Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 6 November 2018

Wards: ALL

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

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Recommendations:

A. Panel Members are asked to comment on 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 and coverage 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 for all three cancer screening programmes in Merton is below national average.
- 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. 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 Health watch 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.

2.1 NHS England (NHSE)

[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).

- Commissioning of all national screening programmes described in Section 7A of the NHS public health functions agreement 2018-19
- 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 and Social Care (DHSC) and Public Health England in national planning and implementation of screening programmes and in quality assurance

2.2 Public Health England (PHE)

- Provides DHSC with expert evidence and advice,
- Supports NHS England with information, expert advice, capacity and support at national and local level. PHE also works with NHS England to produce a joint assurance report each quarter.
- PHE also holds an operational delivery role for some functions within the system. Examples include the design and implementation of pilots, the analysis and publication of data, procurement of vaccines and immunoglobins, and the provision of some IT systems.
- PHE has a quality assurance role in relation to screening programmes and provides support to local commissioning teams through the embedding of PHE staff.

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 HPV Primary Screening which will replace cytology testing within the cervical

screening programme. 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 74. People over 74 can request a screening kit by calling the free phone helpline 0800 707 6060.

4.2.1 Bowel screening and Faecal immunochemical Test (FIT)

The programme will be introducing a new improved home test kit for screening. It is called a faecal immunochemical test (FIT) and it will replace the guaiac faecal occult blood test (gFOBt). FIT specifically measures human blood, rather than any blood (including blood in the diet). It needs only one faecal sample in contrast to the gFOBt kit that needs six samples from three bowel motions. FIT is already used successfully in screening programs worldwide. Pilots in England have shown that people are much more likely to use FIT than gFOBt.

4.2.2 Benefits of FIT over current gFOBt test

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

It has now been confirmed that the initial threshold on roll-out for FIT will be 120µg/g. Timescales for a phased roll out of FIT across England require that the procurement process for the new FIT kit be completed so that these kits are available to be supplied by the London hub by October 2018. The expectation is that switch over to the new kit will begin during Q3 of 2018/19. This procurement process which is being led by the national team, has experienced delays which may impact on roll out time tables for the London Hub and all London screening sites including St Georges. NHSE London is working with the national team to understand and manage the impact of this delay on FIT roll out across all London sites.

South West London screening centre (that cover Merton Population) is expected to have robust FIT implementation plans to deal with additional pathology and colonoscopy requirements by December 2018. NHSE London used published national templates to complete a robust assessment of FIT implementation plans at South West London screening site. Work is on-going to ensure that all national set timescales are met. NHSE London is working with FIT national team to ensure that this implementation is adequately funding and thereby give providers the necessary assurances about current and future funding arrangements for roll out of FIT.

4.2.3 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 60-74-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. The National deadline for roll out of Bowel Scope Screening in England is April 2021.

South West London Bowel screening centre/SGH began rolling out bowel scope screening in March 2014. Bowel Scope Screening for Merton population is scheduled to be available at St Helier's satellite site in summer 2019. St Helier site obtained endoscopy Joint Advisory Group (JAG)[3] accreditation in September 2017 and work is on-going to address capacity and workforce challenges, so that programme will be available to Merton population.

4.3 Cervical Cytology Screening

Cervical cancer is the 11th most common cancer among women in the UK, and the most common cancer in women under 35. After the NHS Cervical Screening Programme (NHSCSP) started in the UK in the late 1980s, cervical cancer incidence rates decreased

[3] JAG accreditation of an endoscopy unit is a pre-requisite for introduction of bowel scope screening. To achieve accreditation, trusts need to meet various quality and operational standards including staffing, accommodation, cancer and diagnostic waiting times

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 screening can prevent 75 per cent of cervical cancers.

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).

All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years.

Table 1: Cervical screening intervals:

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 of any 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.

4.3.1 Implementation of HPV primary screening

The majority (99.7%) of cervical cancers are caused by persistent HPV infection, which causes changes to the cervical cells. If HPV is found it is a useful guide as to whether abnormal cells are present. Women can then be monitored more closely and any developing abnormal cells found sooner. HPV is a better way of finding women at risk of developing cervical cancer than the cytology (smear) test that examines cells under a microscope.

HPV testing will replace cytology within the NHS cervical screening programme. The new testing process could prevent around 600 cancers a year, according to Cancer Research UK http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2013-06-14-hpv-testing-could-cut-cervical-cancers-by-a-third

The roll-out of the new process for cervical screening received ministerial authorisation in July 2016 and will be rolled out across England as the primary screening test for cervical disease by December 2019. The invitation to tender will commence in November 2018 with completed applications submitted in January 2019 and a decision on the successful lab made in April and contracts awarded on the 1st July 2019.

