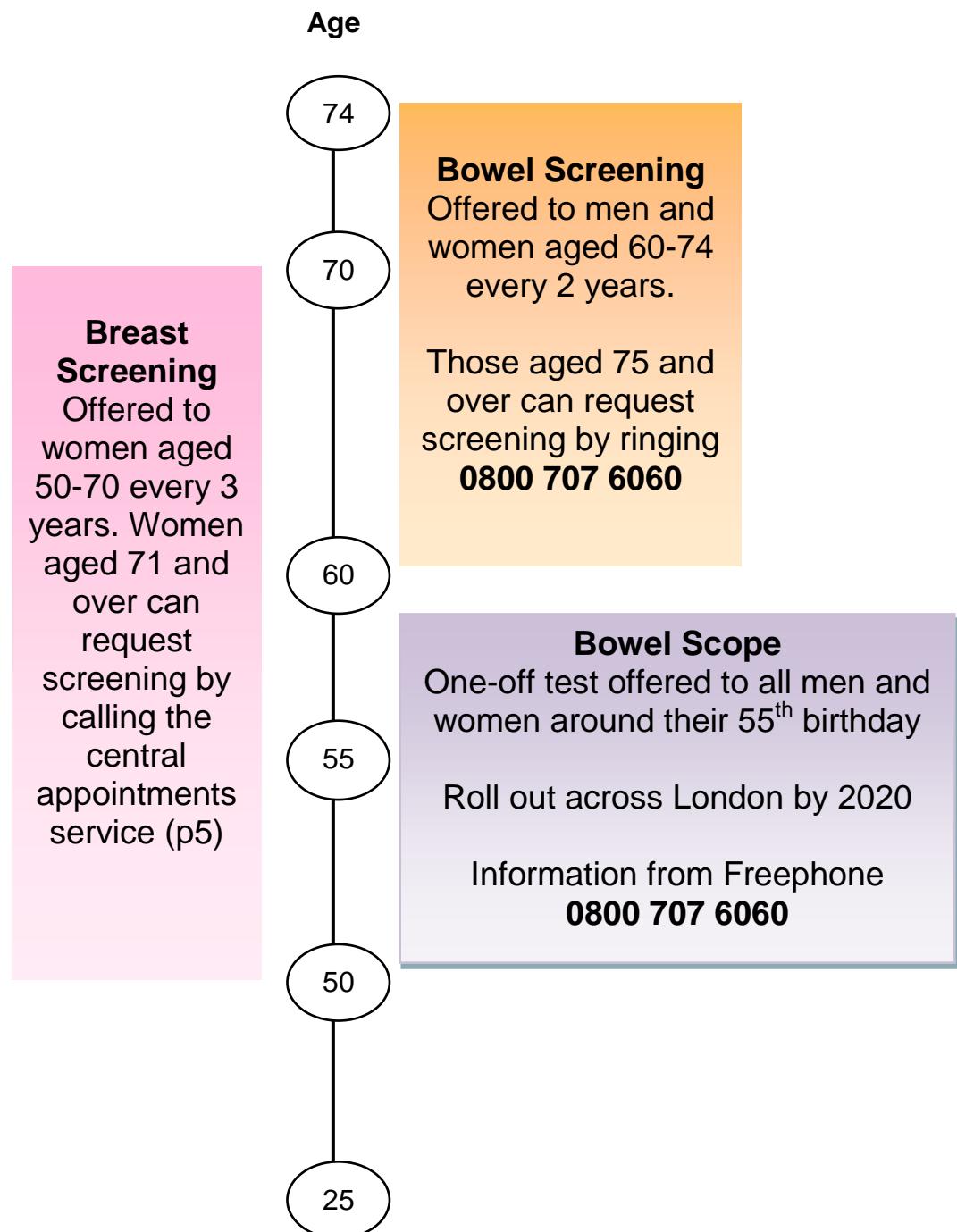


Good Practice Guide for Bowel, Breast and Cervical Cancer Screening in Primary Care

3rd Edition
April 2018



NHS Cancer Screening Timeline



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Foreword

For most CCGs, cancer remains the largest single cause of premature death. Cancer screening is important in preventing and detecting cancer. It offers a significant opportunity to diagnose more cancers earlier, and to improve outcomes for patients by treating cancers sooner. Improving the uptake of cancer screening in all groups will help CCGs towards meeting indicators in their NHS Outcomes Framework to reduce premature deaths.

The three cancer screening programmes (breast, cervical and bowel) are delivered by the NHS through screening centres (bowel and breast) or in primary care (cervical). This reference guide highlights areas of good practice in primary care. The guide will help practices to support screening participation in their populations, including those who often find services hard to reach. It will increase the number of cancers prevented and detected earlier, thus improving survival and reducing mortality from cancer.

We are delighted to support a Good Practice Guide for Cancer Screening which provides primary care with a practical 'how to' document of evidence based recommendations representing the current best practice in cancer screening. Late stage cancer diagnosis compared to early stage diagnosis results in poorer survival rates, worse patient experience and significantly increases costs. Improving cancer screening uptake will enable CCGs to meet indicators in their Outcomes Frameworks and support delivery of proactive and coordinated London Primary Care Standards.

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Acknowledgements

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It is not possible to name everyone individually, but in particular, we would like to extend our appreciation to the members of:

- NHS Bowel Cancer Screening Programme London Hub
- NHS Lewisham Clinical Commissioning Group
- Lewisham Public Health Lead: Katrina McCormick
- NHS England (London Region)
- Public Health England
- SWL Bowel Cancer Screening Centre
- London Cancer
- Cancer Research UK
- Transforming Cancer Services Team for London

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Comments on this document are welcomed and should be sent to England.TCSTLondon@nhs.net

The Good Practice Screening Guide is on the Healthy London Website
<https://www.healthylondon.org/resource/good-practice-screening-guide-breast-cervical-bowel/>

Endorsement

Screening aims to reduce the numbers of deaths from breast, cervical and bowel cancer by;

- finding the precancerous signs of cervical and bowel cancer and treating these
- identifying the very early signs of breast, cervical and bowel cancer, leading to a greater chance of survival and less aggressive treatments

Cancer screening programme coverage is generally lower in London than the national average, with wide variation between and within CCGs. There is evidence that interventions delivered through primary care can have a significant impact on improving participation in screening, overcoming some of the barriers and inequalities experienced by different groups.

Bowel screening coverage is particularly low in London compared to the England average (49.6% compared to 59.2% in June 2017 for people aged 60 to 74) with wide variation between CCGs. The lowest coverage in London was seen in Barking and Dagenham CCG (39.5%) and the highest in Bromley CCG (58.6%). In 2014, bowel cancer caused over 13,000 deaths in England, and was the second largest cause of cancer deaths after lung cancer. Bowel screening has been shown to reduce mortality from bowel cancer by 16%, and low screening uptake decreases this benefit.

Patients diagnosed through screening usually have early stage disease, and five year survival for these patients is 93% compared to less than 10% for those with stage four disease.

We believe this reference guide highlights areas of good practice and it is being shared with primary care providers across London to improve patient experience and outcomes. We hope the guide will support actions in primary care that will result in improved screening participation, increased numbers of cancers detected earlier and improved survival.



