

# Rotherham Scrutiny Report S7a Cancer Screening Programmes

June 2022

NHS England and NHS Improvement



# Introduction



The report will provide an overview of restoration and the progress made across the Public Health Section 7a Cancer Screening Programmes between April 2021 and December 2021, as this is the most recent published (shareable) data available, taking account of the challenges faced and actions taken during the Covid-19 Pandemic.

Since March 2020, the Covid-19 pandemic in combination with broader winter pressures has had a significant impact on the ability of primary care and the wider NHS to deliver routine services, including cancer screening.

As we return to more business as usual and start living with Covid, we must remain mindful of the potential for future waves (unknown in terms of timing or severity), and the emergence of new variants, which may impact on NHS services to varying degrees.

NHS England, along with partners such as the UK Health Security Agency (UKHSA) continue to monitor Covid-19 closely and continue to work with screening providers to ensure delivery of these vital services continues in line with national service specifications and standards.

The report/presentation will provide an update on key workstreams for Rotherham:

- Recovery and restoration of Bowel and Breast screening programmes which paused at the start of the pandemic in March 2020.
- Sustained delivery of Cervical Screening in Primary care - Business as Usual
- Reducing Inequalities following the impact of Covid-19 and restoration of screening programmes

The report will highlight key areas of performance, achievements and challenges associated with the delivery of the programmes, within the context of the COVID-19 pandemic.

Published performance data in this report is available here: [Public Health Profiles - PHE](#)

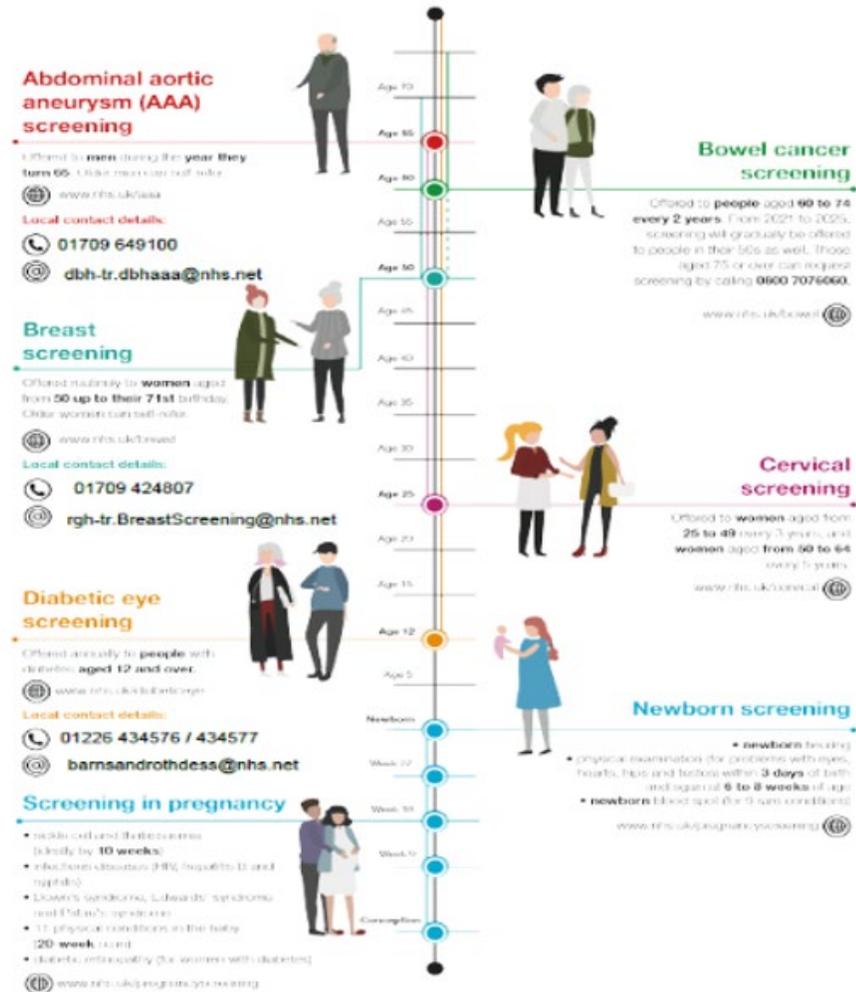
# What is screening ?



- Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. It can help spot cancers or disease at an early stage, when treatment is more likely to be successful and the chances of survival are much better. In some cases, it can prevent cancers from developing at all, by picking up early changes that can then be treated to stop them turning into cancer.
- Screening is a personal choice and is a pathway (not just a test) and people should be supported to make informed decisions on whether or not they choose to attend screening appointments. The screening provider offers information; further tests; treatment; advice and support at all stages; in order to reduce associated problems or complications.
- Whilst screening can save lives or improve quality of life through early identification of a condition and reduce the chance of developing a serious condition or its complications, it should be recognised that it does not guarantee protection. Receiving a low chance result does not prevent the person from developing the condition at a later date. To help mitigate against this, the cancer screening programmes continue at agreed intervals over a number of years as determined by the UK National Screening Committee (UKNSC).
- Screening is not 100% accurate and there is also a small possibility of false positive or false negative results, which can cause unnecessary further tests and anxiety or misplaced reassurance. The large majority of people who attend population screening will be found to have no abnormality. People who are picked up with a positive screening test result will require further tests or investigations to diagnose or rule out the disease. Where disease is confirmed, people are referred urgently to treatment services.
- Many of the conditions where screening and treatment are offered disproportionately affect people from socio-economically deprived backgrounds and/or those with protected characteristics (as defined in the Equality Act 2010). Levels of participation vary between and within national screening programmes. Generally, people who might be at higher risk from a condition being screened are less likely to participate. It is important that screening programmes are effective and reach out to those in greatest need.

# Screening timeline

## Population screening timeline



## Why is it important ?

- 375,400 New cases of cancer in the UK (2016-18 average).
- 166,533 Deaths from cancer in the UK (2016-18 average).
- 50% Survive cancers for 10 or more years (2010-11 England, Wales)
- 38% Cancer cases are preventable (UK 2015)

<https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk>

# Commissioning Responsibilities and Quality Assurance

- NHS England are responsible for the commissioning and oversight (commissioning, delivery, quality, and safety) of all programmes under the Section 7a Public Health Agreement (delegated responsibility from the Secretary of State for Health), which includes the national screening and immunisation programmes.
- NHS cancer screening programmes in Rotherham are commissioned by NHSE North East and Yorkshire (NEY), Yorkshire and Humber Public Health Programme Team. As part of the national changes to the public health system and the development of UKHSA, in October 2021, the public health team, transferred from Public Health England (PHE) to NHSE.
- The delivery and quality of the screening programmes are supported by the Screening Quality Assurance Service (SQAS), who also transferred from PHE to NHSE in October 2021. Whilst routine quality assurance visits were ceased during the pandemic, SQAS have continued to have strong engagement with and provided ongoing support and advice to all screening programmes and the commissioners. Routine monitoring and assessment processes are being restored from April 2022.

# NHSE Governance approach



**The NHSE Governance approach** is supported by Six-monthly South Yorkshire & Bassetlaw programme boards which have continued for each of the cancer screening programmes. These bring colleagues from all programme providers and stakeholders for each programme together to drive quality improvement across the screening pathway and facilitate shared learning across the system.

Interim monitoring takes place through monthly meetings between the provider and the public health programme team, these are supported by regular data submissions required from the screening providers. In addition, where concerns are identified, these are raised within NHSE public health programme team for further discussion and supports decision making and escalation/management as required, this may include contract discussions or escalation to NSHE commissioning management group.



# Summary of Key 2021/22 Objectives



- Restore screening programmes that were paused at the start of the pandemic, returning to business as usual as soon as possible. Guidance relating to restoration and what that meant/entailed was issued by the relevant national programme team, as this differed from programme to programme, but all considered the following principles/elements:
  - Completing the pathway for patients who have already started the programme or been invited
  - Restoring all parts within the pathway including onward referral
  - Inviting high risk or surveillance patients
  - Inviting all eligible new patients and inviting all on time
- Work with all partners to identify and address inequalities in screening uptake. Improve equity of access to the cervical screening programme and halt the decline in uptake, especially amongst the younger aged cohort (25-49 years).
- Continue to progress with reducing turnaround times for cervical screening sample results to be reported



# Restoration Definitions



## Cervical Screening

- Whilst invitations for cervical screening were initially paused nationally, invites and screening activity began again on 6th June 2021, returning to normal (pre-pandemic) from October 2020. Colposcopy services continued to invite and see women based on risk stratification – seeing high risk women.
- The lab continued to receive and process samples and provided reports to the public health programme team on GP activity.

## Breast Cancer Screening

Clearance of any backlog and achievement of 90% round length (36 months between last screen and next test due date). Invites/activity was risk stratified to ensure those at highest risk were seen as early as possible.

