

# Cancer Screening newsletter for primary care in Camden

## **SPOTLIGHT on Cervical cancer**

Cervical cancer mortality rates have decreased by up to 70 per cent thanks to the introduction of the NHS Cervical Screening Programme in 1988.

Worryingly, over the last 10 years screening coverage has been falling and attendance is now at a 19-year low. Coverage is going down across all age groups.

Camden coverage, at 57.4% in 2016, has fallen 2% from 59.4% in 2015, and continues to fall.

Coverage for London as at April 2016 was 66.73%, and for England was 72.66% for the corresponding period.

You will see on the next page the latest coverage data for March 2017 shows Camden at 55.2 %

Primary Care plays a vital role in educating women and facilitating their access to screening. Evidence suggests that GP endorsement has a positive effect on cervical screening uptake.

Now is an ideal time to focus on improving cervical screening uptake leading to the QoF deadline on 31.3.2018. Hopefully some of the suggestions in this newsletter will help.

## Welcome



Dear colleagues,

Welcome to the second edition of your cancer screening newsletter which we hope you will find informative and useful.

Cancer screening rates in Camden remain lower than London and England.

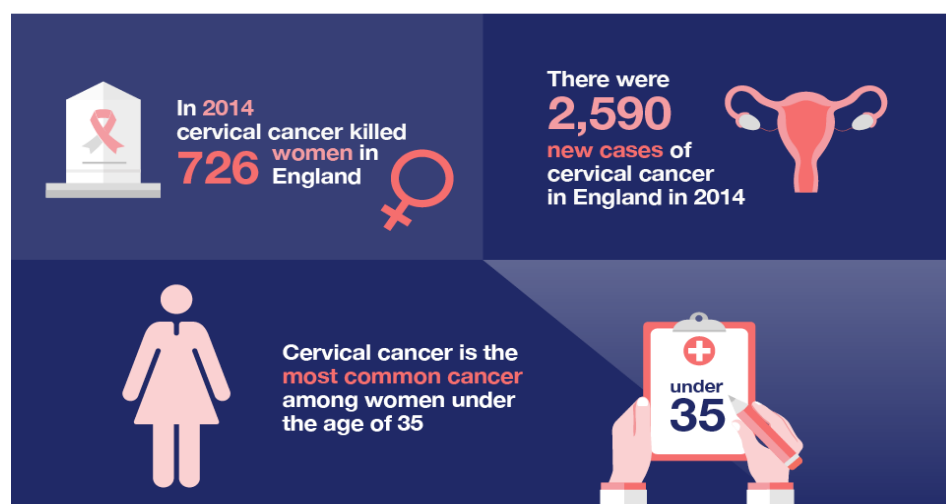
This edition includes:

- spotlight on cervical cancer,
- the latest cancer screening figures by practice

We are asking practices to use the information in this newsletter to consider what they could do to support screening with their practice population. For example: discuss as a team; book a screening session with your CRUK Facilitator Christine Harding  
(Christine.harding3@nhs.net)