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Key Messages for Primary Care

- ✓ Designate a cancer screening lead from a member of the practice healthcare team
- ✓ Check patient contact details at each encounter and regularly maintain the practice list
- ✓ Ensure that the practice has the most up to date mobile phone number for patients and has obtained the appropriate consent for using this number
- ✓ Ensure that Prior Notification Lists (PNLs) for cervical screening are dealt with promptly
- ✓ Ensure that advance lists (where available) for bowel screening are dealt with promptly
- ✓ Ensure that DNA/non-responder reports are flagged in patient records using the correct codes and followed up promptly
- ✓ Offer cervical screening opportunistically if due or appointment missed
- ✓ Actively promote cancer screening within the practice
- ✓ Do not omit patients with special or additional needs and ensure arrangements are in place for them
- ✓ Do not omit patients with a previous cancer diagnosis. They may be at higher risk of a new cancer in the same or a different site
- ✓ Ensure all practice staff know how to use the bowel screening kit and how to request a new kit
- ✓ Make screening and signposting information for each screening programme readily available

Useful contacts

Bowel Cancer Screening: Free Helpline 0800 707 6060.

London Breast Screening Administration Hub:

General appointment enquires, to book or change an appointment

020 3758 2024 8am to 8pm Monday – Friday rfr.londonbreastscreeninghub@nhs.net

Outer North East London Breast Screening Service (BHR)

Inhealth Community Clinic

2nd Floor Lansdowne House

Romford RM1 3LD

Tel: 01708 432356

Central and East London Breast Screening Service (FLO)

3rd Floor, West Wing, St Bartholomew's Hospital

West Smithfield

London EC1A 7BE

Tel: 020 3758 2024

www.celbreastscreening.org.uk

North London Breast Screening Service (EBA)

Deansbrook House, Edgware Community Hospital

Deansbrook Road

Edgware HA8 9DB

Tel: 020 37582414

<http://www.nlbss.org.uk>

South East London Breast Screening Service (GCA)

South East London Breast Screening Programme

Camberwell Building

104 Denmark Hill

London SE5 8RX

Tel: 020 3299 1964

<http://www.selbreastscreening.org.uk/>

South West London Breast Screening Service (HWA)

The Rose Centre

St George's Hospital

Perimeter Road

London SW17 0QT

Tel: 020 8725 2723

<http://www.swlbreastscreening.co.uk/>

West of London Breast Screening Service (ECX)

First Floor Charing Cross Hospital

Fulham Palace Road

London W6 8RF

Tel: 020 3313 6644

<http://www.westlondonbreastscreening.nhs.uk/>

Information on this page was correct at March 2018

Background to Cancer Screening

Cancer screening aims to detect pathological changes such as cervical dyskaryosis and bowel polyps which if left untreated, can develop into cancer. Cancer screening also enables the early detection and prompt treatment of cancer, thereby reducing the need for invasive treatment and improving outcomes. See www.cancerscreening.nhs.uk for up-to-date information.

NHS Bowel Screening

The lifetime risk of developing bowel cancer for men and women in the UK is about 1 in 20; this represents 1 in 13 men and 1 in 19 women (CRUK). Bowel cancer causes over 1,300 deaths in London each year, accounting for almost 10% of all cancer deaths.

Bowel screening finds and removes polyps, preventing cancer from developing and identifies early stage cancers which can be treated.

Randomised trials have shown that population based screening for bowel cancer can reduce mortality by 16% in people offered screening and 25% in those who take up screening.

NATIONAL COVERAGE TARGET: 60%

Bowel screening coverage in London for men and women aged 60-74 was 49.6% In June 2017 (England 59.2%).

Men and women aged 60-74 are sent a self-testing kit to their home every 2 years. People aged 75 and over can self-refer and request a test kit from the **Bowel Cancer Screening Hub: Free Helpline 0800 707 6060**

A simpler and more acceptable screening kit (FIT) is due to be introduced nationally during 2018.

Bowel Scope

Bowel scope screening is a new screening test being phased in across London until 2021. It is a one-off test offered to men and women aged 55. The test entails the use of flexible sigmoidoscopy to identify any polyps or other abnormalities in the bowel

www.cancerscreening.nhs.uk for up to date information

NHS Breast Screening

The lifetime risk of developing breast cancer is 1 in 8 for women in the UK and the risk increases with age. 96 in every 100 women screened have a normal result. Four need further tests. Of these four, one will be diagnosed with cancer. The other three women will not have cancer and will be returned to normal screening.

NATIONAL COVERAGE MINIMUM TARGET: 70%

Breast screening coverage in London for women aged 53-70 was 69.4% in March 2017 (England 75.3%).

Women aged 50-70, are invited for breast screening mammography every 3 years.

Women aged 71 and over can self-refer and book a screening appointment by contacting the breast screening appointment service on **020 3758 2024**

There is currently a national randomised controlled trial underway to assess the effectiveness of screening in women aged 47-49 and 71-73 years of age.

www.cancerscreening.nhs.uk for up to date information

NHS Cervical Screening

The lifetime risk of developing cervical cancer is 1/139 for women in the UK. Cervical cancer incidence decreased by nearly half between the late 1980s until the early 2000s, but the last decade has seen an increase in rates in younger women. The most effective form of prevention is regular screening along with HPV immunisation from age 12.

NATIONAL COVERAGE TARGET: 80%

Cervical screening coverage in London in women aged 25-64 was 65.7% in June 2017 (England 71.9%).

Cervical screening is offered every three years in women aged 25-49 and every five years in women aged 50-64. Screening is largely undertaken by clinicians in general practices.

HPV (Human Papilloma Virus) Testing

HPV testing is used to identify women with low grade or borderline results who might be at a higher risk of developing cervical cancer. Women who are HPV positive are referred to colposcopy. Those who test negative for HPV don't need treatment or follow up.

HPV is common. For most people it causes no symptoms and goes away on its own. Types 16 and 18 cause about 7 out of 10 cancers of the cervix. Most women with high risk HPV don't develop cervical cancer.

Currently HPV screening is done on cells taken during cervical screening (cytology). From 2019, HPV testing will become the primary screening test, and only HPV positive samples will be referred on for cytology.

For more information about HPV testing and cervical screening
<https://phescreening.blog.gov.uk/2017/06/14/what-gps-need-to-know-about-the-introduction-of-primary-hpv-testing-in-cervical-screening/>

How to Maximise Cancer Screening Uptake

1. Role of the Practice Cancer Screening Lead

Designate a **Practice Cancer Screening Lead** to oversee and steer cancer screening. If a Health Care Assistant or administrator is the most appropriate person, they should be trained and supervised by a clinician.

