

AUDIT ON COMPARISON OF CERVICAL SMEAR UPTAKE BETWEEN BAME AND CAUCASIAN POPULATION GROUPS REGISTERED TO CHURCH LANE SURGERY IN BRIGHOUSE

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Abstract

Women from Black,Asian and Minority Ethnic (BAME) backgrounds are less likely to attend cervical screening than White British women.This study explored whether this was reflected amongst patients registered to Church Lane Surgery in Halifax.

Methods:

Records for women from Indian, Pakistani, Bangladeshi, Caribbean,African and White British backgrounds were analysed using EMIS reporting tool (n=1217). Patients who had not had a smear across a 3 year period were categorized as ‘non- uptake’

Results:

913 of 1147 Caucasian women attended for cervical screening in 2019 (79.6% uptake) compared to 48 of the 70 BAME (68.6% uptake). On average from 2015-2020 65% of BAME women attended for their cervical screen. In comparison 75.3% of Caucasians attended.

Conclusion

Caucasian uptake matches the national average 70% whilst the BAME does not.This may be due to emotional barriers and low perceived risk and could lead to later diagnoses of cancer. Interventions have been shown to be effective and may have a role here

INTRODUCTION

Cervical Screening is offered to all women between the ages of 25 and 64 with it being the 19th most common cause of death in females. Screening is an effective tool in reducing mortality with a 3 year survival significantly higher. Studies have shown that ethnic minorities have lower cervical screening cover

AIM

To compare the uptake of cervical screening between the BAME population and White British Women at Church lane Surgery in Halifax

METHOD

A Retrospective search was performed in the EMIS Auditing Tool of women aged 24 to 59 currently registered to the practice between 2017 and 2020. Non uptake was defined as those who did not attend for a smear test in this three year period. BAME defined as women coded under ethnic categories or mixed ethnic categories as displayed in Table 1.

RESULTS

The results showed that there were 1147 Caucasian women and 70 BAME women eligible for Cervical screening during this 3 year period.

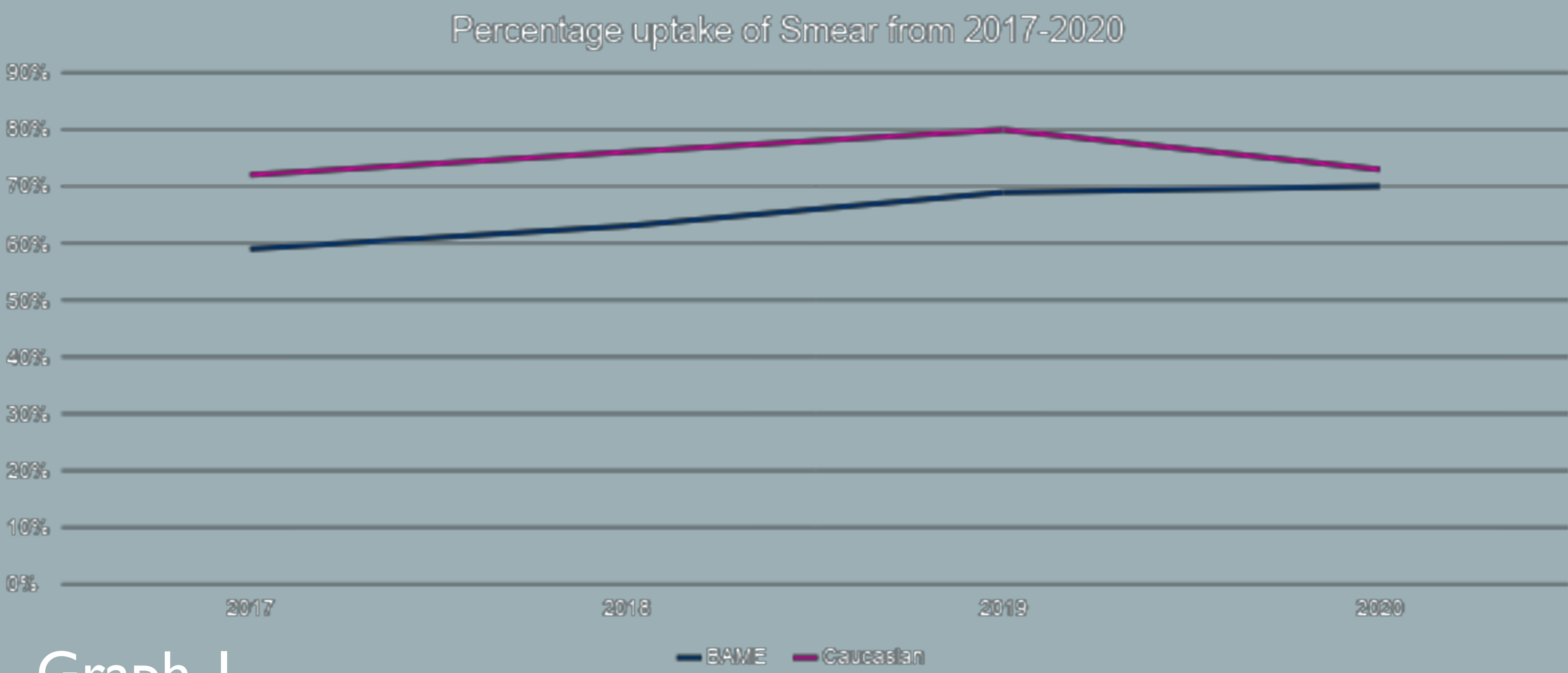
Average uptake for caucasian women was 75.3% whilst for BAME women was 65%. Caucasian women consistently had uptake of 70% or more whilst BAME women only achieved this in 2020.

Ethnicities Coded on Emis
Black Caribbean
Black African
African
Indian
Pakistani
Bangladeshi
Chinese
Other Asian Background
Other Black Background
Mixed unspecified Ethnic category

Table 1

ANALYSIS

The results (Graph 1) show that there has been a gradual increase in the uptake of the Cervical Smear over the last 3 years which has plateaued in 2020 (likely due to the pandemic).The BAME Group was consistently having lower uptake than the White British counterpart however this gap was slowly being narrowed. Both groups are now level with the national average however with further initiatives there is potential to increase uptake greater than the national average.



Graph 1

HOW TO IMPROVE UPTAKE IN THE BAME COMMUNITY

Multiple studies have shown that there is reduced uptake due to emotional barriers with low perceived risk of Cervical cancer.Telephone reminders have been shown to be more effective than letters in improving attendance and the nurse practitioner has already began doing this for 2021.

CONCLUSION

Cervical cancer screening is known to reduce mortality however nationally there is reduced uptake in the BAME Community. In Church Lane Surgery there is reduced uptake in the BAME community however this is increasing and now close to the national average.

In the future comparison to local populations with larger BAME communities can be made with to see how uptake varies between areas.