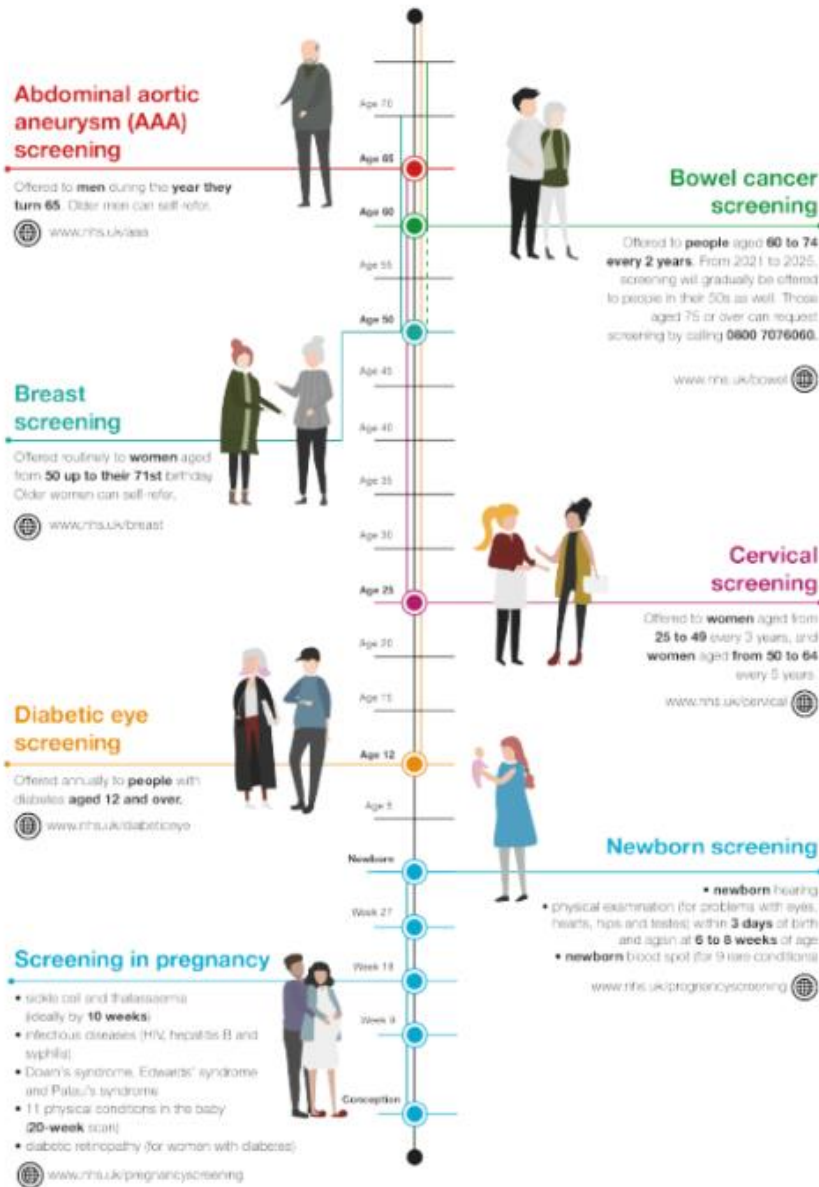


# Cancer Screening Programme Guide Barnsley

## Population screening timeline



[NHS population screening explained - GOV.UK \(www.gov.uk\)](https://www.gov.uk/nhs-population-screening-explained)

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

Date: May 2023

## 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 three well established adult national cancer screening programmes. The three adult programmes are broken down into breast, bowel and cervical cancer 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 is commissioned by NHS England and delivered by a variety of providers across the ICB places of Sheffield, Rotherham, Doncaster, Barnsley and Bassetlaw.

The aim of this document is to provide a quick and easy reference guide to the cancer screening programmes in Barnsley.

The GMC states: screening is considered “direct care” it is therefore reasonable to assume consent is implicit if it’s in the patient’s best interest to share information. This means you can share information on individuals and the reasonable adjustments they require providing:

