

Harrow Health and Wellbeing Board

October 2018

Report on Cancer Screening

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides Board members with an update on the delivery of the three NHS England (NHSE London) commissioned cancer screening programmes. These are for breast, bowel and cervical cancers. It notes the performance, coverage and uptake of these three programmes against nationally set targets, describes exception reports and actions being taken to improve performance or manage any serious incidents affecting Harrow residents. It will update members on developments to national screening programmes which are led by Public Health England (PHE), and service developments and commissioning plans which are led by NHS England.

Key messages:

- Harrow is not meeting coverage target for Breast and Cervical Cancers. There is no national target for Bowel cancer coverage.
- NHS England is working with providers to improve uptake and coverage.
- Local authorities, CCGs and voluntary organisations have a key role in improving uptake and coverage.

2 BACKGROUND TO THE CANCER SCREENING PROGRAMMES

Screening is effective in either preventing or detecting early stages of disease at a time when there is an intervention that is effective in reducing the impact of the disease in terms of mortality or morbidity. This report focuses on cancer screening programmes but NHS England is responsible for commissioning other screening programmes for non-cancer services e.g. for antenatal and new born screening, diabetic eye and abdominal aortic aneurysm screening. This report however is focused on;

- Breast cancer screening
- Bowel cancer screening.
- Cervical cancer screening

All national screening programmes are agreed by PHE's National Screening Committee. PHE is responsible for the implementation of new programmes. A current example of this is the Bowel

scope screening programme, which offers flexible sigmoidoscopy to all people aged 55 years. Established programmes are commissioned by NHSE with support from PHE embedded staff.

3. CURRENT CANCER SCREENING PROGRAMMES

3.1 Breast screening

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves an x-ray of each breast - a mammogram. The mammogram can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor.

The NHS Breast Screening Programme (NHSBSP) is commissioned by NHS England (NHSE) and delivered by Breast Screening Offices across England.

All eligible women aged 50 - 70 are routinely invited by letter to the NHSBP every 36 months until their 71st birthday. Women do not always receive invitation when they turn 50 but can expect their invitation within 3 years of their 50th birthday.

Women over 70 are entitled to screening every three years on request and can contact the breast screening office in their area to request a screening.

Most women diagnosed with breast cancer are over 50. Each year more than 2 million women are screened in the UK and approximately 8 out of every 1,000 women screened in the UK are diagnosed with breast cancer.

The National Breast Screening System (NBSS) is a single system used by the 90 Breast Screening Offices (BSO) in England that enables the BSO to offer all women breast screening appointments.

Age Extension

Some areas including Harrow are part of the National Randomised Age Extension Trial (Age X Trial). This is being carried out to assess the effectiveness of screening in women aged 47- 49 and 71-73 years of age. Both screening programs serve to detect abnormalities in the breast through the use of mammograms. If abnormalities are detected and remain untreated this could develop into breast cancer.

For the purpose of this report data presented is in respect will be for the standard age cohort of 50-70.

3.2a Bowel Screening

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year.

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent. Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective.

Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74. People over 74 can request a screening kit by calling the Freephone helpline 0800 707 6060.

3.2b Bowel screening and Faecal immunochemical Test (FIT)

The programme will be introducing a new improved home test kit for screening. It is called a faecal immunochemical test (FIT) and it will replace the guaiac faecal occult blood test (gFOBT).

FIT specifically measures human blood, rather than any blood (including blood in the diet). It needs only one faecal sample in contrast to the gFOBT kit that needs 6 samples from 3 bowel motions.

FIT is already used successfully in screening programmes worldwide. Pilots in England have shown that people are much more likely to use FIT than gFOBT.

Benefits of FIT over current gFOBT test

1. FIT requires a single sample which is easily collected and is then returned in a sealed bottle.
2. FIT can detect human haemoglobin (Hb) at lower concentrations and with much less interference than gFOBT. It can detect more cancers, and particularly advanced adenomas (tumours that may become cancers), and will have fewer false positives. This means we will remove many more polyps at colonoscopy that might otherwise grow into cancers.
3. FIT will reduce the number of repeat tests needed, as there are no borderline results (only normal or abnormal).

It has now been confirmed that the initial threshold on roll-out for FIT will be 120µg/g.

North West London screening centre (that covers Harrow Population) is expected to have robust FIT implementation plans to deal with additional pathology and colonoscopy requirements by December 2018. NHSE London used published national templates to complete a robust assessment of FIT implementation plans at North West London screening site. North West London is expected to meet the requirements for roll out including expected additional capacity requirements.

3.3 Cervical Cytology Screening

In 2009, there were 2,747 new registrations of invasive cervical cancer in England.

After the NHS Cervical Screening Programme started in the UK in the late 1980s, cervical cancer incidence rates decreased considerably. In Great Britain, the age-standardised incidence rate almost halved (from 16 per 100,000 women in 1986-1988 to 8.5 per 100,000 women in 2006 - 2008).

Cervical cancer is the 11th most common cancer among women in the UK, and the most common cancer in women under 35.

Cervical screening is not a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix (the neck of the womb). The first stage in cervical screening is taking a sample using liquid based cytology (LBC).

Early detection and treatment can prevent 75 per cent of cancers developing but like other screening tests, it is not perfect. It may not always detect early cell changes that could lead to cancer.

All women between the ages of 25 and 49 are eligible for a free cervical screening test. In the light of evidence published in 2003 the NHS Cervical Screening Programme offers screening at different intervals depending on age. This means that women are provided with a more targeted and effective screening programme.

