Screening guide for Health Professionals

General Practice

Adult and Young Persons Screening: A Guide for General Practice

Barnsley

The aim of this guide is to give an overview of each of the English national screening programmes and allow for quick and easy reference when determining which individuals may be eligible for each screening programme.

Introduction

Health screening is a valuable method of examining large numbers of apparently healthy individuals for the early signs of a disease or condition. Early identification allows for earlier and more effective interventions, minimising the risk of the development of serious complications, and reducing the burden of any morbidity and mortality associated with the condition being screened for.

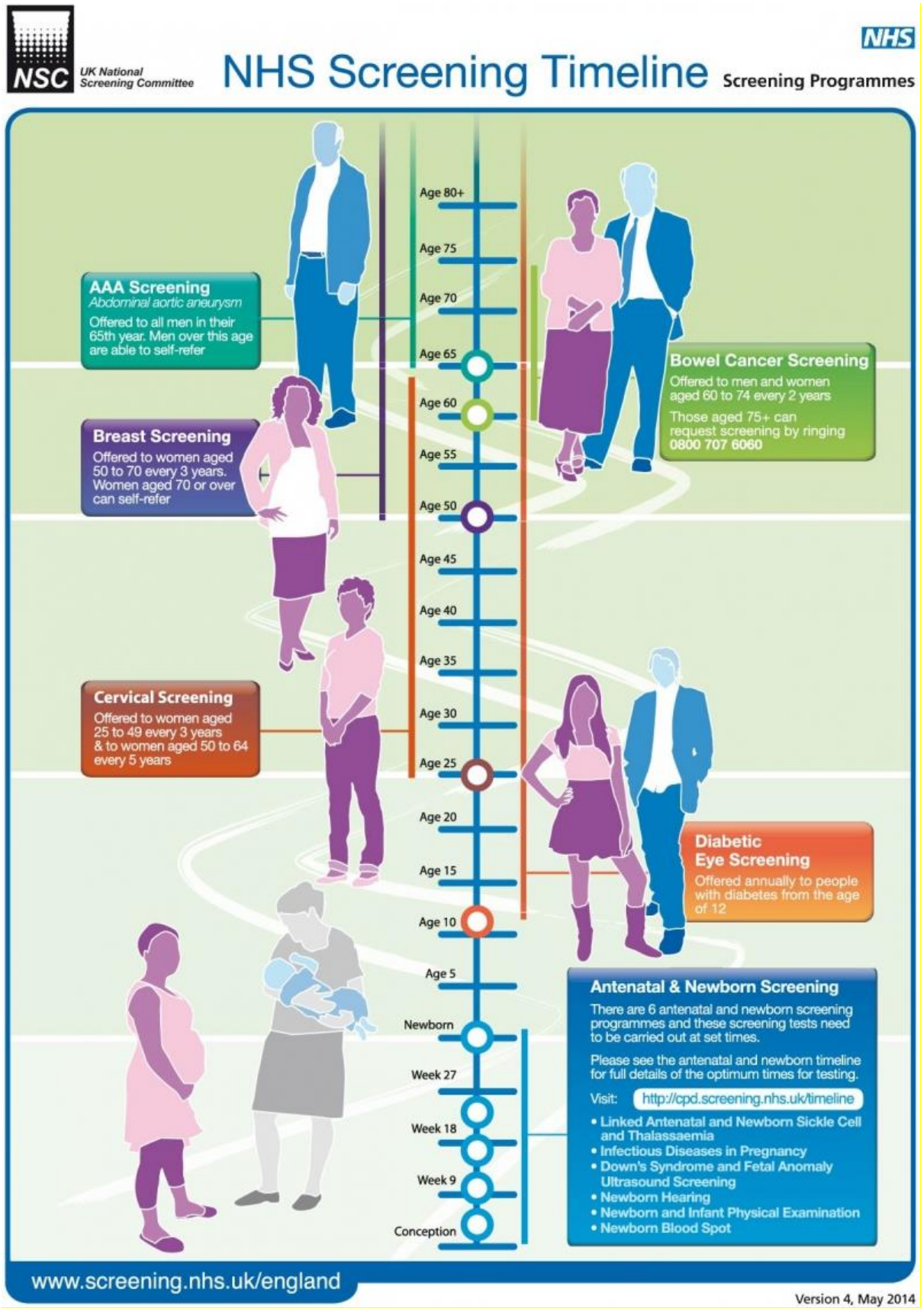
In England there are currently five adult national screening programmes and one antenatal and new born screening programme. The five adult programmes are broken down into breast, bowel and cervical cancer screening, abdominal aortic aneurysm (AAA) screening, and diabetic eye screening. Eligibility criteria for each of the programmes differ but individuals will be eligible for some or all of these programmes at some point in their lives.