Public Health England

Healthmatters Cervical cancer remains a killer



# Cervical screening coverage by practice March 2017

Organisation	Cervical Screening								
	Age 25-49			Age 50-64			Age 25-64		
	No. eligible women	No. screened in last 42 months	3.5 year coverage %	No. eligible women	No. screened in last 66 months	5.5 year coverage %	No. eligible women	No. screened in last 42 / 66 months	3.5/5.5 year coverage %
NHS CAMDEN CCG	66508	34402	51.7	15920	11119	69.8	82428	45521	55.2
F83020 - ADELAIDE MEDICAL CENTRE	3159	1733	54.9	737	510	69.2	3896	2243	57.6
F83006 - AMPHILL PRACTICE	1929	1150	59.6	638	495	77.6	2567	1645	64.1
F83658 - BELSIZE PRIORY MEDICAL PRACTICE	1005	501	49.9	304	214	70.4	1309	715	54.6
F83059 - BRONDESBUURY MEDICAL CENTRE	4581	2448	53.4	942	625	66.3	5523	3073	55.6
F83052 - BROOKFIELD PARK SURGERY	615	382	62.1	351	249	70.9	966	631	65.3
F83048 - BRUNSWICK MEDICAL CENTRE UHPC	1668	856	51.3	313	219	70	1981	1075	54.3
Y02674 - CAMDEN HEALTH IMPROVEMENT PRACTICE (CHIP)	85	41	48.2	32	21	65.6	117	62	53
F83022 - CAVERSHAM GROUP PRACTICE	3545	2140	60.4	1172	834	71.2	4717	2974	63
F83615 - CHOLMLEY GARDENS MEDICAL CENTRE	1995	1158	58	447	297	66.4	2442	1455	59.6
F83633 - DALEHAM GARDENS HEALTH CENTRE	481	263	54.7	192	139	72.4	673	402	59.7
F83050 - FORTUNE GREEN PRACTICE	611	296	48.4	219	155	70.8	830	451	54.3
F83030 - FOUR TREES SURGERY	324	190	58.6	141	111	78.7	465	301	64.7
F83005 - GOWER STREET PRACTICE	2212	480	21.7	176	115	65.3	2388	595	24.9
F83042 - GRAYS INN MEDICAL PRACTICE	1062	547	51.5	200	153	76.5	1262	700	55.5
F83017 - HAMPSTEAD GROUP PRACTICE	4325	2499	57.8	975	647	66.4	5300	3146	59.4
F83023 - JAMES WIGG GROUP PRACTICE	4954	2902	58.6	1554	1090	70.1	6508	3992	61.3
F83635 - KINGS CROSS ROAD PRACTICE	1233	541	43.9	142	94	66.2	1375	635	46.2
F83677 - MATTHEWMAN	428	172	40.2	86	57	66.3	514	229	44.6
F83057 - PARLIAMENT HILL SURGERY	1762	1110	63	568	436	76.8	2330	1546	66.4
F83011 - PRIMROSE HILL SURGERY	1536	847	55.1	562	386	68.7	2098	1233	58.8
F83018 - PRINCE OF WALES ROAD	2091	1302	62.3	569	431	75.7	2660	1733	65.2
F83043 - RIDGMOUNT PRACTICE	1703	497	29.2	111	76	68.5	1814	573	31.6
F83682 - ROSSLYN HILL SURGERY	371	147	39.6	169	105	62.1	540	252	46.7
F83683 - SOMERS TOWN MEDICAL CENTRE	620	341	55	200	133	66.5	820	474	57.8
F83672 - ST PHILIPS MEDICAL CENTRE	2594	673	25.9	66	31	47	2660	704	26.5
F83665 - SWISS COTTAGE SURGERY	3757	1908	50.8	651	444	68.2	4408	2352	53.4
F83019 - THE ABBEY MEDICAL CENTRE	2795	1687	60.4	719	527	73.3	3514	2214	63
F83044 - THE BLOOMSBURY SURGERY	993	508	51.2	266	192	72.2	1259	700	55.6
F83058 - THE HOLBORN MEDICAL CENTRE	2879	826	28.7	382	275	72	3261	1101	33.8
F83623 - THE KEATS GROUP PRACTICE	2642	1440	54.5	808	500	61.9	3450	1940	56.2
F83061 - THE MUSEUM PRACTICE	1128	591	52.4	295	207	70.2	1423	798	56.1
F83003 - THE PARK END SURGERY	1420	789	55.6	614	389	63.4	2034	1178	57.9
F83632 - THE QUEENS CRESCENT PRACTICE	845	486	57.5	206	139	67.5	1051	625	59.5
F83025 - THE REGENTS PARK PRACTICE	1384	711	51.4	407	298	73.2	1791	1009	56.3
F83055 - WEST HAMPSTEAD MEDICAL CENTRE	3764	2240	59.5	706	525	74.4	4470	2765	61.9

National standards:	Minimum
Cervical Screening	≥ 80%

# The Cervical Screening Programme

Cervical screening is not a test for cervical cancer. Screening is intended to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer.

