



Bromley Cervical Screening Programme

Health Equity Audit

Final Report

Published: December 2023



www.selondonics.org/OneBromley

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Executive Summary

The purpose of this health equity audit is to systematically review inequities in access to Cervical Screening in Bromley and to make recommendations to develop further action to be incorporated into policy, plans and practice.

Screening Programmes across England have been set a cervical screening coverage target of 80% for their local populations. Coverage can be defined as the proportion of eligible women in the target age group (25 to 64) who have been screened within a specified time period, within 3.5 years for those aged 25 to 49 and within 5.5 years for those aged 50 to 64 years. Coverage to the Cervical Screening Programme in Bromley is just below the target at 75.5% (as at 01/12/2022, *Source: NHS South East London Cancer Population Insights Dashboard*).

The following points outline the key findings from the analysis of the dashboard data:

- 30.2% of 19-39 year olds did not attend for screening
- 20.2% of 40-64 year olds did not attend for screening
- 60.6% of people with Mixed ethnicity did not attend for screening
- 56.4% of people with Other ethnicity did not attend for screening
- 51.6% of people with Asian ethnicity did not attend for screening
- 36.1% of people with Black ethnicity did not attend for screening
- 64% of people with an LD flag were not screened
- 29% of people with an SMI flag were not screened
- Eligible people from the more deprived deciles were more likely to not be screened than those in the least deprived deciles
- 5 GP practices had over 50% of their eligible population who were not screened
- 12 GP practices had over 30% of their eligible population who were not screened

In March and April 2023, a survey was undertaken to assess accessibility and barriers to cervical screening for Bromley residents.

The following points outline the key findings from the analysis of the survey data:

- The majority of respondents were in the 35 to 64 age groups
- 4% of respondents had never had a cervical screening test
- 22% of respondents were overdue their cervical screening test, with 16% responding that they did not know whether they were overdue their cervical screening test

- When asked what would make it easier for them to access a cervical screening test, the majority answered, 'Online access to booking a screening appointment directly with my practice', followed by 'more out of hours appointment – so it does not affect my work'
- When asked what time of day would be most convenient for them to have their cervical screening test appointment, 1st choice was 'Extended service (6.30pm – 7pm)'
- 78% of respondents would attend a cervical screening test appointment at a different location to their GP practice
- Of those, the majority would be willing to travel 1-5 miles
- Pain was identified as a considerable barrier to cervical screening.

1. Introduction

1.1 Purpose

To systematically review inequities in access to Cervical Screening in Bromley and to make recommendations to develop further action to be incorporated into policy, plans and practice.

1.2 Background

1.2.1 Background to Cervical Screening

The aim of the NHS Cervical Screening Programme is to reduce incidence and mortality of Cervical Cancer for people aged 25 to 64 who have a cervix. People registered as female with their GP and aged 25 to 49 are invited every 3 years, and people 50 to 64 and registered female with a GP are invited every 5 years. The screening test detects types of high risk Human Papillomavirus (HPV) that can cause abnormal cells in the cervix. Removing these abnormal cells can prevent cervical cancer developing. There are approximately 850 deaths from cervical cancer every year in the UK (2016-18 Cancer Research UK). Cervical screening prevents cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer of the cervix.

1.2.2 Cervical Screening in Bromley

There are concerns that cervical screening coverage is not uniform across the borough and that there are areas where uptake needs to be improved. The purpose of this health equity audit is to determine the coverage of cervical screening in different parts of the borough and highlight any inequity. This information will subsequently be used to target both the promotion and management of the programme locally.

A critical element of the success of the NHS Cervical Screening Programme is ensuring adequate coverage. Screening Programmes across England have been set a cervical screening coverage target of 80% for their local populations. Coverage can be defined as the proportion of eligible women or persons with a cervix in the target age group (25 to 64) who have been screened within a specified time period, within 3.5 years for those aged 25 to 49 and within 5.5 years for those aged 50 to 64 years. Coverage to the Cervical Screening Programme in Bromley is just below the target at 75.5% (as at 01/12/2022, *Source: NHS South East London Cancer Population Insights Dashboard*).

2. Methodology

2.1 What is a health equity audit?

A health equity audit (HEA) aims to systematically review inequities in causes and outcomes of ill health and access to services for its treatment and prevention within a specific population. A HEA measures the opportunity given to different parts of the population to benefit from a particular service or healthcare. HEA is one of the tools to help reduce health inequalities and to guide planning and delivery of services.

Having identified the relationship between healthcare and need, the aim of HEA is to then alter the distribution of healthcare so that it is more effectively distributed and targeted at areas according to their level of need. Based on this information, key stakeholders are consulted to agree recommendations for change and the implementation of these recommendations are audited. The aim of this deliberate skewing of healthcare is to achieve similar health outcomes in groups with different health needs.

Figure 1 lists the key questions that a health equity audit is designed to answer.

Figure 1: A health equity audit is designed to answer the following questions in a local area

- What are the known health inequalities for a particular population group or area?
- What are the significant equity issues in relation to provision/access to services, facilities and the determinants of good health?
- Which of these are priorities for action?
- What programmes already exist which might help reduce the inequities?
- Are there any relevant national targets?
- Should a local target be set?
- What further action can be taken by existing public services or through more targeted action with key groups and areas?
- Have resources been reallocated to take the most effective action?
- Has there been any impact on the inequities targets?

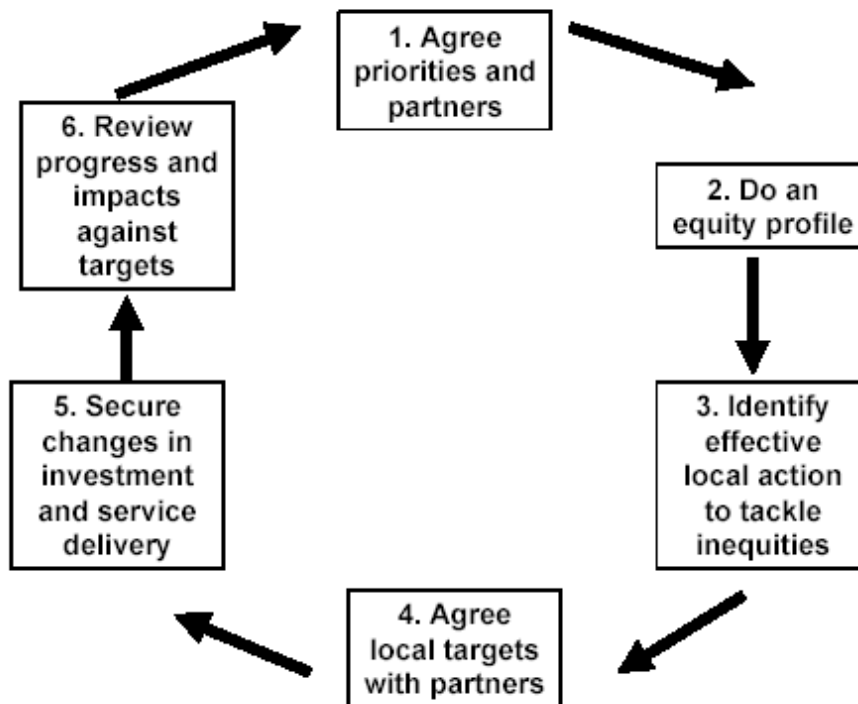
Source: Hamer et al, 2003

2.2 Processes

A HEA requires data on healthcare use or outcomes to be available and to be matched with the population measure of interest – for example, deprivation, ethnicity, or place of residence. Usually, routinely collected data will be used but this may place constraints on the ability to analyse by the measure of interest – for example, because ethnicity is not recorded reliably in healthcare settings, or because it may be difficult to accurately quantify deprivation and so a proxy measure must be used. However, where an issue of concern is identified then data collection may be undertaken specifically for the purposes of HEA and in those cases, it is possible to design surveys and studies to analyse specific populations and measures of interest.

