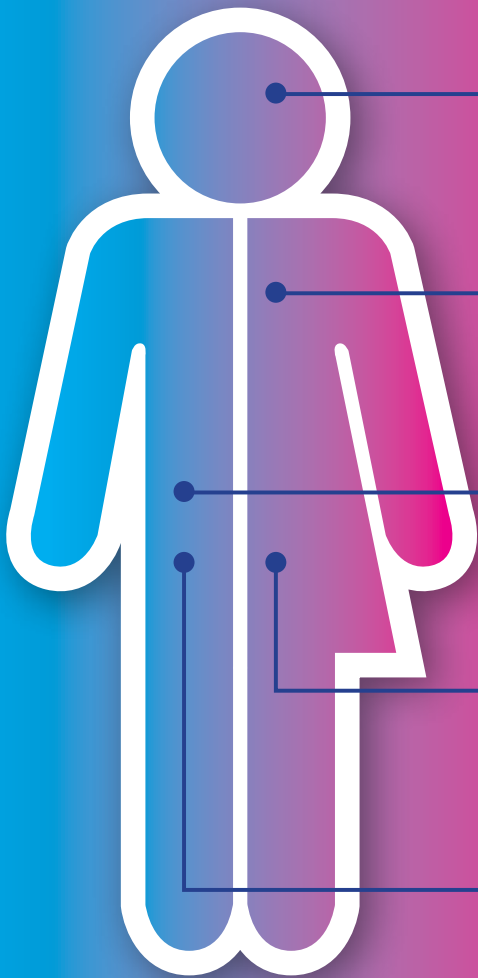


It's your right to be seen

Get a Screen



MOT YOURSELF



Diabetic Eye Screening

Offered annually to people with diabetes from the age of 12

EVERY
1
YEAR



Breast Screening

Offered to women aged 50 to 70 every three years

EVERY
3
YEARS



AAA Screening, Abdominal Aortic Aneurysm Screening

Offered to all men in their 65th year

65TH
YEAR



Cervical Screening

Offered to women aged 25 to 49 years every 3 years and to women aged 50 to 64 every 5 years

EVERY
3/5
YEARS



Bowel Screening

Offered to men and women aged 60 to 74 every 2 years. Those aged 75+ can request screening

EVERY
2
YEARS

Introduction

This toolkit has been written for frontline staff working with adult clients (or children over the age of 12 who have a diagnosis of diabetes), who have a mental health illness and/or an intellectual developmental disability (IDD).

The impetus for this toolkit is provided by a range of evidence, policy drivers and strategic documents which highlight the reduced life expectancy of people with mental health problems and IDD in comparison to general populations. Many factors for this have been implicated and include a generally unhealthy lifestyle, side effects of medication, and inadequate physical healthcare, including the low uptake of nationally offered screening tests.

The screening to access project has been working collaboratively with a number of stakeholders to raise awareness of NHS national screening programmes, improve decision making and choice about screening for those eligible, enabling genuine informed choice and to support the uptake of screening for our patient population to near that of the local wider population. One of the outcomes of our work has been to develop this toolkit to support staff when thinking about a patient's screening status.

The aim of this toolkit is to provide guidance and good practice to support better access to the following screening programmes:

- **Diabetic eye screening**
- **Breast screening**
- **Bowel screening**
- **Cervical screening** and
- **Abdominal aortic aneurysm screening (AAA).**

The toolkit has been designed so that busy practitioners can quickly identify the information they need about a particular screening without having to read the whole document.

What does the toolkit contain?

The toolkit contains a brief introduction to each of the screenings mentioned above. It provides staff with a sample conversation pathway that will enable staff to talk confidentially to their patient/s about particular screening, signposts to other resources and where possible has given direct contact numbers to enable staff to support their patient to arrange a specific screening.

Equity and diversity are at the heart of the NHS values, as is the reduction of health inequalities. By supporting our patients to access their eligible screening we are working towards a reduction in mortality and morbidity for the patients we serve.

The screening status of our patients is not merely a tick box exercise, but a commitment to the 'Parity of esteem' agenda to drive forward better physical health for our patient population.

