

# **Cervical screening in the spotlight**

**An audit of activities undertaken  
by local authorities and clinical  
commissioning groups to increase  
cervical screening coverage in England**

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## Acknowledgements

Jo's Cervical Cancer Trust would like to thank all the local authorities and clinical commissioning groups (CCGs) who took part in this audit for the information they have supplied. This report highlights some of the excellent work being undertaken across England to increase cervical screening coverage. However there are many more examples that we did not have the space to include, or were not informed of during this research, and we would like to acknowledge and thank those teams for the work they do.

## About Jo's Cervical Cancer Trust

Jo's Cervical Cancer Trust is the only UK charity dedicated to women affected by cervical cancer and cervical abnormalities. Our vision is a future where cervical cancer is a thing of the past.

# Introduction and executive summary

**The NHS Cervical Screening Programme saves an estimated 5,000 lives every year in the UK and provides the best protection against cervical cancer. However attendance of this life-saving test is at a 19 year low and incidence of cervical cancer is worryingly high with nine women diagnosed with the disease every day in the UK.**

In 2015-16, only 72.7% of eligible women in England attended cervical screening when invited.<sup>1</sup> This figure masks dramatic differences in coverage across the country from just 55.5% of eligible women in Kensington and Chelsea to 81.4% of eligible women in South Gloucestershire.

This report summarises new research into the activities undertaken by local authorities and clinical commissioning groups (CCGs) across England to increase cervical screening attendance.

## Key findings:

- 1. Almost half (44%) of local authorities** have not undertaken any activities to increase screening attendance in the last two years
- 2. Almost two thirds (60%) of CCGs** have not undertaken any activities to increase screening attendance in the last two years
3. Of the local authorities and CCGs who reported undertaking no activity, many simply stated it is not their responsibility to do so
4. There are many local authority public health teams and CCGs working hard to increase screening coverage amongst their populations. However inconsistency in activity is leading to a potential postcode lottery where lack of awareness could be putting lives at risk
5. Despite the need to improve screening accessibility, provision through sexual health services has dramatically fallen in some areas resulting in reduced access to potentially life-saving cervical screening

# Why cervical screening is important

**A cervical cancer diagnosis can have significant and wide ranging emotional, physical and financial impact on the individual. The later the diagnosis, the more invasive the treatment options and the poorer the health outcomes. If 85% screening coverage was achieved the numbers diagnosed could drop by 14% in just one year and deaths could fall by 27% over five years.<sup>2</sup>**

Furthermore the cost to the NHS and state increase the later the diagnosis. The average cost to the NHS per person diagnosed with stage 2 or later cervical cancer is £19,261, compared to £1,379 for those diagnosed at stage 1a. There is a clear financial gain from investing in preventative cervical screening.

Cervical screening provides the best protection against developing cervical cancer, detecting cervical abnormalities which, if left untreated, could develop into cervical cancer. Long term modelling has found incidences of cervical cancer are set to rocket in older women if current coverage of cervical screening remains the same. By 2040 incidences will increase by 16% among 60-64 year olds and 85% among 70-74 year olds. A 100% increase in mortality among 60-64 year olds is also a very real threat rising to 117% if coverage falls by another 5%.<sup>3</sup>

NHS England's Five Year Forward View<sup>4</sup> calls for a 'radical upgrade in prevention'. To make this a reality, cervical screening coverage must urgently be improved.

## Key facts

### Cervical cancer in the UK

- Over 3,200 women a year are diagnosed
- Over 890 women a year lose their lives
- 220,000 women a year are told they have some form of abnormality

### Cervical screening

- Women aged 25-49 are invited to attend every 3 years and women aged 50-64 every 5 years
- Attendance is at a 19-year low in England and going down across all age groups
- Of the 4.2 million women aged 25-64 invited for cervical screening in England during 2015-16, 1.12 million did not attend

## Background: Cervical screening commissioning responsibilities

**The NHS Cervical Screening Programme is commissioned by NHS England as part of the Public Health Section 7a agreement, and GPs are funded to carry out screening as part of the GP Contract. In some areas of the country, local authorities, who are responsible for commissioning sexual health services, also commission some cervical screening activity as part of that service. This is usually carried out in contraception and sexual health services.**

Working alongside this commissioning structure are Public Health England, local authorities and CCGs who all have an interest in improving cancer prevention and early diagnosis:

- Public Health England exists to protect and improve the nation's health and wellbeing, and to reduce health inequalities. The Screening and Immunisation Team at Public Health England leads the national population screening programmes which are delivered by the NHS.
- Upper-tier and unitary local authorities in England have a duty to take appropriate steps to improve the health of the people who live in their areas.
- CCGs work to improve clinical outcomes for patients in their area and the NHS Outcomes Framework's first domain is 'preventing people from dying prematurely'. More recently CCGs have been asked by NHS England to work with partners to establish 'place-based planning' which includes delivering a transformation in cancer prevention, diagnosis, treatment and aftercare in line with the Independent Cancer Taskforce Report, 'Achieving world-class cancer outcomes: a strategy for England 2015-20'.<sup>5</sup>

All of these agencies have a key role to play in promoting and increasing cervical screening coverage. Working nationally are NHS England alongside Public Health England, however coordination and collaboration is needed between NHS England commissioners, local authorities, GPs, CCGs and third sector partners at a regional and local level. It is a complex task however if shared responsibility is not taken and activity not planned then lives may be at risk.

