

An exploration of the uptake of screening programmes for cancer in Newport West

Executive summary

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Understanding the breast screening support needs in Newport West

Introduction

Breast cancer is a major threat to public health globally and is the most diagnosed cancer in the UK, accounting for 15% of all cancers. In Wales, breast screening is offered to women aged between 50 and 70 as an effective way of identifying apparently healthy women who may be at higher risk of breast cancer to help improve early detection and reduce mortality. Unfortunately, uptake of breast screening is below required standards with geographical variation across Wales, highlighting the need to understand why there may be screening inequalities.

Aim

Commissioned by Newport West Neighbourhood Care Network (Cluster), this study aimed to understand the breast screening support needs from the perspectives of eligible population in the area, which has a diverse multicultural population, to address any screening inequalities.

Methods

Group Concept Mapping was used as the research method via Concept Systems GroupWisdom™ software. Data were collected both online and offline between July and October 2021. Participants completed three activities: brainstorming to generate statements via completing focus prompt “*Something that would help me to go for breast screening is ...*”; sorting statements into themed categories; rating statements on a 5-point Likert scale against two criteria: perceived importance and accessibility (easy to get). Each statement was rated between 1 (unimportant/not easy to get) and 5 (extremely important/extremely easy to get).

Findings

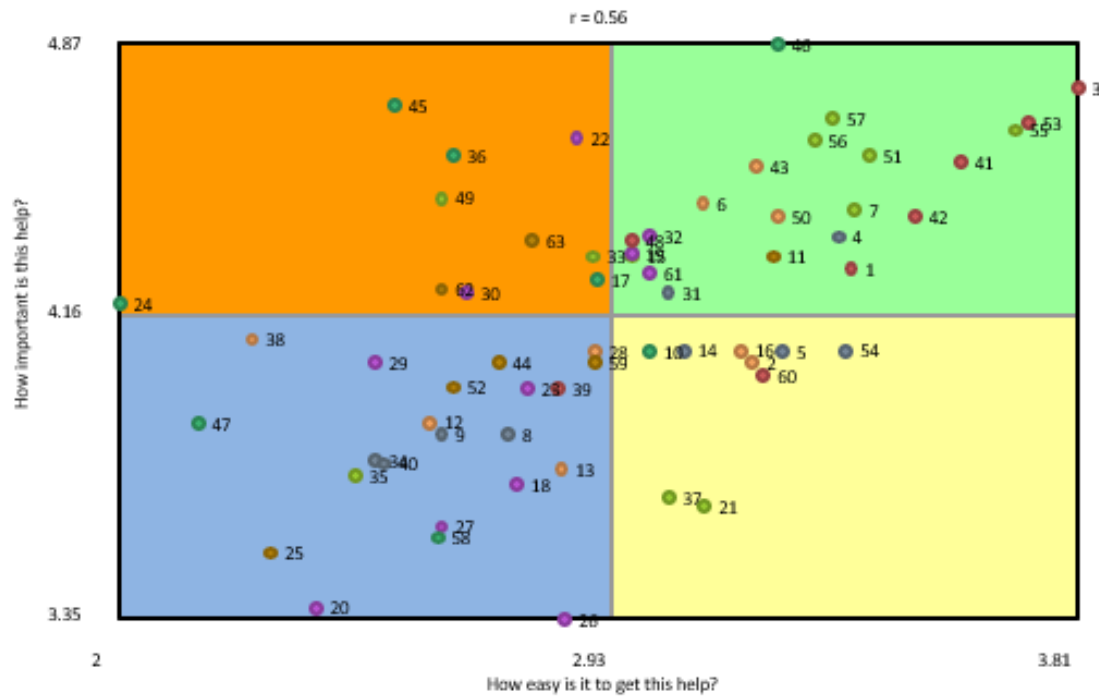
Thirty-seven participants were recruited. Of these, 31 completed the brainstorming, 23 completed the sorting activity, and 33 completed one or both rating scales. Participants were recruited from seven ethnic groups (White, Pakistani, Indian, Arab, Bangladeshi, Black, and Mixed ethnic groups). The largest proportion of participants described themselves as White (n=15), followed by Pakistani (n=12). The main languages participants spoke were English, Arabic, Bengali, Punjabi, Urdu, and Italian. Twelve participants reported that they were not able to speak English. The majority of participants (n=26) reported having no disability, while 11 indicated that they had a long-standing illness or health condition (n=4), physical impairment or mobility issues (n=3), a mental health condition (n=3), or other types of disability, impairment or medical condition (n=3). Three participants reported having two or more impairments and/or disabling medical conditions. Thirteen participants reported that they had missed screening once (n=7), twice (n=4), or three times (n=2) before the outbreak of Covid in March 2020.

