Greater Manchester
Pharmacy Training

The Cervical Screening Campaign

26th February 2019
Manchester
Facilitators

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Unique Improvements

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NHS England
Session Overview

- **Context**
  - National Screening Programme,
  - GM Context / Rates
  - GM Cervical Insight

- **The National Cervical Screening Campaign**
- **Strategies for prompting conversations**
- **Q&A**
NHS Cervical Screening
What Is Cervical Screening (Smear Test)?
The NHS Cervical Screening Programme

• Cervical screening isn't a test for cancer, it's a test to check the health of the cells of the cervix.
• Most women's test results are normal
• For around 1 in 20 women the test shows some abnormal changes in the cells of the cervix.
• Most of these changes won't lead to cervical cancer
• In some cases, the abnormal cells need to be removed so they can't become cancerous.
The NHS Cervical Screening Programme

• All women aged 25-64 years old who are registered with a GP are invited for cervical screening:
  – **aged 25 to 49** – every 3 years
  – **aged 50 to 64** – every 5 years
  – **over 65** – only women who have recently had abnormal tests

• Trans men with a cervix and who are still registered as female with a GP will be invited. (Trans men who are registered as male will need to let their GP know)
The NHS Cervical Screening Programme

- Screens are carried out by GPs – usually by (female) practice nurses

- If women have not booked an appointment after their last invite letter, they should NOT WAIT for their next letter. They should call their GPs and make an appointment.
Greater Manchester
## Greater Manchester Rates

<table>
<thead>
<tr>
<th>CCG</th>
<th>Cervical Lower aged cohort (25-49)</th>
<th>National Rank (Out of 207)</th>
<th>Cervical Upper aged cohort (50-65)</th>
<th>National Rank (out of 207)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trafford</td>
<td>75.3</td>
<td>20</td>
<td>79</td>
<td>20</td>
</tr>
<tr>
<td>Stockport</td>
<td>75.3</td>
<td>23</td>
<td>78.1</td>
<td>48</td>
</tr>
<tr>
<td>Wigan</td>
<td>74.1</td>
<td>49</td>
<td>77.4</td>
<td>63</td>
</tr>
<tr>
<td>Bury</td>
<td>71.6</td>
<td>109</td>
<td>77.2</td>
<td>74</td>
</tr>
<tr>
<td>Tameside &amp; Glossop</td>
<td>71.5</td>
<td>114</td>
<td>76.5</td>
<td>105</td>
</tr>
<tr>
<td>Heywood, Middleton and Rochdale</td>
<td>70.8</td>
<td>128</td>
<td>75.9</td>
<td>132</td>
</tr>
<tr>
<td>Bolton</td>
<td>70</td>
<td>137</td>
<td>75.3</td>
<td>150</td>
</tr>
<tr>
<td>Oldham</td>
<td>69.3</td>
<td>147</td>
<td>75</td>
<td>157</td>
</tr>
<tr>
<td>Salford</td>
<td>66.2</td>
<td>168</td>
<td>72.8</td>
<td>194</td>
</tr>
<tr>
<td>Manchester</td>
<td>62.4</td>
<td>190</td>
<td>71.5</td>
<td>200</td>
</tr>
<tr>
<td><strong>GM Average</strong></td>
<td><strong>70.7</strong></td>
<td>-</td>
<td><strong>75.9</strong></td>
<td>-</td>
</tr>
</tbody>
</table>
Greater Manchester Cervical Screening

Rates lowest amongst
- Younger women 25-35
- BME Women
- Women with Learning Disabilities
- Women in areas of inequality
Case Study 1 - Laura

- Laura has two little girls.
- She calls into the chemist for some child’s cough medicine with them.
- The youngest looks under two years old so you know she has been through pregnancy at least twice within the last 6 or 7 years
Segment 3 – Guilty Mums

- Women aged 35 – 45

- Irregular previous screening behaviour. These women have started a family, although it also includes parents with older daughters who are teenagers or young adults.

