

	Health and Well-Being Board 18 September 2014
Title	Screening Coverage and uptake in Barnet
Report of	Andrew Howe, Director of Public Health
Wards	All
Date added to Forward Plan	June 2014
Status	Public
Enclosures	Appendix 1- Screening update and coverage Appendix 2- Cancer screening commissioning update
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Summary
<p>Reporting of screening performance for local authority assurance has not yet been established by NHS England which now has the lead responsibility. Urgent resolution of this has been requested at the London Screening Board and progress is reported to Local Authority Directors of Public Health through the London Association of Directors of Public Health.</p> <p>Available performance reporting suggests that screening uptake in Barnet is improving but is still below national targets in cervical, breast and bowel screening. In response to relatively low screening uptake in London as whole, NHS England has established a London Coverage Technical Group which will oversee and ensure robust commissioning and the implementation of best practice.</p> <p>With regard to service quality, the time to receipt of result letters for women tested on the Cervical screening programme has been in breach. There have been improvements but performance remains in breach for Barnet, Enfield and Newham.</p>

Recommendations

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| <p>1. That the Committee notes that Local Authority Public Health assurance reporting is not yet in place, that the London Screening board has requested urgent resolution and the need to improve communication with London Directors of Public Health and to agree reporting arrangements with London HWBBs.</p> |
| <p>2. That the Committee notes the July 2014 NHS England screening coverage and uptake report to the London Screening Committee showing that in Barnet, Cancer screening programme coverage has been improving but remains short of national targets.</p> |
| <p>3. That the committee notes that the London Cancer Screening Performance Exception Report for Quarter 4 2013/14 reports that as of June 2014 time to receipt of result letter for women tested on the Cervical screening programme remains in breach of quality assurance standards.</p> |
| <p>4. That the Committee request further updates on this agenda to ensure that the issues raised in this report are adequately addressed through the work of the London Screening Board.</p> |

1. WHY THIS REPORT IS NEEDED

- 1.1 Cancer screening aims to identify early signs of a disease in otherwise healthy people before symptoms become apparent. Screening helps to detect physiological changes that may lead to cancer if not treated and to identify existing cancer as early as possible when the options for effective treatment are greatest. Cancer screening both prevents cancer and extends survival.
- 1.2 There are three cancer screening programmes; Breast, Cervical and Bowel. All three programmes are commissioned by the NHS England.
- 1.3 The local authority, through its Director of Public Health, has responsibility for assurance of these programmes.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Reporting of screening performance for local authority assurance is not yet in place. Urgent resolution of this has been requested at the London Screening Board and progress is reported to Local Authority Directors of Public Health through the London Association of Directors of Public Health.
- 2.2 In advance of these arrangements, this report provides a summary of information that is available regarding cancer screening performance taken from an NHS England report on coverage and uptake shared with the London Screening Board in July, the 2013/14 London Cancer Screening Commissioning Update – Annual Review and the London Cancer Screening Performance Exception Report for Quarter 4 2013/14.

- 2.3 In consideration of performance, cervical screening coverage in Barnet has increased from 64.7% to 66.7% from December 2012 to November 2013, an increase of 2.0%. Screening coverage in London has also improved from 67.9% to 69.1% within the same period however the improvement was less compared to Barnet at 1.2%. Although there is improvement in coverage, it remains below from the national target of 80.0% coverage.
- 2.4 Breast screening coverage in Barnet increased from 64.8% to 66.8% from December 2012 to November 2013 an increase of 2.0%. Coverage across London showed a slight drop from 64.3% to 63.4% in the same period. Performance nevertheless remains below the national target of 70.0% breast screening coverage.
- 2.5 Bowel screening uptake in Barnet increase from 42.3% to 55.3% from March 2013 to Feb 2014, an increase of 13.0%. This was the highest increase in uptake within the NECL patch. In London there was also a slight increase in uptake from 47.2% to 47.9% within the same time period. The improved performance is still below the national target of 60.0%.
- 2.6 In response to the failure to achieve national targets for cancer screening coverage/uptake, a longstanding issue for London, a London Coverage Technical Group has been established by NHS England which aims to ensure commissioning and implementation of best practice services across London.
- 2.7 Services are subject to monitored against quality standards overseen by regional Quality Assurance Reference Centres. The London Cancer Screening Performance Exception Report for Quarter 4 2013/14 reports a number of provider level improvements in performance. However, as of June 2014, time to receipt of result letters for women tested on the Cervical screening programme remains in breach of the 14 day turnaround for Barnet, Enfield and Newham.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None. The public health team will continue to monitor screening uptake in Barnet and work with NHSE London to bring about improvements in screening coverage, establish a system of good governance and robust reporting for LA assurance.

