

Cancer Screening Programmes in Tower Hamlets

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Cancer screening programmes (1)



- Must be registered with a GP to access cancer screening.
- Three cancer screening programmes:
 - Breast
 - Bowel
 - Cervical

Breast Screening

- Eligibility
 - Women aged 50 to 71 (over 71s can request screening).
 - Trans or non-binary people who have not had top surgery.
 - Trans people who have been taking feminising hormones for 2 years.
- Recall is every 3 years
 - Patients are recalled by the date the next test is due (no longer just by practice).
 - Appointment letters are sent from centralised breast screening hub.
 - Clients are given a timed appointment.
 - Bookings are usually made 6 8 weeks in advance.
- Service provider for Tower Hamlets Central and East London Breast Screening Service (hosted by the Royal Free Hospital).
 - Screening centre for Tower Hamlets patients is Mile End Hospital.

Cancer screening programmes(2)



Bowel Screening

- Men and women aged 54 74.
- From 2025 screening ages will be 50 74 (over 74s can request a kit).
- Sample is taken at home and sent to the lab for testing.
- Recall is every 2 years.
 - FIT kits are sent automatically from the regional bowel screening hub based at St Marks Hospital in North West London.
- Screening service for Tower Hamlets is provided by Homerton University Hospital.
 - Clients with a positive test will be followed-up here and offered a colonoscopy.

Cervical Screening

- Who can be screened:
 - Women and people with a cervix (trans and non-binary people) aged between 25 and 64.
- Frequency of recall:
 - Aged 25 49 every 3 years.
 - Aged 50 -64 every 5 years.
- Service delivered in GP practices, usually by a practice nurse.
- HPV primary testing screened for Human Papilloma Virus (HPV) and only look for cell changes if HPV is detected.
- If abnormal cells are found –follow-up with a coloposcopy at nearest hospital (Royal London).

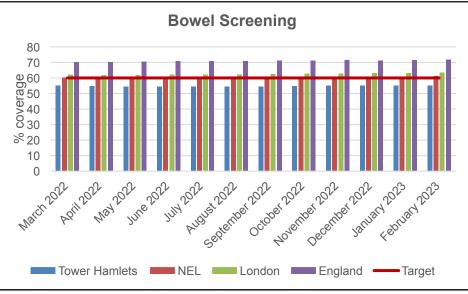
Cancer screening responsibilities



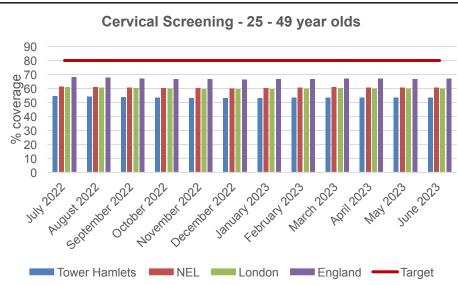
- Cancer screening services are commissioned by NHS England.
- NHSE hold contracts with screening providers local oversight from regional NHSE Screening and Immunisations team.
- Breast and bowel screening services provide the services.
 - Health promotion specialists in the screening services
 – increase awareness of screening.
- GPs provide cervical screening services within their contracts.
- PCN Directed Enhanced Service (DES) also requires PCNs to improve one type of cancer screening in a hard to reach group.
- Voluntary and community organisations have historically raised awareness of cancer screening through outreach work usually commissioned by CCGs.
- The role of the NEL Cancer Alliance:
 - To increase participation in cancer screening to support the aim to diagnose
 75% of cancers by stage 1 or 2 by 2028.
 - Bring together stakeholders across the ICS to improve screening rates in order to increase earlier diagnosis.
 - Reduce inequalities of access to screening services.
- Fund improvement projects, but do not provide on-going funding for business as usual.

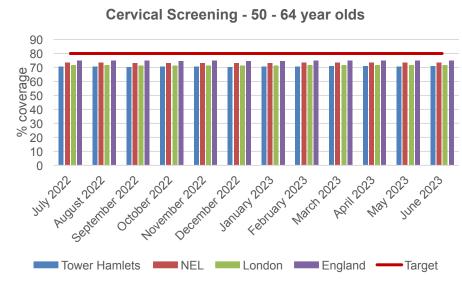
Cancer screening coverage











Targeted Lung Health Checks



- Nationally led programme NEL on-boarded in phase 3.
- Currently provided by InHealth.
- Will transition to a screening programme over the next three years.
- Eligibility: men and women aged 55 74 who have ever smoked will be invited.
- Triaged according to risk and may be invited for a face-to-face health check with a nurse.
- High risk invited for a low dose CT scan (LDCT).
- Started inviting patients from Tower Hamlets in July 2023.
- By end of August
 - 527 patients from Tower Hamlets had LDCT.

