



Breaking Barriers: Improving Access and Awareness in Cervical Screening in Blackburn with Darwen

March 2025

Contents

Contents

Contents	1
About us	2
Summary.....	3
Introduction.....	5
Methodology.....	6
Findings.....	7
Academic research.....	16
Method.....	16
Interview questions for participants	16
Interviews with Health Professionals.....	25
Academic Research Poster	33
Case Study: A Personal Experience with Cervical Screening.....	34
Enter and View visits – Cervical Screening.....	37
Young Health Champions Week – Cervical Cancer Awareness Project	42
Recommendations to Improve Cervical Screening uptake	43

About us

Healthwatch was established under the Health and Social Care Act 2012 as an independent consumer champion to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

There are over 150 local Healthwatch across England. The role of a local Healthwatch is to:

Listen to people, especially those who are most vulnerable, to understand their experiences and what matters most to them

Influence those who have the power to change services so that they better meet people's needs now and into the future

Empower and inform people to get the most from their health and social care services and encourage other organisations to do the same

Find out more at: www.healthwatchblackburnwithdarwen.co.uk

Follow us on Facebook: <https://www.facebook.com/BwDHealthwatch/>

Summary

Below is a summary of the key themes for lack of uptake and areas for improvement highlighted by women we engaged with.

1. Fear and Misconceptions

Fear of Results:

Many participants expressed fear about receiving bad news or finding something wrong, leading to hesitation or avoidance of screening.

Procedure Misconceptions:

There was confusion about the screening process, with some imagining it as invasive or painful due to lack of clear information.

Cultural Misunderstandings:

Myths about virginity and the perceived invasiveness of the test were barriers for some participants.

2. Awareness and Education

Low Awareness:

Participants highlighted a lack of accessible and relatable information about cervical cancer and the screening process in their communities.

Need for Visual and Clear Messaging:

Several participants suggested using simple, visual aids, such as posters or videos, to explain the process and its importance.

Social Media as a Tool:

Many advocated for using platforms like TikTok and Instagram to share information, particularly targeting younger audiences.

Continuous Education:

Programmes should not be one-off but ongoing, incorporating regular messaging and accessible sessions.

3. Community and Cultural Barriers

Taboos Around Health and Sexuality:

Discussing health issues, especially related to reproductive health, was considered taboo in some families.

Role of Family and Friends:

Participants often relied on close friends or small family circles for discussions, avoiding larger family conversations due to embarrassment.

Need for Community Initiatives:

Many participants suggested community-based awareness programmes and events to foster open discussions.

4. Healthcare Accessibility

Challenges with Appointments:

Difficulty in booking appointments or distrust in healthcare providers affected participation rates.

GP and Nurse Interactions:

Positive experiences with compassionate nurses were highlighted as a factor that could improve uptake, while negative experiences deterred participants.

Convenience and Familiarity:

There was a preference for having screening at local GP practices due to convenience.

5. Influence of Campaigns and Messaging

Impact of Emotional Campaigns:

A specific example of a poster featuring a child whose mother had died from cervical cancer was mentioned as a powerful motivator.

Relatable Role Models:

Participants suggested that local influencers or relatable figures could help normalise the discussion around cervical screening.

Introduction

Cervical screening procedure

Cervical screening, also known as a **smear** test, is a simple procedure designed to check for high-risk human papillomavirus (HPV) and abnormal cell changes in the cervix that could develop into cancer. Eligible individuals, typically women and people with a cervix aged 25 to 64, receive an invitation from the NHS to book an appointment at a GP surgery, sexual health clinic, or community health centre. During the test, a healthcare professional inserts a small speculum into the vagina to gently widen it, then uses a soft brush to collect a sample of cells from the cervix. The procedure takes about five minutes and may cause mild discomfort but is not usually painful. The sample is sent to a laboratory to check for HPV, and results are usually provided within two to four weeks. If HPV is not found, routine screening is scheduled in three to five years. If HPV is detected, further tests may be needed to monitor or examine any abnormal cell changes. Regular screening is crucial for early detection and prevention of cervical cancer, even for those who feel healthy and have no symptoms.

Cervical Screening Programme in England (NHSCSP)

The NHS Cervical Screening Programme (NHSCSP) invites women and individuals with a cervix aged 25–64 for screening every three to five years, depending on their age. The introduction of the programme has significantly reduced cervical cancer incidence and mortality in the UK. However, in recent years screening uptake has been declining nationally, particularly among younger women and those from ethnic minority backgrounds.

Cervical Screening in Blackburn with Darwen

Blackburn with Darwen, a borough in Lancashire, has one of the lowest cervical screening uptake rates in England. In Blackburn with Darwen, cervical screening uptake has been consistently below the national average. As of 2023, the coverage rates were:

Ages 25 to 49: **59.6%** in Blackburn with Darwen, compared to 66.9% in the North West region and 65.8% nationally.

Ages 50 to 64: **70.6%** in Blackburn with Darwen, compared to 73.5% in the North West region and 74.4% nationally.

The borough has a diverse population, including a significant South Asian community, where cultural, linguistic, and religious factors contribute to lower engagement with the screening programme.

Methodology

Survey responses

A survey was designed and distributed to explore barriers and attitudes toward cervical screening in Blackburn with Darwen. The survey aimed to gather insights on awareness, accessibility, cultural influences, and potential strategies to improve participation. It was disseminated both online through Healthwatch Blackburn with Darwen's social media channels and in community settings to ensure a diverse range of responses. The questionnaire included multiple-choice and open-ended questions to capture both quantitative data and personal experiences. Responses were analysed to identify common themes and valuable insights that can inform future interventions to enhance screening uptake in the area.

Academic Research Internship

A research project, funded by the National Institute for Health and Care Research (NIHR) ARC North West, was conducted based on the survey findings. This study specifically examined the low uptake of cervical screening among South Asian women aged 25–29 in Blackburn with Darwen. Additionally, six interviews were conducted with healthcare professionals to identify barriers they encounter in promoting cervical screening. These interviews were carried out both in person and via Microsoft Teams.

Enter & View Visits

During Enter and View visits, discussions were held with practice managers to gather insights into their strategies for increasing cervical screening uptake. These visits provided an opportunity to ask detailed questions about current challenges and best practices.

Case Study

The case study centres on a South Asian female aged between 35–44, residing in Blackburn with Darwen. The participant's experience highlights the challenges and emotional impact of cervical screening, as well as the broader implications of medical procedures on patient comfort and wellbeing.

Young Health Champions – Cervical Cancer Awareness

During Young Health Champions Week, a group of 6th form students from QEGS worked collaboratively to increase awareness of cervical cancer within the school community.

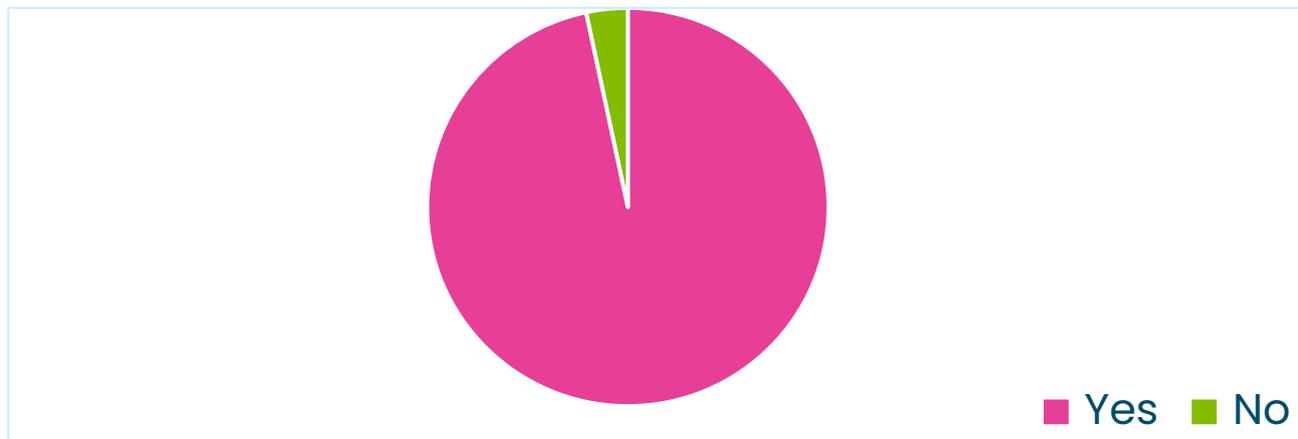
Survey Findings

We conducted a survey to gather insights into the barriers and experiences associated with cervical screening. The survey aimed to understand common challenges such as fear, misconceptions, accessibility issues, cultural influences, and gaps in education. By collecting this feedback, we can identify key areas for improvement and develop targeted strategies to increase participation and awareness.



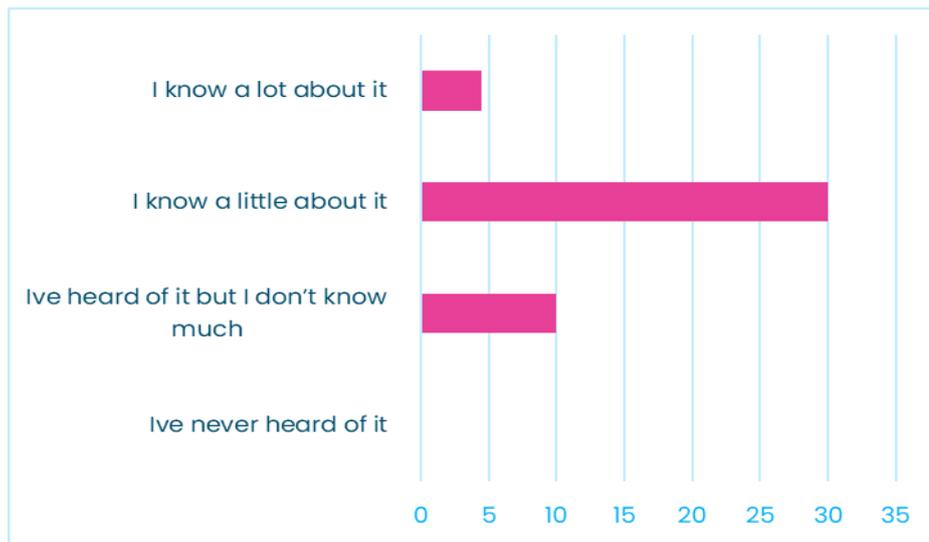
We had 60 responses to the survey.

Have you heard of cervical screening?



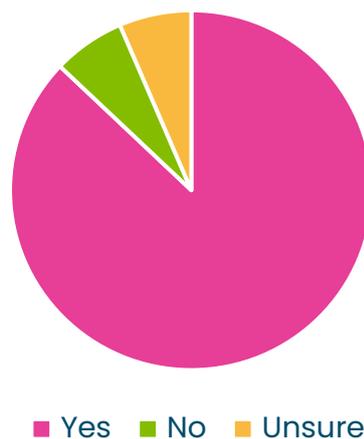
When asked if they have heard of cervical screening, an overwhelming 58 respondents answered yes. This indicates a high level of awareness about cervical screening among the participants, which is a positive finding. However, while awareness is strong, it is essential to ensure that this knowledge translates into action, encouraging regular attendance and addressing any misconceptions or barriers that might prevent individuals from getting screened. For the 2 respondents who had not heard of cervical screening, this highlights the continued need for outreach and education to ensure that no one misses out on this potentially life-saving test.

