

## Drop-in Smear Test Amnesty Evaluation

### Overview

In April 2019, East Dunbartonshire HSCP Health Improvement Team worked with Jo's Cervical Cancer trust to deliver a second a drop-in cervical screening clinic at Auchinairn GP practice. This follows the successful pilot drop-in which was run at the same surgery in March 2018. The learning from that pilot has been incorporated into the updated delivery.

This clinic was promoted through social media, a text message and a letter sent in pink stationery to a targeted list of women who were either due for their cervical screening appointment, overdue, had previously missed their appointments altogether or had been for colposcopy. A follow up text message was subsequently sent out to the same group.

The invitations to attend were worded in a personal way direct from the surgery to the patient:

#### ***Proposed text message***

Auchinairn Medical Practice is having a drop-in cervical screening clinic on Friday 26th April. Come in and see Sisters Jean or Lorraine to have your smear test or just to have a chat about it if you are unsure. It takes 5 minutes and could save your life.

#### ***Proposed letter***

Dear [NAME],

Auchinairn Medical Practice is having a drop-in cervical screening clinic on Friday 26th April. Sisters Jean and Lorraine will be happy to see you for your smear test or to just have a chat between 8.45am and 4pm.

You can come at any time that day depending on what suits you. If you are due for a smear test, or are unsure if you are due for one, please come along. If you are not sure about getting your smear test on the day, you can just join us for a coffee and chat to find out more.

It is best to take a smear test on days you don't have your period, but even if you do, please come in and discuss it with Jean or Lorraine. We also recommend you wait if pregnant or have had a baby in the last 12 weeks.

A smear test takes 5 minutes and might just save your life.

Yours sincerely  
[NAME, JOB TITLE]

Following research from Jo's Trust, there was discussion around the use of the terms 'smear test' and 'cervical screening'. Research shows younger women do not tend to use the term smear test which refers to how the test was taken previously; they prefer 'cervical screening' so we decided to use that term to avoid confusion throughout the promotion and delivery of the drop-in clinic.

Women were invited for screening but were also made aware that they could attend just to drop in and chat. They were given a goody bag with Jo's Cervical Cancer Trust information materials about HPV, cervical cancer and cervical screening, as well as toothpaste and a small treat.

32 women attended the drop-in clinic, 30 of whom were able to have their test completed on the day. Key findings:

- Screening uptake was increased for this surgery with 54 women having a smear test on the day. Of the 59 who completed the evaluation, 36% had previously delayed screening. Only 1 of the women who were screened was attending for the first time; representing 3% of the overall group who completed the test.
- 7 women were from BME communities. This represents 23% of attendance. This group has traditionally been underrepresented in screening uptake and this figure is very encouraging.
- 100% of eligible attendees said they would be more inclined to return following their next screening invitation.

## **Objectives of the drop-in session**

- To increase uptake of cervical screening at Auchinairn Medical Practice.
- To, in particular, increase uptake amongst women who have previously missed their appointment or not participated in the programme.
- To evaluate anticipated future screening behaviour and encourage future action.
- To reduce screening inequalities at Auchinairn Medical Practice by offering a more accessible clinic.

## **Baseline data for Auchinairn Medical Practice**

Latest screening uptake data shows Auchinairn Medical Practice achieved 80.82% uptake for cervical screening in June 2017; East Dunbartonshire achieved an average uptake of 82.2% for the same period. This means they are currently meeting the target of 80%, and have risen from 78.69% in June 2015 which is very positive.

However the data also means that at almost 20% of women are not attending for their smear test and this figure will be higher within certain parts of the community such as Black and Ethnic Minority women and women from areas of deprivation.

Auchinairn lies on the border of East Dunbartonshire and North East Glasgow. Patients at Auchinairn Medical Practice live in nearby Springburn and Robroyston (both lying within Glasgow boundaries) or at Auchinairn and South Bishopbriggs (in East Dunbartonshire). Both areas' residents are within SIMD (Scottish Index of Multiple Deprivation) 1, 2 and 3 quintiles and currently 12% of the 25% most deprived data zones are in Auchinairn.