The Cancer Screening Lead's role is to ensure that protocols and processes are in place:

- (i) to positively promote screening within the practice [section 5]
- (ii) to correctly record and follow up results [section 4]
- (iii) to ensure that all cervical sample takers are trained and details recorded on the NHS England (London region) register [section 6.3]
- (iv) to cease invitations where screening is not appropriate [section 7]

2. Practice list and list maintenance

- ✓ Ensure the practice list is accurate with current address and telephone numbers by checking each time a patient attends or books an appointment.
- ✓ A mobile phone number will enable the use of digital communication such as text reminders within the following information governance guidelines
 - Practices must obtain appropriate consent for using patients' mobile phone numbers
 - Review your practice's approach to seeking the consent of patients to text messaging and consider whether it allows sending reminders about the cancer screening programmes
 - Ensure your practice's privacy notice reflects how it processes personal data in relation to cancer screening and provide information to minimise the possibility of patients being surprised by this
- ✓ "Ghost" patients will negatively affect the practice's target achievement and should be removed
- ✓ When registering new patients, depending on age and gender ask them when they last participated in breast, bowel and cervical screening. If overdue, discuss this while they are with you
- ✓ If cervical screening is due, book an appointment at your surgery, there and then
- ✓ If bowel screening has been missed, patients can request a test kit by calling **0800 707 6060** (free)
- ✓ If breast screening has been missed, give them contact details of London Breast Screening Administration Hub **020 3758 2024** rftt.londonbreastscreeninghub@nhs.net
- ✓ If a woman is new to the practice, screening history should be requested from her previous practice. Until that information is received she will be invited for breast screening as per practice cycle
- ✓ For all the above, also add a reminder on the patient record prompting other staff to discuss screening with them
- ✓ Breast and cervical screening status should be checked on Open Exeter after three months

- ✓ If women have had private cervical screening, their results should be submitted to Primary Care Support England so that they are included in your practice's cervical screening coverage rates
- ✓ If screening has been carried out privately or abroad this should be coded. However patients should be encouraged to take part in the national screening programme. Private screening results do not impact or change an individual's recall date for cervical, breast or bowel screening.

3. Prior Notification Lists (PNLs) for cervical screening only

- ✓ This is the list of patients who are due for cervical screening sent by the screening programme
- ✓ The list is sent to GP practices before women are sent their invitations, so that GPs know that their patients are about to be called for cervical screening
- ✓ Practice staff should check the PNL against their practice list for up-to-date patient contact details and identify females who match the exclusion criteria, so they can be removed from the invitation list (section 7.2)
- ✓ PNLs are extracted by screening programmes from Open Exeter, the national database which holds comprehensive patient information and ensures that the right women are invited for cervical screening at the right time
- ✓ Details in Open Exeter data are mainly derived from practice records. Therefore the PNL is only as good as information recorded by practices, including accuracy of the patient profile, medical and screening history, contact details and exclusions
- ✓ Practices should obtain Open Exeter access via their IT system; a named lead at the practice:
 - receives the PNL in advance of the due date so that GPs know who is due to be screened
 - following screening, GPs receive copies of the result letter sent to patients

4. GP results reports

- ✓ Bowel and cervical screening results are sent to the GP electronically with the correct codes included. Electronic results are not currently available for breast screening or for Bowel scope.
- ✓ Breast screening results should be correctly coded [section 8]
- ✓ For bowel screening, ensure that each result is promptly matched to a named clinician. Delays mean that searches could miss non-response results
- ✓ For cervical screening, ensure each sample can be matched to a result by regular auditing, ensuring that results have been received within 14 days of screening
- ✓ Non-response and DNA results should be flagged in patients records
- ✓ Monthly searches should be undertaken to identify people who have not responded to their recent screening invitation
- ✓ Women who did not attend cervical screening should be contacted and encouraged to rebook

- ✓ Men and women who did not return a completed bowel screening test should be contacted and encouraged to complete their kit or to request a replacement using Freephone 0800 707 6060.
- ✓ Replacement kits can be requested on behalf of patients using the form at the end of this guide. This form can also be integrated into GP IT systems
- ✓ A sample reminder letter template is in the [CRUK GP good practice guide for bowel screening](#) (p8).
- ✓ Check the most recent results before making contact as some people may have since responded to their current invitation
- ✓ Care must be taken before contacting patients for whom it may be inappropriate for their GP to encourage screening participation at this time (e.g. people undergoing treatment for the cancer for which screening is offered; people receiving palliative and end of life care).

5. Promoting awareness of screening and encouraging uptake

- ✓ There is evidence that endorsement and “encouragement” from practice staff is effective in improving participation in cancer screening programmes
- ✓ Screening should be endorsed by the practice through letters, phone calls and face-to-face contact
- ✓ All staff including non-clinical staff should know the importance of cancer screening and how each screening programme works within your location.
- ✓ Staff should be trained and supported to be opportunistic and pro-active in encouraging screening. If you have access to a CRUK Primary Care Facilitator, ask what training they can offer.
- ✓ Service contact numbers should be easily accessible for clinical and non-clinical staff to refer patients for further information
- ✓ Electronic alerts on patient records for DNAs/non-response results enables all practice staff to identify and encourage screening participation whenever patients contact the practice
- ✓ Add screening reminders on repeat prescription slips
- ✓ Practices should display visible cues about cancer screening e.g. messages on electronic display screens, posters and leaflets in easy to read locations such as waiting room notice boards
- ✓ Use the cues to reinforce:
 - benefits of screening and early detection of cancer
 - options available to clients, such as changing breast or cervical screening appointments
 - how replacement bowel screening test kits can be requested by patients **[0800 707 6060]**
 - availability of information in other languages from www.cancerscreening.nhs.uk
- ✓ Involve the practice in national screening and cancer awareness campaigns including
 - Be Clear on Cancer campaigns
 - Bowel Cancer Awareness Month (April),
 - Cervical Cancer Awareness Week (June)
 - Breast Cancer Awareness Month (October)

- ✓ Make available screening guides in community languages (can be downloaded in English, large print, 20 other languages and mp3 audio format)

<https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>

6. Additional recommendations

6.1 Breast screening

- ✓ All staff need to understand what a mammogram is and that it does not damage a woman's breasts
- ✓ Remind women that all radiographers working in the breast screening unit are women
- ✓ Encourage women aged 71 and over to book an appointment for breast screening every three years

6.2 Bowel screening

- ✓ All staff should know how to use the bowel cancer screening test kit and are able to explain it to patients. Encourage staff and patients to view video demonstrations of the bowel cancer screening test kit at <https://www.youtube.com/watch?v=DY2VHUiOzws>. This is expected to change when FIT (faecal immunochemical test) is introduced into the bowel screening programme
- ✓ Each clinician should have a sample bowel screening test kit available to show patients during consultations. Sample kits can be requested from the Screening Hub on **0800 707 6060**
- ✓ Since June 2016, invitation letters in London include automated endorsement by own GP. Check that the preferred practice name is recorded for this use by the Bowel Screening Hub.
- ✓ Target new invitees and the "never screened" e.g.
 - Run searches to identify people due to turn 60. Contact them by letter and if appropriate by phone to encourage participation at their first bowel screening invitation
 - If 'advance lists' for bowel screening are available from the Hub, patients who have not previously participated should be contacted by letter and if appropriate by phone to encourage participation
- ✓ Encourage men and women aged 75 and over to request a bowel cancer screening test kit every two years

6.3 Cervical screening

- ✓ Ensure that all GPs and Practice Nurses who take samples are trained in cervical sample taking and that they update their training every three years (see section 10)
- ✓ In line with clinical governance, ensure that all sample takers are registered on the NHS England (London region) unique number cervical sample takers database and that their 3 yearly update training is recorded <https://loncstd.england.nhs.uk/>

