

## DERBYSHIRE HEALTH AND WELLBEING BOARD

### Report of NHS England and NHS Improvement Midlands and Derbyshire County Public Health on National Cancer Screening programmes commissioned for Derbyshire.

6 February 2020

#### 1. Purpose of the Report

The purpose of this report is to:

- describe delivery in Derbyshire (excluding Glossop) of the national cancer screening programmes commissioned by NHS England and NHS Improvement Midlands (NHSE&I).
- provide assurance that the local screening programmes are delivering positive outcomes for eligible residents, including groups where uptake may be historically low.
- raise awareness of the performance, achievements and challenges associated with the local screening programmes and how Board members can support the work.

#### 2. Overview of Screening in Derbyshire

##### Background

Screening identifies people who are at higher risk of a particular health problem, so that early treatment can be offered or information given to help them make informed decisions. Screening does not aim to identify a condition rather it determines an individual's risk of developing that condition. If an individual has a higher-risk result (a screen positive result) then further diagnostic tests are offered. Early identification of increased risk of developing a condition means better outcomes for the patient.

The UK National Screening Committee advises the NHS on which screening programmes to offer. Screening programmes are targeted at groups of people who are most likely to benefit from them - this may be specific age groups or defined populations.

Screening aims to reduce potential harms caused by disease or its complications to people who are currently healthy. Screening programmes save the lives of thousands of people each year, including approximately:

- 5,000 deaths prevented by cervical screening
- 2,400 bowel cancer deaths avoided through screening
- 1,300 women prevented from dying of breast cancer every year

##### Local Commissioning arrangements

Coverage is defined as the percentage of individuals in the population who are eligible for screening at a particular point in time, who have had a test with the screening interval. A woman's eligibility depends on them being in the screening age range. Uptake refers to the proportion of individuals accepting invites.

NHSE&I, through its Screening and Immunisation teams (SIT) are responsible for the commissioning of all National Immunisation and Screening Programmes described in Section 7A of the National Health Service Act (Appendix 1 provides a timeline overview of the current Section 7A programmes). In this capacity, NHSE&I are accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels as specified in Public Health Outcome Indicators and KPIs. NHSE&I are responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required. NHSE&I work in partnership with system leaders to improve screening pathways and outcomes, including CCG primary care leaders, health service providers, Local Authorities, and voluntary sector partners.

### **Local Governance arrangements**

Quality assurance is an important part of screening programmes. Given the scale of screening programmes any potential incidents could impact large numbers of people, involve several organisations or geographical areas, and impact public confidence. NHS screening programmes are underpinned by rigorous quality assurance and monitoring arrangements. Quality standards relating to screening are monitored and supported by Screening Quality Assurance Service (SQAS) Midlands & East. Local NHSE&I Screening Programme boards oversee the quality, safety and performance of screening programmes and oversee actions for improving the outcomes, support system working, and assess health inequalities work undertaken by each programme.

The Director of Public Health has a statutory duty to provide independent scrutiny and challenge of the arrangements of NHSE&I, as such Derbyshire County Public Health is an active member of each Screening Programme Board, seeking assurance, and providing challenging and support. In addition local arrangements are in place to ensure quarterly reporting to the Derbyshire Health Protection Board, (a sub group of the Health and Wellbeing Board) providing an overview of current challenges, risks and changes to programmes, as well as a rolling programme of detailed reports covering issues of inequality and equity of access.

### **Local action to address inequalities**

While the concept of screening is inherently fair (i.e. it is offered to everybody in the target group), we know that some individuals are less likely to access screening, due to barriers including but not limited to; access, health literacy, or personal health beliefs.

Derbyshire Public Health have established close working relationships with NHSE&I to ensure that local population needs are understood and addressed by local screening services. The Public Health team have supported NHSE&I through the facilitation of system working, and have undertaken a range of projects to reduce inequalities and improve population outcomes.

