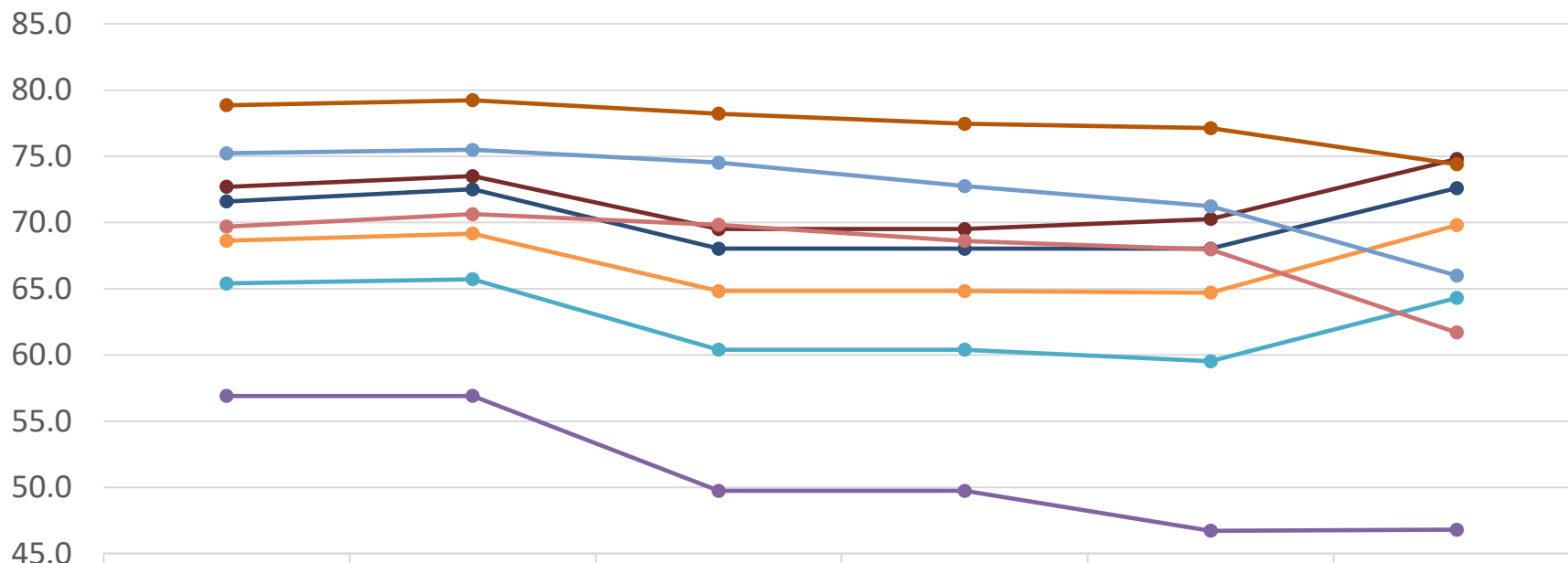
# Cervical Screening uptake (2022/23)

- **359,201** eligible women aged 25 to 64 years
- 111,453 eligible women had an active GMS exclusion(s) - Defaulter exclusions accounted for 80.3% of all exclusions
- Overall uptake **65.3%** against target of 80%
- **Age:** 46.8% 25 -29years vs 74.8% 45-49 yrs –declines 55+yrs;
- **Deprivation:** lowest uptake in most deprived areas. 62.7%
- **Ethnicity:** over 70% uptake in Scottish . Under 70% in most other ethnic categories – caution interpreting due to low numbers in some ethnic groups
- **Geographical and Practice level variation** – not wholly explained by demographic factors (above)