4.3.2 Current Cytology services in London

The cytological aspect of the NHSCSP is currently delivered from tend laboratories in London and across regional boundaries. In addition to cytology, the laboratories at Bart's Health and Northwick Park hospitals deliver HPV testing (triage and test of cure) for the London population.

4.3.3 Proposed New Laboratory Service in London

All laboratory services (cytology and HPV primary screening) will be consolidated on a single site providing laboratory processing, testing and reporting for all NHSCSP samples across London. It is estimated the single laboratory will undertake approximately 595,000 HPV tests and report on approximately 89,200 cytology samples.

4.3.4 HPV primary screening resilience plans

All cytology services in London who have expressed an interest in converting to HPV primary screening have been asked to develop a resilience plan detailing their intentions to implement HPV primary screening prior to the procurement commencement. The resilience plans will be reviewed by the London Regional HPV Primary Screening Implementation Group. The group has representation from NHSE, NHSI, PHE, and the Healthy London Partnership. Once plans have been agreed labs can begin the process of converting to HPV primary screening. This will bring the benefits of HPV primary screening earlier than originally planned to many women across London.

4.4 Major Cancer Screening Providers serving Merton

Cancer screening providers deliver cancer screening programmes in accordance to national service specifications and NHS contracts. This includes responsibility for ensuring staff are appropriately trained and supervised. NHS England is responsible for the contract and performance management of providers. The major providers serving the population of Merton are:

- South West London bowel screening site based at St Georges Healthcare NHS Trust (SGH)
    - Bowel Cancer Screening: (via different satellite sites)
        - Specialist screening practitioner (SSP) assessment for people with a positive screen result
        - colonoscopy and treatment
        - Bowel scope screening
    - Breast Cancer Screening:
        - Screening sites Sutton (Robin Hood Lane), Croydon (Purely War Memorial hospital Edridge and Road Health Centre) Kingston (Tedding War Memorial Hospital.
        - All women from Merton attend the Rose Centre Queen Mary's Hospital and Surbiton Health Centre for screening and assessment. Women do have the choice to have screening and assessment at a different site.
    - Cervical Cancer Screening:
        - St Helier Hospital cytology laboratory process cervical samples

    - St George's, Croydon, Kingston and St Helier provide colposcopy services (sub-speciality of gynaecology) for assessment and treatment
    - Primary Care Support England provides the call/recall service across England. This includes sending invitations and results letters.
- London-wide Screening Hubs
    - Bowel Cancer Screening Hub sends all screening kits, invitation and results letters across London and processes the kits. The Hub also test bowel screening kits and is responsible for issuing invitations for bowel scope screening.
    - HPV testing (triage and test of cure) 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
    - The administrative functions for the all the London Breast Screening Services is undertaken by the Royal Free NHS Trust. The Hub's responsibilities include inviting and appointing the eligible population, call and recall and management of women that fail to attend appointments.

5. COVERAGE

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

Uptake is defined as the proportion of people adequately screened out of those invited for any screening programme.

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

5.1 Breast screening coverage (50-70 years)

The target for breast screening coverage is 70%. Table 2 shows coverage in the six South West London boroughs in 2016/17. Borough coverage rates vary from 62.5% in Wandsworth to 69.1% in Sutton. All boroughs in South West London are below the national target of 70%. Merton (68.3%) is above the London average but below the England average (72.5%).

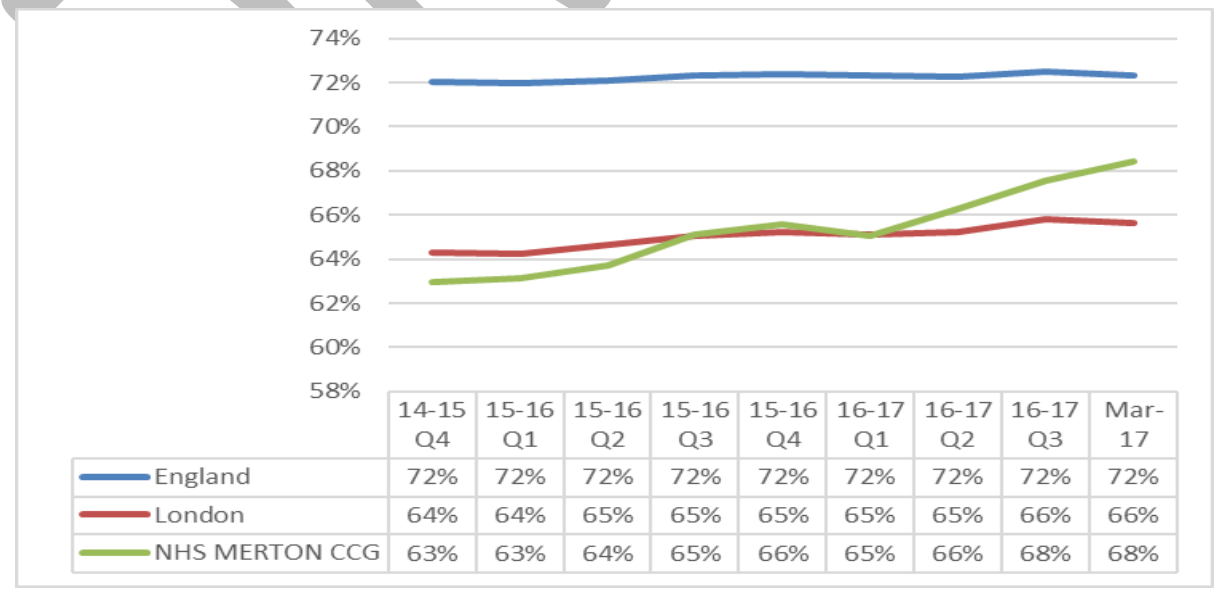
Table 2: Breast screening coverage SW London 2016/17