In recognition of the need for effective local data to monitor coverage and inequalities, NHE/I Midlands have commissioned additional analyst support from Derby City Council for the population of Derbyshire County and City. This has enabled the development of dashboards for primary care, mapping of uptake of Breast Screening against screening sites, analysis of uptake for specific groups including those with learning disabilities and analysis as part of a detailed Bowel Health Equity Audit. Collaborative working with partners has enabled a range of projects to be undertaken across Derbyshire to promote screening, address inequality and improve access, many of which have been recognised both regionally and nationally as examples of effective system working. This includes;

- work to widen access to screening clinics in rural areas and supporting access to screening cross boundary where geography is a perceived barrier
- project to increase screening uptake amongst individuals with learning disabilities
- enhance screening services in prisons
- targeted work with GP practices,
- community engagement events,
- data analysis and health equity audit
- promotion of screening within LGBT community.

The SIT (Derbyshire/Nottinghamshire) have also developed close links with the STP, working with partners through the Cancer Prevention work stream to reduce inequalities and cancer mortality and morbidity, through improved screening coverage. Led by Public Health a detailed action plan has been developed to address known inequalities within Cancer Screening Programmes, based on local evidence and analysis. The plan utilises available evidence around the need for a multifaceted approach to increase screening coverage, including primary care support, community engagement, improving health literacy and system wide targeted promotional activities.

### **3. Screening Performance**

#### **Breast Screening**

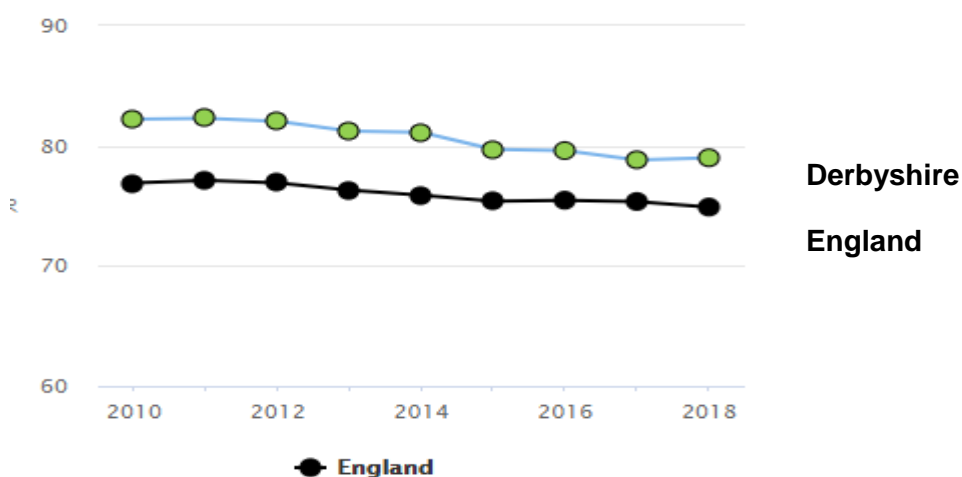
Routine breast screening is offered to women aged between 50 and 70 on a three yearly basis. The screening programme is commissioned by NHS England and NHS Improvement Midlands and is delivered in line with the national service specification. The providers are University Hospitals of Derby & Burton NHS Foundation Trust via the South Derbyshire & South East Staffordshire Breast Screening Service and Chesterfield Royal Hospital NHS Foundation Trust known as the North Derbyshire & Chesterfield Breast Screening Service. Screening is delivered from the main sites and across a number of mobile screening sites.

The national coverage of women aged 53-70 was 74.9% at 31 March 2018, and performance has remained largely static in the last 3 reporting years. This is above the NHS Breast Screening Programme's minimum standard of 70% with East Midlands reporting the highest coverage at 78.4%. In Derbyshire, the coverage for

women aged 53-70 was 79%, above the England and East Midlands average and only one percent below the 80% achievable national target. Derbyshire is currently ranked 16:150 Local Authorities.