- Tier 1 - high risk women
- Tier 2 - screen positives in the pathway
- Tier 3 - screening results not processed
- Tier 4 exclusions – people currently in the breast screening pathway
- Tier 5 - People delayed an invitation

## Bowel Cancer Screening

All programmes were paused for new patients (the posting of new kits was paused), however the bowel screening hub continued to process any returned kits.

Invites (sent from the bowel cancer screening hub) recommenced in line with the capacity and capability of each screening centre. For SYB, restoration was achieved in August 2021.



# Achievement of Key 2021/22 Objectives



- Restore screening programmes that were paused at the start of the pandemic.

All Rotherham cancer screening programmes restored by April 2022 and have a renewed focus on health inequalities. NHSE&I are assured through monthly provider meetings of progress made, continuation of service delivery and equity of access with targeted support to underserved communities. This is supported by the Y&H Inequalities action plan.

- Work with all partners to identify Inequalities in screening uptake

The health facilitator team (RDASH) in Rotherham have and continue to support the Learning Disability (LD) Flagging project developed across South Yorkshire to ensure anyone with an identified LD flag on their record will be offered support (including accessible information) for them to participate in bowel screening when they are due.

- Improve equity of access to the cervical screening programme and halt the decline in uptake, especially amongst the younger aged cohort (25-49 years).

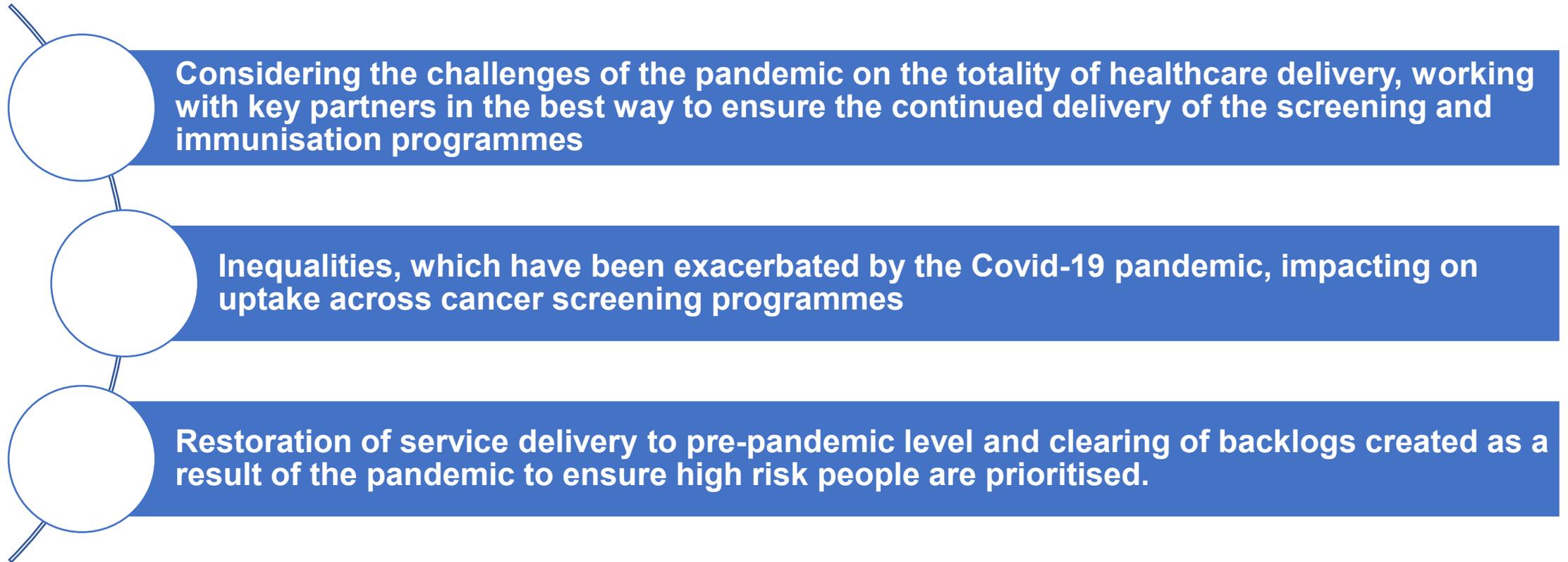
Behavioural science theories have been introduced to all Rotherham PCNs to support cervical screening uptake and at this present time there are 3 PCNs that are now showing an interest in completing the training and implementing the behavioural science nudges within invites by letter, SMS text message reminders and telephone scripts.