Why do we need a toolkit

In comparison with the wider population, people with mental health illness and/or IDD face significantly reduced life expectancy of up to 20 years. A high proportion of deaths are due to problems with physical health particularly cardiovascular disease, respiratory disease and cancer. Measures to improve this situation include improving the uptake of NHS national screening programmes such as the breast screening programme. Alongside this there are concerns about the provision of preventative and screening services for this group of patients.

Studies have found the uptake of screening for people with mental health illness and/or IDD is lower than that of the wider population. An example of this is, locally, in Nottingham City area the uptake of bowel

screening is around half of the wider population in this group of patients.

Health equality requires that people with mental health issues and/or IDD are also considered for all of the NHS screening programmes that are available to the general population. But we still have significant barriers that preclude our patients from attending their screening; these include but are not exclusive:

Hospital admissions: One of the barriers to accessing screening is prolonged hospital admissions; invitations are sent to home addresses resulting in missed screening appointments.

Some patients cannot be discharged directly home when treatment of their initial clinical condition is complete and may require

further interventions, which could impact on the ability to attend their eligible national screening invitations.

For community patients, there can be a number of barriers including, patient, service provider and health system barriers. Patient barriers can include the patient's current mental health status, socioeconomic and psychological barriers. These can make it difficult for patients to access the venues where screening takes place, be this in primary or secondary care, they may have difficulties in keeping appointments, prioritising their own health-care, or indeed recognising and responding to their changing health status. Provider factors include staff knowledge and their personal values relating to mental health and IDD, understanding the patient's

communication needs, and how reasonable adjustments could be implemented to support successful screening. Lack of integrated care can mean that staff within the Trust might not be aware that their patient is overdue for their screening, and may not be considered as part of the patient's health action plan. Health system factors include the way primary care is delivered, complicated systems of booking appointments, noisy environments and the sharing of information between services.

Benefits, risks and limitations of screening

Making an informed choice

Before having any screening test, information about the test itself and what would happen next if a patient was to have a higher risk of a particular condition should be provided to the patient. Deciding whether or not to have a screening test is a personal choice and one which only the patient can make.

Different types of screening have different benefits and risks. Some of these are listed below.

The benefits of having a screening test include:

- Screening can detect a problem early, before a patient may have any symptoms.
- Finding out about a problem early can mean that treatment is more effective.
- People who find out that they have a health problem
- Screening can detect a problem early, before a patient may have any symptoms.
- Finding out about a problem early can mean that treatment is more effective.
- People who find out that they have a health problem
- or an increased risk of a health problem can be supported to make better informed decisions about their health.
- Screening can reduce the risk of developing a condition or its complications.
- Screening can save lives.

The risks and limitations of screening include:

- Screening tests are not 100% accurate. Patients could be told they have a problem when they don't - this is called a 'false positive' and may lead to some people having unnecessary further tests or treatment as a result of screening. A screening test could also miss a problem - this is called a 'false negative' and could lead to people ignoring symptoms in the future.
- Some screening tests results may detect a health problem. This can lead to experience considerable anxiety.
- Even if the screening test result is normal or negative (i.e. not at high risk), people could still go on to develop the condition.

The new physical health forms direct staff to ask your patient about their screening status, and this booklet can help staff to start conversations with their patient about their eligible screening, provides staff with links to other sources of information and also where possible, contact details to enable staff to work with their patient in accessing screening in a timely and appropriate manner.

It's the fundamental right of the people in our care to have equality across all strands of the healthcare service.

"It's their right to be seen and have a screen."

Diabetic Eye Screening



Diabetic retinopathy Introduction

Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated.

However, it usually takes several years for diabetic retinopathy to reach a stage where it could threaten your patient's sight.

To minimise the risk of this happening, people with diabetes should:

- Ensure they control their blood sugar levels, blood pressure and cholesterol.
- Attend diabetic eye screening appointments – annual screening is offered to all people with diabetes

aged 12 and over to pick up and treat any problems early on.

Who's at risk of diabetic retinopathy?

