


<b>Health and Wellbeing Board</b> 13 January 2015		
<b>Report of the London Borough of Tower Hamlets</b>		<b>Classification:</b> Unrestricted
<b>Breast Cancer Screening Assurance</b>		
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<b>Executive Key Decision?</b>	No	

## Executive Summary

In April 2013 commissioning of NHS screening programmes was transferred from the former Tower Hamlets PCT to NHS England (NHSE). However, Local Authority Public Health maintains an assurance role to monitor trends and to highlight concerns, in order to ensure adequate delivery of the service to the local population. A review of current trends around cancer screening programmes (breast, cervical and bowel) highlighted a particular area of concern around breast cancer screening where there has been a decline of 6.5% in breast cancer screening coverage over one year. This is the focus of this paper

## Recommendations

The Health and Wellbeing Board is asked to:

1. Note the significant decline in breast cancer screening in Tower Hamlets over the past year
2. Seek assurance from NHS England (London) that it is taking the necessary measure to reverse the decline in uptake of breast cancer screening in the local population e.g. by providing evidence-based outreach and primary care endorsement services such as those it funds in Newham.
3. Continue to monitor progress on breast cancer screening uptake through 15/16 (via the Health and Wellbeing Board Executive Officers Group)

### 1. Background to the Breast Cancer Screening Programme

The NHS Breast Screening Programme provides free breast screening every three years for all women aged 50 and over. Because the programme is a rolling one which invites women from GP practices in turn, not every woman receives an invitation as soon as she is 50. But she will receive her first invitation before her 53rd birthday. Once women reach the upper age limit for routine invitations for breast screening (age 70), they are encouraged to make their own appointment.

The programme is now phasing in an extension of the age range of women eligible for breast screening to those aged 47 to 73. This started in 2010 and is expected to be

complete by 2016.

Research indicates that the NHS Breast Screening Programme has lowered mortality rates from breast cancer in the 55-69 age group and that the benefit of mammographic screening in terms of lives saved is greater than the harm from over-diagnosis. Between 2 and 2.5 lives are saved for every over-diagnosed case.

Coverage of breast cancer screening is a Public Health Outcome Framework indicator and is measured as below:

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**Data Source:** Public Health Outcome Framework website (HSCIC/Open Exeter/PHE)

**Public Health Outcome Indicator:** 2.20i Corresponding to % of eligible women screened adequately within the previous 3 years on 31st March.

**Coverage Definition:** The percentage of eligible women in the resident population, aged 53-70, who were screened adequately within the previous three years on 31 March

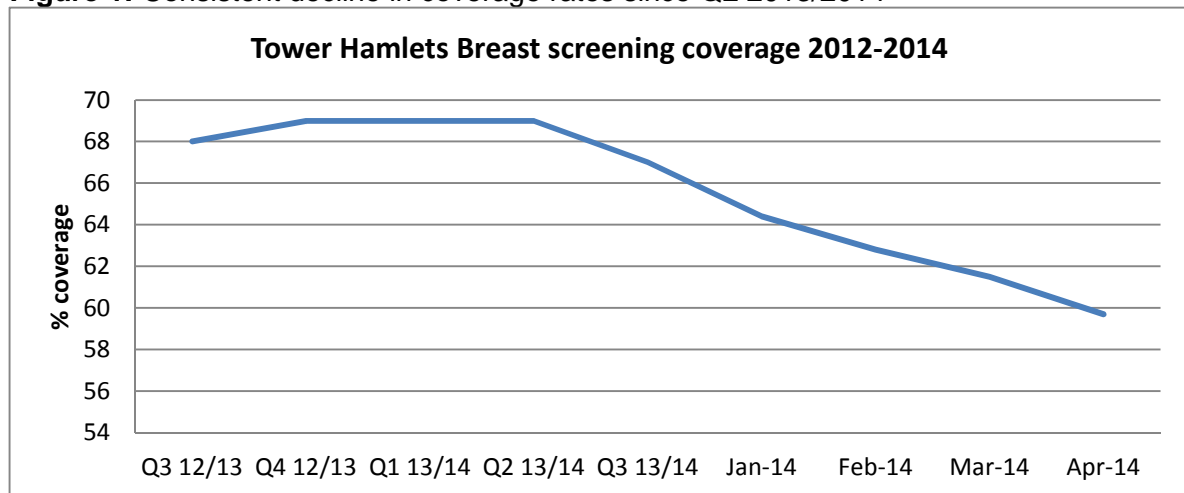
**Target coverage:** 70%

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## 2. Breast cancer screening coverage