Participants generated an initial pool of 81 statements in response to the focus prompt. The statements were reviewed and edited for grammar and spelling mistakes, duplicates were removed, and compound statements were split. Additional statements from the literature were added. A list of 63 statements (56 from participants and 7 from literature) were agreed and used for the sorting and rating. Statements were sorted by the participants into seven conceptually similar clusters (see the table below).

Cluster number	Cluster name (number of statements)	Importance rating (average)	Accessibility (easy to get) rating (average)	Example statements
1	Trusting that I will be respected (8)	4.38	3.38	1. No rush to get undressed and dress back due to disability 3. Respect for my dignity
2	Reassurance about my experience (11)	4.28	3.12	7. Reassurance that breast screening test is safe 15. Reassurance that the scan doesn't hurt (as many women say it's painful)
3	Accessibility and convenience (9)	4.14	2.95	2. Longer time for mobile screening vehicle to be at one site 6. Disabled access to mobile screening facility
4	Practical support (8)	4.27	2.64	10. Reassurance that I will be seen on time 17. Having the screening service close by and easily accessible
5	Addressing cultural diversity (9)	4.00	2.94	5. Not feeling mistreated or judged due to my language barrier 8. Phone call from my clinic or breast screening services in my first language via an interpreter
6	Information tailored to individual needs (7)	4.06	2.74	11. Information in plain English that helps me understand how important breast screening is 24. Information about breast screening that is easy for me to understand and is provided in my language
7	Raising awareness and understanding of breast screening (11)	3.99	2.76	18. More information about breast screening in magazines or press 19. Good news stories of people who have survived because of breast screening

The average importance rating (out of 5) for each cluster ranged between 4.38 (Cluster 1 'Trusting that I will be respected') and 3.99 (Cluster 7 'Raising awareness and understanding of breast screening'). The average accessibility (easy to get) rating (out of 5) for each cluster ranged between 3.38 (Cluster 1 'Trusting that I will be respected') and 2.64 (Cluster 4 'Practical support'). Variations in responses were found to be based on ethnicity, language, disability, and non-attendance of breast screening. Participants who identified themselves as non-White, did not speak English, or had missed breast screening rated higher on the importance rating, but lower on the accessibility (easy to get) rating across all seven clusters, compared to those who identified themselves as White, spoke English, or had not missed breast screening. Furthermore, compared to participants with no reported disability, those with reported disability rated higher on the importance rating across four clusters ('Trusting that I will be respected'; 'Practical support'; 'Accessibility and convenience'; 'Addressing cultural diversity'), but lower across the remaining three clusters. The two groups also differed in their responses to accessibility (easy to get) across all seven clusters, for which participants with reported disability rated lower.

A Go-zone report was produced, which divided statements into four quadrants based on the average rating of individual statement across the two rating criteria (see the figure below).



There were 10 statements in the orange zone (top left), where statements were rated above the average on the importance rating, but below the average on the accessibility (easy to get) rating, showing support that was perceived as highly important, but relatively not easy to get. The 10 statements belonged to five clusters: Cluster 4 ‘Practical support’ (n=4); Cluster 2 ‘Reassurance about my experience’(n=2), Cluster 6 ‘Information tailored to individual needs’ (n=2), and Cluster 7 ‘Raising awareness and understanding of breast screening’ (n=2). The top five statements in the orange zone were: ‘Information that would help me to check at home and understand any changes in my breast tissue’; ‘Quick access to screening if I feel a lump in my breast’; ‘A new appointment letter if I have missed one for a reason, e.g. due to ill health’; ‘Reassurance as I am too scared to go in case I get diagnosed with breast cancer’; ‘Having the screening service close by and easily accessible, for example, in my local supermarket or GP surgery’.

Conclusion

Findings from this study highlight the need to respect women, ensure they feel they can trust staff carrying out breast screening, offer reassurance about women’s experiences of breast screening, and provide practical support, especially individualised/targeted support for people with disability and those who do not speak or read English. The findings can be used in the first instance to inform the development of interventions for primary care services to enhance participation in breast screening including future commissioning and tailored support and awareness raising initiatives.

