

Barnet Health Overview Scrutiny Committee

Screening Report

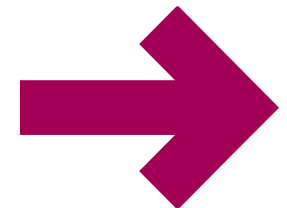
08/12/2014



Screening Report

This report is to

- Update the Barnet Health Oversight Scrutiny Committee on cancer screening programmes currently commissioned by NHS England;
- Describe the performance of screening programmes against national standards;
- Set out NHS plans to address current challenges;
- Outline governance structures for screening programmes



Screening Report

1. Borough Summary
2. Bowel Cancer Screening
3. Breast Cancer Screening
4. Cervical Screening
5. Governance

1. Borough Summary

- Barnet is maintaining coverage for cancer screening programmes;
- Uptake and coverage remain below national targets;
- There is significant variation in uptake/coverage by GP practice across all screening programmes

2. Bowel Cancer Screening

- In Q1, Barnet achieved uptake of 49.48% for bowel cancer screening in 60 – 69 year olds. This is higher than the London average of 48.1% but lower than the national target of 60%
- Uptake in 70 – 74 year olds was 49.5%; this is higher than the NCL average of 46.82% (No London data for age extended populations)
- Uptake varies by practice from 16.67% to 56.72%
- Uptake is lowest for prevalent screens, i.e., those who have never completed a kit before (40.6%) while in incident screens, i.e., those who have previously completed a kit uptake averages 81.3%
- The most significant factors affecting uptake for bowel cancer screening are age, sex, deprivation and recent migration

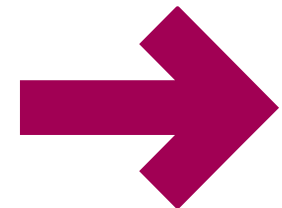
2. Challenges and Solutions

1. Increasing uptake

- Pilot of text messaging prevalent cohort
- CRUK Facilitator support to practices
- Commissioning of telephone contact with non-responders

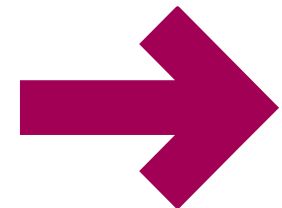
2. Implementation of Bowel Scope Screening

- Full roll-out by April 2016 across NCL
- Working with Royal Free Hospital to engage Chase Farm Hospital as partner for new screening test



2. Breast Screening

- Breast screening coverage (Q3 2013/14) has remained constant at 69%; this is slightly higher than the London average of 68.37% but less than the national target (70%);
- There is significant variation in coverage by practice, ranging from 48.31% to 88.73%; Forty one of the Barnet practices are achieving over the national target while 27 do not achieve the target;
- The unit has implemented age extension for women aged 47 – 49 and 70 – 73; there is no published data for these cohorts



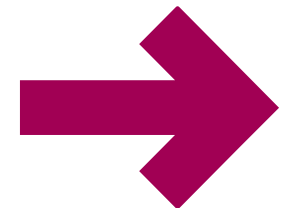
3. Challenges and Solutions

1. Improving coverage

- Screening Service CQUIN to raise uptake by 3%
 - Text messaging;
 - 2nd timed appointments;
 - Contact with women who did not attend;
- CRUK facilitator support for practices;
- Improving roundlength; ensuring 90% of women are invited within 36months of last test;
- Maintaining accurate registration and breast screening databases

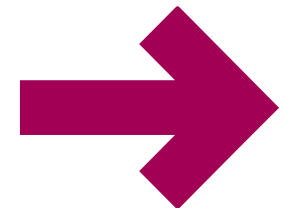
2. Finchley Memorial screening site

- Property costs funded by NHS England for 2014/15
- Property costs to be included in 2015/16 contract
- Review of static and mobile sites



4. Cervical Screening

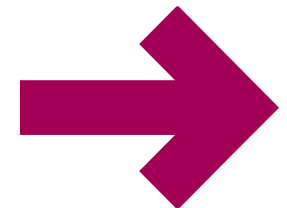
- Coverage in women aged 25 – 64 in Q1, was 72.66%, slightly lower than the London average of 73.8% and lower than the national target (80%);
- There is significant variation in coverage by practice ranging from 45.17% to 85.37%; Six practices achieved the 80% target while three practices did not achieve 60%;
- Coverage in women age 25 – 49 (invited every three years) in Q1 was 61.04%, while in women aged 50 – 64 coverage was 74.24%;
- There are high numbers of rejected samples from general practices



4. Challenges and Solutions

1. Improving Coverage

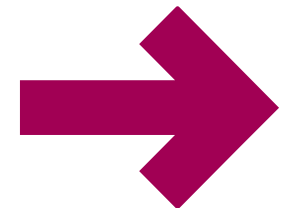
- CRUK facilitator support to practices to improve systems;
- Review of invitation letters and methods of delivery of information;
- Ensuring accuracy of practice lists and call/recall databases
- Potential commissioning of telephone contact service



