

Why is this issue important?

There are three NHS cancer screening programmes in England: breast, cervical and bowel. Screening programmes aim to detect cancer early when treatment is more likely to be effective. It is estimated that cervical screening saves 4,500 lives in England each year,¹ while breast screening saves 1,300.² Regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%.³

Breast: The national breast cancer screening programme currently offers screening every three years to women aged 50-70 years. Those assessed, by a specialist in genetics or oncology, as being at higher risk of developing breast cancer are offered screening at a younger age (surveillance screening) and more frequently than the general population, at least until the age of 50 years. Women over 70 years can request screening but are not routinely invited. In a national randomised control trial to consider further age extension, half of the women aged 47-49 years and 71-73 years are also being invited over two screening rounds between 2010 and 2016.

Over the years there has been much debate as to whether breast cancer screening does more harm than good. A recent independent review of the evidence concluded that whilst there were around three over-diagnosed cases identified and treated for every one breast cancer death prevented, the UK breast screening programmes confer significant benefit and should continue.

Cervical: The national cervical cancer screening programme offers regular screening to women aged 25 to 64 years. Women are invited every three years until aged 49 years and then every five years.

Bowel: The national bowel cancer screening programme invites men and women aged 60 to 69 years to be screened every two years. Those over 70 years are sent a screening kit on request. From April 2010 the age range for bowel cancer

screening was extended to invite people up to their 75th birthday.

Key outcomes

- ***The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period (Public Health Outcomes Framework)***
- ***The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period (Public Health Outcomes Framework)***
- ***Bowel (an indicator is under development) – (Public Health Outcomes Framework)***

Impact in Brighton & Hove

Breast: There are 28,000 women eligible for breast screening in Brighton & Hove. The local programme is provided by Brighton & Sussex University Hospitals' Trust. In England around eight per 1,000 women screened will be found to have breast cancer,⁴ which equates to around 75 Brighton & Hove women per year.

In 2011/12 the proportion of eligible women who had been screened within the previous three years was 70.3% in Brighton & Hove, compared with 77.4% in South East Coast Strategic Health Authority and 77.0% in England.

Cervical: There are 81,600 women eligible for cervical screening in Brighton and Hove. Women are invited for screening by the cervical screening programme office but this is carried out in GP surgeries. In 2011/12, 77.2% of the eligible women were screened at least once in the previous five years (coverage) which was lower than both the South East Coast Strategic Health Authority and England rates (80.2% and 78.6% respectively); figure 1 shows coverage was lower for both younger (25-49 years) and older (50-64 years) women. The proportion of abnormal results (the positivity rate) in Brighton and Hove (5.7%) was

¹ Cancer Research UK. Cervical screening: The facts. Department of Health.

² The Independent UK Panel on Breast Cancer Screening. The Benefits and Harms of Breast Cancer Screening: An Independent Review. A report jointly commissioned by Cancer Research UK and the Department of Health (England). October 2012.

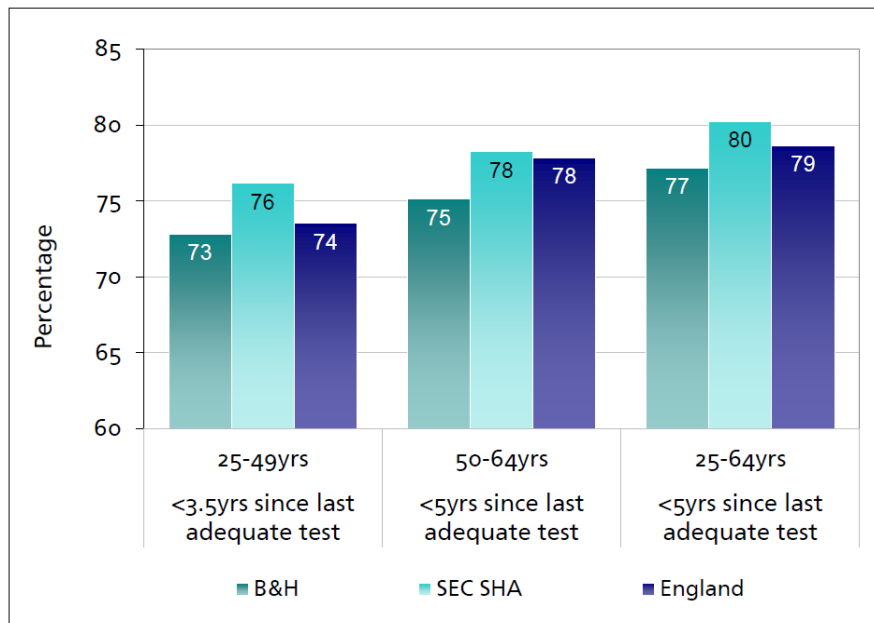
³ Cochrane Database of Systematic Reviews, 2006. Screening for colorectal cancer using the faecal occult blood test: an update.

⁴ Health and Social Care Information Centre. Breast Screening Programme, England 2011-12, February 27, 2013.

