A review of cervical screening in Southwark

Southwark's Joint Strategic Needs Assessment

Healthcare Public Health

Public Health Division, Place & Wellbeing

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GATEWAY INFORMATION

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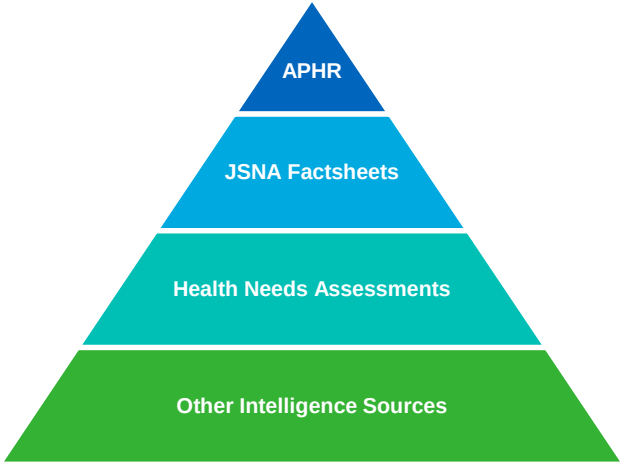
Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

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 needs assessment aims to identify opportunities to improve cervical screening uptake in Southwark

AIMS, OBJECTIVES AND DEFINITIONS

This health needs assessment aims to produce a series of recommendations to improve the performance and uptake of cervical screening in Southwark. The objectives of this report are to:

- Describe the current national and local policy around cervical screening.
- Establish the current need in Southwark by reviewing the epidemiology of cervical cancer and coverage for cervical screening in the borough, comparing this to London and England.
- To describe variation in screening coverage across GP and identify inequalities in uptake.
- Review the evidence for how uptake can be increased.
- To elicit stakeholder views on drivers and barriers to improved uptake.
- Consider potential solutions and make recommendations.

The purpose of this report is to inform stakeholders interested in increasing the uptake of cervical screening in Southwark.

Definitions for uptake and coverage for cervical screening are provided below. They are highly interdependent. As screening uptake falls, so does coverage.

- **Coverage** is defined as the percentage of woman eligible for cervical screening who have been screened adequately within the specified period (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.

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Prevention and early identification of cervical cancer is a major priority for public health

INTRODUCTION: CERVICAL CANCER

9 new cases of cervical cancer (2 of which are fatal) are diagnosed every day in the UK, though 99.9% are either preventable or treatable if detected early.

- There are around 3,200 new cervical cancer cases in the UK every year, equating to nearly 9 every day.
- Cervical cancer accounts for 2% of all new cancer cases in females in the UK (2015).
- There are around 870 cervical cancer deaths in the UK every year, equating to more than 2 every day (2014-2016).
- However, 99.9% of cervical cancer cases are preventable or treatable if detected early.
- The incidence rate for cervical cancer peaks between ages 25-29.
- Cervical cancer incidence rates are projected to rise by 43% to 17 cases per 100,000 females by 2035 due to a reductions in screening coverage. That would otherwise detect pre-cancerous lesions

There are significant inequalities in cervical cancer diagnosis.

- Cervical cancer in England is more common in females living in the most deprived areas with incidence rates 72% higher in the most deprived compared to least deprived.
- Cervical cancer is more common in White females (8.2-8.7 per 100,000) and Black females (6.3-11.2 per 100,000) than in Asian (3.6-6.5 per 100,000).

References
1. Cancer Research UK, Cervical cancer statistics accessed online at https://www.cancerresearchuk.org
2. The National Cancer Registration and Analysis Service accessed online at www.cancerstats.nhs.uk

The NHS Cervical Screening Programme aims to reduce the incidence of cervical cancer and mortality

INTRODUCTION: CERVICAL SCREENING

The aim of the NHS Cervical Screening Programme (CSP) is to:

- Reduce the incidence of and mortality from cervical cancer.
- Refer women promptly to treatment services.
- Achieve screening coverage of 80%.
- Ensure equity of access to cervical screening across all groups in society.
- Minimise the adverse physical / psychological / clinical aspects of screening e.g. anxiety, unnecessary investigation.

The purpose of cervical screening is to:

- Detect cervical abnormalities which, if left untreated, could develop into cancer.
- Treat cervical intraepithelial neoplasia (CIN) where appropriate.

Scope	Included	Excluded
Eligible patients	The target age group is currently females: - Aged 25: first invitation (in practice, invitations are issued at 24.5 years) - Aged 25 – 49: 3 yearly screening - Aged 50 – 64: 5 yearly screening - Aged 65+: screening of those who have not been screened since age 50, or those who have not yet met the criteria to be ceased from the programme.*	- Symptomatic patients - Patients with confirmed diagnosis of cervical cancer - Women with hysterectomies - Pregnant woman**

*Once one is 60 or over, one may be ceased from the programme providing the last three consecutive tests (including the final one) have been reported as negative.
** Screening generally not recommended during pregnancy

Cervical screening seeks to detect and treat abnormalities of the cervix, which if left may become cancerous

INTRODUCTION: CERVICAL SCREENING

The Cervical Screening Programme (CSP) in the UK was introduced in order to allow detection of abnormalities of the cervix which if left can become cancerous.

- CSP currently uses liquid based cytology (LBC) to collect samples of cells from the cervix.
- The laboratory examines these samples microscopically to detect abnormal epithelial changes which then triggers referral for colposcopy, biopsy and treatment if needed.
- Abnormal cells can potentially become cancerous if left untreated.
- Treatment of premalignant lesions and cervical intraepithelial neoplasia (CIN) grades 2 and 3 prevents 90-95% of cases becoming cancerous by means of a simple single excisional procedure.
- Treatment failure is usually detected in follow up, and a second treatment provided if needed.
- 1 in 200 cases do progress to cancer despite treatment.

Proposed changes to CSP – introduction of HPV primary screening.

- Human Papilloma Virus (HPV) is known to have a major role in cervical cancer and is currently used in the CSP to guide colposcopy referral amongst women with minor abnormalities and as a test of cure for women treated for CIN.
- In the planned change to HPV primary screening, this test would replace cytology as the primary method for screening.

References
1. NHS England . Cervical screening programme overview accessed online at https://www.gov.uk/guidance/cervical-screening
2. Kitchener HC. Report to the National Screening Committee for Cervical Screening June 2015

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The National Screening Committee launched the CSP in 1988 and since then cervical cancer deaths have fallen 60%

NATIONAL POLICY CONTEXT

The UK National Screening Committee (UK NSC) advises ministers and the NHS about population screening and appropriate implementation of screening programmes.

- The UK NSC were responsible for coordinating the launch of the NHS CSP (Cervical Screening Programme) in the UK in 1988.
- Since its introduction, cervical cancer deaths have fallen by 60% to under 1,000 deaths/year.
- In 2003 the age of first invitation for cervical screening was raised to 25 on the basis of evidence that a large number of women screened below this age were being treated unnecessarily i.e. the CSP was doing more harm for this group than good.
- The UK NSC has advised a transition to using primary HPV screening in place of cytological testing used historically and it is expected this will take place by 2020:
  - A pilot of primary HPV screening was initiated in April 2013 across 6 sites in England to determine feasibility, practicability, & acceptability.
  - Data from pilot areas has been positive & indicates improved detection, acceptability among woman compared to cytology, good cost effectiveness with a marginal increase in referral to colposcopy units.
  - Primary HPV screening has greater sensitivity to detect abnormalities, can extend screening intervals, and given the HPV vaccinated cohort is coming of eligible age, may provide a more precise means of detecting women at risk of disease.

References
1. NHS England. NHS Public Health function agreement 2017-2018 Service specification no. 25 – Cervical Screening
2. Kitchener HC. Report to the National Screening Committee for Cervical Screening June 2015

The Cervical Screening Programme is commissioned by NHS England and delivered through General Practice

NATIONAL POLICY CONTEXT

The NHS CSP is commissioned by NHS England as part of the Public Health Section 7a agreement (Appendix A). NHSE and PHE provide comprehensive national guidance on training for cervical sample takers including a focus on ensuring equality of access.
The providers (GPs and community clinics) for the CSP are required to:

- Ensure their staff are adequately trained.
- Ensure that all women are appropriately informed of their test result in writing.
- Comply fully and promptly with non-responder and failsafe procedures.
- Provide specified data for national and local audits and other agreed purposes.

The call/recall database used to support the service is the National Health Application Infrastructure Services system (Exeter system). This holds details of all eligible women registered with GPs in England and its role is to:

- Invite eligible women at the appropriate intervals.
- Manage and acknowledge receipt, recording and reporting of test results.
- Handle the results/screening histories of women moving in or out of the area.
- Set the next test due date.
- Facilitate failsafe e.g. by running regular searches to ensure that no individual is missed.
- Report coverage and management information linked to standards for the programme.
- Record the HPV vaccination status for girls.

References
1. NHS England. NHS Public Health function agreement 2017-2018 Service specification no. 25 – Cervical Screening
2. Cervical screening programme overview accessed online at https://www.gov.uk/guidance/cervical-screening-programme

Cytology, histopathology and colposcopy services together deliver the Cervical Screening Programme

NATIONAL POLICY CONTEXT

The cytology, histopathology laboratories and colposcopy service work together to deliver the cervical screening programme.

- The **cytology laboratory** accept, and undertake LBC on cervical samples received from GPs and providers reporting in line with programme guidance. They produce periodic and detailed activity reports and returns as required and engaged in national/regional audit.
- The **histopathology laboratory** provide a histology service to support the cytology and colposcopy services and are responsible for sending results to the clinician and cytology laboratory as appropriate, and recording and reporting on inadequate samples.
- The **colposcopy service** is involved when cytology/histopathology detect abnormalities or following repeated inadequate samples and provides a further cervix examination They are responsible for identifying a cervical screening lead to oversee continuity of management/follow-up, managing external relationships and failsafe arrangements.