A diagrammatic representation of the HEA process is shown in Figure 2 below.

Figure 2: A diagrammatic representation of the HEA process



Source: Hamer et al, 2003

2.3 Cervical Screening Health Equity Audit methodology

There are two parts to the audit:

1. To examine the equity profile of cervical screening programme coverage in Bromley.
2. To analyse results of a survey of Bromley residents to assess accessibility and barriers to accessing cervical screening.

3. Equity Profile

The equity profile below considers needs against access to the Cervical Screening programme under the following headings:

- Ethnicity
- Geography
- Deprivation
- GP Practice
- Age
- Learning disabilities
- Serious Mental Illness

As part of this work, we undertook a survey in March 2023, to assess Bromley Cervical Screening accessibility and any barriers to screening. The results of the survey help us to identify ways in which we could increase the number of those attending a cervical screening test, understand what is working well and what may need to be improved. All those eligible for Cervical Screening were able to complete the survey. Equality data was also collected.

3.1 Numbers eligible in target group

On 1 December 2022, the numbers eligible for cervical cancer screening for Bromley was as below in figure 3:

Figure 3: Number eligible for cervical cancer screening

Age Band	Number Eligible
19-39	38,108
40-64	54,314
Total	92,422

Source: NHS South East London Cancer Population Insights Dashboard

3.2 Bromley demographical profile

3.2.1 Ethnicity

December 2022 eligibility data show that 28.57% of the residents in Bromley who were eligible for cervical cancer screening were non-white. The largest proportion is from the Other, Asian, or Black ethnic groups.

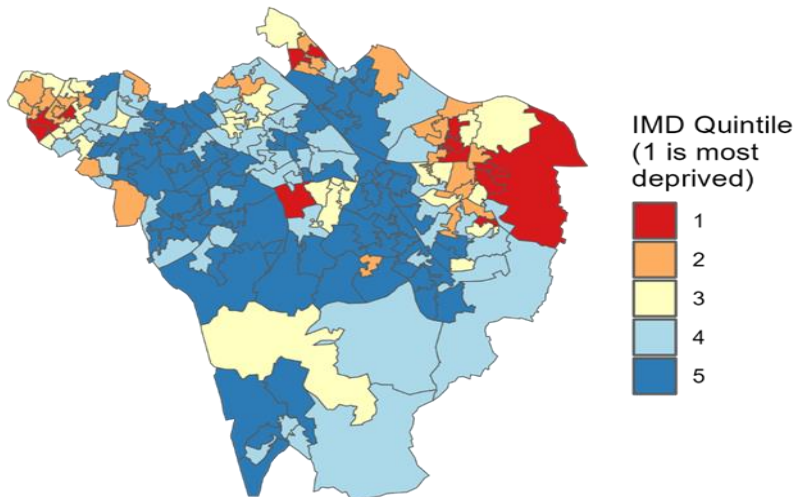
Figure 4: Ethnic group of those eligible for cervical cancer screening

Ethnic Group	Number	Percentage
White	66,017	71.43%
Other	9,462	10.24%
Asian	7,100	7.68%
Black	6,600	7.14%
Mixed	3,243	3.51%
Total	92,422	100%

Source: NHS South East London Cancer Population Insights Dashboard

3.2.2 Deprivation

Figure 5: Map showing levels of overall deprivation across Bromley



Source: IMD 2019 (Ministry of Housing, Communities and Local Government)

Deprivation is measured on the basis of Index of Multiple Deprivation (IMD) which has seven domains comprising of education, housing, employment, health, and economics as high-level indicators. Whilst Bromley is a relatively prosperous area, the communities within Bromley differ substantially. North West and North East Bromley have the highest levels of deprivation, whilst Central and South Bromley have much lower levels. The most deprived areas include Cray Valley West, Mottingham & Chislehurst North, Cray Valley East, Crystal Palace and Penge & Cator.

3.3 Cervical screening

3.3.1 Coverage against targets

The following graph shows coverage of eligible people aged between 25-64 who are registered with a GP practice within Bromley from 2010 to 2022.

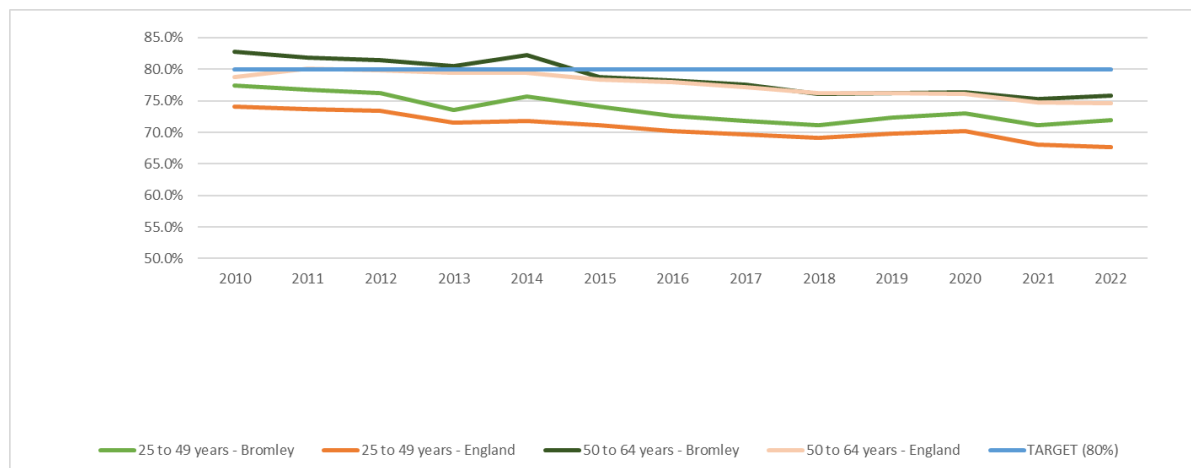


Figure 6: Cervical screening coverage against target

Source: PHE Fingertips

Coverage in Bromley has been declining since 2010 and is currently at 75.5% (as at December 2022).

3.3.2 Coverage by ethnicity

Data below shows of the eligible population broken down into ethnic group, the numbers who attended for screening.

Figure 7: Eligible people who attended for screening by ethnic group

Ethnicity	Females	
	Number	Percentage
White	52,231	74.87%
Other	5,608	8.04%
Black	4,997	7.16%
Asian	4,484	6.43%
Mixed	2,442	3.50%
Total	69,762	100%

Source: NHS South East London Cancer Population Insights Dashboard

The data shows that 25.13% of the eligible people who attended for screening were non-white. The largest proportion is from the Other, Black, or Asian ethnic groups. This is similar to the percentages seen in figure 4.

3.3.3 Coverage by age

Figure 8: Eligible people who attended screening by age

Age bands	Number	Percentage
19-39	27050	38.77%
40-64	42712	61.23%
Total	69762	100%

Source: NHS South East London Cancer Population Insights Dashboard

When compared with the number of people eligible by age group in figure 3, the data shows that 71% of the people in the 19-39 age group attended for their screening in the timeframe and 78.6% of people in the 40-64 age group attended for their screening in the timeframe.

3.3.4 Coverage by adults with learning disabilities and SMI status

Figure 9: Learning disabilities (LD)

LD Flag	Number	Percentage
LD Patient	89	0.13%
Non-LD Patient	69673	99.87%
Total	69762	100%

Source: NHS South East London Cancer Population Insights Dashboard

The table above shows that 89 (0.13%) of the people who attended for screening had an LD flag on their electronic record.