The screening intervals are:

Age group (years)	Frequency of screening
24.5 -25	First invitation
25 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have not been screened since age 50 or had recent abnormal tests

The NHS call and recall system invites women who are registered with a GP. It also keeps track of any follow-up investigation, and, if all is well, recalls the woman for screening in three or five years' time. It is therefore important that all women ensure their GP has their correct name and address details and inform them if these change. Local Authorities as part of their role in supporting the work of NHS E can help by including information on GP registration when sending out information to new residents etc.

Women who have not had a recent test may be offered one they are overdue for screening and when they attend their GP or family planning clinic on another matter. Women should receive their first invitation for routine screening at age 25 years.

3.4 Implementation of Primary HPV screening

In July 2016, Public Health Minister announced that "The process of cervical screening is to be changed to allow women to benefit from more accurate tests. After a successful pilot programme and a recommendation by the UK National Screening Committee, screening samples will be tested for human papilloma virus (HPV) first. This will be rolled out across England as the primary screening test for cervical disease."

The majority (99.7%) of cervical cancers are caused by persistent HPV infection with certain strains, which causes changes to the cervical cells. If High Risk HPV is found it is a useful guide as to likelihood of abnormal cells being present. Women can then be monitored more closely and any developing abnormal cells found sooner. If no HPV is present the risk of developing cervical cancer is low. Hence the test also minimises over-treatment and anxiety for women.

The new testing process could prevent around 600 cancers a year, according to Cancer Research UK <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2013-06-14-hpv-testing-could-cut-cervical-cancers-by-a-third>

NHS England has been considering how it will implement the recommendation made in July 2016 by the National Screening Committee that the NHSCSP should replace cytological screening with the Human Papilloma Virus (HPV) test as the primary screen within the programme by December 2019.

Data from the six primary HPV pilot sites indicates that approximately 15% of screening samples test positive for High Risk HPV (HPV HR +ve); in the new process these samples would undergo cytological screening; this represents a reduction in cytology workload of approximately 85%

In 2016/17 a total of 557,025 screening samples from NHS GP and Community Clinics were reported in London (Cervical Screening Programme England 2016-2017); with a reduction of 85% in in samples and no change in coverage the resulting cytology activity for this cohort would drop to 83,554. There were an additional 37,411 samples from colposcopy services bringing the total NHSCSP samples to

594,436. With a reduction in cytology activity of 85% this would reduce the NHSCSP activity to 89,200.

4.0 Major Cancer Screening Providers serving Harrow

Bowel Cancer Screening Hub sends all screening kits, invitation and results letters across London and processes the kits. The hub is also responsible for issuing invitations for bowel scope screening.

Cancer screening providers deliver cancer screening programmes as per national service specifications and NHS contracts. This includes a responsibility for ensuring staff are appropriately trained and supervised. NHS England is responsible for the contract management of providers. The major providers serving the population of Harrow are:

- North West London screening site based at Northwest London Hospitals NHS Trust)
 - Bowel cancer screening–
 - Specialist screening practitioner (SSP) assessment for people with a positive screen result
 - colonoscopy and treatment
 - Bowel scope screening

o Breast cancer screening, assessment and treatment

NHSE commission's the Royal Free London NHS Foundation Trust (RFL) to provide breast screening, assessment and treatment services for seven CCG's in North London; Barnet, Brent, Camden, Enfield, Haringey, Harrow and West Hertfordshire. The screening and assessment function is provided by North London Breast Screening Service (NLBSS) located at Edgware Community Hospital. The administrative functions for the London BSO's are undertaken by the Administration Hub. The HUB's responsibilities include inviting and appointing the eligible population, call and recall and management of women that fail to attend appointments. The Royal Free London Foundation Trust is also commissioned to provide the administration function via the Hub.

Women registered with a GP in Harrow will attend screening at one of the following NLBSS sites: Northwick Park, Edgware and Hatch End, however can request to be screened at an alternative location in accordance with NHS patient choice policy.

Cervical screening

NHSE commissions London North West University Hospital NHS Trust (Northwick Park Hospital) to provide Cytology services for the boroughs of Brent, Ealing, Harrow, Hillingdon and Hounslow.

Brent, Harrow and Hillingdon CCG's commissions London North West University Hospital NHS Trust (Northwick Park Hospital) to provide Colposcopy services for their residents.

Northwick Park Hospital was one of the six national pilot sites for primary HPV testing and carried out the testing with the Hillingdon resident population. Northwick Park Hospital has made an application to roll out primary HPV testing to the other boroughs they cover which include Harrow. This is ahead of national timescales.

5. COVERAGE

Coverage is defined as the percentage of the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the appropriate screening timescale
Uptake- is defined as the proportion of people adequately screened out of those invited for any screening programme.

Coverage is a better indicator of how effective any screening programme is in reducing death or disease from a named condition because it is less likely to be influenced by monthly, quarterly or annual variations. Uptake figures are highly influenced by these variations.

5.1 Breast screening coverage (50-70 years)

Coverage measures the percentage of the eligible population who have been screened and had a recorded result in the last three years (36 months). The national standard/ threshold for coverage is $\geq 70\%$.

Harrow CCG is one of has a total population of 267,013 of which 28,142 are women aged 50-70 i.e. eligible for breast screening. The average coverage rate in NWL STP for 2016/17 was 64.5%. Harrow was the second best performing CCG's in NWL STP achieving an average of 69.8% coverage, consistently meeting the standard with the exception of February and March, where the coverage was slightly below the threshold.