Key Performance Indicators (KPIs) for cancer screening programmes are produced and validated by the Screening Quality Assurance Service and include ensuring:

1. Laboratory workload is within national standards.
2. Incidence of invasive cancer is minimised by targeting 80% coverage in eligible groups.
3. Waiting times along the whole pathway are within targets to reduce non-attendance.
4. That women receive accurate results in a timely manner.

References
1. NHS England NHS Public Health function agreement 2017-2018 Service specification no. 25 – Cervical Screening

The National Cancer Strategy supports introduction of cancer alliances, and rollout of HPV primary screening

NATIONAL POLICY CONTEXT

Following enactment of the Health and Social Care Act in April 2013:

- Clinical Commissioning Groups (CCGs) have responsibility for the commissioning of common cancer services, from early diagnosis, through to services for patients living with and after cancer and end-of-life care.
- NHS England has responsibility for the direct commissioning of specialist services including chemotherapy and radiotherapy, primary care and cancer screening.
- Public Health teams within Local Authorities have responsibility for prevention and population awareness of cancer signs and symptoms.

Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020 **was published by NHS England in 2015. It outlined aims for the NHS to make 'progress in reducing preventable cancers', and recommended the following:**

- Cancer Alliances to be established across the country, in order to better drive and support improvement and integrate care pathways.
- A rapid roll out of primary HPV testing with an aim of full national coverage by 2020.
- Availing of opportunities to prevent more cancers through improvements in efficiency and targeting known underserved populations like BAME and the socially deprived.

The NHS Long-term plan published in 2019 echoes this strategy in advocating for focused improvement in cancer screening, reducing inequalities and rapid rollout of HPV primary screening.

References

1. NHS England. Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020,
2. NHS England,. The NHS Long Term Plan accessed at www.longtermplan.nhs.uk

Improving Cervical Screening coverage has been highlighted as a priority in both London and Southwark

REGIONAL AND LOCAL POLICY CONTEXT

The *Five year Cancer Commissioning Strategy for London, April 2014,* agreed that CSP was the screening programme working best in London (though coverage has declined since) and there remains a need to improve equity of coverage and uptake in London by:

- Increasing public awareness and engagement with cancer screening programmes.
- Increasing engagement of primary care and improve reliability of data.
- Improving quality, capacity and patient experience of provider services.
- Facilitating high quality research to further inform strategies.

The South East London Cervical Screening Programme Board has been established to steer and oversee monitoring and delivery of services from providers in Southeast London. They ensure that the programme is implemented in line with national guidance and quality standards and performance manage providers.

Greater engagement of primary care has been driven through increased incentivisation through the Quality and Outcome Framework which financially rewards practices for:

- Having a protocol in place in line with NHS CSP requirements.
- Percentage of women aged 25-65 recording cervical screening in past 5 years and separately for those with specified mental health problems exceeding an individualised practice-based threshold.
- Performing an audit of inadequate cervical screening tests in relation to individual sample takers at least every 2 years.

References
1. NHS England. Five year cancer commissioning strategy for London 2015

In Southwark screening is delivered through General Practice with samples processed at St Thomas' Hospital

LOCAL POLICY CONTEXT

***Southwark Health and Wellbeing Strategy 2015-2020* highlighted increased uptake of screening as a priority area in producing healthier and more resilient communities.**

- However, there is no specific borough-wide strategy for tackling high cancer rates and mortality, nor any specified strategy regarding improving cancer screening uptake.

As per the national approach, the Exeter system begins notifying women in Southwark from age of 24.5 years that their first cervical screen is due at age 25 and also subsequently thereafter as appropriate (Appendix B and C):

- The patient's Southwark GP practice is responsible for delivering and recording the screening service and where necessary involving community clinic appointments to deliver the service.
- Most practices will have the history of screening embedded into the clinical management software, such as EMIS, which can then alert clinicians when caring for that patient if screening is due.

There is a cytology laboratory based at St Thomas' Hospital, which processes and reports cervical samples for Southwark.

- Quality assurance visits are conducted by the National Screening Quality Assurance Service.

References
1. NHS England. Cervical screening programme overview accessed online at https://www.gov.uk/guidance/cervical-screening
2. Screening Quality Assurance visit report NHS Cervical Screening Programme Guy's and St Thomas' NHS Foundation Trust 2016

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Early diagnosis of cervical cancer considerably reduces mortality

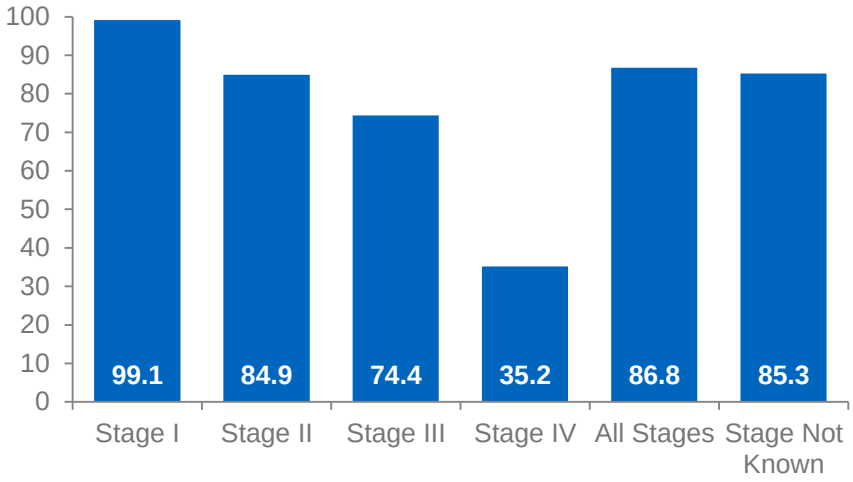
NATIONAL PICTURE: MORTALITY & EARLY DIAGNOSIS

Five-year relative survival for cervical cancer in women in England (60%) is below the average for Europe (62%) and declines based on stage at which diagnosis is made.

Diagnosis of cervical cancer at an early stage, or when there are precancerous tissues present, has been identified as an area in which these mortality statistics could be further improved.

- Earlier diagnosis facilitates a substantial increase in the likelihood of successful treatment.
- The difference in one year survival between stage one and stage four cancer is vast[1]
  - Stage One: One year survival = 99%
  - Stage Four: One year survival = 35%
- Currently, relatively few cases are diagnosed at a late stage.

Figure 1: One-Year Relative Survival (%) by Stage, Aged 15-99, England



References

1. The National Cancer Registration Office, East Anglia via Cancer Research UK 2002-2006 data

Uptake of screening has declined in recent years across England, especially in woman aged 25-29 years

NATIONAL PICTURE: UPTAKE & COVERAGE

National uptake of cervical screening has shown a gradual fall over the last decade with coverage now highest in older age groups.

- In 2017/18, just over 4.4 million people were invited for cervical screening in England, with around 71.4% taking up screening*.
- Coverage amongst women aged 25-29 years remains lowest and decreased slightly from 62.1% in 2016/17 to 61.1% in 2017/18.
- Coverage amongst women aged 50-54 in 2017/18 remains highest at 78.6%, decreasing slightly from 79.3% the previous year.
- 94.9% of test results of samples deemed adequate were classified as negative in 2017/18.

*Some women are routinely recalled by their GPs instead of through the CSP which makes it impossible to calculate percentage uptake of invitations from the national call/recall database.

Figure 2: Percentage of woman aged 25-49 with age-appropriate coverage, England

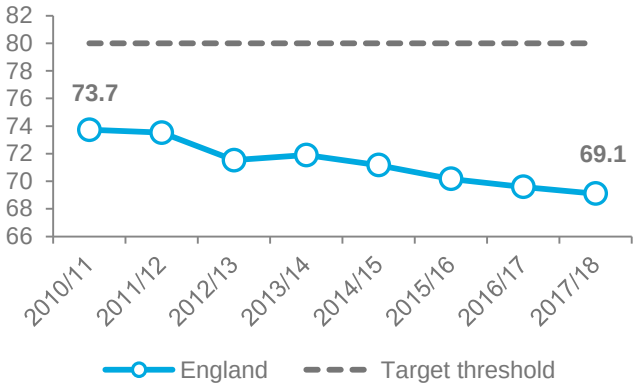
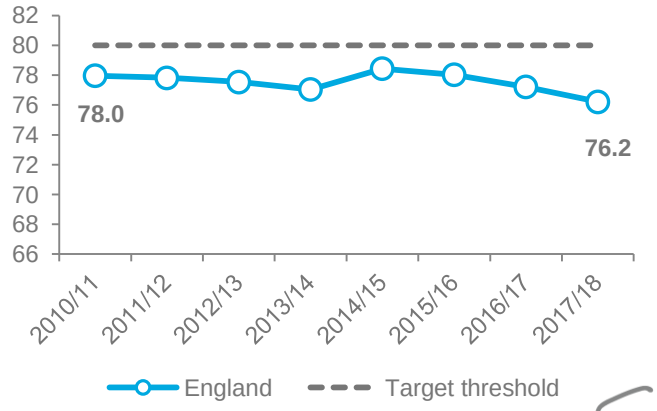


Figure 3: Percentage of woman aged 50-64 with age-appropriate coverage, England



References

1. NHS England Cervical Screening Programme England, 2017/18 Report Published 27 November 2018

1 in 20 women screened have an abnormal result, and less than 1 in 1000 of these abnormal results are cancerous

NATIONAL PICTURE: DETECTION RATE

In 2017/18, 5.6% of woman had a result categorised as abnormal (from borderline change through to potential cervical cancer).

- Around 1.1% of woman tested showed a high-grade abnormality.
- The percentage of results showing a high-grade abnormality decreased with age, being highest at 2.5% for women aged 25-29, falling to less than 0.4% for women aged 50-64.
- This pattern remains relatively constant year on year.

