

Research Plus+

Contemporary Social Issues and Business Research

**CQ – 075-2010
Social Marketing for
Cervical Screening
in Women aged 25 – 49 years
Findings from the Focus Groups**

**Prepared for North East Essex PCT
and Mosaic Publicity**

February 2011

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Research Plus+ is an independent research and consultancy organisation based in Norwich, Norfolk. It specialises in undertaking research on contemporary social issues and business research. Clients include statutory, voluntary, academic and commercial organisations, both locally and nationally. Projects undertaken have covered a wide range of topics including health promotion, mental health, substance misuse, carers, criminal justice, housing, sexual health, teenage pregnancy and disability. They also undertake customer satisfaction and staff surveys. Most of the research undertaken is designed to help develop an organisation's policies and practices.

For further details please visit the website: www.research-plus.co.uk.

Executive Summary

1. Background to the Research

- The purpose of the research was to identify why women aged 25 – 49 years in the area covered by the NHS North East Essex Primary Care Trust (NEE PCT) do not attend for cervical screening, in order to inform a social marketing campaign to encourage more women to attend.
- The aim of the marketing campaign is to increase the uptake of cervical screening in women aged 25 – 49 years in North East Essex from 76% in 2009-10 to more than 80% over the next 12 months.

2. The Research Methodology

- Seven focus groups held with different social groups across North East Essex.
- Steps were taken to fully inform the participants about the nature of the research and obtain their informed consent.
- These were augmented by nine email / telephone interviews.
- A total of 52 women participated in the research.
- Approximately half were in the 25 to 35 years age group and half in the 36 to 49 years age group. Two younger people also participated.
- The participants included women of different socio-economic and ethnic backgrounds.

3. Time Issues and Location

- Time factors are a genuine issue deterring some women from attending cervical screening. This is especially true for working women or those women who cannot easily attend a GP surgery between 9 a.m. and 5 p.m.
- More flexible opening hours by GP surgeries would help to overcome this.
- It was however pointed out that lack of time can also be used as an excuse for those who do not want to attend for other reasons.
- Many of the participants said that they were happy going to their GP surgery for screening appointments and it was mentioned most often as the ideal place to have the screening.
- A number of people were keen on the idea of having the screening at a walk in / drop in centre or in a mobile unit, especially if there were specific sessions for cervical screening. They thought that it might be more welcoming and relaxing than going to the GP surgery.
- A number of potential locations were suggested. These would need to be well advertised in advance to help ensure sufficient take up to make it economically viable.
- A logo for smear tests was suggested so that any facility was easily recognised.
- A few people had used or were interested in using a family planning clinic or the Genito-Urinary Medicine (GUM) clinic.
- Overall the participants thought that there should be a choice of places to go to for cervical screening.

4. The Cervical Screening Experience

The focus group participants identified aspects of all stages of the screening process that discouraged them from attending:

- Most people had heard about cervical screening through their mother, family member or friends. Some had heard through their GP or family planning clinic. What they had heard had made some of them apprehensive and some of them had friends who had been put off attending altogether.
- They felt that the invitation letter and explanatory leaflet need to be reviewed and made more appealing and informative.
- The participants stressed that it is essential that the physical environment where the screening takes place is fully private and feels safe.
- It was also desirable that the screening takes place in a more comfortable and less clinical environment.
- The social and technical skills of the person carrying out the screening play a key role in relaxing people prior to and during the screening and ensuring that it is as pain free as possible.
- Many people said they would not attend if a man was doing it, although some would not mind.
- The equipment used, especially the metal speculum and brush, can cause considerable discomfort and pain.
- The plastic speculum was considered an improvement, but was not in use in all the locations used by the participants.
- It was suggested that the whole screening process should be reviewed to see if it can be updated in the light of modern technology.
- The time taken for the results to come through causes additional anxiety.
- Fear of the results deterred some women from attending.
- There was also concern about the accuracy of the results.
- In cases of abnormal cells some people felt that they had not been given sufficient information about what this meant or what the subsequent treatment was for.
- The participants made a variety of suggestions to improve the screening experience.
- Overall women felt that they were not in control when they underwent the screening procedure. One way of exerting control was not to attend for the screening. It was suggested that more information would help them to feel more in control. They would like the opportunity to ask questions and have more time to be put at ease before the screening and more information if they have abnormal cells.

5. Issues for Consideration in Designing a Marketing Campaign

- There is a general lack of awareness about cervical screening, cervical cancer and related issues.
- The changes in the age criteria for cervical screening were not fully understood and this had created confusion and concern.
- The relationship between cervical cancer and the HPV virus and vaccination against it was not well known by the participants.
- Cervical screening is not a normal topic of social conversation. The need for more information and public discussion was identified.
- The death of Jade Goody had had an impact on the participants' awareness of and attendance for screening.
- The participants considered that the national chlamydia campaign had been successful and could inform the marketing campaign for cervical screening.

6. Marketing Ideas

- Prior to seeing the sample posters produced by Mosaic Publicity the participants were asked for their marketing ideas. They had numerous ideas on the content and location of the marketing.
- **Content:** The participants ideas included posters, leaflets, adverts, a DVD, encouragement from mothers, midwives and health visitors, talks to women's groups and a celebrity promoting the smear test.
- A number of approaches were suggested: shock tactics, information and encouragement or humour. There were differences of opinion over which of these approaches would work best.
- **Location:** the participants identified a wide variety of places for the location of the marketing. The GP surgery, buses and bus stops and public toilets were mentioned most often.
- They also thought that younger people should be targeted:
- **Using the internet:** some participants in all the focus groups reported that they used the internet and a number of ideas were suggested.
- However there were fewer ideas for internet marketing and it was pointed out that an internet campaign would not reach everyone.

7. Response to the Sample Posters

- There were a wide range of responses to the sample posters.
- The participants made some useful suggestions to improve the posters.
- Once they had seen the sample posters some new slogans were suggested.
- These comments can be used by Mosaic Publicity to help develop a revised poster.

8. Some Conclusions

- The marketing campaign is likely to include a range of different initiatives (posters, leaflets, press releases talks to local groups etc). They can address different aspects of people's unwillingness to attend for cervical screening.
- Three underlying and interlinked themes emerged from the discussions. These were: fear, lack of information and feelings of lack of control.
- The success of the marketing campaign is likely to be greater if it can address these underlying issues.

As one of the participants said:

[We've got to take ownership of our own health.](#)

Section One

Background to the Research

1.1 The purpose of the research

The purpose of the research was to identify why women aged 25 – 49 years in the area covered by the NHS North East Essex Primary Care Trust (NEE PCT) area do not attend for cervical screening, in order to inform a social marketing campaign to encourage more women to attend.

1.2 Cervical screening in North East Essex

Cervical screening is not a diagnostic test for cancer. It is a method of identifying and treating, as appropriate, early abnormalities that can if left untreated lead to cancer. Early detection and treatment can prevent 75% of cancers developing but like other screening tests it may not always detect early cell changes that could lead to cancer. The effectiveness of the programme can be judged by coverage. If overall coverage of 80% can be achieved evidence suggests that a reduction in death rates of around 95% is possible in the long term.

The cervical screening uptake in North East Essex for 2009 – 10 was 76% in women aged 25-49 years. It is the aim of NEE PCT to increase this to more than 80% over the next 12 months. By understanding why the uptake is not as high as they would like, the PCT will be able to implement a strategy that will encourage these women to attend appointments which will see the uptake increase, ultimately reducing death rates.

In January 2011 they commissioned Mosaic Publicity, based in Colchester and Research Plus+, based in Norwich, to work in partnership to undertake focus groups to find out why women do not attend for cervical screening and develop the materials for the marketing campaign.

1.3 Format of the report

The format of the report is as follows:

- Section Two describes the research methodology and provides an overview of the research participants.
- Section Three explores non attendance in relation to time issues and the locations where screening tests are available.
- Section Four explores the screening experience. This includes how people first heard about it; the invitation letter and explanatory leaflet; the actual procedure; waiting for the results and what happens if abnormal cells are found.
- Section Five discusses a number of issues that were discussed in the focus groups that could influence the design of the marketing campaign.
- Section Six presents the marketing ideas suggested by the participants.
- Section Seven explores the participants' responses to a series of sample posters prepared by Mosaic Publicity.
- Appendix 1 contains an Information Sheet about the research that was provided to the participants.
- Appendix 2 provides more detailed information on the characteristics of the research participants.

Section Two

The Research Methodology

2.1 The research design

The original specification provided by North East Essex Primary Care Trust (NEE PCT) proposed that the research aspect of the social marketing project would consist of:

“A scoping exercise to identify the barriers that prevent women in the 25 – 49 year age range attending for cervical screening by:

- Conducting focus groups with the identified women across North East Essex in all socio economic populations in locations in Colchester, Clacton and Harwich.
- Conduct groups by splitting the target audience into two age groups:
 - 25-35 years
 - 36-49 years.”

(“Service specification for Social Marketing for Cervical Screening in Women aged 25-49 years”. NHS North East Essex. December 2010)

The focus groups were also to include women of minority ethnic origin.

A focus group typically consists of 8 to 12 people. In the original proposal it was proposed that two focus groups be held each of the three geographical areas with an average of 10 people per focus group, as shown in the Table 1.1.

Table 2.1 Original proposal for the distribution of focus groups

	Colchester	Clacton	Harwich	Total
25 – 35 years	10	10	10	30
36 – 49 years	10	10	10	30
Total	20	20	20	60

At the briefing meeting between NEE PCT, Mosaic Publicity and Research Plus+ held on January 17th 2011, at the start of the contract, it was discussed and agreed that rather than organising the focus groups by age group it would be more appropriate to organise them by social group, whilst still ensuring that both age groups were represented and taking note of any differences in the views of younger and older women. This was confirmed in a letter following the meeting:

“We are recommending the following six groups (each with approx 10 people), covering the two different age groups (25-35, 36-49) as well as taking into account Clacton, Colchester and Harwich:

Group 1: Colchester Garrison – venue Muskett Club tbc

Group 2: Colchester Businesswomen, Ladies Circle, Women’s Institute, University of Essex – held at Mosaic Publicity

Group 3: Rural, based around the Thorpe le Soken area – venue tbc (we thought it would be useful to include a rural area)

Group 4: Jaywick – at Surestart premises tbc

Group 5: Harwich – mixed group – venue tbc

Group 6: Clacton – at Surestart premises tbc

NB1 We would invite people from different ethnic groups to attend these meetings.

NB2 We will try to find venues where we do not have to pay for venue hire.