## Evaluation methods

For the purpose of equalities monitoring, we asked women to fill out a form on arrival at the drop-in clinic. The form asked a number of questions concerning ethnicity, age, postcode and main language spoken at home as well as screening history and barriers to screening. The form is attached here:

### **Evaluation form**

Thank you for attending today's drop in clinic. We would appreciate if you could complete the following questions to the best of your ability and hand the sheet back after your smear test is complete.

What is your ethnicity?

|                                 |   |
|---------------------------------|---|
| White                           | White British / White Irish / Gypsy/Traveller / Polish / Any other White ethnic group (please specify)  |
| Asian or Asian British          | Pakistani or Pakistani British / Indian or Indian British / Bangladeshi or Bangladeshi British / Chinese or Chinese British / Any other Asian ethnic group (please specify) |
| Black or Black British          | Black or Black British / African / Caribbean / Any other Black, African or Caribbean ethnic group (please specify)  |
| Mixed or Multiple ethnic groups | Any mixed or multiple ethnic groups (please specify)  |
| Other ethnic groups             | Arab or Arab British / Any other ethnic group (please specify)  |

What is your postcode?

How old are you?

|             |       |       |       |
|-------------|-------|-------|-------|
| Under 18    | 18–24 | 25–34 | 35–44 |
| 45–54       | 55–64 | 65–74 | 75–84 |
| 85 and over |       |       |       |

What is the main language spoken at home?

|         |          |                 |                   |
|---------|----------|-----------------|-------------------|
| English | Arabic   | Bengali Sylheti | Chinese mandarin  |
| Hindi   | Gujarati | Punjabi         | Polish            |
| Tamil   | Urdu     | Other (specify) | Prefer not to say |

Is this your first smear test?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

To the best of your knowledge, are you overdue for your smear test?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

How did you find out about today's drop in clinic?

|                         |                       |                   |
|-------------------------|-----------------------|-------------------|
| Text message            | Letter                | Family or friends |
| Social media (Facebook) | ASDA Robroyston stand |                   |

We also compiled a list of qualitative questions to ask each patient following their test. The questions were asked in a conversational manner at a time when they would feel more relaxed.

We chose five questions to ensure only a short period of questioning. Questions were designed to understand women’s experience at the drop-in, and assess whether they were more likely to attend screening when next invited in the future.

**Post-test questions**

Have you ever missed a smear test in the past?

|   |    |        |
|---|----|--------|
| Yes   | No | Unsure |
| If yes, what stopped you coming along? Please give reasons: |    |        |

What made you decide to come along today?

|              |               |                 |                 |
|--------------|---------------|-----------------|-----------------|
| Test was due | Received text | Received letter | Other (specify) |
|--------------|---------------|-----------------|-----------------|

How would you rate today’s clinic?

|                      |      |              |      |
|----------------------|------|--------------|------|
| Excellent            | Good | Satisfactory | Poor |
| Please give reasons: |      |              |      |

Do you think you will come back the next time you are called?