How would you rate your understanding of cervical screening?



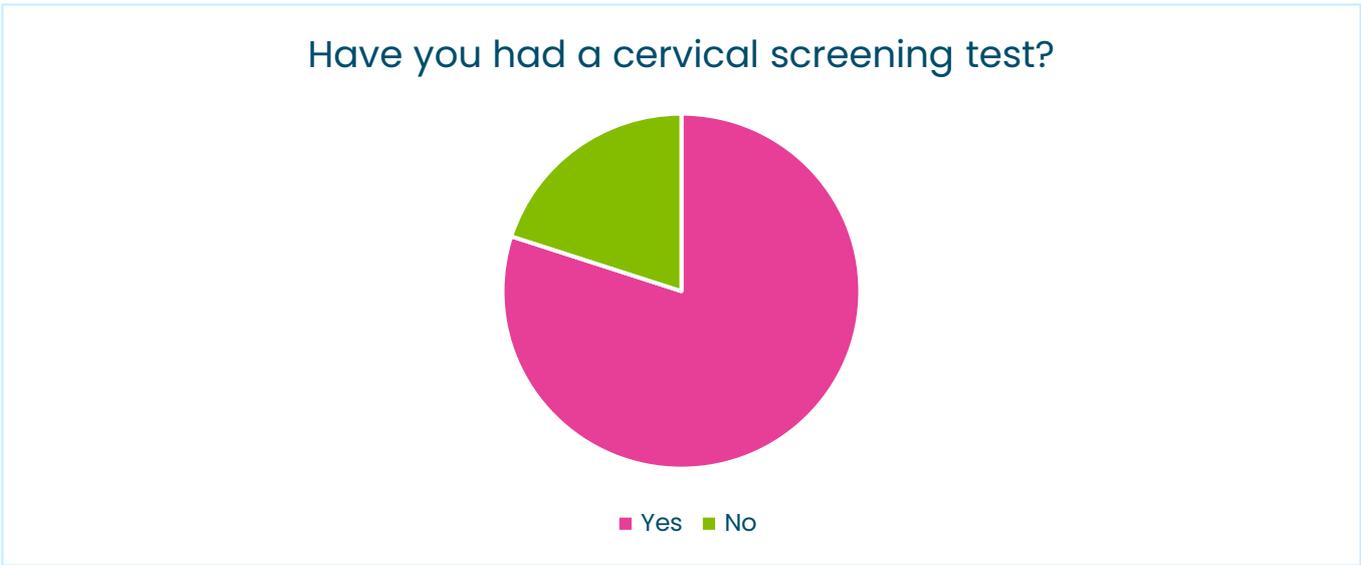
The majority of responses fell under “I know a little about it,” suggesting that while there is a general awareness of cervical screening, there may still be gaps in knowledge regarding its importance, process, and benefits. By addressing these knowledge gaps through targeted awareness campaigns and accessible information, we can empower more people to take proactive steps in prioritising their cervical health.

Do you know that cervical cancer is preventable if detected early enough?



Out of the 54 responses we received, it was encouraging to observe that the majority of participants were aware that cervical cancer is preventable if diagnosed early. This highlights a positive level of awareness about the importance of early screening and intervention. However, while awareness is high, it is essential to ensure that this knowledge translates into action – encouraging regular cervical screening attendance and addressing any

remaining concerns or barriers that may prevent individuals from prioritising their health.



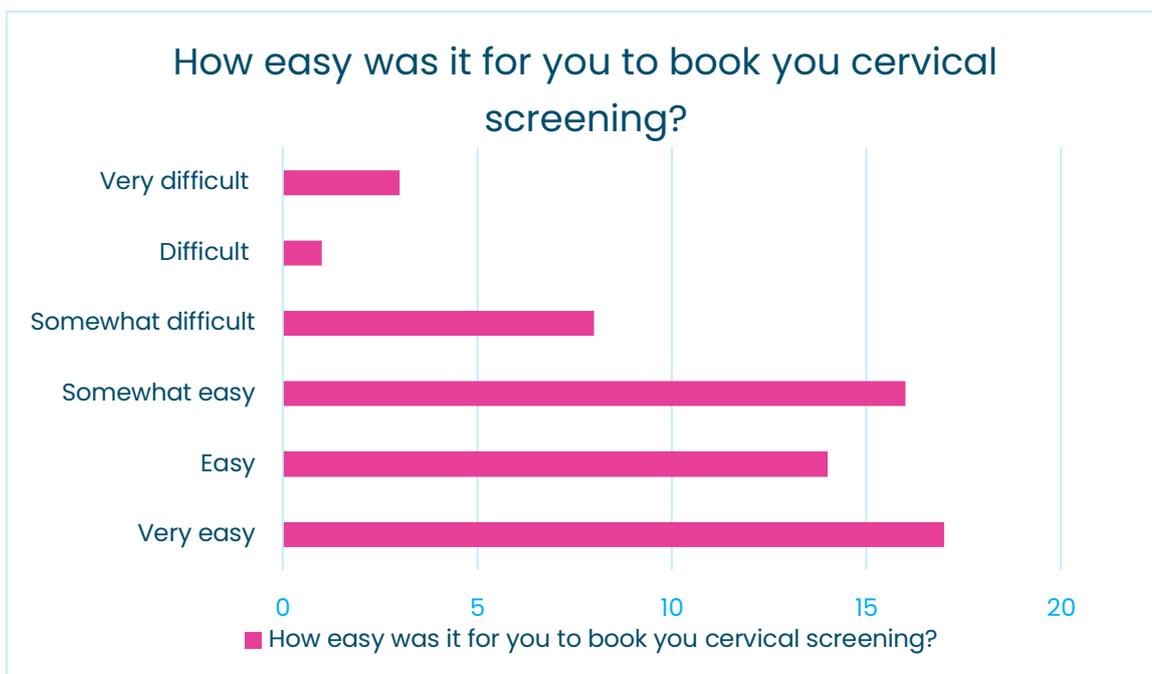
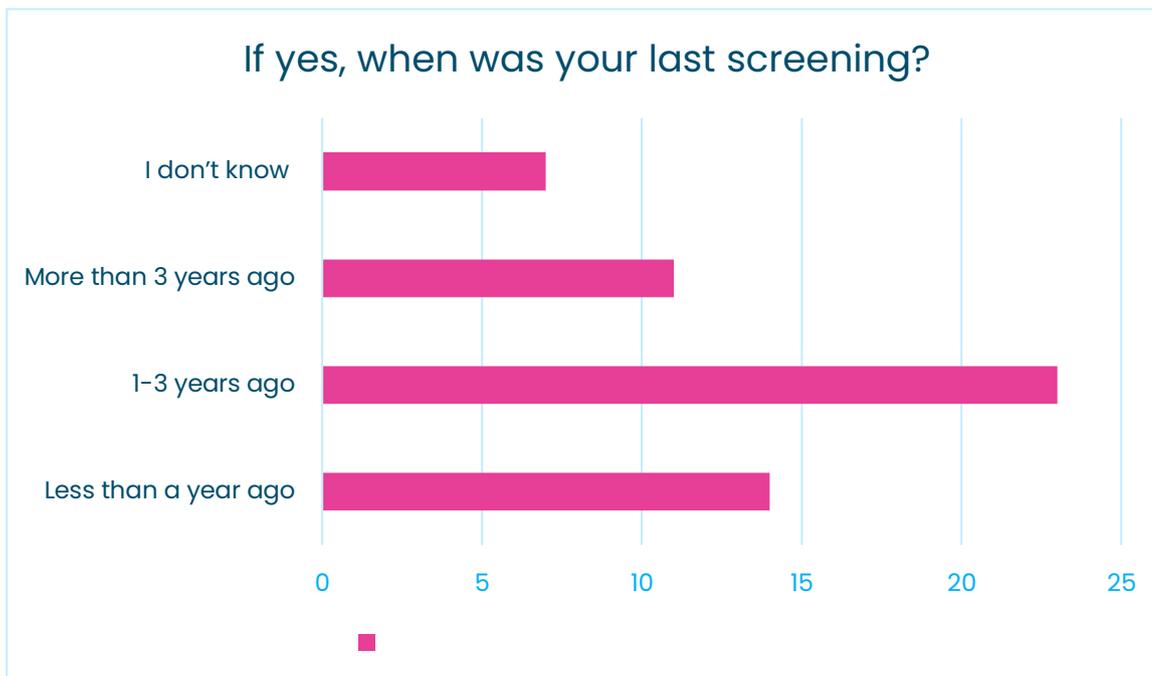
48 individuals reported that they have had a cervical screening test, while 12 stated that they have not. This indicates that a majority of respondents have engaged with cervical screening services, which is a positive sign of awareness and participation. However, the 12 who have not attended a screening highlight a need for further investigation into potential barriers preventing them from doing so.

Some of the responses for not having a cervical screening test were:



- “Not aware of what age it starts”
- “GP have never suggested it?”
- “Doctors cancelled last minute”
- “Not been advised to take the test”

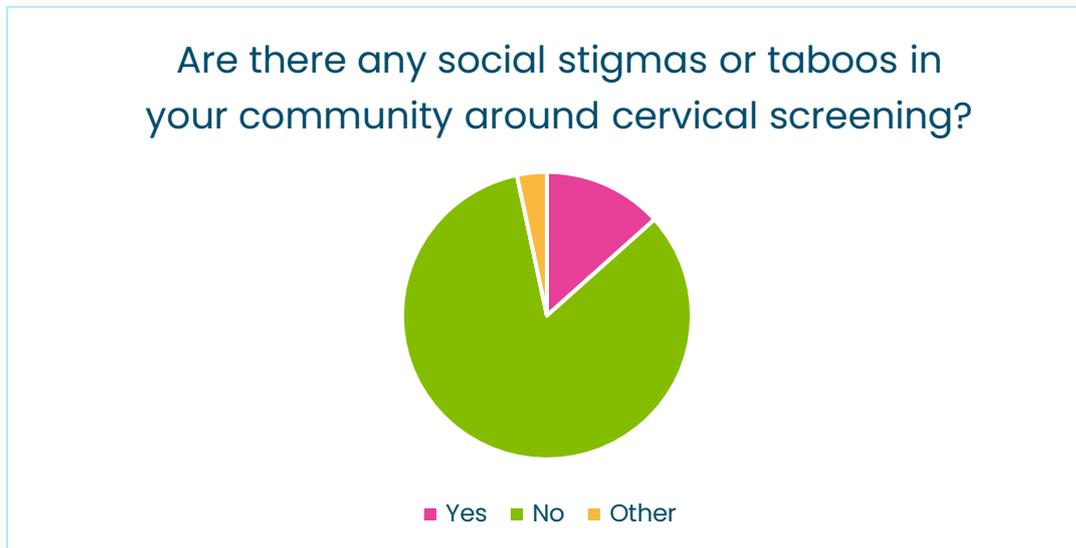




When asked about the ease of booking a cervical screening appointment, **17** respondents found it very easy, indicating that the majority had a smooth experience with the booking process. However, **8** respondents found it somewhat difficult, and **3** described it as very difficult, highlighting potential barriers to access. Addressing these issues by offering more flexible appointment options, improving communication about booking procedures, and reducing logistical barriers could help ensure that more individuals find it easy to schedule their cervical screening.

