

Let's Talk Cervical Cancer Screening Report

September 2026



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About us

Healthwatch is the statutory body created to help improve local health and social care services and make sure they work for the people who use them. Healthwatch Oldham is the local independent champion for people who use health and social care services. Our purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf; ensuring that those running services put people at the heart of care. We also provide information and advice to help people make the right decisions for their health and access support.

Our main statutory functions as local Healthwatch are:

- To obtain the views of people about their needs and experience of local health and social care services
- To make reports and recommendations about how those services could or should be improved
- To promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services
- To provide information and advice to the public about accessing these services and the options available.

We also represent the voice of local people on various health and social care forums, including the Integrated Care Board and the Health and Wellbeing Board. We're part of a national network that reports to Healthwatch England, NHS England and The Department of Health and Social Care on national health and social care trends.

Executive summary

In 2023, NHS England set a target to eliminate cervical cancer by 2040. However, there are declining levels of uptake by women of cervical screening over the last 20 years. Oldham's cervical screening coverage for 50 to 64 age group was at 74.2%, below the acceptable performance target of 80%. Healthwatch Oldham have received feedback from several residents between 2024–2025 that they were experiencing screening accessibility barriers. This provided Healthwatch Oldham with the opportune moment to undertake a project to better understand accessibility restrictions, and to make recommendations on how to improve uptake in Oldham.

Conducted between September 2025 and December 2025, our research consisted of:

- An online survey of 282 responses from women across Oldham
- 3 focus groups with a total of 30 attendees. The attendees of our focus groups were recruited from OPAL (an Oldham based charity supporting people with a learning disability), BAME connect, and survey participants who wanted to share additional insight.

Report findings:

- Bangladeshi women and women in the age range of 25–49 have the least understanding of cervical cancer and the importance of regular cervical screening

- 73% of survey respondents attended their cervical screening appointment in the last 3 years, (7% lower than the target of NHS acceptable performance target of 80%)
 - This decreased for women with learning disabilities, Arabic women, Asian/Asian British women, and women with a disability more broadly
- There were several barriers to attendance, these mostly included emotional/fear-based reasons; women felt embarrassed, they were concerned that the procedure would be painful or they had a previous negative experience of screening
 - Bangladeshi women, women with learning disabilities and women from ethnic communities listed additional barriers to attendance (e.g., fear about what the test may find and uncertainty around the booking system)
- 49% of women were not aware that they could request adjustments before or during their screening appointment to make the process easier for them
 - This increased if women had not attended their screening in the last 3 years or Asian (Bangladeshi and Indian), Caribbean, and Arabic women
- Women who completed our survey felt that having a female consultant and/or home testing would increase their screening attendance
 - Asian women listed additional adjustments which would increase their attendance (e.g., translation service and pre-visit to explain the procedure).

Recommendations

1. We would recommend co-producing a guide and/or promotional video with Asian women (specifically Bangladeshi women) in Oldham to increase understanding of cervical cancer and reduce barriers to screening uptake.
2. We would recommend a pre-call for women with learning disabilities before they receive their letter to explain the purpose of cervical screening, discuss any concerns and ask if they require any reasonable adjustments, in addition to providing easy read information at the appointment (e.g., [Cervical screening: an easy guide - GOV.UK](#))
3. We would recommend a localised campaign to promote the home testing initiative to increase uptake. This should be co-produced with community champions to ensure the campaign reaches all communities across Oldham.

Introduction

Healthwatch Oldham (HWO) have conducted research into the experience of cervical screening for people living in Oldham; providing a deeper insight into the knowledge and understanding of cervical cancer, barriers to attending screening appointments, and knowledge and utilisation of adjustments that can be offered. This report contains a methodology, results, desk-based research, key findings and recommendations.

Background

England's national cervical screening programme, which began in the 1980s, aims to prevent women from developing and dying from cervical cancer. According to Cancer Research UK, there are around 3,300 new cervical cancer cases in the UK every year, that's around 9 every day (2017–2019). Around 520 of these cases of cervical cancer each year are linked with deprivation.

The national cervical screening programme first checks for Human Papillomavirus (HPV). If found, the same sample is checked for cell changes, which may lead to a referral for a colposcopy. To complement screening efforts, HPV vaccinations have been offered at the age of 12–13.

Over the last year, there have been two changes to the cervical screening programme. Women aged between 25–49 who test negative for high-risk HPV, will now be invited to 5-year intervals rather than 3. This has been described as a more 'personalised approach', following recommendation

by the UK National Screening Committee. In addition, NHS England has started to offer home-based HPV self-sampling kits to women who have missed their invite, rarely attend or have never attended their cervical screening. Healthwatch England welcomed this change, especially as they have previously found that many women can find cervical screening an uncomfortable experience and challenging to schedule.

NHS England have set a target to eliminate cervical cancer by 2040, and these changes may well assist in moving towards this target. However, the latest figures demonstrate declining levels of uptake by women of cervical screening over the past 20 years (NHS England 2023). Running in parallel to this, Healthwatch Oldham received feedback from several residents between 2024–2025 that they were experiencing screening accessibility barriers. This provided Healthwatch Oldham with the opportune moment to undertake a project to better understand accessibility restrictions and how to alleviate them.

According to the NHS Cervical Screening Annual Report (2022–2023), acceptable performance is defined as achieving coverage levels of 80%. According to Oldham’s Joint Strategic Needs Assessment (2023) cervical screening coverage for 25–49-year-olds is 67.4%, whilst this is similar to the regional average (67.5%) and national average (67%), Oldham has the fourth lowest coverage across Greater Manchester. There are several GP practices that fall below 60% coverage and only 1 GP Practice meets the 80% target. Coverage rate for the 50 to 64 age group was at 74.2%, comparable to 73.7% (regionally) and 74.9% (nationally), and the fifth

lowest coverage across Greater Manchester. In this age group, fewer practices fall under 60%, but only 5 meet the acceptable target of 80%. Additionally, there is an overall trend of declining uptake of cervical screening, for example for age 25–49-year-olds screening coverage in 2009–2010 was 73.2%, showing a 5.8% drop by 2023.

Due to the limited available data on screening rates across ethnic groups in Oldham, we were particularly interested in seeing if there were accessibility issues in groups that are nationally known to be low. For example, Hull York Medical School found that Asian women have a 32% lower screening uptake than white women.

The aim of this report was to collate data in the form of resident voices across Oldham with a view to understanding the low screening uptake and identifying any gaps/barriers attributing to this. Women across Oldham were given the opportunity to share their views and experiences and tell us in their own words what would help to alleviate concerns and access screening services. We hope this report will support national and local ambitions to increase cervical screening rates and reduce rates of cervical cancer.

Methodology

We compiled a survey to gather people's experiences of cervical cancer smear testing. We wanted to better understand what was working well, and what didn't work so well. This was an opportunity for those who have

been through the system to tell us of their experience and for those who are hesitant, to tell us why. The survey was live from September to early December 2025. A total of 282 surveys were completed. The breakdown is as follows:

- 51 professionals completed our online survey
- 231 public completed our online survey

3 focus groups were also held between September and November.

A total of 30 attended to tell us of their experience. The attendees of our focus groups were recruited from OPAL (an Oldham based charity supporting people with a learning disability), BAME connect, and survey participants who wanted to share additional insight.

