


Supporting the uptake of cervical screening within communities experiencing health inequalities

Year 3 of the implementation of a local cancer
outreach screening model



May 2026

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Introduction

Year 3 of the implementation of a local cancer outreach screening model. Healthwatch Islington champions inclusivity in health and care services. We work in partnership with a range of local, community-based organisations supporting residents experiencing health inequalities. Many of these residents face barriers that make it harder to get their voices heard.

As the [Diverse Communities Health Voice partnership](#), we work together to gather insight from the residents our organisations represent to inform service provision and commissioning, increasing equality of access. We were commissioned to gather feedback from these groups on their experiences of accessing cancer screening services. We [published our findings](#) in 2023.

North Central London Integrated Care Board asked us to build on this research. In 2023-4, guided by learning from a Public Health Cancer Needs analysis, and support from North Central London Cancer Alliance, we focused on supporting uptake of cervical screening in the Somali and Turkish Communities. We [published our report](#) on the first year of this work in 2024.

The North Central London Integrated Care Board asked us to build on this research. In 2023-4, guided by learning from a Public Health Cancer Needs analysis, and support from North Central London Cancer Alliance, we focused on supporting uptake of cervical screening in the Somali and Turkish Communities. We published our report on the first year of this work in 2024. In Year 2 (2024-5), supported by more recent data on uptake of cervical screening available from the GP Federation, we continued working with Somali and Turkish communities while also extending the project's reach to other communities experiencing health inequalities. In Year 2, we also worked with local Bangladeshi, North African, Middle Eastern, and Greek/Turkish Cypriot communities. Activity started in the winter and was completed by the end of April. You can find our Year 2 report [here](#).

In Year 3 (2025-6), the partners in this project (Public Health, GP Federation, ICB and North Central London Cancer Alliance) agreed to focus on extending reach to North African, Horn of Africa (Eritrean), Middle Eastern (Kurdish/Iranian) and white other (Latin American) communities and to continue working with two target groups identified in Year 1 (Somali and Turkish). In addition, we included conversations about HPV vaccination as part of the NHS goal to end cervical cancer by 2040.

Cancer Champion training was delivered on Thursday, 13th November '25. Activity started in November '25, and engagement was completed by February '26.

What we did

Project delivery followed the same model as the previous two years. 8 champions from 5 participating organisations attended the Cancer Champion training.

Those organisations were:

- Latin American Women’s Rights Service (LAWRS) (1 participant)
- Community Language Support Services (CLSS) (2 participants)
- Islington Somali Community (ISC) (1 participant)
- Kurdish and Middle Eastern Women’s Organisation (KMEWO) (1 participant)
- Healthwatch Islington (HWI) (3 participants)

Women from the communities the partners support were invited to attend well-being workshops, which focused on cervical screening. The project introduced several new elements based on recommendations from previous years, including information on HPV self-sampling, the HPV vaccine in addition to having clinicians attend and present at the workshops. Practice nurses from the GP Federation, NCL Cancer Alliance and the Village Practice joined the workshops and answered questions from residents.

Cancer Champions followed up with one-to-one conversations with workshop participants who weren’t attending screening appointments and were willing to discuss their concerns. Cancer Champions also gathered structured feedback from these participants to better understand the barriers to attendance. Information and support with booking appointments were provided, if needed.

Supporting ‘call & recall’

We worked with PCN Inequalities Leads (NI and South) to support their ‘call & recall’, inviting Somali and Turkish speaking women to book their smear tests. We translated the ‘SMS’ messages into both community languages and provided direct contact details to Turkish-speaking (based at HWI) and Somali-speaking Cancer Champions (based at Islington Somali Community) for those women who wanted a confidential conversation.

Well-being workshops

11 women’s well-being workshops were delivered between November 2025 and February 2026, reaching a total of 186 women:

- Imece (05/11/25) 12 women
- ITKWG (27/11/25) 6 women
- Jannaty (08/12/25) 18 women
- Lawrs (22/01/26) 15 women
- ISC (20/01/26) 20 women
- KMEWO x2 (18/11/25 & 13/01/26) 31 women
- ECUK x2 (18/12/25 & 28/01/26) 38 women
- CLSS x 2 (04/12/25 & 19/02/26) 47 women

One-to-one conversations about screening

One-to-one conversations took place with 98 women following the workshops, 52 of whom said they were not regularly attending screening.

