

# Merton Overview & Scrutiny Committee

## Cancer Screening

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(London Region)  
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NHS England and NHS Improvement



# Summary

- This paper summarises cancer screening provider performance, uptake and coverage in Merton
- While generally above the London average, Merton does not meet any of the coverage and uptake targets
- The Joint London Cancer Screening Improvement Board has developed a three-year workplan to improve uptake. The key contributions required of Cancer Alliances, STPs and CCGs/boroughs include:
  - Improve cancer screening uptake in BAME, people with learning disabilities, first-time invitees and non-responders
  - Improve access to cervical cancer screening and deliver an additional 2200 cervical screens/year
  - Support practices and Primary Care Networks improve the early diagnosis and cancer screening uptake
- Provider performance is generally good and above national standards
- The introduction of Faecal Immunochemical Testing in the bowel screening programme in June 2019 has resulted in an 7% increase in uptake across London
- Human Papilloma Virus testing replaced cytology testing in the cervical screening programme in London in November 2019.
- The eight cervical screening labs in London were consolidated into a single provider-Cervical Screening London- in December 2019

# Challenges in cancer screening

## Staffing & access

- Access to cervical screening appointments in general practice –shortage of trained sample takers (practice nurses)
- Breast screening- National shortages of radiologists and radiographers
- Bowel Screening- inadequate number of specialist screening practitioners and endoscopists
- Limited breast screening appointments out of hours

## Social & demographic

- Population churn & GP list inflation;
- Ethnic diversity,
- Deprivation,
- No call /recall for childhood immunisations, and
- Antiquated & fragmented IT systems in breast & cervical screening

## Patient Concerns

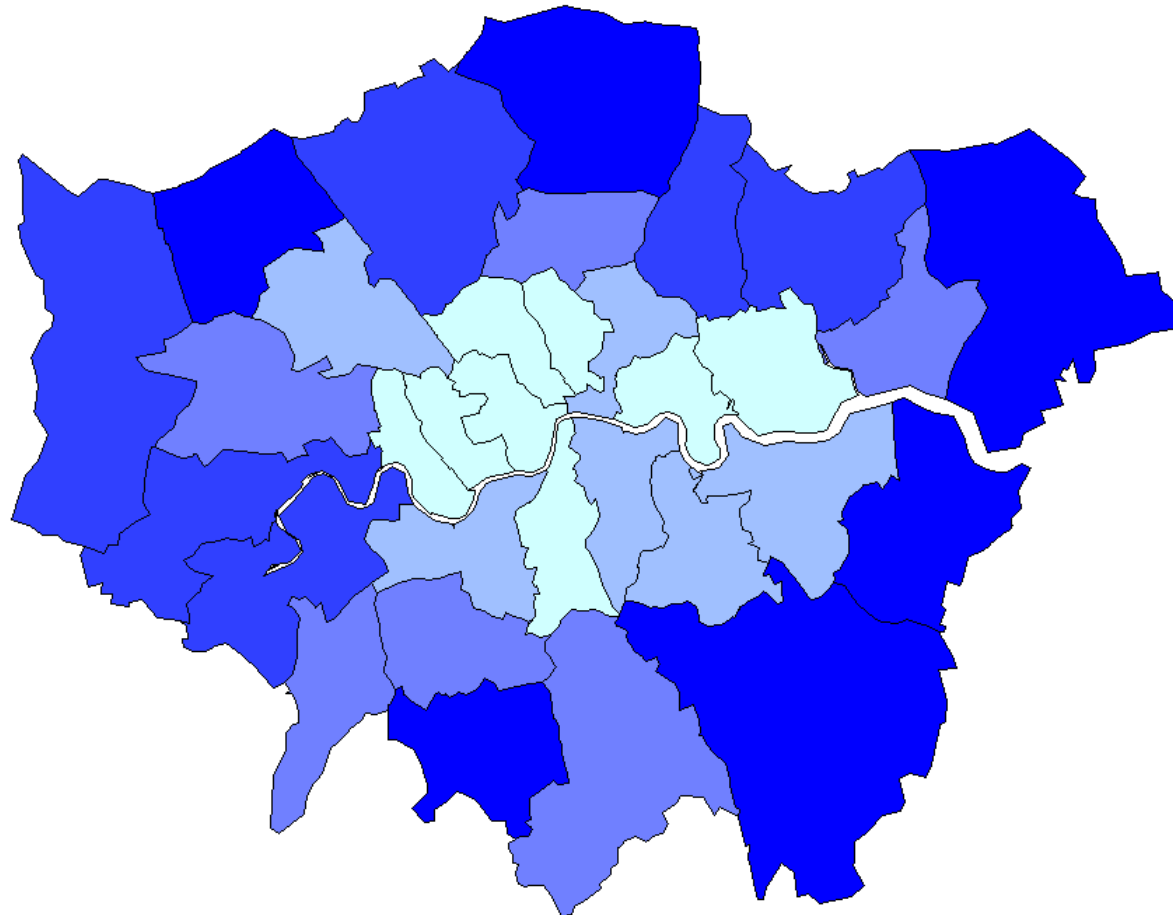
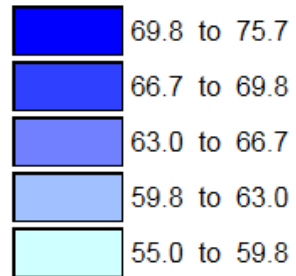
- Embarrassment at attending for cervical screening, and
- Discomfit with bowel screening test
- Lack of awareness of benefits of screening
- Limited perception of cancer risk
- Fear

## Inequalities

- People with learning disabilities
- First – time invitees and previous non-responders
- Men (bowel screening)
- Cervical screening- transgender men, lesbians
- People with severe mental illness
- Cervical screening-LGBTQ, victims of sexual violence, transgender men