4. POST DECISION IMPLEMENTATION

- 4.1 It is currently not possible to offer robust assurance of Cancer Screening Programmes in Barnet. The Health and Well-Being Board will need to be satisfied that the issues are being addressed by the representative of the Association of Directors of Public Health at the London Screening Board.
- 4.2 The establishment of appropriate reporting mechanisms is currently being pursued through the Association of Directors of Public Health and its representation on the London Screening Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 This work supports the Barnet Health and Wellbeing Strategy which identifies the need to improve cancer screening uptake and survival rates.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 Screening for cancer is conducted for prevention and earlier diagnosis of cancers. Where more advanced disease is present, effective treatment options tend to be more limited and more invasive.
- 5.2.2 Funding for cancer screening programmes has transferred to NHS England although some elements continue to sit with CCGs. This presents some particular challenges for cervical screening where pathology and gynaecology services that support the service are included in block contracts. A NHSEL/CCG/Provider Task Finish Group has been formed to develop a model of co-commissioning cervical screening that supports performance and quality improvement across the entire pathway and also facilitates implementation of service developments.
- 5.2.3 PCTs originally funded mobile breast cancer units and rental for static units charged by Propco. NHS England has indicated that it has not received funding for these units. NHS England have identified this as a financial risk. The implications for future service delivery remain unclear.

5.3 Legal and Constitutional References

- 5.3.1 The Terms of Reference of the Health and Wellbeing Board are contained within the Council's Constitution (Responsibility for Functions, Annexe A) Specific Responsibilities include:

To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients

- 5.3.2 Under regulation 8 of the Local Authorities Regulations 2013, made under section 6C of the National Health Service Act 2006, local authorities have a duty to provide information and advice to relevant organisations to protect the population's health; this can be reasonably assumed to include screening and immunisation. Local authorities also provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers to ensure all parties discharge their roles effectively for the protection of the local population.

- 5.3.3 It is NHS England's responsibility to commission screening programmes as specified in the Section 7A agreement: public health functions to be exercised by NHS England¹. In this capacity, NHS England will be accountable for ensuring local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels, as specified in the Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

5.4 Risk Management

- 5.4.1 As Local Authority assurance reporting is not in place it is not possible to provide a robust overview of risks.

- 5.4.2 On the basis of the 2013/14 London Cancer Screening Commissioning Update – Annual Review and The London Cancer Screening Performance Exception Report for Quarter 4 2013/14 a number of potential risks can be identified. These include provider challenges relating to laboratory configurations and staffing and data recording, particularly for the cervical screening programme.

- 5.4.3 Financial risks for NHS England have been noted in section 5.2.

5.5 Equalities and Diversity

- 5.5.1 Equality and Diversity issues are a mandatory consideration in decision-making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256502/nhs_public_health_functions_agreement_2014-15.pdf

to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

- 5.5.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

- 5.5.3 Screening uptake is lower amongst socially deprived and ethnic minorities. Performance in relation to these groups is not presently available, but the public health team will look for assurance that the programme is reaching diverse communities.

5.6 Consultation and Engagement

- 5.6.1 N/A

6. BACKGROUND PAPERS

- 6.1 None.