

# Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Uptake of cervical screening**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.



## Strategic context

① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

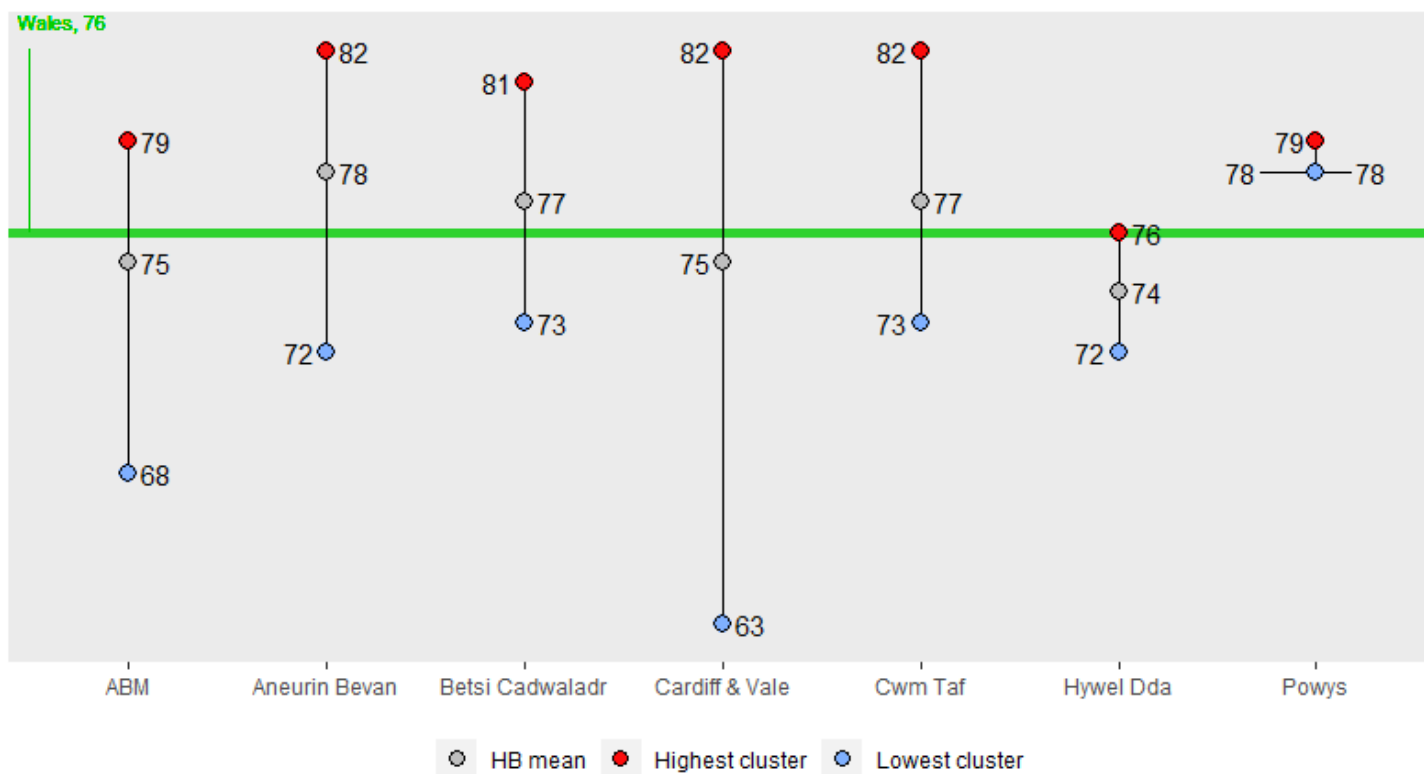
- Cervical Screening Wales ([link](#)) aim to reduce the incidence of, and morbidity and mortality from, invasive cervical cancer; regular screening can reduce the risk of getting cervical cancer by 70% (CSW 2018; [link](#)).
- *A healthier Wales: our plan for health and social care 2018* (WG 2018; [link](#)) highlights the need for a shift towards greater prevention and early intervention.
- *The Cancer delivery plan for Wales 2016–2020* ([link](#)) recognises the role of screening programmes (together with targeted prevention and equitable access to care) in helping to drive down socio-economic and geographical variation in cancer outcomes; it also notes the need for improved screening uptake.
- During 2017–18 national average coverage (an adequate result at least once in the last five years) for cervical screening was 76.1% resulting in detection of cancer in one per 108 women referred to colposcopy; coverage by small area deprivation status is not reported (CSW 2018; [link](#)).
- HPV primary screening (cytological examination only for HPV-positive samples) was introduced in Wales in September 2018; invitation and sampling methods were unaffected.
- Indicators for this topic are reported via Primary Care Measures.

