

Cancer Screening in Southwark – an update

Southwark's Joint Strategic Needs Assessment

Health Protection

Southwark Public Health

March 2023

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GATEWAY INFORMATION

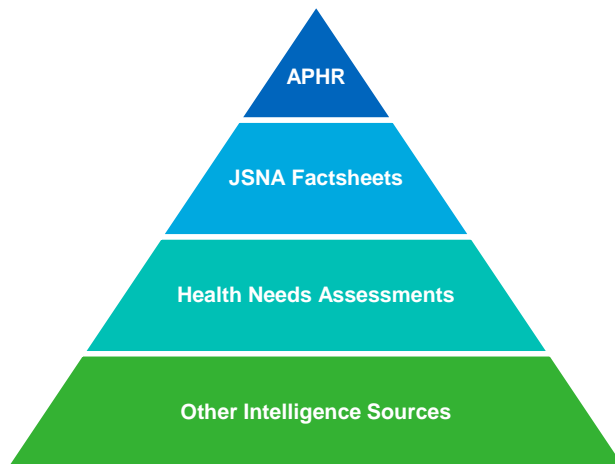
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Health needs assessments form part of Southwark's joint strategic needs assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This document aims to provide post-pandemic recommendations for improving cancer screening coverage

AIMS & OBJECTIVES

The document aims to provide an update on cancer screening in Southwark, and produce a series of recommendations to improve coverage, and reduce inequalities in cancer screening in the borough. The objectives of this report are to:

- Update on national and local policy and activities around cancer screening
- Review epidemiology data and cancer screening coverage to understand impact of the COVID-19 pandemic and current need in Southwark, drawing comparison with London and England.
- Describe variation in screening coverage across Southwark, and identify inequalities in coverage.
- Consider potential solutions and make recommendations, taking into account stakeholder views on barriers to uptake, and evidence on how coverage can be increased.

This report will provide local stakeholders with an overview of the needs of the local population and potential methods through which those needs could be met.

This is an addendum to previous Southwark JSNA conducted prior to the COVID-19 pandemic for cervical, bowel and breast cancer (completed in 2018-20).

- Please refer to previous JSNA for further context regarding cancer, cancer screening and intervention options. Available at: <https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/health-conditions-and-health-care?chapter=2>.

References

1. Southwark Council (2019) Cervical Cancer Screening JSNA 2019. Available at: <https://www.southwark.gov.uk/>
2. Southwark Council (2019) Bowel Cancer Screening JSNA 2018. Available at: <https://www.southwark.gov.uk/>
3. Southwark Council (2019) Breast Cancer Screening JSNA 2020.

This document used the terms “coverage” and “uptake”, which are different yet highly interdependent

DEFINITIONS

Definitions for uptake and coverage for screening are provided below. They are different, yet highly interdependent. As screening uptake falls, so does coverage. Some data sets used within this document report coverage, whilst others report uptake.

- **Coverage** is defined as the percentage of those eligible for the screening programme who have been screened adequately within the specified period (e.g. for cervical screening, within previous 3.5 years for woman aged 25-49, and within previous 5.5 years for woman aged 50-64).
- **Uptake** refers to the percentage of woman eligible for screening in any particular period (usually year) who have been adequately screened in that same period.

References

1. Southwark Council (2019) Cervical Cancer Screening JSNA 2019. Available at: <https://www.southwark.gov.uk/>
2. Southwark Council (2019) Bowel Cancer Screening JSNA 2018. Available at: <https://www.southwark.gov.uk/>
3. Southwark Council (2019) Breast Cancer Screening JSNA 2020.

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Cancer screening programmes are recovering, but further work is needed, particularly for breast screening

EXECUTIVE SUMMARY

- Significant work has taken place to recover screening following the pandemic, however improving cancer screening coverage remains a priority.
- Breast cancer screening uptake decreased during the pandemic, whilst cervical screening uptake was not impacted and bowel screening uptake increased. Inequalities remain for all screening programmes with lower uptake amongst Black, Asian and Other Ethnic minorities, more deprived individuals (except cervical), and those with learning disabilities (except breast).
 - Breast screening uptake is limited by staffing, booking system issues, and low public awareness.
 - Cervical screening uptake is limited by call-recall system and low-uptake in vulnerable groups.
 - Bowel screening uptake is limited by lack of public awareness and complex cultural, religious and language barriers, in addition to more practical barriers in disabled groups.
- Across breast, cervical and bowel screening programmes, we recommend community engagement, primary care involvement and staffing support. Work to improve breast cancer coverage is a priority.
 - For breast screening, we recommend continued primary care involvement and engagement with the community sector. We support the transition back to timed invites. National and regional support to improve mammography capacity is also required.
 - For cervical screening, we recommend call-recall improvements, improved support for low uptake groups and investment in sample-taker training and staffing support for colposcopy.
 - For bowel, we recommend continued community engagement and primary care involvement to tackle inequalities in uptake as well as continued work to raise awareness of the programme.

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Cancers of the breast, bowel and cervix are leading causes of mortality, morbidity and illness in the UK

INTRODUCTION: CANCER

Breast cancer is the most common type of cancer in the UK, with around 1 in 7 women diagnosed with breast cancer during their lifetime.

- Early diagnosis of breast cancer considerably reduces mortality, so it is important cases are detected early via effective screening programmes.
- In the UK, ethnic minority women show lower incidence of breast cancer compared to white women, however this is largely explained by differences in risk factor prevalence, rather than ethnicity itself.
- There have been reports of poorer breast cancer outcomes in ethnic minority groups. This may be partially explained by tumour profiles, as ethnic minority women have been shown to have more aggressive tumour profiles compared to white women.

Bowel cancer accounts for 10% of all new cancer diagnoses and is the second biggest cause of cancer death in England.

- However, around 90% of people diagnosed with bowel cancer will survive for 5 or more years post diagnosis *if* their cancer is detected at the earliest stage.
- Bowel cancer mortality shows substantial inequality, with deaths more common in people living in more deprived communities.
- Those from an ethnic minority background are also more likely to present with more advanced tumors at the time of diagnosis.

Nine new cases of cervical cancer are diagnosed every day in the UK, but 99.8% are preventable or treatable if detected early.

- Cervical cancer incidence has been decreasing since the introduction of screening, and is projected to fall in future decades due to introduction of human papillomavirus (HPV) vaccination programme.
- There are significant inequalities in cervical cancer incidence and mortality, with higher proportions of cases and deaths linked to deprivation.

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1. Cancer Research UK: Statistics by cancer type www.cancerresearchuk.org [Accessed 10 2022]
2. Gathani T., et al, 2021. Ethnicity and the tumour characteristics of invasive breast cancer in over 116,500 women in England.
3. Gathani T., et al, 2021. Ethnicity and breast cancer in the UK: Where are we now?
4. A Askari et al., 2017. The relationship between ethnicity, social deprivation and late presentation of colorectal cancer.
5. Tanton, C., et al, 2015. HPV infection and cervical cancer prevention: evidence of differential uptake of interventions.
6. Castanon A et al, 2018. Prediction of cervical cancer incidence in England, UK, up to 2040, under four scenarios: a modelling study.

Screening and early diagnosis programmes aim to reduce cancer morbidity and mortality

SCREENING AND EARLY DIAGNOSIS IN SOUTHWARK

Programme	Purpose	Aim	Eligibility	Location
NATIONAL SCREENING PROGRAMMES				
NHS Cervical Screening Programme	Tests for HPV types which can cause abnormal cell changes. If positive, a cytology test is recommended to check for abnormal cells, which can develop into cancer if untreated	Reduce the incidence of cervical cancer	People with a cervix aged 25 – 64 (every 3-5 years, depending on age)	Primary Care (Guys and St Thomas' for HPV testing)
NHS Bowel Cancer Screening Programme	Faecal Immunochemical Test (FIT) tests for blood in stool, this can be a sign of colorectal cancer / other problems.	Reduce incidence and mortality from bowel cancer by detecting cancers and polyps that may become cancerous	Aged 56-74 (every 2 years). To be expanded to aged 50-74	At home test-kit
NHS Breast Screening Programme	Use mammography radiography to detect small changes in the breast before other symptoms or signs of breast cancer develop	Detect breast cancer earlier, improving prognosis and chance of breast-conserving surgery	Woman aged 50–70 (every 3 years) Those at very high risk* (may be recalled annually from 20 years) and those at moderate risk* (may be recalled from 40 years) *due to genetic factors or past radiotherapy exposure	Static / mobile units (various SEL locations)
LOCAL EARLY DIAGNOSIS PROGRAMMES				
Targeted Lung Health Check Programme (TLHC)	National NHS pilot being trialled in Southwark. Purpose is to identify those at high risk of lung cancer, and diagnose early using phone risk assessment, spirometry, anthropometry and low-dose CT scans.	Improve early diagnosis of lung cancer, and other diseases, improving treatment success, and reducing mortality.	Aged 55-75 years that have ever smoked.	Mobile Units (Old Kent Road)
NHS Galleri trial	Galleri® is a test that can detect signs of many cancers from a blood sample. NHS-Galleri® is a trial to see how well the test works in the NHS.	See if using the Galleri® test alongside existing cancer screening can help to find cancer earlier.	Aged 50-77 without symptoms or a recent history of cancer	Mobile Units
Opportunistic PSA Testing	Prostate specific antigen (PSA) test is a blood test that can help diagnose prostate cancer and other prostate problems	Diagnose prostate cancer earlier, reducing mortality	Aged 45+ AND family history of prostate cancer / Black / Caribbean ethnicity	Primary Care

References

1. NHS (2020) *Cervical screening*. Available at: <https://www.nhs.uk/conditions/cervical-screening/>
2. NHS (2021) *Bowel cancer screening*. Available at: <https://www.nhs.uk/conditions/bowel-cancer-screening/>
3. National Institute for Health and Care Excellence (2022). *Breast screening*. Available at: <https://cks.nice.org.uk/topics/breast-screening/>
4. NHS (2022). *South East London Lung Health Checks (2022)*
5. NHS (2022). *NHS Galleri Trial. About the trial*. Available at: <https://www.nhs-galleri.org/about-the-trial>
6. SELCA (2022) *PSA Testing in Primary Care*. <https://selondonccg.nhs.uk/>

Recent JSNAs have identified breast, bowel and cervical screening uptake in Southwark is sub-optimal

KEY FINDINGS FROM RECENT JSNA

- Breast screening uptake in Southwark does not meet the national standards. Several underserved groups are known to have a higher mortality from breast cancer. Work required includes:
 - Targeted work to improve uptake in underserved groups include certain minority ethnic groups, those living in the most deprived areas, and those with disabilities.
 - Collection of data on protected characteristics.
- Cervical screening coverage in Southwark has gradually declined in recent years. Those most at risk of cervical cancer are also least likely to be screened. Work required includes:
 - Targeted work is needed with underserved groups including aged 25-29, certain minority ethnic groups, disability groups, socially deprived, less educated and transient populations.
 - Training of sample takers, reducing inadequate sample rates.
 - Improving IT infrastructure.
- Rates of bowel screening remain substantially below both the London and national average, and the level required for the programme to be effective in reducing mortality. Uptake is particularly low in certain groups, such as Black men, people that do not speak English as a first language, and people who are housebound.
- All three JSNA's identified an absence of a co-ordinated, borough-specific strategy, with ongoing initiatives operating in isolation from one another, and sometimes without a strong evidence base.

References

1. Southwark Council (2019) *Cervical Cancer Screening JSNA 2019*. Available at: <https://www.southwark.gov.uk/>
2. Southwark Council (2019) *Bowel Cancer Screening JSNA 2018*. Available at: <https://www.southwark.gov.uk/>
3. Southwark Council (2019) *Breast Cancer Screening JSNA 2020*.

2019 Cervical Screening Inequalities Report suggested sharing learnings and focused work with certain groups

KEY FINDINGS CERVICAL SCREENING INEQUALITIES REPORT

Inequalities in cervical screening coverage exist in Southwark. Several groups show coverage below both the Southwark GP average of 66%, and ideal target of 80%:

Strong evidence

- Those aged 25-29 (57%), those of Pakistani (55%), Indian (54%), Chinese (52%), Asian/Asian British ethnicity, White Gypsy/Irish Traveller (55%) ethnicity and non-black mixed ethnicity have lower screening coverage in Southwark
- Those who are geographically resident and registered with a GP in the northern part of Southwark, particular Rotherhithe have lower cervical screening coverage, falling below 60% in some northern wards
 - Post-report stakeholder feedback in 2022 suggests uptake in Rotherhithe may be higher than it appeared in this report due to high European population in this ward. Private or overseas cervical screens are not included in data. European population often have distrust in British system and may be obtaining cervical screening in their home country, where it tends to be offered more frequently.
- There is substantial variation by GP practice in general with coverage falling below 60% in one IHL Federation affiliated GP practice and five QHS affiliated GP practices

Good evidence

- Current smokers (61%) and those with a BMI <18.5 categorised as underweight (57%) have lower screening coverage

Weak evidence

- Despite only limited analysis being possible due to poor quality coding and small sample sizes, below average screening coverage was noted among housebound (31%), HIV Positive individuals (35%) and those with a learning disability (39%) in Southwark

References

1. Southwark Council (2019). *Identifying inequalities in cervical screening in Southwark.*

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National policy encourages a regional and local focus on screening to recover cancer outcomes post-pandemic

NATIONAL POLICY CONTEXT (1 OF 2)

NHS Long Term Plan (NHS LTP) (January 2019) set ambition for 75% of cancers to be diagnosed at stages 1 and 2 by 2028

- Commitment to introduce personalised screening and maximise identification via population screening.
- NHS Cancer Programme to deliver nationally, and Alliances and Integrated Care System (ICS) locally.

