Dorset Women CIC E7_mixdown V1 (No Intro)

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SPEAKERS

Paul Bolton, Marianne Storey, Dr Helen Platts, Speaker 1, Anjali Mavi

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M **Marianne Storey** 00:22

Good So Helen, do you want To introduce yourself?

D **Dr Helen Platts** 00:42

Yeah, of course. So I'm Helen. My day job, I suppose, is a being a GP in Dorset, and I trained in Dorset, been a Dorset GP, but my wings have spread slightly in the last couple of years, because I have taken on slightly different positions related to cancer. So I also now work as a GP advisor for the Wessex Cancer Alliance. I also am working on the lung cancer screening programme in Dorset, which is successfully rolling out. So that's been really exciting. And I also work now at Southampton hospital based doing a cancer referral service called the rapid investigation service. So that's a team where primary care will refer in to us if they're concerned as an underlying cancer, but not quite sure where, so they might have non specific symptoms, such as weight loss, loss of appetite, certain parameters that don't fit into the normal pathway for cancer referrals. So I'm doing a bit of a mixture of different things, but all very related to cancer alongside my normal GP

M **Marianne Storey** 01:45

job. How do you do all of that?

P Paul Bolton 01:47

That's what I was thinking.

D Dr Helen Platts 01:49

Well, I think when you, as you guys, probably all agree, it's when you do something you're interested in, and it's it's a lot less hard work, isn't it? And I think if I did five days of normal general practice, I probably wouldn't be able to manage, but I think the variation does make a big difference. And yeah, they're very, very different jobs, which makes it very nice. So yeah, I'm I'm lucky, excellent.

S Speaker 1 02:13

Thank you and welcome. Welcome. Yeah, thank you. Do live in Southampton or Monmouth?

D Dr Helen Platts 02:18

I live in Poole. Actually, the the Southampton job is remote, so I only have to go there occasionally. But, um, yeah,

M Marianne Storey 02:26

amazing. So Paul, do you want to introduce yourself?

P Paul Bolton 02:29

Yeah, yeah. So I'm Paul. I'm the I'm a nurse by background, I'm clinical service manager for the Integrated vaccine service, which sort of oversees my role overseas vaccines being delivered as part of school age immunisation service. So all of those vaccines from when children start school to when they leave, and then a little bit afterwards too, with some of the catch up programmes we do, then we also run a perinatal vaccination service, so vaccinations being offered to pregnant women at their scans and then at subsequent times if they're unable to make those appointments. So we've set that up in the last 12 months, and that's been really successful. We've been able to turn around sort of an uptake across Dorset for pertussis, maybe 20, 30% to nearly 60% and a new vaccine being introduced, RSV into for this population. So it's being really exciting to deliver, and we're starting to see real impact within RSV on reduction of admissions into neonatal itu, on those small babies. So the vaccine is having a great success there. And then we also run clinics in the community for influenza, covid, 19, go into care homes, house bound residents. And then run large clinics. So seasonally, very, very busy as we go through sort of autumn, winter into spring, but then we've got that long, sort of long range work that we're always trying to do around vaccinating children, adults, pregnant people. And then a lot of what keeps me busy is really working out, how do we, how do we engage with people? How can, how can we connect with the people that we want to vaccinate So young people, old people, pregnant people, what do they want to see? Where do they want to see that information? How do we do it? It's an ever evolving challenge, and I find often on the wrong age, the wrong Sex and the wrong colour, if I'm honest, to be able to do that to the people that I'm not reaching yet. So it's reaching out to people who can help me do that is, is what I'm learning in my role now.

M Marianne Storey 04:49

And can I ask you not wanting to kind of trigger any conspiracy theories, but your comment about people you want to vaccinate? I mean, it's just a brilliant segue into why we're doing this. Episode this week around prevention and screening and immunisation. You don't want to vaccinate people because it just gives you a bit of a thrill to vaccinate them. Let's talk about why it's so important that your job even exists all that kind of immunisation work, because we're going to talk a lot about cancer today, but your work involves immunising people against things that aren't just cancer too, aren't they? So why is that even important?

P Paul Bolton 05:25

So think the ability to protect people from communicable diseases has been an element of science and an element of medical practice for Wow. Where are we now? Nearly, nearly 250 300 years, we've been trying to protect people. You take us back 250 years ago, and we were, you know, exposing people to poorly cows to protect them from smallpox. And we've advanced hugely now. And when you think of what's been done in the last 60 years within the scientific community to really understand, how can we develop a vaccine that's going to protect against influenza that rapidly changes every year, to measles, to mumps to rubella, to all those childhood illnesses that have a huge impact upon children's daily lives And what we know about and then have a huge impact on the NHS when they're really unwell. So it's really important, because if we can vaccinate a large majority of the population, then we've got the ability to eradicate some of these diseases, but we've definitely got the ability to prevent severe illness in those that are immuno suppressed and extremely vulnerable to these communicable diseases. And hopefully, if everybody who's what's the best way of saying this is everybody is personally signed up to be vaccinated and understands and has confidence in the vaccine, will vaccinate them, and then that offers those people protection who are not so confident yet, yet to make their decision, and actually those who are ideologically opposed to vaccination. And you know, I'm very respectful of everyone's different opinions, but I think if everybody who's up for a vaccine gets a vaccine, then we're doing our bit to protect the rest of the population.

