



**Cancer Screening Programmes**

**West Sussex**

**Briefing Paper – HOSC  
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**Introduction**

The aim of a cancer screening programme is to reduce mortality from the disease. Screening programmes act as early warning and monitoring systems. By screening defined cohorts of the population, a programme can detect the physical signs or changes which, if left unaddressed, could lead to a person developing cancer in the future.

The screening journey consists initially of four elements:

Invitation for screen  
Screening test  
Normal result  
Routine re-call within a defined period

Where an abnormal result is detected additional elements are offered:

Assessment  
Diagnosis  
Treatment/Surveillance of changes  
Onward referral where cancer is suspected  
Re-call within a defined period.

The following national Cancer Screening Programmes are commissioned on behalf of the population of West Sussex.

- National Cervical Screening Programme (NHSCSP)
- National Bowel Cancer Screening Programme (NHSBCSP)
- National Breast Screening Programme (NHSBSP)

**Cervical Screening**

Screening is offered to women aged 25 to 50yrs every 3 years and women aged between 50 and 64yrs every 5 years. Women automatically leave the Screening Programme after they have reached 65yrs of age and have had 3 consecutive negative screening results. Samples are collected in GP practices and community clinics, analysed by the local cytology laboratory and where abnormality is detected, the woman is directly referred to the local colposcopy clinic for further assessment and or treatment.

## Coverage by Area

In West Sussex, the number of women undergoing screening (coverage) remains high. Coverage is defined as the percentage of women with an adequate test recorded within the last 5 years. The national target is 80%. The national coverage achieved falls below the target - 78.9% in 08/09 and 09/10. West Sussex achieves above the national target and the national achievement each year. However, it is important to drill down and look at coverage by practice and locality to identify specific areas of the county where coverage needs to improve. Data in the table below shows from April 2009 to March 2010 average coverage across each locality and the lowest and highest practice coverage in that area.

Locality	Chichester	Bognor & villages	Arun	Adur	Crawley	Horsham & Chantb'y	Mid Sussex	Worthing
Average	80.7%	77.2%	80.8%	82.3%	76.5%	82.6%	82.2%	81.7%
Lowest	76.2%	58.6%	72.4%	79%	70.2%	78.6%	77.9%	76.8%
Highest	87%	84.9%	87.1%	86.8%	82.9%	87.9%	86.6%	87.2%

(data taken from Sussex Primary Care Support Service Quarterly Reports 2009-2010)

The Public Health Screening Team regularly monitors coverage each quarter and throughout 10/11 has been working with practices where take up is lower. For example, discussion with a BME women's group in Crawley to identify cultural barriers to screening and identifying access issues for a particular community in Bognor resulting in an evening women's clinic and information displayed in the Polish shop.

## Coverage by Age

25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
68.62%	79.72%	83.53%	84.35%	83.93%	82.96%	78.45%	75.60%

(2009/10 data supplied by the SEC Quality Assurance Regional Centre)

Women invited for their first and last routine screens are clearly where Public Health needs to encourage and work jointly with our screening providers and others to focus on improving uptake.

## Results of tests

Of 44,833 West Sussex women in the target age group with an adequate sample taken in GP practices or community clinics in 09/10,

92.8% had negative results and were returned to routine re-call.

5.6% had borderline changes or mild abnormality and will be re-called early.

1.4% had moderate to severe abnormality and were referred to Colposcopy.

0.8% had potential cancer.

(data taken from Sussex Primary Care Support KC53 Report 2009-2010)

This compares as follows with National data for 09/10 provided by the NHS Cervical Screening Programme.

Of 3,196,785 adequate samples taken nationally in GP and community clinics

93.2% had negative results

5.7% had borderline changes or mild abnormality

1.1% had moderate to severe abnormality  
Less than 0.1% had potential cancer.

### **Bowel Cancer Screening**

Approximately 1 in 20 people in the UK will develop bowel cancer and 16,000 people die from the disease each year. Evidence shows that early detection of the disease can reduce mortality by 16%.

Initially, people in the age group 60 -69 are offered screening and one screening round (episode) spans two years. Once the programme has completed the first screening round, the local Programme, with the permission of the National Bowel Cancer Screening Programme, extends the age range to include 70 – 75yr olds.