COVID-19 pandemic led to reduced referrals from screening and primary care (2020-21)

- No national directive to pause screening however widespread local agreement to pause NHS Bowel and Breast Screening services during first wave (March 2020). All programmes continued through second (September-December 2020) and third waves (July-August 2021)
- Public hesitancy to attend healthcare settings was observed.
- More cancers diagnosed later, associated with worse prognosis.

NHS Cancer Services Recovery Plan (December 2020) set-out three aims for recovery:

- Restore demand to pre-pandemic levels.
 - Screening restoration and awareness campaign (“Be Clear On Cancer”).
 - Cancer Alliances encouraged to lead local initiatives to increase screening uptake.
- Reduce number of people waiting longer than they should (increasing endoscopy capacity).
- Ensure sufficient capacity to manage future demand (system-wide working recommended).
- Plans additionally hoped to install confidence in COVID-19 safety of screening, lock in pandemic innovations, restart NHS LTP activities that aid recovery (including TLHC) and tackle inequalities.

References

1. NHS (2019). *The NHS Long Term Plan*. Available at: www.longtermplan.nhs.uk
2. NHS (2021). *NHS Cancer Programme: Quarterly Report Overview*. Available at: <https://www.england.nhs.uk/cancer/quarterly-report-overviews/q4-2021-q1-2122/>
3. NHS (2020). *NHS Cancer Programme: Cancer services recovery plan*. Available at: <https://www.england.nhs.uk/coronavirus/publication/cancer-services-recovery-plan/>

National policy encourages a local focus on screening to recover cancer outcomes post-pandemic

NATIONAL POLICY CONTEXT (2 OF 2)

Early Cancer Diagnosis included in Network Contract Direct Enhanced Service (October 2020) meaning Primary Care Networks (PCNs) are required to improve local uptake

- Outlines that a community of practice-level clinical staff should be set-up to deliver, with engagement from Patient Groups, Secondary Care, Cancer Alliance and Local Authority Public Health (LA PH).

NHS Planning Guidance (March 2021) asked Cancer Alliances asked to draw up ICS delivery plan including plans for screening restoration and Targeted Lung Health Checks (TLHC)

- Target to address shortfall in number receiving first cancer treatment by March 2022.

There has been significant investment in service recovery and workforce training (2021/22). Department of Health and Social Care (DHSC) released 10-year Cancer Plan Call for Evidence (March 2022)

Recommendations include:

- Introduction of new targeted cancer screening programmes for high-risk groups (e.g. using genetic risk profiling).
- Expansion of TLHC and bowel cancer screening programme.
- Harnessing technological advancements.
- Support for public to make informed decision regarding screening participation, taking into account cultural sensitivities, and those with complex needs and disabilities.
- National awareness campaigns and joint campaigns with cancer charities.

References

1. NHS (2020). *Network Contract Directed Enhanced Service (DES) Contract Specification 2020/21 – Primary Care Network Entitlements and Requirements*. Available at: <https://www.england.nhs.uk/>
2. NHS (2021). *2021/22 priorities and operational planning guidance*. Available at: <https://www.england.nhs.uk/>
3. NHS (2022). *10-Year Cancer Plan: Call for Evidence*. Available at: <https://www.gov.uk/government/consultations/10-year-cancer-plan-call-for-evidence/>

Local documents highlight screening as a priority in Southwark, both pre- and post- pandemic

LOCAL POLICY CONTEXT

Following reduced uptake of cancer screening and early diagnosis services in Southwark during the pandemic, cancer screening is a priority for the borough.

- Pre-pandemic strategies including “5 year Cancer Commissioning Strategy for London 2015-2020” and “Southwark’s Health and Wellbeing Strategy 2015-2020” highlight the need for improvements in screening uptake.
- All three cancer screening programmes were paused at points during COVID-19 pandemic, however Bowel Screening was only paused for one week in January 2021, and one in April 2021. Cervical Screening Programmes were also promptly restarted after being paused in first wave.
- Until May 2020, residents at increased risk of severe illness with COVID-19 advised to “strictly follow distancing measures”. In May, advice amended to encourage unwell residents, or those cared for by Guys and St Thomas’ (GSTT) / Kings College Hospital (KCH) to access screening.
- Post-pandemic documents including “2022-23 Council Delivery Plan” and “Southwark’s Joint Health and Wellbeing Strategy 2022-2027” highlight that improving cancer screening uptake remain a priority for Southwark.
- South East London (SEL) ICS highlighted work to improve cancer screening uptake as a key step to implementing the NHS LTP.
- South East London Cancer Alliance (SELCA) have an “early diagnosis programme” which aims to increase early diagnosis of cancer, and improve access to screening by working with system partners across SEL.

References

1. NHS (2014). *Five year Cancer commissioning Strategy for London*. Available at <https://www.england.nhs.uk/>
2. Southwark Council (2015). *Southwark’s Health and Wellbeing Strategy 2015-2020*. Available at: <https://modern.gov.southwark.gov.uk/documents/>
3. Southwark Council (2022). *Southwark Council Delivery Plan (CDP) – Performance Challenge 2022-23*
4. Southwark Council (2023). *Southwark’s Joint Health and Wellbeing Strategy 2022-2027*.
5. SELCA (2022). *Screening and earlier diagnosis*. Available at: <https://www.selca.nhs.uk/professionals/latest-guidance-and-resources/screening-and-earlier-diagnosis>

Reach of NHS breast screening in Southwark has been limited by capacity issues

RECENT CHANGES FOR BREAST SCREENING (1 of 2)

National aim to restore intervals to 3 year round length by March 2022

- There has been some national investment in recovery of breast screening services including £22 million invested on COVID-secure adjustments and £50 million to build recovery capacity.
- Several local documents have been developed to inform approach to recovery:
 - Breast Cancer Screening Uptake Initiatives - Evidence Review (Aug 2020).
 - Southwark Breast Screening Communications and Engagement Plan (October 2020) which aimed to increase uptake prior to move to open invites, with a focus on low-uptake groups.
 - SEL Breast Screening Uptake Review analysed 2020/21 uptake data (2021).
 - Southwark Breast Screening Toolkit developed for use by other LA PH teams.
- In SEL, during the COVID-19 pandemic, a large backlog of woman were overdue for their screening invite. Round length intervals were longer than 3 years, and women were being recalled later for their first mammogram (recall by 52 years and 11 months). Reasons include:
 - Pause to breast screening during Spring/Summer 2020. Delay reopening due to need for close client-clinician interaction, and strict infection Prevention Control (IPC) requirements.
 - Longer appointment times due to IPC requirements.
 - Shortage of clinical staff (including mammographers).
- Nationally-mandated invitation transition, from timed appointments to open invites.
 - Change aimed to reduce number of non-attenders (DNAs).
 - Invitee must call phone-line or use web system to schedule appointment. Web system is not fit for purpose. Phone line has long delays and operators speak English only.

References

1. NHS (2021). *NHS Cancer Programme: Quarterly Report Overview*. Available at: <https://www.england.nhs.uk/cancer/quarterly-report-overviews/q4-2021-q1-2122/>
2. Southwark Council (2020). *Breast cancer screening uptake initiatives v4*.
3. Southwark Council (2020). *Southwark Breast Cancer Screening Communications and Engagement Plan*.
4. *SELCA (2021)*. Breast Screening Uptake Review 2021.

Reach of NHS breast screening in Southwark has been limited by capacity issues

RECENT CHANGES FOR BREAST SCREENING (2 of 2)

Significant progress has been made with clearing the COVID-19 invite back-log

- SEL have transitioned back to invitation via timed appointment, rather than open invitation. The SEL Breast Screening Unit have worked with London Breast Screening Hub to invite almost all of the COVID-19 invite backlog in SEL, via either open invitation or timed appointment.
- SEL Breast Screening Unit and London Breast Screening Hub are working to invite people for first mammogram by 50 years and 0 months (during COVID-19 pandemic this figure was 52 years and 11 months).
- Recall is now being done by next test due date (NTT), instead of previous system based on date of birth and postcode.
- Health promotion specialist (one year contract) and a separate administrative role to be employed by SEL Breast Screening Unit from April 2023.
- Challenges remain:
 - Restoration of 3-year interval round length has not yet been met (SEL target for restoration is Autumn 2023)
 - Those who do not attend or do not book first appointment, do not currently receive a second timed appointment. They must instead proactively self-refer back into screening programme.
 - SMART algorithm for appointments is not working effectively in the post-COVID climate. The algorithm is designed to enable more efficient use of staff time by booking multiple individuals who have a low likelihood of attending their appointment into the same slot.

References

1. NHS (2021). *NHS Cancer Programme: Quarterly Report Overview*. Available at: <https://www.england.nhs.uk/cancer/quarterly-report-overviews/q4-2021-q1-2122/>
2. Southwark Council (2020). *Breast cancer screening uptake initiatives v4*.
3. Southwark Council (2020). *Southwark Breast Cancer Screening Communications and Engagement Plan*.
4. SELCA (2021). *Breast Screening Uptake Review 2021*.

NHS bowel and cervical screening in Southwark have both transitioned to a new primary test (1 of 2)

RECENT CHANGES FOR BOWEL SCREENING

Roll-out of new Faecal Immunochemical Test (FIT) test for bowel screening, with improved sensitivity and sample collection compared to guaiac faecal occult blood test, the previous test (December 2019)

- In England, Bowel Scope screening was decommissioned due to service pressures, workforce constraints, low appointment attendance and challenges rolling out the service in an equitable manner. Decommissioning the service released workforce and resources to expand FIT testing to a younger cohort (a LTP commitment), and enable endoscopy services to recovery from the COVID-19 pandemic. (December 2020).
- NHS Recovery Programme (December 2020) and Planning Guidance (March 2021) encouraged action to improve endoscopy / imaging capacity. This included colon capsule endoscopy pilot, new clinical prioritisation and substituting CT colonography for colonoscopy.
- Phased expansion of population eligible to FIT test to additionally include 50-59 year olds (began April 2021).
- KCH issuing invitations above pre-pandemic levels in September 2021. Between January 2022 and 3 October 2022, invitations rose by $\approx 30\%$ from 900 per week.

References

1. NHS England (2019). *Roll-out Of The New Bowel Cancer Screening Test – Faecal Immunochemical Test (Fit)*. Available at: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/04/220119-briefing-for-gps8-bh-290119.pdf>
2. Bowel Cancer UK (2021). *Bowel scope screening is stopping in England. What is the future of bowel cancer screening?* Available at: <https://www.bowelcanceruk.org.uk/news-and-blogs/research-blog/bowel-scope-screening-is-stopping-in-england/>
3. NHS (2021). *NHS Cancer Programme: Quarterly Report Overview*. Available at: <https://www.england.nhs.uk/cancer/quarterly-report-overviews/q4-2021-q1-2122/>
4. NHS (2020). *NHS Cancer Programme Cancer services recovery plan*. Available at: <https://www.england.nhs.uk/>
5. NHS (2021). *2021/22 priorities and operational planning guidance*. Available at: <https://www.england.nhs.uk/>
6. NHS King's College Hospital (2021). *Health Promotion at Kings Bowel Cancer Screening Centre*.

NHS bowel and cervical screening in Southwark have both transitioned to a new primary test (2 of 2)

RECENT CHANGES FOR CERVICAL SCREENING

UK NSC recommended cervical test change from cytology to HPV testing (2017)

- Associated recommendation for all UK nations to extend the screening intervals from three to five years (2019). Scotland and Wales have implemented this, whilst England and Northern Ireland have not. Nationally, preparatory work is underway to support extension, if approved
- Associated recommendation for more evidence into self-sampling (2019). HPV Validate study in England is investigating effectiveness of self-sampling. YouScreen study is integrating self-sampling into CSP across North East London. UK NSC in discussion with NHS about the possibility of offering self-sampling as a primary test.
- Expansion of colposcopy service capacity to meet post-pandemic demand in Southwark, including out of hours clinics at KCH and GSTT, largely reliant on good will of staff to take on additional shifts. Increased colposcopy demand expected in 2023, as many individuals who tested negative three years ago via cytology, will test positive with more sensitive HPV test.

