



'IT ONLY TAKES A MINUTE GIRL'

INSIGHTS INTO WOMEN'S PERCEPTIONS OF CERVICAL SCREENING IN BLACKPOOL

SUMMARY REPORT

August 2009

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ACKNOWLEDGEMENTS

A great many people have helped in the development and production of this report.

We would particularly like to thank;

The young women of Blackpool who attended the focus groups and opened their lives to us

Lynn Donkin and colleagues from NHS Blackpool for their support and practical assistance

Lee Tisdall for design ideas and support

Keith Osborn and Paolo Luria for ideas and support

MRUK Research for assistance with recruitment



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KEY MESSAGES

- 1) Young women in Blackpool value family life and their daily social interactions highly. They feel that it is their duty to keep fit and healthy for the sake of their families, but good health is largely something that they feel they have little control over and is not valued as highly as family and friends. Facebook provides an important form of social interaction that could be usefully used as an innovative part of a social marketing strategy. Being able to step away and enjoy some 'me-time' is also very important.
- 2) Many of the young women from deprived areas of Blackpool who do not attend for cervical smears in a timely fashion are young mothers with caring responsibilities.
- 3) Ignorance, embarrassment and fear are significant barriers to attending for a smear. Women lack knowledge about cervical cancer: what a smear is for; what it feels like to have a smear; and how the results should be interpreted.
- 4) Previous negative experiences not only influence the individual but also create a ripple effect, colouring the views of many others.
- 5) The most important practical barriers to going for a smear include:
 - a) The invitation letter that is regarded as unwieldy, impersonal and uninformative and could be supplemented by or replaced with a smaller card, either postcard or credit card sized. Frequent reminders would be welcome.
 - b) Current services are not flexible enough.
- 6) The social marketing strategy will need substantial and long term commitment and should include:
 - a) Information tailored to a range of needs and situations, including the development of a local web site and Facebook group. Simple videos using 'real women' can be highly influential.
 - b) Testing of strap lines and nudges, preferably delivering positive messages and possibly with some humour for use by a wide variety of media.
 - c) Service redesign, to examine the whole client journey with a view to introducing more flexible, warm and friendly services offered in a wider range of settings. Women like the convenience of the walk-in centre and the sexual health clinics and do not mind waiting to be seen at these flexible service centres.
 - d) A training plan for any service changes, especially to facilitate staff making better use of contact opportunities, not only to give nudges and information but also to continuously monitor and evaluate the service.
- 7) Although the development of a social marketing strategy presents NHS Blackpool with an exciting opportunity to make a difference by achieving a sustained increase in the coverage for cervical smears among women from deprived backgrounds, there are potential threats. Possibly the most important risk is that the service is advertised, but not adequately monitored, evaluated and continuously improved, so does not live up to expectations.

BACKGROUND AND INTRODUCTION

This report is stage one of a larger project to increase coverage of cervical cancer screening in Blackpool. About 22 percent of eligible young women aged 25 to 29 years (994 women) and 10 percent of women aged 30 to 34 years (389 women) living in the area covered by NHS Blackpool have never attended for a cervical smear test and many of these young women come from deprived backgrounds.

TABLE 1: CERVICAL SCREENING COVERAGE 2007-08

PRIMARY CARE ORGANISATION	CERVICAL SCREENING COVERAGE (%) *
Liverpool	72.3
Manchester	74.0
Blackpool	75.0
North West	79.0
England	79.2
North Lancashire	79.2
Central and Eastern Cheshire	83.2
* Percentage of women less than 5 years since last adequate test for women aged 25-64 in 2007-08	

(Source: Adapted from Cervical Screening Programme 2007-08, NHS Information Centre, 2008)

For any screening programme to work efficiently and equitably, good coverage is essential, and the fact that women from disadvantaged neighbourhoods appear to be more reluctant to attend for screening will serve to increase health inequalities in the area. NHS Blackpool has therefore decided to embark on a social marketing programme in an attempt to improve cervical screening rates, especially in the groups where coverage is known to be low. This first insight stage of the project will inform the social marketing and a second development stage.

Since an independent review by the National Consumer Council in 2006 established its effectiveness, the use of a social marketing approach to encourage healthy behaviour has become a key feature of government policy and is now widespread.

Social marketing uses traditional marketing strategies such as explicitly seeking to understand what consumers want, and then tailoring service developments to meet identified needs. Good marketing makes the customer feel that if they buy the product, they will also buy into the valued benefit associated with it. Social marketing, when customised, developed and delivered to and with disadvantaged communities has achieved a lot. Success however, is dependent on gaining a true understanding of the motives, needs and lives of those in the target group, developing new or revised communication materials, testing these and then improving services to better meet needs.

Individuals working in health promotion have been trying with varying degrees of success to 'sell' good health for many years. These messages work well amongst people who value and want good health and are prepared to forego pleasure today, to enhance healthy life chances in the future. The ability to defer gratification in this way is often a characteristic of the educated more affluent sector of the population. However, health promotion messages have been less successful amongst people living in deprivation who may not share the same values.

Examples of housing in more deprived areas of Blackpool.



RESEARCH AIMS AND OBJECTIVES

AIM

The aim of this project is to find out what young women aged 25 to 34 years resident in Blackpool value and want.

OBJECTIVES

- Conduct a thorough literature review around factors that encourage, and barriers that prevent women attending for cervical smears. The literature review will include an exploration of recent research and initiatives carried out by PCTs who share a similar demographic to Blackpool to identify good practice.
- Determine what young women living in a deprived area of Blackpool value and want in relation to their health and lives by conducting a series of focus groups.
- Synthesise the information from objectives 1 and 2 to develop recommendations for the design of a social marketing programme to improve cervical smear attendance in young women in Blackpool.

