AGENDA ITEM:

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

JANUARY 2010

CANCER SCREENING ACROSS THE TEES VALLEY

FINAL REPORT

PURPOSE OF THE REPORT

1. To present the Joint Scrutiny Committee's Final Report in relation to Cancer Screening.

CONSIDERATION OF REPORT

2. The Tees Valley Health Scrutiny Joint Committee has considered Cancer Screening Services across the Tees Valley. It has received evidence on the provision of Cancer Screening Services in relation three types of cancer, which are screened for. They are Breast Cancer, Cervical Cancer and Bowel Cancer.

3. In discussion on the issues presented, Members felt it would be useful to have a report that distilled the evidence it has received in relation to Cancer Screening Services. Particularly, a comparison of what happens across the four Tees PCTs and what happens within the area of Darlington PCT was considered to be beneficial.

4. To that end, this report has been prepared by the Joint Scrutiny Committee. The text is divided into the type of Cancer Screening and then into the area.

5. Breast Cancer Screening

Tees PCTs

5.1 In respect of Breast Cancer Screening, Members were advised that it is a free screening programme, aimed at all women 50-70, who are registered with a GP. A screening appointment, which is called a mammogram, takes place every three years, with a guaranteed 7 episodes of screening between 50 and 70 years. Women over 71 can request screenings if they wish. It was confirmed that there are special facilities in place to ensure disabled women, who may be wheelchair users for instance, have equity of access.

5.2 It was confirmed to Members that the North Tees & Hartlepool NHS Foundation Trust provides the service on a Tees wide basis, with locations around the Tees area. Mammography equipment is very costly and also quite large in size, for this reason it is provided in less locations. Members heard that the service is based at One Life in Middlesbrough, in Hartlepool there is a mobile unit based at Hartlepool Health Centre, Redcar & Cleveland has facilities in Redcar & Guisborough, and all women in the Stockton area go to University Hospital of North Tees.

5.3 Members heard that invitations are sent with an appointment already booked. If women do not attend, they get a reminder letter asking them to contact the service and make an appointment, as for the service to have two unused appointments would be too costly.

5.4 Again, it was confirmed to the Joint Scrutiny Committee that if all was normal in tests, people are put back into the recall list. If abnormalities are identified, women are invited to an assessment centre at University Hospital of North Tees.

5.5 It was reported that the average take up rate around the Tees PCTs region is between 76% to 80%.

Darlington PCT

5.6 The Joint Scrutiny Committee were advised that the incidence of breast cancer across England and Wales has increased persistently since 1993, while the mortality rate from breast cancer has decreased. There has been no consistent pattern for breast cancer incidence rates in Darlington. Members heard that between 2003 and 2005, the local breast cancer incidence rate was not significantly different from regional and national rates. Members were advised that local mortality rates for breast cancer were not significantly different from regional or national rates either, and the mortality rates for all areas continue to decline.

5.7 The Joint Scrutiny Committee was interested to learn that Breast Screening takes place from a mobile unit parked in the car park of Darlington Memorial Hospital. This when operational operates from 9.30 to 4.00

5.8 The coverage of breast screening is generally higher in Darlington than coverage across England, although there was particularly low coverage in 2005.

% of eligible women aged 53 to 64 screened for breast cancer within 3 years of their last test

	2002-03	2003-04	2004-05	2005-06	2006-7	2007-8	2008-9
Hartlepool	56.4	76.1	54.8	69.6	76.8	77.6	78.2
Middlesbrough	75.8	46.1	69.1	70	73.8	73	73.1
Redcar & Cleveland	77.9	68.5	80.5	78.6	81	78.4	77.6
Stockton on Tees	64.7	71.2	80.1	82	79.4	78.7	78.5
Darlington	79.1	76.3	58.4	77.8	78.1	77.8	78
North East	77	73.6	76	78.2	79.4	79.5	79.5
England	75.3	74.9	75.5	75.9	76	76.7	77

6. Cervical Cancer Screening

Tees PCTs

6.1 The Joint Scrutiny Committee heard that all women aged 25 to 49, who are registered with a GP, are eligible for a free cervical screening test and are invited on a three yearly basis. Women aged between 50 and 64 years are invited every five years.

