

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 30th January 2019
Report for: Information
Report of: Eleanor Roaf, Director of Public Health

Report Title

Coverage of Cancer Screening Programmes in Trafford

Summary

This paper provides an overview of the three NHS Cancer Screening Programmes in Trafford and describes related improvement activity.

Recommendation(s)

- That the Health Scrutiny Committee**
- i) notes the report and considers what further information it would like to receive on this topic**
 - ii) provides its support to steps to be taken to promote positive messages about cancer screening.**

Contact person for access to background papers and further information:

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1. Background

Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. A cancer screening test identifies changes that could develop into cancer, or indicate cancer is present. Evidence shows that the earlier a cancer is diagnosed the more receptive it is to treatmentⁱ. Across the UK, there are three cancer screening programs which eligible people are invited to attend/complete, these are bowel screening, cervical screening and breast screening.

This paper describes why cancer screening programmes are an important public health intervention, how the programmes are delivered and who is eligible, local uptake and inequalities, and the action being taken to improve screening uptake rates.

Screening is a pathway not just a test. Having been offered a test, health care providers have an obligation to make sure that the individual is cared for throughout their screening journey and that any treatment required is provided in a timely manner.

2. Cancer in Trafford

During 2017 there were 1,396 new cancer registrations in Trafford; 685 (49%) males and 711 (51%) females. The commonest cancers in Trafford males were prostate (164 registrations or 24% of total), lung (108 or 16%) and bowel (87 or 13%). The commonest cancers in Trafford females were breast (225 registrations or 32% of total), lung (96 or 14%) and bowel (67 or 9%).

Overall, the rate of premature death from cancer, (deaths before 75 years of age) was 133.4 per 100,000 head of population in Trafford, similar to the average for England (134.6 per 100,000), and lower than the GM average (154.3 per 100,000), and ranked within the middle third of Trafford's 15 nearest statistical neighbours.

The rate of premature death from cancers that are considered preventable in Trafford was 81.2 per 100,000 head of population, less than Greater Manchester (89.7 per 100,000) and higher but statistically similar to England (78.0 per 100,000 population). Over the three year period of 2015-2017, 1,651 Trafford residents died from cancer and, among these, 754 (45%) died prematurely (i.e. at age under 75 years). Among the premature cancer deaths, almost a quarter (181 or 24% of total) were from lung cancer.

The 1-year survival rate from cancer in 2016 was 74.7% in Trafford, compared to 71.2% in Greater Manchesterⁱⁱ. Although our headline rates are lower than national rates, there is still room for improvement, especially in regards to reducing the inequalities in risk and outcomes between Trafford neighbourhoods and population groups.

3. NHS Cancer Screening Programs in Trafford

3.i. Cervical Screening

Since its introduction, this screening programme has helped half the number of cervical cancer cases, and is estimated to save approximately 4,500 lives per year in Englandⁱⁱⁱ.

