Good Practice Guide for Bowel, Breast and Cervical Cancer Screening In Primary Care

NHS Cancer Screening Timeline

Bowel Cancer Screening
Offered to men and women aged 60-74 every two years. Those aged 74 and over can request screening by ringing 0800 707 6060.

Breast Screening
Offered to women aged 50-70 every three years. Women aged 70 and over can request screening by calling local centre, see page 3.

Cervical Screening
Offered to women aged 25-49 every three years and to women aged 50-64 every five years. Women can contact their GP practice for further information or to book an appointment.

Bowel Scope
Roll out across London by 2017. Offered to all men and women around their 55th birthday. Information from the Freephone number 0800 707 6060.
Acknowledgements

This Best Practice Cancer Screening Guide is presented by the Transforming Cancer Services Team for London. It has been developed by clinicians, commissioners and patients and other partners across London. It is not possible to name everyone individually. The team would like to thank everyone who has contributed to drafting, testing and refining this guide, as without these contributions, production of this guide would not have been possible. In particular, we would like to extend our appreciation to the members of:

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London Cancer
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Transforming Cancer Services Team for London
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Foreword

For most CCGs, cancer remains the largest single cause of premature death. Cancer screening is important in preventing and detecting cancer. It offers a significant opportunity to diagnose more cancers earlier, and improve outcomes for patients by treating cancers sooner. Improving the uptake of cancer screening in all groups will help CCGs towards meeting indicators in their NHS Outcomes Framework to reduce premature deaths.

The three cancer screening programmes (breast, cervical and bowel) are delivered by the NHS through screening centers (bowel and breast) or in primary care (cervical). This reference guide highlights areas of good practice in primary care. The guide will help practices to support screening participation in their populations, including those who often find services hard to reach. It will increase the number of cancers prevented and detected earlier, thus improving survival and reducing mortality from cancer.

We are delighted to support a Good Practice Guide for Cancer Screening which provides primary care with a practical ‘how to’ document of evidence based recommendations representing the current best practice in cancer screening. Late stage cancer diagnosis compared to early stage diagnosis results in poorer survival rates, worse patient experience and significantly increases costs. Improving cancer screening uptake will enable CCGs to meet indicators in their Outcomes Frameworks and support delivery of proactive and coordinated London Primary Care Standards.

Teresa Moss
Director
Transforming Cancer Services Team for London

Joanne Murfitt
Head of Public Heath Commissioning
NHS England (London region)
Endorsement

Screening aims to reduce the numbers of deaths from breast, cervical and bowel cancer by:

- finding the precancerous signs of cervical and bowel cancer and treating these
- identifying the very early signs of breast cancer, leading to a greater chance of survival and less aggressive treatments

Coverage of cancer screening programmes is generally lower in London than the national average, with wide variation between and within CCGs. There is evidence that interventions delivered through primary care can have a significant impact on improving participation in screening, overcoming some of the barriers and inequalities experienced by different groups.

Coverage of bowel screening is particularly low in London compared to the England average (47.7% compared to 57 % in February 2015 for people aged 60 to 74) with wide variation between CCGs; the lowest coverage in a London CCG was 36.4% and the highest 57.7%. Bowel cancer causes 16,000 deaths a year in England, and is the 4th largest cause of cancer deaths. Bowel screening has been shown to reduce mortality from bowel cancer by 16%, and low screening uptake decreases this benefit. Bowel screening has been shown to reduce mortality by 16%. Patients diagnosed through screening usually have early stage disease, and 5 year survival for these patients is 95% - 100%.

We believe this reference guide highlights areas of good practice and will be shared with primary care across London to improve patient experience. We hope the guide will support actions in primary care that will result in improved screening uptake, increased numbers of cancers detected earlier and improved survival.
Key Messages for Primary Care

✓ Check patient contact details at each encounter/regularly maintain the practice list.
✓ Appoint a practice cancer screening lead.
✓ Ensure that PNLs (Prior Notification Lists) are dealt with promptly.
✓ Ensure that when DNA or non-responder reports are received for a patient, this is flagged on their notes, using correct Read code.
✓ Offer cervical screening opportunistically, if due or appointment missed.
✓ Promote cancer screening within the practice.
✓ Do not omit patients with special needs and ensure arrangements are in place for them.
✓ Ensure all practice staff know how to use the FOBt bowel screening kit.

Have screening and signposting information for the different screening programmes readily available.
Useful contact numbers: The contact information on this page was correct at December 2015

Bowel Cancer Screening Hub: Free Helpline 0800 707 6060.

