Good practice screening guide

Bowel, breast and cervical cancer screening in primary care

September 2016

Supported by and delivering for London’s NHS, Public Health England and the Mayor of London
Good Practice Guide for Bowel, Breast and Cervical Cancer Screening In Primary Care

**NHS Cancer Screening Timeline**

**Age**

- **Bowel Cancer Screening**
  Offered to men and women aged 60-74 every two years. Those aged 75 and over and over can request screening by ringing 0800 707 6060.

- **Breast Screening**
  Offered to women aged 50-70 every three years. Women aged 71 and over can request screening by calling their local centre (see page 5).

- **Cervical Screening**
  Offered to women aged 25-49 every three years and to women aged 50-64 every five years. Women can contact their GP practice for further information or to book an appointment.

- **Bowel Scope**
  Roll out across London by 2020. Offered to all men and women around their 55th birthday. Information from the Freephone number 0800 707 6060.
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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:

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- NHS England
- Public Health England
- NHS Lewisham Clinical Commissioning Group
- 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 secsu.tcstlondon@nhs.net

Electronic copies of The Good Practice Screening Guide can be found on the My Health London Website https://www.myhealth.london.nhs.uk/healthy-london/programmes/cancer/cancer-resources
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

Coverage of cancer screening programmes 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.

Coverage of the bowel screening programme is particularly low in London compared to the England average (47.8% compared to 57.1% in March 2015 for people aged 60 to 74) with wide variation between CCGs; the lowest coverage in a London CCG was 37.3% and the highest 57.2%. 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% at 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. We hope the guide will support actions in primary care that will result in improved screening uptake, increased numbers of cancers detected earlier and improved survival.
Key Messages for Primary Care

✓ Check patient contact details at each encounter and regularly maintain the practice list
✓ Designate a cancer screening lead from a member of the practice healthcare team
✓ Ensure that Prior Notification Lists (PNLs) and advance lists, where available for bowel screening
  are dealt with promptly
✓ Ensure that when DNA or non-responder reports are received for a patient, this is flagged on their
  notes, using the correct Read code
✓ Offer cervical screening opportunistically, if due or appointment missed
✓ Promote cancer screening within the practice
✓ Do not omit patients with special needs and ensure arrangements are in place for them
✓ Ensure all practice staff know how to use the gFOBt bowel screening kit, and where required, the
  details of how to request a new kit
✓ Make screening and signposting information for each screening programme readily available.
Useful contact numbers

London Bowel Cancer Screening Hub: Free Helpline 0800 707 6060.

Breast Screening Services: contact information: Information on this page was correct at August 2016

**Outer North East London Breast Screening Service (BHR)**

*Westland Medical Centre*
*Westland Avenue*
*RM11 3SD*

**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 3465 6631

www.celbreastscreening.org.uk

**North London Breast Screening Service (EBA)**

*Deansbrook House*
*Edgware Community Hospital*
*Deansbrook Road*
*Edgware*
*Middlesex*
*HA8 9DB*

**Tel:** 020 37582414

http://www.nlbss.org.uk

**South East London Breast Screening Service (GCA)**

Screening and Administration:

*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 NHS Trust*
*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/
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](http://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; CRUK data puts this as 1 in 13 men and 1 in 19 women. As the fourth most common cancer, it causes over 13,000 deaths each year.

Randomised trials have shown that screening for bowel cancer using the guaiac-based faecal occult blood test (gFOBT) can reduce mortality by 16% in people offered screening and 25% in those being screened.

**NATIONAL UPTAKE TARGET IS 60%**

Bowel screening uptake in London in men and women aged 60-69 was 47.9% (March 2015).

Men and women aged 60-74 receive a gFOBT self-testing kit at their home address every two 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.

**Bowel Scope**

Bowel scope screening is a new screening test that is being phased in across London until 2020. 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.

Check [www.cancerscreening.nhs.uk](http://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 IS 70%**

Breast screening coverage in London in women aged 53-70 was 68.3% (March 2015).

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

Women aged 71 and over can self-refer and book a screening appointment by contacting their local screening centre.

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.

Check [www.cancerscreening.nhs.uk](http://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 in Great Britain 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.