Abnormal samples detected above are triaged as per the NHS CSP policy and where needed referral made to colposcopy clinics for further investigations.

- Less than 0.1% of those referred to colposcopy clinics following an abnormal result are usually found to have cervical cancer (2016/17 data but consistent for several years).

Collectively, the above means that around 1 in 20 screened have an abnormal sample result and less than 1 in 1000 of these abnormal samples have cervical cancer.

- Colposcopy appointments provide an opportunity to remove potentially pre-cancerous abnormalities (not just detect actual cancers) which is the rationale behind the cervical screening programme.

References

1. Cervical Screening Programme England, 2017/18 Report Published 27 November 2018
2. Public Health England. NHS Cervical Screening Programme Colposcopy and Programme Management
3. Jo's Cervical Cancer Trust. https://www.jostrust.org.uk/about-cervical-cancer/cervical-screening/getting-cervical-screening-results

In 2017/18, nearly 3 in every 100 cervical samples taken in England for screening were inadequate

NATIONAL PICTURE: INADEQUATE SAMPLES AND RESULT LETTERS

In 2017/18 of the 3.3 million samples taken, 95.6% were submitted by GPs and NHS Community clinics, the remainder from NHS hospitals (3.8%) and GUM clinics (0.3%).

- 2.7% (88,754) of samples submitted were inadequate*, similar to previous year.
- For women tested again due to an earlier inadequate test, 11.9% of tests resulted in a repeated inadequate result (slight decrease from 2016/17 - 13.2%).
- Analysis by age group has shown that the proportion of samples found to be inadequate was generally lower for women in the younger age bands, below 55 years.

In 2017/18, 58.6% of the results letters sent to women tested were reported to have the desired delivery date of within 2 weeks of the sample being taken.*

- This compared to 71.6% in 2016/17 and was considerably below the Key Performance Indicator acceptable value of 98.0%.
- It is believed that the recommendation for HPV primary screening and pilot testing has led to some of these delays due to impact of workload on cytology labs.
- At a regional level, the percentage of letters received within 2 weeks of results in London was 69.6%, a significant decrease from 2016/17 (89.4%).

* An inadequate sample means that the test must repeated because the laboratory was not able to see the cells satisfactorily and give a conclusive result

**Between January and October 2018, around 4,500 test result letters were not sent (equivalent to around 0.2% of all test results in 2017-18), a matter under ongoing investigation at NHS England.

References

1. NHS England , Cervical Screening Programme England, 2017/18 Report Published 27 November 2018

There are significant inequalities in the uptake of cervical screening across certain population groups

NATIONAL PICTURE: INEQUALITIES

Characteristic	Impact on Screening
Age	Screening is targeted at those aged 25-64, however those age 25-29 are at highest risk of cervical cancer and are also the population with lowest screening coverage (declined further in recent years). Extensive work has shown that it is more harmful than beneficial to screen below age of 25, due to excessive false positive detection.
Ethnicity	White British women are twice as likely to attend cervical screening compared to minority ethnic groups (Odds Ratio 2.2 for White British women compared to ethnic minority women). The disparity is greatest for South Asian ethnicities with likelihood of non-attendance reported to be over ten times more likely for woman of Indian ethnicity (OR 10.7) and twelve times more likely for Bangladeshi woman (OR 12.9) compared to White British women.
Social Deprivation	Women in the most deprived groups (most deprived quintile) are up to 9% less likely to attend cervical screening (Odds Ratio 0.91 to 0.94 when compared to the least deprived quintile) yet are more likely to have high risk HPV, and of being diagnosed/dying from cervical cancer
Disability	When compared to the rest of the community, women with disability were less likely to use preventive health screening services which was most significant among those who are housebound. Women with learning disabilities are nearly 50% less likely to participate in cervical screening compared to those without learning disabilities.
Education Status	Has been found that those most educated are more likely to take up screening
Transient Population	Woman without a fixed address, are homeless, or are in prison are less likely to be screened.

References

1. NHS England. Cervical Screening Programme England, 2017/18 Report Published 27 November 2018
2. Public Health England. Supporting the health system to reduce inequalities in screening PHE Screening inequalities strategy. 2018
3. Jo's Cervical Cancer Trust. Computer says no accessed at https://www.jostrust.org.uk
4. Moser K, Patnick J, Beral V. Inequalities in reported use of breast and cervical screening in Great Britain: analysis of cross sectional survey data. BMJ 2009;338:b2025.
5. Ramjan L, Cotton A, Algoso M, Peters K. Barriers to breast and cervical cancer screening for women with physical disability: A review. Women & health. 2016;56(2):141-56
6. Public Health England. National Cancer Screening Programme – FAQs https://legacyscreening.phe.org.uk

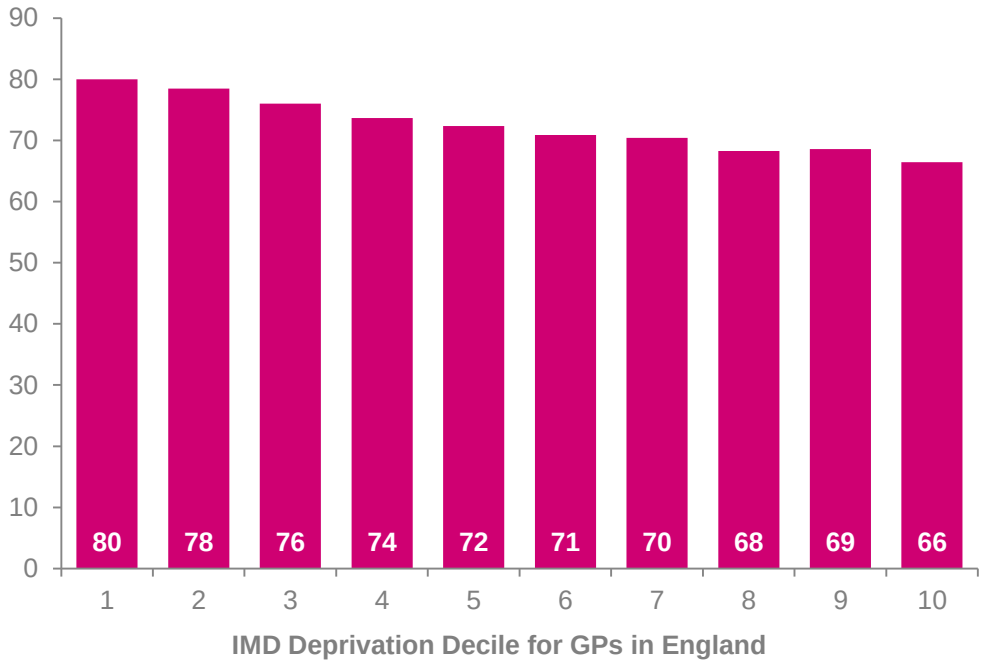
Socioeconomic inequalities in cervical screening uptake are evident across England

NATIONAL PICTURE: SOCIOECONOMIC VARIATION IN UPTAKE

Recent data demonstrates a persistent trend towards lower cervical screening coverage in areas of highest deprivation.

- There is an evident gradient in cervical screening coverage when examined according to the deprivation level of GP practices in England (based on 2016/17 data).
- GPs in the most affluent communities had an average screening coverage of 80% (meeting target threshold), while those in the most deprived communities had screening coverage 14% points lower.

Figure 4: Cervical Screening Coverage in England in 2016/17 by Deprivation Decile



References

1. Public Health England. Public Health Profiles accessed at https://fingertips.phe.org.uk

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The incidence of cervical cancer in Southwark is similar to South East London but slightly lower than England

THE LOCAL PICTURE: CERVICAL CANCER

Cervical cancer accounts for just under 2% of all new cancers in Southwark.

- In 2016, 8 cases of cervical cancer were recorded in Southwark. This equates to an age standardised cancer incidence rate of 6.9 per 100,000.
- Rates were similar across London boroughs but higher in England (9.4 per 100,000 person years).

Age standardised rates of cervical cancer in Southwark fluctuate around London and England average, year on year due to the relatively small number of cases

- When examined by age, cervical cancer incidence rates decline with age, with 25-29 most at risk.
- In 2016, incidence for cervical cancer peaked in England at 18.6 per 100,000 person years at risk for those aged 25-29 before declining to 10.7 per 100,000 person years at risk for those aged 60-64.
- In Southwark, there were 8 cases of cervical cancer in 2016, hence rates could not be calculated to allow comparison with England, though patterns are similar

Figure 5: Age standardised incidence of cervical cancer per 100,000, 2016

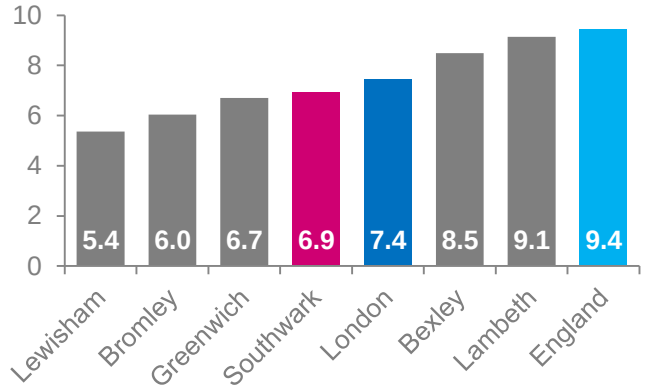
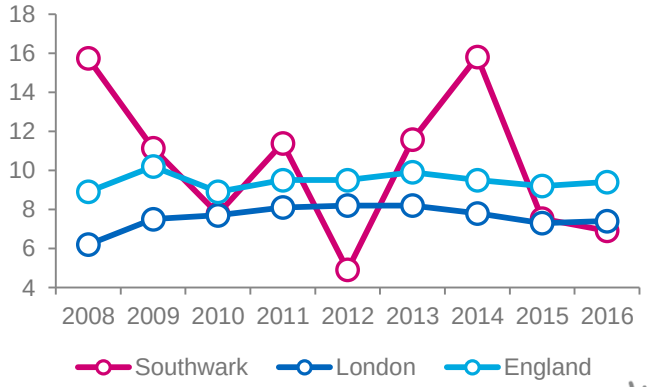


Figure 6: Age standardised rate of cervical cancer incidence per 100,000, Southwark



References

1. The National Cancer Registration and Analysis Service accessed online at www.cancerstats.nhs.uk

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Cervical Screening Coverage in Southwark for ages 25-49 has been in gradual decline for several years

THE LOCAL PICTURE: UPTAKE & COVERAGE

Cervical screening coverage in Southwark has been in gradual decline for several years especially for ages 25-49 , mirroring the London trend, and is below national target threshold of 80%.

