LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Final Report of the Health and Adult Social Care Scrutiny Committee's Screening and Prevention Panel	
REPORT OF Chair of Screening and Prevention Panel	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	**DATE** 9th July 2024

SUMMARY OF REPORT

This report sets out the final recommendations of the Health and Adult Social Care Scrutiny Committee's Screening and Prevention Panel.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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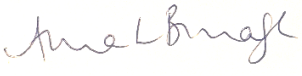
RECOMMENDATIONS

That the Health and Adult Social Care Scrutiny Committee considers, comments on and agrees the recommendations of the Screening and Prevention Panel.

Signed: 

Cllr Anna Burrage, Chair of the Screening and Prevention Panel

Date: 20th June 2024

1. Introduction

1.1. In June 2023, Camden's Health and Adult Social Care Scrutiny Committee initiated the Screening and Prevention Panel to investigate problems in Camden relating to uptake of health screening and prevention programmes. It was immediately apparent that cancer screening programmes are significantly underperforming and thus became the primary focus of this work. In January 2024, the Panel's interim report was published outlining findings to date regarding why Camden especially has low participation – fundamentally due to the very high transient population – and making initial recommendations for what actions should be taken to improve the situation.

1.2. The interim report can be found here: Screening and Prevention Panel Interim Report.pdf (camden.gov.uk)[1].

1.3. Since the publication of that report, the panel has taken feedback, conducted more interviews and undertaken further desk research to review and refine initial recommendations. This paper is the conclusion of this second phase. In total, the panel conducted 27 interviews. Although this paper focuses exclusively on cancer screening, many of the recommendations also apply to improving uptake of non-cancer screening and prevention programmes so the panel hope that the findings here will be applied more generally across all screening and prevention service providers in the borough.

1.4. It is important to acknowledge that, at present, friction exists throughout the screening system, and for many reasons the process does not run smoothly from the 'supply' side of the screening provision to the 'demand' side of intended screening participants. This report seeks to find ways to smooth out the push and pull factors across the entire endeavour so that some friction is removed at every stage, resulting in a considerable overall improvement in uptake.

2. Cancer Screening Performance in Camden

2.1. The flow charts in Appendix 1 show the process by which participants are invited to take part in screening and the service providers involved.

2.2. The line charts below compare the percentage of eligible participants who take part in screening annually nationally, in London and in Camden. They clearly show the extent to which Camden lags behind both London and

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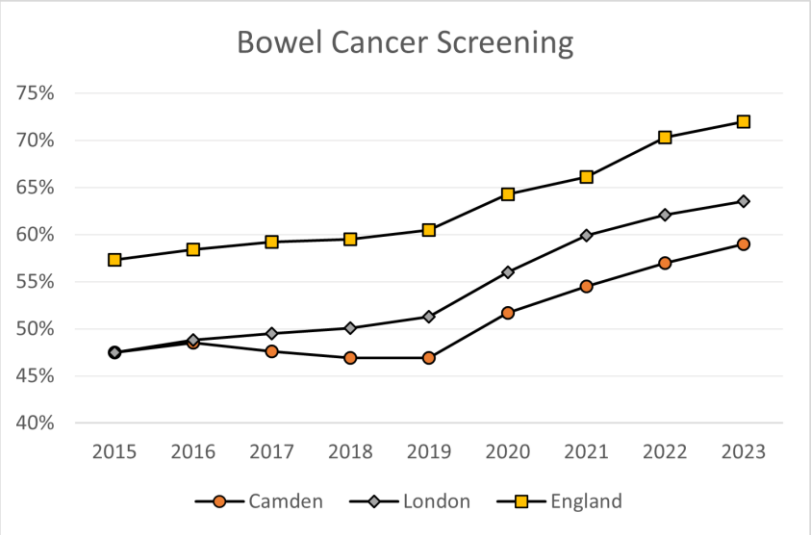
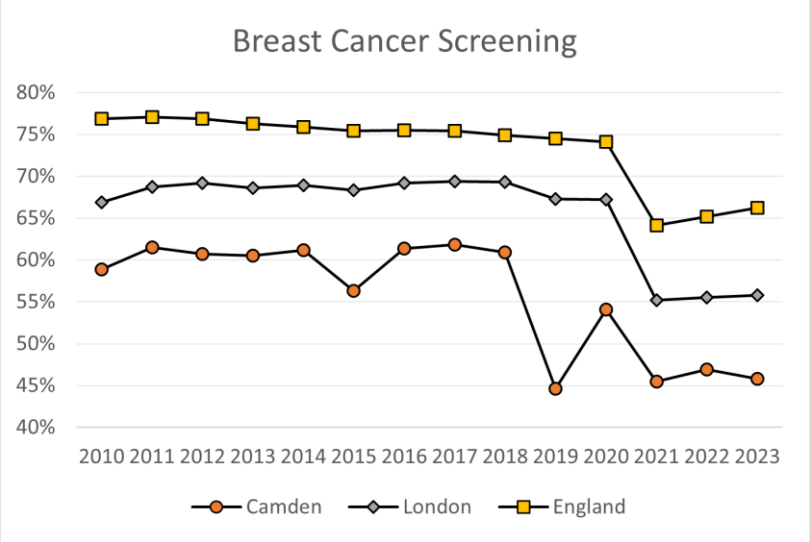
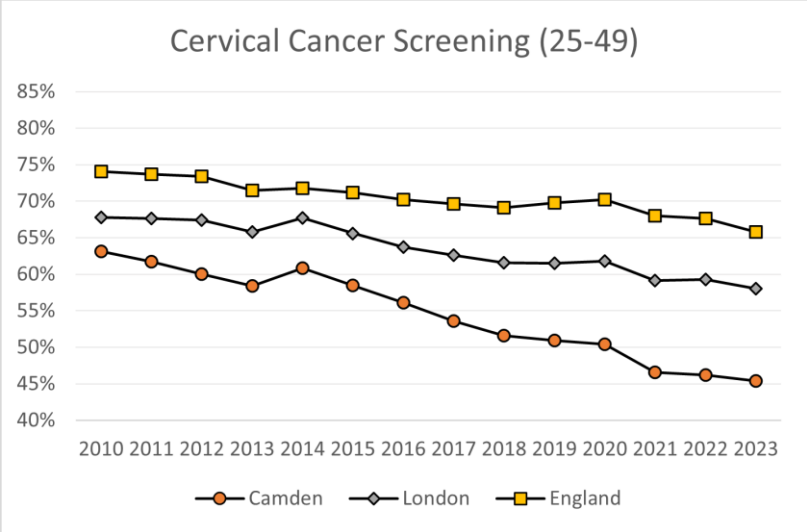
[1] https://democracy.camden.gov.uk/documents/s116842/Screening%20and%20Prevention%20Panel%20Interim%20Report.pdf

