



Public Health
England

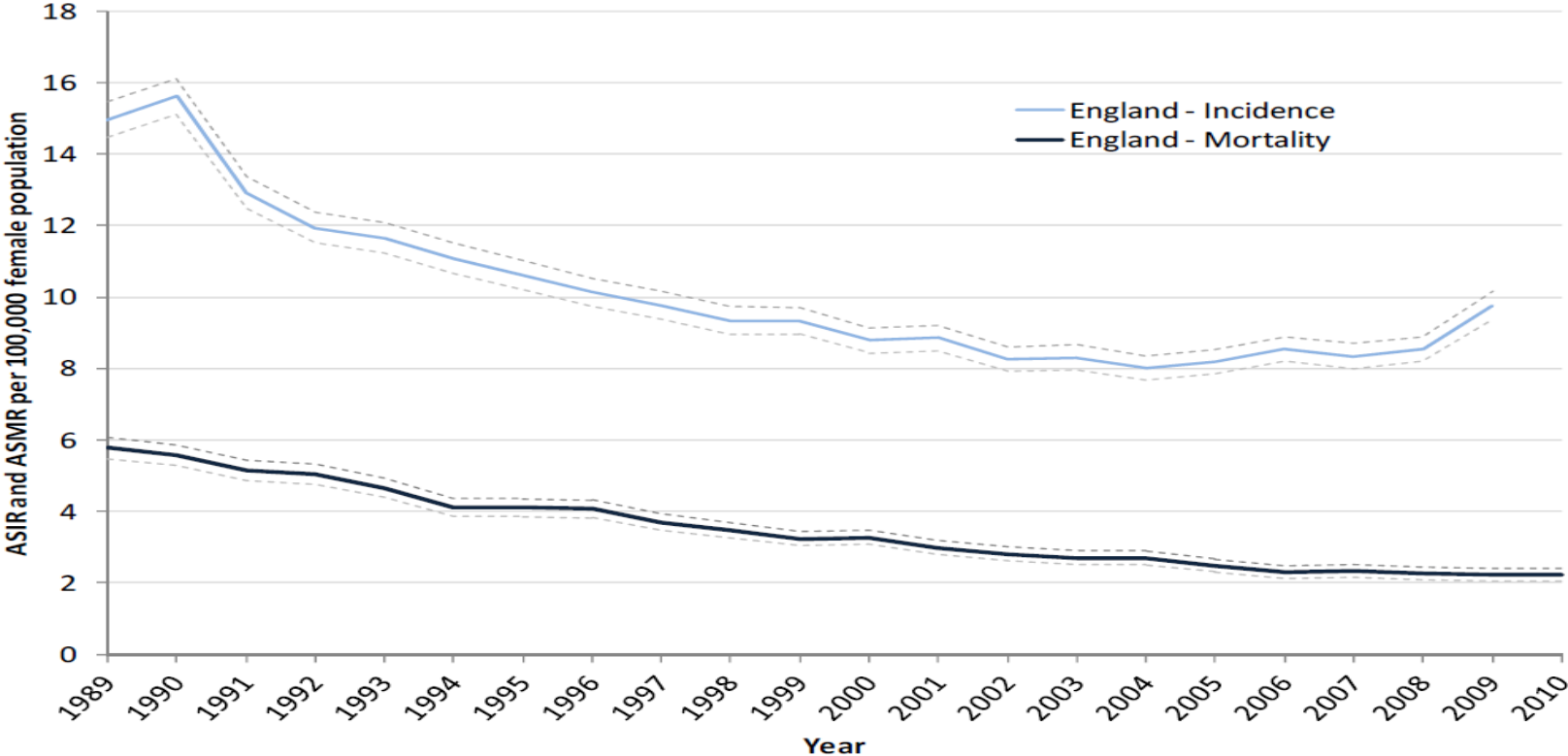
Protecting and improving the nation's health

PHE Current State of Play in the English Cervical Screening – uptake barriers and challenges