Understanding the bowel screening support needs in Newport West

Introduction

In the UK, bowel cancer is the 4th most common cancer, accounting for 11% of all cancers, and the 2nd most common cause of cancer deaths with 16,600 deaths every year. In Wales, bowel screening is offered to people aged between 60 and 74 as an effective way of identifying apparently healthy people who may be at higher risk of bowel cancer to help improve early detection and reduce mortality. Unfortunately, uptake of bowel screening is below required standards with geographical variation across Wales and addressing screening inequalities is a priority.

Aim

Commissioned by Newport West Neighbourhood Care Network (Cluster), this study aimed to understand the bowel screening support needs from the perspectives of eligible population in the area, which has a diverse multicultural population, to address any screening inequalities.

Methods

Group Concept Mapping was used as the research method via Concept Systems GroupWisdom™ software. Data were collected both online and offline between July and October 2021. Participants completed three activities: brainstorming to generate statements via completing focus prompt “*Something that would help me to take part in bowel screening is ...*”; sorting statements into themed categories; rating statements on a 5-point Likert scale against two criteria: perceived importance and accessibility (easy to get). Each statement was rated between 1 (unimportant/not easy to get) and 5 (extremely important/extremely easy to get).

Findings

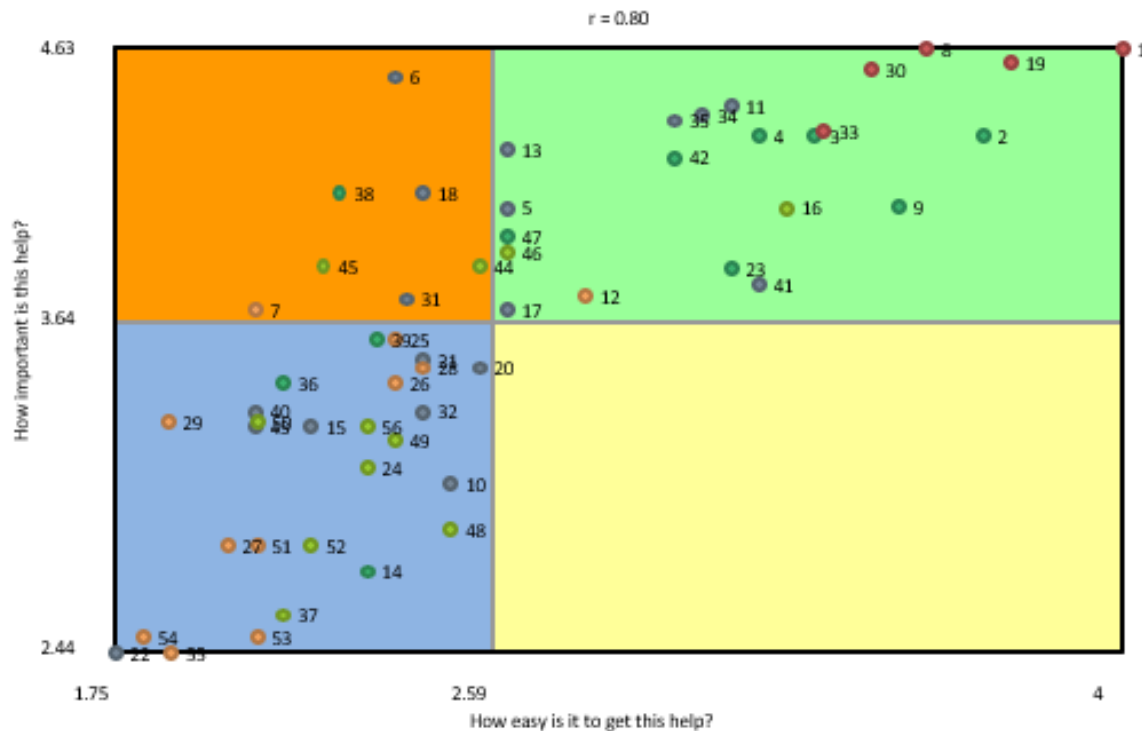
In total, 24 participants were recruited. Of these, 13 completed the brainstorming, 16 completed the sorting activity, and 19 completed one or both rating scales. The participants came from four ethnic groups (White, Pakistani, Any other White, and Any other ethnic background). The largest proportion of participants described themselves as White (n=16). The main languages participants spoke were English, Punjabi, Urdu, Italian, and Spanish. One participant was not able to speak English. Fifteen participants reported having no disability, while nine reported having long-standing illness or health condition (n=3), physical impairment or mobility issues (n=2), a mental health condition (n=1), or other types of disability, impairment or medical condition (n=2). Two participants reported having two or more impairment and/or disabling medical conditions. One participant reported having missed screening once before March 2020.

