

NHS England Update

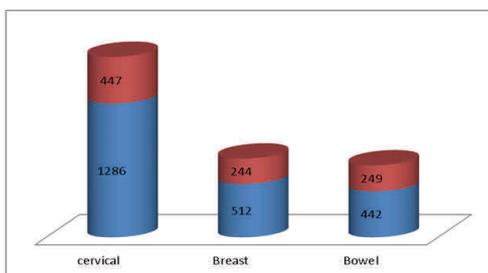
Improving cancer screening uptake in the LD population

A new project will shortly be getting underway in Derbyshire to increase uptake in of the three NHS Cancer Screening Programmes (bowel, breast and cervical) in people who have learning disabilities. It is recognised that this group have low take up and the project aims to engage GP practices in promoting screening, and embed processes in order to influence future GP Practice activity.

This project has been prompted by work done in 2013-15 by Hardwick CCG. A Health Needs Assessment was carried out which found substantial inequalities in cancer screening coverage in people with learning disabilities compared to the general population: the gap for breast screening coverage was 26%, for cervical screening 32%, and for bowel screening 35%.

A project lead has been recruited to implement a Learning Disability Toolkit in all GP practices across Derbyshire & Nottinghamshire. This one year project aims to deliver improvements in access to cancer screening, supporting a Local Enhanced Service including an audit of learning disability screening uptake, and to improve the use and recording of mental capacity and best interest assessments.

Derbyshire cancer screening uptake by people with learning disabilities in 2015



Blue = eligible Red = screened
Uptake: 35% = cervical screening, 48% = breast screening & 56% = bowel screening

Inside this issue

- ⇒ [Diabetic Eye Screening2](#)
- ⇒ [Bowel Cancer Screening3](#)
- ⇒ [Abdominal Aortic Aneurysm Screening4](#)
- ⇒ [Breast Screening5](#)
- ⇒ [Cervical Screening6-7](#)
- ⇒ [Antenatal and Newborn Screening.....8](#)

Websites

For more information about each programme, and access to current leaflets and statistics, please visit the websites below:

- ⇒ www.gov.uk/topic/population-screening-programmes/diabetic-eye
- ⇒ www.gov.uk/topic/population-screening-programmes/abdominal-aortic-aneurysm
- ⇒ www.gov.uk/topic/population-screening-programmes/bowel
- ⇒ www.cancerscreening.nhs.uk/breastscreen/index.html
- ⇒ www.cancerscreening.nhs.uk/cervical/index.html
- ⇒ <https://www.gov.uk/topic/population-screening-programmes>

NHS England Screening Contact Details

Please contact the Screening and Immunisations Coordinators with any screening queries, or if you would like to inform us of any issues/areas of good practice you would like including in the newsletter—

Cervical and Breast Screening—Tracy Doucas

tracy.doucas@nhs.net, Tel 0113 825 5517, Mobile 07900 715344

Bowel and AAA Screening—Sarah Bolstridge

sarah.bolstridge@nhs.net, Tel 0113 825 1718, Mobile 07876 851804

Diabetic Eye Screening—Catherine Donald

catherine.donald@nhs.net, Tel 0113 824 7483, Mobile 07920 251034

Antenatal and Newborn Screening—Paul Kalinda

paul.kalinda@nhs.net, Tel 01138 255540, Mobile 07710 152580

Diabetic Eye Screening Programme

Who's who in Diabetic Eye Screening.....

