Cervical smear uptake in BAME and Learning Disability populations

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Background

Cervical screening has been fundamental in reducing the incidence and mortality of cervical cancer[1], yet inequalities persist in its uptake. Women from Black, Asian and Minority Ethnic (BAME) backgrounds are less likely to attend cervical screening than White British women[2]. Similarly, uptake is much lower in women diagnosed with learning disabilities (LDs) compared to other women[3]. This audit aimed to identify cervical smear attendance in the BAME and LD populations in a primary healthcare setting.

Method

This retrospective study enrolled 1,641 patients aged 25-64 and eligible for cervical screening at a single primary care centre. Data was collected using an electronic patient record system, and pre-existing codes generated population-specific patient lists.

Study aims:

- Determine numbers of non-attenders within BAME and LD populations
- Establish the number and type of reminders sent to non-attenders
- Utilise findings to suggest targeted activities to improve screening attendance within these groups

Results

250 out of 1,641 patients in the cohort had no cervical screening smear performed in the past 3y6m (for those aged 25-49y) or 5y6m (for those aged 50-64y).

BAME: 63/250 (25.2%) of these non-attenders were of BAME ethnicity. 55/63 (87.3%) had been sent a "2nd recall SMS", yet this resulted in only 1 patient booking a cervical screening appointment. Further retrospective analysis determined that 3 months previously 76 patients of BAME ethnicity were overdue their cervical smear. All 76 were sent a 1st recall SMS with 13 responding, leaving our 63 patients.

1. Pesola, F., Sasieni, P., 2019. Impact of screening on cervical cancer incidence in England: a time trend analysis. BMJ Open 9, e026292.
2. Moser, K., Patnick, J., Beral, V., 2009. Inequalities in reported use of breast and cervical screening in Great Britain: analysis of cross sectional survey data. BMJ 338
3. Watts, S., 2008. Access to cervical screening for women with learning disabilities. Br J Nurs 17, 518

LD: An additional 4/250 of the non-attenders had a learning disability diagnosis, with 2/4 having signed a re-call withdrawal disclaimer. Only 1/4 had been sent a "2nd recall SMS", and 0/4 had an appointment booked.

Figure 1

Cohort (LD or BAME, years)	Eligible patients overdue smear (n)	Smear booked (n)	Pregnant (n)	Left practice (n)	2nd Recall SMS sent (n)	Smear appointment booked (n)	Signed disclaimer (n)
LD 25 - 49	3	0	0	0	1, 33.3%	0	1, 33.3%
LD 50 - 64	1	0	0	0	0, 0%	0	1, 100%
BAME 25-64	63	1, 1.6%	3, 4.8%	4, 6.3%	55, 87.3%	1, 1.6%	0

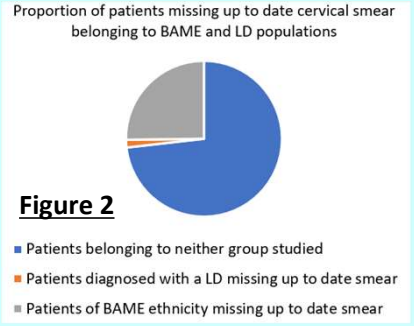

Figure 2

Figure 2 illustrates the contribution of each population studied to the total number of patients without an up-to-date smear at the practice. Over ¼ of patients overdue a cervical smear are of BAME ethnicity (25.2%), whereas only 1.6% have a LD.

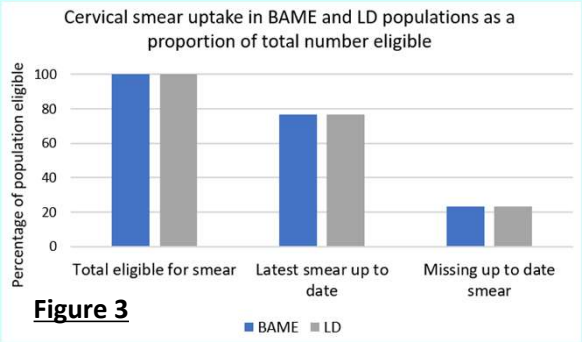

Figure 3

Figure 3 presents the proportion of women within both populations who have, and who have not, had an up-to-date smear, in relation to the total number in that particular population group eligible for screening.

268 BAME patients are eligible: 205 have had an up-to-date smear (**76.5%**), 63 have not (**23.5%**).

17 patients at the practice diagnosed with an LD are eligible: 13 have had an up-to-date smear (**76.5%**), 4 have not (**23.5%**).

Discussion

Recalls are partially effective in improving smear attendance, as exemplified by the 13 BAME patients who responded to their first recall prior to our reporting period. However, as 63 BAME patients (81.6% of the original 76 identified) persisted as non-responders even after a second SMS reminder, there is a clear need for a renewed approach to increase cervical smear uptake in this patient population.

Whilst Figure 2 shows that patients with an LD diagnosis constitute a much smaller proportion of patients missing an up-to-date smear in comparison to BAME patients (1.6% versus 25.2%), Figure 3 sheds light on a new perspective: the proportion of BAME patients who are overdue their smear (23.5%) and the proportion of patients with a LD diagnosis overdue their smear (23.5%) are equitable. Therefore, increasing smear uptake in the LD population should be seen as equally important. However, the strength of this observation is limited by the small sample size of the LD population.

Resulting quality improvement tasks include linking to "Cervical Screening: Helping you Decide" leaflets, which are available in 10 languages, or the "Cervical Screening: Easy Read Guide" in recalls sent. We hope that such activities may increase uptake in patients whose first language is not English, and LD patients, respectively.

Conclusions

A significant proportion of cervical screening non-attenders are of BAME ethnicity, whilst equal proportions of the total number of BAME and LD patients eligible for cervical screening are overdue an up-to-date smear. Understanding these inequalities at the level of screening, and bringing them to the attention of clinicians, is a vital first step in addressing disparities in the incidence and mortality of cervical cancer between different patient populations. This audit will be repeated after quality improvement tasks have been implemented, in order to inform a practical approach to close this gap and strive for equality in cervical screening uptake.