



Portsmouth Women's Alliance Cervical Screening Workshop and Focus Group



Background

Cervical screening saves around 2000 lives every year in the UK¹ and is available for anyone with a cervix aged between 25 and 64. The uptake of cervical screening has been declining over the last 10 years and low uptake is particularly evident in people from lower socioeconomic backgrounds² and people from minority ethnic backgrounds³. Previous research has demonstrated that text message reminders from a GP practice have been effective in increasing uptake by around 4%⁴. A small pilot led by Wessex Cancer Alliance in areas of high deprivation demonstrated that 7% of 'never attenders' that were sent a video text message from their local GP practice, took up screening⁵. The video text message contained a local GP and Practice Nurse from Dorset aiming to break down barriers for patients. To build on this further, the alliance is looking to develop another video for Hampshire practices that addresses some of the barriers experienced by people within this population. We were particularly keen to hear from those populations in which screening uptake was low.

The workshop

Wessex Cancer Alliance has been working with many community groups to increase awareness of cancer signs symptoms and raise awareness of screening programmes. Portsmouth Women's Alliance is an organisation created to build confidence and reduce fear in Black Minority Ethnic groups and had previously engaged in successful workshop on breast screening/awareness with Wessex Cancer Alliance. This cervical screening awareness workshop was set up in collaboration with Portsmouth Hospital Trust and invited women from the Portsmouth Women's Alliance to join and share/discuss their experiences of cervical screening and find out more about it. Prior to the awareness session some time was allocated to run a small focus group to discuss with the group their thoughts and opinions on the use of a video text message via GP practices and what information is important to them. The purpose of this was to ensure that the public/patient voice was integral in the development of the video, particularly to those in populations where screening uptake was lower.

Most of the people attending the workshop were Muslim women, of Black, or Black British African ethnicity and aged between 18 and 55 years (Appendix B) and around thirteen people contributed to the discussions.

The focus group was run in three small groups of 4/5 people per group and a list of semi structured questions was developed to use as a prompt for discussion (Appendix A) but facilitators were encouraged to adopt a flexible approach to the questions to encourage open conversation. The purpose of this approach was to listen to what was most important to those individuals but also have some prompts in place for if the group were less engaged. Flip chart paper and Post-it notes were used to capture the conversations. The aims of the discussion were to understand whether the video/text message itself was appropriate for this audience and what messages they felt would need to be included to address barriers.

Themes

The group were very open and engaged in conversations and some key areas were highlighted during the discussions. The notes from all three subgroups have been collated and the themes are described below.

Clear messaging – The feedback was that clear and concise messages were important and things like subtitles were helpful and for the video to not be too long. One mentioned that having a video would be useful as they could go back and watch it again as many times as they need to ensure that they understood.

Translated information – Something that was raised across the three groups is that translated information would help with understanding of the test.

Privacy and dignity- This was an important thread of conversation that came up throughout the discussions. This was a big concern for those sharing their experiences and this was a big barrier in terms of cervical screening due to the intimacy of the test. They really wanted to get across how much of a big step this was to attend something like cervical screening. It was suggested that being able to ask for a female and requesting extra time for the appointment may help with this.

The procedure – Several responded that they wanted to know more about the procedure, what happens and what the instruments look like. They also

wanted to have more information on when you can/can't have cervical screening e.g. during period or pregnancy.

The results – many expressed fear of the results and several said that they 'wouldn't want to know.' There was also some lack of understanding over what the results mean and so they wanted more information on this.

Information Source - The overall feedback from the group is that that they would trust a video received from the GP practice and that it would be reassuring to have medical staff within the video talking, there was no preference over GP or practice nurse. It was highlighted that the NHS logo on the video would help their confidence in the information. There was also a suggestion to have a clinician from a non-white British ethnic background.

Negative previous experiences – A few people shared negative situations that they had experienced receiving healthcare both within this country and other countries. This was another barrier that was shared as a reason why cervical screening can be a difficult thing to engage in.