LITERATURE REVIEW

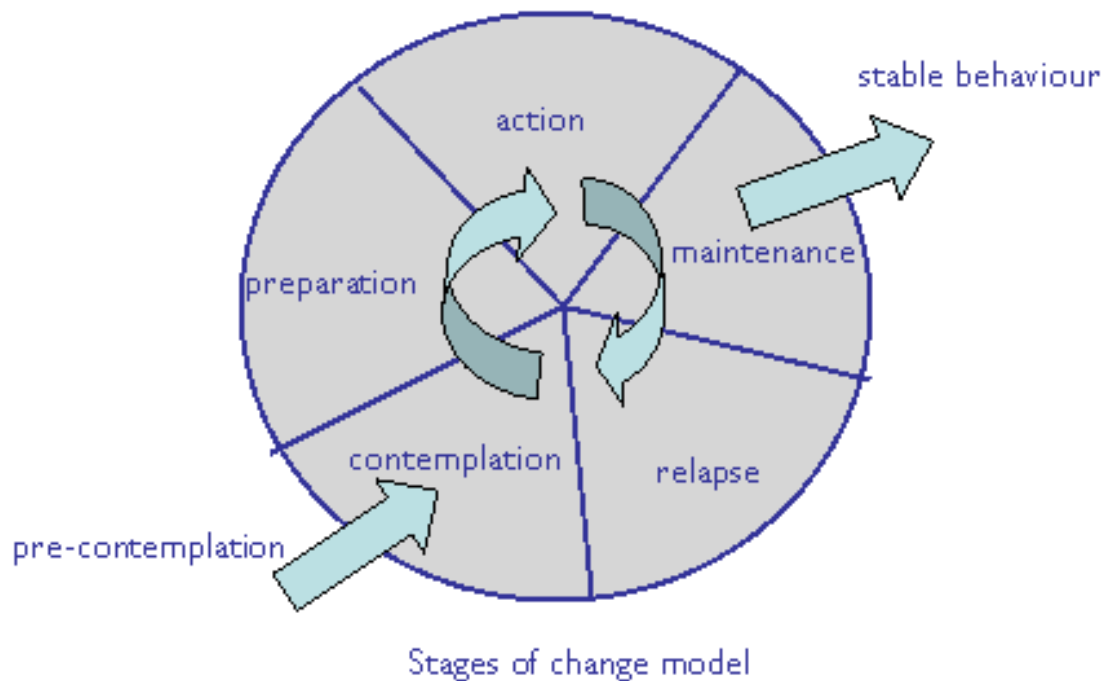
In the first section, literature about health beliefs and behaviour change was explored. This included traditional models as well as some more recent theoretical developments. Factors known to act as barriers and motivators to women attending for cervical smears were extracted. In the second, evidence from successful social marketing campaigns, particularly for promoting cervical smears, were reviewed.

HEALTH BELIEFS AND BEHAVIOUR CHANGE

Health beliefs are important determinants of behaviour. Essentially people only change their behaviour because they believe that in some way or other it will create a benefit either for themselves or their family. Reference to various models can help unpick the stages that people go through prior to changing their behaviour and help to identify where services can effectively intervene to help people move towards the 'desired' behaviour.

The stages of change model is commonly used. (See Figure 1).

FIGURE 1 STAGES OF CHANGE



In relation to cervical screening these stages could be described as:

Pre-contemplation: A woman is not engaging with the screening programme and has no intention of changing her behaviour. At this stage, consciousness raising, using information and education, possibly through drama or other media is needed.

Contemplation: A woman acknowledges that she should be going for screening. During this stage, affirmation from the professional of the importance of screening is needed.

Preparation for action: At this stage, a woman feels that she can go for screening and may try to make an appointment. Professionals can help by providing continuous encouragement. Any negative experience can easily send a woman back to the pre-contemplation stage.

Action: A woman attends her appointment and has her smear. Provided this is a relatively positive experience, she can move on to the next stage. Professionals can help by providing praise, and making sure that every woman attending is treated well and with respect.

Maintenance: At this stage, women need encouragement to confirm that they have succeeded and have overcome barriers and will continue to do so in future.

Some more recent research has built on the older theories and created more useable guidelines or principles.

Tom Coates (University of California, USA) has pulled together ideas from a wide variety of theories and suggested that there are a few basic factors that are needed to support and sustain behaviour change. These can be used as a checklist to ensure that campaigns maximise the potential for success.

- information regarding the need to change
- motivation to change behaviour
- skills to initiate and sustain new behaviour
 - ♦ technical skills
 - ♦ social skills
- feeling that change is possible
- supportive changes in community norms
- policy structure changes to support educational efforts and behaviour changes

American economists Richard Thaler and Cass Sunstein have developed 'nudge' theory based on a libertarian paternalist approach (Thaler and Sunstein, 2009). According to this theory, people will change their behaviour incrementally if they are given small nudges in the 'right' direction. These nudges may simply be a question posed by a health professional or a poster providing some positive facts. Both approaches suggest that changing community norms is important, so for example instead of highlighting that coverage data suggest that 25 percent of eligible women in Blackpool do not go for a smear, turn this around and reinforce the fact that 75 percent do go for a smear. Both resonate well with government policy expressed in the White Paper 'Choosing health: making healthy choices easier' (2004).

According to the literature, lack of knowledge and fear are the main factors which affect participation in screening including more specifically:

- lack of knowledge of cervical cancer and risk factors
- fear of embarrassment and / or pain
- lack of understanding of the screening procedure
- low level of awareness of the benefits of screening

Other more practical issues also play a part and can include:

- never received the invitation
- inaccuracy of target list
- style of letter, illiteracy, poor English skills
- unsuitability for screening, e.g. previous hysterectomy

- experience from previous testing as reason for non-attendance, e.g. dislike of a male doctor
- an assumption of sexual surveillance which suggests that cervical screening may be viewed as a method of monitoring the sexual activity of women (Bush, 2000)

SOCIAL MARKETING

In their review of social marketing campaigns, Stead and colleagues (2009) found a number of key points that characterised successful social marketing initiatives:

1. Changing attitudes, behaviour and policy requires a long-term commitment with long-lasting organisational and financial support.
2. Many social and public health issues are a challenge for society as a whole, not just a group of individuals. Adopting a perspective that facilitates policy change as well as individual behaviour change encourages broad ownership of a problem and collective responsibility for tackling it.
3. Reframing a problem can be effective. For example, the ban on smoking in public places was achieved because the problem moved away from 'victim blaming' towards a public health issue – the protection of workers.
4. Offerings showing humour, empathy and positive messages can engage people's emotions as effectively as fear-based messages.
5. They often involve multiple approaches including upstream changes to policy and services as well as awareness-raising, education, legislation and continued support for behaviour change.
6. Changing behaviour often means changing social norms because changing the way the public sees a problem can increase buy-in and encourages greater self-reflection.
7. They are built on understanding the target group's attitudes, values and needs.
8. They analyse and address the 'competition' to the desired behaviour or policy change.

The National Social Marketing Centre (NSMC), a strategic partnership between the Department of Health and Consumer Focus, presents a series of international, evaluated case studies displaying social marketing techniques which have achieved real behavioural change in a health care setting (National Social Marketing Centre, 2009). Each of these case studies meets the social marketing benchmark criteria and can thus be viewed as examples of best practice.

