Learning Event:

Cancer Screening Programmes
11:45  Registration & Lunch
12:00  Welcome/introductions and housekeeping
12:05  Background: NHSGGC Annual Screening Report
12:25  Bowel Screening: Learning from contract initiative
12:50  Cervical Screening: Changes to Age Range and Frequency
13:20  Breast Screening: Programme Developments
13:45  PCE Programme: Practice Support Tools
Learning Event:
Cancer Screening Programmes

Session 1: Background
Cancer prevention and screening in Glasgow

David Morrison
Consultant in Public Health Medicine
NHSGGC
28th April 2016
• Breast, bowel & cervical cancer in perspective

• Prevention

• Screening
Incidence and mortality: breast, bowel and cervical cancers

![Graph showing incidence and mortality trends for breast, bowel, and cervical cancers from 1990 to 2014.](image-url)
Cancer survival
5-year relative survival

• Breast
  – European average 82%
  – Scotland 79%
  – France, Sweden 86%

• Colon
  – European average 57%
  – Scotland 54%
  – Belgium, Germany, Iceland 62%
Body fatness

Keep weight low within the healthy range.

Find out more

Physical activity

Be physically active for at least 30 minutes every day, and sit less.

Find out more

Foods & drinks that promote weight gain

Avoid high-calorie foods and sugary drinks.

Find out more

Plant foods

Eat more grains, veg, fruit and beans.

Find out more

Animal foods

Limit red meat and avoid processed meat.

Find out more

Alcoholic drinks

For cancer prevention, don’t drink alcohol.

Find out more

Preservation, processing & preparation

Eat less salt and avoid mouldy grains & cereals.

Find out more

Dietary supplements

For cancer prevention, don’t rely on supplements.

Find out more

Breastfeeding

If you can, breastfeed your baby for six months.

Find out more
% uptake cervical screening. 20-60 yrs, record of previous screening < 5.5 years: 1/4/11 to 31/3/15
Cervical screening: uptake

• Lower than standard
  – Overall uptake 71%
  – Health Improvement Scotland (HIS) minimum standard 80%

• Falling over time
  – Down 3% since last year

• Varies by sector
  – 60% North West, 79% East Renfrewshire

• 18.5% did not take up invitation (defaulters)

• Lowest in youngest
  – Age: lowest (53%) 21-24 year olds

• Deprivation – 76% in least deprived: 70% in others
Cervical smears: results

- Unsatisfactory smears fell to 2.3%
- 9.7% abnormal
  - 3.8% borderline squamous
  - 4.3% mild dyskaryosis
  - 1.3% severe dyskaryosis
- 4951 referred colposcopy treatment
- 48% cancer cases screen detected
- Stage: 50% stage 1
Future changes

- Impact of HPV vaccination
- Change to age range and frequency, 6 June
Breast screening: uptake

• Lower than standard
  – 64% vs min standard 70%
• Falling
  – down 3% since previous year
• Varies by sector
  – Lowest in Renfrewshire and North West (59%), highest in East Ren (75%)
Breast screening: results

• 51% breast cancers among eligible screen-detected
  – 73% of which Stages I-II

• Symptomatic
  – 63% Stages I-II
  – 8% Stage IV
Bowel screening: uptake

• Increased since 2013-14
  – up 1.8% to 53.3%

• Below standard and Scottish average
  – HIS standard 60%
  – Scottish average 58%

• Lowest in most deprived populations
  – 44% vs 65% in least deprived

• Varies by sector
  – North East 43%, West & East Dunbartonshire 67%

• Higher in women
  – 56% vs 51% in men
Bowel screening: results

- 2.3% positive
  - 2.9% in men, 1.9% in women
  - lower in less deprived

- Colonoscopy results:
  - 89.5% completed colonoscopy
  - 60% men, 43% women had polyps
  - 191 cancers
    - 34% Dukes A, 6% Dukes D
Future changes:

- Quantitative Faecal Immunochemical Testing (QFIT)
Detect Cancer Early programme

Nicola Barnstaple
Scottish Government
Cancer Policy in Scotland

• Beating Cancer: Ambition and Action
• 2020 Vision
  – 2020 Route Map highlights 12 priority areas for action
  – Detect Cancer Early programme one of the 25 key deliverables
Key challenges