7.4.1 Access to cancer screening

lower than both the South East Coast SHA (6.1%) and England (6.3%).⁵

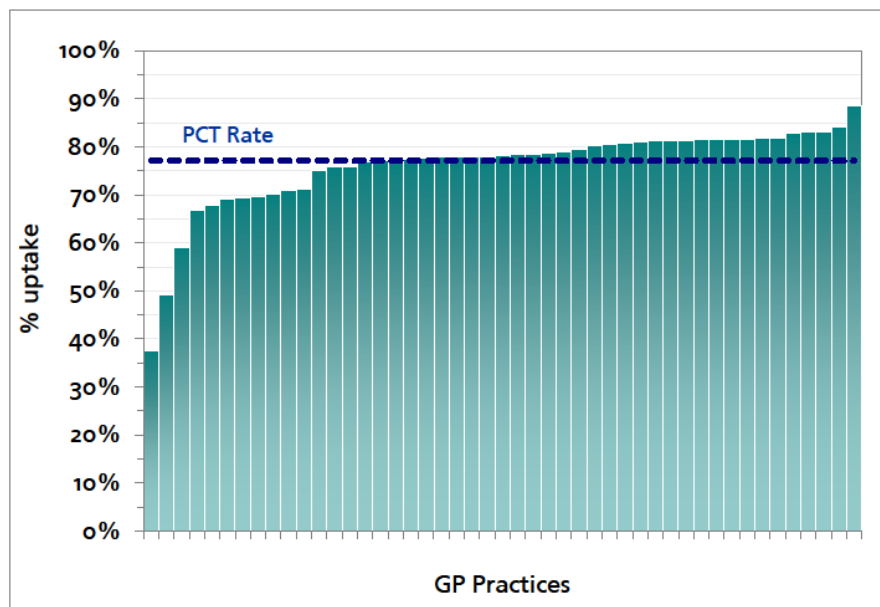
Figure 1: Cervical screening coverage in Brighton and Hove, South East Coast SHA and England, 2011-12.



Source: Information Centre for Health and Social Care

Figure 2: shows that cervical screening coverage varies considerably by GP practice, ranging from 38% to 89% in 2012-13.

Figure 2: Cervical screening coverage (%) by GP practice 2011-12.



Source: Primary Care Support Services

The Quality and Outcomes (QOF) based coverage in Brighton and Hove for 2011-12 was 81.9% which is higher than that reported for the national screening programme (77.2%). This is because QOF coverage allows GPs to ‘exception report’ (exclude from the figures). The exception rate for cervical screening in Brighton and Hove in 2011-12 was higher (8.6%) than the South East Coast SHA and England rates (5.6% and 5.4% respectively). In addition to clinical criteria and informed dissent, GPs can exception report if a patient does not attend on at least three occasions in the previous 12 months. Locally there is a trend for higher exception reporting in more deprived populations.

Bowel: There are 24,100 people eligible for bowel screening in Brighton & Hove. Age extension across Sussex has been delayed but should be

introduced by June 2013/14 and will include another 9,600 Brighton & Hove residents. There are three sites in the Sussex bowel cancer screening programme; the one serving Brighton & Hove is provided by Brighton & Sussex University Hospitals’ Trust. In 2010/11 the average uptake of bowel cancer screening in Brighton & Hove was 53%, compared with 58% across Sussex, and as nationally it is higher for women than men. As yet there are no formal national statistics for bowel cancer screening.

It is estimated that for every 1,000 people screened, 20 will be positive for faecal occult blood (276 at 60% uptake in Brighton & Hove) and 85% will take up the offer of a colonoscopy (235 in Brighton & Hove). Of those undergoing colonoscopy, around half will have a normal result (118), three-eighths will have polyps (88) and one eighth will have bowel cancer (29) detected.⁶

⁵ NHS Information Centre for Health and Social Care. Cervical Screening Programme, England 2011-12. <https://catalogue.ic.nhs.uk/publications/screening/cervical/cerv-scre-prog-eng-2011-12/cerv-scre-prog-eng-2011-12-rep-v1.1.pdf>

⁶ NHS Cancer Screening Programmes. The NHS Bowel Cancer Screening Programme (NHS BCSP) Information for Primary Care. <http://www.cancerscreening.nhs.uk/bowel/bowel-ipc-leaflet.pdf>

Public voice: A 2010 local cancer awareness survey found that awareness of the NHS breast and cervical screening programmes was significantly lower in Brighton and Hove than nationally; whereas awareness of the bowel cancer screening programme was significantly higher.⁷

The bowel cancer screening programme routinely collects feedback from those people with positive screens who are required to attend the hospital. In 2011/12 there was an 80% response rate with 95% agreeing/ strongly agreeing that they were treated with dignity and respect during their visit and more than 90% of respondents agreeing/ strongly agreeing that all their questions were answered by the screening practitioner.

Where we are doing well

A recent Quality Assurance visit found that the breast screening unit has one of the best clinical performances in the country

Cervical cancer screening coverage in Brighton and Hove increased by 1% between 2010/11 and 2011/12 whereas the rate in the South East Coast SHA area remained unchanged and the England rate increased by only 0.1%.