Anyone with type 1 or type 2 diabetes or maturity onset diabetes of the young (MODY) is at potentially risk of developing diabetic retinopathy.

If your patient has gestational diabetes (diabetes diagnosed during pregnancy) they have a very low risk of developing retinopathy and are not eligible for screening. However, if they are already diagnosed with diabetes, then become pregnant, their risk is much higher and they will be invited for screening more often (usually once every trimester).

Risks are greater if your patient:

- Has had diabetes for a long time
- Have a persistently high blood sugar (blood glucose) level
- Have high blood pressure
- Is pregnant (see above)
- Is of Asian or Afro-Caribbean background

By keeping blood sugar, blood pressure and cholesterol levels under control, your patient can reduce their chances of developing diabetic retinopathy.

Symptoms of diabetic retinopathy

People won't usually notice diabetic retinopathy in the early stages, as it doesn't tend to have any obvious symptoms until it's more advanced. Even if vision is excellent it is still important for your patient to be screened as changes can occur without them being aware.

Early signs of the condition can be picked up by taking

photographs of the eyes during diabetic eye screening.

Diabetic eye screening

Everyone with diabetes who is 12 years old or over is invited for eye screening once a year.

Screening is offered because:

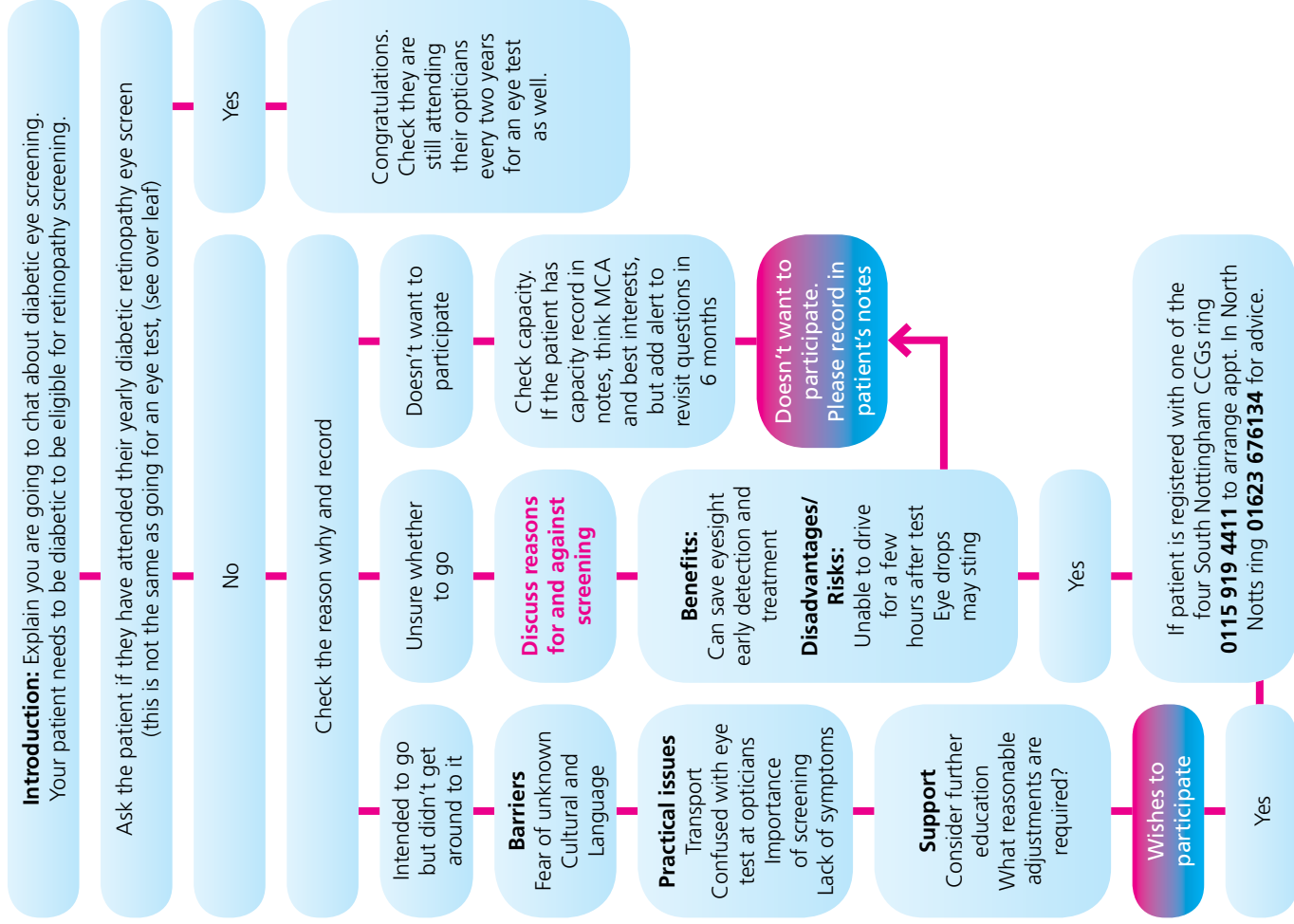
- Diabetic retinopathy doesn't tend to cause any symptoms in the early stages
- The condition can cause permanent blindness if not diagnosed and treated promptly
- Screening can detect problems in the patient's eyes before they start to affect their vision
- If problems are caught early, treatment can help prevent or reduce vision loss