Screening in South Yorkshire and Barnsley is commissioned by NHS England and delivered by a variety of providers across the 5 CCGs of Sheffield, Rotherham, Doncaster, Barnsley and Bassetlaw.

The aim of this document is to provide general practice with a quick and easy reference guide to each of the five adult screening programmes in Barnsley. It gives details of how to access them and of the key contacts in each programme, along with a detailed description of how patients can be referred into the programme and the important role GP practices play in this.

Each section describes the structure of the relevant screening programme and aims to offer some information about the role GP practices can play in encouraging your patients to attend for screening and improving access for vulnerable groups such as those with learning disabilities.

NHS Screening Timeline



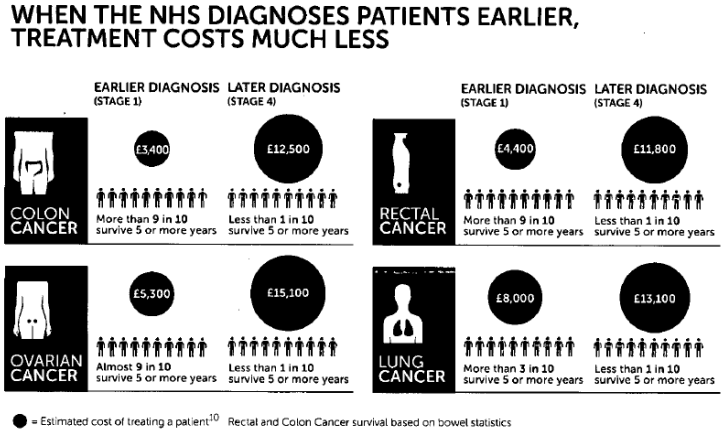
Improving Uptake of Cancer Screening: Top Tips for GPs

Why is it important?

- 265,000 people in England diagnosed with cancer every year
- 130,000 people die from the disease each year.
- By 2030 it is projected that the diagnosis figure will rise to 300,000

Patients who are diagnosed early in the pathway have better outcomes therefore it is important to ensure that early identification and awareness programmes are in place to diagnose early symptoms of cancer.

Patients who are diagnosed later in the pathway also cost the NHS much more in terms of treatment costs. See picture opposite. The NHS is operating in an increasing financially challenged environment therefore we must make changes to ensure we are able to invest in new services in the future



What can practices do?

- Develop robust systems to identify patients who fail to respond to/DNA their breast, cervical or bowel screening and develop systematic processes to follow these patients up;
- Add an alert on the patient's record to remind them of the benefits of screening;
- Contact the patient by letter/telephone to explain the benefits of screening;
- Pro-actively promote screening in practice;
- Create myth busting posters/information leaflets which can be shared with patients and displayed in practice;
- Utilise other health initiatives such as 'flu clinic' days to talk to your patients about screening;
- Use opportunities like 'Ovarian Cancer Awareness Month' to raise awareness and promote screening programmes in practice;
- Work with existing groups and partnerships to promote the NHS Breast, Bowel and Cervical cancer screening programmes to the relevant targeted populations within local communities ;
- Undertake audits of breast, bowel and cervical cancer diagnoses and identify whether patient was eligible for screening and whether they attended.

Screening Eligibility Criteria

Programme	Men	Women	Age Group								
			0-11	12-24	25 - 50	50 - 59	60 - 64	65	66 - 70	71-74	75 +
Diabetic Eye	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
AAA	Yes	No	No	No	No	No	No	Yes	No	No	No
Bowel	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	No
Breast	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No
Cervical	No	Yes	No	No	Yes	Yes	Yes	No	No	No	No

Diabetic Eye Screening

Eligible Population: **Annual screening for all diabetic men & women aged 12 and over with a visual acuity of better than no perception of light in either eye.**

Provider Barnsley & Rotherham Diabetic Eye Screening programme

Key Contacts

Suzanne Bird	Programme Manager	suzanne.bird@nhs.net	**01226 434494**
Nicola Cunliffe	Failsafe Officer	nicola.cunliffe@nhs.net	**01226 434578**
Tracey Turner	Screening and Immunisation Coordinator	Tracey.Turner5@nhs.net	**0113 8253475**

Programme Information

Patients with diabetes aged 12 and over with a visual acuity of perception of light or better should be screened using digital photography once every 12 months. If no retinopathy is present the patient will be discharged and then called again for screening in 12 months' time. If a referable level of retinopathy is found the patient will be referred for further assessment by an ophthalmologist at the hospital.