**NATIONAL COVERAGE TARGET IS 80%**

Cervical screening coverage in London in women aged 25-64 was 68.4% (March 2015).

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, but it can also be done in family planning clinics and in hospitals.

**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.

HPV screening is done using the cells taken during cervical screening. There are more than 100 different strains of HPV. Each type has a different number.

HPV is common. Most people have the virus at some time in their lives. For most people it causes no symptoms and goes away on its own. Types 16 and 18 cause about 7 out of 10 (70%) cancers of the cervix. It is important to remember that most women with high risk HPV don’t develop cervical cancer. Women who test positive for high risk types of HPV are referred for a colposcopy. In women who test negative for HPV, they do not need treatment or follow up. For more information about HPV and cervical screening, check [www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk).
How to Maximise Cancer Screening Uptake

A. Role of Practice Cancer Screening Lead

Designate a Practice Cancer Screening Lead to oversee and steer cancer screening and ensure that:

- protocols and processes are in place
- results are coded correctly and each cervical sample taken has an associated result
- for breast and cervical screening, patient notes are flagged when DNAs are reported and, for bowel screening, non-responders are reported
- screening participation is endorsed by the practice through letters, phone and face-to-face contact
- for cervical screening, patients who did not attend are contacted and encouraged to rebook
- For bowel screening:
  - monthly searches are undertaken to identify people who have not responded to their recent screening invitation
  - People who do not return a kit or contact the Hub are sent a reminder letter at 4 weeks by the Hub; the episode is automatically closed after 13 weeks, and the result sent to their GP.
  - non-responders are contacted and encouraged to complete their FOB test kit, or to request a replacement kit. Read codes for non-response, incomplete response or spoiled kit on page 13
  - patients turning 60 who will receive their first invitations are contacted around the time of their invitation to encourage participation by letter and if appropriate by phone
  - if ‘advance lists’ are available from the Hub, patients who have not responded to previous invitations are contacted around the time that they are due to be invited to encourage participation by letter and if appropriate by phone

- Before contacting patients on DNA and advance lists to encourage participation, recent results are checked as some people may have since responded to their current invitation.
- Care is 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)
- Women who have had a bilateral mastectomy are ceased from the breast screening programme
- Women who have had a total hysterectomy are excluded from the cervical screening programme
- If a woman is new to the practice, screening history is requested from her previous practice. Until that information is received she will be invited for breast screening as per practice cycle
- People with disabilities are encouraged to take up screening and services should make necessary arrangements to support access. Illustrated information may be helpful for people with learning difficulties e.g. https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide
✓ Correct information is given, by ensuring all staff, including non-clinical staff know the importance of cancer screening and how each screening programme works within your location

✓ Promotion of cancer screening is taking place within the practice on an on-going basis

✓ If screening has been carried out privately or abroad this is coded and patients are 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

✓ For those who have had private cervical screening cytology, the results are submitted to Primary Care Support Services so that they are included in your practice’s cervical screening coverage rates

✓ Patients 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

✓ Patients wishing to be removed from any of the screening programmes are invited to discuss this with a GP. See sections K, L and M.

B. Practice list and list maintenance

✓ Ensure the practice list is accurate with correct/current address and telephone numbers by checking each time a patient attends or books an appointment

✓ “Ghost” patients will negatively affect the practice’s target achievement

✓ When registering new patients, depending on age and gender, ask them when they last participated in breast, bowel and cervical screening. Check their breast and cervical screening status after three months on Open Exeter. If overdue, highlight it while she is with you. Bowel screening records are not available on Open Exeter

✓ If cervical screening is due, book an appointment at your surgery, there and then

✓ If bowel screening is missed, a healthcare professional can inform them that they can request a test kit by calling 0800 707 6060

✓ If patients have missed their breast screening appointment, give them the contact details of the local unit (see page 5)

✓ For all the above, also add a reminder on their patient records prompting other staff to discuss screening with them.

C. 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
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.

The source of Open Exeter data is mainly what is recorded as a result of practice activity and therefore the PNL extracted by the programme is only as good as information inputted by practices, including how accurate/up to date it is in terms of a patient’s profile, medical history, contact details, exclusions, etc.