M Marianne Storey 07:25

Too great. And maybe we'll come back in a minute to those numbers and how you're trying to kind of improve them. But before we do that, I mean, I'm going to share my ignorance here. I don't think I really understood that you could vaccinate against cancer. So, I mean, maybe I'll ask Helen this question. I know it's your kind of jurisdiction, Paul, but Helen, I don't know words of one syllable to someone who maybe doesn't particularly understand very well. How can you vaccinate against cancer?

D Dr Helen Platts 07:54

So it depends on, on what type of cancer. But if, if we use the the HPV vaccine, we know that HPV, the virus, Human Papilloma Virus, is actually, I think it's 99% of the case of cervical cancer, causes 99% of cancers in this of the cervix or the entrance of the womb. So if we can vaccinate against a virus, which we are used to doing, we then can prevent that virus causing the pre cancerous changes the cells and then the cancer eventually. So that's that's one example of how we can vaccinate against cancer. There are incredible technologies going on currently about using different types of cancer vaccines that I won't go into now because they're not yet at the stage where they're testing even on patients, although that's close, for example, can vaccines have been developed against lung cancer? There was an incredible CV programme last night even, and they are at human testing stages of a of a vaccine to prevent lung cancer, which is the biggest killer, you know, worldwide, 20% of all cancers are lung cancer. So that's just unbelievable. But we're on the edge of amazing stuff. We're already doing it with the HPV vaccine, which obviously Paul talk about, but yeah, that's basically it. If you can find why your people are getting cancers, and then there's ability to vaccinate against it, then that's the key

A Anjali Mavi 09:22

I might share. Maybe not this point. But then I have been part of one of the research with University of Southampton, where, because of my different language knowledge, because I can speak in Hindi, Punjabi, Urdu and English, of course, so I can read Punjabi language. So I've been part of the research where, you know, they have read, made lot of documentation about vaccination, and that's where I first time ever, actually, I've got to know there is a cancer vaccination also, like marine just said, for me, it was like the vaccination we. Have heard about is like flu vaccination, or like the public, the normal public who don't have anyone in the family cancer, they don't know about this. You know, facilities is available, or these medicines or vaccinations are available. So this is the first time when I got to know, and I was reading that document in my language, and I wanted to give applaud the research team, because they have written that document so nicely in the language the people who doesn't understand English, it was very much clear to what they are going to have and if they don't want to do it. So it was so good. So I want to give applause for that. Actually, this was really good. Initiative has been taken for the people who doesn't have a English language, the first language. So yeah, but no knowledge about the vaccination is really rare. I can say that people around me why I still don't know about me being in community was not aware about it. So how we can just put this in the in in the kind of public so people know that there is a vaccination, because for covid, vaccination only we can get. We get to know when the covid happened.

M Marianne Storey 11:03

Okay, well, I'll just hold that thought for a second Angela, because I really want to talk to Paul in a minute about what, about what the programme actually did then in that respect. But I just want to, before we do that, quickly, talk to Helen a little bit more about we talked about immunizations, but what other types of prevention programmes should or could people or do you get involved in sorry, it's a bit of a broad question, but there's more to it than just immunisation, isn't there?

D Dr Helen Platts 11:29

Yeah, absolutely. So screening is obviously a huge tool, and certainly what we're trying to do, all of us are trying to prevent cancers or even detect them early. And screening is is a tool that we know saves lives, because it will pick things up early, which will mean that they will be, you know, hopefully easier to treat. And certainly people will survive an earlier cancer, and much more commonly so certainly, we've talked on about the cervical cancer screening programme, or we haven't talked about the screening, but we've, we've touched on cervical cancer screening. And so a smear test is a screening test to detect pre cancer that could lead to develop patient to develop cervical cancer. So that would be people who are born with a cervix or womb that is well established. And I think certainly there are lots of sort of developments we're trying to get individuals to take up that screening programme. I know there's been a lot of difficulty with younger people. There are some changes to that programme that you know, if we get a chance to talk about would be great, because there's some exciting things with we're basically some some new research has shown that we don't have to do smear tests so often in women who don't have yet. Exactly to listeners.