THE SCREENING PROGRAMME CAN ONLY SCREEN THOSE PATIENTS THAT YOU HAVE INFORMED THEM HAVE DIABETES. THERE IS NO NATIONAL AUTOMATIC PROCESS FOR REFERRAL INTO THE DIABETIC EYE SCREENING PROGRAMME SO YOU NEED TO REFER EVERY NEWLY DIAGNOSED DIABETIC AT THE TIME OF DIAGNOSIS, AND EVERY DIABETIC NEW TO THE PRACTICE AT THE POINT OF JOINING, INTO THE SCREENING PROGRAMME USING THE APPROPRIATE REFERRAL FORM. THESE ARE AVAILABLE FROM THE SCREENING PROGRAMME ON THE TELEPHONE NUMBER ABOVE.

Every quarter the programme will validate their register to ensure it is accurate and up to date. This involves comparing your list against theirs and requesting you check any discrepancies, such as patients who have left the practice, changed address, died, joined the practice, or been recently diagnosed. This is a vital failsafe process which ensures patients are not missed and maintains the accuracy of the screening register. This cannot be done without your cooperation. Diabetic patients who are not offered screening are at risk of losing their sight. Screening is offered locally by the screening programme either in GP practices or hospital settings. The programme uses an open appointments system which allows patients to choose the clinic and appointment time most suitable to them. Treatment is provided at Barnsley Hospital.

Key Points

1. **All newly diagnosed diabetics should be referred into the programme by the practice at the time of diagnosis**
2. **All patients new to the practice should be referred into the programme by the practice at the point of registration.**
3. **Participation in the quarterly validation process is extremely important to ensure all your eligible patients are registered with the programme and screened.**
4. **Patients who are not referred into the programme are at risk of visual loss**
5. **Even patients whose diabetes is considered resolved should be offered screening.**
6. **Patients already under the care of ophthalmology at diagnosis or registration should still be referred to the programme; do not wait until they are discharged.**

Frequently Asked Questions

1. Why does the practice need to refer patients into the programme?

Each local programme is required to maintain a local register but there is no way to link this to other patient systems like PAS, so the only way the programme has of identifying eligible patients is if the practice refers them in. Once the programme has registered the patient they will manage all the call and recall processes for that patient while they are registered at your practice.

2. Why do I need to take part in quarterly data validation?

General practice populations can be quite fluid with patients moving into and out of the area, patients dying, changing their name, and moving house. An increased incidence of type 2 diabetes also means that GP practices will have patients registered whose diabetes status changes over time. The GP should notify the programme on an ongoing basis of changes in patient details and status. Quarterly data validation is the only means of failsafe checking that your patients are being offered screening when they need it.

3. How do I see my patients' screening results?

Upon completion of a screening episode a results letter will be generated and sent to the patient and the GP practice. The GP letter will include visual acuity information and retinopathy results for your records. If you have not received a result or cannot find an old result then please contact the programme (information on the previous page).

4. Why do I need to refer patient s immediately on diagnosis or registration?

If patients are referred immediately on diagnosis or registration it allows the screening programme to call them for screening at the earliest opportunity. Delaying referral because the patient is under the care of ophthalmology already means there is a risk of the patient not being called for screening upon discharge as the programme will not be aware of them. Patients may also be under the care of ophthalmology for conditions such as glaucoma or cataracts. In these cases patients may not be having their retinas assessed in clinic and so should be having screening within the programme.

Useful Links & Information

Several information leaflets for patients around understanding diabetic retinopathy, screening, and the various treatments available can be accessed free of charge at:
http://diabeticeye.screening.nhs.uk/information-leaflets

Further information around diabetes & sight loss is available via Diabetes UK and the RNIB:
http://www.diabetes.org.uk/
http://www.rnib.org.uk/

Improving uptake

GP practices can be influential in increasing uptake for their patients by:

- Proactively contacting non-attenders by phone or letter. Patients will often respond to the advice of their GP and attend appointments.

