Jo's cervical cancer trust

Cervical screening in the spotlight: One year on

A second audit of activities by local authorities and clinical commissioning groups to increase cervical screening coverage in England

January 2018

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Foreword

Cervical screening saves lives, but in 2016-17, over 1.2 million women in England did not take up their cervical screening invitation.[1] Coverage is at 72% but this figure masks wide variations in uptake between ages and among specific groups, including those living in deprived areas, from marginalised groups, or who are less engaged with the health care system.

There is no single solution to overcome the multiple barriers to non-attendance, which include physical, psychological, cultural, literary and accessibility issues. National action, such as awareness campaigns and increasing accessibility, is essential. However, this alone is not enough. Every area has different demographics, public health programmes, pressures and geography. Local activity is critical to reversing the downward trend in coverage.

No agency is solely responsible for increasing attendance. This shared responsibility needs commissioners, public health teams and GP practices working together to understand the local situation. This may include targeted outreach, identifying and incentivising underperforming surgeries, increasing access to appointments, or launching population-level campaigns.

Our national cervical screening programme saves thousands of lives every year and developments, such as HPV primary screening, will only make it more effective. However, attendance is at a 20 year low[2], and with fewer women attending, fewer will benefit. If there is refusal to take responsibility and action, lives will be lost.

Released in January 2017, our first audit found almost half (44%) of local authorities and almost two-thirds (60%) of CCGs had not undertaken work to increase uptake over the previous two years. Happily, this report shows progress. In the last year, over two thirds (68%) of local authorities and two-thirds (66%) of CCGs worked to increase uptake with a quarter of local authorities and almost a fifth of CCGs saying they undertook activity as a result of the 2017 report.

In this report, we highlight excellent work across the country. However, wide disparities in the extent and quality of these activities remain, with too many areas overlooking the issue entirely. We know budgets and resources are stretched, but the long-term cost of cancer is severe and increasing screening coverage will significantly reduce this.

The main result of reading the 'Cervical Screening in the Spotlight' report was an acknowledgement of the disjointed nature of screening responsibility across the various stakeholder organisations. While commissioning the national screening programmes rests with NHSE/PHE, the CCGs and Local authority have a responsibility to encourage and promote screening in our area. Our multi-agency approach to the screening action group in the Bradford and AWC area is an attempt at bringing the disparate work streams together.

Our vision is a future without cervical cancer. With this report, we aim to inspire change and action to get one step closer.

Rob Music, Chief Executive

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Background:
About cervical screening and cervical cancer

Cervical screening provides the best protection against cervical cancer, detecting cervical abnormalities which, if left untreated, could develop into cervical cancer. Women aged 25-49 are invited every three years and women aged 50-64 every five years.

A cervical cancer diagnosis brings long-lasting and wide-ranging emotional, physical and financial impacts on the individual, and a high cost to the NHS and state. There is a clear financial gain from investing in preventative cervical screening as 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.[3] Better yet, if 85% screening coverage was achieved diagnoses could drop 14% in just one year and deaths could fall 27% over five years.[4]

Modelling work commissioned by Jo's Cervical Cancer Trust has found incidence of cervical cancer is set to rocket in older women. Based on current trends, by 2040 incidence among 50-64 year olds could increase 62% which could lead to a 143% rise in mortality.[5] If coverage were to decline to 66%, among 60-64 year olds alone incidence will rise 71% and mortality 128%. NHS England's Five Year Forward View calls for a 'radical upgrade in prevention'. Cervical screening is the best prevention against cervical cancer, therefore increasing coverage must be a priority.

Key facts: Cervical cancer in the UK

- Over 3,100 women a year are diagnosed
- Over 850 women a year lose their lives
- 220,000 women a year are told they have some form of abnormality
- The most common cancer in women under 35

Roles and responsibilities

The NHS Cervical Screening Programme is commissioned by NHS England as part of the Public Health Section 7a agreement. 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, include cervical screening as part of their sexual health services. However, this is often restricted to opportunistic screening or for specific groups of women.

While responsibility for the delivery of the screening programme is clear, there is uncertainty over responsibility for increasing participation in the programme. In our 2017 Spotlight report, many local authorities and CCGs did not think they had a role to play in encouraging attendance.

However, local authorities are responsible for improving and protecting the health of local people and communities (as set out in the Immunisation and Screening National Delivery Framework) and CCGs have responsibilities that include reducing inequalities in their areas and primary care quality management.