# Uptake of cervical screening in Scotland and NHS GGC 2017-18 to 2022-23.

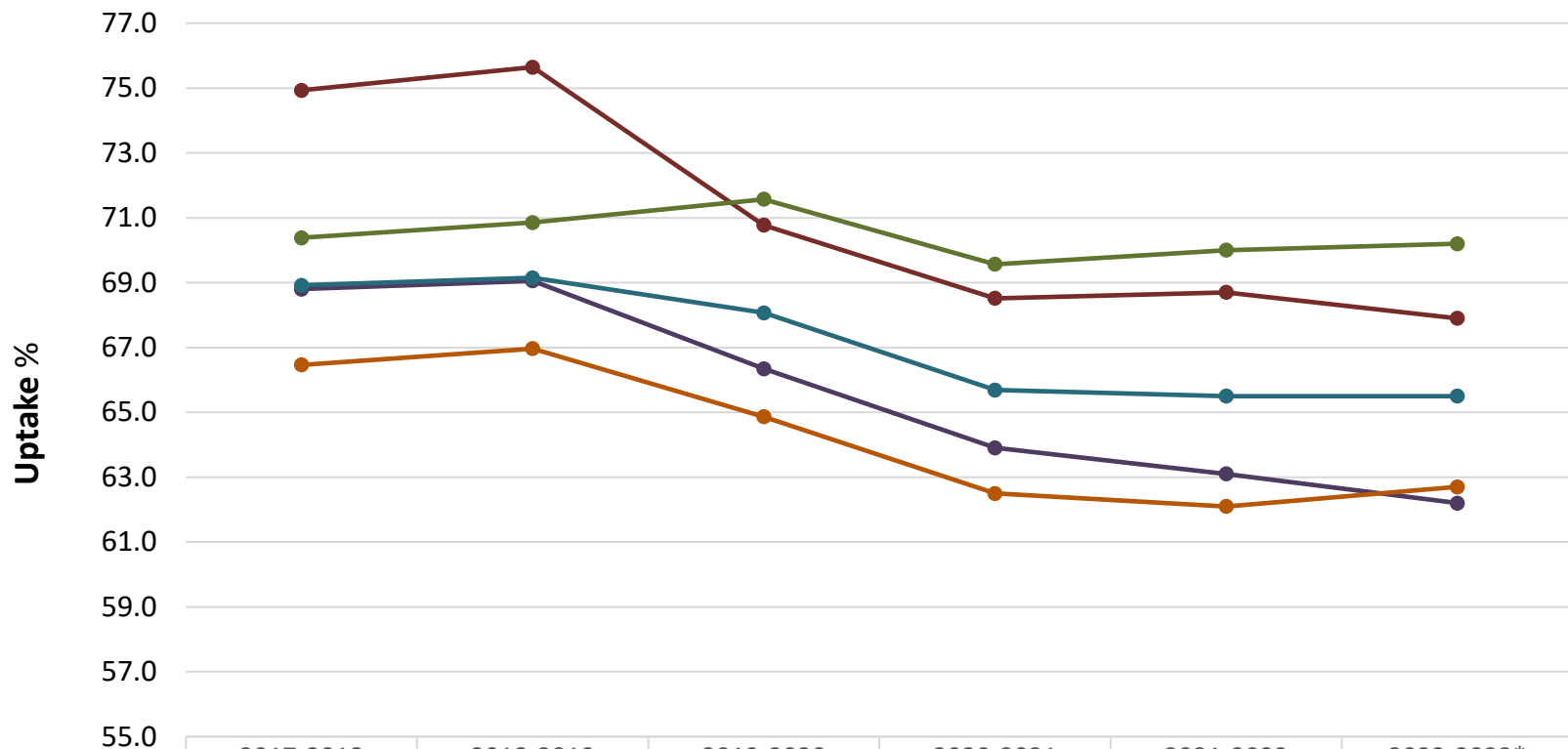


# Uptake of cervical screening amongst eligible women in the previous 5.5 years, by five year age group for NHSGGC residents, 2017-18 to 2022-23



	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23*
25-29 yrs	56.9	56.9	49.7	49.7	46.7	46.8
30-34 yrs	65.4	65.7	60.4	60.4	59.5	64.3
35-39 yrs	68.6	69.2	64.8	64.8	64.7	69.8
40-44 yrs	71.6	72.5	68.0	68.0	68.0	72.6
45-49 yrs	72.7	73.5	69.5	69.5	70.3	74.8
50-54 yrs	78.9	79.2	78.2	77.5	77.1	74.4
55-59 yrs	75.2	75.5	74.5	72.8	71.2	66.0
60-64 yrs	69.7	70.6	69.8	68.6	68.0	61.7

# Uptake of cervical screening amongst eligible women in the previous 5.5 years, by SIMD quintile for NHSGGC residents, 2017-18 to 2022-23