External Links:

<https://www.rnib.org.uk>
<https://lookafteryoureyes.org>
<https://www.diabetes.org.uk>

<https://www.gov.uk/government/diabetic-eye-screening>

Sample conversation with patient – Diabetic eye screening



Breast Screening



Introduction

The breast screening programme is a routine X-ray (mammogram) examination of the breast. Breast screening can detect very small cancers. Small cancers are usually at a very early stage and are more easily treated.

All women between 50 and 70 are eligible for breast screening once every three years. Breast screening for woman over 70 years is available upon request. Please call **0115 993 6649** or **01623 62215** ext **3513** to arrange this. The Nottingham Breast Service has started the first phase of the extended breast screening programme for women aged between 47 and 73 years.

If you have implants you will normally be able to have a mammogram, but please inform the screening administration staff beforehand.

Invitations for routine screening

The breast screening service invites women by GP practice, so the first invitation may not be received in the year women turn 50. All women registered with a doctor will be invited before their 53rd birthday. Appointments for screening may be offered at one of the following:

- **Breast Institute - City Hospital**
- **Ropewalk House, in the centre of Nottingham**
- **Mobile screening unit which visits areas distant from Nottingham City**
- **Kings Mill Hospital**
- **Newark Hospital**

During Screening

During screening, your breasts are X-rayed one at a time. The breast is placed on the X-ray machine and gently but firmly compressed with a clear plate. Two X-rays are taken of each breast at different angles.

Breast screening is carried out at special clinics or mobile breast screening units. The procedure is carried out by female members of staff who take mammograms.

When will I receive my results?

After your breast has been x-rayed, the mammogram will be checked for any abnormalities. The results of the mammogram will be sent to you and your GP no later than two weeks after your appointment.

Attending for a second visit for breast screening

Some women may be asked to come for a second visit. All second visits will take place at the Breast Institute, normally on a Wednesday morning.

It may be necessary to have another mammogram or one or two tests during this visit. When you arrive for this visit a specialist team will explain what will happen and keep you informed at all stages.

What are the possible benefits of breast screening?

Going for a breast screening will not prevent breast cancer from developing, but it can find

a breast cancer sooner – before it can be felt. Invasive breast cancers (which can spread to other parts of the body) found through screening are more likely to be found earlier and respond very well to treatment. This means a mastectomy (removal of all the breast tissue including the nipple area) and chemotherapy is not always needed.

What are the possible risks of breast screening?

There is a chance screening may find cancers that would not cause the individual any problems in their lifetime and would not require treatment. However it is not possible to distinguish which cancers fall into this category, therefore all cancers identified will be offered treatment.