The best performing CCG for coverage in same period was Hillingdon achieving 70.6%.

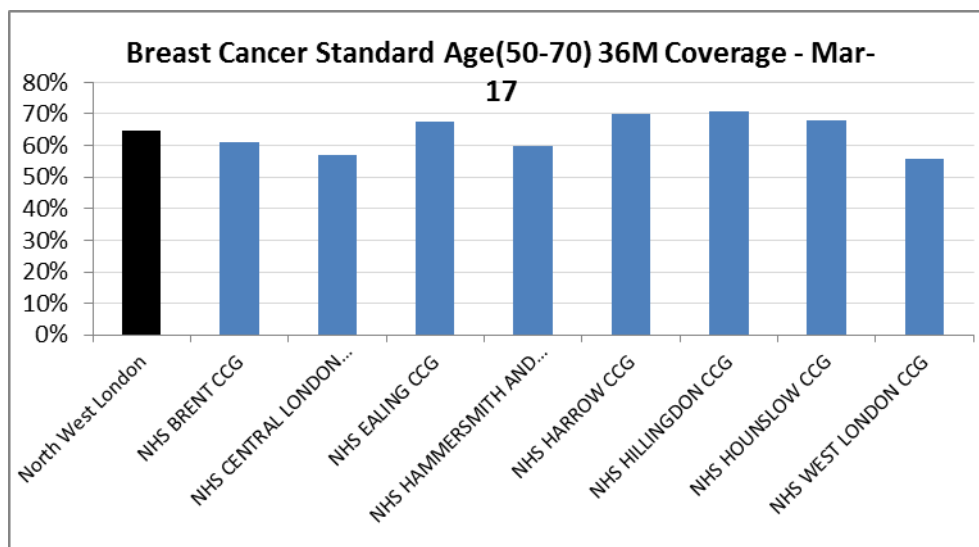
Table 1: NHS Breast Screening Programme: Females, 50-70 screened for breast cancer in last 36 months (3 year coverage) 2016/17

Area	Value	Lower CI	Upper CI
England	72.5	72.4	72.5
North West London	64.5*	-	-
NHS Brent CCG	61.0	60.5	61.5
NHS Central London (Wes...	56.3	55.6	57.0
NHS Ealing CCG	67.6	67.2	68.1
NHS Hammersmith And Full...	59.7	59.0	60.4
NHS Harrow CCG	69.8	69.3	70.4
NHS Hillingdon CCG	70.6	70.1	71.1
NHS Hounslow CCG	67.9	67.4	68.5
NHS West London (K&C &...	56.1	55.5	56.7

Table 1: Data Source: <https://fingertips.phe.org.uk/profile/cancerservices>

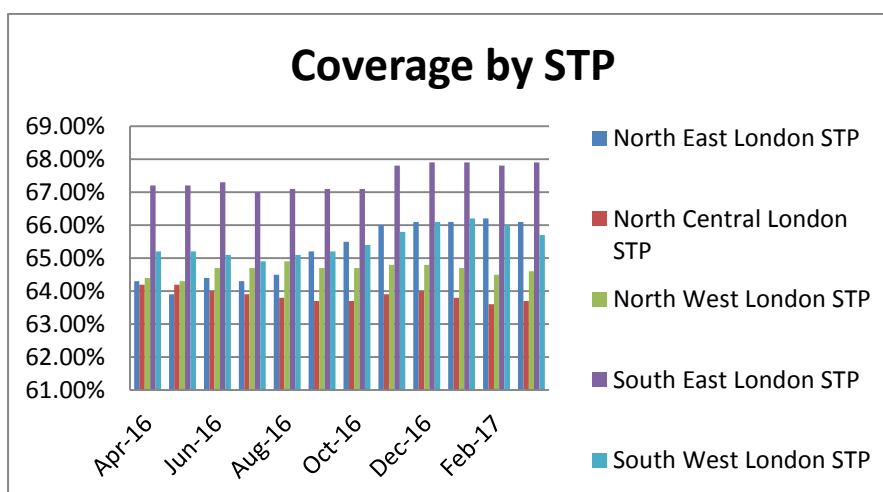
There has been a national downward trend in coverage with regional and local variations. The two charts below illustrated the variation between CCG's in NWL and CCG's across London. Out of the 32 CCG's in London four have met or exceeded the threshold.

Chart 1- Breast Cancer Coverage by CCG's in North West London STP



Data Source: <https://fingertips.phe.org.uk/profile/cancerservices>

Chart 2-Breast Cancer Coverage by STP area



Data Source: <https://fingertips.phe.org.uk/profile/cancerservices>

5.2a Bowel Screening Coverage (60-74 year olds)

Coverage rates vary across London; from 38.9% in Barking and Dagenham to 58.3% in Bromley (2017).

Coverage for Harrow at 51.8% is higher than London average of 49.6% but lower than the England average of 58.8%.