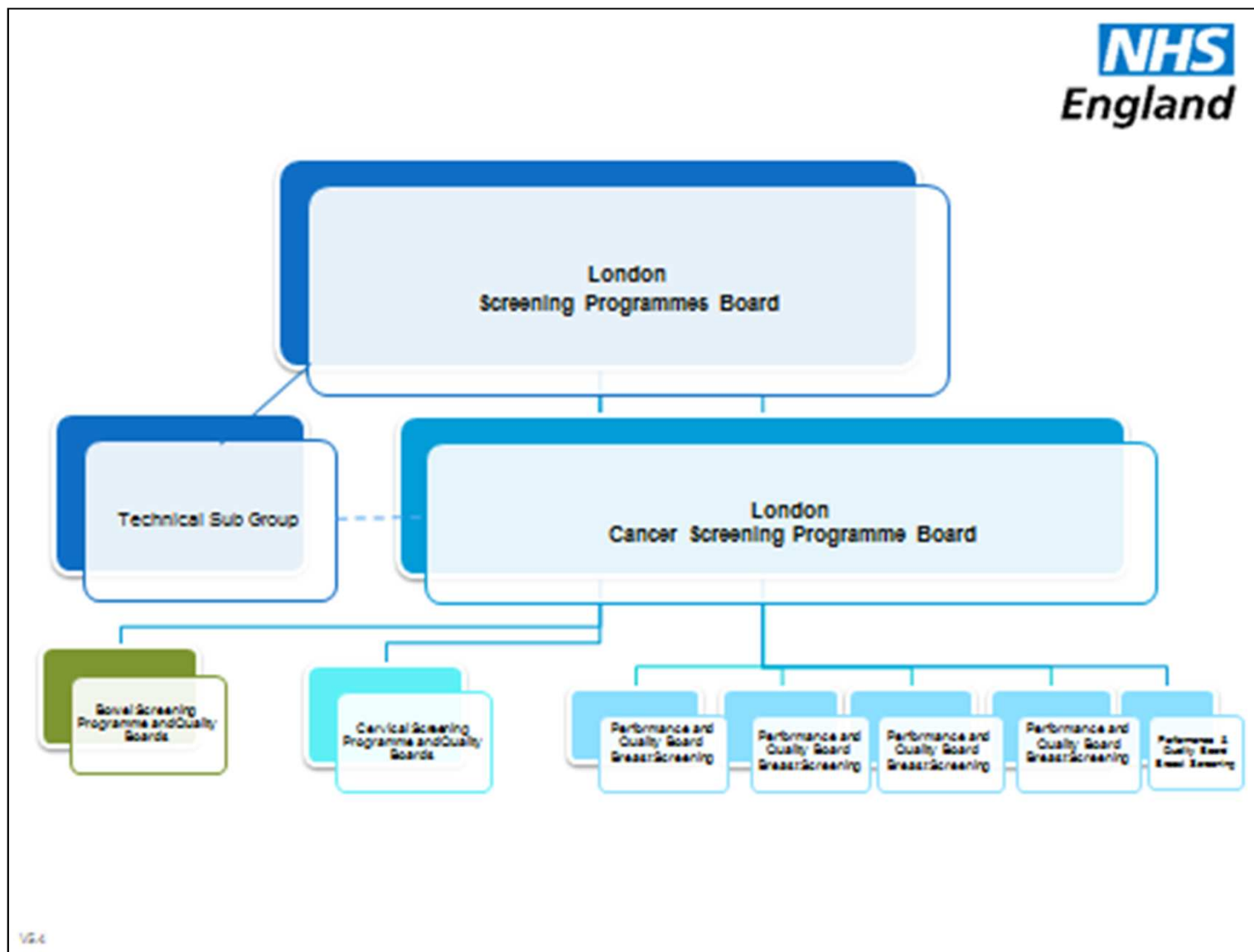
4. Challenges and Solutions (2)

1. Improving standards





- Implementation of sample acceptance policy to reduce numbers of rejected samples;
- Commissioning and implementation of London Sample Taker Database, including locum staff, to facilitate training offers
- Negotiations with Health Education England and Local Education and Training Boards to ensure availability of sample taker training
- Development of on-line training package for sample takers



5. Governance



Governance (2)

COLOUR	GROUP	CHAIR	MEMBERSHIP	TERMS of REFERENCE	FREQUENCY
	London Screening Board	NHS England (London) Head of Public Health	Head of PH NHS England (London) Head of Screening; London Leads, PHE Pop. health scrutiny Public Health LA / CCG Patch Leads Public rep QAs	<ul style="list-style-type: none"> Strategy – service developments Programmes Assurance Programme Governance (London) National view and updates Issue resolution for London 	Biannual
	London Cancer Screening Programme Board	NHS England (London) Cancer Screening Lead	London Leads, Patch Leads, CCGs CSU Public Health LA, QA, Public rep. [Prog Board Trust Reps] Labs	Programme Assurance and Strategy <ul style="list-style-type: none"> Performance data – KPIs Programme assurance Planning and overseeing implementation of service developments Overview of progress with local improvement plans Risk Register Identification of issues Overview of initiatives Inform London strategy short + long term SI overview 	4 monthly
	Technical Sub Group	NHS England (London) Head of Screening	London Leads, Patch Leads Commissioning Leads, QA Business Analytics Public Health LA CCGs	Informing commissioning of coverage and uptake <ul style="list-style-type: none"> Critical appraisal of intervention proposals Review of evidence Planning and reviewing trajectories 	Quarterly
	Performance & Quality Boards	Patch Screening Leads	London Leads, Patch Leads, Trust Reps, QA; HoMid; CCG's /CSU Reps providers inc.	Operational Performance <ul style="list-style-type: none"> Performance data Monitoring improvement plans Pathway assurances Local Programme policies Local risk registers Logging & evaluation initiatives Oversee incident management 	Quarterly