M Marianne Storey 12:57

That wasn't very helpful. I just kind of did a little mom of a cheer going,

D Dr Helen Platts 13:02

yeah, the cheer, the cheer of Mary, yeah. I think we all did it internally as well, didn't we? I don't think anyone looks forward to a smear test. So, yeah, so I can talk about it now quickly, if you want me to. But, but basically, on new research this, this should be changing in the new year. Is so, has, we've already started to sort of roll it out with with some patients. If you are age between 25 and 49 if you have no H P, high risk HBV picked up, you will only be called back to have a smear test every five years, rather than three years. So we're, we're spacing it out, so you have to have less smear tests, less appointments, and the evidence is overwhelming that this is a safe thing to do. So good for everyone, really, those individuals who have high risk HPV. So the virus we were talking about, which can make you, you know, risk of developing cervical cancer, they will still have a three year gap or less, depending on and how would you know? How would you know that? How would you know who? So what would happen is you would have your your smear test, and the results will come through, and you would be told at that point so you will you will receive a letter saying that we have detected that you have high

risk HPV, and at that point, most people will be offered to go to a specialist who will use a microscope to take a sample and look to see if there are any changes that they're concerned about. Most of the time, people would be called back for a further test a year later, sometimes they might need to have a little sample taken and so forth. But so that's how you know you would have the your first smear. And then from that point, you can either go to five years smear test, move from three, or stick with what would what would be picked up. Yeah, this has come out of London, as I say, that the research they've done is quite overwhelming, that this is a safe, good thing to do for everyone. So that's screening, obviously, from the point of view of cervical cancer, bowel screening is another thing that's a preventative measure for both men and women, and that is from the age of 50, and you will, usually, between the ages of 50 and 52 be sent a little pack in the post every two years, and you send off a stool sample, and that is looking for microscopic little bits of blood in the poo, and that's really sensitive. So if, even if there's a small pre cancerous, so not a cancer, but could develop into a cancer polyp in your bowel, then that can be picked up on this test. So you will then, if that comes back positive, same way, you'll be sent a letter saying we've picked up that your bowel test is positive. We'd like to invite you for a camera test to have a little look into the bowel to see if there's something going on there. The other thing is obviously breast screening. So breast screening again, so that is usually through mammograms. So you'll be invited after the age of 50 to go for your breast screening, for a mammogram. And I think also really important to mention, if you have a strong family history or you have a predisposition, so, like, if you have an inheritance, from a genetic point of view, you might have to have breast screening so a little bit earlier, but that's something if you're worried about as a GP, we'd want to hear from you, and we can see if that's something that you you should be having. And the other thing to say is, when your breast screening ends at 65 if you do want to carry that on because you're concerned, or you think, actually, I like that reassurance, you can contact the the breast screening team, and they will invite you for further mammograms, even after your kind of you know, your eligibility age has gone over. So that's that's reassuring. And then I have to mention the lung cancer screening, because I'm involved in it in Dorset, so a bit of a plug. So that's offered to anyone who is over 55 between age of 55 and 74 who has either been a smoker or currently smokes. And what we do is we will invite you for a consultation with one of our lung nurses, who basically will go through some questions to see if you are at risk of developing lung cancer, and then we will ask, we will book a low dose CT scan so it has a look at your chest, but it's a low dose, so you're not getting a lot of the radiation that we would do with a normal chest X ray, but still very sensitive. And then we will look at all of those scans and deal with any results that comes. And we're having fantastic results from the lung cancer screening programme in Dorset that we're picking up cancers that are stage one and two. So that's a really early stage. So patients, the main thing really, is that, you know, and I should have said at the beginning, all of these screening is patients don't have symptoms. So screening works if you are fit and healthy and well, but you have go for this screening test with no symptoms. And that's when we pick up things early, because actually you could have a grumbling cancer, lung cancer, for a few years, it's unfortunately, then spreads, and that's when you get symptoms, you know? And so if we can pick it up when it's just a tiny blip on your CT scan, that's going to make a huge difference in the way that we can treat patients.

M Marianne Storey 18:37

I mean, what strikes me about what you've been talking about, both of you, is a there's a lot available, and it's obviously improving all the time, and it makes such a massive difference to people to prevent these things or catch them early. So kind of coming back to you, Paul, why? Why did, why is everybody not queuing up at your door asking for the immunisation? You know? Why? So, I guess what's behind my question is, why do we need this as a work stream on this women's health programme in the first place? One might assume from what Helen's been talking about, that people would be queuing up at your door, but clearly they're not, or we wouldn't have had it as a workstream. So what's going on?