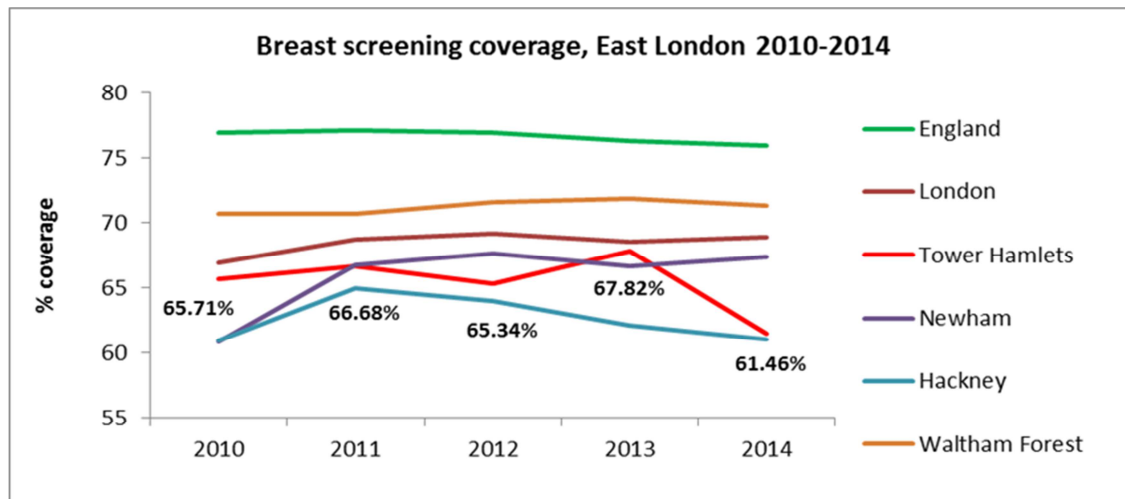
Data released by Public Health England in November 2014 shows a sharp reduction in breast screening coverage in Tower Hamlets (67.8% to 61.5%) in the year following transfer of responsibility and budget for screening to NHS England (April 2013 to March 2014). The downward trend appears to be continuing into April 2014 (figure 1). This reverses a trend of increasing coverage over the 6 previous years, in line with significant investment by Tower Hamlets PCT in cancer screening during this period.

**Figure 1:** Consistent decline in coverage rates since Q2 2013/2014



Source: PHE Public Health Outcomes Framework from Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

**Figure 2.** Despite sharing the same screening service provider, other East London boroughs have not experienced a similar decline



### 3. NHS England Response

- 3.1.** In summer 2013 NHS England acknowledged numerous concerns over the quality of service delivery at Central & East London Breast Screening Service (CELBSS). Most concerns are around leadership and management within the Trust, capacity within the call/recall function and administration; there were 9 reported incidents, the majority of which related to administrative functions.
- 3.2.** NHS England, London Quality Assurance Reference Centre and CELBSS management team met to discuss the service and ways to address the areas of concern. Following this meeting a number of actions were put in place.
- 3.2.1.** The service has implemented a managed, time limited, slow-down of invitations. This will impact on round length and inevitably on coverage, however this will be kept to a minimum by the extension of round length to no more than 40 months.
- 3.2.2.** Since the establishment of a new management structure there have been significant improvements in the quality of service provided to the population; call/recall functions have been strengthened; a clinical effectiveness review has been instigated; the Quality Management System (QMS) within the unit has been improved through the appointment of a QMS manager and a process of updating all SOPs has begun; a staffing review across both screening and symptomatic services has been completed and a number of posts have been created and appointed - including 4 consultant posts, 3 radiographer and two mammographer posts; the admin team is now fully staffed. The service has begun its phased increase from the managed slow down and will be back to full capacity by October 2014 with round length back to 36 months by end of December. The service has agreed to an uptake CQUIN as part of the 2014/15 contract; this is designed to deliver a sustained 3% increase in uptake over the year (Source: NHS England Quarterly Assurance Dashboard)

### 4. Concerns Identified by Tower Hamlets Public Health

#### 4.1. Lack of outreach service to increase screening uptake in Tower Hamlets

- 4.1.1.** In April 2013 investment totalling £352,000 for increasing the uptake of cancer screening, was transferred to NHS England (London region), the new commissioner. This included £236,000 for a team of 4 screening facilitators provided by Barts Health Community Services and £116,000 for screening

promotion through community outreach. It represented considerable investment over 6 years by the former Tower Hamlets PCT in response to poor outcomes from cancer in the local population (high mortality rates, poor survival and low uptake of cancer screening programmes). Interventions were based on a social marketing approach which included strengthening commissioning, making changes in the way screening is offered to local women, community outreach and engagement and support for primary care to endorse screening uptake.