Figure 10: Serious Mental Illness (SMI)

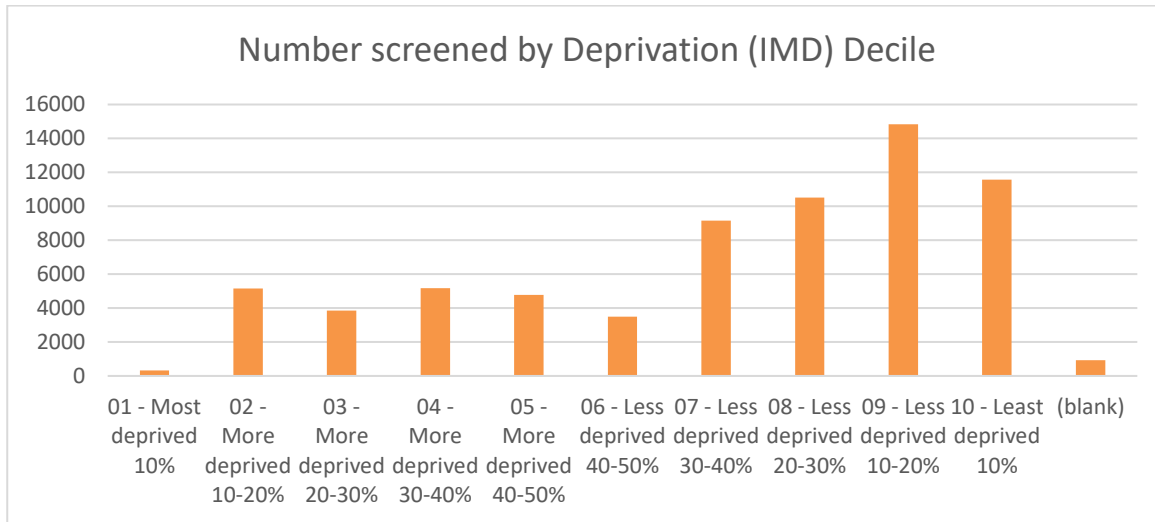
SMI Flag	Number	Percentage
Non-SMI Patient	69041	98.97%
SMI Patient	721	1.03%
Total	69762	100%

Source: NHS South East London Cancer Population Insights Dashboard

The table above shows that 721 (1.03%) of the people who attended for screening had an SMI flag on their electronic record.

3.3.5 Coverage by geography / deprivation

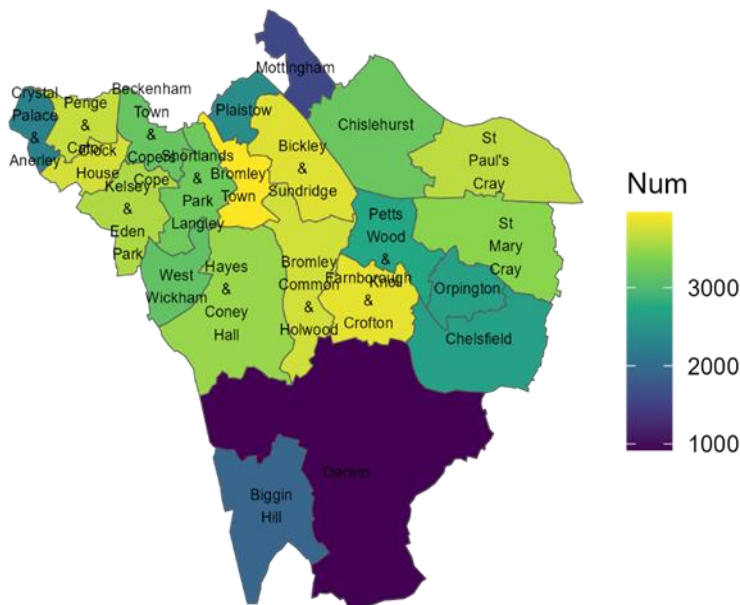
Figure 11: Number Screened by Deprivation (IMD) Decile



Source: NHS South East London Cancer Population Insights Dashboard

Figure 12 shows that the majority of the people who attended for screening were from the less deprived deciles, 7 to 10.

Figure 12: Map showing people who were screened



Source: NHS South East London Cancer Population Insights Dashboard

The map shows the location of where people lived who attended screening. The majority who attend for screening were from the Central, North East and North West parts of Bromley.

3.4 Profile of people eligible but not screened

Figure 13: Percentage of eligible people not screened by age bands

Age Bands	Number Eligible	Number Not Screened	Percentage of eligible people Not Screened
19-39	38108	11511	30.2%
40-64	54314	10993	20.2%

Source: NHS South East London Cancer Population Insights Dashboard

The table above shows that 30.2% of 19 to 39-year-olds who were eligible for screening did not attend for screening in the timeframe. 20.2% of 40 to 64-year-olds who were eligible for screening did not attend for screening in the timeframe.

Figure 14: Percentage of eligible people not screened by ethnic group

Ethnic Group	Number Eligible	Number Not Screened	Percentage of eligible people Not Screened
MIXED	3243	1966	60.6%
OTHER	9462	5339	56.4%
ASIAN	7100	3661	51.6%
BLACK	6600	2380	36.1%
WHITE	66017	9158	13.9%

Source: NHS South East London Cancer Population Insights Dashboard

The table above shows that 60.6% of people with mixed ethnicity did not attend for screening in the timeframe, 56.4% of people with Other ethnicity did not attend, 51.6% of people with Asian ethnicity did not attend, 36.1% of people with Black ethnicity did not attend. The highest attendance for screening was in the people with White ethnicity.

Figure 15: People not screened with learning disabilities (LD)

Number Eligible	Number Not Screened	Percentage of eligible people Not Screened
250	161	64%

Source: NHS South East London Cancer Population Insights Dashboard

The table above shows that 64% of people with an LD flag were not screened.

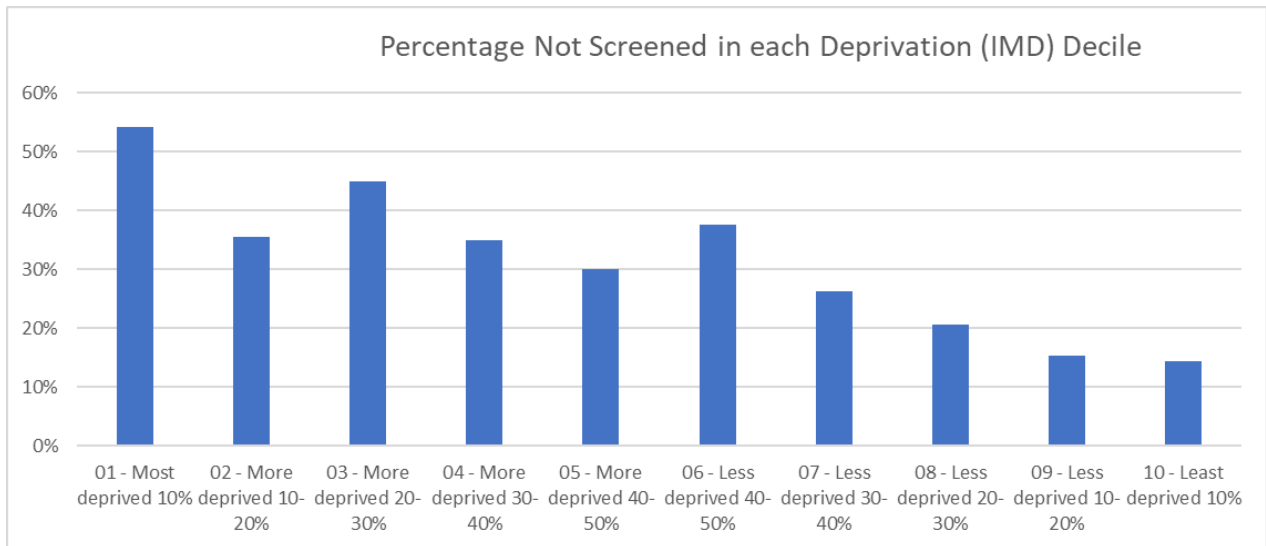
Figure 16: People not screened with Serious Mental Illness (SMI)

Number Eligible	Number Not Screened	Percentage of eligible people Not Screened
1016	295	29%

Source: NHS South East London Cancer Population Insights Dashboard

The table above shows that 29% of people with an SMI flag were not screened.

