Committee: **Healthier Communities and Older People Overview and Scrutiny Panel**

Date: **17th March 2015**

Agenda item:

Wards: ALL

Subject: **Update on the Delivery of NHS England Cancer Screening Programmes in Merton**

Lead officer: **Dr Josephine Ruwende, Consultant in Public Health –Cancer Screening Lead**

Lead member: **Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel.**

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Recommendations:

A. The Panel are asked to note and comment on the cancer screening programmes in Merton.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides Committee members with an update on the delivery of the three NHS England (NHS E) 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 actions being taken to improve performance and updates 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:

- Like most London boroughs, Merton does not meet national coverage and uptake targets
- Coverage and uptake of all three cancer screening programmes in Merton increased in the twelve months to June 2014.
- NHS England is working with providers to improve uptake[1] and coverage[2]
- Local authorities, CCGs and voluntary organisations have a key role in improving uptake
- Screening provider performance is generally good or improving

2 DETAILS

2. INTRODUCTION

Under the Health and Social Care Act (2006 as amended) responsibility for screening programmes transferred from PCTs to a number of different organisations. Although NHS E has a clear responsibility and accountability for the delivery of the three cancer screening programmes, other partners such as PHE and Local Authorities have a role to play in supporting NHS E in this area. Within Local Authorities, Directors of Public Health (DPHs) also have a specific role in regards assurance. The Director of Public Health (DPH) is required to 'provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements' (Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 made under section 6c (1) of the National Health Service Act 2006). In order to undertake this duty, the DPH needs to be assured that there are adequate screening plans in place in their Borough. This report forms part of this assurance process.

Set out below are a brief description of the roles and responsibilities of organisations in improving coverage and uptake of screening across London since April 1st 2013:

[1] Uptake is a measure of the proportion of invitees who complete the screening test within a particular timeframe

[2] 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 (e.g. two, three years or five years).

2.1 NHS England (NHSE)

- Commissioning of all national screening programmes described in Section 7A of the NHS Mandate
- Commissioning screening services from primary care and secondary care providers (e.g. St George's Foundation Trust) to specified national standards
- Monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required
- Accountable for ensuring those local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels as specified in Public Health Outcomes Framework and Key Performance Indicators (KPIs)
- Work with Department of Health (DoH) and Public Health England in national planning and implementation of screening programmes and in quality assurance

2.2 Public Health England (PHE)

- Provide expert advice to NHS England in cases of screening incidents. They provide access to national expertise on screening queries.
- Provide information to support the monitoring of screening programmes

2.3 Clinical Commissioning Groups (CCGs)

- Have a duty of quality improvement (including screening services delivered in GP practices)
- Commission cancer diagnosis and treatment services

2.4 Local Authorities

- Provide information and advice to relevant bodies within its area to protect the population's health (whilst not explicitly stated in the regulations, this can reasonably be assumed to include screening)
- Provide local intelligence information on population health requirements e.g. Joint Strategic Needs Assessment

- Provide independent scrutiny and challenge of the arrangements of NHSE, PHE and providers.

2.5 Commissioning Support Units (CSUs)

- Although not statutory, CSUs have a role to play in supporting CCG member practices in enabling them to carry out their screening work, e.g. IT support to help with call/recall

2.6 General Practitioners (GPs)

- General practices are contracted by NHSE to deliver cervical screening sample taking.
- Practices are asked to actively support the delivery of screening programmes e.g. by discussing this with patients, signposting patients to information on screening programmes etc.

3 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;

- Cervical cancer screening
- Breast cancer screening
- Bowel 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.

4 CURRENT CANCER SCREENING PROGRAMMES

4.1 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 provides free breast screening every three years for all women aged 50 and over. Because the programme is a rolling one which invites women from GP practices in turn, not every woman receives an invitation as soon as she turns 50. But she will receive her first invitation before her 53rd birthday. Once women reach, 70, which is the upper age limit for routine invitations for breast screening, they are encouraged to make their own appointments. For women living in Merton, the St Georges service began phasing in an extension of the age range of women eligible for breast screening to those aged 47 to 73 in January 2015. The service is now using digital instead of analogue mammography, which supports screening for women under 50.

4.2 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 73. People over 73 can request a screening kit by calling the freephone helpline 0800 707 6060.

4.3 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.

Between 2008 and 2009, incidence rates increased by more than 20 per cent in women aged 25 to 34 (22 per cent for women aged 25-29 and 21 per cent for those aged 30-34).

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 64 are eligible for a free cervical screening test every three to five years. 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**
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 when they attend their GP or family planning clinic on another matter. Women should receive their first invitation for routine screening at 25.

4.4 Major Cancer Screening Providers serving Merton

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 Merton are:

- St Georges Healthcare NHS Trust (SGH)
    - Bowel cancer screening –
        - Specialist screening practitioner (SSP) assessment for people with a positive screen result
        - colonoscopy and treatment
        - Bowel scope screening
    - Breast cancer screening, assessment and treatment
    - Cervical screening
        - cytology (laboratory) processing of cervical screening samples
        - colposcopy (sub-speciality of gynaecology) for assessment and treatment
- London North West Healthcare Trust
    - Bowel Cancer Screening Hub sends all screening kits, invitation and results letters across London and processes the kits

- HPV testing hub laboratory- Cervical screening samples requiring testing for human papilloma virus from South London and North West London boroughs are tested at the laboratory at Northwick park

- St Helier provides colposcopy for a small proportion of women in Merton

5. COVERAGE and UPTAKE

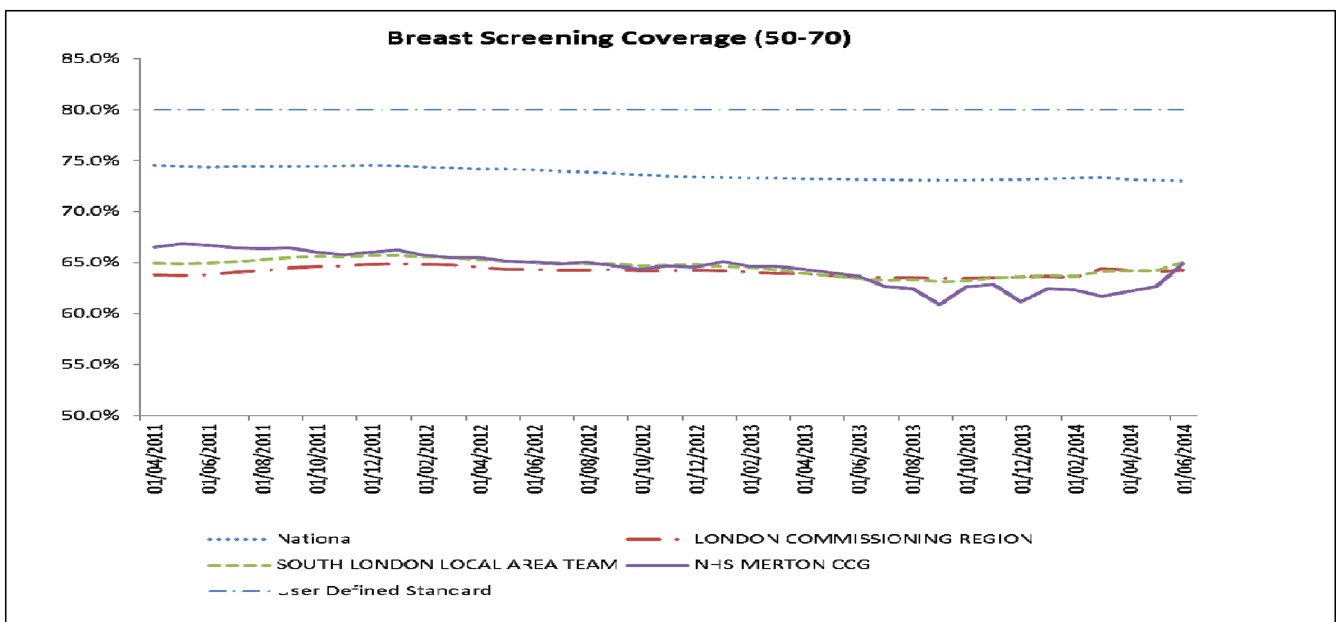
Coverage is defined as the percentage of the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the appropriate screening timescale (e.g. two, three years or five years).