Uptake is known to be lowest amongst the most deprived communities, and women with learning disabilities. National evidence suggest the greatest decreases in screening have been seen amongst women aged 65-69 years. Evidence also suggests frequent non-attenders for screening include women from ethnic minority groups, specifically from Bangladeshi and Black African communities and bisexual women, followed by lesbian women. Women's reasons for non-attendance vary and can include feeling they are too busy, deterred by the pain or discomfort of having a mammogram, feeling fit and healthy and do not think they are at risk of breast cancer. There is also evidence that some women do not attend due to a fear of being diagnosed with breast cancer.

**Figure 1; Breast Screening Coverage 2018**



Source; Public Health England; Public Health Outcomes Framework C24a Breast Cancer Screening Coverage

The STP Cancer Prevention work stream is working collaboratively to reduce inequality and coverage variation in order to ensure screening is increased amongst those with greatest need, whilst also reversing the overall trend of static coverage rates. Actions taken by stakeholders:

- targeted work to raise awareness of Breast Screening,
- practice support visits to increase GP engagement,
- reasonable adjustment for patients with learning difficulties or physical disabilities,
- interpretation and translation service,
- accessible communication format and easy read leaflets,
- offering screening in prison setting.

Further analysis is planned for 2020 including the feasibility of Health Equity Audit to support more targeted work. Sending SMS text reminder is also included in the NHS E&I commissioning intention for 2020/21 and this was a recommendation of the 2019 Sir Mike Richards Review: Report of the Independent Review of Adult Screening Programme in England.

Coverage is defined as the percentage of individuals in the population who are eligible for screening at a particular point in time, who have had a test with the screening interval. A woman's eligibility depends on them being in the screening age range. Uptake refers to the proportion of individuals accepting invites.

Providers across Derbyshire perform well against the national standards for quality and performance. Following Quality Assurance visits, each provider receive a detailed report and based on the recommendations develop an action plan to address any issues raised during the visit. Following visits to the Derbyshire screening providers in 2016 and 2017 all recommendations have been implemented.

## **Cervical Screening**

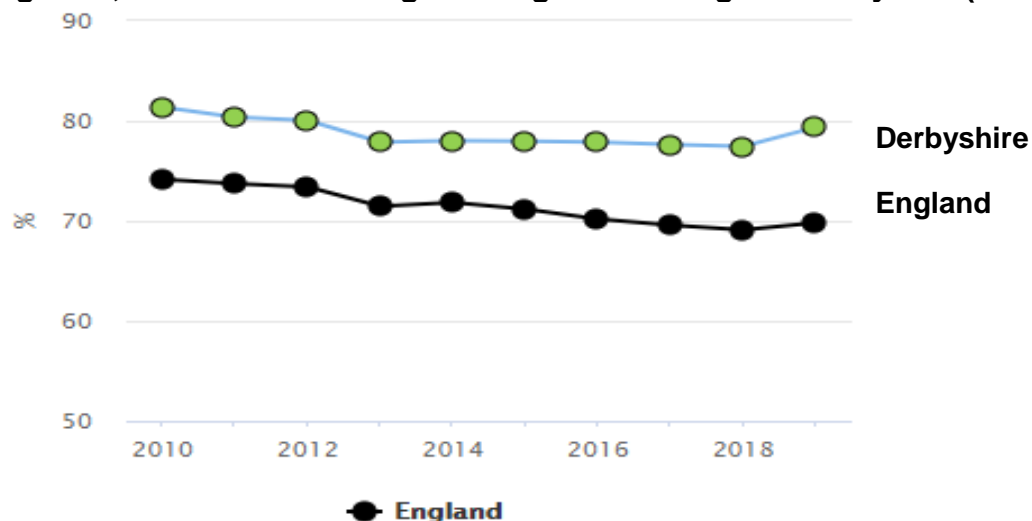
The aim of the NHS Cervical Screening Programme (NHSCSP) is to reduce the incidence of, and mortality from cervical cancer. Screening detects abnormalities within the cervix that could, if left untreated, develop into cancer. Eligible women between the ages of 24.5 and 49 for invited for screening every 3 years and women aged 50 – 64 every 5 years, by the National Cervical Screening Programme.