• Increasing cancer incidence – predicted increase from 30,500 in 2008-2012 to over 40,000 in 2023-2027
• Ageing population - proportion of over-75s up 25% by 2023
• Impact of health inequality - mortality rates from cancer in the 10% most deprived areas are around 1.5 times those in the 10% least deprived areas
• Survival for some cancer types is lower in Scotland than in other European countries
Scotland: age-standardised incidence and mortality rates (EASRs), by SIMD 2012 deprivation quintile

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of registrations</td>
<td>EASR</td>
</tr>
<tr>
<td>5 = least deprived</td>
<td>27,646</td>
<td>566.0</td>
</tr>
<tr>
<td>4</td>
<td>29,742</td>
<td>583.5</td>
</tr>
<tr>
<td>3</td>
<td>30,809</td>
<td>619.3</td>
</tr>
<tr>
<td>2</td>
<td>32,816</td>
<td>672.6</td>
</tr>
<tr>
<td>1 = most deprived</td>
<td>33,007</td>
<td>747.1</td>
</tr>
</tbody>
</table>
DCE programme social marketing

“FIND LUNG CANCER EARLY AND YOU COULD GET SOME EXTRA TIME.”

“I CHOOSE TO DO IT BECAUSE IT COULD SAVE MY LIFE.”

“The earlier we find cancer, the easier it is to treat.”

“LUMPS AREN’T THE ONLY SIGN OF BREAST CANCER.”

BOWEL CANCER, DON’T TAKE A CHANCE, TAKE THE TEST.
Colorectal Cancer

- Colorectal cancer is the third most common cancer in Scotland. 3,812 people were diagnosed in Scotland in 2013, but only 17.0% of bowel cancers are diagnosed at the earlier stages.

- The best way to detect early stage colorectal cancer is via the bowel screening programme

- At the start of the DCE programme in 2012 only 54.9% of eligible people currently took the test in Scotland, falling to just 39.6% of men in the most deprived communities.
DON’T TAKE A CHANCE.
TAKE THE TEST.
Aim: Increase uptake in participation of the Scottish Bowel Screening Programme

Social marketing had a key role to play in shifting behaviours:

- Educate people that the best way to survive bowel cancer is to detect it early, by taking the bowel screening test
- Empower those eligible for bowel screening to do so (bearing in mind, informed choice)

Research told us:

Only half of those eligible to participate in bowel screening each year actually do (falls into the thirties for men living in deprived areas – most at risk)

1. Risk of having the disease is low
2. Practical obstacles
3. General fear around cancer

The campaign therefore had to:

- Raise awareness of the value of screening
- Highlight the benefits of early detection
- Normalise discussion about screening ‘down there’
SHOW BOWEL CANCER THE DOOR.

When you find bowel cancer early it can often be cured. But because the early signs are usually hidden, the best way to find it is to do a simple home screening test. Everyone aged 50-74 is sent one every two years. So don’t just sit there. If you haven’t done one for two years you can get one by calling 0800 0121 833 or visit bowelscreeningtest.org

BOWEL CANCER, DON’T TAKE A CHANCE. TAKE THE TEST.

Test your poo!

How are your number 2s?
Tackling bowel cancer is easier than you might think. When you find it early, it can often be cured. And the best way to find it is a bowel cancer screening test. If you’re between 50 and 74 you’ll be getting one through the post. You can do the test in the comfort and privacy of your own bathroom. It’s quick and simple and could save your life. Result, eh?

For more info visit bowelscreeningtest.org or call the help line 0800 0121 833

Don’t take a chance. Take the test.

How to be flush

How to be flush

How to be flush

101 tips on beating the cistern

By the Member Two best-selling author J. M. Lee

ISBN 5-33-1320-9949-3

5951022058216
• Almost 106,000 views of the Poo Song
• Significant increase in 45+ C1C2DEs strongly agreeing that ‘the best way to detect bowel cancer early is to use the home screening kit’ (up from 31% to 48%)
• Almost four in ten (37%) of 45+ C1C2DEs strongly agree that ‘if bowel cancer is detected early, it can often be cured’
• Latest validated statistics from ISD show an increase in bowel screening uptake (57.6% from 54.9%), largest increase in men from most deprived communities (43.6% from 39.6%).
However.....