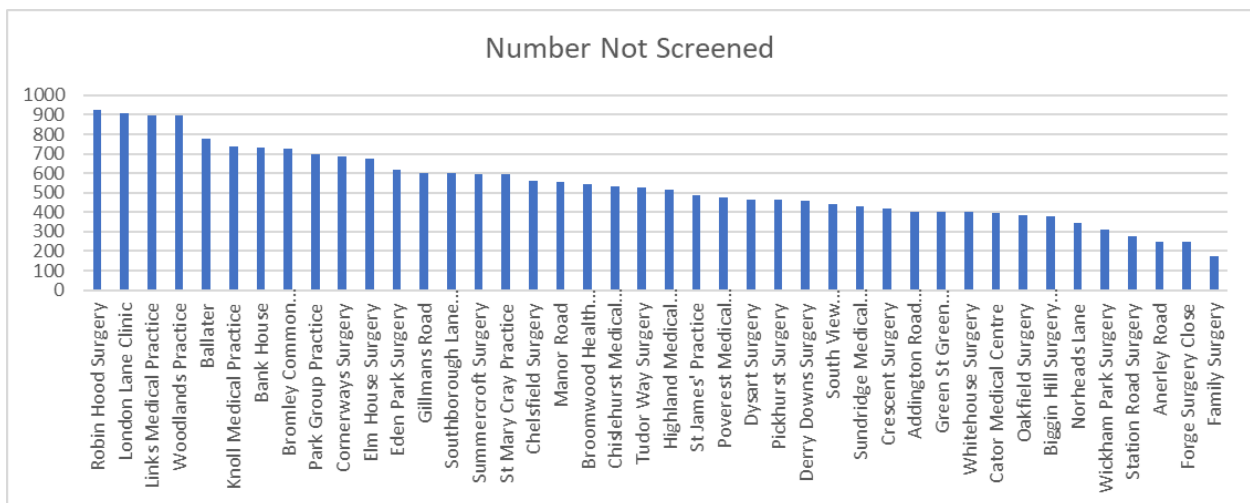
Figure 17: People not screened by Deprivation (IMD) Decile



Source: NHS South East London Cancer Population Insights Dashboard

The graph above shows the percentage of the eligible population who were not screened in each of the deprivation deciles. The graph shows that the people from the more deprived deciles were more likely to not be screened than those in the least deprived deciles.

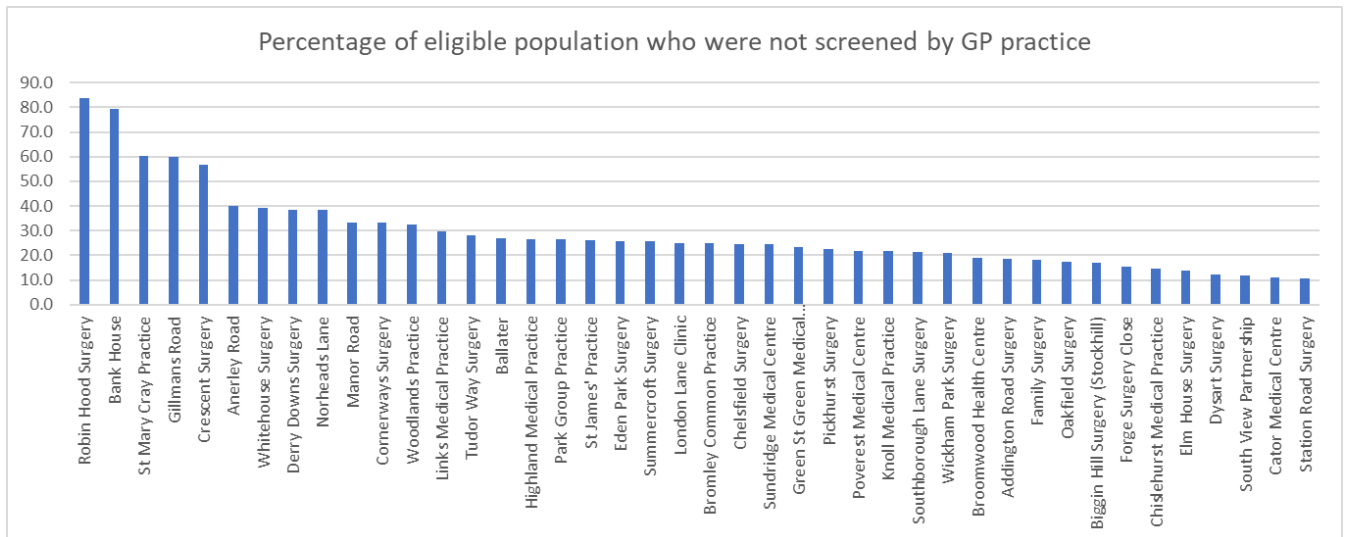
Figure 18: Number not screened by GP Practice



Source: NHS South East London Cancer Population Insights Dashboard

The graph above shows the numbers of people who were not screened by each GP practice in Bromley.

Figure 19: Percentage of eligible population who were not screened by GP Practice



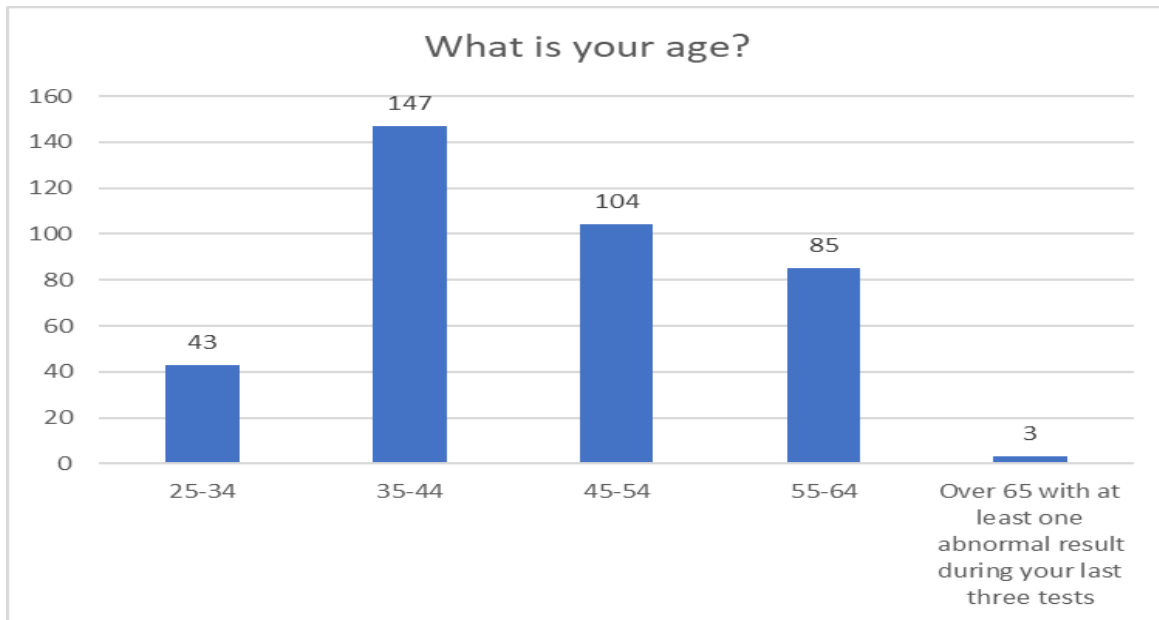
Source: NHS South East London Cancer Population Insights Dashboard

The graph above shows the percentage of eligible population who were not screened by GP practice. 5 practices had over 50% of their eligible population who were not screened. 12 practices had over 30% of their eligible populations not screened.