Do you believe that cervical screening is necessary even if you feel healthy?

When asked if cervical screening is necessary even when feeling healthy, **58** out of **60** respondents answered yes, demonstrating a strong understanding of the importance of preventive healthcare. This highlights that most participants recognise cervical screening as a crucial tool for detecting potential issues early, even in the absence of symptoms. However, the **2** respondents who did not believe it was necessary suggests that some misconceptions may still exist.



8 respondents said they feel there is social stigmas or taboos around cervical screening. Cervical screening may still be associated with misconceptions, embarrassment, or cultural sensitivities. Addressing these concerns through open conversations, education, and community engagement can help break down barriers and ensure that cervical screening is viewed as a routine and essential part of women’s healthcare. We received 2 ‘other’ comments:

“Leave your body alone the more to prod and poke your body the more problems”

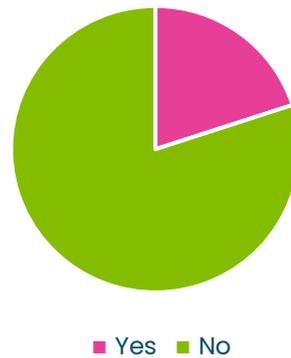
“A virgin cannot go for a cervical test as it can break the hymen, and the girl will no longer be a virgin before she gets married.”

The first comment suggests that examining or caring for your body causes harm, which isn't true; proper medical care and self-awareness are important for maintaining health.

The second comment perpetuates a myth about cervical exams and virginity. It is essential to approach health topics with accurate information to promote well-being.

These comments reflect a misunderstanding or misrepresentation of health practices.

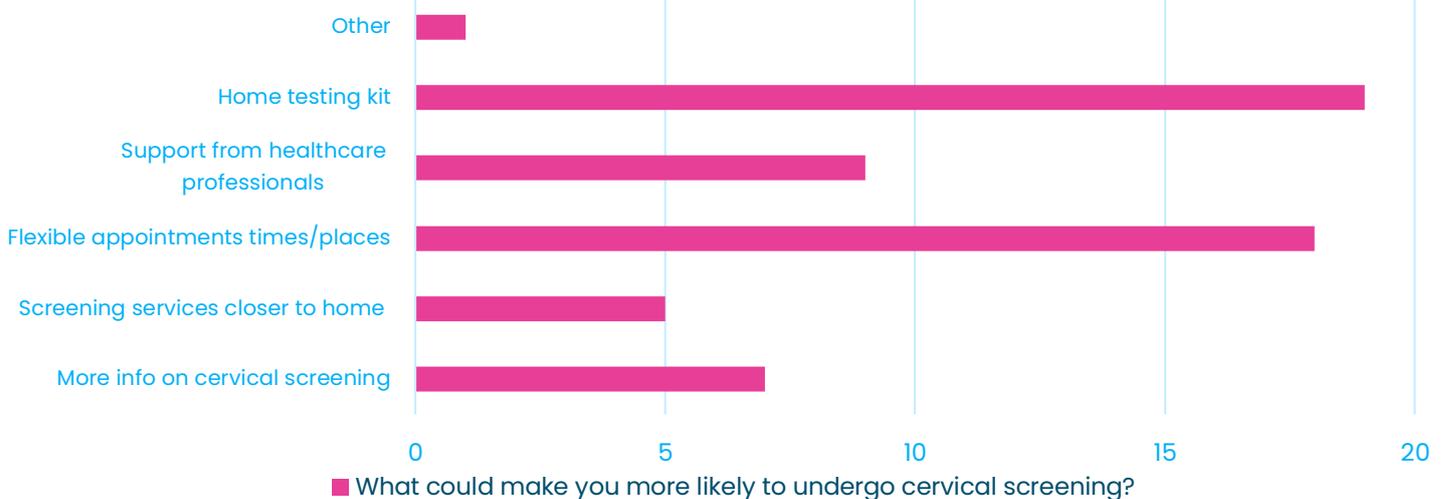
Have you ever avoided cervical screening due to a negative experience?



12 out of 60 respondents reported avoiding cervical screening due to a negative experience. This highlights the need for better support and education to address fears and ensure individuals feel comfortable and informed when attending cervical screenings.

Popular choices for improvements to screening processes were **home testing kits** and **Flexible appointments times/places**.

What could make you more likely to undergo cervical screening?



We had a response in “other” comments:

“Actually, just a bit of understanding from the nurses would go a long way”

What, in your opinion, is the biggest barrier to cervical screening?

"Being scared"

"Fear"

"Ladies being scared of the pain"

"Not enough knowledge"

"Lack of information around"

"Fear to have it done"

"Not enough information and guidance on the importance of having a screening"

"Fear...I've had it twice now and scared if I ever have to have it again cause of pain and discomfort"

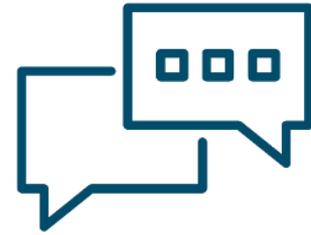
"Fear of results"

"When you work full time it's not easy to make appointments for evenings"

"Appointment times /how far in advance you are able to book and sorting childcare around this. And also sorting around your cycle- so disheartening when you've had so book so far in advance to then have to rearrange closer to the time."

"People not understanding the importance of this be detected early enough to treat"

When asked about the biggest barriers to cervical screening, the most common response was fear or feeling scared (18 respondents), followed by accessibility issues (16 respondents) and lack of knowledge (9 respondents). This highlights that emotional concerns, such as anxiety about the procedure or potential results, play a significant role in preventing attendance. Additionally, practical barriers like difficulty booking appointments, clinic availability, and logistical challenges also deter participation. The 9 respondents who cited lack of knowledge suggest that more education is needed to ensure individuals understand the importance of cervical screening and what to expect. Other responses were around embarrassment, negative past experiences and women struggling to arrange appointment times around their menstrual cycle.



What would encourage more women to participate in cervical screening?

“Being talked about more in general convo”

“More information in groups to discuss the importance and symptoms”

“I think home kits or drop-in sessions”

“More information but in their own languages easy to understand watch videos based on what takes place in the screening”

“Home kits or more flexible times around work”

“Education to women to understand it can save your life - early detection”

“Crèche and being able to book online and scroll all available sessions rather than having to stay on the phone for ages trying to sort”

“Just making it normal and nothing to feel ashamed about.”

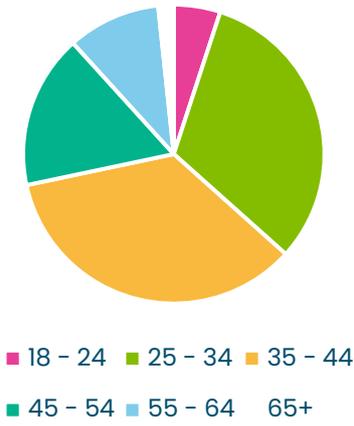
“A more relaxed environment for the screening. Less clinical looking room. The radio playing. Knowing it was definitely a woman doing the screening.”

“More encouragement that it’s ok to be fearful but support that it’s actually ok and not painful.”

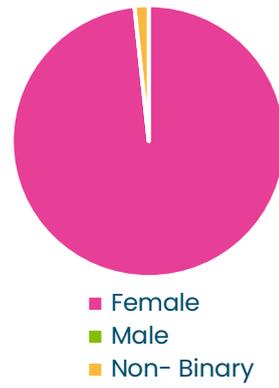
From the responses we received there was a clear emphasis on the importance of normalising conversations around screening to reduce **stigma** and **fear** as this was the most frequent response. **Increased education** and **awareness**, particularly through community discussions, easy-to-understand multilingual materials, and informational videos, would help women feel more informed and reassured. Additionally, providing emotional support to address fears and reassure women that the procedure is quick, not painful, and potentially lifesaving would help increase attendance.

Improving accessibility was mentioned frequently, offering home testing kits, drop-in sessions, and flexible appointment times, especially around work schedules, was also a key suggestion. Many highlighted the need for better booking systems, such as online scheduling with a clear view of available slots, to make the process more convenient. We also had suggestions on creating a more comfortable and supportive environment, including a less clinical setting with background music and ensuring a female practitioner is present, was seen as essential.