  Checking attendance when seeing the patient in practice and reminding them why it's important. Knowing where, when and how patients can access eye screening.
- Referring patients into the programme in a timely manner, ideally within 3 months.
- Complying regularly with data validation requests.

AAA Screening

Provider Doncaster and Bassetlaw NHS Foundation Trust

Eligible Population: **All men will be offered AAA screening in the year of their 65th birthday. Women are not eligible for AAA screening.**

Key Contacts

Helen McAlliney	Programme Manager	Helen.mcalliney@dbh.nhs.uk	
Emma Bodley	Communications Manager	Emma.bodley@dbh.nhs.uk	
Screening Office		dbh-tr.dbhaaa@nhs.net.	**01709 649100**
Sarah Dearns	Screening and Immunisation Coordinator	Sarah.dearns@dbh.nhs.uk	**0113 8253462**

Programme Information

All men are offered Abdominal Aortic Aneurysm (AAA) screening in the year of their 65th birthday. The screening test for AAA is a simple, pain-free ultrasound scan of the abdomen that usually takes less than 10 minutes. If no aneurysm is detected, the individual does not need to be screened again. Small to medium sized aneurysms will require monitoring at regular intervals, whereas surgery is the most common method used to repair large aneurysms. The programme locally is delivered by Doncaster and Bassetlaw NHS Foundation Trust and is based at Doncaster Royal Infirmary. The programme covers the CCG areas of Sheffield, Rotherham, Doncaster, Barnsley and Bassetlaw. Screening is delivered at local GP surgeries and community locations. The service has a screening bus that allows screening to take place anywhere in the community.

The national AAA screening programme only screens men in the year of their 65th birthday and as such has 'missed' a whole cohort of men who were over the age of 65 at the time the programme was implemented. Although these men will not be automatically called for screening, any man over the age of 65 who has not been screened is able to self-refer into the programme and request screening. If you receive queries regarding this from your patients you can advise them to contact the programme on the screening office phone number to arrange a referral. They will need their NHS number and to be currently registered with a GP. Patients with symptoms should be referred via the symptomatic pathway and should not be referred for screening. Patients under 65 years of age are not eligible for screening and should not be referred to the programme.

Key Points

1. **Men are offered screening in the year of their 65th birthday.**
2. **Men over 65 can self-refer by calling 01709 649100. They will need to quote their NHS number.**
3. **Men under 65 years of age are not eligible for screening and should not be referred.**
4. **Men with symptoms should be referred via the symptomatic service and not into screening**
5. **Women are not eligible for AAA screening.**
6. **The majority of burst aneurysms occur in men over the age of 65.**

Frequently Asked Questions

Useful Links & Information

1. How can men self-refer?

Men over the age of 65 who haven't been screened can self-refer by contacting the programme on the admin office phone number to arrange a referral. They will need to be able to quote their NHS number and be currently registered with a GP. The programme will discuss the available screening venues with them and arrange an appointment.

2. Why aren't women screened?

Two out of three deaths from ruptured aneurysms occur in men who are over 65. Men are six times more likely to have an aneurysm than women. Ruptured AAA is less common in women and on average occurs 10 years later than in men. There is no evidence to show that inviting women for screening as part of a population-based screening programme would deliver major benefits.

3. Can men under the age of 65 be screened?

No. The majority of aneurysms occur in men over the age of 65 so screening is currently only offered to men in the year of their 65th birthday and to those older than 65 via self-referral. Men under the age of 65 will not be called for screening until they turn 65 should not be advised to contact the programme.

4. Should I refer someone with symptoms to screening?

No. Those men who present in general practice with symptoms should be referred straight for a scan via the symptomatic service and should not be referred to screening.

5. What if an individual does not wish to be screened?

Attending for AAA screening is a choice and there is no obligation to attend. If a man has considered the AAA screening test and decided he does not wish to be screened he can decline the offer. He will not routinely be recalled for screening in the future but can request screening at any point via the self-referral process.