Cancer Champion Training

The Cancer Champions were trained on the importance of undertaking cervical cancer screening and informing women about the local screening process, including what to expect during their appointment, how to book an appointment, and the support available. Content of the training included HPV vaccine and how this is delivered in schools (Vaccination UK) and primary care for up to 25s.

The training enabled Cancer Champions to develop the skills and motivational interviewing techniques to have in-depth one-to-one conversations about cervical screening with women in their communities, both during the workshops and through opportunistic interactions. 8 of the 8 attendants of the training reported an:

- increased understanding of techniques to use when speaking to residents about cancer screening
- increased confidence when having conversations with residents about cancer screening

“I feel that I understood the key factors to have an open conversation and provide guidance to encourage women to attend cervical screening.”

Well-being Workshops

11 women's well-being workshops took place from November 2025 to February 2026. There were 186 participants in total.

Impact of well-being workshops

183 of the 186 women (98%) said that they found the information they were given either 'very good' or 'good'. Overall, women said they felt more informed about HPV, the smear test process, and the HPV vaccine.

After the workshop, out of the 65 women who reported attending their smear test either 'sometimes' or 'not attending', 34 said they would be 'much more likely to' or will 'definitely' book a smear test.

"I have learned about the benefits of cervical screening. I never received an invitation from the NHS or the GP before. Now I know the importance of screening. Therefore, I am going to ask my GP for a referral to make sure I am safe."

HPV Vaccine

Information about the HPV vaccine was introduced into workshops this year, following recommendations from previous phases of the project and contributing towards the NHS goal of ending cervical cancer by 2040.

Out of 115 participants who responded to the question [Are you more open to letting your children have the HPV vaccination?], 80 (70%) said they felt 'much more open' or 'quite a lot more open' to the HPV vaccination after attending the workshop.

"I attended cervical screening over six years ago, although at the time I didn't fully understand its benefits. I was invited again, but I didn't attend because I felt embarrassed from my previous experience, and I also lacked awareness of how important cervical screening is. I had never done it back home either. I have learned a lot from this session, and I am now going to attend my screening. I will also share the information about the HPV vaccine with my daughter and give her the leaflet."

HPV Self-sampling

HPV self-sampling is a new approach that allows women to take their own sample (either at home or at their GP practice). This is part of a national plan to improve access to cervical screening, with a wider rollout expected by 2029 as part of the Cancer Plan. In London, we have the GP practice-based self-sampling. Phase 1 of the programme began in September 2025 and Phase 2 in March 2026.

Before the rollout began, NHS England worked with HWI to engage local women's groups. The aim was to gather feedback to help shape the programme so that it works well for communities with lower screening uptake.

A feedback session was held with 15 women at Jannaty. During this session, participants reviewed the proposed name of the programme, gave feedback on how clear and easy the instructions are and shared ideas on how to promote screening more effectively.

After the well-being workshops, although we did not ask a specific survey question about self-sampling, the topic came up frequently in discussions. A significant proportion of women said they would consider screening in the future if self-sampling were available. This was mainly because women felt it would reduce embarrassment and discomfort, seeing it as a more private option.

This screening method is currently only available in specific practices in Islington (see appendix) and offered opportunistically to women who are at least six months overdue for their screening appointments.

Clinician Impact

As part of this year's project, clinicians were invited to attend well-being workshops to provide trusted health information and answer questions directly. Three clinicians were scheduled to attend eight workshops (Asha Parmar - Practice Nurse and Cervical Cancer Elimination Lead for Camden and Islington, Jessica Baines - Cervical Cancer Elimination Nurse Lead from NCL, and Kate Barker - Nurse Associate, Village Practice). Due to illness, they attended six sessions (CLSS x2, KMEWO, ECUK, ISC, Jannaty).