P Paul Bolton 19:11

I think people have got a lot on their plates, and there is only so much bandwidth people have got to take in information. So just as what Helen's described to you about, you know, there's a vaccine for cancer. I mean, I'm in the world of vaccines. I'm in the world of of health care, and yet that's new to me. So I think now, Rick, you're in an area where there's so much information out there, so many opportunities to see different bits of information that gaining people's attention in the first place is actually quite hard. Then you get to that next aspect. So if somebody does get that opportunity to read some information or have a conversation with somebody about that, there's lots of different opinions and an inordinate amount of different opinions. Audience. And so gaining the trust of somebody to listen to you, to understand you, to be able to have their questions answered is a skill, and so it's making sure, and that's what we do, is that we've got the right people in the right environment who are able to have conversations and give information that give people the confidence to say, actually, this vaccine is what I want. HPV vaccination we look to be giving around year eight, and so for a lot of parents, if we exclude influenza and possibly also covid 19, that's probably going to be the first time that they're thinking about vaccinating their child since they were very small, since they were holding them, and so they've moved on now. They've forgotten about all we need medical interventions to keep our children safe and free from harm. They've forgotten the decisions that they made when the baby was born, right? Well, we'll do MMR, okay, well, we'll do that one there, and then we'll do diphtheria, pertussis, polio, we'll do those. But, but actually, when it comes to HP, I think a lot of people have forgotten those decisions that they make, because uptake for very, very early vaccines is is probably 99% really, really high. But by the time you get to year eight, uptake 80% time you get to 1617, 18, it drops even further. And we see that right through until pregnancy for women, and then uptake for that group starts to increase again, that interest and awareness, because it's for their man, their unborn child, that then uptake increases again. So gaining time in people's lives to say this is important for you is the first step, and then gaining their trust is the second step. And so this part of the programme that we did was really important, because what we did was we said we don't know really what children are thinking, and we don't really know how we can engage with a school to be able to get time in that school with those children, to be able to make this important, because an academic year is packed, you know, we're competing against all sorts of just as important times and events in those children's calendar at school, so we need to find the right time with them and like, Okay, so our first step that this programme helped us to do was to connect with a number of schools to ask them, How would you like it to work? What's what's the best way for us to do this as a large organisation, with you, as a large organisation, to make it work.

M Marianne Storey 22:46

And the answer was,

P Paul Bolton 22:47

and the answer was different to what we thought. So, okay, we were organisation. We've been delivering vaccinations for a number of years. We link very closely with public health teams. Sam, who you mentioned earlier, got Yeah, go back with some years. We know how to make something work. You write a good document, you make it good to read. You fill it full of science and evidence, and then you present it to the school with an NHS logo and a local authority public health logo. And that's what's going to work. Now that doesn't work because it just goes to whoever's been given that task to deliver that. So what we learned by just by speaking to state schools was actually every school does this completely differently. It could be the PA to the headmaster who runs the communications with the vaccinations team, or it could be the head of science in a really big school, and so the information that you give to that person has got to be extraordinarily different than you take it in a different way. So it really taught us, actually, we need a bespoke approach. We need to understand how this school works with its pupils and its parents to make it work individually. So off we went, right. Let's develop our vaccination nurses and vaccination staff. You're now going to become link staff. So you've now got your own individual schools to link in with, and so since we did that programme, yeah, each nurse has got 1020, or more schools that they are linked with and are developing relationships with. Okay, who's the best person to talk to about vaccinating this year? What are we going to do? How can we work with you to make this really effective?

A Anjali Mavi 24:25

Wow, what I'm understanding is your vaccination is more for children as you're talking about the school. So I agree, because my children goes to school and I get notification emails when they are eligible for nasal vaccination, nasal flu. And also it's there. Definitely it's very good exercise. But having said that, sometime we don't know what other vaccination they are eligible for, as per their conditions. And also, obviously the GP will be the next person who can let you know, like your children will have any anything, any deficiencies they have, so they are. Eligible for that. But like for my son, I am not clear actually, how many vaccination he need to take, because he's nine years old. I lost it now because he might have when he was young. And in my memory lane, I don't think so I remember like when he will be eligible for next one, till the reminder comes. So I feel like it should be some pattern where we should know about it. How many vaccination because we get lost. That red book is gone in some cupboard long gone. So, you know, there has to be some kind of pattern which can be follow now we are digitalized, and some of the GP still old school. So I think we get lost. And some of the parents who doesn't have much education, especially in ethnic background country, and they are coming from, like some refugees, they have no knowledge about it. So I think there the system need to be little bit feeding more. I know I'm asking too much. You guys are already doing so much. It's just the my experience within other diverse community I'm talking about,

P Paul Bolton 26:04

absolutely, I think if this was a car that you wanted to bring in for mot, every year you've got a register, okay, I need to mot that, and every year you've got tax, and then you know that the tires, maybe I need to do my tyres, and maybe I need to do the lights. And there's so many different things that are there that are obvious, and you can apply to every car, every vehicle. But when it comes to humans and vaccinations, it's all different. As you've already alluded to, people come from a different country, and a different country will have a different a different regime to follow different years, largely the same vaccinations, but not all, and then you can be a different age, and a different vaccination programme will apply to you. So very early on, we gave two HP vaccines. Now science is involved, and we know we can give one HP vaccine. So somebody of 1890 is going to have a different vaccination history to someone who's now coming up to be coming into year eight, so you can't then compare it. And it would be nice to have a lovely digital tool where you could put in your name and your date of birth and NHS numbering. There you go. This is what your should have had, and this is what you have had, but with the NHS, as we know, there's all sorts of different ways of developing and delivering a service, and so not every piece of information is still in the right place on the right format to make that work. And then, as Helen will know, too, you will meet a patient, they'll have a conversation with you, and actually what their history is as different. And so you're going to have, what you need to have is really a sort of a risk based approach to that person's lifestyle, to their experiences. That are going to say, actually, you could have this vaccine, and it might not necessarily, necessarily be what the programme is. It's what you can prescribe for that person differently. So I think, I think in answer to your question, a shorter answer is, it's, it's when you've got the opportunity to have a vaccine, you're invited for one. It's having a conversation with that professional to say, Do you think I'm up to date? Are there any other vaccines I should have? And that professional can give you that information, I wouldn't want to say in this podcast making a point with your GP and ask that's the wrong piece of information to give out, because the really, really busy delivery of people who were, you know, acutely unwell and preventing them from going to hospital, and, you know, all that fantastic work. But think it's at that point where you're invited to come in and go, Oh, let's see, am I they said, well, and having that conversation with a professional will give you the insurance and then possibly also that referral to get them into the right place.