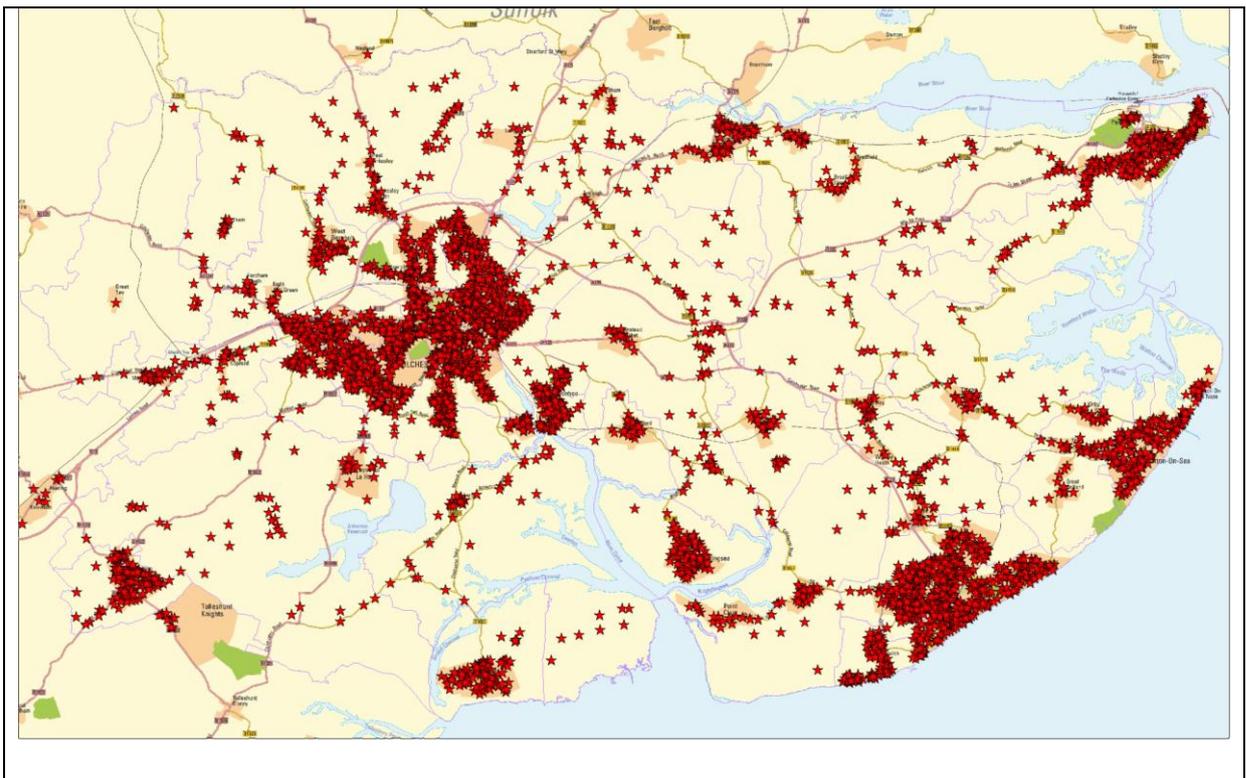
NB3 We may need to amend these groups, depending on the info that you send with the postcodes for those who don't attend."

(letter from Mosaic Publicity to NEE PCT on 17th January 2011)

Following the January 17th meeting the NEE PCT provided a letter of introduction promoting the research to organisations helping to set up focus groups participants.

The NEE PCT also provided some information on which areas in North East Essex have the highest number of non attendees, see Map 2.1. This confirmed that non attendance is distributed across the area in both urban and rural settings and more detailed information confirmed that non attendance includes people of different socio-economic groups. This helped to inform the location of the focus groups.

Map 2.1 Distribution of women who did not attend their cervical screening appointments in 2008/9



Source: North East Essex PCT PowerPoint presentation.

Local organisations and individuals already known to Mosaic Publicity were approached to assist with setting up and participating in the focus groups. This mainly covered professional / working women. In order to ensure that the focus groups also included women from a range of socio-economic and ethnic groups local Surestart projects and the Tendring and Colchester Minority Ethnic Partnership (TACMEP) were approached by Research Plus+ to see if they

could assist with setting up some of the focus groups. Once they had agreed to assist, staff at Mosaic Publicity made the detailed arrangements.

At the beginning of each focus group the participants were provided with an information sheet explaining the purpose and format of the focus group and providing assurances of confidentiality, see Appendix 1. They then signed a consent form agreeing to take part in the research. As an incentive to participate in the focus groups women were offered a voucher worth £10. This was given out at the end of the focus group. They were also given a thank you note with information on what would happen to the information provided, another assurance of confidentiality and the contact details of Research Plus+ and Mosaic Publicity in case they had any queries or concerns following the focus group.

The focus groups explored how the women first found out about cervical screening; the barriers to attending cervical screening (including time factors, accessibility of the service; their pre-conceptions and actual experiences of the cervical screening process); what encourages / motivates women to attend cervical screening; their suggestions for improving take up of the service and ideas for the marketing campaign. They were also asked to comment on some sample posters produced by Mosaic Publicity.

The focus groups were recorded using digital voice recorders and detailed notes were taken during the focus group. These detailed notes provided the basis for this report.

2.2 The research participants

Plans to hold a focus group with women based in the Colchester Garrison did not materialise so a focus group was held at the Tendring and Colchester Minority Ethnic Partnership (TACMEP) in Colchester. As fewer than ten people were attending each focus group an additional focus group was held at one of the Colchester Surestart projects. A total of seven focus groups were held:

- Three were with professional / working women (one in Colchester during the evening, one at a recently opened spa in Thorpe Le Soken during lunchtime and one in Harwich during the evening)
- Three were at Surestart projects with women with young children (in Colchester, Clacton and Jaywick during the mid morning or early afternoon)
- One was with participants of minority ethnic origin at the TACMEP offices, in Colchester, during the early afternoon.

Less than ten people attended each of the focus groups, therefore the total number of people who attended was only 43 rather than the 60 people originally planned for. Some people, who were interested but unable to attend, offered to answer questions by email and one offered to do a telephone interview. The focus group questions were therefore adapted for email / telephone use and nine additional women provided information on their experiences and ideas. Thus a total of 52 women contributed to the findings, see Table 2.2.

Table 2.2 Number of participants

Location of focus group	Number of participants
Tendring and Colchester Minority Ethnic Partnership (TACMEP)	9
Harwich professional / working women	9
Colchester professional / working women	6
Jaywick Surestart	6
Clacton Surestart	5
Colchester Surestart	5
Thorpe Le Soken professional / working women	3
Total focus group participants:	43
Telephone interview	1
Email responses	8
Total participants:	52

Background information on all the participants was collected at the end of the focus group or as part of the email / telephone interview. This included their cervical screening attendance, age group, ethnic origin, economic status, educational attainment and which the area they lived in. This background information on the participants was analysed using SPSS, a computer programme for analysing quantitative data.

The participants were fairly evenly divided between those aged 25 – 35 and those aged 36 – 49 years: half were aged 25 to 35 years and 46% were aged 36 to 49 years. The remaining 4% were under 25 years, these were two young parents who were interested in attending. It was decided to include them in the focus group to find out what parents not yet old enough to attend screening thought.

Table 2.3 shows the distribution of the participants by age group and where they lived. There were participants in each age group from each area.

Table 2.3 Participants by age group and where they lived

	Colchester	Clacton / Jaywick	Harwich	Rural	Total
25 – 35 years	14	7	3	2	26
36 – 49 years	12	3	5	4	24
Under 25 years		2			2
Total:	26	12	8	6	52

The participants included women of minority ethnic origin and different socio-economic groups (as indicated by their educational attainment, their economic status, the jobs they were doing and where they were living). Further details of the characteristics of the participants are provided in Appendix 2.

The focus groups included women who had attended their appointments as well as those who have not. This assisted with identifying which barriers to or reservations about attending appointments for cervical screening have most impact on non attendance. These details are also provided in Appendix 2.

Section Three

Time Issues and Location

3.1 Introduction

During the focus groups time issues and the locations where screening is offered and impact of these on attendance were explored.

3.2 Time issues

The focus group participants discussed whether time issues are a factor in non attendance. One person thought that general busyness meant that women did not get round to making appointments for screening:

People think of their health last when they're busy. They have a lot of other troubles so they put health and fitness at the end of the list. Sort out basic needs and then think of other things. Health always comes last, especially for women. I get so busy that I forget that I need to go and don't remember that I've missed it.

Some working people had genuine problems making time to go to their GP during normal surgery hours.

	<ul style="list-style-type: none">• Time is a factor, can't get one before five pm unless you're squeezed in – in a rush. If you're at work full time, your lunch hour might not happen. Why not do them on Saturdays or until 8pm?• It can be very difficult to get doctors' appointments to fit in with work and without having to take time off. Doctors Surgeries are not helpful with this!• My doctors is accessible on foot but sometimes the appointment times aren't convenient when you're working 9am to 5pm and don't always have time for a lunch break.• I think opening hours are crucial. My surgery, for example, only does smears at set times and never at weekends.
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A number of suggestions were made to overcome time issues:

Perhaps more flexible opening hours and more information about places you can go other than your GP surgery, because I wasn't aware you could go to the family planning clinic and especially that you could go on a Saturday morning – perhaps longer opening hours at weekends would help to give people more time to get it done.

I would definitely use an online booking service – you book online for so many things, why not smear tests? That would also help women who work 9-5 and can't always catch their doctors on the phone as they have funny opening hours sometimes.

It was also suggested that time issues were less significant than the fact that women do not want to go for screening:

I think pre-conceptions are definitely the reason women put it off or don't attend. I don't believe accessibility is a genuine reason and is just an excuse.

If you've got a busy schedule it's hard to fit it in. If there's an excuse not to go I feel justified in cancelling. I don't really want to go is the bottom line - any excuse.

3.3 Locations where screening is offered

The participants thought that there should be a choice of places to go to for cervical screening:

You should have a choice of where you have a smear test, like you get with blood tests. Factor that into your day-to-day activities.

I think having more accessible services would prompt women like me to go, i.e. more convenient appointments for working people.

One person when asked what her ideal place would be to go to for screening said:

I don't think I have an ideal place. I'd rather just not have to have it done!

A number of options were discussed for where screening sessions might be held.

3.3.1 GP surgery

At two of the focus groups all the participants said that they were happy going to their GP surgery for screening appointments. Participants in other focus groups were not always so keen on this option:

I don't like doctors' surgeries because I had a horrible experience. My doctor wasn't interested in my questions about smear tests and only allowed me to ask about one query at a time. My local doctor is appalling.

I found the smear test difficult to arrange because I'd moved house. It's quite difficult to see someone at your doctors' surgery unless you are already ill.

However the GP surgery was mentioned most often as the ideal place to have the screening:

My GPs surgery, local, friendly, familiar place, convenient.

My ideal place to have a test would be my doctors but at more suitable hours, preferably before or after work, or at the weekend. I don't like having to take

time off work for a smear test and don't see why I should have to – doctors are a public service and I don't see why I have to work around them.

3.3.2 Walk in or drop-in clinic

A number of people were keen on the idea of having the screening at a walk in or drop in centre, especially if there were specific sessions for cervical screening:

Would be nice to have a drop-in clinic, one day set aside for that. Have one room that just does that. It's such an intimate procedure, you're in and out, all very undignified. Anyone could walk in. Round here, you're going to know the other people in the surgery.

A drop in centre would suit me. As long as it's not somewhere you have to wait for three hours.

Have it weekly at the walk-in centre, a drop-in session. Advertise it with the family planning clinic. It's set up just for that, whereas at the GPs they are doing lots of other things.

