RCN Nurse of the Year 2023: ‘We empower patients with choice’

Julie Roye’s drive and commitment to break down health inequalities and improve access to care improved uptake of smear tests among a diverse patient group

A n inspirational nurse who is transforming care in GP surgeries with her drive to reduce health inequalities has been named RCN Nurse of the Year 2023.

Queen’s Nurse Julie Roye oversaw an increase in the uptake of smear tests at Cauldwell Medical Centre in Bedford which saw rates among 25-64 year olds go from 54% to 80% in nine months, after she helped to break down barriers to access for a diverse patient population.

Ms Roye, who is head of nursing primary care at East London NHS Foundation Trust (EFLT), was named overall winner at an evening awards ceremony, held at Liverpool Cathedral last month. She won praise for her ‘truly inclusive’ and comprehensive approach, co-production of services with the people who use them and her focus on staff development.

RCN chief nurse Nicola Ranger said: ‘Ms Roye is a passionate nurse and an incredible role model. Her leadership in improving cervical screening uptake in a diverse patient population is exceptional.

Her drive to address health inequalities is outstanding and she is ensuring this work can benefit other communities too. She deserves this accolade.’

Low uptake

East Bedford Primary Care Network had experienced a consistently low uptake of cervical screening when Ms Roye took up her post.

‘Bedford is one of the most deprived areas in our integrated care board,’ she said. ‘It’s important to bring up standards for this community. We knew we needed to improve access for trans men, people with learning disabilities and people from different ethnic communities.

‘This initiative addressed the disparities, enhanced care in the community and fostered team development. It brings a sense of value and of real equity into the care that we give our patients.’

Using a quality improvement approach, Ms Roye assembled a multidisciplinary team including nurses, other healthcare professionals, patients and experts in outreach and education.

She says: ‘For some, smear tests are an intimate, embarrassing examination. It can be overwhelming if you don’t understand what the clinician is doing. In my previous role, I had screening numbers over 80% and wanted to achieve that in other areas.’

‘This diverse team brought unique perspectives and experiences, ensuring a well-rounded approach to addressing screening disparities.’

As its lead, she focused on ensuring the project

Genuine co-production with patients: ‘my contributions are taken seriously’

Joyce Tucker (pictured), a patient representative on Julie Roye’s quality improvement team, describes their work as ‘genuine co-production’.

‘My contributions are taken seriously and my suggestions are taken on board,’ she says. ‘I help the team remember the patient experience within the NHS processes.

‘My experience of cervical screening in this country had previously been horrible. In America, cervical screening was part of an annual check with a gynaecologist with whom you built a trusting relationship.

‘I experienced the improvements the team had made and had been talking so passionately about.

‘Nurses recognised my issues’

‘I was extremely impressed with the appointment, as the nurse recognised my issues and really listened to me. It was a positive experience.

‘Upskilling the nurses has made a real difference. Ten years ago when I had a job and two young children, I would not have been able to go to the daytime clinic and that was all that was on offer.

‘Julie is passionate about empowering patients and staff. She fights for her nurses to get them what they need to do a great job. And her focus is always on the patient’s needs. For example, ideas such as giving oestrogen to people with vaginitis before their smear test is not standard practice.

‘There is a lot of criticism about healthcare, but it’s been nice to see how hard nurses work behind the scenes to do their best for people.’
was person-centred, that progress was driven by data and that the culture of the organisation was transformed.

The team identified capacity, opportunity and experience of care as the main drivers of screening uptake.

**Screening opportunities**

‘When I arrived there was only one nurse trained for cytology,’ says Ms Roye. ‘I recruited and arranged training and assessment for three additional staff nurses. It was challenging. Cauldwell was known as a failing practice, so people did not want to work there. All staff had bespoke training and supervision.’

The training enabled nurses to pick up screening opportunities at other appointments.

‘I went to the cervical screening board to tell them to expect an increase in numbers,’ says Ms Roye. ‘Standard operating procedures were reviewed and updated to make sure the recall timescales for different needs – such as for women with HIV and those with previous abnormal screening results – were adhered to.’

Next, Ms Roye and her team focused on making appointments more convenient and finding new ways to engage with their community.

‘We empowered patients with autonomy over their choice of appointment time and nurse. Evening and drop-in clinics were offered in response to feedback.’

A decision to send screening reminders by text that also enable people to book their own appointments delivered a huge spike in screening.

The teams found that if the recipient uses their phone in their first language, messages are automatically translated into that language.

‘We also offer people a telephone conversation to ask questions when we send out the text messages,’ Ms Roye says.

If people did not respond, the team sought to find out why by sending a questionnaire that took ten seconds to complete.

People who had experienced sexual trauma or were concerned about pain were offered the opportunity to talk about what adjustments could be made. Some were given longer appointments.

### Double appointments

They were reassured that it was okay to visit, see the equipment, ask questions and still decline. Double appointments were offered to people who did not speak English fluently, with a translator available by phone.