The screening programme is commissioned by NHSE&I and is delivered in line with the national service specification. The providers are Derbyshire GP practices (sample taking), Chesterfield Royal Hospital NHS Foundation Trust (Colposcopy), Derbyshire Community Health Services NHS Foundation Trust (Colposcopy) and University Hospitals of Derby & Burton NHS Foundation Trust (Colposcopy and Cytology).

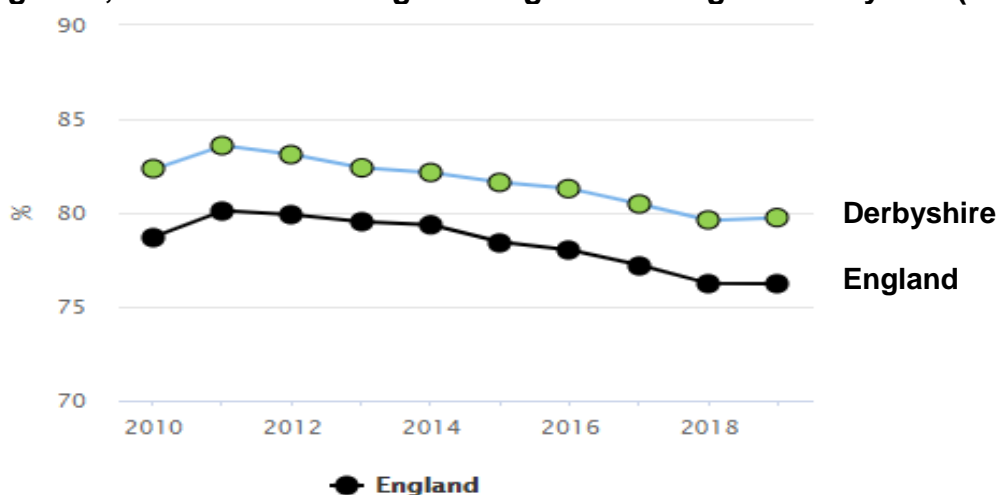
Human Papilloma Virus (HPV) plays a crucial role in the development of cervical cancer. It has been detected in 99.7% of cervical cancers. Finding abnormal changes early means they can be monitored or treated, so they are prevented from turning into cervical cancer. A new primary HPV screening test was introduced across Derbyshire in July 2018, which is based on the detection of HPV in the screening sample.

National standards set out that at least 98% of women should receive the result of their screening test in writing within 14 days of the sample being taken. Meeting with this standard had been a challenge prior to the implementation of primary HPV screening. This standard improved significantly over the last year. In November 2019, 68 % of women in Derbyshire receive their screening result within 2 weeks and 98.8% of them within 3 weeks as a result of the hard and dedicated work of the screening laboratory.

Derbyshire County achieves the highest cervical screening coverage for women aged 25-49 years across the Country, at 79.4% which nearly meets the 80% target. The figure showed 2% increase in 2019; the first time since 2013. Coverage for women aged 50-64 years is 79.75% in Derbyshire, the 6<sup>th</sup> highest in the Country, above the East Midlands and England average of 78.3% and 76.2% respectively. Uptake has also seen a decrease in previous years in this age group, in line with National trends, however is now showing signs of stabilising.

**Figure 2; Cervical Screening coverage women aged 25-49 years (2019).**

Source: Public Health England; Public Health Outcomes Framework C24b

**Figure 3; Cervical Screening coverage women aged 50-64 years (2019)**

Source: Public Health England; Public Health Outcomes Framework C24c

Uptake is known to be lowest amongst the most deprived communities. National evidence suggests frequent non-attenders for screening include women over 50, younger eligible women (i.e. those 25-30 years), women from ethnic minority groups, as well as lesbian and bisexual women (10 times lower). People with learning disabilities are 45% less likely to be screened for cancer compared to their counterparts without learning disabilities. Emotional barriers (fear, embarrassment and anticipated shame) and low perceived risk are sighted as contributing to lower cervical screening coverage. The lowest uptakes are geographically spread but include communities within the south of North East Derbyshire and north of Amber Valley, Erewash towns and Shirebrook area.

