

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Response to the Screening and Prevention Panel's recommendations	
REPORT OF Director of Health and Wellbeing	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	DATE 5 th November 2024
<p>SUMMARY OF REPORT</p> <p>This report sets out the Council's responses to the Final Report of the Health and Adult Social Care Scrutiny Committee's Screening and Prevention Panel, which was presented to the Health and Adult Social Care Scrutiny Committee (HASC) on 9th July 2024.</p> <p>The panel was established by the Health and Adult Social Care Scrutiny Committee in June 2023, to review screening and prevention programmes in Camden.</p> <p>This report provides a response to each of the recommendations from the Panel's final report.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officers:</p> <p>James Fox Senior Policy and Projects Officer Strategy and Change London Borough of Camden 5 Pancras Square, London N1C 4AG 0207 974 5827 james.fox@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>That the Health and Adult Social Care Scrutiny Committee notes the responses to the recommendations.</p>	

Signed:



Kirsten Watters, Director of Health and Wellbeing

Date: 23/10/2024

1. Purpose of Report

- 1.1. In June 2023, Camden's Health and Adult Social Care Scrutiny Committee (HASC) initiated the Screening and Prevention Panel to investigate uptake of health screening and prevention programmes.
- 1.2. The objective of the Panel was to conduct an investigation into available screening and prevention programmes to help; a) determine which programmes should be prioritised for attention due to low uptake and demographic relevance, b) create an enhanced understanding of the barriers to take-up and c) facilitate the development of recommendations for how to improve participation across the borough both for where the most major gaps exist but also for where health inequality is worst on the fringes of society.
- 1.3. The panel submitted [their final report](#)¹ to HASC in July 2024, where the Chair of the Committee welcomed the report and requested that an officer report be submitted to a future meeting responding to all recommendations. Appended (appendix A) to this report are the responses to the agreed recommendations.

2. Finance Comments of the Executive Director Corporate Services

- 2.1. The Executive Director of Corporate Services has been consulted on the contents of the report and has no comments to add to the report

3. Legal Comments of the Borough Solicitor

- 3.1. There are no legal implications arising from this report.

4. Environmental Implications

- 4.1. There are no environmental implications from the proposals in this report.

5. Appendices

Appendix A – Responses to Screening and Prevention Panel Recommendations

¹ <https://democracy.camden.gov.uk/documents/s119503/Final%20screening%20panel%20report.pdf>

Appendix A – Responses to the recommendations

#	Recommendation	Action	Organisation	Response
1.1	Raise GP awareness of need to improve screening rates	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.]	Camden's GP Federations (Camden Health Evolution (CHE) and Camden Health Partners (CHP))	Camden Health Partners (CHP) will explore this recommendation with member practices and data team, along with public health and ICB colleagues to see what practice level data is already available. Practices are provided with comparative data on a wide range of indicators and these can be useful to inform discussions with practice teams and indeed patient groups. Practices also recognise that there are a range of factors that influence screening attendance (as the report describes) and that some of these factors may be influenceable by their GP practice.

<p>1.2</p>	<p>Raise GP awareness of need to improve screening rates</p>	<p>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.</p>	<p>Public Health</p>	<p>Public health have recently connected to the team at MSD to learn more about the Unlocking Insights project, their cervical screening benchmarking data platform and Race to Elimination campaign, and how these could be applied locally in Camden.</p> <p>In the NCL cancer prevention, awareness and screening strategy, work to progress the cervical cancer elimination ambition has been included in scope. Work has commenced with the London screening team to develop a regional plan. The Cancer Alliance will work with Camden Council to develop a local plan that aligns and supplements the regional plan.</p> <p>Within the public health team, our primary care lead has started making connections with Camden primary care colleagues around the best forums for learning and engagement. We have identified Camden's GP Forum as the best route for reaching a large number of Camden GPs, as well as other similar forums for reaching GP trainees, physician associates and nurses. We will arrange learning sessions on cancer screening for these forums, including learning from MSD described above. August induction for new primary care staff in Camden included a session on cancer screening, which will be repeated in 2025.</p>
<p>1.3</p>	<p>Raise GP awareness of need to improve screening rates</p>	<p>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.</p>	<p>Public Health</p>	<p>See the primary care learning forums described above in 1.2 which we plan to use to engage a range of primary care staff on cancer screening uptake. We have two members of the public health team who will be leading this: 1. primary care lead for public health, who leads on connections with primary care in Camden, and 2. public health strategist lead for long term condition prevention, for whom the recommendations in this report are being included in their workplan.</p>

