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CANCER SUPPORT

Promoting Cervical Screening

The Pink Pants Campaign's Final Report

October 2014



Background

Cervical screening is offered every three years to women in the 25-49 years age range, and every five years to the women in the older age range, 50-64 years of age.

Nationally, cervical screening rates have declined over the past few years, most markedly across the 25-49 years age group. At 31st March 2013, the percentage of eligible women aged 25 to 64 who were recorded as screened adequately at least once in the previous five years (coverage) was 78.3%. This compares with 78.6% at 31st March 2012. The long-term trend shows a gradual fall in coverage over the last 10 years. Apart from an increase in 2009, (following the death of Jade Goody) coverage has either fallen or remained unchanged each year since 2003, when it was 81.2%.

This decline is mirrored across Lincolnshire. The target for cervical screening stands at 80% for both age ranges. As of February 2014, the actual coverage stands at 74.5% for the 25-49 year olds and 81% for the older cohort (figures are reported at least six months in arrears). Before this piece of work, the rate achieved ranged from 64% to 90% within practices across Lincolnshire. The coverage for cervical screening have been a matter of concern for several years, particularly in Boston, the coastal areas and the City of Lincoln.

Cervical cancer is costly for women who are diagnosed with the illness, for the NHS and for society in general.

According to Salter 2014 (see appendix), on average, each woman diagnosed with cervical cancer costs the NHS and the state a combined total of around £13,600 a year, and faces a personal cost of around £5,800 over the course of a year, through lost income and additional spending. This is an average cost only, and the costs are considerably higher for some women, often those whose cancer is diagnosed at a comparatively late stage. For each successive stage, the financial impact of cervical cancer on women, and the cost to the NHS of treating it, increases markedly.

The most effective way of reducing such costs to the state and the individual is by preventing cervical cancer, or catching it at the earliest possible stage

If the necessary small investment is made as per the work in Lincolnshire it can also save many more women from losing their fertility, bladder and bowel function, prevent the onset of early menopause, stop the significant reduction in their quality of life, and ultimately save lives.

This report will look at the history, development and delivery of the Pink Pants Cervical Screening Campaign from January 2013 onwards. The formal campaign for primary care ran from May 2013 until the end of June 2014, post national cervical screening week. However, a lot of work went on 'behind the scenes' prior to that date (to be discussed later in the report).

Introduction

The Early Presentation of Cancer (EPOC) programme has been ongoing since 2009, and is a programme built upon community development principles to push forward cancer prevention messages in a fun but informative manner, and in a way that is appropriate for individual communities. Developmentplus are commissioned to run the programme across the county for Lincolnshire County Council Public Health.

The aim of the programme is to change the behaviour and beliefs of the general public towards cancer, and to facilitate earlier presentation of people with symptoms and early referral of patients with suspected cancer, with a view to:

- reducing premature mortality from cancer across Lincolnshire;
- encouraging presentation of cancer at an earlier stage across Lincolnshire;
- increasing cancer screening attendance across Lincolnshire; and
- improve overall five-year cancer survival rates for Lincolnshire.

In response to the downward trend in cervical screening rates across the county, Public Health within Lincolnshire and the EPOC programme worked with the Clinical Commissioning Groups (CCGs) for Lincolnshire East and Lincolnshire West in order to improve the uptake of cervical screening. These two CCGs cover the areas mentioned earlier, Boston, the coastal areas and the City of Lincoln.

What was happening before the current campaign?

The first key question to be addressed is why women, particularly women aged 25-49, either do not attend appointments or do not make appointments in the first place.

The system for inviting women to GP surgeries for the test is currently managed by NHS Shared Business Services (SBS). They send an initial letter, which anecdotally most women find to be very dull, very formal, not very friendly and always written in English. This is a national template letter so cannot be changed by SBS. This is a 'given', but nevertheless remain a barrier for some women when they are considering whether or not to attend cervical screening.

Therefore, a focussed campaign has been developed, using Mosaic profiling, local knowledge, public health information/data and community development principles. It has been designed to highlight the important reasons why women need to attend their cervical screening tests.

The second key issue is the role of general practice in cervical screening. There are different approaches to promoting cervical screening in general practice. In a number of practices, systems and processes encouraging women to attend for cervical screening have been dismantled due to SBS sending initial and reminder letters. For example, a couple of practices have very long lists of women they have not contacted for years in relation to cervical screening. Others operate by sending yearly reminders to women who did not attend for screening when initially called, or to women who simply do not attend for reasons unknown. The latter example is emerging as good practice to build upon.

Many of the practices have tried to understand why women do not attend for screening, and they clearly understand their patient demographics very well. However, a small number of practices do not. Anecdotally, some practice managers suggest that the rates of attendance were higher when they managed their own call and recall systems.

At present, many practices note communication with women who do not have 'English as their first language' as a problem, and some practices believe that is why their screening rates are lower than others. Some practices continue to send letters in English, even though they know that the women cannot read them, although the majority go to great lengths to send letters in the women's own language, if at all possible.

In the past, some practices have run 'mini' campaigns using materials from the cancer screening website, or have tried using 'flagging systems' and opportunistic screening. Some offer appointments in the early morning or late afternoon/evening for working women.

During 2012-2013, EPOC workers spoke directly to nearly 6,000 women about cervical screening as part of their everyday campaigning and promotional work. They found that the same issues, fears and barriers were being mentioned again and again, usually relating to embarrassment and timings of appointments. This can be found in the appendix.

The Pink Pants Campaign

How was it all coordinated?

The work was managed in phases:

	Area	Date of practices 'going live'
Phase one	Boston and Lincoln City	January 2013
Phase two	Skegness and coast and the rest of Lincolnshire East CCG	May 2013
Phase three	the rest of Lincolnshire West CCG	September 2013

The various phases differed according to the cohorts of women involved and the approaches that individual localities/practices wanted to take.

Phase one

Boston

This was one of the most labour intensive phases, because it included the mosaic profiling and the capturing of local intelligence (what the women told us). Data on the performance of the cervical screening programme was already available.

The approach for this locality was one of a 'personal touch'. Prior to the work commencing a senior member of the Public Health team / CCG officers and an EPOC development worker visited every practice in the Boston locality. This included attending practice managers' meetings to ensure that everyone clearly understood what the objectives were, and that they had time to discuss these with their respective teams. An important precept was that, regardless of individual roles within the practice, everyone had a responsibility to promote cervical screening.

At the visit, each practice was offered:

- examples of good practice, from which the practice team were expected to pick one or two which they would use;
- a display which would be put up by the EPOC development worker, who would also be 'visible' in the surgery to promote the campaign;
- help to look at their systems and processes (some had long paper lists of women who had not been 'followed up' for years), and
- a phone call six months later. The purpose of this would be to see if they needed any more help, to find out which aspects of the campaign they thought were working and which were not, to establish whether they had tried anything new, and to pass on information about new ideas that had been introduced at other practices.

During this period, the development worker also visited factories, shops and colleges to promote cervical screening, utilising the mosaic data on behalf of the practices. It was at this point that a logo drawn previously by one of the students from Mablethorpe Learning Centre was adopted as the official Pink Pants logo. The campaign was born!



Lincoln

Lincoln City North, being the locality with the lowest cervical screening rates (70.4%) at the time, was chosen to participate in phase one. The campaign had a similar format to that used in Boston. There was a visit to each practice in the locality, including attendance at practice managers' meetings to ensure that everyone clearly understood what the objectives were, and that they had time to discuss these with their respective teams.

Again, an important precept was that, regardless of individual roles within the practice, everyone had a responsibility to promote cervical screening. At the visit, each practice was offered as per the first phase. As in Boston, the development worker also visited factories, shops and colleges to promote cervical screening, utilising the mosaic data on behalf of the practices. (There was already a mosaic profile in place for Lincoln City).

Phase two

Skegness and Coast

The approach here was slightly different. The lead GPs in the locality wanted a presentation for one of their learning events about why cervical screening rates were falling, and what could be done about it. An open invitation to attend the event was extended to the practices.

After the event, and in consultation with the practices in the locality, the following points were agreed:

- a paper to be sent to all practice managers, stressing the importance of increasing cervical screening rates amongst the 25-49 years cohort, together with examples of good practice, from which the practice team could pick one or two to try;
- a display which would be put up by the EPOC development worker, who would also be 'visible' in the surgery to promote the campaign;
- help to look at their systems and processes, as necessary, and
- a phone call six months later as in the earlier phase. .

As before, the development worker also visited factories, shops and colleges to promote cervical screening.