- In Southwark in 2017/18, age-appropriate coverage was achieved in 62.7% of those aged 25-49 while 74.3% was achieved in the 50-64 age group.
- Coverage in Southwark was similar to London for both age groups but lower than the England average.
- The pattern of gradual coverage decline has remained similar for several years.

Figure 7: Coverage (%) in Southwark, London and England, for ages 25-49 in past 3.5 years

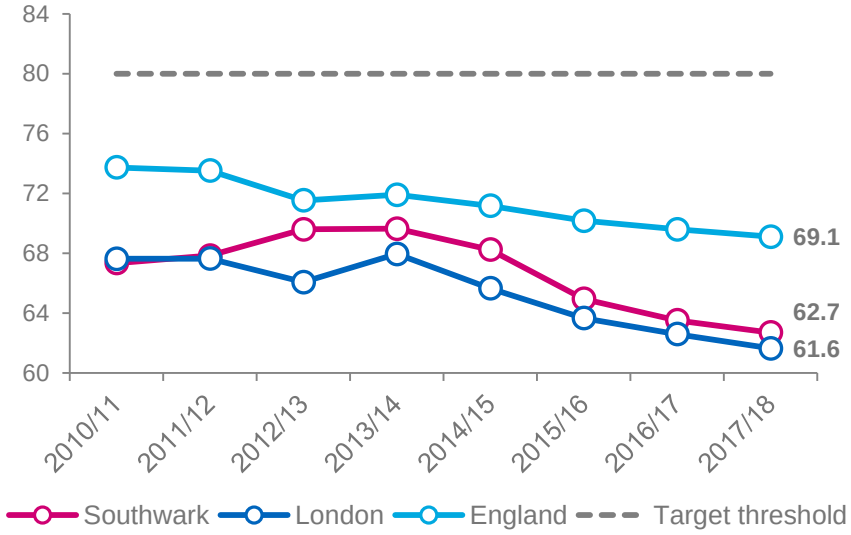
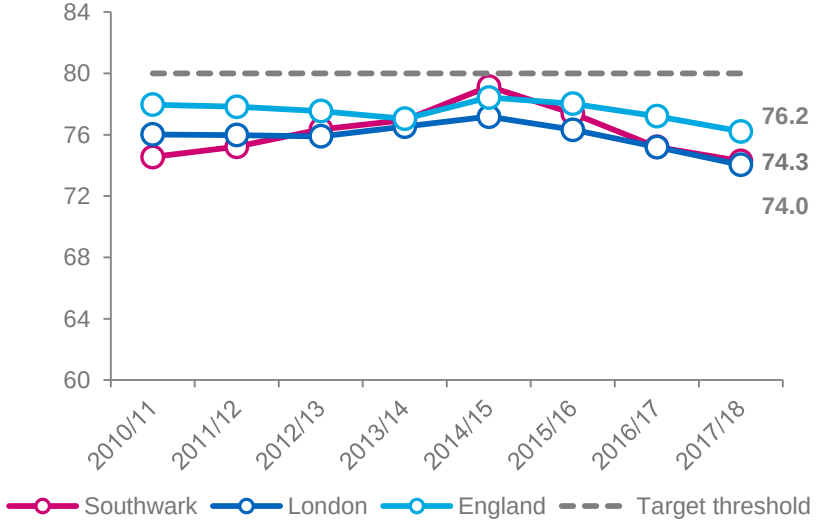


Figure 8: Coverage (%) in Southwark, London and England for ages 50-64 in past 5.5 years



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1. Public Health England. Public Health Profiles accessed at https://fingertips.phe.org.uk
2. NHS England. Cervical Screening Programme England, 2017/18 Report Published 27 November 2018

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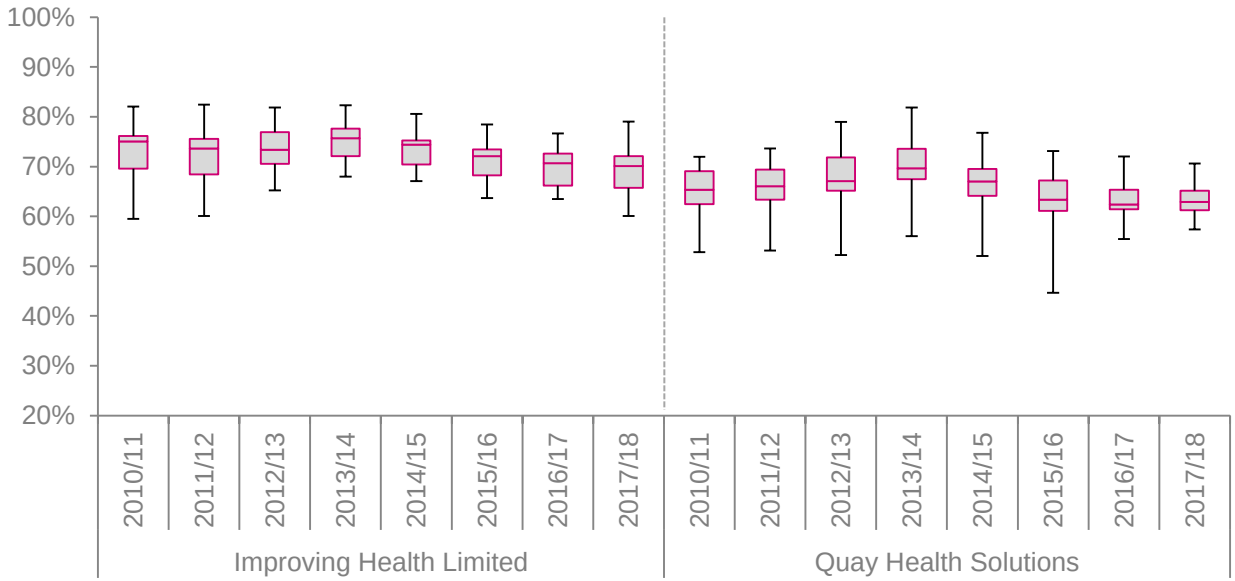
There is also considerable variation in screening coverage across Southwark GPs with most falling below the target

THE LOCAL PICTURE: PRACTICE LEVEL COVERAGE

There is variation in cervical screening coverage across GP practices and federations.

- The graph shows that median screening coverage (pink line in middle of each box) has gradually declined since 2013/14 across GP practices in both Southwark GP Federations.
- Screening coverage in 2017/18 was slightly better across Improving Health Limited with half of practices screening between 65.7% and 72.1% of their eligible population while for Quay Health Solutions, this was between 61.2% and 65.1%
- In 2017/18, around 68,000 woman aged 25-64 were screened in Southwark however around 14,000 more women needed to be screened to reach the desired threshold (80%).

Figure 9: Persons, 25-64 age appropriate cervical screening coverage (%) by GP Federation



References

1. Public Health England. Public Health Profiles accessed at https://fingertips.phe.org.uk

Inadequate sample rates in Southwark are lower than England, but can be further improved with simple measures

THE LOCAL PICTURE: INADEQUATE SAMPLES

In 2017/18, 2.5% (503) of around 20,300 samples analysed at St Thomas' Hospital laboratories for Southwark were inadequate.

- This was broadly similar to 2016/17 (3.0%) and slightly lower than the rest of England (2.7%) for 2017/18.
- The main causes of inadequate samples were too few cells (41.0%) in the sample, followed by excess inflammatory fluid (27.0%), both of which required repeat samples to be taken.

Sample takers receive a copy of a report detailing the reason for inadequacy of sample and can contact St Thomas' laboratories for further advice.

- Relatively simple measures such as use of a water-based lubricants during sample taking and/or topical oestrogen treatments a few weeks prior to sample are believed to help reduce inadequate sample rates. Though use of oestrogen creams prior to screening remains a controversial area and one of active research.
- It is anticipated that the move to HPV primary screening may reduce the inadequate rates further as there will be a reduced need for cytology.

References
1. Stakeholder Input: Consultant Biomedical Scientist, St Thomas' Hospital

Southwark has a high population of communities known to be underserved for cervical screening (1 of 2)

THE LOCAL PICTURE: UNDERSERVED GROUPS

Southwark with a population of around 314,000 people is known to have high prevalence of several underserved* groups for cervical screening which if not addressed, risk exacerbating health inequalities.

Characteristic	Group at highest risk of being underserved	Prevalence in Southwark
Age	Aged 25-29	The median age of Southwark residents in 33.1 years with over 6% of the entire female population in this 25-29 age bracket, higher than London and England respectively.
Ethnicity	Minority ethnic groups in particular South Asian woman	Around 25% of Southwark's population are Asian or of mixed ethnicity while a further 25% are Black, higher than the London average.
Transient Populations	▪ Homeless ▪ No fixed abode ▪ Not registered with GP.	Southwark has the 7th largest number of rough sleepers in London estimated at 309 in 2017/18, though a low percentage (13%) are females.