- Continue progress with reducing turnaround times for cervical screening sample results to be reported

Gateshead NHS Foundation Trust (cervical screening lab) are now processing above pre-covid levels of samples, although the number of samples received has continued to fluctuate. The Lab through their action plan have seen an improvement in performance, reducing the turnaround time for reporting on samples that are HPV positive. Work is ongoing to ensure this is sustained, although the lab continue to experience challenges in relation to workforce.



# Challenges and Risks



# Workstreams Update – Cervical (1/2)

## Primary Care

In line with national primary care guidance on prioritisation, all practices in Rotherham have continued to offer cervical screening. Coverage shows a slight decrease in the uptake to previous years in 25-49 cohort and an increase in the uptake in the 50-64-year cohort. This is data from when Covid restrictions were still in place.

The collaborative partnership with the SYB ICS Cancer Alliance continues with the implementation of the innovative behavioural science approach using nudges and bespoke targeted messages within invites by letter, SMS text message reminders and telephone scripts to reach underrepresented groups and influence their behaviour to partake in cervical screening programme. Three PCNs in Rotherham have shown an interest in completing the behaviour science training and implementing some of the nudge theories. This approach will continue to be offered to the remaining PCN/practices within Rotherham.

## Gateshead Cytology Laboratory

Our regional laboratory for primary care cervical screening samples is based at Gateshead Health NHS Foundation Trust.

Data from December 2021 shows 80% of samples are HPV tested and reported on within 7 days of receipt from across Yorkshire and Humber.

For those that are HPV positive and go on for cytology, turnaround times continue to breach the 14-day standard, with reporting cervical cytology samples currently at 22 days across SY&B, although this is an improvement on the previous year. Work with the lab is ongoing to reduce this to the 14-day standard. Where a sample requires follow up, referrals are sent directly to local colposcopy unit with no delay, thus minimising any risk to women. Additional cytology capacity has been added through bank staff and overtime.

## Colposcopy

The Rotherham NHS Foundation Trust (TRFT) is the local colposcopy provider. Whilst the unit currently reports a higher number of referrals compared to the same period last year, all grades of referral (low and high risk) continue to be managed in line with national standards.

## Integrated Sexual Health (ISH)

On the 1st April 2022 the Integrated Sexual Health Service at The Rotherham NHS Foundation Trust implemented the delivery of Cervical Screening for eligible people who access this service to increase the uptake of cervical screening in Rotherham.

# Workstreams Update – Cervical (2/2)



## Objectives for Cervical Screening within the Health Improvement Plan

1. Continue to roll out behavioural science nudge work to assist practices to increase uptake of women who don't usually take up the offer of screening.
2. Continue to identify and specifically target any inequalities related to ethnicity and deprivation.
3. Ensure all practices continue to offer screening as a priority service despite other challenges resulting from the Covid-19 pandemic.

**Table 1: Screening Coverage Data % Uptake 2018/2019, 2019/2020 and 2020/2021 as a comparison**

Year	2018/2019	2019/20	2020/21		
Screening programme	Cervical	Cervical	Cervical	Cervical	Cervical
Cohort	Females, 25-64, attending cervical screening within target period (3.5- or 5.5-year coverage, %)	Females, 25-64, attending cervical screening within target period (3.5- or 5.5-year coverage, %)	Females, 25-64, attending screening within target period (3.5- or 5.5-year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5- or 5.5-year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5- or 5.5-year coverage, %)
Standard	80%	80%	80%	80%	80%
Lower threshold	75%	75%	75%	75%	75%
England	72.6%	72.2%	No longer reported as a full cohort	69.1%	75.0%
Rotherham	76.1%	76.6%	75.4%	74.4%	77.0%

# Workstreams Update – Bowel (1/2)



## Service Overview

Bowel cancer screening for the population of Rotherham is coordinated by the South Yorkshire & Bassetlaw Bowel Screening Centre. Work has continued throughout the pandemic to restore the programme and clear the backlog created by the initial pause in screening during the early stages of the Covid-19 pandemic.

## Restoration

The South Yorkshire & Bassetlaw Bowel Screening programme has restored to achieve the six-week standard of sending out invitations, for the local population invitations are now within this standard.

## Age Extension

The Rotherham NHS Foundation Trust Hospital (and all Hospital Trust's across SYB) agreed to commence implementation of the Age Extension programme from 4th January 2022.

The Age Extension will be a phased approach (see below) over a four-year period reducing the age of bowel cancer screening to 50-year-olds. The order in which each cohort is to be invited is based on modelling undertaken by the UK National Screening Committee.