I would go to a drop-in session at a walk in centre, particularly if it's at the weekend or in the evenings.

If you had tests in the walk-in centre they would have to be open to people from across Colchester and Tendring.

A lot of the supermarkets have pharmacies, they could have a drop in clinic once a month. While your other half is shopping you could have a smear test.

However it was pointed out that:

You'd always find something to do if you were supposed to go to the walk-in centre. Better to have an appointment at your doctor.

3.3.3 A mobile unit

A mobile unit was also viewed favourably:

I would like a specific unit, one that was more welcoming and made you feel more relaxed when waiting – sometimes at a Doctor's it can feel rushed.

A mobile unit. The nurse would have a lot of experience. We have a library van at the [local] Pub which is great. They'd need to advertise it in doctors' surgeries and local magazines. A logo that people would recognise re smear tests.

How about a mobile testing unit in the swimming pool car park? The nurses would know what frame of mind you're going to be in. All going in there for the same thing. Handful of staff who are sympathetic, empathetic, the bedside manner would be more reassuring. Little side room where you can freshen up. You feel a bit of a mess especially if you've bled. If you have your smear at 5pm it would be nice to freshen up first. We're all conscious of smells.

Have a mobile van in the car park. If you turned up and it was there, you wouldn't have time to think about it. It would be easier if you could just turn up, it

the pressure of thinking about it that puts me off. They'd have to advertise where they were going to have the mobile unit. They could have vans going round the schools for the mums on the school run.

3.3.4 Family planning clinics

A few people were interested in using a family planning clinic:

It might be easier to go to the family planning clinic, you can be anonymous.

3.3.5 Genito-Urinary Medicine (GUM) clinic

A couple of people had used the Genito-Urinary Medicine (GUM) clinic and found this a good option, although there was some apprehension about whom else they might see there:

I went to a GUM clinic because I don't like my GP, they were brilliant [at the GUM clinic], they really knew what they were doing.

If you get one virus you're likely to get another one. They are lovely in the GUM clinic but it is a bit embarrassing to be there. It would be lovely to have everything done at once. The GUM clinic could ask whether you wanted your details to be given to your GP.

3.4 Summary of section three

- Time factors are a genuine issue deterring some women from attending cervical screening. This is especially true for working women or those women who cannot easily attend a GP surgery between 9 a.m. and 5 p.m.
- More flexible opening hours by GP surgeries would help to overcome this.
- It was however pointed out that lack of time can also be used as an excuse for those who do not want to attend for other reasons.
- Many of the participants said that they were happy going to their GP surgery for screening appointments and it was mentioned most often as the ideal place to have the screening.
- A number of people were keen on the idea of having the screening at a walk in / drop in centre or in a mobile unit, especially if there were specific sessions for cervical screening. They thought that it might be more welcoming and relaxing than going to the GP surgery.
- A number of potential locations were suggested. These would need to be well advertised in advance to help ensure sufficient take up to make it economically viable.
- A logo for smear tests was suggested so that any facility was easily recognised.
- A few people had used or were interested in using a family planning clinic or the Genito-Urinary Medicine (GUM) clinic.
- Overall the participants thought that there should be a choice of places to go to for cervical screening.

Section Four

The Cervical Screening Experience

4.1 Introduction

This section explores women's experience of the screening process, its impact on their attendance and their suggestions on how it could be improved.

It presents information on how they first heard about cervical screening; the invitation letter and accompanying leaflet; the screening procedure: the impact of the physical environment in which it takes place, the staff who do it and the actual process; waiting for the results and participants' experiences when abnormal cells have been found.

4.2 How participants first heard about cervical screening

The participants were asked how they first heard about cervical screening to find out if what they had heard had put them off.

Some people had first heard about cervical screening from their mother, other family members or friends. Others said they had first heard about it from their GP and a few had heard through the Family Planning Clinic:

It's just routine, one of those things you do as a woman, your mum or sisters explain so you just know you should do it. If it's going to save your life you do it.

I had never heard of a smear test until I was 17. Friends told me and they urged me to get one.

I found out through the GP, she told me I'd be getting a letter.

I heard about it when I became sexually active, was discussed at a family planning clinic as a requisite for being offered the pill. We were all screened earlier than 25 then.

None of the participants had personally been put off going by what they heard in advance, but some were apprehensive of going:

I can't remember when I first heard about cervical screening, but I always had the idea that it was something unpleasant that I didn't want to have done.

One person suggested that other people they knew were put off going by what they heard:

Some of my friends don't attend, they're too scared.

Some people said that they had had no prior information about the test:

My mum wouldn't talk about so I didn't have a clue what was going on, it was quite scary going in the first time.

Had my first test when I was 21 (ten years ago). At the time I didn't even know you had to have them so it was a bit of a shock and I didn't want to go.

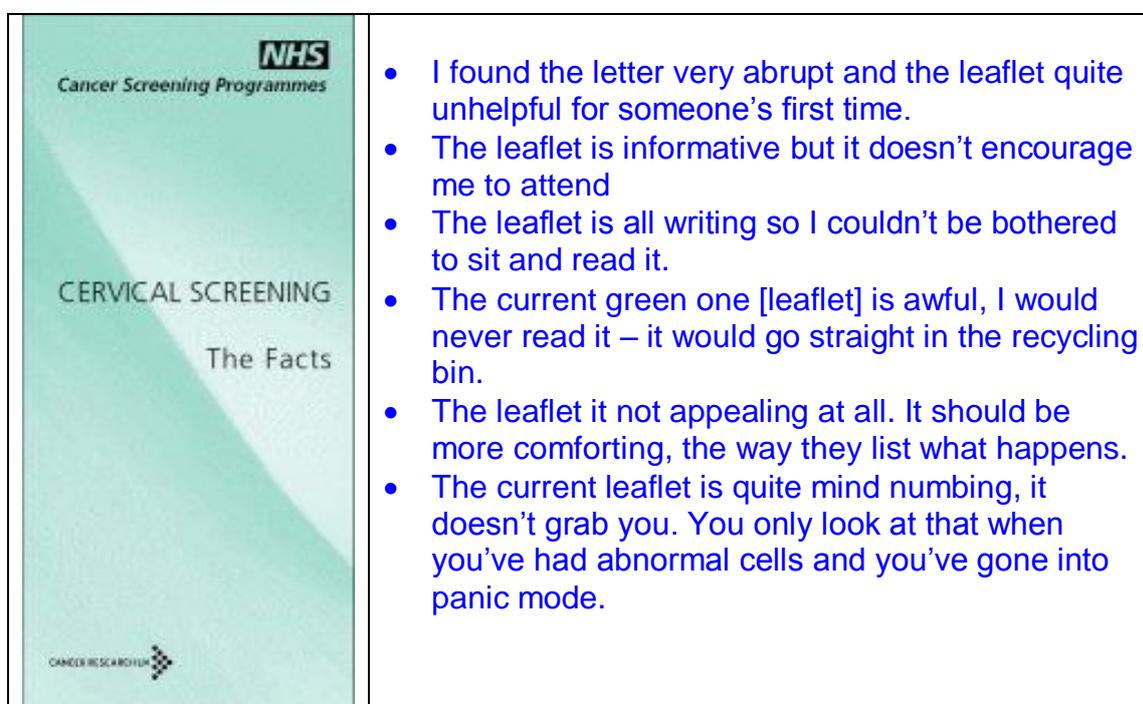
4.3 The appointment letter and accompanying leaflet

The appointment letter and accompanying leaflet attracted considerable comment. Although a few were happy with the letter and accompanying leaflet most felt that they needed improvement.

It was pointed out that:

Sometimes when the woman can't speak English the husband reads the letter and doesn't understand that going for a smear test is important and so he throws it in the bin.

It was also suggested that the English should be simplified and it would help if it was translated into different languages. This is already being discussed with TACMEP who are providing advice on changes to the letter to better meet the needs of people of minority ethnic origin.



Suggestions to improve the letter and leaflet included:

The letter inviting you to go is very standard. It would be better if it included details of why going for smear tests is so important.

It would be comforting if it mentioned in the letter that it would be a woman performing the smear test.

The leaflet could be much more attractive with more pictures of happy women and information about the details of the smear.

The leaflet is very clinical, not very feminine. It could be worded differently.

Leaflet needs to be eye-catching and include information about why the tests stop/start at a certain age.

It's important to stress that getting cancer can happen to anyone, they don't have to be of a certain age. Statistics should be put on the letter – how many people have died because they didn't go to their smear test.

[Author's note: others emphasised later that the statistics should emphasise how many lives are saved by the smear test]

4.4 Making appointments and attending for screening

The participants were asked whether their husbands / partners were influential in deciding whether they would attend. The key role of husbands in cases where women cannot read English has already been noted above (see previous page) and one person reported that her partner had encouraged her to attend after many years of non attendance (see section 4.5, page 17). However most participants reported that their husband / partner was not involved:

My husband has had no impact on my attendance at tests, apart from being someone I could talk to about how horrible it was.

My husband would not even be aware that I went.

A number of suggestions were made to remind people to attend:

Having a text reminder would be great, email good too – almost everyone carries a mobile so it's an in-your-face reminder.

If you cancel your smear test you should get a reminder through the post to rebook.

It was suggested that, rather than just inviting people by letter, people could be encouraged to attend when they saw a health practitioner about another matter.

You should be told to book it there and then in reception, I would do that. Rather than receiving a letter.

It would be better if the doctor just gave you a card to give to reception to book you in for a smear test, then you wouldn't have to say anything – receptionists can be a bit indiscreet.

Two participants described some methods used by the GP surgery to encourage people to attend:

When I went to the doctors for contraceptive check up, they asked when my last smear was. Once I was only allowed to have a month's worth of pills unless I agreed to go for a smear test.

If you don't attend your smears you have to sign a form to say you don't want it done. The letter is witnessed by a nurse.

Most people preferred to have a pre-arranged appointment for cervical screening rather than having it sprung upon them as they needed to get prepared to have the test done. This included both preparing for it psychologically and also ensuring that they were physically clean. The issue of

control was also raised. The participants felt that they had no control over what happened during the screening or if they were found to have abnormal cells:

You need to know what is coming so that you can prepare for it.

Going for a smear test feels like a big deal and you make it worse by building it up in your head. You need to realise that it's bearable. Just like going to the dentist. Some people are just scared of the unknown. You know you're going to have discomfort.

You can prepare yourself and have some control over it. You can't have control over what's happening [during the screening], you're thrown in the deep end.

Not responding to the appointment letter was one way that they could exert some control:

One form of control is to not go.

Some people had been screened without an appointment when they attended for post birth check ups:

Had to have first one once I'd had my son. Turned up for check-up and they said they'd do a smear test. I was 25. It was a surprise. Never thought of asking for one.

A few people, who had been resisting making an appointment, reported that not having a prior appointment had worked well for them as they had not got worked up in anticipation about the test:

I was glad when they sprung it on me, it might be different when I have to book it myself.

4.5 The screening experience

It was generally agreed that the screening process is not a particularly pleasant experience:

It's not a pain you can't cope with but it's very uncomfortable. You have to make yourself breathe in and breathe out. The position they get you in, your knees shake or you get cramp. You can't always get your legs wide enough. I was nervous before my first one.