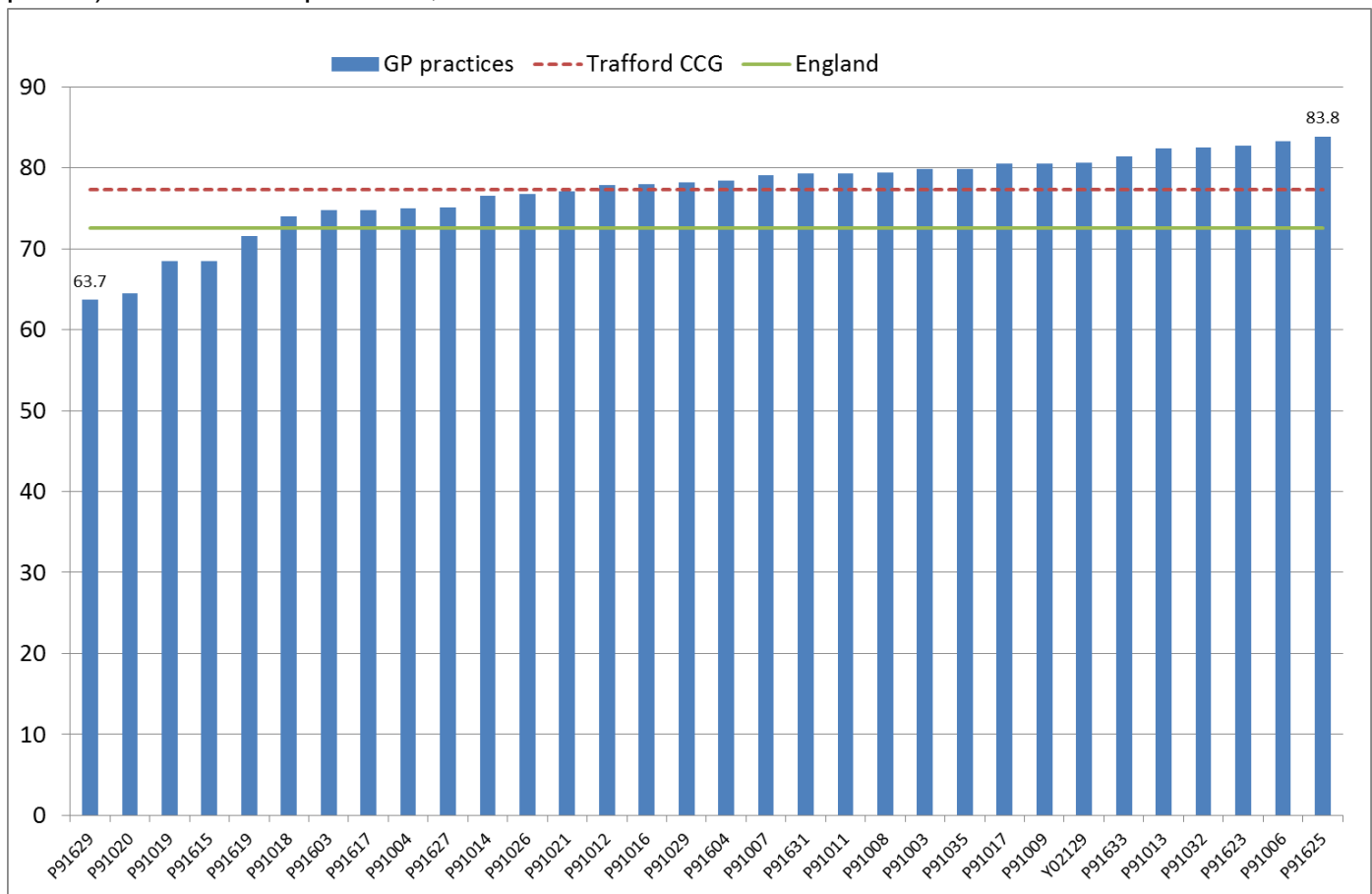
Cervical screening is commissioned by NHS England and delivered in primary care. Women are invited when they turn 24.5 years for their first screening scheduled for when they are 25 years old.

Women aged between 25-49 years are invited every 3 years and then every 5 years between 50-64 years of age.

Some women may choose not to be screened or cannot be screened for medical reasons, for example they may have had a total hysterectomy. Practices can account for these women through 'exception reporting' and there is national guidance for this process. Understanding practice rates of exception reporting is as important as understanding the cervical screening uptake. For example, in December 2013, 4.9% of eligible women in Trafford were recorded as exceptions to the screening programme, ranging from 0.6% to 31.8% across practices. This level of variation would suggest that the national guidance is not being applied consistently, previously, local public health teams were able to access this data, however this is no longer available and this hampers local action to address any issues of inconsistency. During 2014, extensive work was undertaken to address exception reporting practice.

As well as potential inconsistency in relation to exception reporting, there is considerable variation in the coverage of cervical cancer screening by GP practices, as is shown in Figure 3.i. below. The national target for cervical screening coverage is 80%. In 2018-2019, across Trafford coverage for cervical screening reached 77.3% which is better than England, 72.6%. Against a backdrop of declining national coverage over the last few years, the Trafford coverage rates have increased slightly and this should be applauded, although the local variation remains a cause for concern.

Figure 3.i.: Cervical cancer screening coverage (% of females aged 25 to 64 screened within target period). Trafford GP practices, 2018/2019



Source: Public Health England Cancer Services Profile

The national target for cervical cancer screening coverage is 80%. The chart above shows that in 2018/19 only 10 practices achieved the 80% target. The range of screening coverage by practice varied from 63.7% to 83.8%, meaning there was a difference of 20 percentage points.