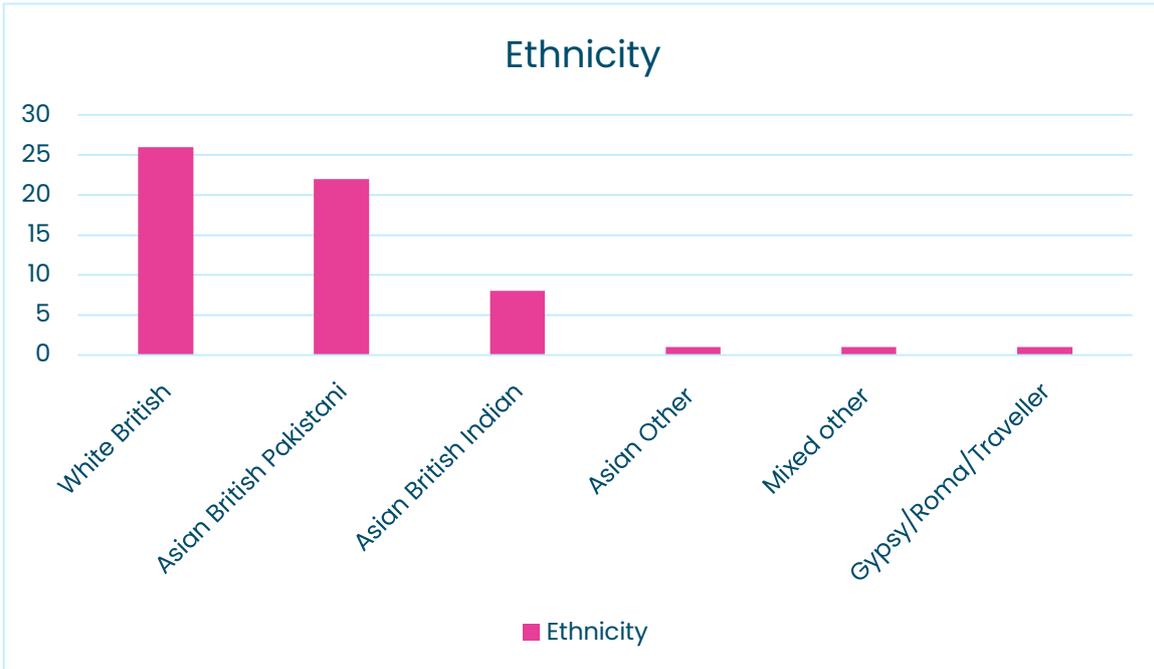
Age



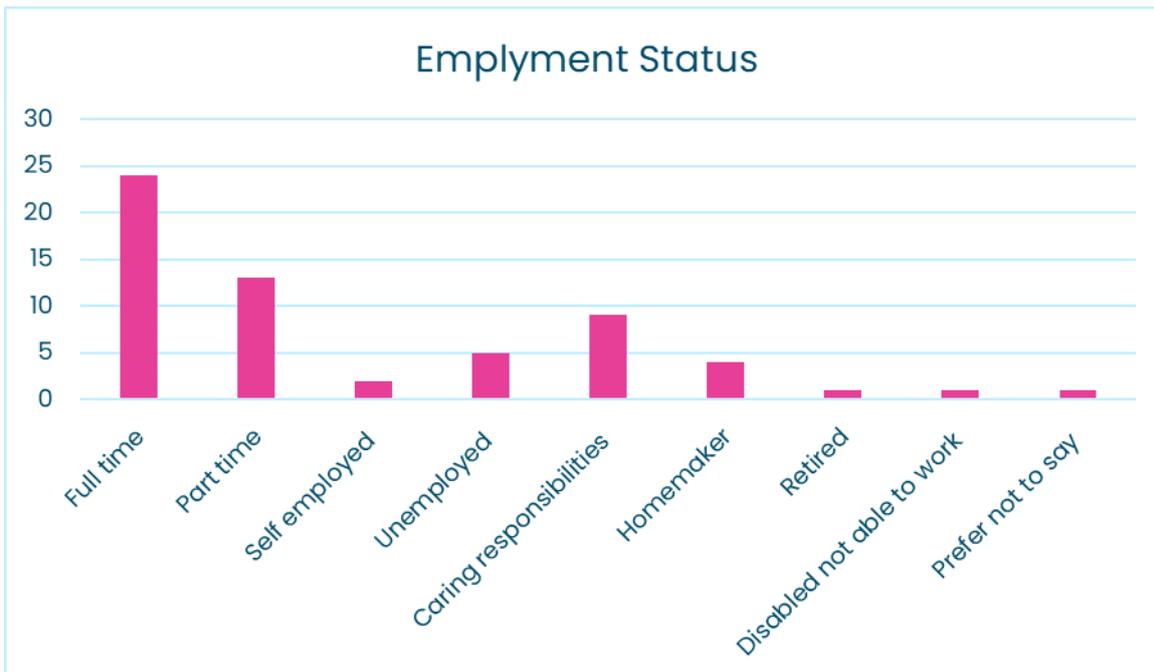
Gender



Ethnicity



Employment Status



Understanding the low uptake of cervical screening amongst South Asian women aged 25–29 living in Blackburn with Darwen.

An academic research project funded by National Institute for Health and Care Research (NIHR) ARC North west has been undertaken based on the results from this survey to explore the low uptake of cervical screening among South Asian women aged 25–29 living in Blackburn with Darwen.

Aim

The study aims to delve deeper into the specific barriers preventing participation, including cultural influences, misconceptions, accessibility challenges, and levels of awareness. The findings will help develop targeted interventions, improve healthcare outreach, and ensure that cervical screening services are more inclusive, accessible, and culturally sensitive to the needs of this community.

Method

A qualitative study of:

- Ten 1:1 interviews with young South Asian women who live in Blackburn with Darwen
- Six 1:1 interviews with Health Professionals working in Blackburn with Darwen.

We recruited participants through:

- Existing contacts and community networks via Healthwatch BwD
- Posters & social media adverts shared through Healthwatch BwD social media channels.
- Contacting local GPs to invite Health Professionals to take part in research.

Interview questions for participants

The interview questions were carefully developed to explore key factors influencing the uptake of cervical screening among South Asian women aged 25–29 in Blackburn with Darwen. The questions aimed to assess participants' knowledge and awareness of cervical screening, accessibility and logistical challenges, cultural and religious beliefs, and whether cervical health is openly discussed within family and social circles. To ensure the questions were relevant, inclusive, and reflective of community concerns, they were developed in collaboration with a public advisor from the South Asian community in Blackburn with Darwen. This collaborative approach helped shape the interviews to capture meaningful insights, ensuring the research effectively addresses the barriers within this population.

Findings

From the ten interviews we wanted to understand how many women had already had a cervical screening and their awareness of screening.

We asked the following questions:

Can you explain to me, based what you currently know, what do you think causes cervical cancer?

"I'm not really sure? Genetics?"

"DNA? Is it something that runs in the family?"

"I'm not really sure? Is hygiene one?"

"I feel a bit embarrassed, but I've no idea?"

"I don't know is it in your bloodline?"

5 women responded "I don't know" and "I don't really know". None of the women knew the cause of cervical cancer.

Do you know how they test for cervical cancer?

"I'm not sure to be honest?" (2) "I've booked a couple of times and I've not actually done it"

"Yes, so they open you up and they swab you and then that's it. I know it only takes a few minutes but it's just the fear of that"

"I feel like they use a probe and then they sort of do a check on the machine scan or whatever it is"

"Is it via your cervix when they open you up?"

While **five** women correctly identified the test, **three** were unsure, and **two** had misconceptions, such as involving a probe or scan. Some expressed fear or hesitation about the procedure, which is common. Increasing awareness and addressing concerns can help more women feel comfortable attending their screenings.



Have you ever been for a cervical screening?



Cervical screening attendance	Total
Yes	8
No	2

It was encouraging to note that eight women had attended their cervical screening; however, not all of their experiences were positive. Unfortunately, some of these negative experiences have led to reluctance or hesitation about attending future screenings.

We asked the two participants who haven't had their cervical screening to expand on why they had decided not to take up the offer.

"I don't know, sometimes you have that fear, what if you find something? But obviously it's the best thing to do to get checked. It's hard to get an appointment even to see a doctor nowadays"

"It's mainly just because I actually had no idea what it even was, you know, why you need it, what it's used for? And I just thought it's just something else I don't have time for. That's really why I've never been for it"

What would make you more likely to attend in the future

"If it was discussed more, if people shared their personal stories. It could be shared on social media? I follow a lot of celebrities. If something is on trend like on TikTok."

"What exactly the importance of it is? Especially for women, I don't know if there's more of an importance once you have a child. I don't know if that's right or wrong, especially now that I have a child. If the letter had more information, I think even visual sort of, you know, images or whatever it is to tell you what it is so that it doesn't feel so scary, especially being like an invasive check, really. I think myself and probably others would definitely sort of discover it."

What did you think when you first received the invitation?

"I didn't like it, it made me think what if I've got cancer? What if I get it done and I get some bad news?"

"Obviously when they described like the clamp has to go inside and open it up it was a bit terrifying about the pain they did describe it's not painful, it's just a bit uncomfortable."

"I was nervous, I thought do I have to get it done? And I tried avoiding it as much as possible"

"When I received the letter, I wasn't sexually active so I didn't think I needed it"

"It was pretty basic really telling the truth. Now I'm thinking about it, it wasn't very informative."

"Oh, I said no, I'm scared I don't know what they're going to do, forget it I ain't doing it!"

"I'd be honest, me and my friends have received the letters, and we were like, oh, did you receive the letter? Yeah, are you going to go for it? I don't know. I don't know what it is?"

"Because nobody really knew, if one of my friends could have told me what it is I might have thought, oh, actually I'll just go and get it done, you know? Because you don't know, your kind of worried, you're a bit anxious, what am I'm signing myself up to? I need to know the benefits."

Summary

A common theme was a lack of knowledge, with some feeling the information provided was insufficient, leading to hesitation or avoidance. Peer discussions also highlighted uncertainty, suggesting that better education and open conversations could help alleviate fears and encourage more women to attend their screenings.

How did you find booking your appointment?

"It was easy, I just rang and booked it"x2

"Quite easy, they were very prompt as soon as I turned 25 I was receiving letters in the post"

"I went into the doctors to book it as it always takes so long to get through on the phone. When I went in I whispered to the receptionist... Can I make an appointment for a smear test please?... I don't know why I did that?"

"Yes it was easy, after 7 or 8 days they gave me an appointment"

"Straightforward, no problems"

"Yes it was at my GP surgery. It was easily accessible, I did feel comfortable there because it was my local GP I didn't mind going in whereas if it was somewhere else like in a hospital or somewhere so I was glad it was at my GP because I knew who my GP was, but yeah it was easily accessible and very friendly people"

"Yes it was ok, I booked it on a annual leave day so it wasn't interfering with work"

"You know about the doctors just even getting an appointment these days, it's really hard. The idea of just actually ringing the doctor's line just to book the appointment was mission in itself."



Summary

The majority of women found booking their appointment fairly easy which was positive, there were a few challenges depending on the method they used. Some found it straightforward over the phone or in person, while others had difficulties with long wait times or nerves about asking for the appointment. There's also a sense that having the appointment at a familiar GP surgery made people feel more comfortable.

Some GP practices send a text message to remind and book the appointment, this gives women the opportunity to choose a day and time which suits them. The NHS announced they were rolling out "Ping and Book" alerting the phones of women to remind them they are due or overdue an appointment, with new functionality being developed to enable millions to book screening through the NHS App next year. <https://www.england.nhs.uk/2024/11/nhs-ping-and-book-screening-to-help-save-thousands-of-womens-lives/>

Would you ever talk to your friends or family about cervical screening?

"Yes"

"I would probably discuss it, but still too scared to get it done myself"

"Yes, because there have been quite a few cases where women have missed the screening and then a few years later they have discovered that they have got cervical cancer its quite terrifying because they could of either avoided the stage that they are if they had the smear test, you know, they could have caught it early."

"Yes I would tell them the truth on whatever it felt"

"Yes if it was 1:1 I wouldn't discuss round a table or anything"

"It's not something that I'd probably raise myself, but if it was raised by others, I probably would give my input, I don't know, I've not got that confidence you know."

"We have WhatsApp groups sometimes somebody will bring it up and there will be people that are saying I'm scared I'm doing it. Nobody knows what it is unless the ones who have already been and they say, 'Oh no, you can't feel it'. Then you still can't trust that person."

"I have cousins, one who is trained to be a midwife, one is training to become a doctor and my sister works in healthcare, its actually ironic that we've never talked about it before!"

"My mum says to get it done, other than that I wouldn't really talk about it any other time"

"My mum would talk to us about it, she is one of those who can talk for the world, she actually gives us a bit of grief saying make sure you get it done, so there is a bit of encouragement from her"

Summary

These responses show a mix of openness and hesitation when it comes to discussing cervical screening with friends and family. While some women are comfortable sharing their experiences, particularly in one-on-one conversations or if the topic is raised by others, many feel too anxious or lack the confidence to initiate discussions. Some acknowledge the importance of screening, citing real-life cases where early detection could have made a difference, while others rely on encouragement from family members, particularly mothers. Group chats, such as WhatsApp, sometimes serve as informal spaces for discussions, though scepticism remains about others' reassurances. Interestingly, even those with family members in healthcare admitted they had never discussed cervical screening, highlighting the ongoing need for more open conversations and awareness.

What do you think could be done to encourage more South Asian women to take up cervical screening?

