

Merton Overview & Scrutiny Committee

Cervical & Bowel Cancer Screening Update

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NHS England/Improvement (London Region)
June 2022

NHS England and NHS Improvement

Agenda Item 5



Cervical Screening Programme

NHS England and NHS Improvement



Background

- Cervical screening is for women and people with a cervix. Screening is offered every 3 years from age 25 to 49 and every 5 years from age 50 to 64. This is because most cervical cancers develop between these ages. First invitations arrive a few months before people turn 25. Individuals are required to book a screening appointment in primary care.
- The NHS Cervical Screening Programme saves thousands of lives from cervical cancer each year in the UK . In England cervical screening currently prevents 70% of cervical cancer deaths. If everyone attended screening regularly, 83% could be prevented.

HPV and cervical cancer

- Nearly all cervical cancers are caused by a virus called human papillomavirus (HPV).
- HPV is very common. Most people will get the virus at some point in their life. It is spread through close skin to skin contact during any type of sexual activity with a man or woman. HPV can stay in the body for many years. It can stay at very low or undetectable levels and not cause any problems. This means an HPV infection may have come from a partner a long time ago.

Page 23 There are many different types of HPV, but only some high-risk types can lead to cancer. The types of HPV that cause cervical cancer do not cause any symptoms. In most cases, your immune system can get rid of the virus without you ever knowing you had it. But sometimes, HPV can cause cells in the cervix to become abnormal.

The body can usually get rid of the abnormal cells and the cervix returns to normal. But sometimes this doesn't happen, and the abnormal cells can go on to develop into cancer.

How cervical screening works

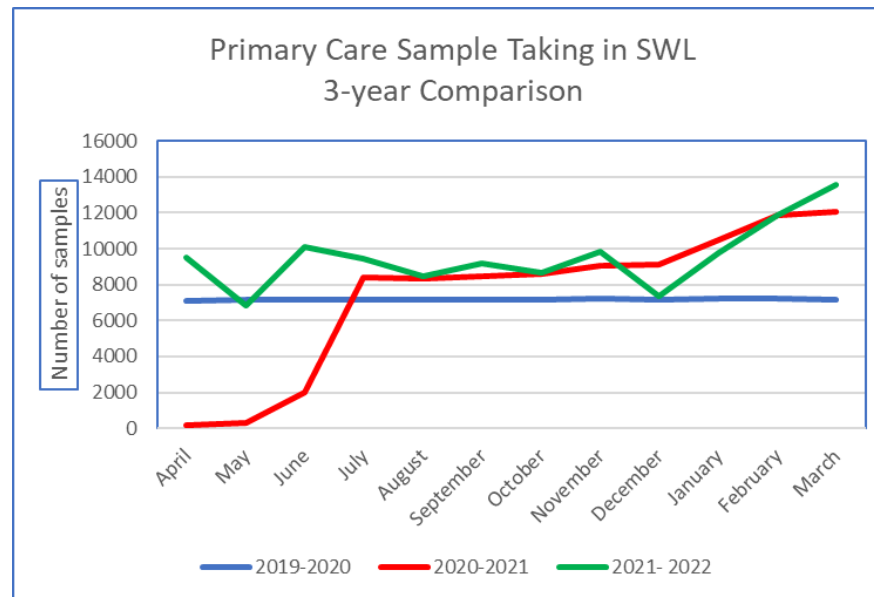
- Cervical screening is not a test for cancer. It looks for abnormal cells in the cervix. Abnormal cells can develop into cancer if left untreated.
- The test involves using a soft brush to take a small sample of cells from the surface of your cervix. The sample is put into a small plastic container and sent to a laboratory. It is tested for the types of HPV that can cause cervical cancer. If the result is negative for the most common types of HPV that cause cervical cancer, the risk of cervical cancer is very low and there is no need to check for abnormal cells.
- If the result is positive for HPV the laboratory will check the sample for abnormal cells. Abnormal cells are not cancer, but they could develop into cancer if left untreated.
- As a next step, individuals may be another examination (called a colposcopy) to look at the cervix more closely. If abnormal cells during colposcopy treatment may be required to remove the cells. This is how screening can prevent cervical cancer.

1. <https://www.gov.uk/government/publications/cervical-screening-description-in-brief/cervical-screening-helping-you-decide--2#fn:1>
2. Peto, J and others (2004). The cervical cancer epidemic that screening has prevented in the UK. *Lancet* 35, 249 to 256.
3. Castanon, A and others (2017). By how much could screening by primary human papillomavirus testing reduce cervical cancer incidence in England? *Journal of Medical Screening* vol. 24, (2) 110 to 112.

In 2019/20 (pre-COVID) a total of 86,170 cervical screening samples were taken in primary care across London. In 2020/21, despite a two month pause in screening, activity at 88,824 was 3.1% higher than in the previous year; during 2021/22 there was a 29% increase in primary care activity on the previous year, giving a total of 114,415 samples taken. March 2022 has seen the highest number of samples taken in a month in Primary Care in London.