5.1 Breast screening coverage (50-70 years)

The target for breast screening coverage is 70%. Borough coverage rates vary across London; from 48.3% in Islington to 74% in Bromley (June 2014).

Between July 2013 and June 2014, breast screening coverage in Merton increased by 2%; from 62.7% to 64.9%. (Figure 1) This is similar to the London average of 64.3% (June 2014).

Figure 1: Breast screening coverage, Merton, 50-70, April 2011-June 2014

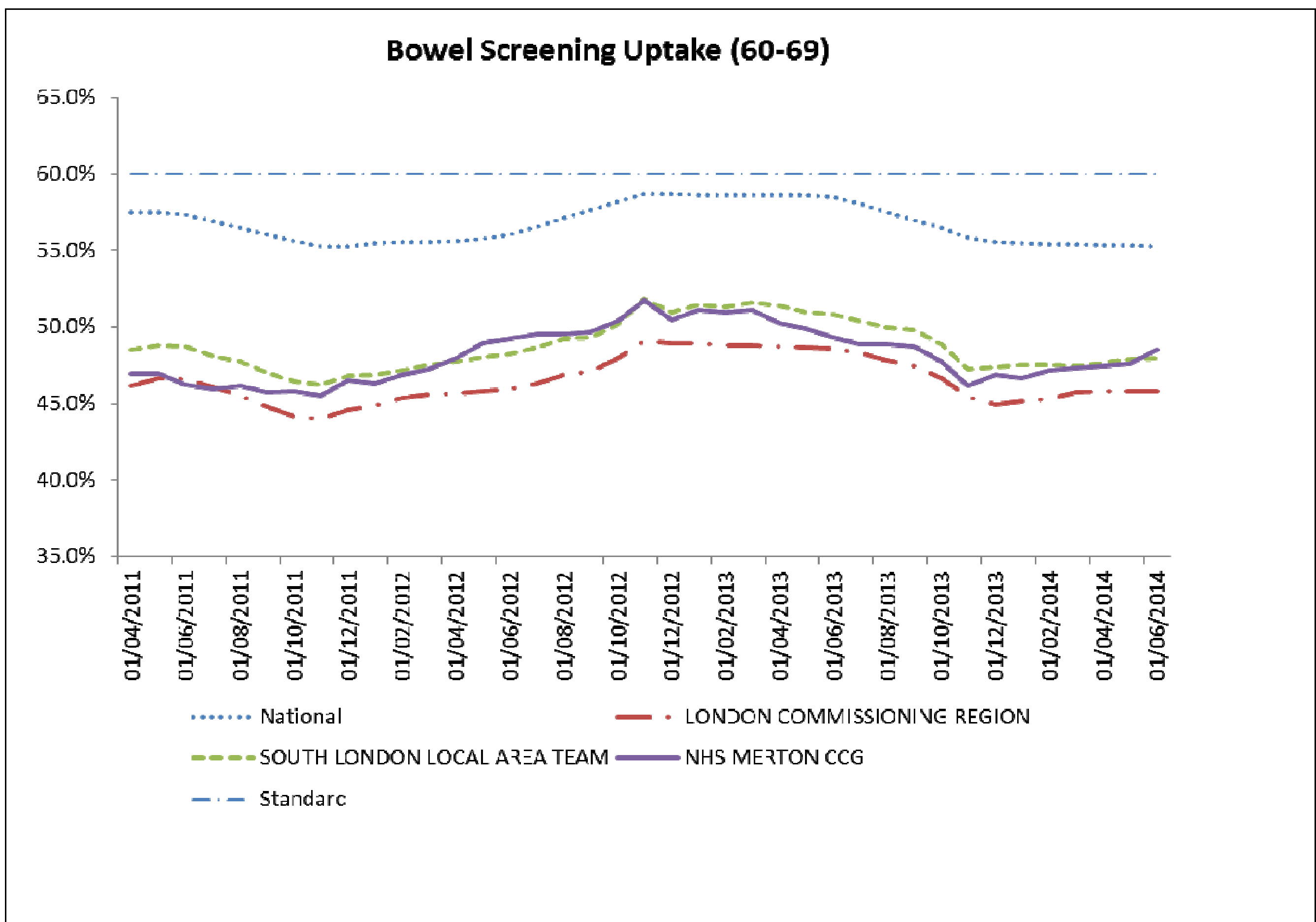


5.2 Bowel Screening Uptake (60-69 year olds)

The target for bowel screening uptake is 60%. Borough uptake rates vary across London; from 33% in Hammersmith and Fulham to 52% in Bromley (September 2014).

Between October 2013 and September 2014, bowel screening uptake in Merton increased by 5%; from 39.6% to 44.7 %.(Figure 2) This is similar to the London average of 44.6% (September 2014).

Figure 2: Bowel screening uptake, Merton, 60-69, April 2011-June 2014



5.3 Cervical Screening Coverage (25-64 years)

The target for cervical screening coverage is 80%. Borough coverage rates vary across London; from 59.5% in Westminster to 78% in Bromley and Bexley (June 2014).

Between July 2013 and June 2014, cervical screening coverage in Merton increased by 6%; from 67.2% to 73%. (Figure 3) This is higher than the London average of 70.5% (June 2014). Cervical cancer screening coverage has been increasing across London, which is in contrast to the declines seen in the rest of England.

Figure 3: Cervical screening coverage, Merton, 25-64, April 2011-June 2014

5.4 Variation in coverage by practice

Practice coverage and uptake varies significantly in Merton (Figures 4a-c):

- Breast 53% to 72%
- Bowel 35% to 60%
- Cervical 65% to 80%

There are a variety of reasons for this including list inflation, ethnic diversity and deprivation of the practice population. Practices with higher coverage also tend to employ a variety of mechanisms to proactively support women attend screening including reminder phone calls or letters and flags on the record of non-attendees.

Figure 4a: Cervical screening coverage, Merton practices July 2014 (provisional data)

Figure 4b: Breast Screening coverage, Merton practices July 2014 (provisional data)

