

Screening Matters Summary Report: Cancer Screening in Scotland

Introduction

Cancer screening saves lives. Thousands of women are alive today thanks to breast and cervical screening, while the new bowel cancer screening programme for men and women has the potential to save thousands more.

In 2007, Cancer Research UK and our partner charities launched Screening Matters, a nationwide public campaign aiming to get three million more people into cancer screening (300,000 in Scotland), reduce variation, reach out to those not attending and provide the best possible screening programmes. More than 100,000 people signed a pledge supporting the campaign and committing to attend screening when invited.

In early 2008, over 1000 campaigners wrote to MSPs asking for details of local screening provision in their area. Many MSPs requested this data from their local NHS Health Boards and we subsequently received responses from 13 of the 14 Boards, many of them sharing examples of best practice. We are very grateful for the commitment of our campaigners, MSPs and Health Boards to improving cancer services and promoting screening.

The aim of this report is to give a 'snapshot' of the types of methods that Health Boards use to increase uptake of cancer screening services in their area. We do not intend to detail every aspect of the work undertaken in each area, but have highlighted some areas of best practice, and some issues of concern. The report considers:

- Screening performance by Health Boards
- Measures to improve uptake
- The roll out of the bowel cancer screening programme
- Workforce planning
- Conclusions
- Recommendations

1. Beating Bowel Cancer, Bobby Moore Fund, Bowel Cancer UK, Breakthrough Breast Cancer, Breast Cancer Campaign, Breast Cancer Care, Jo's Trust

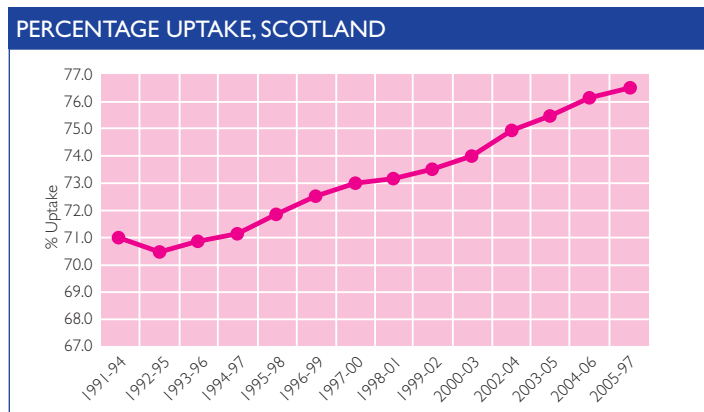


Overview

This report considers how to increase uptake of cancer screening in Scotland, and to build on examples of best practice from across the country to ensure that the best possible services are available to everyone invited to attend. Attendance at breast screening is high, and continues to increase, but there are still some groups who are not regularly attending, and may require specific targeted action. More worryingly, uptake of cervical screening is dropping, particularly among young women, and urgent action is required to reverse this trend. Bowel cancer screening is currently being rolled out across Scotland, and a concerted effort will be required to maximise uptake, particularly among certain groups who we expect to be less motivated to participate. However, health boards are working hard to find innovative ways to engage their local populations in screening and many of these examples are highlighted in this report.

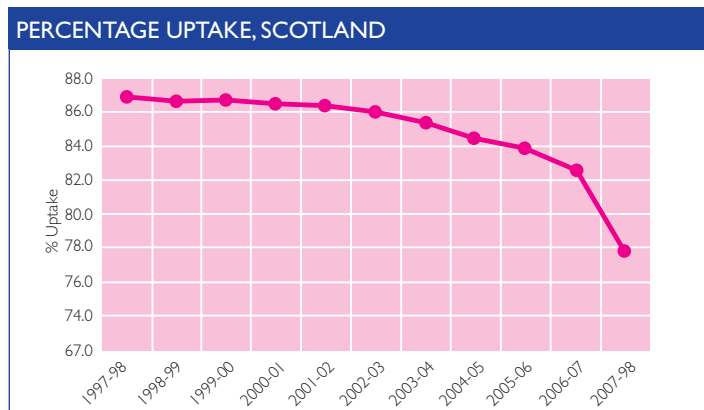
1. Screening performance by Health Boards²

Breast screening



In the 2004-07 screening round, all NHS Boards in Scotland achieved the national minimum uptake standard of 70%, with six surpassing the target uptake of 80%. Statistics reveal a consistent upward trend in uptake of breast screening through the 1990s and 2000s.

Cervical screening



In 2007-08, only seven NHS Boards achieved the national minimum uptake standard of 80% compared to 14 Boards in 2006-07. The long-term trend is downwards with young women a group of particular concern. It is vital that comprehensive action is taken to address the drop in uptake, particularly with the advent of HPV vaccination, which may lead some women to erroneously believe that they no longer need to attend regular cervical screening.

