

MINUTES OF THE MEETING HELD TUESDAY 8TH JULY 2021

14:00 – 15:30, ZOOM

- PRESENT:** Jenny Rathbone MS (Chair), Joyce Watson MS, Laura Jones MS, Sioned Williams MS, Rhun Ap Iorwerth MS, Sam Rowlands MS
- IN ATTENDANCE:** Nick Evans (Office of Laura-Ann Jones), Lucien Wise (Office of Jenny Rathbone), Louise Dunk (Cervical Screening Wales), Kate Sanger (Jo's Cervical Cancer Trust), Mairead Lyons (Kings College London), Ann Jones (NFWI), Molly Boydon (BPAS), Donagh Stenson (BPAS), Alison Scouller (Socialist Health Association Cymru), Debbie Shaffer (FTWW), Rhian Connick (NFWI-Wales), Elaine Hoss (Hywel Dda Health Board), Sarah Thomas (NFWI-Wales), Dee Montague (FTWW), Helen Bayliss (Cwm Taf NHS Trust), Helen Munro (Hywel Dda Health Board), Bronwen Davies (ARC), Jordan Brewer (Welsh Women's Aid), Jane Dickson (ABUHB), Rachael Clarke (BPAS), Pauline Brelsford (ARC), Judy Thomas (Community Pharmacy Wales), Hannah Wright (Jo's Cervical Cancer Trust)
- APOLOGIES:** Jayne Bryant MS, Mike Hedges MS, Sarah Murphy MS, Helen Rogers (RCM Wales), Angela Gorman (ARC)

1. WELCOME AND INTRODUCTIONS

Molly Boydon (MB) and Rachael Clarke (RC) opened the meeting and members introduced themselves.

2. CERVICAL SCREENING IN WALES

Cervical Screening Wales: Louise Dunk (Head of Programme at Cervical Screening Wales) provided an overview of the aims and function of the cervical screening programme in Wales

There are around 170 in cases of cervical cancer in Wales each year. Cervical screening can reduce the risk of cervical cancer by 70%, 98% of cervical cancer cases are linked to HPV. Wales introduced HPV testing as the primary screening test in September 2018. HPV testing is more accurate than examination of cells (cytology) alone for predicting risk of high-grade disease.

Barriers to attendance of cervical screening appointments include: Embarrassment, body image / shaming, not aware of cervical cancer as a health issue, time and access, cultural barriers, accessible information to make informed choice.

Improvement of services rely on: Improving ways of ensuring informed choice and raising awareness, engaging with communities and Third Sector partners, accessible information in appropriate formats, national campaigns and using social media platforms, posters and information across a wide range of venues, convenient flexible access to screening, self-sampling.

Jo's Cervical Cancer Trust: Kate Sanger (Head of Policy and Communications)

Education

Barriers to screening should be considered from intersectional and life course perspectives, as different women will have face challenges. One key barrier is a lack of education around the link

between HPV and cancer. The HPV jabs given in schools prevent around 70% cervical cancer, this vaccination also provides important moment to educate on screening and the link between HPV and cancer which is often missed.

Screening

Further to barriers already mentioned, pain during screening - particularly for women going through the menopause and experience vaginal dryness – can be a barrier. Different communities will have different needs, in smaller rural communities for example, where a screening nurse might be a family friend, women are less likely to feel comfortable attending screening. Lesbian women are often told they don't need screening and around 60% of disabled women say they feel unable to attend screenings. Covid is an ongoing challenge; women are confused about whether they should or can attend.

To increase attendance, a one size fits all approach won't work. GPs play a key role in meeting needs as they know their communities best and can identify solutions. Often, women first encounter non-clinical staff in the screening process, so training non-clinical staff to be aware of challenges that women face when attending screening can help ensure positive experiences. Lots of women are unaware of the ways they can advocate for themselves to make screening as comfortable as possible

Post screening information

Women need to be given the knowledge to understand their screening results. There is a low understanding around HPV and questions around what a positive HPV results means is the most common call Jo's receives.

Kings College London, HPV self-sampling study: Mairead Lyons (Senior Consultant to YouScreen, HPV Self-Sampling feasibility study). There is currently a HPV self-sampling study running in North London, where there is a particularly poor uptake of cervical screening, the study is specifically targeting women aged 25-64 years who are non-attenders. It aims to demonstrate that a pathway for HPV self-sampling would result in an uplift of coverage.