*Underserved refers to any individual or group of people who are disadvantaged because of ability to access healthcare or other disparities for reasons of race, religion, language or social status

References

1. JSNA Factsheet 2018-19 – Demography accessed online at www.southwark.gov.uk
2. JSNA Factsheet 2017 Protected Characteristics accessed online at www.southwark.gov.uk
3. Health and wellbeing needs of Southwark's rough sleepers. accessed online at www.southwark.gov.uk

Southwark has a high population of communities known to be underserved for cervical screening (2 of 2)

THE LOCAL PICTURE: UNDERSERVED GROUPS

Characteristic	Group at highest risk of being underserved	Prevalence in Southwark
Physical Disability	All	Around 13% of people in London are living with a disability which equates to around 40,700 people in Southwark.
Learning Disability	All	It is estimated that there are approximately 2,350 women aged 25-64 in Southwark with learning disabilities.
Social Deprivation	Those from most deprived backgrounds and least educated	Four in 10 Southwark residents live in communities considered the most deprived nationally. There is a strong inverse correlation between level of education and level of deprivation.

References
1. JSNA Factsheet 2018-19 – Demography accessed online at www.southwark.gov.uk
2. JSNA Factsheet 2017 Protected Characteristics accessed online at www.southwark.gov.uk

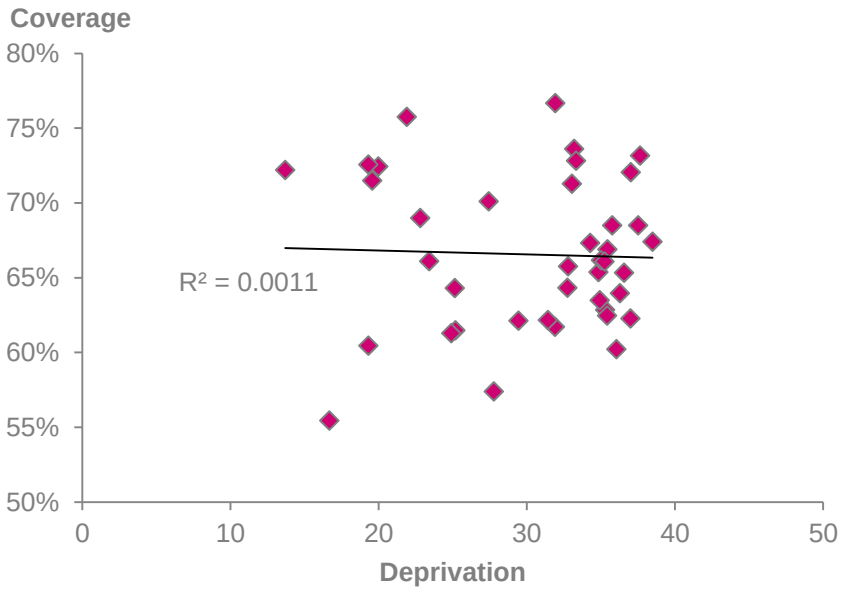
GP level deprivation score did not show any correlation with screening uptake, but this may not be the full picture

THE LOCAL PICTURE: DEPRIVATION AND COVERAGE

Variation in screening coverage in Southwark did not show strong relation to GP deprivation.

- The chart shows no correlation between cervical screening coverage in each GP practice and their level of deprivation.
- However, the relationship isn't clear as there is a greater proportion of practices that are classified as deprived compared to not deprived in Southwark.
- This may also be impacted by the widespread nature of deprivation in Southwark, with majority of our communities falling within the bottom two quintiles.
- Finally, accurate deprivation scores for GP practices in Southwark are difficult to calculate, given the rapidly changing nature of the borough.

Figure 10: Age-appropriate cervical screening coverage in Southwark for woman 25-64, by deprivation 2016/17



*R^2 is a statistical measure of strength of correlation. An R^2 of close to zero suggests no correlation between cervical screening coverage and deprivation

References

1. Public Health England. Public Health Profiles accessed at https://fingertips.phe.org.uk
2. The National Cancer Registration and Analysis Service accessed online at www.cancerstats.nhs.uk

Southwark Council
southwark.gov.uk

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Nationally, lack of appointments, poor IT and service user understanding are known barriers to screening uptake

BARRIERS TO UPTAKE: STAKEHOLDER VIEWS

Jo's Cervical Cancer Trust supports those affected by cervical cancer and cervical abnormalities. In June 2018, they published "Computer says No", detailing barriers to uptake of cervical screening across the UK using evidence synthesised from research findings from service providers and users.

Barriers included:

- Lack of convenient appointments times at GP and/or clinics.
- Reduced and inconsistent availability at sexual health services.
- IT systems underpinning cervical screening being vast, complex and not providing seamless data transfer across systems.
- Lack of service user understanding around the purpose of cervical screening and the risks associated with cervical cancer.
- Service user embarrassment about the test, fear of pain and fear of a diagnosis of cancer.
- Significant Inequalities:
  - 53% of BAME groups believe screening is needed compared to 67% of white woman.
  - Transient population with no fixed abode or registered GP.
  - Anxiety and lack of support to engage survivors of sexual violence.
  - Physical and Learning Disabilities.

References
1. Jo's Cervical Cancer Trust. Computer says no accessed at https://www.jostrust.org.uk
2. Stakeholder views: London Public Health Engagement Coordinator, Jo's Cervical trust

Insufficient education may be a barrier for sample-takers, practices and BAME groups to improving uptake

BARRIERS TO UPTAKE: STAKEHOLDER VIEWS

An interview was undertaken with the Commissioning Manager for Cancer Screening for NHSE London Region/Public Health England regarding the challenges facing the CSP which were believed to include:

- Significant Inequalities:
  - Uptake known to be lower in SE London among Muslim and BAME communities.
  - Some Eastern European communities may not be taking up screening in UK but returning for this to their country of origin.
  - Concerns that those with learning disabilities may have their GPs making decision for them regarding eligibility rather than discussing with carer/ family.
- Sexual health services no longer offering cervical screening appointments.
- Sample takers not getting sufficient access to refresher training courses which should be completed every 3 years, possibly leading to greater numbers of inadequate samples.
- Practice staff education is needed around Open Exeter list and how EMIS and other GP software need to reflect those lists. Anecdotal evidence suggests some lists may not match leading to early and/or unnecessary patient recalls.
- A sample takers database has been challenging to set up for NHS England but is now needed urgently due lack of understanding of actual workforce capacity and training needs.

References
1. Stakeholder Views: Commissioning Manager for Cancer Screening for NHSE London Region/Public Health England

Jo's Cervical Trust support the need to target several areas to increase engagement with cervical screening

OVERCOMING BARRIERS TO UPTAKE: STAKEHOLDER VIEWS

Jo's Cervical Cancer Trust identified a number of recommendations to improve uptake of cervical screening in their report, including:

- An audit should be undertaken across England to assess what can be done to improve access to cervical screening services.
- Greater investment in IT systems underpinning the screening system nationally.
- Funding for large scale pilots on self-sampling ahead of the proposed move to HPV primary screening.
- Ensure funding incentives remain adequate to increase and indeed maintain coverage and encouraged use of local incentive schemes such as KPIs where coverage is low.
- Locally agreed targets of maximum 4 week waiting time for cervical screening appointments.
- An integrated approach across primary care and secondary care services where possible, to ensure greater availability of appointments.
- Consideration of using targeted community hub clinics.

References
1. Jo's Cervical Cancer Trust. Computer says no accessed at https://www.jostrust.org.uk
2. Stakeholder views: London Public Health Engagement Coordinator, Jo's Cervical trust

Evidence suggests there is need to target several areas to increase engagement with cervical screening

OVERCOMING BARRIERS TO UPTAKE: EVIDENCE REVIEW

The National Screening Committee commissioned a rapid review published by Duffy and Colleagues in 2016 into "*Interventions to improve participation in cancer screening services"*, reporting on 71 studies and 58 with positive results. Their findings suggested:

- GP endorsement and pre-screening reminders were associated with modest increases with greatest success among socially deprived and underserved groups.
- Personalised reminders including letters and telephone (with detailed scripts) were effective in all groups.
- HPV primary screening increased screening by 10% among underserved groups due perhaps to rapidity of the test and also better user acceptability.
- Multilingual approaches and offers of transport to screening services showed benefit in some ethnic communities such as Gujarati and Urdu speakers but not in Somali and Bengali speakers.
- Studies involving a patient navigation approach where a patient is guided through the entire process are absent in UK but have met success in US.

Public Health England will launch a multimedia national cervical screening campaign in March 2019 aimed at addressing a lack of service user knowledge about cervical cancer, the purpose of cervical screening, embarrassment about the test, fear of pain and fear that the test will result in a diagnosis of cancer.

References

1. Duffy SW, Myles JP, Maroni R, Mohammad A. Rapid review of evaluation of interventions to improve participation in cancer screening services. Journal of medical screening. 2017;24(3):127-45
2. PHE to launch national cervical screening campaign in March 2019 accessed online at www.phescreening.blog.gov.uk

A number of initiatives are being trialled locally with a view to increasing cervical screening uptake (1 of 2)

OVERCOMING BARRIERS TO UPTAKE: LOCAL INITIATIVES

Several initiatives are already underway in Southwark to increase screening uptake:

1) PHE and NHSE London have introduced a Text Reminder Service for cervical screening.

- This is in operation across Southwark and all 32 London CCGs.
- In London, it is hoped this could equate to an additional 25,000 woman being screened in 2018 (compared to 2017) meaning one life being saved every week.
- The service will be facilitated by iPlato, a text-based alert service used by GPs and health commissioners for healthcare campaigns.
- However, it was reported by London commissioners that engagement with the text messaging service by Southwark GPs has been among the lowest in London for 2018.