References

1. UK NSC (2022). UK NSC minutes March 2022. Available at: <https://www.gov.uk>
2. NHS The small C (2022). YouScreen. Available at: <https://www.smallc.org.uk/youscreen>

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There are notable national inequalities in breast, bowel and cervical cancer incidence, prognosis and mortality

THE NATIONAL PICTURE

People from an ethnic minority background or people living in more deprived communities in England tend to face higher rates of diagnosis, poorer outcomes and have lower screening uptake.

- People in more deprived groups are more likely to be diagnosed with, and die from bowel or cervical cancer [1][3]. They also are less likely to take up bowel or cervical screening [4].
- Contrary to most other cancer types, the incidence of breast cancer trends in the opposite direction, with rates being 14% lower in the most deprived communities compared to the least [1].
- This may be due to the presence of 'over diagnosed' cases, where some cancers grow so slowly that if they went undetected by screening they would not be harmful and unlikely to be diagnosed [5]. As screening uptake is substantially lower in more deprived communities [2], this may explain lower rates.

Figure 1: Breast cancer incidence rates per 100,000 population, by deprivation quintile, 2013 to 2017

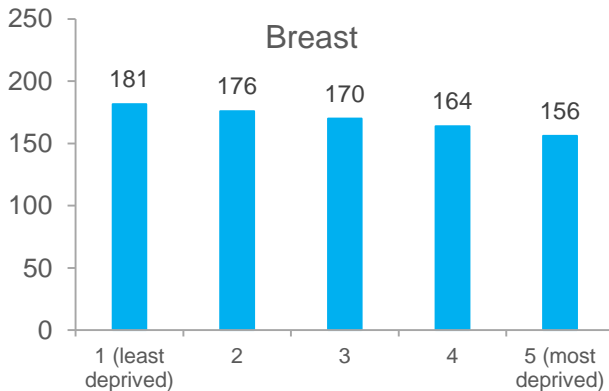


Figure 2: Cervical cancer incidence rates per 100,000 population, by deprivation quintile, 2013 to 2017

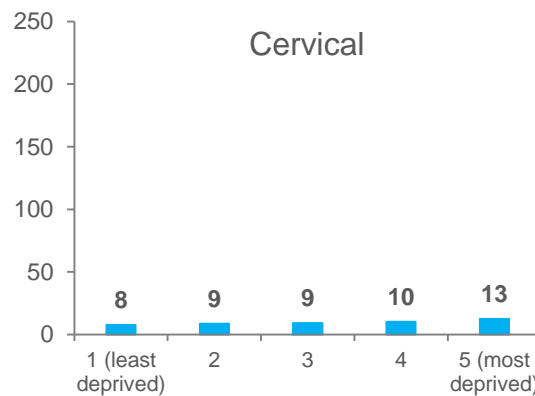
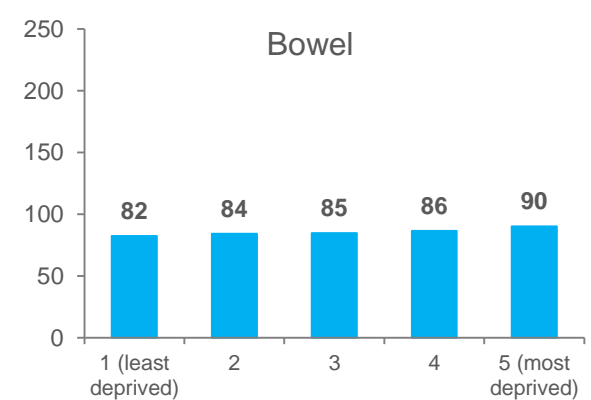


Figure 3: Bowel cancer incidence rates per 100,000 male population, by deprivation quintile, 2013 to 2017



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1. Cancer Research UK. Statistics by cancer type [Accessed 10 2022]
2. Moser, K., et al, 2009. Inequalities in reported use of breast and cervical screening in Great Britain.
3. Tanton, C., et al, 2015. HPV infection and cervical cancer prevention: evidence of differential uptake of interventions.
4. Von Wagner, C., et al, 2011. Inequalities in participation in an organized national colorectal cancer screening programme.
5. Marmot MG, et al. The benefits and harms of breast cancer screening: an independent review. Br J Ca. 2013.

Nationally, uptake of breast cancer screening has seen a substantial decrease in the past year

THE NATIONAL PICTURE

Since the most recent pre-pandemic year in 2018/19, there has been substantial increases in bowel screening uptake, and decreases in breast screening uptake.

- Breast cancer screening uptake in England has decreased by almost 10 percentage points (*pp*) from 72% in 2018/19 to 63% in 2020/21. This may be the result of an already declining trend which was worsened by the pandemic.
- Cervical screening coverage remained stable between 2018/19 and 2020/21 in both females aged 25 to 49 years, and 50 to 64 years.
- In the past 5 years, bowel cancer screening uptake in England has increased by 10 *pp*, with uptake in 2020/21 at 71%, seeing an increase over the pandemic period.

Figure 4: Persons screened for breast cancer within 6 months of invitation, 2016 to 2021

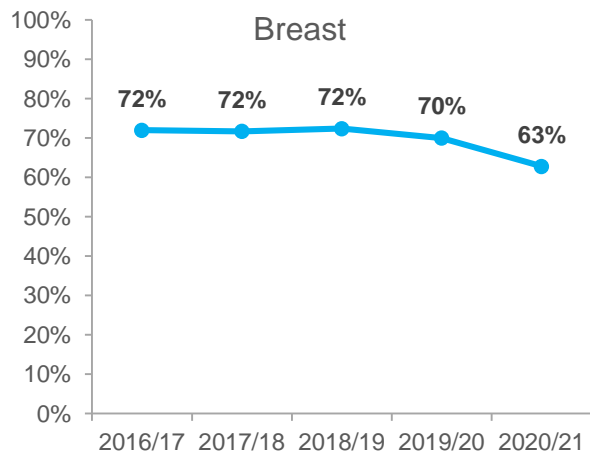


Figure 5: Persons attending cervical screening within the last 42 months, 2016 to 2021

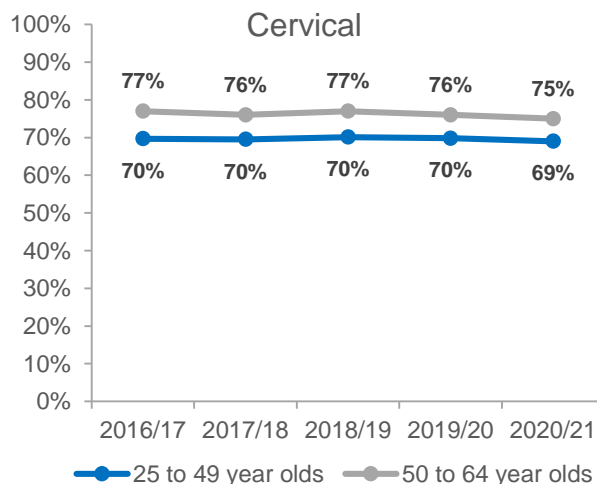
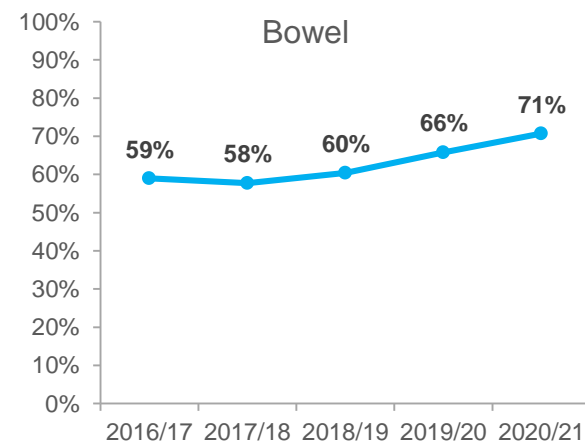


Figure 6: Persons screened for bowel cancer within 6 months of invitation, 2016 to 2021



References

1. Office for Health Improvement and Disparities, Public Health Profiles. 2022.

Uptake of breast, bowel and cervical screening remains lowest in those living in most deprived areas nationally

THE NATIONAL PICTURE

In England, uptake of cancer screening is substantially higher in those living in least deprived areas.

- Pre-pandemic (2016/17-2018/19), the difference between screening uptake in the most deprived quintile compared to least deprived quintile was around 8% for bowel, 7% for breast, and 5% for cervical screening. For cervical screening, the difference is larger in those aged 25 to 49.
- Post-pandemic (2021) this figure has remained similar for all the screening programmes, increasing by 1 *pp* for breast and cervical, and 2 *pp* for bowel. This suggests that despite observed increases or decreases in uptake across the screening programmes nationally, there has been neither improvement nor widening of inequalities following the pandemic.

Figure 7: Breast cancer screening coverage 2017 to 2021, by most and least deprived quintiles

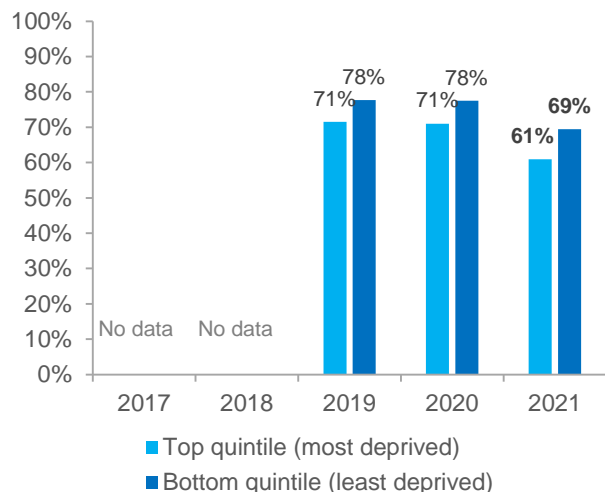


Figure 8: Cervical cancer screening uptake 2017 to 2021, by most and least deprived quintiles

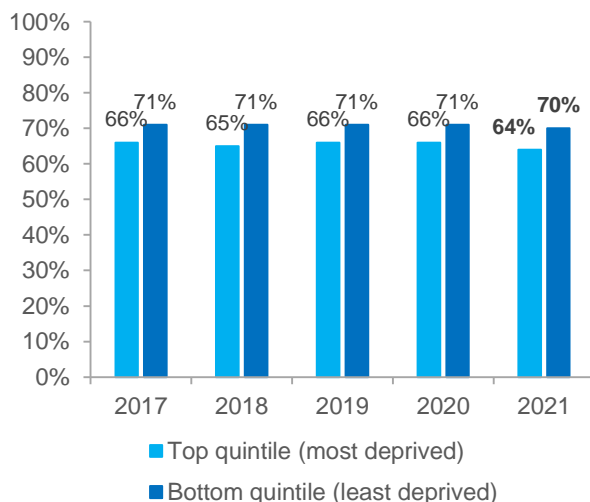
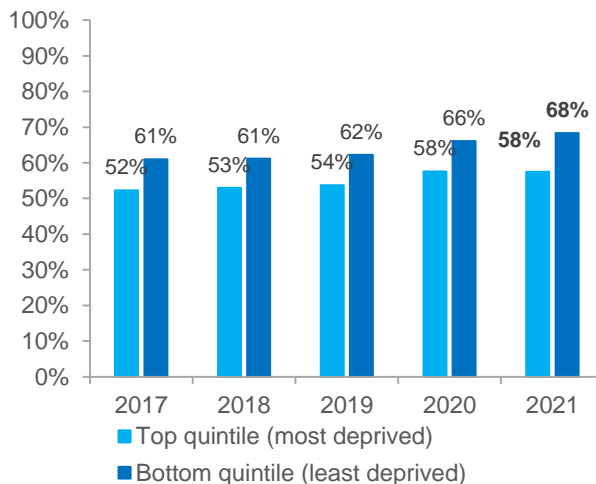


Figure 9: Bowel cancer screening coverage 2017 to 2021, by most and least deprived quintiles



References

- Office for Health Improvement and Disparities, Public Health Profiles. 2022.

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In Southwark, incidence and premature mortality from breast cancer have been steady over recent years

THE PICTURE IN SOUTHWARK

Incidence rate and premature mortality rates of breast cancer have been relatively steady over the past decade

- There were 805 cases of breast cancer in Southwark in 2015-2019 period. The incidence rate of breast cancer in Southwark has been consistently below regional and national levels between 2001-03 and 2012-16, however this difference is small.
- There were 194 breast cancer premature deaths in 2015-2019 period. For 2016-2018 and 2017-2019, the under 75 mortality rate (premature mortality) from breast cancer in Southwark is higher than across SEL and England, however this difference is small.