A study on the impact of cervical screening on cervical cancer mortality estimated that in England cervical screening currently prevents 70% of cervical cancer deaths. However, if everyone attended screening regularly 3% could be prevented.

Women are offered screening every 3 or 5 years depending on their age. Women aged 25 to 49 are invited for routine screening every 3 years, whereas those aged 50 to 64 are invited for routine screening every 5 years.

## Cervical sample taker update training: e-learning launch

The NHS Cervical Screening Programme (CSP) launched a new e-learning resource for cervical sample takers in October 2017. Designed to meet [3-yearly update requirements](#), this resource is free to access for sample takers working in the programme.

The resource is on the e-Learning for Healthcare (e-LfH) website where it sits with [our suite of e-learning for staff working in all NHS screening programmes.](#)

The e-learning is made up of 12 sessions which include:

- the CSP pathway
- case studies
- a knowledge assessment

Sample takers can download a certificate as a training record after completing the assessment.

When you are enrolling, make sure to look out for the NHS Cervical Screening Programme.

▼ **Public Health** Select all

<input type="checkbox"/> NHS Abdominal Aortic Aneurysm (AAA) Screening Programme	<input checked="" type="checkbox"/> NHS Fetal Anomaly Screening Programme (FASP)	<input type="checkbox"/> NHS Newborn Infant Physical Examination (NIPE) Programme
<input type="checkbox"/> NHS Antenatal and Newborn Screening Programmes: cross-programme learning	<input type="checkbox"/> NHS Newborn Blood Spot (NBS) Screening Programme	<input type="checkbox"/> NHS Sickle Cell and Thalassaemia (SCT) Screening Programme
<input checked="" type="checkbox"/> NHS Cervical Screening Programme	<input checked="" type="checkbox"/> NHS Newborn Hearing Screening Programme (NHSP)	<input type="checkbox"/> Quality Assurance (QA) in NHS Screening

Select the NHS Cervical Screening Programme when you enrol.

# Public Health England (PHE) Interactive dashboard/screening tool

Women between the ages of 25–64 are invited for regular cervical screening under the NHS screening programme. Coverage is defined as the percentage of women eligible for screening at a given point in time who were screened adequately within the specified period (within 3.5 years for women aged 25–49, and within 5.5 years for women aged 50–64).

Information in this quarterly release is shared with Primary Care and CCGs and is accessible now via an online interactive dashboard.

Coverage continues to fall year on year and this resource will help support the programme to be effective in achieving its aim to reduce the number of women who develop invasive cervical cancer.

It provides data for GP practices and CCGs to improve cervical screening attendance and coverage rates – data is also provided on how the practices rank within the CCG and nationally in relation to cervical screening coverage

For GP practices, the dashboard provides data on the number of women in each practice that have not had a smear test but remain eligible for screening. The data supports practices to identify the size of the cohort they are dealing with.

[Cervical screening: coverage and data - GOV.UK](http://www.gov.uk/cervical-screening-coverage-and-data)

This sheet lists all practices in the CCG area and ranks them by cervical coverage performance. Choose CCG from dropdown = => NHS Airedale, Wharfedale And Craven CCG

For 25 to 49 age group - Standard: 80% of women to have adequate screening test within previous 3.5 years

NHS Airedale, Wharfedale And Craven CCG		No. of eligible women on last day of review period	No. of women screened in previous 3.5 years	3.5-year coverage %	Screens needed to meet 80%	RANK of 209 CCGs
Performance of CCG		23,589	17,256	73.15	1,616	68

