

Primary Care Network Pilot: Improving Cancer Screening Uptake

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Background

- London has the lowest cancer screening uptake and coverage in the country
- London does not meet any of the national cancer screening uptake and coverage targets
- Associated with high population mobility, ethnic diversity, deprivation

Uptake/coverage rates in London December 2018

	Uptake (%)		Coverage (%)	
Cervical screening 25-64			66.7 - 64.6	↓
Bowel screening 60-74 years	46.3 - 49.1	↑	48.3 - 50.8	↑
Breast screening 50-70 years	66 - 64.9	↓	65 - 64.5	↓

Source: Open Exeter, via NHS England Cube

Role of general practice in cancer screening

- Well established- *Good practice guide for cancer screening in general practice*
- Provider of cervical screening
 - Trained sample takers
 - Appointments/capacity
 - Quality of sample taking, failsafe
 - Referral
- All screening programmes- appoint screening lead, encourage attendance, follow-up non-responders, code results etc

Long Term Plan

- by 2028 the Plan commits to dramatically improving cancer survival,
 - by increasing the proportion of cancers diagnosed AT Stage 1 & 2 from 50% to 75%
 - maximise the number of cancers that we identify through screening
- **Primary care networks will from 2020/21**
 - assess their local population by risk of unwarranted health outcomes
 - Help improve early diagnosis by 2023/24
- **Early diagnosis Service Specification** (April 2020)
 - seven national *Primary Care Network Service Specifications* set out standard processes, metrics, and intended quantified benefits for patients include ‘supporting early cancer diagnosis’ by April 2020
 - delivery start by 2020/21, development over subsequent years
 - **Practice role in helping ensure high and timely uptake of screening and case finding opportunities.**
- A new **Network Dashboard** will set out progress on network metrics, covering population health,

PCN pilot proposal

- Objective
 - *Improve cervical and breast cancer screening uptake and coverage across the network*
- Maximum of 5 PCN pilot sites across London
- Value £16k/PCN
- Duration: 12 months (October 2019-September 2020)
- Pilot sites will be implementing processes that can be replicated in all areas and become embedded in 'business as usual' processes. This acknowledges that many of the proposed interventions should be part of a practice or PCN call/recall process as recommended in the Good Practice Guide.

Pre-qualification criteria

- To qualify to be a pilot site, practices within the PCN will need to demonstrate compliance with the following key recommendations from the [Primary Care Cancer Screening Good Practice Guide](#)
- Each practice must have a nominated screening lead (clinical or non-clinical)
- Designate a practice cancer screening lead to oversee and steer cancer screening and ensure:
 - ✓ Protocols and processes are in place.
 - ✓ Ensures results are coded correctly and ensure each cervical sample 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.
 - ✓ For breast and cervical screening, patients are contacted and encouraged to rebook and, for bowel, to request a replacement bowel screening test kit.
 - ✓ Searches are done monthly or at least every quarter to identify those who have not responded to screening invitations.
 - ✓ Women who have had a bilateral mastectomy are to be ceased from the breast screening programme.
 - ✓ If a woman is new to the practice then necessary information is requested from her previous practice. Until that information is received she will be invited for screening as per practice cycle.
 - ✓ Women who have a disability are encouraged to attend and breast services should make necessary arrangements so that they can attend. There are information booklets available on NHS websites that are predominantly illustrations that are helpful for women with learning difficulties.
 - ✓ 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.

Proposals



- Pilot PCN sites will be expected to select TWO of the following evidence-based interventions to implement across their PCN member practices/services:

Cervical screening

1. Improving access to cervical screening appointments in early morning, evenings and weekends
2. Providing access to online booking of cervical screening
3. Non-attenders- identify and contact all women who are at least six-months overdue screening
 - *Audit reasons for non-attendance and develop and implement a plan to address primary care-specific barriers to screening*
 - *Schedule screening appointment*
4. Verify addresses of at least 90% of registered women aged 24-49
5. Develop and implement plan to improve cervical screening uptake in women with learning disabilities
6. Text messaging
 1. use text messages to remind women of scheduled cervical screening appointments (at least 90%)
 2. Using data provided by NHSE, improve the completeness and accuracy of mobile phone numbers of women aged 24 to 70

Breast screening*

1. Proactively contact first-time invitees (aged 50-53 years) and encourage attendance
2. Contact non-attenders and reschedule appointments using Hub's online booking system

* Proposals are subject to further discussion on feasibility with Breast screening Hub and Hub's timely provision of:

- up to date round plan with invitees aged 50-53
- List of non-attendees

Reporting Requirements

- Pilots must share the results of the audits they undertake on reasons for non attendance 6 months into the pilot and at the end of the pilot period.
- Pilots must share at the outset of the pilot period what interventions they are implementing and how eg. new/additional early morning and weekend appointments for screening, when and where.
- Should the interventions be materially altered or ceased during the pilot period, they should notify xxxx along with the alternative arrangements that have been made.
- At the end of the pilot period the review by the PCN of the interventions implemented, the challenges, the successes of it and a comparison of the coverage at practice and PCN level at the start against the coverage at the end of the pilot period.

Application process

Expressions for Interest should be submitted to screening-submissions.london@nhs.net no later than 20 September 2019

- The EoI should include:
 - A brief background on cancer screening uptake/coverage variation and trends across the PCN
 - The selected intervention and the rationale for selection
 - Implementation model
 - Metrics for monitoring and evaluation
 - Detail on how the intervention will be sustained after the pilot period

Points of discussion

- Implications of QoF Screening Quality Improvement Domain and Early Diagnosis DES
 - Detail have not yet been developed but consensus from national leads is that the London PCN pilots will be complementary to both with minimal duplication.
- Timelines for application submission and alliance sourcing of funding
- Availability of timely uptake data for monitoring purposes
- Flexibility of the number and distribution of PCN pilot sites
- Alliances may opt to implement these pilots differently
- Advice and guidance may be an alternative option to funding
- Provider capacity to cope with increase in uptake