

Westminster Health
& Wellbeing Board

RBKC Health
& Wellbeing Board

Date: 12/05/21

Classification: **General Release**

Title: *Cancer Screening – Recovery plans*

Report of: Public Health – Cover Paper
NHS England – Cancer Screening Paper

Wards Involved: All Wards in WCC and RBKC

Financial Summary: *There are no financial implications currently*

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1. Executive Summary

- 1.1 This cover paper from Bi-Borough Public Health accompanies a report from NHS England giving an overview of the impact of the COVID-19 pandemic on cancer screening services and outlining recovery plans. The cover paper provides further background and local context to the issues discussed in the NHS England paper.
- 1.2 The NHS Cancer Screening programmes to be discussed in this report include the NHS breast screening programme, the NHS cervical cancer screening programme and the NHS bowel screening programme
- 1.3 Uptake of all three screening programmes in the City of Westminster (WCC) and the Royal Borough of Kensington and Chelsea (RBKC) has historically been lower than the national and London average, with uptake of cervical cancer declining over the last decade. On average, cancer outcomes in both Boroughs have been similar or better than national and London comparators, although there is some indication that colorectal cancer survival rates are declining and are below the national and London average in the Central London CCG area.

- 1.4 The COVID-19 pandemic has had a significant impact on the delivery of all NHS services during the last 15 months and cancer services are no exception. The cancer charity Macmillan have reported that the impact upon cancer patients has been significant, with substantial drops in people being offered and taking up screening, referrals for investigation, and treatment. Fewer people have attended their GP with suspected symptoms and therefore fewer referrals have been made onto the treatment pathway.
- 1.5 NHS England have therefore been invited to present a paper to the Board to discuss the impact of the COVID-19 pandemic on cancer screening in WCC and RBKC and to discuss plans for recovery going forward.
- 1.6 There is a significant time-lag in the availability of published data on cancer screening uptake and even longer on published cancer outcomes. The reports are therefore unable to present data on the impact of the COVID-19 pandemic on screening uptake at this time.
- 1.7 The Health and Wellbeing Board are invited to consider the reports submitted, provide comment and to review future progress as part of the local assurance process.

2. Key Matters for the Board

2.1 The WCC/RBKC Health & Wellbeing Board are requested to note and provide comment on:

- The paper provided by NHS England giving an overview of cancer screening recovery plans for WCC/RBKC.
- The Local Authority Public Health recommendations for next steps.

And to:

- Consider and agree to proposals to return to the Health and Wellbeing Board when the Cancer Screening data is publicly available, to review local action plans and progress.

3. Background

3.1 Responsibilities

- The Secretary of State delegates responsibility to NHS England for certain public health functions including cancer screening, under section 7a of the 2006 National Health Service Act. NHS England's objective under this agreement is to commission high quality services, achieve positive outcomes, promote equality and reduce health inequalities.
" NHS England are accountable for ensuring that local providers of services will deliver against national service specifications and meet agreed population uptake and coverage levels. NHS England are responsible for monitoring providers performance and supporting providers in delivering improvements in quality." (1.2.1 National Delivery Framework)
- Local Authorities have a responsibility to provide information and advice to local bodies to protect population health. They will provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers. This function may be carried out through agreed local mechanisms such as the Health and Wellbeing Board.

3.2 NHS cancer screening programmes

- Under section 7a, the cancer screening services to be provided are:

- **NHS Breast Screening Programme**

Eligibility: Women aged 50-70yrs **Frequency:** Every 3 yrs

Population:

	WCC	Eligible p/a	RBKC	Eligible p/a
Breast	26,178	8,726	19,074	6,358

Performance Standard – Coverage - the proportion of women in a population eligible for breast screening who were screened adequately within the previous 3 yrs on 31st March (Efficiency standard 2019/20 – 70% Optimal standard – 80%)

- **NHS Cervical Screening Programme**

Eligibility: Women aged 25- 64yrs **Frequency:** Every 3 yrs (25-49yrs) or every 5 yrs (50-64yrs)

Population:

	WCC	Eligible p/a	RBKC	Eligible p/a
Cervical 25-49	51,512	17,171	29,150	9,717
Cervical 50-64	20,959	4,192	29,150	5,830

Performance Standard – Coverage – the proportion of women eligible who were screened adequately within the previous 3,5yrs (aged 25-49yrs) or 5.5yrs (aged 50-64yrs) on 31st March. (Efficiency standard 2019/20- 75%, Optimal standard – 80%)

- **NHS Bowel Cancer Screening Programme** (including the Bowel Scope Screening Programme).