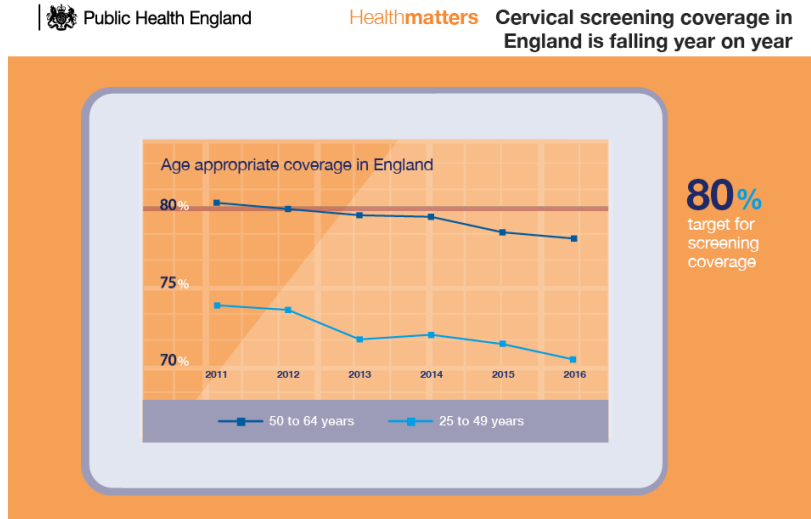
  

Performance for the 17 practices that make up the CCG		No. of eligible women on last day of review period	No. of women screened in previous 3.5 years	3.5-year coverage %	Screens needed to meet 80%	RANK of 17 practices in CCG	RANK of 1751 practices (national)	Previous performance (August 2015)
DR D K COCKSHOOT & PARTNERS ( B83002 )		593	488	82.29	n/a	1	154	80.48
IG MEDICAL ( B83624 )		2,404	1,975	82.15	n/a	2	171	81.89
DR COOPLIN JONES DR J PARTNER ( B83419 )		991	810	81.74	n/a	3	207	81.70

Summary Key for CCG table CCG\_GP\_suppressed CCG\_GP\_Graphs

# Cervical screening the barriers

Cervical screening coverage is falling across London, with coverage in North Central London at 8.2% lower than the national average. The cervical screening in spotlight report by Jo's Cervical Cancer Trust also highlighted the wide variation in activities being undertaken by local authorities and Clinical Commissioning Groups and the need to do more to promote cervical screening and increase uptake



Recommendations on improving participation in cervical screening are available in the TCST Cancer Screening Good Practice Guide for Primary Care in London some of the suggested barriers are as below:

<https://www.myhealth.london.nhs.uk/system/files/Final%20Screening%20Good%20Practice%20Guide.pdf>

## Frequent non-attenders include:

- ◆ Younger eligible women 25 to 29
- ◆ Women over 50
- ◆ Ethnic minorities
- ◆ People from lower socio-economic groups
- ◆ Women with learning disabilities
- ◆ Lesbian and bi-sexual women
- ◆ Women with young children

## Many women do not attend for screening because:

- ◆ They are embarrassed about having a smear test
- ◆ They are worried about the result of the test
- ◆ They are concerned about the procedure and whether it will be painful
- ◆ Access to screening and appointment times is inconvenient
- ◆ They do not think they are at risk
- ◆ They are simply unaware of screening

# Ideas to improve access and uptake in Primary Care

- **Invitation Letter**

Evidence suggests that GP endorsement has a positive effect on cervical screening uptake. Standard letters sent by the programme can include an additional paragraph of free text specific to the GP practice (opening times, reassurance that sample taker will be female, opportunity for a conversation about any screening concerns)

- **Women with specific needs or with disabilities**

Consideration should be given to clinic facilities for women with a physical disability – access to venue, height of the couch, woman's physical limitations, possibility of domiciliary visit, need for assistance or specialist advise

Language and cultural difference can affect understanding – ensure all women understand the purpose of the screening, language translations of the screening invitation leaflet are available to download and alternative formats can be requested

- **Pre- appointments**

Women never screened may benefit from being offered a pre-test appointment to discuss the procedure and raise any questions or concerns

- **Open Exeter**

Check screening status and follow up non responder notifications

- **Screen Prompts and Alerts**

Use of alerts or screen prompts for defaulters provides opportunity to raise awareness that screening is available and that individuals remain eligible