2.1	Raise community awareness of screening programmes	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.	Public Health	Public health have recently engaged the ESOL Advice Service in Camden, and have a list of ESOL providers who will be contacted to explore how we can include cancer screening promotion messages within their content. We have also identified an opportunity to include cancer screening messaging in the ESOL Newsletter which is circulated to 800 subscribers.
2.2	Raise community awareness of screening programmes	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.	Public Health	We will connect to the NHS Legacy and Health Equity Partnership Team interviewed for the report, to see how their work can connect and influence existing campaigns and engagement work in Camden. This for example includes collaborative work with Healthwatch Camden and the Royal Free and UCLH cancer screening promotion teams to engage local communities on cancer awareness and screening. A series of events are being held through Sep-Nov, for example reaching the Somali and Bangladeshi communities, through presentations, translation and leaflets in multiple languages from the Help Us Help You campaigns. Work is already underway to target certain low uptake populations: a council led project funded by the Royal Free charity to increase screening in people with learning disabilities and work by the Cancer Alliance around awareness and pathway adaptations for people experiencing homelessness.

2.3	Raise community awareness of screening programmes	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	Public Health	We will explore how best to contact local private GPs in Camden to ask them to inform patients of the NHS screening offer and information about this. Regarding sharing of private cancer screening records, we do not think this will be possible, as cancer screening done privately is not held to the same quality assurance standards as NHS screening, and so cannot be coded in this way on GP records. If screening done privately results in a positive screening result, private providers do refer the patients back to the NHS for follow-up.
2.4	Raise community awareness of screening programmes	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.	Public Health	<p>We have connected with the Camden Mobile Health Bus to include leaflets and signposting resources around cancer screening to residents attending the bus, and are exploring with the clinical leads how cancer screening promotion could be incorporated into the service.</p> <p>We will explore opportunities of engaging Camden's Family for Life Community Champions (CC) and Parent Champions (PC) to engage residents in conversations around cancer screening and prevention.</p> <p>As described above we are connecting the Healthwatch Camden and Royal Free and UCL cancer screening promotion teams with events and community groups in Camden, where there are opportunities to have conversations, share leaflets and campaign materials in locations such as libraries, and promoting through council comms channels.</p>

3.1	Provide long term funding for community initiatives	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.	NCL Cancer Alliance and Health and Wellbeing Board	The Cancer Alliance provided funding to Healthwatch Camden to work with other VCS organisations to engage high-risk communities and disseminate cancer prevention and screening messages. This work is a core part of the NCL Cancer Prevention, Awareness and Screening Strategy 2023-28. It is anticipated that there will be additional investment in these activities for the life of the strategy from NCL Cancer Alliance and other partners in the system.
4.1	Improve access to screening	We ask that service providers review all their screening information, invitation letters and text messages to ensure plain language standards are met.	Camden GP Federations, London Breast Hub and London Bowel Screening Hub	Screening information and invitation materials are generated at a national level. Locally produced supplementary materials will adopt the principle of being written in a format that is accessible to the population and available in multiple languages.

<p>4.2</p>	<p>Improve access to screening</p>	<p>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.</p>	<p>Camden GP Federations, London Breast Hub and London Bowel Screening Hub</p>	<p>The breast screening programme offer an appointment in the invitation letter that is sent out with flexibility for individuals to change it via the London breast screening website or by calling the administration hub.</p> <p>CHE response - In regards to opportunistic cervical screening during coil fitting, this depends if the coil fitter is a smear taker with a code, so infrastructure has to be there and access to national database to see if smear is required and previous history.</p> <p>Unless we adopt new methods of testing including self-testing that is acceptable and the pilot suggests safe and effective, we may not achieve these ambitions.</p>
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<p>4.3</p>	<p>Improve access to screening</p>	<p>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’.</p>	<p>Camden GP Federations, London Breast Hub and London Bowel Screening Hub</p>	<p>CHE response - The ambition depends on the availability of staff. Without significant investment in initiatives such as Youscreen to integrate self-testing as a routine practice, this approach will be challenging to implement.</p> <p>Traditional cervical screening requires fully trained smear takers with a national smear taker code. It is not feasible to reassign staff from General Practice, as clinics offer a wide range of appointments, not just smear tests.</p> <p>Furthermore, the screening process necessitates offering a chaperone, which may require additional training. Handling and storing specimens involves specific protocols, including the need for a specimen fridge, clinical waste disposal, and collection services.</p> <p>Therefore, the required investment extends beyond staffing. From a CHE Federation perspective, we have assessed this and concluded that current resources and infrastructure are insufficient to support this recommendation. However, we would reassess if additional resources became available. Ultimately, the focus should be on promoting and facilitating self-testing, which is both more acceptable to patients and more cost-effective.</p> <p>CHP Response - This is an interesting suggestion that we will explore with our member practices and could be trialled in a community centre setting. As CHE colleagues have identified there would need to be identified resource to support such a trial as traditional cervical screening has significant staffing and also setting requirements. We would agree that an</p>
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				expansion of self-testing would be likely to make a significant impact on screening rates.
4.4	Improve access to screening	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.	Camden GP Federations, London Breast Hub and London Bowel Screening Hub	<p>CHE response: All practices are signed up to the learning disabilities locally commissioned service to support vulnerable patients, and practices will have policies and procedures to support patients with additional needs, which will have been reviewed by the CQC.</p> <p>CHP Response: Member practices are committed to ensuring all of their patients are able to access their</p>