Since the 2017 report was published there has been additional guidance in the 2017-18 cervical screening service specification and from Public Health England in the roles that local authorities and CCGs should play, including working with GP practices and other local partners, to increase cervical screening uptake.

Within our GP quality contract 2016/17 and 2017/18 there is an expectation for general practices to encourage the uptake of cervical screening. The contract includes recourse for action planning and financial consequences should the practice not achieve the screening targets. (NHS Chorley and South Ribble)

Guidance from Public Health England

In August 2017, Public Health England published an edition of Health Matters outlining how:

"..local authorities, Clinical Commissioning Groups (CCGs), and GPs can all play a key role in raising awareness of cervical screening and encouraging women to attend screening."

Furthermore:

"Although screening is most commonly delivered in primary care, local authorities have a crucial role to play in raising awareness of cervical screening. Local authorities can work directly with GP surgeries to raise awareness of screening as well as through outreach work with women in their communities, GPs and practice nurses can play a central role in educating women and therefore in increasing attendance for screening."

Guidance in the service specification for cervical screening

The 2017-18 service specification for cervical screening, in the NHS public health functions agreement clarifies the broad, multiple roles in increasing uptake.

NHS public health functions agreement 2017-18: Service Specification No.25 – Cervical Screening

- Commissioners and providers work with local authorities and third sector organisations to understand and develop plans to address uptake and inequalities. QA visits include an assessment of the process to develop such plans and their implementation at a local level.
- Commissioners work with providers to ensure that letters and invitations have been endorsed by GPs (where the GP agrees), timed first and second appointments are offered and appointment reminders are used.

  Providers, commissioners and local authorities are encouraged to pilot, evaluate and publish (preferably in peer reviewed journals) local solutions to address inequalities of access. Before piloting, these local proposals must be agreed with the PHE screening team to ensure consistency of message with nationally agreed letters. PHE screening team will share new and emerging knowledge via the screening inequalities network and blogs.

New data resources

A new online data tool[6] was launched in 2017 allowing GPs and health organisations to access more detailed and timely information about cervical screening. The resource is a collaborative project by NHS Digital, Public Health England and Jo's Cervical Cancer Trust designed to provide easier access to local data and empower GP practices and CCGs to improve coverage.

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Methodology

In September and October 2017, 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 from August 2016 to August 2017, along with outcomes of those activities.

In addition, local authorities were asked:

- If they had set local targets for cervical screening coverage;
- If they have a budget to promote the uptake of cervical screening;
- If women are able to attend cervical screening at the sexual health services in the area;
- If any work had been undertaken by the public health team with local schools or other partners to increase uptake of the HPV vaccine.

CCGs were asked if they had accessed the newly available cervical screening programme coverage statistics resource, available through NHS Digital.

Both local authorities and CCGs were asked if they were aware of the 2017 report 'Cervical Screening in the Spotlight' and if additional activities had been undertaken or planned as a result.

The responses to the question about activities to increase cervical screening coverage were rated as follows:

0: Not undertaking any activities and / or stated that it is not their responsibility

1: Undertaking very limited cervical screening awareness work e.g. social media posts or including screening in GP bulletins

2: Undertaking some work to increase attendance and awareness of cervical screening e.g. work to target one specific group of non-attenders

3: Undertaking comprehensive, targeted and sustained work to improve cervical screening coverage e.g. setting local incentive schemes, multifaceted work targeting many groups of women

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Key findings: What are local authorities and CCGs doing?

Responses were received from 149 out of 152 local authorities and 199 of 207 CCGs.

Local authority responses

Of the 149 local authorities that have responded:

- **32% scored 0: these have not undertaken any activities to increase cervical screening coverage** (44% in the Spotlight 2017 report)
- **26% scored 1: these have undertaken very limited work to increase coverage** (11% in the Spotlight 2017 report)
- **22% scored 2: these have done some work to increase attendance and awareness of cervical screening** (16% in the Spotlight 2017 report)
- **20% scored 3: these have undertaken comprehensive, multi-faceted and sustained work to improve cervical screening coverage** (29% in the Spotlight 2017 report)

Over two thirds (68% or 101) of local authorities have undertaken activities to increase cervical screening coverage in their areas in the last year (August 2016 - August 2017).

This is a positive increase from our previous audit where 56% of local authorities reported engaging in activities over the two year period (August 2014 – August 2016).