Practices should obtain Open Exeter access via their IT system; a named lead at the GP 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

The Practice Cancer Screening Lead should ensure that staff check the PNL against their practice list for up-to-date patient contact details and identify any females who match the exclusion criteria.

D. GP result reports

GP result reports sent electronically are correctly Read coded by the Bowel Cancer Screening Hub before they are sent to the GP practices.

Electronic result reports and PNLs for cervical screening are already in place for all GP practices.

All results are sent electronically (bowel and cervical screening).

Currently, electronic results are not available for breast screening or for Bowel scope (where available).

For bowel screening, ensure that each result is promptly matched to a named clinician. Delays mean that searches can miss non-response results.

For cervical screening, ensure each sample has a result by regular auditing.

If the practice is informed of a DNA for breast or cervical screening or a non-responder for bowel cancer screening, follow-up suggestions are outlined in section A.

E. Health promotion to encourage screening awareness and uptake

“Encouragement” from primary care practice staff is effective in improving participation in cancer screening programmes.

Have the National Helpline numbers on hand for clinical/non-clinical staff to be able to refer patients for further information.

Have visible cues about cancer screening such as messages on electronic display screens, posters and leaflets in easy to read locations such as notice boards, waiting rooms, etc.

Use the cues to reinforce:
- benefits of screening, early detection
- options available to clients such as changing breast or cervical screening appointments
• replacement bowel cancer screening test kits can be requested by patients themselves from Bowel Cancer Screening Hub on 0800 707 6060. Replacement kits can be requested on behalf of patients using the form on page 25. This form can also be integrated into GP IT systems
• availability of information in other languages from www.cancerscreening.nhs.uk

✓ Be systematic and organised to maximise cancer screening uptake by:

• encouraging all staff to be opportunistic and pro-active in encouraging screening
• sending endorsement letters to patients signed by their GP. Use advance lists sent by the Bowel Screening Hub (when available) to identify people due to be invited, especially targeting 60 year olds and previous non-responders (described in section A; sample letter on pages 23/24)
• adding electronic alerts on patient records for DNAs/non-response, enabling ALL practice staff to identify and encourage screening participation to patients whenever they contact the practice
• adding reminders on repeat prescription slips
• encouraging men and women aged 75 and over to request a bowel cancer screening test kit every two years
• encouraging women who are aged 71 and over to book an appointment for breast screening every three years
• involving the practice in national screening and cancer awareness campaigns e.g. Be Clear on Cancer, Bowel Cancer Awareness Month in April and Breast Cancer Awareness Month in October, Cervical Cancer Awareness Week in June
• running a targeted initiative to prioritise new invitees who missed their appointments and the “never screened”.

F. Patients with special needs
✓ Examples of practice level support for patients with special needs may include:

• finding out about provisions made for those with mental health problems, learning or physical disabilities and informing patients with special needs
• identifying patients who may experience communication difficulties (guidance on this subject is available from http://www.cancerscreening.nhs.uk/index.html)
• asking special needs clients, e.g. Learning Disabled and/or their carers about their needs and preferences in advance of screening and doing the utmost to meet those needs
• using pictorial guides designed to support people with learning disabilities e.g. https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide
• demonstrating the use of the bowel cancer test kit
• requesting a special kit for people visually impaired from Bowel Screening Hub
• arranging preliminary visits to the practice for women with special needs at a quiet time to familiarise them with the cervical screening room and equipment
• booking longer appointments for such patients.
G. Additional recommendations for bowel cancer screening

✓ ALL staff to know how to use the bowel cancer screening test kit and are able to explain it to patients in a simple and concise manner
  https://www.beatingbowelcancer.org/screening?gclid=CNrBpKC8s8sCFfYy0wodcnUEAw

✓ Each clinician has a sample bowel cancer screening test kit available for demonstration purposes during consultations. Sample test kits are available from the Bowel Cancer Screening Hub on 0800 707 6060

✓ Encourage staff and patients to view video demonstrations of the bowel cancer screening test kit available online.  (https://www.youtube.com/watch?v=DY2VHUiOzws)

✓ From June 2016, invitation letters include automated endorsement by people’s own GP. Check that the preferred practice name is recorded for this use by the Bowel Screening Hub.