93% of the women said that having a clinician present at the workshops was 'much more useful' or 'more useful'.

Feedback from participants suggests that clinician involvement increased trust in the information provided and helped women feel more confident asking questions.

"What has been great about this year is that we have had a higher number of clinicians delivering the sessions. They have been very informative, with a lot of time for questions from participants directly to clinicians and sometimes one-to-one conversations with individuals."

System Influence

All clinicians reported that they found the workshops very useful. One described this approach to health promotion as the "gold standard." They said the community setting, along with trusted translators, made it easier to have open and honest conversations with residents.

Clinicians also said the workshops helped them improve how they communicate with residents. They gained a better understanding of the real experiences, views, and barriers faced by different communities, which they would not usually see in a clinical setting.

"It's good for us to meet the communities in a non-clinical setting... it's really beneficial for us as nurses. It's really nice they get the opportunity to talk to each other and then open up to us...we wouldn't have this in a clinic. In a clinic, it's quite transactional." - Clinician

Following this project, HWI have been asked to assist in recruiting participants for a project delivered by the North Cancer Alliance, aimed at developing a competency checklist for clinicians. This will guide healthcare professionals to provide more compassionate, respectful, and trauma-informed care when supporting women who have experienced FGM.

“The FGM community opened my mind a lot to how I communicate with people who have experienced FGM, we have realised the standard is not good enough.”
- Clinician

One-to-ones

In-depth one-to-one conversations took place with 98 women following the workshops. HWI carried out 6 of those interviews (3 CLSS, 2 KMEWO, 1 Imece). The rest were carried out by Cancer Champions from the organisations.

Of the 98 women spoken to, 46 said they were attending screening, while 52 said they were not attending regularly.

Two new partners in this project, ECUK and CLSS, saw 26 women, initially reporting that they were attending screening, with later responses suggesting this may not be the case. This indicates that the number of women not regularly attending screening is likely higher than the 52 previously recorded. Some people initially thought they were attending regularly, but through the one-to-one discussion realised that they were not up to date with screening. Regular screening may not be well understood, and part of the barrier may be confusion about what regular attendance actually means in practice.

Breakdown by organisation:

- CLSS: 28 participants, 15 not regularly attending
- ECUK: 25 participants, 12 not attending
- KMEWO: 26 participants, 6 not attending
- ISC: 12 participants, all not attending
- Jannaty: 5 participants, all not attending
- Imece: 1 participant, not attending

Reasons you don't attend screening appointments (you can select more than one answer)	Number of respondents
For me there are cultural issues that make it hard to attend	8
I have had a bad experience at a previous screening	5
I don't understand the value of screening	10
I don't understand why I personally need to go	12
It is difficult to get a screening appointment	6
The screening process has not been properly explained to me	6
Language barriers	4
It is hard for me to attend the venue	0
Healthcare staff are unwelcoming	0
Influence from my peers/from other people I know	3
I am apprehensive about the appointment	7
Other	14

The 98 women who participated in one-to-one conversations were invited to select reasons for their non-attendance from a predefined list. Women most frequently selected barriers that can be addressed through better information provision (not understanding the value of screening, not understanding why they personally need to attend, or not having the screening process properly explained to them) as the main reasons they didn't attend screening appointments. 28 women identified these.

Cultural issues were also identified as a key barrier, with 8 women selecting this option. Access issues and issues associated with the screening experience itself were also frequently selected. No single issue within this area was seen to be as important a barrier as cultural issues, but the combination of poor past experiences, language barriers, and difficulty getting an appointment was identified more often. 15 women identified at least one of these issues as a barrier.

Peer or community influence was not a major reason for not attending screening, with only 3 women selecting this option. However, 7 women said they felt anxious about the appointment, which may be linked to their own experiences as well as things they have heard from others in their community.

14 women identified reasons other than the options listed in the survey question. Not getting letters of invitation, pregnancy, not being sexually active, and not having time for appointments were the most common reasons given here.

"I am still a virgin and had Female Genital Mutilation (FGM) and sewed when I was a child. This makes me panic to have a check-up because it will be painful."