More information about breast screening can be found at:

<https://www.nhs.uk/services-search/breastscreening-services>
<https://www.cancerresearchuk.org/about-cancer/breast-cancer/screening/breastscreening>
<https://www.breastcancercare.org.uk>

<https://cks.nice.org.uk/breast-screening>

Sample conversation with patient – Breast screening

Introduction: Check your patient is eligible (see overleaf)
(if your patient is transgender, please check the following link
www.gov.uk/phe/screening-leaflets or www.nhs.uk/trans-health)
Explain that you going to chat about breast screening: take the opportunity to explain what breast screening is, including risks and benefits.

Ask the patient if they have received their invitation for breast screening

Yes

Ask if the patient attended. If yes, record and finish conversation.
If not ask why they did not attend and record

Wants to participate but didn't get around to it

Barriers
Too busy
Pain / discomfort
Fear of diagnosis
Language Barriers

Discuss reasons for and against screening

Benefits:
Each mammogram only takes seconds
Aims to find breast cancers early, so a good chance of recovery

Disadvantages/Risks:
Can be uncomfortable
Can cause worry
Exposure to small amount of radiation

Wishes to participate

Doesn't want to participate

Accept patient's choice. Inform patient they can change their mind in the future.

Provide telephone number of
Breast Institute
0115 993 6649
or **0808 800 600**
Breast Cancer Care.

Doesn't want to participate.
Please record in patient's notes

No

Support patient to contact Breast Institute **0115 936 6649** (for patients living in Nottingham and parts of Nottinghamshire) to arrange screening.

Sherwood Forest:
01623 62215
ext **3225**

Yes

Abdominal Aortic Aneurysm (AAA) Screening



Introduction

Abdominal aortic aneurysm (AAA) screening is a way of detecting a dangerous swelling (aneurysm) of the aorta. The aorta is the main blood vessel that runs from the heart, down through the abdomen to the rest of your body.

This swelling is far more common in men aged over 65 than it is in women and younger men, so men are invited for screening in the year they turn 65.

An AAA usually causes no symptoms, but if it bursts, it's extremely dangerous and usually fatal. Around 8 out of 10 people with a ruptured AAA either die before they reach hospital or don't survive surgery.

Screening involves a simple ultrasound scan of your

stomach (abdomen), which takes about 10-15 minutes.

If your abdominal aorta is not enlarged, you don't ever need to be tested again.

If you have a small or medium aneurysm, you'll be regularly monitored.

If you are found to have a large aneurysm, you'll be seen by a vascular surgeon (a specialist in blood vessels) within two weeks. They will advise on whether you would benefit from treatment to reduce the risk of it bursting.

Screening is a way of detecting an aneurysm early. If a large aneurysm is detected before it bursts it can be treated. Accepting the invitation to screening cuts the risk of dying from abdominal aortic aneurysm by about half.

AAA screening

The screening test for AAA is a simple, pain-free ultrasound scan of the abdomen that usually takes about 10-15 minutes.

The technician will tell you the result straight away and your GP will be informed.

Results

What happens next depends on the size of your abdominal aorta:

1. If it's normal, you won't ever be invited for another screening test. An aneurysm grows so slowly that you're unlikely to develop one after the age of 65
2. If you have a small to medium sized aneurysm, you'll be invited back for regular scans to check its size.
3. If you have a large AAA, you'll be referred to hospital to be seen by a vascular surgeon within two weeks. You will then be advised about treatment options but, generally,

men with a large AAA are advised that the risk of a large aneurysm rupturing is more dangerous than having surgery to repair it.

