



HEALTH AND WELLBEING BOARD: 01 DECEMBER 2022

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

A PARTNERSHIP APPROACH TO TACKLING HEALTH INEQUALITIES IN CANCER SCREENING

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with a summary of a project, led by Leicestershire County Council's Public Health team, in Primary Care Network (PCN) areas in Charnwood, which explored the perceptions, experiences and influences to attending cancer screening in communities with poor screening uptake.

2. The Health and Wellbeing Board is required to acknowledge the work that has been undertaken in reducing health inequalities in cancer screening and support future work in a partnership arena that uses a population health management approach to tackling health inequalities. The learning from this work could be replicated across the system, as well as being modified to target other populations, inequalities and services.

Recommendation

3. It is recommended that:
 - (a) The work undertaken to explore the reasoning behind the decline in cancer screening rates across GP practices in PCN areas in Charnwood be noted;
 - (b) The recommendations set out in the report to increase cancer screening uptake and reduce health inequalities in Charnwood be approved.

Policy Framework and Previous Decision

4. Prioritising activity in improving cancer screening rates is captured within the Staying Healthy, Safe and Well priority within the Leicestershire Joint Health and Wellbeing Strategy. This includes, understanding the reasons for the decline in cancer screening rates and having a targeted approach for populations most at risk of premature mortality from cancer.

5. PCNs were required to produce locality plans highlighting how they were planning to reduce health inequalities within their specified groups, as well as linking to the Core20Plus5. As part of the five national key priorities for PCNs,

PCNs were required to work in collaboration across systems and localities to develop a planned intervention for a population experiencing health inequality.

6. The four PCNs (Carillon, Soar Valley, Beacon and Watermead) in Charnwood chose to focus on specific inclusion groups and communities with poor screening uptake as one of their targeted activities. The County Council's Public Health team worked closely with members of the Charnwood Integrated Neighbourhood Team (INT)/Charnwood GP Network to gain a deeper insight into the barriers and enablers to accessing cancer screening services that are faced by certain communities

Background

7. COVID-19 has reduced engagement with all screening programmes. General uptake is variable, however in communities with disadvantaged groups screening uptake is lower. Literature suggests the reasons behind this include fear and fatalism, access issues, knowledge deficits on screening and stigma/embarrassment.^{1,2,3}
8. Based on the PCN Inequalities plan and discussions with Charnwood INT, the five communities of interest identified were:
 - a. Bangladeshi
 - b. Polish
 - c. Homeless
 - d. Carers
 - e. Gypsy Roma Travellers (GRT)

Sex workers were also a target population, however there was very little initial engagement. This is a group which should be targeted moving forwards.

Research Conducted

9. To understand the experiences and influences to cancer screening within the specified groups, a qualitative approach was deployed. Six Focus Groups were formed with the above groups which allowed a deep dive into their understanding and experience of cancer screening as well as their barriers and their enablers. Subtle nuances between the groups could also be explored further to understand the 'why' behind their responses.
10. A quantitative approach was also employed to look at the variation in screening uptake by GP practice and PCNs using data published by Office for

¹ Banning M. Perceptions of breast health awareness in Black British women. *Eur J Oncol Nurs* 2011 Apr;15(2):173e7

² [Internet]. Macmillan.org.uk. 2022 [cited 2 September 2022]. Available from: https://www.macmillan.org.uk/_images/bme-groups_tcm9-282778.pdf

³ Gorman DR, Porteous LA. Influences on Polish migrants' breast screening uptake in Lothian, Scotland. *Public Health*. 2018 May;158:86–92.

Health Improvement & Disparities (National Practice Profiles).⁴ The data identified variation in cancer screening rates across GP practices and PCNs in Charnwood and significantly lower screening rates compared to the national average (see Appendix).

11. A further three surveys were conducted to engage with the wider Leicestershire public and carers, as well as health professionals to gain an understanding of their enablers and barriers, and perceptions to screening services. Two of these surveys went wider than cancer screening to provide the Charnwood GP Network Federation with more data surrounding the other areas of focus within their Inequalities Plan.

