

Health screening in County Durham

Research into the experiences of vulnerable women and the uptake of health screening in County Durham



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Healthwatch County Durham (HWCD)

On the 1st April 2013 under the provisions of the Health and Social Care Act 2012 152 local Healthwatch organisations established throughout England.

These Local Healthwatch have been set up across England to create a strong, independent consumer champion whose aim is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting
- To encourage and support people and groups to share their views about services; listen to people's needs and experiences of services

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same



We advise



We listen



We speak up

Executive Summary

As part of the ongoing work researching the barriers to health screening programmes, HWCD completed a short project into the experiences of vulnerable women or women with additional responsibilities in the County, in relation to the uptake of gender specific health screening and accessing health care in the county. As a result of our partnership with the Safeguarding Adults Board we also consulted on how aware these women were of the Safeguarding process.

We chose to undertake this work as we felt that these groups were less likely to be represented in our other screening programme research, where we used on line surveys and accessed more generic client groups. HWCD undertook a series of meetings and focus groups to capture the views of women. In total we spoke to 77 women during the summer and autumn periods.

The women HWCD engaged with were:

- Women with mental health issues
- Women who were victims of domestic abuse
- Women at risk of homelessness
- Women who had been involved in sex work
- Gypsy, Romany, Travellers
- Carers

The key things women told us were:

- They did attend health screening where possible, even though their lives were sometimes chaotic, they did want to try and have these checks.
- Most women felt that the age limits for screening should be extended.
- It was easier for the cervical screening to be forgotten or delayed, primarily because you are not sent an appointment, unlike breast screening.
- Most were happy about accessing their GP, although there were some specific problems for domestic abuse victims, placed in refuges out of area, as they could need to be registered quickly to get medication and struggled with ID. Not all doctors' surgeries were flexible enough to manage this effectively.
- A number of women told us they had problems accessing Mental Health services, this was for a range of issues including, the withdrawal of services, waiting times and accessing the right support.
- There were mixed views about the urgent care services. Some women told us they had preferred the old system where you could just attend and wait to be seen, but others said they thought the 111 service, where you get an appointment to attend was much

better. There were a number of people who did not like the 111 process and the way the calls were so scripted.

- A former sex worker praised the drug treatment services, they not only managed her drug problem but carried out regular health screening for blood borne viruses.
- There were a number of women who understood about safeguarding as they may have had involvement in processes in the past. However, there were a number who did not know or did not answer the question, leading us to believe it is not widely understood in the community.
- Some of the women who told us they knew what Safeguarding was, did not however know how they would make a referral.

Recommendations

Although the recommendations will form part of the overall report on health screening, there were some specific recommendations which come from this project,

Where GP surgeries have a Women's Refuge in their catchment area they should work with the refuge staff to streamline process and be sympathetic to the needs of these particularly vulnerable women who are fleeing violence as some women had encountered problems registering with practices and getting prescriptions quickly.

For patients who fail to make an appointment following their first letter re cervical screening, send a second letter with an appointment time and date. This could be done as a pilot to see if it made any difference to uptake.

Where women had key workers or were living in supported accommodation they were advised about Safeguarding as part of the support they received. The support service would be able to make safeguarding referrals. However there were other vulnerable women we spoke to who did not understand what Safeguarding meant or how to make a referral. We believe that there is work to be done to promote Safeguarding with the general public in the county.

Background to the work

The Healthwatch County Durham work plan for 2016/17 included research into the barriers to health screening programmes. This is linked to the refreshed Primary Care Strategies of the North Durham and Durham, Dales Sedgefield and Easington CCG's.

The work plan specifically required HWCD to research screening programmes which have the poorest uptake, plan appropriate engagement activities and collate data to produce reports.

[DDES refreshed strategy](#)

[North Durham refreshed strategy](#)

We wanted to be able to identify if there were any factors which contributed to a lower uptake of health screening for women who are more vulnerable in County Durham. We carried out a brief survey with older women, women at risk of homelessness, women who had suffered from mental health issues, women who had experienced domestic abuse, women working in the sex industry, women from the Gypsy, Romany, Traveller community and women with caring responsibilities. In total we spoke to 77 women about their experiences of healthcare and screening

Summary of our findings

We were pleased to find that most women were attending health screening where appropriate. Even though they may have other issues in their lives, they were making an effort to stay healthy.

