Agenda Item No: 6

UPDATE ON ACTIONS TO ADDRESS LOW UPTAKE OF BREAST AND CERVICAL SCREENING IN CAMBRIDGESHIRE

To:	**Health Committee**
Meeting Date:	**3 September 2015**
From:	**Dr Liz Robin, Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**The Committee is asked to receive this report, which describes the work of a Task and Finish Group set up to address this issue. The report details a number of issues and initial actions that have been identified by the group.**
Recommendation:	**The Committee is asked to** **a) receive this report; and** **b) endorse the actions taken to date**

	Officer contact:
Name:	Dr Linda Sheridan
Post:	Consultant in Public Health Medicine
Email:	Linda.sheridan@cambridgeshire.gov.uk
Tel:	01223 706138

1. BACKGROUND

1.1 The purpose of this report is to provide an update on the actions taken so far by a Task and Finish group set up by NHS England to identify issues leading to low uptake of screening in Cambridgeshire.

1.2 When the issues of low uptake were reported to the Health Committee earlier in 2015, committee members requested that an update report be presented to them in six months time

1.3 Breast cancer screening using mammography has had an average uptake nationally of about 75%, and is estimated to have detected 5000 cancers each year nationally. Screening leads to early detection and treatment of cancer and better outcomes for those women. In Cambridgeshire uptake of screening has dropped from approximately 77% in 2011 to 71.7% in 2013/14 and is now below the national average.

1.4 Cervical cancer screening detects pre-cancer changes that with treatment can prevent the development of cancer. Nationally screening rates have been reducing gradually for some years with a much faster decline in Cambridgeshire where uptake rates are now below the national average – uptake in Cambridgeshire in June 2014 was approximately 73% compared to 74.7% nationally.

2. MAIN ISSUES

2.1 A Task and Finish group has been set up by NHS England at the request of the Cambridgeshire Director of Public Health (DPH) to review current uptake rates for breast and cervical cancer screening in the county and the issues giving rise to low uptake. The group plans to meet on three occasions and to develop a series of recommendations for action to address this.

2.2 The group membership includes representatives of NHS England, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Public Health England, Cambridgeshire County Council Public Health team, Healthwatch Cambridgeshire, the breast screening service provider and a GP.

2.3 This group has met twice in May and July 2015. The group initially focussed on a detailed analysis of the data provided by NHS England to identify any patterns or trends in uptake.

2.4 Further information will be sought through public surveys and consultation and a survey of GP practices.

2.5 A range of communication actions have been identified that will be subject to further work to establish the potential to take them forward. Most are aimed at improving the public's knowledge and awareness of these screening programmes and their effectiveness as well as raising awareness among health professionals. These are described in more detail in the main report (attached as Appendix 1).

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority, being entirely focussed on prevention of ill health. .

3.3 Supporting and protecting vulnerable people

The following bullet points set out details of implications identified by officers

- Detailed analysis of the data indicates that some groups in the population have lower uptake rates
- It has been recognised that certain groups such as Travellers may have specific access issues
- Overall access to services, mainly the breast screening service, is an issue in some areas
- However the pattern is not a clear one of poor uptake among more deprived populations as there are also issues in more affluent areas

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Statutory, Risk and Legal Implications

Statutory responsibility to address equality. See wording under 3.3 and 4.3.

4.3 Equality and Diversity Implications

The report above sets out details of significant implications. The report and the work of the Task & Finish Group seeks to identify any equality and diversity issues and address them to ensure good uptake of these preventative services by the whole female population.

4.4 Engagement and Consultation Implications

The report above sets out details of significant implications.

- Healthwatch Cambridgeshire are supporting this work with public surveys
- GPs will be surveyed to help identify issues faced by their patient populations

4.5 Localism and Local Member Involvement

There are no significant implications within this category

4.6 Public Health Implications

See wording under 3.2.

Source Documents	Location
None	.

Appendix 1

Cambridgeshire County Council

ACTION TO ADDRESS LOW UPTAKE OF BREAST AND CERVICAL SCREENING IN CAMBRIDGESHIRE

AN UPDATE FOR CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE

1. INTRODUCTION

1.1 A Task and Finish group has been set up by NHS England at the request of the Cambridgeshire DPH to review current uptake rates for breast and cervical cancer screening in the county and the issues giving rise to low uptake. The group plans to meet on three occasions and to develop a series of recommendations for action to address this problem.