Across SWL an additional 25 sample takers have attended the Sample Taker Foundation Course run by the London Regional Cytology Training Centre since September 2021 when training recommenced after the pandemic

| SWL: Samples taken by Month | | | | | | | | | | | | | |
|-----------------------------|-------|------|-------|------|--------|-----------|---------|----------|----------|---------|----------|-------|--------|
| Year | April | May | June | July | August | September | October | November | December | January | February | March | Total |
| 2019-2020 | 7121 | 7147 | 7172 | 7179 | 7178 | 7178 | 7182 | 7193 | 7192 | 7214 | 7241 | 7173 | 86170 |
| 2020-2021 | 150 | 298 | 2037 | 8417 | 8355 | 8455 | 8570 | 9069 | 9111 | 10455 | 11829 | 12078 | 88824 |
| 2021- 2022 | 9505 | 6809 | 10084 | 9447 | 8459 | 9157 | 8644 | 9811 | 7326 | 9771 | 11827 | 13575 | 114415 |



Source: NHSE/I Screening GptoLab Data and NHSD coverage and uptake reports



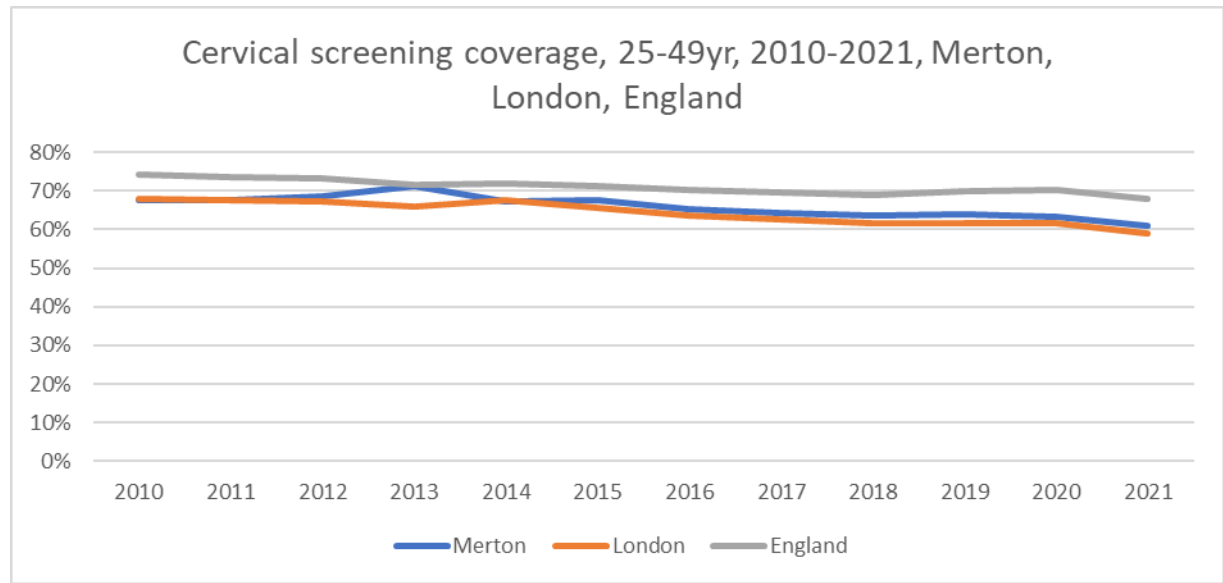
Trends in cervical screening coverage, 25-49 yr

C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old) 2021

Proportion - %

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|------------------------|--------------|-----------|-------|--------------|--------------|
| England | → | 7,089,096 | 68.0* | 68.0 | 68.0 |
| London region | ↓ | 1,346,971 | 59.1* | 59.1 | 59.2 |
| Bexley | → | 33,009 | 72.2 | 71.8 | 72.6 |
| Havering | ↑ | 34,306 | 71.4 | 71.0 | 71.8 |
| Bromley | → | 46,247 | 71.1 | 70.7 | 71.4 |
| Sutton | → | 29,458 | 70.0 | 69.5 | 70.4 |
| Richmond upon Thames | ↓ | 28,553 | 65.8 | 65.4 | 66.3 |
| Croydon | → | 55,272 | 65.0 | 64.6 | 65.3 |
| Enfield | → | 45,172 | 64.0 | 63.7 | 64.4 |
| Lewisham | → | 51,060 | 64.0 | 63.7 | 64.3 |
| Hillingdon | ↑ | 41,227 | 63.2 | 62.8 | 63.6 |
| Greenwich | ↓ | 43,680 | 62.5 | 62.1 | 62.8 |
| Margston upon Thames | ↓ | 24,191 | 62.3 | 61.9 | 62.8 |
| Uxtham Forest | → | 44,308 | 62.2 | 61.9 | 62.6 |
| Barking and Dagenham | → | 30,257 | 62.0 | 61.5 | 62.4 |
| Wandsworth | ↓ | 65,984 | 61.2 | 60.9 | 61.5 |
| Merton | ↓ | 33,439 | 61.1 | 60.7 | 61.5 |
| Lambeth | ↓ | 62,003 | 61.0 | 60.7 | 61.3 |
| Hackney | ↓ | 51,090 | 60.3 | 60.0 | 60.7 |
| Southwark | ↓ | 54,830 | 59.5 | 59.2 | 59.8 |
| Ealing | ↑ | 54,541 | 59.4 | 59.1 | 59.7 |
| Hounslow | → | 41,985 | 59.1 | 58.7 | 59.4 |
| Haringey | ↓ | 44,335 | 59.1 | 58.7 | 59.4 |
| Redbridge | → | 41,265 | 58.6 | 58.2 | 58.9 |
| Barnet | → | 53,327 | 58.5 | 58.1 | 58.8 |
| Harrow | → | 32,527 | 56.5 | 56.1 | 56.9 |
| Newham | ↓ | 53,859 | 56.5 | 56.1 | 56.8 |
| Brent | ↓ | 47,760 | 54.2 | 53.8 | 54.5 |
| Islington | ↓ | 39,769 | 52.8 | 52.4 | 53.2 |
| Tower Hamlets | ↓ | 50,685 | 50.3 | 50.0 | 50.6 |
| Hammersmith and Fulham | ↓ | 30,825 | 49.1 | 48.7 | 49.5 |
| Camden | ↓ | 32,607 | 46.6 | 46.2 | 47.0 |
| City of London | ↓ | 1,050 | 45.2 | 43.2 | 47.2 |
| Westminster | ↓ | 29,434 | 43.7 | 43.3 | 44.1 |
| Kensington and Chelsea | ↓ | 18,916 | 42.9 | 42.5 | 43.4 |