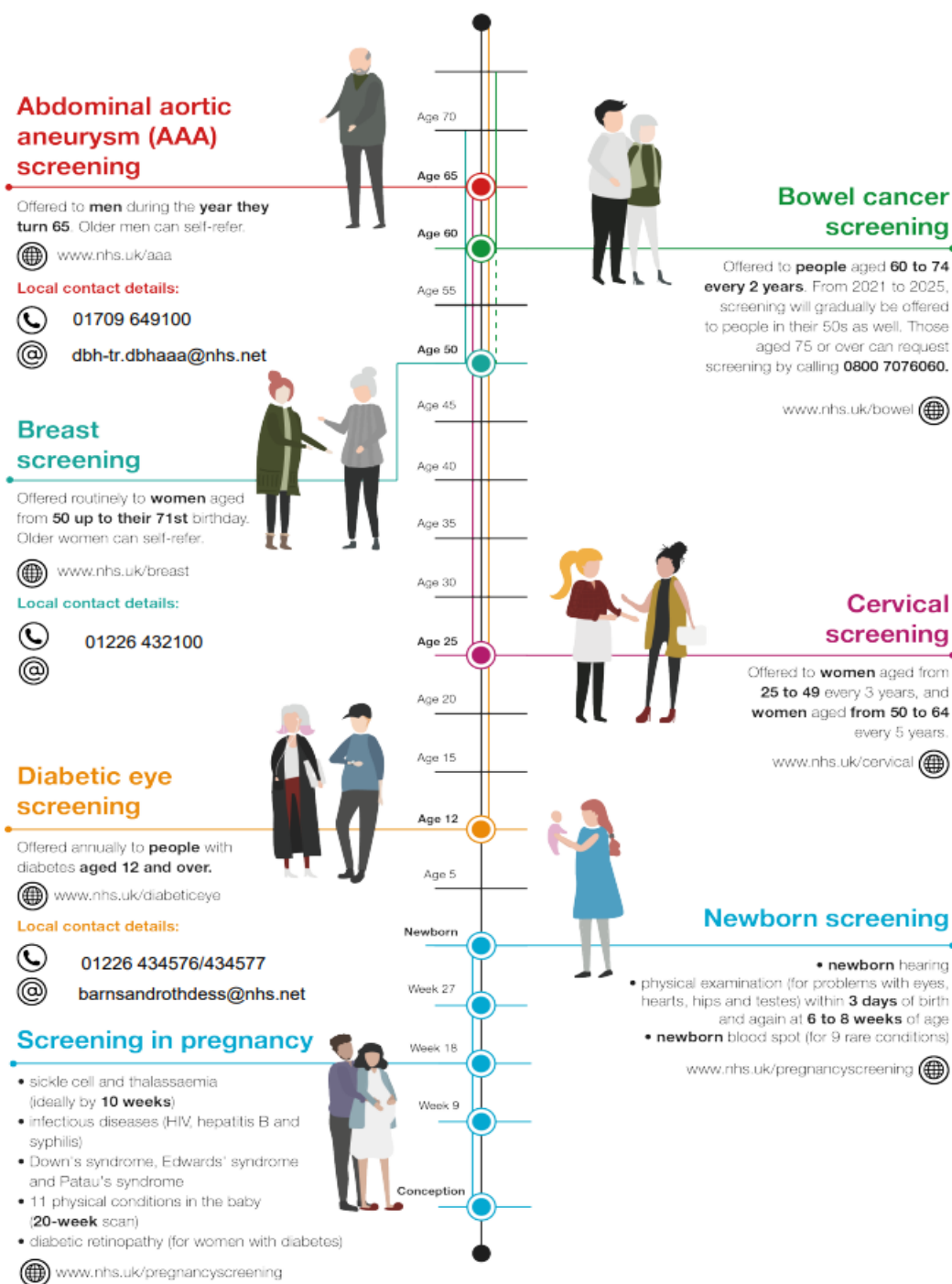
- Your information is up to date.
- You have no reason to think that the individual would be surprised that you have shared this information.
- You indicate to your patients that you will be sharing information about them for this purpose.

If you require further information contact:

NHSE Public Health Programmes Team (formally PHE Screening and Immunisation Team)

[england.sybsit@nhs.net](mailto:england.sybsit@nhs.net)

# Population screening timeline



Narrated screening slides sets are available to assist raising awareness of screening and mental capacity act for staff at the below website (You will require Google play to run the MCA slides):

SYB Cancer Alliance website: [SYB Cancer Alliance website - narrated slide decks](#)

Links to NHS screening animations for both Females and Males:

[Female lifetime screening pathway animation](#)

[Male lifetime screening pathway animation](#)

# Screening

**Cancer screening saves thousands of lives each year. It can detect cancers at an early stage and in some cases, even prevent cancers from developing in the first place.**

## Why is it important?

- 375,400 New cases of cancer in the UK (2016-18 average).
- 167,142 Deaths from cancer in the UK (2017-19 average).
- 50% Survive cancers for 10 or more years (2010-11 England, Wales)
- 38% Cancer cases are preventable (UK 2015)

<https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk>

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.

The cervical screening programme can detect abnormal changes before they can turn into cancer. Treating these early changes can prevent cancer from developing.

Patients who are diagnosed later in the pathway also cost the NHS much more in terms of treatment costs.