Breast Screening Services: contact information

Barking, Havering, Redbridge and Brentwood Breast Screening Service (FBH)

Elm Breast Care Centre
King George Hospital
Barley Lane
Goodmayes
IG3 8YB
Tel: 020 8970 8206

http://www.bhrbreastscreening.nhs.uk/

Central and East London Breast Screening Service (FLO)

3rd Floor
West Wing
St Bartholomew’s Hospital
West Smithfield
London
EC1A 7BE

Tel: 020 3465 6631

www.celbreastscreening.org.uk

North London Breast Screening Service (EBA)

Deansbrook House
Edgware Community Hospital
Deansbrook Road
Edgware
Middlesex
HA8 9DB

Tel: 020 8951 4045

http://www.nlbss.org.uk

South East London Breast Screening Service (GCA)

Screening and Administration:

South East London Breast Screening Programme
Camberwell Building
104 Denmark Hill
London
SE5 8RX

Tel: 020 3299 1964

http://www.selbreastscreening.org.uk/

South West London Breast Screening Service (HWA)

The Rose Centre
St George’s Hospital NHS Trust
Perimeter Road
London
SW17 0QT

Tel: 020 8725 2723

http://www.swlbreastscreening.co.uk/

West of London Breast Screening Service (ECX)

First Floor
Charing Cross Hospital
Fulham Palace Road
London
W6 8RF

Tel: 020 3313 6644

http://www.westlondonbreastscreening.nhs.uk/
Background to cancer screening

Cancer screening aims to detect pathological changes such as cervical dyskaryosis and bowel polyps, which, if left untreated, can develop into cancer. Cancer screening also enables the early detection and prompt treatment of cancer, thereby reducing the need for invasive treatment and improving outcomes. See www.cancerscreening.nhs.uk (this will be moving to https://www.gov.uk/topic/population-screening-programmes) for up to date information.

### NHS Bowel Screening
The lifetime risk of developing bowel cancer for men and women in the UK is about 1 in 20. As the fourth most common cancer, it causes 16,000 deaths each year. Randomised trials have shown that screening for bowel cancer using the guaiac-based faecal occult blood test (FOBt) can reduce mortality by 16% in people offered screening and 25% in those being screened.

**NATIONAL COVERAGE TARGET IS 60%**
Bowel screening coverage in London in men and women aged 60-74 was 47.8% (March 2015).

Men and women aged 60-74 receive an FOBt self-testing kit at their home address every two years. Over 75s can self-refer and request a test kit from the Bowel Cancer Screening Hub Free Helpline 0800 707 6060.

**Bowel Scope**
Bowel scope screening is a new screening test that is being phased in across London until 2017. It is offered to men and women aged 55. The test entails the use of flexible sigmoidoscopy to identify any polyps or other abnormalities in the bowel.

Check www.cancerscreening.nhs.uk for up to date information.

### NHS Breast Screening
The lifetime risk of developing breast cancer is 1 in 8 for women in the UK and the risk increases with age. 96 in every 100 women screened have a normal result. Four need further tests. Of these four, one will be diagnosed with cancer. The other three women will not have cancer and will be returned to normal screening.

**NATIONAL COVERAGE TARGET IS 70%**
Breast screening coverage in London in women aged 53-70 was 68.3% (March 2015).

Women aged 50-70, are invited for breast screening mammography every three years.

Women aged over can self-refer and book a screening appointment by telephoning their local screening centre.

There is currently national randomised controlled trial underway to assess the effectiveness of screening in women aged 47-49 and 71-73 years of age www.cancerscreening.nhs.uk for up to date information.

### NHS Cervical Screening
The lifetime risk of developing cervical cancer is 1/139 for women in the UK.
Cervical cancer incidence in Great Britain decreased by nearly half between the late 1980s until the early 2000s, but the last decade has seen an increase in rates in younger women. The most effective form of prevention is regular screening.

**NATIONAL COVERAGE TARGET is 80%**
Cervical screening coverage in London in women aged 25-64 was 68.4% (March 2015).

Cervical screening is undertaken every three years in women aged 25-49 and every five years in women aged 50-64. Screening is largely undertaken by clinicians in general practices, but it can also be done in family planning clinics and in hospitals.

**HPV (Human Papilloma Virus) Testing**
HPV testing is used to identify women with low grade or borderline results who might be at a higher risk of developing cervical cancer. Women who are HPV positive are referred to colposcopy.

HPV screening is done using the cells taken during cervical screening. There are more than 100 different strains of HPV. Each type has a different number.

HPV is common. Most people have the virus at some time in their lives. For most people it causes no symptoms and goes away on its own. Types 16 and 18 cause about 7 out of 10 (70%) cancers of the cervix. It is important to remember that most women with high risk HPV don’t develop cervical cancer. Women who test positive for high risk types of HPV are referred for a colposcopy. In women who test negative for HPV, they do not need treatment or follow up. For more information about HPV and cervical screening, check www.cancerscreening.nhs.uk.
How to Maximise Cancer Screening Uptake
A. Role of practice cancer screening lead

Designate a practice cancer screening lead to oversee and steer cancer screening and ensure:

✓ Protocols and processes are in place.

✓ Ensures results are coded correctly and ensure each cervical sample has an associated result.

✓ For breast and cervical screening, patient notes are flagged when DNAs are reported and, for bowel screening, non-responders are reported.

✓ For breast and cervical screening, patients are contacted and encouraged to rebook and, for bowel, to request a replacement bowel screening FOB test kit.

✓ Searches are done monthly or at least every quarter to identify those who have not responded to screening invitations.

✓ Women who have had a bilateral mastectomy are to be ceased from the breast screening programme.