6.2 The Joint Scrutiny Committee was advised that to co-ordinate the process, there is a North East Central call and recall process, which sends out letters of invitation to a screening appointment. The invitation includes a factsheet about the test and its importance. The letter invites women to make their own appointment at a choice of clinics. The Joint Scrutiny Committee heard that there are around 30 clinics across the Tees PCTs area that offer the service and there are 13 that offer 6pm to 8.30pm evening appointments.. There are also some clinics that offer Saturday morning appointments. All GP surgeries also offer cervical screening.

6.3 Members heard that women are asked to make their own appointments (rather than being contacted with an appointment), as they are more likely to attend something which they have booked and is, by definition, convenient for them to attend.

6.4 Tests are analysed at hospital laboratories and the results are sent out to people by post. It presently takes 2-4 weeks in South of Tees for women to get their results and 4-6 in North of Tees. If results are normal, women are placed back into the recall list to be called at the appropriate time for the next test. If the tests show some abnormalities, women are invited to a colposcopy clinic for further examination.

6.5 It was noted in discussion that rates of women taking up the test have fallen recently, particularly young women.

% of eligible women aged 25 to 64 screened for cervical cancer within 5 years of their last test

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Hartlepool	80.8	80.2	79.3	77.8	76.9	75.9	76.8
Middlesbrough	79.7	79.3	78.2	77.3	76.2	74.6	75
Redcar & Cleveland	82.6	82.3	81.8	80.9	80.7	80	80.1
Stockton on Tees	81.6	81.1	80.7	79.5	80	79.4	79.5
Darlington	83.6	82.6	81.8	80.7	79.3	80.2	81.3
North East	82.6	82.1	81.7	80.9	80.2	80	80.5
England	81.2	80.6	80.3	79.5	79.2	78.6	78.9

Darlington PCT

6.6 Members heard that around five women in Darlington get cervical cancer every year. Although the incidence rate for Darlington females is slightly higher than regional and national rates, the differences are not statistically significant. Mortality rates for cervical cancer in Darlington are lower than regional and national rates, but again the differences are not statistically significant.

6.7 There was an increase in cervical incidence and mortality rates for Darlington in the late 1990s but both rates have decreased since 1999-2001.

6.8 Cervical Screening takes place in GP practices (now with extended opening hours). In addition, venue other than GP surgeries include Park Place Health Centre, Parkgate (Mondays 5.30 – 7.00)

6.9 The Joint Scrutiny Committee heard that the coverage of the cervical cancer screening service in Darlington has been dropping for some years but increased recently. However it remains higher than both regional and national rates. Cervical screening take-up rates vary in this age group. In the 25-29 age group the rate is only 71.9%. Among 30-35 year old women, the rate is 80.2%. Current waiting time for cervical screening results in Darlington is 3 weeks.

6.10 Members were interested to hear about particular market research commissioned by the PCT, through Newcastle University, specifically to examine barriers to younger women accessing cervical screening services.

6.11 Reference was also made to a recent pilot scheme providing additional screening opportunities at Darlington Out Of Hours Centre on late Tuesdays and Saturday mornings until 1pm which was currently being evaluated.

7. Bowel Cancer Screening

Tees PCTs

7.1 The Joint Scrutiny Committee was briefed about the fairly recently introduced Bowel Screening Service. Members were advised that it is a free screening programme, where all men and women, registered with a GP, aged 60-69 years are invited to take part. Those people will receive an invite every two years. People over 70 can request to be screened.

7.2 Members were advised that self-testing kits are sent out from a regional hub (in Gateshead) and those returned are also tested at the hub in Gateshead. If those results highlight a need for further investigation, individuals are invited to University Hospital of North Tees for assessment and possible colonoscopy.