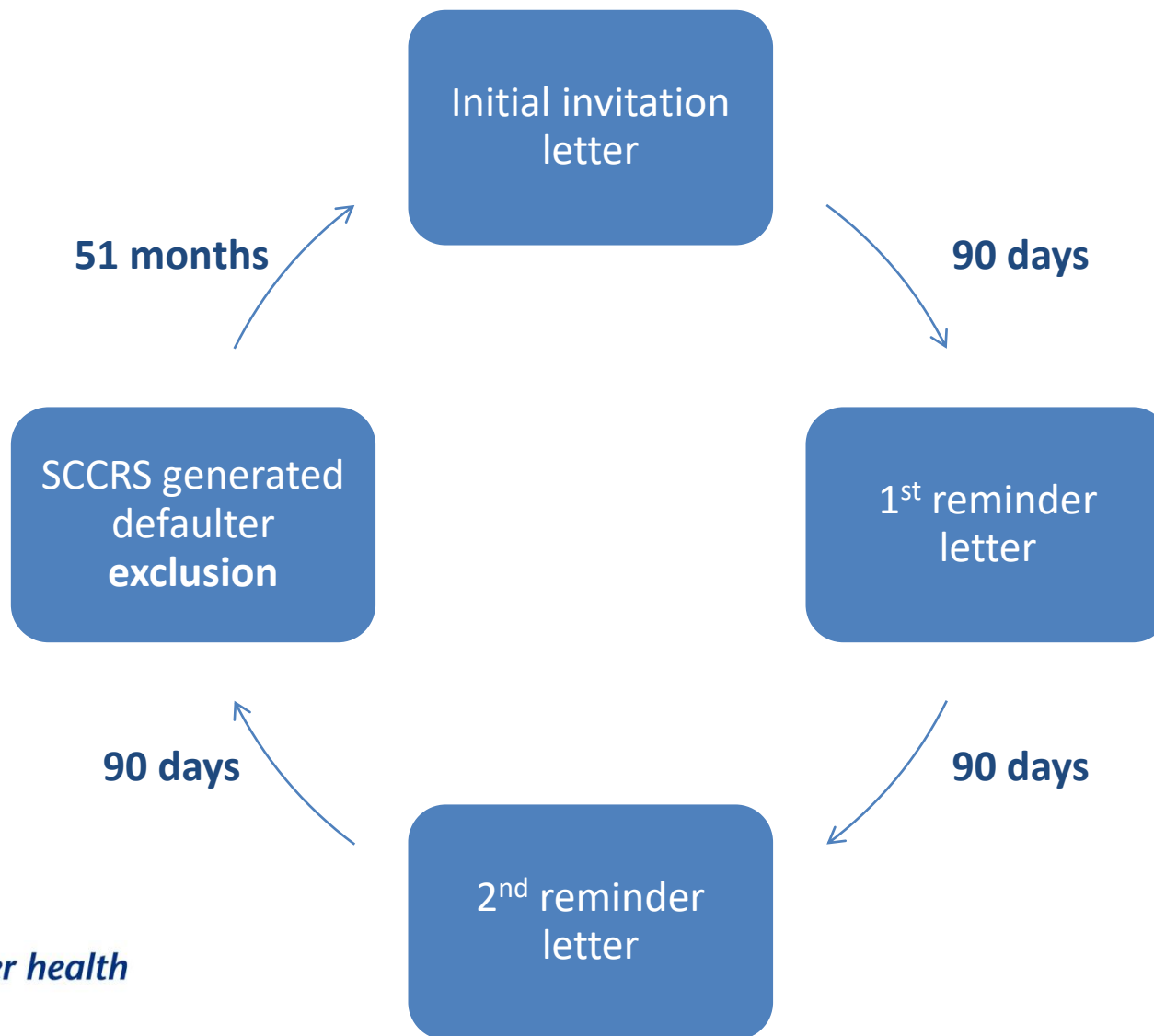
	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023*
● SIMD 5 (Least deprived)	74.9	75.6	70.8	68.5	68.7	67.9
● SIMD 4	70.4	70.9	71.6	69.6	70	70.2
● SIMD 3	68.8	69.1	66.3	63.9	63.1	62.2
● SIMD 2	68.9	69.1	68.1	65.7	65.5	65.5
● SIMD 1 ( Most Deprived)	66.5	67.0	64.9	62.5	62.1	62.7

