

Public Document Pack



MEETING:	Overview and Scrutiny Committee - Strong & Resilient Communities Workstream - This meeting is cancelled - papers published are for information
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AGENDA

Strong & Resilient Communities Workstream

Councillors Bowler, Carr, Ennis, Fielding, Higginbottom, Johnson, Leech, McCarthy, Phillips, Stowe, Wilson, and Wraith.

Overview and Scrutiny Issues for the Committee

1 NHS Cancer and Aortic Abdominal Aneurysm Screening Programmes in Barnsley *(Pages 3 - 18)*

To consider a report of the Executive Director Core Services and the Executive Director Public Health in respect of NHS Screening Programmes in Barnsley (Item A attached) and a map showing Barnsley Primary Care Network Neighbourhoods (Item B attached).

Enquiries to Anna Marshall, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bowler, Carr, T. Cave, Clarke, Felton, Fielding, Frost, Gollick, Green, Daniel Griffin, Hand-Davis, Hayward, Higginbottom, Hunt, W. Johnson, Leech, Lodge, Lofts, Makinson, McCarthy, Mitchell, Newing, Noble, Phillips, Pickering, Richardson, Smith, Stowe, Sumner, Tattersall, Williams, Wilson and Wraith MBE together with co-opted Members and Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Andrew Frosdick, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement and Communications

Martin McCarthy, Service Director, Governance, Members and Business Support
Press

