



Public Health
England

Cancer Screening Programmes Reducing Inequalities

January 2018

Tracey Turner

Screening and Immunisation Coordinator

South Yorkshire and Bassetlaw Team



Screening

- Informed choice is one of the fundamental principles in screening. We offer screening to eligible people and it is their choice whether to accept or decline that offer based on the potential benefits and harms.
- Key points to remember when offering screening
 - Alternative views exist on the value of screening tests
 - Ability to use health information to make a decision is varied
 - The context of the screening offer matters
 - Informed choice is a complex process – not an outcome
- A personal decision made to accept or decline a screening test based on access to accurate, evidence based information covering
 - The condition being screened for
 - The testing process
 - Benefits and harms
 - Potential outcomes – Opportunity to reflect on what the test and its results might mean to the individual.



Public Health
England

What are health inequalities?

“Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.”

NICE

<https://www.nice.org.uk/advice/lgb4/chapter/introduction>



Routes to diagnosis – breast cancer

In South Yorkshire and Bassetlaw Cancer Alliance in 2006-14 28.7% of female breast cancers were screen detected; 4.8% were diagnosed via an emergency

Breast	Screen detected	Two Week Wait	GP referral	Emergency presentation
% diagnosed by route	29%	51%	10%	5%
1 year survival	100%	97%	93%	53%

1 year survival for those diagnosed via the emergency route is almost half that of those diagnosed via screening (England data 2006-13)

Nationally those in the most deprived group are more likely to be diagnosed via an emergency



Breast Screening Uptake 2016/17

Area	Value	Lower CI	Upper CI
England	72.5	72.4	72.5
NHS Barnsley CCG	76.9	76.5	77.4
C85026 - Apollo Court M...	84.4	81.8	86.7
C85623 - Kingswell Surg...	84.2	80.8	87.0
C85010 - Hill Brow Surg...	82.6	80.7	84.2
C85024 - High Street Pr...	81.8	79.2	84.2
C85004 - Penistone Grou...	81.5	80.0	82.9
C85015 - Rotherham Road...	81.2	78.3	83.9
C85014 - The Rose Tree...	81.1	78.9	83.2
C85008 - Hoyland First...	80.5	78.7	82.3
C85005 - Royston Group...	80.5	78.1	82.7
C85007 - The Dove Valle...	79.7	77.5	81.6
C85033 - Victoria Medic...	79.1	76.9	81.2
C85614 - Darton Health...	79.0	74.4	82.9
C85020 - Huddersfield R...	78.7	76.8	80.5
C85018 - Grimethorpe Su...	77.9	75.0	80.6
C85030 - Wombwell Medic...	77.7	75.3	79.8
Y05363 - Bhf Highgate S...	77.6	73.1	81.5
C85622 - Monk Bretton H...	77.4	72.1	81.9
C85619 - St George's Me...	77.2	74.0	80.1
C85016 - Dr Mellor & Pa...	75.9	73.7	77.9
C85013 - Wombwell Gms P...	74.8	72.2	77.2
C85006 - Woodland Drive...	74.8	71.5	77.8
C85023 - Hollygreen Pra...	74.7	72.4	76.9
C85022 - Hoyland Medica...	74.1	71.8	76.2
Y05364 - Bhf Lundwood S...	73.9	69.2	78.1
C85028 - Lundwood Medic...	73.8	70.1	77.2
Y00411 - Dearne Valley...	72.9	70.3	75.3
C85001 - Goldthorpe Med...	72.1	68.3	75.7
Y05248 - Brierley Medic...	70.3	65.6	74.7
C85003 - Ashville Medic...	68.5	66.0	70.8
Y04809 - Lakeside Surge...	68.0	62.0	73.4
C85019 - The Grove Medi...	67.9	64.3	71.3
C85017 - Park Grove Sur...	67.7	65.3	70.0
C85009 - The Kakoty Pra...	60.8	56.7	64.8
C85628 - Caxton House S...	-	-	-
C85617 - Furlong Road S...	-	-	-

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.