Participants generated an initial pool of 51 statements in response to the focus prompt. The statements were reviewed and edited for grammar and spelling mistakes, duplicates were removed, and compound statements were split. Additional statements from the literature were added. A list of 56 statements (49 from participants and 7 from literature) were agreed and used for the sorting and rating. Statements were sorted by the participants into five conceptually similar clusters (see the table below).

Cluster number	Cluster name (number of statements)	Importance rating (average)	Accessibility (easy to get) rating (average)	Example statements
1	Simple instructions and easy to use (5)	4.55	3.62	1. Simple instructions how I get the sample 8. A fairly simple process of taking stool samples
2	Practical support (11)	3.35	2.42	16. A routine reminder to take the test (if appropriate)
3	GP involvement (11)	3.13	2.16	37. Having a nurse or someone in my clinic who shows me how to take my sample
4	Information tailored to individual needs (11)	3.89	2.86	2. Information that is in easy-to-read English 4. Information that helps me understand how important it is to take part in bowel screening
5	Raising awareness and understanding of bowel screening (18)	3.72	2.53	5. More good news stories about people who survived bowel cancer following early diagnosis through screening 10. Facts that are displayed in public toilets

The average rating (out of 5) for each cluster ranged between 4.55 and 3.13 for the importance rating, and between 3.62 and 2.16 for the accessibility (easy to get) rating. Cluster 1 ‘Simple instructions and easy to use’ was rated the highest, while Cluster 3 ‘GP involvement’ was rated the lowest on both ratings. Variations in responses were found to be based on gender and disability. Male participants rated lower than female participants on both the importance rating and the accessibility (easy to get) rating. Compared to participants with no reported disability, those with reported disability rated higher on the importance rating for three clusters (Cluster 1 ‘Simple instructions and easy to use’; Cluster 2 ‘Practical support’; Cluster 3 ‘GP involvement’), but lower for two clusters (Cluster 4 ‘Information tailored to individual needs’; Cluster 5 ‘Raising awareness and understanding of bowel screening’), and rated lower on the accessibility (easy to get) rating across all five clusters.

A Go-zone report was produced, which divided statements into four quadrants based on the average rating of individual statement across the two rating criteria (see the figure below).



There were seven statements in the orange zone (top left), where statements were rated above the average on the importance rating, but below the average on the accessibility (easy to get) rating, showing support that was perceived as highly important, but relatively not easy to get. The seven statements belonged to four clusters: Cluster 5 ‘Raising awareness and understanding of bowel screening’ (n=3); Cluster 2 ‘Practical support’ (n=2), Cluster 3 ‘GP involvement’ (n=1); Cluster 4 ‘Information tailored to individual needs’ (n=1). The top five statements in the orange zone were: ‘More information about the very early changes that can be picked up and treated to avoid cancer developing’; ‘A better knowledge of consequences for not taking part in bowel screening’; ‘Having my concerns about bowel screening recognised/listened to’; ‘Information that makes me feel less scared if I have bowel cancer’; ‘Campaign message using statistics on early death in my age ranges to highlight why the screening is important’.

Conclusion

Findings from the study highlight the importance for GP involvement and the provision of simple instructions as part of the bowel screening test, easy-to-use testing kit, regular routine reminders, and individualised/targeted support for people especially those with disability and those from Black and Minority Ethnic communities. The findings can be used in the first instance to inform the development of intervention for primary care services to enhance participation in bowel screening including future commissioning and tailored support and awareness raising initiatives.

Understanding the cervical screening support needs in Newport West

Introduction

In the UK, cervical cancer is the 14th most common cancer in women, with around 3,200 new cases and 850 deaths each year. Nearly all cervical cancer cases are caused by high-risk human papillomavirus (HPV). In Wales, the HPV vaccine has been offered to all girls aged 12-13 since 2008 as part of a cancer prevention programme, and the offer has been extended to boys of the same ages since 2019. Cervical screening is offered to women aged 25-64 in Wales as an effective way of identifying high-risk types of HPV to help improve early detection of cervical cancer and reduce mortality. Unfortunately, uptake of cervical screening is below required standards with geographical variation across Wales, highlighting the need to understand why there may be screening inequalities.