Our survey was available online and in paper format to complete. We held focus groups remotely offering daytime and evening options to ensure that people had more opportunity to access it. We also spoke to people at outreach events and assisted with completing the survey in person. The range of approaches were used to ensure the survey was inclusive and accessible to reach as wide a demographic as possible.

Terminology used in this report

At Healthwatch Oldham, we champion inclusivity and equality in all we do. All people eligible for cervical screening will have been assigned as female at birth and have a cervix; therefore, including trans men, non-binary and intersex people.

We asked our respondents about sex and gender. 96% described themselves as 'women' (a total of 219), 1 respondent selected 'prefer not to say' and 8 left this question blank. These responses were out the possible responses of 'women, 'non-binary', 'trans man', 'prefer not to say', and 'other'.

The percentage of respondents who described themselves as a gender other than 'women' was not statistically significant enough or did not give enough clarity as to their gender to report findings broken down by gender. Therefore, we have primary used the terms 'women' or 'people' in this report.

Limitations

Our primary limitation of this report is that we have no known responses from transgender men or non-binary people. We did have 9 survey respondents who did not answer our question on gender, so we cannot conclude their gender. At the mid-point review of our engagement, we established that there were no responses from transgender men or non-binary people, despite working to engage with local LGBTQ organisations. We unfortunately had already had to discount the two most localised organisations, Youth Out in Oldham and OLGBT Out and About because these group participants fell outside of the age range of the national cervical screening programme. We therefore decided to expand our remit to organisations outside of Oldham (but still within Greater Manchester) to increase our responses. We contacted Trans Mutual Aid Manchester,

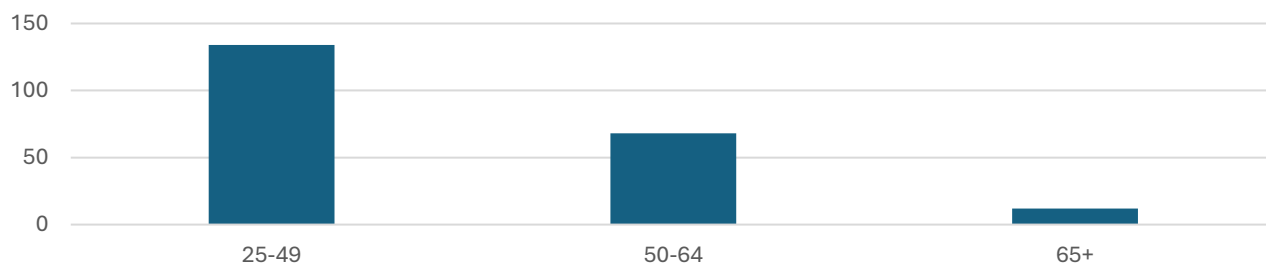
Rainbow Noir Manchester, LGBT Foundation, and TransForum Manchester.

LGBT Foundation did respond to us and added our survey to their newsletter, unfortunately this did not increase our response rate from transgender men or non-binary people.

Whilst we did not manage to receive responses from transgender men or non-binary people, it is important to state that research has suggested that accessing the national cervical screening programme can be much more difficult for both groups. According to Stonewall, 3 in 5 transgender people have faced a lack of understanding for their specific health needs by healthcare staff. Berner, et al., (2021) surveyed 137 transgender men and non-binary people and found barriers such as having a male gender marker on their healthcare records meaning they were not automatically called for screening, experienced or anticipated stigma as well as discrimination from health care professions, and a poor understanding of trans health by the healthcare provider (including how to use correct pronouns or terminology). Berner described these barriers as incredibly damaging as well as making transgender and non-binary people less likely to attend screening, this can also trigger gender dysphoria.

Demographics (survey respondents)

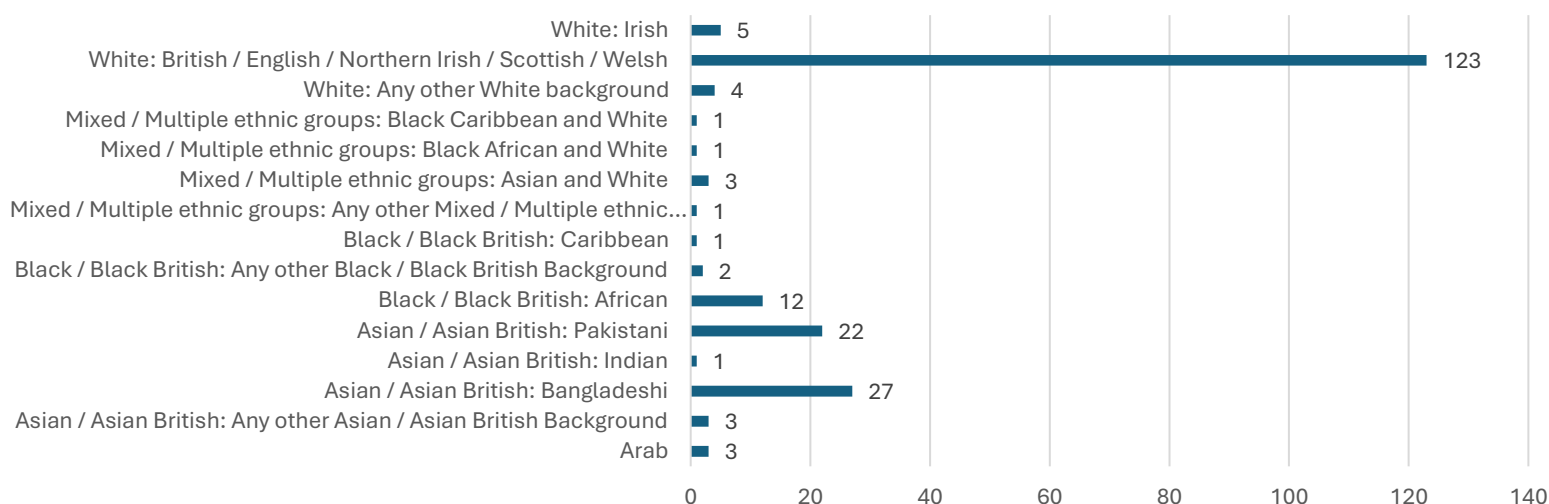
Age:



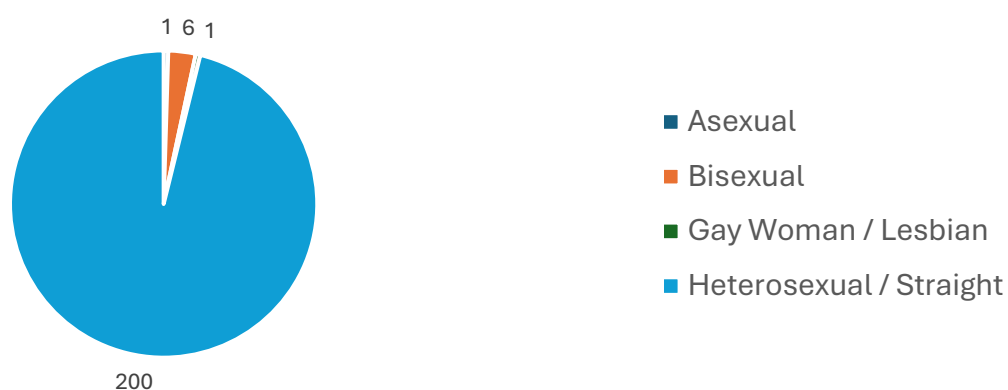
Gender:

All participants identified as 'women' or left this question blank.