A piece of review work was undertaken in May / June 2017 to investigate what inequalities exist in uptake to cervical screening in Blackpool, what past and current practice is, and women's experiences are, and make recommendations to improve access. (Blackpool)

However, a wide disparity over the extent and quality of activities undertaken exists. Some local authorities are only sending out a few social media posts, while others are engaging directly with GP practices to identify non-attenders, developing activity to target groups where attendance is low and working with a range of local partners including the local CCG(s), health champions, community groups and charities such as Jo's Cervical Cancer Trust, Macmillan and Cancer Research UK.

Almost one third of local authorities (32% or 48) have not undertaken any activities in the last year to promote cervical screening.

Furthermore, 37 local authorities (25%) stated that it is not their role or responsibility as they do not commission cervical screening services. This is disappointing however an improvement on the 2017 report where 44% had not undertaken any activities in the two year period. It is further encouraging as this report is only based on one year of activity.

One fifth (20% or 29) of local authorities have undertaken comprehensive, multi-faceted and sustained work to improve cervical screening attendance, including targeting specific groups of women with low attendance rates.

Of those who responded, one fifth reported detailed and targeted work. This was often through in-depth analysis of available data on local uptake, plus additional research; the development of action plans with partners such as the CCG, NHS England, Public Health England, GP practices and the Third Sector alongside the implementation of a range of practical initiatives. These local authorites are not relying on one channel or activity, instead employing a variety of activites to reach a wide range of women in their population. Appendix 1 lists the 29 areas undertaking comprehensive and sustained work.

Last year's report showed a higher proportion of local authorities undertaking 'comprehensive and targeted work' (29%) however this could be because this was for a two year time period whereas this report is based on work in one year.

There has been an increase in the number of local authorities undertaking activities across almost all regions.

This is positive, although it masks a wide variation in quality and extent of activities.

London, which has the lowest screening coverage in the country, has the lowest proportion of local authorities engaging in activities to increase uptake (Appedix 1).

Improving uptake of cervical screening is an ongoing priority for us. We launched a town wide campaign, based on insight with local women around the barriers to screening, which centred around a two-fold approach; increasing community awareness and GP engagement through the development of No Fear practices. (Middlesbrough)

Improving cervical screening is given a priority in Enfield. The council and the CCG are working in partnership to deliver improved cervical cancer screening messages.

Stockport has a vibrant cancer prevention programme. This includes a Practice Cancer Champion programme which supports practices with interventions such as: extra smear clinics in the evenings or Saturday mornings; 'while you're on...' opportunistic conversations prompted by a pop up when a patient phones a practice; pink letter campaigns; going through lists and contacting DNA's; choosing a specific age range to target and phone and text reminders. Cancer screening awareness is included in training for the Healthy Living pharmacy scheme; front line staff training sessions; workplace events; masterclasses for GPs; carers training and for Community Cancer Champions.

Neither [the] CCG nor [council] commission screening programmes as this went to NHS England when all of the re-organisation took place in 2013.

Local authority scores by region					
Region/score	**3**	**2**	**1**	**0**	**Total**
North East	3	2	4	3	**12**
North West	7	6	6	4	**23**
Yorkshire	1	4	6	4	**15**
East Midlands	2	3	2	2	**9**
West Midlands	5	5	3	1	**14**
East of England	5	1	0	5	**11**
London	3	6	7	15	**31**
South East	2	3	2	6	**13**
South West	1	3	9	8	**21**
	29	**33**	**39**	**48**	**149**

Percentage of local authorities undertaking activities to increase cervical screening coverage (i.e. scoring 1, 2 or 3), by region		
Region	**2016-17**	**2015-16**
West Midlands	93%	57%
North West	83%	78%
East Midlands	78%	33%
North East	75%	58%
Yorkshire and Humber	73%	73%
South West	62%	60%
East of England	55%	50%
South East	54%	50%
London	52%	37%

CCG responses

Of the 199 CCGs that responded:

- **34% scored 0: these have not undertaken any activities to increase cervical screening coverage**
- **12% scored 1: these have undertaken very limited work to increase coverage**
- **27% scored 2: these have undertaken some direct work to increase coverage**
- **27% scored 3: these have undertaken comprehensive and targeted work to improve cervical screening coverage**

The 2017 Spotlight report classified CCGs as either 'not undertaking activities' - score 0 or 'undertaking activities' - score 1. Therefore we are unable to make a comparison.

Two thirds (66% or 132) of CCGs have undertaken activities to increase cervical screening coverage in their areas in the last year (August 2016 - August 2017).