"I am scared of the results. Some of my friends had cervical screening and were told they had cancer, so I'm afraid I might receive the same result."

What would make you more likely to attend?

The most common response, given by 28 women, was that they would be more likely to attend screening if they had more information about the smear test procedure and HPV. 13 women said that the information about screening they had received from the partner organisation/ Cancer Champion was exactly what would make them more likely to attend, and they would be doing so from now on.

6 women said that support with booking an appointment was an important factor in whether they would attend the screening. Of these, 4 said they would attend if they received that support.

4 women said that knowing they can request a female nurse would make them more likely to attend.

12 women said that nothing would change their mind about attending a smear test. 11 of these women were from Eritrean and Somali communities who attended a workshop at CLSS.

Of the 98 women who were not currently attending screening, 19 said they would welcome support to help them decide whether to attend in the future.

8 women said they would like support specifically with booking an appointment.

In contrast to the previous two years, where getting married/remarried was a key factor influencing attendance, no women gave this reason this year.

Previous experiences of screening appointments

Feedback from women who attended screening appointments was mixed. 62 out of the 98 respondents had previously attended screening. 48 described their experience as okay (even if uncomfortable), 12 reported a negative experience, and only 2 had a positive experience. Negative experiences were mostly linked to high levels of pain.

“My experience was very bad; having a smear test caused me anxiety. It was painful, I was bleeding and traumatised.”

Community feedback

North & Horn of Africa communities

(ISC, CLSS, ECUK, Jannaty 1 participant)

There was a significant misunderstanding about who needs to attend cervical screening, particularly among Muslim women. A common belief was that screening is only necessary if someone is sexually active and therefore married. This lack of understanding was a key barrier to attendance, especially within the Somali community.

Among the 20 women who attended the ISC workshop, 17 of them had either 'sometimes' or had 'never', previously attended a screening appointment. The main barriers identified were cultural barriers, limited understanding of the value of screening, and not knowing why they personally needed to attend.

Workshops helped to address these gaps in knowledge and open conversations about sexual health within families. Participants reported feeling more confident discussing these topics with their children, where previously they had felt it was inappropriate or difficult.

It was also noted that mixed-community workshops at CLSS, bringing together Somali, Eritrean, and Ethiopian women, supported shared learning and increased openness across groups:

"By bringing everyone from different communities, Somalis are more active and more open-minded... they can learn from one another." – CLSS

Eritrean participants attending sessions at CLSS and ECUK reported more negative experiences compared to other groups. Of the 32 Eritrean women who had previously attended screening, 16 described negative experiences. This group also showed stronger resistance to screening uptake, with 10 women stating that nothing would change their views on attending smear tests. 4 women stated that they would not attend the screening again due to negative past experiences.

Latin American communities

(LAWRS)

All but one of the women who attended the workshop were already attending smear tests. HWI followed up directly with the woman who was not attending (see case study below). The Cancer Champion at LAWRS identified a need for further information linking cervical cancer with menopause, hysterectomies, and breast cancer.

Turkish & Middle Eastern communities

(ITKWG, Imece, Jannaty, KMEWO)

Following on from last year's project, where it was identified that this was a priority population due to many misconceptions about cervical cancer, this year's project found that the majority of the women were attending screening and found the workshop useful.

Case studies

Kurdish and Middle Eastern Women's Organisation

Ms A, a 39-year-old Iranian woman, had previously been invited to attend cervical screening but had never gone, as she was unaware of its importance and felt uncomfortable and shy about the procedure.

After attending a wellbeing workshop, she gained a clear understanding of why cervical screening is essential for women's health. The workshop helped her feel more informed and confident, and as a result, she decided to schedule her cervical screening appointment.

Community Language Support Services

Ms B had attended a screening once in the past but did not understand the purpose of the test. She explained that the healthcare professional did not provide an adequate explanation before or after the procedure. As a result, she found the experience uncomfortable and embarrassing, which discouraged her from attending future cervical screening appointments despite receiving invitations.

