The national cervical screening programme offers cervical screening to all women from the age of 25 to 49 every three years and between the ages of 50 to 64 every five years. However there is lower uptake amongst some groups of women and we are therefore making targeted interventions as detailed below.

**Age**

**Evidence of low uptake**

National figures suggest that there is low coverage of those in the 25-34 age group which is corroborated by figures from a study commissioned by the Strategic Health Authority in 2010 (http://www.cervicalscreeningproject.com/documents/2.%20Bradford%20PCT%20Data%20Planning%20Analysis.pdf) Within this age group women of between 25 and 29 have the lowest coverage rates.

**Next steps**

We are working to tailor regional social marketing at local level. We are exploring other strategies to engage with females age 25-29, for example health visitors and children centres.

**Disability**

**Evidence of low uptake**

Evidence shows that the uptake of cervical screening is much lower in women with learning disabilities compared to other women.

Factors that prevent learning disabled women from accessing cervical screening are:

- Access to a G.P
- Assumptions made by health care professionals about women with learning disabilities
- Perceived difficulties obtaining consent
- Attitudes of carers
- Lack of accessible information and physical disability
- Beliefs and experiences of women themselves
Intervention

Our cervical screening manager has discussed this with local learning disabled people at “Healthier Lives” (the health focussed sub group of Bradford and District’s Learning Disabilities Change programme).

Next steps

- To hold a focus group with local learning disabled women.
- To review the invite letter, reminder letter and leaflets to see if they are Learning Disability friendly.
- To look at the Electronic Prior Notification Lists and Prior Notification Lists process to see if the system can pick up patient information for people with Learning Disabilities before the invite goes out.
- To gather evidence on the experience and uptake of women who are physically disabled and who have mental health problems

Gender (including transgender)

Evidence of low uptake

Women are offered screening. This service is not necessary for men apart from trans men who still have a cervix and it may very well be difficult for trans men to access the service. 7th strand diversity helped us carry out a small scale consultation exercise in 2010 with trans men who are part of an email forum which provided us with more information about this (see Appendix One)

Next steps

- To send reminder guidance about screening responsibilities and trans men to local GPs.

Race

Evidence of low uptake

According to National Health Service Cervical Screening Programme many women from minority ethnic groups have had negative experiences of cervical screening. Some may not have understood the purpose of the screening programme or the procedure for taking the sample. Language differences and lack of cultural awareness by primary care teams have compounded the problem.

The SHA study shows that in Bradford and Airedale the biggest non attendee group are women from the Asian communities. The SHA study shows coverage trends between 1st April 2003 and 31st March 2008. (www.cervicalscreeningproject.com)
A local focus group held with older South Asian women in Manningham in July 2008 showed that receiving letters / leaflets in English was a barrier for some women – it was embarrassing to get a family member to translate and that many women in this group felt they were not at risk because of their monogamy. (See Appendix Two)

More recently concerns have been raised by some young unmarried South Asian women who are concerned that cervical screening could break their hymen.

Gypsies and travellers may not be registered with a Bradford & Airedale G.P and may not be aware that they can access cervical screening through the CASH services. A local gypsy and traveller community worker has expressed the view to us that it would not be appropriate to speak openly about cervical screening in Gypsy community.

**Intervention**

We have been using a community development approach to share information about cervical screening with local BME women. Leaflets are available in over 20 community languages along with DVD and audio resources. We have attended events held at Grange Interlink, Women Zone and Manningham Mills. We also participated at the Bradford Mela in June 2011. We presented information about cervical screening on Radio Ramadan in August 2011 and an Imam confirmed that while this may be an embarrassing topic for some people, maintaining good health is an important part of the Muslim faith.

**Next steps**

We are exploring the role of volunteer health champions from relevant communities to encourage BME women to attend for cervical screening, breast screening and to take part in bowel cancer screening.

**Religion and Belief**

Religion does not seem to be a key factor influencing women’s decisions about cervical screening. While not planning any specific interventions aimed at women of a particular faith, we will gather and include any evidence of religious influences through our ongoing community engagement work. The work described above which aims to improve uptake amongst local BME women, particular South Asian women, will involve women of different faiths.