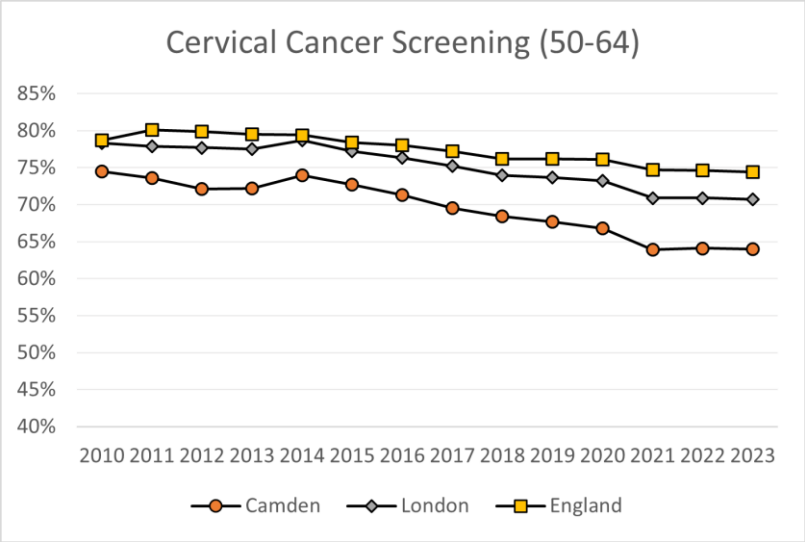
national averages. Bowel cancer screening, although increasing since inception in 2015, lags behind national rates by 14% in 2023. Local participation has declined alarmingly to 45% for both breast and cervical screening of younger women and lags behind national rates by up to 20%.

2.3. Data for 2023 uptake constitutes the baseline from which improvements must be made.









3. Recommendations for Improvement in Screening Participation

3.1. Helping residents to understand the benefits of maintaining and monitoring their own health and asking that professional service providers ensure their services are accessible and inclusive, supports Camden's goals that residents Live Well and Age Well. Where possible, recommendations below are linked with Camden's Health and Wellbeing Strategy for 2022-2030. We are proposing a series of six recommendations with associated actions to be undertaken.

3.2. Many of the recommendations align with the 'Population Health' approach espoused by Camden and propose actions or initiatives to understanding how best to allocate resources and activities 'upstream', to prioritise prevention and early detection which is far more cost effective than treating ill-health.

3.3. A selection of the literature reviewed is listed in Appendix 2.

3.4. Representatives from a wide range of organisations have been interviewed, some multiple times, to build up a comprehensive picture of why Camden particularly struggles with cancer screening participation and to establish how best to solve the problem. These organisations are listed in Appendix 3 and we thank the interviewees for their involvement and giving their time generously.

4. RECOMMENDATION 1: Raise GP awareness of need to improve screening rates

4.1. Primary care providers are under pressure to deliver a massive range of services but anecdotally some GPs in Camden are not sufficiently aware of the borough's very low cancer screening uptake rates or how their own screening rates compare to others'. GPs play a critical role in delivery of cervical screening in particular and are expected to actively promote bowel and breast screening. We understand that there are significant differences in screening rates across practices in the borough and it is crucial that all practices dedicate sufficient resources to doing this properly.

4.2. **ACTION 1.1**
TARGET: *Camden's GP Federations (Camden Health Evolution and Camden Health Partners)*
We ask that the data manager for each federation downloads the monthly screening attendance data by practice from the GPs' EMIS system and creates a dashboard for each GP practice showing their patients' cervical, bowel and breast cancer screening rates over the past 3 months, compared to the previous year. Individual practice data should be shown against quartiles for all GP practices across the borough (or federation if access to whole borough is not available). Data should be displayed publicly in the surgery. This will (i) introduce an element competition across practices, (ii) create heightened awareness in the staff at each practice and (iii) draw patient attention. [We are aware that GPs sometimes contest this data but using data derived from the same source will negate most of this debate.]

4.3. **ACTION 1.2**
TARGET: *Camden's Public Health Team*
Leverage Camden's relationship with newly resident pharma company MSD to (i) host a conference for local GPs to learn from Unlocking Insights project findings, (ii) utilise their national cervical screening benchmarking database that permits comparison to, and learnings from areas with similar socioeconomic characteristics, and (iii) engage with the Race to Elimination campaign strategy.

4.4. **ACTION 1.3**
TARGET: *Camden's Public Health Team*

Assign responsibility to someone fully within Camden's purview to work with Camden GPs to better understand and respond to the challenge of ensuring all GPs fully understand their patient body and embed best practice on community engagement to drive improved screening uptake.

4.5. **RECOMMENDATION 2: Raise community awareness of screening programmes**

4.6. For large swathes of our diverse communities in Camden, the screening and prevention approach to healthcare is simply not part of their vernacular. We heard anecdotally, for example, that the vast majority of women in Bangladesh do not receive cervical screening and, hence, are unaware of or sceptical about receiving it here in the UK. This is backed up by a recent paper published in The Lancet that stated just 2% of women in Bangladesh had received cervical screening in the five years to 2022.

4.7. The purpose and normality of screening and prevention in the UK needs incorporating into all new arrivals' experience. The challenge is to formulate the mindset that screening for prevention and early detection is better for everyone in terms of being safer, cheaper and less uncomfortable and dangerous than developing ill-health in the future. We assert that once this mindset is established, the groundwork is laid and individuals will be more likely to register and respond positively when they receive their invitation to participate.

4.8. In contrast, it has been observed that more affluent members of Camden's transient community often do not engage with NHS health initiatives but instead seek health service provision from private providers in London or 'back home', even if they do register with a local NHS GP. It is unclear whether local private health providers recommend NHS screening to their patients but they should be encouraged to do so.

4.9. **ACTION 2.1**
TARGET: *Camden's Public Health Team*
We ask that Public Health contact English for Speakers of Other Languages (ESOL) providers in and around Camden and work with them to include an explanation of the purpose and delivery of screening and prevention within the ESOL unit where health and wellbeing in the UK are introduced. Likewise, using the UK Citizenship Test as a possible means for awareness raising should be considered.

4.10. **ACTION 2.2**
TARGET: *Camden's Public Health Team*
We recognise that different communities habitually disseminate messages in different formats, some written, some visual and some verbal. To that end, we draw attention to the London-wide work of the NHS Legacy and Health Equity

Partnership team on the creation of social media and word-of-mouth campaigns designed to connect with specific communities and ask that their work be accelerated in Camden. This will involve working with community leaders to identify messages that resonate and local influencers to propagate these messages in places (physical or virtual) frequented by different communities – for cancer screening and also to ensure parents give permission for their children to receive the HPV vaccine.

4.11. **ACTION 2.3**
TARGET: *Camden's Public Health Team*
We ask that Public Health write to local private GPs to ask that they (i) inform their patients of the NHS screening offer and (ii) share (with patients' permission) cancer screening records with NHS England where possible.

4.12. **ACTION 2.4**
TARGET: *Camden's Public Health Team*
We ask that the Public Health team identify other chances for 'opportunistic intervention' where residents are most likely to be receptive to engaging with services and to ask service providers to re-enforce messaging about benefits of cancer screening and early detection. This may be, for example, via the Camden Community Champions initiative or at Camden Children's Centres or during visits by the Health Bus.