2) In Southwark, both North and South Federations are offering cervical screening appointments on behalf of local practices at weekends through hub clinics.

- Their goal is to make it easier for people who work and/or are unable to attend during weekdays to access screening services.

References

1. Duffy SW, Myles JP, Maroni R, Mohammad A. Rapid review of evaluation of interventions to improve participation in cancer screening services. Journal of medical screening. 2017;24(3):127-45
2. Stakeholder Interviews: Commissioning Manager for Cancer Screening for NHSE London Region/Public Health England
3. Pulse Today accessed online at http://www.pulsetoday.co.uk/news/gp-topics/it/cervical-screening-text-message-service

A number of initiatives are being trialled locally with a view to increasing cervical screening uptake (2 of 2)

OVERCOMING BARRIERS TO UPTAKE: LOCAL INITIATIVES

3) Jo's Cervical Cancer Trust have developed a two-pronged approach to increase cervical screening in Southwark:

- Targeting all GP practices:
  - 'Whole Practice approach' which involves training in general practice for frontline staff or volunteers in motivational strategies when communicating with patients.
  - Publications/Information stand to put up in practices free of charge.
- Targeting GP practices with low uptake where in addition to above they offer:
  - Telephone based intervention where they train practice staff in how to approach 1:1 conversations with non-attenders.
  - Well-woman drop in clinics which are delivered both to groups of woman together or on 1:1 basis targeting non-attenders. Additionally they can support and train GP staff to run these sessions themselves.
  - Smear Amnesty/Out of hours clinic to target non-attenders as well as guidance on how to publicise such events in the community.

References
1. Jo's Cervical Cancer Trust. Computer says no accessed at https://www.jostrust.org.uk

There are still several challenging areas that need further strategic work in Southwark to improve screening

OVERCOMING BARRIERS TO UPTAKE: AREAS STILL NEEDING ATTENTION

Several areas still need focused strategic work to improve cervical screening uptake:

- Community engagement with faith leaders and people of influence in Muslim and BAME communities has been shown to improve engagement with public health initiatives.
  - In certain communities it remains stigmatised for pre-marital women to go for cervical screen due to an association with intercourse.
- Raising awareness of importance of screening in other underserved communities such as those with disabilities and no fixed abode.
- Further training for practice staff regarding how they can download Open Exeter lists and how GP software's need to reflect that. It is believed this has not been uniformly understood across Southwark since all lists became electronic only (no paper copies are sent to practices).
- An accurate databases of sample takers is needed with refresher courses from accredited training providers while in-depth training will be needed prior to introduction of primary HPV screening.
- Increasing uptake of iPlato texting service among practices in Southwark.
- Targeted work to reduce inadequate samples rates through education of sample takers around problem areas.

References
1. Duffy SW, Myles JP, Maroni R, Mohammad A. Rapid review of evaluation of interventions to improve participation in cancer screening services. Journal of medical screening. 2017;24(3):127-45
2. Stakeholder Interviews: Commissioning Manager for Cancer Screening for NHSE London Region/Public Health England

Research suggests HPV primary screening will be a more effective cervical screening programme

OVERCOMING BARRIERS TO UPTAKE: NEW INTERVENTIONS

Full rollout of HPV primary cervical screening is expected by 2020. Results from pilot work and research studies comparing HPV primary screening to cytology have demonstrated it to:

- Have greater sensitivity than cytology resulting in around 60–70% greater protection against invasive cervical carcinomas.
- Have potential to allow extension of screening intervals .
- Be a more cost-effective programme with significant savings to be made from the extended intervals (estimated at £35 millions pounds annually) and number of additional cancers that could be prevented (each case is estimated to cost close to £20,000).
- Have received good acceptability by women and health professionals.
- Appendices D and E contain further information about HPV primary screening protocols used in the pilot work.

Several countries are also considering introduction of HPV primary screening while Australia and the Netherlands approved a switch in 2016.

References

1. HPV primary screening pilots: evaluation report to the National Screening Committee - February 2015
2. Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020, NHS England
3. Castanon A, Landy R, Sasieni P. How much could primary human papillomavirus testing reduce cervical cancer incidence and morbidity? Journal of medical screening. 2013;20(2):99-103.

The rollout of HPV primary screening presents several opportunities and challenges

OPPORTUNITIES AND CHALLENGES OF HPV PRIMARY SCREENING

Opportunities:

- **Self sampling -** There is good evidence that self-collected sampling for HPV testing has only slightly lower accuracy than clinician tested sampling, but could moderately increase screening among women who do not respond to invitations for clinician-based screening. However further pilot work is needed to explore how this would be implemented.
- **Inadequate samples -** With less need for cytology testing, its is anticipated that the number of inadequate samples will reduce though some similar challenges with sample-taking as with cytology testing remain.

Challenges:

- **Underserved groups -** Data regarding uptake in some underserved groups is promising though there remains a possibility HPV primary screening will encounter similar problems unless pre-emptive actions are taken.
- **Increased referral rate -** Increased sensitivity of HPV primary screening may slightly increase colposcopy referrals placing greater demand on services.
- **Workforce -** HPV Primary Screening will result in significant change for the workforce with many cytologists losing their jobs and this needs to be carefully and supportively managed
- **IT Infrastructure-** Concerns remains whether the IT infrastructure in place is sufficiently robust to support transition to the new programme.

References

1. Jo's Cervical Cancer Trust. Computer says no accessed at https://www.jostrust.org.uk
2. Stakeholder views: London Public Health Engagement Coordinator, Jo's Cervical trust
3. Kitchener HC. Report to the National Screening Committee for Cervical Screening June 2015
4. National Screening Committee. Cervical cancer screening - HPV self sampling. March 2017

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Screening in Southwark is in decline, and a coordinated multifaceted approach is needed to improve coverage

KEY FINDINGS

Cervical screening coverage in Southwark has gradually declined in recent years, and those most at risk of cervical cancer are also least likely to be screened.

- Several underserved groups for cervical screening are known to have a higher prevalence of cervical cancer, and targeted work is need to improve uptake in order to address these inequalities. Underserved groups include those aged 25-29, minority ethnic groups, those with disabilities, socially deprived, less educated and transient populations.
- Both the 5 year Cancer Commissioning Strategy for London 2015-2020 and Southwark's Health and Wellbeing Strategy 2015-2020 advocate need for improvement in screening coverage however there remains an absence of a co-ordinated, borough-specific strategy with ongoing initiatives operating in isolation from one another.
- A number of initiatives are already in place which aim to improve coverage, including iPlato text messaging reminder service from NHS England, GP Federation led Hub clinics and practice specific approaches by Jo's cervical trust.
- However several challenges such as targeting underserved groups, training of sample takers, reducing inadequate sample rates and improving IT infrastructure still require focused attention.
- The introduction of HPV primary screening provide opportunities to improve coverage as a whole and in several underserved groups, however these challenges from the current screening programme will remain and still need to be addressed.

The following opportunities to improve cervical screening in Southwark have been identified (1 of 2)

Recommendation	Details	Suggested Owner
GOVERNANCE		
Develop a strategic approach	From the results of this review, develop a co-ordinated action plan to improve cervical screening uptake across Southwark.	**Public Health**, STP**,** NHSE, CCG
SERVICE DELIVERY		
Promote early transition to HPV screening	Advocating and facilitating the roll out of HPV primary screening across Southwark at the earliest possible opportunity.	**Public Health**, CCG, NHSE
Ensure software alerts used are correct	Southwark GPs to be made aware of and encouraged to ensure software system alerts accurately reflect lists from Open Exeter.	**CCG**, Public Health, NHS England
Support use of primary care hub clinics	Support increased use of GP hubs to facilitate catch up clinics for cervical screening to address challenges with both the lack of overall appointments available in some GP surgeries and lack of appointments available outside normal working hours.	**CCG**, GP Federations, Public Health,
Advocate for self-sampling	Advocate for work focused on identifying effectiveness of self-sampling in anticipation of HPV primary screening.	**Public Health**, NHS England
Promote text messaging initiatives	Increasing engagement among local GP surgeries with the iPlato text messaging service ensuring 100% uptake of this intervention across Southwark.	**CCG**, Public Health**,** NHSE London
Assess and improve workforce capacity	Mapping of cervical sample takers workforce capacity in Southwark, identifying training and workforce needs going forward as well as opportunities for hub clinics.	**STP,** Public Health**,** NHSE London

The following opportunities to improve cervical screening in Southwark have been identified (2 of 2)

Recommendation	Details	Suggested Owner
INTELLIGENCE		
Work with practices to develop a better picture of uptake in Southwark	Examining service user characteristics most strongly associated with low cervical screening uptake across Southwark using practice level data.	**Public Health,** GP Federations
COMMUNITY ENGAGEMENT		
Work with community leaders	Community engagement work with faith leaders and people of influence in BAME communities to promote and improve understanding of cervical screening.	**Public Health**, Jo's Trust
Target harder to reach groups	Support the delivery of face-to-face interventions targeting improvement in screening uptake in areas with high levels of ethnic diversity and deprivation.	**Public Health**, CCG, Jo's Trust
Support national campaigns	Support national campaigns locally and ensure work is directed towards groups with lower uptake to address inequalities.	**Public Health**, CCG
PROVIDER EDUCATION & AWARENESS		
Sharing best practice	Collaborative work focused on identifying practices with lower coverage in Southwark and directing resources and training towards them, using learning from practices with highest coverage.	**CCG**, Public Health, Jo's Trust
Identify ways to raise awareness and educate providers	Identify events, such as protected learning time events and general practice forums, to promote awareness and ways to improve screening uptake.	**CCG**, Public Health
Ensure sample taker workforce receive adequate training updates	Undertake a review of the sample taker workforce in Southwark, develop educational and training events locally that fulfil national training update requirements.	**CCG**, STP, Public Health