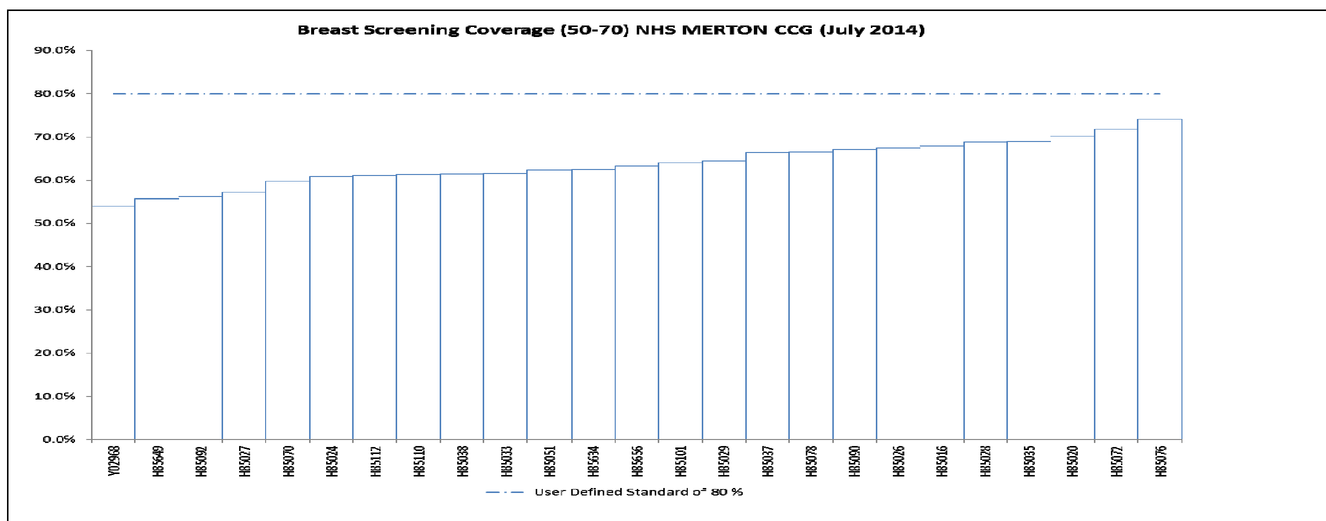
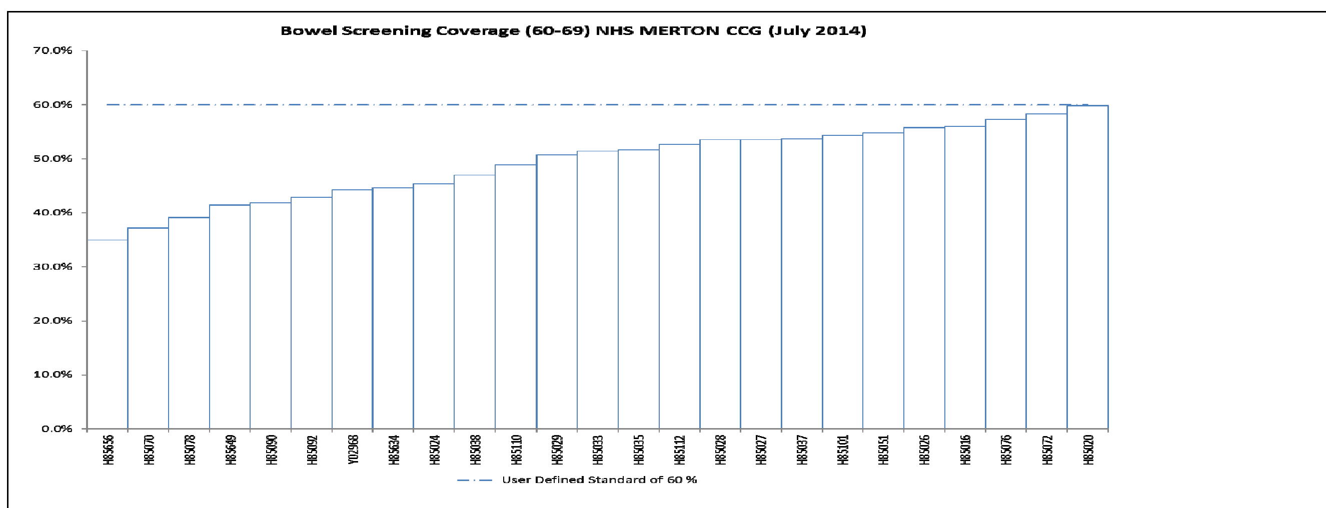


Figure 4c: Bowel Screening uptake, Merton practices July 2014 (provisional data)



5.6 Factors affecting uptake

Uptake is measure of individual behavior, i.e. an individual's response to an invitation to screening. There are varieties of factors that affect whether an individual responds to his/her invitation. These include:

- Social and demographic factors-age, ethnicity and deprivation, population turnover
- Individual factors- fear, embarrassment, previous attendance/non- attendance, poor awareness or knowledge of screening

- Organizational factors – inaccessible services, incorrect patient contact details, lost mail, quality of the service

The most significant factors affecting uptake in Merton are summarized below.

5.6.1 Deprivation

In Merton, breast and bowel cancer screening uptake rates are lower in practices serving deprived communities (data not shown). This inverse relationship between socio-economic status and uptake is more evident when reviewed across the whole of London (Table 1, Figure 5 & 6). A weaker association is seen with cervical screening coverage across London.

Figure 5: Breast screening coverage and deprivation, London, 50-70 years, 2006-2009

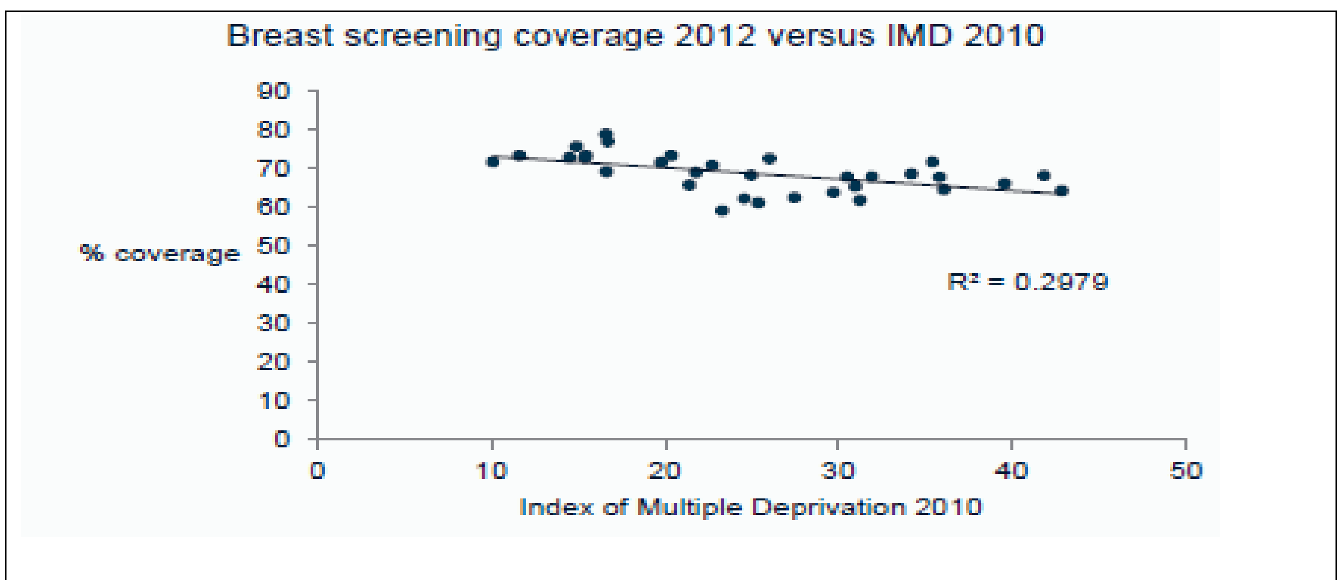
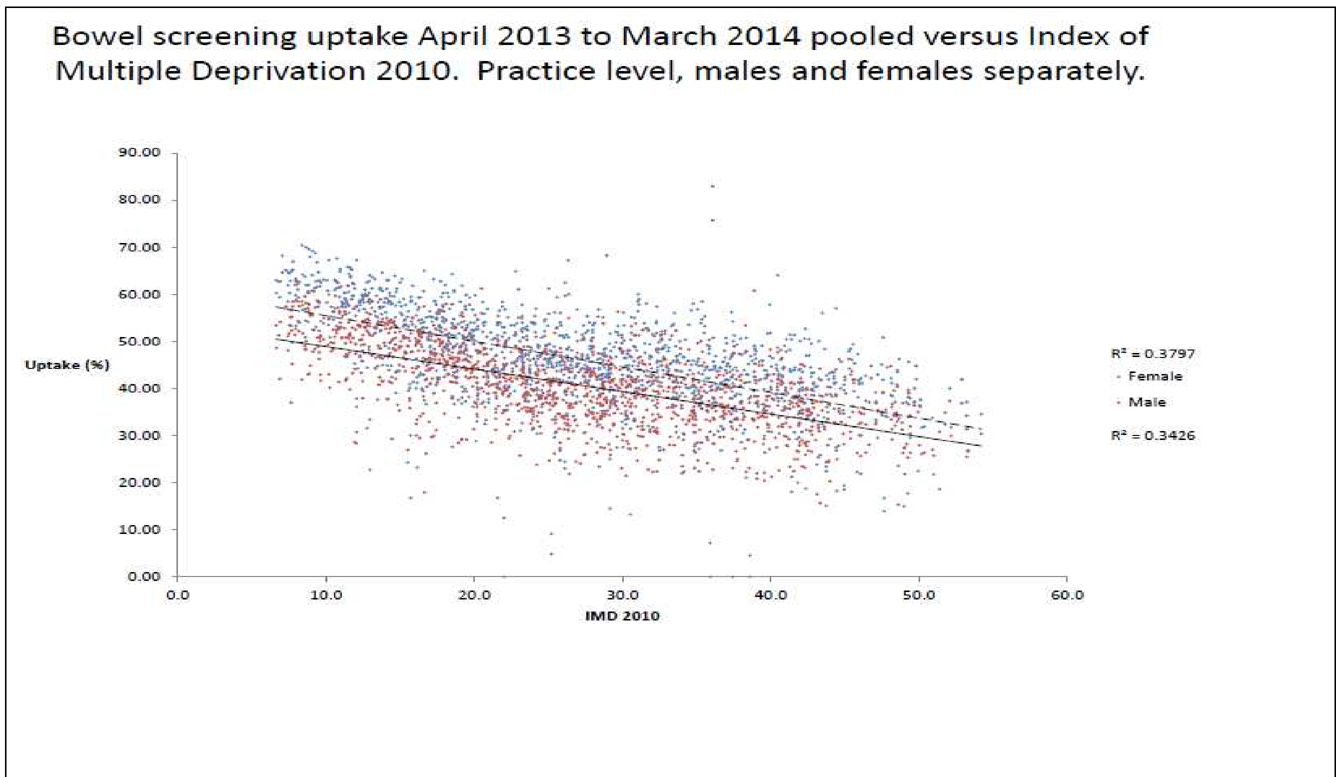