"More information in places like swimming pools/ ladies changing areas and stuff because I know I'm always reading stuff what is in there"

"I've not come across any, any cervical screening seminars or groups or you know, in the local community centre. I've not really seen much info on about it. Sometimes even having like translators in sometimes even throwing a little freebie in like a pencil or something, you know, things like that."



"I went to the toilets in our local town centre, there was a poster of a little boy he was the same age as my son at the time that prompted me to book it because it was a picture of a little child about two years old and he was crying on the stairs. And it said my mum didn't get a test done.

So the meaning behind it was his mum died because she didn't get cervical screening done, I couldn't get that image kept coming in front of my head. So that did prompt me to the first time ever to get it done."

"I think just to make them aware and have a few more case studies or maybe in different languages that they understand about how important is and the cases where it has been missed and then literally like a few years later where they have discovered it and if they went to that smear test, it could have been caught earlier."

"Younger South Asian girls are afraid because they're not sexually active and it's just a thought of something going up to cervix and opening up. There needs to be more face to face talks about it"

"When I was younger there was always these drop ins at the local community centre and if you've got Q&As you could ask them. There isn't anything like that anymore, a lot of people use to attend as they use to give out free pens, toast etc we love a good freebie!"

"If more celebrities get it done and they show it on adverts and maybe TV programmes and then people like they know that it's straightforward, It's basic. To show it's not a long procedure because when Michelle Keegan filmed it, she showed timed it was 4 to 5 minutes the whole procedure. I think people just assume that it's going to be like 1/2 an hour not all Asian women have family to talk to as well about it so I'd say more advertisements."

"Doctors have like a table or something with leaflets on or having someone to speak to saying you know, have you ever thought of doing this?"

"There is a lack of awareness, there is nothing out there even billboards. People think it's a private matter or whatnot, but nobody's private these days and they can get the message across that it's not a procedure so more awareness, because right now I know about 8 of my friends are scared to do it that's quite a lot, isn't it?"

"We need more billboards, social media, even 10- 20 sec ads on social media, if not social media, TV because it's a wide subject. Cervical screening could even get it on TV. Do you know what I'm saying? just put the main points out there, don't make it into like A-Z and include it's not a procedure it's just a 10 second thing? You ain't going to feel it, people will be running to get it done, it's needs to be done, doesn't it?"

"I think knowing more about what it is So don't if there could be posters or when you get the letters, more information in the letters on what is cervical cancer? What is the check? What does it entail? Maybe a visual sort of image or something? Maybe, when you're sort of going to antenatal appointments and things like that for example the more it's out there, then obviously you know what you're signing yourself up to."

"I think it does come back to awareness, trying to reduce the stigma around it. There is a lot of stigma around what should and shouldn't be done prior to marriage more or less. However, obviously if females are made aware of the signs and symptoms to look out for if they are experiencing something they could potentially come forward and they might even just go and get a cervical smear so I would defiantly say more awareness. Maybe, information on what it entails pictures/images and speak about the procedure the instruments used but definitely awareness."

"TikTok is viral, social media is probably the best bet as I know with a specific generation we don't tend to look at letters it's like I said when I got my letter I thought "I'm not doing it" Say for example a video we might watch the video if its intriguing enough you would stop and watch the video it could tell you what the test entails and why you should get it done, what's the benefits of getting it done, it might actually encourage people to go and getting it done. So definitely social media and erm I don't really want to say don't do letters because letters are still good but maybe leaflets and posters? It's something to look into, some people might not feel comfortable. For example if they come across a poster and think oh this is something I've been concerned about, its discreet it's not going to put a label on them if that's what they are worried about so they would just come forward based on a poster they have seen."

"Probably to have more information on why we have to have it done, because we just get told its for cancer but I don't know how it turns into cancer so I definitely would say we need more information on it."

"I think like older generation kind of think its rude it's not clean and mention facts that you shouldn't go for it because it makes you impure if you're a virgin, you not a virgin anymore. I think that's the kind of audience we need to look at more and kind of having more, say posters in their language or have more meetings, some areas have like leaders, but like people you can talk to. Hosting events people like yourself or like people who could speak the language come in and explain the importance of them going for their cervical screenings. Also, promoting to their daughters and grandchildren, that kind of thing because if I was to go to my mum and say, should I go for mine? She'd say, yeah, as she is pro screening but my friend's mum was like, no, like don't go for you don't need to."

"Personally I think it's the fear of having it done. I think talking about it, to be honest. I think people who have had it done, if they talk about it more within communities, I think that's the that's the only thing. Word of mouth I strongly believe in to be honest, I think it's the best way forward. And I think people don't want to pay attention to leaflets. I'm quite strong on the word of mouth."



Summary of suggestions of improvements from Participants

Information in local areas – Changing rooms, local shops and community spaces.

Educational groups in community settings to raise awareness

Using case studies and real life stories to highlight the importance of Cervical Screening

Powerful messaging in posters to capture attention

Celebrities/ local influencers to share social media posts relating to the subject

Clearer invitation letters using images and step-by-step guidance on what happens during a smear test.

Increased awareness of symptoms to encourage early detection

Empowering all generations for Cervical Screening Awareness

All GPs to provide an online booking system



Interviews with Health Professionals

As part of the research study we interviewed 6 Health Professionals (smear takers) to understand their experiences and suggestions for improvements. It adds valuable insights into the systemic and practical barriers they encounter when delivering cervical screening services. Their experiences help bridge the gap between patient concerns and service improvements.

We asked the following questions-

What do you think the most common concerns or misconceptions patients have about cervical screening?

"I think a lot of women, particularly within the South Asian community think they don't need screening for ethical reasons and feel they might not be able to have a cytology screening test. They think that because they're not sexually active, they don't need it. In terms of being sort of a bit unsure on what the screening test is for, why are we doing the screening?"

"I think people are worried that it might hurt. I think they don't necessarily understand the procedure and what it involves, it's kind of quite an intimate procedure. I think a lot of people don't necessarily understand what a cervical screening is, what it's for? We've got women who don't even necessarily understand periods or menopause or anything like that. So they don't necessarily understand what a cervix is or why they need to keep that healthy as well. I think people have busy lives, they might not necessarily understand the information coming through to them."

"There's a lot of Asian ladies coming from abroad a lot of them are coming from Pakistan and they've never had a smear done before because it's just not done over there. So when I say to them 'your smear is due would you like one?' They're like, 'What's this? We've never heard of it?' After explaining they then go back and get their husband's permission. It's frustrating for me, this isn't all of them this is some of them. I speak the language, I'm very able to, you know, explain to them, some of them will decline some of them will go through. I think it's the fear of not knowing and the fear that it's painful and it hurts."

"We've got a very high population of Pakistani women so we've got a very low smear intake. So I thought, well, I'm sure there's something we can do about that. I was sort of putting the feelers out to try and find out what, what was going on in the community as to why the uptake was so low, there were lots of reasons. First reason a lot of the ladies in the community were having the smears with Mrs Data, the doctor and she retired. So they had the understanding that they had to have their smear with a doctor and there's no female doctor, so they didn't want to come, the next thing is we have struggled to have a nurse here so having a regular nurse who does the smears and the patients being aware of who that is. The other big issue that we have is that a lot of the women of that the age range we are talking about are not married and it's a big taboo to talk about anything or have any examination down below. It is very much negatively reflected on. Some of them are newly married or sometimes the husbands are very against it and it's forbidden and not allowed. The more positive experiences that women have and they go and share with their friends and their families and that gets

passed out, that will help but at the minute we're fighting a bit of a difficult battle, shall we say."

"I think misconceptions are it's really painful I think a lot of women don't understand HPV. They've never heard of it, so they don't actually know what's being tested, they feel like they're getting tested for cervical cancer, which they're not I think that scares them. That's why they don't really uptake in the in screening a lot of the time and it's because there's not a lot of education out there in the general about HPV and what it is and how we catch it. I think if there was more information out there, then we would probably be more open for screening"

"I hear quite a lot of misconceptions, I think it's because it's an invasive procedure and you've got to get your private part out I think that people feel embarrassed. I think some of the misconceptions is they've always heard a horror story or somebody's been and had an bad experience a lot of women will listen to somebody else's story rather than experiencing it for themselves and I think there's a lot on social media that's probably incorrect information that kind of is a bit scaremongering for people as well."

Summary

Many women, particularly in South Asian communities, have misconceptions about cervical screening, often believing they don't need it due to cultural or ethical reasons, especially if they are not sexually active. A lack of understanding about the procedure, HPV, and cervical health contributes to fear and hesitation. Concerns about pain, embarrassment, and the intimate nature of the test deter many, alongside social taboos and the need for spousal permission in some cases. Misinformation, negative experiences, and the absence of female healthcare providers further reduce uptake. Increased education and positive discussions within communities could help address these barriers.

How do you support patients if they are less inclined to attend their appointments or do not attend screening?

"We do quite a bit of promotion, things like on the website, on the newsletter promoting cytology, patients receive letters to come for screening. If a patient doesn't attend, for example we give the patient a phone call, and ask if they have any questions. Sometimes patients have got questions prior before booking in so we'll book telephone calls with cytology takers just to answer any concerns that they've got, offer them information"

"So it's something that we do on repeat appointments, we can chat to them about it, talk them through the procedure. So we're kind of here when they're ready. I'll say our nurses build up that rapport, really. I'd say that's probably the way we would encourage someone to come in and get that done and I think that's the key as well making patients feel comfortable to want to come back."

"I do explain to them the importance of having smear has done and why they're done and every opportunity I do get when they do come in, whether it's for the normal health check or a blood test or you know, I do go over it again and again. Sometimes I will have a lady who is due her smear and I'll say if you want, I can

do it 2 minutes, it's over and done with, you know, and get it over and done with. Some will agree and some will decline because they're not ready for it."

"What we try and do is give them a ring. Once I've already spoke to them, they do tend to come."

"I don't know about what happens in primary care, but if somebody fails to attend the clinic for Colonoscopy or a smear, then we do write them a letter and say we will send you one more appointment. However, in the meantime, do you want to discuss anything with me? Because they might have like, I don't know, a disability that they can't get here or they haven't got any money to get here or, they're really frightened, so giving them opportunity to contact you. We do a fail to attend audit yearly to get reasons of why people haven't come and it varies really most of them, they forgot their appointment because they're busy, which is we all do it, don't we? but we have had things such as "I'm disabled I came to the car park there were no disabled space so I went home"

"The thought of the process is very traumatic in the fact that I'm, I'm a stranger and I'm looking at their private parts and touching them and that can bring back post-traumatic stress disorder for them. Some women just don't like the fact it's a stranger touching their private parts. For me, I'm trying to establish what the issue is first. Sometimes I won't get somebody in clinic, and I'll be able to do their smear on that day. It will take a couple of appointments to work towards so it might be educating them in how important and can be very lifesaving. I kind of do it gradually into what suits them, I'm very keen on let's play some of your favourite music and I'll get my iPod out and put some music on for them, its little things like that what can make a big difference. "

Summary

The approach to encouraging patients to attend smear tests and cytology screenings is focused on education, support, and reassurance. Efforts include promoting screenings through newsletters, phone calls, and offering consultations with cytology takers to address any questions. Nurses build rapport with patients, emphasising the importance of the test and offering to perform it during other appointments. For patients with concerns, a sensitive and gradual approach is taken, sometimes offering music or extra time to make the process more comfortable. Additionally, follow-ups for missed appointments include letters and opportunities to discuss barriers, with an annual audit identifying common reasons for non-attendance, such as transportation issues or fear of the procedure.