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Cervical screening coverage in women aged 25-49 years, has been steadily declining across the country since 2010. In 2021, the coverage for women in Merton (61%) was the lowest in SWL, but above the rate for London (59%) and below the national rate (68%).

The reasons behind the national decline are unclear. In London however, lower participation rates are associated with list inflation and population mobility, ethnic diversity and deprivation.

Access to screening appointments remains a challenge in some parts London, with limited availability out of hours and during weekends, combined with a shortage of practice nurse sample takers.

Working with the London Regional Cytology Training School, NHSEI and RMP Cancer Alliance have trained additional sample takers, mentors and assessors to further increase cervical screening capacity in primary care

Definition: The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years.

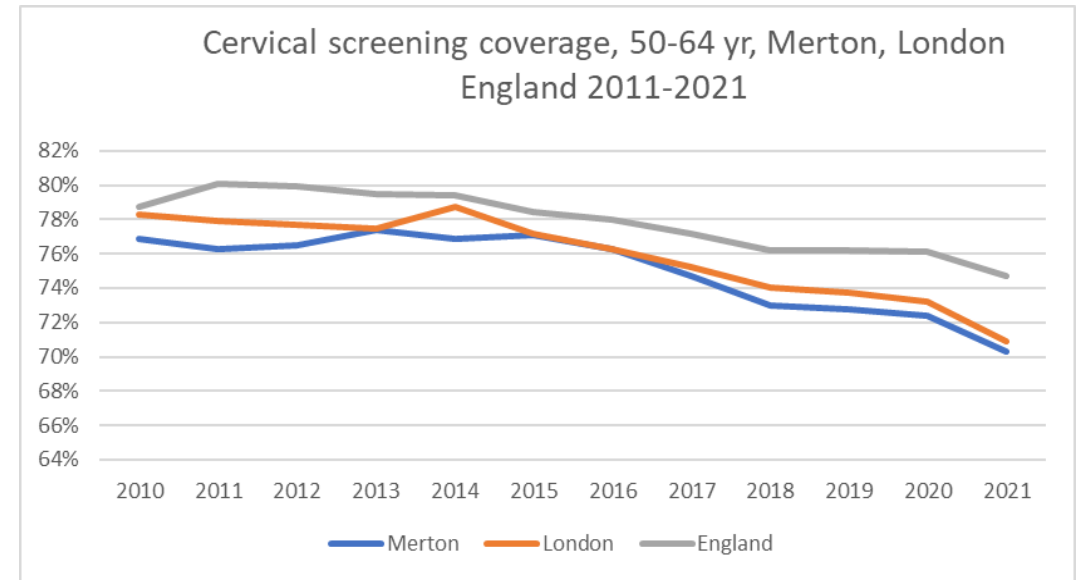
Acceptable std: 80%

Trends in cervical screening coverage, 50-64 yr

C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old) 2021 Proportion - %

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|------------------------|--------------|-----------|-------|--------------|--------------|
| England | ↓ | 3,903,086 | 74.7* | 74.6 | 74.7 |
| London region | ↓ | 559,548 | 70.9* | 70.8 | 71.0 |
| Havering | ↓ | 18,356 | 76.3 | 75.7 | 76.8 |
| Bromley | ↓ | 24,515 | 75.3 | 74.8 | 75.7 |
| Bexley | ↓ | 17,461 | 75.2 | 74.7 | 75.8 |
| Croydon | ↓ | 28,374 | 74.3 | 73.9 | 74.8 |
| Sutton | ↓ | 14,301 | 74.2 | 73.6 | 74.8 |
| Enfield | ↓ | 23,859 | 74.0 | 73.5 | 74.4 |
| Hillingdon | ↓ | 19,584 | 73.9 | 73.4 | 74.4 |
| Waltham Forest | ↓ | 17,713 | 73.6 | 73.0 | 74.1 |
| Lewisham | ↓ | 20,298 | 73.1 | 72.5 | 73.6 |
| Redbridge | ↓ | 18,594 | 72.5 | 72.0 | 73.1 |
| Richmond upon Thames | ↓ | 15,028 | 72.1 | 71.5 | 72.8 |
| Newham | ↓ | 19,038 | 71.9 | 71.3 | 72.4 |
| Hackney | ↓ | 15,605 | 71.6 | 71.0 | 72.2 |
| Haringey | ↓ | 18,645 | 71.4 | 70.9 | 71.9 |
| Greenwich | ↓ | 16,965 | 71.2 | 70.6 | 71.8 |