The focus groups included people who had not attended in the past but do now and those who had attended in the past but had not been recently:

I didn't have one until I was 35, I was scared, didn't want anything inside my body because I was still a virgin. When I got a partner, he said I should go. I was too scared to go for a smear test, you don't want anything inside your body. Even when you've had sex, the thought of going is scary.

Lots of people don't know the importance of the issue. I used to be too scared to go for smear tests but then I had my son and had someone else to think about. I want to live for longer.

I'm aged 34, I haven't been for one for seven years. Every time I go to the doctor they mention it, it flags up on the screen. I've had two. I don't go because I don't like it.

One person had had a traumatic experience at age 17 and had not gone for an NHS screening ever again. She subsequently had a second one ten years later during a visit to a private practice about another gynaecological matter:

The doctor was lovely, she said "Shall I do a smear test while I'm down here?" I said yes but I was still distraught and in tears after she had done it. I would not have it done again. My experience is on my records. I still get invite letters but I do not go. I would never go in to the NHS again and nothing would persuade me either. If I did have cancer I would just have cancer and die.

Despite attending her appointments, one person had never actually been screened:

I've attended for screening several times but haven't been able to have the test done because my muscles were too tense The nurse even tried giving me low dosage Diazepam to relax the muscles but it did nothing.

On the form completed at the end of the focus group many of the participants ticked that they had "always attended" for cervical screening. However during the discussions many of them reported that they put off making an appointment:

Yes I do go The thought of the test is always so much worse than actually having it done! I do always attend eventually but never as soon as the reminder letter comes. It's not something I rush to get done.

I'd sweat, panic, put it off. I'd go but it would be a dreadful experience so I'd be nearly crying. What have I done wrong, is it me?

I have missed appointments. This has been due to finding childcare/other commitments and just general procrastination on my part.

One of my friend's mums died quite young of cervical cancer so I understand the importance of having a smear test. I had a couple of smear tests but I do put them off.

Some had attended and had a difficult or painful experience and this deterred them from attending again:

No-one told me it would be painful, I had to come home from work because of the pain - not a very pleasant experience.

It took them three attempts to get a "clear" sample and they made me bleed twice.

Once I had a really rough nurse, the test seemed to take ages. It was absolutely horrible so I have to get myself in the right mental state to go. I was put off going.

4.6 Specific aspects of the screening process

During the focus groups specific aspects of the screening process were discussed and suggestions for improvements were identified. The main aspects discussed were the physical environment, the staff and the procedure itself.

4.6.1 The physical environment

Some people had experienced a lack of privacy during their screening:

It was meant to be a private room. I thought that it was a closed room but it was used as a corridor. People were walking through the room. There was a lack of privacy. I was upset at the environment and how I was treated. When I got upset I was told to pull myself together.

You don't want someone coming in saying "surprise".

You feel like someone's going to walk in, you're always looking at the door, there's often no curtain between you and the door.

Others found the clinical nature of the room used and the fact that it was used for other purposes off putting:

The person before you could have been for a blood test which is a bit off-putting. There should be one full day of smear tests with one compassionate nurse.

There were a number of suggestions for improving the environment. The need for privacy was paramount and a pleasanter environment would be welcomed:

A private room with a curtain around you.

The environment needs to be welcoming as possible and there needs to be complete privacy.

Somewhere warm and not too clinical, perhaps a nice small side room at the surgery. As long as its sterilised I don't know if there's a reason for it to be too clinical?

They should definitely hold the tests in a nicer environment, help us relax, maybe so you can come half an hour beforehand and ask questions, have a cup of tea. At the moment it's like a conveyor belt. It's uncomfortable then you're left to it. You just get a tissue to clean yourself up with no privacy.

If someone is raped, their internal examinations are done in a sympathetic suite, this is just as invasive. The environment should be conducive to comfort with soft furnishings. It's too matter of fact. What about mellow music, a more tranquil atmosphere?

It should be more like a spa.

4.6.2 The staff

The attitude, social and technical skills of the staff were seen as key to a successful screening. The ability to put people at ease and relax is an almost essential part of the screening test. Some people were happy with the staff they saw:

It wasn't painful, they knew it was my first one so they went easy on me. They explained what they were doing and what it was for.

At my surgery a female nurse carries out the smear. She is always professional.

When I went before, there was a nurse there to hold my hand – she did that because I asked, but it would be good if they offered it because some people might be too shy to ask.

Others were not so fortunate, and for some this had discouraged them from attending again:

I had bleeding when I had a smear test because she was so rough with me – I told her I couldn't take it. The person has to be really carefully chosen to be empathetic. It does put you off the next time.

The nurse had me in tears – she said it was my fault I had abnormal smears because I smoked and had had underage sex.

You read up on it when you've had a bad experience. One nurse gave me a rough ride because I was talking to her about it and it was like I knew too much. They're like smiling assassins.

There was no communication between the medical staff and me. It was like they were shelling peas or something. I did not say anything because I was so shocked. I don't remember the actual procedure. I don't know if it was painful I just blanked it out.

You get nice ones [nurses] who chat to you but to others you're an inconvenience.

A number of participants described how they thought the staff should be:

You want someone to tell you it's going to be ok and make you feel comfortable. I've just been through IVF and the nurses are so nice, much better than the ones who give you smear tests. Sometimes the nurses seem embarrassed about doing the procedure. It's so awkward. You don't get that with IVF. They know what to say to make you feel better.

You're looking for someone really skilled, they can't have any chinks in their confidence. You need a woman's woman who's done it all before. They need to be compassionate and sympathetic. Someone in tune with how people are feeling.

An experienced nurse can do it quickly. If they said it takes a minute that would be good. It should be done carefully and sensitively when you're young so you

don't get put off. They should have a nice day to day chat with you while they're doing it.

Had a very nice female doctor once, she said: "Why not go and treat yourself afterwards. Go and buy a book, have a coffee in Starbucks. It's OK to feel that it isn't very nice." It made such a difference just hearing a few kind words. If people don't understand why you're moaning you feel inadequate.

Preference for a male or female practitioner

Most people said that they would prefer the screening to be done by a woman rather than a man.

I would not go if it was a man.

I was nearly raped when I was 14 so I wouldn't want a man doing it.

Have had a male doctor do it before. Went to a male gynaecologist but wasn't comfortable with that at all. I didn't know what to say to him but you do when it's a woman. I'd ask for a female now.

I've always had female staff, but I think that's important because they know how invasive it is.

Some people would not mind if a man did it and a few said that they would prefer this:

If a man had all the qualities I wanted it wouldn't matter to me. It's more about their mannerisms, bedside manner.

I wouldn't mind [a man doing it], it's their job and they've seen it all before. You go to your GP for everything else so why does it matter?

Had mine with a male doctor, he was actually more relaxed with a better bedside manner. I'd prefer that to a female nurse. Some are so stern, plus you've got used to your male doctor over the years. Nurses can forget that they are women as well.

The male doctors were a lot more gentle than the women. The women are quite rough and don't care, the men are better.

Preference for a doctor or nurse

Three people said that they would prefer a nurse to a doctor to do the screening. Two of them said this was because they could not understand their doctor as s/he had English as a second language. Another person was not happy with their GP:

I prefer nurses rather than foreign doctors who you can't understand what the hell are they on about.

I just go when I need to go. My GP down here is crap, had so many different doctors, prefer to see a nurse. Happy to have the nurse doing it.

It was suggested that the surgeries should provide feedback forms to find out which staff are most suitable to carry out the screening:

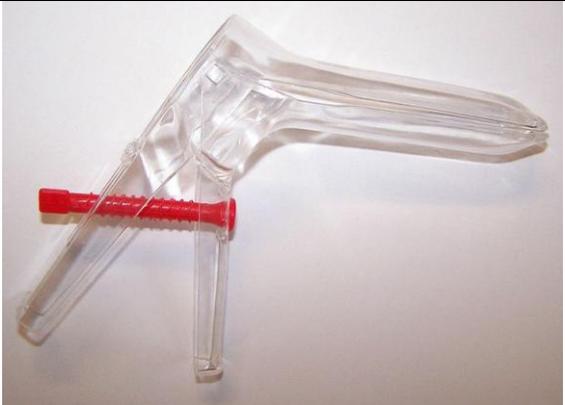
It would be good to be given a piece of paper so we can say how our experience was – feedback, drop it off at reception. That way the surgeries will know which members of their staff are better at giving the smears. Can be anonymous, ask what would improve your experience? If you're not very articulate it might help them get their points of view across otherwise they just won't want to go back.

4.6.3 The screening procedure and the speculum

Many of the participants spoke about the speculum which is used to open the vagina prior to collecting the cells for testing. It was generally disliked and had put off a number of women from attending again.

	<ul style="list-style-type: none">• You think the implement is going to be something out of Dr Who.• I've done more smears than you've had hot dinners! It's cold and invasive.• They need to warm up the instruments. He shoved it inside me and it was freezing cold.• I've had quite traumatic tests where they couldn't find my cervix.... the implement can hit bone and really hurt.• It would be good if they could reduce the pain and the size of the instrument, it's too big.
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In some places the metal speculum had been replaced by a disposable plastic one, but the metal one was still widely used. Some people felt that the plastic one was an improvement although the social and technical skills of the practitioner were still important. Others were less convinced that this was an improvement.

	<ul style="list-style-type: none">• I've had a plastic speculum, I've had a metal one, perhaps that what put me off so much. The metal one made a squeaking noise, the plastic is much better.• Better since the new plastic one has come in, it's not so cold or painful. You still feel violated!• The plastic one is not as painful, but it depends on the nurse.• I think in the last appointment they used a plastic speculum which did seem a bit less horrible than the metal one but didn't make a massive difference.
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On hearing about the plastic speculum one of the women who no longer attended her appointments thought that she might attend:

Knowing that it [the speculum] is plastic will encourage me to go. The metal makes it daunting, "oh my god". You know where it's going. The look of the thing put me off.

The brush used to collect the cells was also commented on:

The scrape is revolting, it's like wire wool. They think the brush gets more cells. I worry about the fact that the equipment is sterile.

I didn't like the scraping, it was very uncomfortable.

One of the participants, who not yet 25 years said:

I've heard it "scrapes" and that scares me a bit.

A number of women suggested that the design of the speculum and how the test is done should be reviewed:

The equipment looks huge and Victorian. It could be more modern and pliable, you can almost feel it winding open. With today's modern technology there must be a way of making it look better and less painful. Much more up to date. The plastic one isn't quite as bad. Put the speculum in the museum!

Do they really need to go inside the body these days? It's funny how no-one's thought about changing it. They use tiny little cameras for other things, why can't they do that for smear tests and just put a brush on the side of the camera.

Technology has moved on. The equipment is really important. Maybe if they showed women a smaller and less invasive piece of equipment it would be helpful. It can't be easy for the nurse when you're tense, it takes much longer. There are so many reasons for changing the equipment. It tends to be men that design the equipment so they're not really female friendly.