✓ If a woman is new to the practice then necessary information is requested from her previous practice. Until that information is received she will be invited for screening as per practice cycle.

✓ Women who have a disability are encouraged to attend and breast services should make necessary arrangements so that they can attend. There are information booklets available on NHS websites that are predominantly illustrations that are helpful for women with learning difficulties.

✓ Correct information is given by ensuring all staff, including non-clinical staff, know the importance of cancer screening and how each screening programme works within your location.

✓ Promotion of cancer screening is taking place within the practice on an on-going basis.

✓ If screening has been carried out privately or abroad this is coded and patients encouraged to take part in the national screening programme.

✓ Private screening results do not impact or change an individual’s recall date for cervical, breast or bowel screening.

✓ For those who have not had private cervical screening cytology, the results are submitted to Primary Care Support Services so that they are included in your practice’s cervical screening coverage rates.

✓ Patients can only sign a disclaimer form after discussion with a clinician and being informed that signing the form leads to removal of their details from the recall system until such time that they request to be reinstated. See section K.

Patients wishing to be removed from any of the screening programmes are invited to discuss this with a GP. See sections J, K and L.
B. Practice list and list maintenance

- Ensure the practice list is accurate with correct/current address and telephone numbers by checking each time a patient attends or books an appointment.

- “Ghost” patients will skew the practice’s target achievement.

- When registering new patients check their breast and cervical screening status after three months on Open Exeter. If overdue, flag it while she is with you. Bowel screening records are not available on Open Exeter.

- If cervical screening is due, book an appointment at your surgery, there and then.

- If bowel screening is due, inform them that they can request a test kit by calling 0800 707 6060.

- If patients have missed their breast screening appointment, give them the telephone number of the local unit (see page 25)

- For all the above, also add a reminder on their patient records allowing other staff to raise the matter with them too.

C. Prior Notification Lists (PNLs) for cervical screening only

- This is the list of patients who are due for cervical screening sent by the screening programme.

- The list is sent to GP practices before women are sent their invitations, so that GPs know that their patients are about to be called for cervical screening.

- PNLs are extracted by screening programmes from Open Exeter, the national database which holds comprehensive patient information and ensures that the right women are invited for cervical screening at the right time.

- The source of Open Exeter data is mainly what is recorded as a result of practice activity and therefore the PNL extracted by the programme is only as good as what is inputted by practices, including how accurate/up to date it is in terms of a patient’s profile, medical history, contact details, exclusions, etc.

- Practices should obtain Open Exeter access via the system; a named lead at the GP practice:
  - receives the PNL in advance of the due date so that GPs know who is due to be screened
  - following screening, GPs receive copies of the results letter sent to patients.

- The Practice Cancer Screening Lead should ensure that staff check the PNL against their practice list for up to date patient contact details and identify any females who match the exclusion criteria.
D. GP result reports

✓ For bowel cancer screening, electronic result reports are available (in place of hard copy result letters) and should be requested from the Bowel Cancer Screening Hub if not in place. GP result reports sent electronically are correctly Read coded by the Bowel Cancer Screening Hub before they are sent to the GP Practices.

✓ Electronic result reports and PNLs for cervical screening are already in place for all GP practices.

✓ All results are sent electronically (bowel and cervical screening).

✓ Currently, electronic results are not available for breast screening or for bowel scope (where available).

✓ For cervical screening, ensure each sample has a result.

✓ If the practice is informed of a DNA for breast or cervical screening or a non-responder for bowel cancer screening, follow-up suggestions are outlined in the following section.

✓ For cervical screening, ensure each sample has a result.

E. Health promotion to encourage cancer screening awareness and uptake

✓ The “encouragement” from primary care practice staff is effective in improving participation in screening programmes.

✓ Have the National Helpline numbers on hand for clinical/non-clinical staff to be able to refer patients for further information.

✓ Have visible cues about cancer screening such as messages on electronic display screens, posters and leaflets in easy to read locations such as notice boards, waiting rooms, etc.

✓ Use the cues to reinforce:
  o benefits of screening, early detection
  o options available to clients such as changing breast or cervical screening appointments
  o replacement bowel cancer screening test kits can be requested by patients themselves from Bowel Cancer Screening Hub on 0800 707 6060. Replacement kits can be requested on behalf of patients using the form on page 28. This form can also be integrated onto GP IT systems.
  o availability of information in other languages from www.cancerscreening.nhs.uk.

✓ Be systematic and organised to maximise cancer screening uptake by:
  o sending out pre-invitation letters to patients, signed by their GP
  o encouraging all staff to be opportunistic and pro-active in encouraging screening
  o adding electronic alerts on patient records for DNAs/non-response, hence allowing ALL practice staff to identify and speak to patients whenever they contact the practice
  o adding reminders on repeat prescription slips
  o encouraging those aged 75 and over to request a bowel cancer screening test kit every two years
o encouraging women who are 70 and over to book an appointment for breast screening every three years
o involving the practice in national screening and cancer awareness campaigns e.g. Be Clear on Cancer, Bowel Cancer Awareness Month in April and Breast Cancer Awareness Month in October, Cervical Cancer Awareness Week in June
o running a targeted initiative to prioritise new invitees who missed their appointments and the “never screened”.