				<p>services and these would include the screening tests that are offered at practice level. This is also a requirement of CQC registration and all practices have policies in place stating this.</p>
4.5	<p>Improve access to screening</p>	<p>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.</p>	<p>NCL ICB</p>	<p>This could be trialled with, for example, some health inclusion groups as a means of facilitating attendance if they do not qualify for transport. It will require further scoping out to ensure that participation in screening remains an informed choice.</p>

<p>4.6</p>	<p>Improve access to screening</p>	<p>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.</p>	<p>NCL ICB</p>	<p>The initial pilot has successfully integrated WhatsApp into the NHS, this has been groundbreaking and a first for the NHS. Also, we are delighted to be nominated as finalist in the 2024 HSJ award category of “Driving Efficiencies Through Technology”.</p> <p>We commenced roll out to patients officially in July, with just over 100 patients having been invited to use the new platform. It provides patients with an enriched booking experience, enabling patients to book and re-schedule reschedule appointments as well as ask additional non-clinical questions and includes calendar links etc. Early indications have been very positive, for example:</p> <ul style="list-style-type: none"> • 30% whatsapp cost saving compared to SMS; • 8 hours per week admin time saved (1 practice), enabling staff to be redeployed for other tasks that require higher skillset and interpersonal exchange; • 260% conversion rate from message to appointment booked, compared to 10% for SMS <p>Patient feedback has included the following:</p> <ul style="list-style-type: none"> • “Booking via WhatsApp was easy and fast. I had no issues speaking with the virtual receptionist” • “To be able to book a cervical screening through the WhatsApp virtual assistant Asa was quick and easy. This will make managing the appointment so much more convenient” • “The whole booking experience was SO impressive..! The whole thing was so well designed - how it shifted from a text message from my local surgery to my WhatsApp, and then back to a request from my local surgery for some updated records - huge thumbs up!” • “It’s really great to book without needing to call the practice...and even when the surgery is closed”
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				<p>We will shortly be moving to an “opt out” service model, rather than the current “opt in” model, which we anticipate will have even greater impact in being able to reach those “harder to reach” cohorts as well as increasing benefits as a practice level. Patient feedback is key, and we continue to work with patients, and colleagues from the University of Surrey, to develop iterative advancements in the user experience and functionality of the technology.</p> <p>There are plans in place to onboard four more Islington GP Federation practices in the coming months, with wider roll out across NCL following that, funding permitting. A wider reach will ensure we are able to gather sufficiently detailed data to support a more robust evaluation of impact, with the ability to drill down into our known areas of inequity with screening uptake and adapt the technology to meet the needs of different patient cohorts.</p>
4.7	Improve access to screening	Add ‘Routine Screening’ section to NHS app which states date of last	NHS England	NHS England (NHSE) have been contacted for response. Their response will be shared once received.

		recorded cancer screening testing and future anticipated dates.		NHSE are progressing this for bowel cancer. More information will be provided shortly on how it will be deployed and the way in which people can interact and use the information.
5.1	Improve Camden's oversight and accountability	<p>To this end, we recommend that HASC Scrutiny Committee demand screening service providers attend Camden HASC Scrutiny Committee annually. This deputation should consist of:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>HASC should also be tasked with reviewing progress against other recommendations.</p>	Health and Adult Social Care Scrutiny Committee	This item will be scheduled into HASC's work programme in consultation with the Chair.

6.1	Create a Women's Health Hub in Camden	Explore the suitability of the Women's Health Hub model and report back by end of 2024 to HASC Scrutiny Committee.	NCL ICB	Development of the Women's Health Hub is still at an early stage. Cervical screening will be included in the hub and anticipate that it will commence at the end of 2024.
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