4.13. **RECOMMENDATION 3: Provide long term funding for community initiatives**

4.14. For longer term Camden residents, it is crucial that they regularly receive and are receptive to messages about the importance of bowel, breast and cervical screening. We heard from many sources that short-term community initiatives, of which there have been many, are ineffective and frustrating. Often money is allocated for a support worker or community nurse for a few months, but once that funding dries up all the local campaigns and awareness raising also stop because the community centres do not have the resources or expertise required to maintain the related activities.

4.15. **ACTION 3.1**
TARGET: *NCL (North Central London) Cancer Alliance and Camden Council's Health & Wellbeing Board*
Source and distribute multi-year (minimum 3 to 5) funding stream for community-based organisations to support work with trusted leaders and influencers in high-risk/low-engagement communities, to support on-site clinics and advice surgeries, and to develop social media and community-based initiatives. Identifying and prioritising provision of funding to 'Anchor Institutions' that sit at the heart of their neighbourhoods, and that are capable of supporting their communities and helping Camden deliver on its vision for

improved physical health and wellbeing, will be an important factor in increasing understanding of and ‘buy in’ to screening.

4.16. **RECOMMENDATION 4: Improve access to screening**

4.17. It needs to be as easy as possible to participate in screening. Barriers such as holding caring responsibilities or inflexible work commitments preclude many people, women especially, from attending ‘optional’ appointments or prioritising their own health. Likewise, if language is a barrier or ‘the system’ is unfamiliar, people will be put off.

4.18. It is now possible to book blood tests at a range of hospitals across north London via one platform. Similarly it would be very helpful to permit women to use one platform to book their cervical smear and mammograms. The platform needs to offer a range of locations and different times to suit work or care commitments. Transparency and generation of multiple options offered through a link sent via text rather than, for example, having to call a GP surgery within specific and limited hours, would certainly increase uptake.

4.19. As one interviewee mentioned, when she invited an NHS optician into her community centre to conduct sight tests, more than 60 people signed up over three sessions who had never previously had their vision tested. Locating the clinic in the community centre automatically gave it respectability, it was in a familiar and comfortable environment, and she was on hand to help translate if necessary. Attendees were able to overcome their fears and benefit from a service that was attractive but otherwise inaccessible.

4.20. Camden’s Learning Disabled population struggle with their own challenges to access cancer screening and has recently become the focus of a project by Camden and Islington Councils funded by the Royal Free Charity to improve take up. Findings from this work will be invaluable for the learning disabled community and should be shared widely.

4.21. Also essential is clarity of communication in literature related to the screening offer. Letters and text messages need to be in very simple English to improve everyone’s chance of understanding what is being offered and why.

4.22. Future testing improvements are imminent such as the ‘FIT aid tool’ for bowel cancer screening, suitable for people with sight impairment and problems with manual dexterity, and the vaginal self-swab for cervical screening. These are firmly welcomed but service providers must be cognisant that they do not negate the need for professional intervention and assistance in some cases.

4.23. **ACTION 4.1**

TARGET: *Camden GP Federations, London Breast Hub and London Bowel Screening Hub*
We ask that service providers review all their screening information, invitation letters and text messages to ensure plain language standards are met.

4.24. **ACTION 4.2**
TARGET: *Camden GP Federations, London Breast Hub and London Bowel Screening Hub*
We ask that service providers offer screening invitees booking via an online portal which clearly displays a wide range of times (weekdays, evenings and weekends) and locations for cervical screening and mammogram appointments and permits easy rebooking. We also suggest an 'opportunistic' approach to cervical screening which permits the addition of a smear test if, for example, an overdue patient attends for a coil fitting.

4.25. **ACTION 4.3**
TARGET: *Camden GP Federations, London Breast Hub and London Bowel Screening Hub*
We strongly advise that GPs establish regular cervical screening clinics in a range of community centres across the borough including, e.g., The Greenwood Centre, the Chadswell Healthy Living Centre, the N1C Centre in Kings Cross, and advertise the fact that privacy will be maintained, all staff will be female and a chaperone available. Other suitable locations can be identified in collaboration with Camden's health team who will be well-placed to advise via their work on 'neighbourhood' health provision and likely align with organisations assigned as 'Anchor Institutions'.

4.26. **ACTION 4.4**
TARGET: *Camden GP Federations, London Breast Hub and London Bowel Screening Hub*
Provision must be made for people who face challenges, be they physical or intellectual, in attending or conducting their own tests. We ask that GP practices review their access policies and share with the Camden public health team.

4.27. **ACTION 4.5**
TARGET: *North Central London Integrated Care Board (NCL ICB)*
The socioeconomic benefits of prevention and early detection of cancer vastly outweigh the costs of late detection. To this end, we suggest a trial of financial incentivisation to enhance the screening programme be offered to cervical or breast screening invitees, at a level which will compensate participants for their time and expenses relating to transport or care responsibilities. An incentive could also be offered to people who return their bowel screening FIT tests.

4.28. **ACTION 4.6**
TARGET: *North Central London Integrated Care Board (NCL ICB)*
Monitor the NCL ICB, Islington GP Federation and SPRYT WhatsApp and AI initiative to streamline cervical cancer screening appointment booking and rescheduling pilot programme and, if successful, introduce in Camden at the earliest opportunity.

4.29. **ACTION 4.7**
Target: *NHS England*
Add 'Routine Screening' section to NHS app which states date of last recorded cancer screening testing and future anticipated dates.

4.30. RECOMMENDATION 5: Improve Camden's oversight and accountability

4.31. The screening participation numbers in Camden speak for themselves. To quote more than one professional that we interviewed, over the past few years responsibility for screening has become increasingly remote from our borough. Whilst we recognise that there are enormous synergies from close collaboration and sharing of services with our neighbours, this lack of focus on Camden's specific characteristics and challenges needs to be rectified and those who oversee our services must be held to account.

4.32. **ACTION 5.1**
TARGET: *Camden Council's Health and Adult Social Care Scrutiny Committee*
To this end, we recommend that HASC Scrutiny Committee demand screening service providers attend Camden HASC Scrutiny Committee annually. This deputation should consist of:

- Public Health Commissioners (for responsibilities see Appendix 5)
- The CEO of NCL Cancer Alliance
- Cancer screening leads from the two Camden GP federations (cervical screening)
- Senior representatives from London Bowel Screening Hub and The London Breast Hub, and
- Once commissioning is devolved from the NHS at a national level to the local ICB, the NCL ICB lead commissioner of cancer screening services.

4.33. They should report on (i) overall trends in Camden screening rates, (ii) observations on/understanding of rates within specific communities, and (iii) new or ongoing screening uptake or innovation initiatives.

4.34. HASC should also be tasked with reviewing progress against other recommendations.

4.35. RECOMMENDATION 6: Create a Women's Health Hub in Camden

4.36. At present there is no locus – physical or virtual – for women's health in Camden meaning that services for contraception, menstrual health, sexual health, antenatal, postnatal, abortion, menopause, and cancer screening, are disparate and unconnected.

4.37. We appreciate that this approach would require significant reorganisation of existing services and pooling of budgets but this has been achieved elsewhere (See Appendix 6). Providing one umbrella organisation – or even location – for some or all of these services that 'mainstream' women could contact directly or be referred to at minimal notice may well transform women's health experience, particularly normalising and facilitating easy cancer screening, and result better outcomes for women across the borough.