# Breast Screening Coverage

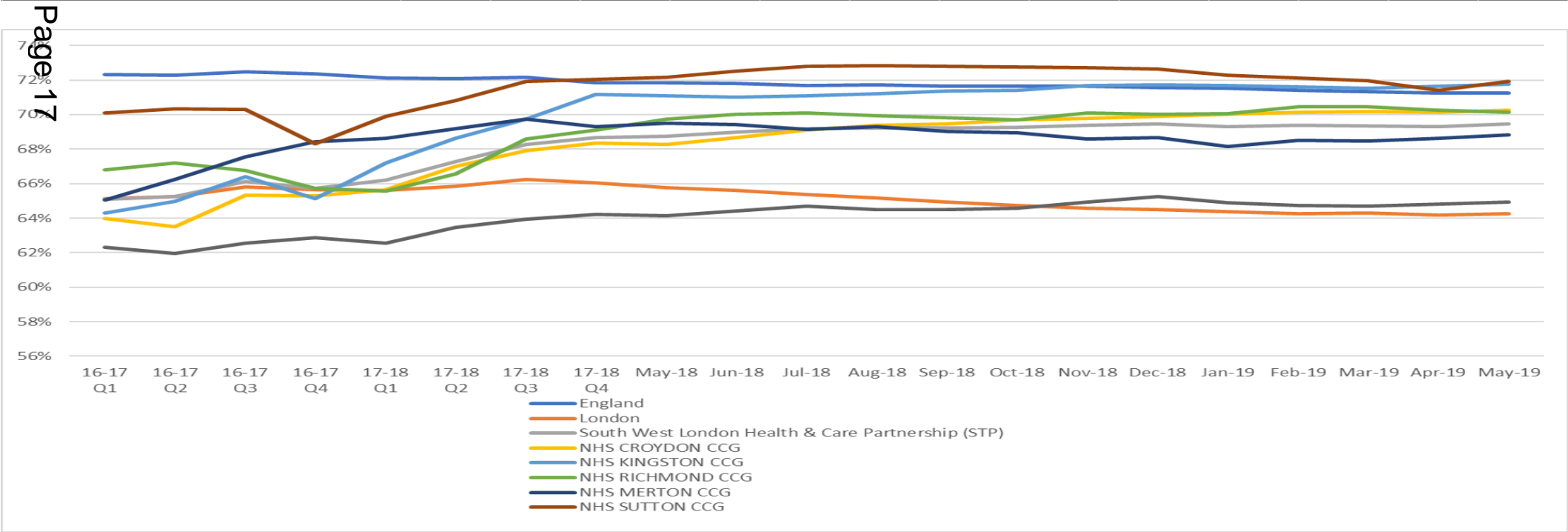
(Age cohort 50 to 70, 2016/17 by London CCG)



Breast Cancer Standard Age(50-70) 36M Coverage	May-19
England	71.3%
London	64.3%
NHS REDBRIDGE CCG	70.8%
NHS EALING CCG	67.3%
NHS HARROW CCG	69.4%
NHS HOUNSLOW CCG	69.1%
NHS MERTON CCG	68.8%
NHS SUTTON CCG	71.9%



Breast Cancer Standard Age(50-70) 36M Coverage	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
England	71.9%	71.8%	71.7%	71.7%	71.6%	71.6%	71.6%	71.6%	71.5%	71.4%	71.3%	71.2%	71.3%
London	65.8%	65.6%	65.4%	65.2%	64.9%	64.7%	64.6%	64.5%	64.4%	64.3%	64.3%	64.2%	64.3%
South West London Health & Care Partnership (STP)	68.7%	69.0%	69.2%	69.2%	69.2%	69.3%	69.4%	69.5%	69.3%	69.4%	69.4%	69.3%	69.4%
NHS CROYDON CCG	68.3%	68.7%	69.1%	69.4%	69.5%	69.7%	69.8%	69.9%	70.0%	70.1%	70.2%	70.1%	70.3%
NHS KINGSTON CCG	71.1%	71.0%	71.1%	71.2%	71.4%	71.4%	71.7%	71.7%	71.7%	71.6%	71.5%	71.6%	71.8%
NHS RICHMOND CCG	69.7%	70.0%	70.1%	69.9%	69.8%	69.7%	70.1%	70.0%	70.1%	70.4%	70.5%	70.2%	70.2%
NHS MERTON CCG	69.5%	69.4%	69.1%	69.3%	69.0%	68.9%	68.6%	68.7%	68.1%	68.5%	68.5%	68.6%	68.8%
NHS SUTTON CCG	72.2%	72.5%	72.8%	72.8%	72.8%	72.8%	72.7%	72.6%	72.3%	72.1%	71.9%	71.4%	71.9%
NHS WANDSWORTH CCG	64.1%	64.4%	64.7%	64.5%	64.5%	64.6%	64.9%	65.2%	64.9%	64.7%	64.7%	64.8%	64.9%
Cancer Alliance													
North Central and North East London	63.2%	62.6%	61.9%	61.4%	60.7%	60.0%	59.6%	59.4%	59.2%	59.1%	59.1%	59.1%	59.3%
North West and South West London	66.4%	66.6%	66.7%	66.6%	66.6%	66.7%	66.8%	66.8%	66.7%	66.6%	66.7%	66.5%	66.6%
South East London	68.8%	68.9%	68.8%	68.9%	68.9%	68.9%	68.9%	68.8%	68.7%	68.5%	68.4%	68.3%	68.3%



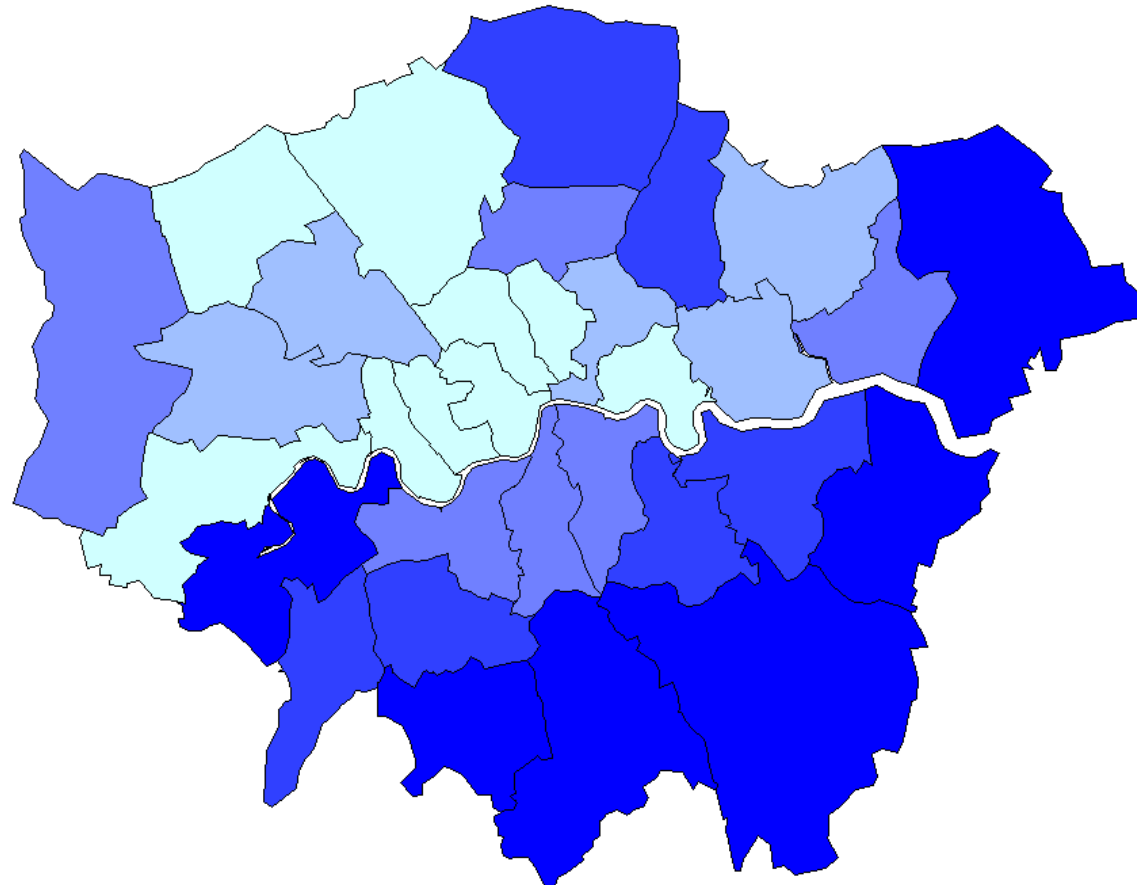
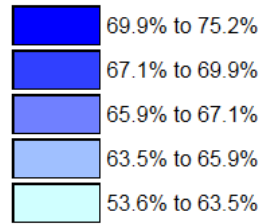
- Coverage in Merton is below the STP average and declining
- Merton needs to screen an additional 2550 women/year to meet the 70% target

