

Cervical Screening for BME Communities in Trafford



CERVICAL SCREENING PROJECT

MARCH 2015

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EXECUTIVE SUMMARY

The Cervical Screening Project was undertaken by Voice of BME-Trafford (VBME-T), commencing in the second week of February 2015 and ran for six weeks till the end of March 2015. The aim was to work intensively on creating awareness amongst women of BME communities residing within the Borough of Trafford about the need for cervical smear tests, and to increase the number of women having the test.

Methodology used was data collection Qualitative and Quantitative as well as outreach and contacting women from GP surgeries.

This resulted in an increase in uptake of cervical screening in Trafford area.

This intensive project assisted the Clinical Commissioning Group (CCG) to substantially increase the number of BME women going for smear tests. We have learnt from our study that more outreach work is required after the conclusion of this project to keep up the momentum just generated.

1. INTRODUCTION & BACKGROUND

'Around 3,000 women are diagnosed with cervical cancer in UK each year'
(Cancer Research UK website).

Not going for cervical screening is one of the biggest risk factors for developing cervical cancer. Every year in the UK over 3,000 women will be diagnosed with cervical cancer. However, it is a largely preventable disease with the help of cervical screening and the HPV vaccination.

'Recent research has shown that awareness of cervical cancer and uptakes of cervical screening are considerably lower in BME women when compared to the wider population'.

(Jo's Cervical Cancer Trust)

VBME-T has always contributed to promoting early intervention and prevention in the area of North Trafford which is highly populated with BME communities. The aim of VBME-T's 'Cancer Outreach Project'- 2012 and 'Health and Wellbeing Project'- 2013 was to reduce health inequalities in the area of Old Trafford. This area is among the six 'comparatively deprived areas' in the country and mentioned in the Trafford Joint Need Assessment (JSNA) where life expectancy is 10 years less than the least deprived areas south of the borough.

Socio-economic status is also linked to an increased risk of cervical cancer... women living in the most deprived areas have rates more than 3 times as those in the least deprived areas [Cancer Research UK, 2009].

As part of this commitment VBME-T invited health professionals to our Health and Wellbeing sessions ; Elaine Richard (Practice nurse in Trafford) delivered a talk on Cervical screening in the month of October last year (Old Trafford Library, Shrewsbury Street) and also in January 2015 (Old Trafford Sports Barn, in the presence of by Dr Paula Whittaker)

'Regular cervical screening provides a high degree of protection against developing cervical cancer and is offered free on the NHS. It is estimated that early detection and treatment through cervical screening can prevent up to 75% of cervical cancers from developing in the UK' (Lancet, 2004).

Despite all the campaigns on Cervical Screening from Public Health it was noticed that the uptake for the cervical smear test in certain areas of Trafford remained considerably low, particularly in Gorse Hill, Stretford and Old Trafford. Therefore, Public Health and the CCG approached Adele Coyne, Trafford Council and VBME-T in February 2015 to work intensely on the Cervical Screening Awareness Project to increase the uptake in these areas and assist the CCG to achieve their set target by the end of March 2015.

2. AIM OF THE PROJECT

The Cervical Screening Project was set up by VBME-T, Trafford Council, the CCG and Public Health. The aim of the project was to increase the number of Black and Minority Ethnic females between the ages of 25 to 64 to have a smear test. The plan of this project is to create the awareness that would lead to:

- Seeking early diagnosis
- Early intervention and prevention of cervical cancer
- Educating women on the importance of cervical screening
- Saving women's lives

Planning and Execution

The initial phase of the project was assisted and supported by Adele Coyne, Community Cohesion Officer, from Trafford Council, a key partner of VBME-T. In order to maximise efficiency and increase capacity VBME-T generated an Action Plan and also appointed administrator to support the BME Health Liaison Worker's role on the Project.

The initial two weeks were dedicated for planning; designing and printing of the posters and multilingual leaflets, contacting Medical practices, listing community places to contact etc. Whereas following four weeks were based on intense community work; distribution of leaflets, visiting community groups and places of worship, medical practices, libraries etc. and running health and wellbeing sessions.



3. METHODOLOGY

Cervical Screening Awareness Project is intended to create awareness amongst women aged 25-65 that will lead to ‘an increase in the number of women from BME communities residing in Trafford attending screening’.

