

## Cervical Screening Take Up - Recommended Improvement Actions

Wessex NHS England and Improvement Public Health Commissioning produced these recommended actions with Cancer Research UK and Wessex Voices to improve the take up of cervical screening locally and nationally. They result from the work of the local Public Health Team, CRUK visits to GP practices, and public involvement created via Wessex Voices' work with the team. These recommendations have been shared with NHS England and Sustainability and Transformation Partnership colleagues, GP practices and CCGs across Dorset, Hampshire and the Isle of Wight, and the national Public Health screening programmes to consider and implement. The Public Health Team will continue to monitor cervical screening take up to see if there are improvements to take up.

Issues	GP Practices	CCG	NHS England local/STP	National
Raising public awareness to increase uptake	Work with Patient Participation Groups to raise local awareness of importance of screening	<p>Work with NHS England to promote awareness of campaigns in practices and local communities</p> <p>Providing links to campaigns on local intranets etc</p>	<p>Support national campaigns – targeting at communities of low take up</p> <p>Ensure NHS E comms teams have a remit to support screening uptake at local level</p> <p>Provide GP Practices with a clear explanation to be able to share with Eastern European and other women why being part of the NHS screening programme is important</p> <p>Through cancer alliances, develop the local cancer champions network to start a conversation about screening with local communities</p>	<p>Keep promoting the screening programmes especially age limits, as well as signs and symptoms, and evaluate and share results of campaigns to target to specific groups of people, the Polish community, men, people with learning disabilities etc</p> <p>Develop a searchable on-line decision-making tool to enable individuals to seek information about their specific needs and circumstances in relation to screening eligibility – link through to patients own GP practice to make an on line appointment</p>

<p>Providing a positive patient experience</p>	<p>Sufficient, convenient appointment lengths tailored to individual need (minimum 20 minutes) including promotion of extended hours</p> <p>Treat women as individuals and don't make assumptions.</p> <p>Provide a warm welcome to make them feel less vulnerable</p>	<p>Training for front office staff in equality and diversity in the context of the programme</p> <p>Consider offering cervical screening at "Health Checks" where appropriate</p>	<p>Better training for sample takers in supporting individual needs eg learning disability, transgender, ethnic minority background, high cervix, background of sexual violence etc</p>	<p>Include equality and diversity in the sample taker training specification and provide supporting materials</p> <p>Explore evidence/research about how to make screening less uncomfortable for women and provide national guidance for sample taking locations</p>
<p>Addressing primary care capacity</p>	<p>Make sure nursing staff and GPs are supported to access training.</p> <p>Promote patient awareness of extended hours and access centres</p> <p>Match nursing staff capacity to cervical screening demand</p>	<p>Make cervical screening routinely available in the GP extended access centres. Promote public awareness</p>	<p>Commission cervical screening in sexual health services</p> <p>Work with CCGs to ensure hubs are operating safe processes (sign off/approve compliance)</p>	<p>Make funding available to commission cervical screening via sexual health services</p> <p>Invest in the primary care nursing workforce. Consider scope for other staff roles to undertake cervical screening eg paramedic (nurse associates already approved)</p> <p>Make it mandatory for GPs to be trained in cervical screening as part of core GP training</p> <p>Include open exeter training for admin staff in the PCSE specification offer</p>

<p>Sorting out Systems</p>	<p>Make on line booking of appointments available for cervical screening</p> <p>Promote awareness of availability of on line booking</p> <p>Use a recommended third invitation letter based on behavioural insights and endorsed by the GP</p>	<p>Work with practices to implement on line booking of cervical screening appointments consistently in all practices. Promote this to the public</p> <p>Ensure all practices have access to and are making use of text reminders</p> <p>Support increasing knowledge of IT systems and how to use them e.g. setting flags, searches etc</p> <p>Create opportunities for practices to share good practice in use of technology</p>	<p>Promote availability of extended hours access centres to patients and on line booking</p> <p>Develop a recommended third letter (could also be done once nationally)</p>	<p>Amend GP clinical systems so that flag can be set for exception reported women (Systemone issue)</p> <p>Open Exeter to allow access to records by staff working in GP access centres that don't have a patient list and across primary care networks</p> <p>Include training in use of Open Exeter in the PCSE (or replacement) specification</p> <p>Implement a national sample taker database</p>
<p>Sorting out Processes</p>	<p>Every practice to have a clinical screening lead with a clearly defined role</p> <p>Screening lead to support administrative staff</p> <p>Every practice to have a SOP in line with national guidance</p> <p>Practice lead to ensure every sample taker has audited</p>	<p>CCGs to use SOP checklist provided by NHS England to quality assure practices</p> <p>CCGs to check practice audits and incident recording</p>	<p>Define the role of the cervical screening lead</p> <p>Define the content of the practice SOP</p> <p>Ensure that labs are routinely providing information on inadequate and rejected sample to sample takers, practices and CCGs.</p>	<p>Streamline national guidance to ensure that roles and functions of staff and systems at each stage of the pathway are clearly defined, easy to access and guidance is aligned.</p>

	<p>their samples (inadequate and rejected) and acted on the findings</p> <p>Practice lead to ensure errors and incidents are recorded, investigated and results acted on</p> <p>Ensure administrative staff have time and support to undertake role in relation to screening</p>			
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