Figure 6: Bowel screening uptake and deprivation, London



5.6.2 Type of invitation and previous attendance

Uptake of screening is lower in individuals who are invited for screening for the first time individuals compared with those who have attended previously. Individuals who have been invited in the past but have never attended are very unlikely to attend. The longer it is since an individual last attended for screening, the less likely it is that he/she will attend. (Table 2 & 3)

Table 2: Uptake by previous attendance/invitation, South West London, 2012/13

Type	SWLBSS
1st Invite	60%
Routine to Prev Attender within 5 years	82%
Routine to Previous Non Attender	17%
Routine to Previous Attenders more than 5 Years	39%
All	69%

Source: SWL Breast Screening Service

A similar picture is seen in bowel screening in relation to likelihood of participation in the programme, based on first vs subsequent invitation and previous participation in the programme, as is seen in breast screening. People who participate once are likely to participate again. (Table 3)

Table 3: London Bowel cancer screening uptake vs. screening history, 2011-2013

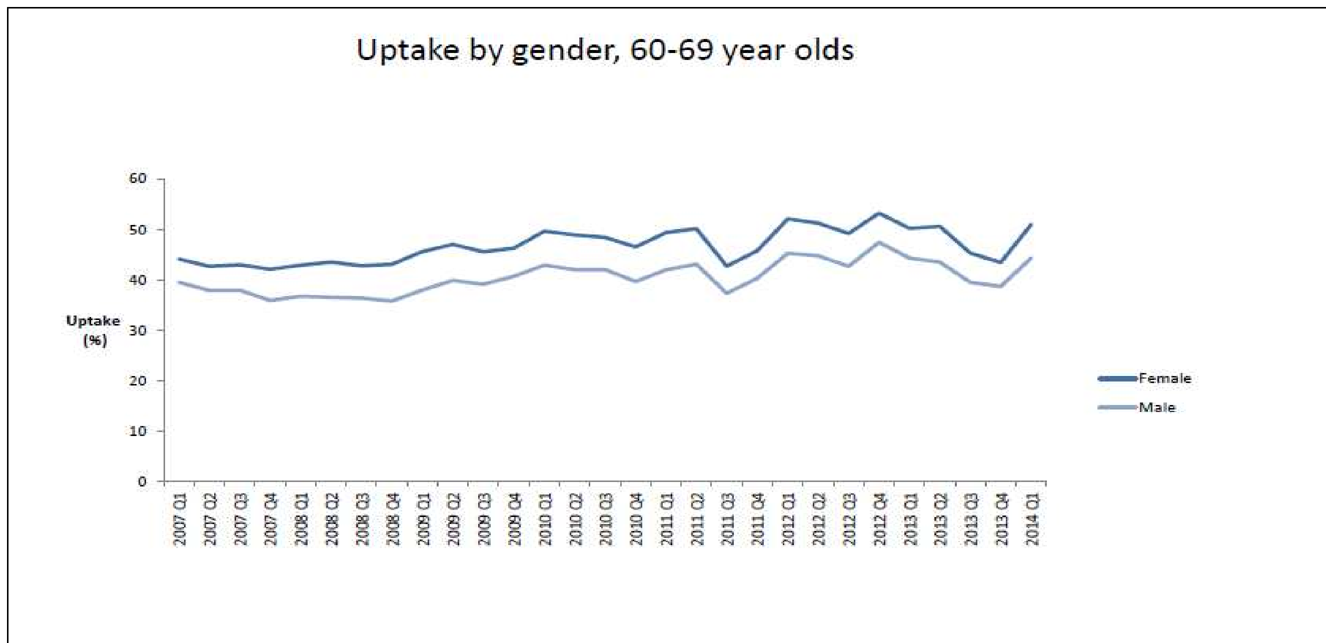
Uptake vs. screening history

	2011	2012	2013
Total no of Invites	374,313	415,006	416,240
Uptake	43.92%	48.17%	44.67%
Prevalent Round (ALL) (ie never have completed a test kit) This will include all 60 year olds and those non-responders from previous rounds and those from PCTs that had a late start date			
Uptake	28.54%	24.82%	21.71%
Prevalent Round 1 (first time they are sent an invitation) includes 60 years			
Uptake	45.23%	42.43%	40.46%
Prevalent Round 2 (those who failed to respond to their first invitation)			
Uptake	17.71%	18.08%	15.98%
Prevalent Round 3 (those who failed to respond to 2 previous invitations)			
Uptake	12.54%	11.97%	10.08%
Incident Round 1 (those who have completed a screening episode and have been invited for a second time)			
Uptake	82.34%	83.41%	81.29%
Incident Round 2 (those who have completed a screening episode in either round 1 or 2 and have been invited for a third time)			
Uptake	82.76%	82.77%	78.72%

5.6.3 Sex

Uptake of bowel cancer screening is lower in men than in women. (Figure 7)

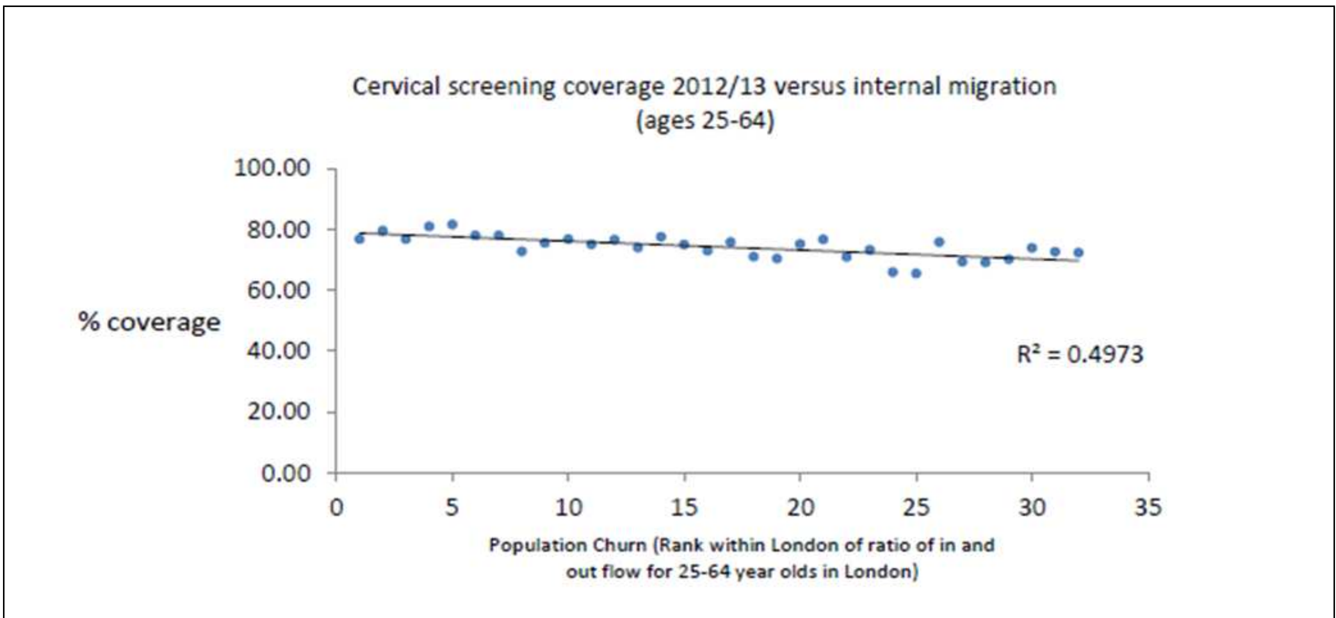
Figure 7: London Bowel screening uptake, sex and age, 2007-2014