# Methodology

**Between September and October 2016, Jo's Cervical Cancer Trust sent Freedom of Information requests to all upper-tier and unitary local authorities and CCGs in England to ask what activities they had undertaken to increase cervical screening coverage in the last two years (from August 2014 to August 2016), and what the outcomes were of those activities.**

## **Responses were received from 150 out of 152 local authorities**

The responses from local authorities were rated as follows:

0. Not undertaking any activities to increase screening attendance or stated that it is not their responsibility
1. Undertaking some general cancer awareness work
2. Undertaking some limited work to increase attendance and awareness of cervical screening
3. Undertaking comprehensive and targeted work to improve cervical screening attendance

## **Responses were received from 204 out of 209 CCGs**

CCGs were classified as either not undertaking activities (including stating that it is not their responsibility to increase cervical screening attendance), or undertaking activities to increase awareness and screening coverage. This simpler scoring system reflects the fact that CCG responses generally contained less detail than the local authority responses.

## **Cervical screening in sexual health services**

In addition, local authorities were also asked if women could access cervical screening in sexual health services in their area, and whether this service was available in the years 2013, 2014 and 2015. We use the term 'sexual health services' to include genitourinary (GUM) or contraception and sexual health (CASH) clinics.

This report is based on the responses received and therefore there may be activities or programmes that we were not made aware of. Some responses included evidence of impact. However, many initiatives had not yet been evaluated or evaluations were ongoing.

In chapters five and six we have summarised some of the examples of good practice and innovation that we were sent. For further information on the individual responses please contact Jo's Cervical Cancer Trust.

## Responses from local authorities

### 150 out of 152 local authorities responded to the Freedom of Information request:

Variation across the country and between regions demonstrates a concerning disparity in activity to increase cervical screening coverage.

44% (66) are not doing anything/stated it is not their responsibility (score 0)

11% (16) are doing some broad cancer awareness work (score 1)

16% (24) are undertaking some activity to improve cervical screening awareness and attendance (score 2)

29% (44) are doing comprehensive and targeted work to improve cervical screening awareness and attendance (score 3)

- 78% of local authorities in the North West reported undertaking activity (18 out of 23) with 57% (13 out of 23) scoring a 3
- The highest percentage of local authorities in an area reporting no activity was in the East Midlands (6 out of 9)
- In London, where coverage is the lowest across England at just 66.7%, 20 out of 32 local authorities reported no activity
- Yorkshire and Humber has the second highest screening coverage across England at 75.4%, and the second highest percentage of local authorities undertaking activity at 73% (11 out of 15)
- The 2015-16 cervical screening statistics showed coverage in all but 14 of the local authorities in England had fallen. Ten of these are undertaking significant work to increase coverage. These are Hartlepool, Middlesbrough, Redcar and Cleveland, Stockton-On-Tees, Trafford, Lincolnshire, Bath and North East Somerset, Bristol, Swindon and Wiltshire.

## Responses from local authorities who reported not undertaking any activities

**It is evident that local authorities in many areas do not think that they have a role to play in increasing screening coverage.**

### **Responses included:**

*“Responsibility for cervical screening lies with NHS England.”*

*“Public Health services in local authorities do not have responsibility for any screening programmes.”*

*“These services are commissioned by NHS England and co-ordinated by the Screening and Immunisation Team at Public Health England.”*

*“No such activities have been undertaken by the local authority Public Health team.”*