A Anjali Mavi 28:54

Yeah. I mean, Marion, I would like to give a very big round of applause to Paul, because I think you had given answer in the keeping the language, which can be very understandable for local people public, the way you explain with the MOT and all. And I'm that's that's the intention me to ask this question because I knew the answers. But I think it's more for the people who's going to listen our podcast? So thank you so much. There are a lot of people just think we need to go to GP all the time. No, you can talk to the person who has sent you the notification for your vaccination. So thank you so much all the listeners. Please. Please listen this carefully.

M Marianne Storey 29:36

Good sales person, actually, I wanted to ask you, actually, while you're talking Anjali, and this has come up before when we've talked on other subjects, and I remember menopause particularly, sometimes there are some myths in other cultures around some of these things. Do you think there is around vaccinations?

A Anjali Mavi 29:55

I mean, there's another thing I have done during covid vaccination time I was a company. Engagement officer with Southampton Council, but we have done 600 people vaccination, especially for BAM community in Bournemouth, with the help of NHS. So this drive for one day, drive had given me so much, I mean, kind of shock where people were not ready. They came to the centre, and they go back because they said, No, we don't want vaccination. There was so much myth, so much in I mean, it was all over the news, you know that, but especially in Indian and Muslim community, there was so much difficult to make them understand why the vaccination is important. But then there was 30% people have refused because of the lot of myth of having ingredients on this vaccination and the side effects later on. And especially, I mean, I know a lot of people who even don't take flu vaccination because they feel this flu vaccination give you they will kill their your immune system. They don't take it, and it was very difficult to convince them, Kate is good. But yes, some people doesn't take I've heard some

M Marianne Storey 31:06

really quite shocking myths about the HPV vaccine in particular, because it's people believe is, am I right to say that the virus is a sexually transmitted virus, and so people have kind of conflated that with there being something wrong with letting their children have the vaccine, it will make them sexually promiscuous or something. Do you come across that kind of stuff? Either of you? Absolutely.

A Anjali Mavi 31:29

I mean, I'm sorry, I'm if we are talking in that open man moment, and my daughter with a special need, and somebody told me, because you in India, somebody told me, You're in England, and these doctors give lot of vaccination. That's why a lot of children's having an autism and mental disorder in this country. So this, this is there, and making people aware of like, No, this is not the right thing is very difficult. Lot of people come from the different countries say that we don't want to give any injection to our kinder I don't know what medicine they were gonna they will make my you know, I'm pregnant, so anything happened to my children? So this is there, definitely is there.

M Marianne Storey 32:07

Well, you're up against it, the power of you. Do you want to add anything?

D Dr Helen Platts 32:10

Helen, I think you guys have explained it perfectly that we have so much information at our fingertips now, don't we, but the issue is, it's not always the right information, because actually you can go on the internet, and if you're worried about something, it feeds the internet will feed your worry and your anxiety. On a daily basis, I will have conversations with my patients to try and unpick their health beliefs. And sometimes they're absolutely valid, and it's really useful to have a conversation, but a lot of the time it will be exactly like you mentioned, you know, the association between vaccinations and and different complications that have zero scientific support basis. It's, it's just wrong, but it's trying to unpick that and to try and in a, in a 10 Minute, you know, a consultation, to try and reassure people when they have spent days, weeks, months, reading more and more and more information. So it's a really, really tricky one. And I think that actually, as a GP, I don't think I'm necessarily going to be the person to do that. I mean, great if I can have a conversation and say and change their mind in that short consultation. But realistically, it's going to be your peers, isn't it? It's going to be your family. It's going to be the people around you who support you. You know, your your community, and if you have a community who you know have that fear, there might be one child who has had a an allergic reaction to a vaccine, and then that, you know, the whispers can go and say all that, you know, it's really difficult. So I think it's not necessarily health professionals. I mean, we can be there to kind of, you know, say, if for those individuals that talk to us about it, but I think we've got to address those concerns and discussions at a more of a community level, and that would be the most helpful, really.