The methodology comprises of Qualitative and Quantitative measures; setting targets, case studies, evaluation and monitoring of the outcomes. Quantitative data from the CCG / Public Health has been utilised to identify geographical location of women to be screened. This approach enabled leaflet distribution in that particular area to be prioritised to and helped to communicate with them in a better way. Primary data was been collected after each telephone call.

VBME-T set the cervical screening target for the month of March 2015 as follows:

Quantitative Measures	Target
Total number of Appointments to be booked for screening	100
Women Attending the Screening	60

To accomplish the aim of the project, it was decided to utilize all possible options.

3.1 Designing and printing of Promotional Material

To communicate with women in the community VBME-T designed a poster with a clear message ‘A smear test can save your life’. The message was clear and thought provoking for women and also had details of all the options to book a test for screening which involved: Calling GP surgeries, Bridgewater clinics and VBME-T’s contact details. The poster was circulated throughout Trafford using Trafford Council’s Intranet, CCG’s Intranet, VCAT’s social media and VBME-T’s existing contacts.

This poster was then translated into six different community languages: Urdu, Hindi, Bengali, Somali, Gujarati and Arabic. In addition, a multilingual leaflet was also designed for distribution door-to-door in the areas identified by CCG where uptake for smear test was low. Distribution of leaflets was supported by our dedicated team of Volunteers (Millie Knight and Carol Williams from VBME-T’s Health Engagement group); Executive Member Jimmy Nelson and staff members, Rachel Rose and Aliya Bukhari. Distribution of the leaflets was made in the Old Trafford Area (triangle between Shrewsbury Street, Ayres Road and Henrietta Street) as indicated by Helen Gollins (Public Health Consultant).

3.2 Outreach in the community

Outreach work was carried out by the BME Health Liaison Worker, Aliya Bukhari, assisted by the Administrator, Rachel Rose. They worked through the list of BME organisations generated to focus on target audience. Talks were delivered to the group of women in accordance to the audience’s level of understanding. Aliya Bukhari’s linguistic skills and ability to interpret in Urdu were also utilised to eradicate the language barrier whilst addressing groups and individuals. As part of this outreach, visits were made to:

- Faith Groups : Trafford Muslim Association, Church of God of Prophecy Pentecostal Church, New Testament Church, St John’s Church, Sharon Church, Faizan-e- Islam Centre
- Community Groups: Muslim Women’s Groups, Somali Group – Ogden Centre, ESOL classes
- Schools: Seymour Park Primary /school, Old Trafford Community Primary School, St. Hilda’s School
- Local Community: Old Trafford Library, Stretford Library, ESOL classes, Trafford Muslim Association Group, St Johns Centre, Harry Lord Centre, Lowry Lodge, Seymour Grove Medical Centre, Trafford Domestic Abuse
- Local Businesses: Jed Technique Beauty Salon, Old Trafford Bakery, 1st Impression Beauty Salon, Grove Newsagent, Manchester Super Store

3.3 BME Health and Wellbeing Sessions

VBME-T has a BME Health Engagement Group and as part of community engagement this group runs Health and Wellbeing sessions in the Old Trafford community. Attendees are men and women from different ethnicities; South Asian (Gujarati, Indian, Pakistani) and African Caribbean. This vehicle was also utilised to promote awareness for cervical smear among attendees on the four sessions held on every Thursday throughout the month of March.



3.4 Contacting women 'to be screened'

This involved directly communicating with women identified as 'to be screened' on the medical records of the Medical Practices in North Trafford. Eve Donelan from the CCG and Helen Gollins from Public Health took the lead in contacting the surgeries and made the following arrangements:

- Generating the list of Patients to be contacted for Cervical Smear test.
- Compiling the 'Standard Operating Procedures' (SOP) to maintain patient's confidentiality.
- Introducing Aliya to the Practice Managers as a BME Health Liaison Worker from VBMET.
- Devising the timetable (month of March 2015) for Aliya Bukhari to visit the three medical Practices: Ali Medical Practice, Gorse Hill Medical Practice and North Trafford Group of Practice(NTGP).
- Making available the telephone line and a desk to make telephone calls from the Practice.
- Making appointments slots available for booking the those women for screening who expressed agreement.