Eligibility: Residents aged 55, 60-74yrs **Frequency:** One off test at 55, every 2 yrs from 60yrs.

Population:

	WCC	Eligible p/a	RBKC	Eligible p/a
Bowel	29,281	14,641	21,871	10,936

Performance standard – Coverage – the proportion of eligible residents screened adequately within the last 2.5yrs on 31st March (Efficiency standard 2019/20 – 55%, Optimal standard 60%)

- Note that for 2020/21, due to the COVID-19 pandemic, deliverables were not set in advance but expectations to be agreed as part of recovery programme and for 2021/22 agreement.

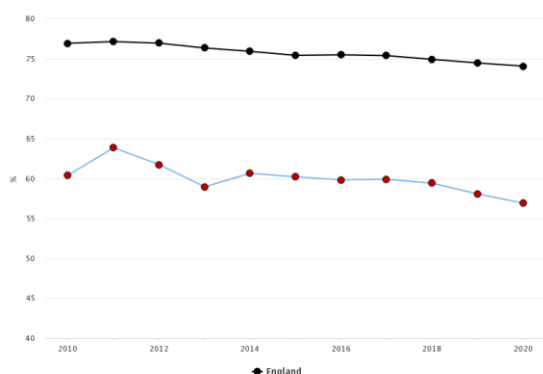
3.3 Uptake of cancer screening in WCC and RBKC (up to March 31st 2020)

Uptake of cancer screening in the boroughs of Westminster and Royal Borough of Kensington and Chelsea (RBKC) has consistently been lower than the London average for many years. Some concerns have been raised about the representativeness of the data and potential impact of private practice screening appointments but this is unlikely to account for the low rates of uptake or explain declining rates over time.

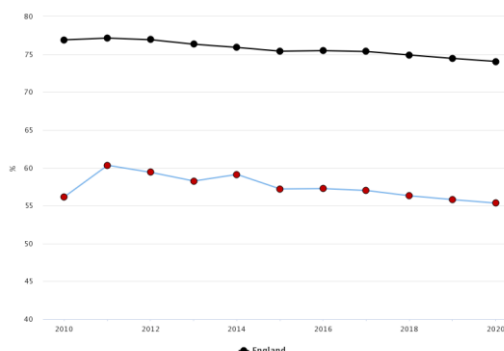
3.3.1 Breast Cancer

Uptake of breast cancer screening 2019/20 in WCC ranked 4th lowest in London and in RBKC ranked 2nd lowest. In both boroughs, uptake has remained well under the London average for the last 10 years and has declined slowly.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Breast cancer screening coverage 2019/20	56.9%	55.3%	67.2%	74.1%	70.0%	80.0%



Trend in WCC

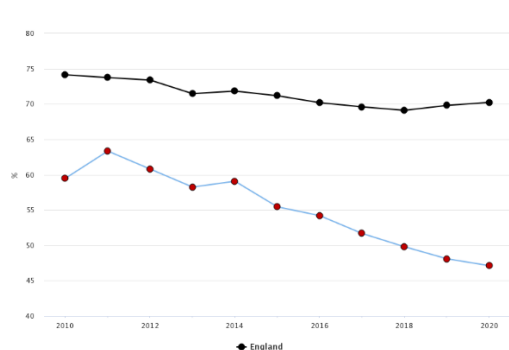


Trend in RBKC

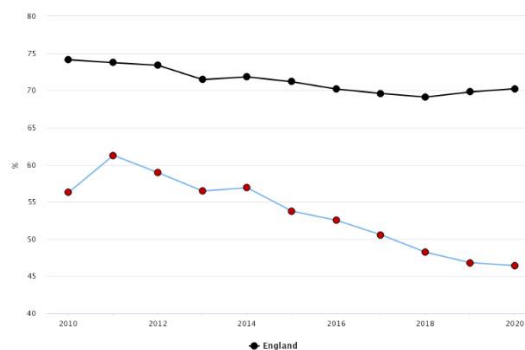
3.3.2 Cervical Cancer 25-49yrs

Uptake of cervical screening 2019/20 in WCC ranked 2nd lowest in London and RBKC ranked lowest. In both boroughs uptake has remained well under the London average for the last 10 years and has declined steeply.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Cervical cancer screening coverage age 25-49yrs 2019/20	47.1%	46.4%	61.8%	70.2%	75.0%	80.0%