NHS Cancer and Aortic Abdominal Aneurysm Screening Programmes in Barnsley

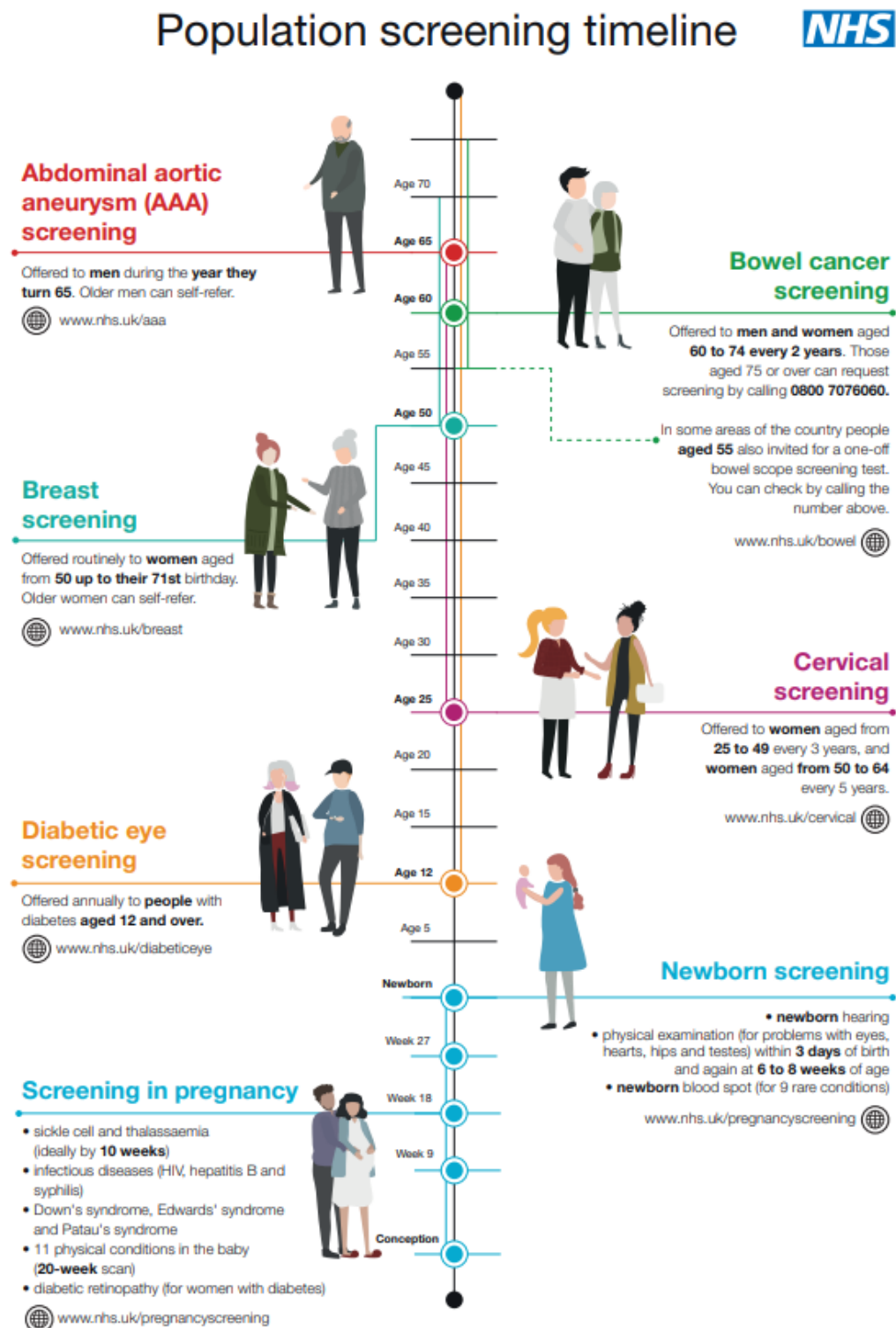
1.0 Introduction

- 1.1 The aim of this report is to provide an update to the Overview and Scrutiny Committee (OSC) on the provision of adult NHS screening programmes which are not specific to pre-existing conditions or pregnancy. This report therefore includes information on the three NHS cancer screening programmes (Bowel, Breast and Cervical) and the Abdominal Aortic Aneurysm (AAA) screening programme in Barnsley. The NHS Diabetic Eye Screening Programme and Screening in Pregnancy are therefore outside the scope of this paper.
- 1.2 The report briefly describes the key principles of the screening programmes, commissioning responsibilities and supporting governance arrangements. In addition, key areas of performance, achievements and challenges associated with the delivery of the programmes are highlighted.

2.0 Background

- 2.1 Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. It can help spot cancers or disease at an early stage, when treatment is more likely to be successful and the chances of survival are much better. In some cases, it can prevent cancers from developing at all, by picking up early changes that can then be treated to stop them turning into cancer.
- 2.2 Screening is a personal choice and is a pathway (not just a test) and people should be supported to make informed decisions on whether or not they choose to attend screening appointments. The screening provider offers information; further tests; treatment; advice and support at all stages; in order to reduce associated problems or complications.
- 2.3 Whilst screening can save lives or improve quality of life through early identification of a condition and reduce the chance of developing a serious condition or its complications, it should be recognised that it does not guarantee protection. Receiving a low chance result does not prevent the person from developing the condition at a later date. To help mitigate against this, the cancer screening programmes continue at agreed intervals over a number of years as determined by the UK National Screening Committee (UKNSC).
- 2.4 Screening is not 100% accurate and there is also a small possibility of false positive or false negative results, which can cause unnecessary further tests and anxiety or misplaced reassurance. The large majority of people who attend population screening will be found to have no abnormality. People who are picked up with a positive screening test result will require further tests or investigations to diagnose or rule out the disease. Where disease is confirmed, people are referred urgently to treatment services.
- 2.5 Many of the conditions where screening and treatment are offered disproportionately affect people from socio-economically deprived backgrounds and/or those with protected characteristics (as defined in the Equality Act 2010). Levels of participation vary between and within national screening programmes. Generally, people who might be at higher risk from a condition being screened are less likely to participate. It is important that screening programmes are effective and reach out to those in greatest need.
- 2.6 Every year across the UK approximately:
- 5,000 deaths are prevented by cervical screening
 - 2,400 bowel cancer deaths are avoided through screening
 - 1,300 women are prevented from dying of breast cancer every year
 - 2,500 men have a potentially life-threatening aneurysm detected

2.7 The timeline below shows details of all NHS national screening programmes.



3.0 National NHS Screening Programmes – Commissioning Responsibilities, Quality Assurance & Governance Arrangements

3.1 National NHS population screening programmes in England are recommended by the UK National Screening Committee (UKNSC) and commissioned by NHS England and NHS Improvement (NHSE/I) via a ring-fenced budget agreed by the Department of Health and Social Care (DHSC). The UKNSC makes recommendations based upon internationally recognised criteria; a rigorous evidence review process; expert input and public consultation. In addition, there is a careful assessment of the balance between benefits and potential harms.

NHS England and NHS Improvement (NHSE/I)

- 3.2 NHS England and NHS Improvement (NHSE/I) are responsible for the commissioning and oversight (delivery, quality and safety) of the programmes under the Section 7a Public Health Agreement (delegated responsibility from the Secretary of State for Health).
- 3.3 NHS England/Improvement (NHSE/I) are accountable for ensuring that the local screening providers deliver against the national service specifications; nationally agreed population uptake and coverage levels; key performance indicators (KPIs) and standards. Robust contract monitoring ensures that screening pathways are effective, high quality and safe.
- 3.4 NHS screening programmes in Barnsley are commissioned by NHS England and NHS Improvement (NHSE/I) Public Health Commissioning Team Yorkshire and Humber (Yorkshire and North East NHSE/I).
- 3.5 Public health advice on the programmes is provided by the local Public Health England (PHE) Screening and Immunisation Team (SIT) embedded within NHSE/I.
- 3.6 The Screening & Immunisation Co-ordinator that covers Barnsley left in October 2019. A new Co-ordinator has been appointed and started in post in February 2020. Unfortunately, this means that the work to progress the local improvement plan was significantly reduced as the team had to prioritise activities.

Public Health England

- 3.7 The Public Health England Screening Quality Assurance Service (PHE SQAS) assesses the quality of screening programmes, monitors compliance with standards, supports services with improving quality and undertakes regional quality assurance visits. PHE SQAS also supports the investigation and management of incidents that occur within any of the national screening programmes.
- 3.8 Public Health England (PHE) also produces information on behalf of the NHS to allow people to make informed choices about screening tests offered to them.