After attending the workshop, she gained a clearer understanding of screening and felt reassured, particularly after learning she could request adjustments such as different speculum sizes. Ms B. now feels confident, reassured and is happy to book her next cervical screening appointment.

Islington Somali Community

Ms C, who has been married for over 20 years, attended a workshop and shared that she did not think cervical screening was important for her because she believed she was not at risk. She had previously ignored invitations from her GP, thinking she could monitor symptoms herself.

During the session, a nurse explained the role of HPV and that cervical cancer often has no early symptoms. This challenged her understanding and helped her realise that screening is preventative and important for all eligible women.

After the workshop, Ms C said she would reconsider attending the screening. She spoke with an ISC worker about booking an appointment and said she would seek support when she feels ready

Eritrean Community in the UK

Within the Eritrean community in the UK, a 49-year-old woman who attended a session at ECUK reported that she had never previously attended a smear test and had limited awareness of the importance of regular check-ups or preventive health practices. She identified cultural barriers, including shyness and discomfort around discussing intimate health issues, as key reasons for avoiding such appointments.

Following the workshop, the client demonstrated improved understanding of cervical cancer and the importance of regular screening, stating her intention to attend cervical screening on time.

Healthwatch Islington

HWI's Cancer Champion met a client at a women's workshop delivered at the Latin American Women's Rights Service. The client said she did not trust the health system due to past experiences where she felt unable to access the care she needed. She also said the screening process had not been clearly explained to her before.

"I expected the health system to take care of me, but it doesn't. I'm sorry, but I don't think I would receive proper care from the health system. That is why I have never tried to book an appointment for cervical screening."

After the session, she felt more informed and understood the importance of cervical screening. With support from the Cancer Champion, an appointment was booked with her GP, and details were confirmed in her native language.

The client attended her screening and reported a positive experience, describing the process as clear and straightforward. She plans to continue attending in the future when she is invited.

Recommendations

1. Continue and strengthen clinician involvement in community workshops

This year's project has shown that having clinicians present at workshops adds significant value, improving understanding and encouraging open discussion. We recommend continuing clinician involvement in future delivery and exploring ways to strengthen this model.

2. Provide more targeted education on specific women's health topics

The project identified gaps in knowledge around areas such as menopause, Female Genital Mutilation (FGM), hysterectomies, and screening for women who are not sexually active. We recommend developing clearer, more targeted information on these topics for future workshop delivery.

3. Improve understanding of the cervical screening process through practical demonstration

Feedback from participants showed ongoing concerns about pain and a lack of understanding of the procedure. Participants said that clinicians bringing models of the cervix helped them better understand what happens during screening. We recommend building on this by also showing the speculum and explaining the different sizes and types available, to help reduce fear and increase confidence in attending screening.

4. Expand and improve translated health information resources

Language barriers continue to limit access to information for many communities. We recommend reviewing existing cervical screening and HPV materials to identify gaps in community languages and developing more translated and culturally appropriate resources to support engagement and understanding.

5. Use this model to support neighbourhood-based approaches

This project demonstrates the value of delivering health information through trusted community organisations in familiar settings. We recommend that this model is used to inform the development of neighbourhood working, supporting more localised, community-led approaches to reducing health inequalities.

6. HPV self-sampling

We support calls for HPV self-sampling to be rolled out earlier than the current planned national implementation date of 2029, given its potential to reduce barriers to cervical screening. In the meantime, we recommend that local primary care and screening partners make full use of existing opportunities, including the London GP practice self-sampling offer where available, and ensure that clear, accessible messaging is in place for communities who may benefit most. As any wider self-sampling offer is introduced, local communication should be co-designed with communities to ensure that people understand what is available, who it is for, and how to access it.

Acknowledgements

We would like to thank all the clinicians and professionals who gave their time and expertise to support the workshops. Their contributions were recognised and valued throughout the project.