Acceptable: 70.0%

Achievable: 80.0%

# Cervical Screening Coverage

(Age cohort 25 to 64, 2016/17 by London CCG)



Cervical Cancer Target Age(25-64) 3.5/5.5Y Coverage	May-19
England	72.2%
London	65.7%
NHS REDBRIDGE CCG	65.4%
NHS EALING CCG	64.3%
NHS HARROW CCG	63.7%
NHS HOUNSLOW CCG	64.3%
NHS MERTON CCG	66.7%
NHS SUTTON CCG	73.9%

SWL Cervical Screening Coverage, 25-64 Years SWL CCG Trends

Source: Open Exeter, via Cube

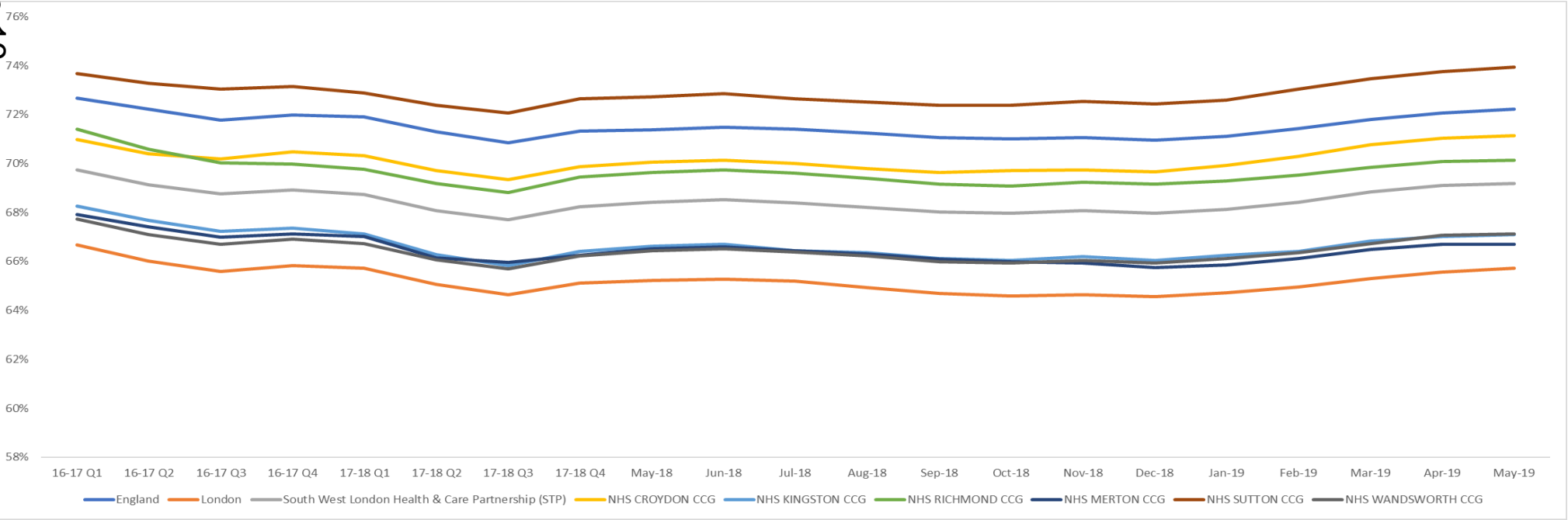


Cervical Cancer Target Age(25-64) 3.5/5.5Y Coverage	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
England	71.4%	71.5%	71.4%	71.2%	71.1%	71.0%	71.0%	71.0%	71.1%	71.4%	71.8%	72.1%	72.2%
London	65.2%	65.3%	65.2%	64.9%	64.7%	64.6%	64.6%	64.6%	64.7%	65.0%	65.3%	65.6%	65.7%
South West London Health & Care Partnership (STP)	68.4%	68.5%	68.4%	68.2%	68.0%	68.0%	68.1%	68.0%	68.1%	68.4%	68.8%	69.1%	69.2%
NHS CROYDON CCG	70.0%	70.1%	70.0%	69.8%	69.6%	69.7%	69.7%	69.7%	69.9%	70.3%	70.8%	71.0%	71.1%
NHS KINGSTON CCG	66.6%	66.7%	66.4%	66.3%	66.1%	66.0%	66.2%	66.0%	66.2%	66.4%	66.8%	67.0%	67.1%
NHS RICHMOND CCG	69.6%	69.7%	69.6%	69.4%	69.2%	69.1%	69.2%	69.2%	69.3%	69.5%	69.8%	70.1%	70.1%
NHS MERTON CCG	66.5%	66.6%	66.4%	66.3%	66.1%	66.0%	65.9%	65.7%	65.8%	66.1%	66.5%	66.7%	66.7%
NHS SUTTON CCG	72.7%	72.9%	72.7%	72.5%	72.4%	72.4%	72.5%	72.4%	72.6%	73.0%	73.5%	73.7%	73.9%
NHS WANDSWORTH CCG	66.4%	66.5%	66.4%	66.2%	66.0%	65.9%	66.0%	65.9%	66.1%	66.4%	66.7%	67.1%	67.1%

Cancer Alliance

North Central and North East London	64.6%	64.7%	64.6%	64.4%	64.1%	63.9%	63.9%	63.9%	64.0%	64.2%	64.5%	64.8%	65.1%
North West and South West London	63.9%	64.0%	64.0%	63.6%	63.3%	63.3%	63.4%	63.3%	63.4%	63.7%	64.1%	64.3%	64.3%
South East London	68.9%	69.0%	68.9%	68.7%	68.6%	68.5%	68.5%	68.5%	68.6%	69.0%	69.4%	69.7%	69.8%