In one case study from New Zealand, with the strap line 'Don't just SAY they matter', cervical smear uptake among Pacific Island and Maori women was significantly increased. The campaign was based on the finding that the women valued getting together with friends for food and to socialise. Health professionals worked with community leaders to initiate 'Tupperware' like parties, where the women all brought some food and they sat, chatted and ate together at a friend's house. The female nurse then went to the house and set up to take smears in one of the bedrooms. Women then took turns to go in for their smears. There is no doubt that the success of this campaign

revolved around not only the publicity and media, but also the willingness of professionals to completely revise the way they ran the service and go into women's homes during evenings or weekends to take the smears.

'What's pants but can save your life' was the first cervical screening initiative in the UK to link social behaviour research with audience segmentation and data trends. It was aimed at 25-29 year old women in the West Midlands with particular emphasis on those who fail to attend screening during these years. By the end of the first quarter, there was a 16 percent increase in the target group and a 4 percent increase across all age groups (National Social Marketing Centre). A mixture of humour and the honest acknowledgement that having a cervical smear is 'pants' seemed to create the right message for these women.

RESEARCH METHODOLOGY

This research was based on a synthesis of an extensive literature review, combined with findings from four focus groups conducted in Blackpool. Having gained ethical committee approval from Liverpool John Moores University ethics committee, women from deprived areas of Blackpool were recruited by a marketing company and invited to come and discuss what they want and value in life, and to give their opinions about what sort of social marketing campaign they think might work.

All women were recruited from relatively deprived areas, and were residents of Blackpool. All focus groups took place in The Solaris Centre, Blackpool.

Focus group 1, Tuesday afternoon 28th April, Global room: This group consisted of young women who had never had a smear test and who had children.

Focus group 2, Tuesday evening 28th April, Global room: This group consisted of young women who had attended for a smear test and had children.

Focus group 3, Wednesday evening 29th April, Earth room: This group consisted of young women who did not have children and consisted of those who had attended as well as a few of those who had never attended for a smear test.

Focus group 4, Wednesday evening 13th May, Global room: This group consisted of women who had never had a smear, or who had a smear more than five years ago, so were overdue.

A protocol was developed and pilot tested for the focus groups to ensure that the information required would be obtained. During the focus groups, a series of short exercises was employed to generate discussion about what women want and value followed by debate around some current health information and social marketing campaigns.

The qualitative data generated from the focus groups was coded and analysed. Although this group was not selected to be completely representative of women from the target group, there is no reason to suppose that the women who attended were biased in any way. Data from the exercises were analysed quantitatively to reveal a hierarchy of what women most valued in life and what sort of activities they had undertaken during the previous twelve months.

QUANTITATIVE FINDINGS

CHART 1 – Q SORT STATEMENTS THAT PARTICIPANTS DISAGREE WITH OR STRONGLY DISAGREE WITH.