Trend in WCC

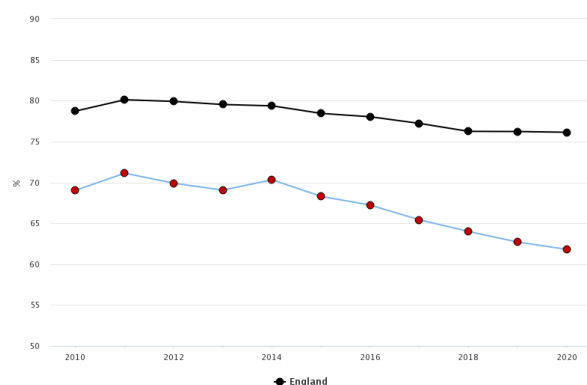


Trend in RBKC

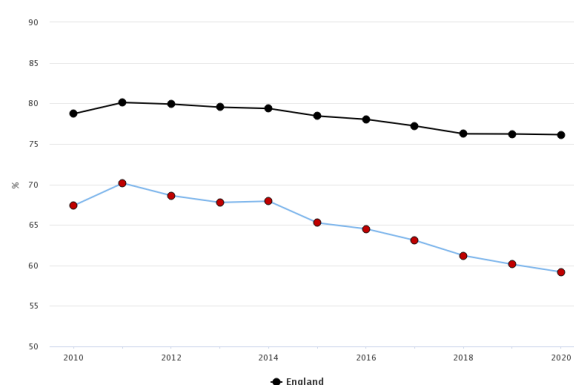
3.3.3 Cervical Cancer 50-64yrs

Uptake of cervical screening 2019/20 in WCC ranked 2nd lowest in London and RBKC ranked lowest. In both boroughs uptake has remained well under the London average for the last 10 years and has declined steeply.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Cervical cancer screening coverage Age 50-64yrs 2019/20	61.8%	59.2%	73.2%	76.1%	75.0%	80.0%



Trend in WCC

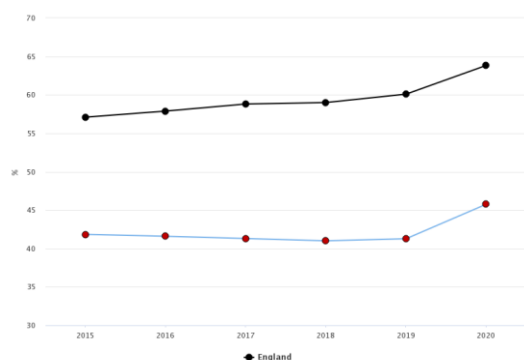


Trend in RBKC

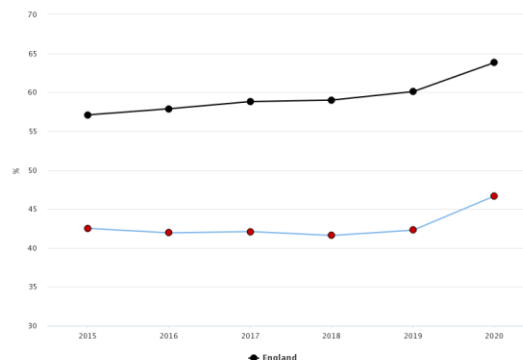
3.3.4 Bowel Cancer

Uptake of bowel cancer screening 2019/20 in WCC ranked lowest in London and RBKC ranked 2nd lowest. In both boroughs uptake has remained well under the London average for the last 10 years but has increased since 2018/19.