Boroughs in SWL	
England	72.5%
London	65.6%
Croydon	65.3%
Kingston	64.9%
Merton	**68.3%**
Richmond	64.6%
Sutton	69.1%
Wandsworth	62.5%

Source: NHS Digital at http://digital.nhs.uk

In the two years to March 2017, breast screening coverage in Merton increased by 5%, in London coverage increased by 2% and there was no change in England during this period. (Figure 1)

Figure 1: Breast screening 36-month coverage Q4 14/15 to 2016/17, women, 50-70 years



	14-15 Q4	15-16 Q1	15-16 Q2	15-16 Q3	15-16 Q4	16-17 Q1	16-17 Q2	16-17 Q3	Mar-17
England	72%	72%	72%	72%	72%	72%	72%	72%	72%
London	64%	64%	65%	65%	65%	65%	65%	66%	66%
NHS MERTON CCG	63%	63%	64%	65%	66%	65%	66%	68%	68%

Source: Open Exeter via NHS Cube

5.2 Bowel screening coverage (60-74-year olds)

The national target for bowel screening coverage is 60%. Coverage rates vary across South West London from 51.6% in Croydon to 57.1% in Richmond. All boroughs in South West London are higher than the London average (49.5%) but lower than the England average value of (59.1%). Table 3 below shows coverage in the six South West London boroughs in 2016/17

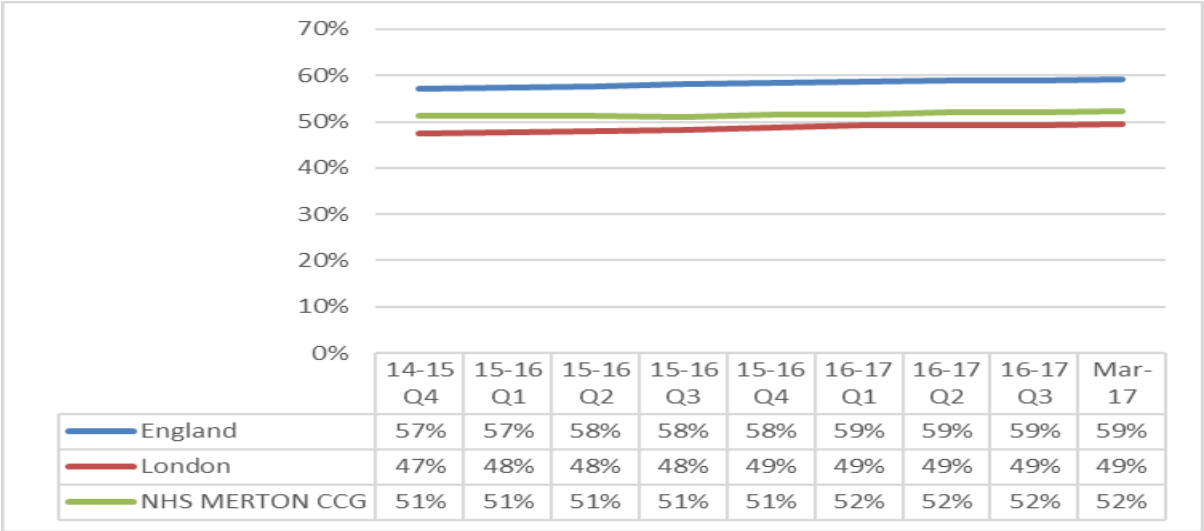
Table 3: Bowel screening coverage SW London 2016/17

Boroughs in SWL	
England	59.1%
London	49.5%
Croydon	51.6%
Kingston	55.9%
Merton	**52.2%**
Richmond	57.4%
Sutton	56.9%
Wandsworth	51.9%

Source: NHS Digital at http://digital.nhs.uk

Bowel screening coverage in the men and women of Merton aged 60 to 74 years increased by 1% in the two years to March 2017. This is increase is less than the 2% increase seen in London and England during the same period. (Figure 2)