- ✓ All sample takers must audit their results, respond to failsafe requests and ensure onward referral for their abnormal results
- ✓ Following an inadequate result, a repeat sample should be taken after three months (12 weeks) to allow the cells to regenerate
- ✓ Ensure practice staff are aware that a woman can book at any time during her cycle for cervical screening, although not normally when she has menstrual bleeding, as the cells may be obscured by blood. But if this is the only chance to take a sample, then it should be offered. In most situations, the woman should be asked to return when not menstruating.
- ✓ If a woman has had her menopause, she will still need to attend regular cervical screening appointments until she becomes 65
- ✓ If a woman has never been sexually active, she should still be offered a test. Lesbian and bisexual women should also be offered regular cervical screening and encouraged to attend
- ✓ Consider improving access to cervical screening by offering appointments during extended opening hours and increasing the number of sample takers at your practice
- ✓ Women who have had a total hysterectomy are excluded, coded and Primary Care Support England (PCSE) informed via the PNL
- ✓ Women with a sub-total hysterectomy should continue with regular screening
- ✓ Transgender men (born women) who still have a cervix should continue with regular screening.
 - To continue receiving invitations for screening, the patient's name needs to remain the same and the sex on the GP register should remain female. Changing the registered sex to male will exclude the patient from future screening invitations
<https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people>
 - If the patient does not wish to receive invitation letters with the titles 'Mrs, Miss or Ms', GPs should contact the PCSE Customer Support Centre on 0333 014 2884

6.4 People with additional needs

- ✓ People with physical or learning disabilities or with mental health problems may find it difficult to access cancer screening
 - There are significant differences in cancer screening coverage between populations with Learning Disability (LD) and non-LD populations in London
 - Guidance to support people with LD to take up screening is available at
<https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities/cancer-screening>
- ✓ Practice level support for patients with special needs
 - it may difficult for people with limited capacity to understand and thus to consent to examination
 - specialist services may be needed to anticipate potential concerns of women with LD attending breast screening

- people with LD may be in residential care or supported living situations and screening will depend on whether a carer is able to support them
- ask patients with special needs and/or their carers about their needs and preferences in advance of screening and do the utmost to meet those needs
- identify patients who may experience communication difficulties
- find out about additional provision in your area for people with learning or physical disabilities or who have mental health problems; inform and support patients to take up these provisions
- inform the breast screening service about patients who may require additional support, particularly mobility restrictions in relation to mobile screening units
- use guidance for women with learning disabilities to access cervical screening
<https://www.gov.uk/government/publications/cervical-screening-supporting-women-with-learning-disabilities/supporting-women-with-learning-disabilities-to-access-cervical-screening>
- arrange preliminary visits to the practice for women with special needs at a quiet time to familiarise them with the cervical screening room and equipment
- book longer cervical screening appointments for women with special or additional needs
- use pictorial guides designed to support people with learning disabilities
 - <https://www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities>
 - <https://www.gov.uk/government/publications/cervical-screening-easy-read-guide>
 - <https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide>
- demonstrate the use of the bowel cancer test kit to patients and carers
- request a special kit for visually impaired people from the Bowel Screening Hub (0800 707 6060)
- provide audio guides for people with visual impairment
 - <https://audioboom.com/posts/5880789-bowel-cancer-screening-the-facts>
 - <https://audioboom.com/posts/5880818-breast-screening-helping-you-decide>
 - <https://audioboom.com/posts/5880793-cervical-screening-helping-you-decide>

6.5 People who are living with and beyond a diagnosis of cancer

- ✓ People who have previously been diagnosed and treated for cancer should be encouraged and supported to take up screening invitations
- ✓ The risk of a subsequent new cancer diagnosis in another site may be higher for people who have had certain cancers
- ✓ Incorrect assumptions may be made that people who have been treated for cancer do not need to participate in screening, particularly if they are being actively followed up by cancer services
- ✓ People who have previously had a cancer diagnosis should only be excluded from specific screening programmes for the reasons in section 7 (e.g. women who have had bilateral mastectomy should not be invited for breast screening; women who have had a total hysterectomy and have no cervix should not be invited for cervical screening).

6.6 Women at higher risk of breast cancer

- ✓ It is recommended that all women identified by Genetic Services as being at higher risk (for example because of their family history) should be offered the opportunity to have their risk formally assessed and where appropriate, to discuss options to manage their risk
- ✓ Women should be referred to the relevant Genetics team to assess their risk; the team can refer them to the appropriate breast screening provider
- ✓ Breast screening providers are responsible for continuing surveillance of high risk women.

7. Ceasing people from screening invitations

Men and women must only be ceased from cancer screening programmes in accordance with national guidance: Consent to cancer screening (PHE 2009, updated October 2017)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/436770/cs4.pdf

- ✓ These guidelines provide
 - information on consent and ceasing patients from screening programmes including information and advice on breast, cervical and bowel cancer screening; and on mental capacity and consent
 - template letters for patients withdrawing from programmes
 - information for people wishing to opt out of receiving screening invitations.

7.1 Ceasing women from breast screening recall

- ✓ Ceasing a woman from the call/recall system has the effect of stopping all invitations for breast screening being sent. Her name will remain on the screening list in the 'ceased' section, but she will not be invited for screening unless action is taken to revert her status to 'normal' on the call/recall system.
- ✓ A woman should only be ceased from the breast screening programme if:
 - she has had bilateral mastectomy (both breasts removed). Appropriate documentary evidence must be sent with the signed ceasing documentation. Only a clinical letter or pathology report will be accepted as evidence of a bilateral mastectomy
 - she has withdrawn from the programme and signed an appropriate withdrawal letter. Patients wishing to be removed from any of the screening programmes are invited to discuss this with a GP. Patients should sign a disclaimer form only after discussion with a clinician and being informed that signing the form leads to removal of their details from the recall system, until such time that they request to be reinstated
- ✓ a 'best interests' decision has been made by the woman's multi-disciplinary care team not to screen in the event of the woman having diminished mental capacity to make an informed choice. This must have been agreed with the woman's carer and documented
- ✓ In all other circumstances, women should be sent an invitation for breast screening and given the opportunity to make an informed choice about whether to accept on each and every occasion when screening is offered
- ✓ For new patients, documentation must be collated and reviewed from her previous practice to establish her screening status. This should be in conjunction with her new breast screening provider

7.2 Ceasing women from cervical screening recall

- ✓ Women should only be ceased in accordance with national guidance
<https://pcse.england.nhs.uk/services/cervical-screening/>
- ✓ Women with a total hysterectomy should be ceased. Women with a subtotal hysterectomy who have retained their cervix should remain in the programme since they continue to be at risk
- ✓ Some women may ask not to receive invitations for cervical screening. In these circumstances, the health professional should ensure that the woman has received sufficient, accurate information to make an informed choice and that she has expressed the desire to be ceased in writing
- ✓ The Data Protection Act 1984 requires that women who have expressed a clear desire to be ceased from the programme should no longer receive invitations and that they should be ceased from the invitation schedule.

