

## ShowCase

### Increasing uptake of breast screening in Tower Hamlets

**Topic:** Cancer

**Organisation:** NHS Tower Hamlets

**Location:** Tower Hamlets (London)

**Dates:** August 2007 to ongoing

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### Overview

In 2005/06 Tower Hamlets had one of the lowest breast screening rates in England. To tackle this, NHS Tower Hamlets took a whole systems approach to ensure that the breast screening process was client-focused.

Interventions were developed to address three different groups involved in the breast screening process:

- The client (eligible women) – to encourage them to attend breast screening
- The enabler (primary care) – to improve their role in encouraging eligible women to attend breast screening
- The provider (Central and East London Breast Screening Service) – to make appropriate local changes to the breast screening service to make it client-focused

Specific interventions were focused on white British/Irish and Bangladeshi women, particularly from lower socioeconomic classes, who had been identified as having especially low breast screening attendance rates. Interventions were piloted from 2008 and included two marketing campaigns, community outreach and service improvements.

Between 2006/07 and 2009/10, breast screening rates in Tower Hamlets increased by 13.6 per cent. Rates varied across participating GP practices, with a high of almost 80 per cent in one practice – a first for Tower Hamlets.

## 1. BEHAVIOUR

- Increase the numbers of women attending breast screening in Tower Hamlets

## 2. CUSTOMER ORIENTATION

- Desk-based research
- 15 telephone interviews with stakeholders
- 4 focus groups:
  - Two with white British/Irish women aged 50 to 70 – one with those who had attended screening and one with those who had not attended screening
  - Two with Bangladeshi women aged 50 to 70 – one with those who had attended screening and one with those who had not attended screening
  - All from socioeconomic group C2DE

## 3. THEORY

- **Stages of Change Theory:** Aims to move people from pre-contemplation of a new behaviour, through contemplation, towards action and maintenance

## 4. INSIGHT

### White British/Irish women

- 'Cancer' is taboo
- Fear of finding cancer and of the side effects of treatment
- Know about breast screening and that the Government wants them to be screened, but don't trust the Government's intentions and so choose not to go
- Unlikely to be part of established groups (hard to reach)

### Bangladeshi women

- 'Breast' is taboo
- Unlikely to speak English or read Bengali
- Likely to live very localised, socially deprived lives

## 5. EXCHANGE

### White British/Irish women

- Barriers: Fear of finding cancer; Fear of cancer treatment and losing femininity
- Benefits: Peace of mind; Being in control; Living longer

### Bangladeshi women

- Barriers: Not the norm to discuss breast cancer; Fatalism; Transport issues
- Benefits: Alleviate fears; Become less superstitious about cancer

## 6. COMPETITION

- Whole systems approach worked with all elements of the service – clients (eligible women), enablers (primary care) and providers (Central and East London Breast Screening Service), plus wider stakeholders, to ensure a holistic programme that looked at all levels of the service

## 7. SEGMENTATION

- White British/Irish women aged 50 to 70 in Tower Hamlets
- Bangladeshi women aged 50 to 70 in Tower Hamlets
- Particularly from socioeconomic group CD2E

## 8. METHODS MIX

- Provider incentives per woman screened
- Customer service training for staff with 'thank you' goodies
- Extended evening/weekend opening times
- 'Talking invitations'
- Text messages and calls to women prior to appointments
- Transport and language support
- GP well woman check, with screening 'prescription'
- Community engagement events in mosques, community centres, bingo halls, hair salons, supermarkets
- Hospital open days
- Local ambassador
- Tailored marketing campaigns