Chart 3: Bowel Cancer coverage in 2017 for Harrow, London and England

Area	Value	Lower CI	Upper CI
England	59.1	59.1	59.2
London NHS region	49.5*	-	-
NHS Barking And Dagenha...	38.9	38.2	39.6
NHS Barnet CCG	50.8	50.3	51.2
NHS Bexley CCG	56.7	56.1	57.2
NHS Brent CCG	46.0	45.5	46.6
NHS Bromley CCG	58.3	57.9	58.7
NHS Camden CCG	48.0	47.4	48.7
NHS Central London (Wes...	41.1	40.4	41.7
NHS City And Hackney CC...	45.1	44.5	45.8
NHS Croydon CCG	51.6	51.1	52.0
NHS Ealing CCG	49.2	48.7	49.7
NHS Enfield CCG	53.7	53.2	54.3
NHS Greenwich CCG	49.3	48.7	49.9
NHS Hammersmith And Ful...	45.1	44.4	45.8
NHS Haringey CCG	49.7	49.1	50.2
NHS Harrow CCG	52.3	51.7	52.8
NHS Havering CCG	51.1	50.6	51.6
NHS Hillingdon CCG	52.3	51.8	52.8
NHS Hounslow CCG	47.4	46.9	48.0
NHS Islington CCG	47.5	46.8	48.2
NHS Kingston CCG	55.9	55.2	56.5
NHS Lambeth CCG	43.1	42.5	43.6
NHS Lewisham CCG	46.6	46.0	47.2
NHS Merton CCG	52.2	51.5	52.8
NHS Newham CCG	45.5	44.9	46.1
NHS Redbridge CCG	44.6	44.1	45.2
NHS Richmond CCG	57.4	56.8	58.0
NHS Southwark CCG	43.1	42.5	43.7
NHS Sutton CCG	56.9	56.3	57.5
NHS Tower Hamlets CCG	42.8	42.1	43.6
NHS Waltham Forest CCG	49.2	48.6	49.8
NHS Wandsworth CCG	51.9	51.4	52.5
NHS West London (K&C &...	40.7	40.1	41.2

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.

Source: Fingertips at

<https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/gid/1938132830/pat/46/par/E39000018/ati/152/are/E38000020/iid/92600/age/280/sex/4>

Across NWL STP, Harrow and Hillingdon with values of 51.8% are the only areas where the coverage is above the London average value of 49.6%. All other areas in North West London STP are below the London average figure of 49.6%.

5.2b Bowel scope screening

Coverage: There is currently no coverage indicator or published data for bowel scope screening.

Uptake (Percentage of screening subjects who adequately attend for bowel scope screening (numerator), out of those who were routinely invited to participate in bowel scope screening (denominator)).

Like the Bowel Cancer Screening Programme, Bowel scope roll out to all of Harrow CCG GP registered population is administered by the London Hub and St Mark's screening site. Bowel Scope roll out at St Mark's site started in 2013 and St Mark site has achieved a 100% roll out figure before the national deadline of April 2021. This means Bowel scope screening is available to all individuals registered with a Harrow GP.

5.3 Cervical Screening Coverage (25-64 years)

The number of women aged between 25 and 64 years residing in Harrow who are eligible for cervical screening is shown in the table below (Table 2)

Coverage measures the percentage of women in the target age group (25–64 years) who have been screened. Nationally there has been a downward trend in coverage from 2013/14 which is reflected across London.

Table 2: NHS Cervical Screening Programme: Age appropriate coverage by age band for Harrow (2016-17)

Region & Local Authority		2016-17					
		Eligible population ⁽¹⁾			Age appropriate coverage		
		Thousands			Percentages		
		25-49	50-64	25-64	25-49 (less than 3.5yrs since last adequate test)	50-64 (less than 5.5yrs since last adequate test)	25-64
	ONS Code	(000's)	(000's)	(000's)	(%)	(%)	(%)
London		2,083.6	680.4	2,763.9	62.6	75.2	65.7
Harrow	E09000015	53.6	21.8	75.4	57.8	73.9	62.5

Source: <http://digital.nhs.uk/pubs/cervical1617>

(1) This is the number of women in the resident population less those with recall ceased for clinical reasons

Chart 4: Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) North West London STP Area 2016/17

Area	Value	Lower CI	Upper CI
England	72.1	72.1	72.2
North West London	61.4*	-	-
NHS Brent CCG	63.9	63.6	64.2
NHS Central London (Wes...	53.5	53.1	53.9
NHS Ealing CCG	63.9	63.6	64.2
NHS Hammersmith And Ful...	57.0	56.6	57.4
NHS Harrow CCG	62.6	62.2	62.9
NHS Hillingdon CCG	66.7	66.4	67.0
NHS Hounslow CCG	63.5	63.2	63.8
NHS West London (K&C &...	55.6	55.2	56.0

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

Harrow CCG coverage is lower than the London average; with a drop in the coverage rate of 3.8% between 2014 to 2017 and remains lower than the national minimum standard of 80% coverage.

Between 2014 and 2017 cervical screening coverage has seen a gradual decline for all North West London CCG's; Brent (5.5%), Ealing (3.9%), Harrow (3.8%), Hammersmith & Fulham (4.8%), Hillingdon (2.5%), Hounslow (4.6%), Kensington & Chelsea (5.7%) and Westminster (6.7%). There are no CCG's in London that are achieving the minimum standard of 80%.

All NW London CCGs continue to not to meet the standard for cervical screening coverage and remains below London's average performance which continues to show a downward trend 2017.

The best performing London CCG is Bexley (74.8%) and the worst is Kensington & Chelsea (53.8%). The reason for Kensington & Chelsea being low is due to women from the borough choosing to have private cervical samples taken which are not included in the NHS cervical screening programme.