Commissioners

Catherine Donald—Screening & Immunisation Coordinator
catherine.donald@nhs.net

Sarah Mayfield—Screening and Immunisation Manager
sarahmayfield@nhs.net

Agnes Belencsak—Screening and Immunisation Lead
a.belencsak@nhs.net

Derby Hospitals Team

Mr. HC Chen—Clinical Lead, Consultant in Ophthalmology, Derby Hospitals
hean-choon.chen@nhs.net

Richard Cragg—Programme Manager
richard.cragg@nhs.net

Suzanne Gaskin—Register Validation Lead
suzanne.gaskin@nhs.net

Dawn McAleer—Ophthalmology Failsafe Officer
dawn.mcaleer@nhs.net

Chesterfield Royal Team

Sanjay Choudhary—Clinical Lead, Consultant in Ophthalmology,
schoudhary@nhs.net

Helen Heeley—Nurse Practitioner, Diabetic Eye Screening Team Leader,
helen.heeley@nhs.net

Jayne Elliott—Ophthalmology Failsafe Officer
jayne.elliott@nhs.net

Derbyshire Diabetic Eye Screening Contact Info:

01332 254977

dhft.diabetic@nhs.net

Auditing DNAs and Text Message reminders

Since September 2015 an ongoing audit of patients who Do Not Attend their appointment has been underway, with a dedicated member of staff employed to ring patients directly. Over a six month period 1,700 patients were contacted, with their reasons for non-attendance logged, and an offer to rebook the appointment made. The information received will be analysed and used to improve the service. Many patients over this period commented that a text message reminder may have been beneficial. This feedback was used to help secure funding from NHS England for the initiation of an SMS text messaging reminder system. It is hoped that this will help to reduce the number of patients failing to attend their appointments, and increase the uptake of screening. The text reminders started on 4th April 2016 and patients receive one text 3 days before their appointment is due. It would be very helpful for new patients requiring referral to the screening programme if the practice could record a mobile phone number on their registration form if they consent to text messaging.



Online booking results in better attendance

Last year the Derbyshire DESP became the first eye screening programme in the country to introduce online booking for patients. This has allowed the patients to have greater control and ownership of their appointments, and early data analysis is showing that patients who book their appointment online are nearly half as likely to DNA as those who book by telephone.

Results letter changes

As you will no doubt be aware, at the end of March the 'blue bag' system of letter delivery ceased. As a result, a decision was taken to deliver results and DNA letters electronically to GP practices in order to reflect the current trend towards paperless systems. This has proved to be a very efficient method of delivery, with the additional benefit of being fully auditable on both sides. Thank you to all the Derbyshire practices who have helped to make this service work better for the patients, as the results are now sent and received on the day they are generated.

New venue

A new venue for patients in the North of the county who require follow up Slit Lamp Biomicroscopy appointments will be introduced at the end of April – rather than being invited to attend Chesterfield Royal Hospital, they will now be sent an appointment at Buxton Hospital. It is hoped that this more convenient location will enable more people to attend these vital follow up appointments.



National representatives

Two members of the screening team in Derbyshire have been appointed to the council of the British Association of Retinal Screeners (BARS). Richard Cragg will represent BARS as a Programme Manager for the National Screening Advisory Group, and Cheryl Boulton, a screener/grader based at Chesterfield was elected to the BARS council and began her three year tenure in September 2015.

Abdominal Aortic Aneurysm Screening Programme

What is AAA Screening?

Men turning 65 years old are eligible to be screened for AAA. This is a one-off ultrasound scan of the abdomen to measure the size of the aorta. An enlarged aorta is liable to rupture, and can have fatal consequences. Early detection of an aneurysm can save lives; small aneurysms can be monitored and large aneurysms can be repaired through surgery.

AAA Follow Up Pathway

The following table details the outcomes from screening and the actions the programme makes to inform the patient and GP.