What training do you receive on cervical screening techniques and guidelines?

"Every 3 years I will do a face-to-face update and complete an e-learning module yearly"

"Annual training and receive up to date information"

"Complete a refresher once a year"



“As we are have to re-accredit, we attend an annual conference the British Society of Colposcopy and Cervical Screening as well as online training and E-learning”

Summary

Cervical screening training is regularly updated through a combination of face-to-face sessions, e-learning modules, and annual refresher courses. Some practitioners complete yearly training to stay informed on the latest guidelines, while others attend conferences such as the British Society of Colposcopy and Cervical Screening for re-accreditation. This ensures they remain up to date with best practices and advancements in cervical screening technique.

How do you feel cultural or social factors affect women’s willingness to participate in cervical screening?

“A lot of women, but you know, the ones that are not sexually active, for example, because, you know, certain religions nor sex before marriage, that kind of thing. We get young women coming in that are not sexually active or they don't think they need a smear test because they think that HPV is only contracted when you've had sexual intercourse, that kind of thing.”

“I don't think its talked about particularly in South Asian communities, not talking about sex or private parts isn't necessarily something which is discussed. I think there is potentially language barriers as well”

“Not having screening until they are married and cultural barriers of them needing to ask for their husband’s permission”

“Yes massively, they feel like they don't want to engage because if your results come back positive then it means you have something wrong with you”

“So cultural wise, again, is education because they're not told about it and family members maybe not speak about it. There may be a misconception that I've only been married once I've only been with one partner so therefore I don't need the screening, there is thoughts around people who get cervical cancer are the ones that sleep around unfortunately so from a cultural point of view, I think again, it's just education and embarrassment and not being able to discuss it with friends and things like that. From a social point of view, I feel women who have got children, they tend to put themselves on the back burner.”

“So you get your smear letter and get a pamphlet that comes through its all written in the English language, but some women, they have no concept what that means when I did my dissertation we'd never used the term cervical screening. We used to use the word smear and smear in different languages means different things. There was a concept of that doesn't mean what it was means in their language so that's a potential barrier. Misconceptions are women worried about what this procedure actually entails, and I think there's a big stigma that it's a cancer test. I never refer it as a cancer test because if you're HPV positive, it doesn't necessarily mean you've got cancer. I think childcare is a barrier we offer appointments, 9 till 5, but if you're a working woman like myself, I

work 9 till 5 it's hard for me to get an appointment to do my smear, because I'm at work"

Summary

Cultural and social factors significantly impact women's willingness to participate in cervical screening. Religious beliefs and misconceptions, such as the idea that HPV is only contracted through sexual intercourse, lead some women to believe they do not need screening. In some communities, particularly South Asian ones, discussions about sex and private health are taboo, creating barriers to awareness. Language differences and misunderstandings about terminology also contribute to confusion. Cultural expectations, such as needing a husband's permission or prioritising family over personal health, further discourage participation. Socially, stigma around positive results, fear of cancer, and practical challenges like childcare and limited appointment availability make accessing screening difficult. Education, open discussions, and accessible information in multiple languages are key to overcoming these barriers.

What changes or improvements do you think can be made for the specific communities and demographics that show lower participation rates?

"Women's health promotion"

"Information which is easier to understand or a community champion"

"I think a lot of the Asian women say I can't come, I've got the children. I think we should do Saturday appointments for smears and maybe leave a couple of slots free in the clinics when we get these patients in, we can do a smear there and then and talk to them about it. I know some women don't want to go to a health centre like Barbara Castle they are more comfortable at their own GP and the nurse that they see."

"I think there isn't a generally wealth in leaflets and information in alternative languages. It's shockingly bad. I struggle to find a smear leaflets in Urdu or Farsi etc. They get their letter through, they will get an information leaflet in English and if that's not their first language, they just chuck it. I know it's hard to find out when you're sending letters out to who is English, who is Chinese etc as you can't make an assumption looking at a name."

"Could antenatal clinics do a little more? Could midwives check cervical screening history. It's an opportunity to pick it up and talk to them about it"

"Education! The amount of women that I see who say to me afterwards "That was nowhere near as bad as I thought it would be"

Summary

Improving women's health promotion and cervical screening participation requires better education, accessibility, and culturally sensitive approaches. Providing information in simpler language or alternative formats, such as community champions, can help bridge communication gaps. Many women, particularly from Asian communities, face barriers like childcare, language limitations, and discomfort with unfamiliar healthcare settings. Offering Saturday

appointments, integrating screening discussions into antenatal care, and allowing opportunistic smear tests during routine visits could improve uptake. Additionally, there is a lack of multilingual resources, making it difficult for non-English speakers to understand the importance of screening. Education is key, as many women find the experience far less daunting than they initially feared.

What educational materials or methods do you feel have proven most effective in informing patients about the importance of cervical screening?

“Personally, I feel like talking to a smear taker so they can answer questions, we’ve got leaflets but they are not always the best”

“Hands on demonstrations really, showing them, the equipment used and discussing what you are going to do”

“Holding coffee mornings at the surgery on a Saturday offering tea and biscuits and talk about women’s health in general not just about smears”

“Face to face every time. They won't read it, give them a poster, they won't read it. Possibly, some things on social media, but I'm social media but I never see anything on there about cervical smears.”

“I think just ask, ask the question, do you know what a smear is? Do you know what the benefits of it are? If you don't, this is what the benefits are. Just ask the question. They might be going for something else, maybe for a asthma checkup. I used to work with a GP, she used to come in once a week and do colonoscopy and she were amazing she'd be and then these patients would turn up the like “Doctor Craig got me to come when I went for my bloods!” That’s what we need all these women coming through.”

Summary

It is clear that one-to-one, face-to-face conversations are the most effective way to encourage cervical screening participation. Women are less likely to read leaflets or posters, so speaking directly with a smear taker allows them to ask questions and address concerns. Hands-on demonstrations, showing the equipment and explaining the process, can help ease anxiety. Community-based approaches, like coffee mornings at GP surgeries, provide a relaxed space to discuss women’s health. Opportunistic conversations during other appointments, such as asthma checkups or blood tests, can also prompt women to attend their screening.

How can healthcare professionals collaborate with community organisations to raise awareness and encourage screening?

"I think it all boils down to funding. I'd be quite happy to do more health promotion around smears and that kind of thing. It's something I quite enjoy but when you've got busy clinics it's not something you can go out and do. My manager isn't going to want to lose me for an afternoon a week?"

"We are currently holding drop-in clinics in family hubs, taking the approach of go where the people are. We are also going to be holding women's wellbeing cafés"

"Attending schools and nurseries you know were mums go? Maybe hold a coffee morning there and talk to them"

"I've been asking around for months now. Do we have a women's community forum? Do we have a women's group? Do we have a childcare group? Do we have anything anywhere to support women? The answer is **no**. I would love to set one up, a community link for Asian women to get support with health issues they don't want to talk about somewhere they won't get judged you know things like that. There's nothing at all."

"I recently attended a women's health event for refugees and asylum seekers, somebody emailed my team asking if we would be interested in attending from a cervical screening point of view it was great. I don't usually ever hear about these events"

Summary

The poster is for a 'WOMEN'S WELLBEING CAFE' organized by Brook. It features the Brook logo at the top left. The main text says 'JOIN US AT THE WOMEN'S WELLBEING CAFE'. Below this, there are four bullet points with checkmarks: 'Chat about your health and wellbeing', 'Meet other women and families', 'Find out about family planning & women's health', and 'Free and confidential'. There are two event boxes: one for '9am - 1pm 28th November' at 'Audley Children's Centre, Pringle Street, BB1 1SF' and another for '1 - 4pm 5th December' at 'Little Harwood Family Hub, Robinson Street, BB1 5PE'. At the bottom, there is a website 'brook.org.uk' and the slogan 'FIGHTING FOR HEALTHY LIVES'. A small note at the bottom says 'You will be able to meet with staff from a variety of organisations to answer your questions about women's health and wellbeing'. Logos for 'LANCASHIRE WOMEN', 'Family Hub' (with locations: Darwen | Little Harwood | Livesey | Shadsworth), and 'BLACKBURN DARWEN' are also present.

Collaboration between healthcare professionals and community organisations is essential for raising awareness and encouraging cervical screening, but challenges like funding and workload constraints can make it difficult.

Successful initiatives include drop-in clinics at family hubs and women's wellbeing cafés, as well as outreach efforts in schools and nurseries to engage mothers. A targeted approach, such as creating a community forum for Asian women to discuss health concerns without judgment, could help bridge existing gaps.

Healthcare professionals also benefit from better communication about existing events, such as women's health sessions to ensure their participation and outreach efforts are maximised.

Summary of recommendations from Health Professionals

Addressing Misconceptions- Increase education on HPV and cervical health. Clarify that screening is not just for sexually active women and Promote positive experiences to combat fear and misinformation.

Improving Accessibility- All GPs to offer the online booking system

Encouraging Attendance- Offer flexible appointments, including evenings and weekends, conduct follow-up calls and letters for non-attendees, Provide one-on-one reassurance and gradual familiarisation with the procedure and Integrate screening discussions into other routine healthcare visits.

Overcoming Cultural and Social Barriers- Provide information in multiple languages. Engage community leaders or champions to promote screening, address stigma by reframing the test as preventive care rather than a “cancer test” and offer education sessions in antenatal clinics to normalize discussion.

Effective Patient Education Methods- Prioritise face-to-face conversations, use hands-on demonstrations with screening equipment, hold informal community events like coffee mornings to discuss women’s health and utilise the GP social media to communicate accurate, accessible information.



Academic Research Poster – Understanding the low uptake of cervical screening amongst young South Asian women between the ages of 25–29 in Blackburn with Darwen

healthwatch Blackburn with Darwen | **NIHR** Applied Research Collaboration North West Coast | **University of Central Lancashire** UCLan

Understanding the low uptake of cervical screening amongst young South Asian women between the ages 25-29 in Blackburn with Darwen

Katrin Henry¹ Yasmin Hirst²
1. Healthwatch Blackburn with Darwen 2. Applied Health Research Hub University at Central Lancashire

Background
 Cervical cancer is the 19th most common cause of cancer death in females in the UK, accounting for 1% of all cancer deaths in females (2017-2019) in England. Cervical Screening is offered to eligible women between the ages of 25-64. The NHS pledge to eliminate cervical cancer by 2040 for the first time ever, which could save thousands of lives every year in England. Blackburn with Darwen (BwD) is significantly below the national target for screening. Previous studies and data show that South Asian women, particularly younger ages, have lower cervical screening participation rates compared to other ethnic groups.

Aim
 This project aims to explore inequalities, awareness and barriers of cervical screening among South Asian women aged between 25-29 in Blackburn with Darwen using a community and place-based approach.