4. Survey results

There were 382 responses to the survey, 381 were completed by the Bromley resident themselves and one was completed by a parent of the Bromley resident.

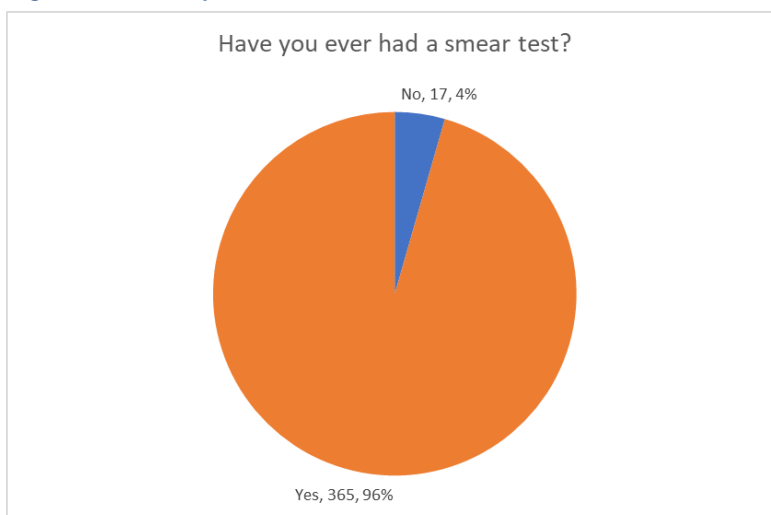
Figure 20: Age of respondents to survey



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

The majority of people who responded to the survey were in the 35 to 44 age groups.

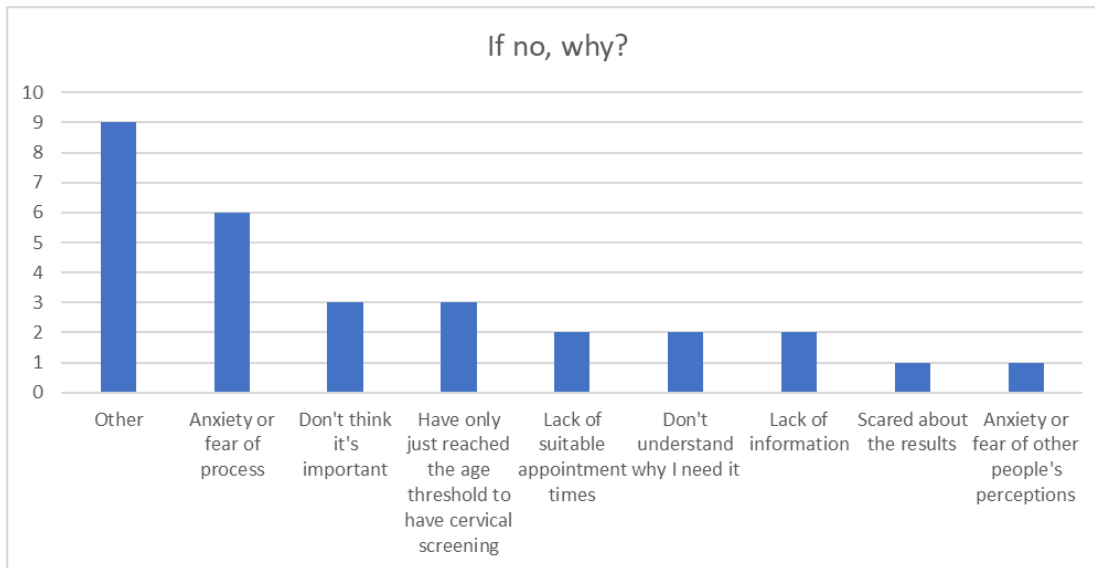
Figure 21: Have you ever had a smear test?



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

96% of people responding to the survey had ever had cervical screening.

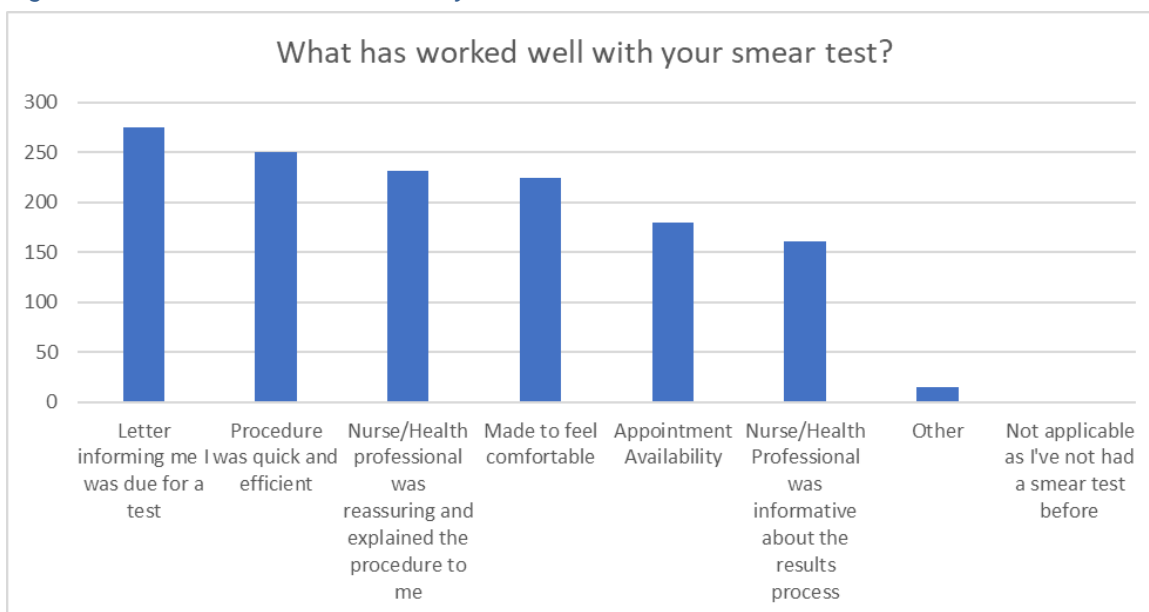
Figure 22: If no, why?



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

For the 4% who responded that they had never had a test the graph above captures the reasons why, with anxiety or fear of process being the most commonly chosen option. Under the category of 'other' due to the small numbers, it was not possible to identify any common themes.