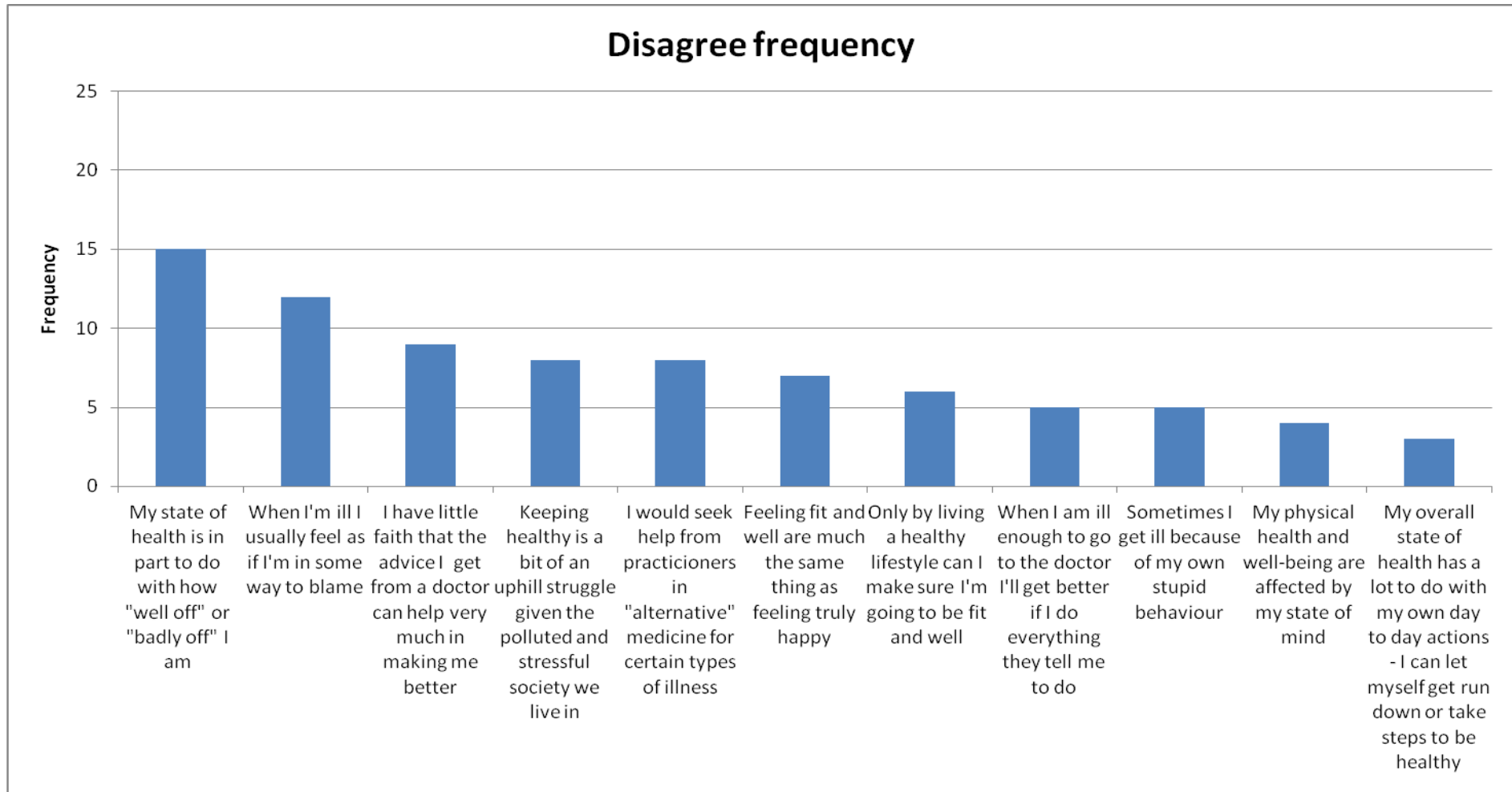


CHART 2 – Q SORT STATEMENTS THAT PARTICIPANTS AGREE WITH OR STRONGLY AGREE WITH

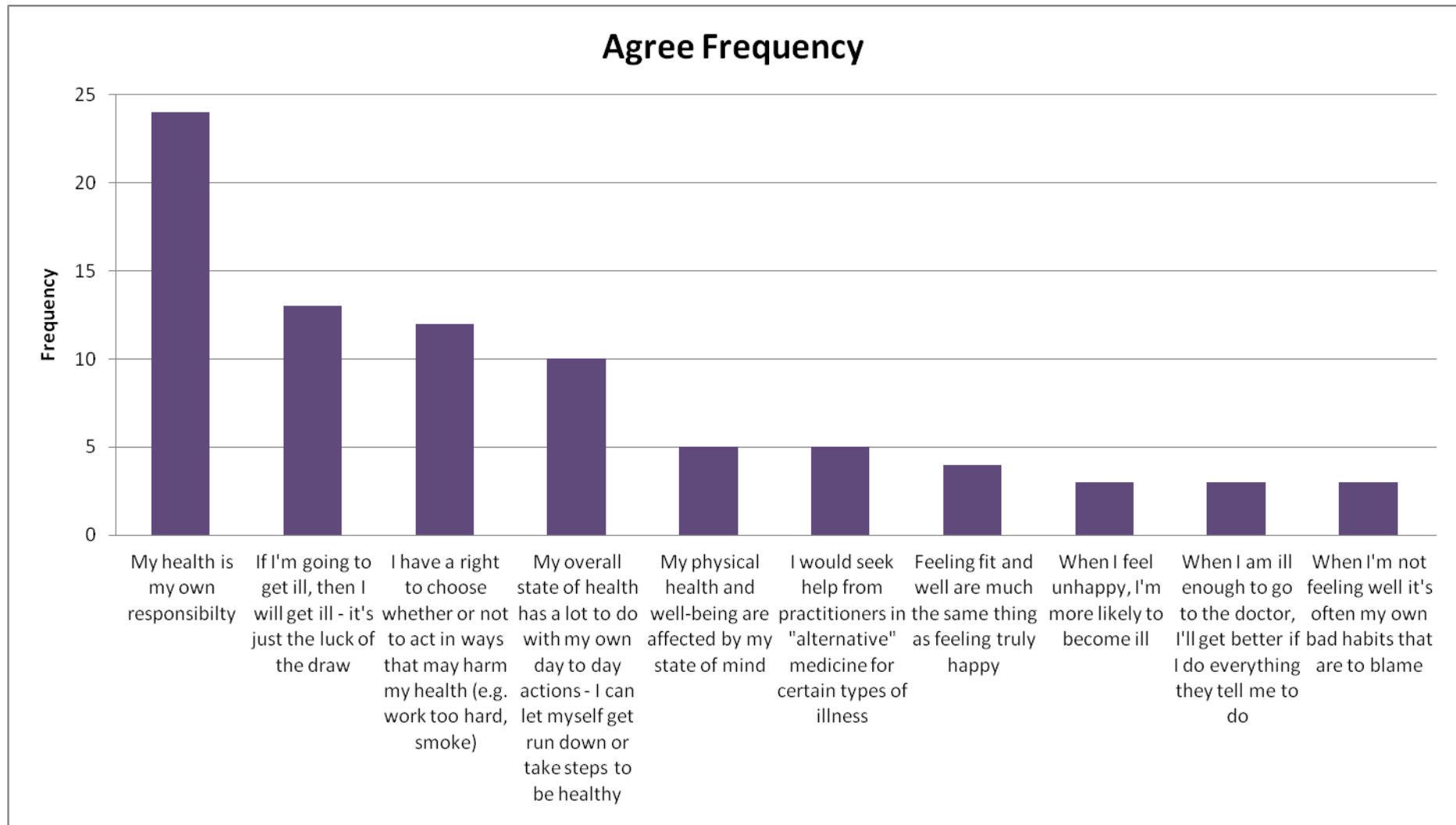


CHART 3 - MOST COMMONLY ENGAGED IN HEALTH ACTIVITIES, FROM 'HEALTH BINGO'