F. Patients with special needs

✓ Examples of practice level support for patients with special needs may include:
  o identifying patients who may experience communication difficulties (guidance on this subject is available from http://www.cancerscreening.nhs.uk/index.html)
  o asking special needs clients and/or their carers about their needs and preferences in advance of screening and doing the utmost to meet those needs
  o demonstrating the use of the bowel cancer test kit
  o requesting a special kit for visually impaired from bowel screening Hub
  o arranging preliminary visits to the practice for women with special needs at a quiet time to familiarise them with the cervical screening room and equipment
  o booking longer appointments for such patients
  o finding out about provisions made for those with mental or physical disabilities and informing patients with special needs.

G. Additional recommendations for bowel cancer screening

✓ ALL staff to know how to use the bowel cancer screening test kit and are able to explain it to patients in a simple and concise manner.

✓ Each clinician has a sample bowel cancer screening test kit available for demonstration purposes during consultations. Sample test kits are available from the Bowel Cancer Screening Hub on 0800 707 6060.

✓ Encourage staff and patients to view video demonstrations of the bowel cancer screening test kit available online. (https://www.youtube.com/watch?v=FY2VHiOzws)

H. Additional information for breast screening

✓ ALL staff understand what a mammogram is and that it does not damage a woman’s breasts.

✓ All the radiographers working in the breast screening unit are women.
**High risk women**

- It is recommended that all women identified as being at higher risk (for example, because of their family history) should be offered the opportunity to have their risk formally assessed and, where appropriate, to discuss their risk management options.

- Women should be referred to the relevant Genetics team to assess their risk; the team will then refer them to the appropriate breast screening provider.

- Breast screening providers are then responsible for the on-going surveillance of high risk women.

**I. Additional recommendations for cervical screening**

- Ensure GPs and Practice Nurses are trained in cervical sample taking and attend updates every 3 years. (see page 20)

- NHSE is launching a registered sample takers unique number database.

- All sample takers must audit their results, respond to failsafe requests and ensure onward referral for their abnormal results.

- Following an inadequate result, sample to be repeated after three months to allow the cells to regenerate.

- Ensure practice staff are aware that a woman can book at any time during her cycle for cervical screening, except when she has menstrual bleeding. If a woman has had her menopause, she will still need to attend regular cervical screening appointments until she becomes 65.

- If a woman has never been sexually active, she should still be offered a sample test. Lesbian and bisexual women should also be offered regular cervical screening and encouraged to attend.

- Consider improving access to cervical screening by offering appointments during extended opening hours and increasing the number of sample takers at your practice.

- Women who have had a total hysterectomy are excluded, coded and the PCSS informed via PNL.

- ‘Primary Care Practices to provide colposcopy units with current telephone numbers to facilitate patient contact’ seems to have slipped off. Also not entirely clear what this sentence means.

**J. Ceasing women from breast screening recall**

Call and recall for the NHS Bowel Cancer Screening Programme (NHS BCSP) is managed by the programme hubs using the national Bowel Cancer Screening System (BCSS). Ceasing someone from the call/recall system stops all bowel screening programme activity for that person from the date of ceasing. Alternatives to ceasing are to close or suspend a current screening episode. For full guidance on ceasing from the bowel screening programme, please refer to:

http://www.cancerscreening.nhs.uk/cgi-bin/nhs-search/fms_fmsearch.cgi?keywords=ceasing+in+screening+programmes
K. Ceasing women from cervical screening recall

There will be women who ask not to receive invitations for cervical screening and who therefore wish to be ‘ceased’ from the programme. In these circumstances, the health professional should ensure that the woman has received sufficient, accurate information to make an informed choice and that she has expressed the desire to be ceased in writing. The Data Protection Act 1984 will also require that women who have expressed a clear desire to be ceased from the programme should no longer receive invitations and that they should be ceased from the invitation schedule.

http://www.cancerscreening.nhs.uk/cervical/publications/pm-09.html

L. Ceasing men and women from bowel screening recall

Call and recall for the NHS Bowel Cancer Screening Programme (NHS BCSP) is managed by the programme hubs using the national Bowel Cancer Screening System (BCSS). Ceasing someone from the call/recall system stops all bowel screening programme activity for that person from the date of ceasing. Alternatives to ceasing are to close or suspend a current screening episode. For full guidance on ceasing from the bowel screening programme, please refer to:-

http://www.cancerscreening.nhs.uk/cgi-bin/nhs-search/fms_fmsearch.cgi?keywords=ceasing+in+screening+programmes
**M. Cancer screening Read codes**

Use the free text box in each patient’s notes for additional comments, reminders and alerts for staff within your practice.