## Risks of screening

Screening is not perfect, and it can miss cancers. How often this happens varies for different types of screening test. That's why it is still important to know your body and see your doctor about any unusual changes, even if you have had screening.

Screening can also mean people have to come back for more tests and then find out they don't have cancer.

Sometimes, the tests themselves can have risks or side effects, like bleeding, pain, or infections.



## Screening Eligibility Criteria

Programme	Assigned Male at birth	Assigned Female at birth	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	Yes
AAA	Yes	No	No	No	No	No	No	No	Yes	No	No	No
Bowel	Yes	Yes	No	No	Lynch Syndrome Only	Age extension commenced	Yes	Yes	Yes	Yes	Yes	Can self-refer
Breast	No	Yes (If retain breast tissue)	No	No	No	Yes	Yes	Yes	Yes	Yes	Can self-refer	Can self-refer
Cervical	No	Yes (If retain cervix)	No	No	Yes	Yes	Yes	Yes	No	No	No	No

# Bowel Screening

**Eligible Population:** Everyone aged between 60 and 74 years old will be offered screening every two years, older ages can self refer. (From 2022-2025, screening will gradually be offered to people in their 50's). **NB:** From April 2023, those diagnosed with Lynch Syndrome will be offered colonoscopy every 2 years.

## Programme Information

Everyone is 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.

Invitations are automatically generated for patients in the year of their 60<sup>th</sup> 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.

In August 2018, ministers agreed that in the future bowel cancer screening in England will start at the age of 50. From 2022 – 2025, screening will gradually be offered to people in their 50's.

Screening involves completing a test kit (FIT Kit), sent to the patient's home.

The test consists of a small stool sample required from one bowel movement. The completed sample is returned in the post to the Hub and analysed for the presence of blood.

Those with a positive result will be contacted and offered appointment with a specialist nurse at a hospital within South Yorkshire and Bassetlaw to discuss the risks and benefits of going forward for a colonoscopy examination.

The symptoms of bowel cancer can include:

- Bleeding from the bottom and/or blood in the poo
- A persistent and unexplained change in bowel habit
- Unexplained weight loss
- Extreme tiredness for no obvious reason
- A pain or lump in your tummy
- Most people with these symptoms don't have bowel cancer. Other health problems can cause similar symptoms, but it is important to get them checked by a doctor.

[Bowel cancer screening: information leaflets - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Bowel cancer screening kit: how to use - GOV.UK \(www.gov.uk\)](https://www.gov.uk) - multiple languages

## Key Points

1

Everyone is eligible for bowel cancer screening every two years from the age of 60 to 74.

Lynch syndrome patients eligible for colonoscopy every 2yrs from aged 25.

2

FIT invites are sent and test kits are managed centrally by the Screening Hub at the Queen Elizabeth Hospital in Gateshead. **Lynch syndrome colonoscopies are managed, and invites sent from the South Yorkshire Bowel screening hub.**

3

Patients presenting with symptoms should be advised to attend their GP surgery and referred directly via the symptomatic pathway.

4

Patients with queries or to request a test kit can be advised to contact the bowel screening Hub on 0800 707 6060.

## Bowel Screening: National call and recall pathway



BCSS Bowel Cancer Screening System (IT System) – Contains eligible cohort (Individuals aged 50-74 years) and their screening due date. The Bowel screening hub at Gateshead draws down the list and sends an invitation letter including information leaflet to all individuals due for screening +/- 6 weeks of their screening due date

2 weeks

SY: currently supporting those with LD by making a telephone call to discuss bowel screening and offer support with completion of the FIT Kit should they require it

FIT kit is posted out to the individuals home address by the FIT supplier (London) along with instructions on how to complete the kit.

4 weeks

BCSS– Generates a reminder letter if the FIT kit has not been returned

13 weeks

If still no return after 13 weeks of the invite letter being sent, the episode is closed on BCSS

Kit returned

Kit returned

Kit not Returned

Receipt and analysis of FIT Kit by Gateshead lab. The results are recorded on BCSS and sent out to the individual and the GP practice.

- For System 1 the Read Code set is v3 and is as follows.
- XaPka | Bowel cancer screening programme faecal occult blood testing kit spoilt.
  - XaPkd | Bowel cancer screening programme faecal occult blood test normal
  - XaPke | Bowel cancer screening programme faecal occult blood test abnormal
  - XaQ1z | Bowel cancer screening programme faecal occult blood testing incomplete participation
  - XaPf6 | No response to bowel cancer screening programme invitation
- These are mapped to SNOMED codes in the GP system.

No further tests needed at this time (Below FIT threshold)

Further tests needed (at or above FIT threshold)

Spoilt kit/Technical fail.