4.6.4 Suggestions to improve the screening experience

The participants were asked what their ideal screening experience would be and made a number of suggestions to improve it:

To not be awake! Would be nice if the instruments were not cold. I did like the person to explain what they are doing beforehand and to give example of what it can possibly feel like.

My ideal experience would be a friendly nurse who ascertains how I feel about smear tests before it starts, asks if I'm OK etc. Somewhere warm and not too clinical, perhaps a nice small side room at the surgery. As long as its sterilised I don't know if there's a reason for it to be too clinical?

It would be nice to talk to someone about the procedure before or afterwards.

The staff are so used to doing it but lots of women are frightened. They want support, to be asked if they want five minutes.

I think the nurses could be more accommodating in terms of the procedure – a simple question to ask if the patient knows what's going to happen and if they are ok etc. It's a routine test for the nurse but can be really worrying for the patient so I think they need to understand that and reflect it in their manner.

Being relaxed is an important thing – they should have a poster on the ceiling like they do at the dentists. They should tell you there'll be a bit of discomfort. I find it hurts sometimes.

If there is a chance that it will be a male doctor, that should be passed on to the patient in case it makes her uncomfortable.

If they are able to take a friend that option should be clearly outlined as it could make the difference between going or not going.

Could feel good, if they were going to give me something nice that would be lovely.

When you give blood you get a cup of tea and a biscuit. Goody bag with treats in, hand cream. Voucher for money off Aqua Springs or swimming or something.

4.7 The screening results

There is a considerable difference in how long it took for the results to come through. Amongst the participants it varied from two days to 20 weeks. Most women said that the results were sent direct to them but some had to find out from the surgery. Waiting for the screening results caused further anxiety for some women.

	<ul style="list-style-type: none">• I was told the surgery had a backlog, could I phone in 20 weeks? It's a long wait, the cancer could be progressing in that time. The onus should be on them rather than on you. The letter should come to you in a couple of weeks. You need more staff on it. A few months is a long time if something is wrong.• As soon as you have something checked you think there may be a problem. The other days of the year it never affects you. You don't know what's going on down there unlike with breast cancer where you can feel a lump. You convince yourself there's something wrong. Your mind goes into overdrive especially if you've got cancer in the family.
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Fear of the results also deterred some women from attending:

I did want to go but I didn't want to hear the results, you hear about the percentages of women who die from it but you don't hear about how they are treated. You always hear the horror stories – I think that what I don't know can't hurt me. It's very easy to bury your head in the sand even though you know you shouldn't.

If women haven't been they're always wary, they're scared of getting the results. Takes ages, about 12 weeks.

There was also concern about the accuracy of the results especially as there are reports in the media from time to time of inaccurate results:

They said I'd get results in three weeks but got it in two days, that scared me because it was too soon. I had a photocopied letter which was not straight – didn't really show due care. I don't care about anyone else. If the letter is wonky were the results definitely OK? How can I be sure?

4.8 Abnormal cells

The participants said that knowing someone who had had abnormal cells could discourage or encourage them to attend themselves:

My auntie had abnormal cells, which put me off, but I still went.

Mum had to go again after abnormal cells, it encouraged me to go in case that happened to me.

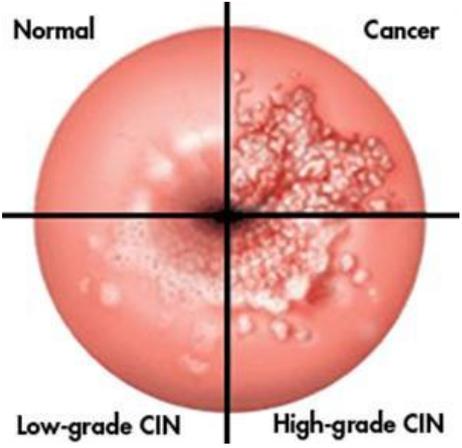
A number of the participants had had abnormal cells themselves and had to attend for more frequent smears. Some of them had had laser treatment to get rid of abnormal cells. As with many situations, women who had had abnormal cells tended to be better informed than those who had not:

They did explain the abnormal cells, the danger was very low, and it had sorted itself out in six months.

I had a colposcopy for abnormal cells. There are different grades and I was level three, I had them lasered away, I did have enough information, got given a leaflet. I'm on six-monthly checks at the moment to keep an eye on it, it can rectify itself.

I've had a journey with cervical dysplasia. ... I was told I had cervical intraepithelial neoplasia (CIN) 1 – pre-cancerous cells. I think it was partly because my immune system was down. I was told I had to have a check up within six months. My doctor then said I had CIN 3, which is on the way to cancer of the cervix. It was a shock. I had laser surgery to remove the cells and had a camera observation every year, to monitor the cells. I then went to [a different country] and started having abnormal cells. I really believe stress is a factor. I had the HPV virus which 85% of women have - it's silent so you don't know what you've got, that's why it's so important to get checked.

However some who had had abnormal cells felt that the test results and subsequent treatment had never really been explained adequately.

	<ul style="list-style-type: none">• I used to go all the time, but I got put off when I had abnormal cells. No-one could explain what it means when it becomes problematic. I went six monthly, then every year, then every other year, then back to three years.• They didn't explain my abnormal cells, didn't explain anything.• No-one told me what was wrong, I had a colposcopy but no-one explained to me what it was.• I had irregular periods which made me go for a smear test. They didn't explain the treatment, just said come and get them done. Had to have an operation under anaesthetic to take away the abnormal cells.• They should explain more, a bit more detail. Don't think there's enough information when you get abnormal cells. What does it mean? I had to have an operation but they didn't tell me what they were doing, I had to ask.
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Abnormal results were discussed in some detail in two of the focus groups. One person summed up the feelings expressed:

You need better information if you get an abnormal result. Once, the nurse hadn't collected enough cells so I had to have it done again. I'd like more information with results and statistics. But then a lot of people don't want to know very much information. Everyone here [in this focus group] would like more information – to help you be in more control. We don't have control over smear tests i.e. pain, the only thing you can control is understanding it.

4.9 Summary of section four

The focus group participants identified aspects of all stages of the screening process that discouraged them from attending:

- Most people had heard about cervical screening through their mother, family member or friends. Some had heard through their GP or family planning clinic. What they had heard had made some of them apprehensive and some of them had friends who had been put off attending altogether.
- They felt that the invitation letter and explanatory leaflet need to be reviewed and made more appealing and informative.
- The participants stressed that it is essential that the physical environment where the screening takes place is fully private and feels safe.
- It was also desirable that the screening takes place in a more comfortable and less clinical environment.

- The social and technical skills of the person carrying out the screening play a key role in relaxing people prior to and during the screening and ensuring that it is as pain free as possible.
- Many people said they would not attend if a man was doing it, although some would not mind.
- The equipment used, especially the metal speculum and brush, can cause considerable discomfort and pain.
- The plastic speculum was considered an improvement, but was not in use in all the locations used by the participants.
- It was suggested that the whole screening process should be reviewed to see if it can be updated in the light of modern technology.
- The time taken for the results to come through causes additional anxiety.
- Fear of the results deterred some women from attending.
- There was also concern about the accuracy of the results.
- In cases of abnormal cells some people felt that they had not been given sufficient information about what this meant or what the subsequent treatment was for.
- The participants made a variety of suggestions to improve the screening experience.
- Overall women felt that they were not in control when they underwent the screening procedure. One way of exerting control was not to attend for the screening. It was suggested that more information would help them to feel more in control. They would like the opportunity to ask questions and have more time to be put at ease before the screening and more information if they have abnormal cells.

Section Five

Issues for Consideration in Designing a Marketing Campaign

5.1 Introduction

This section looks at issues for consideration in designing a marketing campaign: lack of knowledge about cervical screening, cervical cancer and related issues; the need for more information and public discussion; the impact of the death of Jade Goody and the success of the national chlamydia campaign.

5.2 Lack of knowledge about cervical screening, cervical cancer and related issues

5.2.1 General lack of awareness

The focus groups revealed that there is a general lack of knowledge about cervical screening, cervical cancer and related issues:

Lots of people don't know the importance of the issue.

People think that unless you are sexually active you don't have to go, but that isn't always the case.

5.2.2 Confusion over the age threshold

When the older participants had had their first smear tests the criteria for having a cervical smear were when you were sexually active, usually when they were under 25 years. The criteria have since changed to women aged 25 years and over.

Participants in both the older and the younger age group did not understand why it was now 25 years. The younger women many of whom had already had one or two children by the age of 25 were particularly concerned:

I think the test age should be lower than 25. I had my first one at 20 when I was at university, 25 seems too long now.

They should be available to younger people who are having children, once you are sexually active.

They should be available to younger people, I think it's stupid to wait until you're 25. There can be complications which aren't being picked up.

I asked for a smear test before I was 25 and they said no. I wanted to have one when I had my little boy but they said no.

I had abnormal periods from the age of 16, they kept fobbing me off. When they caught the cells it was only just on the border of turning into cancer.

If you have abnormal cells at 19 but no smear until 25 then it's had six years to develop.

5.2.3 Relationship between cervical cancer and the HPV virus

At one focus group a participant, who was already well informed about health issues generally, had looked at websites prior to the focus group to find out more about cervical cancer and related issues:

HPV is implicated in cervical cancer. It is really a sexually transmitted disease. If you have more partners your risk goes up. The virus doesn't always flare up and cause a problem.

She concluded that:

People don't know much about the HPV virus. There's a lack of education. Where would you learn it as a woman unless you look it up? It needs to be brought to the woman. Perhaps the GP should discuss it with you during another appointment and hit you with it.

At the later focus groups the participants were asked what they knew about the HPV virus and its relationship to cervical cancer. Many of them were aware of the vaccinations being given to teenagers against the HPV virus, but most were not really aware of how this related to preventing cervical cancer:

I don't know what causes cervical cancer. It would be helpful to have more information about the HPV virus.

There were also some reservations about the vaccine against the HPV virus that is given to teenagers:

My eldest was supposed to have the injection but I wouldn't let her have it because I didn't think enough work had gone into the side effects. My friend's daughter had sickness and bad reactions to it. She's got until she's 18, she's only 12 now – if there's enough information I'll let her have it, maybe at about 15.

5.3 The need for more information and public discussion

During the course of the focus groups it became clear that cervical screening is not generally talked about. For many people the focus group was their first opportunity to speak about their experiences in depth:

This is the first time we've ever had the chance to put our opinions across, so it's great.

There is still fear associated with any type of cancer, including cervical cancer. This highlighted the need for more information and a breaking down of the taboo of talking about it. Most of the participants felt that there is a need for more information and publicity about cervical screening:

It's about building the awareness, getting you to think about it. Taking the time to explain to you why you should go. Something that could be incorporated when you go for something else. Help break down the taboo.

Publicise that a smear test can help, the percentages of women who have benefited. You only hear about the women who have died.

There needs to be a greater general awareness of this issue. Maybe we should discuss it amongst friends. It's a good idea to have speakers talking about it at women's groups, to get information that you wouldn't receive otherwise. An informal chat.

I don't really know how you go about encouraging women to go for screening. Perhaps using real life stories of people who have been affected by cervical cancer and their advice about what they wish had happened.