5.6.4 Population turnover

Population turnover is associated with low uptake. This affects the completeness and accuracy of GP lists which are used to identify and invite people eligible for screening. While in most cases, practices endeavour to maintain their registered lists in a current and accurate state, patients often fail to notify their registered practice when leaving the area and/or country resulting in potential duplicate registrations, ghost and 'gone away' patients remaining registered on the national patient registration systems (National Health Application and Infrastructure Service, NHAIS Exeter systems). New residents to the borough may also delay registering with a GP. This makes the achievement of uptake and coverage targets challenging as the population size (based on GP registers) is inflated and incorrect and patient contact details incorrect. Figure 8 shows the correlation between cervical screening and internal borough migration.

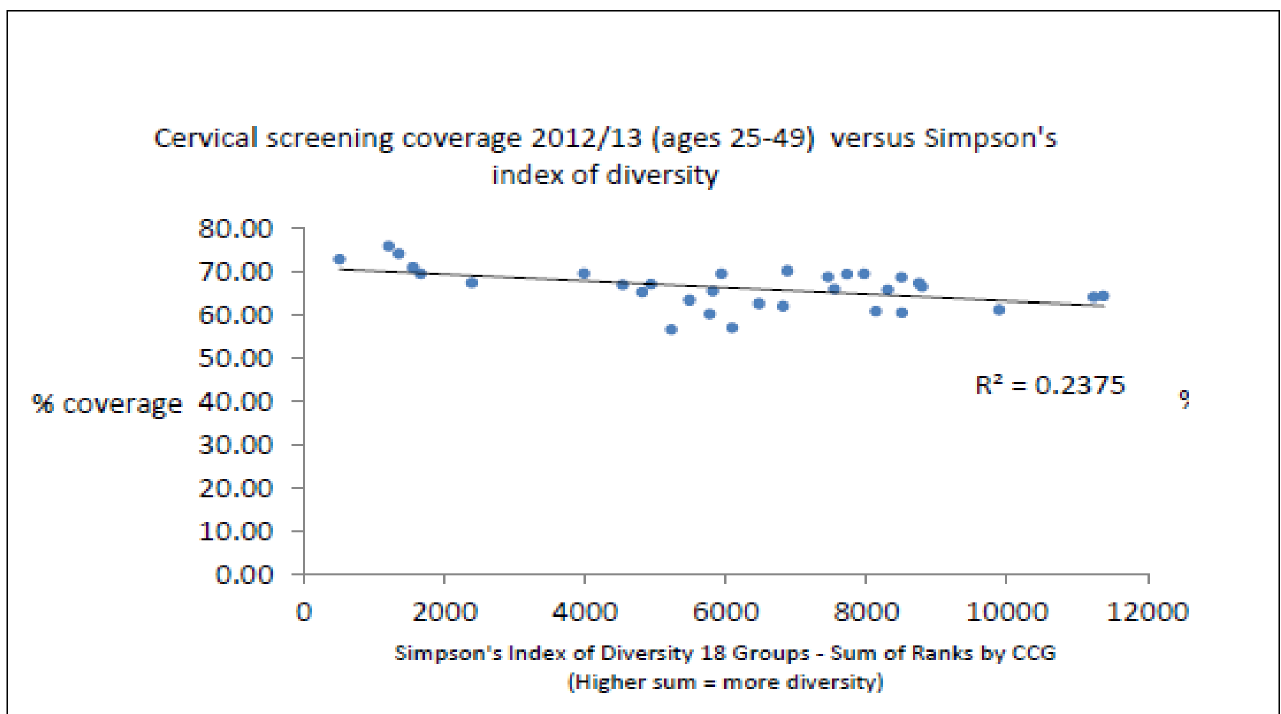
Figure 8: London Cervical screening coverage and internal migration



5.6.5 Ethnic diversity

Certain ethnic groups are less likely to participate in screening. London boroughs or practices that are more ethnically diverse (as measured by the Simpson Index of Diversity) have lower uptake and coverage. (Figure 9) The association is likely to be confounded by other factors such as deprivation.

Figure 9: London cervical screening coverage and borough diversity



5.6.5 Age

Uptake and coverage are generally lower in younger age groups. (Figures 10 & 11)

Figure 10: London Cervical screening coverage by age band

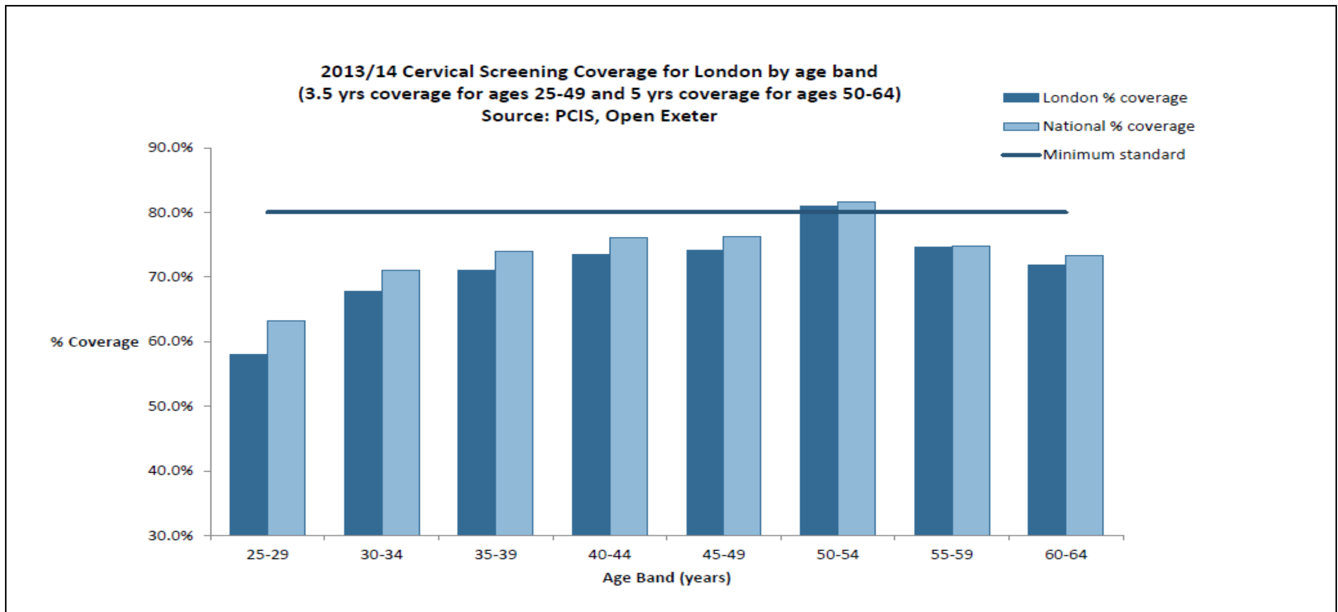
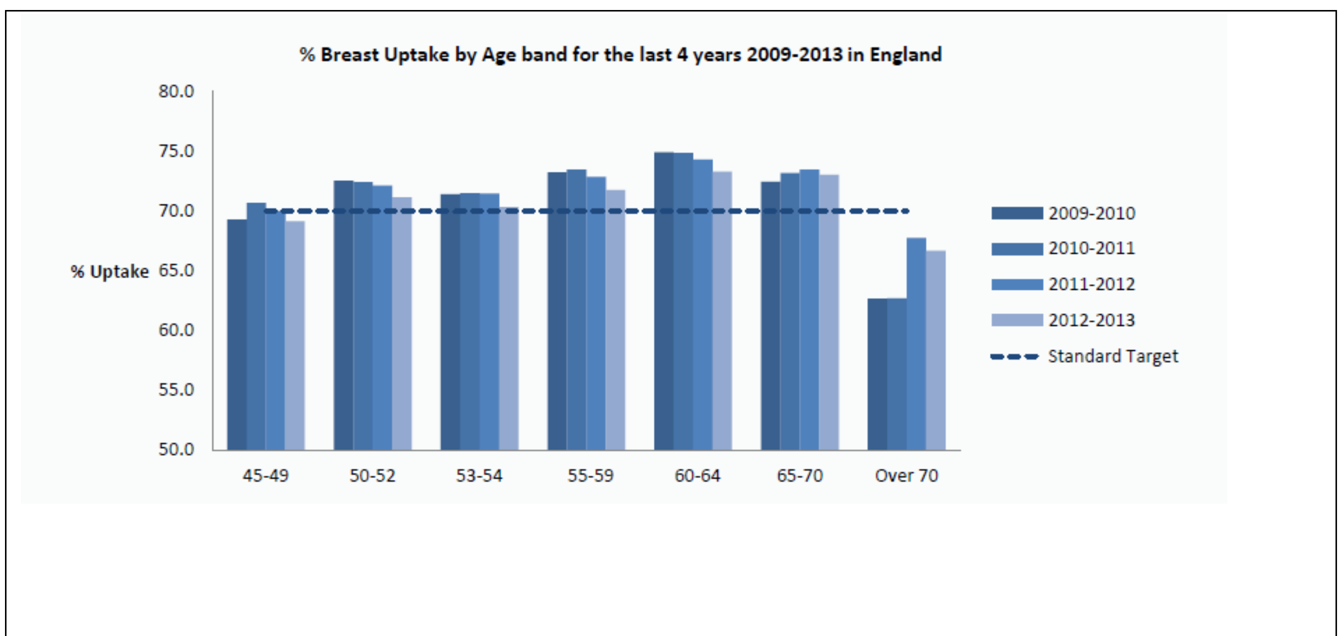