Return to routine 2 year recall

7 days  
SSP appointment made and offer of colonoscopy if suitable.

Repeat Kit dispatch

Return to 2 year routine recall

Practices receive non-responder ecomms directly from the Bowel Cancer Screening System into their Emis or System1 systems. This is for patients who have not completed their screening 13 weeks from pre invite, this then generates the next screening due date

**Uptake** - The number of eligible people invited to take part in bowel cancer screening **Coverage** - The number of eligible people for screening who have had a screening result in the previous 30 months

# Cervical Screening

**Eligible Population:** All women or people with a cervix 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.

## Programme Information

Every year in the UK, over 3,000 women or people with a cervix will be diagnosed with cervical cancer. Cervical cancer is the most common cancer in women aged 35 and under. Cervical screening rates are declining across all UK nations. This decline is greater among under 50s, and young women or people with a cervix aged 25-29. Screening should be considered regardless of sexual orientation, sexual history or if the human papillomavirus (HPV) vaccination has been given.

**Trans women and non-binary people assigned male at birth who are registered with a GP as female or male:**

Do not need cervical screening as they do not have a cervix.

**Trans men and non-binary people assigned female at birth who are registered with a GP as female:**

Are invited for cervical screening.

**Trans men and non-binary people assigned female at birth who are registered with a GP as male:**

Are not routinely invited for cervical screening but can request screening.

All women or people with a cervix 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.

Postal letter Invitations are sent requesting that women contact their GP practice for a cervical screening appointment. The letters are sent from NHS Cervical Screening Administration Service.

In Barnsley GP's can refer ladies to the central admin team [barnsleyccg.iheartscreening@nhs.net](mailto:barnsleyccg.iheartscreening@nhs.net) patients are then contacted by phone and booked into available appointments, offering more choice and flexibility.

Cervical Screen samples are taken by health professionals in the GP practice and the samples will be sent to the laboratory at Queen Elizabeth Hospital, Gateshead. The screening results are then sent through the post from NHS Cervical Screening Administration Service. Anyone that requires further follow up are offered an appointment in a colposcopy unit at their local hospital.

There are some recognised symptoms associated with cervical cancer, these include;

- Abnormal bleeding: during or after sexual intercourse, or between periods.
- Post-menopausal bleeding, if you are not on hormone replacement therapy (HRT) or have stopped it for six weeks or more
- Changes to vaginal discharge

[Cervical screening: information leaflets - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## Key Points

1

Cervical screening rates are declining across all UK nations. This decline is greater among young women or people with a cervix aged 25-29.

2

All women or people with a cervix will be offered a first screen aged 25 and then every 3 years until aged 49. From age 50-64 they will be offered screening every 5 years.

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

Anyone that requires further follow up is offered an appointment in a colposcopy unit at their local hospital.



# Colposcopy

Women or people with a cervix may be called for a colposcopy if their cervical screening sample finds changes to the cells that can be caused by the Human Papillomavirus (HPV)

## Key Points

Colposcopy clinics have very tight timelines within which to offer a first appointment. Both a letter and a text message are sent to the patient once a referral from the Lab is received. The results letter is also sent to the GP practice.

Patients may receive the text before the letter and this can cause anxiety, however without the text this could lead to a high DNA rate as the appointments have to meet tight deadlines.

Informing patients at the cervical screening appointment that they may receive a text regarding a referral before their results letter will alleviate this anxiety.

Colposcopy clinics are not aware of any reasonable adjustments that a patient may require unless they have received the information from the GP practice. This could include but not limited to patients with Learning difficulties, physical difficulties, need for a hoist etc.

Please gain consent from the patient **at their screening appointment** to share any relevant information with the colposcopy unit should a referral be necessary.

Please email any relevant information to the generic email on notification of referral/result:

[bdg-tr.colposcopy@nhs.net](mailto:bdg-tr.colposcopy@nhs.net)

1

Inform patient regarding notification times for referral.

2

Gain consent for sharing information about reasonable adjustments.

3

Email the generic email address with information about any reasonable adjustments required.