Inequalities in screening



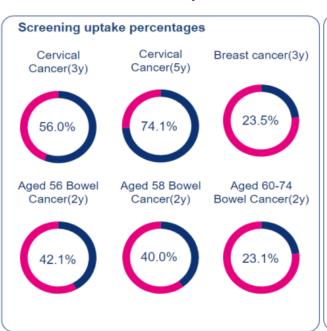
- Currently unable to access screening data by ethnicity or deprivation.
- Triangulate data to understand which communities are not attending screening.

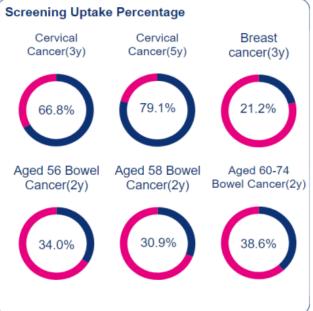
Snapshot of inequalities data for Tower Hamlets at 1st September 2023

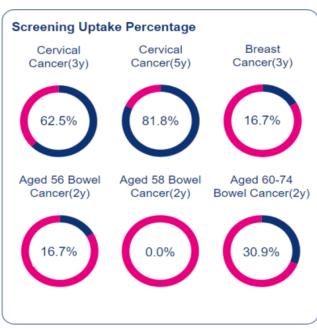
People with a learning disability

People with an SMI

Homeless people







Data source: Clinical Effectiveness Group dashboards

Barriers to participation



- Reasons for not engaging with screening from focus groups, co-production workshops and on-street surveys.
 - Lack of trust in health service/government historic and intergenerational.
 - Cultural barriers
 - "It's Gods will".
 - Fatalism "nothing I can do".
 - Fear that others may know they have had the test.
 - Cervical fear of losing virginity or people will think they are promiscuous.
 - Lack of understanding of screening services feel well so don't need to be screened.
 - Language barriers understanding the invitation and/or at appointments.
 - Fearful the test might be painful.
 - Bad past experience.
 - Fear of discrimination e.g. for trans people
 - Structural barriers:
 - Location of the screening sites –distance, transport.
 - May not be wheelchair accessible.
 - Costs of travel.

Improving screening uptake – raising awareness, reducing inequalities















To learn more visit:

www.allaboutcervicalscreening.co.uk

Tell your doctor. Get it checked.

Improving screening uptake - supporting primary care North East London

PCN Cancer Facilitators

- Funded Catch-22 to provide PCN Cancer Facilitators to work with PCNs to support delivery of the PCN DES.
- Replaces the service previously available through CRUK.
- Focussing on supporting PCNs to increase uptake of bowel and cervical screening looking at data, coding and QI projects etc.

Screening guides

- Developed guides for GPs with tips to increase uptake of bowel and cervical cancer screening at a practice level, with support from CRUK.
- The guides are on the NEL Cancer Alliance Website.

Bowel screening reminder calls

- Funded by the Cancer Alliance, but commissioned by TNW.
- Service provided by Community Links
- Call patients who have not returned their screening kit after six months to remind them and order another kit, if necessary.
- Commissioned until the end of September 2023.
- Awaiting service evaluation.

Projects in development



Text reminder pilot

- Using Eclipse to identify and text patients who have not returned their bowel screening kit.
- Initial pilot is only for 5 practices, but can scale up following evaluation.
- Link to bowel screening <u>video</u> is sent along with a symptom questionnaire and the option to request a replacement kit.
- Only rolled out to two practices so far, but engagement has been good.
- Symptomatic patients 12 have been identified as needing to be referred on an urgent suspected cancer (USC) pathway.

White other population

- Claremont conducted an audience report to understand views on screening and where/how people like to receive information focus on Polish, Lithuanian and Turkish/Turkish Cypriot communities.
- Found lack of trust and poor knowledge of screening services as well as signs and symptoms of cancer.
- Cultural and language barriers.
- Currently working with groups from these communities to develop targeted interventions.

Roma and Traveller communities

- In early stages still scoping current understanding.
- Would like to increase screening uptake and early diagnosis in this population.
- Hoping to take learning from the Covid vaccine programme.