### Bowel cancer screening Read codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6867</td>
<td>Spoilt test kit</td>
</tr>
<tr>
<td>6868</td>
<td>Technical failure</td>
</tr>
<tr>
<td>6869</td>
<td>Result – Unclear</td>
</tr>
<tr>
<td>686A</td>
<td>Result – Normal/Negative</td>
</tr>
<tr>
<td>686B</td>
<td>Result – Abnormal/Positive</td>
</tr>
<tr>
<td>686C</td>
<td>Incomplete participation</td>
</tr>
<tr>
<td>90w2</td>
<td>No response to screening invitation</td>
</tr>
<tr>
<td>8IA3</td>
<td>Screening declined (opted out)</td>
</tr>
</tbody>
</table>

### Breast screening Read codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5372</td>
<td>Mammography done</td>
</tr>
<tr>
<td>5373</td>
<td>Routine recall for abnormal result</td>
</tr>
<tr>
<td>5375</td>
<td>DNA for mammography</td>
</tr>
<tr>
<td>71308</td>
<td>Not eligible for screening</td>
</tr>
<tr>
<td>9NOc</td>
<td>Private breast screening carried out</td>
</tr>
<tr>
<td>9OHD</td>
<td>Breast screening declined</td>
</tr>
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### Cervical screening Read codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>685R</td>
<td>Liquid based cytology sample taken</td>
</tr>
<tr>
<td>4K4B</td>
<td>Normal 3 year (36 month recall) for women aged 25-49</td>
</tr>
<tr>
<td>4K4C</td>
<td>Normal 5 year (60 month recall) for women aged 50-64</td>
</tr>
<tr>
<td>4K43</td>
<td>Inadequate, repeat at 3 month</td>
</tr>
<tr>
<td>4K45</td>
<td>Abnormal (6 month recall)</td>
</tr>
<tr>
<td>4K47</td>
<td>Abnormal (12 month recall)</td>
</tr>
<tr>
<td>4K48</td>
<td>Referred for Colposcopy</td>
</tr>
<tr>
<td>6855</td>
<td>Cease recall</td>
</tr>
<tr>
<td>685L</td>
<td>Cervical sample refused</td>
</tr>
<tr>
<td>4K3E</td>
<td>HPV test negative</td>
</tr>
<tr>
<td>4K3D</td>
<td>HPV test positive</td>
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</table>
Understand your data

Look at your practice-level screening coverage and uptake rates and whether you meet the targets and how your rates compare with other practices. If rates are low, discuss with your local screening team (contacts p3) and formulate a plan to improve.

Uptake and coverage data are available on Open Exeter. The Practice screening lead (or other nominated individual) should apply for access to this data by completing and submitting the form on the next page to

Andrea Pearson
NHS Cancer Screening Programmes (operated by Public Health England)
Fulwood House
Old Fulwood Road
Sheffield
S10 3TH
andrea.pearson@phe.gov.uk
Cancer Screening Programme National Statistics comprises a suite of reports which provides high level statistical summary data on a range of key aspects of the national cancer screening programmes and the national HPV vaccination programme based on information held by the NHAIS system and BCSS.

Access to Cancer Screening Programme National Statistics provides access to every report within the set. Access to these statistical reports will not include access to any individual patient or GP data.

Please provide the name and address of the organisation whose users require access to National Cancer Screening Statistical Reports:

Organisation name

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Organisation address

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..................................................................................................................................................  Postcode ..........................................

Please provide the contact details of all users who require access to the reports:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title/role</th>
<th>Telephone no.</th>
<th>Primary e-mail address</th>
<th>Secondary e-mail address</th>
<th>Existing OE user code (if any)</th>
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Please return this form by e-mail to:

Andrea Pearson
NHS Cancer Screening Programmes (operated by Public Health England)
Fulwood House
Old Fulwood Road
Sheffield
S10 3TH
andrea.pearson@phe.gov.uk

User IDs and passwords will be notified directly to individual users by the Health & Social Care Information Centre when this application has been processed.
What are the General Practice Profiles for Cancer?
The General Practice Profiles for Cancer have been produced by the National Cancer Intelligence Network (NCIN) and give information about key indicators relating to cancer services for most GP practices in England. They are intended to help GP practices think about the services they offer to their patients, in particular those services related to recognising symptoms and diagnosing cancer earlier.

These profiles are not for assessing the performance of a practice - there is often no ‘right or wrong’ answer for an indicator and many are affected by factors beyond a GP’s control. But by looking at the indicators together, it is possible to get a feel for those areas (indicators) that can affect or influence others, and to gain an understanding of why one indicator may look high and another low. For example, a practice with an elderly population may be expected to make more referrals with suspected cancer.

What is an indicator?
There are currently 22 indicators shown on each profile, and each one relates to either a particular service offered or used by patients within a particular GP practice e.g. referrals for those showing symptoms of cancer, cancer screening, or information about the population which the practice covers e.g. age and deprivation. The indicators are grouped into four ‘domains’, each containing indicators that are similar in type.

We have provided further guidance on the information included in the profiles on the next page of this workbook. Full details of the source for each indicator and detailed methods for their calculation can be found in a separate document called “General Practice Profiles for cancer: Meta-data for profile indicators”, which is available from the NCIN website ([http://www.ncin.org.uk/cancer_information_tools/profiles/gp_profiles.aspx](http://www.ncin.org.uk/cancer_information_tools/profiles/gp_profiles.aspx)).