4.0 National NHS Screening Programmes – Local & Regional Arrangements

South Yorkshire & Bassetlaw Integrated Care System Cancer Alliance

- 4.1 The NHS Long Term Plan ambition is for 75% of cancer patients to be diagnosed at Stage 1 or 2 by 2028. Barnsley is currently 43.8% (2017). The South Yorkshire & Bassetlaw (SYB) trajectory reflects a 17% gap from the national ambition to have three in four people diagnosed at stage 1 or 2 which requires significant transformation which will only be achieved by a regional and partnership approach.
- 4.2 The SYB Integrated Care System (ICS) Cancer Alliance is a collaboration that works together to develop and implement a new model of cancer care for South Yorkshire, Bassetlaw and North Derbyshire. Their Long Term Plan implementation response includes a number of deliverables consisting of targeted regional interventions to improve screening coverage alongside transformational work programmes, such as the introduction of the Lower gastro-intestinal (Lower GI) pathway using FIT (Faecal Immunochemical Test) for the management of low risk patients with suspected colorectal cancer; the introduction of lung health checks (Pilot in Doncaster – due to be extended to Barnsley by 2022); and rapid diagnostic provision to enable earlier and faster cancer diagnosis.

South Yorkshire & Bassetlaw Programme Boards

- 4.3 Six monthly South Yorkshire & Bassetlaw programme boards for each of the cancer programmes and AAA screening programme bring colleagues together to drive quality improvement across the screening pathway and facilitate shared learning across the system.

- 4.4 The programme boards report to the South Yorkshire & Bassetlaw Screening and Immunisation Oversight Group. This group brings together key stakeholders across South Yorkshire & Bassetlaw including NHS England/Improvement; Screening & Immunisation Team; Public Health England SQAS; local authorities and colleagues in the Clinical Commissioning Groups (CCGs). The forum provides strategic system leadership ensuring quality assured, safe, effective and accessible commissioned screening services, supporting the reducing inequality agenda and the sharing of best practice.

Barnsley Clinical Commissioning Group

- 4.5 Barnsley CCG has overall responsibility to ensure the NHS Long Term Plan actions in relation to early detection and screening are delivered locally. This is to ensure Barnsley people live a long and healthy life and, if they get cancer, that it is picked up early so their survival rates are not affected.
- 4.6 The CCG progress with delivering this responsibility is actioned via The Cancer Steering Group, made up of multi-agency/providers and the public, and the Barnsley Prevention and Early Detection Local Operational Sub-Group.
- 4.7 In addition, Barnsley CCG and providers are part of the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Cancer Alliance work – a collaboration working together to develop and implement a new model of cancer care for South Yorkshire, Bassetlaw and North Derbyshire.

Barnsley CCG Cancer Steering Group

- 4.8 The Barnsley CCG Cancer Steering Group provide the CCG Governing body with a six-monthly progress position report, which is also available to the public. For the CCG Governing body, increasing screening rates is a priority area that they are working on improving.
- 4.9 The steering group is also the mechanism by which the SYB ICS Cancer Alliance work is delivered within Barnsley. Group members attend the Cancer Alliance sub-groups including the Early Diagnosis and Screening group and ensure Barnsley screening priorities are taken into account.

Barnsley Prevention & Early Detection Local Operational Group

- 4.10 The Barnsley Prevention and Early Detection Local Operational Group works in partnership to monitor the uptake of screening programmes in Barnsley. It works collaboratively to facilitate improvements in equity and coverage and reduce inequalities in all of the national NHS screening programmes. The group brings together multiple organisations (including charities and volunteer groups, as well as statutory organisations), to help the work to be targeted where most needed.

5.0 National Review of Adult Screening Programmes

- 5.1 In May 2018, a national breast screening programme incident was announced which resulted in 120,000 women failing to be offered their final screen in the 36 months before their 71st birthday as specified in the national service specification. A second national incident found that 43,220 women did not receive invitation or reminder letters for cervical cancer screening and a further 4,508 were not sent letters containing their results. All women in Barnsley were notified and provided with an appointment if they wanted to attend screening subsequently.
- 5.2 In November 2018, as a result of a number of national cancer screening incidents, NHS England commissioned a national review of adult cancer screening programmes. In March 2019, the scope of the review was extended to include all screening programmes which target the adult population and require people to be actively called and recalled for screening. This covered:-
- Abdominal aortic aneurysm
 - Bowel cancer
 - Breast cancer
 - Cervical cancer
 - Diabetic eye screening (this also extends to young people)

5.3 The review reported to NHS England and to the Secretary of State for Health & Social Care, making 22 recommendations covering:-

- Governance
- Information systems
- Uptake and coverage
- Wider performance issues
- Financial incentives
- Creating capacity
- Improving audit and research

5.4 The recommendations are currently being considered by a Tripartite (Department of Health & Social Care, Public Health England and NHS England/Improvement) Screening Improvement Programme chaired by the Department of Health & Social Care.