Methods
 A qualitative study using
 • 1:1 interviews (n=10) with South Asian women (SAW)
 • 1:1 interviews (n=6) with Health Professionals (HCPs).
Setting: Blackburn with Darwen (BwD)
Recruitment:
 • Existing contacts and community networks via Healthwatch BwD
 • Posters & social media adverts via Healthwatch BwD social media channels.
 • Contacting local GPs to invite Health Professionals to take part in research.
Data analysis
 Thematic analysis (Braun & Clarke, 2006) is used to code the interview transcripts and to develop themes.

Results

Participants' recommendations

- Increase community engagement and incentives
- Simplify communications through letters and educational materials, visual resources
- Digital Awareness using chosen social media channels and What's app groups
- Improve accessibility when booking appointments

Conclusion
 Addressing cervical screening barriers requires tackling misconceptions and stigma, improving accessibility and education, and cultural sensitivity to ensure equitable healthcare for all women

Dissemination

- Presented at international conferences (e.g. CRUK Early Diagnosis conference)
- Lay summary and manuscript for peer-review will be developed with patient representatives
- Shared locally with BwD Local authority, BwD Place based partnership board (NHS & Adult social care), ICB population health team, BwD PCN delivery group and Healthwatch England

Additional Content:
 National Target 80%
 Cervical Screening uptake in BwD 58.17%

Key Themes from Results:
 • **Fear, Misconceptions and Stigma:** "I think the misconceptions are it's painful. I think a lot of women don't understand HPV. They've never heard of it, so they don't know what's being tested. They feel like they're getting tested for a cervical cancer, which they're not, think that's scarier than" (HCP). "They have always heard a horror story, or somebody's had a bad experience. It's like there's a lot on social media that's probably incorrect information that's a bit scary/scaring for people as well." (HCP). "They put that fear in us that we're going to a procedure." (SAW).
 • **Lack of Awareness and Education:** "I'm not going to lie to you, I do it really know much. What causes cervical cancer? I'm not going to lie, I do it really know" (SAW). "I thought it was like a sore or something like that. It's because I wasn't told about it at school, neither college as well. It was never talked about what it is" (SAW).
 • **Cultural and Social Barriers:** "Mostly Asian women have difficulty to talk to about it" (SAW). "A lot of women feel embarrassed about this kind of thing. We need to promote the screening. Why is it important, giving facts and that kind of thing. But in this promotion, I don't think there's enough of it." (HCP).
 • **Practical and Accessibility Challenges:** "It's the availability of when the actual procedure is and how it works" (SAW). "Maybe promote it as a self-care thing. We're too busy just looking after everyone else all the time, aren't we?" (SAW).
 • **Other quotes:** "I think it's better if a barrier, I think when we offer appointments, it's difficult, if you're a working woman like myself, I have to fit in. It's so hard for me to get an appointment to do my smear" (HCP). "I think the misconceptions are it's painful. I think a lot of women don't understand HPV. They've never heard of it, so they don't know what's being tested. They feel like they're getting tested for a cervical cancer, which they're not, think that's scarier than" (HCP).

This poster presents the research findings from the study which was shared at the poster showcase for the NIHR Internship and won 2nd prize.

Why do we create research posters?

Research posters are a powerful way to translate research into real-world impact, whether its informing policy, educating healthcare providers, or raising awareness in communities. It creates a visual talking aid when sharing your research with others.

Case Study: A Personal Experience with Cervical Screening

South Asian female aged between 35-44 living in Blackburn with Darwen

I wanted to share my experience with cervical screening, which has put me off from wanting to repeat the procedure.

Firstly, I should mention that I'm not squeamish or anxious about medical procedures. In fact, I'd say I generally have a high pain threshold – I've had a C-section and didn't think it was that bad. I'm also aware that the procedure is undignified, but that doesn't bother me much.



However, when I went for my cervical screening recently (after being two years late), I couldn't shake the memory of my previous experience, which was extremely painful. I don't recall much from that time except the pain and the not-so-friendly attitude of the nurse who performed the test.

This quote from Maya Angelou came to mind:

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Needless to say, I wasn't keen to go through that again. But after hearing about a friend being referred to the cancer pathway due to something detected in her screening, I decided it was time to get screened again.

I did my research and came prepared with tips and advice on how to make the experience more bearable. I told the doctor (it was a GP) about my previous experience, how painful it had been, and asked her to use a smaller speculum (one of the tips I'd read about). I also mentioned that I have a tilted uterus and might need a pillow under my lower back.

The GP explained that using a smaller speculum wouldn't make a difference, and that because I've given birth, I would need a larger one to make the procedure easier and less painful. I understood and was okay with that. I was also told to place my hands in a fist shape to prop up my lower back (instead of a pillow).

The insertion of the speculum was pain-free, which surprised me because I thought that part would be the painful bit. However, it was the actual swabbing that caused excruciating pain. I screamed out and even subconsciously tried to push her hand away. I had tears in my eyes, and I was breathing heavily from the intensity of the pain.

The GP acknowledged the discomfort and said, "These things aren't very dignified, are they?" I responded, "It's not about dignity, it's the actual physical pain, which was unbearable. Should it hurt this much?" She explained that it was likely due to anxiety, which left me feeling frustrated and invalidated. I felt like my physical pain was being dismissed as just anxiety.

I truly believe it wasn't anxiety. I was looking for some sort of explanation for the extreme pain, but no answers were offered. After coming home, I googled it, but still couldn't find any answers.

In my mind, I kept wondering if there's something not right down there, or if it's something to do with my tilted uterus or internal physiology.

Imagine my disappointment and frustration when I later received a call from the surgery saying the test needed to be repeated in 12 weeks because an out-of-date vial had been used. I wasn't angry with the person who called, but I was absolutely livid. The caller explained that I had to wait 12 weeks because the cells needed time to grow back. I had no idea the swabbing would remove so many cells!

At this point, I've decided I'm not going back. I've been asking around, having conversations with others, and exploring other options like stronger pain relief. All I want is an explanation for why the swabbing causes such extreme pain. Shouldn't it just feel like a toothbrush brushing against your skin? Others have mentioned feeling discomfort with the insertion of the speculum, but that's not the issue for me.

I am worried, from my conversations with others the screening does work, a lot of my friends and associates have had laser to kill abnormal cells, polyps removed and not to mention the friend who has had a biopsy to check for cancer.

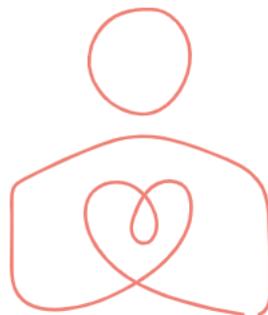
I cannot make myself go there again.

It is worth saying, from my own experiences and conversations with others, the nature of the person carrying out the tests can make a big impact on the overall experience (may not take away the pain but will make you feel validated) many women tell me about practitioners being "curt" "not nice" lack of empathy etc.....

Two most important things to me are -

A kind emphatic practitioner

I like details and explanations.



Key Takeaways and Recommendations from the case study

1. The Importance of Practitioner Empathy

Healthcare professionals play a crucial role in shaping patient experiences. A kind and understanding approach does not eliminate pain but can make patients feel supported and validated.

2. Need for Better Communication

Patients experiencing extreme pain should receive clear explanation rather than having their discomfort dismissed as anxiety. Detailed guidance on pain relief options should be standard practice.

3. Impact on Screening Adherence

Negative experiences deter patients from returning for future screenings, which may delay the detection of serious health conditions. Addressing pain concerns and enhancing patient care can improve screening participation rates.

Conclusion

This case study highlights the need for greater awareness of pain management, improved communication, and the impact of practitioner attitudes on patient experiences. Future efforts should focus on making cervical screening a more comfortable and informed process for all individuals.



Enter and View visits – Cervical Screening

During our Enter and View visits, we engaged with practice managers to discuss cervical screening coverage, gaining insights into current participation rates, challenges, and opportunities for improvement.

St George's Surgery – Blackburn

What is your current cervical screening coverage for the practice?

I'm not sure off the top of my head but I know we have gone up by 4.8% than last year. We are given a target of 5% improvement each year, this is the same for all practices in Blackburn with Darwen.

Coverage at time of visit was: 25 – 49 ~ 64.85% 50 – 59 ~ 73.5%

How do you try and increase uptake if you are below national standard?

A few years ago, we joined a campaign called "25 its time" when we contacted women who were approaching the age of 25 to let them know they will soon be invited for their cervical screening, this gave them an opportunity to give young women education around cervical screening and an opportunity to ask any questions they may have. We are looking at joining a similar campaign this year. We also run Health days and events to increase education.

I am looking to get a new booking system implemented in the practice, it will enable our patients to book in their appointment electronically from the reminder text, this give the patient the opportunity to book in a time which suits them without having to ring the practice which often comes with a wait.

How do you invite your patients for cervical screening?

Mainly via text message, we don't rely on the NHS recall system so we also carry out our own recall.

Do you offer out of hours appointments?

Yes

If yes, when are these appointments?

We offer Monday evening clinics as well as a Saturday clinic at Barbara castle way

How do you manage DNA's?

We don't ring our patients, we don't like to call and ask why they haven't attended their appointment, we would send them a letter instead.



There is a broad and complex range of reasons why women and people with a cervix find cervical screening difficult. What do you think these barriers are?

- Time/ accessibility
- Fear
- Lack of knowledge

Training

What training do health professionals undertake to carry out formal discussions around the benefits and cervical screening?

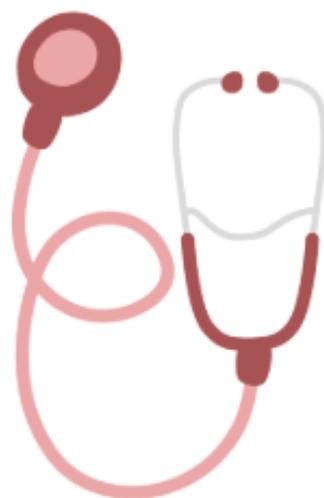
The nurses are all fully trained in cervical screening and they keep on top of their training for their CPD. I share any relevant newsletters I receive and share them amongst the staff.

Are receptionists involved in this training?

The receptionists do not have any official training, but they know all the basic information to pass on to patients to remind them of how important cervical screening is.

Summary

During our visit to St George’s Surgery in Blackburn, we noted cervical screening coverage and efforts to improve uptake. The practice has increased participation by 4.8% from last year, with current coverage at 64.85% (ages 25-49) and 73.5% (ages 50-59). Strategies include health events, educational campaigns, and a new booking system allowing patients to schedule appointments via text. Out-of-hours clinics run on Monday evenings and Saturdays. Barriers to screening include time constraints, fear, and lack of knowledge. Nurses receive ongoing training, while receptionists provide basic information to support awareness.



Darwen Health Link – Darwen

What is your current cervical screening coverage for the practice?

69.63% and we are 5th out of 22 in Blackburn with Darwen.

How do you try and increase uptake if you are below national standard?

We feel using the online booking system works, we send out a text message inviting patients to book their own slot. In this text we send the link to the NHS website which contains information what is a cervical screening and how they test etc.