Year



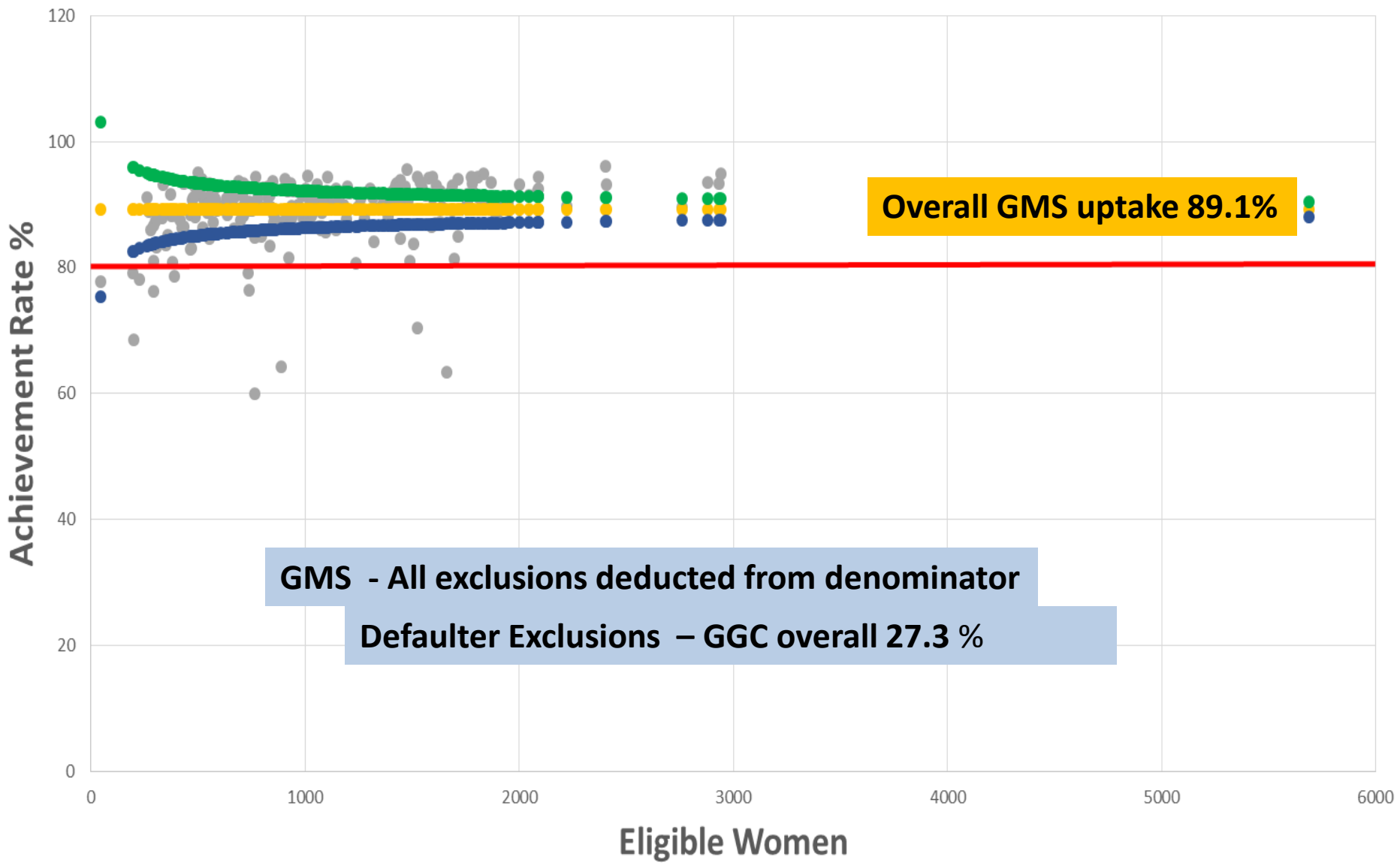


# Routine screening SCCRS invitation cycle



66.9

# NHS Greater Glasgow & Clyde GP Practice Cervical Screening Uptake (GMS) MAR 2023



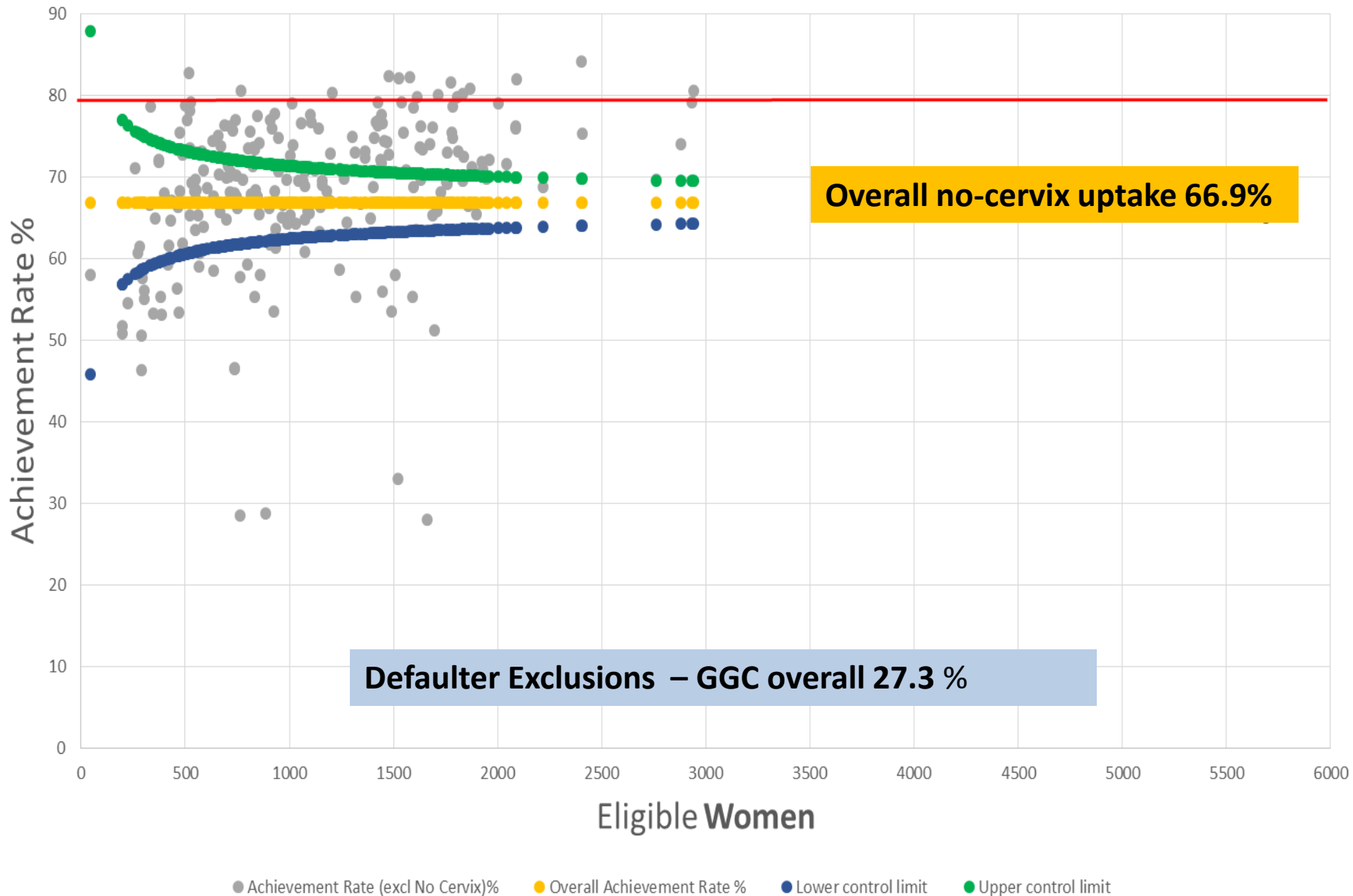
**GMS - All exclusions deducted from denominator**