How do I ‘read’ a profile for a GP Practice?
The information in a profile for each practice is shown in a way that allows the information to be compared with other practices within a Clinical Commissioning Group (CCG) and across England. A brief guide to the format is available from the NCIN website ([http://www.ncin.org.uk/cancer_information_tools/profiles/gp_profiles.aspx](http://www.ncin.org.uk/cancer_information_tools/profiles/gp_profiles.aspx)).

Will more indicators be included over time?
So far we have only used information available nationally with a high degree of completeness, but as more information becomes available there is the potential to add new indicators to the profiles.

Who should I contact for more information?
For general queries about any GP Practice Profile, please email gp.profiles@ncin.org.uk (please state “General Practice Profiles in the subject).

Licensing
Unless otherwise stated, you may use and re-use the information included in these profiles (not including logos or other artwork) free of charge in any format or medium, under the terms of the Open Government Licence. Such re-use should be acknowledged and we encourage users to establish hyperlinks to the NCIN website.

Information on ‘Practice Population aged 65+’, ‘Socio-economic deprivation’, and ‘Prevalent cancer cases’ is copyright, The Health and Social Care Information Centre and may be re-used under their terms and conditions.

1 About the National Cancer Intelligence Network (NCIN)
- The NCIN was established in June 2008 and its remit is to coordinate the collection, analysis and publication of comparative national statistics on diagnosis, treatment and outcomes for all types of cancer
- As part of the National Cancer Research Institute, the NCIN aims to promote efficient and effective data collection at each stage of the cancer journey
- Patient care will be monitored by the NCIN through expert analyses of up-to-date statistics
- The NCIN will drive improvements in the standards of care and clinical outcomes through exploiting data
- The NCIN will support audit and research programmes by providing cancer information
- Visit [www.ncin.org.uk](http://www.ncin.org.uk) for more information

2 Why are some practices not included?
It has not been possible to include all GP practices in these profiles. If your practice is missing, it may because it serves a very small population and we have removed it to avoid showing information that might identify an individual patient, or it may be a new practice which does not appear in our data yet or has a rapidly changing population.
**Indicators**

This column describes each indicator. The information in brackets refers to how the rates and proportions have been calculated. For more information about the indicators, please refer to the 'Meta-data for profile indicators' document. This document provides a more detailed description of the indicators, how they have been calculated, the source and the time periods they relate to.

### Practice Indicator Value

This is the number of people, referrals or procedures for the practice in relation to the relevant indicator e.g. the number of people aged 65 and over that are registered at the practice. The socio-economic deprivation indicator is slightly different as it provides the socio-economic quintile that the practice is in e.g. Quintile 1 is the most affluent. Please refer to 'Meta-data for profile indicators' document for information.

### Practice Rate or Proportion

This displays a % or a rate (relevant to the indicator being looked at) e.g. % of practice population aged 65 and over. A quick description of the rate or proportion is provided in the brackets in the indicator column. A fuller description of how the rate and proportions have been calculated can be found in the 'Meta-data for profile indicators' document.

### Source and Period Columns

The time period and data source that each indicator relates to. More information can be found in the 'Meta-data for profile indicators' document.

### Confidence Intervals

The average rate or proportion for the CCG, in which the practice is located. The England average is also provided, making it possible to see how the practice compares locally and nationally.

### Spine chart

See above.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicators (in Proportion or rate as applicable)</th>
<th>Practice Indicator Value</th>
<th>Practice Rate or Proportion</th>
<th>Source</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG and England average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence Intervals</td>
<td>See above</td>
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<tr>
<td>Practice Indicator Value</td>
<td></td>
<td>Practice Rate or Proportion</td>
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<tr>
<td>Source and Period Columns</td>
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<tr>
<td>Screening data</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Training and patient information resources

| General training | A pan-London Cervical Sample Taker Database (CSTD) with the aim to improve the quality and safety of cervical sample taking in London is being set up. NHS England plan to start the implementation with North Central London in September 2015 with implementation completed by June 2016. Sample takers training - updates every three years. Check with your own CCG or email: loncsstd.england@nhs.net  
http://www.lrctc.org.uk/courses/  
http://learnzone.org.uk/stack.php?s=6  
(Macmillan Education Zone)  
CRUK provide training for receptionists and other non-clinical staff.  
http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/talk-cancer |
| GP revalidation resources | http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/RevalidationToolkit.pdf |
| Nurse revalidation | A system of revalidation is being launched by the Nursing and Midwifery Council (NMC) in October 2015.  
http://www.nmc.org.uk/standards/revalidation/ |
| Patient information | **National website for screening programmes**  
http://www.cancerscreening.nhs.uk/index.html  
http://www.2gether.nhs.uk (for women with learning disabilities)  
http://www.cancerscreening.nhs.uk/bowel/publications  
http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/about/screening/about-bowel-cancer-screening  
https://www.youtube.com/playlist?list=PLp9g03cGHGiFupq8y0pDkE7eE67Ln72fl (for bowel videos in Asian languages)  
The patient information will be updated by 2017. |
| Bowel |  
http://www.jostrust.org.uk/videos/sample-test-film (for women with learning disabilities, a DVD of the resource can be ordered at a cost of £3.00)  
https://www.youtube.com/watch?v=WxapKFPDwjo |
| Cervical |  
http://www.cancerscreening.nhs.uk/breastscreen/publications  
http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/who-is-screened-for-breast-cancer |
Pathway flowcharts
i) The bowel screening pathway