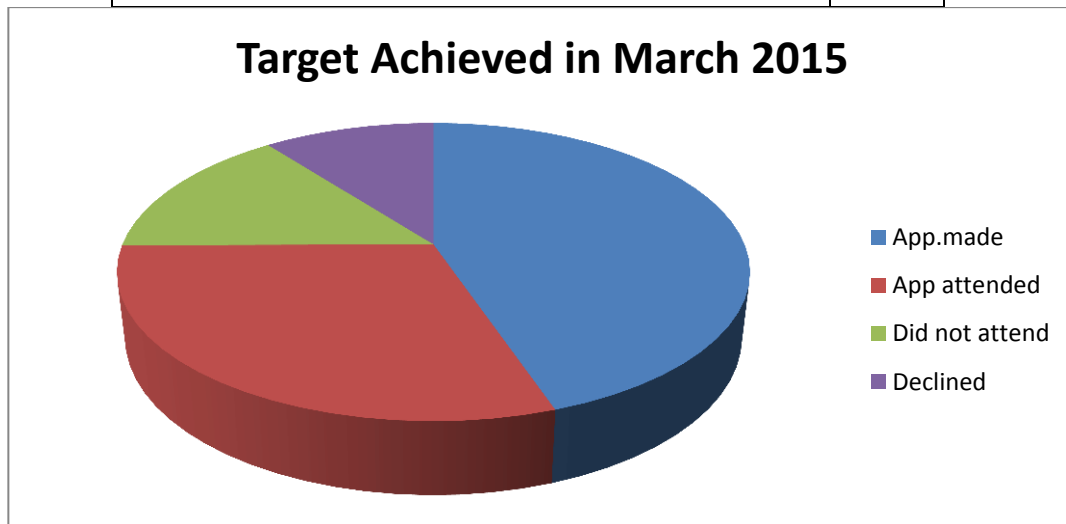


4. OUTCOMES

Due to personal preferences, commitments and health issues, some women were unable to book the test in March 2015, but requested some appointments in April 2015. The chart below shows the figures provided by Bridgewater Clinics for Smear test in the month of March 2015 (10 March 2015 till 28 March 2015):

The targets achieved for the project during March 2015 are as follows:

Total contacts made	107
Total Appointments Attended	72
Appointments did not attend (DNA)	35
Number of women 25-49	12
Number of women 50+	27
Number of women overdue smear test (5 years+)	19



These figures are for the month of March 2015, whereas many women were booked for the month of April 2015 and are therefore not included in these figures. Although the project was primarily to increase awareness within BME women, when making telephone calls we contacted as many women as possible regardless of their ethnicity as every life is equally important.

Posters in different languages were well received in the community. The Manager at Ogden Centre, Old Trafford was pleased to see the poster in Somali language. He also expressed his interest in arranging a session for Somali women at the Centre from Health Professionals to raise awareness of the need for cervical screening. This was passed on to Public Health Consultant to arrange in near future.

- Staff at Ali Medical kept some multi-lingual leaflets, as they considered this to be a better way to communicate with women.
- To work effectively in the community it is essential to use inside knowledge of the community to spread the message. So it was decided to target the local businesses where women would go frequently. Examples of these businesses were the hair and beauty salons where BME women would visit frequently. These businesses were initially cautious of distributing leaflets but, once cervical cancer was mentioned, they were more receptive.
- For the non-English speaking groups in the community, the fact that the leaflets were translated in their own community language, they were well received. This had a positive impact on the groups engaging willingly.
- It is important to target the local community groups and their leaders, as they are more likely to pass the message across to the women who need support and educating about smear test. Endorsement from the community leaders and also the literature being in their own community language all led to a better chance of the women going for a smear test.