Routes to diagnosis - colorectal

In South Yorkshire and Bassetlaw Cancer Alliance in 2006-14 8.1% of colorectal cancers were screen detected; 24.9% were diagnosed via an emergency

Colorectal	Screen detected	Two Week Wait	GP referral	Emergency presentation
% diagnosed by route	8%	30%	23%	25%
1 year survival	97%	82%	80%	49%

1 year survival for those diagnosed via the emergency route is about half that of those diagnosed via screening (England data 2006-13)

Nationally those in the most deprived group are more likely to be diagnosed via an emergency



Bowel Screening Uptake 16/17

Area	Value	Lower CI	Upper CI
England	57.5	57.5	57.6
NHS Barnsley CCG	59.3	58.7	59.8
C85623 - Kingswell Surg...	67.7	63.4	71.8
C85010 - Hill Brow Surg...	67.4	65.0	69.7
C85004 - Penistone Grou...	66.7	64.7	68.6
C85026 - Apollo Court M...	66.4	62.9	69.7
C85020 - Huddersfield R...	63.8	61.5	66.1
C85033 - Victoria Medic...	62.6	59.7	65.4
C85008 - Hoyland First...	61.4	59.0	63.8
C85016 - Dr Mellor & Pa...	60.1	57.5	62.7
C85014 - The Rose Tree...	59.9	56.9	62.7
C85006 - Woodland Drive...	59.4	55.7	63.0
C85619 - St George's Me...	58.4	54.4	62.4
C85007 - The Dove Valle...	58.3	55.5	61.1
C85023 - Hollygreen Pra...	58.3	55.4	61.0
C85015 - Rotherham Road...	58.2	54.5	61.8
C85030 - Wombwell Medic...	58.2	55.3	61.0
C85018 - Grimethorpe Su...	58.0	54.5	61.5
C85005 - Royston Group...	57.6	54.4	60.7
C85024 - High Street Pr...	57.4	53.9	60.8
Y00411 - Dearne Valley...	56.8	53.7	59.9
Y05363 - Bhf Highgate S...	56.6	50.7	62.3
C85622 - Monk Bretton H...	56.6	49.6	63.3
C85022 - Hoyland Medica...	56.0	53.3	58.6
C85017 - Park Grove Sur...	56.0	53.3	58.6
C85013 - Wombwell Gms P...	55.4	52.3	58.5
C85003 - Ashville Medic...	55.2	52.3	58.1
Y05248 - Brierley Medic...	54.2	48.6	59.6
C85019 - The Grove Medl...	53.7	49.7	57.6
C85614 - Darton Health...	53.4	47.8	58.9
C85001 - Goldthorpe Med...	52.3	48.0	56.5
C85028 - Lundwood Medic...	52.0	47.5	56.5
Y05364 - Bhf Lundwood S...	51.4	44.8	57.8
Y04809 - Lakeside Surge...	47.7	40.4	55.1
C85009 - The Kakoty Pra...	44.6	40.3	49.1
C85628 - Caxton House S...	-	-	-
C85617 - Furlong Road S...	-	-	-

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.



Routes to diagnosis – cervical cancer

In South Yorkshire and Bassetlaw Cancer Alliance in 2006-14 17.9% of cervical cancers were screen detected; 11.8% were diagnosed via an emergency

Cervix	Screen detected	Two Week Wait	GP referral	Emergency presentation
% diagnosed by route	18%	23%	27%	12%
1 year survival	99%	83%	91%	45%

1 year survival for those diagnosed via the emergency route is almost half that of those diagnosed via screening (England data 2006-13)

Nationally those in the most deprived group are more likely to be diagnosed via an emergency



