

## GP Surgery/PCN Cervical Screening Appointment Process Questionnaire

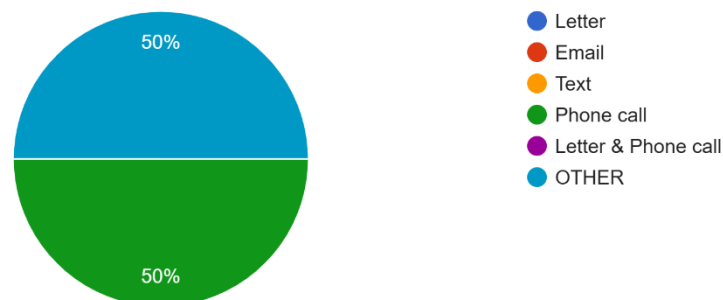
### STATISTICS & ANALYSIS

The following data was obtained from the two Wandsworth GP Federation Surgeries/PCNs chosen randomly from the 38 in the borough.

#### QUESTION 1

How does your surgery invite patients with learning disabilities or autism for cervical screening appointments?

2 responses



#### **Analysis:**

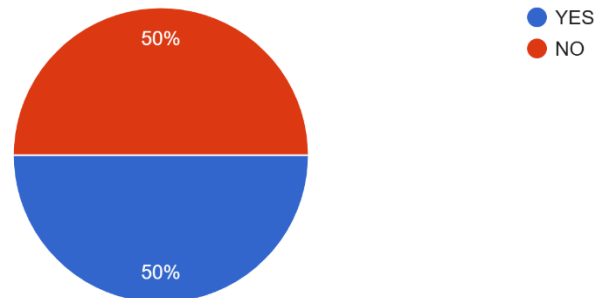
One of the GP surgeries invites patients to cervical screening appointments by letter, whilst the other surgery phones to arrange the appointment.

The two things that need to be addressed here is whether the letters being sent are in an accessible format e.g. easy read and who is the phone call being made to? E.g. Patient, Carer, Support Worker or Both?

## QUESTION 2

Are your letters and email invites in an easy read/accessible format?

2 responses



### **Analysis:**

One surgery has accessible letters for patients attending cervical screening appointments, whilst the other surgery doesn't.

## QUESTION 3

**Briefly describe the process of booking a cervical screening at your surgery?**

Answer 1:

*"The nurse discusses the booking (and appropriateness of the booking) with the patient at their annual LD review, as it is important to establish if they are sexual active and it's good to discuss the whole process face to face."*

Answer 2:

*"Telephone call to the patient and carer."*

### **Analysis:**

One surgery uses patient's annual learning disability review as the platform for arranging cervical screening appointments and the nurse is heavily involved in this process, which includes establishing whether the patient is sexually active and explaining the whole process.

The above used process is in a setting that the patient is familiar with [their LD Review] where required support and accessible communication aids/resources should be made available and utilized.

However, the process of booking in cervical screening appointments with just a phone call is not advisable as the ONLY way a practice invites patients with a lived experience, for the following reasons:

- When phoning someone with learning disabilities, several challenges may arise and these difficulties can vary depending on the type of learning disability and the individual's specific needs, but common problems include:

### **1. Difficulty with Communication:**

- Processing Information:  
Some individuals may have trouble processing information quickly, which could make it hard for them to follow the conversation or respond in a timely manner.
- Speech or Language Challenges:  
Some people may struggle with expressing themselves clearly or understanding language and they might need more time to process questions or find the right words.
- Understanding Complex Instructions:  
Long or complicated instructions can be overwhelming, leading to confusion and or misinterpretation.

### **2. Difficulty with Memory:**

- Remembering Details:  
It can be hard for some people with learning disabilities to remember specific details from the conversation, such as names, dates, or topics discussed.
- Forgetting the Purpose of the Call:  
Some patients may forget the reason for the call or get distracted easily, causing them to lose track of the conversation.

### **3. Anxiety or Stress:**

- Phone Anxiety:  
Some individuals with learning disabilities may experience heightened anxiety during phone calls, making communication even more difficult.
- Fear of Judgment:  
Some patients may worry about how they are perceived by others, leading to stress or reluctance to engage in phone conversations.

#### **4. The Pace of the Conversation:**

- *Fast Speech:*

It can be hard for the individual with learning disabilities to keep up and understand the conversation, if the person on the other end of the phone speaks too quickly,

- *Interruptions:*

If patients with a lived experience are interrupted or rushed, it may be difficult for them to fully explain their thoughts or questions.

#### **5. Difficulty with Abstract or Unfamiliar Concepts:**

- *Abstract Language:*

If the conversation involves metaphors or abstract ideas, it can lead to confusion, some individuals may struggle to understand abstract language or concepts.

- *Unfamiliar Vocabulary:*

Complex vocabulary or technical terms may not be easily understood, leading to frustration or a need for repeated explanations.