- 4.1.2.** A report<sup>1</sup> on the risks of transferring the budget and responsibility to NHS England was produced by Public Health in February 2013. It recognised that “the experience that we have built up over the last 5-6 years has taught us the importance of developing local strategies and delivery plans” and concluded that “there are significant risks in the short-term regarding transfer of responsibilities and in the longer term that the significant improvements we have achieved in Tower Hamlets might not be sustained.” The paper recommended early review because of the risk that NHSE would choose not to continue locally developed services.
- 4.1.3.** In July 2013 the commissioner reported serious concerns in the performance of the breast screening provider, CELBSS (see above). It was expected that the “slowing” of the breast screening service (as part of the package of measures to manage performance) would impact on screening coverage. However, the decline seen in breast screening coverage in Tower Hamlets in 2013/4 has not occurred in the neighbouring boroughs of Newham, Hackney or Waltham Forest also served by CELBSS.
- 4.1.4.** During 2013/4, NHSE London continued to commission Community Links (a local voluntary sector organisation) to provide an outreach and “calling” service in Newham, to telephone women from GP practices and provide endorsement and support to attend screening appointments. Evidence of the impact of this model on increasing the uptake of screening in Tower Hamlets was published in 2009<sup>2</sup>. However no similar service was provided in Tower Hamlets despite the transfer of funds to enable this. The team of 4 cancer screening facilitators in Tower Hamlets was decommissioned by NHSE in the form of notice to Barts Health in April 2014. No replacement services have been provided by NHS England.

#### **4.2. Difficulties in obtaining accurate and timely screening coverage data**

Data quality reports by NHSE during the previous year were infrequent and used a different data source to the validated PHE coverage data. These reports also used a different age cohort, and included women aged 50 to 52, some of whom had not yet been invited for screening. It was therefore not possible to foresee the final coverage for March 2014.

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<sup>1</sup> Trenchard-Mabere E Transition of responsibilities for screening, immunisation and aspects of early years public health provision from PCTs to Public Health England and the NHS Commissioning Board. Summary Paper for Tower Hamlets Public Health Transition Board Monday 18th February 2013

<sup>2</sup> Eilbert KW Carroll K, Peach J, Khatoun S, Basnett, I, McCulloch N (2009) British Journal of Cancer 101(S2), S64 – S67

## 5. Recommendations

The Health and Wellbeing Board is asked to:

- Note the significant decline in breast cancer screening in Tower Hamlets over the past year
- Seek assurance from NHS England (London) that it is taking the necessary measures to reverse the decline in uptake of breast cancer screening in the local population e.g. by providing evidence-based outreach and primary care endorsement services such as those it funds in Newham.
- Continue to monitor progress on breast cancer screening uptake through 15/16 (via the Health and Wellbeing Board Executive Officers Group)

### 1. **REASONS FOR THE DECISIONS**

Not applicable

### 2. **ALTERNATIVE OPTIONS**

Not applicable

### 3. **COMMENTS OF THE CHIEF FINANCE OFFICER**

There are no direct financial implications as a result of the recommendations in this report.

### 4. **LEGAL COMMENTS**

The recommendations to note the decline in uptake of breast cancer screening, seek assurance from NHS England (London) that it is taking the necessary measures to reverse this decline and continue to monitor its progress, are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies.

These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:

- i) To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- ii) To consider and promote engagement from wider stakeholders.

- iii) To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.

**5. ONE TOWER HAMLETS CONSIDERATIONS**

Tower Hamlets has significantly higher levels of cancer mortality and 5 year survival from cancer compared to the rest of the country. Providing the highest standard of care for patients is therefore an important priority if these inequalities are to be reduced

**6. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

Not applicable

**7. RISK MANAGEMENT IMPLICATIONS**

Not applicable

**8. CRIME AND DISORDER REDUCTION IMPLICATIONS**

Not applicable

**9. EFFICIENCY STATEMENT**

Not applicable

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**Appendices and Background Documents**

**Appendices**

None

**Background Documents**

- Not a decision making report

**Officer contact details for background documents:**

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