7.3 Ceasing men and women from bowel screening recall

- ✓ Call and recall for the NHS Bowel Cancer Screening Programme (NHS BCSP) is managed by the programme hubs using the national Bowel Cancer Screening System (BCSS). Ceasing someone from the call/recall system stops all bowel screening programme activity for that person from the date of ceasing
- ✓ Alternatives to ceasing are to close or suspend a current screening episode. Full guidance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/467546/NHS_BCSP_Clarification_of_Ceasing_Guidelines_0.pdf

8. Cancer screening codes

- ✓ From 1 April 2018 Read codes changed to SNOMED codes
- ✓ Latest SNOMED Codes are here <https://termbrowser.nhs.uk/>
- ✓ Bowel screening results codes are automatically entered into patient records when results are received electronically. This is not yet the case for bowel scope
- ✓ Use the free text box for additional comments, reminders and alerts for staff in your practice

9. Understanding your data

- ✓ Regularly review your practice-level screening coverage and uptake rates to check how well you meet targets and how your rates compare with other practices. Practices and CCGs are encouraged to discuss these data and consider how they can support local improvement initiatives and inform target setting.
- ✓ Data sources
 - Practice level data for all 3 cancer screening programmes is sent by the Transforming Cancer Services Team (TCST) to CCGs every three months for distribution to practices. Data is 6 months in arrears and is for management purposes only, so must not be put in the public domain. Contact your CCG cancer screening lead if you do not receive this data.

- A dashboard with detailed GP level data aims to support primary care in improving participation in cervical screening <https://www.gov.uk/government/publications/cervical-screening-coverage-and-data>
- PHE cancer services provides annual uptake and coverage for all 3 cancer screening programmes at CCG and practice level <http://fingertips.phe.org.uk/profile/cancerservices>
- Public Health Outcomes Framework: provides annual coverage at Local Authority level for all 3 cancer screening programmes <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

10. Training resources

General training	<p>NHS Health Education England e-learning portal https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/</p> <p>Macmillan Learn Zone http://learnzone.org.uk/stack.php?s=6 (Macmillan Education Zone)</p> <p>CRUK provides training for receptionists and other non-clinical staff http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/talk-cancer</p>
Cervical screening	<p>A pan-London Cervical Sample Takers Database (CSTD) has been set up to improve the quality and safety of cervical sample taking in London.</p> <p>Sample takers' training updates should be undertaken every three years. Check with your own CCG or follow these links</p> <p>London Regional Cytology Training Centre http://www.lrcctc.org.uk/courses/ (email: loncstd.england@nhs.net)</p> <p>https://www.gov.uk/guidance/cervical-screening-education-and-training Cervical sample taker update e-learning training http://cs1.e-learningforhealthcare.org.uk/public/CCC/CCC_01_001/index.html</p>
GP revalidation	http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/RevalidationToolkit.pdf
Nurse revalidation	http://www.nmc.org.uk/standards/revalidation/

11. Patient information resources

11.1 Bowel screening

NHS Choices information with links to other useful resources

<https://www.nhs.uk/conditions/bowel-cancer-screening/>

NHS leaflets to download explaining the benefits and risks of bowel cancer screening in English, large print, 20 other languages

<https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>

<http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/about/screening/about-bowel-cancer-screening>

Bowel screening video in English, Urdu, Gujarati and Bengali

<https://www.youtube.com/playlist?list=PLp9q03cGHGiFupq8y0pDkE7eE67Ln72fI>

Easy read guide

<https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide>

Audio guide

<https://audioboom.com/posts/5880789-bowel-cancer-screening-the-facts>

11.2 Cervical screening

NHS Choices information with links to other useful resources

<https://www.nhs.uk/conditions/cervical-screening/>

NHS leaflet to download: Cervical screening: helping you decide in English and other languages

<https://www.gov.uk/government/publications/cervical-screening-description-in-brief>

<http://www.cancerresearchuk.org/about-cancer/type/cervical-cancer/about/cervical-cancer-screening>

Ideas for increasing cervical screening attendance

<https://www.jostrust.org.uk/increasing-screening-attendance>

Video explaining what happens at the cervical screening test

<https://www.nhs.uk/video/Pages/cervical-screening.aspx>

Information for women with learning disabilities

<https://www.gov.uk/government/publications/cervical-screening-supporting-women-with-learning-disabilities/supporting-women-with-learning-disabilities-to-access-cervical-screening>

<http://www.cancerresearchuk.org/about-cancer/cervical-cancer/getting-diagnosed/cervical-screening-for-people-learning-disability>

Video for women with learning disabilities

<https://www.jostrust.org.uk/video-page/smear-test-film>

Easy read guide

<https://www.gov.uk/government/publications/cervical-screening-easy-read-guide>

Audio guide

<https://audioboom.com/posts/5880793-cervical-screening-helping-you-decide>

11.3 Breast screening

NHS Choices information with links to other useful resources

<https://www.nhs.uk/conditions/breast-cancer-screening/>

http://www.cancerresearchuk.org/about-cancer/breast-cancer/screening/breast-screening?_ga=2.116342790.1866331814.1513783135-424503162.1499156548

NHS leaflet to download: Breast screening: helping you decide in English and other languages

<https://www.gov.uk/government/publications/breast-screening-helping-women-decide>

Easy read guide

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441270/easy-guide-breast-screening.pdf