When we look at these figures by locality we can see that practices in the North locality have lower overall coverage.

Table 3.i.: Cervical cancer screening coverage by locality, 2018/2019

Locality	Coverage (%)		
	Lowest	Highest	Average
North GP practices	63.7	75.1	70.2
Central GP practices	76.5	82.5	79.0
South GP practices	74.7	82.8	78.4
West GP practices	68.4	83.8	79.9
Trafford CCG practices	63.7	83.8	77.3

Source: Public Health England Cancer Services profiles

Although the data demonstrates variation by GP practice it is important to note that there will be further variations in coverage. In Trafford we know that younger women, those aged between 25 and 30 years, women from BAME populations, working women and women who have or are experiencing domestic abuse and/or sexual abuse are less likely to attend their cervical screening appointment.

3.ii. Bowel Screening

Increasing bowel cancer screening coverage increases the likelihood of identifying bowel anomalies that may develop into cancer. Regular bowel screening reduces an individual's risk of dying from bowel cancer by 16%^{iv}.

Locally the incidence of bowel cancer is higher in Trafford although death rates are lower when compared to Northwest rates^v. In population health terms this means that people with the disease are diagnosed earlier and therefore treatment is more effective and survival longer.

The primary way to ensure that bowel cancer is caught early is for non-symptomatic individuals to take part in the National Bowel Cancer Screening Programme for people aged 60-74; however currently only 58% of people do this nationally and only 53% across Greater Manchester. In some communities participation is lower than 40%. This means that there are many people who are not being diagnosed as early as they could be and therefore reducing their chances of successful treatment.

The NHS Bowel Cancer Screening Programme was introduced in Trafford in December 2009. Patients aged between 60-74 years registered with a Trafford primary care practice are invited to complete a home testing kit every two years.

A new test kit called the faecal immunochemical test (FIT) was introduced in England in June 2019^{vi}. This kit is now sent with all invitations for bowel cancer screening. The new screening test only requires one sample as opposed to the previous test that required three samples within a two weeks

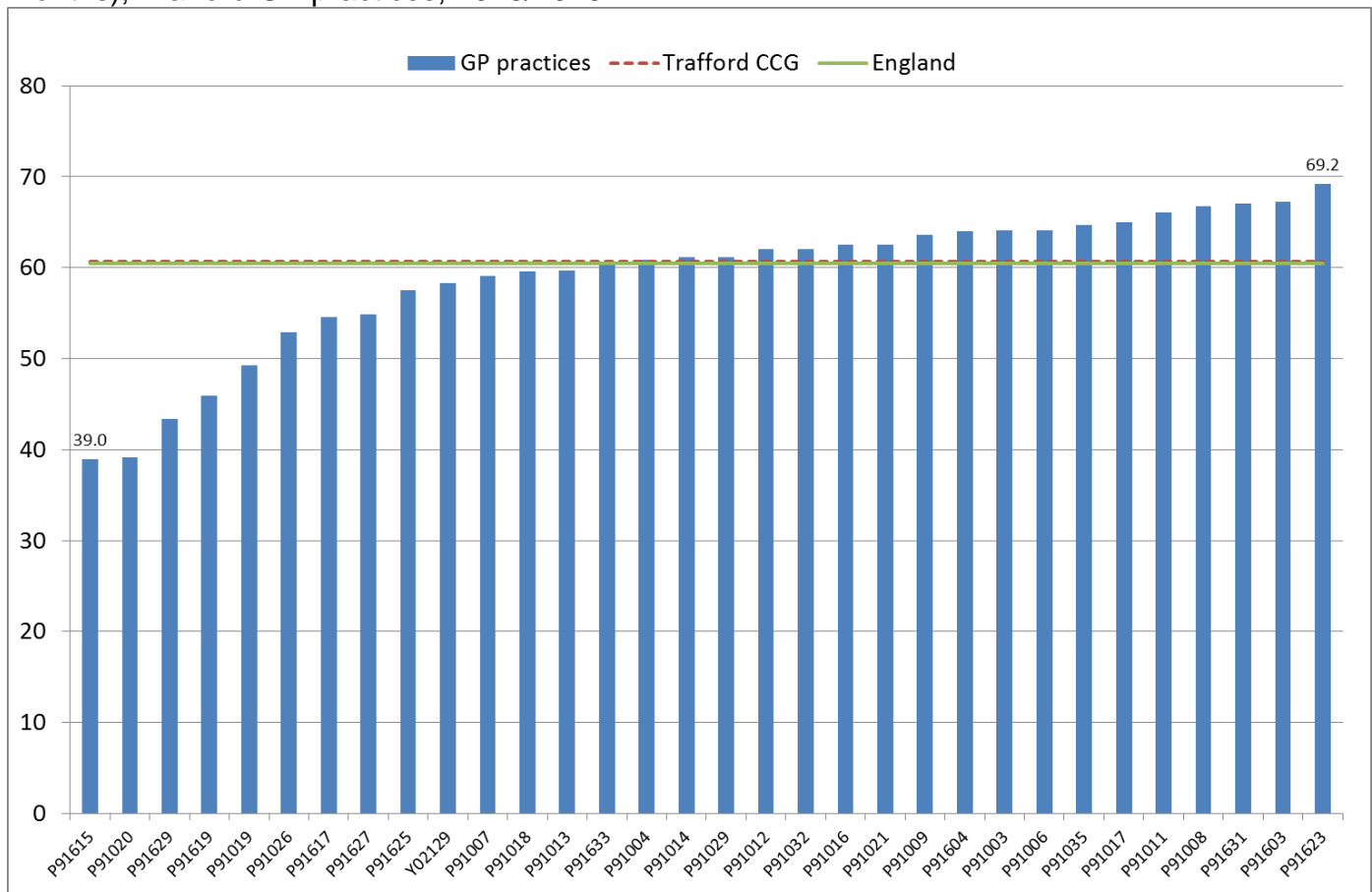
period. Evidence collated during the pilot phase of FIT reported a positive increase in screening uptake; it is thought that this is due to the test being more acceptable as only one sample is required.