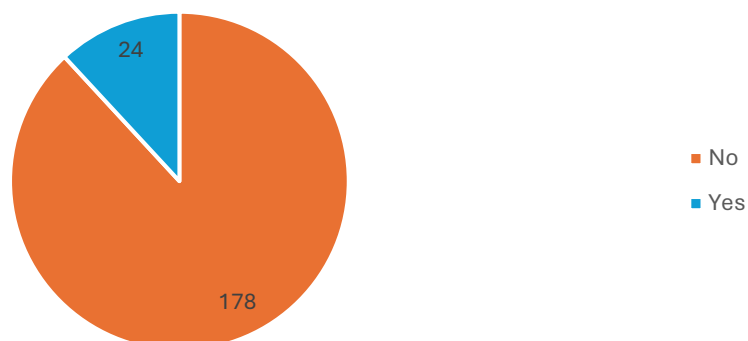
Ethnicity:



Sexual orientation:



Do you have a disability?

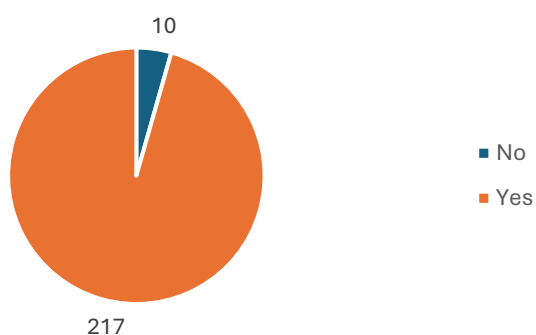


Where do you live?

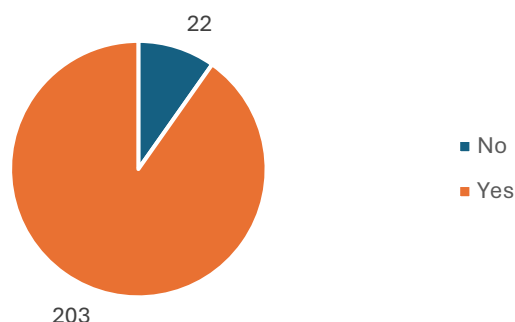
Where respondents stated where they lived in Oldham, most said they lived in **Chadderton** and **Shaw and Crompton** (13% each), followed closely by **Royton** (8%) and **Failsworth** (9%).

Results

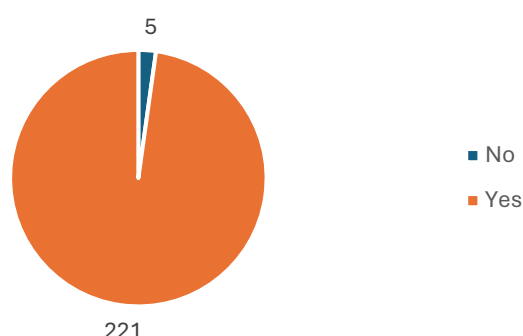
Do you know what cervical cancer is?



Do you understand the risks associated with cervical cancer?



Do you think regular cervical screening is important for women's health?

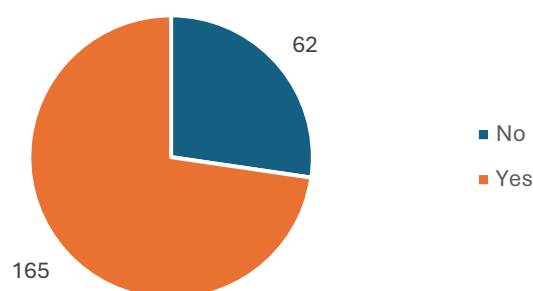


Most survey respondents knew what cervical cancer is (96%), understood the risks of cervical cancer (90%), and believed that regular screening is important for women's health (98%). This also largely reflected the responses from our focus groups. However, this varied from the professionals' survey, where 55% of respondents thought that patients knew about cervical cancer and its risk factors (35% felt patients did not), and 82% felt that patients knew that regular screening is important for their health (18% felt patients did not).

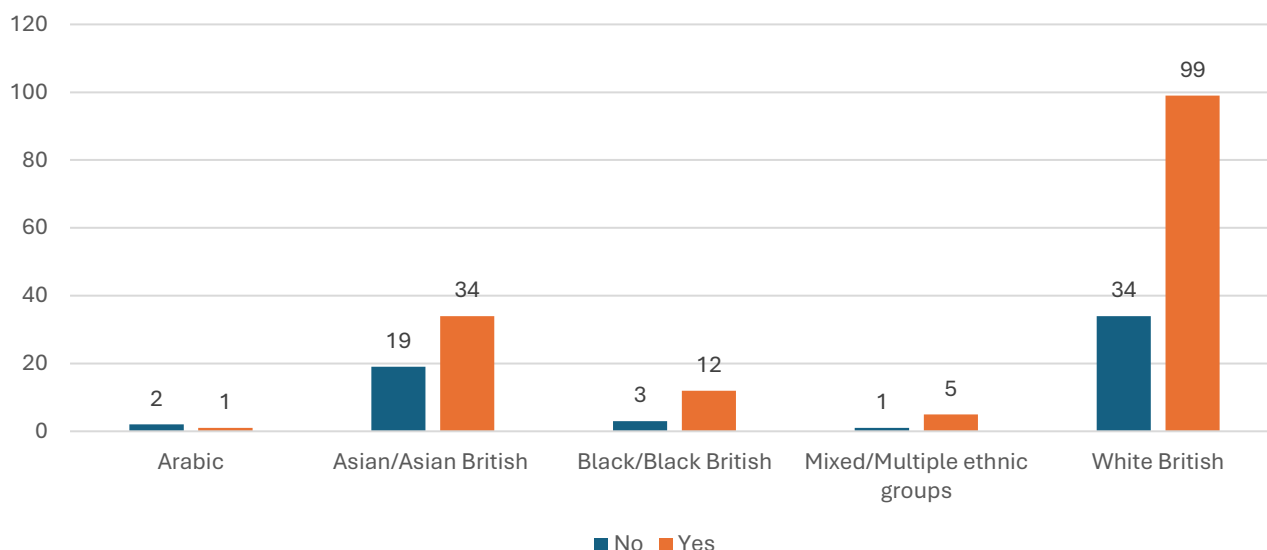
When comparing these responses across ethnic groups, the 4% of respondents who did not know what cervical cancer is were from a Bangladeshi background, and mostly (80%) in the age range of 25-49. The 10% who were not aware of the risks of cervical cancer were mostly from a

Bangladeshi and White British background, and mostly (73%) in the age range of 25–49. The 2% who did not understand that cervical screening is important for women’s health came from a Bangladeshi and Pakistani background and were in the age range of 25–49.

Q1. Have you attended your cervical screening in the last three years?