Result	Follow-up	Primary Care
Normal (985 in 1,000 men)		
Aortic diameter Less than 3cm	No treatment or further scans required	GP informed of outcome by letter
No aneurysm detected	Man discharged from screening programme	
Small or medium aneurysm (14 in 1,000 men)		
Aortic diameter measures: 3 to 4.4cm (Small aneurysm)	Man offered yearly surveillance	GP is informed, by letter, of the outcomes of screening and appointment with nurse Review and prescribing of medication may be appropriate Patient may require regular blood pressure monitoring Steps patient can take which may slow growth of the aneurysm: <ul style="list-style-type: none"> ● Eat a healthy balanced diet and reduce intake of fatty foods ● Stop smoking ● Maintain a healthy weight ● Take regular exercise
4.5 to 5.4cm (Medium aneurysm)	Man offered three monthly surveillance	
Large aneurysm (1 in 1,000 men)		
Aortic diameter 5.5cm or above	Man referred to consultant vascular surgeon within defined and agreed Screening Programme Vascular Network by screening programme coordinator	GP informed by phone call/fax and then by letter Steps patient can take in advance of potential treatment: <ul style="list-style-type: none"> ● Eat a healthy balanced diet and reduce intake of fatty foods ● Stop smoking ● Maintain a healthy weight
Non-visualised		
Repeat scan required	Man offered appointment at hospital medical imaging department	GP informed by letter

Further information for patients

- **National leaflets** – all men invited receive a copy of a national invitation leaflet. Men who have a small, medium or large aneurysm detected receive additional national information leaflets
- **Local AAA screening programme** – the phone number for the local screening programme is on the invitation and follow-up letters
- **NHS AAA Screening Programme** www.nhs.uk/aaa
- **AAA Screening Patient Decision Aid** – for men who want help in deciding whether to be screened – www.nhs.uk/aaadecisionaid

Further information for health professionals

- **NHS AAA Screening Programme** – Visit www.nhs.uk/aaa or scan this QR code with your smartphone for further information on the national programme
- **Speak to your local AAA screening programme coordinator**
- **Map of Medicine** – the care pathway for the NHS AAA Screening Programme is published on Map of Medicine. See healthguides.mapofmedicine.com
- **GP Notebook** – online medical information available at www.gpnotebook.co.uk



Who's who in AAA Screening.....

Commissioners

Sarah Bolstridge—Screening and Immunisation Coordinator
sarah.bolstridge@nhs.net

Nikki Henson—Screening and Immunisation Manager
nikkihenson@nhs.net

Agnes Belencsak—Screening and Immunisation Lead
a.belencsak@nhs.net

Derby Hospitals Team

Mr John Quarmby—Clinical Lead, Consultant in Vascular Surgery, Derby Hospitals
john.quarmby@nhs.net

David Miller—Programme Manager, Derby Hospitals
david.miller6@nhs.net

News....

January 2016 marked a significant screening milestone, with the NHS AAA programme screening it's one millionth 65-year-old man.

The national programme aims to detect and treat large aneurysms early in order to reduce the number of deaths from ruptured aneurysms. Since it began in 2009, well over 10,000 aneurysms have been detected that need monitoring or treatment and more than 2,000 men with large aneurysms, measuring 5.5cm or wider, have been referred for surgery.

Derbyshire AAA Screening Centre Patient contact info:
Tel: 01332 789859

Bowel Cancer Screening Programme

Who's who in Bowel Screening.....

Commissioners

Sarah Bolstridge—Screening and Immunisation Coordinator
sarah.bolstridge@nhs.net

Nikki Henson—Screening and Immunisation Manager
nikkihenson@nhs.net

Agnes Belencsak—Screening and Immunisation Lead
a.belencsak@nhs.net

South Derbyshire Screening Centre

Jane McEvoy—Programme Manager, Royal Derby Hospitals
Jane.mcevoy@nhs.net

Andrew Goddard—Clinical Lead, Royal Derby Hospitals
andrewgoddard@nhs.net

Helen Gibbs—Lead SSP Nurse, Royal Derby Hospitals
helengibbs@nhs.net

North Derbyshire Screening Centre

Steve Bird—Programme Manager, Chesterfield Royal Hospital
stevebird@nhs.net

T Amarnath—Clinical Lead, Chesterfield Royal Hospital
tamarnath@nhs.net

Tracey Raven—Lead SSP Nurse, Chesterfield Royal Hospital
tracey.raven@nhs.net

Useful information:

Professional info-
<https://www.gov.uk/topic/population-screening-programmes/bowel>

