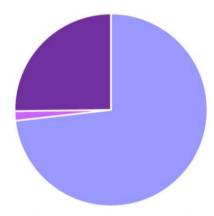
Cervical smear uptake in Black, Asian and minority ethnic and learning disability populations

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- Patients belonging to neither group studied
- Patients diagnosed with a LD missing up to date smear
- Patients of BAME ethnicity missing up to date smear

Fig 1. Proportion of patients missing up-to-date cervical smear belonging to Black, Asian and minority ethnic or learning disabilities populations.

Cervical screening has been fundamental in reducing the incidence and mortality of cervical cancer, yet inequalities persist in its uptake. Women from Black, Asian and minority ethnic backgrounds are less likely to attend cervical screening than White British women. Similarly, uptake is much lower in women with learning disabilities (LDs) than other women. The aim of this audit was to identify cervical smear attendance in these populations in a primary healthcare setting.

This retrospective study enrolled 1,641 patients aged 25–64 years and eligible for cervical screening. Data were collected using an electronic patient record system, and pre-existing codes generated population-specific patient lists. The primary end point was to determine numbers of non-attenders within each group. Secondary end points included the number of reminders sent to non-attenders.

250 out of 1,641 patients in the cohort had inadequate cervical screening performed in the past 3.5 or 5.5 years, with 63/250 of

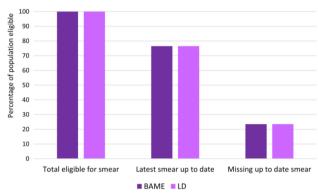


Fig 2. Cervical smear uptake in Black, Asian and minority ethnic or learning disabilities populations as a proportion of total number eligible.

these patients being of Black, Asian or other minority ethnicity (Figs 1 and 2). 55/63 had been sent a 'second recall SMS', yet only one had booked a cervical screening appointment. An additional 4/250 of the non-attenders have a learning disability, with 2/4 having signed a recall withdrawal disclaimer. Only 1/4 had been sent a 'second recall SMS', and 0/4 had an appointment booked.

We conclude that a significant proportion of cervical screening non-attenders are of Black, Asian and other minority ethnicity, and that a second SMS reminder is not adequate in increasing cervical screening uptake in this group or the LD population. Quality improvement activities have been suggested to tackle this inequality.

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