• Despite the positive results there was still potential to increase the number of kits to be returned each month (27,000).

• Focus Groups revealed that despite five bursts of activity there was still two main barriers:

  **Physical contact**
  • Sampling and storing poo.
  • Test process understood – but ingrained disgust makes it psychologically difficult to do.

  **Fear of a bowel cancer diagnosis**
  • Still relatively little known and VERY little discussed.
  • Early detection and good news varies by cancer type – unsure where bowel cancer sits.
  • Lack top-of-mind ‘proof’ of screening / treatment / survival success.
  • Imaginings are frightening (finding out you’re going to die).
Opportunities:

- **Collective participation**
  - Everyone feels the same, nobody likes doing it, but more and more people are getting on with it - because they see the positive benefits.

- **Yes it’s grim…**
  - Openly acknowledging this disarms people and gets them on-side.
  - It’s not nice – but it is doable.

- **One of the most treatable and survivable cancers**
  - This is still new news for bowel cancer.
  - Test can help prevent things getting too serious / be a lifesaver – empowering.
500,000 Scots have joined the bowel movement.

Done your bowel test? Go on yersel Mrs H!

Done your bowel test? We salute you Davie!

500,000 Scots have joined the bowel movement.

Do yours – It could be a lifesaver.

It’s not alone. Last year, half a million Scots did their bowel cancer screening test. It’s the best way to catch it early and, if you do, you’re 30% more likely to survive. So if you’re aged between 50 and 74, do your test and join the bowel movement.

Visit getcheckedearly.org or call 0800 0121 833

Do yours – It could be a lifesaver.

It’s not alone. Last year, half a million Scots did their bowel cancer screening test. It’s the best way to catch it early and, if you do, you’re 30% more likely to survive. So if you’re aged between 50 and 74, do your test and join the bowel movement.

Visit getcheckedearly.org or call 0800 0121 833

Do yours – It could be a lifesaver.

The bowel cancer screening test – not the most pleasant thing in the world, but it’s the best way to catch it early and, if you do, you’re 30% more likely to survive. So if you’re aged between 50 and 74, do your test and join the bowel movement.

Visit getcheckedearly.org or call 0800 0121 833
Southsiders on screen for cancer campaign ad

by Gillian Loney

A new tongue-in-cheek advert from the Detect Cancer Early campaign is encouraging Scots to join the "bowel movement"—with five southsiders taking on starring roles.

The TV ad is aimed at boosting participation in Scotland's bowel screening programme, currently used by half a million people a year—and although that figure is higher than ever, the campaign is targeting those who put off returning their bowel screening kits.

Stats show the likelihood of surviving bowel cancer is 14 times higher if detected at an early stage, and the home bowel screening test offered to people aged 50 to 74—remaining

post, I did it and encouraged my brother to do it too. My wife has had cancer so I know the importance of being regular—"It's the bit I find it easy."

"I think we're all the more likely to think about bowel cancer if we see someone else thinking about it," said one member hearing someone say that they should die of embarrassment and I couldn't agree.

Music man Murdo set to hit the right notes for campaign

by Doug Dickie

Murdo Campbell has plenty to blow his own trumpet about after he was specially chosen to star in a new TV advert.

The boat builder/comedian from Kirkcudbright, who has already graced the screens with his humorous performances, has now been chosen to star in a new TV advert for the Bowel Cancer Scotland campaign.

"It's a great honour to be asked to appear in the advert," he said.

"I've always been interested in comedy and I've always enjoyed performing, so it's great to be able to use my experience to help others."

"I hope that by appearing in the advert, I can help to raise awareness of bowel cancer and encourage more people to take part in screening."

Sisters front TV bid to beat bowel cancer

by Gillian Loney

TWO sisters are fronting a TV advert that aims to help cut bowel cancer deaths.

Margaret Hill, 65, and Liz McMenemy, 60, from East Renfrewshire, form part of the line-up of celebrities featured in a new TV advert shot in Edinburgh.

The advert is urging those over 50 to take a home bowel screening test and features Scots celebrities Fred MacAulay and Claire Grogan.