Patient info -
<http://www.nhs.uk/Conditions/bowel-cancer-screening/Pages/>

Bowel Cancer Screening Patient helpline
Tel: 0800 707 6060

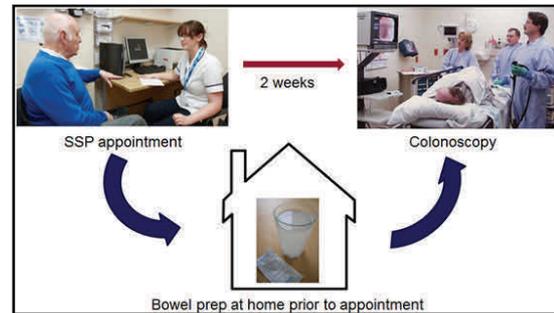


Faecal Occult Blood test (FOBT)

What is an SSP?

An SSP is a Specialist Screening Practitioner. Individuals who receive an abnormal result will be offered an appointment with a specialist nurse within 2 weeks. The SSP will provide information about Bowel Cancer screening, further investigative procedures usually a

colonoscopy as this is the most effective way to examine the bowel), the risks and benefits, assess the patient's fitness for the procedure, and answer any questions. The individual can then make an informed choice if they wish to continue. If they do, an appointment for the colonoscopy is booked while the patient is present, and usually takes place within a few weeks.



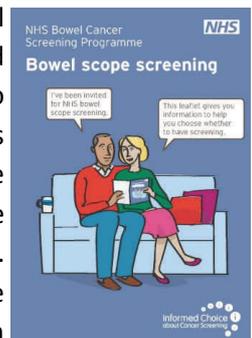
April—Bowel Cancer Awareness



South Derbyshire Screening Team held a health awareness event at the Royal Derby Teaching Hospitals. Highlighting and giving further information to patients, relatives and staff the importance of both the screening programme and 'Keeping a healthy Bowel'.

Bowel Scope update

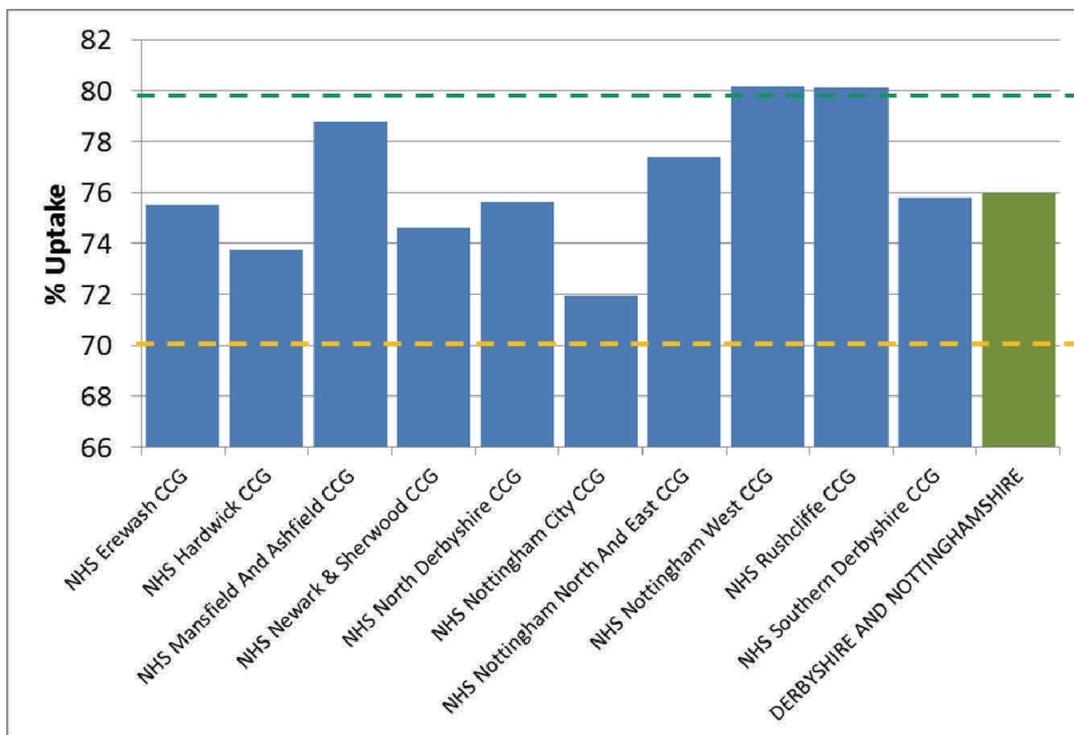
Bowel scope is now live at both the North and South Derbyshire Bowel Screening Centres. Bowel Scope is a one-off invitation for men and women aged 55 years for a flexi-sigmoidoscopy (flexi-sig). It is likely to take a couple of years for full-roll out across the patch. GP practices will be notified by the screening centre when their practice will be 'switched on' for bowel scope. Once your practice has gone live patients aged 56-59 can self refer for bowel scope if they wish to do so. Bowel Scope is in addition to the Bowel Cancer Screening Programme (FOBT kit), hence you should encourage your patients to participate in the BCSP when they are invited at 60 years.