Aim

Commissioned by Newport West Neighbourhood Care Network (Cluster), this study sought to understand the cervical screening support needs from the perspectives of eligible population in the area, which has a diverse multicultural population, to address any screening inequalities.

Methods

Group Concept Mapping was used as the research method via Concept Systems GroupWisdom™ software. Data were collected both online and offline between July and October 2021. Participants completed three activities: brainstorming to generate statements via completing focus prompt “*Something that would help me to go for cervical screening is ...*”; sorting statements into themed categories; rating statements on a 5-point Likert scale against two criteria: perceived importance and accessibility (easy to get). Each statement was rated between 1 (unimportant/not easy to get) and 5 (extremely important/extremely easy to get).

Findings

Seventy participants were recruited. Of these, 64 completed the brainstorming, 29 completed the sorting activity, and 65 completed one or both rating scales. Participants were from eight ethnic groups (Pakistani, White, Arab, Bangladeshi, African, Indian, Other White Background, and Other Ethnic Background). The largest proportion of participants described themselves as Pakistani (n=18), followed by White (n=15), Arab (n=11), and Bangladeshi (n=10). The main languages spoken by participants on a daily basis were English, Arabic, Somali, Kurdish, Farsi, Bengali, Punjabi, Urdu, Italian, Patwa Creole, and Romanian. Twenty-seven reported they were not able to speak English. The majority of participants (n=59) reported that they had no disability while 11 participants indicated that they had a mental health condition (n=4), had long-standing illness or health condition (n=3), were deaf or had a serious hearing impairment (n=1), had physical impairment or mobility issues (n=1), or had other types of disability, impairment or medical condition (n=3). Three participants reported having two or more impairment and/or disabling medical conditions. More than half (n=39) of the participants indicated that they had missed screening once (n=17), twice (n=11), three times (n=3), or four times or more (n=8) before March 2020.

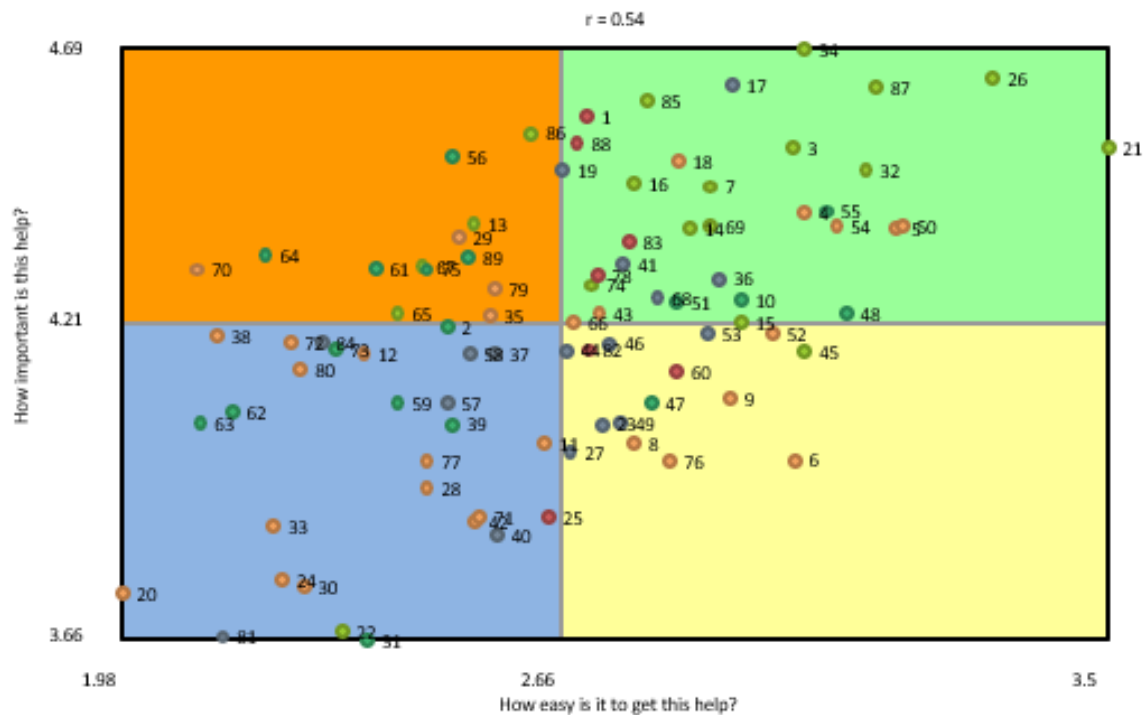
Participants generated an initial pool of 153 statements in response to the focus prompt. The statements were reviewed and edited for grammar and spelling mistakes, duplicates were removed, and compound statements were split. Additional statements from the literature were added. A list of 89 statements (82 from participants and 7 from literature) were agreed and