Audio guide

<https://audioboom.com/posts/5880818-breast-screening-helping-you-decide>

Guide for women with learning disabilities

<https://www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities>

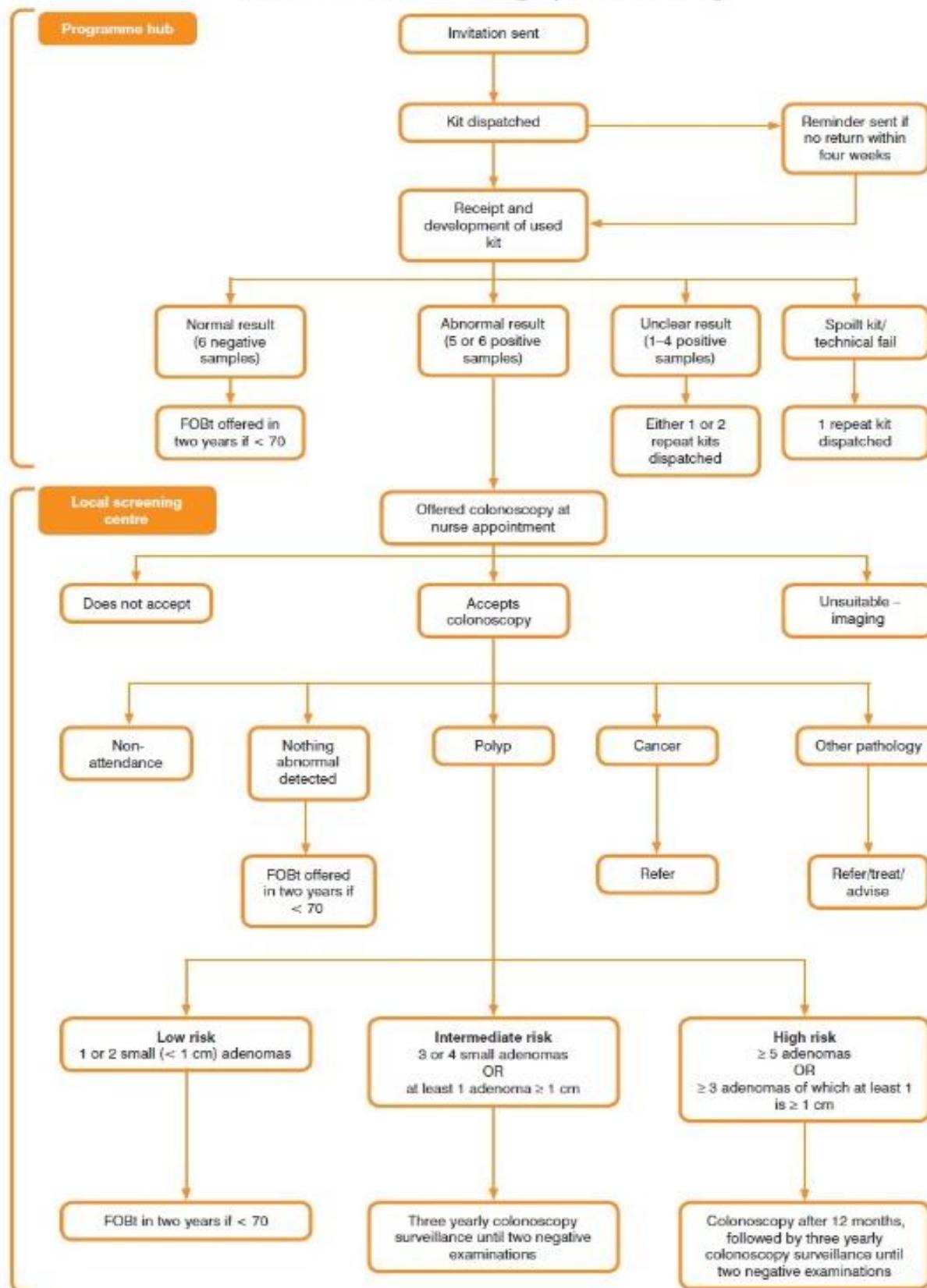
12. Pathway flowcharts

12.1 Bowel screening pathway



Bowel Cancer Screening Programme

The screening pathway



12.2 Bowel scope screening pathway

Bowel scope screening pathway

- Screening Centre add GP surgery to roll-out list for bowel scope and generate appointment dates 8 weeks in advance.
- Screening Centre informs surgery they are now 'live' with bowel scope roll out.



- Hub send bowel scope invitation information and leaflet 8 weeks in advance of invitation date.
- Hub send invitation including appointment details 6 weeks in advance of appointment date.



- Appointment date is accepted, rebooked or cancelled with the Hub.
- If appointment is accepted a reminder letter is sent 4 weeks prior to appointment.
- The Screening Centre manages the clinic bookings and confirm the list with the Hub 2 weeks before the clinic.



- If the appointment is not accepted a non-response letter is sent to the GP and the patient. **The appointment can be rebooked up to the age of 60.**



- The Hub sends map/directions, confirmation of appointment date and time, consent form and an enema (for self-administration on the day of the appointment) 2 weeks in advance of appointment date.



Attends appointment

- Consent form agreed with the patient and consent obtained by the nurse and the doctor.
- All details of visit documented on local and national database.

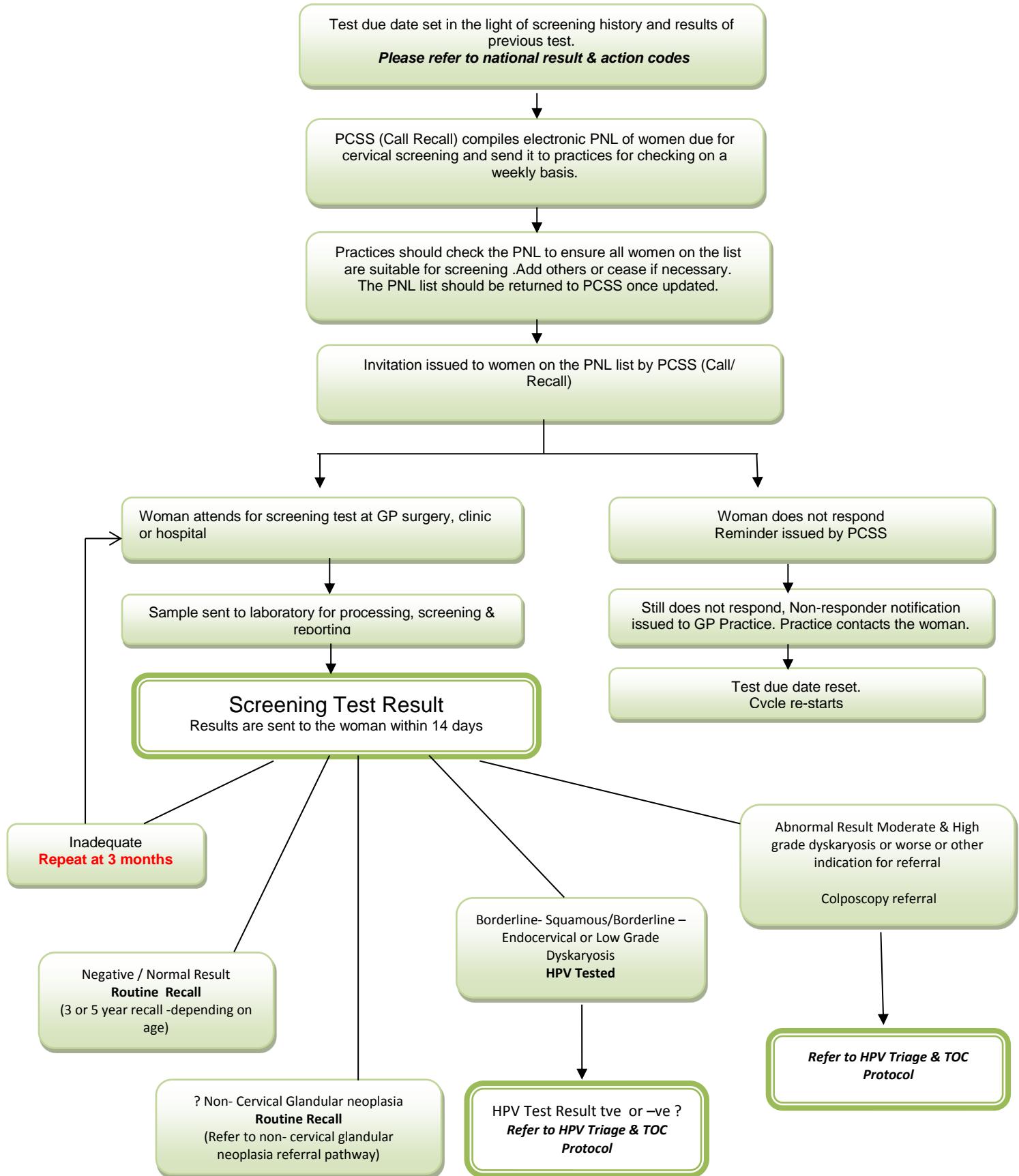


- Results of the bowel scope are given to the patient verbally on the day and in writing.
- GP is sent copy of the results.
- Screening Centre follow up any abnormal findings.