Breast Screening Programme

Breast Screening Uptake 2014-15 by CCG (HSCIC, Feb 2016)

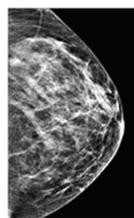
NHSBSP performance coverage: **Acceptable $\geq 70\%$ Achievable $\geq 80\%$**



<http://www.hscic.gov.uk/catalogue/PUB20018/bres-scre-prog-eng-2014-15-rep.pdf>

Why is increasing breast screening uptake important?

- Most common cancer in UK (31% of female cancers)
- Highest incidence in 50-70 year olds
- 11,643 women died in UK (CRUK 2012)
- Rates are increasing
- Mammography remains the most effective & reliable method of detecting early breast cancer



What can you do to help increase uptake? TAKE ACTION NOW!

- * Health promotion stand & resources at GP pre each cohort call/recall
- * Women can ring if they have recently missed screening to re-schedule
- * Practices can call / email local BSU to find out when practice population will be called / recalled for screening & request HP pack
- * Screening coordinators at local Breast Units can support health promotion in GP practices prior to cohort invitations see contact details to right of page here →
- * Review non-responder lists & add **alert flag** on GP system
- * Give information card / screening leaflet opportunistically
- * Remove 'ghost' patients & cease women with bilateral mastectomy
- * Chase non responders, understand population & barriers to screening

Who's who in Breast Screening.....

Commissioners

Tracy Doucas—Screening and Immunisation Coordinator
tracy.doucas@nhs.net

Nikki Henson—Screening and Immunisation Manager
nikkihenson@nhs.net

Agnes Belencsak—Screening and Immunisation Lead
a.belencsak@nhs.net

Chesterfield Royal Hospital

Breast Unit Screening Coordinator:

Pat Martin—01246 512043
pat.martin2@nhs.net

Andrew Loveridge—General Manager

Dr Anna Ford—Clinical Director & Consultant Radiologist

Andrea Booth—Lead Radiographer
andrea.booth2@nhs.net

Chesterfield Breast Screening Unit contact:
Tel: 01246 516060

Royal Derby Hospital

Breast Unit Screening Coordinators:

Joy Holmes / Angela Green 01332 785054 / 789707

joy.holmes3@nhs.net
angela.green9@nhs.net

Dr Mark Bagnall—Clinical Director & Consultant Radiologist

Jean Bonsall—Radiographer Team Lead

Derby Breast Screening Unit contact:
Tel: 01332 785054

Cervical Cancer Screening Programme

Who's who in Cervical Screening.....