M Marianne Storey 34:09

I mean, your example, Paul, of developing a bespoke approach with every school. I mean, a that sounds like a lot of work for your team, but I guess I can see how that is more likely to get the job done. But Helen, that's not really realistic when we're talking about breast screening or cervical screening. I mean, what happens there in terms of trying to get people to take up these I'll call them opportunities. Not everyone sees it like that. But yeah, you know, how do you get the numbers up that? Presumably, that's part of the work you

D Dr Helen Platts 34:44

do, exactly that. Yeah, I think, I think, in a way, we're trying to do similar to, similar to Paul, is that we're looking at, for example, I'll go back to cervical screening, so smear tests, who are the groups who aren't attending? And then we try and unpick. That. So for example, we do know that people with cervix who are from different ethnic backgrounds are much less likely to come forward to screening and often that's sort of cultural considerations that we as healthcare professionals and in the screening service need to be aware of. So you know, lots of people will not want to see a male clinician for the for their smear test, or they'll be worried they will not have a choice modesty. And beliefs about modesty are incredibly important. And obviously, these are intimate examinations, they can be embarrassing for the patient. And so I think it's much easier to ignore it and not go if you have those fears. So actually, we do need to take a more bespoke way of introducing screening to certain groups who are traditionally lower tending. So for example, does it have to be at the GP surgery. Does it have to be in a waiting room with, you know, your neighbours who say, Oh, why are you here? You know, and actually, could it be a special, you know, remote? Could it be in a certain community building, you know, obviously, health and safety and get into consideration. But is that, is that a possibility to take the screening to those individuals time wise. You know, I don't know about you guys, but whenever I need a GP appointment, it's always a school run time. It's all, you know, it's, it's not easy. You just get sent a message and it's like, yep, three o'clock. Oh, great. Okay, you know, otherwise, it's, it's in the working day that I can't do. So certainly I know that my GP surgery, we now offer smear test clinics with our female practice nurses in the evening and on a Saturday morning, because we're trying to, you know, get those individuals who perhaps there are barriers to that. So I think you're, you're absolutely right. It's trying to think, what are the barriers? How can we kind of move that around? And how can we kind of encourage people who may be, you know, nervous, transport issues, can't get time off work, childcare, all of those factors mean that it's easier just not to do it. And we've just got to make, you know, stop that.

A Anjali Mavi 37:19

Yeah, I mean, sorry, Mary. And I'm going to add here something very funny here, because when Helen was talking, I was just remembering something very interesting as definitely, this is one of the thing. Lot of my friend has declined doing smear test for many years because they are not able to find any right time sometime. But then the female doctor. And in India, it is very clear if somebody is going for any pregnancy or anything related to checkup ladies, you know, Marion, Marion, favourite word, vagina, checkup. So, so they just need a lady doctor. So it is, it's like a by default in India and in India, you know, the Bollywood, they have made a movie. Actually, it's the movie. Name is Dr G, and G is for gynaecologist, and it's a story of a male hero. I'm an actor who is a gynaecologist film, and they have shown how difficult it is in a government hospital to have have a less female doctors, and the women are dying because they don't want to go for a having a delivery from the male doctor. So the this, yeah, this is true. This is absolutely true. I'm not joking. If you find Google it, Dr G, it's a very funny film, and it's such an eye opener for many people, especially in the villages in India, and especially the the people who are coming in this country. I tell them all the time, how does it make a difference going to a male doctor? Yes, but that's one thing which is very important if somebody doesn't want it so and I just need to accommodate according to that. But you could imagine India is developing, but this problem is there, and they're coming with that cultural baggage. So it is very difficult for you guys, but I know it's you. You all are trying hard, but that's the reality.

M Marianne Storey 39:13

Angelique, and we've talked before, Anjali, about this idea of for particular communities, having outreach clinics of a woman, doctor of their culture, ethnicity, colour, language, and you, you've talked before about some of these groups of women, you are just not going to get to a smear test unless it's somebody that looks

A Anjali Mavi 39:40

like them the end and not, not in a sweat here talking about breast cancer,

M Marianne Storey 39:44

yeah, breast screening, any kind of vaginal procedure, anything,

A Anjali Mavi 39:48

yeah, it is very difficult. In fact, we got a request for our 18 January workshop. One woman wants to come with her husband, because her husband want to explain her, because she will not ask. The question about the breast cancer like, Okay, you're most welcome. At least she's coming. At least she's coming. I'm applauding. Yeah, definitely. But see, this is still there, yeah. But, I

M Marianne Storey 40:10

mean, how does that work? Helen, from an NHS resources point of view, I think we just

D Dr Helen Platts 40:15

have to be adaptive. And I think the, you know, the NHS 10 year plan said all about personalization of healthcare, didn't it? And we've got to embrace that, that certain appointments that we offer, or routes of appointments that we offer that are quite rigid don't suit everyone, and we've and the NHS has to understand that. I think I was just going to mention a new technology that's actually should be available to some individuals in the new year is home testing. So essentially, we we are looking at a smaller group of individuals. It's not everyone's eligible, who have never had a smear test or who have not responded to any smear test requests in the last five or so years, and they will be sent a home testing kit, so it's a little bit like a cotton bud, and they test themselves, and then they send it off in the post. And that's there's been a pilot in London that that's been incredibly successful. So there are things that are happening that I hope will mean that those groups who there are just too strong a barrier to go for traditional appointments, traditional screening, will not be penalised, I suppose. And actually, if we can use that and it's works, well, then actually, that's a way of doing it, and it's something that we're, you know, as the NHS is adapting to it, I think is a really positive move. So that's something that's exciting, that hopefully will help a lot of individuals.