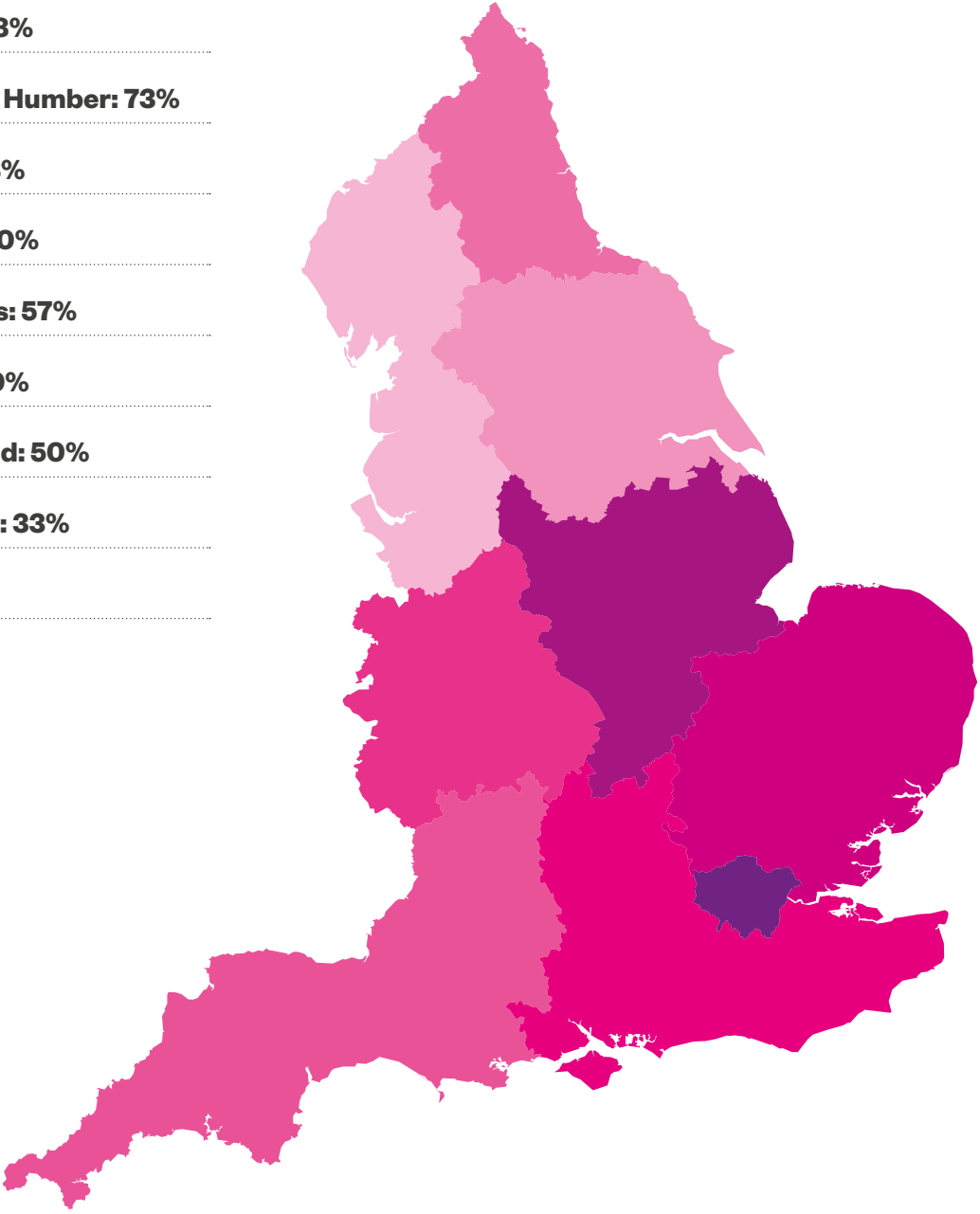
*“No specific promotional activities have taken place.”*

*“The Department for Health sets the strategy for cancer screening, NHS England are responsible for commissioning screening services, including cervical screening. Public Health England provides an advice, analysis and support function to both the Department of Health and NHS England. The Public Health team have not been asked or commissioned to undertake any specific activity in the last two years.”*



# The proportion of local authorities in each region that are undertaking activities to increase coverage (scoring either 1, 2 or 3)

- North West: 78%
- Yorkshire and Humber: 73%
- North East: 58%
- South West: 60%
- West Midlands: 57%
- South East: 50%
- East of England: 50%
- East Midlands: 33%
- London: 37%



A further breakdown of scores by region is available in appendix 1.

## Responses from CCGs

**204 out of 209 CCGs responded to the Freedom of Information request.**

- 60% of CCGs (123) said they are not doing anything to increase cervical screening attendance and/or stated it is not their responsibility
- 40% (81) are working to improve coverage through a wide range of activities including targeting and supporting outlying GP clinics, introducing local incentivisation schemes and promoting messages through GP practices and national awareness weeks including Cervical Cancer Prevention Week and Cervical Screening Awareness Week
- Yorkshire and Humber had the most CCGs who had undertaken activities to increase screening (13 out of 20, 65%). The area also has above-average coverage of 75.9%
- In the West Midlands only 18% of CCGs reported undertaking activity (3 out of 17)
- The same percentage was reported in the North East, with just 2 out of 11 CCGs

**Responses show that many do not think that they have a role to play in increasing screening coverage, and there is confusion amongst some CCGs on the commissioning structures for screening.**

### Responses included:

*“Cervical screening is commissioned locally by Public Health Teams at the local authority, and nationally by NHS England.”*