4.38. **ACTION 6.1**
TARGET: *NCL ICB*
Explore the suitability of the Women's Health Hub model and report back by end of 2024 to HASC Scrutiny Committee.

5. Legal Comments of the Borough Solicitor

5.1. The Borough Solicitor has been consulted and has no comments to make on this report.

6. Finance Comments of the Executive Director Corporate Services

6.1. The Executive Director of Corporate Services has been consulted on the contents of this report and has no comments to add at this point.

7. Environmental Implications

7.1. No environmental implications have been identified.

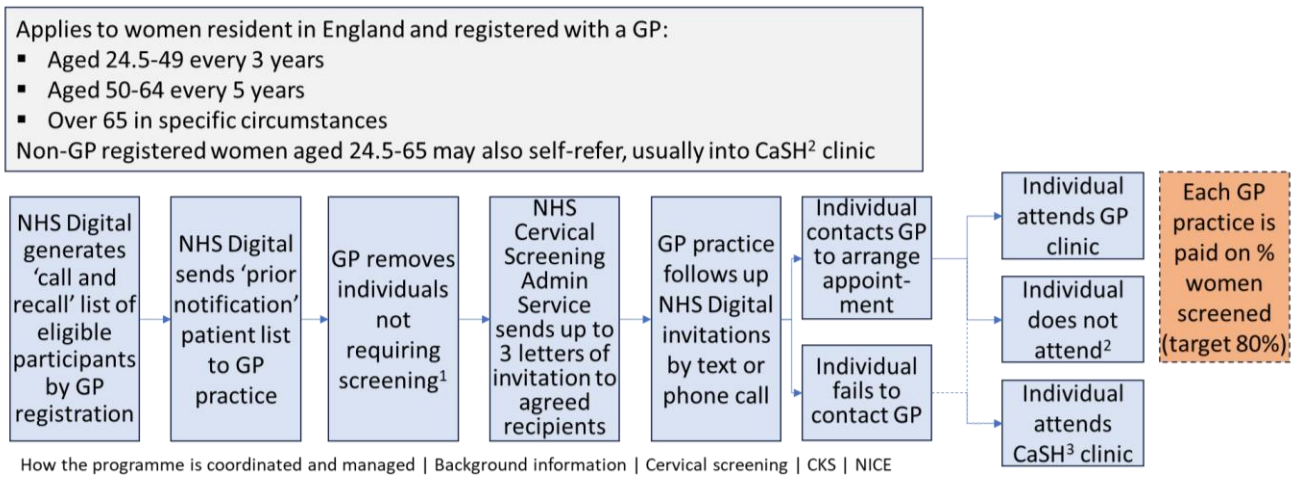
8. Appendices

Appendix 1: Screening process flow charts
Appendix 2: Screening literature review
Appendix 3: Organisations interviewed by the panel
Appendix 4: Benchmarking GP practices across Camden
Appendix 5: Commissioning of screening services
Appendix 6: Potential model for Women's Health Hub

REPORT ENDS

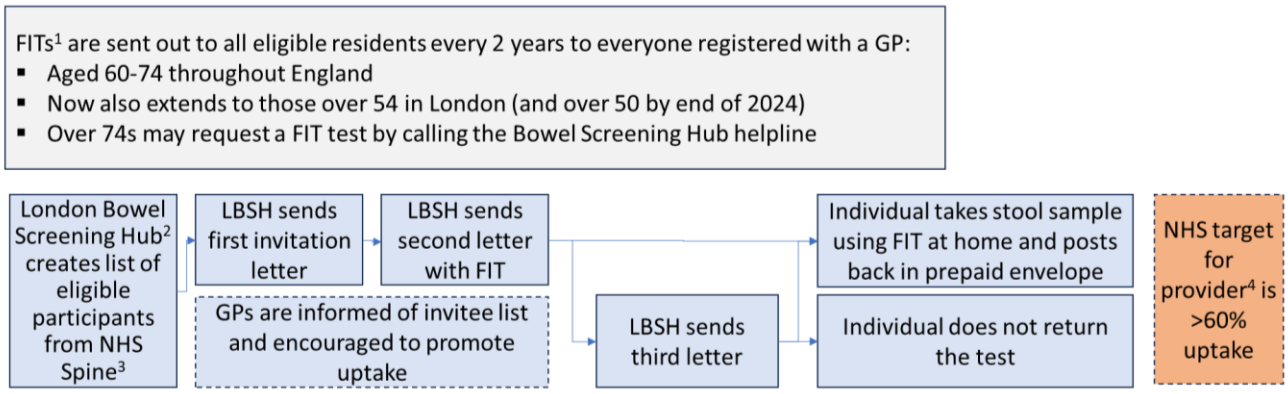
APPENDIX 1: SCREENING PROCESS FLOW CHARTS

Cervical screening invitation process:



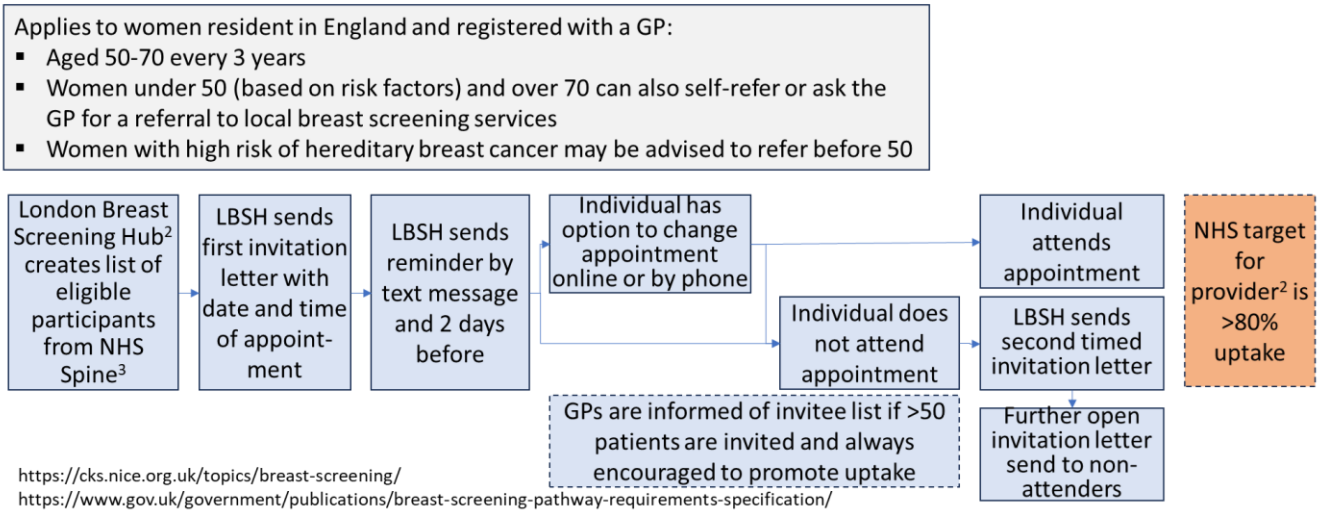
How the programme is coordinated and managed | Background information | Cervical screening | CKS | NICE
Topic 3: organisation of the NHS Cervical Screening Programme - GOV.UK (www.gov.uk)
Cervical screening: guidance for call and recall administration best practice - GOV.UK (www.gov.uk)
[1] E.g. pregnant, undergoing treatment for cervical cancer, opted out
[2] And will not receive another invitation for 3 or 5 years
[3] CaSH: Community and Sexual Health

