Summary for NIHR ARC, activities, learning, and impact - Improving Cervical Screening Uptake in Underserved Communities led by Braintree Primary Care Network

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Overview

ARC funding was received for preparatory work to support the development of a community-informed research proposal to improve cervical screening uptake among underserved women. The project has focused on cross-PCN collaboration, early patient and public involvement, and evidence generation to inform a future NIHR funding application.

This work has been invaluable, as it is directly informing a co-designed intervention targeting psychological readiness and perceived control, which are areas underrepresented in existing screening interventions.

Key Activities Delivered

- **Cross-PCN collaboration established**, including engagement with a second, more ethnically diverse PCN, strengthening system-wide learning and partnership working
- **Baseline data mapping completed**, including analysis of screening uptake and non-attendance patterns across local populations
- **Three targeted PPIE workshops delivered** with underserved groups (including multicultural women, those from socioeconomically deprived backgrounds and women who experienced sexual abuse and/or trauma)
- **Ongoing engagement with NIHR Research Support Service (RSS)** and academic collaborators to refine study design and funding strategy
- **Development of candidate intervention concept**, informed by PPIE insights, literature review, which is grounded in theory and appropriate behavioural frameworks
- **Progression towards NIHR Research for Patient Benefit (RfPB) application**, with collaborators, roles, and next steps established

Key Learning

- **Barriers to screening are not solely explained by deprivation data** – learning from detailed data analysis work by PA at Braintree PCN
  Initial data suggested lower uptake in deprived areas; however, further analysis (including use of percentage non-attendance and deprivation scoring) and PPIE findings revealed that **non-attendance is distributed across populations**, with some less deprived groups showing equally low uptake.
- **Psychological and experiential barriers are central drivers of non-attendance** – learning from 3 workshops
  Across all groups, women described shared underlying mechanisms including:

    - fear and anticipated pain
    - past trauma and lack of psychological safety
    - low trust in healthcare services
    - lack of accessible, personalised information
- **Current approaches largely focus on structural solutions**, whereas there is a clear gap in interventions addressing these psychological and relational barriers.

Emerging Impact

- **Refined understanding of screening inequalities** beyond traditional demographic assumptions, supporting more targeted and effective intervention design
- **Strengthened cross-system collaboration**, including new connections between PCNs, ICB stakeholders, and academic partners (the project has the full support of Cancer Leads in Essex ICB)
- **Development of a novel, patient-informed intervention concept**, addressing unmet needs identified through PPIE and literature
- **Improved engagement model for underserved communities**, including adaptation of reimbursement approaches (e.g. community and charity donations) to support inclusive participation
- **Clear pathway to NIHR funding**, with a co-designed feasibility study now being developed for submission

Next Steps

- Further workshops are planned to create the prototype intervention package
- Continued stakeholder and patient engagement
- Submission of NIHR RfPB application (July or November deadline depending on readiness and academic support)