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02 November 2020

**PRIVATE AND CONFIDENTIAL**

Ms Carrie Butler  
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**Letter sent via email only to Ms Carrie Butler via:**  
[cbutler@healthwatchnorthlincolnshire.co.uk](mailto:cbutler@healthwatchnorthlincolnshire.co.uk)

Dear Carrie,

**Re: 'Barriers to Accessing Cervical Screening' Report**

Please accept our sincere apologies for the delay in responding to you following receipt of the above mentioned report on 24 July 2020. NLCCG are now in a position to respond to the recommendations made by Healthwatch.

As identified within our letter to you dated 20 August 2020, cervical screening services are not commissioned by the North Lincolnshire Clinical Commissioning Group (NLCCG), but are the direct responsibility of NHS England and Improvement (NHSE/I) as part of the public health section 7a agreement.

Please find below responses received from NHS England and Improvement to the recommendations identified within the report.

**Recommendation 1.**

Implement a more defined referral pathway for patients who require use of a hoist which takes into account patient choice about their preferred setting for this examination. These options should include the patient's home, a different GP practice with a hoist, or the hospital.

**Response**

Unfortunately undertaking cervical screening within the home environment is not a pathway that has been supported in the past due to the inability to maintain appropriate clinical standards such as appropriate lighting, or availability of a moveable couch. We will work in collaboration with both NLCCG and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) in development of a pathway which will be shared with Primary Care practices.

### **Recommendation 2.**

Implement a more defined pathway to improve consistency in approach to non-responders and ceasing patients.

#### **Response**

As independent businesses, GP practices must comply with the Disability Discrimination Act and make reasonable adjustments to ensure patients are not disadvantaged. As the commissioner of Primary Medical Care services, NHS England will seek clarity from all practices within North Lincolnshire with regard to reasonable adjustments they have made, whilst at the same time reminding them of their overall responsibility to comply with the Disability Discrimination Act (DDA). There is also National Ceasing guidance in place with regular audit of ceased patients and documentation.

### **Recommendation 3.**

GP practices should install a hoist to enable disabled patients to transfer independently on to the examination table. In surgeries where this is not possible, practices should consider offering screening within the home environment or at an alternative GP practice with a hoist. As above, this approach is not generally supported.

#### **Response**

With regard to the question of home screening, the response is as within the response to recommendation 1 above. As Primary Care Networks (PCN) are not formal organisations, the requirement to comply with the DDA remains with the individual member practices. Any reasonable adjustments made in order to meet the requirements of the Act could, (where practices should choose to do so), be at a PCN level.

### **Recommendation 4.**

Where it may not be possible for hoists to be available in every GP Practice, Primary Care Networks should ensure that there is at least one hoist available in each network that all patients can access.

#### **Response**

With regard to this recommendation, please be assured that NLCCG will reinforce to all Primary Care practices the requirement to make reasonable adjustments as per the response to recommendation 3.

### **Recommendation 5.**

GP practices should reevaluate the accessibility of their buildings in partnership with disabled patients to enable them to share their lived experiences of accessing services, including their ability to manoeuvre around consultation rooms. GP practices should make any simple adjustments necessary to ensure freedom of movement for wheelchair users. Where more major adjustments are required, GP practices should consider these in any planned renovations.

#### **Response**

In order to ensure good practice is adopted, NLCCG will reinforce the requirement to make reasonable adjustments to ensure the freedom of movement for wheelchair users.



**Recommendation 6.**

GP practices should always enable patients to make an informed choice about cervical screening before removing them from the register. This should include providing further relevant information and exploration of the options with the patient and/or patient representative where the patient does not have capacity. Exploration should also include enquiring about any additional needs people may have to enable them to access services.

**Response**

Please be advised that NHSE/I undertake regular audits to ensure compliance with the service specifications.

**Recommendation 7.**

GP practices should continue to promote the use of LD Health checks with individuals registered as having a learning disability, as a way to involve this group in decisions about their health, including cancer screening.

**Response**

NLCCG acknowledge further work is required in relation to uptake of the Learning Disabilities Annual Health Check. NHSE/I require uptake data and an audit of the quality of health checks within Primary care contracting.

NLCCG are currently exploring how to increase utilisation through Humber Coast and Vale (HCV) funding. There has been a project in relation to supporting individuals who have a Learning Disability in terms of how to access services and understand Covid -19 restrictions. This project now has a focus on ensuring the correct information is available to individuals.

**Recommendation 8.**

Women with learning disabilities should be provided with easy to read and clear information about the cervical screening process by the GP practice staff. This should be provided face to face where possible to allow the patient to ask any questions, and remove any communication barriers.

**Response**

Compliance with the Disability Discrimination Act includes making information available in different formats. NLCCG will seek clarity to ensure provision of easy read information is available in all practices.

**Recommendation 9.**

GP practices should review the approach taken to engage with women who are not responding to reminder letters by allowing the women the opportunity to discuss their concerns without fear of judgement.

**Response**

This is being addressed by the cancer champion's work streams to help support practices. NLCCG will also encourage practices to utilise, making every contact count (MECC) and use this approach to check how engaged women are in cervical screening and explore concerns where these are voiced. This may be helped by encouraging such conversations to be delivered by female staff where possible.



**Recommendation 10.**

GP practices should refer patients who are profoundly affected by previous abuse or trauma to support services to help them overcome these barriers. Jo's Trust provides a helpline on their website <https://www.jostrust.org.uk/get-support/helpline>.

**Response**

NHSE/I can support CCG/practices to review existing safeguarding processes and requirements where issues may be identified.

**Recommendation 11.**

GP practices should take a more flexible approach to cervical screening by offering more out of hours and weekend appointments for those who cannot attend during usual office hours.

**Response**

NLCCG encourage practices to make these services available as part of their extended access provision and we are aware that some practices do offer this as an option. However GP core services, under which cervical screening is provided, are only in operation between 08.00am and 18.30pm Monday to Friday.

We will continue to work with practices to establish routine screening services, including cytology, at more convenient times for patients.

Please do not hesitate to contact us should you require any further information on the above.

Yours sincerely,

*Clare E. Linley*

**Clare E. Linley**  
**Director of Nursing and Quality**  
**NHS North Lincolnshire Clinical Commissioning Group**