This audit shows a marked increase in the levels of engagement and activity amongst CCGs. Our previous audit showed only 40% of CCGs had engaged in activities over the previous two year period and this has risen to 66% in the last year.

One third (34% or 67) of CCGs have not undertaken any activities in the last year to promote cervical screening.

Whilst the increase in numbers of CCGs undertaking activity to increase coverage is welcome, it is worrying that a third are not taking part in work and many still do not believe that it is part of their role. Many of these state that this is because they do not commission cervical screening services and therefore do not see increasing uptake as part of their remit. Some CCGs who reported activity they had undertaken, stated that despite the activity it was not actually their responsibility to do so.

A project is ongoing as part of a Cancer Local Improvement Scheme (LIS) whereby practices are supported to identify and provide support and encouragement to ladies who are due to attend for their first screen (24.5 years of age). (NHS East Lancashire)

The CCG has continued to work closely with the Local Authority's Public Health Team in order to highlight variances around screening uptake among GP practices which are monitored and picked up as part of the routine Primary Care Quality Visit Programme. (NHS Bury)

Over a quarter (27% or 53) of CCGs have undertaken comprehensive and targeted work to improve cervical screening attendance.

Many of these CCGs are working with the local authority and other partners, visiting GP practices to discuss uptake and support them to take practical steps to increase coverage; commissioning locally enhanced services to incentivise increased uptake; and arranging or commissioning training for frontline staff such as GPs, pharmacists and receptionists.

Appendix 2 lists the 53 CCGs undertaking comprehensive and sustained work to improve attendance.

Only 30% of CCGs have accessed the new cervical screening interactive resource providing quarterly uptake coverage data per CCG and GP practice.

The CCG were not aware of the data source but will do so from now on.

This information [on the GP data hub] is really valuable. The CCG has taken the information that is available at practice level and sent letters to the 6 worse practices highlighting their data and providing a Top Tips leaflet that was collated by PHE. These practices are also offered support by CRUK, PHE and/or the Macmillan GP in the form of a visit. (NHS Swale)

CCGs that have accessed the resource are using it to develop an accurate picture of performance in order to inform target setting, to support the development of local action plans and cancer strategies and identify where to prioritise support visits.

Many CCGs said they were not aware about the availability of the data. This is a missed opportunity and we hope that greater efforts to expand awareness and usage of the data will increase in coming years.

CCG scores by region				
Region/Score	**3**	**2**	**1**	**0**
North	22	20	6	13
Midlands and East	15	12	2	28
London	7	5	7	12
South East	8	17	6	7
South West	1	0	4	7
	53	**54**	**25**	**67**

4

Key findings: Barriers to action

Awareness of responsibility

A key finding from our 'Cervical Screening in the Spotlight 2017' report was that there was confusion amongst many organisations about their role in increasing cervical screening uptake. Many local authorities and CCGs said they had not undertaken any activities as it was not their responsibility.

Over the last year there has been additional guidance in the NHS England Service Specification for Cervical Screening and in Public Health England communications about the role that local authorities and CCGs should play, working with local GP services and other stakeholders. However this report highlights that confusion still exists. In this audit, 37 local authorities and 76 CCGs said that they did not have responsibility for increasing attendance in their area, stating that it was either the role of Public Health England or NHS England as the national screening commissioners. Several local authorities said it was the responsibility of their CCG, while several CCGs said it was their local council or public health team.

The local authority does not have responsibility for the commissioning or delivery of the cervical cancer screening program. Commissioning responsibility sits with the NHS England Screening and Immunisation team, and program delivery is the responsibility of the commissioned local provider.

The funding and responsibility for cancer screening services lies with NHS England.

This is the national screening programme and as such not a responsibility of Local Authority Public Health teams but of the NHS England.

Budget and resources

Very few local authorities or CCGs have a budget for improving coverage, although some have money assigned through different routes. This includes as part of a local improvement scheme or for cancer screening programmes in general as part of the Consolidated Funding Framework (CFF).

Budgets are increasingly being stretched and each area has many competing priorities. However, the cost of cancer and long-term consequences of treatment must not be underestimated.

There has been no specific promotion of the cervical screening programme by the local authority. The cervical screening programme is commissioned by NHS England and supported by Public Health England and local authorities are not provided with resources to provide additional promotional activities.

Interventions to increase uptake do not have to be expensive, yet the cost of diagnosis can. A stage 2 or later diagnosis costs £19,261 to the NHS alone. Organisations can make use of free materials from Jo's Cervical Cancer Trust, easily monitor performance by GP surgery with the new NHS Digital resource and provide GP services with the resources to implement interventions themselves.