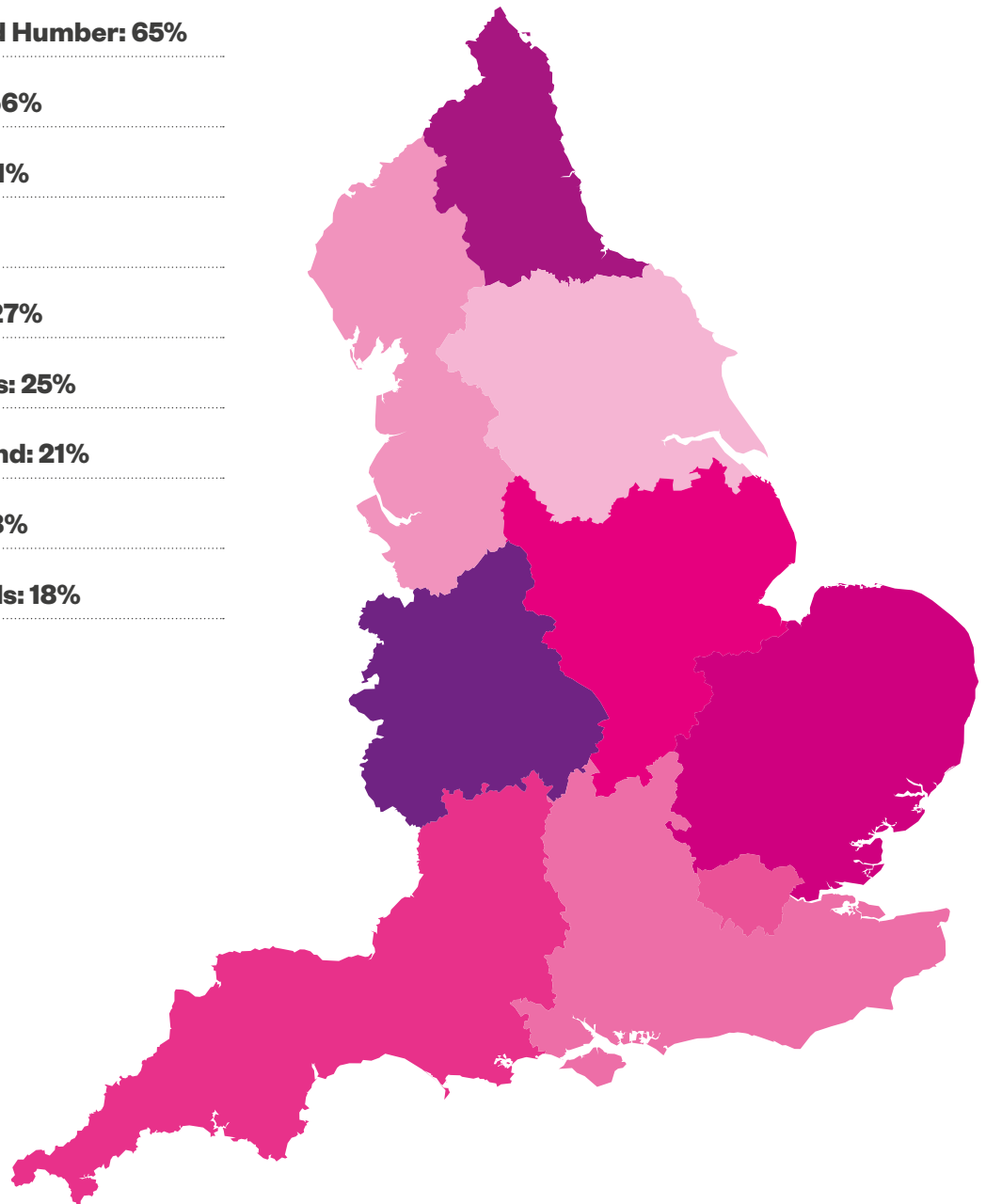
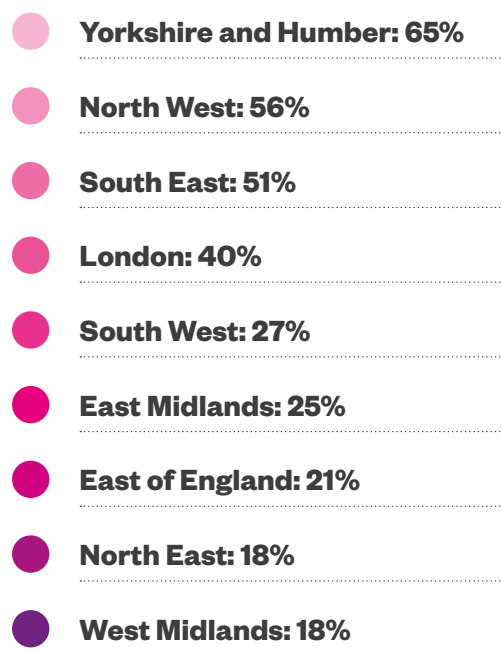
*“No dedicated activities have been undertaken.”*

*“This information is not held as the CCG does not commission this service. This information may be held by NHS England.”*

*“The CCG does not hold this information. The provider of the cervical screening programme Public Health England may hold this information.”*

*“The cervical screening programme is commissioned by Public Health.”*

## The proportion of CCGs in each region that are undertaking activities to increase coverage



A further breakdown of scores by region is available in appendix 1.

