

Standard 4 – Screening

1. Breast
2. Bowel
3. Cervical
4. Abdominal Aortic Aneurysm (AAA)

Rationale

In 2011, the Government announced its intention to focus the NHS on improving health outcomes for patients with cancer. Cancer Research UK (CRUK) (2014) highlights the importance of local screening programmes, which are proven to increase the chances of spotting cancers early, saving thousands of lives every year.

Whilst screening programmes are effective at targeting and inviting the right people, there are large numbers of patients who decline the opportunity to be screened. Rotherham's Health and Wellbeing strategy focuses on cancer as one of the key contributors to years of life lost.

On a local level, there are approximately 1,300 new cases of cancer diagnosed each year and currently over 700 die. Rotherham currently performs better than average for cervical and breast screening programmes however the 2ww rate of referral performance is worse than the national average.

The focus of this standard is to increase the uptake of screening to improve early detection rate and access to early treatment.

Breast Screening

Breast screening aims to detect cancer at a very early stage, when any changes in the breast would be too small to feel. For women diagnosed early in England, the chance of surviving for 3 years is better than 99%. However, for those diagnosed at a late stage, this drops to just 27.9% (Cancer Research, 2014). The latest figures for Rotherham show 72.9% coverage, a reduction from 81.5% in 2012/13 (Health & Social Care Information Centre (HSCIC), 2014).

The NHS Breast Screening Programme offers screening every 3 years to women aged 50 to 70 years.

Bowel Screening

The Bowel Cancer Screening Programme (BCSP) aims to reduce bowel cancer mortality by detecting and treating bowel cancer, or pre-cancerous growths early. More than 90% of people will live for at least 5 years when it is detected early. However, when found late, less than 7% survive for the same period (Cancer Research, 2014). It is estimated that the BCSP will save more than 2,000 lives each year by 2025 (NHSE, 2014).

Currently, Rotherham's screening uptake rate is 60.6%, which compares favourably to the England average of 52%. However, uptake is reducing and variable across Practices.

The NHS Bowel Cancer Screening Programme offers screening every 2 years to all men and women aged 60 to 74 years.

Cervical Screening

This programme aims to reduce the incidence, and associated mortality, of invasive cervical cancer. If an overall coverage of 80% can be achieved, a reduction in death rates of around 95% is possible in the long term (HSCIC, 2010). Screening is currently offered at different intervals depending on age, allowing the process to be targeted effectively (Sasieni et al, 2003).

The NHS Cervical Cancer Screening Programme offers screening to all women aged 25 to 64 years. Screening intervals are:

- Aged 25 – 49 (every 3 years)
- Aged 50 – 64 (every 5 years)
- 65+ only those who have not been screened since age 50 or who have had recent abnormal tests.

AAA Screening

Ruptured AAA deaths account for around 2.1% of all deaths in men aged 65 and over. This compares with 0.8% in women of the same age group. The mortality from rupture is high, with nearly a third dying in the community before reaching hospital. Of those who undergo AAA emergency surgery, the post-operative mortality rate is around 50%, making the case fatality after rupture around 80%. This compares with a post-operative mortality rate in high quality vascular services of around 2% following planned surgery (NHS England 2016).

The cost effectiveness of AAA Screening is at the margin of acceptability according to current NHS thresholds. Over a longer period, the cost effectiveness will improve substantially (HSCIC, 2014).

Men should be offered screening during the year – 1st April to 31st March – in which they turn 65 years. Men over the age of 65 can self-refer to the screening programme and have their information added manually to the screening management system

Delivery

Practices will be expected to:

1. Work with the relevant commissioner and CRUK to support the programme by following CRUK best practice (if available for the specific cancer) to increase the uptake of screening in the Practice target population (bowel cancer screening best practice can be found here <http://intranet.rotherhamccg.nhs.uk/standards.htm>)
2. Follow up DNAs and those currently not participating in the screening programme(s) by personalised contact with individual patients to encourage uptake, with particular focus on women in the 25-49 age group for the cervical cancer screening programme (this does not

include letters from the screening service).

3. Ensure that those patients with learning disabilities are fully informed of the screening programmes and how they can access them in a format that they understand.
4. Feedback learning to the CCG

Monitoring of these will be done by the screening and immunisation team

CCG support

The screening and immunisation team will:

1. Support Practices with regards to their education and training
2. Liaise with the practices to support improvements in programme delivery when queries arise
3. Participate and engage in peer review processes
4. Provide agreed data and information to the CCG for the practice dashboard