**Cervical screening cohort, those eligible:**

For anyone with a cervix aged 25-49yrs every 3yrs

For anyone with a cervix aged 50-64yrs every 5yrs

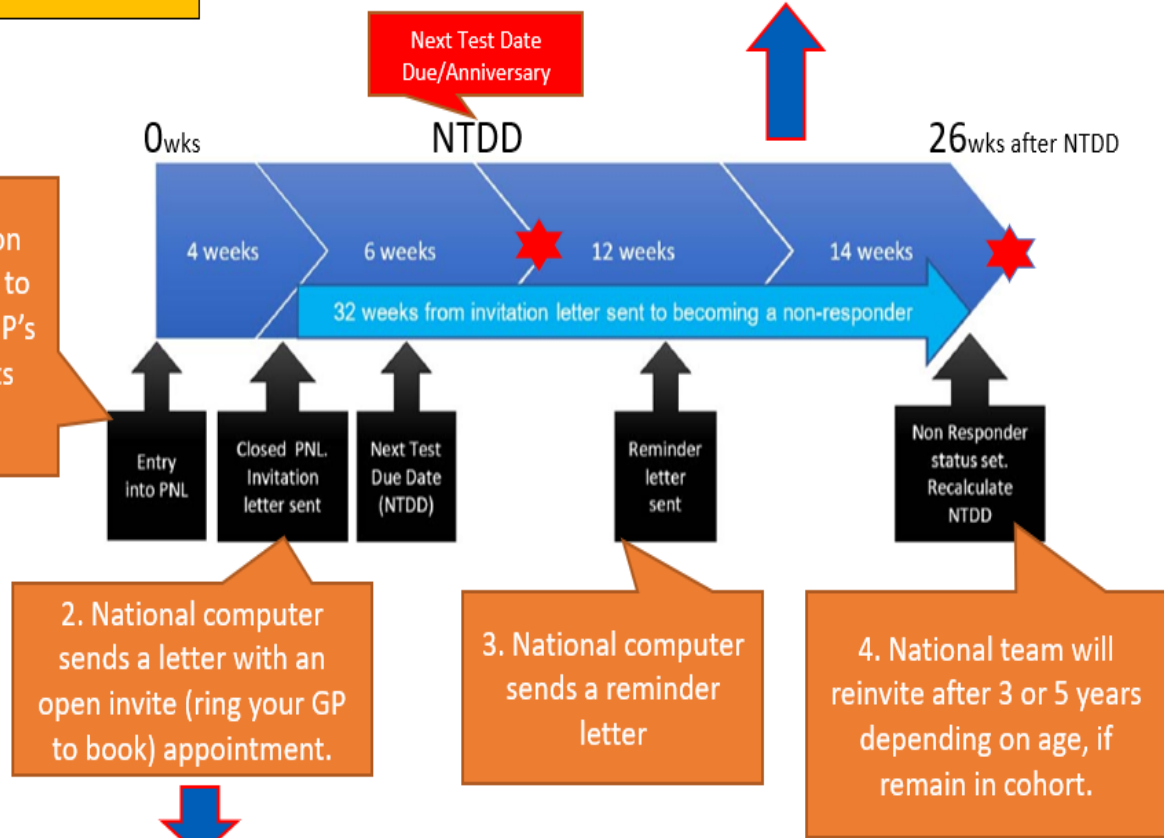
N.B Only those registered with a GP and registered as Female will be appointed by the national team.

# Cervical Screening: National Call and recall pathway

GP practices can consider sending a date and timed easy read appointment to those who have not responded to the 2 national invitations. Also to consider telephone call to support discussion around reasonable adjustments.

Most test results are normal and require no further action. During cervical sample taking please ensure that consent to share LD status and reasonable adjustments needs is taken, so the GP can liaise with the Hospital Colposcopy service if further follow up tests are required.

1. Electronic Prior Notification List (PNL) sent to GP, for GP's to review who is to be invited. GP's can identify their LD patients from this list.



2. National computer sends a letter with an open invite (ring your GP to book) appointment.

3. National computer sends a reminder letter

4. National team will reinvite after 3 or 5 years depending on age, if remain in cohort.

Many GP's now offer evening and weekend appointment slots, please ask.

Cease or defer cervical screening: A person may be eligible for screening but have circumstances which affect their ability to consent to the test, or affect the sample taker's ability to obtain a sample. These special circumstances require individual consideration. [Ceasing and deferring women from the NHS Cervical Screening Programme - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Live link of the above photo.  
[Ceasing and deferring women from the NHS Cervical Screening](http://www.gov.uk)

## Breast Screening

**Eligible Population:** All individuals from 50 up to their 71st birthday who are registered as female with their GP are automatically invited to breast screening every three years, older ages can self-refer. **NB:** Those identified as high risk will be offered an annual screen.

## Programme Information

As part of the NHS Breast Screening Programme all individuals from 50 up to their 71st birthday who are registered as female with their GP are automatically invited to breast screening. When due for screening an invitation letter will be sent. Invites for breast screening are every 3 years with the first invitation arriving sometime between the ages of 50 and 53. If an individual is unable to attend their appointment, they can contact the programme on **01226 432100** and rearrange for another time. If abnormalities found on the mammography ladies will be invited for further investigations such as biopsies.