People eligible for bowel cancer screening get an invitation letter, along with an information leaflet explaining screening and its possible benefits and risks. About a week later, the program sends a FIT kit with instructions on how to use it at home. Results are sent out 2 weeks after the laboratory receives the completed kit.

The bowel cancer screening test identifies traces of blood in the faeces; a positive result is not a diagnosis of bowel cancer. GP practices are notified of non-responders. Screening uptake is recorded by the NHS Bowel Cancer Screening Program within six months of the initial invite letter being sent. The screening program offers individuals with an abnormal screening result a colonoscopy.

Across Trafford there are wide variations in bowel screening coverage. In 2018/2019, coverage across Trafford NHS CCG GP practices was 60.7%, similar to the England average (60.5%), but ranging by practice from 39.0% to 69.2%. 19 out of 32 Trafford practices achieved the national target for bowel cancer screening coverage of 60%.

Figure 3.ii.: Bowel cancer screening coverage (persons aged 60-74 years screened in last 30 months); Trafford GP practices, 2018/2019^{vii}.



Source: Public Health England Cancer Services profile^{viii}

Table 3.ii: Bowel cancer screening coverage by Trafford Localities, 2018/2019.

Locality	Coverage (%)		
	Lowest	Highest	Average
North GP practices	39.0	59.6	50.5
Central GP practices	59.7	65.0	62.4
South GP practices	54.6	69.2	64.1
West GP practices	49.3	64.1	60.7
Trafford CCG practices	39.0	69.2	60.7

Source: Public Health England Cancer Services Profile^{ix}

Inequalities in screening uptake are an important public health consideration. In Trafford, areas of deprivation have higher incidence and higher mortality from cancer compared to the more affluent areas. Primary care bowel cancer screening figures show lower coverage in GP practices which are located in Trafford's North locality.