Commissioners

Tracy Doucas—Screening and Immunisation Coordinator
tracy.doucas@nhs.net

Nikki Henson—Screening and Immunisation Manager
nikkihenson@nhs.net

Agnes Belencsak—Screening and Immunisation Lead
a.belencsak@nhs.net

Cytology - Derby Hospitals

General enquiries
01332 789311
dhft.cytology@nhs.net

Julie Manning—Cytology PA
01332 789313
julie.manning@nhs.net

Alison Cropper—Hospital Based Programme Coordinator
alison.cropper@nhs.net

Colposcopy

• **Royal Derby Hospital**
Mr. Onnig Tamizian—Lead Colposcopist, Consultant Obstetrician & Gynaecologist

Gaynor Lowe—Colposcopy Clinical Nurse Specialist
gaynor.lowe@nhs.net

• **Chesterfield Royal Hospital**
Mr. Kumar Muthukumarappa—Lead Colposcopist & Consultant Obstetrician / Gynaecologist

Jyothi Rao—Hospital Based Programme Coordinator
jyothirao@nhs.net

• **Buxton Cottage Hospital**
Dr David Swinhoe—Colposcopist

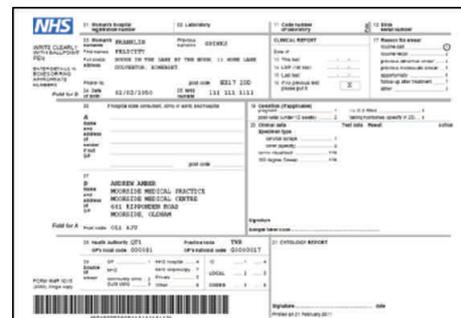
• **'Heanor Colposcopy' at Ilkeston Hospital**
Mr Al-Sahab—Lead Colposcopist, Consultant Obstetrician & Gynaecologist

Dzana Jana Jahic—Colposcopy Clinical Nurse Specialist
dzanajahic@nhs.net

Post-QA visit recommendation: Open Exeter forms

The Screening Quality Assurance Service (SQAS) reviewed all local NHS Cervical Screening Programme services & recommended that all Practices / sample takers use the printed pre-populated Open Exeter cervical screening request forms (the electronic version of paper HMR101 form), in order to:

- Reduce transcription errors
- Improve lab booking in process
- Reduce avoidable sample rejection and repeat date
- Incorporate women's cervical screening history
- Reduce out-of-programme samples (as last test & next test due dates are on Open Exeter)



NB: Thank you to those already using Open Exeter request forms— PLEASE remember to label the vial



Please note: If printed by another person other than the sample taker, it is the sample takers' responsibility to ensure the vial & form has at least 3 matching patient identifiers & correct date of sample.



Print A5 version (2009) on A4 paper and fold once, with the barcode visible on outside through the double-pocket clear plastic sample bag.

Instructions for Practice Managers and/or Primary Contacts to set-up new users have been circulated by Primary Care Services, for support please contact PCSE pcse.emopenexeter@nhs.net, or call 0116 295 7879 if your query is urgent.



Dummy Open Exeter system - training environment

HSCIC have created a Dummy System for GP Practices / sample takers to use as a training environment without changing live patient records. It can be accessed from the usual Open Exeter screen: <https://nww.openexeter.nhs.uk/nhsia/index.jsp>

Please use the following **case sensitive** details to log in:

Username: PRACTICE

Password: 1PRACTICE2

You need a secure connection (N3) in order to access the test environment.

For access to Open Exeter or if you have any questions please contact the PCSE team at

pcse.emopenexeter@nhs.net



PCSE East Midlands Cervical Screening Call-Recall

Screening Office telephone: 0116 295 7879 (if urgent & until Oct 2016)

Screening Office email: pcse.callandrecall-fhs-leicester@nhs.net

Cervical Cancer Screening Programme

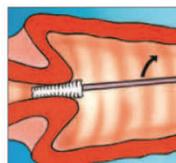


Consumable orders

Consumables for sample taking should be ordered from your usual acute hospital pathology lab stores (either Royal Derby Hospital, Chesterfield Royal Hospital, King's Mill Hospital, Nottingham City Hospital or Queen's Medical Centre) and includes:

- ThinPrep sample pots
- Cervical screening sample brooms (sometimes called brushes)
- Double pocket clear plastic sample bags (with gripper pocket on one side for sample pot and an open pocket on the other for Open Exeter printed request form)

NB: Endocervical brushes are not routinely supplied to Primary Care from the Derby lab, as mostly used in Colposcopy or Gynaecology clinics. You will need to order these independently if required.