H. Additional information for breast screening

✓ ALL staff understand what a mammogram is and that it does not damage a woman’s breasts

✓ All the radiographers working in the breast screening unit are women.

I. High risk women for breast screening

✓ 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 their risk management options

✓ Women should be referred to the relevant Genetics team to assess their risk; the team will then refer them to the appropriate breast screening provider

✓ Breast screening providers are then responsible for the on-going surveillance of high risk women.

J. Additional recommendations for cervical screening

✓ Ensure GPs and Practice Nurses are trained in cervical sample taking and attend updates every three years (see page 17)

✓ As part of clinical governance, NHSE is launching a registered sample takers unique number database

✓ All sample takers must audit their results, respond to failsafe requests and ensure onward referral for their abnormal results

✓ Following an inadequate result, sample to be repeated after three months 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, except when she has menstrual bleeding. 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 the PCSS informed via PN.

Women with a subtotal 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.
- If the patient does not wish to receive invitation letters with the titles ‘Mrs, Miss or Ms’, GPs should contact the Primary Care Support England Customer Support Centre on 0333 014 2884.

K. Ceasing women from breast screening recall

Women must only be ceased from the programme in accordance with the guidance in Ceasing Women from the NHS Breast Screening Programme 2004 NHSBSP Good Practice Guide No 7.

Ceasing a woman from the call/recall system has the effect of stopping all invitations for breast screening from being sent to a woman. 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 a bilateral mastectomy. Appropriate documentary evidence must be sent with the signed ceasing documentation. Only a clinical letter or pathology report should be accepted as evidence of a bilateral mastectomy.
- she has withdrawn from the programme and signed an appropriate withdrawal letter.
- 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.

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.

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 further guidance, please refer to:-
http://www.cancerscreening.nhs.uk/breastscreen/publications/pm-10.html
L. Ceasing women from cervical screening recall
There will be women who ask not to receive invitations for cervical screening and who therefore wish to be ‘ceased’ from the programme. 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 will also require 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.
http://www.cancerscreening.nhs.uk/cervical/publications/pm-09.html

M. 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. For full guidance on ceasing from the bowel screening programme, please refer to:- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/467546/NHS_BCSP_Clarification_of_Ceasing_Guidelines_0.pdf

N. Cancer screening Read codes
Use the free text box in each patient’s notes for additional comments, reminders and alerts for staff within your practice.

**Bowel cancer screening Read codes**

<table>
<thead>
<tr>
<th>Read code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoilt test kit</td>
<td>6867</td>
</tr>
<tr>
<td>Technical failure</td>
<td>6868</td>
</tr>
<tr>
<td>Result – Unclear</td>
<td>6869</td>
</tr>
<tr>
<td>Result – Normal/Negative</td>
<td>686A</td>
</tr>
<tr>
<td>Result – Abnormal/Positive</td>
<td>686B</td>
</tr>
<tr>
<td>Incomplete participation</td>
<td>686C</td>
</tr>
<tr>
<td>No response to screening invitation</td>
<td>90w2</td>
</tr>
<tr>
<td>Screening declined (opted out)</td>
<td>8IA3</td>
</tr>
</tbody>
</table>
**Bowel scope (flexible-sigmoidoscopy) screening Read codes:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal - no further action</td>
<td>68W21</td>
</tr>
<tr>
<td>Incidental findings</td>
<td>68W2C</td>
</tr>
<tr>
<td>Referred for colonoscopy</td>
<td>68W23</td>
</tr>
<tr>
<td>Cancer detected</td>
<td>68W24</td>
</tr>
<tr>
<td>Invitation declined</td>
<td>68W27</td>
</tr>
<tr>
<td>Did not respond</td>
<td>68W28</td>
</tr>
<tr>
<td>Did not attend</td>
<td>68W29</td>
</tr>
<tr>
<td>Attended but not screened</td>
<td>68W2A</td>
</tr>
<tr>
<td>Unsuitable at this time</td>
<td>68W2B</td>
</tr>
</tbody>
</table>