Cervical Screening Uptake 2016/17

Area	Value	Lower CI	Upper CI
England	72.1	72.1	72.2
NHS Barnsley CCG	76.9	76.6	77.2
C85004 - Penistone Grou...	82.9	81.8	84.0
C85010 - Hill Brow Surg...	82.4	81.0	83.7
C85026 - Apollo Court M...	81.6	79.5	83.6
C85024 - High Street Pr...	80.9	78.8	82.8
C85623 - Kingswell Surg...	80.8	78.3	83.1
C85622 - Monk Bretton H...	80.6	77.0	83.8
C85008 - Hoyland First...	80.2	78.8	81.5
C85030 - Wombwell Medic...	79.9	78.2	81.4
Y05364 - Bhf Lundwood S...	79.0	76.4	81.5
C85022 - Hoyland Medica...	79.0	77.4	80.4
C85005 - Royston Group...	79.0	77.1	80.7
C85033 - Victoria Medic...	78.4	76.9	79.9
Y05248 - Brierley Medic...	78.2	75.1	81.1
C85014 - The Rose Tree...	77.9	76.1	79.7
Y05363 - Bhf Highgate S...	77.7	74.8	80.3
C85020 - Huddersfield R...	77.1	75.7	78.5
C85614 - Darton Health...	76.7	73.4	79.7
C85015 - Rotherham Road...	76.5	74.1	78.8
C85013 - Wombwell Gms P...	76.3	74.6	78.0
C85006 - Woodland Drive...	76.2	73.6	78.5
Y04809 - Lakeside Surge...	75.0	71.5	78.2
C85007 - The Dove Valle...	74.7	73.0	76.3
C85016 - Dr Mellor & Pa...	74.6	72.9	76.1
C85017 - Park Grove Sur...	74.1	72.4	75.8
C85619 - St George's Me...	73.6	71.4	75.6
C85003 - Ashville Medic...	73.5	71.9	75.1
C85018 - Grimethorpe Su...	73.3	71.1	75.4
C85019 - The Grove Medi...	72.8	70.2	75.2
C85001 - Goldthorpe Med...	72.7	69.9	75.4
C85028 - Lundwood Medic...	72.6	69.9	75.2
C85023 - Hollygreen Pra...	72.3	70.5	74.0
Y00411 - Dearne Valley...	70.7	68.9	72.5
C85009 - The Kakoty Pra...	68.5	66.1	70.8
C85628 - Caxton House S...	-	-	-
C85617 - Furlong Road S...	-	-	-

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.



Public Health
England

Reasons for lower uptake

- Those with a Learning and Physical disability
- Those with Economic and social deprivation
- Those with Unhealthy behaviours
- Ethnicity and cultural barriers, especially where English is a second language.
- Groups such as travellers and prisoners.



Strategies to increase uptake

Postal reminders (Allgood et al, BJC 2016)

- RCT around 23,000 women
 - Reminder or no reminder days before the appointment
- 4% higher uptake (68% vs 64%)

Second timed appointments (Hudson et al, J Med Screen 2016)

- Almost 3 x as effective as open invites (20% uptake vs 7.5%)

GP Endorsements



NHS Screening Communications Team



'Join the fight, take up your invite'

campaign resources

Join the fight, take up your invite
BREAST SCREENING SAVES LIVES

Breast screening can pick things that you can't find yourself. The earlier something is found the easier it is to treat.
 Keep a look out for your invitation in the post.

"A mammogram picked up my sister's breast cancer. I've got a lot to be thankful for, please don't miss your appointment!"
 Melinda, Barnsley

Join the fight, take up your invite
BREAST SCREENING SAVES LIVES

"Screening found our breast cancer, now we can enjoy our future with our families."
 Frances and Lianne, Bassetlaw

Join the fight, take up your invite
BREAST SCREENING SAVES LIVES

"I had no signs or symptoms, my mammogram picked up my breast cancer"
 Kath, Doncaster

Breast screening can pick things that you can't find yourself. The earlier something is found the easier it is to treat.
 Keep a look out for your invitation in the post.