The Bowel Screening Pathway

Programme Hub
- Invitation sent
- Kit dispatched
- Reminder sent if no return within four weeks
- Receipt and development of used kit

Normal result (6 negative samples)
- FOBT offered in two years if ≤ 70

Abnormal result (5 or 6 positive samples)
- Offered colonoscopy at nurse appointment

Unclear result (1 - 4 positive samples)
- Either 1 or 2 repeat kits dispatched

Split kit/technical fail
- 1 repeat kit dispatched

Local Screening Centre
- Does not accept
- Accepts colonoscopy
- Unsuitable imaging

Does not accept
- Non-attendance
- Nothing abnormal detected
- Polyp
- Cancer
- Other pathology

Accepts colonoscopy
- FOBT offered in two years if ≤ 70
- Refer
- Refer/retest/advise

Unsuitable imaging

Low risk 1 or 2 small (< 1cm) adenomas
- FOBT in two years if ≤ 70

Intermediate risk 3 or 4 small adenomas OR at least 1 adenoma > 1cm
- Three yearly colonoscopy surveillance until two negative examinations

High risk > 5 adenomas OR >3 adenomas of which at least 1 is > 1cm
- Colonoscopy after 12 months, followed by three yearly colonoscopy surveillance until two negative examinations

GP informed of outcomes

NHS Bowel Cancer Screening Programme
London Programme Hub
ii) Bowel scope screening pathway

### Bowel scope screening pathway

- Screening Centre add GP surgery to roll out list for bowel scope and generate appointment dates 8 weeks in advance.
- Screening Centre informs surgery they are now ‘live’ with bowel scope roll out.

- Hub send bowel scope invitation information and leaflet 8 weeks in advance of invitation date.
- Hub send invitation including appointment details 6 weeks in advance of appointment date.

- Appointment date is either accepted, rebooked or cancelled with the Hub.
  - If appointment is accepted a reminder letter is sent 4 weeks prior to appointment.
  - The Screening Centre manage the clinic bookings and confirm the list with the Hub 2 weeks before the clinic.

- If the appointment is not accepted a non-response letter is sent to the GP and the patient. The appointment can be rebooked up to the age of 60.

- The Hub send map/directions, confirmation of appointment date and time, consent form and an enema (for self administration on the day of the appointment) 2 weeks in advance of appointment date.

**Attends appointment**

- Consent form agreed with the patient and consent obtained by the nurse and the doctor.
- All details of visit documented on local and national database.

- Results of the bowel scope are given to the patient verbally on the day and in writing.
- GP is sent copy of the results.
- Screening Centre follow up any abnormal findings.

The surgery should:
- Be aware when roll out introduced to their patients
- Encourage patients to attend
- Enter results letter onto patients’ records
- Follow up abnormalities only as requested e.g. haemorrhoids
iii) Cervical screening pathway

Test due date set in the light of screening history and results of previous test.  
*Please refer to national result & action codes*

PCSS (Call Recall) compiles electronic PNL of women due for cervical screening and send it to practices for checking on a weekly basis.

Practices should check the PNL to ensure all women on the list are suitable for screening. Add others or cease if necessary. The PNL list should be returned to PCSS once updated.

Invitation issued to women on the PNL list by PCSS (Call/Recall)

Woman attends for screening test at GP surgery, clinic or hospital

Sample sent to laboratory for processing, screening & reporting

Screening Test Result  
(Results are sent to the woman within 14 Days)

- Inadequate  
  Repeat at 3 months

- Negative / Normal Result  
  *Routine Recall*  
  (3 or 5 year recall - depending on age)

- Borderline-Squamous/Borderline – Endocervical or Low Grade Dyskaryosis  
  HPV Tested

- Glandular neoplasia (non cx)  
  *Routine Recall*

- Abnormal Result Moderate & High grade dyskaryosis or worse or other indication for referral  
  Colposcopy referral

- HPV Test Result tve or –ve ?  
  *Refer to HPV Triage & TOC Protocol*

Woman does not respond  
Reminder issued by PCSS

Still does not respond, Non responder notification issued to GP Practice. Practice contacts the woman.

Test due date reset. Cycle re-starts

Invitation issued to women on the PNL list by PCSS (Call/Recall)

PCSS (Call Recall) compiles electronic PNL of women due for cervical screening and send it to practices for checking on a weekly basis.

Practices should check the PNL to ensure all women on the list are suitable for screening. Add others or cease if necessary. The PNL list should be returned to PCSS once updated.

