What's pants, but could save your life?

Topic: Cancer
Organisation: West Midlands Cervical Screening Quality Assurance Reference Centre
Location: West Midlands
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Overview

‘What’s pants, but could save your life?’ was the first West Midlands-wide NHS programme to adopt a fully integrated social marketing approach. It was the first cervical screening initiative in the UK to directly link data trends, audience segmentation and social behaviour research with the construction of an awareness campaign. It was also the NHS’s first region-led cervical screening intervention to identify, measure and achieve tangible behavioural change.

The programme aimed to achieve a sustained increase in cervical screening amongst 25- to 29-year-old women in the West Midlands, in order to reach the national minimum standard of 80 per cent.

The methods mix included: modified and increased service provision, including additional screening clinics; radio, bus and ambient advertising; and direct mail included with routine screening invitation letters.

Results

• At the end of quarter 1 (2008/09), laboratories reported a 16 per cent increase in workload in the gateway age group alone

• However, this initial increase was not sustained and West Midlands did not reach the 80 per cent cervical screening target
For women aged 25 to 29 in West Midlands to take up cervical screening, in the hopes of raising regional coverage figures for this age group above the national minimum standard of 80 per cent.

### 3. THEORY

**Protection Motivation Theory**: When faced with a health threat, individuals react by adopting behaviours to minimise that risk or continuing their harmful behaviour. Willingness to take a risk-reductive behaviour is influenced by: perceived susceptibility to and severity of risk, and perceived self-efficacy and effectiveness of taking action.

### 4. INSIGHT

- Cervical screening described as 'pants' – the experience is mildly humiliating and uncomfortable
- Not painful enough to be 'nasty but important'
- Not frequent enough to be 'routine'
- Poor understanding of prevalence of cervical cancer
- Cervical screening not prioritised compared to other healthy behaviours, like exercise or healthy eating
- Service improvements required

### 5. EXCHANGE

- **Barriers**: Lack of knowledge about cervical cancer and benefits of screening; Embarrassing; Uncomfortable; Perception that young people do not get cancer; Inconvenience and difficulty of making and attending appointments
- **Responses**: Emphasise importance of screening; Campaign to raise profile of cervical screening; Increase access to convenient services and female nurses; Acknowledge that screening is 'pants'; Use humour

### 6. COMPETITION

- Other health messages (e.g. 5-a-day, regular exercise) prioritised over cervical screening
- Campaign used humour, colloquialisms and colourful imagery to stand out from other health-oriented behaviour change campaigns

### 7. SEGMENTATION

- 25- to 29-year-old women in West Midlands
- Key gateway group – if they fail to attend for screening during these years, they are likely not to attend in future

### 8. METHODS MIX

**Service provision**:  
- Amended service to provide additional clinics in different locations with extended opening times (including a walk-in facility)

**Promotional activity**:  
- Local activity coordinated via region's cervical screening leads  
- Region-wide promotion via bus, bus shelter and train advertising; posters; leaflets; website; local radio and press