Figure 10: Age-standardised incidence rate per 100,000 people for breast cancer (3-year average), 2001 to 2016

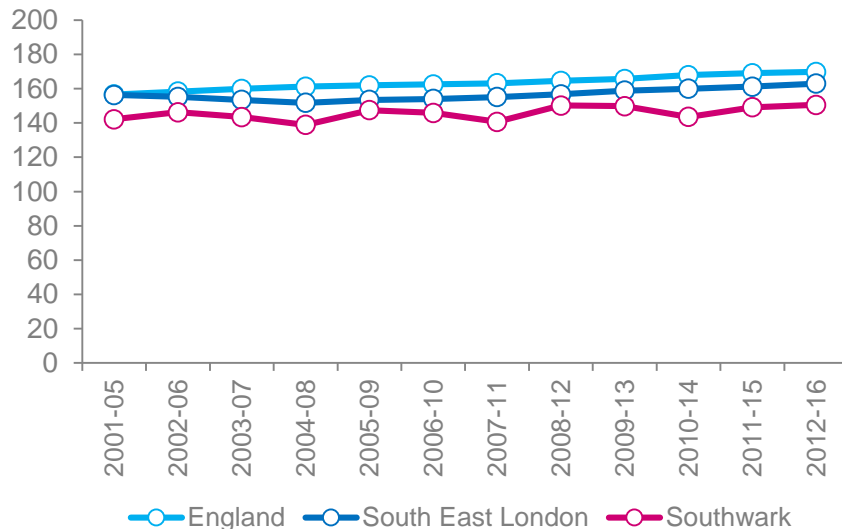
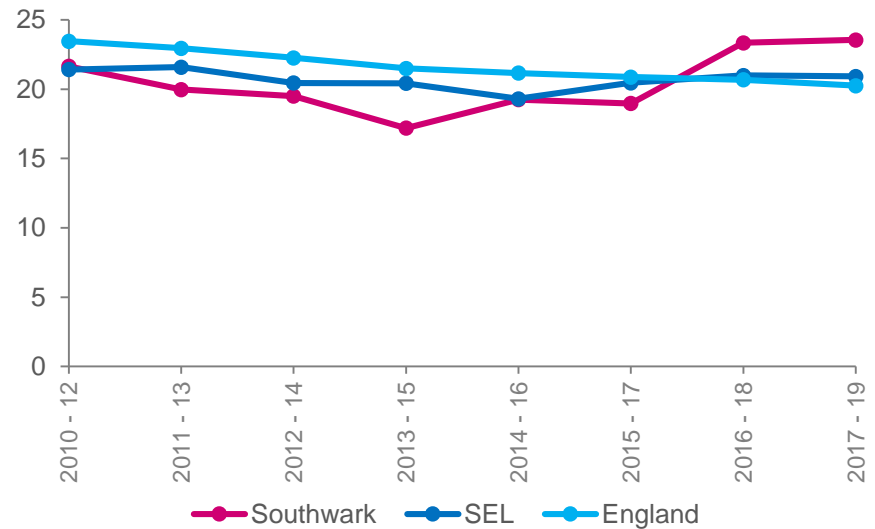


Figure 11: Under 75 mortality rate per 100,000 people from breast cancer (3-year average), 2010 to 2019



References

- Office for Health Improvement and Disparities, Public Health Profiles. 2022.
- Breast Screening. Southwark's JSNA. Southwark Council: London. 2019.

In Southwark, uptake of breast cancer screening has decreased substantially since 2019

THE PICTURE IN SOUTHWARK

Uptake of breast cancer screening among Southwark GP-registered patients has decreased notably in the past three years, decreasing by over 10% (a tenth) over the period.

- Similar declines in screening uptake were seen across neighbouring Lambeth, SEL and London, with uptake remaining similar to Lambeth.
- Monthly data shows a gradual decline in breast cancer screening uptake in the period before pandemic onset. This therefore suggests that the pandemic may have exacerbated an already worsening trend in uptake, but is not the sole reason for the decline.

Figure 12: Uptake of breast cancer screening pre-pandemic and post pandemic

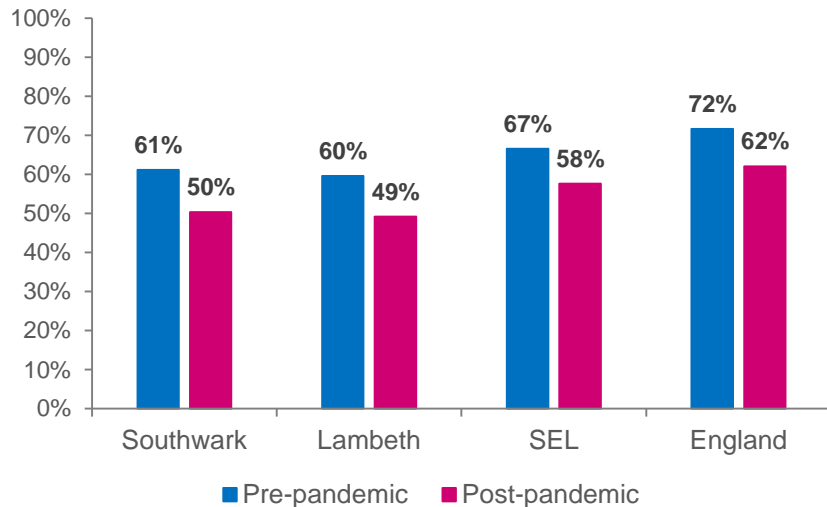
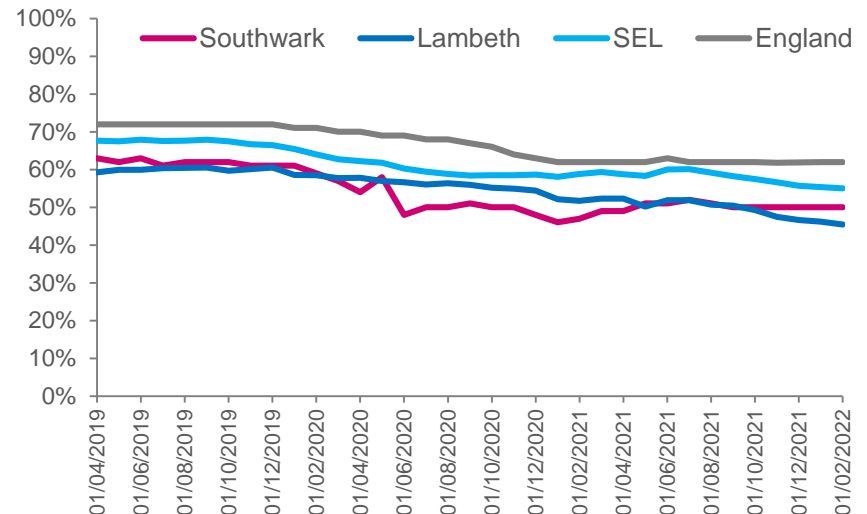


Figure 13: Monthly breast cancer screening uptake, from 1 April 2019



Note: Pre-pandemic refers to April 2019 to March 2020, and post-pandemic refers to March 2021 to February 2022

References

1. Cancer Screening Dashboard. South East London Integrated Care System, Oct 2022.

In Southwark, breast cancer screening coverage is much lower among residents living in the least deprived areas

THE PICTURE IN SOUTHWARK

There is currently considerable inequality in breast cancer screening coverage among Southwark residents from the most deprived areas, compared to the least.

- Screening coverage is currently 16 *pp* lower in Southwark residents living in the most deprived areas, compared to the least.
- This inequality is more marked than seen across Lambeth, but significantly lower than is seen across SEL as a whole, where the difference is 39 *pp*.
- The inequality has worsened substantially since 2020, with most of the observed decrease in screening coverage in Southwark being among those living in the most deprived communities in the borough.

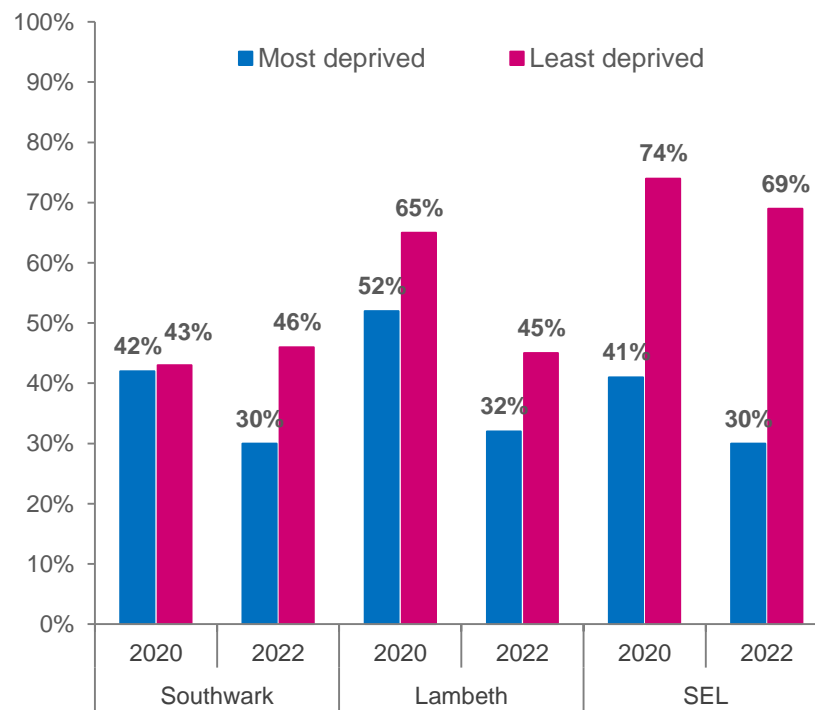
Note: Breast screening coverage corresponds to the percentage of eligible individuals who have been screened in the past 3.5 years. In South East London, invitation is currently taking place “out of round length” for some, meaning some individuals are being invited more than 3 years after their previous invite, some of these individuals will likely be screened more than 3.5 years after their previous screening, and so will not count towards those screened in coverage data. For this reason, breast screening coverage must be considered alongside breast screening uptake. See slide 5 for definitions of coverage and uptake.

2020 measurement is taken at 1 April 2020; 2022 measurement at 1 October 2022.

References

1. Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

Figure 14: Breast cancer screening coverage in the most deprived and least deprived quintiles, 2020 and 2022



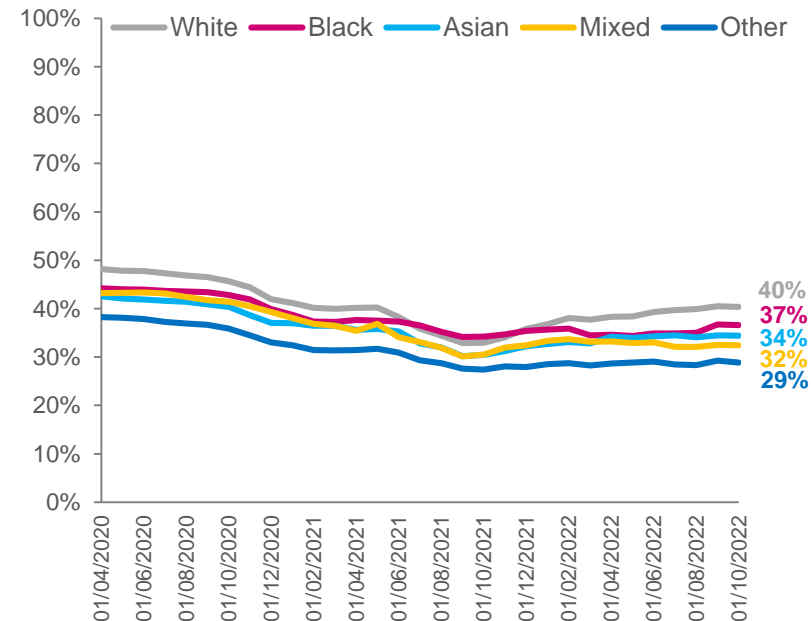
In Southwark, breast screening coverage is lowest among those from an “Other” or “Mixed” ethnic background

THE PICTURE IN SOUTHWARK

Since April 2020, there has been a decline in breast cancer screening coverage among all broad ethnic groups in Southwark.

- Since 2020, the largest decline in coverage has been seen among those from a ‘Mixed’ ethnic background, decreasing by 11 *pp* over the period to October 2022.
- Over the two years, there has been little change in the inequality between ethnic groups with coverage decreasing by similar amounts across most groups.
- Those from a ‘Mixed’ ethnic background have consistently had the lowest screening coverage, with current coverage of less than one third (29%).
- Coverage has remained highest among those from a ‘White’ ethnic background.

Figure 15: Breast cancer screening coverage in Southwark, by ethnic group, from 1 April 2020



Note: Breast screening coverage corresponds to the percentage of eligible individuals who have been screened in the past 3.5 years. In South East London, invitation is currently taking place “out of round length” for some, meaning some individuals are being invited more than 3 years after their previous invite, some of these individuals will likely be screened more than 3.5 years after their previous screening, and so will not count towards those screened in coverage data. For this reason, breast screening coverage must be considered alongside breast screening uptake. See slide 5 for definitions of coverage and uptake.

References

1. Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

In Southwark, premature mortality from bowel cancer has decreased over the past decade, but remains high

THE PICTURE IN SOUTHWARK

There has been gradual improvement in premature mortality rates from bowel cancer among Southwark residents, while nationally the rate has remained steady.