Equality Monitoring

Workshops	Total number of participants	18 to 24 years	25 to 49 years	50 to 64 years	65 to 79 years	Prefer not to say	Not known	Arab	Asian Bangladeshi	Asian Other	Black Eritrean	Black Somali	Black Other	Greek/Gr Cypriot	Kurdish	Middle Eastern	Turkish/Tr Cypriot	White British	White Other	Any Other	Not known
Women's Wellbeing Workshops: Participant Age and Ethnicity																					
11/5/2025 ITWKG, Imece	18		4	8	3		3			1				5			12				1
20/01/25 ISC	20		10	10								20									
28/01/26 ECUK	20		6	10	3	1	1				20										
18/12/25 ECUK	17	1	10	6							17										
19/02/26 CLSS	22		14	7	1						14	3	5					7			
4/12/2025 CLSS	25		9	16				2			18	1	6								
13/01/25 KMEWO	11		8	3				6											1	4	
18/11/25 KMEWO	20	1	15	4				3	1	10						1			2	3	
22/01/26 LAWRS	15		9	6															15		
12/8/2025 Jannaty	18		11	6	1			4				11				2					
Total	186	2	96	76	8	1	4	15	1	11	69	35	11		5	3	12	7	18	7	1

One-to-ones	Total number of participants	18 to 24 years	25 to 49 years	50 to 64 years	65 to 79 years	Prefer not to say	Not known	Arab	Asian Bangladeshi	Asian Other	Black Eritrean	Black Somali	Black Other	Greek/Gr Cypriot	Kurdish	Middle Eastern	Turkish/Tr Cypriot	White British	White Other	Any Other	Not known
Conversations with women who are not attending screening: Participant Age and Ethnicity																					
CLSS	28		10	18							19	2	4								
HWI	6		2	4						1	3			1						1	
ECUK	25		17	5	3						25										
ISC	12		2									12									
Jannaty	5		5					4				1									
KMEWO	25		20	5				2		15			7							1	
Total	101		56	32	3			6		16	47	15	11		1					2	

Appendix

Workshop feedback Interview guide

1. What did you think of today's session?
2. Was the information today helpful?
3. Was the information more useful because it came directly from a clinician?
4. Do you usually attend when invited for a smear test/cervical screening?
5. If you answered 'No' or 'I attend sometimes', are you more likely to attend your next smear test appointment thanks to this session?
6. Would you like to book an appointment to speak to the nurse to learn more about cervical screening?
7. Are you more open to letting your children have the HPV vaccination (if you have children under 25) as a result of this session?
8. Any other comments on today's session?

One-to-one conversation Interview Guide

1. Eligibility questions (Islington resident, 25 to 49 years old woman) - who hasn't had a smear test in 5 years (or never had one)
2. Do you generally go to your cervical screening appointment when you are invited/asked to?
3. What puts you off attending?
4. Reasons you don't attend (Select those you agree with) - You can select more than one answer
5. What would make you more likely to attend?
6. Have you ever been for cervical screening?
7. If yes, how was that experience?
8. Would you like support to make your decision?
9. Would you like support to book an appointment?

Cancer champion training feedback form

1. Did you find the information you were given today helpful?
2. Did you find the materials used during the training helpful?
3. Did you feel able to participate in the training?
4. As a result of today's training, do you have a better understanding of techniques to use when speaking to residents about taking up cancer screening?
5. As a result of today's training, are you more confident about having conversations with residents about cancer screening?

Interview guide for partner organisations following workshops

1. What went well at today's event?
2. What could have been improved? Are there any changes you would suggest?
3. What are the high-level themes/issues raised by participants?
4. What are the biggest takeaways for participants at today's session?
5. Case studies – Have you identified any participants who will be doing things differently as a result of attending the workshop? Could you contact them in a few weeks' time to follow up on the impact?

List of practices in Islington offering HPV self-sampling

Phase One (commenced September 25)

The New North Health Centre
Northern Medical Centre
Primary Care Partnership
Richie Street Group Practice
Barnsbury Medical Centre
City Road Medical Centre
Clerkenwell Medical Centre
Islington Health Inclusion Programme

Phase Two (commenced March 26)

The Village Practice
Amwell Group Practice
Riverplace Health Centre
Sobell Medical Centre
Killick Street Health Centre
St John's Way Medical Centre



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