"If it wasn't for breast screening, mum may never have met her grandchild."
 Kaye, Rotherham

Join the fight, take up your invite
BREAST SCREENING SAVES LIVES

"I'm glad my mum's had her mammogram - what's stopping you?"
 Shaydah and Sameerah, Sheffield

Breast screening can pick up things that you can't find yourself.
 The earlier something is found the easier it is to treat.
 Keep a look out for your invitation in the post.

Aged over 50 and not had a mammogram in the last 3 years?
 Contact us on **01226 432100**

Aged over 50 and not had a mammogram in the last 3 years?
 Contact us on **01909 502193**

Aged over 50 and not had a mammogram in the last 3 years?
 Contact us on **01302 320112**

Aged over 50 and not had a mammogram in the last 3 years?
 Contact us on **01709 424807**

Aged over 50 and not had a mammogram in the last 3 years?
 Contact us on **0114 271 1920**

Sheffield Teaching Hospitals NHS Foundation Trust



Case Studies – Media Coverage



Elaine Thompson, Goldthorpe Breast Cancer Survivor

BARNSELY CHRONICLE



BBC RADIO SHEFFIELD





Barnsley's 'Breast Screening Journey' leaflet

Join the fight, take up your invite

BREAST SCREENING
SAVES LIVES



Breast screening can pick up things that you can't find yourself. The earlier something is found the easier it is to treat.

Keep a look out for your invitation in the post

"A mammogram picked up my sister's breast cancer. I've got a lot to be thankful for, please don't miss your appointment"
Melinda, Barnsley

Aged over 50 and not had a mammogram in the last 3 years?
Contact us on
01226 432100

Barnsley Hospital **NHS**



Barnsley Hospital **NHS**
NHS Foundation Trust

Barnsley Hospital Breast Screening Programme

Aged 50-70?

If you have missed your last mammogram appointment or would like more information on the screening process, contact:

01226 432100

Remember – if you have received your invitation and can't make the appointment offered, contact the screening unit to reschedule.

Designed by Medical Photography & Graphic Design DBHFT, tel: 01302 366666, ext 3736





Support from local football teams during key campaign weeks



Promotion at home games, in match day programmes and on the BFC website.
Also featured in local newspapers.



Fear or Smear Collateral

South Yorkshire & Bassetlaw **NHS**

FEAR OR SMEAR

My mum told me that a smear test is painful

It would be scary if I took the test and found out I had cancer

TESTS THESE DAYS ARE FAR MORE COMFORTABLE

YOUR SMEAR IS NOT A TEST FOR CANCER - IT'S A WAY TO PREVENT IT

Aged 25 to 64 and missed a smear (cervical screening test), call your GP practice today to rebook appointment. Don't let your fears stop you taking the test. Find out more at fearorsmear.dbh.nhs.uk

South Yorkshire & Bassetlaw **NHS**

FEAR OR SMEAR

I don't want to be asked to retake the test

I'm just too embarrassed to see my usual GP for a smear test

TODAY'S SMEAR TESTS ARE MORE RELIABLE THAN EVER BEFORE

YOU CAN CHOOSE TO HAVE YOUR TEST TAKEN BY A PRACTICE NURSE

Aged 25 to 64 and missed a smear (cervical screening test), call your GP practice today to rebook appointment. Don't let your fears stop you taking the test. Find out more at fearorsmear.dbh.nhs.uk



A3/A4 posters

NHS

FEAR OR SMEAR

South Yorkshire & Bassetlaw

Your smear test (cervical screening)


- Cervical screening is not a test for cancer; it is a test to detect abnormal cells in the cervix before they could become cancerous.
- It is a five minute process, usually carried out by a Practice Nurse.
- All women aged 25 – 64 registered with a GP are invited for cervical screening. Women aged 25 – 49 invited every 3 years. Women aged 50 – 64 invited every 5 years.

Your appointment

- You will be asked to undress from the waist down and lie on a couch.
- An instrument, called a speculum, will gently be inserted into your vagina so the cervix can be seen.
- A small soft brush will be used to gently collect some cells from the surface of your cervix.
- The cell sample is sent off to a laboratory for analysis. You should receive your results within 14 days.

