

Screening programmes update

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What is screening?

UK National Screening Committee defines screening as:

- “the process of identifying **apparently healthy** people who **may have an increased chance** of a disease or condition.
- The screening provider then offers **information, further tests and treatment**. This is to **reduce associated problems or complications**.”

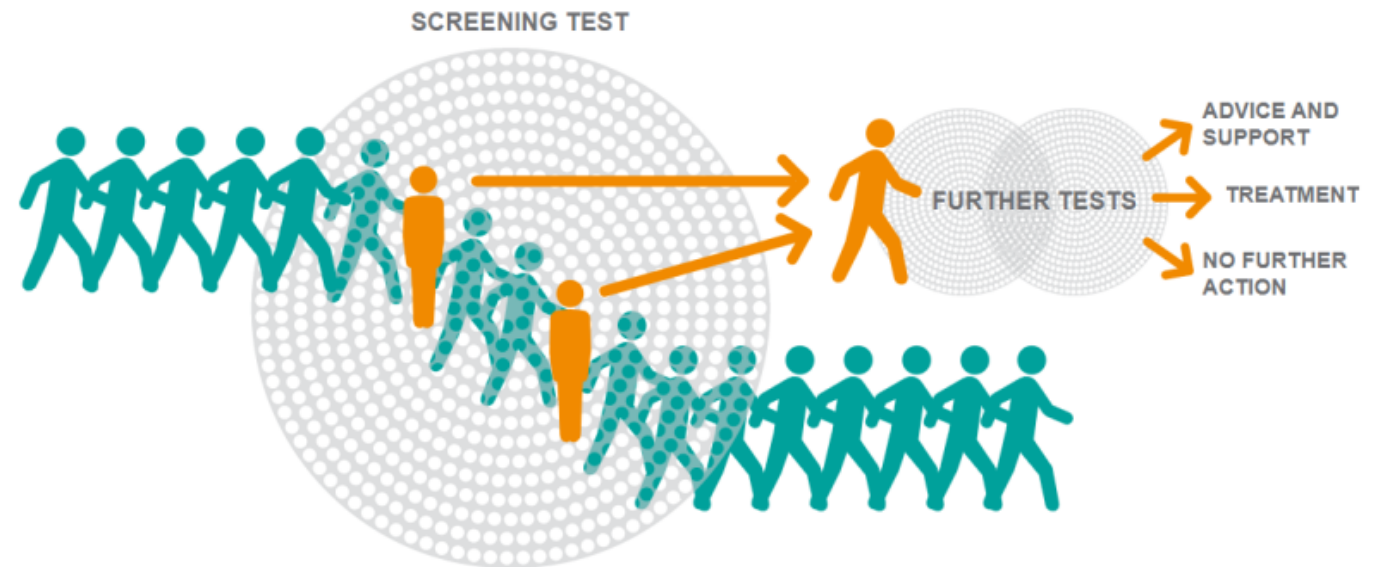
Screening should always be a personal choice. Informed consent is essential.

See '[screening explained](#)' from the NSC for more details.

It can be helpful to think of screening like a sieve. In this diagram, a large group of people accept the offer of a screening test. The sieve represents the screening test and most people pass through it. This means they have a low chance of having the condition screened for.

The people left in the sieve have a higher chance of having the condition. A further investigation is then offered to them.

Identification through this process can show that they have the condition screened for. The person may need further confirmatory diagnostic tests.



When to screen? When not to screen?

Screening is intuitively appealing. But all healthcare interventions involve risk, and no screening test is perfect. And since screening programmes involve apparently healthy people, they need to be carefully considered to avoid doing more harm than good. Informed consent is essential.

In the UK, the National Screening Committee (NSC) is responsible for making recommendations about which screening programmes are effective and cost-effective, according to established criteria. Decisions should not be taken locally.

Key considerations include:

- **The condition:** Is it a serious public health problem? Does it have a detectable early stage? Do we understand how it progresses? Is there an effective treatment? Does early treatment lead to better outcomes?
- **The test:** Is there a good test? How many people will get wrong positive results? How many wrong negatives? Is the test acceptable to the population?
- **The programme:** Is the treatment and the whole programme cost-effective? Are there sufficient resources (money, trained staff) available?