	WCC	RBKC	London	England	Efficiency Standard	Optimal Standard
Bowel cancer screening coverage 2019/20	45.8%	46.7%	56.2%	63.8%	55.0%	60.0%



Trend in WCC

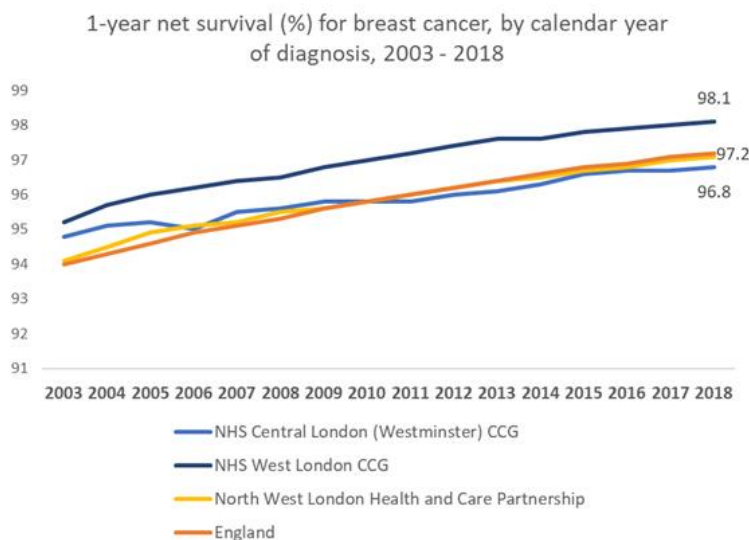


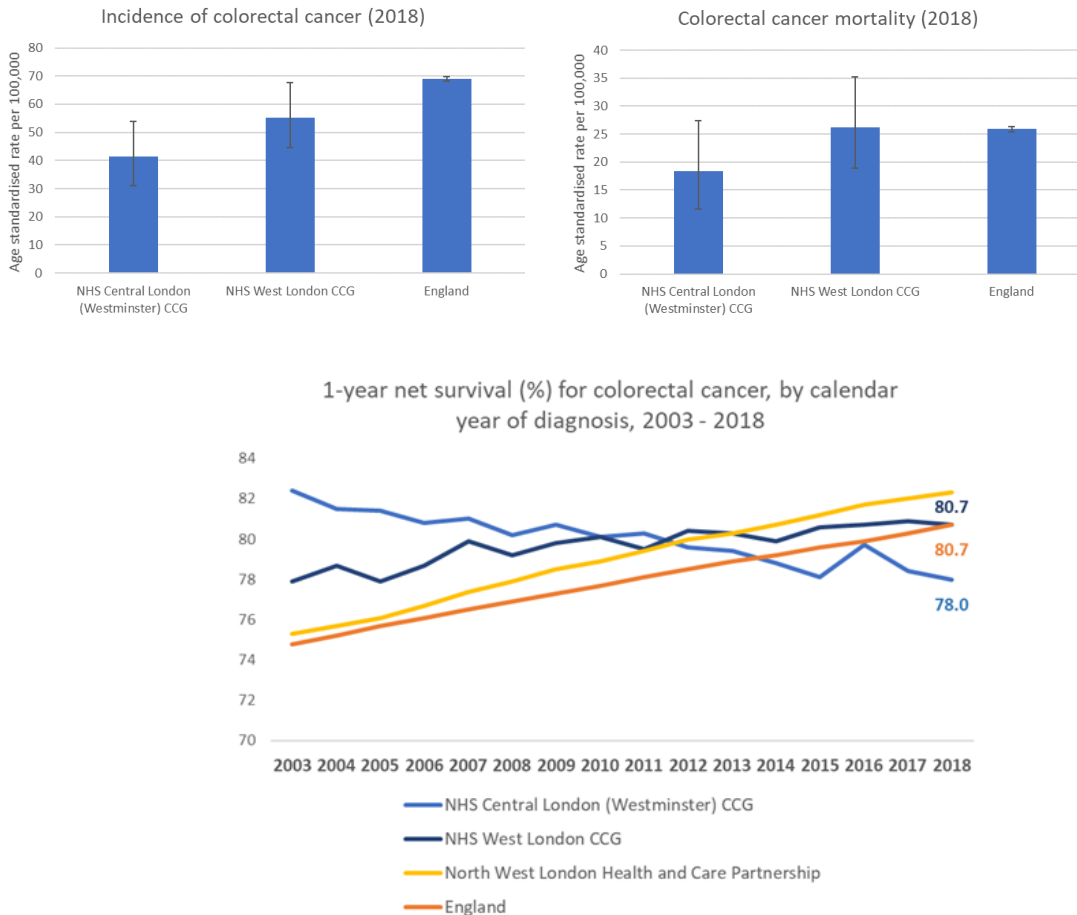
Trend in RBKC

3.4 Cancer Outcomes:

Despite screening uptake being low, overall cancer outcomes in both Central (CL) and West London (WL) CCGs before the COVID-19 pandemic are similar or better than the London and England average:

- New diagnoses – indicator is better than the England average in both CCG areas.
- Patients on the GP cancer register – prevalence is lower (CL CCG) or similar (WL CCG) to the London average.
- Early diagnosis – indicator is similar (WL CCG) or better (CL CCG) than the London average.
- Cancer mortality – similar or better than the England average.
- Cancer survival – overall similar or better than other CCGs in North West London. One-year survival rates for colorectal cancer in CL are lower and are declining.





Source: Public Health Outcomes Framework [*Public Health England Cancer services profile*](#)

3.5 Variation in cancer screening uptake and outcomes

Participation in cancer screening programmes is associated with a number of factors:

- **Deprivation:** Nationally, higher participation in all cancer screening programmes is observed in areas of lower deprivation.
- **Ethnicity:** Ethnicity is the most important predictor of participation in cervical cancer screening with South Asian (Indian and Bangladeshi) women less likely to participate compared to White British women. Offering and delivering cervical screening in culturally important manner is likely to be important.
- **Gender:** Men are less likely to participate in the bowel screening programme despite having increased risk.
- Uptake is also lower in smokers, homeless and other transient populations, people with learning difficulties, and people with existing health conditions including mental health.
- The Local Authority Public Health Intelligence team plan to analyse local GP data to further understand variation in cancer screening uptake in WCC and RBKC.

3.6 Impact of the COVID-19 Pandemic on cancer screening and plans for recovery:

NHS England, as lead commissioners, have been asked to present a paper to the WCC/RBKC Health and Wellbeing Board on the impact of the COVID-19 pandemic on cancer screening and recovery in both boroughs.

4 Options / Considerations