**Breast screening Read codes**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography done</td>
<td>5372</td>
</tr>
<tr>
<td>Mammography abnormal</td>
<td>5373</td>
</tr>
<tr>
<td>DNA for mammography</td>
<td>5375</td>
</tr>
<tr>
<td>Not eligible for screening</td>
<td>71308</td>
</tr>
<tr>
<td>Private breast screening carried out</td>
<td>9NOc</td>
</tr>
<tr>
<td>Breast screening declined</td>
<td>9OHD</td>
</tr>
</tbody>
</table>

**Cervical screening Read codes**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid based cytology sample taken</td>
<td>685R</td>
</tr>
<tr>
<td>Normal 3 year (36 month recall) for women aged 25-49</td>
<td>4K4B</td>
</tr>
<tr>
<td>Normal 5 year (60 month recall) for women aged 50-64</td>
<td>4K4C</td>
</tr>
<tr>
<td>Inadequate, repeat at 3 month</td>
<td>4K43</td>
</tr>
<tr>
<td>Abnormal (6 month recall)</td>
<td>4K45</td>
</tr>
<tr>
<td>Abnormal (12 month recall)</td>
<td>4K47</td>
</tr>
<tr>
<td>Referred for Colposcopy</td>
<td>4K48</td>
</tr>
<tr>
<td>Cease recall</td>
<td>6855</td>
</tr>
<tr>
<td>Cervical sample refused</td>
<td>685L</td>
</tr>
<tr>
<td>HPV test negative</td>
<td>4K3E</td>
</tr>
<tr>
<td>HPV test positive</td>
<td>4K3D</td>
</tr>
</tbody>
</table>
O. Understanding your data

Look at your practice-level screening coverage and uptake rates to check you meet the targets and how your rates compare with other practices. If rates are low, discuss with your local screening team (contacts p5) and formulate a plan to improve.

The Transforming Cancer Services Team for London sends practice level bowel screening data to CCGs every three months. Data is provided 6 months in arrears and is for management purposes only. Contact your CCG cancer screening lead if you have not received this data.

Uptake and coverage data are available on Open Exeter. The Practice Screening Lead (or other nominated individual) should apply for access to this data by completing and submitting the form on page 16 to:

Andrea Pearson
NHS Cancer Screening Programmes (operated by Public Health England)
Fulwood House, Old Fulwood Road
Sheffield S10 3TH
andrea.pearson@phe.gov.uk

Annual data is available at www.fingertips.phe.org.uk under the “Cancer Services” section; the following are screen shots of what the pages look like.
Data User Certification for Open Exeter
CANCER SCREENING PROGRAMME NATIONAL STATISTICS

Cancer Screening Programme National Statistics comprises a suite of reports which provides high level statistical summary data on a range of key aspects of the national cancer screening programmes and the national HPV vaccination programme based on information held by the NHAIS system and BCSS.

Access to Cancer Screening Programme National Statistics provides access to every report within the set. Access to these statistical reports will not include access to any individual patient or GP data.

Please provide the name and address of the organisation whose users require access to National Cancer Screening Statistical Reports:

Organisation name
........................................................................................................................................................................

Organisation address
........................................................................................................................................................................
........................................................................................................................................................................ Postcode ........................................

Please provide the contact details of all users who require access to the reports:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title/role</th>
<th>Telephone no.</th>
<th>Primary e-mail address</th>
<th>Secondary e-mail address</th>
<th>Existing OE user code (if any)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Please return this form by e-mail to:

Andrea Pearson
NHS Cancer Screening Programmes (operated by Public Health England)
Fulwood House
Old Fulwood Road
Sheffield
S10 3TH
andrea.pearson@phe.gov.uk

User IDs and passwords will be notified directly to individual users by the Health & Social Care Information Centre when this application has been processed.