UK screening programmes

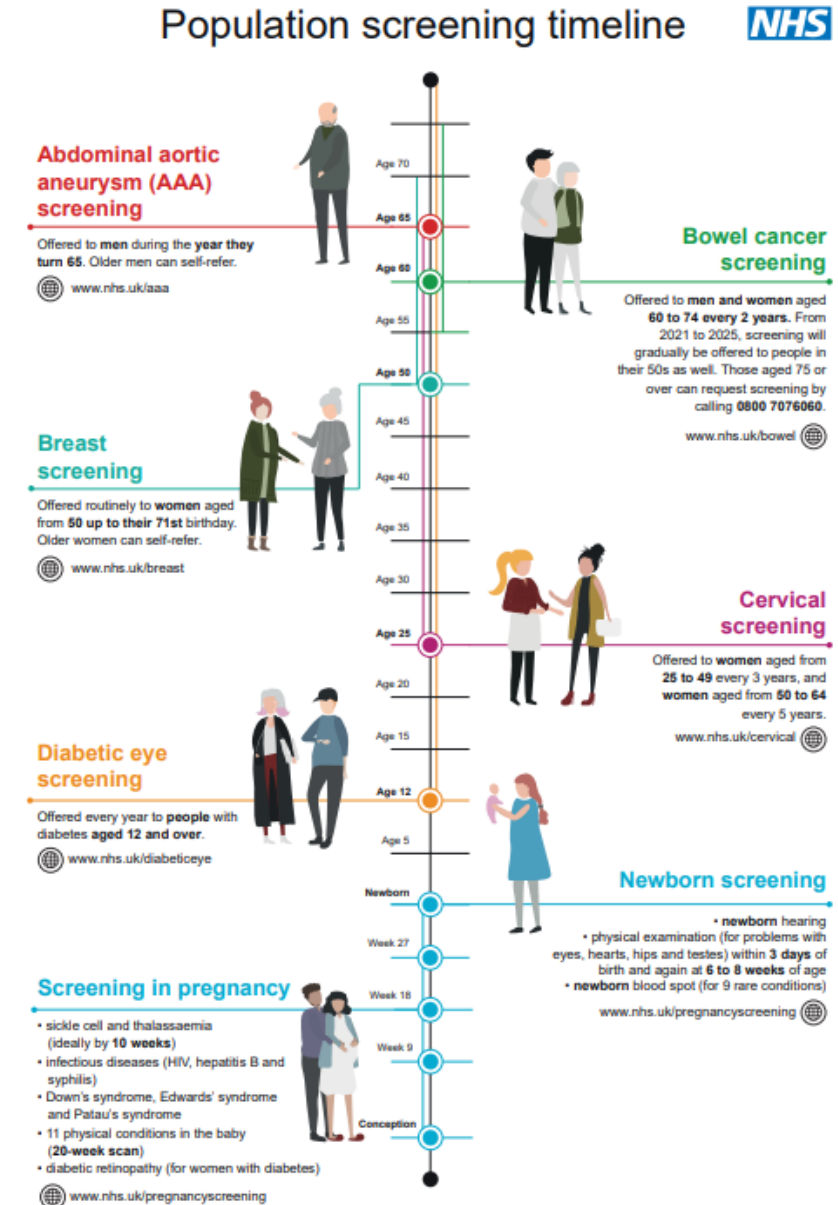
The list opposite shows UK screening programmes and when they are offered, from pre-natal and newborn screening through to bowel and abdominal aortic aneurysm screening in older age.

Screening programmes in England are commissioned by NHS England under section 7a of the NHS Act 2006. In Bury, programmes are commissioned by NHS GM at a GM level, not by locality NHS staff or by the Council public health team.

The Greater Manchester Screening and Immunisation Team is responsible for monitoring performance and inequalities and for working with local primary care commissioners to improve uptake and tackle poor performance from providers.

The local authority director of public health has a role in providing challenge to the commissioners and providers, and in advocating locally to improve access to screening and minimise inequalities.

In practice, the local public health team currently performs some of the functions of the Screening and Immunisations Team (monitoring data, promoting uptake, coordination and system leadership etc.)



Current local performance

Areas where Bury's screening uptake appears good include:

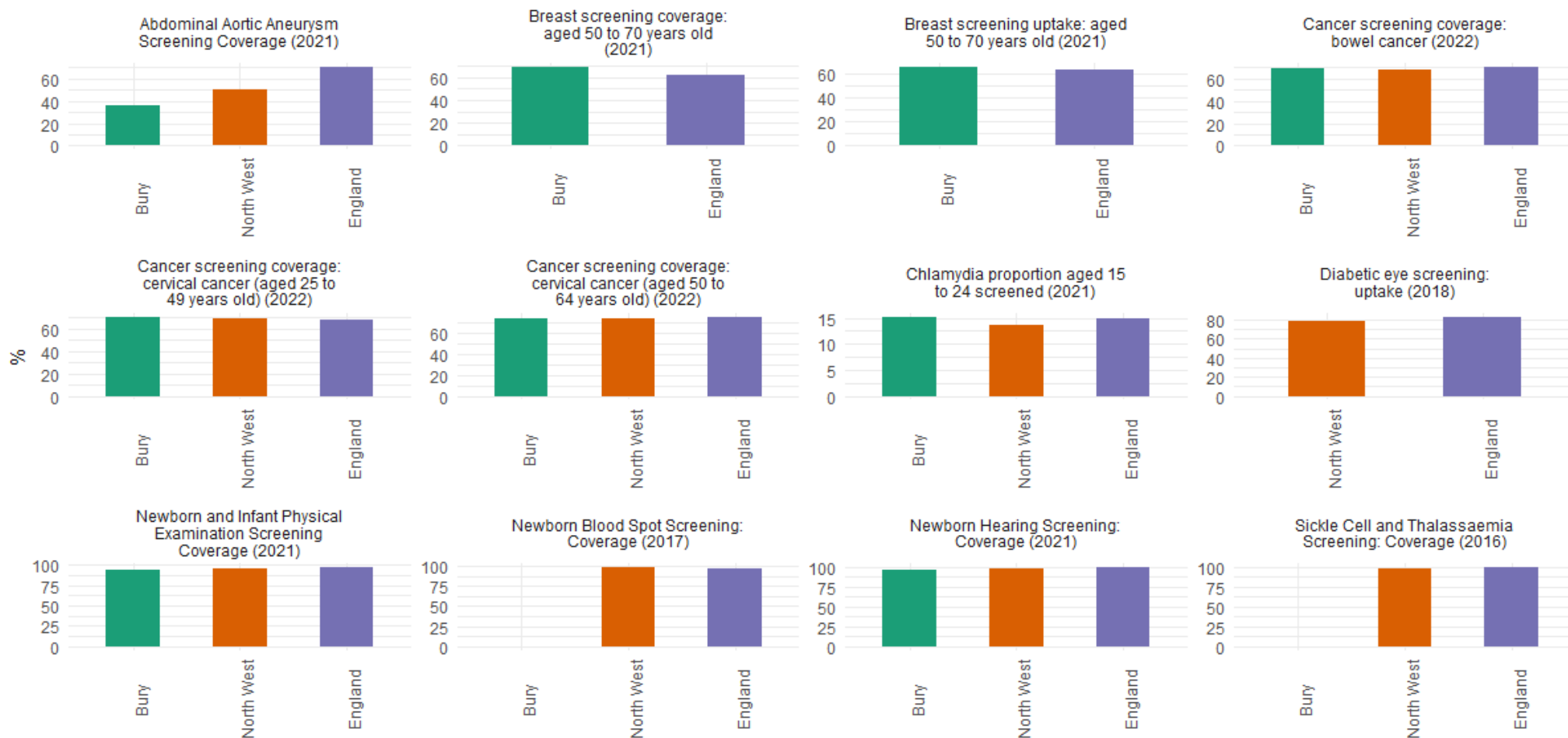
- Breast cancer screening; and
- Chlamydia screening.

Areas where Bury's screening uptake is poor include:

- New-born hearing screening;
- Abdominal aortic aneurysm screening;
- Cervical cancer screening (particularly among women aged 50 to 64 years old); and
- Bowel cancer screening uptake (specifically in Bury PCN).

Current local performance

Screening performance for Bury, the North West, and England



Note: for some indicators data are not available at some geographic scales

Current local priorities

Recent local priorities include:

- Setting up a **Screening Assurance Group** to bring together NHS GM commissioners, local public health expertise, and local providers.
- Understanding the **impact of COVID-19** on local screening programmes and their recovery.
- **Reviewing local breast screening performance** and making recommendations.
- **Reviewing local cervical screening performance** (work in progress) and supporting plans to incentivise cervical screening by GP practices.
- Seeking assurances from NHS GM commissioners that steps are being taken to **improve Abdominal Aortic Aneurysm screening, new born hearing screening**, and addressing issues with timeliness of **sickle cell and thalassaemia screening** (part of the antenatal screening programme).

Focus on... Bowel Cancer Screening

- Bowel cancer screening uptake in East Neighbourhood is low. The PCN has chosen to focus on improving this.
- BAME specific support materials produced e.g. local GP created a video to explain the screening kit in Punjabi.
- Working with BCSP consultants at FGH who attended F2F session (and online) with health professionals to promote the programme and encourage their clients to take part.
- Future plans:
 - Bowel Cancer awareness month activity (April)
 - Review practice BCSP DNA policy (aim for unified policy)
 - East practices to identify a BCSP Champion
 - East PCN to employ a Cancer Co-ordinator

Focus on... Breast Screening

- **PH Review (in context of COVID-19 recovery)**

- reduced coverage in Bury (average 11.8% decrease)
- significant practice variation in screening uptake rates (prior to CV-19) that cannot be explained by deprivation alone
- Limited socio-economic and demographic data is available for breast cancer screening uptake currently. However, both 3-year coverage and 6-month uptake after invitation shows a correlation between practice area deprivation and engagement with breast screening services.

- **BRCA screening in Jewish Community** [Jewish BRCA Screening Info](#)

- BRCA 1/40 Jewish people, 1 in 300 in general population. BRCA 1 lifetime risk of Breast Cancer = 80%
- Previous RCT. NHSE Cancer Prog and Genomics Unit are establishing a targeted programme. Acceptable, and has community support. **But** carries some risk of over-treatment.
- NHSE estimate 26 BRCA carriers identified in Bury over 1 year.

Focus on ... targeted lung health checks

Targeted lung health checks (lung cancer screening)

- Initially used in areas of very high smoking prevalence. Now being rolled out more widely.
- Still some doubts on overall cost effectiveness and use of resources. Evidence strengthening though. Still needs to be targeted to areas of highest risk to ensure best balance of benefit vs harm is best.
- With NHS GM Bury colleagues we worked with Health Innovation Manchester Utilisation Management to refresh small-area lung cancer incidence statistics.

Self-referral to lung x-ray

- Self-referral to lung x-ray 'pilot' ongoing. However, evidence from previous pilots suggests focus on patient and GP education may be a better approach.