Sexual History- There was some confusion around need for screening if some is unmarried or if someone has only ever been sexually active with one person/ husband. One person linked Human Papilloma Virus (HPV) to sexual activity or promiscuity so felt they didn't need to go for screening or have children vaccinated for this reason. She stated that this was a common misunderstanding in her community circle. A few women were unaware of what HPV is and that someone could be HPV positive without any signs.

Female Genital Mutilation (FGM) – It was acknowledged that FGM is a real barrier for some women. This is specific to certain communities and is often not reflected in the data due to generalised coding of ethnicities e.g. 'Black African.'

In addition to the above, there was also a request to highlight that cervical screening is free as this was not everyone's experience of healthcare systems.

Conclusion

There was a consensus that the use of video text messaging would be an appropriate method and that they would trust information received from their GP practice. There were several areas that were considered important to address in a video; including privacy and dignity, a clear explanation of the procedure, information on what the results mean and addressing some of the misconceptions and barriers of screening.

Next steps

The insights from this focus group will help shape the content of the video message for GP practices in Hampshire.

References

1. Landy R et al. Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case–control study. *Br J Cancer*, 2016
2. Douglas E et al. Socioeconomic inequalities in breast and cervical screening coverage in England: are we closing the gap? *Journal of Medical Screening*, 2023
3. Moser K et al. Inequalities in reported use of breast and cervical screening in Great Britain: analysis of cross sectional survey data. *BMJ*. 338, b2025, 2009
4. Huf S et al. Behavioural text message reminders to improve participation in cervical screening: a randomized controlled trial. *The Lancet*, 2017
5. Cervical Screening Video texting pilot evaluation: Wessex Cancer Alliance, March 2024 [Cervical Screening Video Texting Pilot - Welcome to Wessex Cancer Alliance](#)

Appendix A: Focus group demographic information

<u>What age group do you belong to?</u>	<u>What is your gender?</u>	<u>What is your ethnic group / origin?</u>	<u>What is your religion?</u>
<u>18-25 years</u>	<u>Female</u>	<u>B: Mixed - Any other mixed background</u>	
<u>36-45 years</u>	<u>Female</u>	<u>A: White - Welsh/English/Scottish/Northern Irish/ British Irish</u>	
<u>36-45 years</u>	<u>Female</u>	<u>D: Black or Black British - African</u>	<u>Muslim</u>
<u>46-55 years</u>	<u>Female</u>	<u>D: Black or Black British - Any other Black background</u>	<u>Muslim</u>
<u>46-55 years</u>	<u>Female</u>	<u>D: Black or Black British - African</u>	<u>Muslim</u>
<u>46-55 years</u>	<u>Female</u>	<u>D: Black or Black British - African</u>	<u>Muslim</u>
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Appendix B: Guidance questions for the focus group

- 1. How do you like to get health information? How do you like to find about health related information?**

Prompt e.g. letter, video, website, hearing from a friend? Why is this?

- 2. How would you feel about receiving information from your GP Practice via text message?**

Prompt: Why is this? do you trust it? Would you open a link? What would make this more trusted?

- 3. How do you feel about receiving health information in a video format?**

Prompt: Why? Good, easy to understand, Don't like it? Not easy to follow? Never had any

- 4. How would you feel about getting a video about cervical screening.**

Prompt: Getting messages about cervical screening is quite a personal thing, are there any circumstances where this might not be appropriate...

- 5. Who do you prefer hearing health information from? Who would you like to see in a video?**

Prompt: Are there any people that you would trust more?

- 6. In a video we could use real people/animation, do you have a preference? Why?**

- 7. We will include subtitles, are there other things that make information easier to understand?**

Prompt: How do you like to receive information if English is not your first language?

- 8. What information do you want to know? What are some of the key things we should include that would encourage you to go?**

Prompt: What is going to happen during the appointment? Why screening is important? Hearing from other people who have been for screening and how they found it? Tips to make the experience easier?