Figure 11: London Breast screening coverage by age band



5.7 Actions to Improve Uptake and Coverage

NHSE is taking a range of actions to improve coverage for screening programmes across London. These actions include:

- Providing financial incentive to breast and bowel screening providers to improve screening uptake in 2014/15
- Supporting the implementation of text messages to support attendance at breast screening appointments
- Supporting a trial of text messaging to support cervical screening attendance
- Supporting a trial of text messaging to support bowel screening participation
- Commissioning the bowel screening hub to improve communication to GPs regarding non-participation
- Looking at alternative provision for sample taking for women who do not wish to attend their GP
- Developing a cancer screening guide that can be used to improve uptake within general practice.

In Merton, St Georges Hospital/SWL Bowel Screening Centre has been actively promoting bowel screening through training events for health professionals, working with the voluntary sector to increase knowledge and awareness and information campaigns.

St Georges Hospital/SWL Breast Screening Service has implemented a variety of evidence based interventions to increase uptake. These include:

- Sending screening appointment reminder by text messaging
- Sending pre-invitation letters which are letters sent to women before they receive their official invitation letter
- Offering second –timed appointments - Women who do not attend the first screening appointment are sent a second appointment with a specific date and time instead of an 'open' invitation which requires the woman to contact the service to make an appointment

NHS England will work with partners to improve uptake and coverage:

- General practices and primary care commissioners to implement a rolling programme of list cleaning
- General practices to support women attend screening e.g. the development of primary care screening guidelines
- Clinical Commissioning Groups (CCGs) as commissioners of post-screening treatment services to ensure that pathways are integrated and services meet national performance and quality standards. CCGs are lead commissioners of most screening programme hospital providers. NHSE will also work with CCGs, Clinical Support Units and Clinical Quality Review Groups, in tackling screening-related provider performance issues.
- Voluntary organisations to design and implement health promotion and awareness raising campaigns, particularly targeting ethnic minorities and deprived communities
- Services users to understand and improve their experience of services and address the barriers to attendance that they identify
- Undertake research into interventions to improve uptake and coverage

We are also in the process of finalising a strategy to improve coverage and uptake of national screening programmes. This will focus on three areas;

- Increased public awareness and engagement with screening programmes across all communities
- Increased engagement with primary care and improved reliability of data
- Working with screening providers to optimise coverage and uptake

This strategy is due to be signed off by the end of April. In agreement with the London Cancer Transformation Board we are going to focus on improving the uptake of bowel screening especially in light of plans to roll out bowelscope.(see Section 7.3 for further details).

6. PROVIDER PERFORMANCE

6.1 South West London Breast Screening Service performance

Women who are found to have an abnormality following screening, are invited to an assessment clinics for further examination. Ninety percent (90%) of these women should be seen in an assessment clinic within three weeks.

Round length is the interval between a woman's last screen and her next offered appointment. The NHS Breast Screening Programme minimum standard is that 90% of women should be re-invited within 36 months.

South West London Breast Screening Service /SGH failed to meet round length and screen to assessment waiting times from 2013/14. There has been sustained improvement throughout 2014/15 and the service achieved a round length of 93% in Q3 2014/15. (Table 4) Round length for Merton residents was 95.7%.

Table 4: South West London Breast Screening Service performance

		Repeat Examination National Report: SR011 (Minimum Standard: <3%)			Roundlength National Report: SR002 (50-70) - (Minimum Standard: >90%)			Screen to Normal National Report: SR005 (Minimum Standard: >90%)			Screen to Assessment National Report: SR001 (Minimum Standard: >90%)		
		%	No Repeat/ Recall	No. Screened	%	Within 36 Months	No. Invited	%	Within 2 weeks	No. Screened	%	Within 3 weeks	No. Invited
South West London Breast Screening Programme	Q3 14-15	tbc			93.00%			99.00%			88.00%		
	Q2 14-15	1.59%	198	12459	84.00%	9452	11248	99.50%	11236	11294	88.90%	610	686
	Q1 14-15	2.21%	240	10837	87.70%	6399	7298	99.40%	9906	9970	83.80%	511	610
	Q4 13-14	3.40%	438	12901	62.10%	8775	14127	96.90%	11586	11956	84.50%	503	595
	Q3 13-14	3.42%	327	9562	39.90%	3194	8006	93.00%	8184	8798	76.20%	353	463
London	Q2 14-15	1.78%	1170	65889	83.82%	50521	60272	99.51%	60869	61168	87.96%	2543	2891
	Q1 14-15	1.87%	1116	59767	83.60%	41817	50002	99.50%	55745	56029	87.10%	2372	2722
	Q4 13-14	2.05%	1318	64178	82.70%	46604	56364	98.90%	59178	59837	87.20%	2572	2949
	Q3 13-14	2.15%	1177	54648	86.20%	41907	48599	97.80%	49969	51101	84.30%	2088	2477

6.1.1 Breast Screening Round length

The round length for SWLBSS declined in 2012/13 and in the first six months of 13/14. The recent decline was due to a variety of issues:

- Women who were historically screened over several sites were being screened at Queen Mary's Roehampton. This merger, placed pressures on round length across SWL and the impact of this problem was seen throughout 2013/14 and early 2014/15
- A number of SWL practices merged unexpectedly which resulted in screening in subsequent practices being delayed. This was unavoidable and unknown and therefore could not be planned for in terms of any remedial actions.
- SWLBSS invites women by practice. Other services invite women based on their date of birth. When these women move into Merton and register with a local GP, they need to be invited within 36 months of their last screening (Next Test Due Date). This is often out of synchronisation with the scheduled screening dates for their local practice. The number of women who fall into this category resulted in larger than normal numbers for screening. This then had an impact as these women were fitted in amongst normal practice screening. Again this was not predictable and therefore could not be planned for in terms of remedial actions.