- There were 575 cases of colorectal cancer in Southwark in 2015-2019 period. Recent estimates put the incidence rate of colorectal cancer in Southwark to be similar to other boroughs in SEL, and to England.
- There were 126 premature deaths from colorectal in 2015-2019 period. The under 75 mortality rate from colorectal cancer was higher than the SEL, London, and national averages between 2010 and 2017. However, mortality rates have improved in recent years and are now similar to that seen across SEL and nationally.

Figure 16: Age-standardised incidence ratio of colorectal cancer, 2015-2019

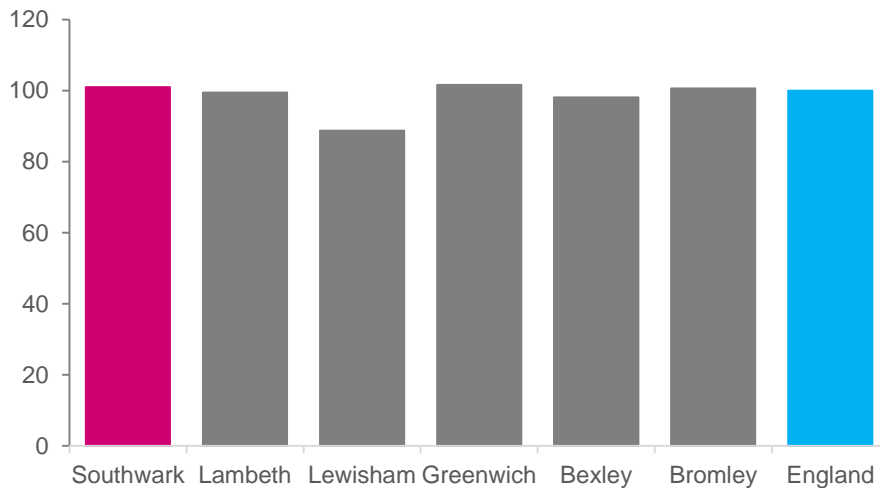
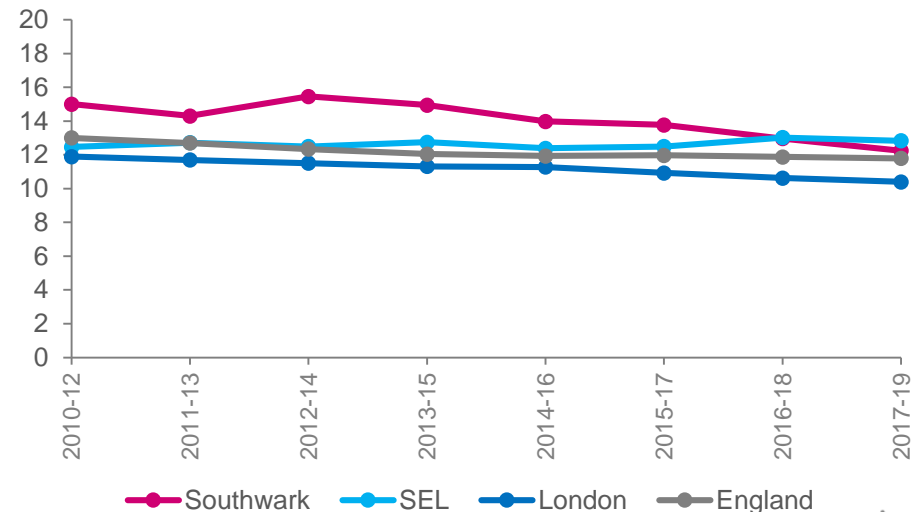


Figure 17: Under 75 mortality rate per 100,000 people from colorectal cancer (3-year average), 2010 to 2019



References

1. Office for Health Improvement and Disparities, Public Health Profiles. 2022.
2. A review of bowel cancer screening in Southwark. Southwark's JSNA. Southwark Council: London. 2018.

In Southwark, uptake of bowel cancer screening has increased substantially in recent years

THE PICTURE IN SOUTHWARK

Uptake of bowel cancer screening among Southwark GP-registered patients has increased significantly since 2019, rising by around a tenth over the period.

- Similar improvements in uptake were seen across neighbouring Lambeth, and across SEL, with current uptake figures remaining the same as Lambeth.
- There was a trend of increasing bowel cancer screening uptake pre-pandemic, with monthly data showing uptake rates to be relatively unaffected by the onset of the pandemic (Figure 19).

Figure 18: Uptake of bowel cancer screening pre- and post pandemic

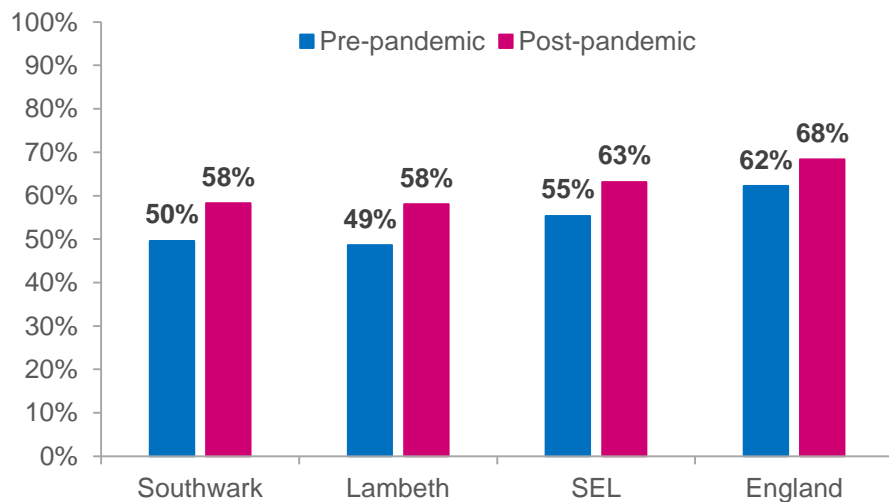
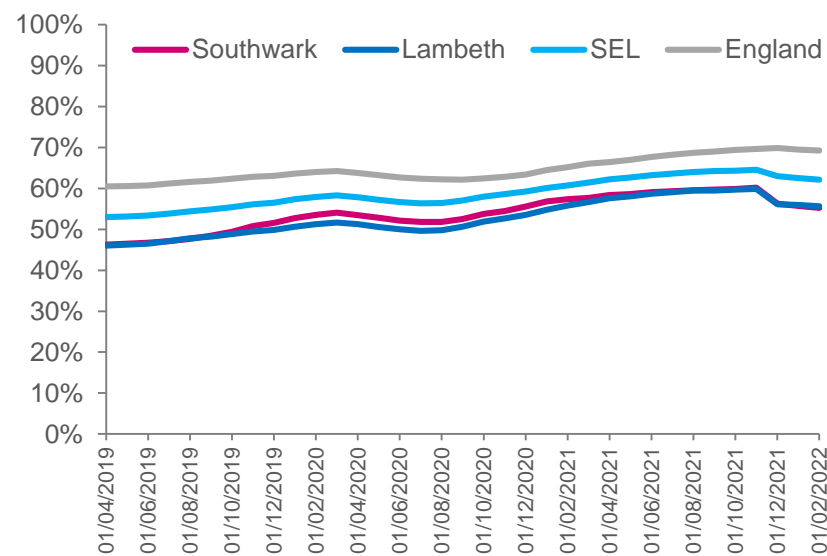


Figure 19: Monthly bowel cancer screening uptake, from 1 April 2019



Note: Pre-pandemic refers to April 2019 to March 2020, and post-pandemic refers to March 2021 to February 2022

References

1. Cancer Screening Dashboard. South East London Integrated Care System, Oct 2022.

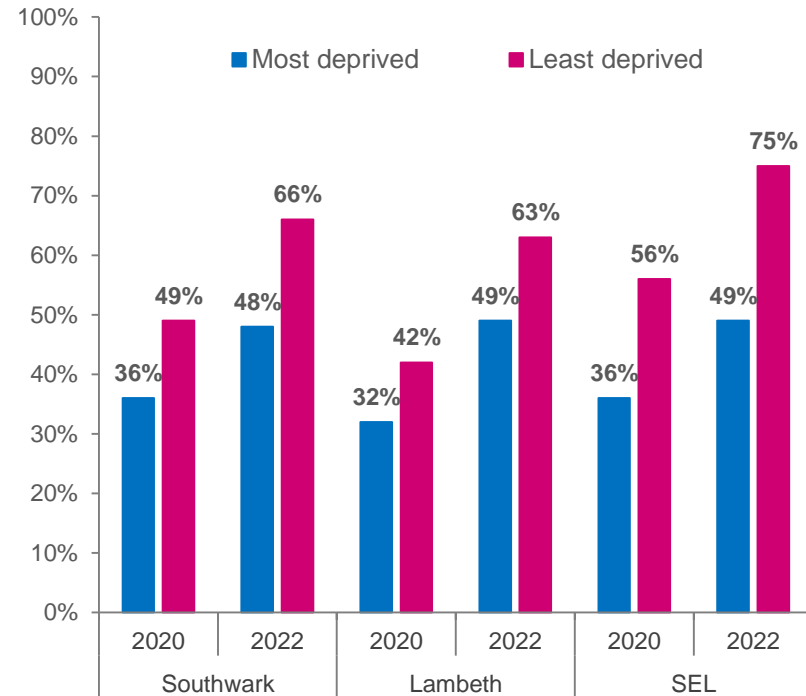
In Southwark, bowel cancer screening coverage is lower among residents living in the most deprived areas

THE PICTURE IN SOUTHWARK

There are substantial inequalities in bowel cancer screening coverage among south east London residents living in the most deprived areas, compared to the least.

- Screening coverage is 18 *pp* lower in Southwark residents living in areas in the most deprived quintile, compared to the least deprived areas.
- This disparity is more marked than seen across Lambeth, but significantly lower than is seen across SEL as a whole, where the difference is a 26 *pp*.
- Despite improvements in bowel cancer screening coverage over the past two years, there has been a notable widening of the inequality between deprivation areas– with most of the increase being seen in those living in the least deprived communities.

Figure 20: Bowel cancer screening coverage in the least deprived and most deprived quintiles, 2020 and 2022



Note: 2020 measurement is taken at 1 April 2020; 2022 measurement is taken at 1 October 2022

References

1. Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

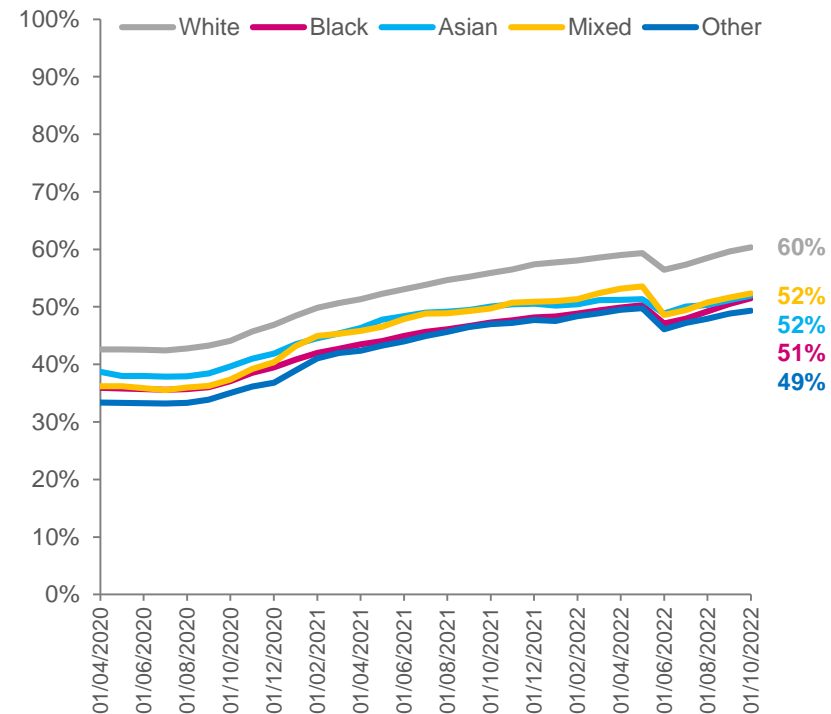
In Southwark, improvements in bowel cancer screening coverage has been seen across all ethnic groups

THE PICTURE IN SOUTHWARK

Over the past two years, there has been a notable increase in bowel cancer screening coverage among all broad ethnic groups in Southwark.

- The largest increase in bowel cancer screening has been seen among those from a White ethnic background, with this group consistently having the highest coverage.
- Despite increases in coverage across all ethnic groups over the period, the increase was smallest among those from an Asian background.
- Overall coverage remains lowest in Southwark residents from a Black, or Other ethnic background.
- Though there has been improvements in bowel cancer coverage across all groups, there has been no narrowing of the inequality between them.