Many women told us they believed the screening programme should have the eligible ages extended for both breast and cervical screening, as they believed girls matured earlier and people were living longer. One woman told us that her daughter was diagnosed with cervical cancer at her first screening for the disease and she wished that test had taken place sooner. We talked about the trial for breast screening, which is extending the age range from 47 to 73 years which they thought was good, although County Durham is not taking place in the trial. We are also aware of the vaccination now available for cervical cancer and know this will impact on the screening programme in the future.

Women said it was easier to let the cervical smear testing slip as you weren't sent an actual appointment as you were with breast screening.

Most women were happy attending their GP for cervical screening although one woman said she used the GUM clinic as it was much easier to get an appointment and she found the staff very proficient.

Although some of the women told us they knew what Safeguarding was, they did not know how to make a referral or how to get information regarding Safeguarding.

What we did

We developed a short survey (see appendix1) which asked a series of questions in relation to health, in particular:

- Breast screening uptake
- Cervical screening uptake
- Experiences accessing GP services
- Experiences accessing dental care
- Experience of mental health services

- Experience of sexual health clinics (sex workers only)

We also asked 3 specific questions in relation to their knowledge of Safeguarding.

We took the survey to women’s support groups, women’s domestic abuse refuges, domestic abuse therapeutic groups and a support group for sex workers.

What we heard

The surveys were completed through face to face interviews, led by HWCD staff or group support workers from other organisations. Seventy seven women completed the survey and apart from people outside the eligible age ranges, nearly all had or were intending to participate in the screening programmes. Some issues arising from our research are listed below:

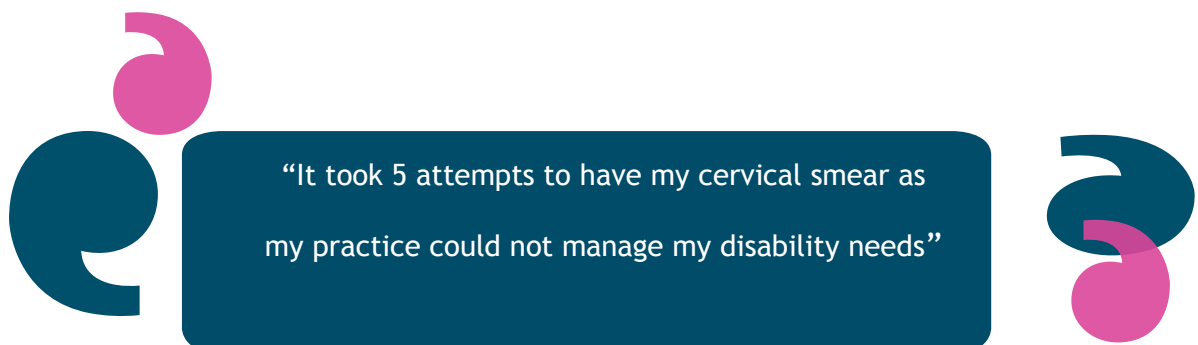
Women did report they had experienced difficulties accessing mental health services, either due to their perception that the right service for themselves or family was not available or that there were delays in getting the support at the time you needed it.

There were mixed views about Walk in/Urgent Care centres. Some women told us they had preferred it when they could just walk in without an appointment, but others told us they liked the fact that you now spoke to 111, made an appointment and didn’t have long waiting times.