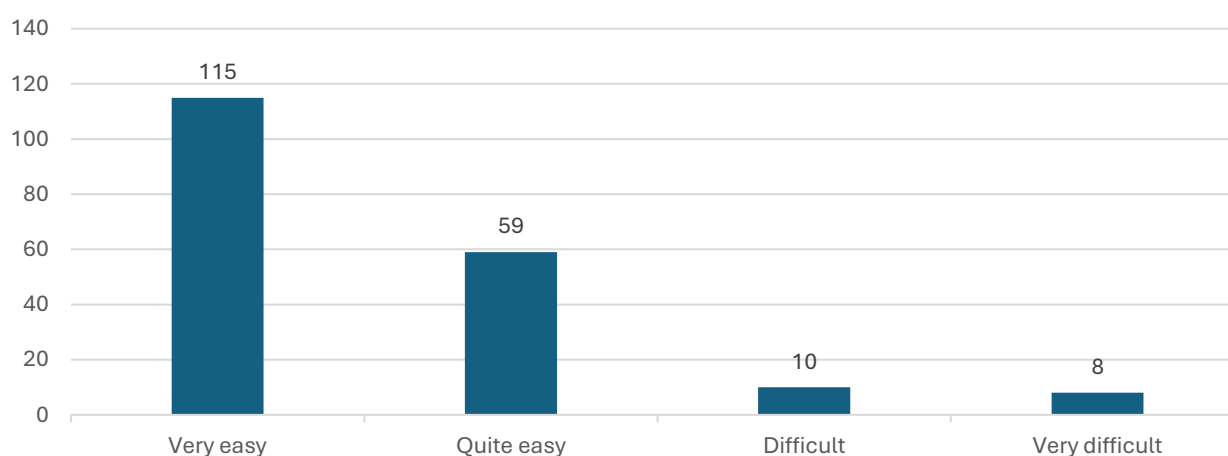


These results demonstrate that most respondents (73%) are attending their cervical screening appointments. The gap between attendance and non-attendance narrows for Asian/Asian British respondents in comparison with White British respondents (36% of Asian/Asian British did not attend their cervical screening appointment, compared to 26% of White British respondents). This means that 64% of Asian/Asian British women attended their screening (16% below the acceptable target of 80%), compared with 74% of white British women (just 6% below the acceptable target of 80%).



In terms of our focus groups, 45% of OPAL service users (those with a learning disability) did not attend their screening appointment, while 55% did attend. In addition, there was a much higher percentage of survey respondents who said they had a disability and did not attend their cervical screening appointment (42%). These examples demonstrate that marginalised groups are less likely to attend their screening appointment.

Q2a. If you have booked/attended your cervical screening, how did you find arranging your appointment for your cervical screening?



The majority of those who did attend their cervical screening appointment found the appointment either very easy or quite easy to book. This was the same across ethnic communities and those who said they had a disability. However, feedback from OPAL service users demonstrated that 45% of service users with a learning disability found their appointments difficult to arrange.

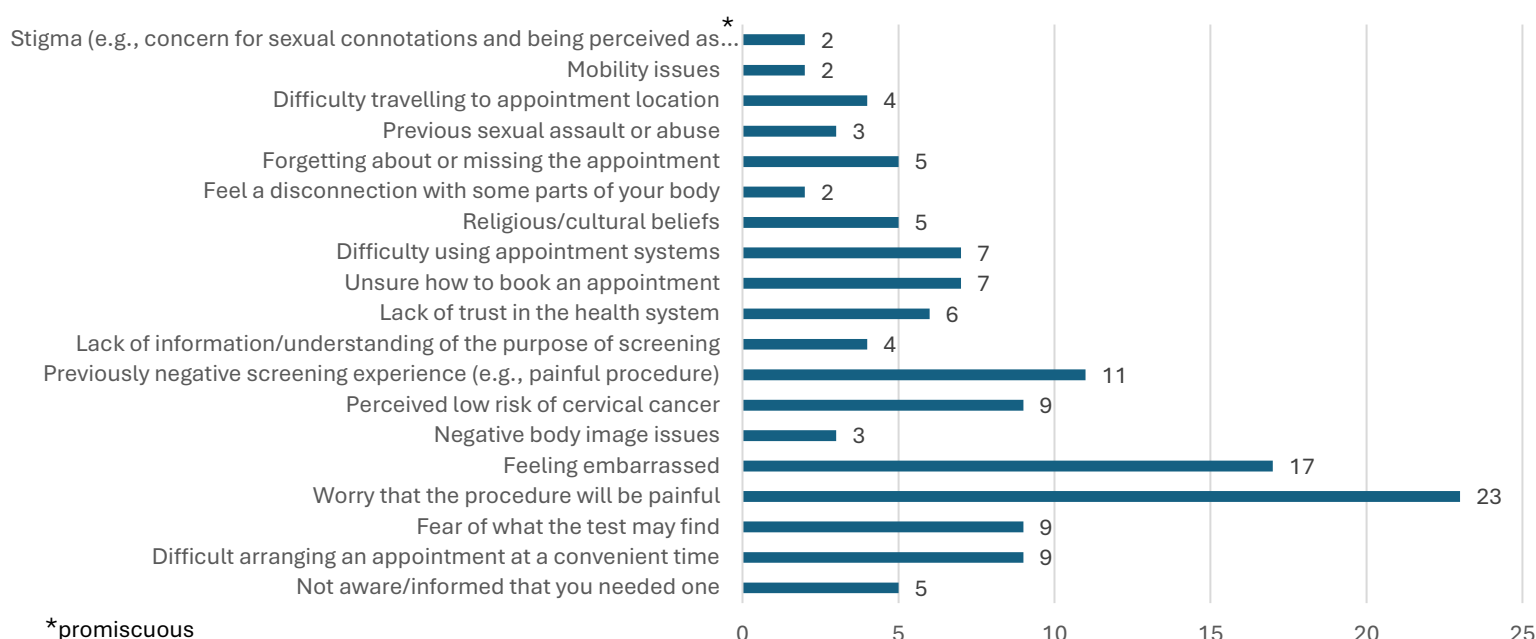
Q2b. Can you tell us about your experience? (this was a question only asked to focus group participants)

'The screening was very simple and painless'

'Just found the whole experience embarrassing'

'I think the only thing was I had a bit of bleeding afterwards and I wasn't sure whether that was my period starting or whether it was due to that. And I think it would have been good to have been given some aftercare advice or just a leaflet to say this is what you can expect afterwards, this is what not to expect and to be worried about'

Q3. If you did not attend your cervical screening appointment/have not yet booked your appointment, what has prevented you from doing so?



The responses show that of all options, if respondents did not attend their cervical screening appointment, it was mostly due to 'worry that the procedure would be painful', because they 'felt embarrassed', or due to a 'previously negative screening experience'.

Comparing this across ethnic groups, responses were generally reflective of the majority responses in this chart, other than those from a Bangladeshi background who said that 'uncertainty around the booking system' and 'religious/cultural beliefs were barriers to attendance'.