| Hounslow | ↓ | 18,298 | 71.2 | 70.6 | 71.7 |
| Barking and Dagenham | ↓ | 12,148 | 71.2 | 70.5 | 71.9 |
| Southwark | ↓ | 19,825 | 71.0 | 70.5 | 71.6 |
| Ealing | ↓ | 24,049 | 71.0 | 70.5 | 71.5 |
| Kingston upon Thames | ↓ | 11,054 | 71.0 | 70.3 | 71.7 |
| Lambeth | ↓ | 20,350 | 70.9 | 70.3 | 71.4 |
| Islington | ↓ | 12,935 | 70.7 | 70.0 | 71.4 |
| Brent | ↓ | 22,763 | 70.7 | 70.2 | 71.2 |
| Harrow | ↓ | 16,800 | 70.6 | 70.1 | 71.2 |
| Merton | ↓ | 14,070 | 70.3 | 69.6 | 70.9 |
| Barnet | ↓ | 25,496 | 69.7 | 69.3 | 70.2 |
| Tower Hamlets | ↓ | 11,171 | 69.4 | 68.7 | 70.1 |
| Wandsworth | ↓ | 17,815 | 68.7 | 68.1 | 69.3 |
| City of London | ↔ | 452 | 65.7 | 62.1 | 69.1 |
| Camden | ↓ | 12,414 | 63.9 | 63.2 | 64.6 |
| Hammersmith and Fulham | ↓ | 10,878 | 63.0 | 62.2 | 63.7 |
| Westminster | ↓ | 11,800 | 57.3 | 56.6 | 58.0 |
| Kensington and Chelsea | ↓ | 8,894 | 53.5 | 52.8 | 54.3 |

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Cervical screening coverage in women aged 50-64 years, has been steadily declining across the country since 2010. In 2021, the coverage for women in Merton (70.3%) was similar to the rate for London (71%) but below the national rate (75%). In SWL, only Wandsworth has a lower coverage in this age group (69%)

Source: NHS Digital (Open Exeter) / Office for Health Improvement and Disparities

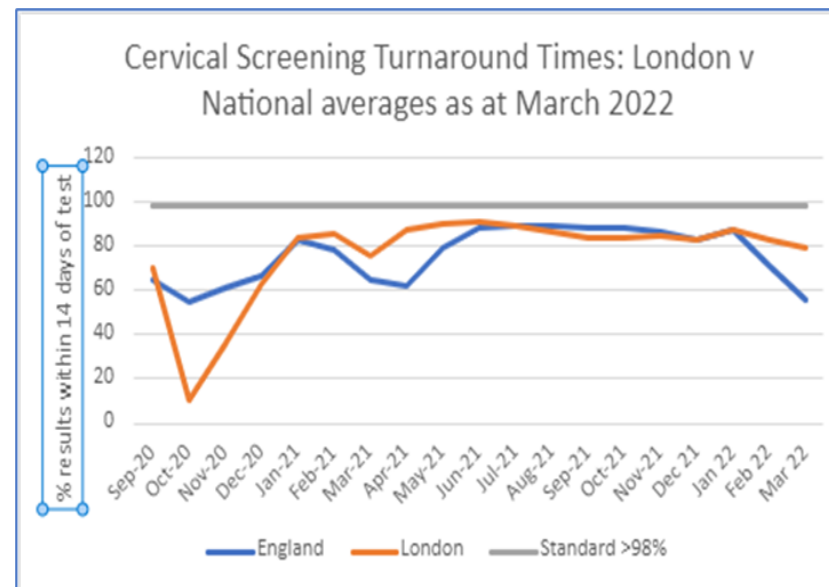
The Cervical Screening Laboratory tests all cervical screening samples across London.

A key performance indicator for the cervical screening programme is that women receive accurate screening results in a timely manner. The national policy is that all women should receive their cervical screening test results within two weeks of the sample being taken. The acceptable standard is that 98% of letters should be delivered within 14 days.

In March 2022, the London turnaround time (TAT) for % of letters delivered within 14 days was 79.3% compared to the England TAT of 56.1% (see graph below). The table below shows CSL data specific to SWL ICS. In March 22, the 14 day TAT for SWL was 90.4% (figure to be validated).