STOP PRESS>>>

- The East Midlands **sample-taker database & register** is now managed by Kettering Cytology Lab (1st April 2016) – they can be contacted on kgh-tr.SDBSupport@nhs.net
- HPV vaccinated (older catch up 2008/09 cohort) women started coming through for screening in Sept 2015 - sample takers are not required to add details of HPV vaccinations on the cervical screening section of Open Exeter. Useful to be added if readily available, but it is not mandated



- New** NHS CSP leaflets & letters launched 13th May 2016

<https://phscreening.blog.gov.uk/2016/05/18/new-letters-and-leaflets-for-cervical-screening/>

- Also available in **17 other languages** :

<https://www.gov.uk/government/collections/cervical-screening-information-leaflets>

Tips to reduce inadequate samples

- Rate increased slightly with ThinPrep vs SurePath
- ThinPrep is a different processing technique, affected by **blood** - avoid menstrual smears
- **Lubricant** – causes major problem with machine filters – use warm water if possible or small amount avoiding contact with cervix & broom/brush.
- Please do not use Aquagel; it contains carbomers causing problems of low cellularity on slides
- Good news - High Grade dyskaryosis detection rate increased too = better for women & ThinPrep is *HPV Primary Screening* ready



Cervical Screening Sample Taker Update Training 2016

•8th June

The Towers, NG18 5NG

•7th July

YMCA Derby, DE24 8UT

•7th September

Salvation Army, Arnold, NG5 7DQ

•14th September

Best Western, J25 M1, NG10 5NL

•20th October

Coney Green Bus. Park, S45 9JW

•9th November

Kingsmill Hospital, NG17 4JL

•7th December

Whitmoor M/C, DE56 0JB

•18th January 2017

The Towers, NG18 5NG

•22nd March 2017

Coney Green Bus. Park, S45 9JW

New Sample Taker Two Day Training Courses 2016

•13th & 14th September 2016

YMCA Derby, London Road, Wilmorton, Derby, DE24 8UT

•January 2017

Date and venue TBC

For an application form or more information please contact:

North of England Pathology & Screening Education Centre (NEPSEC)

Tel: 0113 2466330

Email:

sally.collins2@sth.nhs.uk &

Kathryn.hawke@nhs.net

Antenatal and Newborn Screening Programme

Who's who in Antenatal and Newborn Screening.....

Commissioners

Paul Kalinda—Screening and Immunisation Coordinator
paul.kalinda@nhs.net

Sarah Mayfield—Screening and Immunisation Manager
sarahmayfield@nhs.net

Agnes Belencsak—Screening and Immunisation Lead
a.belencsak@nhs.net

Derby Royal Hospital

Liz MacGregor—Antenatal & Newborn Screening Coordinator
Liz.macgregor1@nhs.net

Racheal McClean - Newborn Screening Coordinator
rachel.mclean@nhs.net

Chesterfield Royal Hospital
Rebecca Cartledge — Antenatal & Newborn Screening Coordinator
rebeccacartledge@nhs.net

What's new

- “Screening tests for you and your baby” leaflet
- “Antenatal and Newborn Screening Timeline— optimum times for testing”
- “Immunisation in pregnancy” leaflet
- Antenatal & Newborn Screening Resource cards

Rubella Screening in Pregnancy Ends

Antenatal Screening for Rubella Susceptibility in England stopped from 1st April 2016 following approval from ministers

Why stop screening?