The following quotes were taken from our survey responses:

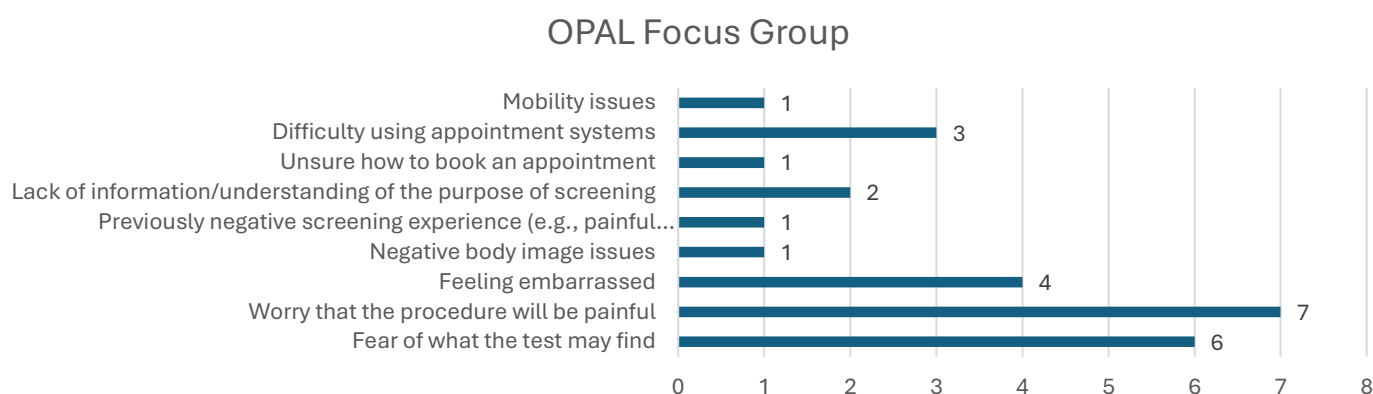
'Developed Vaginismus after a very painful smear experience making it impossible to come for another one'

'I haven't had the test due to cultural reasons (the communities not mine).

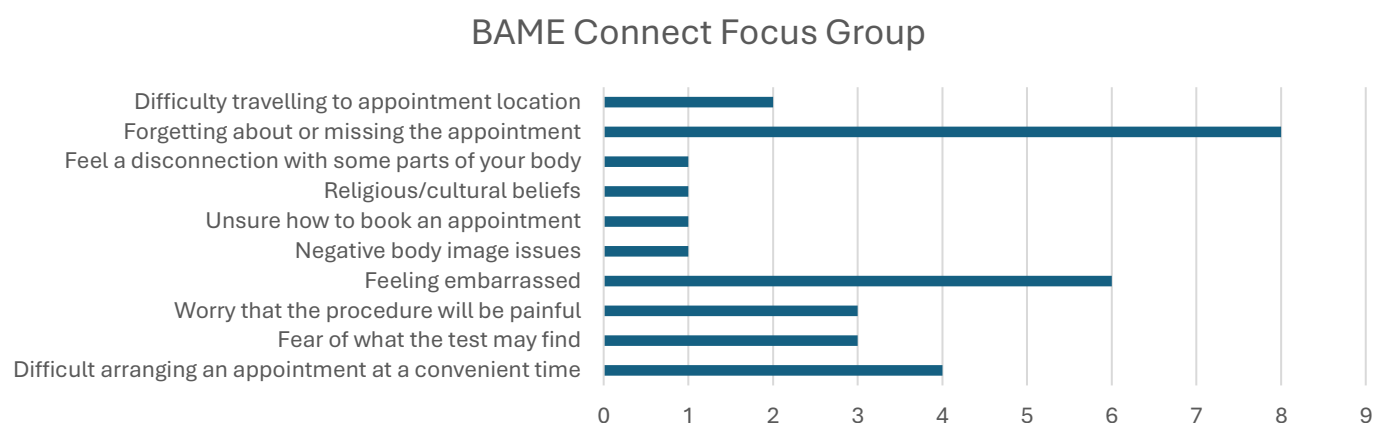
I feel there is a poor awareness from staff about cultural belief'

'I feel really scared; I do try to avoid it. I feel shy and embarrassed'

In relation to our focus groups, those with learning disabilities also listed their most significant barriers as 'worry that the procedure would be painful', and 'feeling embarrassed'. In addition, they also rated more highly on, 'unsure how to book an appointment', 'lack of information/understanding of the purpose of screening' and 'fear of what the test may find' (see below):



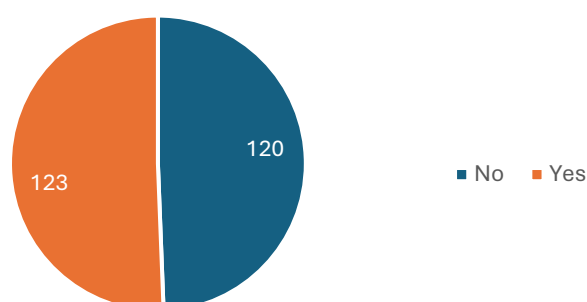
Our BAME connect focus group were more likely to select practical issues, such as 'difficulty travelling to appointment location', 'difficulty arranging an appointment at a convenient time', and 'forgetting about or missing the



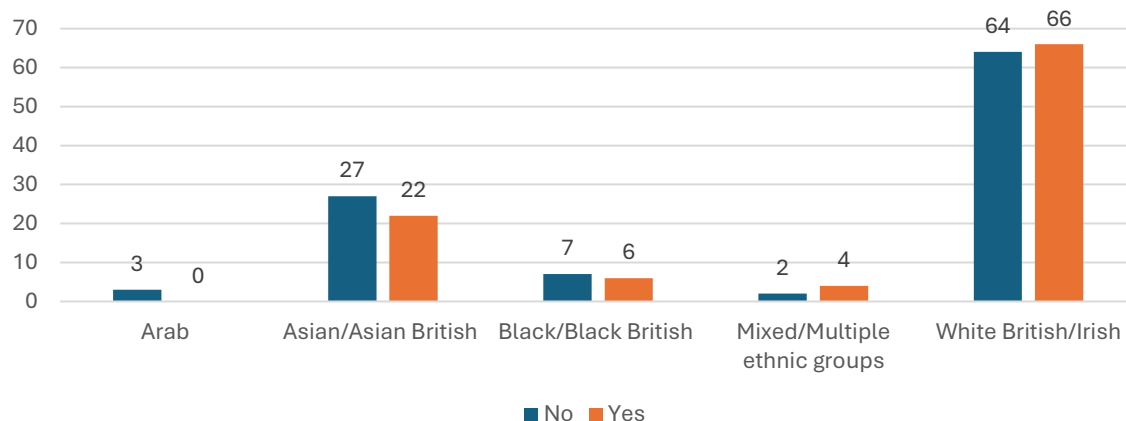
appointment’. The following quote was taken from our BAME Connect Focus Group:

‘Religious/Cultural beliefs – I used to feel this as a younger woman in my 20’s. I no longer feel this as I have matured and listened to local female scholars as this is a vital screening, preventing a bigger harm’.

Q4. Are you aware that you can request several adjustments either before or during your cervical screening appointment?

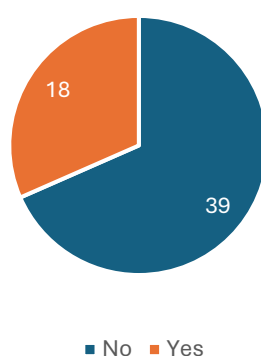


There is a near split between respondents knowing and not knowing about adjustments they can make before or during their cervical screening appointment. When comparing across ethnic groups, respondents who came from an Asian (Bangladeshi and Indian) backgrounds were least aware of the adjustments they can ask to improve their screening experience.