Statistics show that the likelihood of surviving bowel cancer is 14 times higher if detected at an early stage.

Every year, half a million people in Scotland complete and return their bowel screening kits, and although the figure is higher than ever before, the new campaign is targeting those who put off taking the test.

"I've taken the bowel screening test a few times."

"The first time I received it, I kept it for a while before deciding to do it, but then thought I was better finding out if there was something wrong sooner than later."

"She said she knew people who had suffered bowel cancer and admitted that she "played a part" in her decision to take the test.

She added: "Once you've done it the first time, it's just something you get on with when it drops through the letterbox."

Sisters, Liz, 64, from Newlands: "I think the message just needs to be out there. People can be put off taking the test, but this advert will get people talking about it and I think that will encourage more people to do it."

Deborah Alston, Chief Executive of Bowel Cancer UK, said: "We very much welcome this new advertising campaign as it will encourage higher levels of participation in screening which is vitally important and has been proven to save lives."
Early results

- More than 3,000 additional kits were returned in September/October 2015 combined, compared to the same period last year.

- More than 100,000 kits were returned in September and October 2015 combined.

- We’ve seen replacement kit requests drop (down 8%) in September and October 2015, with more people returning their original kit.
Primary Care

Primary Care engagement is key. Through DCE:

• Review of Scottish Referral Guidelines for Suspected Cancer – APP available Feb’ 16

• Two year sGMS contract initiative for bowel screening (857 practices participated, 84% of Scottish practices)

• Primary Care education sessions

• Improvements in e-Health

• Development of practice profiles for cancer
sGMS contract initiative

• A 2 year sGMS bowel screening initiative was introduced from 2013 to deliver a reduction in the proportion of patients who do not participate in the national bowel screening programme and has just concluded.


• Year 1: practice team will identify ways which it will improve the uptake of the national bowel screening programme amongst their practice population (50-74 year olds).

• The practice will develop an action plan to deliver a reduction in the proportion of patients who do not participate in the national bowel screening programme.

• Year 2 of the initiative requires the practice to demonstrate improvements in informed uptake of the bowel screening programme from the eligible practice population.
QFIT as a first line test for screening

Benefits

- Single sample
- Specific for human haemoglobin
- Quantify blood

Pilot – NHS Tayside/Ayrshire & Arran 2010/11

- Increased uptake – 61.1%
- Quicker turnaround time – 99% of results reported within 3 days of receipt in laboratory
- Lower numbers of untestable samples
Looking ahead…

- Bowel screening programme moving to qFIT as the first test in 2017
- Pilot of qFIT in primary care for symptomatic patients in NHS Tayside – potential to release capacity and improve referral pathways

Overall
- Fear remains a key barrier – launch of ‘the wee c’ strategy in partnership with CRUK
- Need for a constant stream of early detection messages to be landed throughout the year – #GetChecked
- Scottish election
Learning Event:
Cancer Screening Programmes

Session 3: Cervical Screening
Changes to Age Range & Frequency

Background:

• National programme introduced in Scotland in 1988 (*SCCRS introduced to standardise processes and reporting in 2007*)

• Programme aims to reduce the incidence of invasive cancer of the cervix

• Currently routine screening is offered to eligible women aged 20-59 every three years

• In 2013/14, uptake rate in Scotland was around 70%
Changes to Age Range & Frequency

Changes:

• From 6th June 2016, the age range for routine cervical screening will change to ages 25-64 plus 364 days

• The frequency of routine screening will continue to be every 3 years from age 25 to 50, but will change to every 5 years for women from age 50 to 64 plus 364 days

• Women on non routine screening will be invited up to age 70 years plus 364 days
RATIONALE FOR AGE RANGE CHANGES
Changes to Age Range & Frequency

Lower age range:

• Evidence review on behalf of NSC found no detrimental effects from delaying age of first screening to 25

• Bring Scottish programme in line with rest of UK

• HPV vaccination programme introduced in 2008
Changes to Age Range & Frequency

Upper age range:

- Evidence review on behalf of NSC concluded that 5-yearly screening offered similar protection to 3-yearly screening in women aged 50+