2. Measures to improve uptake

Health Boards provided us with information about measures they use to try to increase uptake, several of which were similar across the country. For example, a number of Boards said that they worked with other health and community staff to target key groups such as people who are homeless, travellers, armed forces personnel, ethnic minority groups, and those with learning disabilities or mental illness.

The [Community Health Educator project] involved employing and training lay people to work directly with communities to increase awareness and knowledge about breast and cervical screening. This had been shown in ethnic minority communities elsewhere to lead to an increase in knowledge and awareness of screening as well as an increase in uptake of screening.

(NHS Lanarkshire)

Local communications campaigns play a key part in keeping people informed about screening services, and Boards used a variety of methods, including press releases to the local papers and radio stations and posters in local businesses and public places.

Other examples were more specific to the Board's location. For example, NHS Orkney said that they organise breast screening clinics to fit in with local travel timetables to make attendance as easy as possible.

The fleet of mobile breast screening units is put to good use across Scotland, with a variety of Boards stating that they took units to public spaces such as supermarket car parks or shopping centres in order to encourage uptake by those who might not otherwise attend. Some Boards are also investigating making best use of other health settings to encourage women to attend.

We are looking at innovative ways of delivering cervical screening for women that attend well woman or family planning clinics, secondary care or other services like the harm reduction services.

(NHS Greater Glasgow and Clyde)

Some Boards made reference to the information and training they provide for staff to ensure that they are able to support, encourage and inform patients about screening, particularly those with traditionally low uptake of screening. These included education events in relation to the HPV vaccine; and an open day for general practice staff, including receptionists, administrators and practice nurses, to increase awareness of the breast screening programme and how it works.

A health needs assessment was completed of Black & Minority Ethnic groups in Highland [and] identified training needs of GP practices to promote the engagement of people from these groups with the health service. Sessions have been rolled out across practices in Highland.

(NHS Highland)

Some breast screening centres employ dedicated staff, for example Health Promotion Facilitators, to work with Boards to take forward initiatives to improve uptake.

2. All screening uptake performance statistics are taken from <http://www.isdscotland.org/>

In Fife, a local project has been awarded funding to develop a DVD on breast screening for women with learning disabilities and their carers.

Some Boards made reference to working with other organisations in their area, including long stay institutions, prison services and the State Hospital, in order to ensure that men and women there are provided with access to screening services.

Arrangements are being put in place to invite those men in the age range for bowel screening to be given the opportunity to take part in the programme while they are serving their sentences in Grampian's prisons.

(NHS Grampian)

The majority of Boards mentioned that GP practices are notified of the breast screening uptake figures for their patients so they can encourage non-attendees to take part. Some suggested that practices find benchmarking against peers useful. Several Boards made reference to the introduction of the Scottish Cervical Call Recall System (SCCRS) which they feel will help to identify areas of low uptake, and therefore provide opportunities to target publicity accordingly. Boards generally suggested that GPs were proactive and supportive in encouraging women to participate. There is however concern that women who miss appointments may be classed as ineligible and removed from invitation lists.

Practice nurses in Grampian regularly take the opportunity to discuss non-attendance with defaulters using feedback from both the Breast Screening Programme Information System and the Scottish Cervical Call Recall System.

(NHS Grampian)

There have been some concerns about the new arrangements [for inviting women to attend for cervical screening] as women who default from screening may now be classed as not eligible. Local practices are therefore opportunistically encouraging defaulters to attend for smears.

(NHS Dumfries and Galloway)

A few Boards commented on the declining numbers of women attending for cervical screening. Two Boards suggested that this may be associated with the introduction of the new GP contract³ and another two raised concerns that this may be exacerbated by confusion regarding the HPV vaccine and the need for continued screening.

The reasons underlying the national decline [in attendance for cervical screening] are complex, but a significant factor relates to changing women's perception of the risk of developing cervical cancer and the harm that is associated with the disease.

(NHS Lothian)

A national working group is currently considering the issues around falling uptake of cervical screening. It is vital that the group's findings are widely communicated and acted on.

3. The roll out of the bowel cancer screening programme

Eight Health Boards have now rolled out bowel cancer screening. All Health Boards are due to have rolled out bowel screening by December 2009.

Uptake of bowel screening during the pilot was around 55% in Scotland⁴. There are concerns that certain groups, including men

(being invited to participate in a cancer screening programme for the first time), and some deprived populations, were less likely to be screened and that targeted messages and outreach activities may be required to drive up participation in these groups.

Boards that have rolled out bowel cancer screening gave information about the communications campaigns they utilise to try to increase uptake, including adverts on local radio, community roadshows and TV adverts. One Board also stated that it is working with the University of Edinburgh on a project looking at ways in which primary care can increase uptake in deprived communities.

We ran a year long advertising campaign on Radio Tay and...we took part in local community roadshows, with a specially commissioned TV advert on bowel screening.