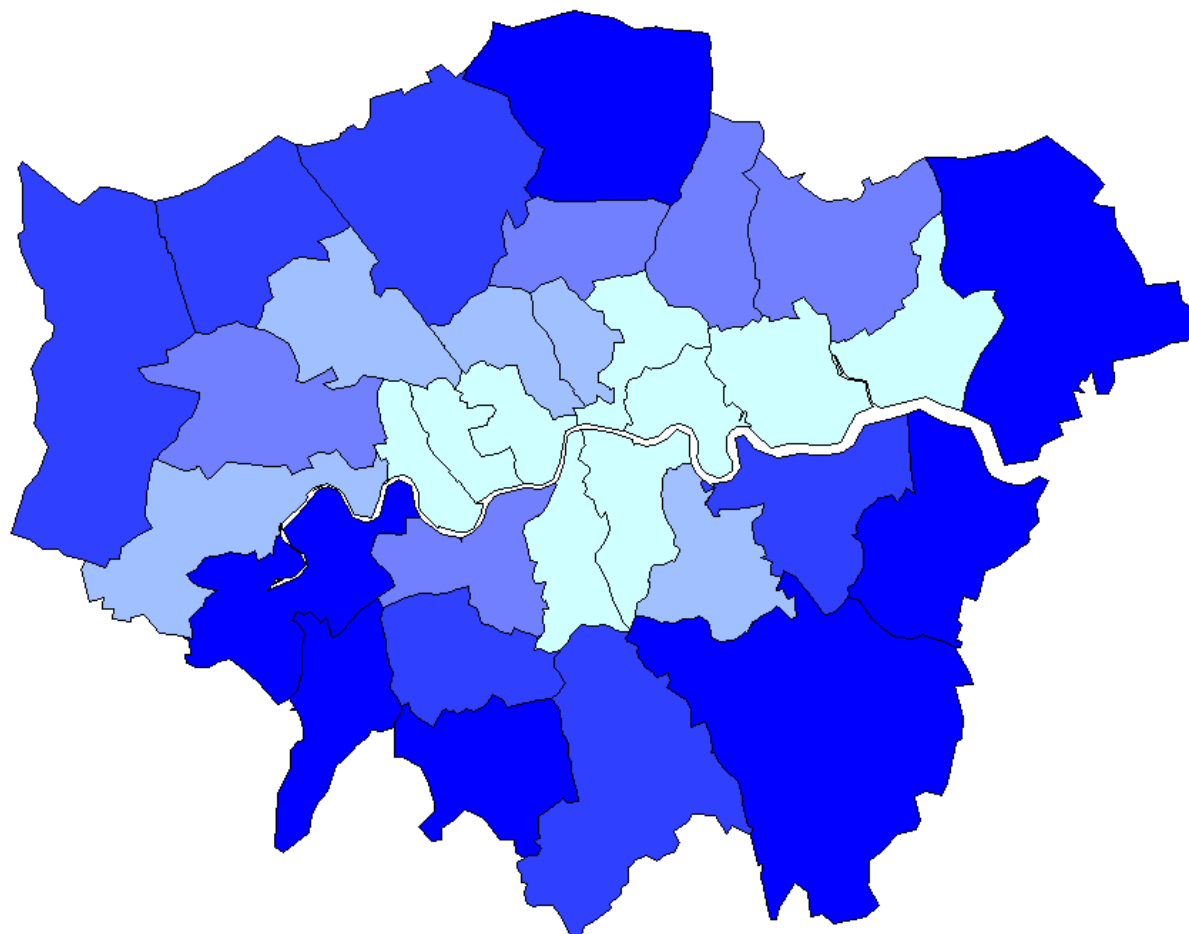
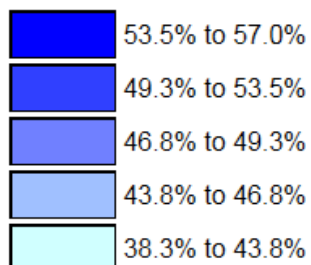
- Coverage in Merton is below the STP average
- Slight increase between Nov-18 and May-19
- Merton needs to screen an additional 2,300 women/year to meet the 80% target



Achievable: 80.0%

# Bowel Screening Coverage

(Age cohort 60 to 74, 2016/17 by London CCG)



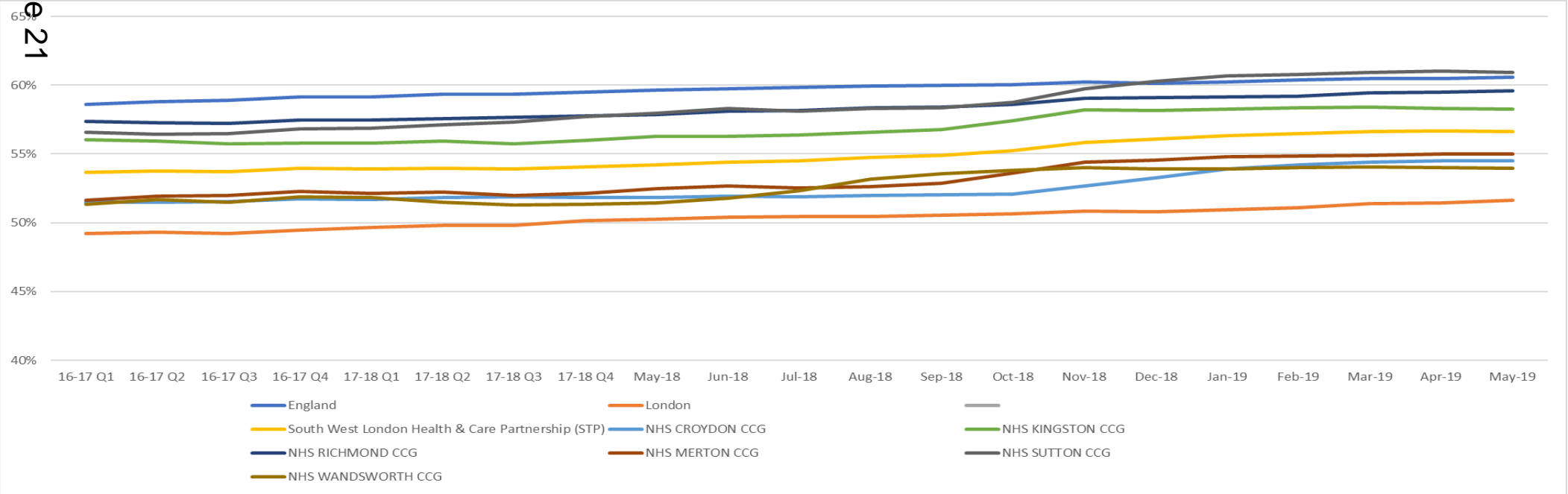
Bowel Cancer Extended Age(60-74) 2.5Y Coverage	May-19
England	60.6%
London	51.6%
NHS REDBRIDGE CCG	50.7%
NHS EALING CCG	50.0%
NHS HARROW CCG	52.9%
NHS HOUNSLOW CCG	52.6%
NHS MERTON CCG	55.0%
NHS SUTTON CCG	60.9%