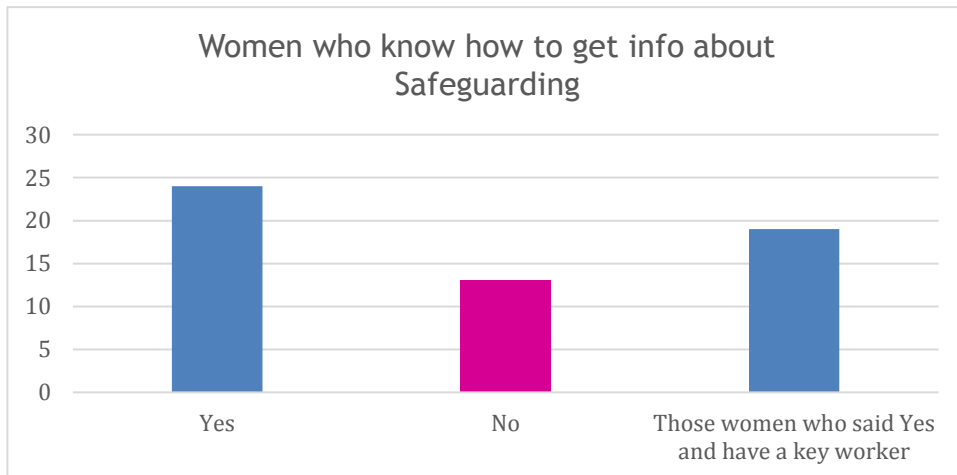
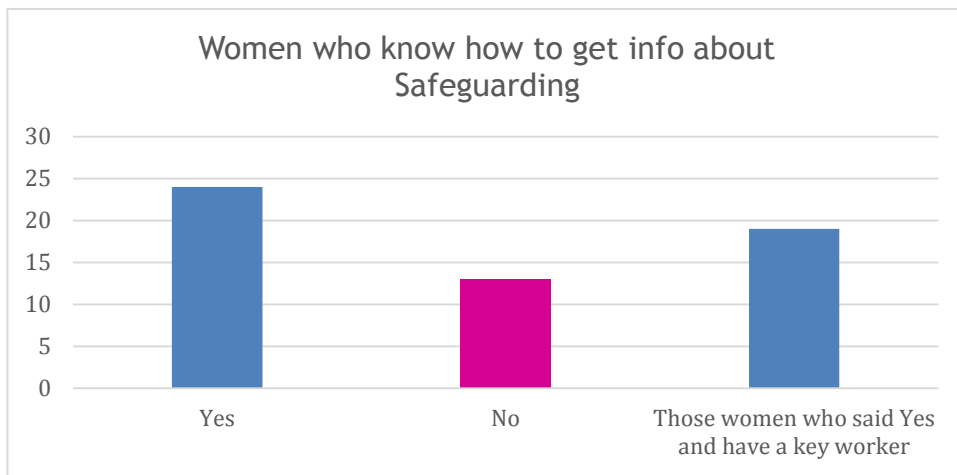
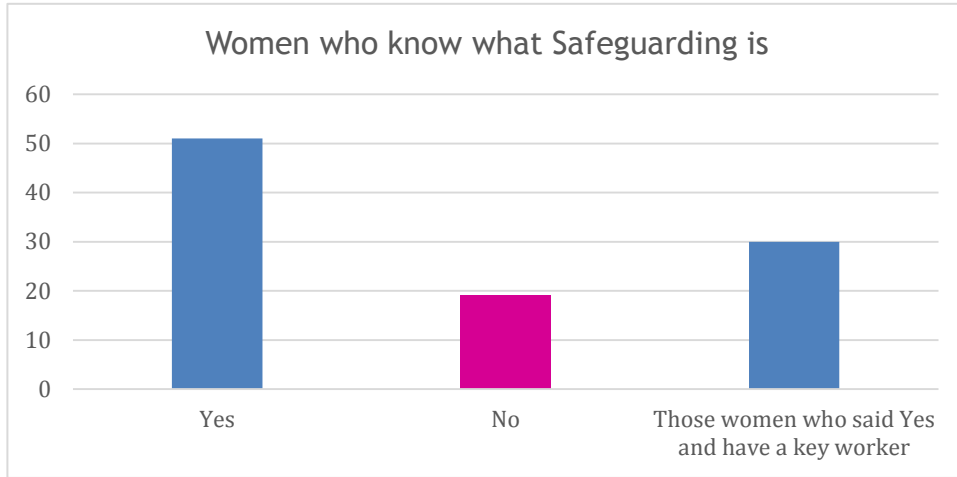
Most women were registered with a dentist, although victims of Domestic Abuse sometimes delayed registering if they had fled from the family home and could have moved out of area for safety.