On February 8th, during the period when the focus groups were being conducted, a live smear test was shown on the ITV television programme "This Morning". A number of the participants commented on this:

I'm sure items like the one on "This Morning" would have helped, showing women that it's not as horrific as you might think. Stressing how quick the procedure is – it might be unpleasant, but it's only actually ten minutes every three years so in the grand scheme of things it could be much worse.

As a result of attending the focus groups, four of the participants who had been putting off having a smear test for some time said that they would now attend:

Now that I know it's not the horrible metal thing I feel better about it. If I knew I could have it done at the family planning clinic, have a curtain, lock the door. I am going to ring the clinic and enquire on Thursday. If I knew I could just turn up and drop in I wouldn't work myself up about it.

It is known that at least two of them did go for screening following the discussion in the focus groups.

5.4 The impact of Jade Goody and others

Jade Goody a well known personality contracted and died from cervical cancer in 2009. There was considerable publicity in the media about this and it led to a rise in women attending for screening. The focus group participants commented on the effect it had had on them and others they knew:

Since Jade Goody I've thought about it more. It's scary, especially when you've got kids because it's something you can't see or feel. Jade Goody had a big effect on us. All my friends who didn't go for smears before do now. You think it's just older people but Jade showed it didn't.

You hear more about cervical cancer now than you used to. It's more talked about now. Jade Goody had a big effect – I called up to have a smear test but I wasn't old enough at the time, it's really worrying.

The truth works – when Jade Goody died everyone was like wow. When Jade Goody died loads of women had smear tests but then it stopped when she died. Perhaps there should be a national campaign that's not as short-lived. It would be good for people to know whether it's hereditary.

Some respondents also commented on the impact of other family members' experiences:

My mum had cervical cancer at 39, she's 64 now. She had to have a hysterectomy and treatment, so me and my sister are very careful now. My mum didn't have any problems beforehand and the doctor said she was probably going through the change. She found out through a smear test.

5.5 The national chlamydia campaign

The national chlamydia campaign targeted at 15 to 24 years olds had clearly had an impact. Most of the participants were aware of it and some of the participants, especially the younger ones, seemed more aware of chlamydia than cervical cancer:

Because of the government campaign, chlamydia is a widely-discussed topic. I have been asked twice if I wanted chlamydia tests at the local pharmacy.

There is a lot in the news about chlamydia these days so I'm used to hearing about that, it's better as you can test yourself with a quick swab.

The chlamydia advert worked, very clever the way they did it. Visually it worked and got the message home to the correct age group.

I received a chlamydia test through the post, I was just under the age bracket. That's a good way of getting the message across. It's there in your house and you've got time to read it.

I was in one of the nightclubs and there were nurses there.

As with the age criteria for smear tests, there was some concern over the age criteria for the chlamydia campaign:

I think it's wrong to target certain age groups as it puts people off. You should still be able to get a test at any age.

5.6 Summary of section five

- There is a general lack of awareness about cervical screening, cervical cancer and related issues.
- The changes in the age criteria for cervical screening were not fully understood and this had created confusion and concern.
- The relationship between cervical cancer and the HPV virus and vaccination against it was not well known by the participants.
- Cervical screening is not a normal topic of social conversation. The need for more information and public discussion was identified.
- The death of Jade Goody had had an impact on the participants' awareness of and attendance for screening.
- The participants considered that the national chlamydia campaign had been successful and could inform the marketing campaign for cervical screening.

Section Six

Marketing Ideas

6.1 Introduction

This section presents the marketing ideas offered by the participants prior to seeing the sample posters produced by Mosaic Publicity. The participants had numerous ideas on the content and location of the marketing campaign.

6.2 Content of the marketing campaign

The participants had a number of marketing ideas. These included:

- Posters ([pictures are better than words](#))
- Adverts
- A DVD (this could be included in the leaflet or distributed through the workplace)
- A PowerPoint presentation or cartoon-style animation
- Midwives and health visitors encouraging people to get tested
- Mums encouraging their daughters
- Talks to women's groups
- A celebrity promoting the smear test
- Having a particular month dedicated to cervical screening – mother's day, date Jade Goody died.
- Ribbons like they have for breast cancer
- A fridge magnet
- Offer of cinema tickets or a Bounty bag if you have a test.

A number of approaches were suggested: shock tactics, information and encouragement or humour. There were differences of opinion over which of these approaches would work best:

[You need a sharp shock.](#)

[I'd prefer encouragement.](#)

[The midwife could mention it on the home visit. Health visitor when they come to do the check. They shouldn't force you to go, no pressure, the more pressure you get the less I want to go. The carrot rather than the stick.](#)

[Our generation should be matter of fact about it to the next generation – you could get cancer and you could die. Incorporate it into a teenager's life – periods, children, part of the routine, make them better informed. Something would hopefully sink in.](#)

[Doesn't need loads of information – just have a picture, headline and book today – logo.](#)

[The cells should be shown in a visual way – this is what abnormal cells look like, highlighting that you won't know if you have abnormal cells unless you get checked. Put the science across in a simple way.](#)

[If information about cervical screening was disseminated as simply as possible, that would definitely help. A quick PowerPoint presentation or cartoon-style](#)

animation might help to make it seem less daunting and show that every woman has to go through it – no-one likes it, but it's vital if you do have cancer and have to catch it early. It's a matter of life and death in some cases which is a message that needs to be driven home in an accessible way.

Humour rather than shock tactics. Positivity rather than scare-mongering – percentages of people who have survived due to smear tests.

Humour is a good way of getting your message across – make you remember it. You want a positive message. Put a happy picture on.

It is worth noting that during the focus groups there was a lot of laughter and this helped the participants to relax and discuss this very personal and, at times, sensitive topic.

6.3 Location of the marketing campaign

The participants had numerous ideas on where posters, leaflets and other marketing materials could be placed. The GP surgery, buses and bus stops and public toilets (especially of bars and clubs) were mentioned most often:

There should be leaflets and posters in the doctors' surgery – something more subliminal.

Video in the doctors' surgery.

We are bombarded with subliminal messages all the time. Women are very visual. If they get messages from different media that would help. Public toilets in the area, bars and clubs, motorway toilets – prostate and bowel cancer is being advertised at the moment.

Other places mentioned included:

- Where women go shopping
- The high street
- Changing rooms
- Claire's Accessories
- Ethnic shops like Food Inc.
- Mothercare
- Supermarkets, Co-op shops, Tesco, Asda
- Restaurants
- Fish and chip shops
- Cinemas
- Chemists
- Library
- Community halls
- Community centres
- Baby groups
- Women's groups
- Business networking events
- Workplaces
- Youth clubs
- Trains into London.

The local media was also mentioned:

- Magazines
- Newspapers
- Local radio
- Dream 100
- Press ads
- Radio ads.

They participants thought that younger people should be targeted:

Put advice in schools, colleges and universities – even if they are too young, it's important to get the message across early. There is a problem with education. We don't know much about it.

In schools, they get the injection so why not tell them about smear tests? They have health weeks at college offering chlamydia testing. It would be easy to put information about smear tests into an already existing service. That would help those who don't feel like they can talk to their family about it. Male population would get involved too. The more people you get involved the less demonised it is.

I think perhaps if girls were given more explanation about it before they become of an age to have it then they will be more ready for it.

6.4 Use of the Internet

The participants were specifically asked if they used the internet. Participants from a wide range of social backgrounds reported that they did:

Majority uses the internet, three out of five people use Facebook. I've "liked" the chlamydia page.

They suggested using websites (including Mumsnet), Facebook (including pop up adverts and starting your own group), YouTube and online ads. Some of them had specific suggestions for internet marketing campaigns:

Status game – like where you put your bag for breast cancer, colour of your bra. It's a bit secretive and it's just among the girls. Why not something funny?

Could watch the video on YouTube – if it was funny you'd share it with your friends. Rather than just informative. A sketch that puts the message across.

A picture strip between two figures. It's visual rather than worded. Pick up the message more easily. Comic strip with the speech bubbles. French and Saunders videos. Social media links.

FAQs on a specific website for smear tests. A logo with a specific website address.

For me video testimonials would be really interesting – chats with a cross section of women about their experiences, to reassure nervous women that it's really not that bad. Perhaps in the style of a TV chat show?

Overall there were fewer marketing ideas using the internet and it was pointed out that an internet campaign would not reach everyone:

You can't always rely on a website, need to have leaflets too.

I wouldn't click into a link on YouTube. Don't look at websites, but people might go a site if it was on the letter, to get some reassurances.

A lot of people you're trying to target don't use social media.

6.5 Summary of section six

- Prior to seeing the sample posters produced by Mosaic Publicity the participants were asked for their marketing ideas. They had numerous ideas on the content and location of the marketing.
- **Content:** The participants ideas included posters, leaflets, adverts, a DVD, encouragement from mothers, midwives and health visitors, talks to women's groups and a celebrity promoting the smear test.
- A number of approaches were suggested: shock tactics, information and encouragement or humour. There were differences of opinion over which of these approaches would work best.
- **Location:** the participants identified a wide variety of places for the location of the marketing. The GP surgery, buses and bus stops and public toilets were mentioned most often.
- They also thought that younger people should be targeted:
- **Using the internet:** some participants in all the focus groups reported that they used the internet and a number of ideas were suggested.
- However there were fewer ideas for internet marketing and it was pointed out that an internet campaign would not reach everyone.

Section Seven

Response to the Sample Posters

7.1 Introduction

This section presents the participants' response to the sample posters produced by Mosaic Publicity. These comments will be used by Mosaic Publicity to help develop a revised poster.

7.2 Why did mum die?

	<p>For:</p> <ul style="list-style-type: none">• That hits home and right to the spot.• It puts across the message more than any others.• A question requires an answer and therefore makes you think about it.• Hard hitting, can relate to it, might mean the girls ask their mums if they've had smear tests, it appeals to everyone.• If my children saw that they'd ask me if I'd had a smear test.• Registers with so many different groups.• Heart wrenching, like the drink drive ads, I wouldn't want that to be my child, hits home the most.• That's going to make me go. <p>Against:</p> <ul style="list-style-type: none">• Sick of adverts that try and scare you, a lot of people would be put off, or have tragedy brought back to them.• Overkill.• Don't tell me what to do.• Too shocking.• I'd think it was about bereavement.
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This poster attracted the strongest reactions. More people liked rather than disliked it and the use of a question was liked. They felt that it would be suitable for a wide range of groups and that it would be good as a poster on buses, bus stops or tubes.

Those who did not like it felt that it was using shock tactics. It was also suggested that people might think that it was about bereavement rather than cervical screening.

It was suggested that the girl could be younger to appeal to younger women or there could be two younger children. This poster also prompted the suggestion of a poster with a similar theme showing a young woman in a wedding dress without her mum.