Working in partnership can reduce costs further by ensuring activities complement each other and resources are pooled.

Funding was not transferred into the local authority in 2013 when Public Health transferred into the organisation, therefore no budget currently exists within the council. Some resources to support communications will be available, consistent with the limited role of local authorities now have in this area.

Evaluation, evidence of outcomes and opportunities to share good practice

Few areas reported evaluating their interventions and activities. Whilst many awareness raising and engagement activities could lead to an increase in uptake, without robust evaluation of the outcomes there is a potential for funds to be wasted on repeating interventions that do not work. Areas will be unable to demonstrate the cost-benefit to commissioners, and there is a missed opportunity for evidence sharing and learning across the country.

No formal evaluation undertaken.

We have not robustly evaluated the outcomes of these activities.

5

Key findings:
Increasing coverage

Working in partnership enables local authorities, CCGs and GP practices to share resources, insight and evidence.

The following nine points provide a rudimentary tick list for working towards increasing access and attendance of cervical screening:

1. Data analysis and action planning
2. GP engagement
3. Incentive schemes
4. Target setting
5. Communications and awareness raising
6. Clinical and non-clinical training
7. Community work
8. Increasing access
9. Evaluation and good practice sharing

1. Data analysis and action planning

Local insight and planning is essential for the development of appropriate interventions which can have the greatest impact. This includes analysis of uptake by GP practice to identify low performing practices and developing a solid understanding of the groups of women who are not attending their appointments, for example age, ethnicity and socio-economic background. The evidence base is growing as local areas and research institutions trial new initiatives and report on their success. There is also a wide body of evidence on the barriers to women attending, this can help inform planning. The ongoing sharing of evidence, whether from successful or unsuccessful interventions should be encouraged.

Coordinated action plans were cited in several areas bringing together the local public health team, CCG(s), NHS England, Public Health England and the Third Sector to plan activities and address areas of low coverage.

Enfield Public Health team mapped the geographical disparities in the proportion of those eligible compared to the percentage of uptake to help highlight the areas and communities where improved targeting may be required. Cervical Screening has been added to the new CCG Primary Care Quality Dashboard so that the performance of Enfield GP practices will be reviewed regularly.

Multi-agency Cancer prevention and Early Intervention of Cancer Local Implementation Group Sub-group has an Action Plan which includes improving cancer screening rates. (Trafford)

2. GP engagement

Engaging GP practices is critical. GPs are commissioned to provide cervical screening services and coordinate recall, therefore are best placed to identify and follow up directly with women who have not attended their screening.

NHS Digital provides GP practice level quarterly coverage statistics that can be used to identify poor performing practices, set targets and inform planning, alongside monitoring progress. CCGs and local authorities can use this data to identify trends and prioritise action. Many work with third sector organisations to do this work and several CCGs and local authorities joint fund third sector facilitators to visit GP practices and support them to make interventions to increase uptake.

Examples of activity includes:

- Visits to underperforming practices (often by jointly funding screening coordinators or Cancer Research UK facilitators) to discuss good practice and facilitate interventions
- 'While you're on…' opportunistic conversations prompted by a pop up when a patient phones a practice
- Flags in primary care clinical systems
- Making use of free materials and resources from Jo's Cervical Cancer Trust
- Using notice boards, screens and reception areas to display information about screening
- Supporting national awareness weeks or days
- Individually contacting non-attenders
- Appointing cancer champions within the practice
- Training for GP practice reception staff as well as GPs and practice nurses as part of protected learning time

Over the past 12 months CRUK have worked directly with practice teams, groups of practices, nurses and in GP education events to outline cervical screening uptake data, share relevant resources, share examples of the best practice and action planning. The event involved 100 health care professionals who were engaged. (Liverpool)

We have three local GPs acting as clinical leads for cancer services in the borough, who have been delivering a programme of practice visits to discuss individual practices' screening uptake and possible barriers to screening in the local area. The CCG piloted a calling service in February-March 2017 using administrators based in practices to make calls to patients whose cervical screening was out of date. (Waltham Forest)

The Local Authority has worked in partnership with colleges from NHS England and Cancer Research UK (since November 2016) to visit underperforming practices to review screening uptake and offer suggestions for improving uptake for example, reviewing DNA uptake on a regular basis; sending out appointments proactively to DNA patients; sending out appointments on coloured paper and using a personalised approach to inviting patients; offering flexibility with appointment schedules, identify any DNA trends within different ethnic groups. (Derby)

3. Incentive schemes

Local quality improvement incentive schemes are being used by some local authorities and CCGs to incentivise action to increase cervical screening uptake in GP practices.