#### **6. Inconsistent Availability or Need for Extra Support:**

- *Limited Phone Access:*

Some individuals may rely on support systems, like caregivers or family members, to assist with phone calls, which can create logistical challenges, if they're unavailable.

- *Need for Repeat Calls:*

Due to some patients with learning disabilities challenges, with memory or understanding, additional follow-up calls may be needed to ensure the conversation was fully understood.

#### **7. Difficulty with Social Cues:**

- *Understanding Tone and Context:*

It can be harder for some individuals to pick up on tone of voice, pauses, or non-verbal cues (which are absent on the phone), leading to potential misunderstandings.

- Difficulty with Small Talk:  
Engaging in small talk or casual conversation might be challenging, especially if it involves abstract or complex social expectations.

## **8. Technology Barriers:**

- Trouble with Phones:  
Some individuals may struggle with using a phone, navigating buttons and or understanding voicemail systems
- Reliance on Written Communication:  
Patients with learning disabilities might not be comfortable with phone conversations and written communication (texts, emails) may be more accessible for them.

## **9. Fatigue:**

- Mental Fatigue:  
For some individuals, phone calls can be mentally exhausting due to the concentration required to process, remember, take note and respond to information. Long calls can lead to frustration or disengagement.

## **QUESTION 4**

**Please list ALL the surgery staff involved in the cervical screening appointment process.**

*Answer 1:*

*“Our nurse that leads on the LD register is the main member of staff involved this process. It makes it easier to not have many unfamiliar staff members involved.”*

*Answer 2:*

*“HCA/GP/Reception Staff /nurse”*

### **Analysis:**

One surgery reports that in the interest of maintaining familiarity for their patients with a lived experience, their nurse assumes a significant role, with regards to the Learning Disability register.

Familiarity is very important to people with a lived experience for the following reasons:

- Familiarity is especially important for people with learning disabilities and autism because it provides a sense of comfort, security, and predictability.

These individuals may find new or unpredictable situations more challenging, and familiarity helps reduce anxiety and stress.

- Structuring Appointments using familiar staff and settings encourages routine and structure, reducing anxiety, improves communication and social interaction, increases learning and independence, whilst it can also reduce the likelihood of sensory overload and help patients stay regulated.

In short, familiarity helps create an environment where individuals with learning disabilities and autism feel more comfortable, confident, and capable of handling new challenges, ultimately improving their overall well-being and ability to engage.

## **QUESTION 5**

**Who explains what is going to happen during the appointment and how do they do it?**

*Answer 1:*

*“The nurse responsible for LD reviews runs through the process using relevant printed resources (if necessary).”*

*Answer 2:*

*“The nurse does it with support from the carer.”*

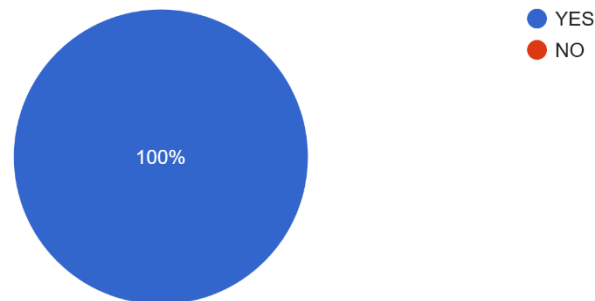
### **Analysis:**

Once again in both surgeries, the nurse is central to the whole appointment process. However, it's important to ensure all information and resources communicated are accessible/easy read, whilst support workers and carers must also be involved in the process.

## QUESTION 6

Does your surgery offer a chaperone for cervical screening appointments?

2 responses



### **Analysis:**

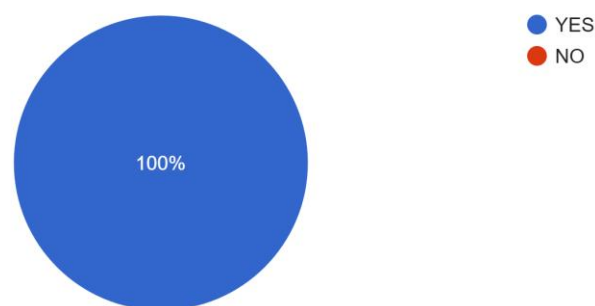
All surgeries interviewed provide chaperones for their patient with a lived experience who attend cervical screening appointments.

However, the chaperones offered must, like all other staff involved in this process, have adequate/effective training support and accessible communication aids/resources required when assisting/supporting a patient with learning disabilities and or autism.

## QUESTION 7

Does your surgery explain the benefits and risks of screening?

2 responses



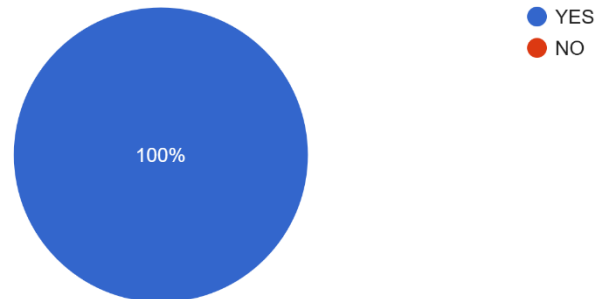
### **Analysis:**

Both surgeries said they explain the benefits and risks of cervical screening, but how is this communicated and in what format?