We offer two late night appointments a week with the last appointment at 7.45pm but we do feel early morning appointments are popular. We provide information to get in touch with a member of staff if any more information is required.

How do you invite your patients for cervical screening?

Mainly via text message, but we also send out the general invite out by letter.

Do you offer out of hours appointments?

Yes

If yes, when are these appointments?

2 late night clinics per week

How do you manage DNA's?

We don't really have many, if we do a nurse will give them a call and talk them through any worries or concerns.

There is a broad and complex range of reasons why women and people with a cervix find cervical screening difficult. What do you think these barriers are?

Mainly fear, people are worried that it's going to hurt.

Training

What training do health professionals undertake to carry out formal discussions around the benefits and cervical screening?

The nurses are all fully trained in cervical screening, and they keep on top of their training for their CPD

Are receptionists involved in this training?

The receptionists do not have any official training, but they know all the basic information to pass on to patients to remind them of how important cervical screening is. Male receptionists feel that women tend to whisper/ talk quietly when asking to book their smear, it is a worry for the practice as they have a few male receptionists at the practice.

Summary

Darwen Health Link in Darwen has a cervical screening coverage of 69.63%, ranking 5th out of 22 in Blackburn with Darwen. To improve uptake, the practice uses an online booking system and sends text messages with links to the NHS website for information. They also offer two late-night appointments per week and find early morning appointments popular. Invitations are sent via text and letters. The practice manages missed appointments (DNAs) by having nurses call patients to address concerns. Barriers to screening include fear and discomfort, and while nurses are trained in cervical screening, receptionists have basic knowledge but no formal training. Male receptionists have noticed that some women may feel uncomfortable discussing cervical screening.

Olive Medical Practice – Blackburn

What is your current cervical screening coverage for the practice?

I'm unsure actually?

Screening data from the cervical screening interactive resource for primary care and ICB

25-49-41%

50-64- 65.93%

How do you try and increase uptake if you are below national standard?

We have a PA who will ring the patient and call them to come in.

How do you invite your patients for cervical screening?

We offer online and out of hours appointments

Do you offer out of hours appointments?

Yes

If yes, when are these appointments?

We offer appointments out of hours

How do you manage DNA's?

The Physician associate will call the patient to find out why

There is a broad and complex range of reasons why women and people with a cervix find cervical screening difficult. What do you think these barriers are?

Lack of awareness and education within the community.

Training

What training do health professionals undertake to carry out formal discussions around the benefits and cervical screening?

I'm unsure really as it's not me who does it, it's the nurse and she isn't here today

Are receptionists involved in this training?

Yes, it's part of our in-house training

Summary

Olive Medical Practice in Blackburn has a cervical screening coverage of 41% for patients aged 25-49 and 65.93% for those aged 50-64. ranking one of the lowest screening uptake practices in Blackburn with Darwen. The practice makes minimal efforts to increase screening uptake, relying mainly on a Physician Associate to call patients and encourage attendance. While online and out-of-hours appointments are available, there are no structured awareness campaigns or proactive community engagement initiatives. They report the key barrier to screening is the lack of awareness and education within the community, yet there are limited targeted efforts to address this. While nurses handle cervical screening discussions, specific training details were unavailable.

Example of good practice – Darwen Health Care

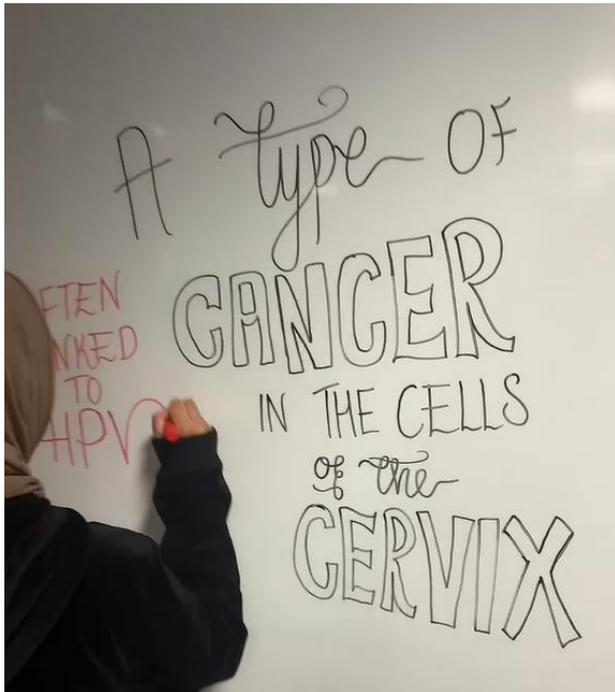
At Darwen Health Care, a comprehensive approach is in place to ensure high cervical screening uptake. The practice is supported by a quality lead who oversees the process and ensures the system operates effectively. To increase accessibility, the practice sends both text messages and letters to women due for cervical screening. The text messages contain a link that allows patients to book their appointments directly. A wide range of appointment times, including late evenings and Saturdays, are offered to accommodate various schedules.

In the event of a cancellation, the system flags the appointment, prompting a nurse to contact the patient to understand the reason for cancellation and offer to reschedule. Receptionists are provided with a reminder pop-up for patients overdue for screening, allowing them to offer an immediate booking option. Additionally, a warning is placed on the patient's records, alerting the GP to discuss cervical screening during the patient's appointment.

An annual audit is conducted to assess screening uptake and identify opportunities for improvement. The practice is committed to ensuring accessibility for all patients, including visiting care homes and housebound patients with a team of two nurses. A chaperone service is available for those who require it, and for women with learning difficulties, the practice ensures clear, step-by-step explanations and may offer multiple visits before the screening to ensure comfort and understanding.

Darwen Health Care is actively involved in cervical screening campaigns, collaborates with the Patient Participation Group (PPG), and distributes newsletters to further raise awareness and promote cervical screening.

Young Health Champions Week – Cervical Cancer Awareness Project



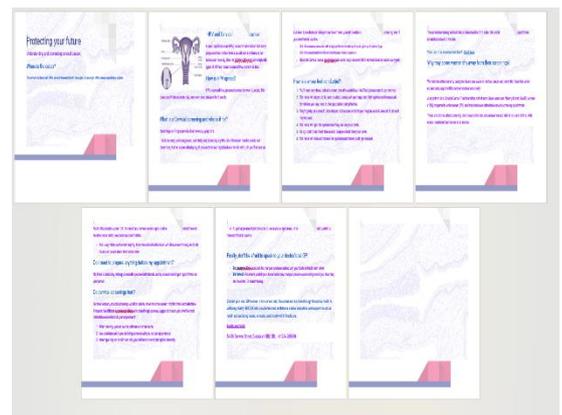
During Young Health Champions Week, a group of 6th form students from QEGS worked collaboratively to increase awareness of cervical cancer within the school community. At the start of the week, the students had little knowledge about cervical cancer, but through engaging activities and research, they quickly developed a strong understanding of the subject.

One of the key outputs of the week was a TikTok video created by the students, designed to raise awareness of cervical cancer in an engaging and accessible way. In response to the diverse community, the students produced both an English and an Urdu version of the video, ensuring the message reached a broader audience. In

addition to the video, the students also created an informative leaflet, providing essential information on cervical cancer, its prevention, and the importance of regular screenings.

By the end of the week, the students not only had a better understanding of cervical cancer but were also empowered to share this knowledge with others. They encouraged their peers, as well as their friends and families, to talk openly about the topic, fostering a culture of awareness and education.

The TikTok video has been shared across various platforms to extend the reach of the campaign. The video was distributed to local family hubs, One Voice, the Integrated Care Board (ICB) which leads on women’s health hubs and shared on Healthwatch Blackburn with Darwen’s social media channels. This broad dissemination of information helped to amplify the students’ efforts and ensured that their message reached a wide and varied audience. The project not only helped to raise awareness of cervical cancer but also empowered the students to take ownership of a public health campaign, developing valuable skills in research, communication, and community engagement.



You can watch the video below:

<https://healthwatchblackburnwithdarwen.co.uk/young-healthwatch/>

Recommendations to Improve Cervical Screening uptake



Addressing Fear and Misconceptions

NHS England and local Primary Care should provide clear and reassuring information in the cervical screening invitation that explains the screening process, addresses common myths, and helps alleviate any concerns or anxiety.

Local Primary Care should offer pre-screening consultations where patients can discuss concerns with trained healthcare professionals.

GP practices could use patient testimonials from those who have had positive screening experiences to build confidence.

Enhancing Awareness and Education

Develop visual and easy-to-understand materials, such as infographics and short videos, to explain the procedure and what instruments are used during the smear.

Use social media platforms like TikTok, Instagram, and Facebook to engage younger audiences.

Organise community workshops and webinars to educate people in an interactive way.

Educate on HPV—Many individuals lack knowledge about HPV, and its role in cervical screening, and the fact that HPV is treatable and not cancer. Clear messaging should emphasise that HPV is common, and that screening helps detect changes before they become serious.

Incorporate Cervical Screening discussion as part of routine post-natal care. Midwives can bring up cervical screening during post-natal appointments to educate new mothers about the importance of regular screenings. Midwives to use this opportunity as women are already engaged with healthcare services and may be more receptive to health advice.

Engage beauty professionals in education. Provide salon staff with basic, accurate information about cervical screening and HPV so they can engage clients in casual conversations. Beauty professionals often develop personal relationships with clients and can gently raise the topic of cervical screening in a comfortable, informal setting.

Place posters and messaging in high-visibility locations such as toilets, shops, and changing rooms to reach individuals in everyday settings.

Reframe cervical screening as a part of routine health maintenance. Instead of emphasising cancer detection, promote cervical screening as an essential aspect of looking after your gynaecological health. Messaging can highlight that regular screenings help monitor and maintain overall reproductive health, not just detect cancer.

Overcoming Community and Cultural Barriers

Partner with community leaders and cultural organisations to create culturally sensitive messaging.

Provide multi-language resources to reach diverse populations.

Encourage peer support groups, where women can share experiences and discuss concerns in a comfortable setting.

Improving Healthcare Accessibility

All GPs to have a user-friendly online booking system to make scheduling appointments easier.

Offer flexible appointment times, including evenings and weekends, to accommodate different schedules.

Train healthcare professionals to provide a compassionate and patient-centred approach to screenings.

Strengthening Campaigns and Messaging

Use emotional storytelling in campaigns to highlight the importance of screening and early detection.

Collaborate with local influencers and community figures to spread awareness

Utilise podcasts featuring healthcare professionals, patient stories, and myth-busting discussions to reach a wider audience with powerful messaging.

Expanding Targeted Outreach

Encourage workplace-based screening programs in partnership with employers to improve convenience.

Reduce Waiting Anxiety

Speed up result processing where possible to reduce the stress of waiting.

Keep patients informed about expected timelines and offer tracking options, such as SMS updates.

By implementing these strategies, cervical screening uptake can be increased, ensuring more individuals receive the care and early detection they need.





Healthwatch Blackburn with Darwen
Unit 19 Eanam Wharf Business Centre, Blackburn, BB1 5BL

www.healthwatchblackburnwithdarwen.co.uk

t: 01254 480002

e: info@healthwatchbwd.co.uk

 Facebook @BWDHealthwatch