- Bring Scottish programme in line with rest of UK
LOWER AGE RANGE CHANGES
Changes to Age Range & Frequency

20-24 year olds:

• Only women being invited to the screening programme for the first time will be affected

• If a young woman aged under 25 has already been invited for a test as part of the screening programme, she will continue to be invited

• If a young women has symptoms suggestive of cervical cancer she should be referred to have diagnostic tests (a smear test should not be taken)
UPPER AGE RANGE CHANGES
Changes to Age Range & Frequency

50+:

- The frequency of screening for women at age 50 should be determined by their last screening test reported (e.g. women with a negative result and recommended management of 3 years prior to 6th June 2016 would be recalled in 3 years; any subsequent negative tests would be reported with a recall of 5 years after 6th June 2016).

- Women who are currently sitting at a status of default will commence a call cycle 3 years from date of prompt in previous call cycle.

- A woman who defaults after 6th June 2016 will commence their next call cycle 5 years from date of prompt in previous call cycle.
WOMEN WILL CONTINUE TO BE INVITED FOR SCREENING BY RECEIVING A LETTER AUTOMATICALLY FROM SCCRS
Questions

• What information would you like to see contained within the professional briefing for CARAF?

• Are there particular populations that you would like to see a national marketing campaign aimed at?
Learning Event:
Cancer Screening Programmes

Session 3: Breast Screening
Breast screening

• Introduced in 1988, national coverage by 1991
• 3 year rolling programme
• First invite between 50-53
• Can request over 70
• Screening carried out at static centre or mobile unit
Breast screening cont…

• Invite sent at least two weeks before appointment
• Appointment time and location can be rearranged
• Half hour appointment
• Test carried out by female staff
• Two views of each breast
• Results within 3 weeks
PRACTICE VISITS: THEMES
Themes

• Clarity around screening service processes

• Evidence base for screening programme
  
  *(over-treatment)*

• Waiting times for symptomatic service
# Joint Action Plan

<table>
<thead>
<tr>
<th>Delivery Aim/Area</th>
<th>Background</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **To obtain SERVICE FEEDBACK to support continuous professional development of the breast screening service** | - PCE team held general cancer screening PLT event in Inverclyde where nurses described delivery issues (real or perceived) about the service  
- Positive feedback from Possilpark practices about the new location of the van | - Dedicated focus group with Inverclyde nurses to capture more rounded feedback of breast screening service  
- Revision of Practice Q&A booklet to support understanding of breast screening service delivery model |

| Supporting ENGAGEMENT with the breast screening programme | - Numerous agencies have resources to support both GP practices and women to participate in breast screening programme  
- Activity is not always co-ordinated and/or aligned to location of screening van/screening schedule  
- Little consistency/pro-active approach in identifying core populations and practices that need identified  
- General marketing may increase inequalities in engagement | - Development of partnership protocol to support more co-ordinated approach to engaging practices and participants in breast screening (before/during/after van in local area)  
- Pilot in North West Glasgow  
- Ongoing support to all HSCPs (formerly CHCPs) around breast screening rates and practice engagement |
Activities: Focus Group

• Issues discussed:
  Access, Process, Experience, Additional barriers and Resources

• Recommendations:
  Training
  Mobile Unit Location
  Service Feedback
  Engagement
Activities: NW Mapping
Activities: Mapping
OVER-TREATMENT
Breast cancer screening 'harming thousands'

For every life that breast cancer screening saves, three women have to be unnecessary, an official review has concluded.

Breast cancer screening beneficial, scientists reassure

By Smita Mundasad
Health reporter

4 June 2015

NHS breast cancer screening 'waste of time'

by BEEZY MARSH, Daily Mail

An expert report yesterday cast serious doubts over the value of the NHS breast screening service.

It claimed the programme is a waste of time and money, leading to needless mastectomies for benign lumps and aggressive treatment such as radiotherapy which may do as much harm as good.

Cancer charities, however, warned women not to be put off having tests which could save their lives.