For example, Trafford makes payments to practices that achieve 80% coverage targets through a primary care improvement scheme and Tameside has included cervical screening coverage in its Primary Care Quality Scheme.

Public Health has worked with Islington CCG to develop a locally commissioned service which offers additional incentives to GP practices to improve uptake of cervical screening. (Islington)

4. Target setting

While many local authorities and CCGs say they are working towards the national target of 80% coverage, some have set additional local targets. This includes aspirational targets at practice level, stretch targets for practices which report low coverage and KPIs for specific age cohorts. This can help to inspire local action and to focus activities where improvements are needed.

The Cancer Local Implementation Group has aspirational targets for all practices, with stretch targets for 11 priority practices which report lower uptake for a number of different reasons. (Trafford)

5. Communications and awareness raising

There are a wide variety of communication opportunities to raise awareness of the importance of cervical screening, many are low cost to implement. This includes social media, newsletters, e-bulletins, working with the media and displaying posters and fliers in GP surgeries, libraries, hairdressers and local businesses.

Many local authorities and CCGs reported actively supporting Jo's Cervical Cancer Trust's two annual awareness raising weeks, Cervical Cancer Prevention Week, including #SmearForSmear, in January and Cervical Screening Awareness Week in June.

We have used Jo's [Cervical Cancer] Trust posters on the back of public toilet doors in some areas of the county to raise awareness and are in communication with the other district councils to replicate this. We have also taken advantage of local media (print and radio) opportunities whenever possible to raise awareness (Cambridgeshire)

6. Clinical and non-clinical training

Training non-clinical staff, for example GP reception staff, housing workers, local health champions, pharmacists, Citizen's Advice employees and others, can help to encourage screening attendance. Some non-clinical staff will access hard to reach groups and may be a trusted source of information.

Training and updates for sample takers to ensure they remain up to date of the reasons for non-attendance and best practice is essential. If a woman has a bad screening experience they may be put off re-attending.

Many areas work with the local CCG and Third Sector, e.g. Cancer Research UK, and Macmillan to fund health trainers, facilitators or 'cancer champions' who run cancer awareness and prevention sessions with different community groups or other frontline staff.

As a local authority, we have a continuing programme of cancer champions training which includes screening awareness and how to have conversations to increase uptake – cervical screening is one of the programmes we discuss in detail. (Wigan)

7. Community work

Community engagement can help address a wide range of barriers to screening including cultural, relevance and health literary, as well as reaching those who are less engaged with the health system. This includes working with local communities or faith groups to hold educational and awareness raising events and organising information stands on highstreets and within businesses.

Delivery of group sessions with community groups including faith groups, holding cancer awareness stall at community events like residents day, Diwali etc, holding cancer awareness stalls in places with high foot fall like libraries, shopping malls and town square. (Waltham Forest)

8. Increasing access

Accessibility remains a key barrier to attending screening, particularly for women who work.
If women are unable to get screening appointments at a time which is convenient, they cannot attend. Several areas reported putting on extra screening clinics in the evening, at the weekend or making more appointments available.

Due to commissioning complexities, in recent years many sexual health services have reduced or removed opportunities for women to have their cervical screening.

The Lambeth Access hubs now undertake cervical screening while they are open i.e. evening and weekends. This is aimed at supporting women of working age to access a smear test.

	2018 report (132 local authorities)	2017 report (134 local authorities)
Offered screening to all women	19.7% (26)	31% (41)
Opportunistic screening only	69.7% (92)	60% (81)
Do not offer screening	10.6% (14)	9% (12)

132 local authorities responded to the question on whether women could access cervical screening at sexual health services in their area. Of these, 19.7% (26) said cervical screening was available to all women at their services, a fall from 31% (41) in the 2017 report.

The majority of local authorities that responded (69.7%) said that their sexual health services allowed certain groups of women to attend screenings, 'on an opportunistic basis' (60% in 2017). Whilst in some areas this covers all women who present to the service and are overdue, in other areas this is restricted to 'vulnerable women' or women who are 'seldom seen' and unlikely to access screening at their GP. In some areas, access is restricted further to, for example, women who have HIV, homeless women and street sex workers.