### ▼ PCM national variation

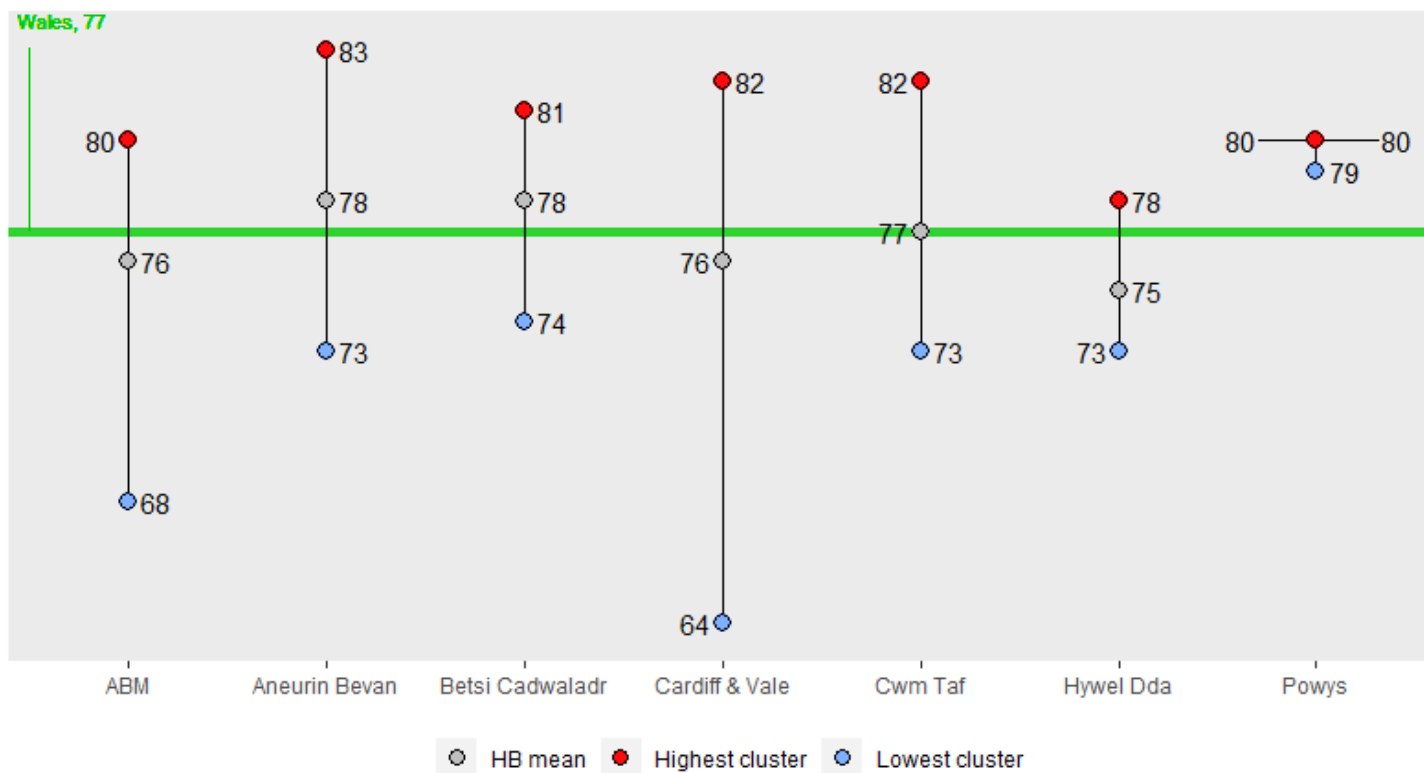
① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare

context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in uptake proportion for cervical screening, by cluster within each health board, 5-year coverage as at Apr 2018 (Source: PCIP, Nov 2019):



Variation in uptake proportion for cervical screening, by cluster within each health board, 5-year coverage as at Apr 2017 (Source: PCIP, Nov 2019):



▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. hypertension reduction) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

*Building a healthier Wales* (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

▼ ⓘ Tell me about: Uptake and coverage

- For cervical screening, uptake of invitations cannot be precisely measured as some tests undertaken in the screening year (1st April to 31st March) may result from 'marginal' invitations, either issued in the previous screening year, or taken up in the following year.
- Age appropriate coverage includes women aged 25–49 years who received an adequate test in the last 3.5 years and women aged 50–64 years who received an adequate test in the last 5.5 years in the numerator.



## Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

### ▼ Make every contact count by opportunistically asking about screening participation

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being —but the principles also apply to encouragement of screening uptake.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Brief intervention by staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance ([PH49](#)); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to participate in cervical screening. Supporting materials are available upon request from the PHW Screening Engagement Team ([e-mail](#) | [e-bost](#)), which can provide a good engagement tool for starting conversations about cervical screening.
- The *Engaging primary care in cervical screening good practice guide* (CRUK 2019; [link](#)) advises GPs can encourage informed participation by: making sure people are aware of the programme and that it can help to prevent cervical cancer from developing; asking them if they have taken part, and encouraging them to participate, even if previous results have been normal; informing them about the benefits and the harms of screening, and encouraging them to read the information pack carefully to help them make their decision; ensuring that any barriers to participation are minimised.

### ▼ Raise staff awareness of the cervical screening programme

- General information resources that may aid staff familiarity with the programme are available from Cervical Screening Wales [here](#) and from Jo's Cervical Cancer Trust [here](#).
- The PHW Screening Engagement Team are working in communities where uptake of screening is low. To find out how they can support your practice/ cluster, contact the Team ([e-mail](#) | [e-bost](#)).
- *Engaging primary care in cervical screening good practice guide* (CRUK 2019; [link](#)) advises training practice staff to help them understand and be able to explain the impact of cervical cancer screening, and the benefits and harms of taking part. CRUK Facilitators can offer tailored help to GP practices (find a Facilitator [here](#)).
- Utilising e-learning resources may empower practice staff to advocate uptake and respond to patient questions about the programme. Public Health England signpost to a small collection of online learning resources [here](#).
- A NICE clinical knowledge summary on cervical screening is available [here](#).
- A short CRUK video describes the cervical screening test; see [here](#).
- *Engaging primary care in cervical screening good practice guide* (CRUK 2019; [link](#)) notes barriers to participation may include: embarrassment; intending to go but not getting around to it; finding the

procedure uncomfortable or fear of pain; worry about what the test might find; previous negative screening experience; finding it difficult to arrange a convenient appointment time; perceived low risk of cancer e.g. not currently sexually active or in a lesbian relationship; and lack of awareness and knowledge of the purpose and benefits of the test.

- Ensure staff are aware of cervical screening eligibility for transgender people registered at their surgeries; further information is available [here](#).