Education material was developed for each target group and the language used in communications adjusted. For example, the wording of recall letters was changed because it made some recipients feel they were being admonished, patient feedback showed.

Ms Roye says: ‘We also engaged with our LGBTQ+ community and charity Jo’s Cervical Cancer Trust to inform our approach. We made our language more inclusive and offer special clinics that have a safe and affirming environment.’

People who are not comfortable attending the medical centre are signposted and supported to access specialist services. There is easy-read information for people with learning disabilities, who can visit to talk through the procedure beforehand and, if the waiting room is too stimulating, can text their arrival and be taken straight to the nurse’s room.

Practitioners are trained to offer culturally competent care. This includes sensitivity to cultural practices and religious beliefs, and information and

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*Julie Roye, Queen’s Nurse and RCN Nurse of the Year 2023*
communication is translated into more than 20 languages.

Ms Roye says: ‘Some ethnic groups didn’t recognise the need for screening, were not being reached because of language barriers, or feeling fearful, uncomfortable or embarrassed about the process. So we held webinars, workshops and a coffee morning, involving peers reflecting local ethnic diversity, to raise awareness, talk about their experiences and provide reassurance.’

There were challenges. ‘I was confident that the initiative would be successful, but people can be resistant to change,’ says Ms Roye. ‘I realised that the level I was working at was not normal, so I was gentle but robust. I communicated the vision for change and recognised staff for each successful step, reassuring them it would contribute to the achievement of our aim.

‘There was backlash, but if it means I’m improving patient care I will press on. Collecting and reviewing data at monthly practice meetings was important, with graphs showcasing the tangible progress made.’

Greater awareness
The data are impressive. In nine months, screening uptake had increased from 54% to 73% for patients aged 25-49 years, and from 62% to 82% in those aged 50-64 years, with a continuing upward trajectory in both age groups.

‘Other benefits include a greater awareness around the cultural needs of women and a better understanding of how to address barriers to healthcare faced by marginalised groups,’ says Ms Roye.

‘Non-English speaking people are better engaged because of our tailored approach, and this includes other services such as maternal and child health. The work has prompted proactive interventions in other areas such as immunisations. The booking system is now also used in other areas, such as respiratory and diabetes.

‘Feedback shows improved patient experience from a programme co-designed with their needs in mind. A reduction in the percentage of appointments not attended or cancelled saves time and resources.’

Inclusive approach
Staff say Ms Roye’s ‘inclusive and impactful’ approach has improved morale. ‘The practice has been able to demonstrate how much it values and cares for its patients,’ Ms Roye adds.

Ms Roye is ‘delighted and humbled’ to be named RCN Nurse of the Year 2023. ‘I’m grateful for my fantastic team to have this project recognised nationally,’ she says. ‘They believe in me when I come up with ideas for improvement. It has shown that a deprived borough can achieve the same healthcare as privileged areas with the right leadership and by accepting change.’

Ms Roye’s next focus is producing videos explaining services. ‘It is all very well sending letters out and translating them into lots of languages, but we need to cater for the high levels of poor literacy in all our communities,’ she says.

She also plans to use the award as a platform to drive improvements in primary care services in her area and beyond.

‘By addressing different groups’ unique needs, we’ve made significant strides in reducing healthcare disparities and promoted a culture of inclusivity and equity in the care we give,’ she adds. ‘It is a very replicable model.’

Making change happen: ‘who do we need around the table?’

Julie Roye won the Leadership category at the RCN Nursing Awards before being named RCN Nurse of the Year 2023. Her team has praised her supportive leadership.

Cauldwell Medical Centre lead advanced clinical practitioner Christina Guevara says: ‘I’ve never heard Julie say no to an idea on how we can improve patient care. She says immediately: “How can we make this happen, who do we need around the table?”’

‘She covers so many GP surgeries and knows what’s going well and what the problems are at each of them. She understands and solves problems, keeping things moving forward in so many ways.

‘She keeps everyone motivated. Staff have been offered jobs elsewhere but they stay because they are being developed and they are giving excellent patient care. This is directly due to her leadership.’

Practice nurse Lois Nana-Osei adds: ‘Julie is phenomenal. Under her leadership, I’m really proud of how I contribute to care, and patients can see how we work to cater for their needs. Julie has helped me understand my strengths and I’ve become more confident and in turn I make sure nurses who have joined us feel supported.

‘Patients feel they have autonomy’

‘She’s approachable and relatable, offering support when I tell her about a need I have seen or something I want to do. She asks what you think and takes what you say on board. She doesn’t say: “It’s got to be done my way,” but shares her experiences to help you understand.

‘She is the same with her patients. I’ve been privileged to observe the way she interacts with them in appointments. The assessment starts as soon as they walk through the door. The patient feels they have autonomy and are listened to. It has been great for my learning.’