Bowel Cancer Extended Age(60-74) 2.5Y Coverage	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
England	59.6%	59.8%	59.8%	59.9%	60.0%	60.0%	60.2%	60.2%	60.2%	60.4%	60.5%	60.5%	60.6%
London	50.3%	50.4%	50.5%	50.5%	50.6%	50.6%	50.8%	50.8%	50.9%	51.1%	51.4%	51.5%	51.6%
South West London Health & Care Partnership (STP)	54.2%	54.4%	54.5%	54.8%	54.9%	55.2%	55.8%	56.1%	56.4%	56.5%	56.6%	56.7%	56.6%
NHS CROYDON CCG	51.8%	51.9%	51.9%	52.0%	52.0%	52.1%	52.7%	53.3%	53.9%	54.2%	54.4%	54.5%	54.5%
NHS KINGSTON CCG	56.3%	56.3%	56.4%	56.6%	56.8%	57.4%	58.2%	58.2%	58.3%	58.3%	58.4%	58.3%	58.3%
NHS RICHMOND CCG	57.9%	58.1%	58.2%	58.3%	58.4%	58.6%	59.0%	59.1%	59.2%	59.2%	59.5%	59.5%	59.6%
NHS MERTON CCG	52.5%	52.7%	52.5%	52.6%	52.9%	53.6%	54.4%	54.6%	54.8%	54.9%	54.9%	55.0%	55.0%
NHS SUTTON CCG	58.0%	58.3%	58.1%	58.3%	58.4%	58.8%	59.7%	60.3%	60.7%	60.8%	60.9%	61.0%	60.9%
NHS WANDSWORTH CCG	51.4%	51.8%	52.3%	53.2%	53.6%	53.8%	54.0%	53.9%	53.9%	54.0%	54.0%	54.0%	54.0%

Cancer Alliance													
North Central and North East London	49.4%	49.5%	49.4%	49.5%	49.5%	49.6%	49.7%	49.6%	49.7%	49.8%	50.0%	50.1%	50.3%
North West and South West London	50.3%	50.5%	50.6%	50.6%	50.7%	50.8%	51.1%	51.1%	51.3%	51.5%	51.8%	51.9%	52.1%
South East London	51.7%	51.9%	51.9%	52.0%	52.1%	52.1%	52.3%	52.3%	52.5%	52.6%	52.8%	52.9%	53.1%



- Coverage in Merton is below the STP average
- Coverage increased by 2.5%
- Due the introduction of FIT in June 2019, uptake in November 2019 had increased by 7% (unvalidated data) to 59%

Acceptable: 60%

# Gap Analysis



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Screening Programmes Summary to May-19	Gap analysis (rate per year)*					
	Bowel	Bowel	Breast	Breast	Cervical	Cervical
	Uptake (60-74)	Coverage (60-74)	Uptake (50-70)	Coverage (50-70)	Coverage (25-49)	Coverage (50-64)
Acceptable						
<b>London</b>	<b>49,269</b>	<b>85,450</b>	<b>48,488</b>	<b>153,323</b>	<b>106,077</b>	<b>7,860</b>
<b>South West London STP</b>	<b>3,838</b>	<b>6,257</b>	<b>7,388</b>	<b>18,333</b>	<b>13,016</b>	<b>1,264</b>
NHS CROYDON CCG	1,410	2,707	1,979	4,518	2,607	182
NHS KINGSTON CCG	355	426	423	1,807	1,851	184
NHS RICHMOND CCG	252	123	774	2,504	1,413	203
NHS MERTON CCG	703	1,210	791	2,550	2,078	217
NHS SUTTON CCG			543	1,921	755	130
NHS WANDSWORTH CCG	1,165	2,029	2,878	5,034	4,312	348

\* The gap analysis calculates the additional number of screens/year required to meet the standard.

# Evidence base

1. Reminders in addition to the usual invitation e.g. text, telephone post ((3-10% increase)
2. Primary care endorsement (2-3% increase)
3. Personalised reminders-Interventions targeted specifically at non-participants e.g. postal reminders (standard practice), second-timed appointments in breast screening (standard practice), enhanced bowel screening reminders (standard practice)
4. Varying invitation materials of strategy
  - fixed breast screening appointment times vs. open (20% absolute increase)
  - Advance notification of invitation to screening
  - Mass media campaigns
5. Direct contact interventions
  - Home visits, direct telephone contact, opportunistic promotion of breast screening at clinic attendance
6. Varying the screening
  - FIT vs. FOBT, HPV self-sampling

[Duffy SW<sup>1</sup>](#), [Myles JP<sup>1</sup>](#), [Maroni R<sup>1</sup>](#), [Mohammad A<sup>1</sup>](#). **Rapid review of evaluation of interventions to improve participation in cancer screening services** [J Med Screen](#). 2017 Sep;24(3):127-145. doi: 10.1177/0969141316664757. Epub 2016 Oct 17

# Prof. Sir Mike Richards Review on Adult Screening Programmes

- Recommendation 13: Uptake and coverage
- High priority should be given to spreading the **implementation of evidence-based initiatives** to increase uptake. This will require an integrated system approach and should include:
  - Implementing **text reminders** for all screening programmes
  - Further pilots of **social media campaigns** with formal evaluation and rollout if successful
  - Spreading good practice on **physical and learning disabilities**
  - Encouraging links with **faith leaders and community groups and relevant voluntary, community and social enterprise organisations** that work with the NHS at national, regional and local levels to reduce health inequalities and advance equality of opportunity
  - Increasing **awareness of trans and gender diverse** issues amongst screening health professionals
  - Consideration of **financial incentives for providers** to promote out of hours and weekend appointments.
  - Improving **convenience, acceptability and accessibility**
- <https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf>

# Joint London Cancer Screening Improvement Board

The Joint London Cancer Screening Improvement Board is a partnership forum comprising NHSE/I, councils, CCGs, cancer alliances, charities and academia.

The Board aims to improve cancer screening uptake and reduce inequalities across London

## **Objectives**

- To share learning and improve consistent evaluation across the region
- To reduce current variation and inequalities in delivery and outcomes
- To increase delivery of evidence based interventions and generate new evidence

## LCISB Workplan- *High-level framework for joint working*

	Rationale
NHSE/I-Led	Regional, 'do-once' approach Commissioning through providers Contractual levers required
Alliance-led	Innovation Local partnership working Addressing local need (boroughs/CCGs) Identifying sustainable models of funding and delivery of best practice
Joint working	Regional roll-out Pooling of resources Joint planning, delivery, monitoring, oversight
TCST	Facilitate and support improvement, convene partners

# Joint London Priorities

The Board has agreed the following priorities which are being delivered through single regional, multi-partner workplan

1. Monitor trends and variation in uptake and coverage
2. Build the evidence of what works to improve participation and reduce inequalities
3. Improve access to screening
4. Targeted work to reduce inequalities
5. Address behavioural barriers to non-participation of screening (*forgetfulness, cancer risk awareness, awareness/understanding of screening*)
6. Work with and through general practice

# Summary of NHSE/I priorities 2020/21



## 1. Improving access

- NHSE/I: -Breast screening appointments out of hours  
-Cervical screening- in extended access hubs and sexual health clinics
- Merton/STP/Alliance: Develop plans to deliver additional 2200 cervical screens/year in Merton