The decision follows reviews of evidence by the UK National Screening Committee in 2003 & 2012 which found that screening for rubella susceptibility did not meet the criteria for a screening programme. (see <http://legacy.screening.nhs.uk/rubellasusceptibility>)

Why it is safe to stop rubella screening

Women in the UK are now unlikely to be exposed to rubella in pregnancy due to the high uptake of the measles, mumps and rubella (MMR) vaccination

The few cases that occur are usually imported from abroad

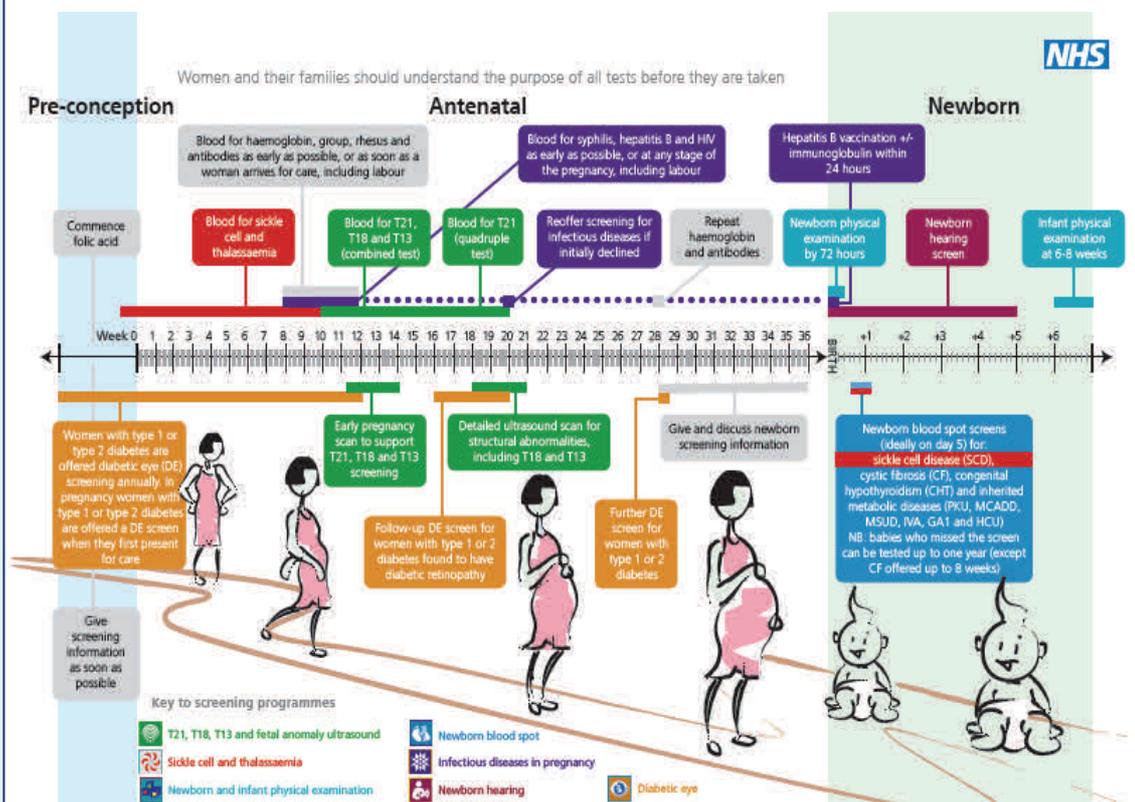
The emphasis now needs to be on ensuring continued high uptake of the MMR vaccine in the whole population.

What do midwives need to do?

1. Do not offer rubella susceptibility screening to women booking after 1st April 2016
2. Continue to offer and recommend screening for HIV, hepatitis B and syphilis in every pregnancy

What do the GP practices need to do?

1. Maintain and improve MMR coverages in their practices
2. Ensure movers in have received MMR vaccinations
3. Get women to know their MMR status
4. Improve rash awareness in pregnancy



Antenatal and Newborn Screening Timeline - optimum times for testing

Version 8.1, March 2016, Gateway ref: 2014696, Public Health England leads the NHS Screening Programmes

www.gov.uk/topic/population-screening-programmes