More information about AAA screening can be found by following the links below:

<https://www.nhs.uk/conditions/abdominal-aortic-aneurysm-screening>

<https://www.nhs.uk/services-search/abdominal-aortic-aneurysm-screening>

<https://www.gov.uk/.../abdominal-aortic-aneurysm-screening-programme-overview>

https://www.gov.uk/government/uploads/...AAA01_web_version_160118.pdf

<https://publichealthmatters.blog.gov.uk/.../abdominal-aortic-aneurysm-aaa-screening>

<https://www.nuh.nhs.uk/.../the-importance-of-live-saving-screening-for-65-year-old-men>

<https://phescreening.blog.gov.uk/.../easy-read-version-of-aaa-screening-invitation>

Sample conversation with patient – Abdominal aortic aneurysm (AAA) screening

Introduction: Is your patient aged 65, born male or female and registered with their GP as male? Or is your patient aged 65, born male and registered with their GP as female? (If your patient is transgender, please check the following link www.gov.uk/phe/screening-leaflets or www.nhs.uk/trans-health) (There are options to self-refer to the Nottinghamshire Screening Programme)

Ask the patient if they have received their invitation for AAA screening
(They should automatically be sent an appointment via the Nottinghamshire AAA Screening Programme but may have mislaid/forgotten etc)

Yes

Ask if the patient attended. If yes, record and finish conversation.
If not ask why they did not attend and record

Wants to participate but didn't get around to it

Barriers
Physical disability
Understanding
Transport
Fear of testing
Fear of diagnosis and treatment

Support
Reasonable adjustments
Venue close to home
Time
Education

Unsure whether to participate

Discuss reasons for and against screening

Benefits:
Early detection, very quick, painless and reliable
Reduce risk of dying from AAA

Disadvantages/Risks:
No risk from screening itself
Possible complications from surgery if you test positive

Doesn't want to participate.
Please record in patient's notes

Accept patient's choice. Inform patient they can change their mind in the future

No

Contact GP surgery to assist or support the patient to self-refer via
0115 924 9924
ext **62394/62378**

Yes

Wishes to participate

Bowel Cancer Screening



Introduction

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective.

Bowel cancer screening can also detect polyps (non-cancerous growths), which might develop into cancer. Polyps can be removed, to lower the risk of bowel cancer.

The NHS bowel cancer screening programme offers screening every two years to all men and women aged 60-74.

Invitations for bowel cancer screening

The bowel cancer screening test is a home test, which looks for hidden blood in your poo. If you are registered with a GP and within the eligible age range, you will receive a letter explaining the reasons

for the invitation and a leaflet explaining the benefits and disadvantages of screening; it also explains that screening is not for everyone. About a week later, you should receive your home sampling kit.

The home sampling kit

The test is completed in the privacy of your own home. The screening kit is a simple way for you to collect small samples of your poo, which you wipe onto a special card, which you then send in a hygienically sealed Freepost envelope to a laboratory for testing. There are detailed instructions with each kit. Some people may think the test sounds a bit embarrassing or unpleasant, but it will only take a few minutes and is a very effective way to detect bowel cancer.

The test does not diagnose bowel cancer, but the results will tell you if you need further tests.

If you have not received your kit and are in the eligible age range you can contact **0800 707 60 60** and request a kit. You can also ring this number if you are over 75 to request a kit or if you have any questions about bowel cancer screening.

When do I receive my results?

You should receive your results in a letter within two weeks of sending in your sample.

Summary of screening results:

- **Unclear** = repeat the test kit
- **Normal** = negative – discharge (2 year recall if in eligible age range)
- **Abnormal / Positive** = Refer - practitioner assessment and possible colonoscopy

What are the benefits of bowel cancer screening?

It lowers your risk of dying from bowel cancer.

Screening can pick up cancers at an early stage, when there is a good chance of successful treatment. If bowel cancer is diagnosed at the earliest stage, more than nine out of ten people will be successfully treated.

Screening can find non-

cancerous growths (polyps) in the bowel that may develop into cancer in the future. Removing these polyps can reduce your risk of getting bowel cancer.

What are the possible risks of bowel cancer screening?

Cancer may be missed if it was not causing bleeding when you took the test.

You may get a false positive result. This means you may get an abnormal result when you don't have cancer. Other medical problems and some food and medicines may give a false positive. This can cause worry and lead to other tests, such as a colonoscopy. Your screening test will come with information about what may affect the result.