## 2. Reducing inequalities

- NHSE/I: -Bowel screening in prisons  
-Cervical screening for victims of sexual violence  
-Bowel screening in PWLD (SEL)-pilot  
-Resources, guidance for PWLD carers and professionals
- Merton/STP/Alliance: Increase uptake in people with learning disabilities, BAME, first-time invitees,

## 3. Personalised reminders

- NHSE/I: -GP-endorsed text reminders- bowel, breast, cervical to all invitees  
-GP-endorsed bowel screening pre-invitation letters to all invitees
- Merton/STP/Alliance: Send text/phone reminders to non-responders

## 4. Regional social marketing campaign

## 5. Supporting primary care

- NHSE/I: -PCN pilots (10)  
-Postal Address verification –women 25-49 years
- Merton/STP/Alliance: -Disseminate lessons, embed good practice from cancer screening PCN pilots (once available)  
-Support PCNs develop plans to implement the Early Cancer Diagnosis Service Specification  
-Support practices implement the QOF Quality Improvement Domain on Early Diagnosis of Cancer (including cancer screening uptake)

## 6. Research

- Fund 3 -4 research studies

## 7. Monitor variation and trends

- NHSE/I: -Equity audits  
-Mapping uptake interventions (TCST)
- Merton/STP/Alliance: Local cancer screening needs assessment/equity audits



# Proposed Merton uptake improvement priorities

## 1. Improving access

- Merton/STP/Alliance: Develop plans to deliver additional 2200 cervical screens/year in Merton

## 2. Reducing inequalities

- Merton/STP/Alliance: Increase uptake in people with learning disabilities, BAME, first-time invitees,

## 3. Personalised reminders

- Merton/STP/Alliance: Send text/phone reminders to non-responders

## 4. Regional social marketing campaign

## 5. Supporting primary care

- Merton/STP/Alliance: -Disseminate lessons, embed good practice from cancer screening PCN pilots (once available)
  - Support PCNs develop plans to implement the Early Cancer Diagnosis Service Specification
  - Support practices implement the QOF Quality Improvement Domain on Early Diagnosis of Cancer (including cancer screening uptake)

## 6. Monitor variation and trends

- Merton/STP/Alliance: Local cancer screening needs assessment/equity audits

# Improving access to cervical screening



- 14, 000 additional cervical screens required in SWL/year to achieve 80% target

Screening Programmes Summary to Jun-19	Performance up to Jun-19		Gap analysis (rate per year)*	
	Cervical Coverage (25-49)	Cervical Coverage (50-64)	Cervical Coverage (25-49)	Cervical Coverage (50-64)
Acceptable	101%	101%		
	Cervical Cancer Lower Age(25-49) 3.5Y Coverage	Cervical Cancer Higher Age(50-64) 5.5Y Coverage		
<b>London</b>	<b>63.0%</b>	<b>74.2%</b>	<b>105,426</b>	<b>7,773</b>
<b>South West London STP</b>	<b>67.3%</b>	<b>74.7%</b>	<b>12,905</b>	<b>1,255</b>
NHS CROYDON CCG	68.6%	77.2%	2,598	178
NHS KINGSTON CCG	64.6%	73.8%	1,847	184
NHS RICHMOND CCG	68.4%	74.1%	1,401	203
NHS MERTON CCG	64.6%	73.1%	2,053	213
NHS SUTTON CCG	73.2%	76.0%	735	127
NHS WANDSWORTH CCG	66.0%	72.5%	4,271	349

- NHSE/I interventions potentially deliver an additional 3,000 screens in SWL in 20/21
- What contribution will STP make to deliver additional 11,000 screens required in 20/21

Intervention	London impact	SWL Impact
Screening in sexual health clinics	20/21=10, 000 21/22= 20, 000 23/24 = 35, 000	20/21=2, 000 21/22= 4, 000 23/24 = 7, 000
Extended access hubs	20/21=6,000	1,000
Cervical screening hubs	21/22=5000 22/23= 7,500	20/21=1,000 22/23= 1,500

# Service developments

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# Cervical screening programme- HPV primary screening



- Human Papilloma Virus (HPV) testing replaced cytology as the screening test within the cervical screening programme across London in 2019
- Cervical Screening London (CSL), the new single lab covering the entire London
- New laboratory for London (CSL) went live as planned on Dec 2<sup>nd</sup>.
- Backlogs were cleared in all former cytology labs by the end of December apart from St Heliers, due to staffing shortages.
- At the beginning of Jan, the remaining samples at St Heliers (300) were sent to CSL to read and report. All were cleared within 2 weeks.
- The key challenge for CSL is the IT interface with both primary and secondary care (for sample test ordering and receipt of results).
- tQuest is the system to be used in primary care but so far close to 90% of Merton practices have set this up (Table 1)

Paper based/email systems in use in the interim.

NHS Digital is working with Trusts to find an IT solution for secondary care. A system has been trialled with Epsom and St Heliers which appears promising.

Table 1: Cervical Screening –GP t-Quest/electronic results roll-out

	Total Practices	electronic results	e-results pending	Not receiving e-results	% electronic results	using tQuest	Not using tQuest	% using tQuest
London CCGs								
Croydon	52	40	4	8	76.92	45	7	86.54
Kingston	21	19	0	2	90.48	17	4	80.95
Merton	22	20	2	0	90.91	19	3	86.36
Richmond	28	19	6	3	67.86	8	20	28.57
Sutton	23	18	3	2	78.26	19	4	82.61
Wandsworth	42	32	6	4	76.19	35	7	83.33
SWL	<b>188</b>	<b>148</b>	<b>21</b>	<b>19</b>	<b>78.72</b>	<b>143</b>	<b>45</b>	<b>76.06</b>

# FIT for screening

- FIT roll out started in June 2019 and is progressing well across London including all CCGs in SW London.
- SW London screening centre is remains the top performer in London for Bowel Cancer screening uptake figures. Current FIT uptake figure for SWL q2, 2019 is 67.1%. This is the highest in London and is above the national achievable target of 60% (source -NHSE &I Data, Dec 2019).
- FIT positivity for the same period for SWL is 1.7%.
- FOBT uptake figures for SW London figures for the last four quarters have remained above the 52% acceptable level.
- SW London screening site has and continues to successfully manage the meet post FIT roll out rises in Colonoscopy, pathology and radiology without breaching any Key performance indicators.
- The old FOBT screening system was switched off (Nationally) on 14<sup>th</sup> January 2020. Any old FOBt screening kit sent to the London Hub will still be processed for a period of two years from June 2019. Any request to replace a lost or damaged FOBt kit will be with the new FIT kit.
- A few London GPs are still sending Symptomatic FIT kits to the London Screening hub. Reminders to GPs about the differences between Screening and Symptomatic FIT processes are sent via Hub GP newsletter and the TCST bulletin for GPs, CCGs etc.
- For the year 2020/21, NHSE & I have included FIT age extension to 50-59 years olds in its commissioning intentions agreed with Screening providers. Subject to national policy guidance, agreement with screening providers via contract variation will be expected later in the year.