**Sexual Orientation**

**Evidence of low uptake**

There is a myth believed by some lesbians and by some health workers that women who have sex with women are not at risk of cervical cancer. This is not the case. Fish (2009) quotes research that shows that between 3% and 30% of lesbians are infected with HPV which can lead to cervical cancer, so these women are at risk. (Fish Julie (2009) *cervical
screening in lesbians and bisexual women: a review of the worldwide literature using systematic methods De Montfort University Leicester) “Prescription for Change”, Stonewall’s lesbian and bisexual women’s health check published in 2008 shows that 16.6% of lesbian and bisexual women over the age of 25 in Yorkshire and the Humber have never had cervical screening, compared to 7% of women in general. In the 2007 Bradford and Airedale LGB Health Needs Assessment, the proportion of lesbians and bisexual women accessing cervical screening was 71.9% compared to a national target of 80% and in the 2010 Bradford and Airedale LGB Health Needs Assessment, only 59% of women have regular cervical screening (compared to 79% of women in general nationally).

Intervention

As part of the Department of Health’s Pacesetters initiative we worked with Bradford’s Equity Partnership, to improve uptake amongst local women who have sex with women. In 2009 we held focus groups which confirmed that some gay women and some health professionals have believed that lesbians are not at risk of cervical cancer and that sometimes judgements and assumptions on the part of health professionals deter lesbians from using health service in general and accessing cervical screening in particular.

With input from lesbians who attended the focus groups, we produced a leaflet aimed at local gay and bisexual women and a poster to be displayed in local GP surgeries. We launched this at the Bradford Pride event in May 2010. We have also produced a leaflet aimed at health professionals and include information from this project as part of the update training for cervical cytology sample takers working in Bradford and Airedale. Information about this project can be found here http://www.bradford.nhs.uk/about-us/equality-and-diversity/cervical-screening-and-lesbians/

Measure of impact

In early 2012 we will carry out a survey with local lesbians asking if they have had or intend to have cervical screening and if they now feel greater trust in the NHS.

Socio-economic disadvantage

Evidence of low uptake

The SHA study shows that women from Group N ‘Struggling Families’ using the ACORN geo-demographics classification system are the second biggest non attendee group. These are young, deprived, white families (often single parents) living in social housing. Incomes are low and unemployment relatively high. They are struggling to get by in an otherwise affluent Britain.

Next steps

- A health promotion strategy which aims to increase uptake for the NHS Cervical, Breast and Bowel Screening programme is currently being developed.
o GP practices with low uptake are being identified and will then be supported to make appropriate interventions.

Analysis completed by
Lynne Carter, Head of Equality & Diversity, NHS Bradford and Airedale
Arshad Hussain, Screening Manager, NHS Bradford and Airedale

Appendix One Cervical Screening Experience – Trans Men

After changing my name at my GPs I dropped off the list for cervical screening – I needed to go and remind them that though registered as Mr I was still in possession of my cervix and therefore needed screening – but they already knew this – the system just did not accommodate the change of information.

Once back on the list I attended my GPs for my screening appointment – to be carried out by the nurse practitioner who had administered testosterone injections so knew my circumstances. She was really good and did what needed to be done without any fuss. Sadly on this occasion the test showed that I had polyps and that they needed to be removed. It was suggested that the GP ought to be able to whip them off with forceps. It was arranged that I get an appointment with the woman doctor at the surgery. The doctor was really good and did her best to put me at ease but try as she might she was unable to remove the offending polyps and it was decided that I really did need to be referred to the gynaecology unit at the local hospital.

Although not entirely comfortable with this arrangement I did understand why I needed to be referred there – that is the department that deals with ‘female’ genitalia. The most uncomfortable thing about that appointment was the sitting in the waiting room. No-one takes into account how a man feels about sitting in a waiting room intended for female patients. Ok so women take along male companions to such visits so it is not so alien to see men in these waiting rooms – but it is unusual to see men on their own and it feels uncomfortable. It may be that no-one thinks anything at all – but it is a worry as to what folks are thinking.

Having the polyps cauterised was easy compared to the sitting in the waiting room. The staff were fine but I did feel I needed to explain myself as appearance and body parts did not match the ‘norm’. Further screening did take place prior to my hysterectomy – it was carried out at the GPs and I have no issues with that.

Not aware that there have been any problems but great care does need to be taken with the use of window envelopes. A badly folded letter to Mr B with a title of Cervical Screening visible in part or full in the bottom of the window would be of concern. As I say – not heard of it happening but a similar thing did happen to a trans woman colleague when she was
sent a letter by her Gender Identity Clinic – very clearly anyone handling the letter could see her name address and nature of her appointment Gender Reassignment!