The rest of Lincolnshire East CCG

At the request of the CCG officers, a representative from public health (county council) and an EPOC development worker attended practice managers' meetings, and offered the same as in phase one. The managers took this offer back to their respective practices, and some practices asked for an individual visit. Once again, the development worker visited factories, shops and colleges to promote cervical screening.

Phase three

The rest of Lincolnshire West CCG

This phase included practices in the Gainsborough locality, and the remaining city practices in Lincoln (which had not participated in phase one).

The approach here was similar to that used for 'the rest of Lincolnshire East', but an EPOC development worker attended locality meetings as well. Again the managers took this offer back to their respective practices, and some practices asked for an individual visit. As in other areas, the development worker also visited factories, shops and colleges to promote cervical screening.

At the end of phase three the other CCG's were given resources by the EPOC development workers to enable them to engage with the campaign as well. This was not on the same scale.

Media coverage

There were a number of media campaigns around the launch of 'Pink Pants', and four major promotions.

- Initial launch
- Cervical screening awareness week
- Cervical cancer awareness week
- Lincolnshire Show

For these highlights of the year, in particular, there was significant media coverage, and practices were asked to make extra efforts to use the Pink Pants materials. There were also Pink Pants events in Sleaford, Boston, Gainsborough and Skegness as well as the Drill Hall in Lincoln.

The approaches that were adopted in the pink pants campaign were both socially and culturally appropriate for the identified target group. Consequently, it is hoped that the campaign will prove to be sustainable and that it will have a long-term impact.

Other promotional work is in line with the EPOC programme delivery mechanism, and has included Wordle posters and purse cards being placed in:

- ladies toilets in pubs;
- nail bars, beauticians & hair salons; and
- lingerie shops.

In addition, posters and cards have been handed out at events/stands/information sessions, and many places have been asked to display a window sticker to support the programme. Most were happy to promote the campaign.

Pink Pants information sessions have been delivered to women's community groups across the county. These have been interactive sessions where women received information through games and quizzes, and also had an opportunity to ask questions. The sessions have been well received, with participating women telling EPOC workers they would make screening appointments because of the information received.

During the Pink Pants Campaign, with help from EPOC volunteers, women within the highlighted age range of 25-49 years were canvassed in a number of different venues and settings.

They were asked the following questions:

- Do you know when your next smear test is due?
- Do you attend for your smear test? If not, why not?

- What would make you more likely to attend?

Other information from the EPOC campaign indicates there is a lack of knowledge and understanding of the benefits of attending for screening, and that women focus mainly on the examination itself and the related 'unpleasantness'.

The aim of the Pink Pants Campaign was to improve access to cervical cancer screening, and empower young women aged 24-49 to make informed choices that will reduce their risk of developing cervical cancer.

At the heart of the campaign is a simple message: 'Ladies, have no fear – attend your smear.' This basic message is supported with all the information women said they needed, and which is delivered in a 'user-friendly' way. The intention is to create a sense of 'sisterhood', and encourage all women to attend their screening appointments.

As noted earlier, the butterfly logo at the centre of the promotional picture for the Pink Pants Campaign was developed in collaboration between the EPOC team and students from a local college. Also the concept of using pink paper for letters to the women was put into the practices with the idea that it was a bright colour and may not get mislaid as easily.

Findings

A target of a 3% increase was set for Boston, Skegness and coast, and the Lincoln City North locality practices. Figures for the cervical screening rates at the end of the Pink Pants Campaign and the other associated work are detailed below. However, it should be noted that, although the report was prepared in September 2014, the actual data is from March 2014 (because the data is always reported with a six-months delay). All of the following graphs are taken from the NHAIS system, 'Open Exeter'.

Figure 1. Lincolnshire CCGs' Screening Coverage 25-49 Year Olds

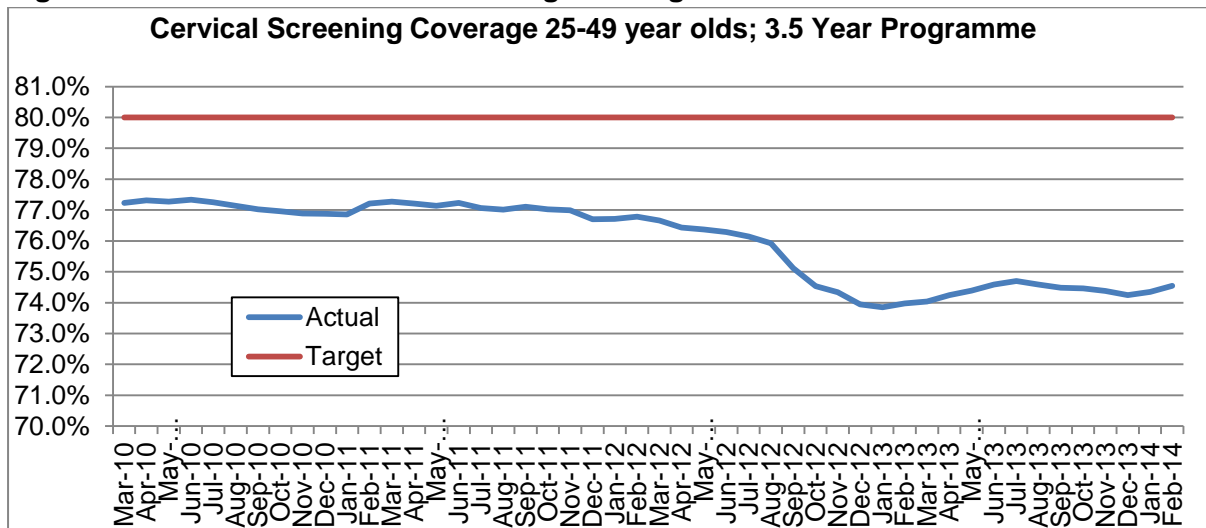


Figure 1 shows the four CCGs' combined coverage for the younger cohort of women. At the beginning of the work, in December 2012, the coverage stood at 73.8%. By February 2014, there had been a slight increase to 74.5%.

Figure 2. Lincolnshire East CCG's Coverage 25-49 Year Olds

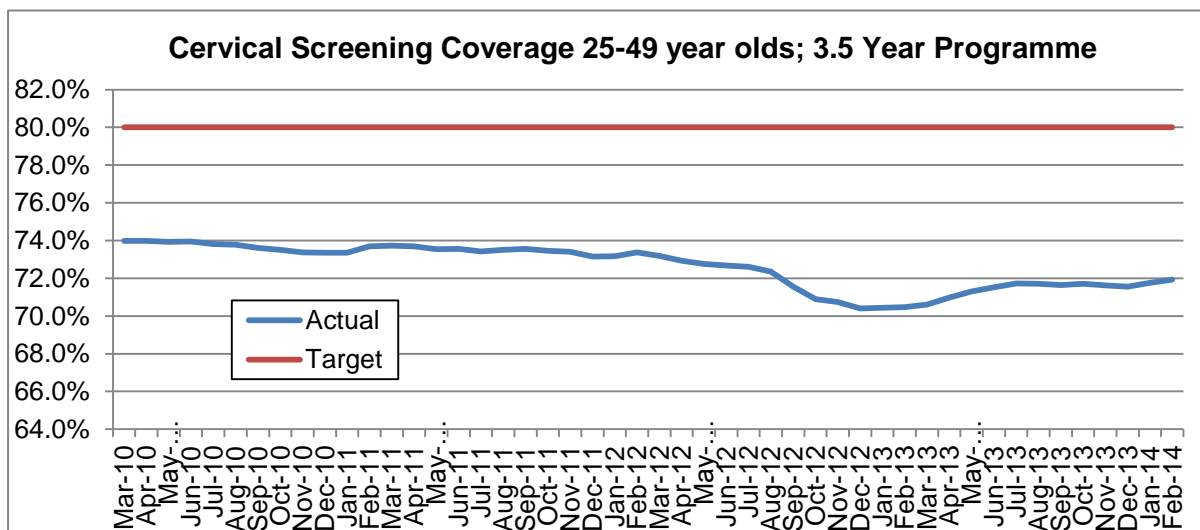


Figure 2 shows Lincolnshire Easts CCG's coverage which has increased to 71.9%.

Figures 3, 4 and 5 show the localities within Lincolnshire East CCG.