(NHS Tayside)

Posters [are] distributed to a variety of locations such as hairdressers, post offices, charity shops, bowling clubs and supermarkets.

(NHS Fife)

Boards that are still to roll out the screening programme gave information about their plans, and many were focusing on staff recruitment, training and information.

Several Boards mentioned the information and publicity which has been provided nationally, and felt that it was good quality and would be useful. Some mentioned that key groups likely to have lower uptake, including men, ethnic minority groups and deprived populations, would be specifically targeted.

As with breast and cervical screening, Boards encouraged GPs to recommend screening to their patients, as evidence shows that this can encourage uptake.

Local GPs are very proactive in supporting women to take up the screening services available.

(NHS Shetland)

Some Boards had previously undertaken bowel cancer awareness projects in their area and were keen to build on their successes.

4. Workforce planning

The NHS National Service Division is currently looking at workforce planning over the next 5-10 years, and this will be important in order to safeguard the screening programmes for the future.

Most Boards were confident that they had sufficient workforce in place to meet the needs of the screening services. In relation to radiographers and radiologists for breast screening, a number of boards mentioned that they had recruited additional posts in order to ensure the smooth roll-out of two-view mammography. The scarcity of breast screening radiologists has prompted some Boards to adopt a 'skill mix' approach where radiographers have been trained to carry out some tasks, such as reading mammograms and carrying out ultrasounds, which were previously carried out by radiologists. Assistant Practitioner posts have also been utilised in some Boards to undertake mammograms.

The [screening] centres have been having recruitment days during which radiographers who have taken time off to raise young families have been encouraged to come back. Refresher training is offered as a package.

(NHS Forth Valley)

Most Boards felt they had trained sufficient bowel cancer screening colonoscopists, and this is backed up by Scotland-wide statistics

3. Between 1998 and 2003, GPs received payments through the National Contract for reaching 80% target coverage of their registered populations for cervical screening. The number of GPs meeting the target take-up was much higher in affluent areas than in economically and socially deprived areas and this requirement was removed from the GP contract in 2003. There are concerns that it may now be too easy to 'exempt' women from attendance targets for screening for the rest of their lives because they missed one invitation to attend.

4. <http://www.isdscotland.org/isd/1696.html>

for recruitment and training. Some Boards also commented that they had invested in additional sessions of colonoscopy in order to meet expected activity.

NHS Education Scotland (NES) was commissioned in March 2006 to develop a national programme to support the education and training of healthcare professionals undertaking endoscopy. The estimates required were 150 clinicians and 25 non-medical endoscopists to help increase endoscopy capacity as part of the preparation for roll-out of the bowel screening programme. Since 2006, NES has trained 171 clinicians and 31 non-medical endoscopists.

(Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing)

5. Conclusions

Screening Matters because it saves lives. The support we have received from MSPs has been wonderful and we are delighted that Health Boards have shared with us their best practice as well as their concerns. The response rate and the amount of information included in the responses to Cancer Research UK's Screening Matters survey, and importantly, the range of initiatives being undertaken, illustrates a commitment to increase cancer screening uptake. The diverse nature of the initiatives used to bring this about also shows that there is an opportunity to develop good practice in this regard through the sharing of information about effective programmes. Cancer screening programmes play an important part in our aim to beat cancer. We need to ensure that they are of the highest possible standard, and that they reach the largest number of people.

We are strongly committed to the screening programmes, which play a key part in tackling cancer in Tayside and in Scotland. Support for the programmes from MSPs is very welcome.

(NHS Tayside)



If you would like any further information, please contact:

Vicky Crichton, Cancer Research UK's Public Affairs Officer for Scotland on 0131 243 2641 or at vicky.crichton@cancer.org.uk.

Separate reports for screening services in England are also available on request from Cancer Research UK.

To see all of the reports please visit: <http://www.cancercampaigns.org.uk/cancercampaigns/ourcampaigns/screeningmatters/reports/>

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www.cancerresearchuk.org
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Recommendations

Based on this report we have identified a number of recommendations:

- *Further consideration should be given to amending the GP contract to reintroduce targets for cervical screening uptake.*
- *Messages about HPV vaccination should always make clear the continued need for women to attend for cervical screening, when invited.*
- *The National Working Group considering falling uptake of cervical screening should make its findings widely available and make recommendations of best practice in encouraging attendance.*
- *National Services Division should consider how best to ensure that women who fail to attend for screening are not categorised as not eligible, but encouraged to attend.*
- *NHS boards should monitor the uptake of bowel screening and take action to target those groups with low uptake.*
- *Community Health Partnerships should be tasked with ensuring that community staff are well equipped to encourage and support people to attend for cancer screening.*
- *Clear long-term plans should be developed and kept updated to underpin successful workforce planning.*
- *Best practice in increasing uptake should be shared between Boards.*



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