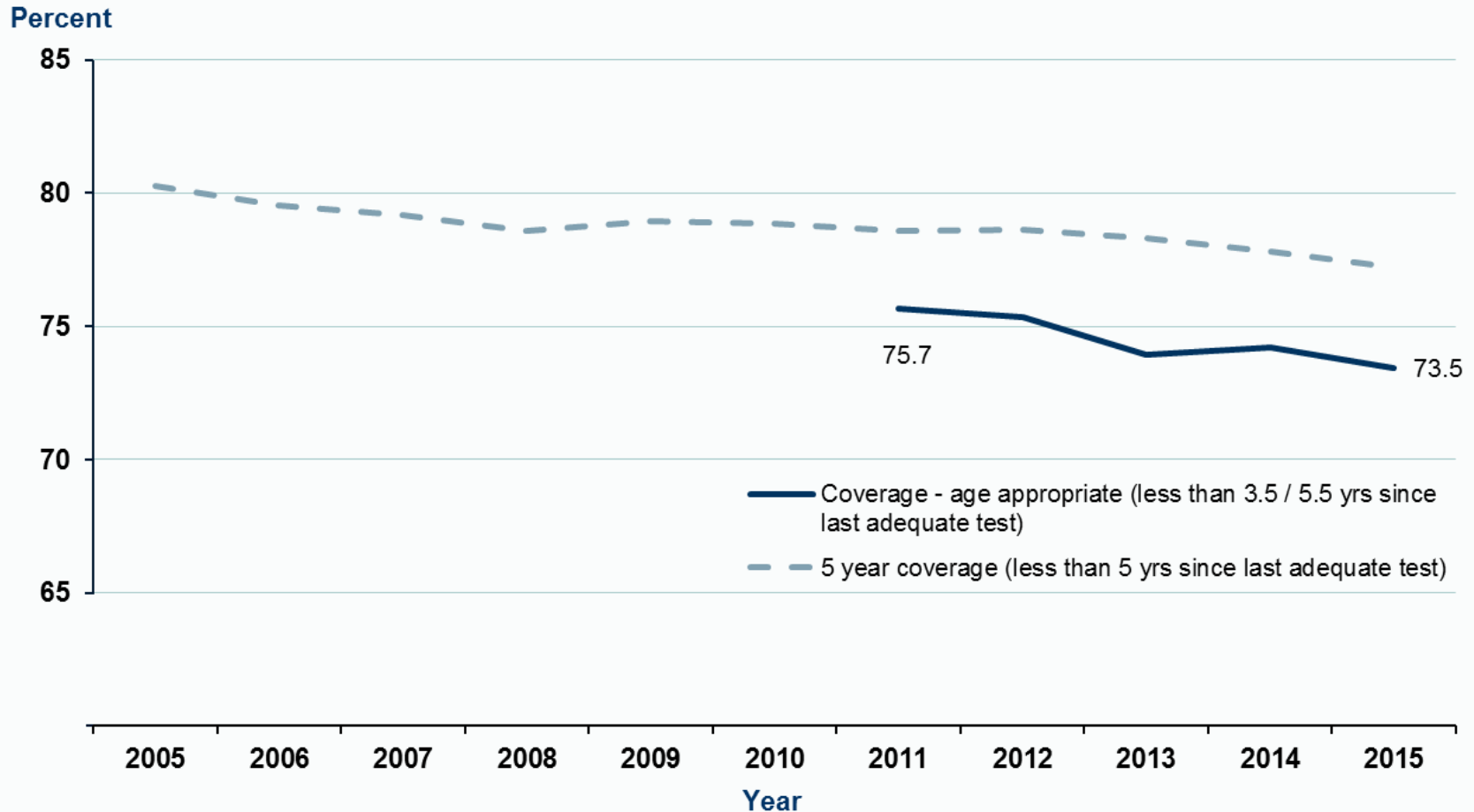
Ruth Stubbs

National Cervical Screening Programme Manager

Cervical cancer: incidence and mortality



Cervical screening – Coverage by age group (25-64)



2006 data as at 10th August 2006

Spotlight event

Spotlight sessions provide an opportunity to spend focused time with PHE, NHS England and DH reviewing an area of the S7a public health agreement where the KPI or performance indicator for a work stream in the agreement is:

- Not hitting baseline
- New indicators or baselines
- Scope for service improvement
- Session held to work with partners to support improvement
- A report and action plan is produced following the findings.

Screening in CASH GUM services

Commissioning of these services has changed

National figures can mask local variances

As much as 17% of screening activity was undertaken in some LA's

CASH and GUM serve the hard to reach groups: those not registered with GP's

Table M: Samples examined by pathology laboratories by source of sample

England, 2013-14 and 2014-15

Numbers and Percentages

Year	Total samples	GP (%)	NHSCC (%)	GUM (%)	NHS		
					Hospital (%)	Private (%)	Other (%)
2013-14	3,405,038	91.8	2.8	0.6	4.3	0.3	0.2
2014-15	3,202,175	92.3	2.5	0.6	4.4	0.1	0.1

Source: KC61, Health and Social Care Information Centre. See also Table 14 in Data Tables section.

Ceasing

Women are ceased from the programme for several reasons.

These include:

- Absence of cervix – these women are ineligible for screening
- Age – women who have a normal/routine-recall test after their 60th birthday are ceased immediately as their next test would be due after their 65th birthday
- Other reasons – **these women remain eligible for screening**
 - This mainly includes women who make an informed choice to permanently withdraw from the programme.

NUDGES, GP ENDORSEMENT

Concise Review of Interventions to improve access to and uptake of Cancer Screening

Stephen W. Duffy, Jonathan Myles,
Roberta Maroni, Abeera Mohammad
Wolfson Institute of Preventive Medicine



Barts and The London
Queen Mary's School of Medicine and Dentistry

CANCER RESEARCH UK



DH Behavioural Insights Team

Imperial College
London



Department
of Health

**TESTING BEHAVIOURAL INSIGHTS: A SIMPLE
AND LOW COST METHOD TO IMPROVE
SCREENING UPTAKE?**

Channel Shift Workshop Explored:

- New ways of communicating
- Email, SMS, Phone
- Linking screening to other ways women access health services
- Digital channels will link communication to GP appointment booking systems,
- Nudges and reminders via email or SMS, improving ease of access.
- Women who have already taken up digital services are most likely to benefit from digital communication.
- Women who prefer traditional means of communicating must also be catered for.

Programme challenges: I.T. Systems

- The present system was developed in 1988
- Robust I.T. systems fit for purpose to support the programme and introduce new screening strategies that will assist in improving coverage.
- I.T systems will need to be adaptable and interactive with GP, laboratory and colposcopy systems to support new methods of communication
- I.T Systems need to be able to work with alternative screening methods, i.e. self sampling.



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THANK YOU