Figure 3. Boston Locality's Coverage 25-49 Year Olds

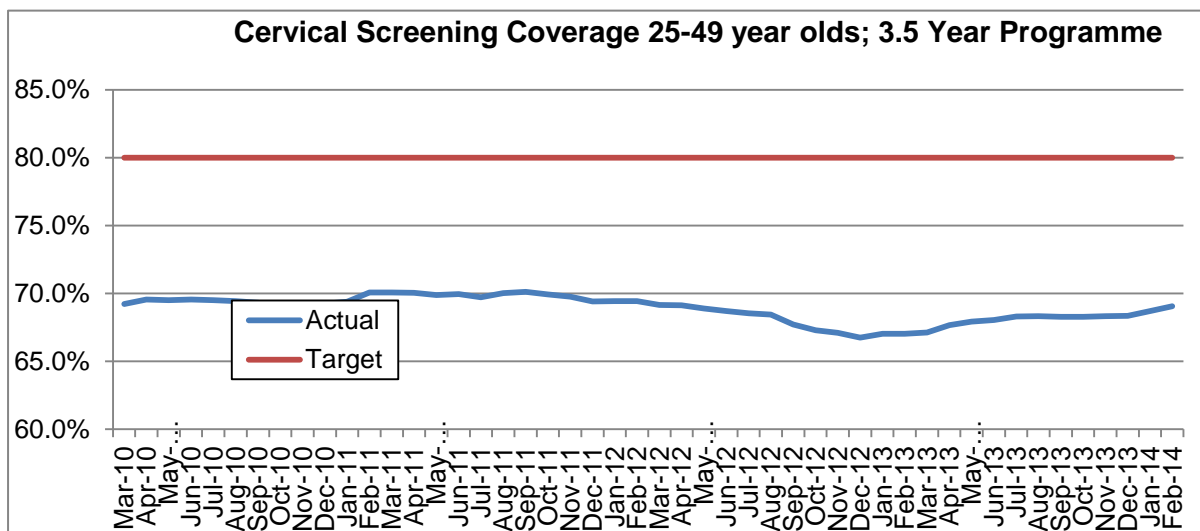


Figure 3 shows the Boston locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 66.8%, and by February 2014 it had increased to 69%. Boston is very close to achieving the 3% target set at the beginning.

Table one shows the practice level data as an example of how the practices are progressing other practices can be found in the appendix.

Table 1. Boston Practice Level data

Practice	Before campaign	As of February 2014	3% target reached yes?
Liquorpond	68.6%	68.3%*	
Parkside	56.7%	61.8%	Yes
Swineshead	75%	77.8%	
Park Rd.	65.1%	67.5%	
Westside	64.4%	62.3%	
Old Leake	75.7%	77%	
Kirton	71.4%	76.3%	Yes
Greyfriars	66.6%	71.9%	Yes
Stuart House	68.7%	72.1%	Yes

*means that the practice had an initial increase but didn't sustain it

Figure 4. The Skegness and Coast Locality's Coverage 25-49 Year Olds

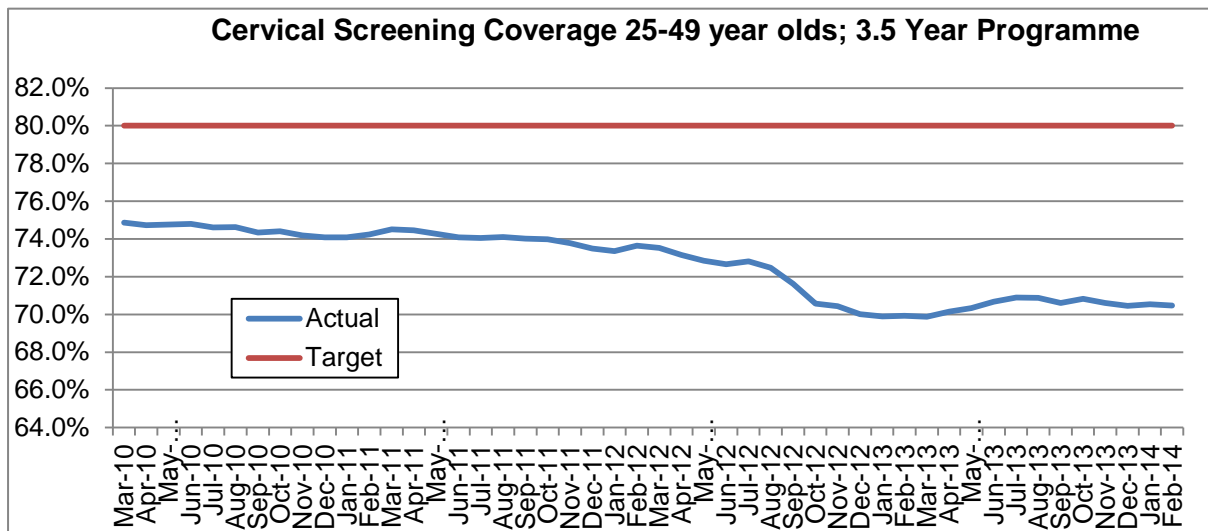


Figure 4 shows Skegness and coast locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this stood at 70%. As of February 2014, it stands at 70.5%.

Figure 5. East Lindsey Locality's Coverage 25-49 Year Olds

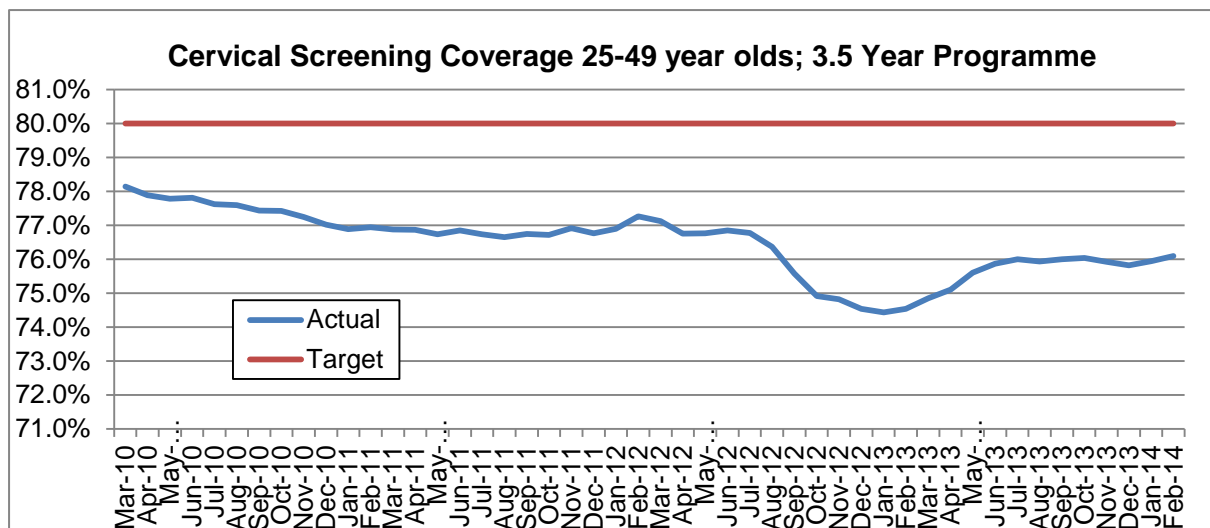
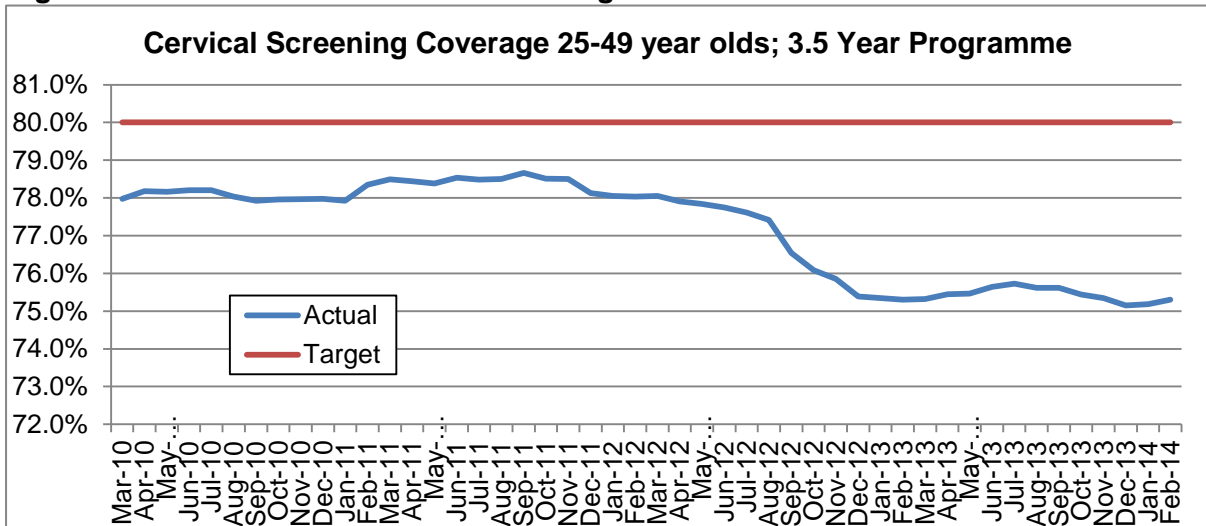


Figure 5 shows East Lindsey locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 74.4%, and by February 2014 it was 76.1%.