6.0 NHS Bowel Cancer Screening Programme (BCSP)

6.1 Bowel cancer is a common type of cancer in both men and women. It affects around 1 in 20 people. Screening can help detect bowel cancer at an early stage when it is easier to treat. It can also identify and remove small growths in the bowel called polyps which left untreated can turn into cancer.

6.2 Almost nine out of ten cases of bowel cancer occur in people aged 60 or over. There are currently two types of test used in the Bowel Cancer Screening Programme. These are:

- Bowel scope screening (flexible sigmoidoscopy) – is offered to males and females at the age of 55 and this involves a procedure to look for and remove polyps in the bowel. This is carried out at Barnsley Hospital NHS Foundation Trust (Barnsley Hospital) for patients whose GP practice the programme has been rolled out to. This is a one-off screening test, therefore individuals are not recalled.
- Home testing kit (Faecal Immunochemical Test) – Patients, male and female aged 60-74 are identified from the GP register and every two years are automatically sent an information leaflet along with an invite letter which is then followed up with a FIT kit. Individuals over the age of 75 are able to request a FIT kit at any time via the bowel cancer screening helpline. Uptake of bowel screening has increased following the introduction of the FIT test, as this is simpler to use and more acceptable to individuals. The impact on endoscopy units as a result of the number of individuals being referred for colonoscopy following a positive test continues to be monitored.

6.3 Bowel screening is coordinated via the SYB Bowel Cancer Screening Centre, with samples tested at the Gateshead Hub (Gateshead Health NHS Foundation Trust). Barnsley Hospital is commissioned to deliver bowel scope and diagnostic colonoscopy following a positive FIT result.

Performance

6.4 The table below shows the proportion of eligible men and women aged 60 to 74 invited to participate in bowel cancer screening who adequately participated in 2018/19. No thresholds have been set for this data:

Participation		
	2017/18	2018/19
SY&B Bowel Cancer Screening Centre	57.3%	61.8%
Barnsley CCG	57.5%	61.4%
North	58.4%	61.2%
England	56.6%	59.5%

- 6.5 The table below shows the proportion of eligible men and women aged 60 to 74 years invited for screening who have had an adequate screening result in the previous 30 months. The achievable threshold is equal to, or greater than, 60% and the acceptable threshold has been set at equal to, or greater than, 52%.

Adequate Screening Result		
	2017/18	2018/19
Barnsley CCG	60.4%	61.3%
North	59.7%	60.9%
England	58.9%	60.1%

- 6.6 Coverage at Barnsley CCG level is comparable to the achievable threshold and higher than the England and North figures. This though conceals the large differences in uptake rates between the different areas in Barnsley, with GP practices across the borough reporting a variance of between 47.1% and 70.2% uptake.
- 6.7 The table below shows uptake by Barnsley Primary Care Network Area (see Item B for footprint of Primary Care Network Neighbourhood Areas). These figures have been produced locally using the Public Health England Cancer Health Profile 2018/19 data:

Primary Care Network Area	Central	Dearne	North	North-East	Penistone	South
Bowel screening uptake (61.5% Barnsley)	56.4%	57.5%	60.7%	55.87%	63.3%	58.4%

- 6.8 A number of actions to improve bowel screening uptake are detailed in the Prevention and Early Diagnosis Improvement Plan to target areas of low bowel screening uptake. These include:
- Over 2,500 Be Cancer Safe Champions raising awareness of the FIT bowel screening programme in areas with low uptake. During events they have attended, the team gathered feedback and patient experiences, and this has been used to improve uptake
 - GP practices identifying registered patients who have not returned the Bowel Screening Test and encouraging patients to engage with the programme via sending them a reminder letter
 - Targeted coordinated approach of GP practice visits by Cancer Research UK (CRUK) facilitator to support practices with lower uptake to support the Early Diagnosis work programme

7.0 NHS Breast Cancer Screening Programme (BSP)

- 7.1 Breast screening aims to find breast cancer early, detecting cancers when lumps can't be felt or seen. If it's detected early, treatment is more likely to be successful and patients are more likely to make a good recovery. Around 1 in 8 women in the UK are diagnosed with breast cancer.
- 7.2 The likelihood of getting breast cancer increases with age. Breast screening is offered to women aged 50 up to their 71st birthday. Women can still arrange for breast screening by contacting their local unit after age 71.
- 7.3 In some areas of the UK, including Barnsley, an 'age extension' trial is currently being undertaken to examine the effectiveness of offering some women (randomised) one extra screen between the ages of 47 and 49 and one between the ages of 71 and 73. Breast screening can be carried out before age 50 in women who have a very high risk of developing breast cancer (for instance if there is a family history

of breast or ovarian cancer). These women will be referred by their GP as this is not part of the national breast cancer screening programme.

- 7.4 Screening takes place at the Breast Clinic at Barnsley Hospital. Following screening, around 1 in 25 women will be called back for further assessment. About 1 in 4 women who are called back for further assessment are diagnosed with breast cancer.

Performance

- 7.5 The table below shows the proportion of eligible women invited who attend for screening. The achievable threshold is greater than 80% and the acceptable threshold has been set at equal to or greater than 70%.