1.2 At the first meeting in May 2015 an overarching objective was agreed to 'Collectively review, based on evidence, and address the issues surrounding screening; the poor uptake and growing inequality in some screening programmes within Cambridgeshire, agree on the terms of reference for the group and finally agree key actions and plan for the next few weeks.'

2. BACKGROUND

2.1 These two screening programme have been established for many years and have led to significant reductions in deaths from both cancers.

2.2 Breast cancer screening using mammography has had an average uptake nationally of about 75%, and is estimated to have detected 5000 cancers each year nationally of which 80% were invasive cancers. Clearly the greater the number of women screened, the greater the level of early detection and treatment of cancer leading to better outcomes for those women. In Cambridgeshire uptake of screening has dropped from approximately 77% in 2011 to 71.7% in 2013/14 and is now below the national average.

2.3 Cervical cancer screening aims to detect pre-cancer changes that are amenable to treatment and thus prevent the development of cancer. This is a much older programme and women aged 25 to 49 are screened every three years while those from 50 to 64 are screened every five years. Screening rates have been reducing gradually for some years, with some recent improvement in the national rates, but the decline has been much faster in Cambridgeshire where uptake rates are now below the national average – uptake in Cambridgeshire in June 2014 was approximately 73% compared to 74.7% nationally.

3. ACTIONS TAKEN TO DATE BY THE TASK & FINISH GROUP

3.1 At the first meeting the group reviewed a detailed analysis of the uptake rates for breast and cervical screening mapped geographically and by age groups.

3.2 **BREAST SCREENING ANALYSIS**

The group discussed the detailed data presented and for breast screening and identified a number of issues:

- Falling trend for all age groups and categories of uptake/ coverage indicators
- Coverage has improved recently but still below levels for that shown in 2011/12,
- There is some evidence that coverage is correlated to deprivation but this is not a strong correlation
- Cambridgeshire has the lowest coverage when compared with other similar local authorities (CIPFA comparators)
- Cambridgeshire is statistically significantly lower than the England average and the national target (80%)
- Fall in coverage appears to consistent and may be an access issue
- Significant dips are observed in coverage rates for certain months
- Although Breast screening is not carried out in general practice, we reviewed the uptake data by GP practice population as this gives some interesting geographical insight. An analysis of practice level data shows that;
  - Of the 77 practices within Cambridgeshire, 70 have coverage less than the 80% national target
  - 36 practices are below the CCG average
  - 32 below the LA average
- The data also confirms that Cambridgeshire needs to do nearly 7,000 more breast screens to reach the national target; and
- For practices within Cambridgeshire County Council, they need to a further 1,000 women screened to meet the CCG average of 72.6%.

3.3 The discussions were generally around;

- The lack of correlation between the low coverage and the breast cancer survival rate, which is very good in Cambridgeshire. It is possible that as Cambridgeshire is an area with considerable affluence in some districts, some residents may access private screening through their own private healthcare insurance or through occupational health schemes. Where screening is done privately, where the results are reported to the GP practices, there is no way of reporting this on the national NBSS system, and so these screens are not included in official statistics. The reason for this is that private screening is not subject to the same quality assurance inspections that are carried out regularly in NHS screening programmes.
- It was recommended that a practice level survey be undertaken to further understand the reason for non- attendance.
- The group also discussed low uptake in the North Cambridgeshire and Fenland areas where it was felt that private screening may be less significant but access may be more relevant
- Clinic times and staffing capacity were discussed in the context of access. Clinics are held every other Saturday, but there are challenges around holding evening clinics on vans and the associated risks to staff of lone working in an isolated car park.
- Increasing clinics at Addenbrookes has been considered but would require staff recruitment which is challenging in Cambridge city Additionally, while Addenbrookes may address access issues for Cambridge City residents or those working there, it is not easily accessible for some

cohorts of women that we need to target.