Coverage is defined as the percentage of individuals in the population who are eligible for screening at a particular point in time, who have had a test with the screening interval. A woman's eligibility depends on them being in the screening age range. Uptake refers to the proportion of individuals accepting invites.

The STP Cancer Prevention work stream is working collaboratively to reduce inequality and coverage variation in order to ensure screening is increased amongst those with greatest need, whilst also reversing the overall trend of static coverage rates specifically in women aged 50-64 years. Targeted work to raise awareness of Cervical Screening, practice support visits and work with NHSE&I and PHE regional teams to support a Cervical Screening Health Equity Audit is currently underway.

Providers across Derbyshire perform well against the national standards for quality and performance. University Hospitals of Derby and Burton NHS Foundation Trust Quality Assurance visit in 2018 stated “Overall, there is evidence of a high-quality cervical screening service offered at Derby, with data across all professional areas showing good performance against national standards”.

## **Bowel Screening**

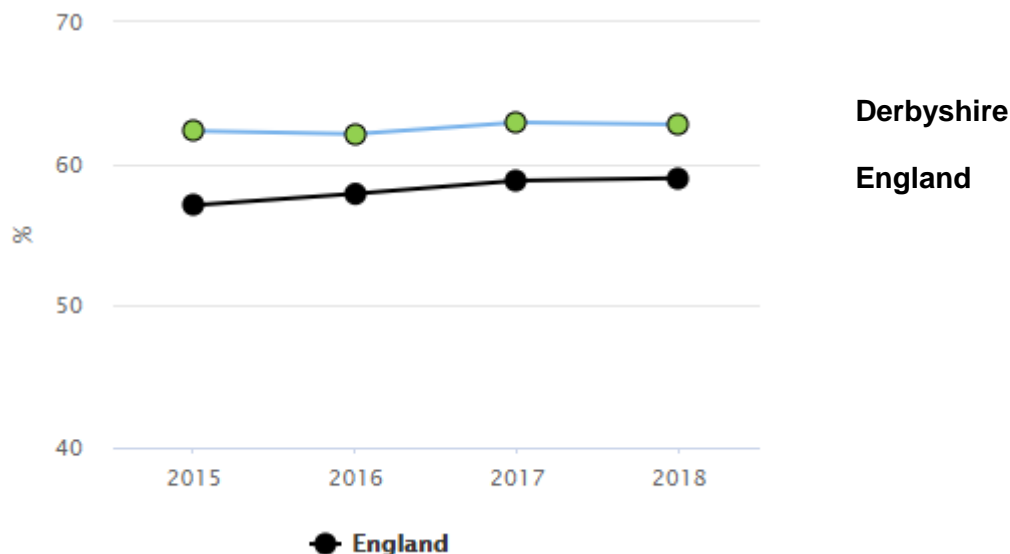
Bowel cancer is a common type of cancer in both men and women. Around one in 20 people will get it during their lifetime. Screening can help to detect bowel cancer at an early stage, when it is easier to treat, and has shown to reduce deaths from bowel cancer by 25%. It can also be used to check for and remove small growths in the bowel called polyps, which can turn into cancer over time. Almost nine out of ten cases of bowel cancer occur in people aged 60 or over.

There are currently two types of test used in the Bowel Cancer Screening Programme. These are:

- Bowel scope screening – a test where a thin, flexible tube with a camera at the end is used to look for and, if found, remove polyps inside a patient’s bowel. Currently, some men and women aged 55 are invited for a one-off bowel scope screening appointment.
- The faecal immunochemical test (FIT) (formerly faecal occult blood test (FOBT)) – a kit that patients use to collect a small sample of faeces in a pot which is sent by post to the laboratory to check for blood, which could be caused by cancer. This is a new test that was introduced nationally during 2019.