## QUESTION 8

Does your surgery offer support for people with learning disabilities who attend cervical screening?

2 responses



### **Analysis:**

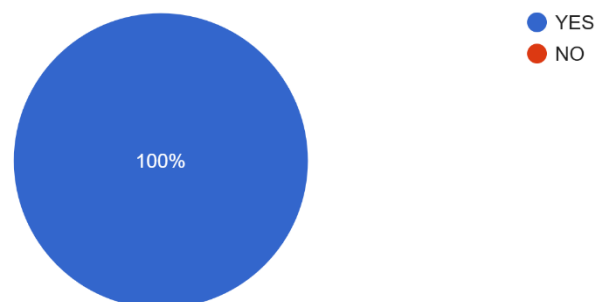
Both surgeries offer support to patients attending appointments....

However, what does the support look like, is it person-centred and is it specialised?

## QUESTION 9

Do you provide instruction and or directions, of how to get to the surgery for those invited for cervical screening?

2 responses



### **Analysis:**

Both surgeries provide instructions/directions for how to get to the appointment , but how is it provided and is the information in an easy read/accessible format?

### **QUESTION 10**

**How do you make patients with learning disabilities feel comfortable, during their cervical screening appointment?**

Answer 1:

*“We offer them a chaperone, or family member if they would prefer....*

*They can, also, watch something on their phone, listen to music or anything else that makes them feel more comfortable.”*

Answer 2:

*“We offer them extra time and make sure someone familiar is with the patient [present and available].”*

#### **Analysis:**

Both surgeries reported offering support and various options to make patients feel comfortable, along with allowing extra time during the appointment and keeping things familiar.

### **QUESTION 11**

**How does your surgery communicate cervical screening test results to patients with learning disabilities and autism?**

Answer 1:

*“We call them to discuss their results that they receive via the NHS and if the result is abnormal, we bring them in for a face to face appointment to explain what it means and the next steps.”*

Answer 2:

*“Not sure”*

#### **Analysis:**

One surgery has no idea how screening results are communicated to patients with learning disabilities and autism, whilst the other practice appears to have a process in place which involves calling the patient, discussing the results and if need be calling them back in for further, in person consultation.

## **QUESTION 12**

**Please describe the challenges your staff have when communicating with, advising, and or treating patients with learning disabilities and autism?**

*Answer 1:*

*“Getting them in to attend their review appointment....*

*Reiterating the importance of lifestyle changes (but this is more general - not relating to cervical screening).*

*There are no specific difficulties in relation to cervical screening, but that is due to our particular cohort of patients.”*

*Answer 2:*

*“Not sure... We need to communicate reports in a good way.”*

### **Analysis:**

One surgery has issues getting patients to attend review appointments, whilst it's also a problem communicating the importance of lifestyle changes to those with a lived experience.

Just like the other practice the main thing that needs addressing here is communication and how that can be better improved, in relation to advising and or treating people with a lived experience.

## **QUESTION 13**

**Please let us know about anything you feel would help your surgery and staff during the whole process of cervical screening appointments for people with learning disabilities and autism.**

*Answer 1:*

*“Additional time for the appointment (which we do anyway, but it impacts capacity) and easy access to materials for these patients.”*

*Answer 2:*

*“A simple way to communicate reports”*

### **Analysis:**

One surgery highlighted the need for more time and greater access to accessible materials for patients, whilst the other surgery once again reiterated the need for their own reports to be simplified as a way of addressing the communication barriers they

face when assisting, advising and or treating someone with learning disabilities and or autism.

Therefore, both surgeries are aware of the need and potential benefits of incorporating AIS tools such as easy read resources into their cervical screening appointment process.

### **ADDITIONAL INFORMATION**

#### **QUESTION 14**

**Please provide any Additional Information about your Current Appointment Processes.**

- Only the Open Door surgery reported back with this additional information on their current cervical screening procedures, stating:

*“We always proactively call the patient for their annual check-up and identify their needs, then organise smear test accordingly to suit the patient’s individual requirements and this is done in conjunction with their carer or relative”*

#### **Analysis:**

This statement suggests a proactive and individualized approach to cervical screening for patients with learning disabilities.

It emphasizes that the healthcare team initiates contact with the patient for their annual check-up, identifies specific needs, and tailors the smear test to accommodate those needs. Importantly, it acknowledges the role of carers or relatives in the process, ensuring that the patient’s requirements are met with appropriate support.

This approach is positive because it highlights the importance of personalized care, ensuring the patient feels supported and comfortable during the screening process. Involving carers or relatives is also crucial, as they can provide valuable assistance in managing the patient’s needs and advocating for their well-being.

However, it’s important that the process is as inclusive and accessible as possible, ensuring the patient’s autonomy and dignity are maintained throughout the screening process.