Bowel screening invitation process:



https://gps.northcentrallondon.icb.nhs.uk/services/bowel-screening
https://cks.nice.org.uk/topics/bowel-screening/management/bowel-screening/
https://www.gov.uk/government/publications/bowel-cancer-screening-programme-standards/bowel-cancer-screening-programme-standards-valid-for-data-collected-from-1-april-2018#bcsp-s02-uptake
[1] Faecal immunochemical test
[2] London Bowel Screening Hub is based at St Mark's Hospital
[3] NHS Spine is the central NHS Digital IT system that collates data from 44,000 healthcare IT systems in 26,000 organisations across England
[4] London Bowel Screening Hub

Breast screening invitation process:



https://cks.nice.org.uk/topics/breast-screening/
https://www.gov.uk/government/publications/breast-screening-pathway-requirements-specification/breast-screening-pathway-requirements-specification#breast-screening
https://www.london-breastscreening.org.uk/files/4510_FINAL_London_Region_Breast_Screening_General_Practice_Engagement_Pack.pdf

[1] London Breast Screening Hub is managed by Royal Free London
[2] London Breast Screening Hub

APPENDIX 2: LITERATURE REVIEW

Screening and Prevention Panel Literature Review

This review is divided into four sections:

1. General screening hesitancy
2. Cervical cancer
3. Bowel cancer
4. Breast cancer.

1. Section 1: General screening hesitancy

1.1. In terms of adult screening programmes in England overall the report by Sir Mike Richards commissioned by NHS England and published in October 2019 titled 'The Independent Review of Adult Screening Programmes in England' is seminal. Sir Mike Richards makes several points pertinent to this study: one is about governance.

1.2. 'I make a key recommendation that a single advisory body be established, bringing together the current functions of the UK National Screening Committee on population screening and NICE on screening for people at elevated risk of serious conditions. This body should make recommendations to Ministers in all four countries. In England, it follows that funding decisions on targeted screening should be made by Ministers, supported by the Chief Medical Officer and Chief Scientific Adviser, rather than relying on local commissioning. This would mirror the current approach for population screening. My second key recommendation is that following decisions by Ministers, oversight of delivery of all aspects of screening should become the responsibility of a single organisation, namely NHS England.'

1.3. Another is about the role of IT in screening and specifically the use of social media and text reminders to combat the slow decline in take up of screening for cervical and breast cancers; this I accompanied by a recommendation that 'providers should also be incentivised through tariffs or other measures to provide screening or other services at times which are convenient.'

1.4. We looked at two in depth studies, one an MSD (a biopharmaceutical company that funds research in the UK) funded report into enablers and barriers to vaccine confidence in ethnic diverse communities within Liverpool, MSD UK & Clark Health Communications (CHC) 2023, the other IVAR funded (Institute for Voluntary Action Research) that supports community health research projects, including one called 'Not just ticking boxes,' about improving health care access and specifically one case study focusing on improving access to cancer screening in Eastbourne, Anand, S. and Dyson, E. (2023).

1.5. The reports both identified the specific groups where hesitancy was highest and take up /access was lowest and then outlined barriers and solutions because of both in depth conversations and community groups running projects themselves.

1.6. The specific groups identified in both these projects were older people from ethnically diverse groups. The key issues/barriers included: not identifying themselves as being at risk due to age and other existing health conditions such as asthma or diabetes, so not actively seeking prioritising or accepting vaccinations, fears based on mis-

information around the COVID vaccination programme, gender roles informing healthcare decisions, religious and faith teachings influencing decision making about healthcare so importance of engagement with faith leaders in the design and delivery of health education needs to be recognised, problems with languages and translation, low income families understandably prioritising work- including extra work outside the 9-5 hours, food and utilities, lack of clarity around screening letters and clinical procedures, challenges in how to navigate the UK health care system, not always being guaranteed a male/female doctor/nurse, fear of sharing private symptoms with family members or professionals interpreting on the person's behalf as well as the impact this may have on the family members such as children interpreting for their parents.

1.7. The solutions implemented by the partnership of health and VCSE (voluntary community sector education) included: bespoke cultural competency training for GP surgery and staff, making screening letters clearer and more accessible, contributing to the review of interpreting and translation services, community engagement – combining greater awareness of cancer screening programmes with community walking, better partnership working between the voluntary community groups and health professionals.

1.8. Those implemented by Liverpool included: better digital access-enabling messages, appointment booking and reminders and prescription information to be delivered in the person's preferred language and reducing the steps needed to access; moving health care services into everyday settings- pop up health bus clinics, community health days in supermarkets and mosques and drop I health sessions in hotels where asylum seekers were placed, family appointments spanning several generations; using a Community Champions Programme; understanding and using the depth of knowledge and understanding that Community Health workers have; providing education on how to navigate the UK health system; respecting that one voice for ethnically diverse communities does not represent the whole community.

1.9. Whilst the previous studies focused on older people, education did feature and in London Project Health Resilience- https://www.phr.org.uk- has been created by doctors to provide education for young people aged 16-18 in education and youth settings. The project aims to ensure young people know and understand when and how to seek help for conditions, their rights in relation to NHS services, increase young people's trust in these services in order to reduce health inequalities.

1.10. Adult carers are another specific group with over-looked health needs, who are time poor and feature strongly in health in equalities. The Camden Carers Group provide Health and Lifestyle Checks (HLCs) and their March 2023 independent impact report outlined the positive impact these health checks have and the relative success the organisation has in reaching those who would otherwise not attend cancer screening checks. The report also shows clearly how much more effective and far reaching the organisation could be with core funding.

1.11. The GLA (Greater London Authority) have funded, through their Community Action for partnerships in Health microgrants programme Sept 2023-March 2024, initiatives across London, from which community organisations in Camden have benefited. These include: Muslim Doctors Association and allied health professionals Culturally Responsive health MOT mosque pop up clinics- London wide; Abdul Mageed

Educational Trust: Vibrant and Healthy Community Trust. Camden, Islington, Hammersmith and Fulham, Kensington and Chelsea, Westminster, project includes Peer Support Cafes.

2. Section 2: Cervical cancer screening

2.1. A world-wide study Bruni L. 2022 showed that two thirds of all women aged 30-49 years had never been screened, this does not bode well for the World Health Organisation (WHO) target of total elimination of cervical cancer globally by the end of the 21st century.

2.2. A similar study G. Kumar et al 2024, focused on the position of the UK, given that NHS England announced their ambitious target to achieve elimination by 2040. Whilst 'the report highlighted the significant socio-economic savings that the elimination of cancer can yield' it also said it was 'crucial for this aspiration to be reinforced by the implementation of an action plan with measurable actions and milestones from the NHS. A similar action plan should focus on eliminating inequalities in access to prevention and early detection, be tailored to the needs of local populations, introduce educational activities to reduce stigma on HPV, target screening to vulnerable groups and improve data collection to ensure accurate monitoring of progress.'