Participation		
	2017/18	2018/19
Barnsley Breast Screening Centre	73.4%	71.7%
North	71%	71.8%
England	70.5%	71.7%

- 7.6 The table below relates to breast screening round length - this is the interval between the date of the person's previous screening mammogram and the date of their next first offered appointment. Round length is measured by the percentage of the eligible people whose first appointment is within 36 months of their previous screen. The achievable threshold is 100% and the acceptable threshold has been set at equal to, or greater than, 90%.

Breast Screening Round Length Within 36 Months		
	2017/18	2018/19
Barnsley Breast Screening Centre	99.1%	96.1%
North	88.7%	87.2%
England	90.6%	86.5%

- 7.7 The local uptake figure is higher than the acceptable threshold. The figure is higher than the England and North figures which are below the acceptable threshold. This however, conceals the differences in uptake rates across Barnsley, with GP practices across the borough reporting a variance of between 69.7% and 84.0% uptake.
- 7.8 Following a quality assurance (QA) visit to the Barnsley Breast Screening Unit (Barnsley Hospital) in October 2019, immediate concerns were raised around staffing (levels and contingency) and the transfer of the PACs system (image storage). During Q3 (2019/20) the round length (time of invite from last screen) performance reduced to 63.04% against an acceptable standard of equal to, or greater than, 90%. The programme was 1 week behind meeting the 36 month target.
- 7.9 For the same period the programme achieved 21.43% against an acceptable standard of greater than 98% for date of first offered appointment. There was a delay within the programme of 6 weeks. The commissioners, SIT and QA continue to work with the provider to ensure the necessary assurance is received that the recommendations are being addressed and that performance improves.
- 7.10 The table below shows uptake by Barnsley Primary Care Network Area (Source: Local analysis using Public Health England Cancer Health Profile 2018/19 data):

Primary Care Network Area	Central	Dearne	North	North-East	Penistone	South
Breast Screening Uptake (77.2% Barnsley)	71.87%	49.4%	79%	55.56%	81.8%	66.7%

7.11 A number of actions to improve breast screening uptake are detailed in the Prevention and Early Diagnosis Improvement Plan to target areas of low breast screening uptake. These include:

- Be Cancer Safe Champions raising awareness of the Breast Screening Programme in areas with low uptake in coordination with GP practice breast screening invite period. We know from this work that older women say they are being told that they cannot 'opt' back into breast cancer screening. The practices are now making sure women know they can
- Patients regularly report on a good service from Barnsley Breast Screening Hub and Weston Park Sheffield, but we are making sure that women also know they can ask for a longer appointment if they need it
- GP practices identifying registered patients who have not attended breast screening and following up with a GP letter encouraging patients to engage with the programme and the number to contact the Breast Screening Unit to arrange an appointment or discuss any concerns
- Targeted coordinated approach of practice visits by Cancer Research UK facilitator to support practices with lower uptake to support cancer early diagnosis work programme

8.0 NHS Cervical Cancer Screening Programme

8.1 Cervical screening is a test to help prevent cancer by checking the health of the cervix. Human Papillomavirus (HPV) plays a crucial role in the development of cervical cancer and has been detected in 99.7% of cervical cancers.

8.2 Following the UK National Screening Committee (UKNSC) recommendation, this new HPV screening test replaced the screening of abnormal cells (cytology). This test is more sensitive, will identify more people at risk of cancer and could prevent around 600 cancers a year.

8.3 Samples testing positive for HPV are sent for cytology which looks for cell changes. Following a national procurement of cytology laboratories in 2019, all samples taken in Yorkshire & the Humber (Y&H) are screened by Gateshead Health Foundation NHS Trust. If cell changes are detected, women are invited for further tests/management at the colposcopy unit at Barnsley Hospital. In order to improve the turnaround times for women receiving their results letters, primary HPV screening was introduced in Barnsley (via Sheffield Lab) in September 2018 (ahead of the national roll out during 2019).

8.4 In England, the majority of cervical screening is carried out in general practices. Screening is available to all women aged 25 to 64 with all eligible women who are registered with a GP automatically receiving an invite by post. Women aged 25 to 49 are eligible for screening every three years, whilst women aged 50 to 64 receive invitations every five years. Finding abnormal changes/detecting HPV early means women can be monitored or treated, so these changes are prevented from turning into cervical cancer.

8.5 It is important that women who have had the HPV vaccine still attend for cervical screening when invited as whilst the vaccine protects against at least two high-risk types of HPV (16 and 18) causing about 70% of all cervical cancers, there are cervical cancers caused by other HPV types.

8.6 Whilst trans men (assigned female at birth) who are registered at the GP practice as a male do not automatically get invited for screening, they remain eligible while ever they have a cervix. These individuals would be referred by their GP.

Performance

8.7 The table below shows the proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at the end of the period reported, who were screened adequately within the previous 3.5 years. The acceptable threshold is set at equal to, or greater than, 80%:

Cervical Screening Coverage (Under 50 Years)		
	2017/18	2018/19
Barnsley CCG	74.5%	75.9%
North	71.7%	72.7%
England	69.4%	70.2%

- 8.8 The table below shows the proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at the end of the reported period, who were screened adequately within the previous 5.5 years. The acceptable threshold is set at equal to, or greater than 80%.