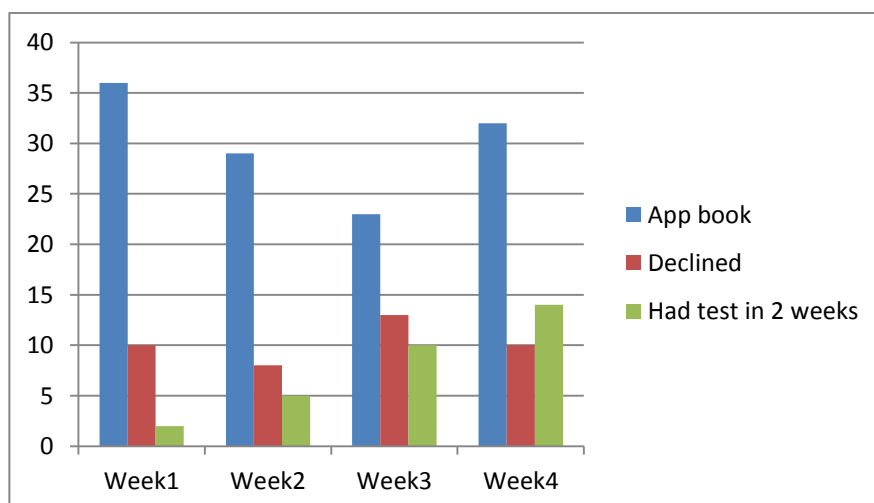
4.1 Women declined for screening

Whilst making telephone calls, the BME Health Liaison Worker noticed that many declined to book a test (ratio of declining was 1:4) due to following reasons:

- Other Health issues such as suffering with cancer or generally not feeling well.
- Unmarried and Sexually inactive women declined as they thought this test is only for sexually active and not for virgins.
- Past experience of smear test was very uncomfortable and eventually was sent to hospital for the test due to prolapsed.
- Pregnancy.
- Irregular bleeding.
- Bereavement.

Other responses were as follows:

- Why is it essential?
- It is so uncomfortable; do I have to do it?
- Can I have a lady doctor/nurse for the test please?
- When calls were made on the third week many respondents mentioned they had been for the screening and were waiting for the result. This was considered as a good indicator to depict the project success.



- Many women said they will ring the practice themselves to book the test as they were unaware of their rota of work / on holiday / had baby.
- Certain individuals from religious groups think that young girls who aren't married should not go for this test.

'Studies have shown that the perceived benefits of screening, anxiety, embarrassment, fear of cancer and the connotation of sexual promiscuity associated with HPV and cervical cancer are all factors that may contribute to the decision to be screened for cervical cancer' [Austoker, 1994].

Bridgewater arranged special weekend clinics for Saturday at Seymour Health Centre, Old Trafford and also in Partington to increase the capacity. Aliya Bukhari booked 15 appointments for the Seymour Grove Saturday Clinic for 14 March 2015. Follow-up calls were made to those women who 'did not attend' (DNA), two women said "I started my periods and knew test can't be done"; another said "my son wasn't well"; three said "I forgot". These women were rescheduled on the other available slots at their GP Practices (in March and some in April), as it is important to save as many lives as possible.

- A few women residing in Old Trafford have their surgeries in other part of Manchester (Chorlton) and were supported to book a test by calling their surgeries.
- Although according to the Standard Operating Procedures patients were supposed to receive MMS text messages to remind them, but currently all the surgeries do not have this system.
- Women registered with NHS / Medical practices can access this screening; however, the system should be flexible for those women too who are in refuge or brought into this country through unfair mean (women trafficking).

5. BARRIERS ENCOUNTERED

5.1 Lifestyle

- The BME Health Liaison Worker was phoning women in the day time, so it was understandable that many women are usually at work during that time and calls were ending on voice mails. To combat this, it was suggested if medical practices can send a reminder text messages to the women on the contact list to book a test. Although it would not be the same as talking and convincing on a one-to-one basis but could act as a catalyst to book a test.
- Some individuals mentioned that they are not keen to book a test on Friday '*I don't want to book the Screening on Friday, my religious day, need to pray I won't feel clean after the test*'.
- Despite the knowledge and awareness spread by NHS and other health organisations, many BME women's knowledge about the smear test is still limited. A few individuals mentioned that they believe whatever is destined is going to happen to them, therefore there is no need to face the embarrassment during screening process. Aliya Bukhari's cultural and religious knowledge (in addition to linguistic skills) assisted in this regard and enabled women to talk openly and to express their embarrassment and fears regarding Cervical Screening.

'The main reasons for non-access of cervical screening services for women aged 25-34 in NHS ...were fear and embarrassment. This was fear of pain associated with having a smear test and fear of the 'unknown' coupled with the 'horror stories' they had heard from other people. Connected to this idea of fear and the unknown is lack of knowledge. Specifically, it is the idea of not knowing enough about the screening procedure and the reasons screening is important which leads to avoidance'. (Farrington, April 2010)

5.2 Time Scale of the Project

The project started on 16th February 2015 and ended on 31st March 2015, thereby providing six weeks for the project cycle; planning, execution and evaluation of the project. The output of the project would have been more effective if the project had a longer run-time. Many women were unable to book screening in this period beside their willingness, due to their current circumstances, such as, going on holiday, work commitments, current health problems. A broader timescale would have provided the opportunity to follow-up these patients and to book them for screening. During the calls attempted in the last week of March 2015, it was noticed that many women were keen to have the appointments in April 2015.