2.3. A British study, M. Ryan, L. Marlow, J. Waller 2019, investigated reasons for not participating in cervical cancer screening and found that awareness of cervical risk factors was low in this group, and older women were disproportionately represented here. The study concluded that further work was needed to ensure that all women of all ages are more aware of the risk factors so that they are making informed choices about (non) participation.

2.4. Another British study, K, F Bennett, J Waller, L.A.V, Marlow 2018, that also focussed on women who had actively declined cervical screening found that these women felt it was of low relevance to them and that they had more important things to worry about. However, most participants (70%) indicated that they would be interested in human papillomavirus self-sampling. Interest in self-sampling was greater among those who reported having had a bad experience of screening in the past, were too busy or embarrassed to attend, or would not want a man to carry out the test. Shifting the perceived cost–benefit ratio for these women by offering human papillomavirus self-sampling might increase screening participation in this group.

2.5. A further British study, L. Marlow, et al 2020 using the incidence of recently introduced human papillomavirus (HPV) testing to cervical screening found that women needed more explanation about their results. 'Despite provision of information alongside screening invitations, women can still have unanswered questions following receipt of their results. Details about the epidemiology of HPV and why cervical screening procedures are changing should be included with screening invitations. Some results groups may benefit from additional tailored information with their results letter.'

2.6. M.Ryan et al's 2019 research looked at the impact of the current booking system for cervical smears on 'intenders' those women who intended to do attend a screening and then didn't get around to making a booking. They concluded that 'women who

are overdue for screening face practical barriers to booking appointments. Future interventions may assess the efficacy of changing the architecture of the invitation and booking system. This may help women overcome logistical barriers to participation and increase coverage for cervical screening.'

2.7. NHS England have frequent campaigns to take up screening including cervical, the May 2019 broadcast however was a recommendation. 'The NHS should roll out online booking, out of hours appointments and text reminders to boost the uptake of breast, cervical and other screening services, leading expert Professor Sir Mike Richards said today. Sir Mike, who was the first NHS cancer director and is a former CQC chief inspector of hospitals, is leading a major overhaul of national cancer screening programmes as part of a renewed drive to improve care and save lives.'

2.8. These broader findings have led to other in-depth research, and some piloting of new interventions, investigating some of the barriers identified above.

2.9. L. Marlow et al 2019 in their study among 50-64 year olds from hard to reach groups noted education as being key. 'Information designed specifically for older women should ensure they understand the purpose of screening and its relevance to them. Emphasising changes to the programme that have made the experience less uncomfortable, and improved sample taker awareness of how women feel, may help to allay concerns related to previous negative experiences.

2.10. NHS England January 2023 announced a trial of home testing for Human Papillomavirus Virus (HPV) home testing kits to cut cancer deaths among women. **'**More than 31,000 women will be offered kits to carry out smear tests in the privacy and convenience of their own homes in a trial, NHS England has announced. The swab tests will be posted to women or given out by a GP to increase take-up of screening for the Human Papillomavirus Virus (HPV), which can lead to cervical cancer. The home swab is a simple way for women to do the test themselves, rather than have one done for them by a general practice nurse. They will go to women aged 25-64 years who are 15 months overdue for a check and live in Barnet, Camden, Islington, Newham and Tower Hamlets where screening appointment attendance is low. Research has shown that embarrassment is often a key underlying reason for women not attending a smear test appointment, as well as cultural barriers and fear about what it involves.'

2.11. Finally, an innovative project to trail an Artificial Intelligence (AI) and WhatsApp solution for appointment scheduling was announced in May 2024. 'NHS North Central London Integrated Care Board (ICB), the Islington GP Federation and technology provider SPRYT are piloting the use of WhatsApp and AI to streamline cancer screening appointment booking and rescheduling. This is the first time WhatsApp and AI have been approved by the NHS for appointment scheduling. The pilot is focused on increasing the uptake of cervical cancer screening, where uptake is particularly low in some underserved population groups in London, with less than 10% response rate to cervical screening invitations in some communities. Starting with one GP Federation, the pilot will be rolled out across North Central London, and it is hoped across London. The technology involves the use of an AI receptionist, Asa, that streamlines the appointment management process for patients and staff. It allows patients to book, reschedule and cancel appointments via WhatsApp at any time, without requiring any new app or website. In addition, as the lead researcher for

language on the project Dr Doris Dippold says, “The project seeks to understand how language, culture and technological barriers can affect uptake of cervical screening offers. We will use evidence from qualitative interviews and analyses of patients’ interactions with Asa to understand how Asa can be developed to better meet the needs of those groups who are currently underrepresented in cervical screening.”

3. Section 3: Bowel Cancer Screening

3.1. Sir Mike Richards 2019 report as noted in the general section above, called for more to be done to drive uptake through social media campaigns and text reminders. And it called for local initiatives that have successfully boosted uptake to be rolled out nationwide. This example relates to bowel cancer:

‘in South West London where GP practices have been following up with people who did not attend bowel screening phone calls and reminder letters have led to a 12% increase in attendance. Posting in Facebook community groups has led to a 13% increase in first time attendances for breast screening in Stoke-on-Trent over the past four years.’

4. He also noted that ‘the bowel screening programme is being upgraded by NHS England with a new easier to use ‘FIT’ poo test. NHS England has made the following announcements since this report:

4.1. **NHS England 16 August 2022**: NHS expands lifesaving home testing kits for bowel cancer. Home-testing kits that can help detect early-stage bowel cancer will be rolled out to 58-year-olds in England for the first time, as part of a major expansion of the lifesaving screening programme.

4.2. People aged 58 years will be automatically sent a Faecal Immunochemical Test (FIT) once eligible, which can detect early signs of bowel cancer by precisely recording the presence of any blood in just a tiny sample of poo.

4.3. Around 830,000 additional people aged 58 years in England will now be eligible for the screening test, with London, which has the lowest uptake in the country, being one of the first places to roll out to this age group. The move is the latest stage in the phased rollout for people aged 50 and over.

4.4. **NHS England 20 February 2023:** NHS campaign urges people to use their bowel cancer home testing kit. Millions of people in England who have been sent a lifesaving home testing kit that can detect early signs of bowel cancer are being encouraged to use it and return it, as part of a new, first-of-a-kind NHS campaign.

4.5. Launching today across TV, radio, video on demand and social media, the NHS national campaign aims to increase uptake of the home testing kit to ensure more people are diagnosed with bowel cancer at the earliest stage, when they’re nine times more likely to survive.

4.6. The campaign will highlight how quick and convenient it is to complete the test with the advert showing a man joyfully running around his house with toilet roll before completing the test. The ad ends by saying: “Put it by the loo. Don’t put it off.”

4.7. Latest data shows the proportion of people choosing to participate in bowel screening has increased to 70.3% – the highest on record. However, almost one third (30%) of people aren't returning their test kit.

4.8. The FIT kit detects small amounts of blood in poo- that would not be visible to people – before someone may notice anything is wrong. People aged 60 to 74 years who are registered with a GP practice and lives in England are automatically sent a FIT kit every two years. As part of plans to lower the age of people that receive the test to age 50 by 2025, 56-year-olds are sent the test kit and it is currently being rolled out to 58-year-olds.