Lincolnshire West CCG

Figure 6. Lincolnshire West CCG's Coverage 25-49 Year Olds



The graph above shows Lincolnshire West CCG's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this stood at 75.4%, but by February 2014 it was beginning to show an upward trend.

Figures 7-11 show the localities of Lincolnshire West CCG.

Figure 7. Lincoln City North Locality's Coverage 25-49 Year Olds

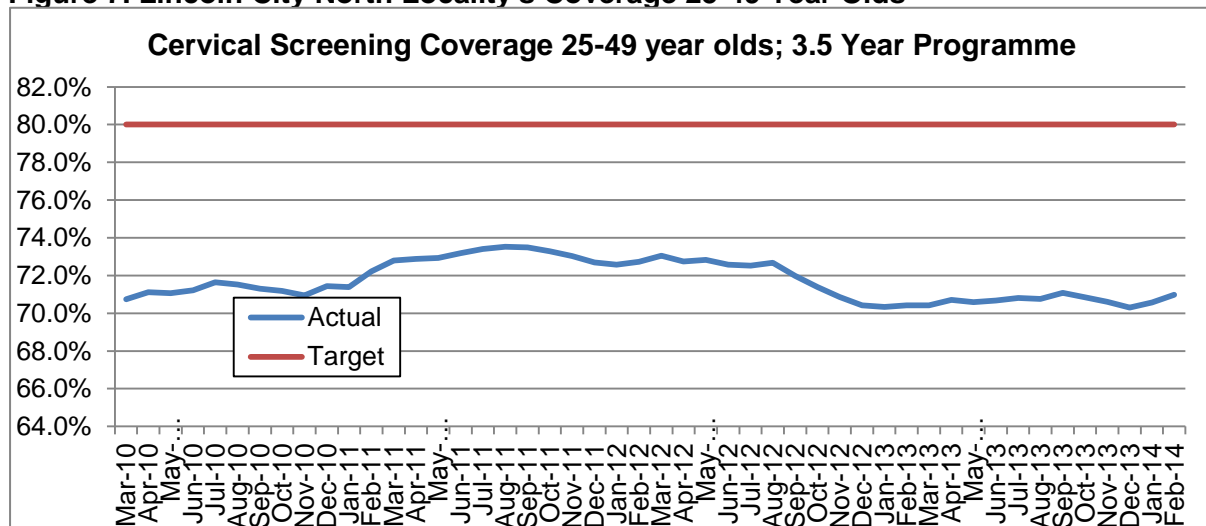


Figure 7 shows Lincoln City North locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 70.4%, and by February 2014 it was 71%. Below shows the practice level data for Lincoln City North the other practices can be found in the appendix

Table 2 Lincoln City North’s Locality Practice Data

*means that the practice had an initial increase but didn’t sustain it

Practice	Before campaign	As of February 2014	3% target reached yes?
Lindum	70.9%	71.7%	
Minster	74.3%	77.2%	Yes
Cliff House	74.7%	73%*	
Glebe Park	73.8%	76.8%	Yes
Arboretum	61.8%	60%	
Witham	64.1%	65.8%	
Abbey	65.5%	65.2%	
Brayford	74.5%	72.2%	
University	39.1%	33.3%	
Burton Road	71.7%	74.2%	Yes

Figure 8. Lincoln North Locality’s Coverage 25-49 Year Olds

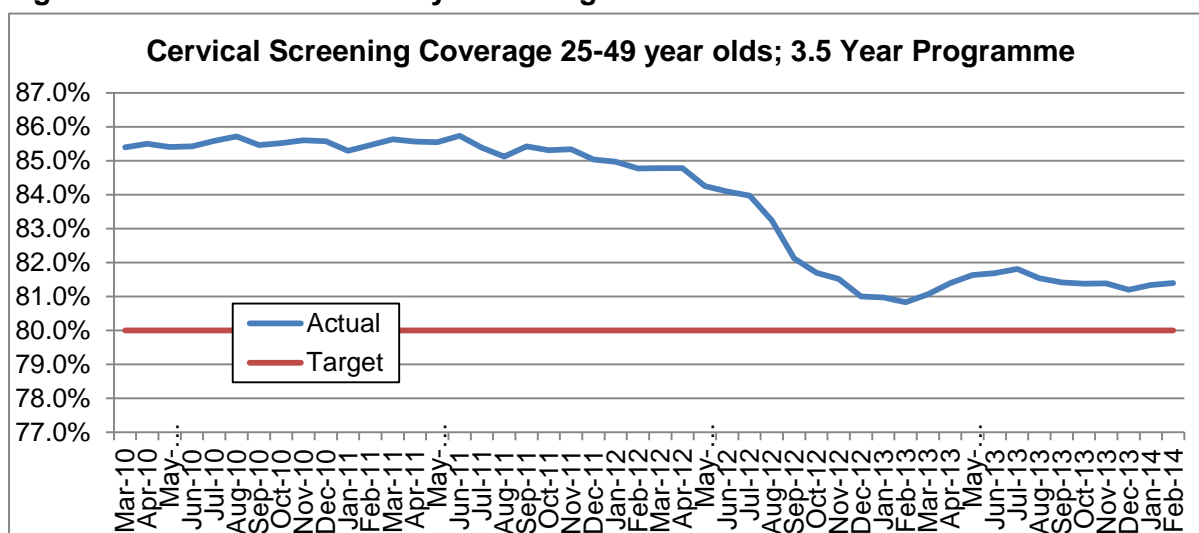


Figure 8 shows Lincoln North locality’s coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 81%, and by February 2014 it was 81.4%.

Figure 9. Lincoln City South's Coverage 25-49 Year Olds

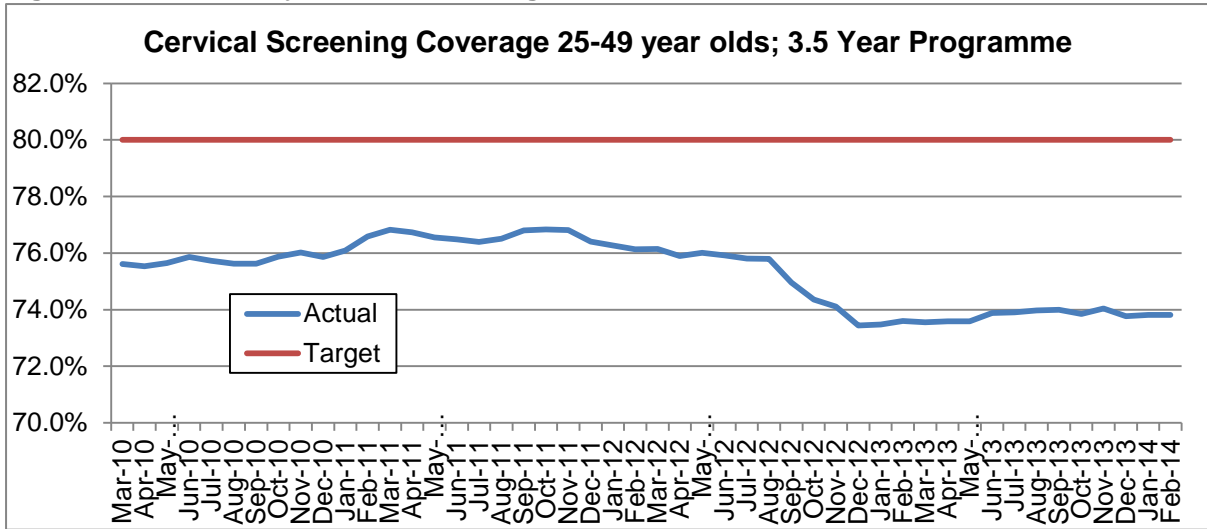


Figure 9 shows Lincoln City South locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 73.4%, and as of February 2014 it stood at 73.8%.