Figure 21: Monthly change in bowel cancer screening coverage in Southwark, by ethnic group, from 1 April 2020



References

1. Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

Cervical cancer mortality rates in south east London remain below the national rate

THE PICTURE IN SOUTHWARK

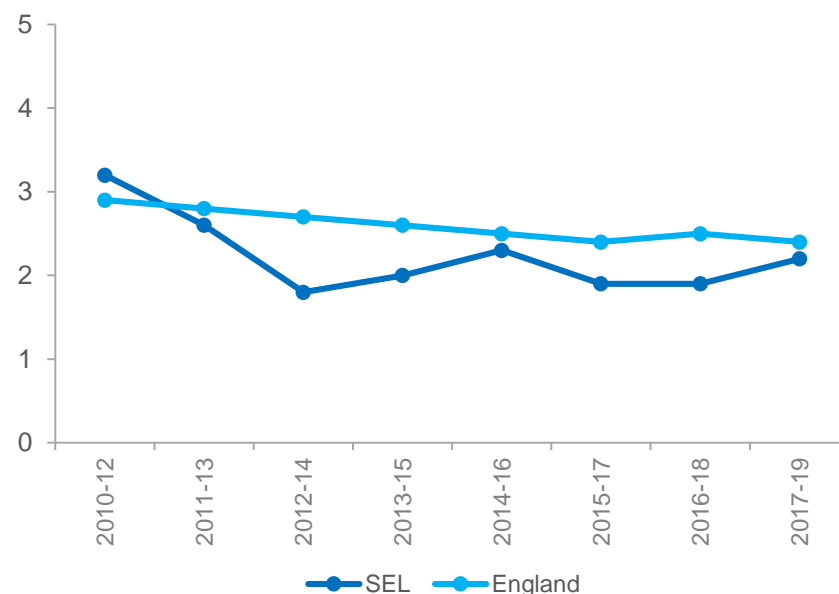
Most recent estimates show the incidence rate of cervical cancer in Southwark to be similar to other London boroughs, and lower than the national rate.

- Incidence rates in Southwark have tended to fluctuate around the London and national averages, due to the relatively small number of cases (36 new cases recorded in Southwark between 2015 and 2019).
- There is limited data available on cervical cancer mortality at a local level, but recent estimates suggest rates in south east London to have been slightly below the national average for most of the past decade.

Figure 22: Age-standardised rate of cervical cancer incidence per 100,000, 2008 to 2016



Figure 23: Age-standardised mortality rate of cervical cancer per 100,000, 2010 to 2019



References

1. Cervical Screening. Southwark's JSNA. Southwark Council: London. 2019.
2. The National Cancer Registration and Analysis Service accessed online at www.cancerstats.nhs.uk

In Southwark, post-pandemic cervical cancer screening coverage remains similar to that seen pre-pandemic

THE PICTURE IN SOUTHWARK

Though there has been a slight decrease in coverage over the past two years, this was not significant and coverage rates are relatively unaffected.

- Coverage of cervical cancer screening among Southwark GP-registered patients decreased slightly post-pandemic compared to pre-pandemic, falling by 2 *pp* for both those aged 25 to 49, and aged 50 to 64.
- Similar trends were seen across Lambeth, south east London, and nationally.

Figure 24: Cervical cancer screening coverage pre-pandemic and post-pandemic, for 25 to 49 year olds

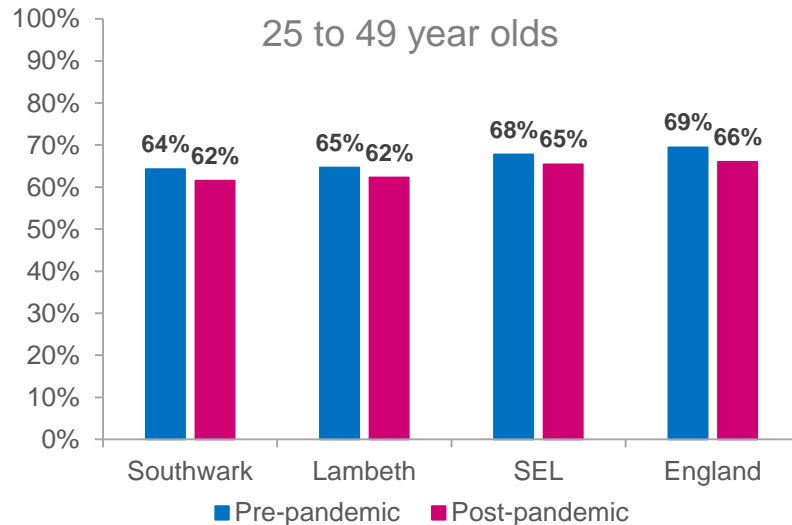
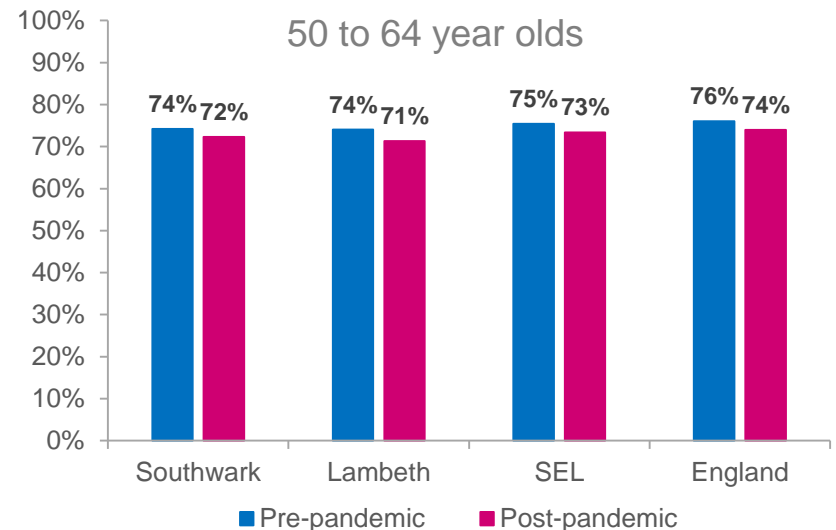


Figure 25: Cervical cancer screening coverage pre-pandemic and post-pandemic, for 50 to 64 year olds



Note: 'Pre-pandemic' refers to April 2019 to March 2020, and 'post-pandemic' refers to March 2021 to February 2022

References

1. Cancer Screening Dashboard. South East London Integrated Care System, Oct 2022.

In Southwark, post-pandemic cervical cancer screening coverage remains similar to that seen pre-pandemic

THE PICTURE IN SOUTHWARK

Monthly data shows coverage rates to be very similar over the past two years, remaining consistent even throughout the pandemic.

- Cervical screening coverage among Southwark residents decreased very slightly over the period from April 2019 to June 2022, falling by 2 *pp* for 25 to 49 year olds, and 1 *pp* for 50 to 64 year olds.
- Coverage decreased gradually by incremental amounts over the period, suggesting that cervical cancer screening was minimally affected by the pandemic.
- Similar trends were seen across Lambeth, SEL and nationally.

Figure 26: 3.5 year coverage of cervical cancer screening for 25 to 49 year olds

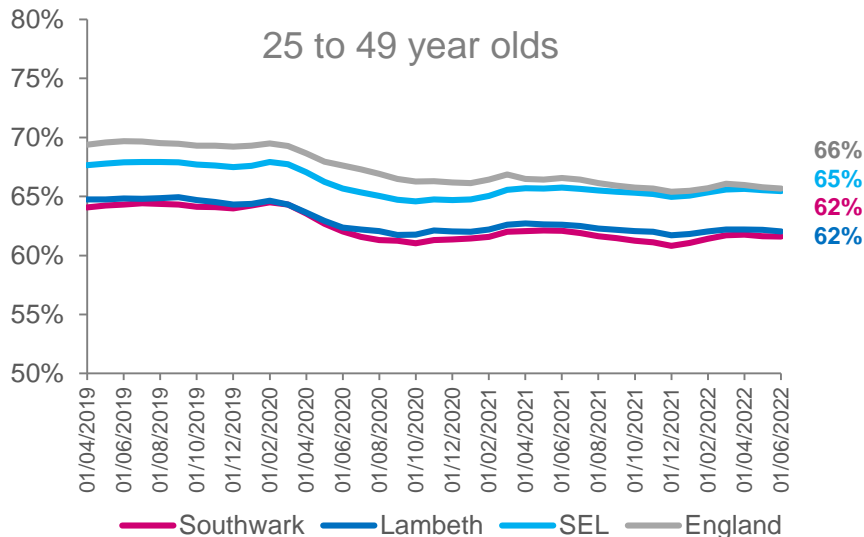
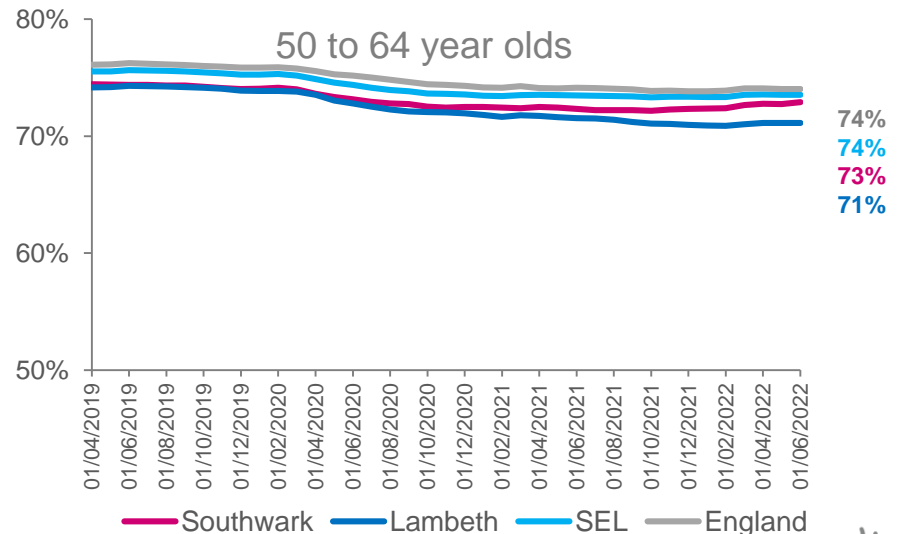


Figure 27: 5.5 year coverage of cervical cancer screening for 50 to 64 year olds



References

1. Cancer Screening Dashboard. South East London Integrated Care System, Oct 2022.

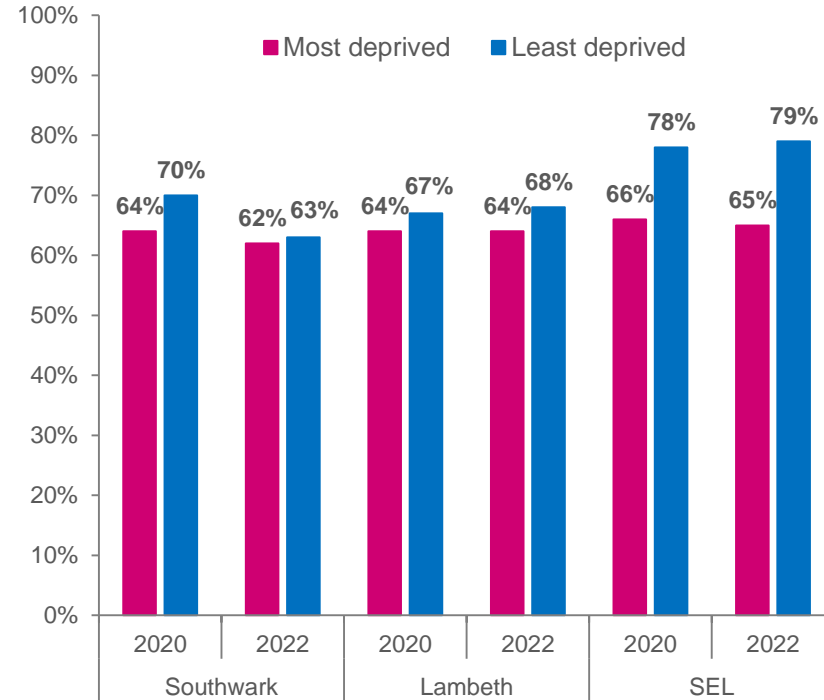
Inequality in cervical cancer screening coverage between deprivation quintiles has narrowed in the past two years

THE PICTURE IN SOUTHWARK

In Southwark, cervical cancer screening coverage is similar among those living in the most deprived areas, compared to the least. There is substantial disparity across south east London as a whole.

- In April 2020, cervical cancer screening coverage was 70% across the least deprived areas in Southwark, compared to 64% in the most deprived areas. Over the past two years, this inequality has narrowed and there is now only a very slight difference in coverage.
- This shows that despite overall coverage rates remaining similar over the past two years, there has been a narrowing of the inequality across Southwark.
- A small difference in coverage between deprivation quintiles across Lambeth is seen both in 2020 and 2022, having remained relatively similar over the period.
- However, substantial differences are seen across SEL as a whole, where coverage is around 14 *pp* lower in those living in the most deprived quintiles.