Figure 2: Bowel screening 2.5yr coverage, men and women, 50-74, Q4 15/16 to 2016/17



	14-15 Q4	15-16 Q1	15-16 Q2	15-16 Q3	15-16 Q4	16-17 Q1	16-17 Q2	16-17 Q3	Mar-17
England	57%	57%	58%	58%	58%	59%	59%	59%	59%
London	47%	48%	48%	48%	49%	49%	49%	49%	49%
NHS MERTON CCG	51%	51%	51%	51%	51%	52%	52%	52%	52%

Source: Open Exeter via NHS Cube

5.3 Cervical Screening Coverage (25-64 years)

The target for cervical screening coverage is 80%. Borough coverage rates vary across South West London from 66.8% in Wandsworth to 73.1% in Sutton. All boroughs in South West London are below the national target of 80%. Tables 4a/b below shows coverage in the six South West London boroughs in 2016/17.

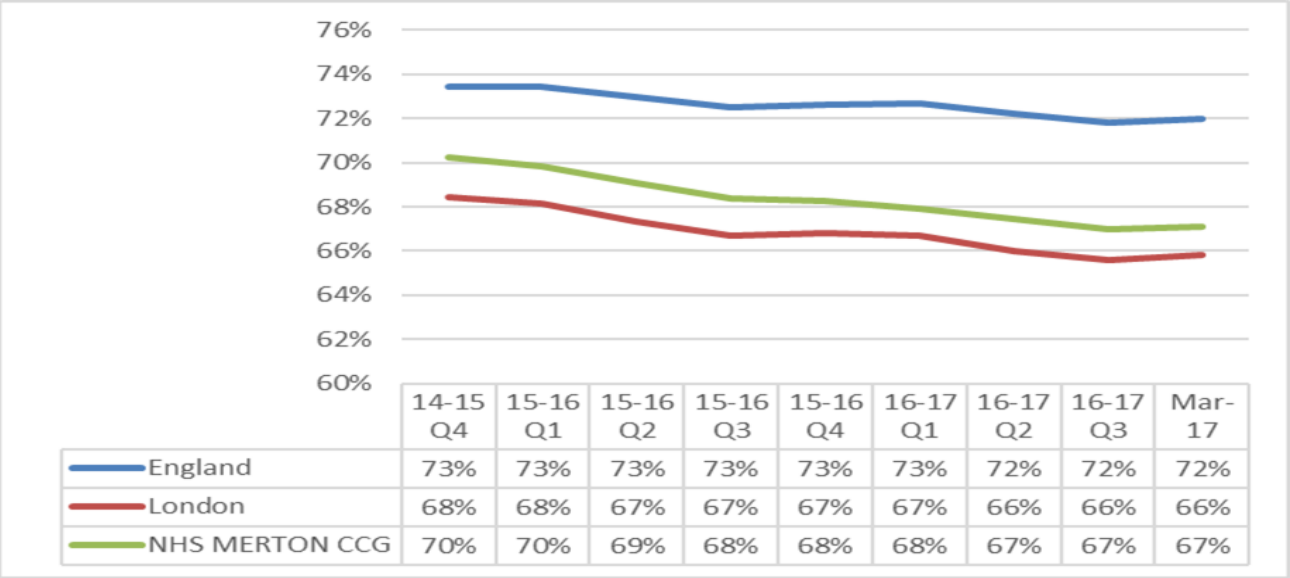
Table 4a: Cervical screening coverage SW London 2016/17

Boroughs in SWL	
England	72.1%
London	65.8%
Croydon	70.4%
Kingston	67.4%
Merton	**67.0%**
Richmond	69.9%
Sutton	73.1%
Wandsworth	66.8%

Source: NHS Digital at http://digital.nhs.uk

Cervical screening coverage is declining across the country. In the two years to March 2017, coverage in Merton declined by 3%, 2% in London and 1% across England. (Figure 3). Coverage in Merton women aged 25-49 declined by 3.5% and 2.4% in women aged 50-64 during this period. (data not shown)

Figure 3: Cervical screening 3.5yr/5.5yr coverage, women, 25-64yrs, Q4 15/16 to 2016/17



	14-15 Q4	15-16 Q1	15-16 Q2	15-16 Q3	15-16 Q4	16-17 Q1	16-17 Q2	16-17 Q3	Mar-17
England	73%	73%	73%	73%	73%	73%	72%	72%	72%
London	68%	68%	67%	67%	67%	67%	66%	66%	66%
NHS MERTON CCG	70%	70%	69%	68%	68%	68%	67%	67%	67%

Source: NHS Digital at http://digital.nhs.uk

The eligible female population of London aged 25–64yrs was recorded as 1,824,000, coverage by age and borough shows Merton 66.9% is above the London average (65.8%).