M Marianne Storey 41:56

Maybe home immunizations is the future, Paul, yes,

P Paul Bolton 42:01

you know, there's, there's science on its way. There is, you know, there's different transdermal routes that could be offered to offer vaccination. So you could be sticking a little plaster on yourselves, and that's your influenza vaccine. It's, it's an easier method to do, and it's, you know, be far easier to to use in communities where access to a fridge isn't readily available. So there is, there's all sorts of different routes that we can take with people.

M Marianne Storey 42:28

Paul, you've done such a good job today. Segue me into my next questions. People would think that I've kind of primed you to do this, but you haven't at all, because I kind of next round the questions work out. Okay, so what next? You know, the women's health programme is finished now in the format that it was in before. I just always reassure people that the work is still ongoing, and very much so. So it's not like the work has stopped, but that particular programme has ended. So for you now, what? What are you working on? What are you hoping for? What? What does the future look like? You just talked a little bit about technology. What? What's looking good in your world?

P Paul Bolton 43:03

What's looking good is that we've been able to offer a really good programme to vaccinate women with RSV and pertussis, so two respiratory viruses that can cause complications during pregnancy and do cause complications for the newborn, we've been able to introduce that, and we've learned an awful amount the team will have an awful amount about actually making some contact with women and offering them bespoke appointments to what meets with their demands. Makes a huge difference. So we were seeing somewhere in the region of 50 people every month not attending for their appointments. Okay, what are we doing wrong? That's, you know, that's, it's not a large amount, but it's quite a large amount of the number of appointments we're offering. And by engaging with them, by sending the messages, by contacting them directly and saying, Well, when does the appointment work for you and not the one we've sent to you, we were able to understand from them, actually they needed earlier, later, better appointments, an appointment that wasn't at a hospital when there's no parking to have, right? So we'll develop clinics that work around you. That's one good bit that we're seeing. In the next couple of weeks, I've got a team of people who are going to work with the Bournemouth Nigerian community to start having conversation with them about their access to health, and part of that conversation will also be around vaccination, so we can start to understand with communities. But what, what would work for you? What would help you make a decision, not the decision that we want, but what's going to help you? What information do you need? So looking to see the outcomes of that is really exciting. And then in terms of of HPV, we've been really lucky. We've put a bid in for national funding to support and ask for some funding for additional staff to do promotional work for HPV, because we're. Seeing uptake in girls, about 75% boys, 68% so we know that there's a chance that we've got to do to increase the uptake for boys, to get them equal. But also, if we're going to achieve this, who target of eliminating cervical cancer by 2040 we've got to get uptake to 90% and continue to deliver that so we are, hopefully we're going to be able to recruit into staff who can start having conversations with the young people to say, what do you want to know? What's going to help you make a decision? Because actually, a lot of them are old enough to make the decision themselves to get the vaccine. They don't need their parents. We want parents input and advice all the time. But you know, young people are much older. As each generation goes through they've got so much access to so much information. They know that. So yeah, there's three big projects for us that, yeah. I mean, next year there's, there'll be lots of, lots of, hopefully, lots of new ways of making vaccination appointments work for people.

M Marianne Storey 46:02

So good to hear. Paul, thank you. I mean, thanks for all the work you're doing, but I mean, it's great to have such a positive message. Brilliant. Thank you. How about you? Helen, what? What's on your horizon, apart from the brilliant lung cancer work that you're doing? Yeah.

D Dr Helen Platts 46:16

So that's that's obviously incredibly exciting. And we're, you know, almost covering all of Dorset now. So that's, that's fantastic and really good results so far. There are lots of different areas in cancer, specifically in Dorset, that's happening at exciting some early stages, there's, we are starting to develop using AI, you know, love it or hate it in dermatology. So skin cancer at UHD, they're piloting, at the moment, using an AI programme to try and sort out to say, Yep, this is a cancer. Skin Cancer Straight to surgery. So we're kind of ideally, fast forward a few years, the possibility that you could go to a hub, have your photo taken by potentially a healthcare assistant that gets whizzed off, worked out if that's a high risk cancer, and then you can go straight for surgery. So we're missing out the GP appointment that you, as I know, have to wait a while for. These days, you're missing out on that whole weight for the hospital to see the consultant who have got full clinics then listing for surgery. So that's that's incredibly exciting. I think certainly that if we can use this technology in a in a positive way, then then actually, that's great. I think certainly, you know, the Cancer Alliance is, is trying to continue to sort of work together to tackle these inequalities that we've talked about so the groups that we're not reaching. How do we do that? I think that's incredibly important. And you know, the work you guys are doing is fantastic and and obviously it's really exciting that we are beginning to understand that the NHS can't just be one size and shape for all. It has to be adapted, doesn't it to to suit all of us with our different lifestyles and backgrounds and cultural aspects.