In March 2022, the laboratory built up a backlog of 630 reporting cases due to supply issues (national supply of platform test kits) and increased COVID-related staff sickness amongst screening and reporting staff. Overtime has been reintroduced and the backlog has been reduced to 360. Due to Easter Bank Holidays, HPV+ve samples are being reported in 3 weeks; HPV-ve samples reported within 7 days. The laboratory aims to clear the backlog of cases for reporting by end of June 2022

| | Jan 22 | Feb 22 | March 22 |
|---|--------|--------|----------|
| Activity Received | 9708 | 11243 | 12631 |
| Authorised | 8946 | 10700 | 12414 |
| TAT's 12 day (taken to authorise) | 89.5% | 80.7% | 90.4% |
| Number of direct referrals to Colp | 7.3% | 7.1% | 3.6% |
| HPV positivity rate | 10.7% | 13% | 12.7% |



Cervical Screening – Histology Performance

Histology

A key performance indicator for the cervical screening programme is that 80% of specimens should be reported within 7 days of the cervical sample having been taken; 90% within 10 days.

The laboratory at Epsom St Helier (which services the Merton population) is meeting national standards

| Measure | Reporting timeframe 2021/22 | | | |
|------------------------|-----------------------------|--------|----------|---------------|
| | | Epsom | Kingston | SWLP* |
| Workload | Q3 | 2,915 | 1,554 | Not submitted |
| | Q2 | 2,817 | 1,482 | 1,265 |
| 7 day turnaround time | Q3 | 85% | 65% | Not submitted |
| | Q2 | 81.10% | 66.30% | 83% |
| 10 day turnaround time | Q3 | 94% | 85% | Not submitted |
| | Q2 | 92.40% | 85.70% | 91% |

SWLP- South West London Pathology (Partnership between St George’s University Hospitals NHS Foundation Trust, Croydon Health Services NHS Trust and Kingston Hospital NHS Foundation Trust)

Source: NHSEI Screening – Quarterly Histology Report

Cervical Screening – Colposcopy Performance

Despite an increase in colposcopy referrals due to HPV Primary Screening and an increase in samples taken as part of the NHSCSP, The colposcopy service at St Helier (which serves the Merton population) is achieving waiting times standards for all screening referrals.

Between April and December 2019 and December 2021, low grade referrals increased by 98% from 447 to 884, while referrals for high grade abnormalities increased by 149% from 104 to 259 over the 9 month period

| Measure | Standard | Reporting timeframe | Kingston | Croydon | St George's | St Helier |
|--|-----------------|---------------------|----------|---------|-------------|-----------|
| Women offered appointment within 6 weeks of referral | Acceptable ≥99% | Q3 2021/22 | 33.6 | 58.6 | 83.5 | 91.9 |
| | | Q2 2021/22 | 43.3 | 87.5 | 93.4 | 92.6 |
| | | Q1 2021/22 | 44.7 | 93.4 | 95.4 | 90.9 |
| | | Q4 2020/21 | 45.1 | 93.8 | 85.2 | 97.0 |
| Women offered appointment within 6 weeks of referral of low grade referral | Acceptable ≥99% | Q3 2021/22 | 6.1 | 49.4 | 87.7 | 100.0 |
| | | Q2 2021/22 | 14.8 | 89.3 | 100.0 | 100.0 |
| | | Q1 2021/22 | 23.7 | 100.0 | 99.7 | 93.7 |
| | | Q4 2020/21 | 24.5 | 99.7 | 95.3 | 99.3 |
| Offered appointment within 2 weeks of invasive referral | Acceptable ≥93% | Q3 2021/22 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q2 2021/22 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q1 2021/22 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q4 2020/21 | 100.0 | 100.0 | 100.0 | 100.0 |
| Offered appointment within 2 weeks of severe or worse referral | Acceptable ≥93% | Q3 2021/22 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q2 2021/22 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q1 2021/22 | 98.0 | 100.0 | 97.0 | 100.0 |
| | | Q4 2020/21 | 100.0 | 100.0 | 100.0 | 100.0 |
| Offered appointment within 2 weeks of moderate referral | Acceptable ≥93% | Q3 2021/22 | 97.4 | 100.0 | 100.0 | 100.0 |
| | | Q2 2021/22 | 97.9 | 100.0 | 98.8 | 100.0 |
| | | Q1 2021/22 | 98.6 | 100.0 | 100.0 | 100.0 |
| | | Q4 2020/21 | 100.0 | 100.0 | 100.0 | 94.5 |

| | |
|--|-------------|
| | Meeting std |
| | Below std |

Cervical Screening – FDS Performance

Standard: 75% of patients to be informed whether or not they have cancer within 28 days.

St Helier achieved the FDS target in Q3 of 2021/22

There is a discrepancy between national FDS data and locally reported data which is currently being investigated.

| SWL | | Croydon | St George's | St Helier | Kingston |
|--|---------------------|---------------|---------------------|---------------|---------------------|
| Measure | Reporting timeframe | Achievement % | Achievement % | Achievement % | Achievement % |
| FDS Target: Patients informed if cancer is either ruled out or confirmed within 28 days | Q3 2021/22 | 92% | 85.00% | 89.00% | 100.00% |
| | Q2 2021/22 | 96% | 94.80% | 70.20% | 93.40% |
| | Q1 2021/22 | 98.70% | 100% | 46.00% | Not provided |
| | Q4 2020/20 | 34% | Not provided | 73% | 96% |

