Health Select Committee

Special supplement on reducing inequalities in cancer screening and immunisation uptake

Update of outcomes from Screening and Immunisations Health Inequalities Pilot

1) **Improving access to childhood immunisations for Gypsy, Roma and Traveller (GRT) families temporarily residing in 'unauthorised' encampments**

Gypsy, Roma & Traveller (GRT) children are identified as being at higher risk for missing immunisations, in particular those communities that travel more frequently. The aim was to improve access to childhood immunisations for GRT families temporarily residing in 'unauthorised' encampments through implementation of a new pathway. There was a review the current pathways and information sharing between key agencies involved with 'unauthorised' encampments, examining if new proposals would be sustainable and to make improvements to the multiagency response, in particular the assessment of health needs (HNA) and identifying children that require immunisations. The previous response was focused on law enforcement with no input from health or local support services. A new pathway was created with an updated list of stakeholders including health visiting, education and the Julian House outreach service. A new information sharing protocol between agencies was established and it was agreed that response time following initial notification had to be immediate. The new pathway was tested in autumn 2018 at the Lansdown Park and Ride encampment. The multiagency team accessed the site, HNA was completed and all eligible children received immunisations. GRT experience significantly poorer health yet despite this greater health need, there is low uptake of health services, including preventative health care. When the new pathway was tested the local GP practice prioritised the children as a vulnerable group to ensure immunisations were received and the multiagency team were able to make recommendations to the Environmental Protection Team regarding the length of stay.

2) **Female Boaters and Access to Cervical Screening**

A focus group was delivered with female boaters to examine the barriers to accessing cervical screening.

The Kennet and Avon (K&A) is an 87 mile stretch of waterway running from the River Thames to Bristol Harbour. It is becoming an increasing popular lifestyle since the canal was restored and fully re-opened for navigation in 1990. The population of 'liveaboard boaters', 'bargees' or 'continuous cruisers' over the years has seen a change in rules for boaters without a home mooring. The waterways are managed by the Canal and River Trust and the current guidance states that boats who do not have a fixed mooring must 'bonafide navigate' the waterway. The guidance means a boat must make a progressive journey from point A to point B, (A and B must be a minimum of 20 miles apart) staying up to 14 days in each place before continuing on their journey. The potential impact on boaters complying with the guidance is vast. In order to comply a boater will potentially be more than 20 miles away from their GP, school, place of work and social networks for part of the year. The cruising guidance therefore has a potential negative impact on access to healthcare, education, employment and there are increasing reports that the isolation from social networks is impacting mental wellbeing. In addition to the complexities of distance, the most populated areas to cruise (Bath – Devizes) spans two counties making referrals across local authorities challenging.

A boating lifestyle is comparatively new and therefore there is little research specifically detailing the health outcomes of boaters without a home mooring. However, there are many parallels that can be drawn from the itinerant nature of boaters and GRT communities. Therefore it is reasonable

to assume that health outcomes for boaters will be comparable with the poor health outcomes evidenced for GRT communities.

Findings from the focus groups

- The participants had either not attended or were overdue their cervical screen
- General lack of knowledge around screening programme from the focus group participants.
- The majority of the barriers were practical. They were related to priorities, being too busy, simply putting it off and 'meant to go but didn't get round to it'
- Priorities for boater women focused heavily on the day to day tasks living on a boat.
- The majority of the group had also not been receiving invites and when they did it was months later. There were a number of reasons for this.
- Difficulties registering with GPs and not being registered with a GP was another barrier for not receiving invites. The pressure to keep moving along the canal made registering with GPs difficult.
- The boaters felt that often GPs were not supportive in terms of registering and using alternative addresses. There was a sense from the group that there was stigma and discrimination once they had disclosed they didn't have a permanent address and there was a lack of understanding of the boating community.

3) **Barriers and facilitators to access and completion of cervical screening for younger women**

- Focus groups and interviews delivered across BaNES, Swindon and Wiltshire with women aged 25-36
- The sample had a high proportion of participants from areas of deprivation - 35% of participants were from areas among the 20% most deprived small areas in the country.
- Two-thirds (66%) of participants self-reported that they had historically either put off, missed or chosen not to attend a screening appointment

Cervical cancer is the most common cancer in women under the age of 35 in the UK and evidence shows that younger women are less likely to attend their cervical screening appointment.
Focus groups and interviews were undertaken with local women aged 25-35 across BaNES, Swindon and Wiltshire. The aim of the research was to help identify the local barriers and facilitators to cervical screening uptake.

Barriers: Four themes were identified: 1) competing priorities; 2) emotional barriers; 3) practical barriers; and 4) previous negative experiences. Barriers tended to be much more emotional in nature for women before their first screen or before having children compared to more practical barriers for women who have had children or who have been invited for their subsequent screens.

Facilitators: It was suggested that talking about screening more openly and positively would help to address emotional barriers (discussion with friends and family, discussion groups and peer support). Pre-appointments may be useful to alleviate first-time fears and women consistently wanted reassurance of a female sample taker. Many suggestions were made in regards to how the screening should be conducted in order to generate a positive screening experience.

Facilitators to tackle practical barriers included timed appointments, alternate ways of booking and text reminders. An accommodating service with flexible hours, alternate settings was deemed to be essential in helping women to attend their screening around work and childcare commitments. Alternatively, women needed help with childcare attending and for employers to be more supportive of time off for cervical screening.

Women felt strongly that education for both sexes around cervical screening needs to start as early as possible, with PSHE or HPV vaccinations as the opportune moment. There was a need expressed for avenues for further information and support and there was little to no awareness of the existing resources and support from Jo's cervical cancer trust.

Recommendations:

- Utilise a community based assets approach to improve cervical screening uptake through discussion groups, locally led campaigns and peer support.
- Identify opportunities to signpost women to alternative sources of information and support, particularly services provided by Jo's cervical cancer trust
- Disseminate local feedback to primary care staff and regularly remind sample takers of the influence of their role on future screening attendance. Ensure staff are trained to improve communication and understanding for patients who have experienced sexual abuse.
- Expand the screening programme into all sexual health settings
- Delivery of education sessions on HPV, the vaccination programme and cervical screening within the school must be included within the specification when commissioning the HPV vaccination programme.
- Encourage employers to recognise the importance of cervical screening; through work based campaigns and health workplace awards.
- Service providers to ensure appointments are offered on multiple days and at a range of different times.
- If not available already, offer alternative ways for patients to book appointments such as online booking systems
- Review the current reminder letter sent by the GP practice to assess the language used and to include reassurance of female sample taker and include the Jo's Trust website
- Send text messages to patients who have missed a screen with a link to either the online booking system or surgery telephone number
- Introduce a flagging system where patients can be reminded to make an appointment for cervical screening either when making or attending other appointments
- Practices to consider trialling or implementing a targeted approach to offering pre-appointments for those who have not yet attended their first screen, and a timed appointment system or drop-in clinic for repeat non-attenders. Review if this improves uptake.