Figure 10. Lincoln South locality's Coverage 25-49 Year Olds

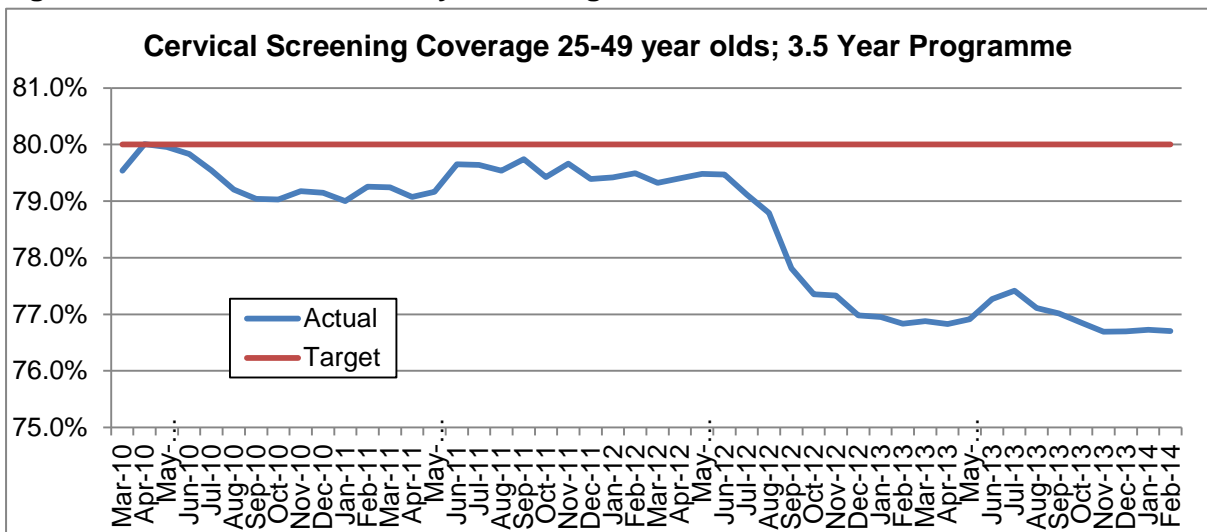


Figure 10 shows Lincoln South locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this stood at 77%. However, by February 2014, this had declined to 76.7%.

Figure 11. Gainsborough Locality's Coverage 25-49 Year Olds

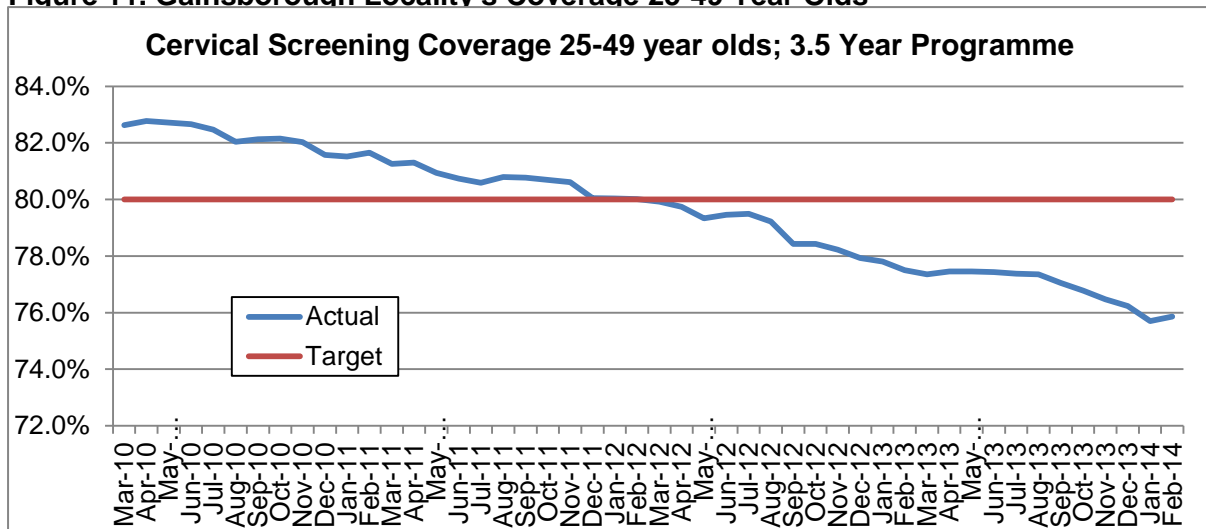


Figure 11 shows Gainsborough locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 77.9%, but by February 2014 it had fallen to 75.9%. It should be noted that, although coverage had been falling throughout the Pink Pants Campaign, in February 2014 it appears to be taking an upward turn.

South Lincolnshire CCG

Figure 12. South Lincolnshire CCG's Coverage 25-49 Year Olds

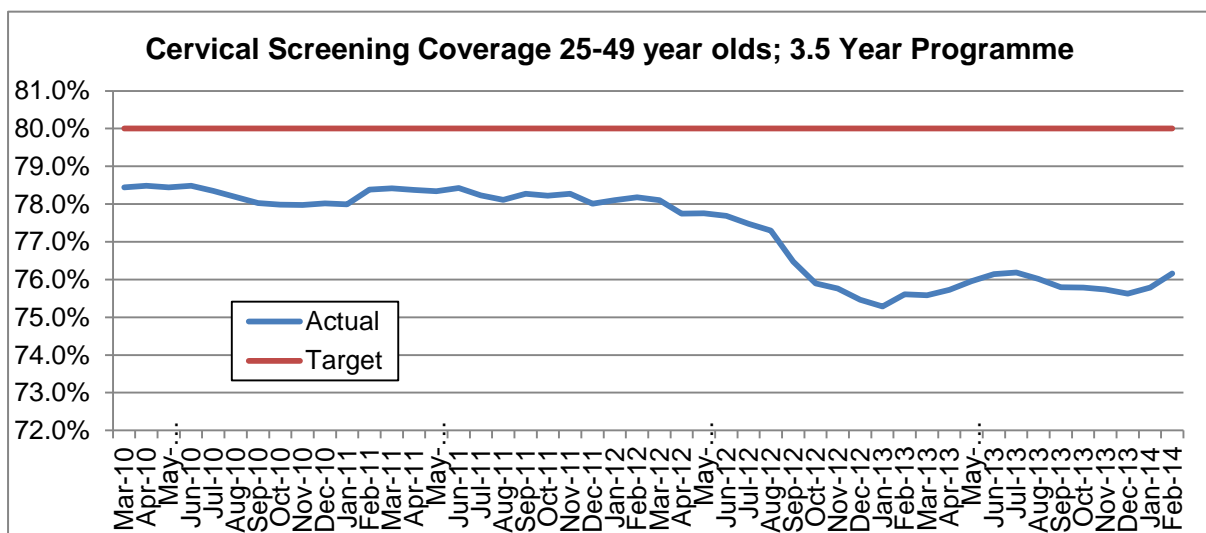


Figure 12 shows South Lincolnshire CCG's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this stood at 75.5%, and by February 2014 it was 76.2%.

Figures 13 and 14 show the localities of South Lincolnshire CCG.

Figure 13. South Holland's Coverage 25-49 Year Olds

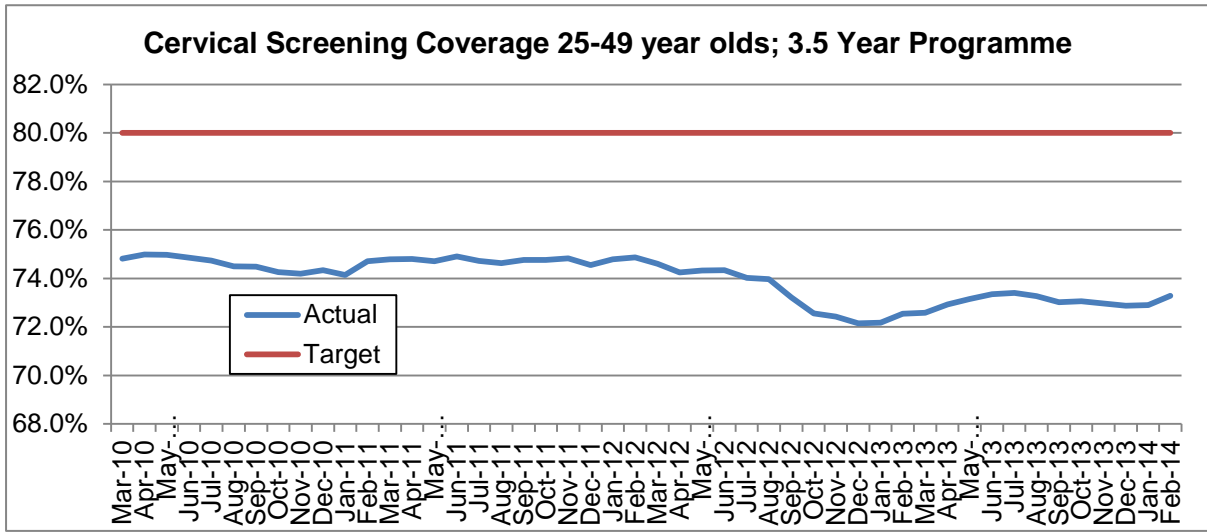


Figure 13 shows South Holland locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 72.1%, and by February 2014 it stood at 73.3%.