In accordance with the Local Authority role in protecting the health of the population, assurance is sought that:

- Robust plans are in place to assess the impact of the COVID-19 pandemic on cancer screening uptake and cancer outcomes in the City of Westminster and the Royal Borough of Kensington & Chelsea and that recovery planning builds in sufficient capacity accordingly.
- Local variations in uptake and outcome are understood, enabling the tailoring of recovery plans and interventions to address barriers, ensure an equitable offer and support all residents to take up cancer screening and services.
- Recovery planning aims beyond restoring pre-pandemic uptake levels and addresses the historically low uptake of cancer screening in WCC and RBKC.

5 Next steps/ Recommendations

- Develop local action plans for each cancer screening programme, including local targets and deliverable timescales. Local plans to build upon existing work by RM Partners at NWL level and Pan-London initiatives that focus on increasing screening uptake and reducing variation.
- Implement local leadership and communication pathways to deliver and oversee plans in partnership with the ICS.
- Investigate issues in data quality based on COVID lessons learned to identify residents who are at risk of not receiving screening and understand the extent to which residents may use private medicine or health care abroad for screening.
- Investigate whether other localities have successfully increased cancer screening uptake and develop local innovations based on case studies.
- Consider the response to the COVID-19 pandemic and lessons that can be applied to improve cancer screening uptake in our communities.
- Develop localised communications and engagement plan to understand the views of the local communities, deliver tailored messages to targeted audiences, and to amplify NWL and national campaigns in order to support an increase in screening rates and equity in uptake.

6 Legal Implications

None relevant

7 Financial Implications

There are no direct financial implications at present connected to these broad policy recommendations. The Public Health grant (and any reserve carried over) is ring-fenced and must only be used for eligible expenditure to be incurred by local authorities for the purposes of their public health functions or that will have a significant effect on public health.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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