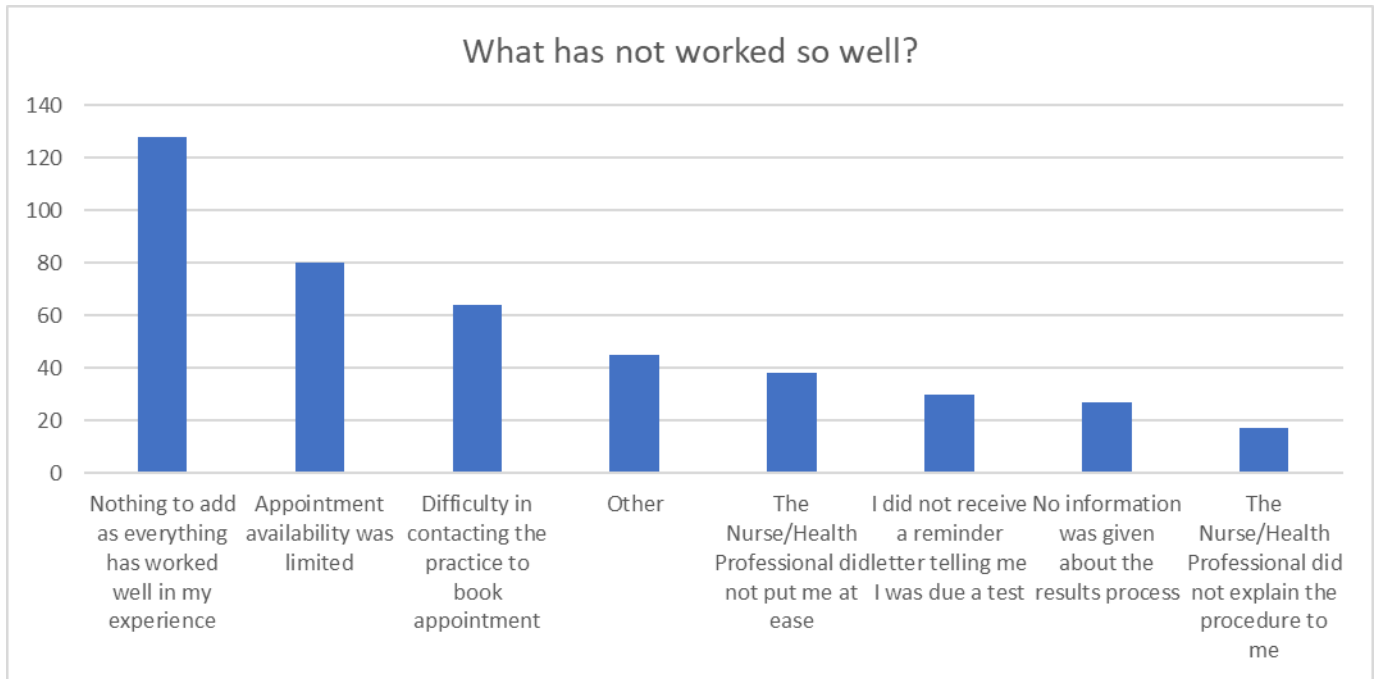
Figure 23: What has worked well with your smear test?



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

The graph shows the responses to the question as to what has worked well with your cervical screening test.

Figure 24: What has not worked so well?

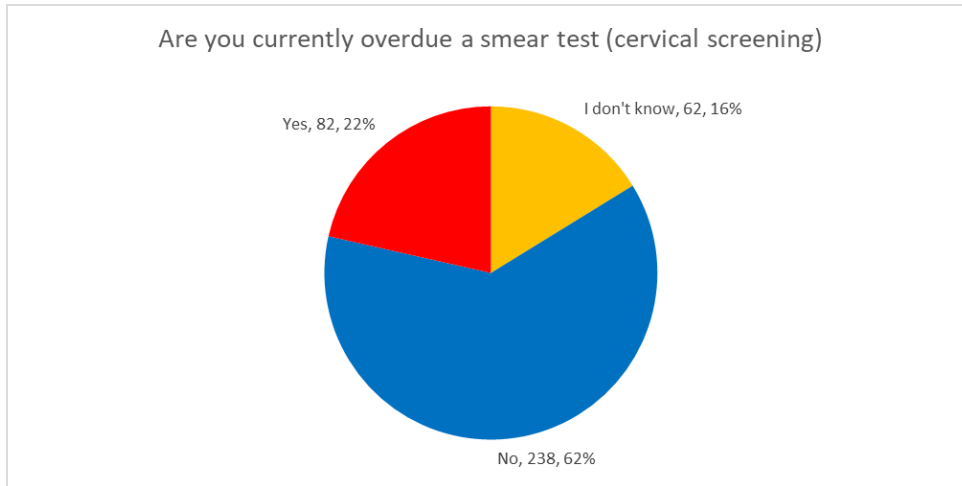


Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

The graph shows what people responding to the survey said did not work well with their cervical screening test. Of those who marked 'other' in their response the following theme was identified in their responses:

- Pain

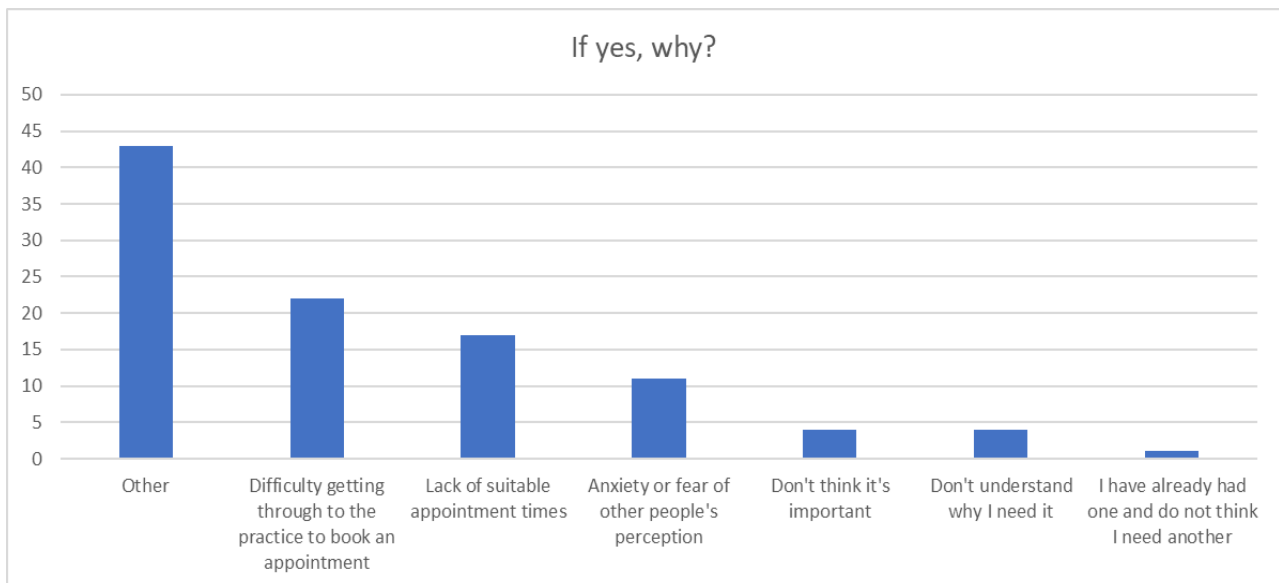
Figure 25: Are you currently overdue a smear test (Cervical Screening)



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

22% of respondents said that they were overdue their test, with 16% responding that they did not know if they were overdue.

Figure 26: If yes, why

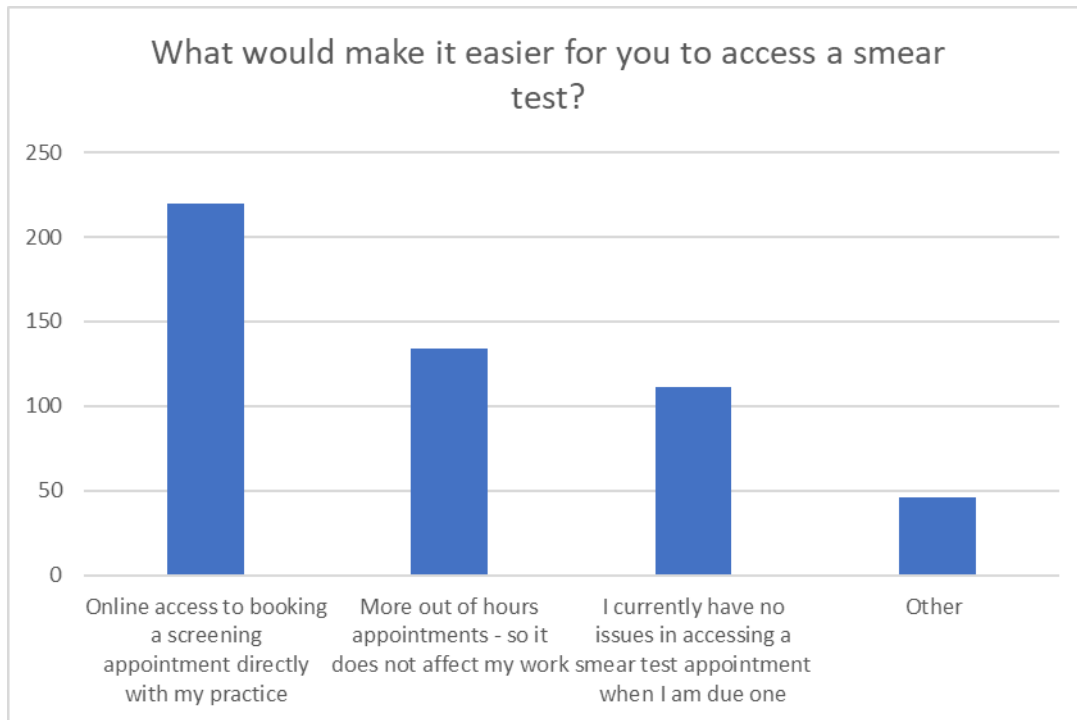


Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

The graph shows the reasons why people had said they were overdue their test. Of those who marked 'other' in their response the following theme was identified in their responses:

- Pain

Figure 27: What would make it easier for you to access a smear test?