Test due date set in the light of screening history and results of previous test.  
*Please refer to national result & action codes*
Note HPV primary *SCREENING IS NOT AVAILABLE IN ALL AREAS AS STILL UNDER TRIAL.* HPV testing is only carried out at the moment if the cytology is borderline or if there is mild dyskaryosis.
**Breast screening pathway**

Diagram reproduced from Breast Screening Programme Dataset (KC63 and KC62) Standard Specification / ISB 1597 / 29/08/2013 / Author Ginny Fieldsend

- **Screening Round Plan**
  - Recalled in 3 years
  - Preparation of the Screening batch list
    - Women invited (1\textsuperscript{st} timed appointment)
      - Attends
        - SCREENING
          - Screening Mammograms
            - Normal
              - Technical Recall
                - Abnormal
                  - Normal
                    - Assessment
                      - Issue of result letter
                        - Outcome communicated to woman and GP
          - Abnormal
            - Assessment
              - MDT
                - Diagnosis/Treatment
            - Previous mammograms available
              - Normal but symptoms warrant clinical recall

Example of GP letters

GP Letterhead
Supporting Bowel Cancer Screening

Dear [Participants Name],

We are writing to you to express our support for the NHS Bowel Cancer Screening Programme. Bowel cancer is one of the most common forms of cancer in the UK. Most people diagnosed with bowel cancer are over 60 years old. Screening aims to detect bowel cancer at an early stage, in people with no symptoms, when treatment is more likely to be effective.

As a Practice, we strongly recommend you complete the screening kit. If you have any questions, or would like more information about screening for bowel cancer you can contact the Programme Hub on Freephone 0800 707 60 60. However, if you have any specific concerns, or are worried about bowel symptoms, and would prefer to speak to someone at this Practice in confidence, please feel free to contact us.

It is also very important that you are aware of the symptoms of bowel cancer. The most common symptoms to look out for are:

- a persistent change in bowel habit, especially going to the toilet more often or diarrhoea
- bleeding from the back passage without any obvious reason or blood in your bowel motions
- abdominal pain, especially if it is severe
- a lump in your abdomen

Most of these symptoms will not be cancer. However, if you have experienced one or more of these symptoms for more than four weeks you should contact us as soon as possible.

Yours sincerely,
Date

Dear

**Important information from your GP about the NHS Bowel Screening Programme at ************practice**

I am pleased to tell you that an NHS screening test for bowel cancer is being offered in XXXX.

- Bowel cancer is the third most common cancer in the UK
- Screening aims to prevent bowel cancer by removing abnormal cells that could develop into cancer
- Screening can also find early cases of bowel cancer
- 9 out of every 10 people with *early stage* bowel cancer survive
- Both men and women are at risk of developing bowel cancer
- 8 out of 10 people with bowel cancer are over 60

 All men and women between the ages of 60 and 74 are invited to take part in screening every 2 years
• You will be sent a test kit through the post
• The kit is used privately in your own home
• You simply take tiny samples of your faeces (poo) when you go to the toilet at 3 different times (no need to store samples in the fridge)
• Then send the samples by post in a sealed pre-paid envelope to the NHS laboratory
• You will receive your results by post about 2 weeks later
• Most people receive a normal result and can be reassured that nothing unusual has been found

As you are due to receive your invitation, or may have already received it, we will try to phone you to answer any other questions you may have. **Please make sure we have your current phone number.**

If you would like more information and advice then call us on ........ and ask for...... You can also visit the website [www.cancerscreening.nhs.uk/bowel/](http://www.cancerscreening.nhs.uk/bowel/)

If you did not receive your kit, or you no longer have it, phone FREEPHONE 0800 707 6060 and ask for another kit. You can ask to speak to someone in your preferred language if it is not English.

I am very supportive of the NHS Bowel Screening Programme and I hope that you will take advantage of this life-saving offer and decide to complete your test. Remember, regular screening and knowing when to visit your GP will help to make sure that bowel cancer can be picked up early and treated successfully.

Please do not be embarrassed – this is a type of test that millions of people have done successfully.

Yours sincerely

GP
Guaiac Faecal Occult Blood Test (gFOBt) Kit Request Form

GP Practice and Requester Details

GP Practice Name:
.................................................................................................................................

GP Practice Address:
.................................................................................................................................

GP Practice Code:
.................................................................................................................................

Date of Request: .................................................................Request

Type:.................................................................

Healthcare worker declaration: I have discussed the NHS Bowel Cancer Screening Programme with the afore mentioned subject/patient and they wish to take up the offer of screening. They consent to the sharing of their personal details so that I can contact the London Bowel Cancer Screening Programme Hub and arrange for a new bowel screening kit to be sent to their home address. Receipt of this form will be recorded in the episode notes on Bowel Cancer Screening System by the Programme Hub and in the patient’s medical records by the healthcare worker.

Name Requester: .................................................................Job

Title:.................................................................

Subject/Patient Demographics

Subject/Patient NHS

Number.................................................................DOB:.................................................................

Name:
.................................................................................................................................

Address:
.................................................................................................................................
.................................................................................................................................

Completed form must be returned to:

Email address: LNWH-tr.BCSP@nhs.net
Safe Haven Fax: 020 8869 5281
DDI Telephone: 020 8869 5265
Freephone Helpline: 0800 707 60 60

Emails can only be accepted from an NHS net account, and telephone request for test kits can only be processed where the Subject’s/Patient’s demographics (minimum 3 identifiers) are made available.