## Activities to improve coverage: local authorities

**84 of the 150 local authorities (56%) who responded are undertaking some activity to raise awareness of cervical screening and increase coverage of the programme. Of the 84 local authorities, 44 have undertaken significant activity often in partnership with CCGs, GP practices and voluntary organisations.**

Activities which many local authorities reported include:

- Utilising all available council communications to promote cervical screening, including features in local resident magazines, issuing press releases and using digital channels including social media
- Supporting awareness weeks, including Cervical Cancer Prevention Week and Cervical Screening Awareness Week, through organising information stalls, displaying posters and distributing information across venues including hairdressers, GP surgeries, pharmacies, libraries, gyms, children's centres, job centres and public toilets
- Developing targeted materials for specific groups of women including Easy Read guides for women with a learning disability and radio campaigns targeting young women
- Working with faith groups and community groups to reach women from Black, Asian and minority ethnic groups
- Working with GP practices that have low attendance to implement initiatives to follow up with non-attenders
- Increasing accessibility for example by arranging extra screening clinics at the weekend
- Providing training to frontline healthcare staff and the wider public health workforce including GPs, pharmacists, receptionists and health trainers so they can positively promote cervical screening
- Signing up to the Jo's Cervical Cancer Trust 'Time to Test' campaign<sup>6</sup> to allow employees time to attend their cervical screening appointment

## Examples of campaigns or activities to target specific groups of non-attenders:

### **Targeting young women**

Barnsley Council's Public Health service developed 'Fear or Smear', a campaign targeting young women which has subsequently been rolled out to become a regional resource - <http://fearorsmear.dbh.nhs.uk>.

Dudley Council created 'Beautiful on the outside and inside' following research commissioned by Public Health with young women. The campaign was communicated through channels including buses, radio, bus shelters, distribution of leaflets and posters to public places such as GP practices, pharmacies, children centres, leisure centres, gyms and hair and beauty salons.

### **Targeting women with a learning disability**

Newcastle Council commissioned two voluntary organisations to undertake direct work with people with a learning disability. This includes a "Love Life" Course which looks at learning disability and sexuality. They also commissioned two life style dolls called Jack and Josephine to work with the women on the course to encourage them to attend cervical screening.

### **Targeting refugee women**

In Wolverhampton, one of the areas targeted for awareness raising as part of a Public Health transformational project with a local Refugee and Migrant Centre was around cervical screening. Information was provided in community languages and women were invited to two workshops led by an NHS provider. In addition through a small grant provided by the fund, one GP practice with a high migrant population has developed a leaflet in Kurdish.

### **Targeting Black, Asian and minority ethnic groups**

The public health team in Slough organised a large gathering at a community centre for Asian British elders. This involved expert speakers from the cancer screening team and a local GP and covered all three cancer screening programmes (breast, cervical and bowel cancer). In early 2015 Public Health supported a group of GP trainees who developed an awareness campaign to improve uptake which involved face to face sessions within the local Mosques and Temples.

## Examples of working directly with GP practices to increase coverage:

### **Targeting surgeries with low coverage**

In Wiltshire, Public Health targeted surgeries with the lowest uptake among 25-35 year olds encouraging them to put promotional displays in their waiting rooms, review non-attenders and send a personal invitation from the practice nurse. Surgeries are also provided with their uptake data broken down into age groups. Public Health has a session at Nurse Cervical Screening Updates promoting the need to encourage the younger age groups to attend screening and using every opportunity to do so, for example during contraception appointments. Practices are encouraged to have tailored reminders to women from the practice nurse.

### **Practice Cancer Champion Programme**

In Stockport a new Practice Cancer Champion Programme has been developed, delivered and administered by Cancer Research UK and Stockport Public Health. To date, 55 staff from 20 practices in Stockport have been trained with each practice having one or two key Practice Cancer Champions who lead on the agenda in their practice. Examples of work currently on cervical cancer awareness and screening by the Practice Cancer Champions include extra clinics in the evenings or Saturday mornings, going through lists and contacting non-attenders, using text reminders and pop-ups on clinical systems.

### **'No fear practices'**

Middlesbrough Council engaged GP practices to improve the experience for women, promoting 'No Fear practices'. This increased uptake of cervical screening in 17 of their 26 GP practices, some increasing their uptake by 6%. This targeted work with GP practices ran alongside a campaign, [www.screeningsaveslives.co.uk](http://www.screeningsaveslives.co.uk), to increase uptake.

### **Screening coordinators working directly with GP practices**

Knowsley Public Health supported a screening co-ordinator post to work across the system on all three cancer screening programmes to improve uptake and address variation at practice level uptake. Within the last 6 months all but one general practice has been visited by the co-ordinator, with screening rates and good practice shared. Top tips to improve screening have been developed and disseminated and regular screening news is published on the CCG intranet and news bulletins. Data for each practice is monitored on a quarterly basis and feedback on changes in coverage rates being shared.

### **Training non-clinical cancer champions**

The Heywood Middleton and Rochdale Public Health Team and CCG, and the Greater Manchester Screening & Immunisation team have worked together to train 20 non clinical cancer champions. These champions undertake activities including following up patients who fail to engage in cancer screening programmes, assisting in the development of radio adverts to be played in local gyms, discussing take up rates of service with CCG Primary Care leads and attending the Practice Nurse Forum to promote actions they can take to increase uptake.

### **Training frontline healthcare and support staff**

Dudley Council has delivered workshops for GP staff, including receptionists and practice nurses on how to improve interaction and patient experience when booking cervical screening, share best practice and identify opportunities to raise awareness of cervical screening. They also delivered training to student midwives, Healthy Living Pharmacies and optician staff who identified opportunities within their own roles or organisations to raise awareness.