Table 4b: **Coverage and populations by age (GLA) and borough as at March 2017**

Coverage and Population by Borough as at March 2017							
CCG	Population 25 - 49	Women screened	Coverage (3.5 years)	Population 50 -64	Women screened	Coverage (5.5 years)	Coverage 3.5/5.5 years
NHS Barking & Dagenham	40,500	28,727	64.60%	14,400	10,159	75.21%	67.00%
NHS Barnet	77,400	50,444	59.70%	31,900	23,350	73.00%	63.30%
NHS Camden	53,100	34,402	51.70%	16,200	11,119	69.84%	55.20%
NHS City & Hackney	65,600	49,273	63.50%	17,700	14,714	75.31%	65.90%
NHS Enfield	65,100	43,032	66.40%	28,300	21,037	78.37%	69.90%
NHS Haringey	59,400	46,071	63.80%	20,900	18,158	77.03%	67.10%
NHS Havering	42,700	33,710	70.90%	24,400	18,389	79.08%	73.60%
NHS Islington	53,100	39,369	60.70%	15,100	11,887	74.14%	63.30%
NHS Newham	67,000	50,439	60.30%	20,600	17,136	77.69%	63.90%
NHS Redbridge	60,200	38,026	60.60%	24,200	16,889	77.47%	65.00%
NHS Tower Hamlets	68,800	46,266	60.10%	13,000	10,037	76.72%	62.50%
NHS Waltham Forest	57,800	42,419	64.40%	21,600	16,871	78.87%	68.00%
NHS Brent	66,900	45,140	59.50%	25,900	20,470	76.63%	63.90%
NHS Central London (Westminster)	52,300	24,018	50.80%	18,500	8,562	63.59%	53.70%
NHS Ealing	72,000	52,734	60.00%	28,600	22,787	75.52%	64.00%
NHS Hammersmith & Fulham	45,100	29,319	54.40%	13,500	9,436	68.25%	57.20%
NHS Harrow	47,000	28,933	57.80%	22,900	15,194	74.13%	62.60%
NHS Hillingdon	53,800	35,943	62.90%	24,200	17,223	76.03%	66.60%
NHS Hounslow	55,800	38,521	59.90%	20,600	16,197	74.03%	63.50%
NHS West London	34,100	30,580	52.60%	14,100	12,126	65.24%	55.70%
NHS Bexley	41,900	30,999	73.60%	23,100	15,875	78.31%	75.10%
NHS Bromley	59,100	44,805	72.10%	31,700	23,090	77.60%	73.90%
NHS Croydon	73,200	52,497	67.30%	35,800	25,450	77.95%	70.50%
NHS Greenwich	56,500	42,090	66.80%	20,900	15,397	75.48%	68.90%
NHS Kingston	32,800	25,766	64.40%	13,700	11,300	75.08%	67.30%
NHS Lambeth	77,900	65,735	64.50%	23,100	19,619	75.05%	66.70%
NHS Lewisham	63,500	49,132	66.70%	23,800	18,249	76.56%	69.10%
NHS Merton	45,200	30,099	64.40%	16,800	12,251	74.91%	67.10%
NHS Richmond	39,800	28,451	67.90%	17,400	13,278	75.03%	70.00%
NHS Southwark	71,300	49,383	63.90%	22,300	16,648	75.44%	66.40%
NHS Sutton	39,400	25,777	71.60%	18,500	12,049	76.62%	73.20%
NHS Wandsworth	85,700	66,840	65.40%	20,700	17,057	73.36%	66.90%
London	**1,824,000**	**1,298,940**	**62.70%**	**684,400**	**512,004**	**75.38%**	**65.80%**

Source: NHS Digital at http://digital.nhs.uk

5.4 Variation in coverage by GP Practice

GP Practice coverage varies significantly in Merton for breast, bowel and cervical cancer. 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.

- Breast 49.1% to 74.5%. See table 5.
- Bowel 36.1% to 59.5%. See table 6.
- Cervical is 48.9% - 76.2%. See table 7.