They said there is no doubt that screening detects hitherto unsuspected cases.
## The benefits and harms – breast screening

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Harms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancers detected by screening are generally at an early stage</td>
<td>Overdiagnosis and overtreatment (<em>estimated 4,000 cases a year</em>)</td>
</tr>
<tr>
<td>Estimated to save 1,300 lives a year</td>
<td>Radiation exposure</td>
</tr>
<tr>
<td></td>
<td>Psychological distress</td>
</tr>
<tr>
<td></td>
<td>False positives</td>
</tr>
<tr>
<td></td>
<td>False reassurance</td>
</tr>
</tbody>
</table>
Breast screening review

- Independent review following controversy about benefits and harms of breast screening
- Concluded that screening should continue but women should be fully informed of benefits and risks
- Screening leads to estimated 20% reduction in mortality in UK
- Estimated that for every 1 women saved 3 are overdiagnosed
If we look at 1,000 women over 20 years

If they were not screened, 58 would be diagnosed with breast cancer
- 21 die from breast cancer
- 37 are treated and survive their disease
- 17 live healthy lives not affected by their cancer

With screening, 75 are diagnosed with breast cancer
- 16 die from breast cancer
- 59 are treated and survive their disease

Lives saved by screening
This many women would have died if breast screening had not caught their cancer early

1,300 lives saved a year in the UK

For every one life saved...
...three women are overdiagnosed

Overdiagnosed due to screening
This many women are treated for breast cancers that are real, but would not have caused them any harm

4,000 women treated a year when there would have been no harm

So, breast screening saves lives, but causes some women to be treated who didn’t need to be

On balance, Cancer Research UK recommend that women go for breast screening when invited

bit.ly/screening-review
Opt-out:

Breast:
   – Phone WoS Breast Screening Centre on 0141 800 8800

Bowel:
   – Phone national centre in Dundee on 0800 0121 833

Cervical:
   – Participants can inform their GP of their wish to opt out
Learning Event:
Cancer Screening Programmes

Session 4: Practice Support
Supporting practices

In depth and supportive discussion with practices about cancer and early diagnosis

Areas covered can include:

- Cancer action planning
- Engaging with screening non-responders
- Prevention
- Safety netting
- Clinical Decision Support Tools
- Audit/Significant Event Analysis
- Training needs of practice staff
Practice engagement to date

- 98% of practices reached via face to face contacts (238 practices)

- 69% of practices have had a meeting with PCE facilitator (167 practices in total)

- Further 102 follow-up visits have taken place (some practices have multiple follow up visits)
BOWEL SCREENING
Bowel Screening Workbook

Engaging Non-Responders Flowchart

**CODING:** Identify non-responders and understand engagement profile
a) Ensure letters from national bowel screening centre are **coded** in patient records
b) **Review** non-responder records to determine whether regularly engage with GP practice

**CONTACT:** Develop appropriate strategies to engage non-responders

**ALL non-responders**
Add **alerts/prompts** to identify patients and support discussion

**NON-ATTENDERS at GP Practice**
Example Activities
a) Letters
b) Telephone Calls
c) Texts

**ATTENDERS at GP Practice**
Example Activities
a) Leaflet from receptionist
b) Discussion with clinical staff

**CHECK:** Evaluate effectiveness of interventions
a) **Code** engagement methods used for each patient
b) **Review** which methods have been most effective
CERVICAL SCREENING
Sharing Good Practice – Cervical Screening

• Interviews carried out with 20 practices in Glasgow City with lowest defaulter rate

• Development of Cervical Cytology Toolkit:

SECTION 1: SUPPORTING ATTENDANCE
(Supporting women to make an appointment)

SECTION 2: PRACTICE SYSTEMS/USING SCCRS
(Raising awareness of the functionality of the SCCRS system)