### **Primary Care Facilitator**

Between August 2014 and August 2016 Islington Public Health and CCG jointly commissioned a Cancer Research UK Primary Care Facilitator. The Facilitator provided training and resources to primary care staff on topics including screening which included the most recent practice screening data, new screening guidelines, resources to encourage awareness and uptake, guidance to maximise uptake, provision of NHS patient leaflets in additional languages and for those with learning difficulties. The Facilitator has also delivered some targeted outreach to residents, to raise awareness of cancer symptoms and screening.

### **Developing evidence-based tools for GP surgeries**

The Surrey Public Health team is working in collaboration with Public Health England South East and Cancer Research UK to develop a 'GP endorsement toolkit' which will provide CCGs and GP practices with a set of evidence-based best practice tools to enhance GP involvement in improving uptake of national cancer screening programmes. The aim is to provide GP practices with recommended approaches and methods that will support them to reach out directly to non-responders.

# Activities to improve coverage: CCGs

**81 of the 204 CCGs (40%) that responded to our request said they are actively working to increase coverage in their local areas.**

Activities which many CCGs reported include:

- Incentivising improvements in GP practices, for example through quality improvement schemes or local quality indicators
- Analysing local practice coverage figures at relevant forums such as the CCG's Quality Improvement Group
- The clinical lead for cancer visiting practices, particularly where attendance is low, to discuss how they can reverse this and contact non-responders
- Holding educational events for practices or sessions on cervical screening as part of GP Protected Learning Time
- Signposting to cervical screening in NHS Health Checks
- Working with public health colleagues to promote local awareness campaigns and to train non-clinical cancer champions
- Signing up to the Jo's Cervical Cancer Trust 'Time to Test' campaign to allow employees time to attend their cervical screening appointment



## Examples of how some CCGs use levers and opportunities to increase coverage

### **GP Practice Quality Improvement Scheme**

Trafford CCG provides a stretch target payment to practices who achieve an increase from their baseline as determined by the scheme specification over and above Quality and Outcomes Framework maximum threshold. As a result 20 GP practices have improved their uptake rates from the 2014-15 baseline and 12 have qualified for the stretch target payment.

### **Setting practice-level KPIs**

Since April 2015 Bolton Practices have been working to The Bolton Quality Contract which was developed by the CCG and includes a Standard for Screening. Each Practice has individual KPIs to increase uptake rates and is encouraged to contact all women who do not attend and provide information which may motivate them to attend.

### **Requiring improvements in specific groups of low attenders**

NHS Heywood, Middleton & Rochdale CCG have a 'Quality Standards' programme which includes a requirement for practices to improve uptake of screening in patients with a learning disability. Practices are asked to educate and encourage patients on their learning disabilities register to engage with the screening services.

Similarly, Sunderland CCG has developed a Local Incentive Scheme to increase attendance in patients with a learning disability as one of the areas.

### **Targeting specific groups**

Scarborough and Ryedale CCG chair a taskforce group which has been established across North Yorkshire looking at cancer screening in those with learning disabilities.

In Oxfordshire telephone contact is made with patients from the South Asian community who have not attended to explain the risks, ascertain any barriers to uptake and book patients into an appointment.

### **Including screening in NHS Health Checks**

Awareness of cancer screening programmes, including cervical screening where appropriate, has been added into the NHS Health Checks local service specification in Bury. To support this, staff delivering health checks were offered Talk Cancer training facilitated by Cancer Research UK in 2014-15. Information on all cancer screening programmes was distributed to the Health Care Assistants, Practice Nurses and GPs and a GP Masterclass was held.

### **Strong collaboration with local public health teams**

Brighton and Hove CCG has worked with the Brighton and Hove Public Health team on a variety of activities including a city-wide cancer health promotion programme, training volunteers, working with specific communities including the LGBT community, “traditionally excluded” groups and university students by working closely with the Sussex university GP surgery. Quarterly cervical screening meetings are held to discuss figures and share good practice and have led to targeted work. A cancer communications network meets to network, share good practice and offer a city-wide approach to increasing uptake of screening programmes. They have also developed a locally commissioned service for cancer which will include proactive follow up for people not attending screening.

### **Including action on cervical screening in local cancer prevention plans**

North East Hampshire and Farnham CCG published ‘Our focus on Cancer’ outlining how the CCG will work with partners on prevention to reduce people’s risk of developing cancer and screening to increase the cases of early detection. They have dedicated resource to take forward the cancer work plan which includes running cancer pop-up awareness stalls, supporting Cervical Cancer Prevention Week and visiting GP practices to discuss topics including uptake of cervical screening within that practice along with ideas for improvement if required.

### **Commissioning support from third sector and community organisations**

NHS Surrey Downs CCG commissions a Macmillan nurse and a Macmillan GP to support cancer work. This includes promoting cervical screening through methods such as visits, signposting to free resources and free GP and Practice Nurse Macmillan education events. During their visits to GP practices Macmillan nurses discuss cervical screening uptake using the latest data and look at individual surgeries compared to Surrey and national uptakes. The nurses also work closely with Cancer Research UK to increase attendance in the area using the same methods.