Table 5: Breast screening coverage across Merton by GP practice 2016/17

Area	Value	Lower CI	Upper CI
England	72.5	72.4	72.5
NHS Merton CCG	68.3	67.7	68.9
H85656 - Alexandra Surg...	62.1	57.5	66.5
H85070 - Central Medica...	56.9	53.2	60.5
H85649 - Colliers Wood...	61.7	58.6	64.8
H85038 - Cricket Green...	72.7	70.1	75.1
H85090 - Figges Marsh S...	64.4	60.6	67.9
H85026 - Francis Grove...	71.6	68.9	74.1
Y02968 - GPLed Health C...	48.9	40.5	57.3
H85101 - Grand Drive Su...	64.8	61.7	67.9
H85072 - James O'Riorda...	76.2	73.2	79.0
H85051 - Lambton Road M...	65.1	62.6	67.5
H85078 - Mitcham Family...	65.6	60.1	70.7
H85037 - Morden Hall Me...	71.6	69.3	73.9
H85028 - Princes Road S...	67.3	63.9	70.5
H85110 - Ravensbury Par...	66.8	62.9	70.5
H85092 - Riverhouse Med...	58.6	54.1	63.0
H85035 - Rowans Surgery	67.6	64.6	70.5
H85076 - Stonecot Surge...	75.5	73.0	77.8
H85033 - Tamworth House...	74.3	71.8	76.7
H85634 - The Merton Med...	63.8	59.3	68.1
H85024 - The Mitcham Me...	66.2	63.2	69.0
H85020 - The Nelson Med...	76.2	74.6	77.7
H85112 - The Vineyard H...	65.5	60.7	70.0
H85029 - Wide Way Medic...	65.8	62.5	68.9
H85027 - Wimbledon Vill...	57.6	55.0	60.1

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

Source: NHS Digital at http://digital.nhs.uk

Table 6: Bowel screening coverage across Merton by GP practice

Area	Value	Lower CI	Upper CI
England	59.1	59.1	59.2
NHS Merton CCG	52.2	51.5	52.8
H85656 - Alexandra Surg...	43.2	39.1	47.5
H85070 - Central Medica...	40.1	36.5	43.7
H85649 - Colliers Wood...	42.1	38.9	45.3
H85038 - Cricket Green...	47.8	44.9	50.7
H85090 - Figges Marsh S...	46.5	42.8	50.2
H85026 - Francis Grove...	56.4	53.4	59.3
Y02968 - GPLed Health C...	36.1	27.7	45.5
H85101 - Grand Drive Su...	54.9	51.9	57.8
H85072 - James O'Riorda...	57.4	54.2	60.4
H85051 - Lambton Road M...	55.6	53.2	58.0
H85078 - Mitcham Family...	41.3	36.4	46.4
H85037 - Morden Hall Me...	53.7	51.3	56.1
H85028 - Princes Road S...	58.4	55.2	61.6
H85110 - Ravensbury Par...	47.0	43.1	51.1
H85092 - Riverhouse Med...	40.4	36.3	44.6
H85035 - Rowans Surgery	49.8	46.6	53.0
H85076 - Stonecot Surge...	59.5	56.8	62.1
H85033 - Tamworth House...	52.0	49.1	54.9
H85634 - The Merton Med...	43.4	38.6	48.3
H85024 - The Mitcham Me...	44.6	41.7	47.7
H85020 - The Nelson Med...	58.0	56.3	59.7
H85112 - The Vineyard H...	55.5	50.5	60.3
H85029 - Wide Way Medic...	49.7	46.3	53.1
H85027 - Wimbledon Vill...	56.1	53.7	58.4

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Source: NHS Digital at http://digital.nhs.uk

Table 7: Cervical screening coverage across Merton by GP practice 2016/17

Area	Value	Lower CI	Upper CI
England	72.1	72.1	72.2
NHS Merton CCG	67.0	66.7	67.4
H85656 - Alexandra Surg...	62.9	60.4	65.2
H85070 - Central Medica...	73.3	71.4	75.1
H85649 - Colliers Wood...	61.1	59.3	62.9
H85038 - Cricket Green...	71.6	70.0	73.1
H85090 - Figges Marsh S...	64.8	62.7	66.8
H85026 - Francis Grove...	63.7	62.2	65.1
Y02968 - GPLed Health C...	49.1	45.6	52.7
H85101 - Grand Drive Su...	72.6	70.8	74.3
H85072 - James O'Riorda...	71.4	69.2	73.4
H85051 - Lambton Road M...	64.1	62.8	65.4
H85078 - Mitcham Family...	63.7	60.4	66.9
H85037 - Morden Hall Me...	66.4	64.9	67.9
H85028 - Princes Road S...	66.9	65.2	68.7
H85110 - Ravensbury Par...	71.6	69.2	73.9
H85092 - Riverhouse Med...	68.8	66.5	71.0
H85035 - Rowans Surgery	64.6	62.5	66.6
H85076 - Stonecot Surge...	74.5	72.6	76.3
H85033 - Tamworth House...	73.3	71.6	75.0
H85634 - The Merton Med...	67.8	66.0	69.5
H85024 - The Mitcham Me...	63.3	61.3	65.2
H85020 - The Nelson Med...	68.7	67.7	69.7
H85112 - The Vineyard H...	66.4	63.7	69.1
H85029 - Wide Way Medic...	65.1	63.1	67.0
H85027 - Wimbledon Vill...	63.1	61.4	64.8