### **Trans men and non-binary people assigned female at birth:**

**Registered with a GP as female:** Will be routinely invited for breast screening. Screening is recommended if an individual has not had chest reconstruction (top surgery) or still has breast tissue.

**Registered with a GP as male:** Not routinely invited for breast screening however, a referral can be made to breast screening if an individual is aged 50 or over who has not had chest reconstruction or has had chest reconstruction and still has breast tissue.

**Trans women and non-binary people assigned male at birth: Registered with a GP as a female:** Will routinely be invited for screening. Long-term hormone therapy can increase the risk of developing breast cancer.

**Registered with a GP as male:** Will not be invited for breast screening however, if an individual aged 50 or over has been on long-term hormone therapy they may be at increased risk of developing breast cancer therefore can be referred for a mammogram.

The symptoms of breast cancer can include:

- A change in the size, shape or feel of a breast
- A new lump or thickening in a breast or armpit
- Skin changes such as puckering, dimpling, a rash or redness of the skin
- Fluid leaking from a nipple and you aren't pregnant or breastfeeding
- Changes in the position of a nipple
- Breast pain

Most people with these symptoms are unlikely to have breast cancer but it is important to get them checked by a doctor.

<https://www.gov.uk/government/collections/breast-screening-information-leaflets>

## Key Points

- 1** Breast screening aims to find breast cancers early. It uses an X-ray test called a mammogram that can spot cancers when they're too small to see or feel.
- 2** Early identification of breast cancer leads to increased rates of survival.
- 3** Screening is offered every three years for all women from the age of 50 to the age of 70.
- 4** Although eligible from age 50, women may be called for their first screening any time between their 50th and 53rd birthdays.
- 5** Women can continue to self-refer for a Breast Screening appointment after the age of 70 years.

N.B. Prior to Covid 19, breast units appointed in GP rounds, this has changed to NTDD. The result of this is that large numbers of females have the same or similar NTDD who are registered with the same GP. This affords the opportunity for GP/community specific promotion.

BS Select (IT System) – Contains eligible cohort (registered female with a GP) and their Next Test Date Due (NTDD). Breast unit draws down cohort which opens the screening episode for clients who have a NTDD and are eligible in the next month. Units can appoint up to 12m ahead of NTDD. The starting age from which the unit appoint e.g. 51yrs and 6m (first appointment before age 53yrs) also varies by unit.

**Barnsley:** currently 3 weeks ahead of NTDD, and appointing at 49 yrs and 6 mnths (May 2023)

NBSS (IT System) – Timer begins when the batch is downloaded on to NBSS and the client episode is opened. NBSS generates initial invitations over a period of 4 weeks (depending on size of batch within the defined date range parameter) These are Open invites (ring to book) or dated appointments.

**Barnsley:** currently try to define their batch download parameter by NTDD in a given month, this can be adjusted if batch size is too large or small

**Barnsley:** currently trialling timed appointments. Those with LD remain on date and timed invite.

NBSS – Generates reminder letter:

**Barnsley:** currently send a reminder after DNA .



CSV file loaded into NBSS

6m Max

16-22 weeks

NBSS – Either after attendance at screening or 6 months has elapsed from the date the episode was opened, the episode of care is closed and an outcome added to NBSS and uploaded to BS Select to reset NTDD (36m from the date screened or, for clients who DNA, date first downloaded to NBSS).

**Uptake:** Those who attended screening within 6 months of their episode being opened. Monthly data shows a rolling 12m period.

**Non attender Snomed CODES:**  
Mammography not attended (situation) **31052003**  
Did not attend breast screening **275981000000102**  
Breast screening non-attender/ **310352003**

Breast unit letter and weekly report sent to registered GP, stating those screened and those who have either DNA'd or DNR'd invitation for coding in GP record. GP offers f/u support/encouragement to attend screening (text/email/letter/mark record for opportunistic conversation). Behaviour Science nudge assets have been developed to support this.  
N.B. The GP will not receive a weekly letter and report if no registered females attended/ DNA'd/DNR'd in the given week.

**Coverage:** Those who attended screening anytime within the last 36m. Monthly data shows a rolling 36m period.

**Behaviour Science Nudge Assets**  
here [Phase One: Increasing Cancer Screening Uptake :: South Yorkshire, Bassetlaw & North Derbyshire Cancer Alliance \(canceralliancesyb.co.uk\)](#)

# Abdominal Aortic Aneurysm Screening

## Programme Information

**Eligible Population:** Individuals registered as male with a GP will be offered AAA screening in the year of their 65<sup>th</sup> birthday.