Darlington PCT

7.3 Members heard that Colorectal cancer incidence and mortality rates for males and females in Darlington are not significantly different from regional and national rates. The incidence and mortality rates for colorectal cancer are higher among men than women. Colorectal cancer incidence and mortality rates for Darlington males have decreased since 1997-1999 but the rates for Darlington females have increased steadily since 2001-2003.

7.4 Members heard that Darlington is part of the same, newly introduced screening programme, with take-up rates nationally relatively low at present. As Members had heard previously, It is organised on a hub basis, which covers a large area of North East, Yorkshire and the Humber. The Joint Scrutiny Committee heard that Darlington's rate at 55% is slightly higher than the hub average and compares favourably with local PCT areas.

Bowel Cancer Screening take-up rates as of 1 December 2008

PCT	Percentage Take-up
Darlington	**55%**
Hartlepool	49%
North Tees	54%
Middlesbrough	47%
Redcar & Cleveland	54%
County Durham	54%
Hub Average	**54%**

7.5 The point was made to Members that on this topic, data capture is in its infancy and over time the PCT will get a clearer picture. Members were

heard that this is a particularly challenging area and the PCT is investing in the promotion of these services through a range of social marketing initiatives.

Consideration of the Information provided

8. Following the receipt of information pertaining to Cancer Screening Services across Tees and Darlington, the Joint Scrutiny Committee debated a number of points it had heard.

9. The Joint Scrutiny Committee was interested to hear more about take-up rates. It was said that in respect of Cervical Cancer Screening, take-up in Middlesbrough & Hartlepool is around 76% - 77% of the eligible population, whereas in Stockton & Redcar & Cleveland, it is sat around the early 80s as a percentage.

10. It was also noted that Bowel Cancer Screening take-up is presently around 47% – 55%, which may be a cause for concern, although it was felt that this may also be due, in part, to the test being a fairly recent introduction.

11. In so far as Tees is concerned, The Joint Scrutiny Committee made enquiries as to take-up amongst ethnic minorities. Members were advised that the BME community is not monitored as such, as its forms a very small part of the population and is very difficult to monitor.

12. There was discussion round the eligibility age of cervical screening and particularly the fact that it has risen from 20 to 25 years. The Joint Scrutiny Committee acknowledged that there has been a great deal of national publicity around this topic. Members were advised that the increase from 20 years to 25 years had been based on the best available evidence around biological factors. It was felt that in the early 20's, the cervix goes through a lot of changes and routine testing may show up significant abnormalities that may actually be false positives and result in procedures that could do more harm than good.

13. Nonetheless, it was emphasised that if women had any concerns, or particular family histories, they should always and promptly seek the advice of their GP.

14. In this respect, it was noted that the attendance rate for cervical screening amongst the 25 years to 35 years group is around 60% to 70% in Tees, with slightly better results in Darlington. The Joint Scrutiny Committee heard that such take up had fallen around 10% in recent years, which is very much a national trend. A point of interest to Members was that screening rates are lower in Middlesbrough and Hartlepool, than other areas in the Tees Valley, with rates of cervical cancer in Middlesbrough being significantly above the national average.

15. On a different note, It was noted that even in the best performing areas around the Tees Valley, around 20% - 30% of women are not regularly attending their breast screening opportunities, despite the fact that around 99% of the Tees population are registered with General Practice.

16. In an effort to improve matters, the Joint Scrutiny Committee was told that awareness programmes are often provided in GP surgeries. Further, GP's software alerts the Doctor to available screening opportunities when dealing with a particular patient during a consultation.

17. Whilst this was felt to be positive, it was noted that a lot of reminders and awareness programmes were aimed at people who were already attending General Practice and were probably not, on average, the people who were in the most need of this advice. It is the people not engaging with services on a regular basis that are of most concern and most likely to not attend screening services.