7.3 Don't be the one in four

<p>Don't be the one in four</p>  <p>One in four women is gambling with her life by not having a smear test. A quick trip to the doctor can help with the early detection of cervical cancer. Book an appointment with your GP today.</p> <p> North East Essex PCT</p>	<p>For:</p> <ul style="list-style-type: none">• Makes me think, you are drawn to the people as a group of friends.• Don't be the one in four is good.• Striking image – I'd look at that• Four women is the most striking. You're looking to see what it's about.• One in four – normal people.• Putting a positive spin is good rather than going for the negative. <p>Against:</p> <ul style="list-style-type: none">• Message not clear enough.• It doesn't frighten me.• Doesn't hit home.• Too booby. Too pretty. Too much like a catalogue pose, not real women.• Having the word 'smear' could put me off.• People might think it's about one in four people having a mental health problem.
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Some participants felt that this was the best one as it showed a group of women enjoying themselves. Others thought that they were too stereotyped.

Some felt that the message was not clear enough.

The fact that one of the four women was 'blackened' out was not always noticed and some participants thought they were trying to show a person of minority ethnic origin.

It was suggested that it did not need to have the word 'smear' on it.

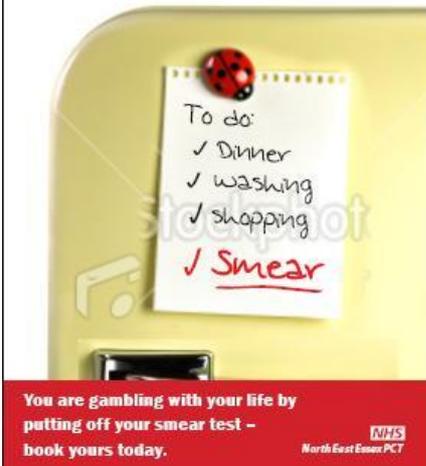
7.4 Don't be half hearted about your health

 <p>Don't be half hearted about your health</p> <p>The cervical screening test</p> <p>One in four women are gambling with their future by not having a smear test.</p> <p>Taking just a few minutes, a smear test will only change your day. Not your life.</p> <p>Women aged 25-49 can book free smear tests, speak to your GP today or visit for more information.</p> <p>NHS North East Essex PCT</p>	<p>For:</p> <ul style="list-style-type: none">• Simple but effective.• That hits home, one minute you're healthy the next you aren't.• Every woman likes her hair. You'd associate it with cancer, know what it's about straight away.• Like the pink.• Bright colour and large words – short sighted.• More likely to try and work out what it is.• You automatically think chemo.• It's your personality and identity. More likely to make you go. Hits you personally.• The loss of hair is more shocking as can relate to that. I think there should be shock tactics on poster, comforting in leaflet. <p>Against:</p> <ul style="list-style-type: none">• Too much text.• Wouldn't grab attention.• Message not clear enough.
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Some participants felt that this was the best one as it had a personal impact. The fear of losing your hair could overcome the fear of being screened.

Some felt that the message was not clear enough.

7.5 One chore you can't ignore (List on fridge)

<p>One chore you can't ignore</p> 	<p>For:</p> <ul style="list-style-type: none">• Quite nice, better than the computer one.• Shopping list – I would relate to that.• To-do lists are an everyday thing. <p>Against:</p> <ul style="list-style-type: none">• Shouldn't have a tick as the point is that the woman hasn't done it.• The word 'chore' might not be known by women of ethnic minority origin.• 'Chore' is negative word - shouldn't focus on the negative.• If they've already got a list they might be quite responsible.• Doesn't grab you, message not clear.
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Overall this poster was generally liked, although a few improvements were suggested, e.g. 'Smear test' should be on the top of the list and e.g. it shouldn't have a tick as the point is that the woman hasn't yet done it.

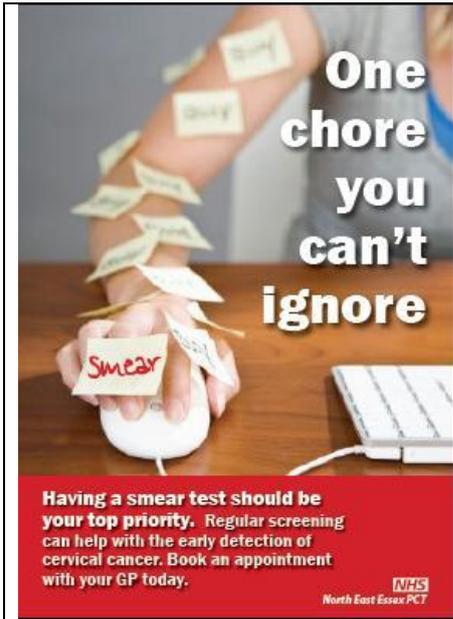
The use of the word 'chore' was challenged both because it can be seen as a negative word and because people of minority ethnic origin might not be familiar with it.

One group thought it could also include a woman stirring a pot.

It was also pointed out that if someone has already got a list they might be quite a responsible person, with the implication that they already go for screening.

Most participants preferred this poster to the computer one (see next poster).

7.6 One chore you can't ignore (List of post-its on a woman's arm)

 <p>One chore you can't ignore</p> <p>Having a smear test should be your top priority. Regular screening can help with the early detection of cervical cancer. Book an appointment with your GP today.</p> <p>NHS North East Essex PCT</p>	<p>For:</p> <ul style="list-style-type: none">• To-do lists are an everyday thing.• Can't see what the others say so you're focused on smears. <p>Against:</p> <ul style="list-style-type: none">• Text doesn't grab me.• Too busy.• The word 'chore' might not be known by women of ethnic minority origin.• 'Chore' is negative word - shouldn't focus on the negative.
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This poster was quite well received. They thought it would appeal to the busy working woman.

The use of the word 'chore' was challenged both because it can be seen as a negative word and because people of minority ethnic origin might not be familiar with it.

Some participants preferred this to the fridge one. However more participants liked the fridge one as they thought it would appeal to a wider group of women.

7.7 Protect your future

 <p>Protect your future</p> <p>The cervical screening test</p> <p>One in four women are gambling with their future by not having a smear test. Taking just a few minutes, a smear test will only change your day. Not your life.</p> <p>Women aged 25-49 can book free smear tests, speak to your GP today or visit for more information.</p> <p>NHS North East Essex PCT</p>	<p>For:</p> <ul style="list-style-type: none">• If I want more kids I might not be able to have them.• As a woman you always think about your future.• Sometimes the shocking ones don't do it. This one gets you thinking. <p>Against:</p> <ul style="list-style-type: none">• Doesn't scream smear tests.• Nice but doesn't tell you what it's about. doesn't hit home, just a cute picture, could be about vitamins or anything.• Would think more about sexual diseases, child's savings account.• Message not clear enough.
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Not surprisingly this was more popular with young mothers than the other participants.

They thought it would be good to use for an advert in a family planning clinic, when you go for your scans or in a maternity ward.

However some young mothers were not convinced, they felt that the message was not clear enough as it could be about other issues – vitamins, sexual diseases, child's savings account.

7.8 Black and White

 <p>It's black and white</p> <p>Getting screened for cervical cancer is a very quick procedure and could save your life.</p> <p>NHS North East Essex PCT</p>	<p>For:</p> <ul style="list-style-type: none">• I like the text.• Hits home. <p>Against:</p> <ul style="list-style-type: none">• Message not clear enough.• Thought 'black and white' could have racial connotations.• Boring, can't be bothered to read it, she looks like a child.• Does nothing for me. Wouldn't even read it.
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This poster was less popular with the participants.

7.9 New slogans

As a result of seeing the sample posters some new slogans were suggested:

- Smear Today or Gone Tomorrow.
- Have a smear to ensure you're clear.
- The screen that should be routine.
- Make your screen part of your routine.
- One thing to do for you.

7.10 Summary of section seven

- There were a wide range of responses to the sample posters.
- The participants made some useful suggestions to improve the posters.
- Once they had seen the sample posters some new slogans were suggested.
- These comments can be used by Mosaic Publicity to help develop a revised poster.

Section Eight

Some Conclusions

The research identified that women can be discouraged from attending for cervical screening due to time issues and accessibility of the location and by certain aspects of all stages of the screening process.

The participants provided many suggestions for improving the screening experience, together with ideas for the marketing campaign.

The marketing campaign is likely to include a range of different initiatives (posters, leaflets, press releases talks to local groups etc). They can address different aspects of people's unwillingness to attend for cervical screening.

Three underlying and interlinked themes emerged from the discussions. These were: fear, lack of information and feelings of lack of control.

The success of the marketing campaign is likely to be greater if it can address these underlying issues.

As one of the participants said:

[We've got to take ownership of our own health.](#)

Appendix 1

Information Sheet Given to the Participants

Cervical Screening for Women aged 25 to 49 years

Information about the Focus Groups

The research

Jenny from Research Plus+, with the assistance of Claire from Mosaic Publicity, is undertaking research on why a high number of women in North East Essex, aged between 25 and 49 years, do not attend cervical screening appointments.

Who can take part?

We are speaking with women in North East Essex aged from 25 to 49 who either:

- have never attended cervical screening, or
- used to attend cervical screening but have not recently, or
- did not attend cervical screening in the past but do now

We can also include a few women who have always attended cervical screening.

What will we talk about?

- What sort of things discourage women from attending cervical screening?
- What sort of things encourage women to attend cervical screening?
- What changes in the service would encourage more women to attend?
- What types of marketing would encourage more women to attend?
- Any other ideas.

Thank you voucher

- You will be given a **£10 voucher** as a thank you for taking part.
- You will be asked to sign a claim form for your voucher.
- You will be given your voucher after the focus group. You will only receive it if you have attended for at least half of the meeting.

More information about the focus group

- The focus group will last for about an hour and a half.
- You will be asked to sign a consent form at the beginning to say you are happy to take part.
- Everything you say will be confidential within the group, unless there are concerns for someone's safety.
- We will ask for your views on cervical screening, based on your experiences and knowledge. You will not have to tell us about your own personal experiences if you do not want to.
- You can also say things in private to us after the meeting, if you wish.
- You do not have to stay in the meeting if you do not feel comfortable.
- [TACMEP and Surestart groups only] If you get upset about anything that is discussed do speak to one of the Surestart / TACMEP workers after the meeting.

More information about the research

- NHS North East Essex Primary Care Trust (PCT) is paying for the research.
- The research is for Mosaic Publicity and the NHS North East Essex PCT.
- We will not identify any individuals in our report.
- Mosaic Publicity will use the results from the focus groups to develop a marketing campaign to encourage more women to attend cervical screening appointments.

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claire@mosaicpublicity.co.uk

Research Plus+ PO Box 3030 Norwich NR3 4ZR

Appendix 2 Characteristics of the Focus Group Participants

A.1 Introduction

Background information on all the participants was collected at the end of the focus group / by email. This appendix provides more detailed information on where the focus groups were held and the characteristics of the participants.

A.2 Location of the focus groups

The focus group were held at seven different locations, see Chart A.1.