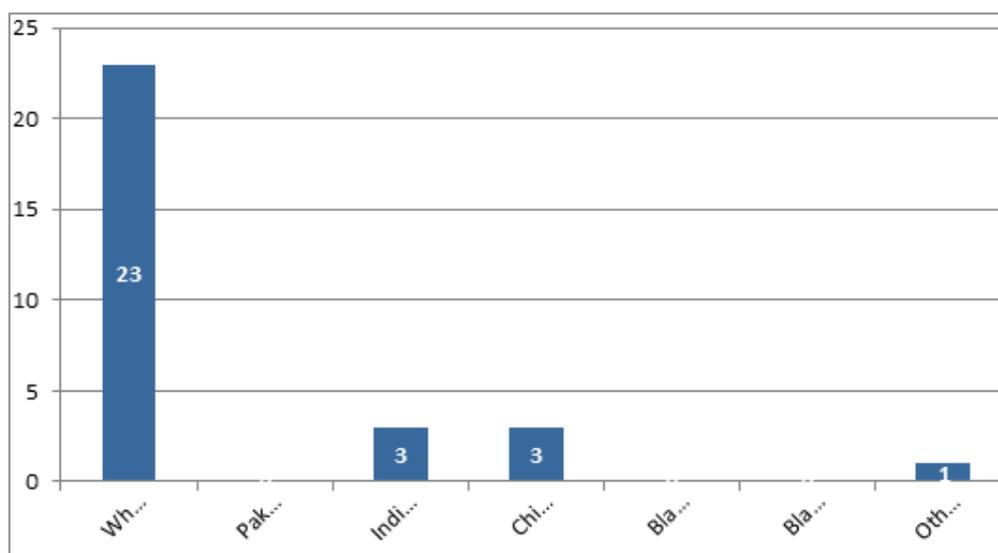
|                      |    |       |
|----------------------|----|-------|
| Yes                  | No | Maybe |
| Please give reasons: |    |       |

What would you tell other women about your experience? Would you encourage them to take the test?

|                           |    |
|---------------------------|----|
| Yes                       | No |
| Why? Please give reasons: |    |

**Who attended the clinic?**

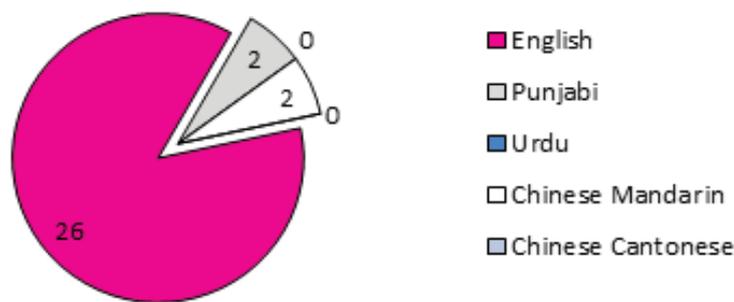
We had 32 women in attendance, 30 of whom completed screening. Some women wanted to speak to the nurse about concerns (for example, women who were unsure if they should still go for screening as they were menstruating, or were pregnant). Women from a variety of backgrounds attended the day:



7 women were from Black Asian and Minority Ethnic (BAME) communities; a group with lower uptake of cervical screening and poorer outcomes for cancer. This represents over 23% of patients in attendance. East Dunbartonshire's population has a representation of 4.2% BAME population, so this shows good attendance for this group relative to the local demographic.

As we expected a range of languages to be spoken by the patient population following discussion with the Practice Manager, we made available Health Scotland leaflets in Arabic and Traditional Chinese to support a greater understanding of the test and increase inclusivity. It was not possible to send invitations in other languages so we were pleased to see women from different ethnic backgrounds.

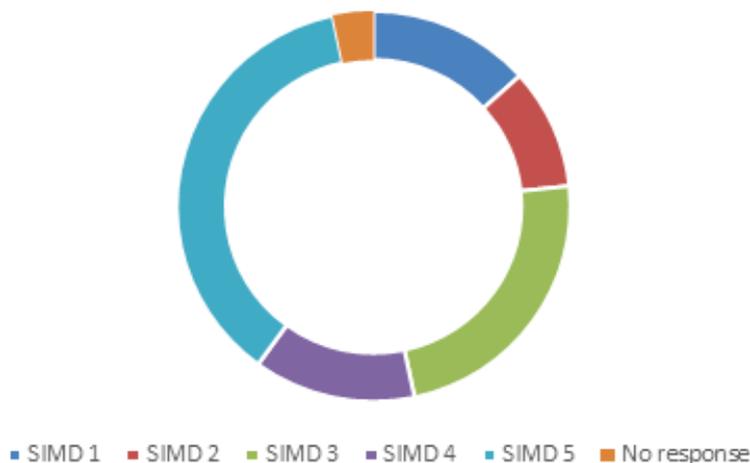
### What is the main language spoken at home?