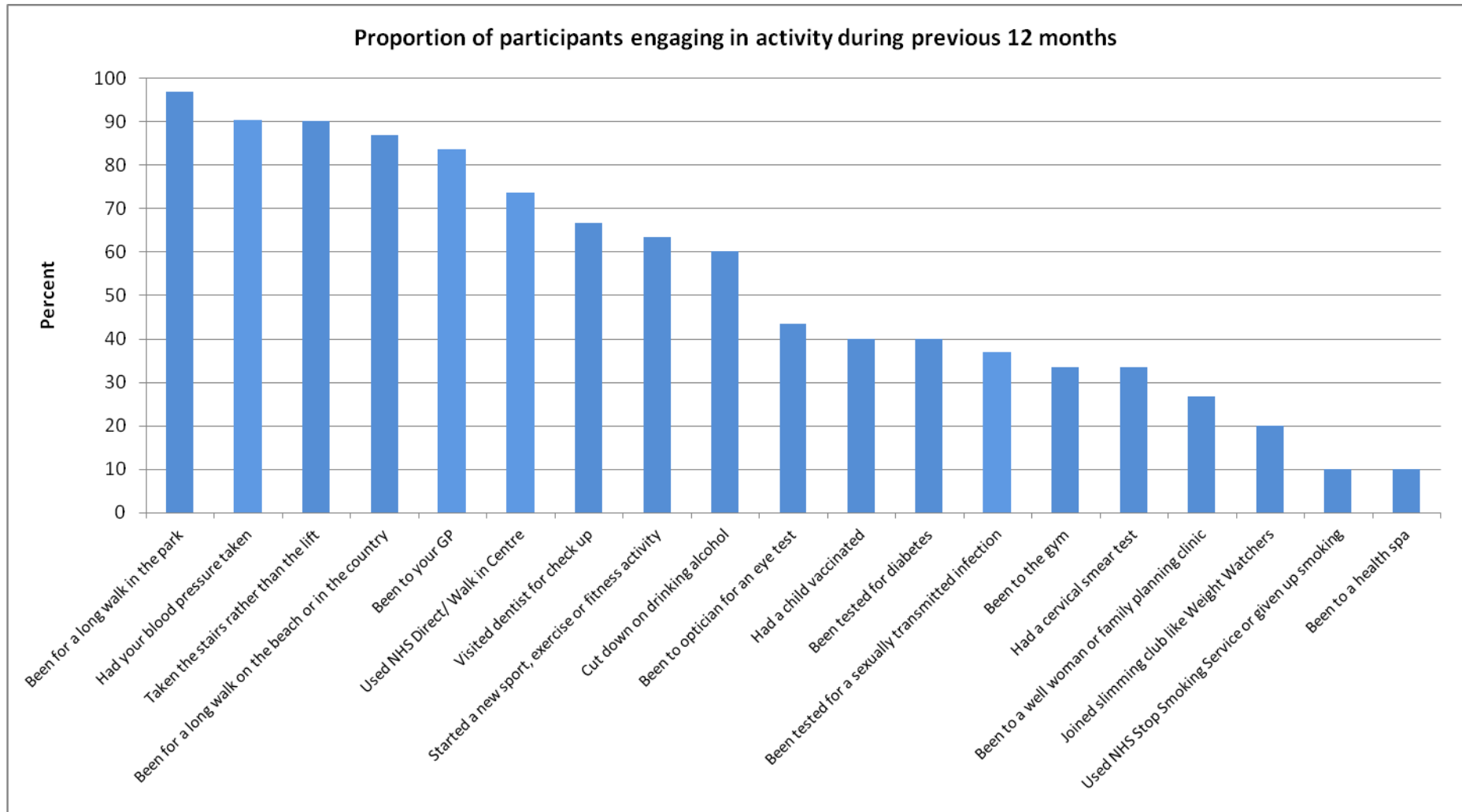
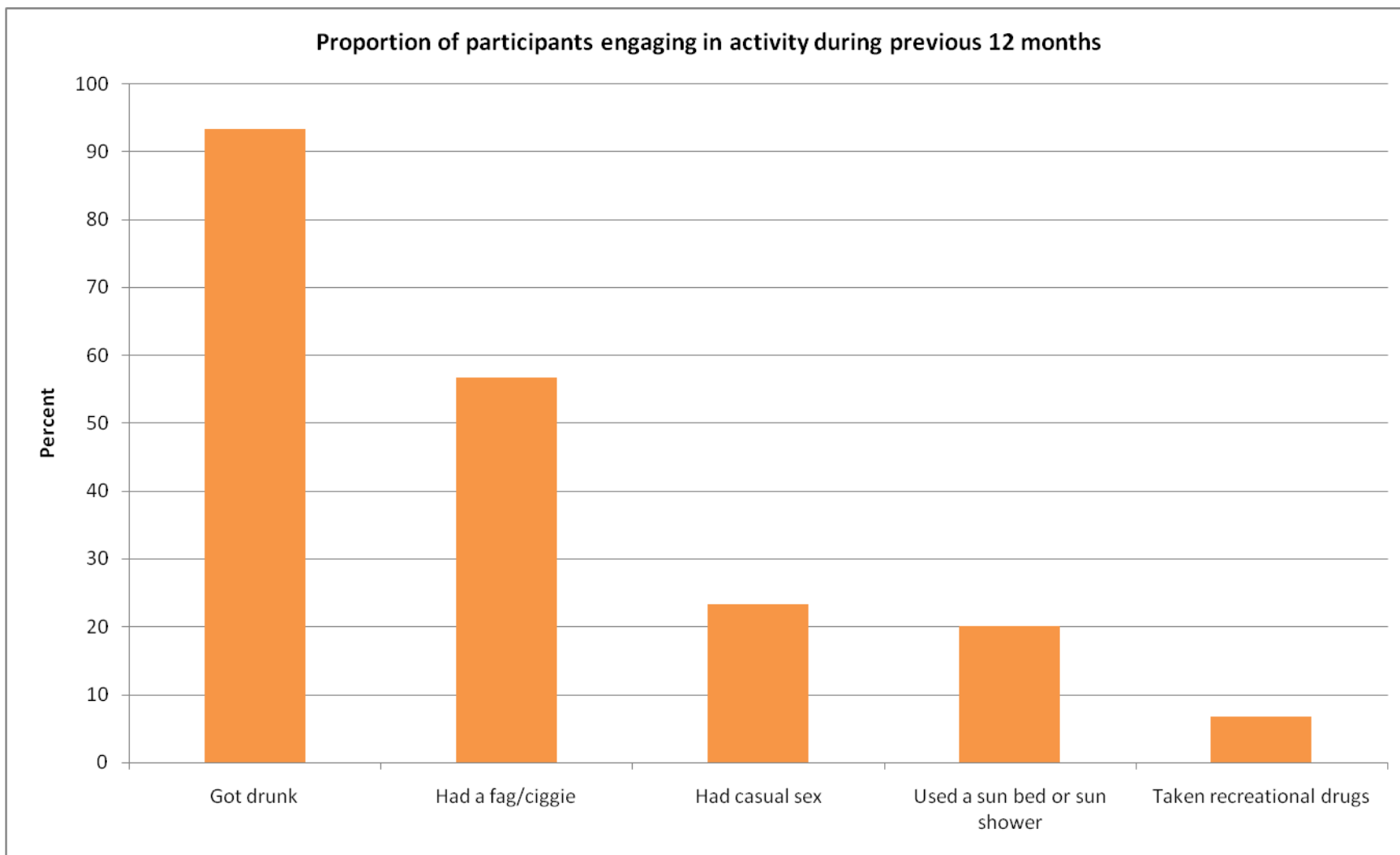


CHART 4 - MOST COMMONLY ENGAGED IN NEGATIVE HEALTH ACTIVITIES, FROM 'HEALTH BINGO'



COMMENTARY ON Q SORT AND HEALTH BINGO FINDINGS

One of the most interesting features of Chart 1 was that the women who participated in the focus groups disagreed most strongly with the statement that “My state of health is in part to do with how ‘well off’ or ‘badly off’ I am.” This is in stark contrast with the intelligence, including that relating to cervical cancer, which suggests that poverty is indeed strongly linked to and is one of the best predictors of poor health.

Participants also express a fascinating degree of ‘fatalism’. They disagreed quite strongly with the notion that blame could be attached to illness and felt that getting ill was just the ‘luck of the draw’. Yet, slightly incongruously, they felt very strongly that their health was their own responsibility.

Whilst there were plenty of complaints aired about general practitioners and what happens when trying to book an appointment, there was a surprisingly high degree of faith in the advice received from doctors. These statements were backed up by supportive accounts of the importance of believing in professionals. However, those who had not been for a smear test did appear to hold more negative attitudes towards their general practitioner. There was quite a high level of disagreement about whether factors such as pollution or stress impacted on health.