Don't let your fears stop you taking the test. Find out more at fearorsmear.dbh.nhs.uk

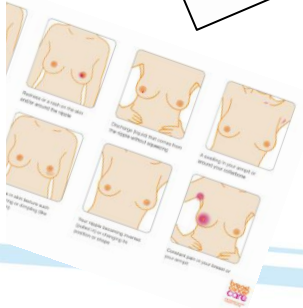
Aged 25 to 64 and missed a smear (cervical screening) test, call your GP practice today to rebook.



Folding business cards



Workshops with learning disability service providers





GP Practice Endorsement



Health stands, press coverage, promotion on prescriptions etc.



What can we do for you?

- Provide your surgery with local campaign materials
- Deliver screening awareness sessions for staff/patients
- Hold health promotion stands in your surgery to talk to patients about the importance of attending screening appointments
- Press release – to show how your surgery is encouraging patients to attend screening appointments

PLEDGE:

Have a think about what your practice can do to help increase the uptake of the National Screening Programmes, this could be with/without the help of the Screening Communications Team.

- Write your pledge on the paper provided, this will then be circulated electronically to you all and followed up at practice visits.



Katie.storer@nhs.net

01302 644245



Public Health
England

Changes to Programmes

Bowel scope screening - is a one off test (flexible sigmoidoscopy) offered to men and women at the age of 55 and investigates the lower part of the bowel. Barnsley roll out programme is underway.

Bowel Screening – FIT Test - Since the UK NSC recommendation in 2015, the PHE team have been working on the development and implementation of The Faecal Immunochemical Test (FIT) test will replace the gFOBt as the primary screening test in the English NHS Bowel Cancer Screening Programme (NHSBCSP) during 2018/19.

FIT is a complex chemical test whereas gFOBt is an observational test..

Patient and professional information – final drafts have been developed to share with participant focus groups.



Changes to Programmes

HPV Testing- The introduction of primary HPV screening means screening samples will be tested first for high risk (hr) HPV, rather than cytology.

- Cytology then becomes a ‘triage’ test which is only performed if hrHPV is detected in the sample.
- Primary HPV screening typically leads to a reduction in the requirement for cervical cytology by approximately 85%.
- hrHPV testing is performed on the liquid based cytology (LBC) sample that is taken when a woman attends for cervical screening. **Samples should continue to be taken in the same way**, (as per guidance for the training of cervical sample takers <https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training>) ensuring that the cervix is visualised and sampled appropriately.



Changes to Programmes

HPV Testing - The sample taker primary HPV screening information and training materials can be accessed through the Continuing Professional Development for Screening website at <https://cpdscreening.phe.org.uk/>

- Women testing hrHPV **negative** will require **no further testing** and will be assigned to routine recall at **3 or 5 years, depending on their age**.
- Samples testing **positive** for hrHPV will be forwarded for **LBC processing to produce a cytology slide**. The slide will then **be cytology screened and reported in the usual way according to current national guidance**.
- Those women with **normal cytology** will be **recalled in 12 months** for a repeat test.
- Women with **abnormal cytology (any grade)** will be **referred immediately to colposcopy**.



Changes to Programmes

HPV Testing - The pilot protocol for women having primary HPV screening in the cervical screening programme is available on the gov.uk website at www.gov.uk/government/publications/human-papillomavirus-hpv-primary-screening-protocol

- Inadequate tests at any screening episode in the pathway will be repeated in 3 months' time. Women with 3 inadequate screening tests (hrHPV and/or cytology) in a row will be referred to colposcopy.
- Screening and Immunisation Coordinators are following up direct with practices when 3 or more inadequate samples have been received over a 3 month period.

Currently Sheffield ladies follow a HPV Primary Screening pathway.

There are discussions taking place for short term mitigation to provide primary HPV screening in some areas prior to national roll out in 2019.



Public Health
England

Any Questions