The screen is a faecal occult blood test (FOBT). The sample collecting kit is sent direct to the person's home and once completed is returned for analysis to the laboratory at Guildford. If a positive result is detected, a repeat test is requested and dependent upon the outcome, the person may be referred to their local assessment centre and be offered a colonoscopy. People with normal results will be re-called in two years. All results are communicated to the person and their GP.

The introduction of the screening programme in West Sussex was phased across the county with all areas included by December 2009.

West Sussex is served by three Bowel Cancer Screening Centres:

- *Solent, Western & I. O. W. Bowel Cancer Screening Programme* – Implemented April 2007, covering the western area of the county.
- *Surrey Bowel Cancer Screening Programme* – Implemented September 2008, covering Crawley and Horsham
- *Sussex Bowel Cancer Screening Programme* – Phase 1 implemented November 2008, covering mid Sussex, Adur and East Grinstead.  
Phase 2 implemented December 2009 covering Worthing, Arun, Steyning, Chancetonbury

The Southern Bowel Cancer Screening Hub based at Guildford serves all bowel cancer screening programmes in the south of England. The Hub is responsible for initial invitation and the routine re-call of people, issuing and analysis of testing kits, issuing of results letters and for those people with positive results, referral to their local assessment centre. The Hub operates a freephone helpline which provides advice on how to use the kit and answers any queries people may have. The number is 0800 707060.

Local assessment and colonoscopies are provided at:

- St. Richard's Hospital – Assessment and colonoscopy
- Royal Surrey County Hospital – Assessment and colonoscopy
- East Surrey Hospital - Assessment
- Royal Sussex County Hospital – Assessment and colonoscopy
- Worthing Hospital – Assessment and colonoscopy – Dec. 2009

Since January 2010, Adur patients are now assessed and scoped at Worthing Hospital.

The Solent & Western BCSP began inviting the older age group from April this year. The Surrey BCSP initiated age extension from October. The Sussex Programme was to have begun age extension for their population from November however this is delayed at present due to operational issues outside of the screening programme. It is expected the Sussex Programme will commence in 2011.

### **Uptake of Screening**

Defined as sample collecting kit returned with adequate screen.

The table below shows uptake of screening for the West Sussex population from April 2009 to March 2010 by screening centre. The national target for take up is 60% and take- up nationally is 54.51%

<b>Screening Centre</b>	<b>Episodes</b>	<b>Screening invitations</b>	<b>Kit returned with adequate screen</b>	<b>% Uptake</b>
Solent & Western & I.O.W	1	3,555	2,030	57.10%
	2	4,975	3,294	66.21%
Surrey	1	8,522	4,715	55.33%
Sussex	1	11,565	6,712	58.04%

(data taken from National BCS Southern Hub Reports April 09 – March 10)

The Solent & Western Programme has been in existence the longest and by March 2010 had completed 2 full screening rounds. Uptake has clearly increased in the second round as the local community has become more aware of the Programme. Both the Surrey and Sussex Programmes began the second round in the latter part of the report period. For this reason take up has not been included in the table as the small numbers invited at that point in time would not give a robust indication of uptake.

The PCT has begun receiving uptake data by GP practice which enables a targeted approach to awareness raising in those communities.

### **Uptake by Gender**

Looking at the first screening round, across the population, more women than men accepted the screening offer. However, in the Solent, Western & I.O.W programme, second round, male uptake improved.

### **Positivity rates**

Positivity is reported at practice level.

Looking at the range of positivity for screening episode 1:

Practices in the Solent, Western and I.O.W Programme ranged from 0 to 11.76

Practices in the Surrey Programme ranged from 0 to 4.55

Practices in the Sussex Programme ranged from 0 to 3.57

## People with diagnosis in Screening Episode 1

Outcome	Solent, Western & I.O.W	Surrey	Sussex
Abnormal – not polyps	1	10	6
Cancer	2	3	13
High Risk Polyps	10	8	2
Intermediate risk polyps	8	24	27
Low risk polyps	7	17	11
Normal outcome	27	19	54
Polyps no histology	0	1	0

(data taken from National BCS Southern Hub Reports April 09 – March 10)

### Impact of bowel cancer screening

The data demonstrates 18 cancers were picked up through screening in episode 1 and 114 people were found to have low to high risk polyps and will be placed on a surveillance regime.