Considering that the focus groups consisted of healthy young women, it was surprising to note that 83 percent had visited their general practitioner, 73 percent had been to the walk-in centre and 37 percent had been tested for a sexually transmitted disease during the previous year, indicating a relatively heavy use of services. Each visit provides an opportunity for health professionals to build a rapport with young women that can be used to discover whether women have not attended for a smear test recently and provide care and support to address barriers and encourage take up.

FOCUS GROUP FINDINGS

Many women in the target age groups and living in the more deprived parts of Blackpool are typically young mothers with one or more children. Many are not in paid employment.

For young women in Blackpool the key insights from the focus groups were:

- family life comes first – Women were prepared to sacrifice a great deal of time and effort to achieve the goal of a happy family life.
- freedom for ‘me-time’ is needed – Women needed to have a part of their life that was just for them.
- friends and Facebook matter – It was particularly interesting to note how meeting up at home or going out for a drink and talking to friends on the telephone is being supplemented or even surpassed by the use of Facebook. Social networking through Facebook allows women to be sociable even when they are at home with their children and is an activity that provided a lifeline for several participants.
- feeling safe and secure is important – this predominantly revolves around personal safety when they went out and about in Blackpool due to the presence of tourists who were often intoxicated. Feeling secure was also linked to having a happy family life and having a home where children can feel safe.

These key findings represent important elements in the lives of young women in Blackpool and provide potential building blocks for the social marketing strategy.

Good health is valued, but is not regarded as something that the women have much control over. Participants attending the focus groups tended to have a fatalistic attitude to health and illness, although most agreed that it was important to try and keep healthy, mainly for the sake of the children or other family members who relied on them.

Living a long and healthy life was not a priority for most women who attended the focus groups, suggesting that promoting or ‘selling’ health per se, will be ineffective

Although women felt trapped in Blackpool, nearly all had ambitions and said that it was important to have something to aspire to in life. Several women displayed determination and resilience and were already acting on their aspirations for example by undertaking courses to position themselves better in the labour market.

BARRIERS AND MOTIVATING FACTORS

Probably the most important individual barrier to going for a smear identified during this research was fear, and the most important motivating factors were knowledge and education.

More specifically, the barriers revealed were:

- feelings of fatalism as an important health belief
- lack of self confidence
- fear of pain or embarrassment (including the possibility of a male health care professional taking the smear)
- lack of knowledge about what it feels like to have a cervical smear
- lack of knowledge about cervical cancer and its treatment
- lack of understanding about cervical smear results
- fear of the test outcome
- low level of awareness of the benefits of cervical screening
- lack of understanding about why there is an age limit
- unattractive, uninformative invitation letter (looks like a utility bill)
- inconvenient times for appointments
- previous negative experience, especially where there was a perceived lack of respect / empathy from health care professionals

The quantitative data indicated that the women in this target group have considerable contact with health related services, possibly as part of their parenting role. A remarkable 90 percent of women had had their blood pressure measured, possibly during a visit to health services for contraception. Each interaction with a health care provider is a possible opportunity to provide some simple positive messages or 'nudges' about going for a smear that is currently not being utilised.

CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations are divided into two interlinked sections. The first relates to the social marketing strategy, the second refers to the associated service redesign that will be needed if the social marketing campaign is to be successful.

MESSAGES, MEDIA AND METHODS MIX FOR SOCIAL MARKETING

The social marketing strategy must be built around the insights discovered. Any ideas mentioned below will need to be tested to find out whether they actually have resonance, particularly with the target groups of women or staff providing the service.

To design an appropriate strategy, it is important to gain insight into the various incentives and rewards, as well as the barriers and blocks that shape both the problematic and the desired behaviour. Figure 2 indicates how incentives and barriers for both the current behaviour as well as the desired behaviour need to be understood, so that the barriers can be tackled and desired behaviour rewarded.

FIGURE 2 DIAGRAM TO SHOW DETERMINANTS OF BEHAVIOUR



TERMS OF EXCHANGE AND COMPETITION

Any social marketing campaign needs to understand the competition for women's time and use the information provided from these focus groups about insights into what women want and value to discover what they will be prepared to exchange in order to benefit from a change in behaviour.

Since women appear to value safety and security as well as family life, the benefits from participating in cervical screening could be framed in terms of the smear test providing peace of mind for women, their children and families. The death of Jade Goody certainly raised some anxiety and fears among young women and should make the terms of the exchange considerably easier because the eligible population is likely to be more susceptible to an appropriate nudge while the memory of this tragic premature death is still so vivid. Women who had not attended for a smear test often cited inconvenience or time pressures and the difficulties they experienced in attending appointments as reason for non attendance. Time is clearly precious, and when women are able to relax and have 'me-time', they prefer their own company or spending time with a partner or close friend. According to a recent (2008) MORI survey the top five activities that women engage in are reading a book or magazine, surfing the internet, watching TV or listening to music. These activities might best be described as 'passive competition' but it might be possible to refer to them in a social marketing campaign. For example by shaping the service to offer a valued benefit, for example centres where smear tests are held offering relaxing music and interesting magazines to read.

Some of the messages that may be tested further include:

Cervical screening is important because I am important, I am worth it

Cervical screening may be a bit uncomfortable and embarrassing, but worth it to stay fit and healthy so that I can help my children

Cervical screening provides reassurance for a small amount of discomfort

I'm too important not to have a smear test

Take some time out for yourself – go for a smear

Cervical screening needs to be positioned as a service that **enables women to get on and live their lives. It is important because they are important and also because they are important to their children.** As a core concept it needs to be seen as being worthwhile because 'I'm too important not to have a smear test'.

Some of the nudges that may be tested further include:

Have you been for a smear test recently?

Three quarters of women in Blackpool have been for a smear test in the last few years. They know where they stand, do you?

Did you know that cervical screening saves about 4,500 lives a year in the UK?