All men and women aged 60 to 74 are invited for bowel cancer screening biennially and are sent a home test kit in the post. Men and women aged 75 or over can self-refer for a screening home test kit. In Derbyshire (excluding Glossop), the Eastern Bowel Hub situated at the Queens Medical Centre, Nottingham, send invitations and testing kits to the eligible population. People found to have abnormal tests are then referred to the North and South Derbyshire Screening Centres for further assessment with most going on to have a colonoscopy.

Derbyshire County achieves coverage of 62.8% (national achievable target is 60%), compared to East Midlands average of 60.9%, ranking 17<sup>th</sup> in the County. Coverage has remained relatively stable in recent years, however is expected to increase with the introduction of FIT testing.

**Figure 4; Bowel Cancer Screening Coverage 2018**

Source; Public Health England; Public Health Outcomes Framework C24d

The STP Cancer Prevention work stream is working collaboratively to reduce inequality and coverage variation in relation to bowel screening. In 2018 a detailed Health Equity Audit was undertaken by NHS England North Midland SIT (Derbyshire/Nottinghamshire), Local Authority Public Health and the Bowel Screening Hub to provide a greater understanding of uptake across Derbyshire County and City. The Bowel Health Equity Audit demonstrated that certain population groups are less likely to take part in bowel cancer screening than others. This included, lower socio-economic backgrounds, BME communities, the younger screening cohorts, men, and those with learning disabilities. Geographical areas of lower uptake and greatest inequality were also identified and included market towns and communities within:

- Erewash
- Chesterfield
- Bolsover

The findings of the health equity audit highlighted the need to utilise evidence based interventions including face to face health promotion and telephone advice, GP endorsement letters and targeted interventions with primary care. Following the publication of findings, stakeholders have worked to engage a range of providers to undertake targeted promotion of screening to key groups, provide primary care support visits and develop targeted communications methods. Further work is planned for 2020 following a bid for Cancer Alliance funding to undertake targeted community engagement around bowel screening. The project has been recognised regionally and nationally being shared at National Public Health England conference and published, as well as informing guidance on access to data for screening and used as an example of best practice regionally.

A telephone advisory service is already run by the Bowel Hub and all GP practices are signed up the GP endorsement project. Screening is offered in prison settings; accessible communication format and easy read leaflets are available for individuals by request.

Coverage is defined as the percentage of individuals in the population who are eligible for screening at a particular point in time, who have had a test with the screening interval. A woman's eligibility depends on them being in the screening age range. Uptake refers to the proportion of individuals accepting invites.



The Hub are working with Learning Disability nurses in Nottingham to increase the attendance of this patient group. Learning from the project will be shared in due course to support the implementation in other areas.

The Screening Quality Assurance Service (SQAS) visited North Derbyshire Screening Centre in January 2015 and South Derbyshire Screening Centre in November 2015. Both screening centres were commended for their high quality of service provision and many areas of good practice were highlighted.

The Eastern Bowel Hub is a high performing service that regularly meets the programme standards, and has good systems in place to monitor if improvement is required. The Hub successfully completed their first SQAS visit in September 2017 which demonstrated good quality service provision, and maintained their UKAS accreditation in May 2018.