- **Awareness campaigns**

Practice campaigns to raise awareness and invitations to women overdue smears have been shown to help increase in attendance

Suggestions for prompting women overdue:

Reminder letters/text reminders/postcards/telephoning women directly

Posters/Leaflets in waiting rooms and toilets are a simple way to raise awareness (see Jos Trust awareness raising resources in resources section)

- **Data cleansing**

GP list validation and list cleansing is useful to remove 'ghost' patients to support identification of eligible women

- **Consulting Room**

Review the room where screening takes place, consider layout and location to ensure that it is quiet, private area that is welcoming

- **Positive experience**

Ensure women are put at ease and all their questions answered during an appointment, they may tell family and friends if their experience was positive or negative

- **Access**

Providing a whole variation of appointment times during the day and evening will help women attend, limiting access can impact coverage

- **An informed choice**

Women must be given the opportunity for an informed choice, the decision should be based on the following info being given – why they are being offered screening, what happens during the test, benefits and risks, potential outcomes, what happens to their screening record

# HPV Testing

Last year after reviewing the evidence the UK National Screening Committee recommended that the HPV test should replace cytology as the first (primary) test in cervical screening.

**Primary HR-HPV testing will be fully implemented in 2019.** Six pilot sites in England are already using primary HR-HPV testing. Some of these sites are extending the amount of primary HR-HPV testing they are doing.

Primary HR-HPV testing has higher sensitivity for high grade [cervical intraepithelial neoplasia \(CIN\)](#) than primary cytology. This means using primary HR-HPV testing to screen women will identify more women at risk of developing cervical cancer. And it will save more lives by determining a woman's risk earlier.

HR-HPV testing also has a lower false negative rate than cytology. This means women may not need to come for screening as often in the future. The UK National Screening Committee is currently considering the evidence for a possible extension of screening intervals.

Younger women vaccinated against HPV types 16/18 are now beginning to enter the screening programme. Primary HR-HPV testing is a more appropriate test for vaccinated women because the incidence of CIN will be lower. Cytology will be reserved for women considered to be at higher risk who test HR-HPV positive. If HPV testing finds that a woman does not have high risk HPV then her chances of developing a cancer within 5 years are very small.