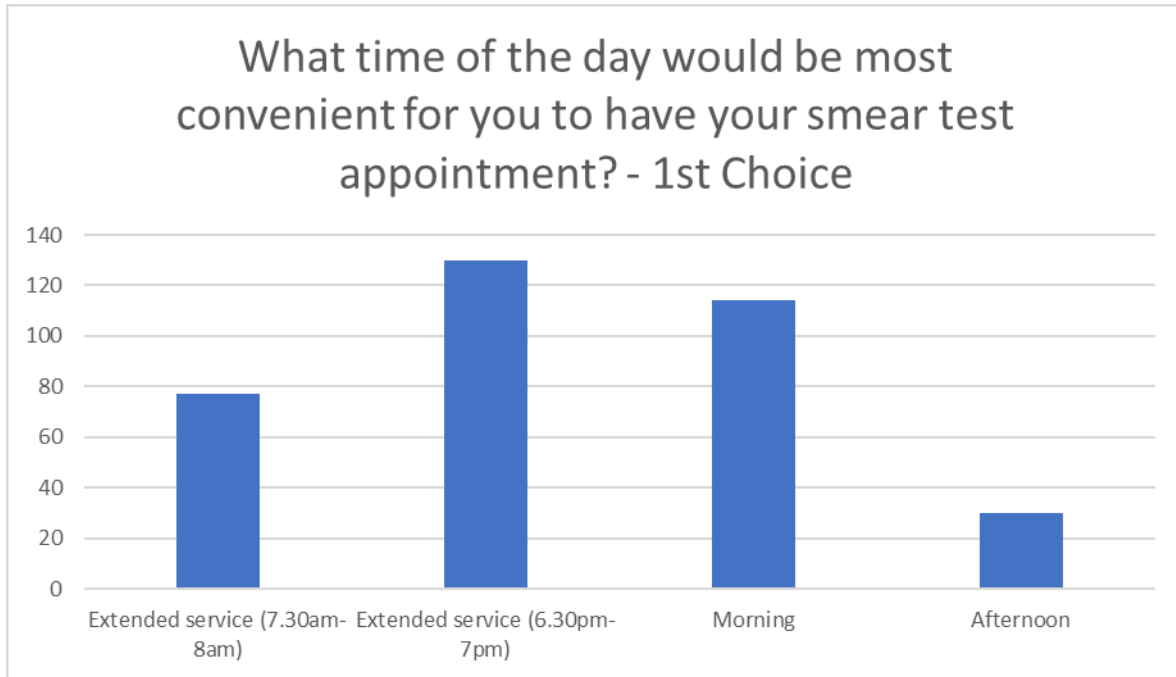


Source: *Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023*

The graph above shows the responses to the question as to what would make it easier for them to access a cervical screening test, the majority answered, 'Online access to booking a screening appointment directly with my practice', followed by 'more out of hours appointment – so it does not affect my work'. Of those who marked 'other' in their response the following theme was identified in their responses:

- Would like home testing offer

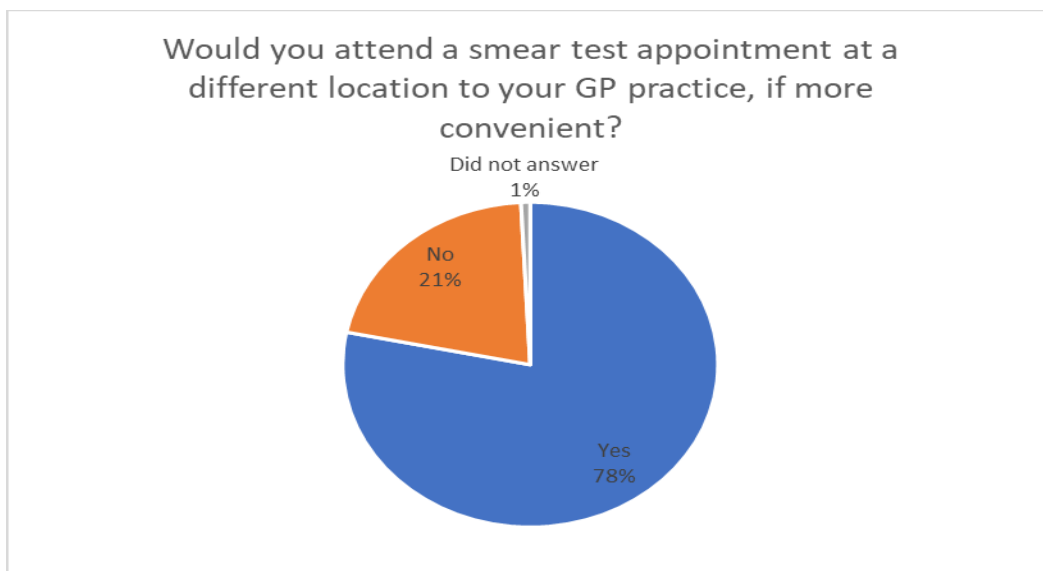
Figure 28: What time of the day would be most convenient for you to have your smear test appointment?



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

The graph above shows responses to a question about what time of day would be most convenient for patients to have their test appointment. The responses for people's 1st choice are displayed in the graph and as can be seen the majority chose 'Extended service (6.30pm – 7pm)' as their first choice.

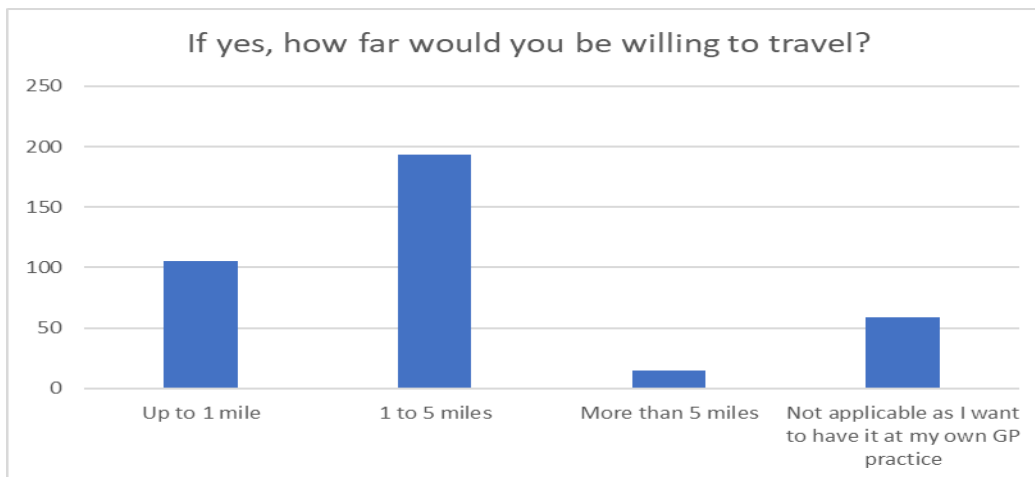
Figure 29: Would you attend a smear test appointment at a different location to your GP practice, if more convenient?