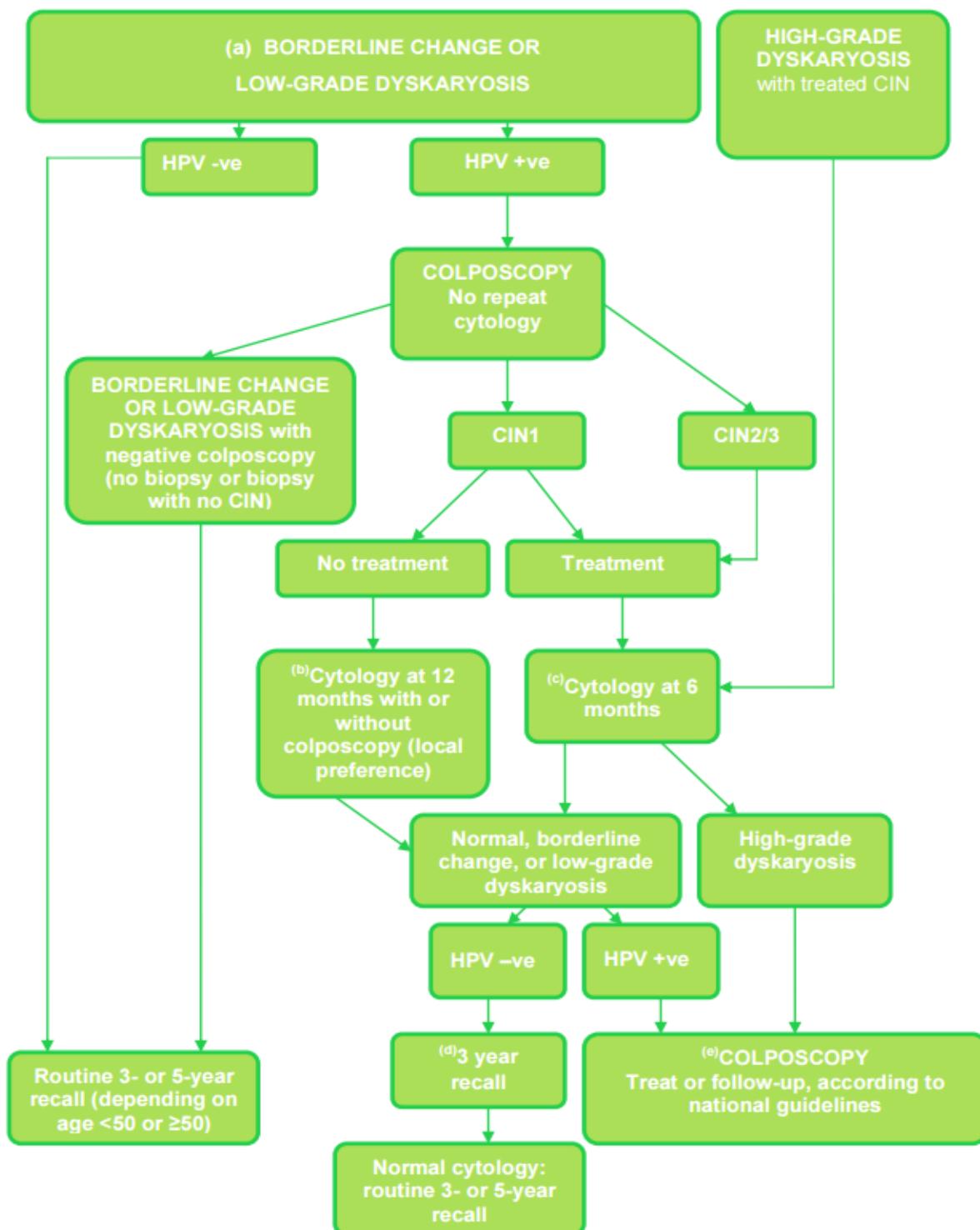
The surgery should:

- Be aware when Bowel scope is being introduced to their patients
- Encourage patients to attend
- Enter results letter onto patients' records