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

Source: NHS Digital at http://digital.nhs.uk

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
- Organisational/programme factors – inaccessible services, incorrect patient contact details, lost mail, quality of the service, test acceptability

7. Actions to Improve Uptake and Coverage

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

All cancer screening programmes

- Providing financial incentives to breast and bowel screening providers to improve screening uptake in 2017 to 2019.
- NHSE/PHE Uptake and Coverage Manager appointed (social marketing)
- Engagement with GP practices and pharmacies
- Integration of screening and/or screening awareness raising in other community settings
- Supporting STPs and Cancer Alliances develop priorities for improving screening uptake and improving early diagnosis/ cancer prevention
- Close working with Cancer Research UK and Jo's Cervical Cancer Trust to improve cancer screening uptake.
- Working with the Healthy London Partnership:
    - established a pan-London Uptake Improvement Board
    - Developed a best practice in cancer screening guide for primary care
    - Undertake regular data analysis and health equity audits
- Fund and contribute to research to improve uptake

- Feasibility study of the use of a smartphone app to book cervical screening appointments (Academic lead: UCL)
- Pilot on HPV self- sampling (Academic lead: Kings)
- Effectiveness of 24-month reminders in improving uptake of bowel scope screening (Academic lead: UCL)
- Randomised controlled trial on the effectiveness of text reminders in improving uptake of bowel screening (Academic lead: UCL)
- Barriers and enablers to cervical screening attendance (Academic lead: Imperial)

Interventions to improve breast screening uptake

- Supporting the implementation of text messages to support attendance of breast screening appointments
- Sending breast screening appointment reminders by text messaging
- Sending breast pre-invitation letters which are sent to women before they receive their official invitation letter
- Offering breast screening 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
- Commissioning a voluntary organisation (Community Links) to call non-responders and support attendance in the borough with the lowest breast screening uptake

Interventions to improve bowel screening uptake

- Commissioning the bowel screening hub to improve communication to GPs regarding non-participation
- Twelve-month reminder letters sent to bowel scope screening non-responders
- GP Endorsed pre-invitation bowel screening letters
- Enhanced bowel screening reminder letters

- NHSEL has recently been granted permission by the Office for Data Release to access data to inform a health equity audit in the bowel screening programme.
- 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.
- Other initiatives include the promotion of health promotion strategies by Bowel cancer screening sites including partnership with council, and others to increase uptake and target disadvantaged groups
- NHS England (London) are working with CCGs, Bowel Cancer Screening Service Providers, the London Screening Administrative Hub and other stakeholder to roll out a national FIT programme that will replace the gFBOt test with a more accurate and easier screening test called Faecal Immunochemical Test (FIT). This new test requires individuals to test one sample of stool instead of the current 3 samples and is a more accurate test. This test should be implemented nationally by end of 2018-19. Trial data demonstrated an increase in uptake of 7-10% when using FIT as the primary test for bowel screening. The greatest increase in uptake was seen in those groups who were previously less likely to participate in the programme and will therefore have an impact on health inequalities in relation to the bowel screening programme.

Interventions to improve cervical screening uptake

- Looking at alternative provision for cervical screening including offering screening in primary care Hubs (pilots led by the Royal Marsden Partnership Cancer Alliance in NW and SW London)
- Commissioning sexual health clinics to provide cervical screening in 2018/19
- Introduction of Primary HPV screening with anticipated full rollout in December 2019
- GP – endorsed text reminder service to improve cervical screening uptake- full rollout September 2018

8. Provider Performance

8.1 South West London Breast Screening Service performance

Women, who are found to have an abnormality following screening, are invited to assessment clinics for further examination. Ninety percent (90%) of these women should be seen in an assessment clinic within three weeks. SWL/St Georges' performance has consistently improved in 2017/18 from 97.8% in Q1 to 99.2% in Q4, consistently performing above the London and England averages of 96.8% and 91.7% respectively.

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. Throughout 2017/18, South West London round length improved, from 65.2% in Q1, 92.1% in Q2 and 99.3 in Q4. Waiting time to assessment has also maintained improvement in comparison to previous years and is well above the national target of 90% reaching 99.3% in Q4 2017/18.

8.2 South West London Bowel Screening Centre performance

St Georges Hospital trust provides bowel screening assessment (specialist screening practitioner-SSP appointments), colonoscopy and treatment across South West London.

Current performance data in 2017/18 and 2018/19 shows that the trust meets all national performance targets.

8.3 Cervical screening provider performance – Cytology

Over 90% of Merton cervical screening samples are processed at St Helier laboratory. Ninety eight percent (98%) of women should receive the result letter within fourteen (14) days of screening

There is shortage of cervical screeners (cytoscreeners) across the country. This has resulted in backlogs in the processing of cervical screening samples and delays in women receiving their results letters.