18. Members were interested in whether there were any wider socio-economic factors at play in taking up screening services. Whilst it was acknowledged that the topic was incredibly complex, there was a feeling that people from higher socio-economic groups were more likely to take advantage of screening opportunities, who are already fairly well educated on related health matters. The Joint Scrutiny Committee noted that it seemed to be people lower down the socio-economic scale that were less likely to attend screening opportunities.

19. Members were also interested to hear that professional thought would seem to indicate that there would be tests for other kinds of cancer in the near future. Members were advised that there is a great deal of research being undertaken on a national basis on the topic of prostate cancer and a viable and reliable screening tool was being investigated. Whilst it was acknowledged as a matter of conjecture, it was felt possible that a good enough screening tool could be in operation on around 10 years time. Members were also appraised of a research project around Ovarian Cancer, which was being run at James Cook University Hospital.

20. Members were also reminded of the HPV vaccine aimed at preventing future cervical cancer cases. It was noted that the current Year 8 female pupils were the first to receive the vaccine, although there was also a catch up programme in place for girls from 13 to 17.

21. Members noted that the Cancer Screening Service has a number of national standard and procedures to follow. Nonetheless, the Joint Scrutiny Committee was conscious that significant parts of Tees have lower life expectancy than the national average and local services should be doing some work proactively to suit the local need.

22. The Joint Scrutiny Committee noted that a significant element of the success, or not, of the Cancer Screening Programmes depend on the role of the GP, as gatekeepers of the entire system. Whilst, the Joint Scrutiny Committee could see the merit of using GP lists as a first point of contact, the Joint Scrutiny Committee is interested to hear as to whether some screening opportunities could be offered on a drop in basis, to complement people's other commitments.

23. The topic of access was something that Members were particularly interested in. It was noted that cervical screening is often offered on evening appointments and on Saturday mornings, presumably to take account of the fact that the target group are of a working age, may have children, other family commitments and generally busy lives.

24. The Joint Scrutiny Committee was interested to compare this, with opening hours for Breast Screening. According to the evidence received by the Joint Scrutiny Committee, opening hours for Mammography seem to be very much more along the lines of office hours.

25. Whilst the Joint Scrutiny Committee fully understands that Mammography services cannot be offered in the multitude of locations that cervical screening is, due to the size and cost of the machinery involved, it does not quite understand the reasons for the difference in opening hours. The Joint Scrutiny Committee has noted that from 2012, the starting age for regular Breast Screening will be lowered to 47 years, which is also very much a working age where women could have careers and/or family commitments, with equally busy lives.

26. In short, the Joint Scrutiny Committee does not understand the reason for the differences in opening times for cervical and breast screening, when one considers that both services are aiming at a cohort where a large proportion will be employed women.

27. The Joint Scrutiny Committee was interested to learn about what the local NHS was doing to encourage people to attend screening opportunities and learn about the importance of taking these opportunities, aside from an invitation to screening, once a certain age is reached.

28. It was mentioned that the local NHS is keen to get into large workplaces to educate people and perhaps even offer screening services with the employers' permission. Whilst there are rigorous checks on standards of care and advice in GPs, it was noted that rates for cervical cancer screening are features of the GP's Quality Outcomes Framework (QOF), bowel and breast screening rates are not.

29. In addition, the Joint Scrutiny Committee heard that the Tees PCTs & Darlington PCT are engaging in social market research to ascertain reasons for some people's non engagement with the service and what may make such services more attractive to people. The Joint Scrutiny Committee expressed a strong interest in hearing about the outcome of such work.

30. The Joint Scrutiny Committee commented that it would be keen to see the local NHS tapping into existing community networks, particularly BME groups and community groups, to publicise the importance of screening and the availability of such opportunities.

31. The Joint Scrutiny Committee heard that overall, the local NHS felt that across Tees, cancer screening quality is very good, with a good range of accessibility. Nonetheless, it was felt that good accessibility and good range of choice is of huge benefit and should be enhanced. Ultimately, anything that urges the public to take up their screening opportunities should be welcomed.