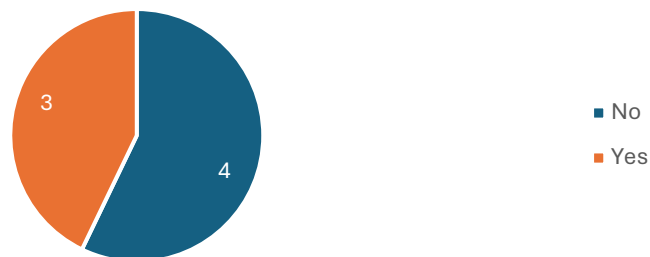
In addition, when we look at the respondents who told us that they did not attend their cervical screening appointment in the last 3 years, the majority (67%) did not know that they could request adjustments (see below).

Respondents who have not attended their screening appointment in the last 3 years – awareness of adjustments



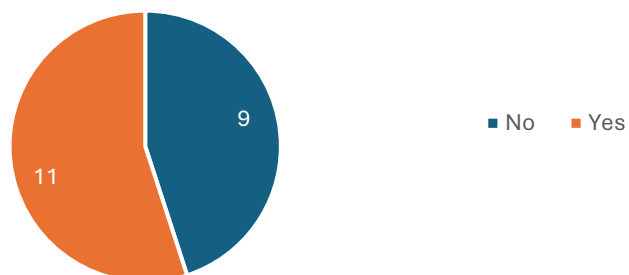
There were marginally more who did not know about the reasonable adjustments in our BAME focus group than those who did:

BAME Connect Focus Group – awareness of adjustments

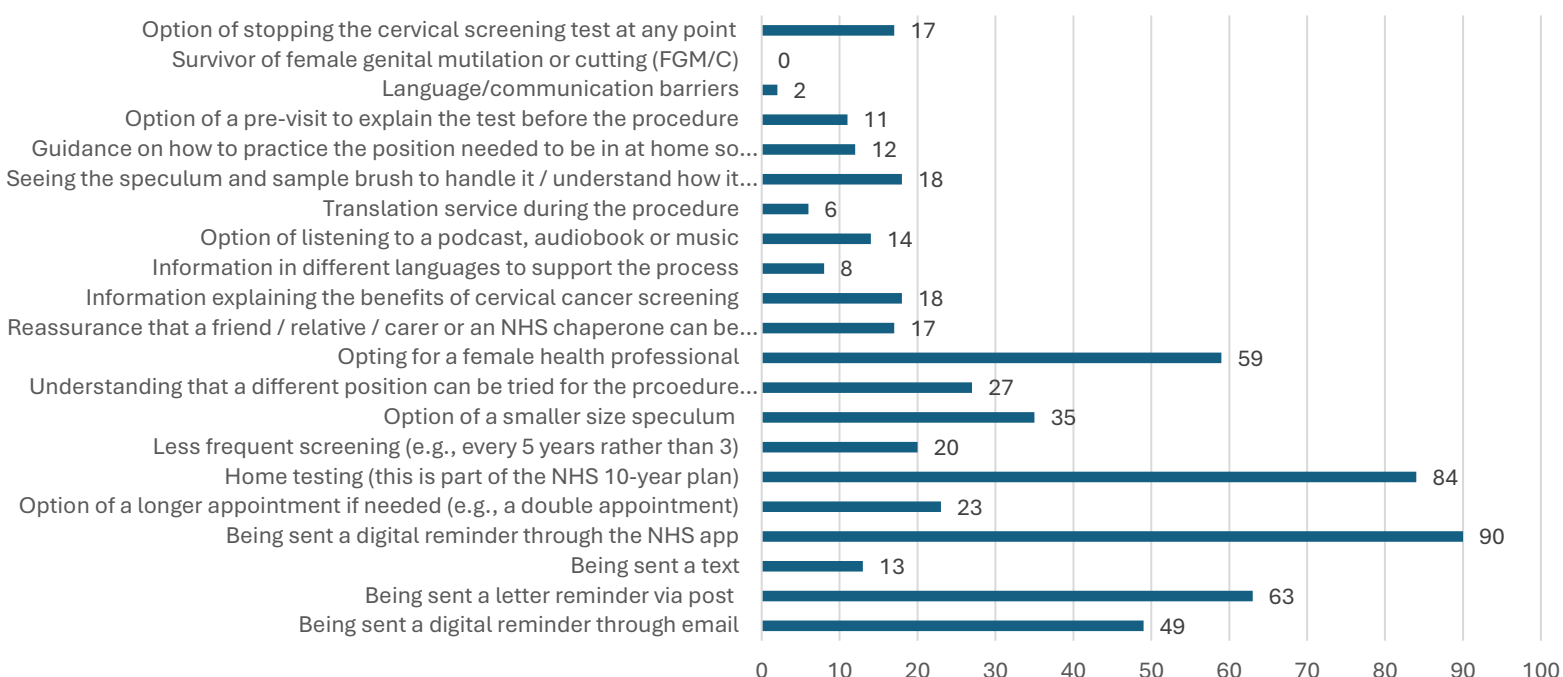


Finally, more people with LD from our OPAL focus group, interestingly, knew about adjustments than did not.

OPAL Focus Group – awareness of adjustments



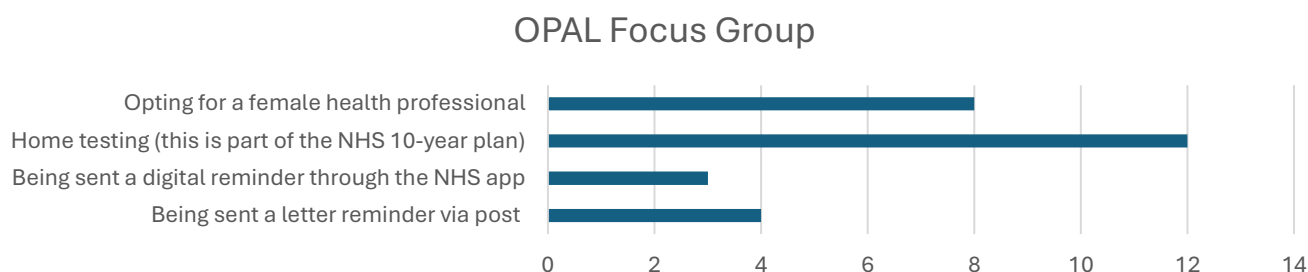
Q5. Of these adjustments, which (if any) would make it easier for you to attend your cervical screening?