AAA Screening in England is overseen by the National Screening Committee (NSC). The NSC has produced several information leaflets for patients around understanding AAA screening, and the treatment available. These can be accessed free of charge at:

http://aaa.screening.nhs.uk/leaflets2015

Further information can be found on the British Heart Foundation website:

https://www.bhf.org.uk/

Improving Uptake

GPs can influence uptake of AAA screening within their practice population by:

- Auditing those men who failed to attend for screening and writing to them.
- Putting a flag on non-attenders' records and reminding them of the importance of attending during other practice contact.
- Advising those men over 65 who wish to be screened how to self-refer.

Cervical Screening

Provider GPs, PCSE, STH, BHNFT

Eligible Population: **All women aged 25-49 should be screened every 3 years, those aged 50-64 should be screened every 5 years, and those aged 65+ on request.**

Key Contacts

Tracey Turner Primary care Support Services England	Screening and Immunisation Coordinator (Call and Recall)	Tracey.Turner5@nhs.net	**0113 8253475** **01302 566112**
Hospital based Coordinator	BHNFT	tracy.hamilton@nhs.net	**01226 433 091**

Programme Information

Cancer of the cervix affects approximately 9 women per 100,000 in the UK each year. Screening is important because early detection and treatment can prevent 75% of cancers developing.

All women will be offered a first screening aged 25 and then every 3 years until aged 49. From age 50-64 they will be offered screening every 5 years. Only women with recent abnormal tests, or who have not been screened since aged 50, will be offered screening after the age of 64. Call and recall for cervical screening in Ba is provided by Primary Care Support (PCS) Services England. Analysis of samples is undertaken by the cytology laboratory at Sheffield Teaching Hospital NHS Trust

Prior Notification Lists (PNLs) are used by the Call/Recall service to ensure they invite the appropriate women for screening. Listings are sent 10 weeks in advance. The practice then has 4 weeks to action which gives the opportunity to stop or defer the invite going to the patient unnecessarily.

The cervical sample together with the completed (pre-populated) HMR101 request form is taken to the cytology laboratory using local transport mechanisms. Always ensure sample taker code is present and the woman's details are correct and attached to right sample.
Always use your Sample Taker code when requesting Cytology tests. If you have any doubts as to what your code is the new team can be contacted on: 0191 445 6549 or at gan-tr.NorthCSTD@nhs.net.

Key Points

1. **Cancer of the cervix affects approximately 9 women per 100,000 in the UK each year. Early detection and treatment can prevent 75% of cancers developing**
2. **Women aged 25-49 are invited on a 3 yearly basis and those aged 50-64 should be screened on a 5 yearly basis**
3. **Changes in cervical cells are generally caused by certain types of human papillomavirus (HPV)**
4. **The purpose of cervical screening is to find changes in cells of the cervix that can be treated BEFORE they become cancer.**
5. **Uptake for cervical screening is lower in younger women (25-49) and declining in older women (50-64)**

It is recommended you view your sample taker performance quarterly on the CSTD web based system. If you have not got access to the web based system contact the team on 01914456549. If there is any concern on your rag rating scores contact Tracey Turner (contact details above).

Women now receive their first invitation for screening around 24.5years, this is hoped to ensure they attend by the time they are 25.

Frequently Asked Questions

1. I have made a mistake and attached the incorrect details to the incorrect sample.

Contact the Screening and Immunisation coordinator (contact details above).

2. How can I find out my sample taker code and Rag rates?

Call 0191 445 6549 or email gan-tr.NorthCSTD@nhs.net for the details.

3. How do I access Cervical Screening Training?

Sheffield University Cytology training and also updates available:
Cytology Update: http://www.shef.ac.uk/hsccpd/courses-az/c/cytologyupdateCervical Screening for Health Care Professionals: http://www.shef.ac.uk/hsccpd/courses-az/c/cervicalscreening
Cervical Sample Taker training e-learning
http://www.nwyhelearning.nhs.uk/elearning/yorksandhumber/shared/cervical_sample_taker/Preview/index.html

Useful Links and Information

The NHS Cervical Screening Programme produces a number of information leaflets for patients. These can be downloaded free of charge from:
www.cancerscreening.nhs.uk/cervical/publications/reviews-leaflets.html

Improving Uptake

GPs can play an influential role in increasing amongst the patients at their practice by:

- Developing robust systems to identify patients who've not attended cervical screening.
- Develop systematic processes to follow these patients up reiterating the importance of screening. For example, when a DNA letter is received.
- Add an alert on patient's record to remind them of the benefits of screening.
- Contact the patient by letter/telephone to explain the benefits of screening.