Results

12. The following table details the various focus groups that were conducted and the number of participants that attended each focus group:

Table 1: Focus Group Participants

Date of Focus Group	Community	Total Participants
17/03/22	Bangladeshi Men's Group	10
23/03/22	Homeless Community	5
26/03/22 31/03/22	Bangladeshi Women's Group	19
06/04/22 12/04/22	Polish Women's Group / Interview	4
13/07/22	Carers	3

13. There were similarities between the groups, as well as differences. The main themes that emerged from the focus group discussions included:
 - Thirst for knowledge – desire for information
 - Overall, there was a desire for more knowledge in relation to screening, but it must be targeted to the community.
 - Experience of healthcare
 - There were both positive and negative experiences, wider than just cancer screening.
 - GPs were regarded as trusted messengers, but there was a mistrust and a feeling of lack of transparency in their care.
 - Response to screening/experiences and perceptions

⁴ Office for Health Improvement & Disparities (OHID), 2021. National Practice Profiles, Available at: <https://fingertips.phe.org.uk/>

- There was a mixed response. The premise of screening was not fully understood, which worryingly left some people waiting for symptoms before accessing screening.
- Cultural nuances
 - Cancer can often be stigmatised within communities, especially within the Bangladeshi community, meaning it is not discussed or screening accessed.
- Fear and fatalism
 - Especially for the homeless community which felt that if they were diagnosed with cancer, they would ultimately die from it, so they would prefer to not know – adopting an ‘ignorance is bliss’ approach.
- Impact of being a carer on health
 - Being a carer either increased the importance of being screened or lowered the chance due to competing commitments.

14. Key barriers and enablers are highlighted in the table below:

Table 2: Key Barriers and Enablers

Barriers	Enablers
Lack of knowledge and misinformation	Influence of family history
Language and Technology	Reminders
Access to the GP and lack of transparency in care provided	Different access options
Intimate nature of screening and fear of the unknown	Previous good experience of healthcare
Cultural issues	Easy access to information
Not taking into account wider issues e.g. mental health	Use of trusted messengers
Fear	
Health literacy	

15. The analysis was conducted separately to ensure any differences could be captured and actions recommended to increase uptake. Although different communities took part, the key themes constructed were largely similar, with some nuances, which are important and distinguish the different communities, as well as genders.
16. The information gained from this project is vital in understanding concerns held by minority communities, as well as being critical to determining which information is most valuable for decreasing barriers and correcting

misperceptions about cancer screening. Although the sample size is small and homogenous in some demographics, the results mirror current literature, demonstrating some transferability in the findings.

17. The three surveys were conducted across three groups (carers, healthcare professionals and public). Responses were received from 7 carers, 11 healthcare professionals and 48 members of the public. The surveys yielded the following results:
 - Firstly, that Cancer screening, NHS health checks and Immunisation services are easy to access.
 - There is inconsistency between the three groups as to which is least easy to access, but when it comes to the public group, these responses indicate room for access improvement with NHS health checks.

18. Consistent across all three groups, statistically significant enablers relate to patient perception of a disease (wanting to catch a condition early, fear of disease and new symptoms) and instruction by the healthcare profession (frequent reminders and direct advice by GP). Family encouragement, leaflets and posters are not significant enablers nor significant barriers. Significant barriers relate to inadequate healthcare communication (lack of reminders, not understanding the purpose services, concerns about the screening methods not addressed, patient feeling low risk) and physical access issues (including personal time and lack of available appointments)

19. The quantitative analysis of the data published by Office for Health Improvement & Disparities (National Practice Profiles) showed variation in cancer (Cervical/Breast/Bowel) screening uptake in Charnwood as highlighted below (see Appendix for more detail):
 - Soar Valley PCN had significantly higher screening uptake rates compared to England and was ranked 1st (highest) against all other PCNs in Leicester, Leicestershire and Rutland (LLR) for cervical and bowel cancer screening.
 - For cervical cancer screening, Carillon PCN had the 3rd lowest uptake (58.2%) when ranked against PCNs in LLR and a significantly lower rate in comparison to England (69.1%).
 - Although some PCNs in Charnwood had significantly higher or statistically similar cancer screening uptake rates compared to England, there were GP practices that had some of the lowest rates in the County.