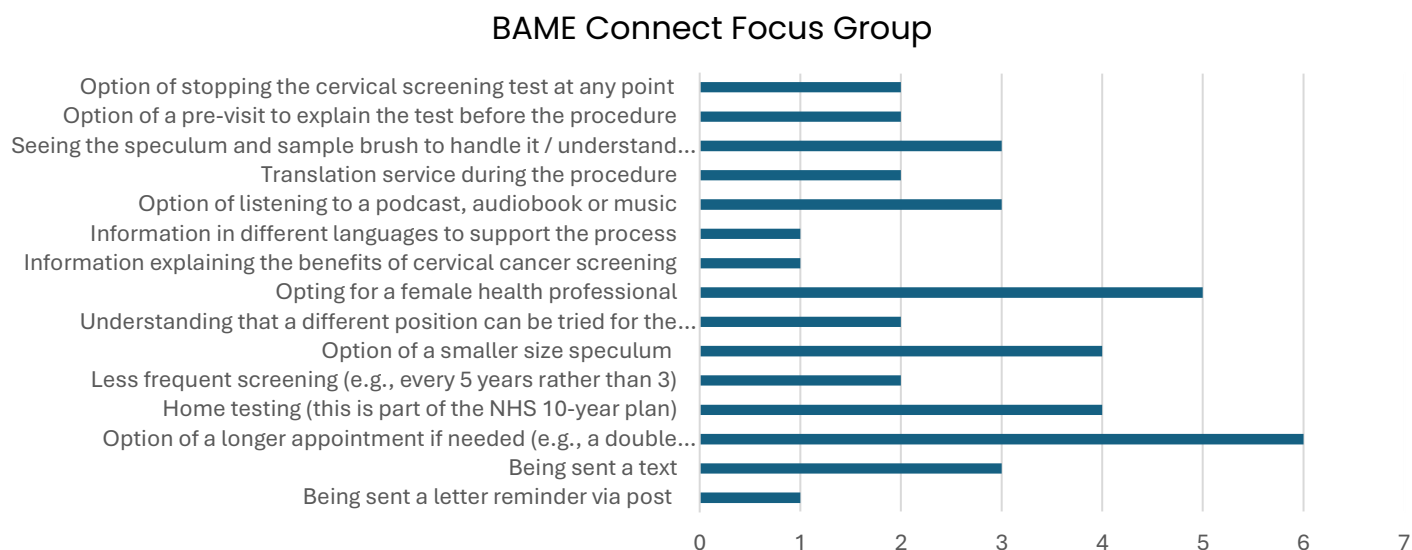
The most frequent adjustments asked for included 'digital', 'email' and 'post reminders', 'home testing', and 'opting for a female professional'.

Comparing across ethnic groups, those from an Asian background indicated that a 'translation service' would be helpful. Bangladeshi women listed 'reassurance that a friend/relative/carers or NHS chaperone could be present', 'option of a longer appointment', 'option of a pre-visit to explain the procedure' and 'option for a female professional' as adjustments that would increase attendance. Pakistani women also commented that 'opting for a female professional' and the 'option of a smaller size speculum' would be helpful.

In relation to our LD focus group, the items that were selected included 'home testing', 'opting for a female professional', and reminders (post/NHS app).



In addition to the most frequently selected adjustments, the BAME connect focus group felt that 'option of a longer appointment', 'option of a smaller speculum size' would be helpful adjustments, in addition to 'better staff awareness of cultural issues'. (See graph on next page).



Cross-referencing across the professionals' survey, most of these adjustments were offered within their practices. Those that were offered

the least included 'guidance on how to practice the position at home', 'option of listening to a podcast', or 'option of a pre-visit to explain the test'.

Findings

Understanding of cervical cancer and screening

Whilst most survey respondents understood cervical cancer and its risks and believed that regular screening is important for women's health, there were a proportion of respondents who did not. Most of those respondents came from the following:

- A 25-49 age range. Low understanding of cervical cancer and the importance of screening within this age group has also been reported in Oldham's Joint Strategy Needs Assessment (2023) – screening coverage across the 25-49 age-range is 6.8% lower than the 50-64 age range. Jo's Cervical Cancer Trust (2017) also conducted research with a sample of 3,002 women aged between 25 and 29 years and found that over two-thirds did not think cervical screening would reduce their risk of cervical cancer.
- A Bangladeshi background. Poorer understanding of cervical cancer and the importance of screening amongst Bangladeshi women has been reflected across other studies. For example, Islam et al (2015) found that 37% of Bangladeshi women interviewed had not been screened, despite being aware of cervical cancer, because they did not know cervical screening was needed. The research concluded that a lack of awareness and lack of understanding of the concept of screening were key barriers to screening uptake.

This demonstrates how action needs to be taken to improve understanding of cervical cancer and the importance of screening for women who are from a Bangladeshi background, and/or in the 25–49 age range.

Attendance of screening appointments

According to the NHS Cervical screening annual report (2022–2023), acceptable performance is defined as achieving coverage levels of 80%. If we consider our survey responses, 73% of respondents said that they had attended their cervical screening appointment in the last 3 years. This sits just 7% below the acceptable performance target. However, if we consider the responses from our focus groups, particularly from people with learning disabilities, attendance dropped to 55%; a 25% difference from acceptable performance of 80%. For women who completed our survey and listed that they had a disability (including a learning disability, physical disability or neurodiversity) attendance was 58%. 64% of Asian/Asian British women attended their screening (16% below the acceptable target of 80%), compared with 74% of white women (just 6% below the acceptable target of 80%). In addition, women from an Arabic background had a higher rate of non-attendance than attendance, although due to low numbers of Arabic women completing the survey the significance of this finding should not be overstated.

This demonstrates that marginalised groups are less likely to attend their cervical screening appointment. This finding has been reflected through other research, for example, Hull York Medical School identified similar inequalities across ethnic groups, specifically that Asian women have a 32% lower uptake of cervical screening compared with white women. In addition, data from 2017–2019 found that mortality rates for cervical cancer are higher for black African women compared with white women. This demonstrates the need for targeted promotion to increase cervical screening attendance amongst these groups.

Barriers to cervical screening attendance

Barriers to attending cervical screening appointments mostly included:

- 'Worry that the procedure will be painful'
- 'Feeling embarrassed'
- 'Previous negative experience of screening'

Women from a Bangladeshi background also said that:

- 'Uncertainty around the booking system'
- 'Religious/cultural beliefs were barriers to attendance'.

People with LD from our focus groups commented on additional barriers such as:

- 'Unsure how to book an appointment'
- 'Lack of information/understanding of the purpose of screening'
- 'Fear of what the test may find'

BAME connect focus group participants mostly commented on the following additional barriers:

- 'Forgetting about or missing the appointment'
- 'Difficulty arranging an appointment at a convenient time'.

The above demonstrates that barriers include practical reasons, emotional/fear-based reasons, and religious/cultural reasons. Therefore, the promotional activity and adjustments offered should aim to alleviate these concerns and issues.

Cervical screening adjustments and support

In relation to adjustments available, 49% of respondents were not aware of what these were, or that they could request them. This is a significant gap in knowledge, particularly when we consider that on being asked what adjustments would make it easier for respondents to attend their screening appointment, all respondents selected at least one option, with 586 selected in total.

On analysing the response from our respondents who did not attend their cervical screening appointment in the last 3 years, a much larger majority of 67% of respondents were not aware that they could request adjustments. This, coupled with the main barriers to attendance (worry about the results, embarrassment and previous negative experience) suggests that if more women were aware of these adjustments, it may increase uptake.

In addition to this, Asian (Bangladeshi and Indian), Caribbean, and Arabic women were more likely to be unaware of the adjustments that can be requested to improve/make their screening experience easier.

All patients who are invited to a cervical screening should receive a link to governmental guidance on what adjustments they can ask for – the guidance is extensive and covers separate information and guidance for trans and non-binary people, carers, people with severe mental illness, people with LD and people in secure settings. Despite this, it's clear that this information is not reaching people across Oldham.

Other than digital and post reminders, which are already in place, the adjustments that respondents asked for included the following:

- 'Opting for a female consultant'
- 'Home testing'

Women from an Asian background (Indian, Pakistani, and other) indicated that knowing a 'translation service' could be available would be helpful.