32. The Joint Scrutiny Committee was interested to learn that Darlington PCT, in an endeavour to increase take-up rates, has appointed a social marketing manager. One aspect of the work of the social marketing manager would be to investigate and try and understand better the local reasons for low take-up within particular communities, in order to overcome barriers and more appropriately market the service.

33. In addition, Members were interested to learn that the PCT was planning a comprehensive cancer information initiative to increase awareness and early diagnosis. Such work involved the compilation of baseline data on current levels of cancer and cancer screening awareness, through Darlington being an early adopter site for the new nationally accredited cancer awareness management tool.

Key Information gathered from the Cancer Research UK documents

34. The Joint Scrutiny Committee has also consulted Cancer Research UK to hear their views on a number of key themes connected to Cancer Screening Services.

35. A report by Cancer Research UK, prepared for the Joint Scrutiny Committee, indicates that the risk of being diagnosed with certain cancers was greater among the most deprived families and communities. At the same time, although survival rates for most types of cancer had been improving since the 1970's, the survival gap between the most and least affluent has been increasing, as those at the top are most able to take advantage of improvements.

36. In terms of extending screening services to other cancers, the Joint Scrutiny Committee was advised that whilst they supported certain screening trials they confirmed that until there was evidence of the efficacy of such tests no new programmes should be initiated at a national level.

37. The report outlined campaigns undertaken by Cancer Research UK and PCTs to increase the take-up of cancer screening services. In 2007, Cancer Research UK and partner charities launched 'Screening Matters' a nation-wide campaign aimed to get three million more people into cancer screening. The campaign resulted in more than 100,000 people signing a pledge supporting the campaign and committed to attending cancer screening when invited.

38. Members read with interest that in early 2008, over 9,000 of Cancer Research UK campaigners had written to their MPs asking them to contact their PCTs (total 155) for details about the cancer screening programme in their area.

Details were provided of reports from Cancer Research UK, which included a summary of the responses received, which outlined the diverse range of current or future initiatives to increase screening update. Examples were provided of good practice, which included: -

- the use of equity audits and related research to understand the needs of the local population and identify barriers to take-up of screening services;
- the development and dissemination of tailored information for particular communities and groups;
- working with diverse organisations and groups;
- working with communities;
- improving the delivery of cancer screening services.

39. The Joint Scrutiny Committee was advised that in order to make services more accessible Cancer Research UK considered that information about cancer and screening for the disease should be tailored to meet the needs of the local population. It was suggested that health professionals should receive training in communicating with diverse populations so that they were enabled to impart the importance of attending screening to their patients, especially those with traditionally low take-up.

40. The Quality and Outcomes Framework (QOF) was also seen as a possible effective way of encouraging GPs to promote take-up of screening and record information about the take-up rates of their patients. Such information could be used to develop services, which effectively met the needs of the local population.

41. A number of PCT responses to Cancer Research UK's Screening Matters survey included information about pilots seeking to understand how providing screening services in locations other than GP surgeries and at out-of-hours opening times might influence take-up rates. It was felt that such pilots could be used to develop good practice in the provision of services in the Tees Valley.

42. Since the Joint Scrutiny Committee compiled this report and considered screening take up statistics, new figures are available and are outlined below.

	Breast (Q1 2009 5 year take-up)	**Cervical** (2008/9)	**Bowel** (Feb 2009)
Darlington	80.3	81.3	55.3
Hartlepool	74.3	76.8	48.7
Middlesbrough	75.4	75.0	48.0
Redcar &	78.7	80.1	54.5

Cleveland			
Stockton on Tees	77.8	79.5	54.1

Conclusions

43. The Joint Scrutiny Committee is of the view that the evidence it has gathered, supports the anecdotal evidence it also heard that there are no major differences for Cancer Screening take up in the Tees Valley, when compared to the national average. There are, however, a small number of areas with noticeably lower take-up.