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

The graph shows that 78% of respondents would attend a cervical screening appointment at a different location to their GP practice.

Figure 30: If yes, how far would you be willing to travel?



Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

For those who responded that they would attend an appointment at a different location to their GP practice, the majority responded that they would be willing to travel '1 to 5 miles'.

Figure 31: Ethnicity of survey respondents

Ethnicity	Number	Percentage
White British	305	79.8%
Any other white background (please specify in the 'Other' box)	22	5.8%
Asian or Asian British	22	5.8%
Mixed/Multiple ethnic background	10	2.6%
Prefer not to say	10	2.6%
Black or Black British	6	1.6%
(blank)	2	0.5%
Latin American	2	0.5%
Any other ethnic group (please specify in the 'Other' box)	1	0.3%
Any other white background (please specify in the 'Other' box), Prefer not to say	1	0.3%
Arab or Arab British	1	0.3%
Grand Total	382	100.0%

Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

The majority of respondents were 'White British' at 79.8%. Of the 'Other' ethnicities, the following were recorded; German, Swiss, Italian, White New Zealander, Indian Caribbean, Lithuanian, Cajun, Mixed Ashkenazi Sephardi Jewish, Greek Cypriot, French, White Maltese / Hungarian, European White, and Ukrainian.

Figure 32: Spoken language of survey respondents

Preferred spoken language	Number
English	374
Other	4
English, Polish	2
Albanian	1
English, Turkish	1
Grand Total	382

Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

Figure 33: Have you undergone gender reassignment?

Gender reassignment	Number	Percentage
No	372	97.38%
Prefer not to say	4	1.05%
Yes	6	1.57%
Grand Total	382	100%

Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

Figure 34: Sexuality of survey respondents

Sexuality	Number	Percentage
Heterosexual/straight	349	91.4%
Prefer not to say	15	3.9%
Bi-sexual	8	2.1%
Lesbian/Gay	8	2.1%
Other	2	0.5%
Grand Total	382	100.0%

Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

Figure 35: Religion of survey respondents

Religion	Number	Percentage
Christian	183	47.9%
No religion	165	43.2%
Prefer not to say	15	3.9%
Other	9	2.4%
Muslim	8	2.1%
Jewish	1	0.3%
Sikh	1	0.3%
Grand Total	382	100.0%

Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

Figure 36: Disability

Disability	Number	Percentage
No	340	89.0%
Prefer not to say	17	4.5%
Yes - physical disability	14	3.7%
Yes - mental disability	6	1.6%
Yes - physical and mental disability	5	1.3%
Grand Total	382	100.0%

Source: Let's Talk Health and Care South East London, Cervical Screening in Bromley Survey Results, 22 March 2023 – 09 May 2023

5. Summary of Key Findings

Key findings from the analysis of the dashboard data:

- 30.2% of 19-39 year olds did not attend for screening
- 20.2% of 40-64 year olds did not attend for screening
- 60.6% of people with Mixed ethnicity did not attend for screening
- 56.4% of people with Other ethnicity did not attend for screening
- 51.6% of people with Asian ethnicity did not attend for screening
- 36.1% of people with Black ethnicity did not attend for screening
- 64% of people with an LD flag were not screened
- 29% of people with an SMI flag were not screened
- Eligible people from the more deprived deciles were more likely to not be screened than those in the least deprived deciles
- 5 GP practices had over 50% of their eligible population who were not screened
- 12 GP practices had over 30% of their eligible population who were not screened

Key findings from the analysis of the survey:

- The majority respondents were in the 35 to 64 age groups
- 4% of respondents had never had cervical screening test
- 22% of respondents were overdue their cervical screening test and 16% did not know whether they were overdue
- When asked what would make it easier for them to access cervical screening, the majority answered, 'Online access to booking a screening appointment directly with my practice', followed by 'more out of hours appointments – so it does not affect my work'
- When asked what time of day would be most convenient for them to have their cervical screening appointment, the majority of responses for 1st choice was, 'Extended service (6.30pm – 7pm)'
- 78% of respondents would attend an appointment at a different location to their GP practice, and the majority of these would be willing to travel 1 to 5 miles.

6. Recommendations

Based on the findings of the health equity audit and the results of a survey of Bromley residents to assess accessibility and barriers to cervical screening, our recommendations are as follows:

- Address the identified barriers which impact on residents having cervical screening.
- Provide clear, accessible information about cervical screening, with targeted interventions aimed at those groups who have lower uptake.
- Share the outcomes from our findings with cervical screening providers and clinical practice to jointly consider any adjustments to the service provision and training.
- Work with those practices who have lower uptake of screening, sharing good practice and initiatives that are working elsewhere in the borough.

To deliver our recommendations, the following will be undertaken:

Action 1 - Produce a range of accessible promotional materials, targeted to relevant audiences, which address the barriers to cervical screening as identified by the survey results.

- Produce information leaflets, postcards and posters which promote the importance of screening and some which focus on the key themes identified through the survey such as, pain and anxiety.

Action 2 – Promote these messages and make the materials widely available to Bromley residents.

- Distribute printed materials across the borough through GP surgeries, gyms, retail shops, community centres, children and family centres.
- Promote online and through social media.
- Print advertising.
- Out of home advertising – targeted at areas with lower uptake.
- Looking into the possibility of developing video content focused on survey outcomes to reassure and signpost to other information.

Action 3 – Work with general practice and cervical screening providers to address the issues raised through the survey.

- Present the findings from this work to GP practices and providers through established networks, forums and additional meetings as required.
- Ask general practice to consider offering extended appointments to those who are nervous about cervical screening so they can be reassured and have their questions answered.
- Ask general practice to consider access issues raised through the survey and any adjustments that could possibly be made.

Action 4 – Offer practice education and resources to help increase screening uptake.

- Deliver training to clinical staff on the outcomes of the survey results, addressing poorer experiences which prevent people from returning for further screening.
- Work together to offer a more holistic and tailored approach to cervical screening.
- Work closely with the lowest performing practices for cervical screening uptake to identify particular barriers and consider focused approaches based on their population demographic.
- Develop a practice toolkit to help navigate cervical screening which includes:
 - useful resources
 - signposting information for patients
 - data searches for non-responders to screening invitations.

Action 5 – Offer targeted interventions to encourage those from underrepresented groups to come forward for screening.

- Work with specialist staff supporting people with learning disabilities and those with serious mental ill health, to consider how to increase screening uptake rates. This could include working with Mencap to hold patient focus groups to better understand the barriers and concerns and what we can do to encourage screening.
- Ensure access to easy read versions of cervical screening materials.
- Using community outreach approaches honed through the COVID vaccination programme to reach seldom heard and underserved communities through trusted voices, faith groups and other community networks.

A workplan setting out how the recommendations will be delivered is in development and progress will be reported on a quarterly basis to the One Bromley Cancer Steering Group. A further audit will be undertaken in 12 months after implementation of interventions, to test the impact of our approaches and identify any further actions that need to be taken.

References

Hamer, L., Jacobson R., Flowers, J., & Johnstone, F. (2003). Health equity audit made simple: A briefing for primary care trusts and local strategic partnerships. Retrieved from <http://webarchive.nationalarchives.gov.uk/20160919145853/http://lho.org.uk/download/public/7670/1/equityauditfinal21.1.3.3.pdf>.

SEL Cancer Screening Dashboard: [Cancer Screening \(sharepoint.com\)](#).

[Prognosis](#) | [Background information](#) | [Cervical cancer and HPV](#) | [CKS](#) | [NICE](#).