Cervical Screening Coverage (50+ Years)		
	2017/18	2018/19
Barnsley CCG	79.2%	79.2%
North	76.5%	76.6%
England	76.3%	76.4%

- 8.9 Cervical screening coverage in the 50 years and above cohort has remained relatively static between 2017/18 and 2018/19. However, both cohorts remain below the acceptable level.
- 8.10 As with bowel and breast screening, the figures conceal the differences in uptake rates across Barnsley, with GP practices across the borough reporting a variance of between 62% and 81.9% uptake.
- 8.11 The table below shows the uptake by Barnsley Primary Care Network Area (Source: Local analysis using Public Health England Cancer Health Profile 2018/19 data) :

Primary Care Network Area	Central	Dearne	North	North-East	Penistone	South
Cervical screening uptake (76.8% Barnsley)	73.17%	72.8%	79%	76.6%	79.8%	78.9%

- 8.12 A number of actions to improve cervical screening uptake are detailed in the Prevention and Early Diagnosis Improvement Plan to target areas of low cervical screening uptake:
- Be Cancer Safe Champions raising awareness of the cervical screening programme in areas with low uptake, in particular discussing the importance of attending screening even if HPV vaccination has been received. We know from this work that some women are unwilling to attend for cervical screening if the person doing the screening is known to them or cannot get to appointments between 9am-5pm
 - The CCG has therefore set up an out of hours cervical screening clinic (Tuesday evening and Sunday morning) at Wombwell Health Centre and are making sure that women know this is an alternative for them. This service has had 71 referrals since it started in November 2020, with a 92% uptake of women who have turned up to have their test
 - GP practices identifying registered patients who have not attended a cervical screening invite and sending reminders to encourage patients to discuss any concerns with the practice nurse and book an appointment at the practice or through the extended cervical screening service

- Targeted coordinated approach of practice visits by CRUK facilitator to support practices with lower uptake to support Cancer Early Diagnosis work programme
- Communication and Engagement lead liaising with Gypsy Roma Traveller link workers to engage population group to raise awareness of the cervical cancer screening programme and also inform Be Cancer Safe messages
- Ran several communication and awareness campaigns (via social media) to encourage women to attend, especially the 25-35 age group who are low in going to have a test
- Targeted workplaces to encourage women to attend and working with employers to encourage them to let staff have time off to attend an appointment

9.0 Abdominal Aortic Aneurysm Screening Programme (AAA)

- 9.1 Abdominal Aortic Aneurysm (AAA) screening checks for swelling/bulging of the aorta (the main blood vessel running from the heart down to the stomach). This is a potentially serious condition which if not picked up early may rupture and be life threatening.
- 9.2 The AAA screening programme aims to reduce AAA-related mortality by providing a systematic population-based screening programme for the male population during their 65th year and, upon request for men over 65 years. Research has shown that offering men ultrasound screening in their 65th year reduces the rate of premature death from a ruptured abdominal aorta by up to 50%.
- 9.3 Screening is not routinely offered to women and men under the age of 65 or anyone who has had treatment for an AAA previously because the risk of having an AAA in these groups is much smaller.
- 9.4 Men aged 64, or soon after their 65th birthday, are identified from the GP register and automatically invited. Doncaster and Bassetlaw Teaching NHS Foundation Trust are commissioned to deliver the NHS AAA Screening Programme in Barnsley. There are currently four locations across Barnsley where the AAA screening programme is provided:
- Hill Brow Surgery, Mapplewell
 - The Cudworth Centre
 - Roundhouse Medical Centre, Athersley
 - The Grove Medical Centre, Barnsley

Performance

- 9.5 The table below shows the proportion of men eligible for AAA screening who are conclusively tested. The achievable threshold is equal to, or greater than, 85%, the acceptable threshold is set at equal to, or greater than, 80%.

AAA Screening Coverage		
	2017/18	2018/19
SYB AAA Screening Cohort	81.2%	81.9%
North	76.6%	81.7%
England	77.6%	81.3%

- 9.6 Coverage of initial screen in South Yorkshire and Bassetlaw cohort is above the acceptable level.
- 9.7 There are no quality or performance concerns relating to this programme or provider and therefore the AAA Screening Programme is not identified as a priority in the Barnsley local improvement plan. However, a new standard is being introduced from April 2020 to support providers in reducing inequalities in coverage of AAA screening, focusing on the initial screen in the most deprived 30% of the local area, with the aim of achieving the same levels of coverage across their area.