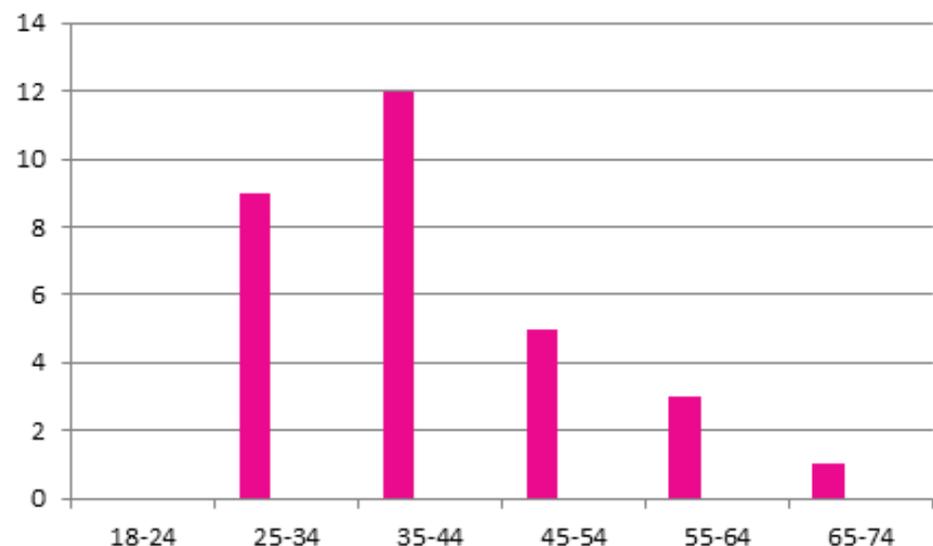
We asked women to provide their postcode, and found that we had attendance from women from a variety of socio-economic backgrounds.

Although East Dunbartonshire as a whole is relatively more affluent than other local authorities in Scotland, there are specific areas within East Dunbartonshire that fall below the Scottish average. In fact, East Dunbartonshire has 7 Datazones categorised to be in the most deprived 25% in Scotland, these are located in Hillhead, Auchinairn, Lennoxton and Kirkintilloch West (SIMD 2016 Ward report). Auchinairn is the most deprived. Auchinairn GP practice serves some of these populations. By running postcodes from patients in attendance through the SIMD postcode checker, we learned that there was representation from both the most deprived populations (13 women from SIMD 1) and the least deprived (18 from SIMD 5).

### SIMD categories of women in attendance



Early evidence suggests that this intervention could reduce screening inequalities given the range of backgrounds and ethnicities of women in attendance. Nationally uptake of screening is lowest in women aged 25-29 and women over 50 years old. 17 of the women in attendance were aged between 55 and 64 years, 14 women were aged between 45 and 54 years. This represents 27% of attendants in the oldest age group and 49.2% from the oldest two groups. 5.5% of the women were aged 18-24 and 20.3% were aged 25-34 years. This represents 25.8% of women in the youngest age ranges which is very positive.



## How did women hear about the drop-in clinic?

The majority of women heard about the clinic from the text message (9 people) and letter (12 people) sent out by the surgery. 8 people responded to social media posts shared by East Dunbartonshire Council. 4 women had arranged appointments for screening anyway and another 1 person said they saw a poster.

The text and letter were sent to a list of 350 women who had been identified as one of the following:

- Previously defaulted.
- Due for a cervical screening test.
- First time invitees.
- Has previously been for a colposcopy.

This was followed by a second-text only invitation approximately 1 week before the drop-in clinic date. The surgery was provided with standard wording giving a personal message from the surgery to the patient encouraging them to come along.

## What motivated women to attend?

Some women attended because the letter/text acted as a reminder that they were due for screening, and prompted them to attend. 1 woman said her cousin had been 'hounding' her about screening and the text was the prompt she needed.