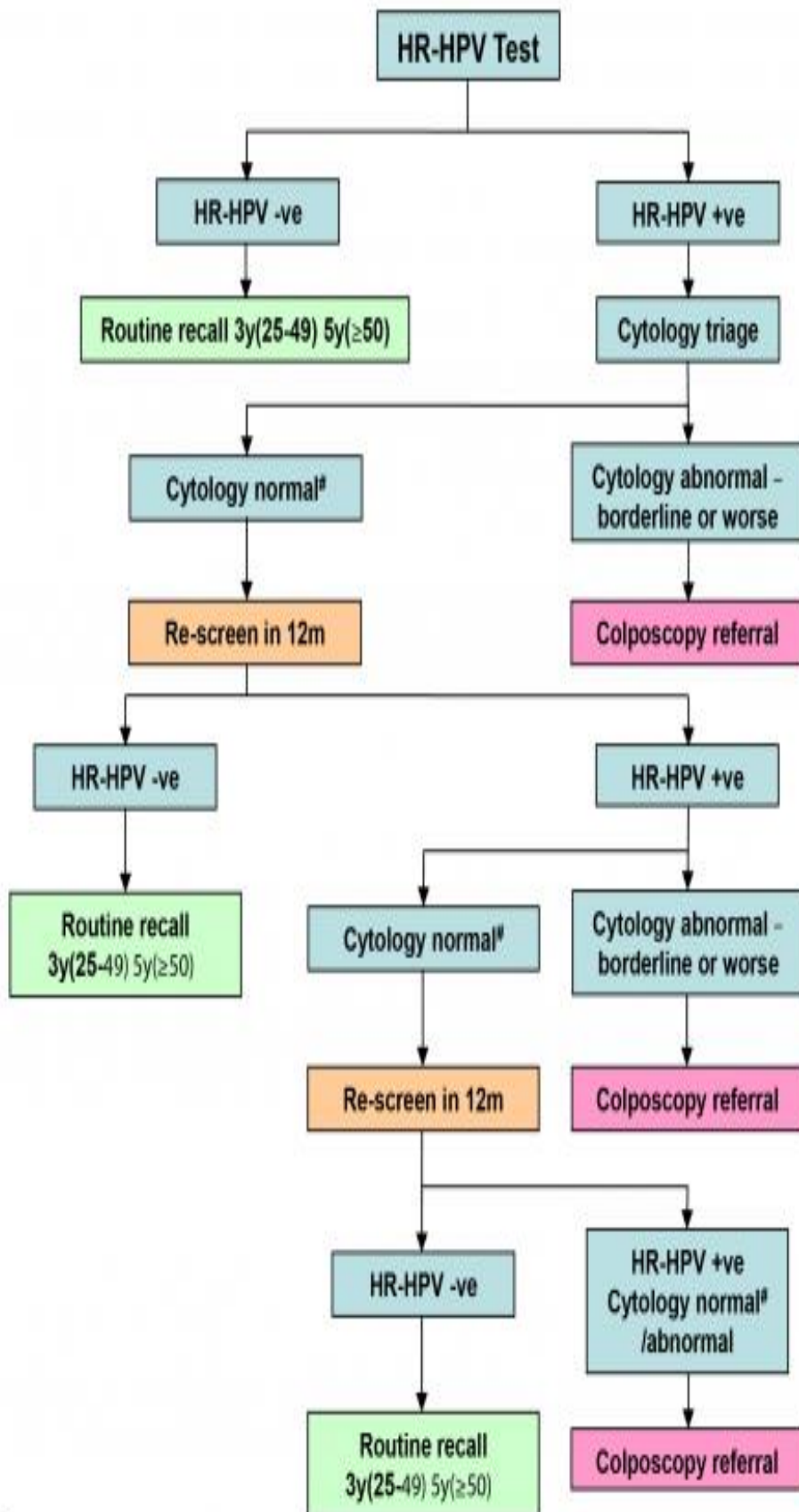
Sample takers play an important role in providing information to women about HPV. Sample takers will need to complete training before starting primary HR-HPV testing. Training materials used in the pilot sites are available on the national [screening CPD website](#) and an e-learning module is now live – see p.3.

HR-HPV testing is performed on liquid based cytology samples, so there will be no change to the way samples are taken. But there are new protocols for the management and follow-up of women according to the test results and any subsequent cytology performed.

Implementation of primary HR-HPV testing will coincide with the centralization of screening laboratory services. This means cervical screening samples may be sent to a different laboratory in future but providers of local colposcopy services will not change. Cytology will continue to have a role and will be performed as a triage if HPV is detected (see pathway diagram on next page).

# HPV Primary Screening

All women aged 25-64 on routine call/recall and early recall



The HPV primary screening pathway



## Resources to support GP Practices

**Please contact one of the Cancer Research UK Facilitators working in your area for further support**

**Camden:** Christine Harding

**Email:** [christine.harding@cancer.org.uk](mailto:christine.harding@cancer.org.uk) **Tel:** 07826 537210

**Transforming Cancer Services Team London has produced a screening guide (for all three cancer screening programmes) for GP Practices available at:**

<https://www.myhealth.london.nhs.uk/system/files/Final%20Screening%20Good%20Practice%20Guide.pdf>

**The Cervical Cancer Screening Programme has leaflets and resources (in English and 17 other languages) at:**

<https://www.gov.uk/government/publications/cervical-screening-description-in-brief>

<https://phescreening.blog.gov.uk/2016/07/27/gps-staying-up-to-speed-with-cervical-screening/>

**Jo's Cervical Cancer Trust has produced resources for Practice nurses and GPs**

<https://www.jostrust.org.uk/resources/materials/information>

**PHE Cervical Screening Dashboard**

<https://www.gov.uk/government/publications/cervical-screening-coverage-and-data>