#### ▼ Review access to cervical screening appointments

- *Engaging primary care in cervical screening good practice guide* (CRUK 2019; [link](#)) suggests improved access to screening can be effected by: increasing accessibility, for example by arranging screening clinics at the weekend or in evenings; working with local sexual health providers to assess provision through these services; offering patients the opportunity to bring someone with them to their screening appointment; offering timed appointments; and offering access to female sample takers.
- Joâ€™s Cervical Cancer Trust have produced *Computer says 'no'*, a report outlining access issues to cervical screening and how they can be overcome (available [here](#)).

#### ▼ Raise awareness of cervical screening among patients visiting GP practices

- Cervical screening public information is available from Cervical Screening Wales [here](#), which includes links to information in accessible formats; information for transgender people is [here](#).
- A *Primary care information pack* is available from Screening for Life (not cervical screening specific; includes links to download patient information leaflets, posters, key messages and slides for waiting room monitors); see [here](#).

#### ▼ Review screening uptake/ coverage data and relate this to cervical cancer incidence

- The PHW Screening Engagement Team ([e-mail](#)) will provide GP practice level data and offer support in low uptake/ coverage areas upon request.
- Compare cluster cervical screening uptake/ coverage with health board incidence of cervical cancer ([CAN-004](#); numbers are too low to report cluster-level incidence) to look for any possible association by population characteristic (e.g. by age band, sex, rurality, deprivation, etc.).
- Analysis of local screening uptake/ coverage may suggest a need to focus on how to encourage greater uptake in the event of inequity by age band, or among those who may be experiencing social disadvantage (as measured by deprivation status).
- The *Engaging primary care in cervical screening good practice guide* (CRUK 2019; [link](#)) notes groups with lower participation include: those aged 25-29 and those above 50; those living in areas of high deprivation; those with a learning or physical disability; Black, Asian, Minority Ethnic (BAME) groups; lesbian and bisexual women; and the transgender community. The document suggests actions to remove such barriers.

- Analysis of local cancer pathway data (e.g. via your cancer services manager/ LHB information team) may reveal a proportion of cancers not detected via the screening route and suggest potential points for intervention.
- General approaches to increasing cervical screening attendance are outlined by Jo's Cervical Cancer Trust [here](#).



## Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

### ▼ Make every contact count by opportunistically asking about screening participation

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being—but the principles also apply to encouragement of screening uptake.
- Consider encouraging staff in the wider cluster to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance ([PH49](#)), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being.

### ▼ Raise staff awareness of the cervical screening programme

- General information resources that may aid staff familiarity with the programme are available from Cervical Screening Wales [here](#).
- Utilising e-learning resources may empower practice staff to advocate uptake and respond to patient questions about the programme. Public Health England signpost to a small collection of online learning resources [here](#).
- A NICE clinical knowledge summary on cervical screening is available [here](#).

### ▼ Raise public awareness of the cervical screening programme

- The *Cancer delivery plan for Wales 2016–2020* ([link](#)) calls for targeted action in areas of high deprivation, involving a range of local community services to improve awareness and public

engagement with the national screening programmes. This could involve local partnerships e.g. with community pharmacies (see NICE guidance, below) or other care providers.

- Cervical screening public information is available from Cervical Screening Wales [here](#), which includes links to information in accessible formats; information for transgender people is [here](#).
- An *NHS screening workplace toolkit* is available from Screening for Life (not cervical screening specific; includes links to download posters, key messages and slides for waiting room monitors); see [here](#).
- Promote national media campaigns, such as Screening for Life ([link](#)) or Jo's Cervical Cancer Trust cervical screening awareness campaigns ([link](#)).
- In areas where the uptake of screening is low, the PHW Screening Engagement Team are working with communities and professionals to increase knowledge and raise awareness of screening by delivering local training. To find out more, contact the Team ([e-mail](#) | [e-bost](#)).

#### ▼ Ensure awareness and implementation of NICE guidance

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [[NG102](#)] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.



## What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

#### ▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

① **Caution:** Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

STEP **E**

## What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP **F**

## What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP **G**

## Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP **H**

## What is your provisional decision?



① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now  this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.