Figure 14. Welland Locality's coverage 25-49 Year Olds

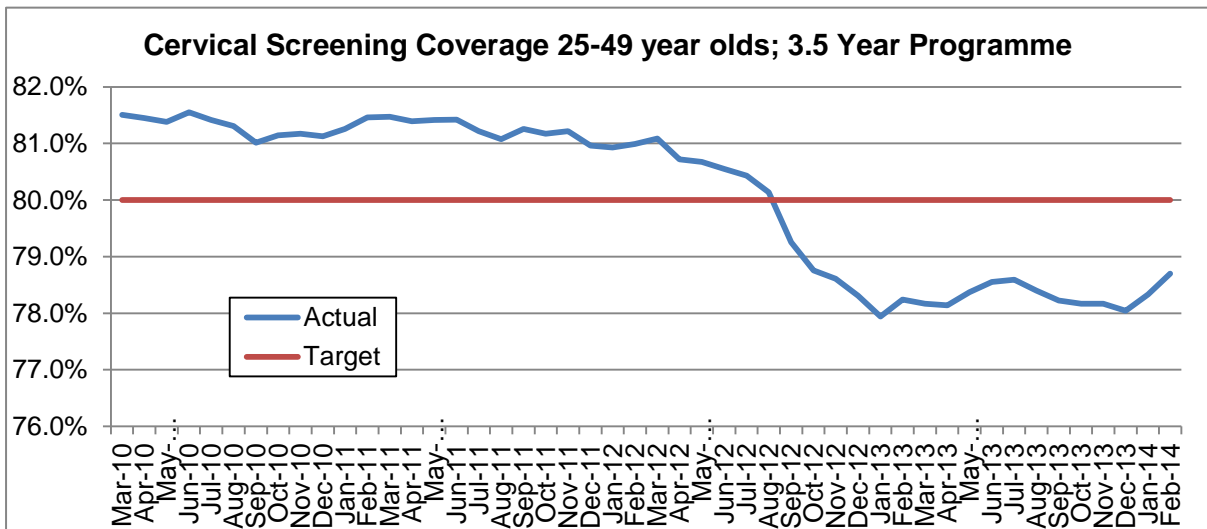


Figure 14 shows Welland locality's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 78.3%, and as of February 2014 it was 78.7%.

Figure 15. South West Lincolnshire CCG's Coverage 25-49 Year Olds

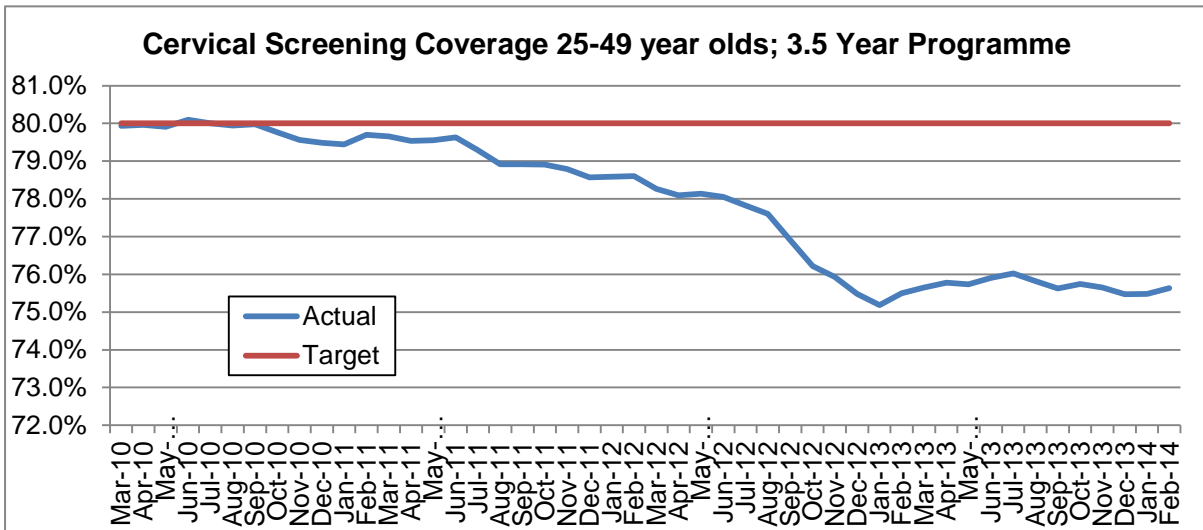
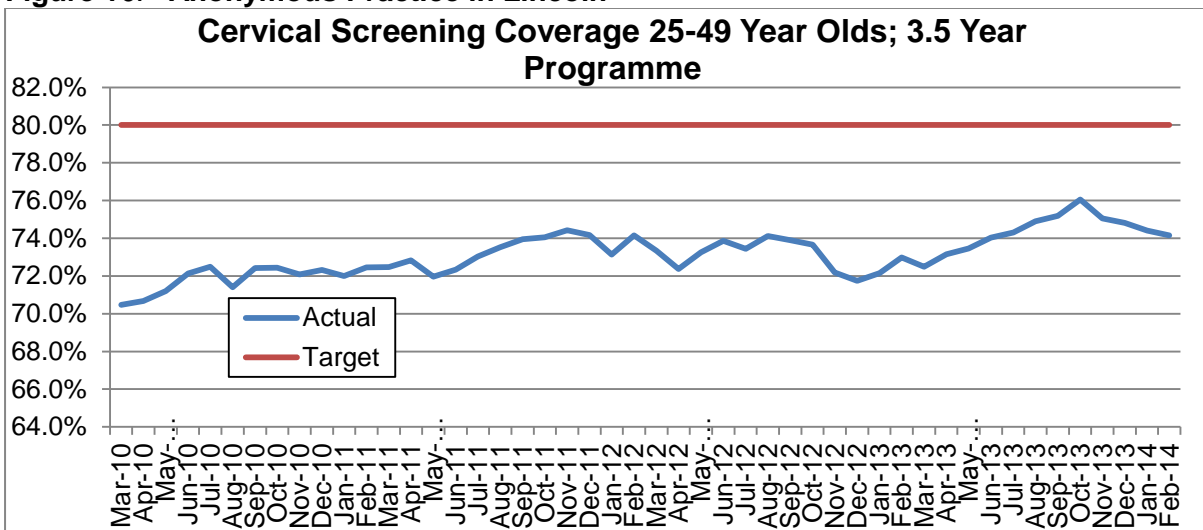


Figure 15 shows South West Lincolnshire CCG's coverage for the younger cohort of women. At the beginning of the work, in December 2012, this was 75.5%, and as of February 2014 it was 75.6%.

On the whole, this is a promising start for the CCGs, but it is important that every practice continues to be engaged in this work. What should be said about the practice level data is the challenge of sustaining it. It is very obvious that some practices worked very hard in the beginning but took their 'foot off the pedal' and plunged back down in some cases to the same if not lower rate then at the beginning. Figure 16 depicts one of the Lincoln City North practices highlighting that very process.

Figure 16. Anonymous Practice in Lincoln



Good practice identified

The following is based on what has been tried and tested during the period of the work.

A set of promotional materials was created that was aimed specifically at the 25-49 years old cohort; this included purse cards, trolley coins, bags and leaflets. In phase one, some of these items were given to the women when they attended their screening appointments.

Posters and leaflets were very popular with the practices. Although many practices went to great lengths in designing their displays, others did not. Some displays were put up by a development worker with the practice's permission, but then removed within days and replaced with something else.