- Believe they have a lower risk because that ‘they would have found something’ [during my pregnancy]

- Interruption of habitual screening by pregnancy which may be overlaid with negative reactions to pain and previous experiences

- They would like to be positive role models for their daughters

- Barriers around the practicalities of making an appointment. I.e. Childcare
What might work:

GOAL: Increase the test value by reinforcing prevention and promoting their influence as role models for their daughters, reduce negative opinions around pain

Barriers to reduce

• It’s going to hurt
• I don’t need to make an appointment, I have been checked
• It’s difficult to get an appointment

Key messages to consider:

• Focus on messages that resonate with their role as mothers:
  – Do it for your children
  – Talk to your children
• Reassure women that it’s easy to make a new appointment and they will not be judged
Case Study 2 - Brenda

- Brenda comes into the chemist for some painkillers with her friend Sandra
- The pair of them come to the counter with their purchase and ask about contraindicators
Segment 4 – Older Avoiders

• Women aged 55 – 64, approaching their last invite

• Have typically engaged with screening. Change in screening invite intervals and the approaching end of their programme eligibility mean that they undervalue the screen.

• They justify their decision to delay as having ‘no symptoms’ and ‘nothing found by now’

• They have had enough unpleasant intimate/gynaecological experiences. By avoiding it, this is one less hassle they must do

• Implicit message from their impending removal from the cervical screening programme - that it is no longer important

• Value of the screen is felt to diminish as they get older. When weighed up with the ‘hassle of the procedure’, they decide not to go
What might work

GOAL: Increase the test value by reinforcing immediate and later life benefit, reduce negativity to the screening procedure

Barriers to Reduce
• My risk must be low
• It’s more hassle than it is worth
• Fewer invitations because of their age

Key Messages to Consider
• Reinforce the value of still going; you still have some risk if they are mothers, talk about positive role model behaviour
• Frame the screen as continuing to protect yourself – why stop now, you have done it so far?
National Campaign
Starts 5th March 2019
Public Health England Campaign
GM Pharmacies

- Highlight the **risks** of cervical cancer
- Highlight the **preventative** benefits of the screening test
- Encourage women of all ages to respond to their screening invitation
- Encourage women to consider booking an appointment if they have missed previous invitations
- Tackle barriers to screening such as fear and embarrassment.
## Protection & Risk Messaging

<table>
<thead>
<tr>
<th>Remind women about the risks caused by cervical cancer</th>
<th>Two women die every day of cervical cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate them about the protective and preventative benefits of screening</td>
<td>Cervical screening checks the health of a cervix. It is NOT a test for cancer</td>
</tr>
<tr>
<td>Encourage women to go get screened</td>
<td>Protect yourself from cervical cancer. Go get screened</td>
</tr>
</tbody>
</table>
Public Health England Campaign
GM Pharmacies

- Automatically sent to every pharmacy in Greater Manchester
- **Packs will start arriving from Tuesday 26 February**
- Three attempts at delivery will be made
- Don’t order more from the PHE website.
- **DO NOT USE UNTIL 5th MARCH**
- Contact Sarah Ward sarah.ward22@nhs.net if problems

The pack will include:
Pharmacy briefing sheet, two versions of A4 poster, badge stickers, concertina wallet cards, wallet card dispenser and shelf wobblers
Doing your bit

- Campaigns in the Pharmacy
- Starting brief advice conversations
- Hints and Tips
PharmaOutcomes module

Intervention Outcomes

Have you received your smear letter?
- Yes
- No
- Don't Know

Have you had your smear?
- Yes
- No

Further Comments about your intervention

Further information

Please complete these two questions only once for the whole campaign.

What did you do to promote the campaign (complete only once)

Total Number of Leaflets given out (complete only once)
Campaigns in Pharmacy

• Can you link up with any local projects?
• Use your resources as ‘props’ – conversations trump posters/leaflets
• Don’t be afraid to be creative:
Dot Quiz:
Quiz questions with multiple choice answers

How many lives does cervical screening save every year?

A: 3,000
B: 2,000
C: 5,000
Campaigns in Pharmacy

• Can you link up with any local projects?
• Use your resources as ‘props’ – conversations trump posters/leaflets
• Don’t be afraid to be creative:
  • Theme the pharmacy for a week
  • Make sure all staff are updated
Tips from the insight

• Approach it as talking about ‘risk and prevention’
• Try to avoid raising ‘embarrassment’ and ‘pain’ but respond if it is mentioned
• Make information personally relevant to the individual
• The influence of others is important - Are my peers doing it too?
Good Practice

• Difficult or costly actions will be avoided
  – Need to feel that they can easily do what you are recommending
• Boost self-efficacy (confidence)
• Help people see how they may have succeeded before with a similar task
• Take your cues from body language; use positive body language (smile and nod)
• Record record record !!