12.3 Cervical screening pathway



12.4 HR-HPV triage and testing protocol

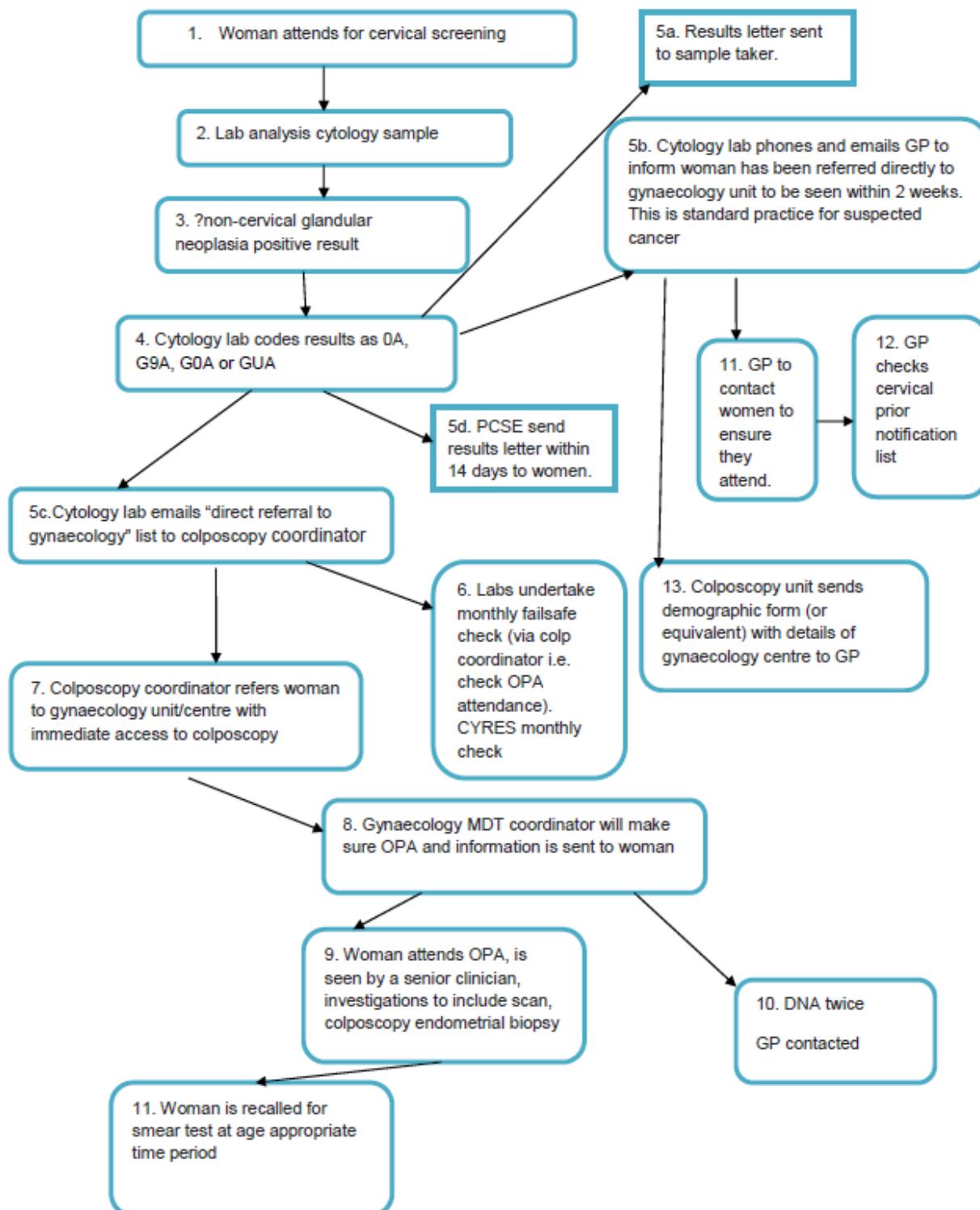


- (a) If sample is unreliable/inadequate for the HPV test, refer cases showing borderline change and low-grade dyskaryosis for 6-month repeat cytology. Where repeat cytology reports as negative/borderline/low-grade, retest for HPV. If the HPV test is negative, return to routine recall. If the HPV test is positive, refer the woman for colposcopy. All cases of high-grade dyskaryosis should be referred to colposcopy. (b) Follow-up of 12-month cytology should follow normal NHSCSP protocols. (c) Women in annual follow-up after treatment for CIN are eligible for the HPV test of cure at their next screening test. (d) Women ≥ 50 who have normal cytology at 3 years will then return to 5-yearly routine recall. Women who reach 65 must still complete the protocol and must comply with other national guidance. (e) Women referred due to borderline, low-grade, or normal cytology, who are HR-HPV positive, and who then have a satisfactory and negative colposcopy, can be recalled in 3 years.

12.5 Non-cervical Glandular Neoplasia Pathway

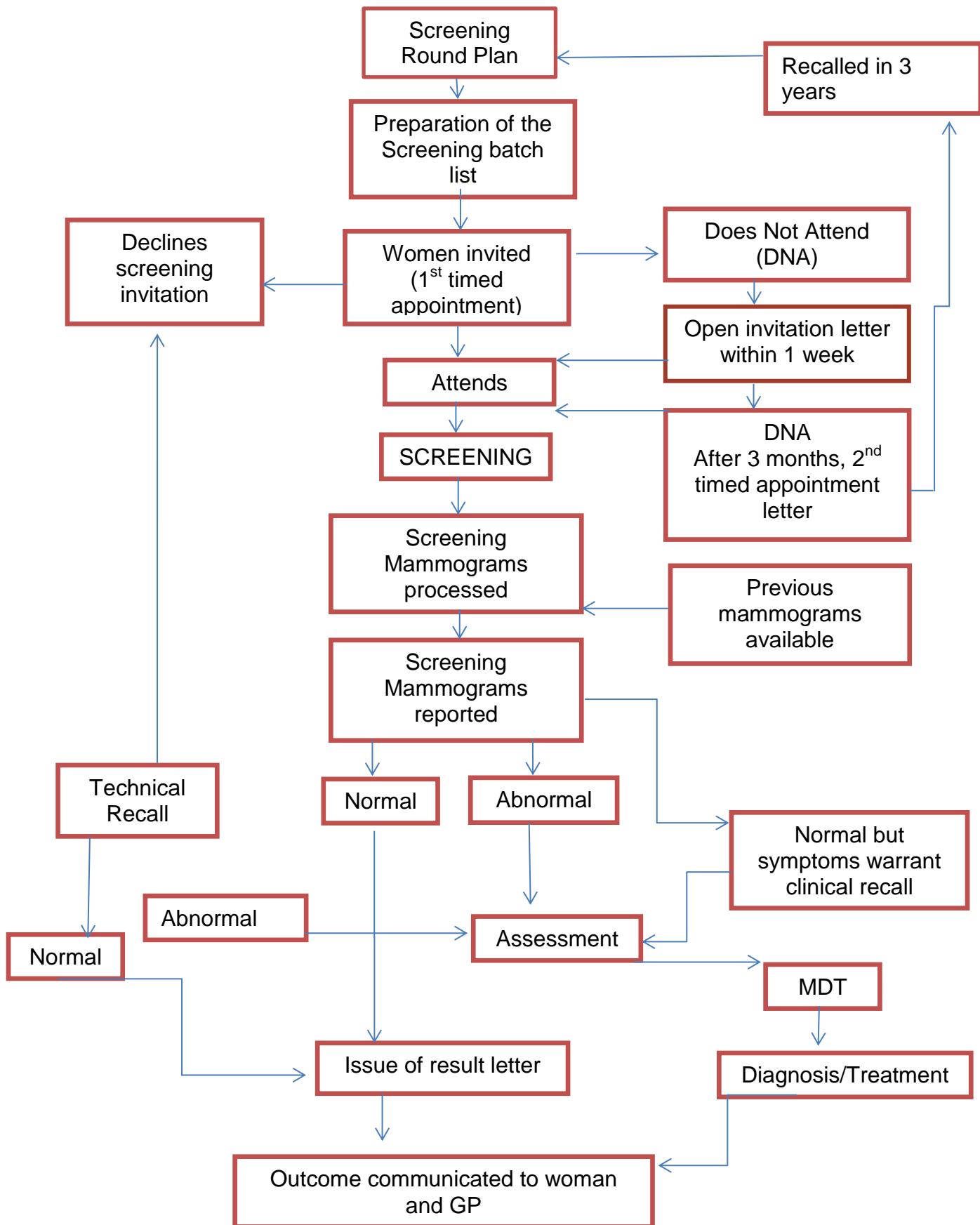


Non-cervical glandular neoplasia pathway London



12.6 Breast screening pathway

Diagram adapted from Breast Screening Programme Dataset (KC63 and KC62) Standard Specification/ ISB 1597/29/08/2013/Author Ginny Fieldsend



13. Bowel screening kit replacement request form (London Hub)



Bowel Cancer Screening Programme

GP Practice and Requester Details

GP Practice Name.....

GP Practice Address.....

GP Practice Code.....

Date of Request.....

Request Type.....

Healthcare worker declaration: I have discussed the NHS Bowel Cancer Screening Programme with the aforementioned subject/patient and they wish to take up the offer of screening. They consent to the sharing of their personal details so that I can contact the London Bowel Cancer Screening Programme Hub and arrange for a new bowel screening kit to be sent to their home address. Receipt of this form will be recorded in the episode notes on Bowel Cancer Screening System by the Programme Hub and in the patient's medical records by the healthcare worker.

Name Requester.....

Job Title.....

Subject/Patient Demographics

Subject.....

Patient NHS Number..... DOB.....

Name.....

Address.....

Completed form must be returned to:

Email address: LNWH-tr.BCSP@nhs.net

Safe Haven Fax: 020 8869 5281

DDI Telephone: 020 8869 5265

Freephone Helpline: 0800 707 60 60

Emails can only be accepted from an NHS net account, and telephone request for test kits can only be processed where the Subject's/Patient's demographics (minimum 3 identifiers) are made available.