4.9. **NHS Bowel Screening Programme Feb 2024:** The NHS is offering routine preventative bowel cancer screening to thousands of people in England with a genetic condition that increases their chance of developing certain cancers.

4.10. This is a world-first move by the health service to help reduce cases and identify bowel cancers earlier when successful treatment and cure is more likely.

4.11. As part of the NHS Bowel Cancer Screening Programme, people with Lynch syndrome are now invited for bowel surveillance every two years, where they are seen by a specialist team and assessed for a colonoscopy which checks for polyps and signs of bowel cancer.

4.12. Lynch syndrome is an inherited condition that increases the risk of certain cancers, including bowel, ovarian and pancreatic, but out of 100 people with Lynch syndrome, screening prevents between 40 and 60 people from getting bowel cancer

4.13. Finally, a research paper by A.C. Chambers 2023 found that screening has reduced the incidence of bowel cancer. The new study was jointly led by researchers from the University of Bristol and University Hospitals Bristol and Weston NHS Foundation Trust, and found 'the incidence of bowel cancer in the lowermost portion of the large bowel has decreased by approximately 15% following the introduction of the English Bowel Cancer Screening Programme (BCSP) in 2006. The findings also show that the most pronounced reductions in incidence were observed in men and in patients living in areas of greatest socioeconomic deprivation.'

4.14. In this new study researchers wanted to investigate the impact of the BCSP on incidence rates of bowel cancer among adults in England. After its introduction in 2006, the BCSP was expanded in 2010 to offer screening to all adults aged 60 to 74 years registered with a GP in England. As part of the programme, adults in this age group are automatically sent an NHS bowel cancer screening kit every two years. The age of screening onset is currently being reduced with the NHS Long Term Plan committed to lowering the age threshold to 50 years by 2025.

4.15. While the incidence rate of bowel cancer initially peaked in the years following the introduction of the BCSP, it subsequently decreased with the greatest reduction in incidence being observed in tumours of the lowermost portion of the large bowel. In 2001, the incidence of tumours of the lowermost portion of bowel was 11% higher in patients from the most deprived compared to the least deprived areas, reducing to 4% by 2017. Furthermore, men were also noted to have experienced a greater

reduction than women over time-period of the study for tumours of both the uppermost and lowermost portions of the large bowel.'

5. Breast cancer

5.1. The concern articulated by NHS England's annual breast screening reports (based on time lagged data) is the lack of take up and the failure in some parts of the country to meet the NHS take up targets.

5.2. The NHS report for all cancer screening of 2022 based on 2021-22 data was a period emerging from COVID. **'**Almost three million people were referred for cancer checks over the last 12 months – the highest year on record – up by over a tenth on the 2.4 million people referred before the pandemic.

5.3. NHS cancer chiefs continue to urge people to come forward as the latest data shows that record numbers of people have received vital NHS cancer tests in the last year (March 2021 – February 2022). To meet increasing demand for cancer checks, NHS services across the country are expanding their diagnostic capabilities through one stop shops for tests, mobile clinics and cancer symptom hotlines, ensuring people are diagnosed and treated as early as possible to give them a much better chance of beating the disease.

5.4. At The Rotherham NHS Foundation Trust, they have introduced telephone triage for certain cancer referrals so that patients can speak to doctors sooner, as well as expanding one-stop-shop slots for patients referred under a breast cancer pathway, so patients can get all their tests in one trip.

5.5. The NHS report of 2024 based on 2022-23 data showed that, despite a slight increase in uptake in the last year, over a third of women still did not take up the potentially lifesaving offer. In 2022-23, a total of 1.93 million women aged 50 to 70 (64.6%) attended screening appointments (within six months of invitation) out of the 2.98 million invited to book a check-up – an increase in uptake on 2021-22 (62.3%).

5.6. However, 35.4% of women did not attend their appointments following an invitation, increasing to 46.3% of women who were being invited for the first time. The screening programme led to cancers being detected in 18,942 women across England in 2022-23, which otherwise may not have been diagnosed and treated until a later stage.

5.7. NHS England is calling for women to put their health at the top of their to-do list and come forward for breast screening when invited. The call comes following a major £70 million Government investment in the Digital Transformation of Screening initiative to modernise screening services over the next three years. The breast screening service will be one of the first to benefit, with an ambition to provide more tailored communications and more booking options for women, including online and call centre booking. This will make it easier than ever before for women to book and manage their appointments.

5.8. The following 2018 study examined ways to encourage more women to attend the screening appointments. Greater Manchester Health and Social Care partnerships commissioned the Behavioural Insights team to explore how behavioural insights

could be used to increase the proportion of women attending their first breast screening appointment, the study focused on the letter of invitation sent to women.

5.9. The study used changes to the letter based on previous studies but concluded that ‘the overall conclusion from this trial is that sending patients simplified invitation letters that use messages relating to the costs of missed appointments or the scarcity of appointment availability do not seem to be more effective than existing letters in increasing the proportion of patients attending breast screening appointments.

5.10. Countering the behavioural barriers to screening may require a more intensive or regular intervention than a one-off letter. Sending a behaviourally informed letter followed by text messages to remind patients of their upcoming appointment may be more effective in improving uptake. Further research is required to build the evidence base on which interventions lead to sustained behaviour change in breast screening appointment uptake.’

5.11. An innovative collaboration between the supermarket Morrisons and NHS England in August 2023 featured an underwear brand called Nutmeg. The NHS news bulletin said that: ‘Morrisons and the NHS are working together to put advice on underwear labels urging people to contact their GP practice if they spot potential symptoms of breast or testicular cancer. The Nutmeg-branded underwear featuring NHS advice will be in 240 Morrisons stores nationwide, initially in men’s boxer shorts and followed by crop top bras in the coming months. The NHS guidance will be displayed on the fabric labels alongside the standard sizing and care information. There will also be a QR code on the packaging and tags linking customers through to more detailed information on breast and testicular cancer on the NHS website. Morrisons is the first UK supermarket to roll-out the new labels and the first-of-its-kind partnership for the NHS is the latest move in a significant drive to ensure people are aware of the signs and symptoms of cancer.

5.12. If people notice symptoms that could be cancer, they should contact their GP and come forward for checks as early as possible so they can get the all-clear, or in some cases, a cancer diagnosis sooner to give them the best chance of surviving the disease. National figures show that 91% of women survive for at least five years if diagnosed at an early stage of breast cancer, where the tumour is small (stage one), whereas this reduces to 39% where the cancer has spread to other parts of the body (stage four).’