**Defaulter Exclusions – GGC overall 27.3 %**

**Overall GMS uptake 89.1%**

● Achievement Rate %   ● Overall Achievement Rate %   ● Lower control limit   ● Upper control limit

# NHS Greater Glasgow & Clyde GP Practice Cervical Screening Uptake (No Cervix) MAR 2023



# Adult Screening Inequalities Plan for 2022-25

## NHSGGC

# Scottish Equity in Screening Strategy 2023-2026

Scottish Government Screening Inequalities Fund:

- Increased screening uptake among target populations.
- Increased knowledge among target populations of the cancer screening programmes and their benefits.
- Increased knowledge on barriers experienced by targeted populations to access screening.

# GGC Inequalities Plan 2022 -2025

Inequalities Sensitive Practice -  
Learning Disabilities & Screening  
Development Post (January 2024)

BME engagement - outreach  
practitioner , capacity building &  
sensitive practice.

Under development - Inpatient  
mental Health – cervical screening  
service pilot

Development of cervical screening  
activity dashboard & support for  
practice & cluster QI activities.

# Engagement with BME communities

## 2 year fixed term Engagement Practitioner

July 2022 – July 2024 engaged with over 1,300 individuals via 47 community engagement activities

### Findings:

**General barriers:** cost of attending appointments; not registered with a GP; language barriers and negative experience of staff linked to language; caring responsibilities; and cultural differences in accessing health services.

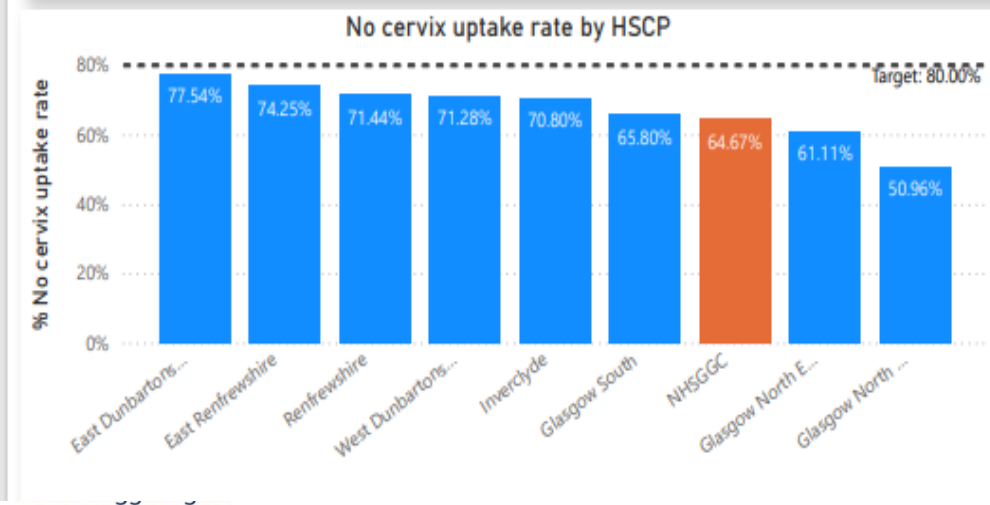
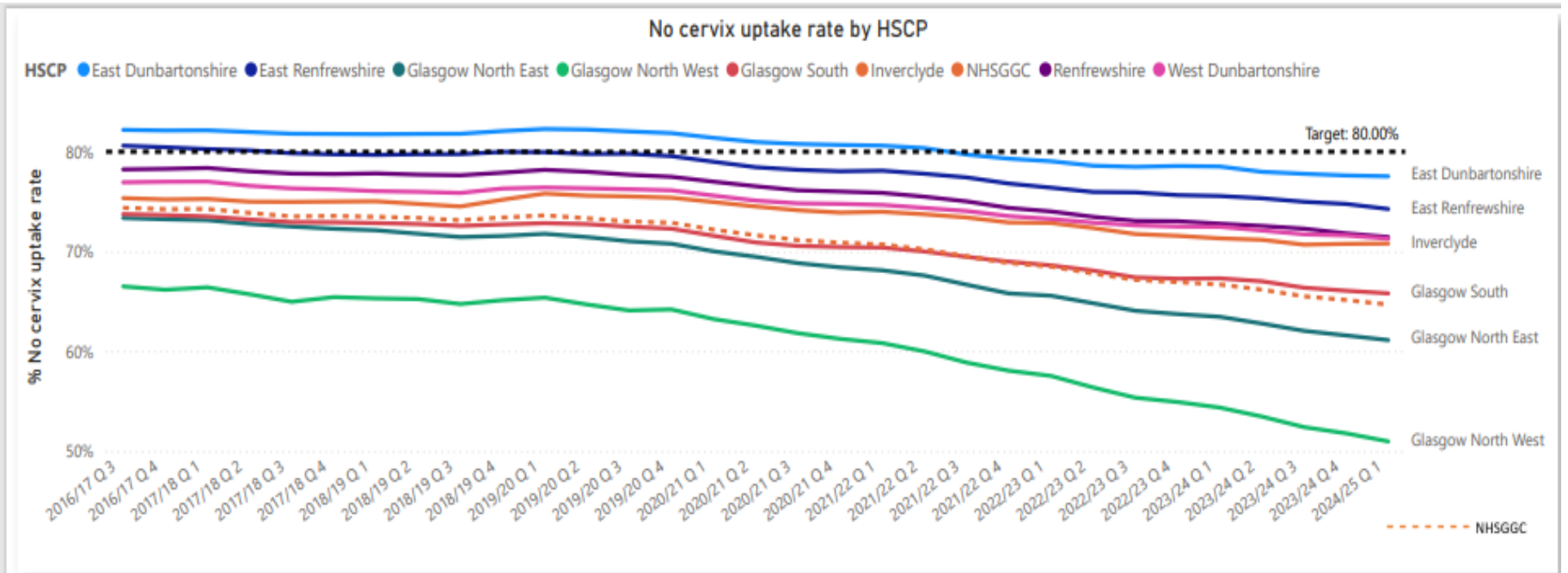
**Screening specific and personal barriers:** community not represented on patient information, receive letters and information booklets in English, embarrassment, previous negative experiences, limited awareness of programmes, for cervical - misinformation/low awareness of relationship with HPV transmission and vaccination