SECTION 3: MAINTAINING ENGAGEMENT
(Supporting women who have made an appointment to attend that appointment and continue to engage)
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All staff have a good understanding of the cervical screening programme, including the formal opt-out process (for those who have made an informed decision not to participate)</td>
</tr>
<tr>
<td>2</td>
<td>Cervical screening is actively promoted within the practice (posters, opportunistic discussions, practice website)</td>
</tr>
<tr>
<td>3</td>
<td>The procedure is normalised as routine, and explain that this is recommended for all women as part of maintaining their health</td>
</tr>
<tr>
<td>4</td>
<td>Advice and education material about cervical cancer and the smear test are provided as routine, and in formats that reflect patient demographics (different languages, larger fonts etc)</td>
</tr>
<tr>
<td>5</td>
<td>Information is provided to patients to dispel “myths” associated with the programme and who should be screened (e.g. lesbians, those who have had HPV vaccine, virgins)</td>
</tr>
<tr>
<td>6</td>
<td>Information is provided to patients about about what the results mean (e.g. an abnormal result rarely indicates cancer) and what the next steps would be - including addressing any concerns about colposcopy.</td>
</tr>
<tr>
<td>B.1</td>
<td>The defaulters list is reviewed to understand the profile of defaulters (e.g. unengaged v overdue) and identify appropriate engagement methods, for example by using searches to identify different groups. (See Appendix 3 for a sample search in relation to women who have a learning disability)</td>
</tr>
<tr>
<td>B.2</td>
<td>A range of evidence-based approaches are used to engage the target population (opportunistic, phone calls, letters from GP)</td>
</tr>
<tr>
<td>B.3</td>
<td>Specifically targeted engagement approaches are used for identified populations (newly eligible, those who are affected by new age changes, persistent defaulters, patients with language barriers, patients with additional needs)</td>
</tr>
<tr>
<td>C.1</td>
<td>Flexible appointment times are provided (e.g. early morning, evening and weekend) to support patients who have working/caring responsibilities</td>
</tr>
<tr>
<td>C.2</td>
<td>Patients are offered the opportunity to bring someone (relative/partner) with them to their screening appointment to reduce anxiety</td>
</tr>
</tbody>
</table>
BREAST SCREENING
Breast Screening Partnership Protocol

BEFORE: Understand engagement profile for local area

DURING: Develop appropriate strategies to engage non-responders/eligible population

- **GP Engagement**
  - **KEY STAKEHOLDERS:** Primary Care Engagement Team, Breast Screening Service
  - **Example Activities:** Staff Training, Engagement Activities, Promotional Materials

- **Pharmacy Engagement**
  - **KEY STAKEHOLDERS:** Primary Care Engagement Team, HSCP Pharmacy Facilitators
  - **Example Activities:** Staff Training, Promotional Materials, Opportunistic Discussions

- **Marketing Activity**
  - **KEY STAKEHOLDERS:** Health Improvement Teams, Detect Cancer Early
  - **Example Activities:** Press Release, Radio slot, Social Media

- **Community Engagement**
  - **KEY STAKEHOLDERS:** Health Improvement Teams, Breast Cancer Care/CRUK
  - **Example Activities:** Community Workshops, Opportunistic Discussions, Promotional Materials

AFTER: Evaluate effectiveness of interventions

a) Number of **meaningful** interventions
b) Review uptake data
Breast Screening GP Handbook

Handbook Contents
Section 1: Awareness
Section 2: Access
Section 3: Activities
Section 4: Advice/Support

Access FAQs:
How do I re-arrange an appointment?
Can I self-refer?
Can women with breast implants be screened?
I have a lump. Should I attend the screening programme?
Why are women under 50 not invited for screening?

TOP Tips
• Include discussion of screening uptake as regular item at practice meetings
• Code non-responders when DNA letters are received from the breast screening service
• Add alerts to the clinical system to raise breast screening opportunistically with non-attenders
• Consider personalised engagement for non-responders (e.g. letters, texts or phone calls)
• Discuss opportunistically with patients in the appropriate age range (e.g. via cervical screening appointments, flu clinics, HRT reviews, or CDM reviews)
• Link with your Local Health Improvement Teams to organise awareness talks in the community
PCE Programme Support

**Bowel Screening Support**
- Review engagement strategies
- Access training and resources

**Cervical Screening Support**
- Cervical cytology toolkit
- Links to national resources

**Breast Screening Support**
- GP handbook
- Access training and resources

**Cancer Support**
- Audits/SEAs
- Clinical Decision Support Tools
- Practice Visits
Useful resources

• Public Health Screening Annual Report -
  www.nhsggc.org.uk/phsu

• Detect Cancer Early resources:
  http://www.getcheckedearly.org/bowel-cancer

• To order leaflets/posters:
  http://www.phrd.scot.nhs.uk/HPAC/Index.jsp
QUESTIONS?