The AAA screening programme began in 2009. AAA's are far more common in men aged over 65 than in women and younger men. Invitations are by postal letter. The screening test is a simple, pain-free ultrasound scan of the abdomen that usually takes 10 -15 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 Montagu Hospital, Mexborough. The programme covers the 5 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 available that allows screening to take place anywhere in the community. If an individual is unable to attend their appointment or wish to decline, they can do so by contacting the screening programme directly on Tel. 01709 649100.

**Trans women and non-binary people assigned male at birth: Registered with a GP as male:** Will be automatically invited.

**Registered with a GP as female:** Will not be automatically invited, however will have the same risk as a man and should consider accessing screening. The GP will need to contact the AAA programme to request an appointment.

**Trans men and non-binary people assigned female at birth:**

**Registered with a GP as female:** Will not be invited as do not have the same risk of AAA as people assigned male at birth.

**Registered with a GP as male:** Will be sent an appointment, can attend if wishes even though the risk is lower.

[AAA screening: information leaflets - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## Key Points

1

Individuals registered with a GP as male are offered screening in the year of their 65<sup>th</sup> birthday.

2

Registered with a GP as male & aged over 65 who have previously not been screened can self-refer by calling [01709 649100](tel:01709649100). They will need to quote their NHS number.

3

Registered with a GP as male and under 65 years of age are not eligible for screening and should not be referred.

4

Anyone with symptoms should be referred via the symptomatic pathway and not for screening.

## Diabetic Eye Screening

**Eligible Population:** Diabetic eye screening is offered to anyone with diabetes who is 12 years old or over. They are invited for eye screening once a year.

### Programme Information

Diabetic eye screening is offered to anyone with diabetes who is 12 years old or over currently annually. Work is being led by NHS England and Improvement to extend the interval between diabetic eye screening (DES) tests from one year to 2 years for people with diabetes at low risk of sight loss.

The aim of Nation Diabetic Eye Screening Programme (DESP) is to reduce the risk of sight loss amongst people with diabetes by the prompt identification and effective treatment if necessary, of sight threatening diabetic retinopathy. If detected early, treatment can stop it getting worse. Screening helps us to detect diabetic retinopathy before you display any noticeable changes.

Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated. However, it usually takes several years for diabetic retinopathy to reach a stage where it could threaten your sight.

To minimise the risk of this happening, people with diabetes should ensure they control their blood sugar levels, and blood cholesterol and attend diabetic eye screening appointments.

[Diabetic eye screening: information leaflets - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

### Key Points

1

Diabetic eye screening is offered to anyone with diabetes who is 12 years old or over.

2

They are invited for eye screening once a year.

3

People with diabetes are at risk of damage from diabetic retinopathy, one of the most common causes of sight loss in people of working age.

4

All newly diagnosed people with diabetes must be offered first screening appointment within 3 months of the programme being notified of their diagnosis.

5

Diabetic eye screening test usually lasts about 30 minutes.

6

Within 6 weeks of having the test both patient and their GP should receive a letter letting them know the results.

# Learning Disabilities

People with learning disabilities should have equal access to screening, services are required to make reasonable adjustments where necessary to ensure everyone can use their service

Recent figures illustrate that screening uptake by people with learning disabilities is lower than uptake by people without learning disabilities. These figures show that there is a difference in screening uptake of 4%, 41% and 15% for bowel, cervical and breast screening respectively (Source: [Cancer Screening - NHS Digital](#)). This leads to poorer health outcomes for those with learning disabilities and persisting health inequalities.

Easy read guides and easy read invitation letter templates are available to assist people with learning disabilities to access screening where appropriate; these can be found below:

## Easy read guides

[Bowel](#)  
[Breast](#)  
[Cervical](#)  
[AAA](#)  
[Diabetic Eye](#)  
[National Screening Programmes – Leeds Learning Disability Service](#)

## Easy read invitation letter templates

[Cervical](#) - For use in Primary Care  
[Bowel](#)  
[Breast](#)  
[AAA](#)  
[Diabetic Eye](#)

Examples  
for use by  
providers

Other useful resources:

- [Cancer screening: making reasonable adjustments](#)
- [Books Beyond Words Easy Guides](#)
- [NHS Population Screening Inequalities Strategy](#)
- [Video - New breast screening film focuses on women with learning disabilities](#)
- [Video - Breast Screening Walkthrough](#)
- <https://vimeo.com/364034846> A breast screening film by and for women with learning disabilities
- [Video - Cervical Screening Walkthrough](#)
- [Video - Accessing cervical screening with the right support for people with a learning disability](#)
- [Video - AAA Walkthrough](#)
- [Video - Diabetic Eye Screening](#)
- [Video-Bowel screening \(multiple languages & BSL\)](#)

## Key Points

1

**Equality Act 2010:** All public bodies are required to make reasonable adjustments to ensure that people with learning disabilities can use their service.