Bowel cancer screening up-take is increasing and is now above the national average.

Local inequalities

The National Cancer Equality Initiative Annex⁸ (NCIN 2012) summarises the evidence-base on inequalities in cancer screening.

Deprivation: As nationally awareness of cancer screening programmes in Brighton and Hove is lower amongst socially deprived groups.

Gender: As nationally men have lower awareness of cancer screening programmes than women, which is to be expected as men are only eligible for bowel screening.⁹ However uptake of bowel screening is also lower in men than women.

BME: National evidence shows that screening uptake is generally lower in minority ethnic groups. Local data is not available by ethnicity.

LGBT: Many lesbian women and their health professionals are unaware of their need for cervical screening.¹⁰ A Brighton & Hove survey showed that a quarter of 130 lesbian and bisexual respondents had never been screened or were screened more than five years ago (26% Britain) and only 21% regularly checked their breasts (26% Britain).¹¹

Predicted future need

Responsibility for the commissioning and quality assurance of national screening programmes transferred to Public Health England (PHE) in April 2013. PHE staff have been seconded to NHS England Area Teams (ATs) to discharge this function; the AT for Brighton and Hove is the Surrey Sussex Area Team. These changes require new partnerships to be forged and new systems to be established so that Brighton and Hove City Council and the Health and Wellbeing Board can be assured of screening performance locally.

Depending on the findings of the current randomised controlled trial, age extension of breast cancer screening may be rolled out nationally after completion in 2016 resulting in increased demand on local services.

Following the introduction of HPV test of cure into the cervical screening programme, laboratory services in Sussex were reconfigured in April 2013 to ensure they continued to meet the quality assurance requirements for the programme. These changes may impact on programme performance particularly regarding the timeliness of results. HPV primary screening is currently being piloted and may result in changes to the NHS Cervical Screening Programme in the future.

The demand for colonoscopies is increasing annually and this increase is expected to continue. The age extension for bowel cancer screening as well as cancer awareness work will increase this

⁷ Lake Market Research. Cancer Awareness and Early Diagnosis Initiative CAM Final Results. NHS Brighton and Hove: April 2006.

⁸ National Cancer Intelligence Network. Evidence to March 2010 on cancer inequalities in England. June 2010. Available from <http://www.ncin.org.uk/equalities/docs/100614-NCIN-Inequalities.pdf> [Accessed 04/04/12]

⁹ Lake Market Research. Cancer Awareness and Early Diagnosis Initiative CAM Final Results. NHS Brighton and Hove: April 2006.

¹⁰ Fish J. Cervical screening in lesbian and bisexual women: a review of the worldwide literature using systematic methods. Leicester: DeMontfort University. June 2009. Available at: <http://www.cancerscreening.nhs.uk/cervical/publications/screening-lesbians-bisexual-women.pdf> [Accessed 08/05/2012]

¹¹ Prescription for Change: Lesbian and bisexual women's health check 2008. http://www.stonewall.org.uk/what_we_do/research_and_policy/3101.asp [Accessed on 26/08/2012]

demand still further. Flexible sigmoidoscopy is to be introduced into the screening programme as a one off test for people from 55 years of age in 2015/16. These developments will put pressure on services.

What we don't know

We do not have local information on cancer screening uptake by protected characteristic groups with the exception of age and gender.

Key evidence and policy

National screening programmes are introduced if recommended by a policy review which looks at all the available evidence and appraises against a number of agreed criteria.¹²

Recommended future local priorities

1. Brighton & Hove City Council to establish working relationships with the NHS England Surrey Sussex Area Team (AT) together with assurance processes and mechanisms for joint working.
2. Ensure the NHS England Surrey Sussex Area Team (AT) report screening performance to the Health and Wellbeing Board on a quarterly basis.
3. Brighton and Hove CCG to ensure GPs promote NHS screening programmes to their eligible practice populations and work to reduce variation in uptake - particularly in cervical screening which is carried out in GP surgeries and is consistently below the England average.
4. Sussex Community Trust commissioned service (cancer health improvement team) to continue to tackle inequalities of access and uptake of cancer screening programmes through a targeted programme of work.
5. Public Health England to ensure age extension for bowel cancer screening (now overdue) is introduced into the Sussex programme at the earliest possible opportunity.

Key links to other sections

- Cancer

Further information

NHS Breast Screening Programme 2012 Annual Review

<http://www.cancerscreening.nhs.uk/breastscreen/publications/2012review.html>

NHS Cervical Screening Programme 2012 Annual Review

<http://www.cancerscreening.nhs.uk/cervical/publications/2012review.html>

There is as yet no Bowel Cancer Screening Programme 2012 Annual review.

<http://www.cancerscreening.nhs.uk/bowel/news/index.html>

Last updated

June 2013

¹² UK National Screening Committee. Criteria for appraising the viability, effectiveness and appropriateness of a screening programme.
<http://www.screening.nhs.uk/criteria>