Figure 28: Cervical cancer screening coverage in the least deprived and most deprived quintiles, 2020 and 2022



Note: 2020 measurement is taken at 1 April 2020; 2022 measurement is taken at 1 October 2022

References

1. Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

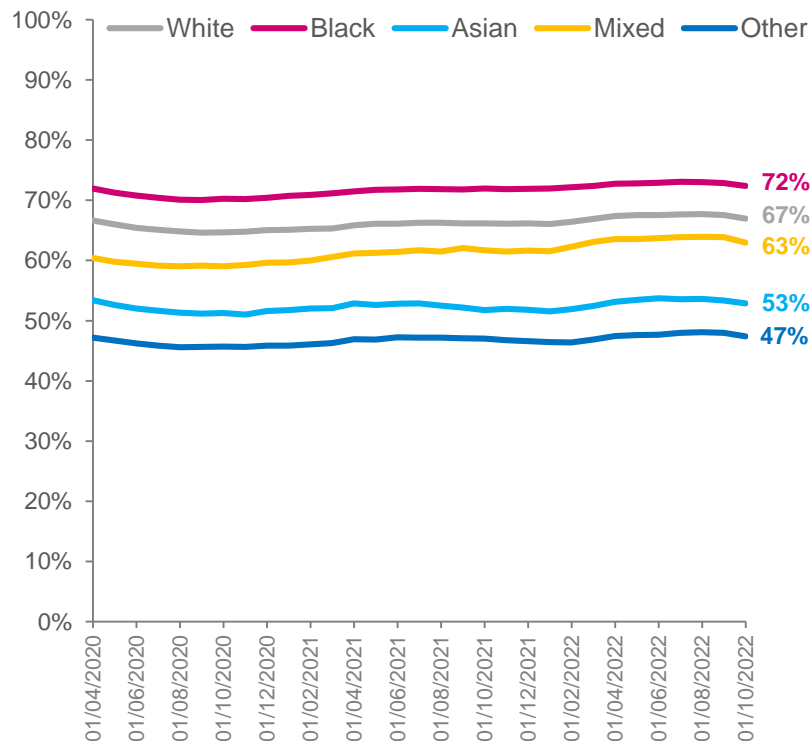
Cervical cancer screening coverage in Southwark remains highest among those from a Black ethnic background

THE PICTURE IN SOUTHWARK

Rates of cervical screening coverage have remained broadly consistent among all ethnic groups in Southwark over the period from April 2020 to October 2022.

- All ethnic groups have seen very little overall change to coverage figures, which were minimally affected by the pandemic.
- As with both bowel and breast screening programmes, coverage remains lowest among those from an 'Other' ethnic background.
- Coverage is also low among those from an 'Asian' ethnic background.
- However, unlike what is observed in Southwark's bowel and breast screening programmes where coverage is highest among those from a 'White' ethnic background, the highest coverage of cervical screening has consistently been seen in those from a 'Black' ethnic background.

Figure 29: Monthly cervical cancer screening coverage in Southwark, by ethnic group, from 1 April 2020



References

1. Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

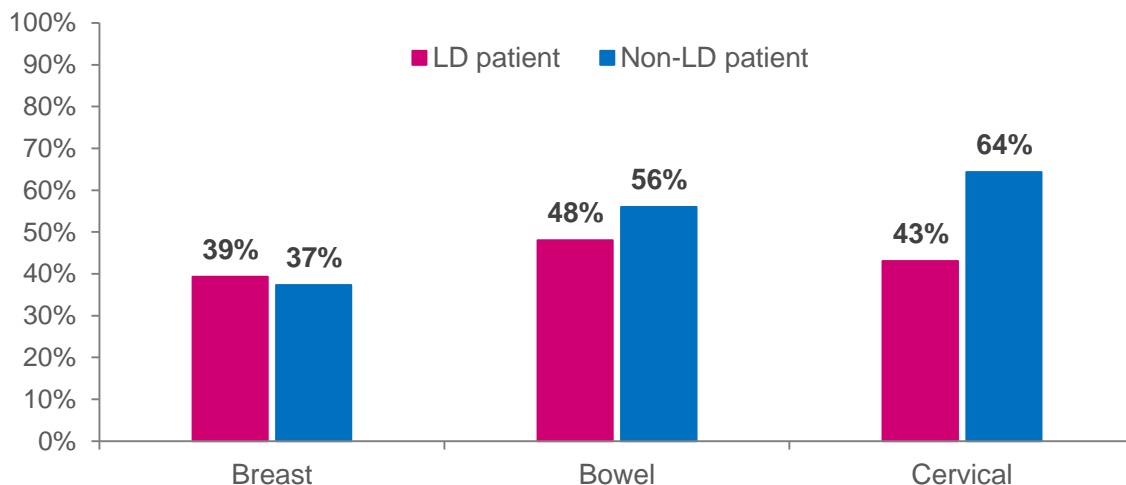
In Southwark, bowel and cervical cancer screening coverage is lower in patients with a learning disability

THE PICTURE IN SOUTHWARK: LEARNING DISABILITIES

National research has found that people with learning disabilities are less likely to participate in breast, bowel and cervical screening; this is reflected in local data.

- National evidence shows that people with learning disabilities are less likely to partake in screening [1].
- Current local data highlights a substantially lower screening coverage in patients with a learning disability for bowel (8 *pp* lower) and cervical (21 *pp* lower) screening programmes.
- Locally, there is little difference in screening coverage between learning disability status for breast screening; this has remained similar over the past two years (since April 2020).

Figure 30: Cancer screening coverage by screening programme and learning disability status, 1 Oct 2022



References

1. Osborn, D. P., et al, 2012. Access to cancer screening in people with learning disabilities in the UK.
2. Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

In Southwark, inequalities in bowel cancer screening coverage in those with learning disabilities has improved

THE PICTURE IN SOUTHWARK: LEARNING DISABILITIES

Since April 2020, there has been a notable narrowing of the inequality in bowel cancer screening coverage between people with learning disabilities, and those without.

- For the local bowel cancer screening programme, coverage for both learning disability and non-learning disability patients has seen a substantial increase since April 2020.
- There has also been a narrowing of the disparity between the groups, from 16 *pp* to 8 *pp* difference.
- There has also been a small narrowing of the inequality between these groups within the cervical screening programmes, with coverage in learning disability patients increasing over the period.

Figure 31: Monthly bowel cancer screening coverage in Southwark by learning disability status, from 1 April 2020

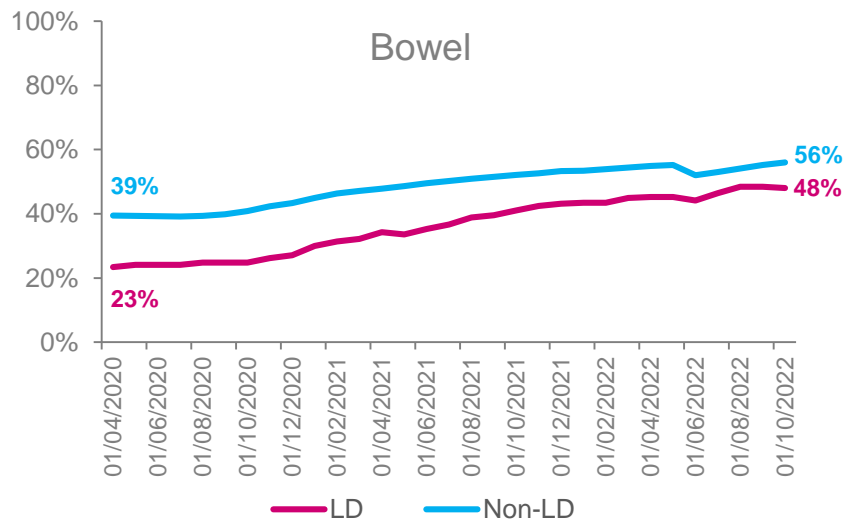
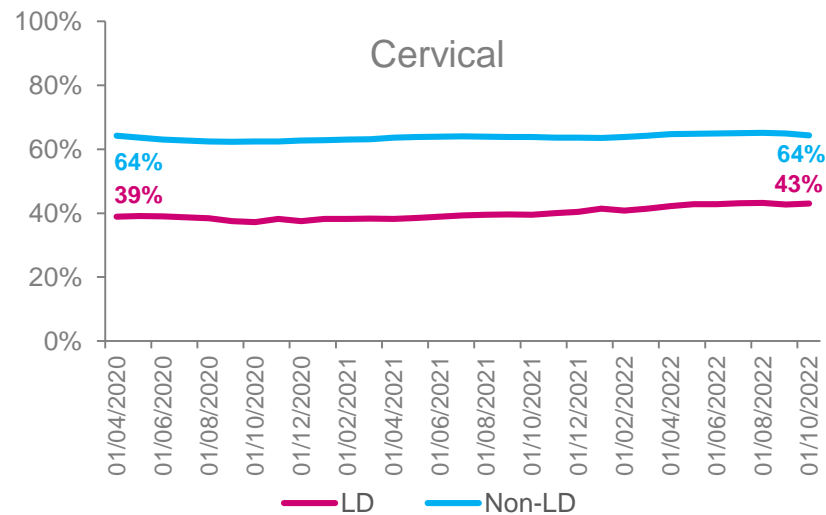


Figure 32: Monthly cervical cancer screening coverage in Southwark by learning disability status, from 1 April 2020



Note: Breast screening programme not included due to negligible difference in coverage between groups

References

- Cancer: Population Insights Dashboard. South East London Integrated Care System, Oct 2022.

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Breast screening is limited by staffing, booking issues, and lack of awareness amongst low-uptake groups

PROFESSIONAL STAKEHOLDER VIEWS (BREAST)

An anonymous online survey was shared with 12 stakeholders from across Southwark, including Integrated Care Board (ICB) leads, primary care leads, secondary care leads and SELCA representatives. Additional points added to this slide after discussion with SEL Breast Screening Unit. Stakeholders were asked to provide perspectives on the following topics:

Key Barriers to uptake:

- Invitations by letter, so not always received.
- Misinformation / lack of programme awareness (especially in non-white and disability groups).
- Open Invitation system - Long wait-times on phone system, admin staff speak English only, lack of functional online booking system.
- Lack of appointments (especially out of hours).
- Financial barriers (cost of travel to mobile unit).

Recommendations to improve uptake:

- Revert to timed invites (occurring). Create online system so can change appoint. time. Invite via text/email too.
- More out-of-hours appointments available plus practical support with appointment attendance.
- Work with ambassadors to produce adapt / translate resources for different audiences.

Elements of pathway that function effectively:

- Call/recall, information sharing, patient referrals.
- Screening Hub text reminders pre appointment
- Communication with English speakers.

Key issues with pathway:

- Staff capacity issues and app. non-attendance
- Practices must manually input non-responders.
- Disabled patients not offered an alternative when mammogram inaccessible (national mandate).
- Poor communication with non-English speakers.

Recommendations to improve pathway:

- More out-of-hours appointments.
- Offer disabled patients ultrasound as alternative when x-ray mammography not possible
- Implement primary care system that automatically inputs non-responders.

Access to cervical screening is sub-optimal for several vulnerable groups, including those with disabilities

PROFESSIONAL STAKEHOLDER VIEWS (CERVICAL)

An anonymous online survey was shared with 12 stakeholders from across ICS, including ICB, primary care leads, secondary care leads and SELCA. They were asked to provide their perspective on the following topics:

Key Barriers to uptake

- Call / recall (based on 5 year interval, coding issues as various clinical templates, trans and non binary patients not invited).
- No online booking system for most practices.
- Misinformation with regards to who should access cervical screening.
- Limited access for those with disabilities, and those who have experienced sexual abuse.
- Screening only available via GP practices (not offered at sexual health clinics).

Recommendations to improve uptake:

- Roll-out of self-sampling kits available by post.
- Restart checks in sexual health clinics.
- Implement adjustments for those with disabilities, and those who have experienced sexual abuse.

Elements of the pathway that function effectively:

- Well-engaged primary care.
- GP IT systems work well for the majority. Non-responder information automatically uploaded.

Key issues with pathway:

- Delays in communication from London to ICS when issues arise.
- Limited capacity in colposcopy, histopathology and associated administration services.

Recommendations to improve pathway:

- Ensure sustainability of increases in colposcopy capacity (including Out of Hours Clinics, so not solely dependent on staff good will)

Bowel cancer screening is efficient but limited by national restrictions, staff capacity and uptake

PROFESSIONAL STAKEHOLDER VIEWS (BOWEL)

An anonymous online survey was shared with 12 stakeholders from across ICS, including ICB, primary care leads, secondary care leads and SELCA. They were asked to provide their perspective on the following topics:

Key Barriers to uptake

- Lack of understanding about programme, and it's importance.
- Lack of awareness of FIT kit amongst age extension patients.
- Language, religious and cultural barriers.
- Disabled patients not completing FIT.

Recommendations to improve uptake:

- Publicise programme so people understand what it is and why.
- Community engagement (including with community groups, religious groups).
- Support for disabled/learning disability patients to complete FIT.
- Continued primary care involvement.

Elements of the pathway that function effectively:

- Call / recall and data sharing.
- Well-engaged primary care.

Key issues with pathway:

- Aspects of pathway that are nationally mandated but do not work well for Southwark.
- Low uptake, in particular amongst ethnic minority and deprived individuals.
- Limited primary care staff capacity, limiting time for engagement.