### Public Health Focus

Over the past two years, data collected and the reports derived from it have been evolving and continue to do so. This needs to be borne in mind when interpreting the data. However, there is now sufficient intelligence at practice and locality level from all three programmes to undertake awareness raising initiatives in specific areas of the county. The data can be used to investigate the significance of positivity rates, the presence of polyps and cancer in particular communities, the potential correlation with lifestyle choices and how and when patients present with symptoms.

Cervical and breast screening programmes are well established with the general public and the high level of uptake supports this view. However, bowel screening is new and needs to be championed with the barriers to using the screen understood and addressed. It is here that Public Health should focus its efforts together with the individual Programmes and GP practices.

### Breast Screening

At present women between the age of 50 and 70 receive a routine invitation for screening. A woman will receive her first invitation between her 50<sup>th</sup> and 53<sup>rd</sup> birthday. Under routine recall, she will be invited for re-screen within 36 months of her previous screen. Once women have undergone their final screen round they are able to self-refer.

The PCT commissions breast screening from Western Sussex NHS Trust and the service is delivered by West Sussex Breast Screening Service. The screen consists of a mammogram and where there is an apparent abnormality detected, the woman is recalled for further assessment. The service provides screening and assessment at Worthing Hospital in the screening unit and also screens in the community on

mobile units. The service is performing well against the National Breast Screening Programme standards. It met all but one of the 21 standards in 2009/10 – the standard missed was screen to assessment - 90% within 3 weeks. This standard can be influenced by patient choice. Women do not always accept the first appointment offered for assessment within the 3 week period and opt for a later date. The screening date to first offered appointment for assessment was 92.03%.

### **Coverage**

For 2009/10, draft data from the KC62 report recently provided by the South East Coast Cancer Screening Programmes shows the West Sussex Breast Screening Service invited 33,262 women in the target age group of which 25,286 underwent screening. This represents an uptake of 74.96%. The minimum national standard is 70% with the stretch target of 80%. During the early part of this year, the PCT Screening Team worked with the service to identify pockets of low uptake. The Screening Manager undertook discussions with women to identify the barriers to attending the very first screen. Some women felt they were too young at 50 and this led to them declining the offer.

### **Outcome of screening**

Of those women aged 50 -70 invited and screened in 09/10, 999 went onto assessment. Of those assessed, 187 cancers were detected.

### **Challenges facing the PCT and the Provider**

The Cancer Reform Strategy published by the DH in December 2007 requires:

- The NHSBSP to expand the screening age range to include women aged 47 to 73 and for this group to have been included in two full screening rounds by 2016/17.

This dovetails with the PCT's own Strategic Commissioning Programme (2009 - 2014) which targets an increase in breast screening rates by 2012.

- Each screening service to have one digital mammography machine in situ for the assessment of women by December 2010.
- The NHSBSP will take over the surveillance of women with a medium or high familial risk of breast cancer and with full implementation the NICE Clinical Guidelines (2006).

In order to meet the 2016/17 target, the West Sussex Breast Screening Service needs to be inviting women in the expanded age group from December 2010 onwards.

The age expansion will generate a further 10,000 women to be invited each year for screening and cannot be supported by existing service infrastructure. The service needs to invest in a new build and conversion to digital equipment with increased staff.

Currently localised arrangements are in place for family history screening outside of the Breast Screening Service and incorporating these into the Breast Screening Service is compromised by the insufficient infrastructure.

## **Action Taken by the PCT and Western Sussex NHS Trust**

In Spring 2010, the PCT undertook an appraisal of five options for the commissioning of breast screening. Western Sussex Trust developed an outline business case to modernise the West Sussex Breast Screening Service and this formed one of the commissioning options. Of the five options considered, the PCT's Commissioning Executive in principle agreed to progress the proposal for the modernisation of the existing service. However, this option would require a high level of investment by the Provider and as a result, the cost of commissioning the breast screening service would increase possibly by £1million per annum.

## **Financial Context**

West Sussex must realise £193 million of efficiency savings by 2014 by improving quality, delivering better health outcomes and reducing costs. It is incumbent upon it therefore to scrutinise any increase in costs, ensure the investment is essential and be confident it is getting best value.

## **Ongoing Work**

The PCT and Western Sussex Hospitals Trust are in discussion to find an affordable route through which to achieve the new build and improvements and ensure these are available to women including those in the expanded age range at the earliest opportunity.

Report compiled by:  
Viv Mussell  
Head of Screening  
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