### **Increasing accessibility through out-of-hours clinics**

Leeds South and East offer screening in extended hours including on Saturdays, weekday evenings and early morning appointments.

### **Using technology and data**

Waltham Forest CCG is running an online survey and focus group with patients to understand the reasons for non-attendance at screening appointments and how the CCG could facilitate improved attendance rates. The CCG has also developed a primary care dashboard, which highlights to practices the current level of uptake of the cervical screening programme.

Dudley CCG is currently developing a tool to review attendance on a monthly basis.

# Availability of cervical screening at sexual health services

**134 out of 152 local authorities responded when asked about the provision of cervical screening in their local sexual health services:**

- **Only 31% (41) offer screening to all women**
- **60% (81) offer opportunistic screening only**
- **9% (12) do not offer screening**

The definition of 'opportunistic screening' varies between areas. In some areas this is restricted to only specific groups of women, for example some or all of the following groups: women who are HIV positive; women not registered with a GP; sex workers; or women presenting with symptoms. In other areas, 'opportunistic screening' has a wider definition and includes any woman who presents at a sexual health service and is overdue their screening.

It is positive to see that in some areas the number of samples taken in sexual health services over the last two years has increased, however in other areas it has fallen dramatically reflecting fragmented service provision for women across the country. In the West Midlands the number of samples have fallen 63% and in Yorkshire they have dropped by 46%, in comparison in London they have increased 61% representing significant disparity in accessibility to the service across the country.

## Number of samples examined by pathology laboratories sourced from GUM clinics<sup>7</sup>

	2015-16	2014-15	2013-14	
<b>North East</b>	2,151	2,547	2,562	<b>North East</b>
<b>Yorkshire and Humber</b>	464	855	1,140	<b>Yorkshire and Humber</b>
<b>North West</b>	3,130	2,906	2,856	<b>North West</b>
<b>East Midlands</b>	858	987	881	<b>East Midlands</b>
<b>West Midlands</b>	497	1,346	1,602	<b>West Midlands</b>
<b>East of England</b>	1,142	2,088	2,871	<b>East of England</b>
<b>London</b>	6,677	4,141	5,542	<b>London</b>
<b>South West</b>	2,085	1,898	1,830	<b>South West</b>
<b>South East</b>	1,707			
		1,087	903	<b>South East Coast</b>
		974	1,075	<b>South Central</b>
<b>Total</b>	<b>18,711</b>	<b>18,829</b>	<b>21,262</b>	

## Commissioning complexities

**Cervical screening is commissioned by NHS England and sexual health services are commissioned by local authorities. Therefore local authorities are not mandated to commission cervical screening through sexual health services.**

In some areas, local agreements mean that NHS England and local authorities have set up contractual and commissioning arrangements for sexual health services to offer screening to certain groups, or in some areas to all women. For example, the public health team in Warrington has commissioned provision of screening in local sexual health services and worked with NHS England to develop and improve a model to ensure the public health commissioned integrated sexual health service fits with the rest of the system. Cervical screening is taken as part of a holistic sexual health full screen in a range of settings to improve access and attendance.

However, some areas stated that contractual or commissioning complexities meant that screening had recently been reduced or removed as a service at their sexual health clinics.

One local authority referred to the *“fragmentation of sexual health commissioning caused by the Health and Social Care Act 2012. This has led to separated commissioning agreements/ services/ pathways and complications with identifying funding streams”*.

Because women accessing sexual health services are not required to provide patient identifiable information, several local authorities cited linking anonymous samples with the routine screening programme for results and follow up as a barrier.

Local funding agreements and pathways should be set up between NHS England commissioners and local authority public health teams to ensure that screening is available to women at sexual health services.

## Benefits to offering screening at sexual health services

The barriers to women attending cervical screening are wide ranging and with screening coverage decreasing across the country, steps need to be taken to improve accessibility.

Some women, in particular women who work, will find it more convenient to go to a sexual health service rather than making an appointment with their GP. Some women may find it more practical to include cervical screening at the same time as other tests, or they may find it less embarrassing to see a sexual health practitioner rather than their local family's doctor or practice nurse.

Furthermore, research has found of women aged 25-29 who have reported delaying or never attending cervical screening, 35% would like the opportunity to attend a walk-in appointment at a sexual health clinic.<sup>8</sup>

# Conclusion and recommendations

**This report clearly highlights that there is a great breadth of activities taking place across England to encourage more women to attend cervical screening and remain in the screening programme. However huge disparity exists and the lack of responsibility taken by local authorities and CCGs in some areas is of concern, particularly in areas where coverage is falling.**

Increased communication and collaboration is needed between all health and local authority bodies to turn around the decline in screening coverage otherwise incidence of cervical cancer will continue to rise and more lives will be lost from what is a largely preventable disease.

Through investing in programmes and activities to increase awareness and attendance of cervical screening, we will save lives, reduce the physical and psychological cost of cervical cancer to individuals and their families, and reduce the substantial financial cost of treatment, support and care to the NHS.

## Recommendations:

### 1. Make cervical screening a priority

Increasing cervical screening coverage should be prioritised across the health and local authority system in order to reverse the declining coverage rates. The Department of Health, Public Health England, NHS England, public health teams, local authorities, CCGs and GP surgeries all have an important part to play in achieving this goal.