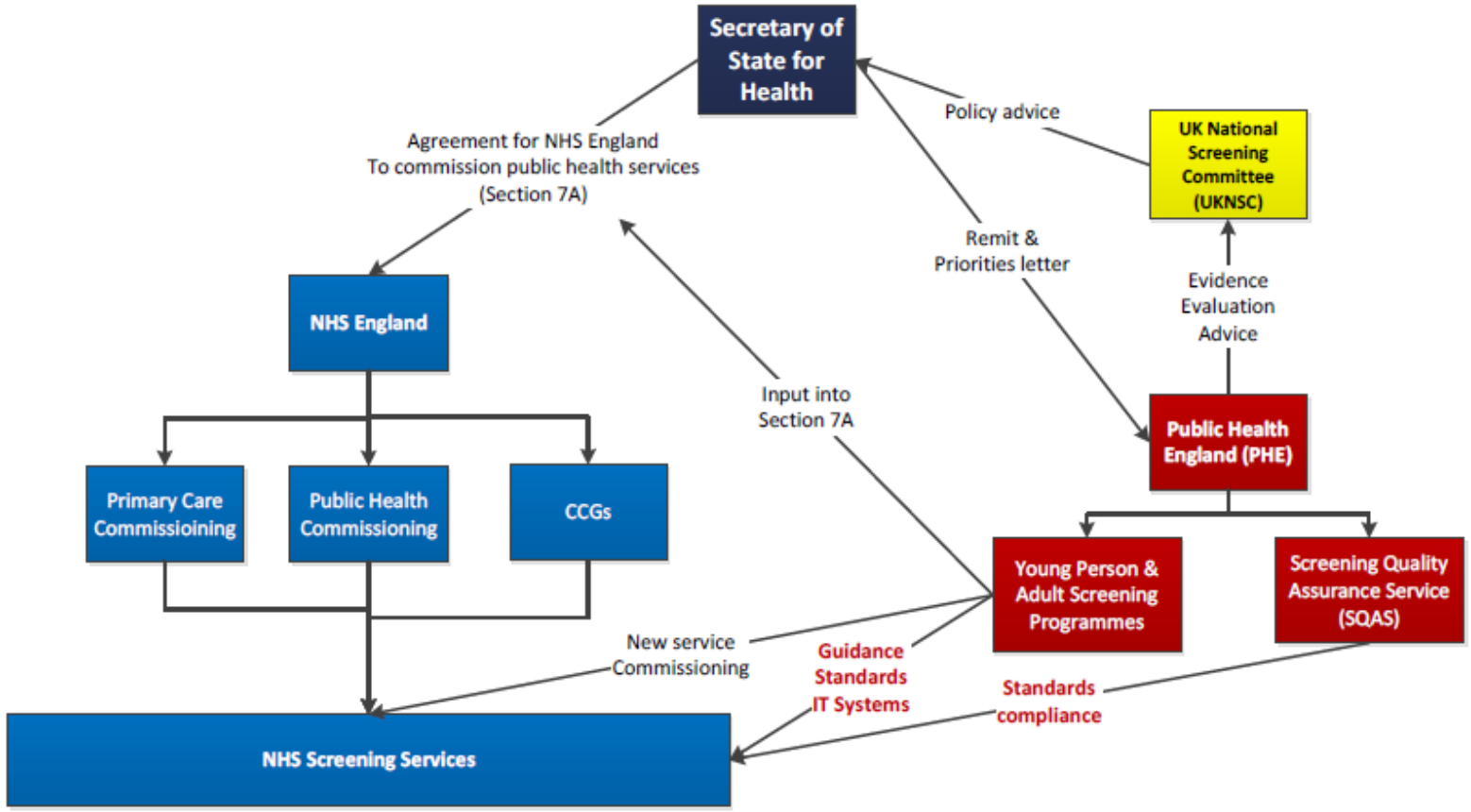
Find out more at
southwark.gov.uk/JSNA

People & Health Intelligence Section

Southwark Public Health

APPENDIX A – Cervical Screening Programme – High Level Governance

HIGH LEVEL PROGRAMME GOVERNANCE

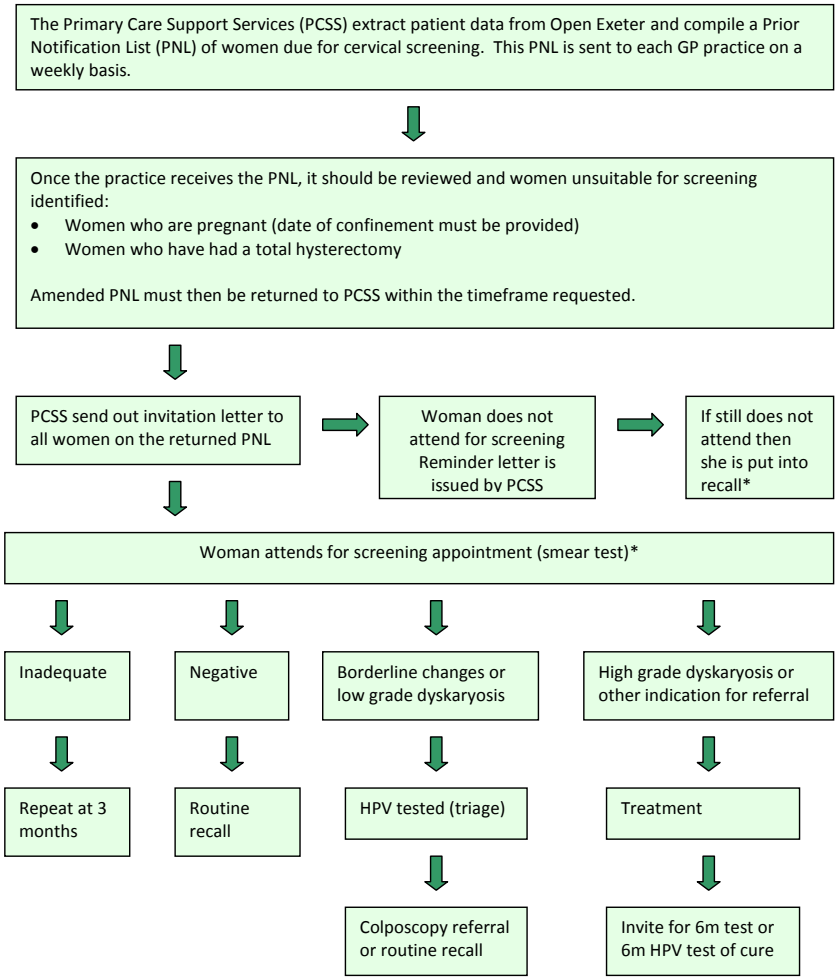


References

1. Public Health England. NHS Cervical Screening Call and Recall: Guide to administrative good practice

APPENDIX B – Cervical Screening Pathway

CERVICAL SCREENING PATHWAY: OVERVIEW

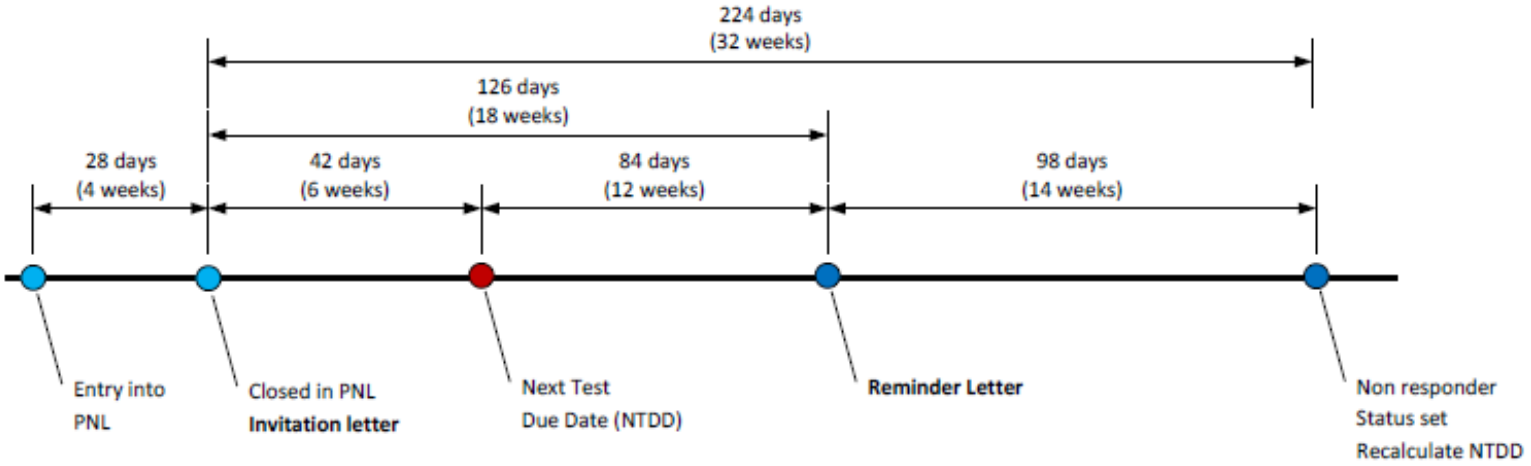


***GP practice will receive an electronic result report for each patient.**
The practice cancer screening lead should ensure staff generate a follow up if the woman did not attend, which may include:
•Reminder letter encouraging her to book another smear test
•Verbal encouragement when she next contacts or visits the practice
•Suggests she has the smear test done there and then
•Alert on the patient record to allow other staff to raise the issue

References
1. Public Health England. NHS Cervical Screening Call and Recall: Guide to administrative good practice

APPENDIX C – Cervical Screening Programme – Current Call/Recall process (Slide 1 of 2)

CERVICAL SCREENING PATHWAY: CALL/RECALL



- GP practices have a responsibility to provide assurance that women are being screened appropriately.
- This is managed through the prior notification list (PNL) which is a list of women from the GP practice who are due to be called or recalled for screening.
- The first invitation for eligible woman is sent out when they turn 24½.
- For this to happen, women must be included in the screening cohort 30 weeks before their 25th birthday so they are included into their first PNL.
- The first invitation letter is sent when the woman reaches 24½ and the initial Next Test Due Date (NTDD) is set 20 weeks before the twenty fifth birthday.

