

Cervical Screening: Learning from practices with uptake rates above the Scottish average across all SIMD categories

8 Ayrshire and Arran GP practices were identified as having cervical screening uptake rates higher than the Scottish average of 69.3% across all SIMD groups. The practice managers were asked what their practices do to encourage engagement with cervical screening.

Themes included:

Staffing and opportunistic screening

- Being well-staffed e.g. 3 PNs, an ANP and a female GP with an interest in women's health for a small practice, who all try to take smears opportunistically
- We are very proactive as a team
- All of the clinical team have a keen interest in women's health and are proactive with screening – we have 5 of our 7 nurses who are experienced smear takers and we also offer contraceptive services so being able to offer everything at the one appointment is an efficient use of time for us and the patient
- Sample takers take cervical screening tests whenever possible opportunistically
- If we see that a patient is due for screening or a defaulter and are here for something else, we will offer screening there and then
- Screening samples are taken if due when women attend for IUCD appointments
- I would say our Practice nurse has a keen interest in woman's health as do all our 3 female GPs
- It has helped with the shift in some of the nursing tasks onto the CTAC Team, to allow our Practice Nurse more Clinic time to focus more on Smears/Woman's Health

Patient centeredness

- I think patients also find our clinicians very approachable
- Our nurses know the majority of the patients and have a great rapport with their patients. In my opinion the high uptake rates are due to the nurses' hard work, and their friendly and helpful manner (small practice)
- Our Nurse will tell people when they are leaving (not all, more so if people have mentioned friends/family not attending or have been really anxious and felt better once done, or 1st smears) to tell all the friends and family to get in for a smear because it isn't that bad and once it is done, it is done. Also happy to arrange an appointment and go over the procedure, show them the instruments etc. and then book for the formal examination

- Our Nurse is really good at it (has been here for 10+ years) and apparently chats away when she is doing it, making patients at ease.
- Post result, if a patient has any concerns and they contact us, staff will send an Emis task to a female GP advising them of the concern and usually the GP will just telephone the patient ad hoc but a telephone appointment may be made with a GP to discuss at a pre-arranged time
- Annually we would also phone out to those eligible on our Learning Disability register to encourage attendance
- We also liaise with the Learning Disability Nurse about patients and if there will be issues etc. and when we do the annual learning disability review appointment, smears are discussed with the carer/guardian
- The only other thing we have had recently, was a lady who was housebound and had been called up for screening, so we arranged for a GP and Practice Nurse to attend the lady in her house to have the examination

Alerts and reminders

- Alerts are added to the patient record if coded as being a defaulter for screening
- This will prompt all staff, including admin staff, to raise the subject of booking in for a smear when the patient is on the phone or at reception. The patients and staff know each other and the staff feel comfortable raising this subject with patients
- Reminders on the notes, so we can either screen or encourage the patient to arrange an appointment
- Usually run searches twice yearly to send text invites and refresh the reminders. I feel the drop in uptake has been as a result of centralisation of the recall system – a letter from your Practice was so much more personal than a generic circular.
- Admin staff who access SCCR will add an alert to a patient record when they are on the recall list, even if there is another past alert still showing. Highlights to all next time the patient is in and can be chatted about
- If a lady is in seeing our Nurse for something else, and she is aware of the alert, she will offer to make them an appointment to come back(will make it before they leave her room) or, if time (not often), will do it while they are here, if they are happy to have it done then
- The practice staff will add an alert onto the patient record to say that the patient is now due a smear. So that when the patient makes contact, the staff can alert the patient that they are due to attend for a smear. There is also an alert added if the patient is overdue a smear. The Practice Nurse has devised her own letter that we send to patients, who default to encourage them to make an appointment.
- We add additional reminders. Practice staff also use text messaging system to say that we have appointments available with our Practice Nurse to have a smear and to call to book.

- In January and February we sent an invite to everyone aged 45-65 to “drop in” to a health event where cervical smear could be done as well as basic health check. The push rather than pull effect worked well for our patient group.

Access

- We are very accessible. Patients can book their smear appointment to suit them and not at a specified clinic.
- We have a late lab collection which helps as nothing gets left lying about over a weekend so can book as late as 5.15pm
- We offer extended hours early morning and late night. These can be used for screening appointments.
- We have 2 nurses (1 ANP) who work as part of our extended hours 07:30-08:30 and we do find this a popular time for patients to attend for their screening.
- If ladies don't want the Nurse to do it we will make them an appointment with their preferred female GP
- a short waiting time for appointments

Social media campaigns

- We utilise our Practice Facebook page for health weeks which includes screening
- ANP completed her smear training last year and as part of this for her course she ran an online campaign on our Facebook page to promote cervical screening in women aged 25-35. We are unable to know the direct impact this had on women booking appointments but the information was certainly shared around by lots of patients from our page
- social media campaigns to coincide with health promotion events
- The Practice also supports any patient education, for instance smear campaigns by sharing advertisements etc. on our Facebook page

Call Recall Office

- I also think what does work well is that we keep in good communication with Elaine Moffat and Ann McGinn if we get anything that we are not sure of, we contact them for advice. We find them both a great support to the Practice

Dr Rosalynn Morrin

Public Health Lead for Primary Care Sexual Health

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