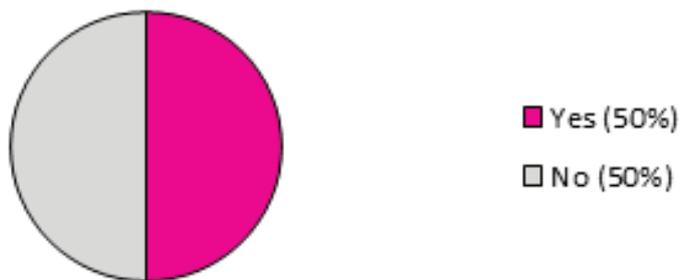
10 (16.9%) of the women asked said that they would be more inclined to attend in the future but only if they were offered another drop in. Many of these women had caring responsibilities, worked or had unpredictable schedules.

## What was the impact of the drop-in clinic?

93% of women asked said they would return the next time that they were called, while 4 women specified that they would only be able to attend if there was another open clinic. Of the women in attendance, 27 were defaulters and eight were attending their smear test for the first time. This represents 8.8% of the total list of women identified to come along. The clinic had very few costs attached and the surgery was able to reduce their number of defaulters by 6.8% in 1 day. For many women, the clinic was an opportunity to ask questions and raise concerns without having to make an appointment.

64% of women in attendance reported that they had never missed or been late for screening in the past, but 36% had delayed screening in the past. There were a variety of reasons why women delayed attending, including busy schedules, negative previous experience and anxiety.

### To the best of your knowledge, are you overdue for your smear test?



Overall, most women had a positive experience. They showed appreciation for a more relaxed clinic including the welcoming atmosphere and the opportunity to ask questions.

**“Good, magic! I was very relaxed and at ease.”**

Of the 59 women asked if they would return the next time they were invited to screening, 55 said that they would and the remaining four were no longer eligible for screening (due to hysterectomy or age). This represents 100% of the eligible group who attended of the day. 90% of women asked also said that they would share their experience with others, and encourage other women to attend.

**“Yeah – I usually do [share my experience/ encourage people to go] if someone says they haven’t been. I took some information for my mum.”**

The case studies below demonstrate the individual impact of the clinic. Please note that names and identifying details have been changed to protect patient anonymity.

Sarah was a full time carer; she said the flexibility during the day meant that she could come when her father was well enough. If she had a fixed appointment, there would be a good chance that she wouldn't have been able to attend.

Jenny was more than 15 years overdue for screening. She was so nervous that she hadn't slept the previous night. She was tearful in the waiting area and felt calmer after tea and a chat with us. After her test she came back to the waiting room feeling so relieved, really happy and determined not to miss future tests. She said it was fine and couldn't believe she had worried so much.

Catherine was an ex-nurse who attended said she had always come with her friend for her smear tests and they had then treated themselves to a curry. She had brought her sister along to the drop-in clinic. The social aspect of this drop in clinic was a draw for some women who felt more at ease and incentives like this could be utilised for future interventions.

## What was the impact on staff?

A drop-in clinic presents opportunities for women; but makes it challenging to plan for staffing. The extremely high turnout put pressure on the practice staff, particularly the sample takers. 1 practice nurse did more than 40 smear tests on the day. There were clear patterns in attendance, with a morning rush and a more manageable trickle of patients for the rest of the day.

| Time period      | Women in attendance |
|------------------|---------------------|
| 8.30–11am        | 40                  |
| 11am–12pm (noon) | 7                   |
| 1.30–3pm         | 13                  |
| 3–4.30pm         | 3                   |

We had arranged for 2 nurses to be on duty in the morning and 1 in the afternoon. In reality, we needed 3 nurses in the morning until approximately 11am, then 2 until 12 noon and possibly just 1 at the latter part of the day.

A GP practice with a smaller waiting room may not be able to cater to larger numbers of women waiting to be seen, and may not have space for an information stand and teas/coffees.