References

1. Public Health England. NHS Cervical Screening Call and Recall: Guide to administrative good practice

APPENDIX C – Cervical Screening Programme – Current Call/Recall process (Slide 2 of 2)

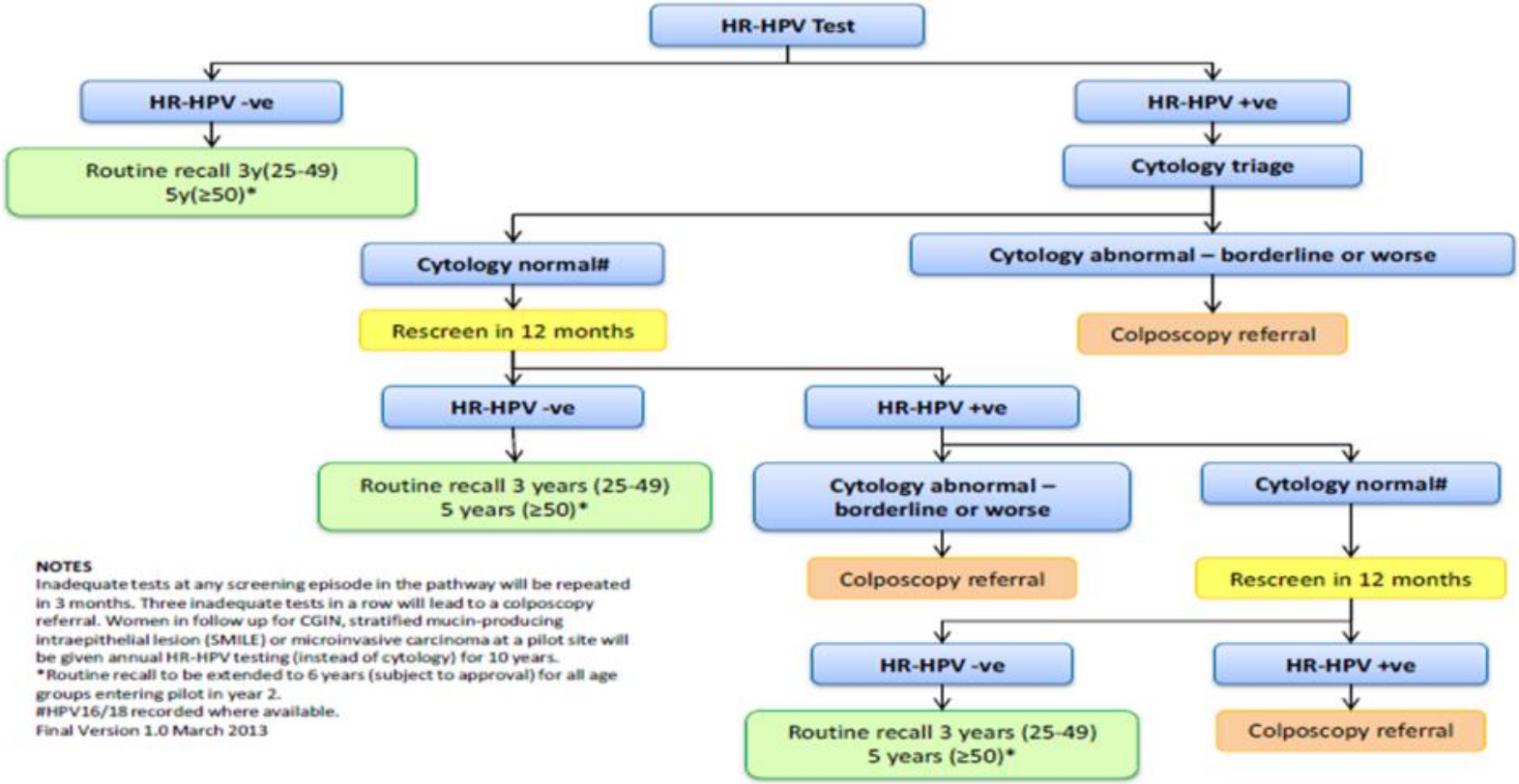
CALL/RECALL

- GPs have 4 weeks to review the woman's PNL entry after which it will be closed and call/recall letters will be created and dispatched.
- Where call/recall services have not received a test result from the cytology lab within 18 weeks of the invitation letter being created, the woman is considered 'overdue' and reminder letters are sent.
- Where the call/recall services have not received a test result from the cytology lab within 32 weeks of the call/recall letter being sent, the woman is considered to be a 'non-responder'.
- At this point her GP must be notified so they can follow-up. At this point, the woman's NTDD is reset based on her age and any known screening history.
- Once cytology lab receives a test result that is normal the NTDD is reset to recall every 3 years form 24½ to 49 and every 5 years from 50-64.
- If a test result is abnormal, it is the responsibility of the colposcopy department to which a referral is made to advise on the NTDD.
- Automatic recall stops when the woman's next test due date (NTDD) is on or after when she turns 65.

References
1. Public Health England. NHS Cervical Screening Call and Recall: Guide to administrative good practice
2. Public Health England. NHS Cervical Screening Programme Colposcopy and Programme Management

APPENDIX D – HPV Primary Screening Pilot: Process Algorithm

POLICY CONTEXT



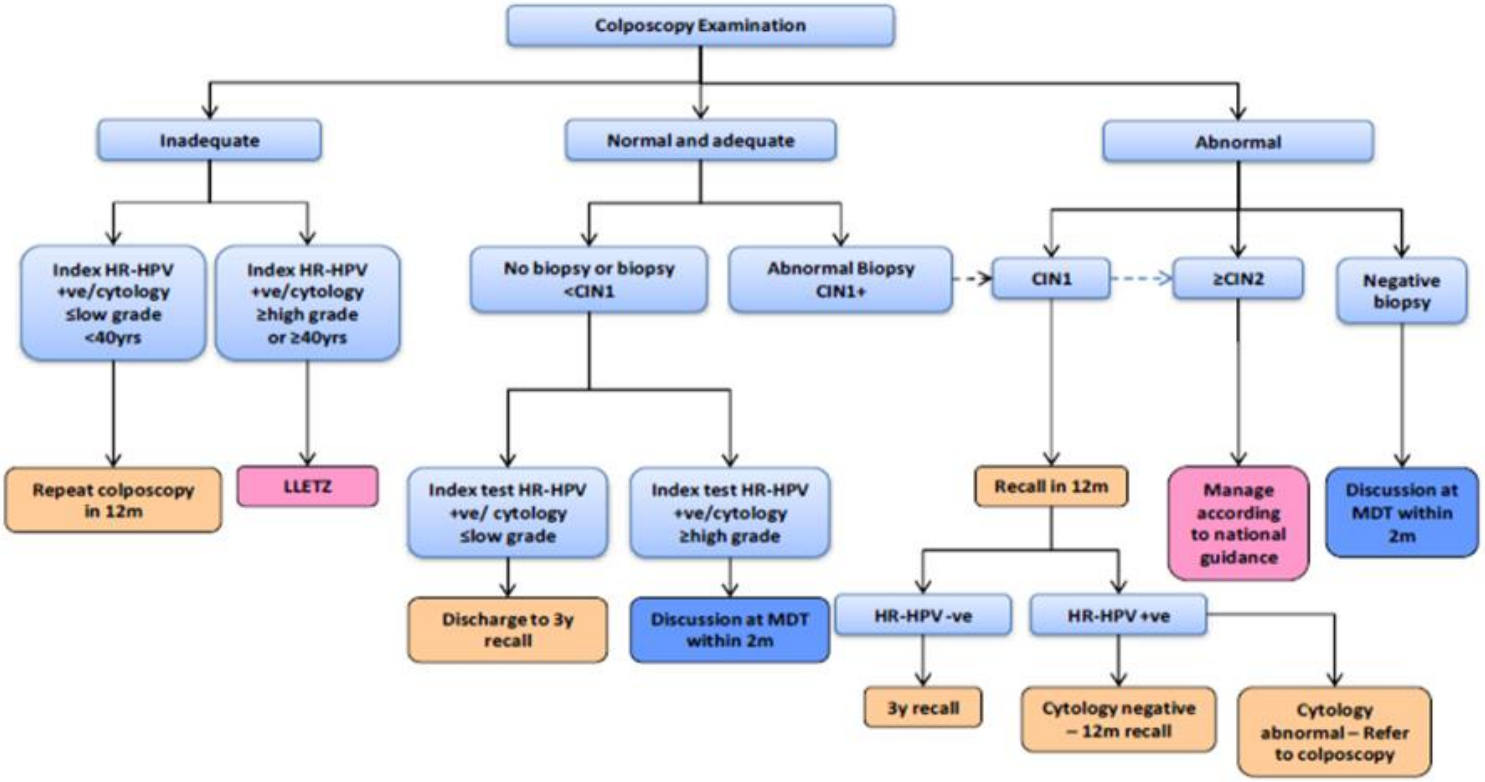
HPV Primary Screening Algorithm – Pilot Year 1:
All women aged 25-64 on routine call/recall and early recall

References

1. HPV primary screening pilots: evaluation report to the national screening Committee - February 2015

APPENDIX E – HPV Primary Screening Pilot: Colposcopy Management Recommendations

POLICY CONTEXT



HPV Primary Screening Pilot: Colposcopy Management Recommendations

References

1. HPV primary screening pilots: evaluation report to the national screening Committee - February 2015