6.1.2 Actions to improve round length

In all cases women who breached round length were brought forward and invited within three years of their last screening appointment. Clinics were analysed in detail to ensure maximum utilisation at all times. The service introduced an "Intelligent" booking system which books clinics in accordance with the behaviours and probability of a client attending screening. This has ensured that clinic capacity is fully utilised. In Q3 2014/15, the service exceeded the 90% target.

6.1.3 Actions to improve screen to assessment times

Like most providers in London, SGH has found struggled to meet screen to assessment waiting times. The trust has implemented several measures to improve performance including recruitment of a records officer and improving accessibility to historical screening images

6.1.4 SWL Breast Cancer detection rates

In 2013/14 the overall breast cancer detection rate across London was 0.82% and 0.98% at SGH/SWL Breast Screening Service. The service therefore detected 25% more cancers than other London screening providers.

6.2 South West London Bowel Screening Centre performance

St Georges Hospital provides bowel screening assessment (specialist screening practitioner-SSP appointments), colonoscopy and treatment across South West London. Table 5 shows that the trust generally meets national targets.

Table 5: London bowel cancer screening centre performance

		Uptake & Positivity 1 Quarter Behind Expected target: 60% (All Ages)		SSP Waits (Within Target / Referred) Expected Target: 100%			Diagnostic Test Waits (Within Target / Referred) Expected Target: 100%			SSP Appointments (Attended Count / Appointment Count)			Diagnostic Test Attendance (Attended Count / Total DNA)			Pathology Polyps Turnaround times (Samples within target/ Total samples)			Pathology Cancers Turnaround times (Samples within target/ Total samples)		
		Uptake %	Positivity %	%	Within Target	Referred	%	Within Target	Referred	%	Attended Count	Appointment Count	%	Attended Count	Total DNA	%	Within Target	Total Samples	%	Within Target	Total Samples
North East London Bowel Cancer Screening Centre	Q2 14-15			100.00%	250	250	98.25%	224	228	61%	203	320	99%	303	2	95.3%	303	381	100.0%	0	0
	Q1 14-15	46.22%	2.09%	99.63%	267	268	99.60%	248	249	79%	280	354	99%	279	2	92.9%	321	338	100.0%	8	8
	Q4 13-14	45.60%	2.32%	100.00%	193	193	100.00%	173	173	78%	202	258	99%	254	5	87.6%	270	275	100.0%	6	6
	Q3 13-14	39.64%	2.41%	100.00%	190	190	100.00%	174	174	75%	196	261	98%	213	3	86.1%	223	240	100.0%	7	7
South East London Bowel Cancer Screening Centre	Q2 14-15			100.00%	217	217	99.48%	193	194	73%	200	283	100%	204	0	92.5%	343	371	100.0%	3	3
	Q1 14-15	52.87%	1.29%	100.00%	200	200	98.92%	184	186	73%	208	285	99%	259	3	89.6%	329	367	83.3%	10	12
	Q4 13-14	48.19%	1.91%	100.00%	183	183	98.76%	159	161	72%	173	240	98%	244	3	80.3%	331	412	62.5%	5	8
	Q3 13-14	41.18%	1.81%	100.00%	198	200	100.00%	173	174	71%	186	264	100%	245	2	86.3%	246	285	100.0%	5	5
St Georges Bowel Cancer Screening Centre	Q2 14-15			100.00%	175	175	97.26%	142	146	73%	165	225	100%	220	1	96.2%	200	208	100.0%	5	5
	Q1 14-15	55.16%	1.13%	100.00%	182	182	97.59%	162	166	73%	185	255	99%	205	2	100.0%	223	223	100.0%	9	9
	Q4 13-14	52.66%	1.66%	100.00%	176	176	100.00%	142	142	72%	164	229	99%	220	1	97.3%	253	260	100.0%	10	10
	Q3 13-14	44.69%	1.62%	100.00%	190	190	100.00%	160	160	72%	190	267	100%	219	1	99.6%	260	261	100.0%	8	8
St Marks Bowel Cancer Screening Centre	Q2 14-15			99.51%	205	206	100.00%	161	161	67%	228	339	100%	228	1	98.3%	347	353	100.0%	6	6
	Q1 14-15	51.49%	2.30%	100.00%	198	198	99.38%	160	161	73%	237	323	100%	217	1	96.1%	318	331	100.0%	6	6
	Q4 13-14	49.10%	2.45%	100.00%	150	150	100.00%	123	123	72%	190	265	100%	199	0	100.0%	316	316	100.0%	4	4
	Q3 13-14	45.40%	2.65%	100.00%	197	197	100.00%	157	157	72%	214	311	100%	200	1	94.3%	314	333	100.0%	5	5
University College London Bowel Cancer Screening Centre	Q2 14-15			100.00%	211	211	100.00%	179	179	64%	237	369	99%	240	3	91.5%	258	282	100.0%	9	9
	Q1 14-15	50.96%	2.08%	100.00%	238	238	99.41%	169	170	66%	227	346	99%	226	2	100.0%	276	296	100.0%	6	6
	Q4 13-14	49.68%	2.34%	100.00%	201	201	99.40%	166	167	66%	208	317	100%	226	0	100.0%	375	376	100.0%	9	9
	Q3 13-14	40.35%	2.49%	100.00%	235	235	99.00%	203	203	73%	240	366	100%	248	0	100.0%	271	271	100.0%	6	6
West London Bowel Cancer Screening Centre	Q2 14-15			100.00%	150	150	99.31%	143	144	66%	187	283	99%	183	1	100.0%	278	278	100.0%	6	6
	Q1 14-15	44.81%	1.97%	100.00%	139	139	100.00%	125	125	67%	182	271	100%	171	0	100.0%	238	238	100.0%	4	4
	Q4 13-14	45.29%	2.20%	100.00%	157	157	100.00%	149	149	71%	214	303	100%	197	0	98.6%	273	273	100.0%	4	4
	Q3 13-14	35.59%	2.61%	100.00%	168	168	99.46%	143	144	68%	203	303	100%	178	0	100.0%	206	206	100.0%	4	4
LONDON	Q2 14-15			99.92%	1208	1209	99.05%	1042	1052	70%	1286	1325	99%	1439	8	95.5%	1789	1873	100.0%	35	35
	Q1 14-15	50.47%	1.74%	99.92%	1224	1226	99.15%	1048	1057	72%	1319	1334	99%	1367	10	95.1%	1705	1793	95.6%	43	45
	Q4 13-14	48.55%	2.10%	100.00%	1030	1030	99.67%	912	915	71%	1151	1612	99%	1340	9	95.1%	1818	1912	92.7%	38	41
	Q3 13-14	41.23%	2.22%	99.83%	1178	1180	99.80%	1010	1012	69%	1229	1772	99%	1308	7	95.2%	1520	1596	100.0%	35	35

6.3 Cervical screening provider performance – cytology

Over 90% of Merton cervical screening samples are processed at St Helier laboratory. Ninety five percent (95%) of women should receive the result letter within fourteen (14) days of screening. This has been met consistently in Merton since April 2013 (Table 6)

