

# Population Screening Team

## Screening in the Community



National Cervical  
Screening Programme  
& BreastScreen Aotearoa

**Nau mai! Haere mai!  
Talofa lava, Malo e lelei, Bula vinaka, Fakaalofa  
lahi atu, Kia orana, Fakatalofa atu, Malo ni,  
Mauri**



National Cervical Screening Programme and BreastScreen Aotearoa

# Preparation for working in the community

Data matching with practices;

- currently working with 4 practices –TTOH, Totara Health Maraenui Medical Centre, The Drs. Napier.
- identify priority women who these services have not been able to engage
- cross check their data with CSP register, and ECA data to up date screening status and contact details.

Plan and refer work to Independent Service Providers (ISP's) Kahungunu Exec, Te Taiwhenua O Heretaunga, Te Kupenga Hauora and Choices. And work alongside the PHO, our community networks and connections to

- to engage with and offer a community outreach wellness service.
- offer support and options e.g. home smears, outreach and afterhours clinic in Napier, pop up clinics as arranged, or workplace, Kohanga Reo etc.

# Benefits of data matching!

- Shows the screening status of all women enrolled in the practice.
- Electronic - able to be sorted (filtered) to identify women most overdue, and at highest risk
  - You can easily remove the women screened and concentrate on the women most overdue and/or with a high grade or low grade smear hx
- Can identify women screened elsewhere
- Can identify women enrolled in the PHO but not on the Register (i.e., likely to be unscreened)
- Can cross check with ECA if women have not been seen for some time

# Why we are doing this!

Once identified we offer these unscreened and under screened women alternative options.

- ❖ identify how we can best support access to screening and **address barriers** to screening.
- ❖ supports practice recall systems
- ❖ overcome other issues that sometimes occur e.g. for larger women or unsuccessful attempts
- ❖ to achieve equitable access to screening

# Who are successfully providing outreach services

Kaiawhina, and Pacific Community workers;

- Live and whakapapa to our communities of interest.
- Work with ISP's. community workers and nurses who go into homes or alternative settings providing screening or support to screening services.

Our teams together with our ISP's

- Staff the Napier based outreach clinics.
- Receive, triage and follow up referrals from practices and colposcopy services for support to screening, assessment, treatment and follow up.



# Community activities /networks support our holistic approach

- Health Promotion activities - when BSCC mobile visits Wairoa and CHB. PHC practices, ISP 's PHO work together to plan and support women to screening services.
- Connect with community organisations i.e. Transition Housing, Maori Women Refuge and provide outreach services as required often reconnecting these women to PHC – enrolling with a G/P.
- Integrated approach with other services i.e. MHU, Pacific team, Mental Health, Immunisations services, PHN, Smoking Cessation, Healthy Homes etc. along with PHO
- Focus on wellbeing and community priorities. E.g. family violence, etc.



# How we are doing this!

- Data matched list are organised according to areas and street maps.
- Ring, visit or bump into these women. Some of whom they are related to, or have connections with! They engage with them and offer options.
- Margaret a.k.a. Moggy and Leslie our community workers work with nurse sample takers from Choices or Te Taiwhenua O Heretaunga or myself offering our services at a location that works for them.
- Also hold two clinics per month (one with late night option) at the Napier Health Centre.



# Where are doing this

Where these women choose;

- home, at a neighbour's, friends or another family members home
- Practices, or alternative clinic
- Kohanga Reo, or workplaces
- Other unusual requests e.g. car or tent!



# Working together is empowering

The woman is invited to check her details and asked where she wants to have the smear.

- ❖ Bedroom/lounge, floor, mattress, couch, mats.
- ❖ Partner, husband, family, or children present and often act as translators when English is not their first language.
- ❖ Homes may not have doors, curtains – the degree of privacy is determined by the woman.

# Reality of our communities

Things crop up – just as in your practices!

- ❖ We sometimes make appointments but women forget, have visitors, other more pressing events occur. We organise another time.
- ❖ Casual workers work extra shifts etc. we organise another time.
- ❖ Safety issues on the day, we organise another time.
- ❖ Dogs, gates that you can't get past!!! Sometimes leave a card. Occasionally get a phone call back.
- ❖ Opportunistic –in the right place at the right time.
- ❖ Community workers –speak their language.

# Feedback

- Try to offer every women a feedback form.
- Since we have been working like this we have received 2017-2018 total of 121 feedback forms, all compliments.

Feedback Received	Total
2017	51
2018	70
Grand Total	121

- Local women's stories have been shared on NSU's Time to Screen Facebook page. One story has been the most popular since the commencement of the Facebook page.

Our stories!!

# Support for priority group women

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- Understanding barriers will improve services, and work to overcome these barriers. Offer alternative screening options – refer to support to screening services.  
E.g., if getting time of work is an issue, offer screening after hours? Saturdays!!
- Modesty is important for many but their realities can be very different. Take time, make a connection, especially with priority women
- Continue to improve your smear taking technique to ensure the experience is comfortable
- Place a flag on the PMS to offer opportunistic screening

# Barriers to change in health care

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The barriers aren't just for women . . .

Awareness and knowledge

Skills

Motivation

Acceptance and beliefs

Practicalities

- What are the barriers to change in your practice?
- What can you do differently to make a difference?





Any questions?

Tēnā rawa atu koutou



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