Recommendations to improve pathway:

- Better communication with the staff in the screening programme.
- Address staff wellbeing / capacity concerns.

Evidence exists for GP endorsement, timed appointment, SMS reminders and community-based interventions

THE EVIDENCE BASE (1 OF 2)

A Southwark 2020 Screening Uptake Initiatives Evidence Review evaluated interventions to improve participation in cancer screening services, particularly amongst deprived populations.

- In terms of method of communication:
 - Letter / text message preferred for primary invitation. Those from low-socioeconomic background considered telephone calls more acceptable for woman, yet were less likely to use online booking (compared to those from higher socio-economic background)
 - Reminders via letter, SMS and telephone are effective. Telephone interventions appear effective in ethnically diverse populations and low socio-economic groups.
 - Only modest increases for calls / home visits / texts to non-attenders and non-responders.
- In terms of content of communication:
 - Incorporation of reminders into messaging that increase cancer awareness / address inaccurate risk perceptions increased uptake, particularly in low socio-economic groups
 - Culturally sensitive invites/reminders increased uptake in target groups, especially together with bilingual information, or community engagement. In contrast, tailoring to ethnicity has a negative impact on uptake.
 - Sending DNAs a second invitation with timed appointment included increases uptake.
 - Conflicting evidence for behavioural science interventions, however evidence that loss framing / anticipated regret messaging increases uptake.

References

1. Southwark Council (2020). *Breast cancer screening uptake initiatives v4.*

Evidence exists for GP endorsement, timed appointment, SMS reminders and community-based interventions

THE EVIDENCE BASE (2 OF 2)

A Southwark 2020 Screening Uptake Initiatives Evidence Review evaluated interventions to improve participation in cancer screening services, particularly amongst deprived populations

- In terms of educational interventions:
 - Evidence is mixed for very extensive health information on screening participation, and may have a negative impact on screen participation for those with low educational background.
 - Community-Based Health Worker initiatives have a positive impact on uptake (including use of health ambassadors and social prescribers). A combination of both individual and group interventions was most effective, and community was the most effective location (compared to home / telephone).
 - Evidence for efficacy of social media intervention, however impact on inequalities is unclear.
 - A cost-effective method to improve uptake could be promoting screening via existing points of contact with the healthcare system.
- In terms of systemic initiatives:
 - Integration of invitation system for three screening programmes and health checks may improve uptake.
 - GP endorsement increases uptake, and weak evidence suggests it may help address socio-economic inequalities in uptake.

References

1. Southwark Council (2020). *Breast cancer screening uptake initiatives v4*.

2019 Cervical Screening Practice Survey highlighted need for call/recall and access model improvements

2019 CERVICAL SCREENING PRACTICE SURVEY RESULTS

All 45 practices in Southwark were interviewed to capture information on their processes and screening capacity offered. A survey was undertaken on training, call and recall, alert and coding systems, offered staff and appointment capacity and other barriers. Results were mapped against eligible populations / coverage figures to understand whether local implementation impacts coverage for cervical screening.

Recommendation to:

- Improve practice-level understanding of population and coverage:
 - Percentage of populations eligible for screening differs from practice to practice, however practices don't adapt capacity to match need. Access model may need adjustment.
 - Monthly dashboards on screening coverage required, to focus practices on the right patients.
 - Coverage is lower for 25-49 year olds, compared to 50-64 year olds. Extended hours appointments and call/recall targeted towards younger patients is required.
- Provide accurate information to patients:
 - Provide information on screening available to patients in waiting area / websites.
 - Practices should collect history of screening on registrations to ensure correct recall.
- Provide additional call and recall:
 - Set up more local and targeted SMS campaigns, offer appointments at extended primary care service (weekends).
 - Ensure 'ghost' patients are removed.

References

1. Southwark Council, Quay Health Solutions, Improving Health (2019). *Cervical Cancer Screening Practice Survey. Overview of methodology, results and recommendations.*

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There has been significant work undertaken to support recovery of cancer screening following the pandemic

THE SOUTHWARK RESPONSE (1 OF 3)

Work to understand coverage and identify evidence-based interventions:

- Identifying inequalities in cervical screening in Southwark Report (August 2022) and SEL Breast Screening Uptake review (2021) identified which population groups in Southwark have lower uptake.
- SEL ICS Cancer Screening / Population Insights Dashboard has been published, enabling breast, cervical and bowel coverage to be compared against other regions; or broken down by GP practice and demographics.
- Qualitative research into barriers to breast / prostate screening among those from Black ethnic background completed, and research into barriers to cervical screening in Portuguese / Spanish-speaking woman ongoing.
- Southwark Council Cancer Screening Uptake Initiatives Evidence Review identified interventions that may reduce inequalities and improve screening participation in Southwark (August 2020)

Collaborative approach to COVID-19 recovery:

- Council Breast Screening Recovery Communication Plan and SELCA Breast Patient Video (23 languages) increased awareness of new processes, and reduced anxiety related to COVID-19. NHSE Cervical and Bowel “Help us, Help you” Cancer Screening Campaign cascaded via local NHS/council channels and targeted outreach.
- Pan-London recovery programmes for backlog of invitations. New bowel screening consultant accredited in 2021 to support with age extension and post pandemic catch-up.
- FIT testing and HPV primary screening successfully rolled out across Southwark.
- Alignment at Southwark Cancer Working Group and SEL screening inequalities working group.

There has been significant work undertaken to support recovery of cancer screening following the pandemic

THE SOUTHWARK RESPONSE (2 OF 3)

Strong primary care endorsement and training:

- Strong primary care engagement with SELCA training and resources:
 - PCN DES QOF QI Support Guide, Early Diagnosis Primary Care Workshops, SELCA Information for GPs Bulletin and SELCA breast screening education.
 - Collaboration between primary care, SEL ICB and ICS Quality Team work to improve cervical sample-taker training and extend beyond basic online training into good practice discussions.
- Work to ensure “every contact counts”:
 - Training for non-clinical staff (on screening and barriers). Jo’s Trust and Cancer Research UK (CRUK) commissioned to run breast screening trainings.
 - Development of information for social prescribers ongoing.
- Primary care support call / recall support:
 - In 2019, most practices doing some internal recall for cervical (mix of SMS (Iplato, AccuRx), letters, phone calls, pop alerts, opportunistic).
 - Ardens EMIS targeted search for all three programmes and template Enhanced Reminder letters (Bowel only) made available to primary care practices, enabling identification of who is due screen and appropriate follow-up (2022).
- More extended hours cervical screening and colposcopy appointments made available.
- Recruitment of two SELCA System Development Facilitators to support delivery of interventions in primary care (ongoing).

There has been significant work undertaken to support recovery of cancer screening following the pandemic

THE SOUTHWARK RESPONSE (3 OF 3)

Support for low-uptake groups:

- Significant work to understand which groups have lower screening uptake, and gain insight into barriers for these groups.
- SELCA commissioned Catch 2022 (Community Links) to contact breast / bowel non-responders (focus on ethnic minorities / low uptake areas).
- Support for those with learning disabilities:
 - SELCA Communities of Practice Learning Disabilities and Cancer event.
 - Bowel Cancer Pilot for Patients with Learning Disabilities and Autism. Pilot involves identification of those with learning disabilities at 4-6 GP practices who have not returned FIT test.
 - Recruitment of x2 Breast Screening Administrators to support those with additional needs (ongoing)
- Personalised resourced developed for low-uptake groups:
 - Breast Cancer Animation for Black Woman (in English, Portuguese, Romani and Spanish)
 - SELCA / “Live Through This” Awareness video for LGBTQ+ (In development)
- Cascading of NHSE Cervical and Bowel “Help us, Help you” campaigns to low-uptake groups, and targeted multi-lingual community outreach / work with faith leaders.
- SELCA / Southwark Council Community Grant to tackle screening uptake inequalities
- Training on cancer screening for Groundswell staff (homelessness charity). CRUK “Talk Cancer” training planned for Southwark Council Community Ambassadors.
- SEL screening inequalities working group restarted.

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For breast screening, a transition back to timed invites, and engagement with community sector is recommended

BREAST SCREENING: RECOMMENDATIONS & NEXT STEPS

1. Ensure that Southwark residents overdue for breast screening receive an invitation, and encouragement to attend their appointment by March 2024* [Lead: London Breast Screening Hub / SEL Breast Screening Unit].
2. Support national call / recall system, by locally issued reminders by January 2025, including texts to those who do not attend, cross-partner “every contact counts” approach and display of promotional materials in primary care [Lead: SEL ICB / Primary Care Networks].
3. Tackle complex social, cultural, practical and language barriers to breast screening uptake:
 - a. Ensure culturally-appropriate information on breast screening is available for those in Southwark from a Black, Asian or other Ethnic Minority Group and those without English as a first language by March 2024. [Lead: LA PH / SEL ICB / SEL Breast Screening Unit].
 - b. Conduct further community engagement and work with voluntary sector to understand and tackle complex barriers to screening by March 2024, including work with more deprived individuals and those from Black, Asian or other Ethnic Minority Groups. [Lead: LA PH / SEL ICB].
 - c. Explore options to improve access such as practical support for travel to mobile unit / static sites for screening appointment, by January 2025 [Lead: LA PH / SEL ICB].
4. Establish evidence-based, cross-partner action plan to improving uptake and reduce inequalities in Southwark by December 2023 [Lead: LA PH / SEL ICB].
5. Advocate for regional and national action to increase mammography team capacity and offer Out-Of-Hours provision. [Lead: SEL ICB / LA PH / SEL Breast Screening Unit].

* This recommendation requires regional or national agreement, and is dependent on national and regional decisions.

For cervical screening, call-recall improvements and support for low uptake groups is recommended

CERVICAL SCREENING: RECOMMENDATIONS & NEXT STEPS

1. Improve call/recall systems and implement additional targeted reminders informed by practice level data on coverage / population / coverage data by March 2024 [Lead: SEL ICB / Primary Care Networks].
2. Improve uptake of cervical screening in low-uptake populations:
 - a. Improve access for young people (25-29 years) by expanding use of online booking systems, out-of-hours appointments and considering opportunities for hub clinics by March 2025. [Lead: SEL ICB / Primary Care Networks]
 - b. Improve access for those with physical disabilities, learning disabilities and victims of sexual abuse / female genital mutilation (FGM) by reasonable adjustments (including double appointments) [Lead: SEL ICB / Primary Care Networks]
 - c. Support roll-out of new initiatives such as self-sampling as soon as possible* [Lead: SEL ICB / LA PH]
 - d. Ensure sexual health clinics and primary care have up-to-date information on cervical screening, who is eligible and adjustments available for certain populations by March 2024 [Lead: SEL ICB / LA PH]
 - e. Community engagement work with voluntary sector to address barriers in low-uptake groups, including Black, Asian and other ethnic minority groups, and those with disabilities by January 2024. [LA PH]
3. Staffing support:
 - a. Ensure sustainability of increases in colposcopy service capacity (including out of hours appointments) by December 2023*. [Lead: SEL ICB]
 - b. Identification of specific sample-taker training needs by December 2023. [Lead: SEL ICB / Primary Care Networks]
4. Improved cascading of communication to practices, and improved knowledge sharing and co-ordination between practices by December 2024. [Lead: SEL ICB / Primary Care Networks]
5. Establish evidence-based, cross-partner action plan to improving uptake and reduce inequalities in Southwark by December 2023 [Lead: LA PH / SEL ICB].

* This recommendation requires regional or national agreement, and is dependent on national and regional decisions.

For bowel screening, community engagement to decrease inequalities in coverage is recommended

BOWEL SCREENING: RECOMMENDATIONS & NEXT STEPS

1. Community engagement and work with voluntary sector to address cultural, language and religious barriers, including those from deprived groups and those from Black, Asian and other Ethnic minority groups, and those with disabilities by January 2024. [LA PH]
2. Support for those with physical and learning disabilities with practical completion of FIT kit by December 2023. [SEL ICB / Primary Care Network]
3. Increase awareness bowel screening programme amongst residents, to include a communications plan for March 2023-March 2024, to ensure momentum is maintained following NHSE London Bowel Cancer Screening Campaign [LA PH / SEL ICB]
4. Continued involvement of primary care to:
 - a. Improve communication, education and support for staff, including adoption of EMIS system alerts by GP practices by December 2023. [Primary Care Network / SEL ICB]
 - b. Raise awareness amongst reception/admin staff and healthcare workers, to enable them to better promote bowel screening March 2024. [SEL ICB / LA PH]
 - c. Display information about programme within GP practices and on websites [SEL ICB / Primary Care Network]
5. Establish evidence-based, cross-partner action plan to improving uptake and reduce inequalities in Southwark by December 2023 [Lead: LA PH / SEL ICB].

Find out more at southwark.gov.uk/JSNA

If you would like to provide feedback on this report, or if you are interested in conducting work to improve or better understand cancer screening uptake in Southwark please contact publichealth@southwark.gov.uk.

Southwark Public Health

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