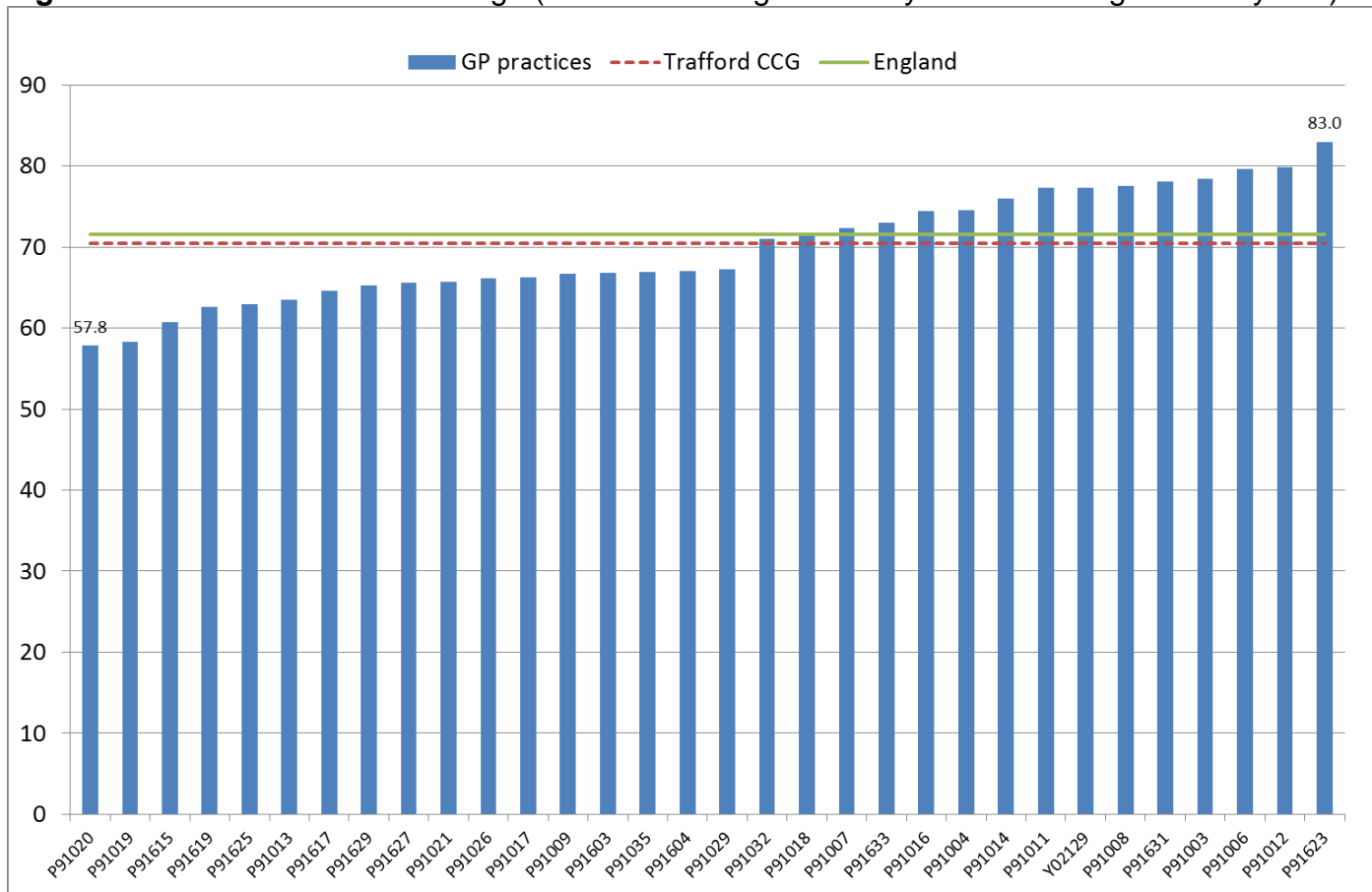
3.iii. Breast Screening

Screening aims to find breast cancers early, when they have the best chance of being cured. Breast screening uses a test called mammography which involves taking x-rays of the breasts. Screening can help to find breast cancers early, when they are too small to see or feel. These tiny breast cancers are usually easier to treat than larger ones. Overall, the breast screening programme finds cancer in about 8 out of every 1,000 women having screening.

Each year more than 2 million women have breast cancer screening in the UK. The NHS Breast Screening Programme invites all women aged between 50 and 70 years for screening every 3 years. Women need to be registered with a GP to receive the invitations.

As with the other two cancer screening programs, there is considerable variation in breast cancer screening coverage amongst different GP practices in Trafford.

Figure 3.iii.: Breast cancer coverage (% of females aged 50-70 years screening in last 3 years)



Source: Public Health England Cancer Services profile^x

Again variation in screening uptake can be seen at a locality level. A practice data issue affects locality averages; however it is again important to note the level and range in uptake in North locality.

Table 3.iii.: Breast cancer screening coverage by Trafford Localities, 2018/2019.