Version 3.1
July 2013
## Training and patient information resources

| **General training** | A pan-London Cervical Sample Taker Database (CSTD) with the aim to improve the quality and safety of cervical sample taking in London is being set up. NHS England started the implementation in September 2015, to be completed during 2016. Sample takers training - updates every three years. Check with your own CCG or email: loncstd.england@nhs.net  
[http://www.lrctc.org.uk/courses/](http://www.lrctc.org.uk/courses/)  
CRUK provide training for receptionists and other non-clinical staff. [http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/talk-cancer](http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/talk-cancer) |
| **Nurse revalidation** | A system of revalidation was launched by the Nursing and Midwifery Council (NMC) in 2016. [http://www.nmc.org.uk/standards/revalidation/](http://www.nmc.org.uk/standards/revalidation/) |
| **Patient information** | **Bowel**  
[http://www.2gether.nhs.uk](http://www.2gether.nhs.uk) (for women with learning disabilities)  
[https://www.youtube.com/playlist?list=PLp9g03cGHGiFupq8y0pDkE7eE67Ln72fl](https://www.youtube.com/playlist?list=PLp9g03cGHGiFupq8y0pDkE7eE67Ln72fl) (for bowel screening videos in Asian languages)  
The patient information will be updated by 2017. |
(for women with learning disabilities, a DVD of the resource can be ordered at a cost of £3.00)  
[https://www.youtube.com/watch?v=WxapKFPDwjg](https://www.youtube.com/watch?v=WxapKFPDwjg) |
[http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/who-is-screened-for-breast-cancer](http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/who-is-screened-for-breast-cancer) |
Pathway flowcharts

a) Bowel screening pathway

The screening pathway

Programme hub
- Invitation sent
- Kit dispatched
- Reminder sent if no return within four weeks
- Receipt and development of used kit
  - Normal result (6 negative samples)
    - FOBT offered in two years if < 70
  - Abnormal result (5 or 6 positive samples)
  - Unclear result (1-4 positive samples)
    - Spilt kit/technical fail
    - Either 1 or 2 repeat kits dispatched
    - 1 repeat kit dispatched

Local screening centre
- Offered colonoscopy at nurse appointment
- Does not accept
  - Accepts colonoscopy
  - Unsuitable - imaging
- Non-attendance
- Nothing abnormal detected
- Polyp
- Cancer
- Other pathology
- Referral or treat/advise

- Low risk: 1 or 2 small (< 1 cm) adenomas
  - FOBT in two years if < 70
- Intermediate risk: 3 or 4 small adenomas OR at least 1 adenoma ≥ 1 cm
  - Three yearly colonoscopy surveillance until two negative examinations
- High risk: ≥ 5 adenomas OR ≥ 3 adenomas of which at least 1 is ≥ 1 cm
  - Colonoscopy after 12 months, followed by three yearly colonoscopy surveillance until two negative examinations
b) Bowel scope screening pathway

**Bowel scope screening pathway**

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

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

5. 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.

6. 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.**

7. 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**

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

10. 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.

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**The surgery should:**

- Be aware when bowel scope is being introduced to their patients
- Encourage patients to attend
- Enter results letter onto patients’ records
c) Cervical screening pathway

Test due date set in the light of screening history and results of previous test. *Please refer to national result & action codes*

PCSS (Call Recall) compiles electronic PNL of women due for cervical screening and send it to practices for checking on a weekly basis.

Practices should check the PNL to ensure all women on the list are suitable for screening. Add others or cease if necessary. The PNL list should be returned to PCSS once updated.

Invitation issued to women on the PNL list by PCSS (Call/Recall)

Woman attends for screening test at GP surgery, clinic or hospital

Sample sent to laboratory for processing, screening & reporting

Screening Test Result
Results are sent to the woman within 14 days

- Inadequate
  - Repeat at 3 months

- Negative / Normal Result
  - Routine Recall
    - (3 or 5 year recall - depending on age)

- Borderline- Squamous/Borderline – Endocervical or Low Grade Dyskaryosis
  - HPV Tested
    - ? Glandular neoplasia (non cx)
      - Routine Recall
        - HPV Test Result tve or –ve?
          - Refer to HPV Triage & TOC Protocol

- Abnormal Result Moderate & High grade dyskaryosis or worse or other indication for referral
  - Colposcopy referral
    - Refer to HPV Triage & TOC Protocol

Woman does not respond
Reminder issued by PCSS

Still does not respond, Non responder notification issued to GP Practice. Practice contacts the woman.

Test due date reset. Cycle re-starts

Practices should check the PNL to ensure all women on the list are suitable for screening. Add others or cease if necessary. The PNL list should be returned to PCSS once updated.