Reducing inequalities and improving cervical screening coverage

- GP-endorsed text messages sent to all women after the invitation and reminder letters
- Cervical screening social marketing campaign (February to April 2022)- multi-channel including social media, out of home marketing, community radio and community engagement in low coverage boroughs. The evaluation is underway
- Commissioned cervical screening specialist service for victims of sexual violence including FGM (pan-London service) <https://mybodybackproject.com/>
- Funding Primary Care Network Pilot initiatives to assess the feasibility of interventions to tackle barriers to engagement for targeted communities which include:
 - People with learning disabilities
 - People from the Orthodox Jewish community
 - People from Romanian and Bengali communities
 - People who have never attended for a cervical screen
 - People who are at least 6 months overdue a screen

[Cervical Screening Pilot Improvement Projects - Healthy London Partnership](#)

RMP Cancer Alliance is delivering the following interventions across SWL and Merton:

- Produced awareness and promotional videos for all 6 boroughs in SWL encouraging attendance to cervical screening clinics
- Training for non clinical staff on cervical screening call/recall
- "Cervical Screening in Trans Men and Non-binary People with a Cervix - written document and cascaded to Primary Care teams Guidance for Primary Care "
- Extended Hours Screening delivered by PCNs and GP Federations
- Training of sample takers and assessors/mentors
- Training for primary care clinical staff in screening and inequalities modules.
- Commission No Barriers Cervical screening clinic for trans men and non-binary people– this service is open to all <https://rmpartners.nhs.uk/no-barriers-cervical-screening-for-trans-and-non-binary-people/>

- Planned training on LGBTQ+ for primary care

Bowel Cancer Screening Programme

NHS England and NHS Improvement



Bowel Cancer Screening

Background

Bowel cancer screening is offered every two years to people aged 56 to 74 years old in London. A faeco-immunochemical test (FIT) kit is sent to the individual's home address. Once completed, the test is returned by post to the NHS London Bowel Screening Hub in a pre-paid envelop.

How bowel screening works

The faecal immunochemical test detects microscopic levels of blood in faeces. We look for blood because polyps and bowel cancers sometimes bleed. Finding blood does not diagnose bowel cancer but it means that further tests may be needed. (usually a bowel examination/colonoscopy).

Bowel Screening Providers in SWL (Merton Population)

- The London Bowel Cancer Screening Hub, hosted by London North West University NHS Trust, sends screening kits, invitation and results letters and processes/tests returned kits.
- South West London Bowel Screening Centre, hosted by St Georges Hospital NHS Trust provides:
 - Specialist screening practitioner (SSP) assessment for people with a positive screen result
 - Colonoscopy and treatment
 - Health promotion

Bowel cancer screening –uptake and coverage



In 2019, the NHS Bowel Screening Programme replaced the faecal occult blood test (FOBT) kit with the faecal immunochemical test (FIT) kit. FIT has a higher acceptability than FOBT and its introduction has resulted in an a 7% increase in uptake across London with the largest increases among groups with low participation rates, such as men, people from ethnic minority backgrounds, and people in more deprived areas.

Improving Uptake and reducing inequalities

NHSEI London, the London Hub and RMP Cancer Alliance have implemented a variety of interventions to improve uptake:

- Phone calls to first time invitees to encourage attendance and address barriers to screening, particularly targeting ethnic minority non-English speakers(RMP & Community Links)
- Multi-lingual phone call reminders to people who have not returned their bowel screening kit (to be relaunched in 2022/23)
- SMS reminders sent to non-responders (NHSEI, London Hub, UCL Centre for Behavioural Science)
- Multi-channel social marketing campaign planned for late summer 2022 to include social media, radio, out of home advertising and community engagement in lowest-uptake boroughs

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Georges/SWL Bowel Screening Centre Health Promotion Team is responsible for primary care engagement and support, targeted health promotion in low uptake communities/areas and regular equity audits and has delivered the following:

- Health Equity Audit (HEA) to inform Trust Health Promotion Work Plan and to prioritize activities for improving uptake in the 'Hardly Reach' groups. The Health Promotion Work Plan is delivered in collaboration with key Trust Partners with joint actions and deliverables to improve uptake
- PCN & GP Engagement - currently working closely with the Cancer Lead to provide tailored support to PCNs and Practices. Includes providing real-time data for Bowel screening uptake and support to increase screening uptake and raising awareness. Includes training of practice staff members on following up non-responders
- Development of Merton-specific Bowel Screening Script pack for general practice- containing key guidance and resources to support practices improve uptake, including use practice social media platforms to promote bowel screening
- In Practice Community Awareness Events- drop-in sessions provided by Health Improvement Specialist in various practices where members of the public can come and discuss bowel screening
- Working closely with Dr Zaitun, Cancer Screening Lead for SWL CCG to deliver targeted screening for the following groups across SWL CCG: A) 70 – 74 year olds, B) Patients with Learning disabilities, C) Patients with serious mental illness, D) Patients from BME Communities
- Stakeholder Engagement – including working with RMP Cancer Alliance, the cancer clinical leads, Macmillan GP, charities including such as Cancer Research UK, Macmillan and Bowel Cancer UK and Community Links
- Community Engagement - Working with local communities to raise awareness of screening in the area and establish champions within the community and delivering awareness sessions for local charities Age UK, Mencap, ARCC, BME Forum etc.
- Bowel screening training for SWL CCG volunteer Health coaches and supporting development of community cancer champions
- Care Home Engagement- training of staff and residents on bowel screening and use of the FIT kit