Bowel cancer can develop in the two years between your screening tests. Speak to your GP if you notice any symptoms (bleeding from your bottom and/or blood in your poo, change in bowel habit, and extreme tiredness for no obvious reason, a pain or lump in your tummy), please don't be embarrassed or ignore them, please see your GP who is used to seeing lots of people with bowel problems.

Sample conversation with patient – Bowel cancer screening

Introduction: Let your patient know that you are going to talk about the bowel cancer screening programme.

Ask the patient if they have accepted their invitation (if eligible) for bowel screening.

No

Yes: Remind patient that they will be recalled in 2 years, if in the age range, (60 -74).

Check the reason why and record.

Intended to go/take sample but didn't get around to it

Barriers

Embarrassment/cultural and language barriers/how to collect the poo/where to store the kit/collecting samples/anxiety about result/fear of having cancer

Practical issues

Show DVD re bowel screening
Consider contacting: Public health specialist/link practitioner who can provide you with advice/information/signpost to available resources to support decision making/reduce anxiety.
What reasonable adjustments are required to support the individual?

Unsure whether to go/take sample

Discuss reasons for and against screening

Benefits:
Bowel cancer screening (BCSP) saves lives. Estimated by 2025 that BCSP could prevent 2000 deaths per year in the UK. The programme also reduces risk and aids prevention since any polyps found (if patient requires follow up) can be removed reducing opportunity for them to turn cancerous. Bowel cancer screening can detect blood in poo, and well allowing early treatment.

Disadvantages/Risks:
Can miss cancer, may require further tests before finding out you don't have cancer. Small risk of bleeding or tearing of the bowel wall if further treatment required.

Doesn't want to participate

Check capacity if the patient has capacity record in notes, but add alert to revisit questions in 6 months
Patient lacks capacity following MCA/best interest decision to be made, ensure all decision making is recorded and documented and communicated.

Does not want to participate/Not in patient's best interest at this time.

Patient doesn't want to take part this time, but may consider differently in the future. Will be recalled in 2 years' time.

Encourage patient to call the helpline number **0800 707 6060** to order a replacement kit. If requested by the patient you can whilst with the patient, contact the hub on their behalf.
Or by completing the Nottinghamshire Healthcare replacement form that can be found in the legacy screening documentation.

Yes

Wishes to participate

Cervical Screening



Women aged 25 to 64 who are registered with a GP are automatically invited for cervical screening.

This includes women who have had the HPV vaccination, as the vaccine doesn't guarantee complete protection against cervical cancer.

Invitation letters

Women registered with a GP will receive a letter inviting them to make an appointment, along with further information about cervical screening. The letters should be sent out to women:

- aged 25 to 49 – every 3 years
- aged 50 to 64 – every 5 years

- over 65 – only women who haven't been screened since age 50 or those who have recently had abnormal test results

Women under 25 could be invited up to 6 months before their 25th birthday. You can book your screening appointment as soon as you get the invitation.

If you haven't had a cervical screening test within the appropriate time, you may be offered one when you next visit your GP or family planning clinic.

You can also contact your GP practice to book a screening appointment if you're overdue one.

Make sure your GP has your correct name and address,

and let them know of any changes so you can be contacted when you're due to have a screening test.

If you're not sure when your next screening test should be or if you have any questions about the NHS cervical screening programme, ask your GP or practice nurse.

Alternative screening locations

If you're not registered with a GP practice or don't want to be screened at your GP practice, screening may also be available at a well woman clinic or sexual health clinic.

When a screening test may not be recommended

In some cases, you may not need cervical screening or it may be recommended that you delay having a screening test.

These situations are described below.

Women with symptoms of cervical cancer

Cervical cancer screening is not a test for symptoms of cervical cancer.

You should see your GP if you have symptoms, such as:

- unusual bleeding
- pain and discomfort during sex
- unusual vaginal discharge

If necessary, your GP can refer you to a gynaecologist.

Women who haven't had sex

The risk of cervical cancer is very low in women who have never had sex. As the risk is so low, women in this group may choose not to have cervical screening when invited. If you're not currently in a sexual relationship but have been in the past, it's recommended that you have regular cervical screening.