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        - HPV Test Result tve or –ve?
          - Refer to HPV Triage & TOC Protocol

- Abnormal Result Moderate & High grade dyskaryosis or worse or other indication for referral
  - Colposcopy referral
    - Refer to HPV Triage & TOC Protocol

Test due date reset. Cycle re-starts
d) HR-HPV triage and testing protocol

(a) BORDERLINE CHANGE OR LOW-GRADe DYSKARyOSIS

HPV -ve

HPV +ve

COLPOSCOPY
No repeat cytology

BORDERLINE CHANGE OR LOW-GRADe DYSKARyOSIS with negative colposcopy (no biopsy or biopsy with no CIN)

CIN1
No treatment

CIN2/3
Treatment

(6) Cytology at 12 months with or without colposcopy (local preference)

Normal, borderline change, or low-grade dyskaryosis

(6) Cytology at 6 months

Normal cytology: routine 3- or 5-year recall

HPV -ve

HPV +ve

(6) 3 year recall

(6) COLPOSCOPY Treat or follow-up, according to national guidelines

(6) If sample is unreliable/insufficient 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 aged 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.
e) Breast screening pathway

Diagram reproduced from Breast Screening Programme Dataset (KC63 and KC62) Standard Specification / ISB 1597 / 29/08/2013 / Author Ginny Fieldsend
Examples of GP bowel screening endorsement letters

**GP Letterhead**

**Supporting Bowel Cancer Screening**

Dear [Participants Name],

We are writing to you to express our support for the NHS Bowel Cancer Screening Programme. Bowel cancer is one of the most common forms of cancer in the UK. Most people diagnosed with bowel cancer are over 60 years old. Screening aims to detect both changes that may be pre-cancerous and bowel cancer at an early stage, in people with no symptoms, when treatment is more likely to be effective.

As a Practice, we strongly recommend you complete the screening kit. If you have any questions, or would like more information about screening for bowel cancer you can contact the Programme Hub on Freephone 0800 707 60 60. However, if you have any specific concerns, or are worried about bowel symptoms, and would prefer to speak to someone at this Practice in confidence, please feel free to contact us.

It is also very important that you are aware of the symptoms of bowel cancer. The most common symptoms to look out for are:

- Stomach pain and weight loss
- Unexplained change in bowel habit, especially going to the toilet more often or diarrhoea
- Bleeding from the back passage without any obvious reason or blood in your bowel motions
- A lump in your stomach

Most of these symptoms will not be cancer. However, if you have experienced one or more of these symptoms you should contact us.

Yours sincerely,
Important information from your GP about the NHS Bowel Screening Programme at ***************practice

I am pleased to tell you that an NHS screening test for bowel cancer is being offered in XXXX.

- Bowel cancer is the third most common cancer in the UK
- Screening aims to prevent bowel cancer by removing abnormal cells that could develop into cancer
- Screening can also find early cases of bowel cancer
- 9 out of every 10 people with early stage bowel cancer survive
- Both men and women are at risk of developing bowel cancer
- 8 out of 10 people with bowel cancer are over 60

- All men and women between the ages of 60 and 74 are invited to take part in screening every 2 years
- You will be sent a test kit through the post
- The kit is used privately in your own home
- You simply take tiny samples of your faeces (poo) when you go to the toilet at 3 different times (no need to store samples in the fridge)
- Then send the samples by post in a sealed pre-paid envelope to the NHS laboratory
- You will receive your results by post about 2 weeks later
- Most people receive a normal result and can be reassured that nothing unusual has been found

As you are due to receive your invitation, or may have already received it, we will try to phone you to answer any other questions you may have. Please make sure we have your current phone number.

If you would like more information and advice then call us on .......... and ask for...... You can also visit the website www.cancerscreening.nhs.uk/bowel/

If you did not receive your kit, or you no longer have it, phone FREEPHONE 0800 707 6060 and ask for another kit. You can ask to speak to someone in your preferred language if it is not English.

I am very supportive of the NHS Bowel Screening Programme and I hope that you will take advantage of this life-saving offer and decide to complete your test. Remember, regular screening and knowing when to visit your GP will help to make sure that bowel cancer can be picked up early and treated successfully.

Please do not be embarrassed – this is a type of test that millions of people have done successfully and as a result lives have been saved.

Yours sincerely

GP
Guaiac Faecal Occult Blood Test (gFOBt) Kit Request Form

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.