10.0 Future Plans & Challenges

- 10.1 To continue to drive improvements in cancer screening coverage, a system wide approach is required to be continued, including linking local priorities to regional and national priorities and deliverables to meet the ambition of the Long Term Plan.
- 10.2 The establishment of the Be Cancer Safe champions model has provided insight from conversations with populations in low screening coverage areas on barriers to attending screening, for example cervical screening appointments out of working hours; confusion in the information and eligibility of each screening programme; and who to contact to book an appointment or discuss concerns. These insights helped shape the Prevention and Early Diagnosis Improvement Plan including local actions and local commissioning decisions.
- 10.3 Future plans include:
- With the support of the commissioners and the Screening and Immunisation Team, provider-led work continues to better understand the inequalities and reduce barriers to attendance in relation to the AAA Screening Programme and is captured in service improvement plans
 - Continue to work with BMBC's Barnsley Learning Disability Health and Social Care Strategic Improvement Group to improve the uptake of screening and raise awareness with providers/carers of the importance of screening, including ensuring letters are easy to read and understand
 - Continue to deliver the out of hours cervical screening service and consider having another location e.g. Woodland Drive Medical Centre
 - Continue to run communication and awareness campaigns (via social media) to encourage people to attend and understand the importance of taking part
 - Targeting workplaces to encourage people to take part and working with employers to encourage them to let staff have time off to attend an appointment
 - Strengthen collaborative working with the Primary Care Network (PCN), acknowledging the important role of general practice teams in diagnosing cancer earlier and supporting the NHS Long-Term Plan ambition
 - Review of the local improvement plan to complement the development and delivery of the Y&H Public Health Commissioning Screening and Immunisation Strategy and supporting Workplan

11.0 Key Officers

11.1 The following officers are local leads in this area of work:-

- Carrie Abbott, Service Director - Public Health and Regulation, Barnsley Council
- Alex Stevens, Public Health Practitioner, Barnsley Council
- Sohaib Akhtar, Public Health Practitioner, Barnsley Council
- Cllr Jim Andrews, Cabinet Spokesperson – Public Health, Barnsley Council
- Tracey Turner Inequalities and Early Diagnosis Project Manager, South Yorkshire & Bassetlaw Integrated Care System Cancer Alliance
- Leanne Riley, Screening & Immunisation Manager-South Yorkshire & Bassetlaw, Public Health England Centre – Yorkshire & the Humber Centre
- Emma Nebard, Screening & Immunisation Co-ordinator South Yorkshire & Bassetlaw, Public Health England Centre – Yorkshire & the Humber Centre
- Siobhan Lendzionowski, Lead Commissioning & Transformation Manager, Barnsley Clinical Commissioning Group
- Sally Eapen-Simon, Screening & Immunisation Public Health Consultant, Public Health England

12.0 Possible Areas for Consideration

12.1 Members may wish to consider the following:-

- Which areas of the screening programmes are working particularly well?

- How do you plan to close the considerable gap between current local performance and the NHS Long Term Plan ambition for 75% of cancer patients to be diagnosed at Stage 1 or Stage 2 by 2028?
- How does Barnsley compare to national figures for communicating screening results to individuals in a timely manner?
- In your opinion, do you think that the improvement work locally is progressing at an appropriate pace and is enough being done to achieve the identified goals?
- What areas of the Prevention & Early Detection Improvement Plan are not progressing as well as you would like and are posing a risk to the performance of the screening programme?
- Which groups of the local population are the hardest to reach and how do you plan to help them overcome the barriers that prevent them from being screened?
- Do you consider the current governance structure and arrangements to be effective and fit for purpose and is there clear division of responsibility and accountability?
- Do service providers have the appropriate resources to improve the screening programme locally, particularly around systems, workforce numbers and workforce development?
- What lessons have been learned as a result of QA visits and the associated poor performance for breast screening? What has been done to prevent this happening again?
- What more needs to be done to ensure that information communicated to the public is clear and easy for them to understand?
- How is the endoscopy department being impacted by the number of individuals being referred for a colonoscopy following a positive test?
- Given the disparity across the borough, what are your aspirations for GP practice uptake for each of the separate screening programmes?
- What more needs to be done to ensure that GP practices are identifying individuals and ensuring that their patients engage with the various screening programmes?
- What do you hope to have achieved in the next 12 months?
- What can Members do to support the national screening programmes at a local level?

13.0 Background Papers and Useful Links

Item B - Barnsley Primary Care Network Neighbourhoods Map

NHS Long Term Plan

<https://www.england.nhs.uk/long-term-plan/>

South Yorkshire & Bassetlaw Integrated Care System Cancer Alliance

<https://canceralliancesyb.co.uk/>

Barnsley CCG Governing Body Meeting Minutes

<https://www.barnsleyccg.nhs.uk/about-us/meetings.htm>

South Yorkshire & Bassetlaw Integrated Care System Be Cancer Safe Programme

<https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-future-proof-services/cancer/south-yorkshire-bassetlaw-and-north-derbyshire-cancer-alliance/be-cancer-safe>

Supporting the Health System to Reduce Inequalities in Screening: PHE Screening Inequalities Strategy

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816245/PHE_Screening_inequalities_strategy_2018_1_.pdf

Equality Act 2010
<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Report of the Independent Review of Adult Screening Programmes in England October 2019
<https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf>