Locality	Coverage (%)		
	Lowest	Highest	Average
North GP practices	57.8	71.6	66.2
Central GP practices	63.4	75.9	68.3
South GP practices	64.6	83.0	73.4
West GP practices	58.3	79.8	71.5
Trafford CCG practices	57.8	83.0	70.4

Source: Public Health England Cancer Services profile

The national target for breast cancer coverage uptake is 70%, which was achieved by 15 practices.

Uptake and coverage of breast screening is affected by a number of different issues, including accessibility of the screening test, and fear and understanding of risk. The programme is supported by the UK National Screening Committee and there is an evidence base, however, ongoing global debate about the potential for over diagnosing breast cancers due to the specificity of the test, is thought to impact on uptake rates of the screening programme.

4. Trafford Improvement Approach

Trafford's successful early intervention and prevention partnership, (EIPP) is being relaunched in January 2020. Accountable to the Trafford Cancer Partnership, EIPP brings together partners from across Trafford to improve cancer screening uptake. The previous partnership was very successful, and resulted in Trafford receiving a high commendation from *Jo's Trust* in 2017 for the local cervical screening campaign^{xi}.

Current improvement work led by Public Health includes:

4.i. Supporting Cancer Research UK Facilitators

The Facilitator Programme is a free expert resource provided by CRUK, that supports healthcare professionals and organisations to improve the prevention and early diagnosis of cancer. Public Health works closely with Trafford's CRUK facilitator Andrew Beany. Andrew's role includes visiting primary care practices to;

- have in depth discussions regarding practice cancer data and support,
- support to practices to encourage uptake of the national screening programmes,
- provide training and support around NICE guidance,
- support sessions to explore how the practice carries out safety netting and SEAs.

4.ii. Primary Care Cancer Champions: Cancer Research UK and Public Health

Public Health is working in partnership with CRUK to re-establish the Practice Cancer Champion programme. This programme is designed to create additional knowledge and resource within non-clinical practice teams to support improved early diagnosis and prevention. CRUK and Public Health Trafford provide training in process, systems and operational skills necessary to support clinicians, and the wider practice team, with their workload and capacity relating to cancer. The PCCC program aims to:

- improve efficiency in management process and systems,
- improve safety netting of patients, including more efficient management of DNA's,
- develop a network of named members of your practice team to do cancer campaigns,
- provide additional knowledge and resources for RCGP and CQC auditing,
- provide additional knowledge in-practice around current cancer programs,
- promote better outcomes for patients.

In 2018, 15 Trafford's primary care practices were actively engaged in the programme.

4.iii. Community appropriate support to improve cervical screening and bowel screening uptake

Public Health Trafford have been working successfully for over three years with Voice of BME-Trafford (V-BMET) to improve cervical and bowel screening rates.

Working out of primary care practices, Aliya Bukhari and V-BMET volunteers contact patients who have, for whatever reason, failed to attend their cervical screening appointment or complete their bowel screening test. Aliya has culturally appropriate conversations about the screening programmes, addressing non-clinical issues. There has been a positive response from practices that have had Aliya and Voice of BME-Trafford working with them. Funding for this programme of work is provided under the Public Health Maple Contract which is being re-procured. The V-BMET programme is

mainly targeted at practices in the North of Trafford, however, due to practice closures during 2019-2020, this has been challenging.

4.iv. Supporting People with Learning Disabilities

Supporting all groups in our population who may find it difficult to engage in public health interventions is important if we are to improve health and wellbeing. People with a learning disability are less likely to complete their screen and consequently have poorer outcomes. Public Health is working with Trafford's Learning Disability Team (LDT) to support an increase in the completion of the bowel screening kit.

This programme of work included the LDT receiving training from the CRUK Health Facilitator. A letter was then sent to all primary care practices across Trafford to advise them about the improvement programme, which included details of how to run a search for patients with a learning disability who had not completed their screen. Practices then share this list with the LDT, who contact the patient and gain consent to discuss bowel screening and support the person to complete the test.

4.v. Evaluation and monitoring

Understanding the impact of each of these improvement programs is difficult because of wider social and economic factors. However work is ongoing to measure the contribution of each stream of work to the uptake of the three screening programmes.