### Next Steps

- Piloting sending translated breast screening invitations (where language known)
- Development of targeted media resources
- ~~Delivering better health~~ **Delivering better health** opportunities for screening staff.



# Cervical Screening Activity Dashboard, example



Quarter: 2024/25 Q 1

HSCP	No Cervix uptake	AdqSmearEdIgbWomen	ListSizeExclNoCervix
East Dunbartonshire	77.54%	20962	27035
East Renfrewshire	74.25%	21743	29282
Renfrewshire	71.44%	35607	49840
West Dunbartonshire	71.28%	17728	24871
Inverclyde	70.80%	14540	20538
Glasgow South	65.80%	46489	70652
NHSGGC	64.67%	235617	364317
Glasgow North East	61.11%	36939	60444

# Widening access to cervical screening for people with a learning disability

Clare Smith

# Aims

- Increased learning disability awareness.
- Explore the barriers
- Explore the reasonable adjustments
- Good practice examples

# Definition

- The definition of learning disability is dependent upon the person having an IQ below 70, together with continued impairment in adaptive behaviour / social functioning, and with the onset during the development phase (i.e. before the age of 18 years).
  - Learning disabilities is a significant, lifelong experience with three components:
  - reduced ability to understand new or complex information or to learn new skills, due to IQ<70,
  - reduced ability to cope independently, and
  - onset before adulthood.

Demographics are changing and the population of people with learning disabilities is increasing. These changes are the result of improved socioeconomic conditions, intensive neonatal care, better access to healthcare, and increasing survival. The health needs of people with learning disabilities have an impact on primary healthcare services and all secondary healthcare specialties.

Code: 918e

[The Annual Health Check for People with Learning Disabilities \(Scotland\) Directions 2022/2023](#)

# Background

## [The Annual Health Check for People with Learning Disabilities \(Scotland\) Directions 2022/2023](#)

- Duty to Boards to provide Annual Health Checks to all people in Scotland aged 16 and over who have learning disabilities
- People with Learning Disabilities die on average twenty years earlier than the rest of the population (LeDeR report, 2023)

## [Scottish Learning Disabilities Observatory](#)

- Adults with learning disabilities are twice as likely to die from preventable illnesses
- From RCTs – evidence of health checks to be clinically effective in detecting unmet clinical conditions, & improving the management of LTCs
- Previous GGC Local Enhanced Service (LES) retired with the creation of the new GMS contract