Bangladeshi women also listed the following as adjustments that would encourage them to attend their screening appointments:

- 'Reassurance that a friend/relative/carers or NHS chaperone could be present'
- 'Option of a longer appointment'
- 'Option of a pre-visit to explain the procedure'

In addition, Pakistani women commented that 'having an option of a smaller size speculum', would be helpful. In relation to our focus groups, BAME Connect listed 'improved staff awareness of cultural issues'

Conclusion

In conclusion, it's firstly important to state that there are some positives that we can draw from this research project. For example, most respondents understood what cervical cancer is and that cervical screening is important for women's health. Most respondents had attended their screening in the last 3 years and found the process either 'very easy' or 'easy'. In addition, it's encouraging and hopeful to see the main adjustments respondents would ask for either in place, or part of the NHS 10-year plan, including:

- Digital reminders through the NHS app
- Home Testing
- Letter reminder via post

We are also encouraged to see that women will who test negative for HPV will now be asked to return for their screening in 5 years, rather than the current 3 years. Our research (and [Healthwatch England's broader research on the subject](#)) suggests that these adaptations should increase uptake.

However, there are also some key findings from our research that can add to the local Oldham insight and, if acted on, are likely to increase uptake and contribute to the target of eliminating cervical cancer by 2040. These key findings are:

- There is less understanding of cervical cancer and the importance of regular screening from Bangladeshi women and women in the age range of 25–49.
- 73% of survey respondents attended their cervical screening appointment in the last 3 years, (7% lower than the target of NHS acceptable performance target of 80%)
 - Attendance from women with learning disabilities (from our focus group) dropped to 55%, a 25% difference from the acceptable performance target
 - Asian/Asian British women's attendance dropped to 64% (16% lower than the acceptable performance target)
 - If women who completed our survey selected that they had a disability, attendance dropped to 58% of women who completed our survey (22% lower than the acceptable performance target)
- There were several barriers to attendance, these mostly included emotional/fear-based reasons; women felt embarrassed, they were concerned that the procedure would be painful or they had a previous negative experience of screening.
 - Bangladeshi women added booking system uncertainty and religious/cultural beliefs as barriers
 - People with learning disabilities (from our focus group) also commented on booking system uncertainty, not fully understanding the purpose of screening, and fear of what the test may find

- BAME women (from our focus group) commented on forgetting or missing the appointment or difficulty arranging an appointment at a convenient time.
- 49% of women were not aware that they could request adjustments before or during their screening appointment to make the process easier for them
 - This increased to 67% if women had not attended their screening appointment in the last 3 years
 - Asian (Bangladeshi and Indian), Caribbean, and Arabic women were more likely to be unaware of the adjustments than they were to be aware of them.
- Women who completed our survey felt that having a female consultant and/or home testing would increase their screening attendance.
 - Asian women felt a translation service would be helpful. Bangladeshi women want a pre-visit to explain the procedure; an option of a longer appointment and reassurance they could bring someone with them. Pakistani women wanted the option of a smaller speculum size, and women from our BAME focus group felt that staff awareness of cultural issues needed to improve.

These findings have been used to guide and create our recommendations. Our recommendations are what we consider to be realistic and achievable to help create a positive impact for patients and the system more widely. We hope that these recommendations would support not only the

experience that women have of their cervical screening appointment but improve uptake in Oldham and contribute to eliminating cervical cancer by 2040. Therefore, we hope that senior leaders, healthcare services, providers and commissioners in Oldham can act on these recommendations. Our Healthwatch commitment is to monitor progress and revisit in 12 months to see if changes have been made.

Recommendations

1. We would recommend co-producing a targeted guide and/or promotional video with Asian women (specifically Bangladeshi women) in Oldham to increase understanding of cervical cancer and reduce barriers to screening uptake.

There were several key findings relating to Asian women that have influenced this recommendation:

- Most survey respondents who did not know about cervical cancer, its risks, or that screening is important for women's health came from a Bangladeshi background,
- The proportion of Asian woman who did not attend their appointment was 10% higher than White British woman,
- Asian women were less likely to be aware of the adjustments than can be made to improve their screening experience,
- In addition to the most common barriers to cervical screening, Bangladeshi women listed uncertainty around the booking system and religious/cultural beliefs as barriers to attendance,

We would therefore recommend that promotion includes

- Culturally competent information about cervical cancer with the goal of increasing understanding, risks and the importance of screening.
- A focus on reinforcing the message that screening is not a test for cancer but to identify HPV
- People's experiences of screening to demonstrate how pain and feelings of embarrassment can be managed
- Accessible information on the adjustments that can be offered before and during the cervical screening appointment, and how to ask for them.

There is evidence of targeted promotion such as this being effective, for example, Atere-Robert et al (2020) completed a scoping exercise with women from ethnic communities who were shown a promotional screening video with the support of a community worker, as a result they were 19% more likely to attending their screening appointment than the control group.

2. We would recommend a pre-call for women with learning disabilities before they receive their letter to explain the purpose of cervical screening, discuss any concerns and ask if they require any reasonable adjustments, in addition to providing easy read information at the appointment (e.g., [Cervical screening: an easy guide - GOV.UK](#))

There were several key findings relating to people with learning disabilities that have influenced this recommendation:

- A far higher proportion of our participants with learning disabilities did not attend their cervical screening appointment (45%) compared with our overall response rate (27% did not attend their screening appointment)
- 45% of participants with learning disabilities found their appointments difficult to arrange
- Participants with learning disabilities felt that home testing, opting for a female professionals and reminders (post/NHS app) would remove cervical screening attendance barriers.

There is evidence of pre-calling/targeted calls being effective. For example, in 2020, Answer Cancer provided spot funding and partnered with VCFSE organisations, including Fatima Women's Association, to support practices to complete targeted calls for women from ethnic community groups, particularly did not attend. This included Greenbank, Hopwood House, Alexandra Medical Practice, and Sun Valley and Jarvis practices in Oldham. It was reported that this project increased uptake by 50%

3. We would recommend a localised campaign to promote the home testing initiative to increase uptake. This should be co-produced with community champions to ensure the campaign reaches all communities across Oldham. Promotional material should include:

- An explanation of the benefits of the national cervical screening programme, what the screen is for (HPV identification), and where to go for support

- Information to replace false perceptions about cervical screening with accurate information, e.g., 'I don't need to be tested because I'm not sexually activate'
- Culturally informed information, e.g., tailoring information and communication to disprove myths whilst also recognising cultural beliefs and values such as specifics on the stigma and taboo that cervical cancer is linked with promiscuity
- Information in a range of languages
- Easy-read information

36% of the women who completed our survey selected home testing as the adjustment that would most likely increase their screening uptake. This means that, other than sending a digital reminder via text, this was the leading adjustment for increased attendance.

In addition, the most frequent answers for poor screening attendance were due to embarrassment and worry about the test being painful.

Healthwatch England completed a research project in 2023 to explore the declining uptake of cervical screening, they found that women felt home testing would reduce discomfort and increase privacy. In theory, home testing should therefore alleviate the most significant barriers to attendance for some women.

The government has announced plans to introduce home testing as part of the 10 Year Health Plan. Home testing will be made available for people who have missed their appointment, rarely attend or have never attended. However, the risk is that people may not utilise the home testing kit, especially if there is a lack of understanding. This is particularly relevant for

people from an Asian background who indicated in our responses that they would benefit from a translation service and a pre-visit to explain the procedure. It will therefore be crucial to ensure effective promotion, in a range of languages, containing cultural informed information.