The event also affected the workload of the reception team. Subsequent work around data collection for evaluation purposes has shown the need for a service agreement between the HIP and Practice Manager to ensure all parties are aware of what is needed for a successful amnesty.

The agreement will include:

- Staff training and information.
- Staff levels and responsibilities.
- Patient data gathering for invitation list.
- Data collection.
- Post clinic data analysis and information sharing.

## Learning for future drop-in clinics

- We were lucky to have the support and energy from the full staff team at the surgery, but we relied heavily on the knowledge of reception staff. In future sessions, we would recommend investing in a short training session for reception staff about who is eligible for screening, screening intervals and accessing records. For some staff, a crib sheet with these details would have been useful on the day. We also recommend providing the staff with Jo's Cervical Cancer Trust promotional materials (a GP pack with T-shirts, balloons and materials) to keep up morale and increase opportunistic engagement.
- It is important to agree in advance with the Practice Manager how we plan to evaluate the intervention, including what data we need access to before and after the drop in. We recommend a 6 week follow up for all patients who accessed the drop in to have an overview of their results (i.e. How many women were referred to colposcopy).
- Given that the drop-in does not allow for standard breaks, we would recommend planned nurse breaks during clinic and letting patients know in advance of clinic times.
- Appointment times during this drop-in were on average 5 minutes long to make sure that we could maximise the number of women seen. Although none of the women reported feeling rushed or having a negative experience, engaging more nurses during a drop-in would allow for longer appointment times reducing pressure on staff. Our experience was that the majority of patients arrived in the morning, so additional staffing during this busy times could add capacity.
- Ensure invitations are only sent to women who are overdue, have defaulted in the past, are first timers or have previously been invited for colposcopy. The second reminder text was sent to all women registered at the GP practice, rather than the target population, so many ladies came when they were not yet due for a smear test. It was still good to see them and they may be more likely to attend when their invitation letter arrives but we had to turn approximately 15 women away on the day.
- Activities for children, such as toys or reading books, could encourage more mothers with young children to take part and make waiting times more comfortable.
- We were overwhelmed with the level of detail women were willing to share about their personal experience of screening and the barriers they faced. For future amnesties, we would suggest preparing case study sheets and asking women for permission to use these stories to demonstrate impact.
- We acknowledged the value in engagement with women who did not ultimately have their screening completed. 2 women had previously had a hysterectomy and weren't sure if they still needed to attend and those who had had a colposcopy in the past were worried about a recurrence. Some of these women felt more informed about the test, had peace of mind and it gave us an opportunity to raise general symptom awareness.

## Conclusions

Data reported here clearly shows a need in areas of deprivation for this type of intervention to support and increase participation in cervical screening. Uptake on the day far exceeded expectations and anecdotal evidence from patients showed the open day made it far easier and more welcoming for them with some stating they would not have otherwise been able to attend.

Objectives were set around increasing uptake in cervical screening, evaluating future anticipated screening and reducing screening inequalities through offering a more accessible and flexible screening opportunity. Evidence showed:

- Screening uptake was increased for this surgery with 54 women having a smear test on the day. Of the 59 who completed the evaluation, 36% had previously delayed screening. 8 of the women who were screened were first timers, representing 14.8% of the overall group who completed the test.
- 11 women were from BME communities. This represents 20.3% of attendance. This group has traditionally been underrepresented in screening uptake.
- 17 women were aged between 55 and 64 years, 14 women were aged between 45 and 54 years. This means 52% of women surveyed on the day were from the oldest two groups. These women were a target as national data shows they have been attending in decreasing numbers.
- 100% of eligible attendees said they would be more inclined to return following their next screening invitation.
- 16.9% of women stated they would be much more inclined to return for an open clinic as it was much easier to fit in.
- Feedback showed a definite appreciation for a more relaxed clinic. Women liked the flexibility but also the welcoming atmosphere and the opportunity to ask questions.
- More evidence about the broader effectiveness of this intervention is needed, and we would encourage other clinics taking up this approach to evaluate the impact of their approach to build a broader body of evidence.