5. Other Considerations for Health Scrutiny

5.i Cancer Screening and HPV Vaccination

Human papillomavirus (HPV) is a sexually-transmitted virus that is the cause of around 99.7% of cases of cervical cancer, as well as causing cancer of the head and neck, anus and genitals^{xii}. The HPV vaccination protects against some high risk strains of this virus, and is given to 12-13 year olds in 2 doses, 6 months apart. Prior to 2019, it was only given to females, but is now available to both genders. Coverage of HPV (one dose) in females in 2017/18 was 90.2% in Trafford, which was higher than the coverage in the North West (87.2) and England (86.9%)^{xiii}.

The autumn term of 2019/2020 academic year saw the introduction of the HPV vaccination to boys. Trafford's school nursing service has reported no issues and positive uptake of the vaccine across schools.

5.ii. Impact of the Richards' Report, (2019)

The Richards Review of Adult Screening Programs in England was published on the 16th October 2019. The review states that the combined five¹ UK adult programs save around 10,000 lives a year through prevention and early diagnosis and while they give us much to be proud of; they are far from realising their full potential.

¹ The five programmes are breast, bowel and cervical screening and also aortic aneurysm and diabetic retinopathy screening.

The strategic aim of the Richards' Review was to assess strengths and weaknesses in the current commissioning and delivery arrangements for the screening programs in England, to ensure that screening programs are transformed for the future to reach their full potential.

The review makes 22 recommendations to the NHS England Board and the Secretary of State. A key recommendation pertains to the oversight of delivery of all aspects of screening and recommends that this should become the responsibility of a single organisation, namely NHS England. Furthermore, that staff with specialist screening roles such as screening quality assurance should transfer to NHSE. The report is unclear on the implications to screening and immunisation teams at a GM level.

An implementation action plan will be published in spring 2020. Trafford's Public Health team are engaged with the Greater Manchester system and will monitor the implications of this review on the Trafford's system.

6. Key Questions for Health Scrutiny to consider

- Community engagement is a key aspect of improving cancer screening uptake. How can we work together to increase cancer screening uptake and reduce the inequalities?

7. Links to Corporate Priorities

Cancer screening programs link into the *Health and Wellbeing*, *Targeted Support* and a *Fairer Start to Life* corporate priorities.

8. References

ⁱ Department of Health, (2011a), The likely impact of earlier diagnosis of cancer on costs and benefits to the NHS. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123576.pdf.

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ⁱⁱⁱ Public Health England, (2016) *NHSCSP-NHS Cervical Screening Programme*.

^{iv} NHS Cancer Screening Programmes, (2013) NHS Bowel Screening Programme, www.cancerscreening.nhs.uk/bowel/fobt-work.html).

^v Trafford Council, (2012), A Picture of Wellbeing. Joint Strategic Needs Assessment-Cancer, www.infotrafford.org.uk/jsna/cancer.

^{vi} NHS England, (2019) Bowel Cancer Screening: Programme Overview, <https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>.

^{vii} Public Health England (2019) Public Health Outcomes Framework- Cancer Services <https://fingertips.phe.org.uk/profile/cancerservices/data#page/3/qid/1938132830/pat/152/par/E38000187/ati/7/are/P91004/iid/91342/age/266/sex/4>

^{viii} Public Health England (2019) *Public Health Outcomes Framework-Cancer Services* <https://fingertips.phe.org.uk/profile/cancerservices/data#page/10/qid/1938132830/pat/154/par/E38000187/ati/7/are/P91004/iid/91341/age/167/sex/2>

^{ix} Public Health England (2019) *Public Health Outcomes Framework-Cancer Services* <https://fingertips.phe.org.uk/profile/cancerservices/data#page/10/qid/1938132830/pat/154/par/E38000187/ati/7/are/P91004/iid/91341/age/167/sex/2>

^x Public Health England (2019) *Public Health Outcomes Framework-Cancer Services*
<https://fingertips.phe.org.uk/profile/cancerservices/data#page/10/gid/1938132830/pat/154/par/E38000187/ati/7/are/P91004/iid/91341/age/167/sex/2>

^{xi} Jo's Trust, (2019), Trafford receives High Commendation in national awards for cervical screening campaign,
<https://www.jostrust.org.uk/node/575875>.

^{xii} <https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/>

^{xiii} <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000043/pat/6/par/E12000002/ati/102/are/E08000009/iid/92319/age/206/sex/2>