Table 6: Cervical screening turnaround times

	Q1_Apr-Jun 13/14	Q2_Jul-Sep 13/14	Q3_Oct-Dec 13/14	Q4_Jan-Mar 13/14	Q1_Apr-Jun 14/15	Q2_Jul-Sep 14/15	Q3_Oct-Dec 14/15
NHS Barking And Dagenham CCG	98.2%	98.6%	98.6%	98.3%	98.0%	99.2%	98.8%
NHS Barnet CCG	93.9%	99.5%	99.7%	98.5%	67.8%	90.1%	95.3%
NHS Camden CCG	98.7%	98.6%	99.1%	96.7%	91.3%	97.5%	99.4%
NHS City And Hackney CCG	94.9%	97.3%	94.1%	81.2%	94.4%	99.0%	98.9%
NHS Enfield CCG	94.8%	99.7%	99.1%	98.9%	71.9%	90.9%	96.5%
NHS Haringey CCG	94.2%	99.1%	98.0%	97.8%	94.0%	96.8%	99.4%
NHS Havering CCG	98.6%	98.7%	98.6%	98.9%	98.7%	99.5%	99.2%
NHS Islington CCG	84.3%	98.6%	98.3%	96.6%	92.8%	95.5%	99.5%
NHS Newham CCG	94.9%	97.8%	94.7%	74.6%	95.0%	99.1%	99.4%
NHS Redbridge CCG	98.8%	98.2%	98.6%	98.0%	95.7%	99.2%	98.6%
NHS Tower Hamlets CCG	96.2%	98.6%	96.9%	90.1%	97.6%	99.4%	99.5%
NHS Waltham Forest CCG	96.0%	97.6%	96.4%	89.4%	90.4%	98.7%	98.7%
NHS Brent CCG	97.4%	96.5%	97.1%	75.0%	92.2%	98.4%	99.0%
NHS Central London (Westminster) CCG	98.6%	99.5%	98.8%	98.8%	97.5%	98.9%	98.9%
NHS Ealing CCG	98.8%	98.9%	96.6%	64.4%	82.5%	99.2%	97.8%
NHS Hammersmith And Fulham CCG	98.8%	99.5%	99.5%	99.0%	97.6%	99.4%	98.8%
NHS Harrow CCG	97.8%	96.6%	96.9%	72.2%	91.8%	98.7%	99.2%
NHS Hillingdon CCG	96.6%	83.8%	89.4%	91.7%	98.0%	98.9%	98.2%
NHS Hounslow CCG	97.9%	99.0%	97.6%	97.3%	88.4%	99.3%	98.6%
NHS West London CCG	98.7%	99.1%	99.3%	99.4%	98.4%	99.4%	99.2%
NHS Bexley CCG	97.4%	99.2%	98.8%	99.0%	93.9%	97.8%	98.1%
NHS Bromley CCG	98.0%	99.2%	98.9%	98.4%	94.6%	98.4%	98.5%
NHS Croydon CCG	97.8%	98.0%	93.9%	94.8%	98.2%	97.8%	99.0%
NHS Greenwich CCG	96.7%	99.1%	98.5%	98.1%	92.7%	98.1%	97.8%
NHS Kingston CCG	83.9%	99.5%	98.8%	95.7%	96.7%	97.1%	98.8%
NHS Lambeth CCG	97.8%	99.1%	98.9%	97.0%	96.7%	99.7%	99.1%
NHS Lewisham CCG	99.4%	99.5%	29.9%	26.2%	96.8%	99.5%	99.0%
NHS Merton CCG	99.6%	99.6%	98.8%	98.8%	99.6%	99.6%	99.7%
NHS Richmond CCG	86.5%	98.9%	99.8%	93.6%	87.1%	97.5%	97.6%
NHS Southwark CCG	97.6%	99.2%	97.4%	96.9%	97.3%	99.8%	99.0%
NHS Sutton CCG				99.8%	100.0%	99.8%	99.7%
NHS Wandsworth CCG	94.5%	97.9%	95.9%	91.3%	97.4%	96.7%	98.2%

7 SERVICE IMPROVEMENT PLANS

7.1 Breast Screening Procurement

NHS England is planning to reconfigure Breast Screening provision in London during 2015/16. We are proposing a central administration hub for London with a new geographical footprint for clinical provision. The new service will begin in April 2016. At this stage we are expecting changes to how the programme is administered rather than to venues where local women attend for their mammograms.

We have a budget of £21.5m for breast screening, with the budget for breast screening at St Georges being £3.5 million. In spite of this investment there have been performance issues at St Georges and with other London Providers most notably Barts Health care and Imperial Hospital trust. Performance issues include failure to meet Key Performance Indicators, most notably coverage and uptake but also with round length which have been outside the nationally set target of 36 months. There have been also issues with service capacity and several London services have had reduced throughput or been suspended due to quality or capacity issues.

This re-procurement aims to address issues that have been identified during the operation of the programme and to create a service that;

- Provide better access to women through extended opening hours e.g. evenings and weekends
- Provide a greater flexibility of choice in terms of venues for screening across London for individual women, so that for example a women living in Merton but working in Islington could have her initial mammogram in Islington during her lunch time
- Provide a single point of contact with the service for all women across London
- Build more resilience into the service through greater potential to transfer women across screening venues in the event of reduced service capacity on one area
- Support a greater use of digital technology e.g. online bookings
- Provide better alignment with breast cancer diagnostic and treatment services.

We are currently in the scoping phase of this work and have set up a clinical reference group. We are also intending to run a user survey and local focus groups to ensure patient and public involvement in the design of our service specification and access

improvement plans. We have invited a representative from the London Directors of Public Health to be a member of the steering group and will provide regular updates to both CCGs and Health and Well Being Boards on progress.

7.2 Cervical cytology

7.2.1 Cervical Cytology Sample Takers Data Base

NHS E inherited a variety of approaches on cervical cytology data bases. These should hold information on all cervical smear takers and provide information on training etc. as part of an assurance regime. We are in the process of setting up a new pan London sample taker data base and all laboratories providing cytology will need to upload reports on to this data base. We will be requiring all laboratories to continue to monitor sample handling errors e.g. mis-labelling of samples, inadequate samples etc and provide reports to us on a monthly basis. This will then allow us to monitor performance and to provide assurance on the quality of cervical smears.

The data base should be fully rolled out across London by November 2015.

7.3 Bowel scope screening

Bowel scope screening is a new screening test that will be offered to men and women aged 55 across England. This test will be offered in addition to the current bowel screening home testing (FOBT) programme that currently in place for 60-73 year olds. The test entails the use of flexible sigmoidoscopy in which a thin flexible tube with a tiny camera on the end to look at the lower point of the large intestine. It takes 15 minutes and is undertaken in hospital. If any small growths (polyps) that could turn into cancer are found, they can usually be removed during the test.

South West London Bowel screening centre/SGH began rolling out bowel scope screening in March 2014. The programme will be introduced in Merton in March 2015 and fully rolled out across South West London in 2016.

8 SERVICE PERFORMANCE AND GOVERNANCE

All Cancer Screening Programmes have Performance Boards which meet on a quarterly basis; each has representation of both the CCG and the Local Authority PH team. These groups have a remit for oversight, monitoring and coordination of programmes. There is an overarching London Screening Programmes Board, chaired by the Head of Screening, at which there is ADPH, CCG and patient/public representation.

Improving uptake of screenings is driven through the following mechanisms:

London Cancer Screening Programmes Board

- Responsible for the strategic direction for cancer screening in London

London Coverage and Uptake Technical Group

- Responsible for developing the strategy for increasing coverage and uptake across London

Local Quality and Performance Boards

London Breast Screening Programme Board, London Bowel Screening Programme Board, Sector Cervical Screening Programme Boards (6 in total)

- Each programme board is responsible for quality assuring and monitoring provider performance

10. CONCLUSIONS

Members will note that although coverage and uptake is improving in Merton and better than other London boroughs, it still remains below national targets. NHSE acknowledges that that this is a long standing issue which needs to be tackled. Our strategic plans, being developed as part of an uptake and coverage strategy will help address this as will our plans for service developments e.g. for breast screening. We note that nationally cervical screening coverage, especially amongst young women is declining and we are looking at what other opportunities there are to encourage and support uptake. This could be helpfully supported by Merton Local Authority given its responsibility for commissioning sexual health

services. For 2015/16 our focus will be on trying to increase bowel screening uptake given London’s particularly poor performance and preparation for bowel scope rollout.

The London Cancer Screening Board and local performance boards will continue to review performance and act as necessary to at least maintain performance across the three cancer screening programmes.

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