

Community Champions Cervical Screening Insights

Introduction

From March to May of 2024, Third Sector Leaders Community Champions engaged with local communities to inspect uptake of cervical screening and the barriers women faced for these appointments. They also raised awareness of 'speak with a midwife' campaign. The data gathered from these conversations highlights the barriers faced by individuals to accessing relevant services and support as well the key outcomes of these conversations. The findings are categorised based on demographics including gender, age, ethnicity, and disability and highlight specific barriers and possible gaps for improvement.

Overview of Data Collected

- 966 conversations were held with 915 individual and 51 group conversations
- 99% of the participants in these conversations were female with less than 1% of males, non-binary, or not known
- Age bracket breakdown of the participants:
 - 63.3% 25-49 year olds
 - 21.4% 50-64 year olds
 - 9.5% 65-79 year olds
 - 3.8% 18-24 year olds
 - 1.7% of 80+ age bracket
 - And 0.3% of 'Prefer Not to Say' or 'Not known'
- Ethnicity of participants:
 - 39% were Asian/Asian British Indian
 - 32% Asian/Asian British Pakistani
 - 15% White British/English/Northern Irish/Scottish/Welsh
 - 3% Black/Black British Caribbean
 - 2% Arab
 - 1% Black/Black British African
 - And 1% or less of the remaining ethnic groups including Asian/Asian British Bangladeshi, Asian/Asian British Chinese, and those of any other Asian or Black or White backgrounds.
- Disability:
 - 7% of the participants (67 individuals) reported having a disability
 - The main disabilities that were known or disclosed are listed below from most to least frequently identified:
 1. Long term condition
 2. Mental health condition
 3. Learning disability of difficulties
 4. Physical or mobility impairment
 5. Sensory impairment

Key Findings

Cervical Cancer Knowledge

How much knowledge do you have of cervical cancer, its signs and symptoms, treatments, and statistics?

- 64% of the respondents knew little
- 22% knew a lot
- 14% had no knowledge at all
- Majority of the respondents had little knowledge regarding cervical cancer across the different age groups and ethnic groups
- Majority of the 25-49 year olds had a little knowledge (58%) while 20% of those in this age bracket knew a lot and 15% had no knowledge.
- 32% (67 out of 207 individuals) of 50-64 year olds had a lot of knowledge while 14% had no knowledge and the majority (51%) knew a little
- 88% of the 65-79 year olds knew a little, 8% knew a lot, and 4% didn't know anything at all.
- 73% of 18-24 year olds knew a little while 16% had no knowledge and 11% had a lot of knowledge
- 94% of the 80+ had a little knowledge
- With knowledge gaps across all age groups and the majority with only a little knowledge, sharing information on cervical cancer and its signs, symptoms, treatments, and statistics especially regarding screening and how impactful it can be in early detection is vital.
- While majority of each ethnic group had a little knowledge, a greater number of White British participants said they had a lot of knowledge (62%) on the topic compared to other groups. 43% of those who had a lot of knowledge were White British/English.
- Half of those who said they had no knowledge of cervical cancer were of Asian British Pakistani ethnicity.
- A greater percentage of Asian British Indians had a little knowledge (78%)
- Majority of those with a lot of knowledge on the subject were from WF17 postcode (69%)
- Majority of those with no knowledge at all were from HD1 postcodes (54%)

Screening Appointment

- 87% were invited for a routine cervical cancer screening appointment while 13% said they were not invited. These individuals were advised on how to follow this up.
- From those invited for a screening, 88% attended their appointment and 12% did not attend their appointment.
- 39% (45 out of 115) of those who did not receive a screening appointment were from WF17 postcodes
- 30% (34 out of 115) were from HD1
- From those invited but not attending, 57% (55 out of 96) were from WF17, 14% (13 out of 96) were from WF13, 6% (6 out of 96) were from HD1
- Those aged 25-64 are automatically invited by their GP practice if they have one yet 59% of those who hadn't received an invite were in the 25-49 years age bracket.
- Looking at the 96 individuals who did not attend their appointment, 75% were from the 25-49 years age bracket. Only 19% were from the 50-64 years bracket.

- Perhaps those in the younger end of the qualifying age bracket for screening appointment need more awareness of the appointment, importance of screening and impact as a greater percentage of 25-49 year olds say they haven't received an invite and a greater percentage of those in this age group who did receive an invite still did not attend their appointment.
- Ethnic group of those who did not receive an invite for a screening appointment:
 1. 38% (44 individuals) were Asian British Pakistani
 2. 30% (34 individuals) were Asian British Indian
 3. 12% (14 individuals) were White British
- Ethnic group of individuals who received an invite but did not attend their appointment:
 1. 45% (43 individuals) were Asian British Pakistani
 2. 30% (29 individuals) were Asian British Indian
 3. 13% (12 individuals) were White British
- Specific ethnic groups may need more support around cervical cancer screening, especially getting an appointment booked if they haven't already and informing them about the screening for those who did not attend as there may be specific barriers such as a language barrier.