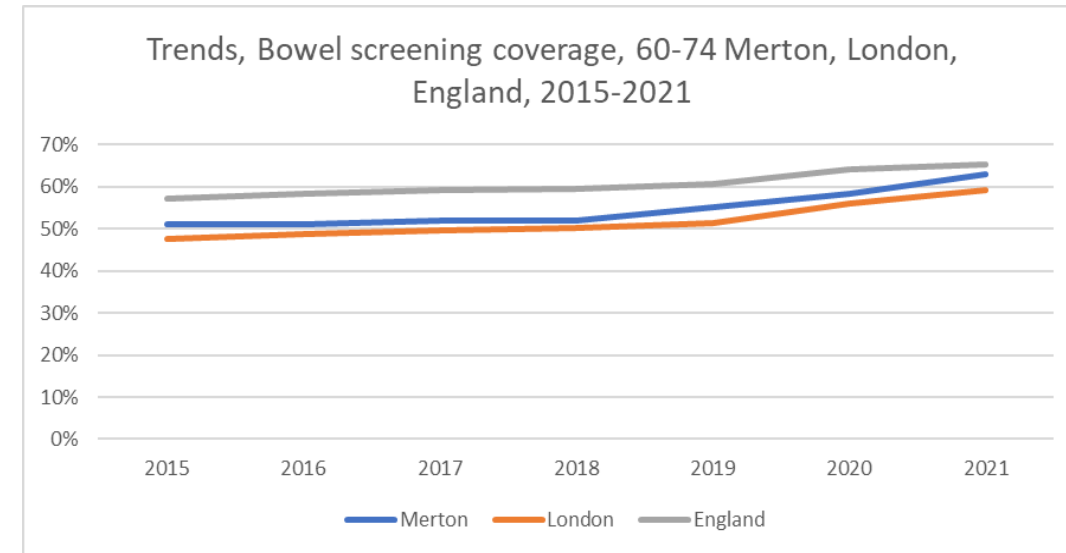
Trends in bowel screening coverage, 60-74 yr

C24d - Cancer screening coverage - bowel cancer 2021

Proportion - %

| Area | Recent Trend | Count | Value | 95% Lower Ci | 95% Upper Ci |
|------------------------|--------------|-----------|-------|--------------|--------------|
| England | ↑ | 5,933,716 | 65.2* | 65.1 | 65.2 |
| London region | ↑ | 636,957 | 59.3* | 59.2 | 59.4 |
| Sutton | ↑ | 19,474 | 67.8 | 67.3 | 68.4 |
| Bromley | ↑ | 33,969 | 67.6 | 67.2 | 68.0 |
| Havering | ↑ | 26,641 | 66.5 | 66.0 | 66.9 |
| Kingston upon Thames | ↑ | 15,460 | 66.2 | 65.6 | 66.8 |
| Richmond upon Thames | ↑ | 19,736 | 66.0 | 65.5 | 66.6 |
| Bexley | ↑ | 23,370 | 65.1 | 64.6 | 65.5 |
| City of London | ↑ | 749 | 63.7 | 60.9 | 66.4 |
| Merton | ↑ | 17,461 | 62.9 | 62.3 | 63.4 |
| Croydon | ↑ | 33,545 | 62.7 | 62.3 | 63.1 |
| Harrow | ↑ | 23,163 | 61.4 | 60.9 | 61.9 |
| Hillingdon | ↑ | 24,260 | 61.0 | 60.5 | 61.5 |
| Enfield | ↑ | 26,643 | 60.4 | 59.9 | 60.8 |
| Wandsworth | ↑ | 19,955 | 60.1 | 59.5 | 60.6 |
| Hounslow | ↑ | 21,411 | 59.4 | 58.9 | 59.9 |
| Barnet | ↑ | 31,336 | 59.3 | 58.9 | 59.7 |
| Redbridge | ↑ | 22,252 | 59.0 | 58.5 | 59.5 |
| Waltham Forest | ↑ | 18,056 | 59.0 | 58.4 | 59.5 |
| Ealing | ↑ | 27,601 | 58.7 | 58.3 | 59.2 |
| Greenwich | ↑ | 18,551 | 58.4 | 57.8 | 58.9 |
| Southwark | ↑ | 18,244 | 56.9 | 56.4 | 57.5 |
| Haringey | ↑ | 17,622 | 56.3 | 55.8 | 56.9 |
| Lewisham | ↑ | 18,250 | 56.2 | 55.7 | 56.7 |
| Islington | ↑ | 12,809 | 55.8 | 55.2 | 56.5 |
| Lambeth | ↑ | 18,821 | 55.7 | 55.2 | 56.3 |
| Brent | ↑ | 24,093 | 55.7 | 55.2 | 56.2 |
| Hackney | ↑ | 14,094 | 55.2 | 54.6 | 55.8 |
| Newham | ↑ | 17,507 | 55.2 | 54.6 | 55.7 |
| Barking and Dagenham | ↑ | 11,440 | 54.3 | 53.6 | 54.9 |
| Camden | ↑ | 14,108 | 54.0 | 53.4 | 54.7 |
| Tower Hamlets | ↑ | 11,139 | 53.7 | 53.0 | 54.4 |
| Hammersmith and Fulham | ↑ | 11,057 | 52.3 | 51.6 | 53.0 |
| Westminster | ↑ | 13,462 | 47.8 | 47.3 | 48.4 |
| Kensington and Chelsea | ↑ | 10,678 | 47.4 | 46.8 | 48.1 |