The development workers played a key role, and were crucial to the development of the actual Pink Pants Campaign itself, as were the volunteers. It must be said that most of the practices involved have also displayed an admirable commitment to the campaign. Without their support, none of the work in the practices would have been possible.

Key initiatives considered to be successful

a) Call and recall

As stated earlier, SBS call women for screening, and recall them if they do not attend their screening appointment. This used to be done by general practices, but ceased to be their role a few years ago. Nonetheless, quite a few practices still maintained contact with women. On the other hand, many did not.

Most practice staff seems to agree that the national 'screening letter' does not have the desired effect; that is, to get women to attend for screening. Women who were consulted thought the letter could be more friendly. Consequently, a little way into the work, the idea of a 'pink fluffy letter' was conceived. (See appendix)

This letter would be on pink paper and its tone would be friendly. Ideally, it would be sent from a named nurse in the practice, and would be used on the following occasions:

- As a welcome to the programme for the women being sent letters from SBS for the first time. (women's names can be found on can be found on Open Exeter.)
- As a way to contact women who have missed more than two appointments.
- As a means to confirm a new appointment, after a friendly person (usually the nurse) has phoned the woman who missed her appointment, in order to book them another.

It was also felt to be important that the Pink Pants logo should be included on everything used to communicate with women, as it is now a well-known symbol in Lincolnshire for cervical screening.

Feedback received from many women, and from some GP practices, is that the 'pink

fluffy letter' was the reason that an appointment was made. When women received one of these letters, it served as a talking point between them and their partners, families and friends. In addition, it is not easily 'hidden' under magazines, because of its colour.

b) Dispensing practices

It can be helpful to put messages about attending for cervical screening on prescriptions.

c) Systems and processes.

- Practices need to be proactive in managing their 'outstanding' lists of women who have failed to attend for screening. For example, in order to reduce the list, and keep the numbers of non-attenders down, they could phone or text the women appropriately.
- Although 80% coverage rate is the national target, the campaign aims to reach the missing 20%. Some practices that have attained the target percentage have 'taken this on board', and are using the 'pink fluffy letter' to encourage the remaining 20% of women to attend for a smear test. This is now being done across the whole programme, and not just for the younger cohort.
- Some practice nurses have tried offering appointments in the early morning and late in the day, to fit in around work commitments for women in employment. In some practices, this has become popular, increasing from one available appointment time at the beginning and end of the day to a couple.

Proposed future delivery of the Pink Pants Campaign

The EPOC team will continue to promote the Pink Pants Campaign and its important message as part of their screening remit, embedding the campaign into all work where possible and appropriate. It would be prudent to do media work and Pink Pants promotional weeks around the following two awareness weeks, cervical screening and cervical cancer awareness weeks. However, financial restraints would obviously affect the team's ability to provide promotional items.

To date, the following matters have been highlighted:

- More women need to know why it is important for them to attend screening tests.
- In some instances, the service women receive at the screening appointment needs to be improved.
- Work needs to be done to encourage women to choose to attend screening appointments, rather than having to attend.
- The gap between leaving school/college/university and attending the first screening appointment must be bridged.

Recommendations for practices

Practice managers have played a pivotal role in this campaign. They should continue to support their nurses and practice staff in making a difference to the women of Lincolnshire by agreeing to use the identified areas of good practice highlighted.

The friendly 'pink fluffy letter', on pink paper and including the campaign logo, should be sent from a named nurse in the practice, and used on the following occasions:

- As a welcome to the programme for the women being sent letters from SBS for the first time (the women can be found on Open Exeter).
- As a way to contact women who have missed more than two appointments.
- As a means to confirm a new appointment, after a friendly person (usually the nurse) has phoned the woman who missed her appointment, in order to book them another.

As previously noted, the Pink Pants logo should be included on everything used to communicate with women.

Practices need to be proactive in managing their 'outstanding' lists of women who have failed to attend for screening. For example, in order to reduce the list, and keep the numbers of non-attenders down, they could phone or text or use the pink paper.

More practices need follow the example of the nurses who have tried offering appointments in the early morning and late in the day, in order to fit around work commitments for women in employment. In some practices, this has become popular, increasing from one available appointment time at the beginning and end of the day to a couple.

All practices need to support the work done by the EPOC team, by responding to their 'call for action', as and when necessary.

Dispensing practices should try using prescriptions to give out promotional messages about cervical screening.

In some instances, the service women receive at the screening appointment needs to be improved.

Recommendations for EPOC

EPOC workers need to continue working with practice managers and nurses to keep the momentum going. They should:

- actively engage with the practices at the promotional weeks identified earlier in this paper
- help more women to understand why it is important for them to attend screening tests
- develop some way of bridging the gap between leaving school/college/university and attending the first screening appointment
- build on information that girls have about the HPV vaccine, in order to encourage them to engage with the screening programme when the time is right; and

- make more of the slogan 'Ladies, have no fear, attend your smear', and also use images of 'Rosie the Riveter'. Rosie the Riveter was a women's activist from the war years. She was a Riveter during the war and she encouraged other women to take up the traditional male jobs whilst the men were away fighting. This image was used to fit in with the world war theme at the Lincolnshire show.

Recommendations for CCGs and the Area Team's Screening and Immunisations Team

All CCGs should support the work, encouraging the development of best practice across Lincolnshire no matter what the coverage is. They should mobilise their communications teams at times suggested by EPOC in order to support the work

The Area Team should continue to provide support in promoting areas of good practice as they are identified, and also help finance the resources needed for successful Pink Pants Campaigns year on year, as appropriate. Data needs to be provided so that improvement can be tracked/monitored.

Recommendations for local authority public health

From time to time, this work will need specialist public health input. Colleagues providing specialist advice to the CCGs need to be aware of this, and respond to the 'call to action' when it occurs.

Lastly

There is a whole host of things in a report entitled 'Revealing the True Cost of Cervical Cancer..... Behind the Screen' by Jo Salter 2014. It suggests initiatives that have already been tried in Lincolnshire but equally there are new ones to be tried too.

Thanks to officers from the CCG, EPOC workers and the practice teams for their ongoing commitment.

Special thanks to Sarah Blount and Elizabeth Barrick

Ann Ellis
Specialist Programme Manager
Public Health Lincolnshire County Council
October 2014

'Ladies, have no fear – attend your smear.'



Appendix A

Practice Level Cervical Screening Data as of September 2014 within Clinical Commissioning Groups (CCG's) 25 to 49 Year Old Cohort.

The following includes a 6 month lag up until February 2014.

Figure 1 East Lincolnshire CCG excluding Boston (Boston's is in the body of the report)

i East Lyndsey locality

Practice	Before campaign	As of February 2014	3% target reached yes?
Kidgate	68.7%	72.2%	Yes
Old Vicarage	80.5%	82.5%	
Marsh	72%	72.1%*	
Market Rasen	72.7%	74.9%	
Newmarket	71.2%	76.8%	Yes
Nth Thoresby	73.6%	74.7%*	
New Coningsby	71.8%	71.4%*	
James St.	75%	75.9%*	
Wolds	82.%	85.2%	Yes
Caistor	75.6%	78.3%*	Yes
Tasburgh	73.8%	73%*	
Woodhall Spa	72.2%	76.8%*	Yes
Wragby	74.5%	76.6%	
New Binbrook	76.6%	80%*	Yes

* means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

ii Skegness and Coast

Practice	Before campaign	As of February 2014	3% target reached yes
Spilsby	74.5%	73.4%*	
Beacon	68.6%	68.2%	
Wainfleet	63.2%	61.4%	
Merton Lodge	68%	72.8%	Yes
Hawthorn	69.3%	72.9%	Yes
Stickney	76.1%	76.4%*	
Marisco	67.2%	67.6%*	

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

Figure 2 West Lincolnshire CCG (the CCG's old localities)

i Gainsborough

Practice	Before campaign	As of February 2014	3% target reached yes
Cleveland	78.8%	78%*	
Hibaldstow	77%	76%*	
Caskgate Street	77.7%	73.9%	
Hawthorn (Scotter)	83.9%	83.9%*	
Pottergate	67.6%	66.9%	

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

ii Lincoln City South

Practice	Before campaign	As of February 2014
City	64.2%	62.3%
Boultham Park	70.5%	71.6%*
Richmond	84.9%	86.9%*
Woodland	72.6%	74.7%
Newark Rd.	78.6%	77.4%*
Birchwood	72.3%	73.8%

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

Just to note Newark road surgery achieved 80% during the Summer campaign.