Pregnant women

Cervical screening tests aren't usually recommended while you're pregnant, unless you've missed previous screening appointments or you've had abnormal results in the past.

If you're pregnant and have always attended your screening appointments without having abnormal results, it's usually recommended that you wait until three months after giving birth before having a screening test.

If you're invited to cervical screening while pregnant and you're unsure whether you need to be tested, contact your GP or practice nurse for advice.

Women aged 65 and over

Women aged 65 and over whose last three test results were normal aren't invited for further cervical screening tests. This is because it's very unlikely that women in this group will go on to develop cervical cancer.

If you're over 64 and have had abnormal test results, you'll continue to be invited for screening until the cells return to normal.

Women aged 65 and over who have never had screening are entitled to a test.

Women who have had a total hysterectomy

Women who have had a total hysterectomy (an operation to remove the womb and cervix) will no longer be invited to attend cervical screening, as it's not necessary.

Women who have had a hysterectomy that has left all or part of the cervix in place will be invited for screening once their postoperative care has finished.

Women who have had a total hysterectomy to treat cancer, or who had cervical intra-epithelial neoplasia (CIN, a type of cervical cell change that can lead to cancer) at

the time of having a total hysterectomy, may need another type of test called a vault smear.

This is where a sample of cells is taken from the vagina close to where the cervix used to be.

Vault smears are part of the follow-up treatment for hysterectomy and aren't part of the cervical screening programme.

Why aren't women under 25 routinely screened?

Women under the age of 25 aren't routinely invited for screening as part of the NHS cervical screening programme.

This is because normal developmental cell changes in the cervix can look very similar to abnormal cell changes, leading to unnecessary treatment and worry.

Cervical cancer is also very rare in this age group.

If you're under the age of 25 and worried about your risk of developing cervical cancer, or you're concerned about other aspects of your sexual health, visit your GP or your local GUM clinic for advice.

Getting symptoms checked

If you've recently had a cervical screening test and the results were normal, but you develop symptoms such as unusual vaginal bleeding, visit your GP or GUM clinic for a check-up.

There could be several different reasons for your symptoms, so further investigation is needed.

More information about cervical screening can be found at:

<https://www.nhs.uk/conditions/cervical-screening>

<https://www.gov.uk/guidance/cervical-screening-programmes-overview>

<https://jostrust.org.uk>

Sample conversation with patient – Cervical screening

Introduction: Let your patient know that you are going to talk about cervical screening. (If your patient is transgender, please check the following link www.gov.uk/phe/screening-leaflets or www.nhs.uk/trans-health)

Ask the patient if they attended their invitation (if eligible) for a cervical screen (smear test)

No

Yes

Check the reason why and record

Intended to go but didn't get around to it

Unsure whether to go

Doesn't want to participate

Barriers
Embarrassment/might be uncomfortable/inconvenient appointment times/cultural and language barriers/the role of HPV in cervical cancer development/mental health/anxiety/fear of result/relationships

Discuss reasons for and against screening

Check capacity. If the patient has capacity record in notes, but add alert to revisit questions in 6 months

Benefits:
Looks for abnormal cell changes on the cervix which if left untreated, could go on to develop cervical cancer.

Patient lacks capacity following MCA/best interest decision to be made

Practical issues

Transport/time of appointment/no one to support them

Helps prevent cervical cancer/reduction in cervical cancer/saves lives

Disadvantages/Risks:

Potential discomfort/embarrassment/less common pain.

Very small change or incorrect result, resulting in distress, delay in treatment or unnecessary treatment.

Support

- Consider further education
- Referral to screening team
- What reasonable adjustments are required?

Doesn't want to participate /Not in best interest

Please record in patient's notes

Patient can be deferred or choose to opt out. They will need a face to face appointment with GP/practice nurse.

Wishes to participate

Support the patient to contact their GP practice and make the appointment.
Offer to support her at the appointment.

Yes

If you would like to contact someone about screening please speak to your GP

More information about screening and your eligibility:
<https://www.gov.uk/government/collections/population-screening-programmes-leaflets-and-how-to-order-them>