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Bowel screening coverage has been increasing steadily across the country. The most significant increase is evident from 2019 due to the introduction of FIT kit (see previous slide). In 2021, the coverage in Merton was 63%, which was higher than London (59%) but lower than England (65%).

Acceptable std: 52%
Achievable std: 60%

Definitions

Uptake: The proportion of men and women aged 60 to 74 invited to participate in bowel cancer screening who adequately participate.
Coverage: The proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months.

Bowel screening KPI's- April 2022

Bowel cancer screening performance at St Georges meets or exceeds national minimum standards.

All bowel screening services in London cleared the patient backlogs resulting from COVID in September 2021

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| | Monthly | Monthly | Monthly | Monthly | Monthly |
|---------------------------------|------------------|--------------|---------------|--------------------------------------|--|
| | Invitations Sent | Kits Sent | Kits Returned | Reaching SSP waiting time target (%) | Reaching diagnostic test waiting time target (%) |
| Barking, Havering And Redbridge | 3,901 | 4,489 | 2,969 | 100% | 94% |
| Kings | 2,924 | 3,451 | 2,010 | 100% | 100% |
| North East London | 5,221 | 6,149 | 3,359 | 100% | 98% |
| South East London | 6,352 | 7,230 | 4,892 | 100% | 99% |
| St Georges | 7,696 | 8,867 | 6,094 | 100% | 100% |
| St Marks | 5,369 | 6,223 | 3,846 | 100% | 97% |
| University College London | 7,604 | 8,762 | 5,416 | 100% | 98% |
| West London | 6,252 | 7,301 | 4,262 | 100% | 97% |

Bowel Screening KPIs, April 2022 (Source:OBIEE/NHS Future)

Age extension

- In April 2021, NHS England and NHS Improvement (NHSE/I) commenced a four-year plan to expand the eligibility of the NHS Bowel Screening Programme to 50-59-year olds. This age extension will meet a key commitment of the NHS Long Term Plan to modernise the programme and ensure alignment with the government commitments to improve earlier diagnosis of cancer.
- Last year (2021/22) was Year 1 of the expansion of the programme in which 56-year olds were invited for bowel cancer screening. In May 2022, London started inviting 58-year olds. The age extension to the remaining age groups will be gradually rolled out across the country in a phased approach over the next three years:
 - Year 1 (2021/22) 56-year olds
 - Year 2 (2022/23) 58-year olds
 - Year 3 (2023/24) 54-year olds
 - Year 4 (2024/25) 52 & 50-year olds

| | Year 1 | Year 2 | Year 3 | Year 4 |
|-------|---------|---------|---------|---------|
| Age | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| 60-74 | Invite | Invite | Invite | Invite |
| 58 | | Invite | Invite | Invite |
| 56 | Invite | Invite | Invite | Invite |
| 54 | | | Invite | Invite |
| 52 | | | | Invite |
| 50 | | | | Invite |

- *Development and Testing of Novel Behavioural Science Informed Reminder SMS Content and Video Intervention in Breast Cancer Screening* **Lead Investigator Dr Gaby Judah Lecturer in Behavioural Science Imperial College**

Aim This study will test the impact on screening uptake in London, of SMS reminders informed by behavioural science, and the impact of including a video (incorporating multiple Behavioural Change Techniques) within the intervention SMS. We will also investigate the optimal timing of the messages.

- *Exploring the effectiveness and cost-effectiveness of text-message reminders and telephone patient navigation to improve the uptake of faecal immunochemical test screening among non-responders in London* **Lead Investigator Dr Rob Kerrison Lecturer Surrey University/University College London**

Objectives The objectives of this study are to: 1) test the effectiveness of text-message reminders to improve participation among bowel cancer screening non-responders and, 2) test whether a combination of text-message reminders and PN is more effective and cost-effective than using text-message reminders alone.

- *Generate evidence about whether and how cancer screening programmes can be used to enhance uptake of screening for other cancers* **Lead investigator Christian von Wagner Reader in Behavioural Science and Health UCL**

Evidence from health records in England and Scotland suggests that only around 35% of women who are eligible for all three cancer screening programmes attend for all three. In London, where screening uptake is lower than the national average, it is likely that large numbers of women take part in just one or two programmes, providing potential opportunities to increase screening uptake via cross-programme promotion activities.

To inform potential cross-programme interventions, the study will explore: 1) the differential barriers to screening for different programmes; 2) acceptability of screening in one context being used as a 'teachable moment' to discuss other types of screening; and 3) stakeholder views on the feasibility and acceptability of cross-programme promotion activities.