In July and August 67% of women in Merton received their results letters within two weeks and 99.9% received their letters within three weeks. In September 89% of women received their results within two weeks. This is a significant improvement to the period between

February and June 2018 when Epsom St Helier Hospital experienced significant staffing pressures which resulted in the delays to women receiving their letters. It is anticipated that turnaround will continue to improve

Between July and September, 3100 women from Merton participated in cervical screening. Less than 10 of these women did not receive their results within three weeks of their screening appointment

*Tabl*e 7: Merton cervical screening results letters turnaround times

	July	August	September
Total number of letters	1071	1050	1009
% letters sent to women within 21 days	99.9%	99.9%	99.9%
% of letters sent to women within 14 days	69.0%	65.8%	89.4%

8.4 Cervical screening provider performance - Colposcopy

Performance across colposcopy services that serve SW London boroughs is generally good with only minor breaches in KPI targets. However, St Georges Hospital Trust has breached the Waiting Times target on consecutive quarters now and have submitted colposcopy performance exception reports detailing the reasons for the KPI breaches which are largely related to staffing pressures. Remedial actions plans are in place to address the KPI breach and are being monitored by NHSE commissioners to address colposcopy performance.

9. Cervical Sample Taker Database (CSTD)

NHSE has developed a pan London CSTD to improve the quality and safety of cervical sample taking in London. It will:

- Hold a centralised list of all sample takers in London and will be a key tool in quality improvement, incident and risk management within the cervical screening programme in London.

- Enable the allocation of unique sample taker codes to NMC/GMC registered professionals who are competent to take cervical smears.
- Help to reduce the number of incidents related to unqualified or inappropriately trained sample takers in London.
- Standardise the collection of cervical cytology sample takers' data and enable monitoring and reporting of sample taking activity at Clinical Commissioning Group (CCG), GP practice and individual sample taker level.

All cervical sample takers in London will need to register onto CSTD to be allocated a unique sample taker code which can be used anywhere in London. It will consist of a five-digit code i.e. a letter followed by four numbers. Cytology laboratories will to continue to monitor sample handling errors, delayed samples, inadequate and reprocessing rates in monthly performance reports. Providing assurance on the quality of cervical screening samples taken.

10. PROGRAMME GOVERNANCE

All Cancer Screening Programmes have Performance Boards which meet on a quarterly basis to oversee performance and improvements for all three cancer screening programmes. Performance issues are escalated to the monthly NHSE Public Health, Health in the Justice System Assurance Board.

10.1 National Breast Cancer Screening Incident

On 2nd May 2018 an announcement was made in Parliament by the Secretary of State for Health advising that a serious incident had occurred in the Breast Screening Programme dating back to 2009. The problem was identified in January 2018 whilst reviewing the progress of the age extension trial (Age). PHE had identified several complex issues that had led to the incident including:

- The Age X trial algorithm can incorrectly apply an AR (randomised out of the age trail) code to women before they reached their 71st birthday
- Incorrect specification of RISP batches that did not include women up to 70y11m
- Incorrect specification on NTDD failsafe that did not go up to 70y11m

PHE with support of the NHS Digital wrote to all the women who have been affected by this incident. Women who have not had their 72nd birthday by 1/4/2018 that they will be sent a catch-up invitation for a screen by the breast screening service. Women between 72 and 79 years on 1/4/18 will be given information and offered the chance to make a self-referral via a dedicated Breast Screening Incident Helpline.

Following detailed investigation 122, 727 women not to have received an invitation for breast screening between their 68th and up to their 71st birthday. These women are now aged between 71 and 79 years (on 1st April 2018).

A commitment was made by the SOS that all women identified as being affected by the incident would be offered a screen by the end of October 2018.

The cohort of women was split into two groups the under 72's and Over 72's. The total number of women affected in London is 21, 677 of which 4,458 are in the under 72 group and 17,219 in the over 72 group.

All the London breast screening services have responded well to the national incident and have been able to ensure that all incident women have been offered appointments. There is a small number of women yet to be offered an appointment and it is expected that these women will be offered appointments by the end of October 2018.

There will be an assurance process to ensure that all women over the age of 72 have been appropriately appointed. This will take place in November 2018. Women in the incident cohort with a diagnosis of breast cancer will be reviewed through a national independent process to identify if their outcomes have impacted by not receiving a final screen.

The independent review of the incident is expected to be published in November/ December 2018.

11. CONCLUSIONS

Members will note that although coverage in Merton is better than the London it remains below national targets. NHSE acknowledges that that this is a long-standing issue which is being tackled through research and innovation, partnership working and commissioning of evidence-based interventions. 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. HPV or FIT roll out. 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.

NHSE Public Health Assurance Board and other Cancer Screening performance boards will continue to review performance and act as necessary to maintain or improve performance across the three cancer screening programmes.

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