2

**The Health and Social Care Act (2012):** Legal duty for public authorities to reduce inequality in the benefits people can obtain from the health service.

3

**Public Health England Screening Inequalities Strategy (updated 2020):** Seeks to address the 'unwarranted and unfair barriers that may mean people do not engage with an offer of, or participate in, screening or who are disadvantaged in maximising the benefits of screening'.

4

**The West Yorkshire Cancer Alliance** have produced the following videos. Each video is available in multiple languages & BSL. Each video is available in a longer and shorter format.

<https://canceralliance.wyhpартnership.co.uk/our-work/healthy-communities/improving-uptake-cancer-screening>

[https://m.youtube.com/playlist?list=PLSEYtPE8N908S5-oGEk4U\\_DW7wrgSabb8](https://m.youtube.com/playlist?list=PLSEYtPE8N908S5-oGEk4U_DW7wrgSabb8)

# Health Passport

\*This Document is Part of a Pilot Programme\*

This is my

## Barnsley Universal Health Passport

Making health care safe and personal

My Name is:

I like to be known as:



If I attend a health service, hospital appointment, travel in an ambulance or I am admitted to hospital, this passport should be given to staff to read as it contains important information about me.

This document belongs to me. Please make sure I take it with me when I leave my appointment or are being discharged.

### Mental Capacity

**Health Care Staff, please look at my passport before providing care and treatment to me.**

Always remember you must ask for my consent for any care and treatment unless there is a reason to question my ability to make decisions. If so, please assess my capacity in line with the Mental Capacity Act (2005) and use the least restrictive options to meet my needs ( Best Interests).

If I lack capacity to make any decisions about my health and social care, a Deprivation of Liberty Protection Safeguards (D.o.L.S) must be considered.

This is an information document **NOT** a decision-making tool.

Information within this passport has been gathered from [people who know me well].

Please check this document for when this information was last updated and confirm any important information.

Date this passport was completed:

This passport should be updated if anything changes Annual Review Date:

### Top Tips

PASSPORT OWNERS:

- Please remember to take your medication with you if you are going to hospital

HEALTH AND SOCIAL CARE PROFESSIONALS:

- Please refer to PAGE 5 for description of my illness

Barnsley Hospital  
NHS Foundation Trust

NHS  
South West Yorkshire Partnership  
NHS Foundation Trust

Barnsley  
Healthcare  
Federation

NHS  
Yorkshire  
Ambulance Service  
NHS Trust

BARNSELY  
HOSPITAL

Please ensure that Health Passports are updated and are brought to appointments.



## Opting out of Screening

Screening is a choice. If a person decides that screening is not for them and they don't want any more invitations, they can opt out. Withdrawing means they will not receive invites for that type of screening in the future.

Opting out is something to think through very carefully as it could mean early signs might be missed. Concerns or questions should be discussed with your GP or someone from the local screening programme.

Instructions on how to opt out of different screening types are provided at the following weblink:

<https://www.gov.uk/government/publications/opting-out-of-the-nhs-population-screening-programmes/opting-out-of-screening>

If the decision is made to opt out of more than one type of screening, the instructions for each type are required separately.

## Key Points

1

Screening is a choice.

2

Opting out is something to think through very carefully.

3

To opt out of more than one type of screening instructions for each type are required separately.

## Coding non-attenders at Cancer Screening

Correct codes being applied ensures that uptake and coverage data is being calculated correctly and that follow up can be made.

### Key Points

1

Limit the number of codes being used to support consistency.

Breast	Did not attend breast screening clinic	275981000000102
	Breast screening non-attender	185713001
	Mammography not attended	310352003

Bowel	Did not attend bowel screening	294261000000108
	Did not attend bowel cancer screening programme nurse clinic	293191000000109
	No response to bowel cancer screening programme invitation	373251000000108

Cervical	Did not attend cervical smear	201761000000101
	Cervical smear defaulter	185627001

# Promotional materials

Screening toolkits Breast/Cervical/Bowel [Awareness Raising Toolkits - Answer Cancer \(answercancergm.org.uk\)](http://answercancergm.org.uk)

Breast screening awareness communication toolkit [Breast-Screening-Awareness-Campaign-toolkit--Oct-2017--final.pdf \(england.nhs.uk\)](http://breast-screening-awareness-campaign-toolkit--oct-2017--final.pdf)

Cervical screening awareness communication toolkit [Cervical Screening campaign | Campaign Resource Centre \(phe.gov.uk\)](http://cervical-screening-campaign)

Bowel screening awareness communications toolkit [PowerPoint Presentation \(england.nhs.uk\)](http://powerpoint-presentation)