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Sept 2023-March 2024 City Hall

Adam. C. Chambers *et al*. 'Colorectal cancer incidence trends by tumour location among adults of screening-age in England: a population-based study' in *Colorectal Disease* August 2023

Behavioural Insights Team and Greater Manchester Health Care 2018

APPENDIX 3: LIST OF ORGANISATIONS REPRESENTED BY INTERVIEWEES

- Breast Cancer Now
- Camden Health Partners GP Federation
- Camden Carers
- Camden & Islington Learning Disability Services
- Chadwells Healthy Living Centre
- Find and Treat Service, UCL
- Healthwatch
- James Wigg GP Practice
- MSD
- NCL Cancer Alliance
- NHS Legacy and Health Equity Partnership Team
- Prostate Cancer UK
- Public Health Team, London Borough of Camden
- Queens Crescent Community Association
- Somali Youth Development Resource Centre
- Surrey Institute for People-Centred Artificial Intelligence, University of Surrey
- UK Health Security Agency
- Umoja
- Women's Health Hub, Central Liverpool PCN

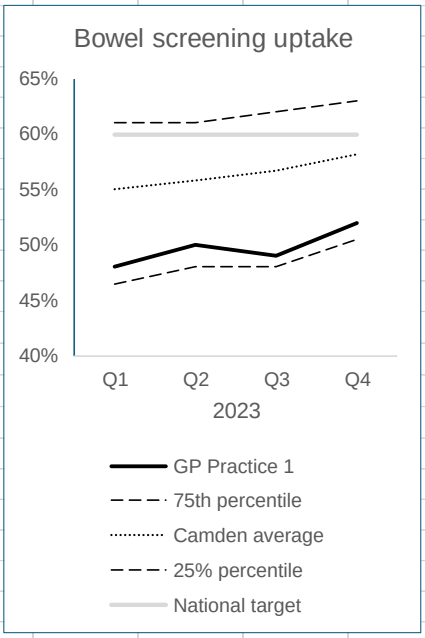
APPENDIX 4: BENCHMARKING GP PRACTICES ACROSS CAMDEN

Cancer screening benchmarking - example quartile chart

Bowel Cancer Screening By Practice*

	2023			
	Q1	Q2	Q3	Q4
GP Practice 1	48%	50%	49%	52%
GP Practice 2	57%	58%	61%	60%
GP Practice 3	65%	64%	63%	65%
GP Practice 4	45%	46%	47%	49%
GP Practice 5	45%	45%	45%	45%
GP Practice 6	68%	70%	72%	75%
GP Practice 7	57%	58%	60%	61%
Camden average	*55%*	*56%*	*57%*	*58%*
75th percentile	*61%*	*61%*	*62%*	*63%*
25% percentile	*47%*	*48%*	*48%*	*51%*
National target	*60%*	*60%*	*60%*	*60%*

*not based on real data



The quartile charts for bowel, breast and cervical screening should be created for each practice and the three charts (not the underlying data) displayed in the public area of the surgery to alert patients to the need for them to participate and remind staff of the importance of engaging with patients on this.

APPENDIX 5: COMMISSIONING OF SCREENING SERVICES

Excerpt from letter by Will Huxter, Director of Primary Care and Public Health Commissioning for NHS England, London Region, dated 2 November 2023, to Providers of Public Health Section 7A Services:

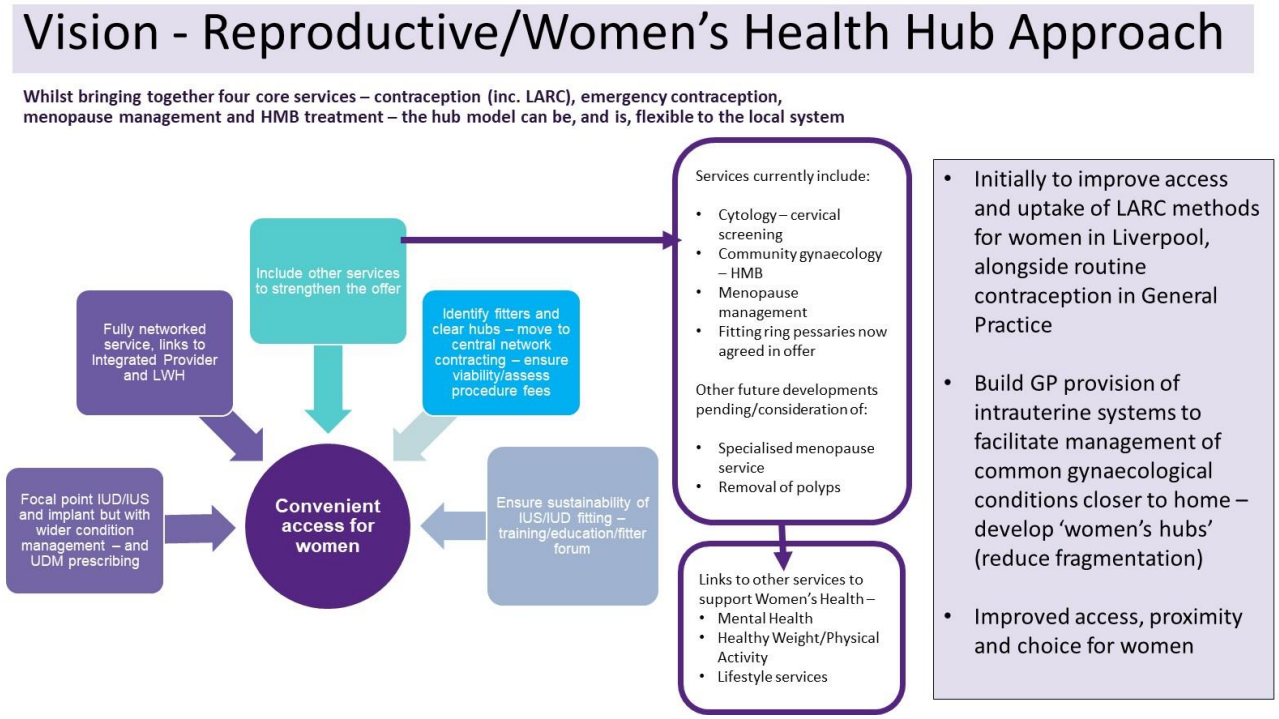
Re: 2024-25 Section 7a Public Health Commissioning Programme Changes - NHS England London Region

'NHS England's Regional Public Health Commissioning Teams are responsible for commissioning the s.7A screening, vaccination and CHIS programmes for their populations ensuring delivery of the key performance indicators listed in the annual s.7A Agreement. NHS England is required to ensure contracts are managed so that providers deliver the required performance minimising variation in levels of performance between different geographical areas.

Commissioners and providers are expected to continue to work together to reduce health inequalities so that people have equitable access and experience excellent services and optimal outcomes. Providers should demonstrate evidence of this on request by their commissioner, for example, use of health equity audits and equality and health impact assessments. Providers and commissioners should maintain focus on preventing ill-health and tackling health inequalities using the Core20PLUS5 approach and collaborate with their Integrated Care Boards (ICBs) which lead the tackling of their population health inequalities at a system level.

In 2023/24 NHS England's will focus its strategic direction for screening, across all our screening programmes to support an increase overall in uptake and coverage; reduce inequalities; ensure preparedness for future new targeted screening programmes and innovations; ensure a strategic direction for the digital enablement of screening programmes and support any policy decision on delegation of direct commissioning to ICBs for all or parts of the screening pathways.'

APPENDIX 6: POTENTIAL MODEL FOR WOMEN'S HEALTH HUB



Source: Wendy Hills, Central Liverpool PCN Women's Health Hubs