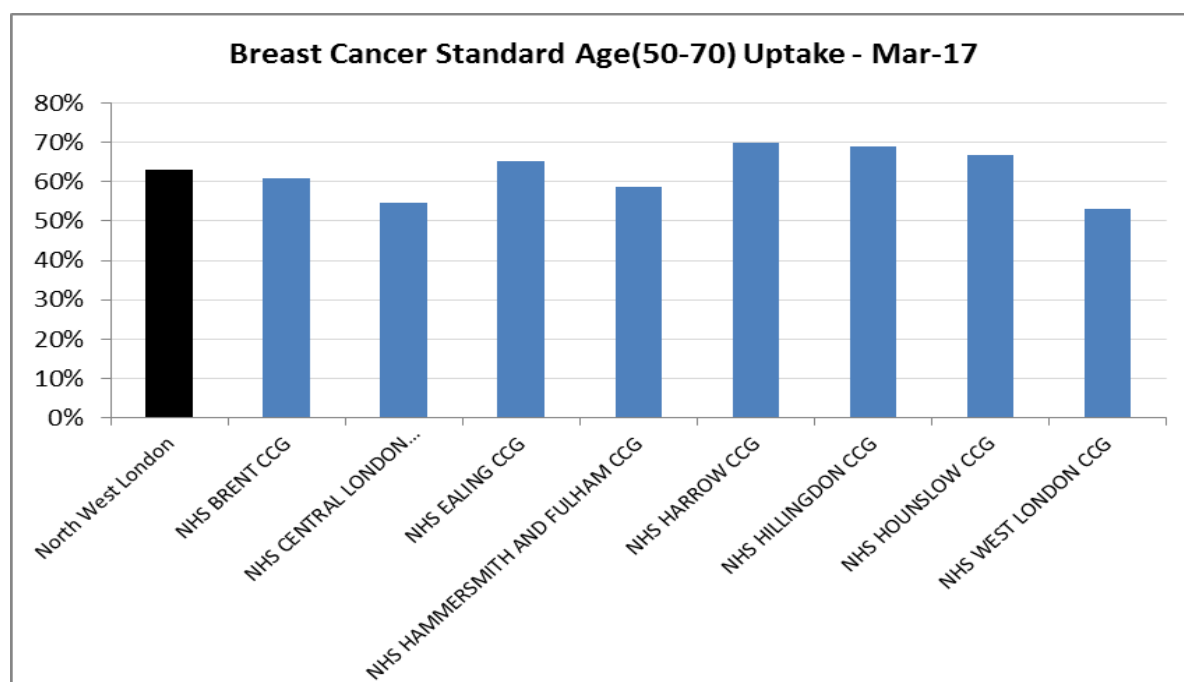
6.0 Provider performance for 2017/18 including exceptions.

6.1 Breast

6.1.1 Uptake

Uptake is the percentage of the eligible population screened within 6 months of the invitation. The national standard/ threshold for breast cancer screening uptake is 70%. Harrow was the best performing CCG in NWL achieving 69.87%, slightly below the national average of 72.06% but 6.94% above the London average of 62.93% as illustrated in the chart below.

Chart 5: Breast screening (age 50-70) for March 2017.



Data Source: <https://fingertips.phe.org.uk/profile/cancerservices>

Breast screening uptake remains a challenge for all the London breast screening services, as well as nationally. In 2016/17 none of the London breast screening services the national standard for uptake of 70%. Outer North East London was marginally the best performing service whose best performance was in Q2 with 66.6% in comparison to North London with 55%.

North London best performance was in quarter 3 where it achieved 58%, 12% below the national standard. The two tables below provide an overview of breast screening uptake across the London services in comparison to England.

Chart 6: Breast screening uptake for North of London Breast screening service compared to London and England