# Bowel Scope Screening roll report Q2 2019/20 – SWL & NEL

SWL	Name of CCG	Total number GPs within CCG	Total no of GPs that are Live for Bowel scope (October 2019)	Total numbers -not live	% of GP that are live	Planned date to achieve 100% coverage	Comments e.g. roll out site
	Croydon	51	0	51	0%	unknown	NHSE & I is now in receipt of an agreed implementation plan with milestones and clear deadlines. This has been agreed between St George's screening site, Croydon Hospital senior managers and Clinicians. NHSE & I is assured about engagement and will monitor progress via quarterly meeting and Bowel scope implementation meetings.
	Kingston	21	0	21	0%	30/03/2021	Roll out site is Kingston Hospital. Kingston General Hospital is undergoing an Endoscopy Unit build which will create sufficient capacity for the demands of Bowel Scope Screening. Build on target to be completed by August 2020. • SWLBCSC will submit bid application for roll out once KGH endoscopy build is completed. • Plan to commence with 2 BoSS lists and increase to 2.5 at full roll out by March 2021 • 4 endoscopists accredited for BoSS at KGH
Page 34	Merton	22	11	11	50%	31/01/2021	Roll out site is St George's Hospital until refurbishing work is completed at St Helier's hospital. • Plans to commence BoSS lists at St Helier are on hold due to delays with completion of the final phase of the Endoscopy Unit build until further finance is approved by ESTH Trust – business case to be re submitted to Trust by Nov 2019 for review. • 3 endoscopists accredited for BoSS at St Helier with a further 2 currently going through the accreditation process. • Plans to roll out 100% to Merton, with 2.5 lists/wk. delivered from St Helier Hospital by January 2021
	Richmond	31	31	0	100%	fully rolled out	
	Sutton	23	23	0	100%	fully rolled out	
	Wandsworth	43	43	0	100%	fully rolled out	
NEL							
	City and Hackney	44	30	14	68%	30/04/2020	endoscopy have agreed that 3rd list will be available in April 2020. nurse endoscopist is working towards BSS accreditation.
	Newham	52	0	52	0%	after May 2020	roll out cannot progress unless spare endoscopy capacity (3 BSS lists) becomes available from completion of re-furbishing of Mile End Hospital endoscopy unit. One accredited colonoscopist is going on 6 months sabbatical leave and a replacement is available and has been put forward for accreditation.
	Tower Hamlets	36	20	16	56%	after May 2020	Roll out cannot progress unless spare endoscopy capacity (1 more BSS list) becomes available from completion of re-furbishing of Mile End Hospital endoscopy unit. One accredited colonoscopist is going on 6 months sabbatical leave and a replacement is available and has been put forward for accreditation.
	Waltham Forest	52	0	52	0%	unknown	Delays due to rebuilding works at Whip's Cross and limited room space. There has been no time frame given for the endoscopy refurbishment

# Cervical screening text reminders



- Cervical screening uptake -Defined as screening attendance 18 weeks/136 days after invitation is sent.
- Baseline July 2017 to January 2018 =31.2%
- Between 1 September 2018 and 14 March 2019:
  - 97% of practices in London signed up to the project, with 80% signing up within the first 6 weeks
  - 384,112 women were invited for screening from consenting practices
  - mobile phone numbers were extracted for 88% of these women
  - messages were successfully sent to 75% of these women (the most common reason for non-delivery of the text message was incorrect phone number)
- For women who received a text reminder, uptake at 18 weeks was higher by:
  - 4.8% in all age groups
  - 4.8% in women aged 25 to 49
  - 5.9% in women aged 50 to 64
- The average time between invitation and screening was 54 days for women who received an invitation letter and a text reminder and 71 days for women who only received an invitation letter.

# SWL RESULTS

	No SMS			SMS			
	All women	Women attending screening within 18 weeks	Uptake	All women	Women attending screening within 18 weeks	Uptake	% difference
NHS Wandsworth CCG	3406	942	28%	3592	1326	37%	9%
NHS Sutton CCG	1324	490	37%	1632	744	46%	9%
NHS Croydon CCG	2925	929	32%	2917	1169	40%	8%
NHS Richmond CCG	1573	543	35%	1732	707	41%	6%
NHS Kingston CCG	804	257	32%	1873	715	38%	6%
NHS Merton CCG	2581	795	31%	1155	415	36%	5%



# APPENDIX 1:

## *Joint London Cancer Screening Improvement Workplan 2020/21*

# London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
<b>1. Improve access to screening</b>				
Increase breast screening appointments out of hours/weekends <b>Lead: NHSE/I</b>	January 2020-March 2021	Use routine contracting and incentivisation to ensure consistent OOH provision	All providers offer out-of-hours and weekend appointments	Promote Good Practice Guide for Cancer Screening in Primary Care e.g. follow-up non-attenders
Increase cervical screening in primary screening care hubs/GP extended hours <b>Lead: NHSE/I</b>	April 2019-March 2021	Use available, un-utilised extended access appointments for cervical screening	At least 6,000 cervical screens take place in extended access hubs	Ensure all extended access hubs in SEL offer cervical screening
Increase cervical screening in sexual health clinics. <b>Lead: NHSE/I</b>	April 2019-March 2022	Increase number SH of providers contracted to offer cervical screening	Increase proportion of regional cervical screens taking place in SH clinics from 1% (2019/20) to 5%	Work with providers and councils to increase in provision
Improve access to cervical screening <b>Lead: Alliances</b>	March 2020-April 2022	Increase access to cervical screening in general practice and the community	At least 40k additional cervical screens available in general practice	Improve access to cervical screening in general practice - Using NHSE/I gap analysis-demand and capacity planning of additional clinics, appointments and sample takers to achieve 80%

NHSE/I

Joint

Alliance

# London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
<b>2. Undertake targeted work to reduce inequalities</b>				
Provide bowel screening in prisons <b>Lead: NHSE/I</b>	April 2018- March 2021	Work with prison, bowel screening centres and hub to offer bowel screening in all prisons in London	Uptake of 60% achieved in all London prisons	
Improve breast and bowel screening uptake in people with a learning disability (PWLD) <b>Lead: Joint NHSE/I/Alliances</b>	April 2018- March 2021	Work with practices, community learning disability teams and breast/bowel screening hubs to improve uptake in PWLD	Uptake of 60% achieved in PLWD	Implement good practice in promoting cancer screening uptake in PWLD across all CCGs
Improve cervical screening uptake in victims of sexual violence and FGM <b>Lead: NHSE/I</b>	April 2019-March 2021	Commission cervical screening service for victims of sexual violence and FGM (My Body Back Clinic Barts)	Service available and accessible	Sign-post service
Improve cervical screening in transgender men <b>Lead: Joint NHSE/I/Alliances</b>	April 2019-March 2021	Commission screening provision in a gender identity clinic (ChelWest)	Service available and accessible	Sign-post service-Dean Street Clinic
Improve cancer screening uptake in vulnerable groups <b>Lead: Alliances</b>	2020/21	Work with local partners (e.g. councils, charities) to identify hard-to-reach groups and promote screening participation	Increase in uptake and reduction in inequalities	Design and implement locally relevant interventions to improve uptake in hard-to-reach groups e.g. specific ethnic groups, homeless etc