used for the sorting and rating activities. Statements were sorted by the participants into five conceptually similar clusters (see the table below).

Cluster number	Cluster name (number of statements)	Importance rating (average)	Accessibility (easy to get) rating (average)	Example statements
1	Reassurance of safety of the procedure (7)	4.27	2.72	1. Reassurance that I can access treatment in a timely manner if signs of cancer are detected 78. The need for reassurance the screening not be painful
2	Reassurance about my experience of cervical screening (19)	4.4	2.86	7. Making me comfortable and relaxed as it is embarrassing to have smear test 21. A female staff who puts my mind at ease
3	Accessibility and convenience (29)	4.11	2.59	29. Flexibility in the time of my appointment to make it easier to attend around work/family commitments, with options for evenings and weekends 71. Being able to bring someone with me for support
4	Addressing cultural diversity (17)	4.18	2.54	39. Liaison with religious leaders (as some religions may find this a taboo subject) 56. Raising awareness of cervical screening to new arrivals from abroad in other languages
5	Raising awareness and understanding of cervical screening (17)	4.15	2.65	49. Hearing about positive previous screening experiences and examples 84. Information about cervical screening that is displayed and shared within my community

The average importance rating (out of 5) for each cluster ranged between 4.4 (Cluster 2 ‘Reassurance about my experience of cervical screening’) and 4.11 (Cluster 3 ‘Accessibility and convenience’). The average easy to get rating (out of 5) for each cluster ranged between 2.86 (Cluster 2 ‘Reassurance about my experience of cervical screening’) and 2.54 (Cluster 4 ‘Addressing cultural diversity’). Variations in responses were found to be based on ethnicity, language, disability, and non-attendance of cervical screening. Non-White participants rated higher on the importance rating, but lower on the accessibility (easy to get) rating across all five clusters compared to White participants. Similarly, non-English speaking participants rated higher on the importance rating, but lower on the accessibility (easy to get) rating across all clusters, with the exception of Cluster 5 ‘Raising awareness and understanding of cervical screening’, which was rated as similarly important by participants in the two groups. Participants with reported disability also rated higher for importance, but lower for accessibility (easy to get) across all five clusters compared to those with no reported disability. These differences were also found for participants who had missed screening compared to those who had not (with the exception of Cluster 4 ‘Addressing cultural diversity’, which was rated as similarly important by participants in the two groups).

A Go-zone report was produced, which divided statements into four quadrants based on the average rating of individual statement across the two rating criteria (see the figure below).



There were 13 statements in the orange zone (top left), where statements were rated above the average on the importance rating, but below the average on the accessibility (easy to get) rating, showing support that was perceived as highly important, but relatively not easy to get. The 13 statements belonged to three clusters: Cluster 4 ‘Addressing cultural diversity’ (n=5); Cluster 2 ‘Reassurance about my experience of cervical screening’ (n=4); Cluster 3 ‘Accessibility and convenience’ (n=4). The top five statements in the orange zone were ‘A staff who carries out my screening is sensitive to my cultural beliefs’, ‘Raising awareness of cervical screening to new arrivals from abroad in other languages’, ‘A speculum that does not pinch my skin for the entire procedure’, ‘Flexibility in the time of my appointment to make it easier to attend around work/family commitments, with options for evenings and weekends’ and ‘Information about screening that is provided in different formats, such as hard copies, text messages, as well as online’.

Conclusion

Findings from this study highlight the importance of reassuring women about the safety of the cervical screening procedure and their experience of the screening, the need to take into account and respond to cultural diversity, and the provision of individualised/targeted support for people especially those with disability and those who do not speak or read English. The findings can be used in the first instance to inform the development of intervention for primary care services to enhance participation in cervical screening including future commissioning and tailored support and awareness raising initiatives.

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