Good practice – in more ways than one

1) I consider that my GPs is a good practice for trans people!

2) Good practice – my GP would make me appointments for screening on days when that procedure was not usually carried out – therefore eliminating the need for me to attend a ‘well women’s clinic’.

I understand that you are looking for information regarding the experience of female to male transsexuals with cervical smear tests. I live in Edinburgh but was told that you are interested in experiences from different areas.

I am 42 and have had smear tests since I was 24. I did not actively start to deal with my gender dysphoria until 2006. With hindsight there really has been the lowest possible risk from cervical cancer, although I am told there is no such thing as no risk, however some of the smears may not really have been necessary. However it was part of what gave the world the impression I was a normal woman. I guess I did find them difficult, but no more so than life in general was at the time.

Since transitioning it has become more difficult. I have been medically advised against a hysterectomy unless there are physical problems that would necessitate it. Therefore I did go into my transition knowing that I would need smear tests.

I did have a smear test in 2006. At that time my GP was aware of my gender dysphoria, but none of his colleagues were. We had a chat about who would be the best nurse to see to explain it to, and she did deal with things very sympathetically. However I was more aware of finding it difficult than previously.

In 2008 I changed my name and started on Testosterone in December of that year. My GP had a discussion with the Health Board about my CHI number. I had the option of changing it to male or leaving it female. Leaving it female may flag up the situation to anyone aware of the gender marker, but would have given me the option of smear test recall. Changing it to male was the opposite. However this option was taken away as Lothian University Hospitals Trust had just brought in a new policy which was that to change the name and title on their medical records the CHI must also be changed. So I do now have a male CHI.

I recently had a smear test and I did find it very difficult and distressing. This was in no way down to how it was done. I had been aware that I was due one at the end of 2009 and had been waiting for a particular nurse in the practice to return from maternity leave. When she did, I made an appointment with her to have some blood taken and the smear test done. The appointment turned out to be with another nurse who has not been sympathetic to my transition in the past. As there are changes in the genital area as a result of taking testosterone, I certainly did not want her to do the smear and we just left it that she took the blood. The following week I had an appointment with the endocrinologist I have been seeing...
and he arranged for one of his female colleagues to do a smear. He did say this would be as a one off, and it is more appropriate that this is done in primary care. However it would give me 3 years to figure out what I would do about the next one. At the moment the plan is to hope he forgot he said that, and it can be done again at the hospital.

The lady who did the smear test was very good and extremely aware of trans issues. Physically it was not difficult, but emotionally it was. All ftm's are different, but I found it difficult that they have to 'go inside'. It was not helped by the fact that there was spotting afterwards which was also distressing. I suppose it is a very female thing and therefore a reminder that I am not as I would like to be. I am very pragmatic and do take the view this has to happen and it is worth it for peace of mind. I suspect many ftm's will not necessarily take the same view. This is especially true if they are planning to have a hysterectomy at some stage.

I have attached the letter I received today from Prof Anderson advising that the smear was normal. You will note he mentions the lack of recall. He has also sent the pathology report and the precise wording relating to recall is:

'Please note that as this individual is now registered as male this result cannot be entered into the SCCRS database and therefore an invitation to attend for a repeat smear in 2013 will not be issued.'

I am better than most at remembering things like this and also feel it should be done. However many people are not so good at this, especially if it is something that they don't really want to think about anyway. In Lothian we are lucky and most ftm's will have a hysterectomy. However I believe that there have been significant problems with smears in parts of the country. I have heard of cases where the patient records had to be changed back to female for the lab to even be able to process the result. The records were not changed back to male for the result being sent out.

*The following comments were posted by trans men on a networking site I use after I had asked them to provide information for your use*

**Thread 1**

I don't know if this is of any help to anyone, but last time I was at charing X, (a month ago) I asked them again about transmen getting smears and ultrasounds done.

I was told that they are trying to set up a private clinic for their users, so that transmen have somewhere to go for smears, etc.I'm presuming that it would be for both men and women as charingx users.

He said that it is in the pipeline but as there are various bodies that need to agree on stuff, it's taking a while to set up.

---

Richard Curtis has been trying to get a clinic going for a while and just hasn't got round to it. I presume it'd be a private one?
Also, there's a big drive at the moment down here to get lesbians to have
smears. Dunno if that info's of any use to anyone...

What a scandal. We should be getting them on the NHS and the system has to
change to cope with us i.e. accepting that male patients might need smears so
that our medical records don't get changed back to female to suit the computer.