Barriers

The individuals who did not attend their appointment identified many reasons as their barriers:

- The most cited reason for not attending the cervical cancer screening appointment was fearful of appointment e.g. feeling embarrassed or ashamed, worried about pain and what to expect. Fear of the appointment was twice as likely to be a barrier than other reasons.
- The barriers listed in order of most common to least common reason are listed below:
 1. Fearful of appointment
 2. Practical barriers e.g. competing priorities such as work/family commitments
 3. Language barrier – unable to understand health literacy, book an appointment etc.
 4. Assumption that individual is at no or low risk
 5. Assumption or feeling that they don't need a cervical screening
 6. Other
 7. Beliefs related to ethnicity/culture/deprivation
 8. Fearful of cancer diagnosis

Barriers By Age

- 25-49 year olds were more likely to face barriers to compared to 50-64 year olds.
 - 86% of those fearful of appointments were in the 25-49 years age bracket.
 - Those of 25-49 years of age were also more likely to assume they don't need a cervical screening

Barriers by Location

- Those from WF17 more likely to assume they were at no or low risk and a greater percentage of those from this postcode were fearful of appointment.
- Those from WF13, HD1, HD2 and HD4 faced a language barrier more often.
- Those facing practical barriers were mainly from WF17 and WF13.
- Those from HD5 were more fearful of appointment and had a fear of cancer diagnosis
- Those from WF12 mainly faced fear of appointment and practical barriers.
- HD2 mainly faced fear of appointment, language barrier, and assumption of being at no or low risk.

- Most women from HD1 were fearful of appointment and faced a language barrier.
- The top barriers for those from WF13 were fearful of appointment, practical barriers, and language barrier.

Barriers by Ethnicity

- Those identifying from Black/Black British ethnic groups were mostly fearful of cancer diagnosis and fearful of appointment.
- Those of Asian/Asian British Pakistani ethnicity were more likely to face a language barrier. They also reported being fearful of appointment and assuming that they were at low or no risk.
- Asian/Asian British Indian were more likely to face practical barriers e.g. competing priorities such as work/family commitments. They also reported being fearful of appointment and assumption of no or low risk as their top barriers.
- Those identifying as White British/English mainly assumed they were at low or no risk and/or they faced practical barriers.

Barriers by Disability

- 25% of those with a disability (17 out of 67 individuals) identified barriers they faced as their reasons for not attending a cervical screening appointment. They were fearful of appointment, fear of a cancer diagnosis, assumption that individual is not at risk and practical barriers.

Outcomes

For the conversation about knowledge surrounding cervical cancer, the main outcomes were:

1. Information given to individual including signs/symptoms/statistics/treatment
2. Signposted to online resources for further information
3. Advised to contact GP
4. Signposted to online resources in multiple languages for further information

Overall Outcomes

- 71% of the participants identified the main outcome of these conversations was an improved awareness of cervical cancer and screening.
- 19% were signposted to online resources for more information
- 18% felt the conversations were not applicable to them as they attend all appointments with no issues
 - A greater percentage of those choosing this outcome were White British/English (43%)
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- 16% were advised to contact GP
 - Nearly half (49%) of those choosing this outcome were of Asian/Asian British Pakistani ethnicity
 - 16% were Asian British Indian
 - 11% were White British/English
 - 6% were Black/Black British Caribbean
- 12% were signposted to online resources in multiple languages
 - Over half (55%) of those choosing this outcome were of Asian/Asian British Pakistani ethnicity
 - 32% were Asian British Indian

‘Speak with a Midwife’ Campaign

- Are you aware that you can book an appointment as soon as you know you are pregnant?
 - 27% were aware and responded ‘Yes’
 - 12% were not aware – responded ‘No’
 - Several were pregnant (5 individuals) but had not booked a midwife appointment
 - 60% - Not applicable
- If the individual has not booked a midwife appointment, what is the reason?
 1. Lack of awareness about healthcare available once pregnant
 2. Language barrier/unable to understand health literacy, book an appointment, etc.
 3. Assumption or feeling that they don’t need to see a midwife
 4. Fear of others finding out they are pregnant
 5. Practical barriers e.g. competing priorities such as work/family commitments
 6. N/A
 7. Other
- Majority of the respondents identifying these barriers for not booking a midwife appointment were in 25-49 years age bracket.
- 40% (45 out of 112) of the individuals not aware of the midwife appointment option were Asian British Pakistani.
- 21% were Asian British Indian
- 16% were White British/English
- 6% were Black British African
- 5% were Black British Caribbean
- Certain communities, in the 25-49 years age bracket especially, may benefit more from being aware of the services available if they may be considering pregnancy, trying to conceive or already pregnant. In addition to addressing the lack of awareness of services available once pregnant, ensuring that different demographic groups are relayed the information in a language they understand is important. This will benefit those reporting a language barrier and being unable to understand health literacy, booking an appointment, etc.

If you require this report in another format, please get in touch with

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