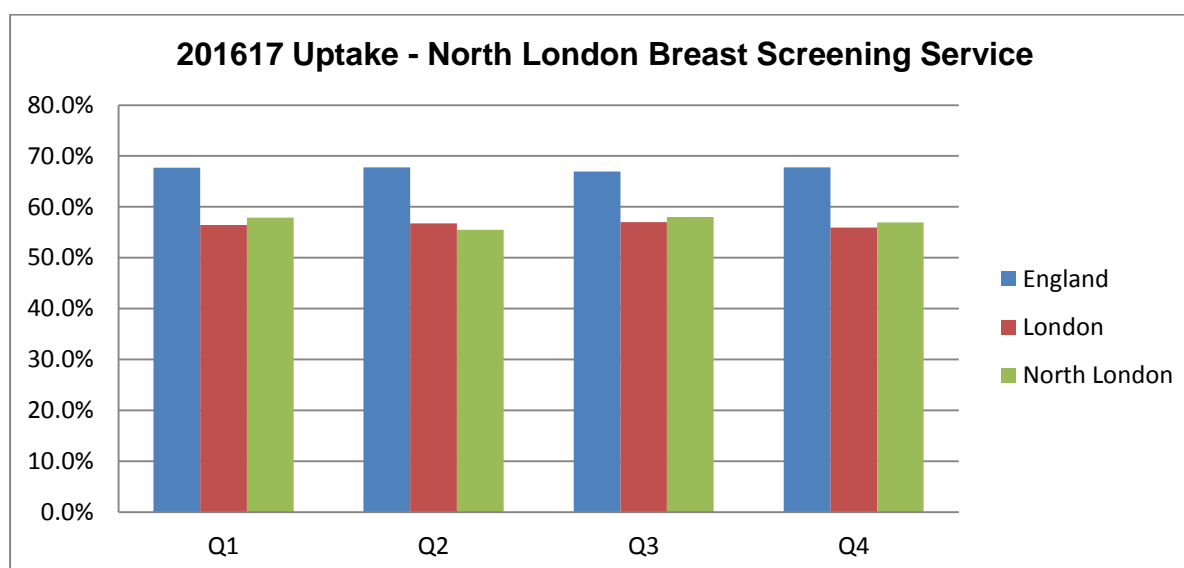


Chart 6 source: <https://fingertips.phe.org.uk/profile/cancerservices>

Chart 7: Uptake for London breast screening services

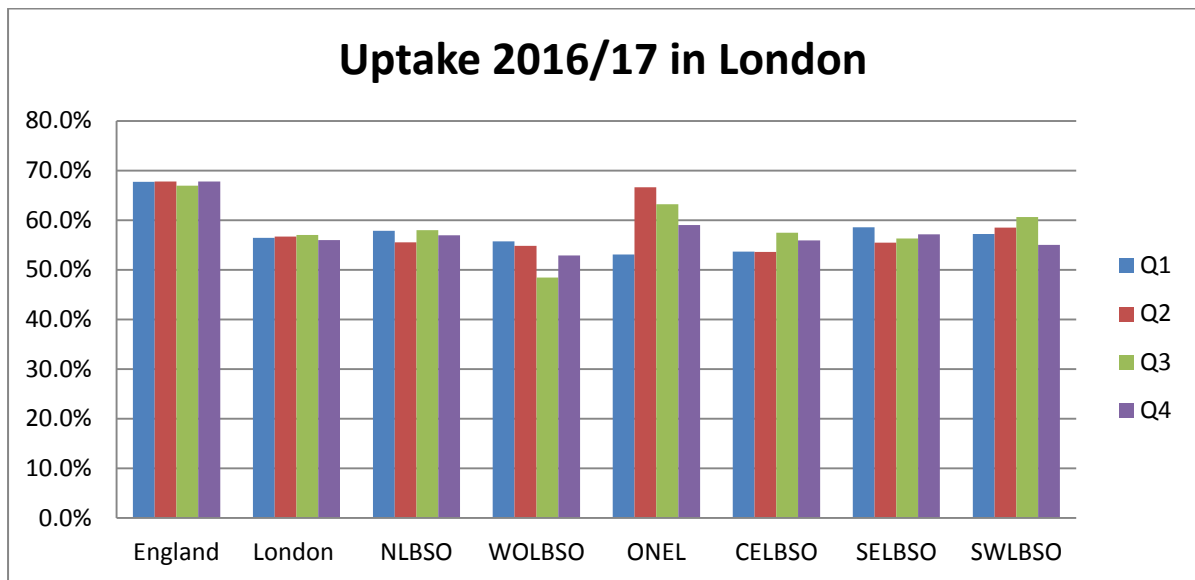
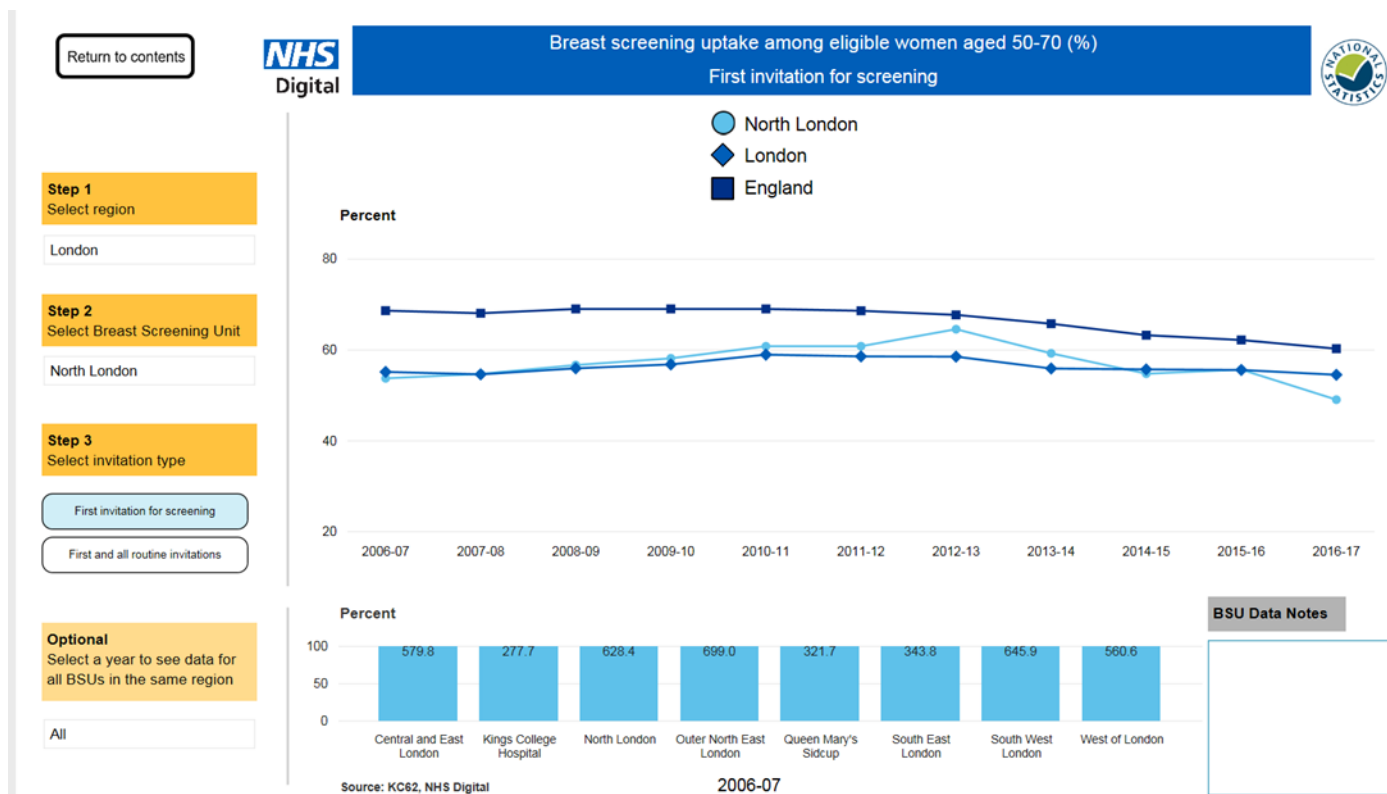


