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Background

The NHS cervical screening programme currently prevents around 70% of cervical cancer death. If everyone eligible attended regularly this figure could rise to 83%.

- The NHS Cervical Screening programme offers routine screening every 3 years for individuals aged 25 to 49, and every 5 years for those aged 50 to 64, with an overall **aim of achieving 80% coverage across the eligible population**.
- If individuals don't respond to the initial invite, **GP surgeries follow up, most commonly through text message reminders**.
- At McKenzie House Surgery in Hartlepool, a practice serving a predominantly low-income population, cervical screening attendance has historically been low.
- Despite having received multiple text reminders, **320 patients** aged 26 to 49 had **never attended a cervical screening appointment**.

Aim

This Quality Improvement Project (QIP) aimed to determine if telephone consultations focused on education and patient-tailored counselling could improve attendance, while investigating the main reasons for non-attendance.

Methodology

A cohort of **156 patients aged 26 to 31** who had never previously attended cervical screening were selected. Each patient was contacted through a telephone consultation, providing a more empathetic and interactive alternative to generic texts or surveys. The calls focused on:

- Delivering information** about the importance and benefits of cervical screening
- Exploring personal barriers** that prevented screening attendance
- Motivating patients to take action** by guiding them to book an appointment

Patients openly shared their reasons for non-attendance, which were categorised into **seven key themes**. The conversation was tailored to address each person's questions and concerns. Those willing to attend were sent a link to book an appointment via text message the following day.

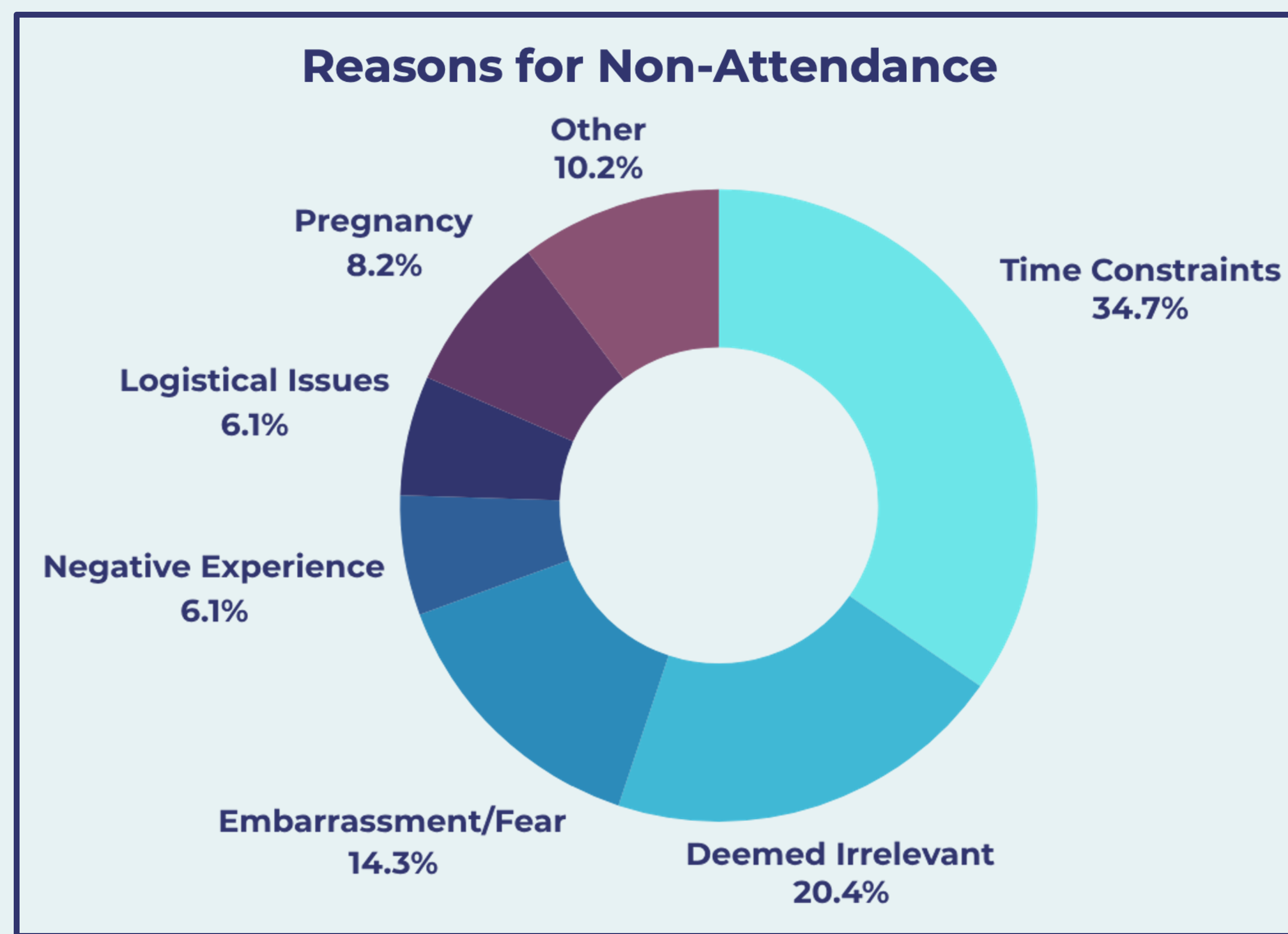
Results

49 of the 156 patients contacted answered the phone and agreed to participate. Of the 49 participants, **33 (67.3%)** women were **willing to attend screening**, and **9 (18.4%)** women booked and **attended cervical screening for the first time**.



Of the 9 attendees, 3 were found to be HPV positive and 2 were subsequently referred for colposcopy.

- The most **common reasons** for non-attendance were being **too busy (34.7%)**, **deeming screening to be irrelevant (20.4%)**, and **feeling embarrassed or scared (14.3%)**.
- Patients who cited time constraints often struggled to fit in cervical screening due to work schedules or childcare during the day.
- Among the 9 who attended cervical screening after the consultation, the main reasons for non-attendance were **time-related barriers in 33.3%** and **embarrassment or fear in 22.2%**.



Limitations



Small sample size



Inability to directly book appointments

Conclusion

- This QIP shows that personalised telephone consultations help **tackle barriers** to non-attendance, ease anxieties and boost cervical screening attendance.
- Barriers like lack of time, fear, embarrassment and limited knowledge were best addressed through real conversations rather than generalised messages.
- Following these results **McKenzie House Surgery expanded the approach among all ages**, with admin staff now making the calls and directly booking appointments for patients who agree.
- We aim to **repeat this QIP on a larger scale** to further assess the impact of telephone counselling on screening attendance.

Acknowledgements

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