Some local authorities mentioned local commissioning arrangements that they have made with NHS England to fund a number of screenings in their sexual health services. Other local authorities highlighted the fact that they are not funded to provide cervical screening.

The Sexual Health Service do not provide cervical screening as routine as this is not in the mandate of local authority responsibility for sexual health commissioning. However, it is provided at an opportunistic level where a woman presents and it is deemed necessary. The service signposts women as appropriate to access cervical screening within local providers. (Derbyshire)

Opportunistic cervical screening is offered, especially to vulnerable women and women can choose to attend their local SH clinic if preferred. This is not promoted as it is an ad-hoc service and if many women chose this option this would reduce capacity for the main activities of the clinics. (Lincolnshire)

These are defined as women who are seldom seen. Please note these tests are funded from the LA Sexual Budget not NHSE. (Nottinghamshire)

9. Evaluation and good practice sharing

Many local authorities and CCGs reported not evaluating their work however all activities and interventionsundertaken should be monitored and evaluated. This will ensure funds are not wasted in activities that do not work, demonstrate cost-benefit on commissioners and contribute to the evidence base for others to learn from.

6

HPV vaccine uptake: Challenges and opportunities

The HPV vaccination was introduced in 2008 and willbe key to reducing the impact of cervical cancer onvaccinated generations and helping to eradicate cervicalcancer. However, this is only if uptake of the HPV vaccination remains high.

Uptake in England is currently at 83.1% and falling. With the vaccination being offered in schools, a big opportunity exists to educate girls from a young age about cervical cancer and how they can reduce their risk, which includes attending screening when eligible.

Local authorities were asked whether they were involved in activities to increase local uptake of the HPV vaccination programme, in order to get a better picture of some of the challenges and opportunities the programme faces.

133 local authorities responded, and of these 55% reported they were involved in activities and 45% said that they were not.

Activities included: disseminating content for PSHE lessons to schools; providing posters as well as written and online information for parents; school nurse(s) providing briefing sessions to head teachers; providing additional catch-up sessions where uptake had been low; contacting parents who had not returned consent forms, and school nurses attending parents evenings and coffee evenings at schools where uptake was below average.

Worryingly, several local authorities said that they had needed to react to negative press and communications to schools from anti-vaccination campaigners to reassure parents over the safety of the vaccine. This is an ongoing issue and it is important that areas have a clear communication plan in place to deal with such challenge.

Public Health are members of the HPV task and finish board in which HPV uptake within local schools is discussed. A questionnaire has recently been produced to gain more information about the reasons why parents of young women who refuse to be vaccinated have made this choice. The insight gained from this aims to inform future promotion of HPV and address any barriers/myths that may be apparent. In addition, a HPV presentation is sent to all schools; nurses contact parents when consent forms are not returned; where the uptake is low in particular schools, school nurses attend parent evenings to engage with parents. (Kirklees)

We produced a local immunisation film and used this to promote uptake using this video through our Family Information Services and Immunisation Team. (Buckinghamshire)

A small local group are actively trying to reduce HPV vaccination by suggesting the vaccine is unsafe and we are working with PHE and schools to try to ensure the correct information is getting to parents. (Suffolk)

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Conclusion and recommendations

With cervical screening coverage at a 20 year low in England, we can no longer ignore the need for action. Continuing decline will lead to increases in diagnoses and deaths, and the long-term cost of ill health will only exacerbate the strain on our NHS. It is positive to see so many more local authorities and CCGs investing in prevention since our first Spotlight report, with examples of good practice from across the country.

Current pressures on the NHS and local government cannot be overlooked, however local areas do not have to work alone. The data is there, the evidence base and available resources are growing, and organisations including Jo's Cervical Cancer Trust are there to provide support, inspiration and resource.

There is no 'quick fix' to increasing cervical screening uptake rates. It will take sustained, evidence-based and targeted efforts by public health professionals, commissioners, GPs and others around the country. Working together we will be able to increase awareness and accessibility of cervical screening, reverse the downward trend in coverage and make cervical cancer a disease of the past.

Recommendations

1. Greater clarification, communication and acceptance of roles in increasing cervical screening access and uptake

Local authorities and CCGs must take responsibility for the critical role they play in increasing access and attendance. Increased communication and clarification is also required from NHS England and Public Health England.