Pro-actively promote screening in practice perhaps targeting specific groups.

South Yorkshire and Bassetlaw "Fear or Smear" campaign
http://fearorsmear.dbh.nhs.uk/

Breast Screening

Eligible Population: **All women aged between 50 and 70 years old will be offered screening every three years.**

Provider	Barnsley Hospital NHS Foundation Trust

Breast Screening Programme manager	Barnsley NHS Foundation Hospital Trust	alinepicken@nhs.net	**01226 432 100**
Bel O'Leary	Screening and Immunisation Coordinator	b.oleary@nhs.net	**0113 8253354**

Programme Information

As part of the NHS Breast Screening Programme women between 50 and 70 will be offered screening every three years. Because the programme is a rolling one which invites women from GP practices in turn, not every woman receives an invitation as soon as she is 50, but she will be eligible for her first screen after her 50th and before her 53rd birthday. Once women reach the upper age limit for routine invitations for breast screening, they are encouraged to self-refer into the programme.

You will be contacted when your practice is due a breast screening round and asked to provide further information to the programme about eligible women (details of ethnicity, learning disabilities, bilateral mastectomy and death). It is very important that this information is returned as a matter of urgency. If it is not received by the practice, women may be invited inappropriately, causing upset to the woman and her family.

If an individual is unable to attend when their GP practice is called for screening they do not need to wait until the practice is called again in three years' time, they can contact the programme and attend at any other time. Abnormalities found at mammography will be referred for further investigations such as biopsies. Confirmed breast cancer may be treated with radiotherapy, chemotherapy, surgery, or a combination of the three.

The breast screening programme is provided by Barnsley NHS Foundation Trust.

Key Points

1. **Breast cancer can be fatal.**
2. **Breast screening can detect the early signs of breast cancer, often before it could be detected by the individual themselves**
3. **Early identification of breast cancer leads to increased rates of survival.**
4. **Screening is offered every three years for all women from the age of 50 to the age of 70.**
5. **Although eligible from age 50, women may be called for their first screening any time between their 50th and 53rd birthdays.**

Some women may be called between 47-50 years or extended up to the age of 73 as part of a national pilot.

6 **Returning information about eligible women in a timely manner prevents women being invited inappropriately.**

Frequently Asked Questions

1. What happens if a patient does not attend but would like to make another appointment? Patient feedback states that they are required to wait for the next rota (3 years) – is this correct?

Absolutely not – if a woman has missed her screen she can ring the programme office and make an appointment to go to another site.

2. When does the practice receive notification of DNAs? Does this happen after the screening round has finished?

The programme office sends the DNA information to GP's whilst they are screening the practice population. This means GPs receive information in a timely manner.

3. Is additional data available to practices around DNAs?

The DNA list is generated by the unit when they return the outcomes. The information system that the breast screening unit uses is a national system and is now quite old – it does not send out electronic results (like bowel screening) or have the ability to talk to GP systems which means GPs will receive paper based lists of DNAs.

4. What happens if I miss the information return deadline set by the programme?

If you do not return the request information in a timely manner, women who have had bilateral mastectomy will be invited. Similarly, the families of women who have died will receive an invite. It is extremely important that you return the information as a matter of urgency. The screening programme does not have access to this information in any other way.

Useful Links & Information

The NHS Breast Screening Programme produces a number of information leaflets for patients. These can be downloaded free of charge from:
http://www.cancerscreening.nhs.uk/breastscreen/publications/reviews-leaflets.html
Further information is available from Cancer Research UK:
http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/

Improving Uptake

- Although not responsible for delivering the service, GPs can play an influential role in increasing amongst the patients at their practice by:
- Developing robust systems to identify patients who've not attended their breast screening.
- Develop systematic processes to follow these patients up reiterating the importance of screening. For example, when a DNA letter is received.
- Add an alert on the patient's record so you can remind them of the benefits of screening.
- Contact the patient by letter/telephone to explain the benefits of screening.
- Pro-actively promote screening in practice perhaps targeting specific groups.