Collaboration to increase screening coverage is needed to ensure that targeted and impactful activities are employed across the country.

### 2. Share and implementing good practice

This report highlights some excellent examples of local public health teams and CCGs, often working with GP surgeries, charities, community groups and locally recruited champions, to increase cervical screening coverage. Targeted awareness campaigns and one-on-one work with GP practices using local data on coverage rates are key activities that local areas should consider implementing.

A central hub should be created where local health teams and agencies can access examples of good practice including the evaluation of activities to see what has worked. This would ensure that time and budget is not allocated to programmes which other teams have already undertaken that have not been impactful, or which may have worked if planned or executed in a different way.

Whilst local information and data will always be required for targeted awareness work, public health teams, CCGs, GP surgeries and other health professionals should make the most of the research already undertaken by Jo's Cervical Cancer Trust in addition to their free resources including information booklets, posters and videos in a range of languages.

### **3. Stronger GP incentivisation**

Stronger local and national GP incentives should be set to encourage improvements to screening coverage. The national incentives in the Quality and Outcome Framework (QOF) should be reviewed to ensure they are stretching enough to encourage improvements in screening coverage across the country. Local commissioners should consider setting local stretch targets, quality improvement schemes, local quality indicators or GP practice level KPIs to improve coverage locally.

### **4. Increase screening accessibility**

With coverage decreasing, public health teams, CCGs and GP practices should look to increase accessibility of screening for women in their areas, this could include offering routine screening at local sexual health services, and offering out-of-hours and weekend appointments where there is a need.

Local funding agreements and pathways should be agreed between NHS England commissioners and local authority public health teams to provide all women the opportunity to attend screening at sexual health services. To ensure this happens and that cervical screening remains a funded part of sexual health services, the Department of Health should consider commissioning a Mandation Review.

# Appendix

## Local authority scores by region:

	North East	North West	Yorkshire and Humber	East Midlands	West Midlands	East of England	London	South East	South West
<b>Number of LAs scoring 0</b>	5	5	5	6	5	6	20	7	8
<b>Number of LAs scoring 1</b>	1	1	1	1	2	0	5	1	4
<b>Number of LAs scoring 2</b>	1	4	4	1	3	1	2	2	6
<b>Number of LAs scoring 3</b>	5	13	6	1	3	5	5	4	2
<b>% of LAs scoring 0 by region</b>	42%	22%	27%	67%	43%	50%	63%	50%	40%
<b>% of LAs scoring 1, 2 &amp; 3 combined by region</b>	58%	78%	73%	33%	57%	50%	37%	50%	60%

## CCG scores by region:

	North East	North West	Yorkshire and Humber	East Midlands	West Midlands	East of England	London	South East	South West
<b>Number of CCGs undertaking activity</b>	2	18	13	5	3	4	12	21	3
<b>Total CCGs in region that responded</b>	11	32	20	20	17	19	30	41	11
<b>% CCGs in region undertaking activity</b>	18%	56%	65%	25%	18%	21%	40%	51%	27%
<b>% CCGs in region not undertaking activity (scoring 0)</b>	72%	44%	35%	75%	82%	79%	60%	49%	73%

## Availability of screening in sexual health services

	Screening to all women	Opportunistic only	Not available
<b>South West</b>	5	14	0
<b>South East</b>	3	10	0
<b>London</b>	10	12	5
<b>East of England</b>	0	8	1
<b>West Midlands</b>	0	9	1
<b>East Midlands</b>	2	6	1
<b>Yorkshire and Humber</b>	4	8	3
<b>North West</b>	10	12	0
<b>North East</b>	7	2	1



# References

1. <http://www.content.digital.nhs.uk/catalogue/PUB22414>
2. <https://www.jostrust.org.uk/get-involved/behind-the-screen>
3. <https://www.jostrust.org.uk/node/451613>
4. <http://www.cancerresearchuk.org/health-P>  
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
5. [http://www.cancerresearchuk.org/sites/default/files/achieving\\_world-class\\_cancer\\_outcomes\\_-\\_a\\_strategy\\_for\\_england\\_2015-2020.pdf](http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf)
6. <http://www.jostrust.org.uk/timetotest>
7. <http://www.content.digital.nhs.uk/>
8. Survey of 3,002 women aged 25-29 conducted by Censuswide on behalf of Jo's Cervical Cancer. Respondents were asked to rate where they would prefer to have their smear test appointment in terms of preference, for this option preferences 1 and 2 have been grouped

**Contact us:**

**Jo's Cervical Cancer Trust**

📍 CAN Mezzanine,  
49-51 East Road  
London N1 6AH

T 020 7250 8311  
W [jostrust.org.uk](http://jostrust.org.uk)  
E [info@jostrust.org.uk](mailto:info@jostrust.org.uk)

🐦 @JoTrust  
📘 Jo's Cervical Cancer Trust  
📷 [joscervicalcancertrust](https://www.instagram.com/joscervicalcancertrust)

**Call our helpline:**

**0808 802 8000**