## London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
<b>3. Address behavioural barriers to non-participation in screening</b> <i>(forgetfulness, cancer risk awareness, awareness/understanding of screening)</i>				
Implement GP endorsed text reminders in cervical, breast and bowel screening <b>Lead: NHSE/I</b>	October 2018-March 2021	Service developed and commissioned	Uptake increase 4-7%	Encourage -practice sign-up -mobile phone recording
Phone call reminders in breast and bowel screening across London <b>Lead: Alliances</b>	April 2018-March 2021	Expand current phone reminder service to all London CCGs /areas with lowest uptake	Uptake increase 5%	Working with local partners, design and deliver sustainable, tiered models of personalised reminders (text, phone call)
Enhanced bowel screening reminders <b>Lead: NHSE/I</b>	April 2016-recurrent	Continuation of existing service	Uptake increase 1%	
GPE Bowel screening pre-invitation letters <b>Lead: NHSE/I</b>	April 2016-recurrent		Uptake increase 1%	
Develop and deliver a social marketing campaign <b>Lead: Joint</b>	2020/21	Options appraisal Procure company to design and deliver marketing campaign	Increase in awareness and increase in uptake of breast, bowel, cervical screening	Contribute to design, delivery and oversight of social marketing campaign Lead local engagement and delivery of campaign

NHSE/I

Joint

Alliance

# London Joint Cancer Screening Uptake Improvement Workplan 2020/21



Projects	Timeframe	Activity	Impact	Alliances
<b>4. Work with and through general practice to improve uptake/coverage</b>				
Work with PCNs to improve cancer screening uptake <b>Lead: Joint NHSE/I/Alliances</b>	December 2019-December 2020	Develop and fund 10 PCN pilots focused on improving breast and bowel screening uptake	Learning from the pilots will be shared across London	Disseminate lessons and embed good practice from pilots Support Local PCNs deliver Early Diagnosis Service Specification
Improve the accuracy of postal addresses on GP systems for women aged 25-49 <b>Lead: NHSE/I</b>	2020/21	Develop a local incentive scheme for practices to validate the postal addresses and mobile phone numbers on GP clinical systems	Addresses validated for 90% of women aged 25-49, Improve cervical screening by 4-8%	Support practice sign-up to LIS
<b>5. Monitor variation and trends in uptake</b>				
Complete and regularly update breast, bowel and cervical equity audits <b>Lead: NHSE/I</b>	January 2020-March 2022	Using routine and non-routine data, audit and evaluation, regularly analyse and monitor uptake across the	Inform targeted approaches and evaluate initiatives	
Mapping of interventions and investments <b>Lead: TCST</b>	April 2019-March 2022	Regional mapping of all cancer screening projects	Targeting of investments to areas of greatest need.	
Monitoring of implementation and effectiveness <b>Lead: TCST</b>	April 2019-March 2022	Assessment of investment vs. need	Establishment and sharing of good practice Reduction in duplication	

NHSE/I

Joint

Alliance

# London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
<b>6. Build the evidence of what works to improve uptake and reduce inequalities</b>				
Agree joint London research priorities <b>Lead: Joint NHSE/I/Alliances</b>	October 2019-January 2020	<b>Priorities:</b> <ol style="list-style-type: none"> <li>What is the optimal timing and content of text message reminders for breast, bowel and cervical screening?’</li> <li>Why does only third of women who take part in one or more screening programmes take part in all three?</li> <li>'What is the effectiveness and cost-effectiveness of using text message reminders to facilitate self-referral and uptake of faecal immunochemical test screening, compared with telephone patient navigation'</li> </ol> <p>Funding: NHSE/I and Cancer Alliances</p>	Publication and translation of research into practice	Participate and fund research and innovation
Work with community pharmacy to promote bowel screening	March 2020-April 2021	NIHR-funded study led by UCL		

# APPENDIX 2:

## *Provider Performance*

SWL Breast Screening Service provided by St Georges  
Performance (Nov-19) is good and generally above the national average

KPI:		BS1	BS2	BS2a	BS2b	BS2c	BS4	BS8	BS11a
Measure:		Uptake	Round length	Referral to assessment (Prevalent)	Referral to assessment (Incident)	Short term recall	Waiting time for result of screening	Technical recall / repeat	Waiting time to assessment appointment
Acceptable:		70.0%	90.0%	10.0%	7.0%	0.25%	95.0%	3.0%	98.0%
Achievable:		80.0%	100.0%	7.0%	5.0%	0.12%	100.0%	2.0%	100.0%
Breast screening centre:		%	%	%	%	%	%	%	%
England		67.1%	84.0%	6.4%	2.8%	0.0%	95.1%	2.2%	88.0%
London		54.0%	83.6%	8.5%	3.3%	0.0%	85.2%	2.6%	80.5%
Central & East London		46.8%	28.6%	8.4%	4.3%	0.0%	9.4%	4.2%	2.5%
North London		56.1%	88.0%	9.8%	3.4%	0.0%	99.9%	2.5%	99.9%
Outer North East London		67.1%	96.2%	10.2%	4.8%	0.0%	99.8%	1.5%	99.7%
South East London		57.2%	98.2%	6.4%	2.4%	0.1%	99.5%	2.6%	99.8%
South West London		58.5%	95.7%	7.3%	3.0%	0.0%	99.9%	2.1%	99.5%
West of London		48.7%	99.1%	9.3%	2.6%	0.0%	99.8%	2.0%	100.0%



# SWL Bowel Screening Service provided by St Georges

Performance (Jan-20) is good and generally above the national average

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	Monthly	Monthly	Monthly	Monthly (3 month arrears)	Monthly (3 month arrears)	Monthly	Monthly	Monthly	Monthly
	Invitations Sent	Kits Sent	Kits Returned	Uptake (%)	Positivity (%)	Reaching SSP waiting time target (%)	Outside SSP waiting time target	Reaching diagnostic test waiting time target (%)	Outside diagnostic test waiting time target
Barking, Havering And Redbridge	4,531	5,007	3,822	57%	2.2%	100%	0	100%	0
Kings	3,196	3,681	2,289	51%	2.3%	100%	0	51%	17
North East London	5,760	6,414	3,668	52%	2.5%	100%	0	100%	0
South East London	7,090	7,854	5,877	62%	1.7%	100%	0	87%	8
St Georges	9,008	9,948	7,601	62%	1.9%	100%	0	99%	1
St Marks	5,885	6,500	4,563	57%	1.8%	100%	0	100%	0
University College London	8,152	9,108	5,978	57%	2.1%	100%	0	97%	2
West London	6,764	7,581	4,797	51%	2.1%	100%	0	100%	0

There has been a significant improvement in the % of results letters received within 14 days since Nov-19. London and Merton performance is well above the national average with 80% of letters received within 14 days and 90% within 21 days