#### **4. Recommendation**

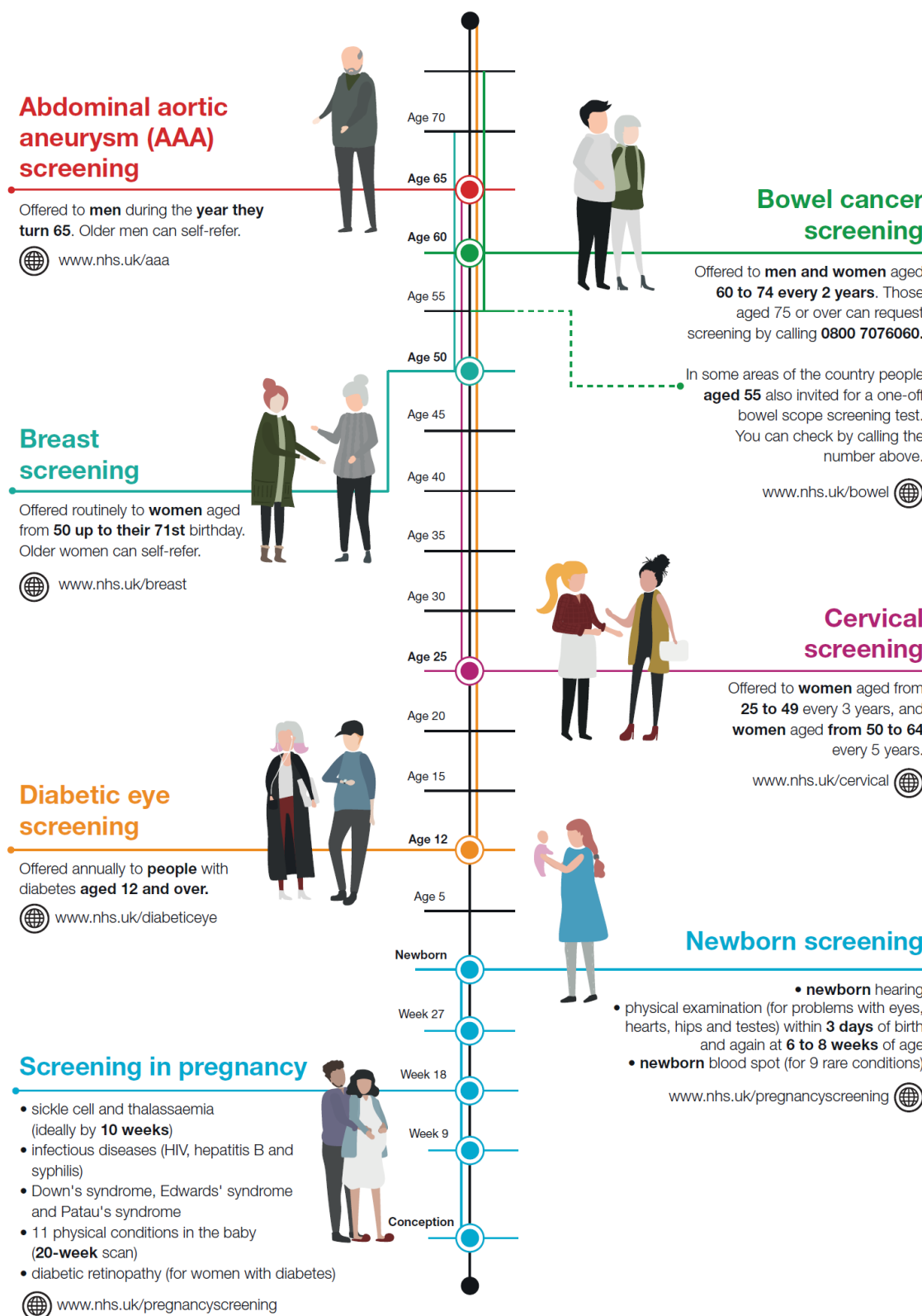
Members of the Health & Wellbeing Board are recommended to:

- a) consider the arrangements, achievements and challenges relating to the local screening programmes in Derbyshire
- b) contribute to successful delivery of the screening programmes by:
  1. promoting local and national screening messages to their staff and service users, in particular those from under-served communities.
  2. supporting initiatives to increase uptake and address inequalities in collaboration with the local screening and immunisation teams.

<b>Agnes Belencsak</b>	<b>Jane Careless</b>
<b>Screening and Immunisation Lead</b>	<b>Public Health Lead</b>
<b>NHS England and NHS Improvement Midlands</b>	<b>Derbyshire County Council</b>

Appendix 1

# Population screening timeline



Coverage is defined as the percentage of individuals in the population who are eligible for screening at a particular point in time, who have had a test with the screening interval. A woman's eligibility depends on them being in the screening age range. Uptake refers to the proportion of individuals accepting invites.