14.0 Glossary

AAA	Abdominal Aortic Aneurysm
BCSP	Bowel Cancer Screening Programme
BSP	Breast Screening Programme
CCG	Clinical Commissioning Group
CRUK	Cancer Research UK
DHSC	Department of Health & Social Care
FIT	Faecal Immunochemical Testing
GI	Gastro-Intestinal
HPV	Human Papillomavirus
ICS	Integrated Care System
KPIs	Key Performance Indicators
NHSE/I	NHS England/Improvement
OSC	Overview & Scrutiny Committee
PCN	Primary Care Network
PHE	Pupil Health England
QA	Quality Assurance
SIT	Screening & Immunisation Team
SQAS	Screening Quality Assurance Service
SYB	South Yorkshire & Bassetlaw
UKNSC	UK National Screening Committee
Y&H	Yorkshire & the Humber

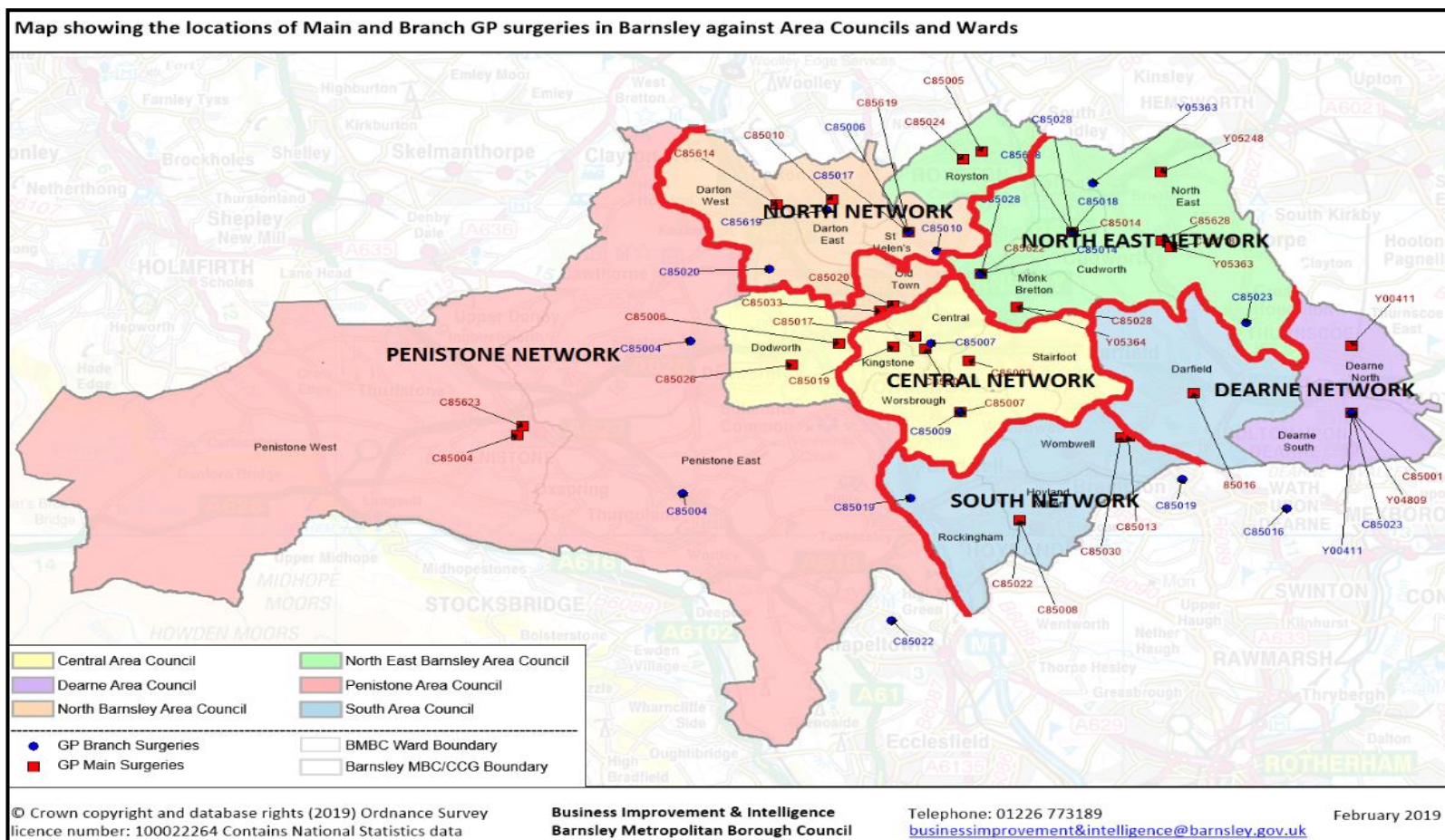
15.0 Officer Contact

Anna Marshall, Scrutiny Officer
23 March 2020

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MAP SHOWING BARNSELY PRIMARY CARE NETWORK NEIGHBOURHOODS

Barnsley has one PRIMARY CARE NETWORK that is made up of 6 Neighbourhoods – Penistone; North; North East; Dearne; South; and Central. These areas are shown in red on the map below:



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