## [NHS England Learning from Lives and Deaths People with a Learning Disability report.](#)

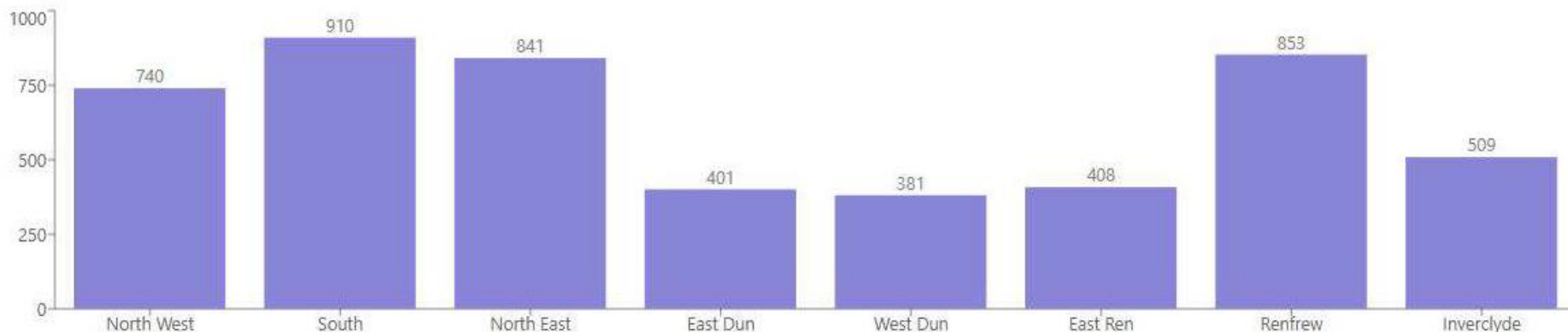
- 2022 data: From 2,054 adults (aged 18 and over) with a learning disability who died, 853 of these deaths were classified as avoidable.
- The (2021) report showed the likelihood of dying aged 18-49 years was 1.5 times greater for people with learning disabilities who had not had an annual health check in the previous year.

# NHS Greater Glasgow & Clyde:

On average there are 5,061 people with learning disabilities (14+) residing within NHS Greater Glasgow & Clyde Health Board.

- Learning Disability Health Check Team
- Specialist Learning disability Services – 8x community teams, 2 inpatient units, LD & Epilepsy Clinical Nurse Specialist, LD & Respiratory Clinical Nurse Specialist.
- Improving access to health screening for people with learning disabilities
- Acute – led by Equality & Human Rights Team.

LD Population by HSCP (Age 14+)



# LD Health Check

## Included

- Oral health.
- Mental Health
- Smoking/smoking cessation advice.
- Exercise
- Diet and weight
- Alcohol/drug use
- Vaccination – Covid, Flu, Hepatitis B & HPV vaccination
- Screening
- Adult protection
- Contraception

Screening Eligibility			Last Date Participated	Last Result	Result Outcome	Review date	Any Signs or Symptoms, please circle to indicate or add		
Bowel (50-74)	Yes	No					A new lump which appears or gets bigger	Coughing up blood or blood in the urine or mixed through poo	
Breast (50-70)	Yes	No					Things that refuse to settle, such as pain in the tummy	Changes in the pattern of going to the toilet	
Cervical (25-64)	Yes	No					Unexpected or sudden weight loss	Any changes to your breasts that are not normal to you	
AAA (65+)	Yes	No					Any unusual bleeding from your vagina	A sore that doesn't heal up	
DRS (12+) Diabetes diagnosis	Yes	No					Things which refuse to clear up after 4 weeks	Other.....	
Reasonable Adjustments To Be Made				MDT Discussion (Yes/No)+ Actions Agreed			Any Further Information		

# Communication tips

- Time – allow time for patient to process the information (10 secs)
- Avoid medical jargon
- Check they have understood
- Use objects to support verbal communication
- be prepared to use different communication tools
- follow the lead of the person you're communicating with
- Avoid too many questions / complex information



# How to help a stressed patient



# Uptake of screening amongst eligible NHSGGC residents by Learning Disability, 2022/23



# Barriers faced by people with learning disabilities when accessing cervical screening

- Attitude
- Assumptions
- Communication difficulties (difficulty expressing themselves or understanding medical jargon)
- Diagnostic overshadowing
- Patients not identified as having LD
- Lack of accessible information
- Lack of time in services
- Busy environment
- Noisy environment
- Light sensitivity
- Lack of joint working

# Why do you think some women with a learning disability don't go for a smear test?

*"I'd like more information, knowing what it's about and feeling more comfortable going in to get it done"*

*"Getting told you don't have to go by doctors and support workers"*

*"I don't like when they talk in jargon"*

*"Lack of awareness of any support you can get"*

*"The test itself, I don't feel comfortable about it"*

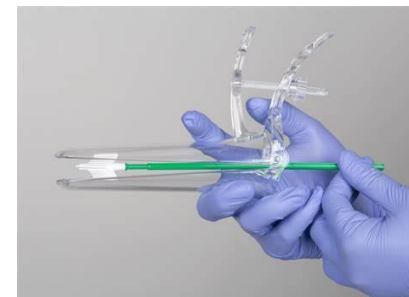
*"More visual stuff is needed, is there a video of an actual smear test being done to explain?"*