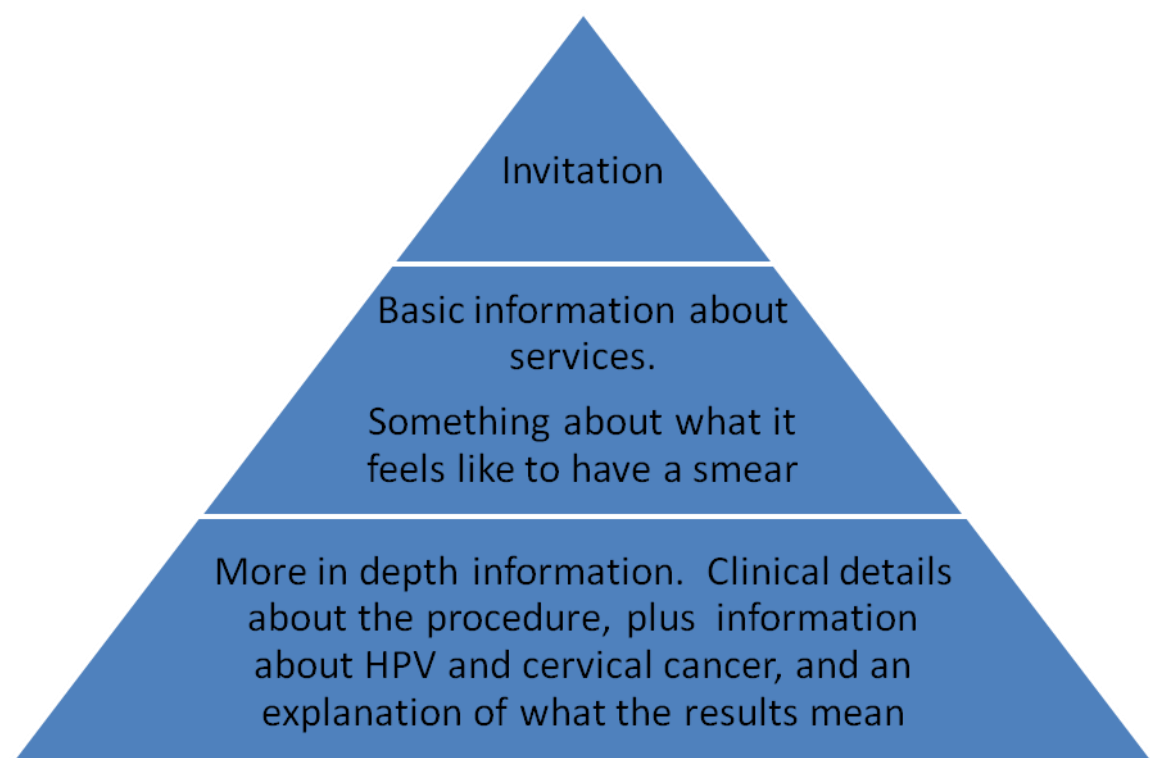
There were mixed feelings about using fear to motivate women to attend for initial screening or follow up. Some women felt strongly that it was wrong to 'use' children (as in a recent campaign to stop adults smoking by suggesting that their children were afraid they might die). Others felt that although it may be uncomfortable, fear is a good motivator – it can work but it is questionable about how appropriate or effective it would be in increasing cervical screening coverage.

We recommend that NHS Blackpool:

- **Tests a range of strap lines and nudges to see which resonate best with local women, using positive messages wherever possible and including some ideas that are humorous**
- **Displays these messages through a wide mix of media such as posters, radio as well as through other service opportunities**
- **Creates a website (and possibly a phone line) to provide more information about cervical smears and cervical cancer, including what the results of smears mean. This may include short videos from professionals to cover the details of the procedure and interpretation of the result; but also from women similar to themselves to let others know what it feels like to have a smear. This could be used with both serious and light hearted drama to reinforce the message**
- **Includes information on the web site about services and where women can go for a smear**
- **Sets up and moderates a 'Facebook' group**

The clear message coming across from all groups was that there is a lack of clarity about what a cervical smear is for, and how the results should be interpreted. Women did not understand what some of the commonly used terms like 'pre-cancerous' or 'changes' meant. Women expressed the need for a hierarchy of information at different levels. They want something to grab their attention, or a 'hook' to make them interested, followed by something more detailed. Women who had never had a smear spoke of the need to know what it 'felt' like. Above all, they would like to hear this from a 'normal' person, someone like themselves that they can relate to, explaining less about the process and more about the personal experience. For those who are really interested, they also expressed a desire to know where to go to find out more.

FIGURE 3 INFORMATION PYRAMID



Clinical information about what happens is less important than being able to speak to someone about what it 'feels like' to have a smear.

SERVICE ISSUES

Possibly the most significant threat to the success of a social marketing strategy is that as a result of the communication element of the campaign, uptake increases, but services do not then live up to expectations. The communication strategy, and service re-design with associated staff training must go hand in hand. Adequate resources will be needed to develop and maintain both the communication strategy and the accompanying service redesign.

In relation to making services more flexible, we recommend that NHS Blackpool:

- **explores the possibility of making the NHS walk-in centre more flexible, by offering the facility to come in for a smear at anytime the centre is open**
- **opens up sexual health services and well woman clinics, so that women can drop in for a smear without making an appointment**
- **considers offering smears at children's centres, women's homes (as in the 'Don't just say they matter' campaign), empty high street shops, tanning parlours, hairdressers or other venues**
- **considers how it may encourage women with disabilities or learning difficulties to feel more welcome**

A single bad cervical smear experience can have a significant ripple effect and greater impact than a large number of routine or 'normal' encounters so the importance of ensuring that all women feel comfortable when having a smear taken cannot be underestimated. In order to create a warm friendly service for all, we recommend that NHS Blackpool:

- **attempts to overcome perceptions of poor treatment that women may have experienced or heard about in the past, by reviewing the whole service experience. This will include the invitation letter or card, the making of appointments, the greeting at reception, how the service is delivered and very importantly how the service encounter is closed. 'Service warmth' is important in creating the perception of a high quality service and is essential to overcome any previous negative experience of medical services (Mudie and Pirrie 2006)**
- **reflects on how best to create a positive service experience for any young woman who has plucked up the courage to request a smear, even though she may not be within the recommended age group. This would be especially important for women who are near to, but may not quite have reached 25 years of age. Certainly better education is required here as well and once in place will alleviate many of the current problems. So this may be regarded as an interim measure, until an education campaign has been implemented so that women understand why they are being refused**

- **re-designs contact letters/cards so that they both invite and encourage women to attend for cervical screening. Additional credit-card sized reminders containing a suitable social marketing message should be developed for wider distribution and be integrated with other parts of the campaign, most notably a website**
- **puts information about the sex of the person carrying out the test on the invitation letter. Knowing that a women will perform the test makes young women more likely to attend**
- **explores ways to use the various stages of a women's journey through the cervical screening process to provide information and reassurance, and receive feedback that can be used to evaluate and improve the programme**
- **explores how interactions with other services can be better allied to the cervical screening programme**
- **considers giving women nudges and an opportunity to discuss cervical screening as a routine part of contraceptive prescribing and monitoring**