Chart 8-showing uptake for 50-70yrs old across North London for 2006/7 to 2016/17 for the first invitation.



<https://fingertips.phe.org.uk/profile/cancerservices>

There has been downward trend in Uptake in North London and nationally since 2013. North London's uptake was at 64.6 %, slightly below the England average of 67.7%. In 2016/17 North London had the second worst uptake rates in London with an average with average uptake of 49.1% well below the national standard. Outer North East London (ONEL) was the best performing breast screening area achieving 61.8%.

6.1.2 GP Performance

There are 34 GP Practices in Harrow. Kenton Clinic is the best performing practice for coverage achieving 76.4% well above the Harrow average of 69.8%. There are six GP Practices achieving less

than 60% coverage and the worst performing of these is First Choice Medical Centre with only 49.5% coverage.

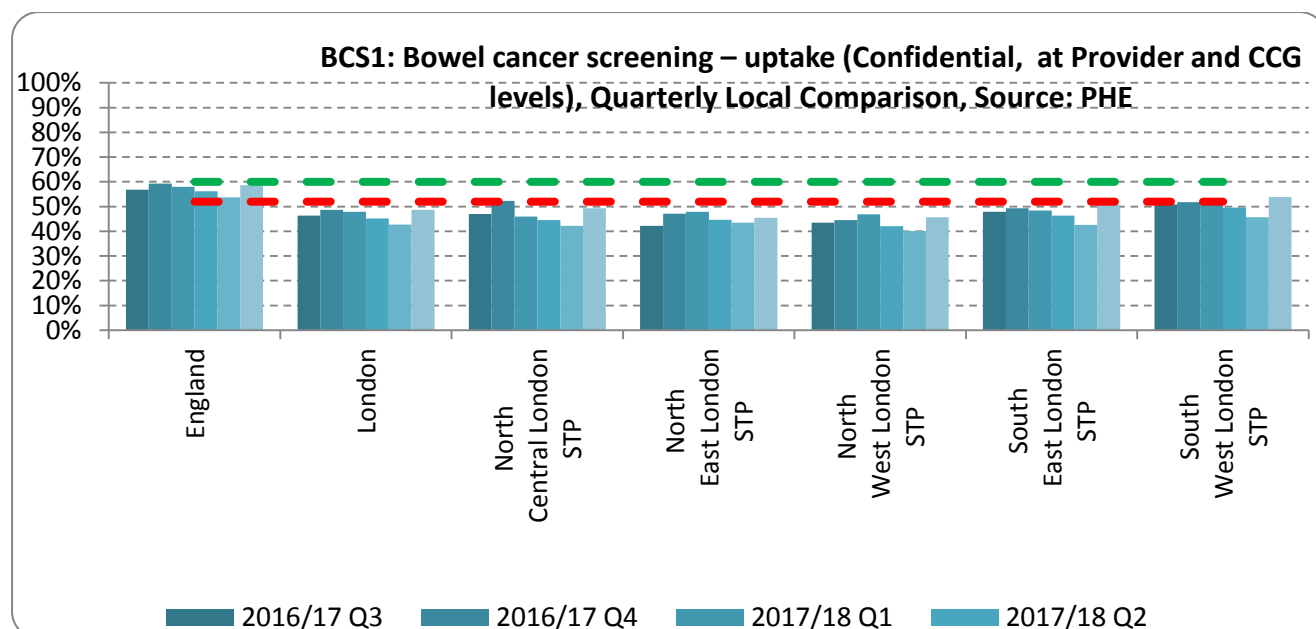
There is a significant difference in uptake between Harrow GP Practices. Kenton GP Practice also has the best performance for Uptake achieving 77.9% in comparison to The Enterprise which is the worst performing GP Practice only achieving 17.7% uptake. Twenty out of the 38 GP Practices achieved less than 60% uptake.

6.2 Bowel

6.2.1 Provider performance

Bowel Cancer Screening uptake figures for North West London (covering Harrow Population) consistently remained below the acceptable (red line in chart 10) or achievable (green line in chart 10) for all four quarters listed in Chart 10. These figures have remained lower than the England average for each quarter.

Chart 9- showing Bowel cancer quarterly uptake for North West London, London and England for selected periods in 2016/17 and 2017/18.



Source-PH England quarterly report

Chart 10-showing Bowel Cancer quarterly uptake figure (Q4, 2017/18) by CCG area.