44. The Cancer Screening services across the Tees Valley have made considerable recent progress in making cancer screening services more accessible and more responsive. The Joint Scrutiny Committee feels that the fact that there are longer opening hours for screening services and Saturday morning openings (in Hartlepool initially) demonstrates this. The Joint Scrutiny Committee is also aware of a significant reduction in the average 'turnaround time' for cervical test results, which is commendable progress.

45. The Joint Scrutiny Committee is pleased to see the Public Health Directorates across the Tees Valley continuing to make efforts to understand people's feelings towards Cancer Screening. Specifically considering the topic of what exactly would motivate people to attend, or what makes people not attend. The Joint Scrutiny Committee would point to the recent work with local radio stations as an example of that.

46. The Joint Scrutiny Committee notes that areas of Middlesbrough and Hartlepool have consistently low cancer screening take up, when compared with the Tees Valley and national average. This applies across Breast, Bowel and Cervical Screening. This could mean that even more cases of cancer in these areas, are not identified until the disease is further advanced.

47. Whilst late diagnosis may be a particular problem in Middlesbrough and Hartlepool, given the lower screening take up rates, the issue of delayed diagnosis is an area of concern for the Tees Valley that the Joint Scrutiny Committee has heard a great deal about. The Joint Scrutiny Committee notes that Professor Mike Richards, in his 2nd Annual Report on the Cancer Reform Strategy, has highlighted this as an area of national concern, for urgent attention. The Joint Scrutiny Committee has heard that hospital based cancer services in the Tees Valley are of a very high standard, although there is concern over the stage that the cancer has often reached, at time of diagnosis.

48. In order to improve Cancer Screening take up rates, the Joint Scrutiny Committee feels that the local NHS could develop its operations in community development work and targeting particular communities where felt

appropriate. The Joint Scrutiny Committee would like to see the local NHS approaching relevant local authorities for assistance in this regard.

49. The stage of diagnosis of cancer has a material impact upon a patient's chances of successful treatment. Tackling the late diagnosis of cancer is two fold. Firstly, more people need to be encouraged to attend cancer-screening opportunities when invited to do so. Secondly more people need to become more 'body aware' when noticing possible symptoms and be more empowered to seek advice at the earliest possible opportunity.

Recommendations

50. That the local NHS develops and publishes a clear and coherent strategy for identifying and assertively targeting communities, which are consistently under-represented in the cohorts of people who attend screening programmes. The local NHS should engage with local authorities and particularly Elected Members, to access their expertise and assistance about local areas. The Joint Scrutiny Committee would expect local authorities to provide all reasonable assistance in what is very much a shared agenda.

51. That the local NHS expedites the rollout of digital mammography services and provides an update for the Joint Scrutiny Committee on the progress in summer 2010.

52. The local NHS give detailed thought to highly localised awareness campaigns of cancer symptoms, aimed at giving people the knowledge to notice changes in their bodies and the confidence or encouragement to approach General Practice with any concerns. It is suggested that such endeavours be focussed on geographical areas, or specific communities, underrepresented in Cancer Screening services.

53. The Joint Scrutiny Committee would like to see discussions on strategy for better screening take up and symptom awareness, take place at Board level. This would ensure that Non Executive Directors have the opportunity to contribute to strategy and provide challenge to Executive Directors, in what is a crucial area of health improvement for the Tees Valley.

54. The Joint Scrutiny Committee would welcome the opportunity to contribute to the debate about future strategy relating in improving Cancer outcomes for the Tees Valley and would like the opportunity to engage with NHS colleagues at a point where strategy is still being formulated.

BACKGROUND PAPERS

55. Please see the supporting papers to, and minutes of, the Joint Scrutiny Committee meetings of 15 December 2008, 30 January & 23 March 2009 and 17 December 2009.

Contact Officer:

Jon Ord **-** Scrutiny Support Officer
Telephone: 01642 729706 (direct line)
Email: jon_ord@middlesbrough.gov.uk