*"People are feeling anxious"*

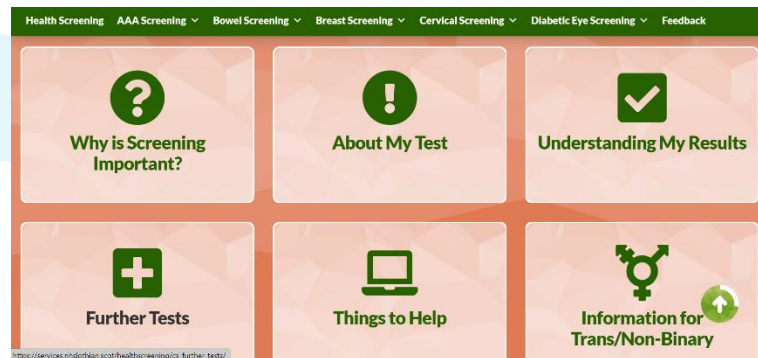
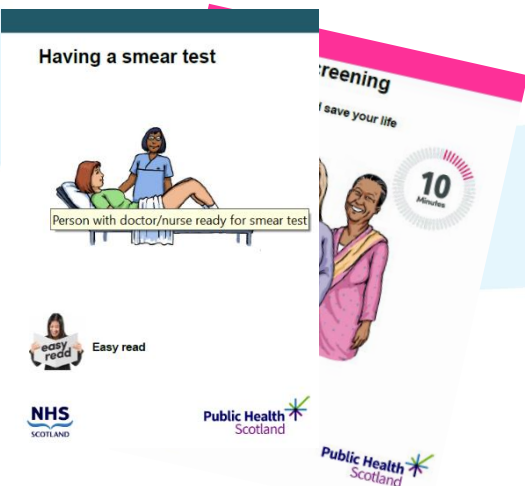
# Reasonable adjustments

# Things to try...

- Ask for a longer/double appointment when booking
- Tell the nurse how you feel/previous bad experience
- Listen to music during the test
- Request a female nurse/GP if you prefer
- Ask to lie in a different position
- Bring someone you trust with you
- Wear comfortable clothing
- Ask to see the equipment they use first
- Going through or post menopause, you can be prescribed vaginal oestrogen cream or pessary
- Change the environment



# Resources to support the conversation



*Delivering better health*

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Referral onto Community LD Nursing Team / consider care co-ordination.

# What do we need to do?

- Improve identification - LD Code 918e
- Provide easy- read/accessible information to support informed choice
- Identify reasonable adjustments
- Effective conversations around screening to promote informed decision of participation.



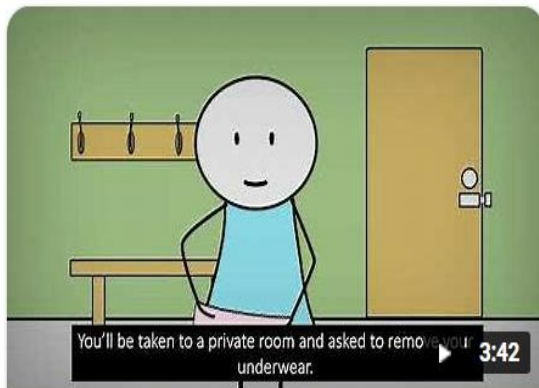
# Projects

- **LD Cervical Screening** – North West Cluster - Primary Care Quality Improvement Project
  - Telephone prompt
  - pre appointment
  - easy read
  - reasonable adjustments
  - post/result appointment
- **Talking mats** – Develop a LD & Screening talking mats kit in partnership with Scottish LD Observatory at UoG & Talking Mats
- **Lunch & learn sessions** – LD Awareness, reasonable adjustments and screening

# Good practice examples

- De-sensitization work by Community LD Nurses and Practice Nurse.
- Patient has carer present for support and allowed to bring comforter.
- Practice nurse arranging home visit to carry out cervical screening.
- Care co-ordination with special care dentistry (symptomatic)

## [NHS Greater Glasgow and Clyde – YouTube](#)



NHSGGC - Cervical Cancer Screening - English

3.4K views · 17 Jan 2022

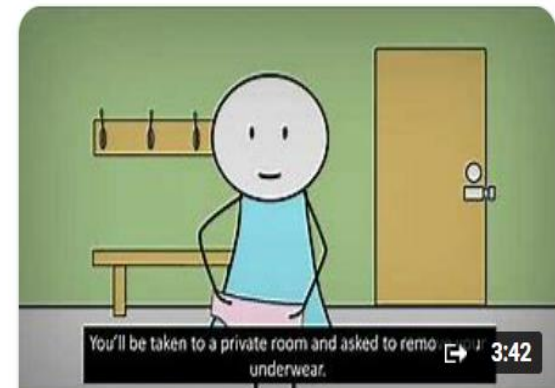
YouTube › NHS Greater Glasgow and Clyde



NHSGGC - Cervical Cancer Screening - British Sign Language

648 views · 17 Jan 2022

YouTube › NHS Greater Glasgow and Clyde



NHSGGC - Cervical Cancer Screening (Roma)

335 views · 22 Sep 2021

YouTube › NHS Greater Glasgow and Clyde

## [Cervical screening \(smear test\) in Scotland | NHS inform](#)

Public Health Scotland  
A Smear Test Could Save Your Life

Privacy policy

A smear test could save your life: Ukrainian

**Запобіжить появі раку!**

**Мазок на цитологію може врятувати вам ЖИТТЯ**

Не ігноруйте запрошення на цервікальний скринінг!

**Having a smear test**

Easy read

NHS SCOTLAND

Public Health Scotland

Thank you for listening

Questions?

[NHSGGC Public Health Screening Unit](#)

[PHSU.Admin@ggc.scot.nhs.uk](mailto:PHSU.Admin@ggc.scot.nhs.uk)

[NHSGG Screening Annual Reports](#)

[Scottish Equity in Screening Strategy 2023-2026](#)