Commissioners (if any available)	Numerator	Denominator	Performance (%)
NHS Brent	2,348	5,235	44.9%
NHS Central London	1,072	2,772	38.7%
NHS Ealing	2,640	5,906	44.7%
NHS Hammersmith and Fulham	1,026	2,402	42.7%
NHS Harrow	2,252	4,273	52.7%
NHS Hillingdon	2,441	4,751	51.4%
NHS Hounslow	2,159	4,541	47.5%
NHS West London	1,474	3,849	38.3%

Source-PH England quarterly report

Chart 10 shows an uptake figure of 52.7% for quarter 4, 2017/18, this is lower than the England average figure of 58.7% for Q4, 2017/18 (not included in chart 10) but higher than the London uptake figure of 48.6% for Q4, 2017/18.

6.3 Cervical

6.3.1 Cytology

Harrow CCG receives their cytology service from Northwick Park Hospital; performance in cervical screening Turnaround Times (TATs) has seen a decline in performance since July 2017 (70%) of results were estimated to be delivered within 14 days not achieving the national standard (98%). In June 2018 the overall TATs for London have decreased to 60.6% with 25 out of 32 CCGs not meeting the standard of 98%; Harrow CCG has seen gradual improvements from 73% in July 2016 to 91.7% in June 2018 still below the national target.

Northwick Park has applied to rollout to the other 3 x CCGs and once agreed the TATs will improve significantly.

6.3.2 Colposcopy service

Harrow CCG receives their colposcopy service from 3 providers namely; Northwick Park Hospital, Ealing and The Hillingdon Hospital. All three providers regularly meet all national colposcopy KPI's and there are no significant performance issues.

7.0 Cancer Screening incidents

7.1 Breast

Over all the North London Breast Screening service is performing well. With the exception of the national breast cancer screening incident, NLBSS has no open incidents.

7.2 Bowel

There are no Bowel Cancer screening incidents at St Mark's screening site currently under review by NHSE London.

7.3 Cervical

There are no NW London cervical cancer screening incidents under review by NHSE London.

8.0 Actions to improve coverage and performance

8.1 Breast

There are various initiatives and targeted programmes of work being undertaken by North London Breast Screening and the other five BSO to improve coverage and uptake. This includes:

- Work with GP Practices to promote breast screening and improve uptake and coverage; this includes providing GP's Breast Cancer Screening Pack prior to screening in the area
- GP Practice Endorsement of screening invitation: GP Practice letterhead included on breast screening invitation. Women will be familiar with their GP Practices address and letterhead thereby creating a link between the GP Practice and screening service.
- Pre invitation letters to the clients (this may be withdrawn with the introduction with 48 hour text messaging)
- London Website: The website was developed by the London Hub and enables provides information for women resident in London and West Hertfordshire with information about breast screening as well as support to book appointments. <https://www.london-breastscreening.org.uk/SiteSelectionLondon.aspx>
- Make Every Contact Count (MECC): MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. Prevention programmes such as adult and cancer screening programmes provide an opportunity for staff to engage in conversations about lifestyle, signpost to relevant support services and signpost to other screening programmes.
- Text Messaging: Reminder text message to women to reduce DNA and improve update
- Uptake reports sent to GP's 6 month after screening

8.2 Bowel

NHS England (London) are working with CCGs, Screening Service Providers, the London Screening Administrative Hub and other stakeholder to roll out a national programme that will replace the gFBOt test with a more accurate and easier screening test called Faecal Immunochemical Test (FIT). This new test requires individuals to test one sample of stool instead of the current 3 samples and is a more accurate test. This test should be implemented nationally by end of 2018-19. Trial data demonstrated an increase in uptake of 7-10% when using FIT as the primary test for bowel screening. The greatest increase in uptake was seen in those groups who were previously less likely to participate in the programme and will therefore have an impact on health inequalities in relation to the bowel screening programme.

NHSE is working with the National team to ensure St Mark's screening site and Hub have plans in place for successful roll out of the FIT test.

- Other initiatives include the promotion of health promotion strategies by screening sites including partnership with council, and others to increase uptake and target disadvantaged groups

NHSEL led a working group looking at evidence based uptake and coverage initiatives that resulted in the implementation of GP endorsement on all invitation letters to the eligible population in London along with enhanced reminder letters. There is no data available yet to demonstrate the impact of this intervention but previous studies demonstrated a small but significant impact.

NHSEL has supporting data to inform a health equity audit in the bowel screening programme.

NHSE is working with the London Hub and all 8 screening sites to develop recovery plans and ensure that all sites are meeting their planned activity targets for roll out of Bowel Scope screening. CQUIN based schemes with screening sites targeting two groups of non-responders (individuals who fail to respond to assessment clinic invitations and those who responded to clinic invitations but failed to attend bowel scope appointments) are in place to increase Bowel Scope uptake. This evidence based initiative is expected to increase uptake by 7-8%.

NHSE London is working with the national team and stakeholders adopt a consistent and well tested approach to evaluate the impact of FIT roll out across London.

8.3 Cervical

NHS England (London) is working with CCG's, Cytology and Colposcopy Service Providers to improve coverage and the initiatives below are examples of ongoing work to achieve an increase in coverage.

- Commissioning CASH clinics to provide cervical smear testing
- Introduction of Primary HPV screening full rollout December 2019
- GP – endorsed text reminder service to improve cervical screening uptake full rollout September 2018
- Working with Primary care commissioning (private and overseas samples)
- NHSE/PHE Uptake and Coverage Manager appointed (social marketing)
- Engagement with GP practices and pharmacies
- Integration of screening and/or screening awareness raising in other community settings.
- Jo's Cervical Cancer Trust Roadshows
- STP early detection groups.

NHS England
Oct 2017