Thread 2

Just thought I would throw in here that at a recent 'drop in' session at the
Metro in Greenwich (http://www.metrocentreonline.org/) We had a meeting with
a guy from the NHS who is working with the Metro to get more funding/facilities
for their users. I did bring up the suggestion of having a smear clinic for
transmen. He was very interested and I will let you know if anything does come
of this.

Thread 3

I believe that the new organisation TREC are running a sexual health screening
thing when they meet every month. It's a trial run for the 1st 6 months to see if
people will actually use the service. I'm not sure, but I would assume that
includes smear tests too.

TREC is the new Trans Resource and Empowerment Centre based in Manchester. They
have meeting space every 2nd weekend of the month in the LGF centre near Canal
Street. pace is available for holding social meetings, drama and media groups,
networking, recording trans history and so much more. Not sure if the website is
set up yet, but there is a Facebook group - http://www.facebook.com/group.php?
gid=183352638107&ref=search&sid=665982473.1583217641..1

Thread 4

I've just re-discovered this NHS page in my favorites list. It says;
>
> "If you are a trans man who has not had a total hysterectomy, you should
continue to have cervical screening tests because you could still be at risk of
developing cancer of the cervix."
>
> So, to all those idiots who keep denying us smears and to the people that
say we can't have them unless we change our gender back to female, stick this in
your pipe and smoke it!
>
> I'm going to e-mail the Nottingham screening manager back and give her this
link and see what she's got to say for herself!

just out of interest, was this nottinghamshire pct or notts city that refused
to screen you? i've been trying to get a screening even though i'm 21 (so too
young to get one on the NHS), but i've been on t for 3 years so i think it's
necessary. both my GP and the psych i saw at the GIC are really behind me
getting it, so i'm hoping it'll work out, but stories of people of age being
refused scare me a bit!!
I dunno who it is that have refused to sort my smears out. I've got an address to write to complain and that's Nottinghamshire County tPCT. I'm now in Nottingham City though, so I dunno if this is the right place to write.

7th Strand Diversity  
September 2010

Appendix Two  
Westbourne Green and Frizinghall Asian Ladies Group  
Cervical Smear Consultation Wednesday 16th July 2008

The Westbourne Green group meets fortnightly and occasionally opens its meeting to a similar group from Frizinghall. It is run by one of the Community Development Team, who proposes some topics, others are suggested by the women themselves. The PCT Screening Manager attended the group and the community workers interpreted the discussion. 16 women attended the session on 16th July, mainly from the over 50 age group. 4 of the women said that they had not had cervical screening, 1 had had a hysterectomy and the others were outside the age range, 25-65.

Why/Who  
The women all understood the need for cervical screening, but had thought that they were less at risk because of their monogamy.

Patient gets letter/invite  
Did you?  
• All those included in the programme received invitation letters, either through WYCSA or direct from their GP.  
• The ‘Cervical Smear’ leaflet was included with the letter

What language?  
All received letter in the English language. This created problems for many of the ladies who could not read English and had to rely on family members to translate for them. This was often embarrassing. They asked that the letter be sent in Urdu.

What did it say e.g. letter  
Was it useful?  
• Once translated they found the letter was useful and explained what the programme was about.

Appointment, did you attend for appointment?  
• They had all attended their GP practice for the test.

Consent, did you fully understand what would happen?  
They understood what was happening; but were not asked to sign anything.
Information given, was it appropriate?
The information was relevant.

Translation
Translation was a problem and usually meant that they had to have a family member with them. They wanted interpreters to be present in the surgeries as at the hospital.

Were you told what would happen next?
- All were told what would happen next, some were asked to make an appointment and the GP would explain the results to them
- 2 of the women got written information about what would happen next

How long did you wait for results?
5 – 6 weeks seemed to be the general time period for all women

How did you get them?
Most received a letter; some attended the practice to have the results explained to them.

Did you understand the results?
- Yes
- 1 woman was told to have another test in 6 months and was very worried about this. She was advised to speak to her practice about this.

If the result was positive, how were the patients prepared for abnormal results?
- None had received a positive result

Did any of you prefer to go to the CASH Clinic?
- None of the women had been to a CASH clinic.

How do you think we can improve?
- Provide taxis to take women
- The invitation letters to be printed in other languages
- Interpreters to be present at all consultations in the practice

Other information
The women would pass on the message to their daughters and daughters-in-law.

Gill Wiseman & Beverley Campbell.
July 2008