A Anjali Mavi 48:10

So when Helen was talking about the age group of the people for screening like they get lettered for their breast screening, 50 plus at all. But then, I mean, if you can just tell to our listeners, like, there is a screening available for for people who are not 15, like they have if there are any symptoms, so that you are definitely they're eligible for the

D Dr Helen Platts 48:35

so that it's a really good point that's so important. So if you have symptoms, you don't need screening. You need to see a GP. I think that's just the, probably the biggest take home message, perfect that you bring brought up, because actually, screening is for people who don't have symptoms, so they're well fit people, and we're trying to pick something up early if you have any symptoms. So for example, if you have a regular period spotting between your period spotting after sex, that's what we would describe as a red flag as a GP. You don't wait for your smear test. Your smear test isn't going to be the appropriate test for you. You need to see a GP, or, you know, healthcare professional, to have that looked into, just like bowel screening. If you're getting blood in your stool, don't wait for your package to arrive. Every two years. For your bowel screening, you need to get straight to us, because that's something that we need to examine you. We need to potentially refer you quickly to get that checked over. So absolutely most important,

A Anjali Mavi 49:39

I think, I think it's applies similar for the breast cancer. Also, if some you're feeling some kind of 100%

D Dr Helen Platts 49:45

and we have a really low threshold. So if we know that women are better at examining their breasts than us doctors, so actually, as a GP, we have, I certainly, and I know my colleagues have a very low. Threshold, meaning that if you're worried as a patient and you can feel something, we'll refer you so that kind of worry, that old doctor says nothing, or, you know, they won't be able to feel it, come and see us, because actually, we will listen to your concerns. And like I say, we all know that you're we're better at examining ourselves than professionals are, and we've got to listen to that so you're totally right. Yeah, if you have any changes or concerns, you've just got to, yeah, bite the bullet and book an appointment.

M Marianne Storey 50:30

Yeah, good. Thank you. And I have, at this point to make a big plug for the Women's Health website. And I don't usually do this just because, but I just think it's so appropriate here, because on on the website, when we co designed it with women, what they told us they wanted to see on the website is what is normal. So quite frequently throughout the website we It has messages like, you know, understanding your own menstrual cycle and what's normal for you is so important, because then you know what's different. Examining your own breasts really regularly is really important. And the website shows you how to do that. And so this isn't just a plug for the sake of it. I do think information. You know, we talk quite a lot about information, but this website has lots of information about what's normal and the point at which you should go to your GP. So lumps, lumps, discharges, bleeding, itching, scratching, your anything looks normal, it's all there on the website about when is the right time to go. So big plug for that. And obviously we'll put the link to it in what we always do every week, in the show notes, but big link to that. So is there anything either of you would like to say that you haven't had the chance to say we've been sitting there thinking, I wish I had mentioned that.

P Paul Bolton 51:35

I think it'll go back and just re emphasise what Angela was asking about earlier on. If I'm not sure what I'm eligible for. What do I do? And I think it's just emphasising that point. If you think that you may have missed out on a vaccine, or you're not sure that your next appointment asks follow up check, because it's very easy to arrange and organise, and if you're unsure, or you've got a question on a vaccine, the next time you see a healthcare professional ask them, and they can either give you the answers or point them to a really good, reliable source of information that then will reassure and also might go on to help you inform somebody else who's curious about vaccinations. So the more of the more correct, reliable, trustworthy information we can share in communities, the better.

M Marianne Storey 52:27

Helen, certainly you wanted to say that you haven't had a chance to do this.

D Dr Helen Platts 52:31

I think it's just a similar point there to Paul, is that with screening, if you're offered a screening appointment and you're nervous or you're not sure what it means, or not sure what it entails, then ask, because actually we, although, you know, we are busy, we'd much rather people ask us than ignore the letter and ignore the invite. And any GP would would, you know, say that practice nurse would say that, you know, it's certainly something we want to discuss, because we know screening saves lives, and so actually, if we can encourage anyone who's eligible and invited to go for it, then we we would want to support you,

M Marianne Storey 53:15

okay, which only leaves me to just give you both a massive thank you. This has been such an educational episode for me. I've learned a lot, and I have to, well, maybe I've said it once, but I'll say it again. You know, thanks to both of you for what you do, because you are literally saving lives. And I don't think people understand, and this is partly the whole point of this podcast. People don't know there are people like you working behind the scenes that you know you genuinely care about saving people's lives. And I think it's so important that people hear that and meet you, get to hear you talk about what you do. It's brilliant. So thank you so much for your time today

D Dr Helen Platts 53:46

inviting me you.