One of the most important barriers to going for a smear test was inadequate knowledge, not only about the smear test itself, but also how it is interpreted, and about cervical cancer. In order to prevent this lack of education in the first place and to improve the level of knowledge about smears and cervical cancer in the population as a whole, we recommend that as well as developing the website and other materials, NHS Blackpool:

- **lobbies for the new PSHE curriculum to include adequate and in depth sessions on cervical cancer and cervical smears**
- **considers developing educational materials about smear tests as part of the HPV vaccination programme in schools emphasising the benefits provided by screening in detecting changes that can lead to cervical cancer**

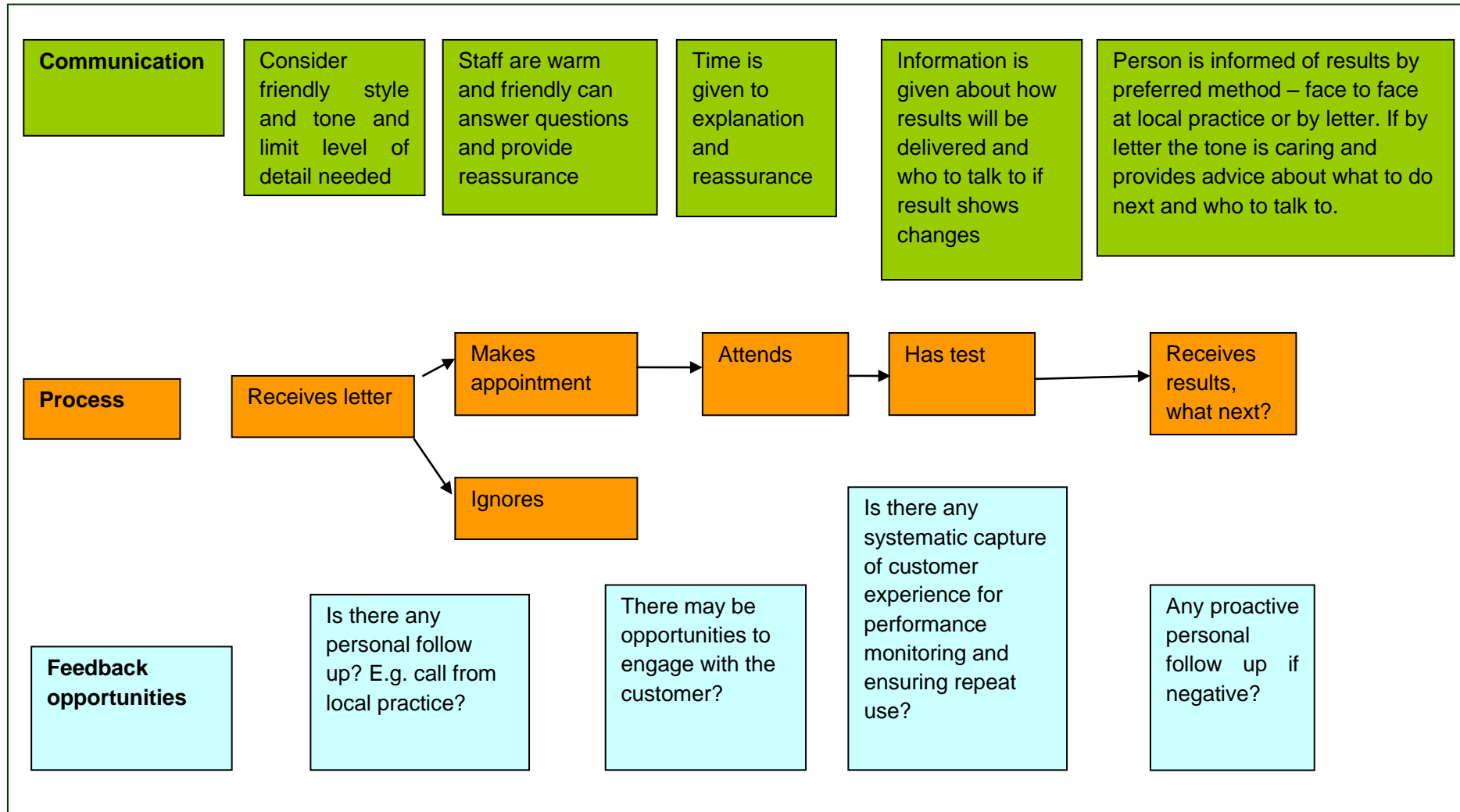
Staff are at the core of any service and an essential element in the success of any redesign. Since staff are going to be asked to do things differently they will need training. We recommend that NHS Blackpool:

- **considers the staff education and training implications as an integral part of any social marketing strategy**
- **considers training and using health trainers and encourage them to communicate opportunistically with women**

Any strategy that is implemented needs to be continuously monitored and evaluated. There are many opportunities along the care pathway that can be used, both to provide further encouragement, as well as to monitor and evaluate the projects. We recommend that NHS Blackpool:

- **develops an evaluation policy as part of the social marketing strategy**
- **considers how people feel about the invitation and how they are communicated with at all stages in the cervical smear journey**
- **tests what people feel about being contacted by phone to book a smear appointment if they don't respond to the letter or to discuss any issues or concerns that may be putting women off**

FIGURE 4 THE JOURNEY THROUGH THE SERVICE



OPPORTUNISTIC INTERACTION

Figure 4 shows that at various points along the woman's journey, there are opportunities for communication, to inform and also times when women can give feedback that can be captured and used for continuous quality improvement purposes.

In re-designing the service, opportunistic points of contact need to be more seriously considered as they represent a chance to change the choice architecture. For example many young women, both with and without children, may be using the contraceptive pill or other form of contraception that necessitates regular blood pressure checks. This research indicated that they are relatively heavy users of services with 90 percent having a blood pressure check in the past year. Each contact provides an opportunity to discuss cervical screening and provide one to one information in a tailored way. Therefore, redesign of the cervical screening process should not take place in isolation and needs to involve other services to achieve maximum uptake.

Now is a propitious time to launch a social marketing campaign to improve cervical smear uptake. This also provides NHS Blackpool with an ideal opportunity to build systems for evaluation and continuous improvement into its services.

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PUBLISHED BY
Centre for Public Health
Research Directorate
Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Kingsway House
Hatton Garden
Liverpool
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© October 2009

ISBN: 978-1-906591-98-4 (print)

ISBN: 978-1-906591-99-1 (print)



Centre for
Public Health