Previous studies demonstrate that HPV self-sampling is an effective tool to increase coverage and that self-sampling is highly acceptable to women, it allows women to take samples in the comfort of their own home at a time that suits them. If a woman returns a self-sample and detects HPV negative, her next screening date will be reset, if it's positive she'll be invited in for a routine follow-up screening and will follow the main screening pathway, other studies show that women show up very quickly for these follow-ups.

HPV self-sampling is in operation in many other countries and puts power in the hands of women. KCL is hopeful the study will provide helpful information to the development of future pathways, particularly offering choice to women.

National Federation of Women's Institutes – Wales:

The 5 minutes that matter campaign attempts to raise awareness of the importance of screening and support women to make informed decisions regarding screening. The campaign has produced materials aimed at debunking myths and encourages members to have open conversations about screening with their friends and family. Last year a survey was launched in England and Wales to understand attitudes toward HPV self-sampling and screening and attitudes towards different strategies aimed at improving the uptake of screening. There are 4 themed briefings available on NFWI website.

Responses showed that: 53% respondents were unaware that cervical screening tests in Wales now tested for HPV and that there is a misunderstanding about transmission of HPV and stigma around HPV diagnosis. One of the key barriers to attending GP screening appointment was not finding time to attend; 64% of respondents stating that their GP did not offer weekend appointments for cervical screening and a further 36% saying they didn't know if these appointments were available. Local health boards should consider strategies to improve attendance, such as increased weekend appointments and better advertisement of appointments where these are available.

HPV self-sampling would also likely improve uptake, in Wales there is considerable support for the idea amongst women. 43% of 25-64 said they would prefer self-sampling. 60% of those 65 and over said they would prefer an at home testing kit.

3. CONSTITUTION OF GROUP AND ELECTION OF CHAIR

The meeting had confirmed membership from Labour, Conservatives, and Plaid Cymru. **The Women's Health Cross-Party Group was formally constituted.**

Joyce Watson MS moved Jenny Rathbone for Chair of the Cross-Party Group, seconded by Sioned Williams MS. **Jenny Rathbone was duly elected as Chair of the Women's Health Cross-Party Group for 2021.**

Rachael Clarke confirmed that BPAS were happy to provide the Secretariat to the group. **BPAS appointed Secretariat to the Group.**

4. DISCUSSION OF ISSUES RAISED BY SPEAKERS

Discussion focused on improvement of education, whether a national framework could address key barriers and on a potential new pilot scheme that would utilise cervical screening as a moment for menopause education:

- Getting messages directly into homes is an important part of ensuring uptake among women and destigmatising HPV; information in school settings is a key tool in addressing early uptake of appointments.
- Could a national framework address differences in services and promotion of services and the negative impact this has? Cervical Screening Wales welcomes a national approach to services and works closely with GP services to try and ensure women can always access services, offering training to those that need it and working closely with health boards with any individual who has a keen interest in improving screening.
- A national framework for improving primary care is a good idea, but important to consider how other areas of women's lives interact with screening, for example ensuring women can get time off work to attend screening. The impact of Covid presents a worry around how vulnerable people will feel returning to healthcare settings.
- **Cervical screening is the biggest cancer killer of women under 35.** How are we making sure we're talking to young girls about the risk? Do Cervical Screening Wales provide introductory material to screening for young people? Cervical Screening Wales works with the immunisation team on educational issues, with a cartoon video aimed at 25-30 years. Could we use that for the younger age group?

- Health boards have had a letter from DCMO asking how they are fulfilling NG23 around menopause. Could this be dovetailed into cervical screening, where as part of cervical screening women are signposted to a quick survey to give them more information about menopause symptoms? It could help women identify their own symptoms and encourage them to seek help from their GP if needed? Further discussion of this to be taken offline and raised in next meeting regarding menopause care.

5. FUTURE MEETINGS (TOPICS, FORMAT, AND DATES)

Future topics discussed:

Women's mental health, healthcare for BAME women, pain during healthcare and gynaecological outpatient settings, women's health plan for Wales, Women and alcoholism

Next meeting: October 2020, Zoom, Topic: **Menopause**