Bowel Screening

Provider Barnsley NHS Foundation Trust /STH

Eligible Population: **All men and women aged between 60 and 74 years old will be offered screening every two years.**

Key Contacts

Julie Askham	Programme Admin Lead –	Julie.Askham@sth.nhs.uk	**0114 2269555**
Rachel Staniforth	Screening & Immunisation Coordinator	rachelstaniforth@nhs.net	**0113 8250826**
Phil Kelly	North East Hub Manager	Phil.Kelly@ghnt.nhs.uk	**01914453548**
North East Hub	Patient Information Line	N/A	**0800 707 6060**

Programme Information

Men and women are eligible for bowel cancer screening every two years from the age of 60 to 74. Those older than 74 can self-refer into the programme. Screening involves completing a test kit, sent from the North and East Hub based in Gateshead, by providing a small stool sample from three separate bowel movements. This is then returned to the Hub and analysed for the presence of blood. Patients with positive results will be referred to Barnsley NHS Foundation Trust for a consultation and discussion of risks and benefits of going forward for a a colonoscopy examination.

This process should be automatic and does not require any input from the practice other than keeping your patient records up to date.

When presented with queries from patients concerning bowel screening you can advise them to contact the North East Hub in Gateshead on 0800 707 6060. The team there are very knowledgeable and are used to fielding a variety of questions on the subject so should be able to provide your patients with all the information they need.

Uptake in Barnsley for Bowel screening on average is very good and exceeds target.

There are a number of health promotion activities across South Yorkshire and initiatives to improve access to bowel screening for vulnerable groups, if you require further information contact 0114 2269555.

Key Points

1. **Call and recall is managed centrally for the North of England region by the Screening Hub at the Queen Elizabeth Hospital in Gateshead.**
2. **Patients presenting in general practice with symptoms should be referred directly via the symptomatic pathway. They do not need to complete a test kit.**
3. **GP reminders by letter or phone can have a large influence on those patients who have initially failed to complete a test kit.**
4. **Patients contacting you with queries or to request a test kit can be advised to contact the bowel screening Hub on 0800 707 6060. Patients younger than 60 are not eligible for screening.**

Frequently Asked Questions

1. How are eligible patients identified?

The Screening Hub in Gateshead has access to the Open Exeter system. Invitations are automatically generated for patients in the year of their 60th birthday. These are staggered throughout the year so not all eligible patients are invited as soon as they turn 60. Once the patient has been invited for the first time they will continue to receive invitations every two years until aged 74. Patients over the age of 74 can self-refer by requesting a test kit at any time.

2. A patient has symptoms, should they be advised to contact the Hub and request a test kit?

No. All patients with symptoms should be referred straight to the colonoscopy unit following consultation with the GP via the symptomatic pathway. Requesting screening will only delay investigations and any potential treatment.

3. What is the difference between Bowel Screening and Bowel scope?

The screening part of the programme includes a home test (Faecal Occult Blood test). These kits are tested at the Bowel Cancer Screening Hub. When blood is detected as being present individuals are then invited for a consultation and possible colonoscopy.
The Bowel Scope Screening Programme is a pilot of a new NHS Screening Programme which invites men and women around the time of their 55th birthday to attend for "flexi sigmoidoscopy". The aim is to find any 'polyps', which, if left untreated may develop into bowel cancer. The pilot programme is currently being rolled out across South Yorkshire and Bassetlaw. This rollout process began in October 2014 and will take a considerable length of time. Currently, both Doncaster and Sheffield have begun to invite patients by GP practice, but due to the volume of eligible patients, not all GP practices can be 'attached' into the programme at once. This would place an unmanageable burden on the screening service. You will receive notification from the screening service when your GP practice is due to be 'attached' to the programme. Please be patient with this process as it is designed to ensure we have a safe screening programme which is able to meet the standards and perform within the timescales agreed.

Useful Links & Information

A number of information leaflets for patients, many available in a number of different languages, can be downloaded free of charge from:
http://www.cancerscreening.nhs.uk/bowel/ipc-pack.html

Further reading and information can be found at:
https://www.beatingbowelcancer.org/

http://www.bowelcancerresearch.org/

http://www.bowelcanceruk.org.uk/

Improving Uptake

GP practices can be influential in increasing uptake for their patients by:

- Sending a letter to all patients who do not respond to the screening round.
- Adding read codes to patient records so it is possible to search for and identify non-responders.
- Checking attendance status when seeing the patient in practice and reminding them to attend.

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