Registering with a doctor can also be problematic for women fleeing domestic abuse. Often they leave without prescribed medication or identity documents. They then struggle to get registered with a doctor and get medication prescribed. Some support providers do have processes in place where they will contact the old GP for medication or work with surgeries to find acceptable ID given the difficult circumstances. It appeared some surgeries were better than others in recognising the difficulties for vulnerable women and trying to give timely help.

One woman we spoke to talked about her daughter who was diagnosed with cervical cancer following her first smear test. She certainly believed testing should be from an earlier age.



Unless the women had a key support worker they were unsure about what Safeguarding was, how to make a referral or how to get information regarding Safeguarding:



Recommendations

Following a review of our findings we would recommend the following for consideration:

- Where GP surgeries have a Women's Refuge in their catchment area they should work with the refuge staff to streamline their processes and be sympathetic to the needs of these particularly vulnerable women who are fleeing violence.
- For patients who fail to make an appointment following their first letter re cervical screening, send a second letter with an appointment time and date. This could be done as a pilot to see if it made any difference to uptake.
- Where women had key workers or were living in supported accommodation they were advised about Safeguarding as part of the support they received. The support service would be able to make safeguarding referrals. However there were other vulnerable women we spoke to who did not understand what Safeguarding meant or how to make a referral. We believe that there is work to be done to promote Safeguarding with the general public in the county.

Thank you.....

Healthwatch County Durham would like to thank everyone who has contributed to this piece of work

- Staff, volunteers and service users at Aspire, Chester le Street
- Staff and Residents at Women's refuges in Derwentside and Peterlee
- Support group staff and service users at Harbour Support Services
- Staff and service users at Changing Lives
- Pioneering Care Partnership
- Durham County Council's Housing Solutions Team
- Durham County Carers Support
- Alzheimer's Society

Appendix 1

Healthwatch County Durham talks with and listens to people’s experiences of health and social care services to make sure that your views are taken into account when services are being designed.

We want to learn more about your experience of, and thoughts about, accessing health screening services and support you receive from health professionals. We will share this feedback with people who plan and run services, to work for positive change. We would be grateful if you could complete the questionnaire below.

<i>Please place a tick ✓ in the appropriate boxes.</i>	YES	NO	DON'T KNOW/ NA
Do you attend breast screening (mammogram) when requested?			
If you don't attend can you please tell us why?			
Do you attend cervical smear screening when requested?			
If you don't attend can you please tell us why?			

Have you accessed Mental Health services for yourself or your children?			
Did you have any problems access MH services?			
If you have had problems accessing MH services, could you please tell us about that?			
Are you registered with a GP surgery?			
Do you have any problems seeing your GP?			
Are you registered with a dentist?			
Do you have any problems seeing your dentist?			
Do you use your local pharmacy for medical advice?			
Have you previously used the urgent care centres to access health ?			
If you answered 'Yes' where are you accessing health services from now, if your urgent care centre has closed:			
Is there anything in particular that is difficult regarding any of the above services?			

I there anything that works well regarding any of the health services you access?
GP surgery name: (optional)
Dental surgery name: (optional)

Safeguarding Adults and children (Please tick ✓)	Yes	No
Do you understand what is meant by Safeguarding?		
Do you know how to make a safeguarding referral?		
Would you know how to get information about safeguarding?		

Thank you for taking the time to complete this questionnaire.

If you would like to receive our monthly e-bulletin then please give details of your email address, or for further information go to our website at healthwatchcountydurham@pcp.uk.net

Email address:

Age	Under 18	18-24	25 - 49	50 - 64	65 - 74	Over 75
Gender	Male	Female	Transgender	Other	Location (First part of postcode only)	
Ethnicity, please ✓						
White: British Irish Any other white background	Mixed white and Black Caribbean White & Black African White and Asian Any other mixed background	Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background	Black or Black British Any other black background	Other ethnic groups Chinese Any other (please state) Prefer not to say		

All information is kept in accordance with the Data Protection Act.