



# Increasing access to

DES services

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Public Health England leads the NHS Screening Programmes

#### Introduction

So what do you know?



# When it comes to non-attenders you may feel like this



You can take a horse to water....

# Teaching you to suck eggs?

- You know your cohort
- You know your area

Or do you?

Some misconceptions I have encountered

We make assumptions about - access Priorities
Changing lifestyles
Varying attitudes
Local variations



### What may work for you

Identifying the barriers

2. Finding solutions – don't forget feedback from service

users

3. Continuing the cycle



Deprivation
Transport
Carer's responsibilities
Health issues both physical and mental
Work or education

**Denial** 

Lack of understanding Language barriers Everyday life!





### Examples of barriers

- 1. Travel
- 2. Fear
- 3. Lack of understanding
- 4. Difference in culture
- 5. Educational and socio economic variation
- 6. Bad previous experiences
- 7. Life gets in the way



# AAA inequalities toolkit

https://www.gov.uk/government/publications/abdominalaortic-aneurysm-screening-reducinginequalities/identifying-inequalities



### Variety - one size does not fit all

#### Proportionate universalism

#### Equality



The assumption is that everyone benefits from the same supports. This is equal treatment.

#### Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

#### Justice



All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

#### Outcome?



#### Resources

- Why is cervical screening coverage falling in the UK and what has primary care done to increase uptake of cervical screening?
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