Recommendations

20. Arising from the research undertaken, the following recommendations have been made:

1) **Building trust and rapport by:**

- implementing co-production. Co-production of health events and information for the local community.
- ensuring patient participation groups (PPG's) are representative.
- Being sensitive to, and understanding differing needs within different communities

2) **Improving access to healthcare by:**

- exploring alternative times (weekends and evening) for appointments which could bring about more meaningful engagement from those who cannot access traditional appointments with primary care.
- re-evaluating community provisions such as mobile clinics, which could help establish if the provision is suitably located.
- utilising staff within healthcare that can speak minority languages despite participants suggesting language is not a problem, however it is worth noting, information can be suppressed to the patient when family or friends are used for translation.
- utilising tools to aid translation

3) **Improving knowledge and awareness by:**

- adopting a Making Every Contact Count (MECC) approach
- actively engaging the homeless population to educate on cancer, symptoms, screening and being transparent on processes and procedures
- using trusted sources to share information within the community. GPs and local health champions were identified as the most trusted sources for health-related information.
- further upskilling healthcare staff on NICE Guideline (NG12)

- explore the effectiveness of community health and wellbeing events in improving cancer screening uptake – ensuring a holistic approach is adopted
- capitalising on the ‘thirst for knowledge’ by supplying appropriate materials, in a variety of form and mediums to the community, covering a range of topics including.
- emphasising the importance of prioritising own health, although a better understanding and appreciation is required on other aspects such as respite care.

Recommendations in Practice

21. As a result of the recommendations made, two PCNs (Beacon and Carillon) within the Charnwood GP Network have started the following:
 - Offering Saturday appointments via the extended access service to increase cervical screening uptake.
 - Charnwood GP Network Federation have identified the patients and contacted them on behalf of the practices.
 - Information has also been collected on patients that have declined bowel cancer screening to fully understand the reasons for the decline in offer.
 - A Making Every Contact Count approach has also been adopted, with staff undertaking the current training offer provided by Public Health (<https://www.healthyconversationskills.co.uk/>)

22. The Public Health team continues to work in partnership with the Charnwood GP Network to closely monitor the outcomes of the extended/enhanced access service and how this contributes to increasing cancer screening uptakes across Charnwood. So far (07 May-15 October 2022), the extended/enhanced access service for cancer screening has contacted 408 patients for bowel screening, with 373 of those contacts agreeing to screening. We are yet to learn if the patients contacted then went on to send their samples and what was the outcome of the screening. For cervical screening, 150 patients have been contacted, with 53 patients being booked in. The Charnwood GP Federation have also initiated extended access for acute appointments, offering 302 hours, which equates to 1391 appointments, with 814 patients seen so far.

23. The Public Health team, along with UHL colleagues and Charnwood GP Network are also working in partnership on a multidisciplinary outreach pilot. Over the next two months (November-December 2022), Charnwood GP Network will be hosting Respiratory Outreach clinics across two PCNS

(Carillon and Beacon). The clinics will be used as an opportunity to provide holistic care to patients in the community. The Respiratory Outreach pilot will be evaluated once all clinics have been held. The first clinic was held on 12th November 2022, which consisted of face to face and online appointments. In total, 27 patients were booked in for an appointment and 22 successfully attended their appointment.

24. In addition to the above, the Public Health team, along with ICB colleagues, provided an educational workshop session in September 2022 on how other members of the PCN can embed a population health management approach to tackling inequalities within the population. This was an opportunity to share any learning and resources with other PCN members such as instructions on how to conduct focus groups and the GP/PCN screening dashboard.

Resource Implications

25. There were no additional resources required of the County Council's Public Health or Charnwood GP Network to fund the work undertaken. Implementation of the recommendations arising from the project will be funded using existing resources.

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Relevant Impact Assessments

Equality and Human Rights Implications

26. Partners across the system have been involved in progressing this project and continue to work together to tackle health inequalities around cancer screening.

Appendices

Appendix – Cervical, Breast and Bowel Screening uptake in Leicester, Leicestershire and Rutland by PCN