2. Sustained and multi-faceted local work

Local authorities, CCGs and GP practices should work together at a local level to analyse local coverage data and to plan activities and interventions as required to increase cervical screening coverage. This includes: direct GP engagement; local incentive schemes and target setting; communications and awareness raising campaigns; training clinical and non-clinical staff; work in the community; and increasing access. All interventions should be evaluated and outcomes monitored so good practice can be shared.

3. Increased usage of local coverage data and guidance over its use

Access to timely GP level data enables local areas to plan interventions where they are most needed, and to monitor outcomes. The availability of the resource needs to be further communicated through NHS and Public Health England channels along with guidance on how it should be used by GPs, local authorities and CCGs.

4. A national awareness campaign

A national campaign would benefit every area and complement existing or planned local activity, similar to the Scottish Government's 2017 'nip it in the bud' awareness campaign.

5. Funding for cervical screening at sexual health services

Availability of cervical screening through sexual health services is decreasing, reducing access for many women. NHS England should work with local authorities to increase funding and availability of this service.

6. Robust evaluation of initiatives

Monitoring and evaluation must be encouraged, supported and factored into planning of activities. Learnings and outcomes should be shared across the country.

7. Education and awareness from a young age

The HPV vaccine provides an opportunity to educate about cervical cancer and prevention from a young age, Jo's Cervical Cancer Trust and Teenage Cancer Trust have developed lesson plans to facilitate this. Local authorities should be prepared to support schools in their area where vaccine coverage is decreasing, or where anti-vaccination campaigners are targeting local schools and parents.

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Appendix 1: Local authorities

29 local authorities scored 3, showing that they are undertaking comprehensive, multi-faceted and sustained work to increase cervical screening in their areas.

These are:

- **Bedford Borough Council**
- **Blackpool Council**
- **Brighton and Hove City Council**
- **Cambridgeshire County Council**
- **Central Bedfordshire Council**
- **Coventry City Council**
- **Derby City Council**
- **Enfield Council**
- **Haringey Council**
- **Islington Council**
- **Knowsley Borough Council**
- **Lincolnshire County Council**
- **Middlesbrough Council**
- **Milton Keynes Council**
- **Newcastle City Council**
- **North East Lincolnshire Council**
- **Peterborough City Council**
- **Redcar and Cleveland Council**
- **Salford City Council**
- **Sandwell Council**
- **Solihull Metropolitan Borough Council**
- **Stockport Borough Council**
- **Surrey County Council**
- **Trafford Borough Council**
- **Walsall Borough Council**
- **Warrington Borough Council**
- **Warwickshire County Council**
- **Wigan Borough Council**
- **Wiltshire Council**

Appendix 2:
CCGs

53 CCGs scored 3, showing that they are undertaking comprehensive and sustained work to increase cervical screening in their areas.

These are:

NHS Airedale, Wharfedale And Craven CCG NHS Birmingham South And Central CCG
NHS Bradford City CCG NHS Brent CCG NHS Brighton And Hove CCG NHS Bury CCG
NHS Chorley And South Ribble CCG NHS Coventry And Rugby CCG
NHS East And North Hertfordshire CCG NHS East Surrey CCG
NHS Eastbourne, Hailsham And Seaford CCG NHS Great Yarmouth And Waveney CCG
NHS Greater Huddersfield CCG NHS Greater Preston CCG NHS Hammersmith And Fulham CCG
NHS Harrogate And Rural District CCG NHS Hastings and Rother CCG
NHS Heywood, Middleton And Rochdale CCG NHS Hillingdon CCG NHS Knowsley CCG
NHS Lambeth CCG NHS Leicester City CCG NHS Lincolnshire East CCG NHS Liverpool CCG
NHS Merton CCG NHS North East Lincolnshire CCG NHS Northumberland CCG
NHS Nottingham North And East CCG NHS Rushcliffe CCG NHS Salford CCG
NHS Sandwell and West Birmingham CCG NHS Sheffield CCG NHS Shropshire CCG
NHS Solihull CCG NHS South Cheshire CCG NHS South Sefton CCG
NHS South Warwickshire CCG NHS Southern Derbyshire CCG NHS Southport And Formby CCG
NHS Stockport CCG NHS Sunderland CCG NHS Surrey Downs CCG NHS Surrey Heath CCG
NHS Sutton CCG NHS Swale CCG NHS Swindon CCG NHS Tameside And Glossop CCG
NHS Trafford CCG NHS Vale Royal CCG NHS Waltham Forest CCG
NHS Warwickshire North CCG NHS West Hampshire CCG NHS Wolverhampton CCG

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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.

Jo's cervical cancer trust

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