Even for the outreach and leaflet distribution few more months for execution would have produced much better outcomes.

6. RECOMMENDATIONS

6.1 A robust Social Marketing Strategy should be adopted to create awareness on cervical screening targeting groups more at risk, such as: women in the age group from 25-30; 'hard to engage' BME groups, and people living in deprived areas. As mentioned in a research study:

'Recent statistics by the NHS Screening Programme have shown that in 2013/2014 over one million women failed to attend their cervical screening. These figures were particularly concerning among 25-29 year olds where 1 in 3 does not take up her screening invitation. We wanted to highlight this worrying trend and raise awareness of the importance of cervical screening (as well as the HPV vaccination)'

([www.jostrust.org.uk,cervical-cancer-prevention-week](http://www.jostrust.org.uk/cervical-cancer-prevention-week))

6.2 Local community groups and their leaders should be involved and engaged at an early stage. This will lead to a positive impact in raising awareness and effective communication with women.

*'1 in 3 women diagnosed with cervical cancer will die from the disease – but shockingly, in a recent YouGov survey, **only 53% of black or minority ethnic women think that cervical screening is a necessary health test.** You can help to change this mind-set in your community'*<http://www.cancerequality.co.uk/site/workshop-cervical-cancer-prevention-in-bme-communities/>

6.3 It is essential to communicate in different languages to target a larger audience. Religious leaders and community workers are more likely to engage if there is literature in their first language and they can be communicated to in their own community language.

6.4 Access to a BME health professional/worker can have a positive effect with regards to understanding of needs, similarities in belief systems and reassurance of not being discriminated against. Respondents will feel more reassured and confident in talking to VBMET staff of the same cultural heritage.

6.5 Easily accessible screening process should be adopted with flexible time and appointments. For example, working women prefer Saturday clinic or evening appointments, whereas for mothers Saturday is not a best option as children are at home.

7. CONCLUSION

The increase in cervical screening uptake by BME women indicates that the project has communicated well and has been successful in increasing the awareness for cervical screening. This has resulted in improved figures overall of women in Trafford taking up appointments for screening.

Every year in the UK over 3,000 women will be diagnosed with cervical cancer. However, it is a largely preventable disease thanks to cervical screening and HPV vaccination. Recent research has shown that awareness of cervical cancer and uptake of cervical screening are considerably lower in BME women when compared to the wider population.

Ref: Jo's Cervical Cancer Trust <http://www.jostrust.org.uk/get-involved/campaign/bme-communities>

Through the project, public education on the subject was very valuable. The production of material in multilingual leaflets and presence of VBME-T staff member at GP practices was found to be very useful especially for BME women.

The Project provided a crucial opportunity for VBME-T staff to communicate with women over this sensitive subject, discussing with them, and eliminating their fears whilst motivating them to book appointments for cervical screening. This undoubtedly contributed to lives being saved in the long term.

8. ACKNOWLEDGEMENTS

We would like to thank all the organisations and people as their support, advice and guidance helped us to achieve our targets.

- Trafford Metropolitan Borough Council (special thanks to Adele Coyne)
- Trafford Public Health: Director of Public Health & Helen Gollins
- Clinical Commissioning Group: Paul Hulme & Eve Donelan
- Wai Yin Chinese Women Association
- Old Trafford Multi Cultural Women Group
- Trafford Muslim Ladies Luncheon Club
- St. Hilda's Church:ESOL Class
- Ogden Community Centre
- Prophecy Church
- Sharon Church
- St. Johns Centre
- VCAT
- TMBC Printroom
- Old Trafford and Stretford Library
- Faizan-e- Islam

Special thanks also to VBME-T's BME Health Engagement Group

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Our Aims and Objects

- Provide an effective voice for the BME communities
- Address issues of inequality affecting BME Communities
- Build relationships, trust and co-operation in and across BME communities
- Promote communication, the sharing of good practice, peer support and partnership working
- Provide leadership for the BME voluntary and community sector
- Address societal inequalities that affect BME communities
- Improve the quality, effectiveness and efficiency of the BME sector

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