The agreed starting age for bowel screening age extension is 56 years, allowing people who would have previously been eligible for bowel scope screening at age 55 years as part of the bowel screening programme to be invited first (as bowel scope screening is no longer offered)

- Year 1 invites will be sent to all 56-year-olds
- Year 2 invites will be sent to 58-year-olds
- Year 3 invites will be sent to all 54-year-olds
- Year 4 invites will be sent to all 52- and 50-year-olds

## Learning Disabilities Project

The Public Health Programme Team established a working group to implement a flagging system within the service user's health record which prompts the provision of easy read invite letter and screening kit with easy read instructions and support to make reasonable adjustments by the community learning disability team if required. Rotherham are progressing this work in collaboration with The Health Facilitator Team RDASH, CCG, Primary Care colleagues and the bowel hub in Gateshead. This work has now commenced and is endorsed by all GP practices in Rotherham.

# Workstreams Update – Bowel (2/2)



Table 2: Bowel Screening % Uptake 2018/2019, 2019/2020 and 2020/21 as a comparison

Year	2018/19	2019/20	2020/21
Screening programme	Bowel	Bowel	Bowel
Cohort	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)
Standard	60%	60%	60%
Lower threshold	55%	55%	55%
England	60.5%	63.8%	66.8%
Rotherham	62.0%	65.1%	68.6%

# Workstreams Update – Breast (1/2)



## Service Overview

The Breast screening service for the local population is delivered at The Rotherham NHS Foundation Trust Hospital. Despite pausing at the beginning of the Covid-19 pandemic, the programme has worked hard to restore the programme.

Nationally submitted KPIs monitoring data were paused during the pandemic.

Data source: [Public Health Profiles - PHE](#)

## Recovery

Restoration has progressed well, with the Rotherham Breast Screening programme having restored from their backlog created during the Covid-19 pandemic meaning that they have now returned to their normal 36-month next test due date (previously round length) and inviting women who are now due for screening.

The data provided in table 3 below shows activity for the year March 2020 to April 2021, displaying an adequate uptake of around 60.9%. NHSE are currently working with the provider in the development of an improvement plan which will include a review of why women Did Not Respond (DNR) to invite and complete targeted work to encourage non-responders back into the service.

Rotherham breast screening moved to open invites on a national directive to support restoration and ensure that the reduced capacity was maximised. The service are still operating open invites; however, they are reviewing whether to resume to a fixed invite offer due to higher uptake pre pandemic and to also allow them the ability to manage workforce with demand and capacity.

In July 2021, NHSE provided additional funding to the programme to allow them to introduce text messaging with the expectation that they continue to utilise this beyond service restoration as evidence shows that this is best practice. Rotherham breast screening programme have continued using text messaging which includes behavioural science nudges in prepared texts to encourage women to attend for screening. Rotherham breast screening service have already seen an increase in screening attendance in the short time that these messages have been utilised.

## Workstreams Update – Breast (2/2)

Table 3: Breast Cancer Screening % uptake 2018/2019, 2019/20 and 2020-2021 as a comparison

Year	2018/19	2019/20	2020/21
Screening programme	Breast	Breast	Breast
Cohort	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)
Standard	80%	80%	80%
Lower threshold	70%	70%	70%
England	71.6%	70.0%	61.3%
Rotherham	75.7%	74.0%	60.9% *

\* Unvalidated data indicates a significant improvement, bringing current uptake much closer to previous years.

# Objectives for Rotherham 2022/23



- Maintain assurance from programmes that they can deliver screening to all eligible cohorts in line with national service specifications, standards and/or guidance.
- Work collaboratively with Breast Screening Programme to increase uptake by identifying those women who have not responded to their initial invite and complete targeted work to encourage non-responders back into the service.
- Continue to roll out the use of behavioural science nudges across Rotherham to support cervical screening uptake.
- Work collaboratively with current CCG to ensure all practices continue to offer cervical screening as a priority and that they review their communications with patients and use the behavioural science techniques on offer to improve uptake.
- Continue to work with the health facilitator team (RDASH) in Rotherham to ensure anyone with a LD diagnosis feels supported to participate in Bowel screening through proactive phone calls.
- To work collaboratively with the CCG, Local authority and cancer screening providers to ensure that the LD Rotherham case register is shared with all 3 cancer screening programmes to enable reasonable adjustments to be made including easy read invites and information
- To strengthen collaborative working with Rotherham CCG, Local Authority, cancer screening providers and any other partners on the development of intervention/project plans which will facilitate and/or support the increase of screening attendance and ensure equity of access across all three cancer screening programmes.
- Utilise Inequalities and Early Diagnosis (IED) Board and other ICS/Place Forums to report and monitor progress and improvement 22/23