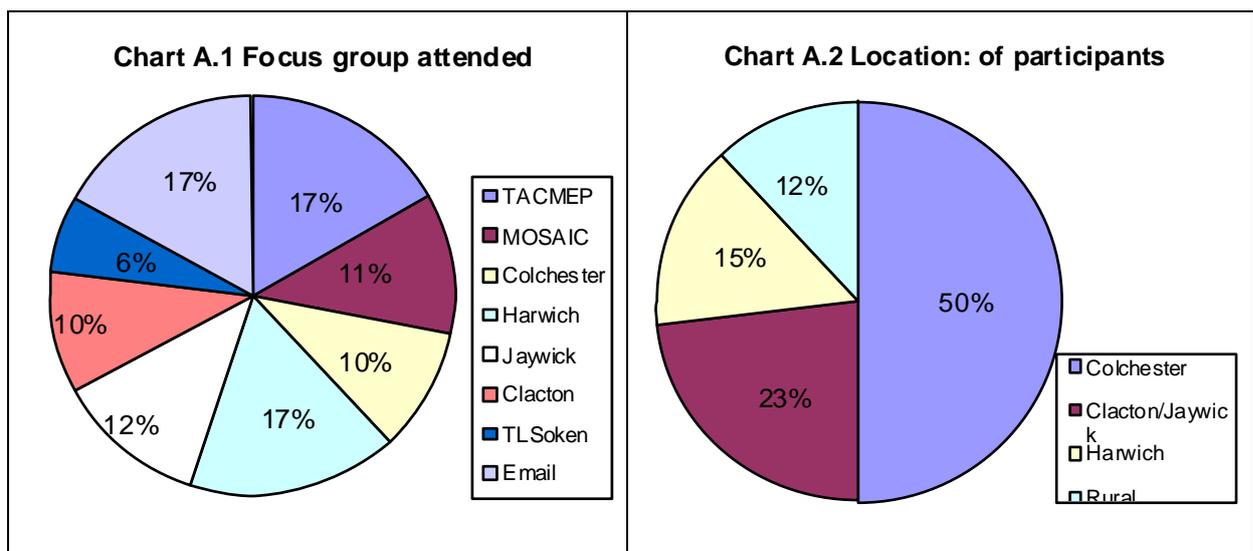
Three were held in Colchester – one with participants of minority ethnic origin at the TACMEP offices, one during the evening with professional / working women at the Mosaic Publicity offices and one at a Surestart project with women with young children.

Two other focus groups were held with professional / working women – one at a recently opened spa in Thorpe Le Soken during lunchtime and one in Harwich during the evening.

Two focus groups were held during the day at other Surestart projects with women with young children in Clacton and Jaywick.

A.3 Where the participants lived

The participants came from different parts of North East Essex, see Chart A.2. Half of them lived in Colchester and half lived in the Tendring area. The participants in Tendring included people from more rural areas as well as Clacton/Jaywick and Harwich. The rural areas included Thorpe Le Soken, Brightlingsea, Rowhedge, Dedham, Frating and West Mersea.



N = 52

A.4 Age group

The participants were fairly evenly divided between those aged 25 – 35 years and those aged 36 – 49 years (50% and 46% respectively), see Chart A.3. Two people (4%) were under 25 years.

A.5 Ethnic origin

Most of the participants were White British (81%) but there was a significant number of participants of minority ethnic origin, see Chart A.4. Most of the minority ethnic women were of Bangladeshi origin (11%). The remainder (8%) were of African, Nepalese, Chinese or German origin.

A.6 Socio-economic group

The participants included women from different socio-economic groups, as indicated by their educational attainment, their economic status and the jobs they were doing.

A.6.1 Educational attainment

The participants covered the range of educational attainment, see Chart A.5. 18% had GCSE / 'O' level / CSE qualifications and 15% had Vocational / NVQ 1 / 2 qualifications. Just over a quarter of the participants had 'A' levels or NVQ 3 (27%) and another quarter had a degree / NVQ 4. 2% had a masters degree or a PhD. The remainder had no formal qualifications (4%) or other qualifications (9%).

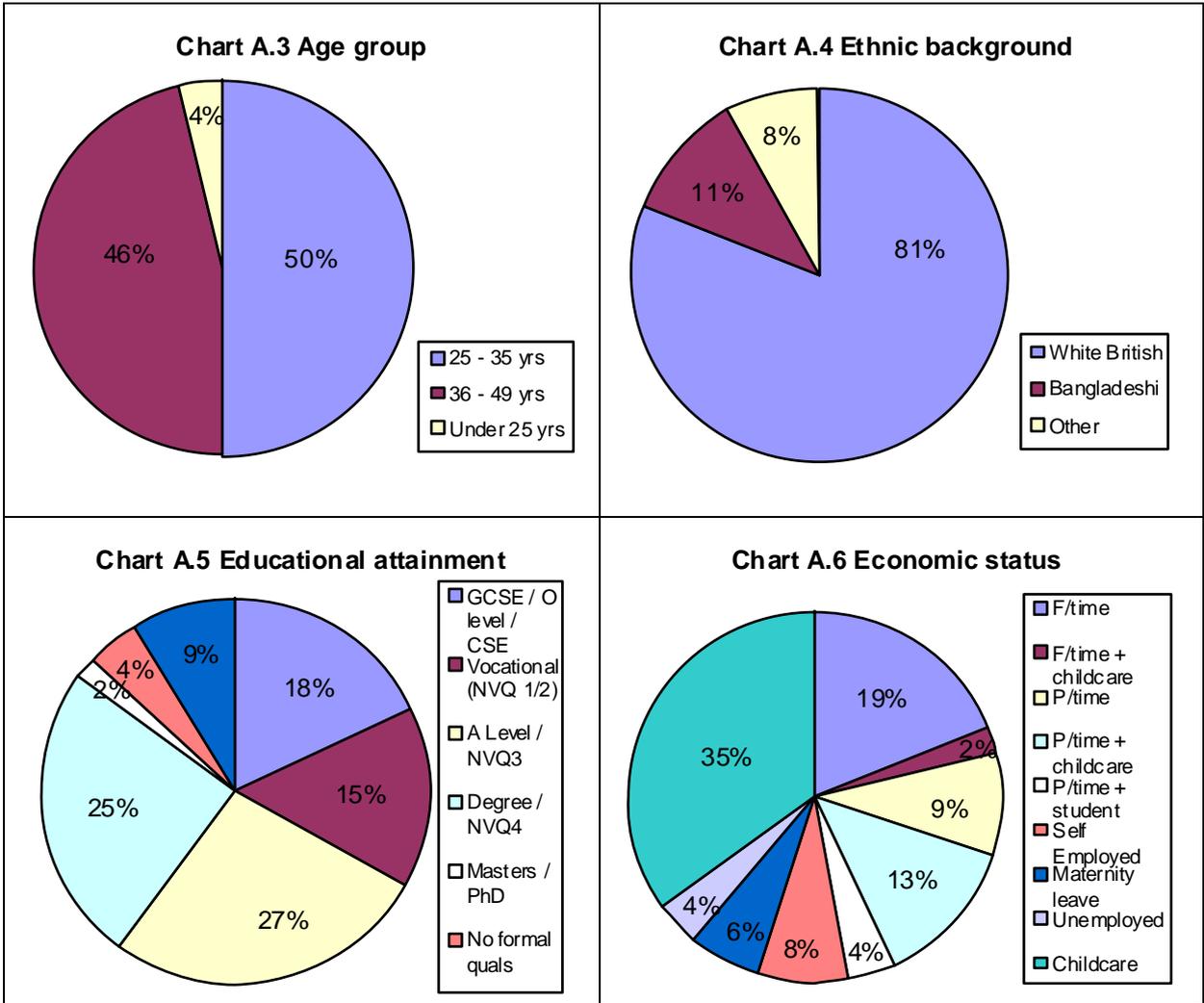
A.6.2 Economic status

Just over a third of the participants were involved in childcare and not in paid work (35%), see Chart A.6. Just under a fifth were in full time work (19%), and an additional 2% were in full time work with childcare commitments. Just under a tenth were in part time work (9%), an additional 13% were in part time work with childcare commitments and 2% were in part time work and also a student, making a total of 24% in part time work. Of the remainder 8% were self employed, 6% were on maternity leave and 4% were unemployed.

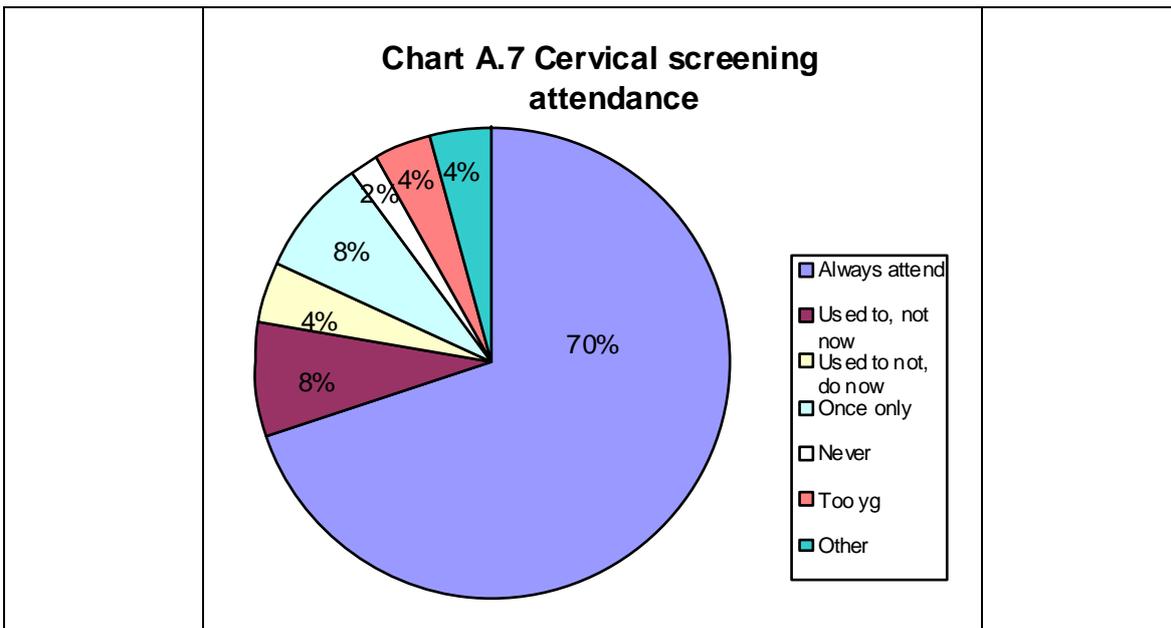
Those who were in paid work or on maternity leave had a wide range of jobs. They included: a cleaner, working in a supermarket, working in a newsagents, a receptionist, a dance teacher, an accountant, a nurse, an administrator, a PA and event manager, a training coordinator, an office manager, a finance manager, a journalist, a company director, a complementary therapist and a fitness trainer.

A.7 Cervical screening attendance

The participants were also asked about their cervical screening attendance, see Chart A.7. On the form 70% of the participants ticked that they had "always attended" for cervical screening as there was not an option for "sometimes attended". During the discussions many of them reported that they put off making an appointment. 8% "used to attend but do not now" and 4% "used to not attend but do now". Another 8% had "attended once but not been again". 2% had never attended – this person was 25 years old but had not yet had her first test. Of the remainder 4% had were too young and 4% ticked "Other", one of these used to attend, stopped and was about to restart.



N = 52



N = 52