3.4 CERVICAL SCREENING ANALYSIS

In cervical screening there is also declining trend in coverage, nationally, but it is particularly low in Cambridgeshire & Peterborough CCG area. The summary of the findings from the analysis show;

- Falling trend for all age groups for cervical screening coverage indicators
- There is some evidence that coverage is correlated to deprivation but this is not a strong correlation.
- Cambridgeshire has the lowest coverage when compared with other local authorities the most similar (CIPFA comparators)
- Cambridgeshire coverage is statistically significantly lower than the England average and the national target (80%)
- Cervical screening is carried out in general practice and practice level data analysis shows that;
  - 63 of the 77 practices within Cambridgeshire have coverage less than the 80% national target
  - 25 practices are below the CCG average
  - 25 below the LA average

3.5 Initial conclusions from the analysis

- Cambridgeshire needs to do nearly 10,000 more cervical screens to reach the national target
- The CCG average is 73.2% and Cambridgeshire is 73.4%. The 25 practices that do not meet the CCG average need to do nearly 5,000 more screens.
- The likelihood that some women access cervical screening privately was discussed but it has been confirmed that privately undertaken cervical screening can be registered on the national Exeter system and so appear in local and national statistics.

4. ACTIONS DISCUSSED

The following areas have been discussed and initial suggestions made to address them. The GP survey will be released in late July. Healthwatch will continue to survey the public. Work will be taken forward to find the best ways of addressing public communication. It is important to note that communication does not just include the written word as it is recognised that for certain groups of people in the community, literacy may be an issue and they may find written reports, letters and leaflets difficult to understand.

Area	Action discussed	How
Information – understanding the issues	Survey of GP practices	To be conducted with a selection of practices in high and low uptake areas to better understand the issues affecting uptake. The 25 practices with low uptake of cervical screening as mentioned in 3.5 are included in this survey.
		Appraise well performing practices to share benefits and lessons learnt.
	Consultation with relevant communities	Healthwatch volunteers undertake regular survey interviews with public at

Area	Action discussed	How
		events during the summer – questions about accessing breast and cervical screening have been added to their opinion poll surveys – early responses suggest mixed picture of issues.
	Consultation with relevant communities	Focus groups, surveys etc
	Consultation	With hard to reach population groups – we will ask the Traveller Health team to explore issues about screening with this group and include some information and advice to them.
	Consultation	Healthwatch can support better understanding of the reasons for non-attendance using Twitter feeds
	Review cancer registration rates and share information	
	Explore the impact of research activity on screening uptake	Some health research studies provide full health checks' including screening to participants – need to explore how we can get information on this
Communication - spreading the message	Health Bus in Fenland area	We will explore inclusion of information about screening in the information provided
	Positive patient information and advertising about screening	Through the local newspapers, radios etc
	Health education and screening awareness for younger people	PHSE was suggested but due to the pressure on delivering the curriculum another method of delivery may be needed.
	Raise awareness of effectiveness of cervical screening	TPP (pathology service provider) to raise awareness of cervical screening as part of its 10th Anniversary of converting to Liquid Based Cytology (LBC), including improvement in Turnaround Times (TAT) - results should be available to patients within 2 weeks of the labs receiving the samples.
	Opportunistic communication	Engage local newspapers and radio stations just before the Breast screening vans are due to turn up to an area and while they are there. – ask breast screening provider to give information of planned movements of the screening vans in good time
	Communication through GPs	GP surgeries to support by advising van presence on their individual information screens and notice boards

Area	Action discussed	How
	Communication through community pharmacies	Information to be shared with community pharmacies to help with publicity
	County council and GP websites to be used to publicise screening too	Explore communication via other routes that may be accessed by the target population
	Engage local radio, especially phone in programmes	Slots on local radio stations could be used e.g. the Radio Cambridgeshire slot offered to Dr Emma Tiffin who is a GP is an example of avenues to be explored to increase publicity.
	Explore how we can access post-graduate students	Identify the means of communicating with post-graduate female students who are in the cervical screening age group.
	Utilise social media	
	Use public toilets for advertising	Posters on toilet doors have been effective in other health communication campaigns

5. NEXT STEPS

5.1 The issues detailed in the table above will be worked up over the summer and the group will make a series of recommendations for action at their final meeting in September. Responsibility for delivery of actions to address those recommendations will be allocated to organisations and taken forward from autumn 2015.

5.2 The Health Protection Steering Group will continue to monitor the uptake of screening in Cambridgeshire. and will provide further update reports as required to the health Committee

.