iii North of Lincoln

Practice	Before campaign	As of February 2014
Trent Valley	76.9%.	76.9%*
Nettleham	78%	79.6%*
Welton	82%	80%
Ingham	88.4%	91.7%
Glebe	81.9%	82.4%*
Willingham	79.3%	80%*

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

iv South of Lincoln

Practice	Before campaign	As of February 2014
Cliff Villages	76.5%	76.4%*
Springcliff	60.4%	59.2%
Branston	80%	80%
Heath	72.8%	74.2%
Washingborough	85.4%	84.7%*
Church Walk	75.9%	76%*
Brant Rd.	73.2%	71.9%*
Bassingham	78.7%	79.7%
Crossroads	81.5%	80%*
Metheringham	73.9%	74.9%*

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

Figure 3. South Lincolnshire CCG

i South Holland

Practice	Before campaign	As of February 2014
Beechfield	64.8%	64%
Munro	73.2%	75.5%
Gosberton	81%	82%
Moulton	73.2%	74.9%
Long Sutton	72.3%	74.1%*
Littlebury	70%	73.5%*
Sutterton	76.3%	77.1%*
Pennygate	79.5%	80.2%*

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

ii Welland

Practice	Before campaign	As of February 2014
New Sheepmarket	81%	81.3%
St Mary's	75.7%	78.2%
Deepings	81.6%	81.1%*
Hereward	73.4%	75.8%
Bourne	77.6%	80%
Little	72.2%	71.2%*
Abbey view	75.2%	74.7%*

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

Figure 3. South Lincolnshire CCG

i South Holland

Practice	Before campaign	As of February 2014
Beechfield	64.8%	64%
Munro	73.2%	75.5%
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Sutterton	76.3%	77.1%*
Pennygate	79.5%	80.2%*

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

ii Welland

Practice	Before campaign	As of February 2014
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St Mary's	75.7%	78.2%
Deepings	81.6%	81.1%*
Hereward	73.4%	75.8%
Bourne	77.6%	80%
Little	72.2%	71.2%*
Abbey view	75.2%	74.7%*

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

Figure 4. South West Lincolnshire CCG

Practice	Before campaign	As of February 2014
Welby	76%	76.3%*
Belvoir Vale	85.2%	86.6%
Swingbridge	75.8%	72.9%
Mill View	72.6%	76.3%
Ruskington	71.9%	71.9%*
Caythorpe	80%	80.5%*
Sleaford	73.2%	75.8%
Glenside	75.6%	74.6%*
Billinghay	72.6%	73.4%*
St Peter's Hill	67.7%	69.5%
St John's	77.3%	76.7%*
Colsterworth	75.1%	74.3%*
Long Bennington	84.1%	84.6%*
Vine St.	72.2%	72.5%*
Harrowby Lane	78.1%	78.8%*
Woolsthorpe	76.5%	75.1%*
Market Cross	76.2%	75.2%
Stackyard	78%	77.7%*
New Springwells	79.3%	78.6%

*means that there was an increase at the practice but after the Summer 'push' the rates fell back down again

Harrowby and New Springwells actually achieved 80% during the Summer of the campaign and Stackyard 81.5%.

Interesting reading

Revealing the True Cost of Cervical Cancer..... Behind the Screen' by Jo Salter
2014 Demos publishing

Appendix B

Consultation comments

- Couldn't get a morning appointment so had to take my daughter to my mums, she didn't want me to leave her and I felt rushed and flustered. Felt like I would be sweaty and smelly by the time I got there. Found it very traumatic and invasive but the nurse was lovely and reassuring.
- I had to take my son with me which wasn't very pleasant and I think the woman was a bit annoyed at this; she didn't speak to me much.
- I went about 10 weeks ago and not heard anything – do I assume that I am ok, when will I have my next one?
- I've been twice now and yes it's a bit unpleasant and embarrassing laid there with your knickers off and legs up but I know it could save my life. My first one had abnormal cells according to the receptionist, went back for a second one and the nurse told me it was because enough cells hadn't been collected the first time. All that panic and worrying that I was going to die for nothing, they could have said that in the phone call.
- I am fanatical about going to my appointment, I've had my scare and my treatment and want to stay as safe as I can for me and my family. Smears are the only way to find it early; I didn't know there was anything wrong with me at all.
- It's just something that has to be done, I shut my eyes and grin and bare it.
- I'm desperate to have a smear just to reassure myself that everything is ok but I'm not old enough, why do you have to be 25? I have even thought about making up something so that I can have a test. Lots of women under 25 have cervical cancer.
- I go but for some reason I find it more embarrassing than giving birth.
- The nurses could be friendlier and sound like they care for your health and you. They don't tell you much apart from what they are going to do and that you will hear within 2 or 3 weeks if there is a problem.
- They give you paper to mop up with – it could be a bit softer. Sometimes they have given me tissues but they aren't very soft either.
- My mum said they used to check your boobs at the same time but that hasn't happened with me and no-one has asked if I check them.
- Last time I went I bled a little bit and there weren't any pads – I didn't think to take one with me.
- I haven't been because I wax down below and to be honest I don't know if I should grow my hair for an appointment – what is normal?
- Tuesday is my only day off and I usually have a lot to do, also the practice is often closed on Tuesdays. If I am honest with myself I could go but I don't know what to expect and how it will feel and I keep putting myself off. In the back of my mind I think about Jade Goody and I don't want to leave my girls on their own.
- I couldn't be bothered to read the leaflet as there is a lot on it and it has put me off. Maybe videos of the process should be show before you leave school so you won't be so scared and embarrassed.
- I've put a couple of letters in the pile to deal with later, they seem very official and to be honest I don't think I need a smear but I would like an HPV test to make sure.

- I don't have regular periods so when should I go?
- Bluntly, I don't like my surgery, I can never get an appointment when I need one and I find them off putting, so much so that we use A&E if we are ill and I know we shouldn't. Doesn't inspire me to have a smear test there.
- I won't go to the surgery to make my appointment because other people might hear what I am making an appointment for so I do it on the phone.
- I make mine on the phone and when the receptionist repeats back to me she always says 'right Mrs Wells your smear test is booked for whatever time with whatever nurse' and I cringe with embarrassment as I know there are people in the waiting area listening. So a bit more privacy would be nice, why do receptionists repeat what you say?
- Bounty Bags – something to make you feel better.
- Something to take the dread out of it. Give me a box of chocolates and I would be happy to attend.
- Why not have smear test parties then we could all go at the same time and encourage each other? You know, a bit like blood donor sessions. There is enough space here and we could have them done whilst the kids are playing and being looked after by the play workers here.
- What about TV in the room with something good on it – like only Way is Essex – it would take your mind off it and give you something to chat with the nurse about.
- Maybe they could play some soothing music to stop me being so tense.
- You do receive information but it's very stuffy and I can't be bothered to read it.
- I think the letter is ok and I do make time to read the leaflet, even though I know what happens now.
- I couldn't find my leaflet and went to get one from the Dr's and they didn't have any there.
- Why does the letter look so formal? I panic every time I see that sort of envelope because I don't know what's inside it.
- I think the leaflet could be better, what about some pictures to show you what will happen?
- Are you allowed to have sex in the few days up to the appointment? Will they know if I have had sex?
- What about a little video that shows you what happens, you could borrow it or see it at the Dr's or in the library. Videos should be shown in school so you know what to expect. Perhaps we could organise a talk or something for us women that haven't been before.
- Do you get invited for smears automatically if you have had a baby?



Appendix C

Example of a cervical smear letter for women who have dna'd. (to be put on pink paper)

Dear Sky

I hope that you are well.

This is just a quick note to invite you to come to the practice and have your cervical smear which is over due. As you know cervical cancer is a very important health issue for women so I am hoping that you will come in very soon for your test. If you wish to discuss this with me before you come in please contact me, Tammy, at the surgery or, alternatively, just call and make your appointment with me or another member of the nursing team. Remember your health and wellbeing is important to us so book your smear as soon as possible.

Hope to see you soon.

Tammy



Appendix D

Example of a cervical smear letter for new women into programme (to be put on pink paper) .

Dear Sky

I hope that you are well.

Our system tells me that you are due for your first smear test. I know that you will have been sent information but if you want to discuss the test prior to your appointment please ring and ask to speak to me. As you know cervical cancer is a very important health issue for women so I am hoping that you will come in very soon for your test. Please contact me, Tammy, or alternatively, just call and make your appointment with me or another member of the nursing team. Remember your health and wellbeing is important to us so book your smear as soon as possible.

Hope to see you soon.

Tammy