

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

POPULATION SCREENING PROGRAMMES IN NOTTINGHAMSHIRE

Purpose of the Report

1. To describe delivery in Nottinghamshire of the national screening programmes commissioned by NHS England and NHS Improvement (NHSE&I).
2. To provide assurance that the local screening programmes are delivering positive outcomes for eligible residents, including groups where uptake may be historically low.
3. To raise awareness of the performance, achievements and challenges associated with the local screening programmes and how Board members can support the work.

Information

Background

4. The purpose of screening is to reduce the potential harms to people who are currently healthy, which are caused by a disease or its complications. It involves a service to offer individuals a test to identify whether they are at increased risk of the disease and whether they may benefit from the offer of diagnostic tests and treatment. It has the potential to increase healthy life expectancy and improve quality of life.
5. Every year across the UK approximately¹:
 - 5,000 deaths are prevented by cervical screening
 - 2,400 bowel cancer deaths are avoided through screening
 - 1,300 women are prevented from dying of breast cancer every year
 - 7,000 people with sight-threatening diabetic retinopathy are referred to hospital eye services for urgent treatment
 - 2,500 men have a potentially life-threatening aneurysm detected
 - 1,000 babies, who may otherwise have been born with HIV, are born free of the condition
 - 1,100 babies with hearing problems are helped to reach full educational and social potential through early diagnosis and treatment.

¹ Supporting the health system to reduce inequalities in screening: PHE Screening Inequalities Strategy (2019)

6. In addition, 24,000 fewer invasive tests were carried out over the last ten years due to improved Down's syndrome screening in pregnancy. (These tests carry a small risk of miscarriage.)
7. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee, which makes its recommendations based upon internationally recognised criteria, a rigorous evidence review process, expert input and public consultation. In addition, recommendations are underpinned by a careful assessment of the balance between benefits and potential harms. Important benefits include enabling people to live in good health for longer, providing reassurance, enabling informed decisions and conserving resources within the NHS and social care. However, there is also a small possibility of false positive or false negative results, which can cause unnecessary anxiety or misplaced reassurance.
8. While screening should be offered to everybody in the target group, some people are not able to access screening as easily or readily as others. This can result in people with the greatest need being the least likely to be screened. Screening inequalities can occur in different ways, for example difficulties accessing services in rural areas, so it is important to share and embed good practice from across the system.
9. A number of national screening programmes are commissioned by NHSE&I under Section 7A of the National Health Service Act 2006. Current screening programmes under the Section 7A agreement include antenatal and newborn² (ANNB), cancer (bowel, breast and cervical), abdominal aortic aneurysm (AAA)³ and diabetic eye screening (DES)⁴. Appendix 1 provides a timeline overview of each programme. Public Health England's (PHE) Screening Quality Assurance Service checks that national standards are met and encourages continuous improvement, while local authorities have an oversight role under their mandatory health protection function, ensuring that there are plans in place to protect the health of the population.
10. Although screening programmes draw on the best research and evidence in order to provide the public with safe services, in 2018 there were two national serious incidents – one was declared following a failure in the system that selects women for breast screening, affecting 122,000 women; the second found that 43,220 women did not receive invitation or reminder letters for cervical cancer screening and a further 4,508 were not sent letters containing their results. No Nottinghamshire women were affected by the cervical screening incident. Figures for Nottinghamshire women who may have been affected by the breast screening incident are not publicly available, but there is assurance that all women, regardless of area, have since been notified and provided with an appointment if they wanted to attend screening subsequently.
11. Following these incidents, Professor Sir Mike Richards was commissioned by the government to undertake a review of all national cancer screening programmes. In May 2019, the scope of his review was extended to include the AAA and DES screening programmes. His final

² The Antenatal and Newborn Screening Programme comprises seven different programmes: i) infectious diseases in pregnancy; ii) foetal anomaly - screening for Down's, Edwards' and Patau's syndromes; iii) foetal anomaly - 18 to 20 weeks foetal anomaly scan; iv) sickle cell and thalassemia; v) newborn blood spot; vi) newborn hearing; vii) newborn and infant physical examination

³ An abdominal aortic aneurysm is a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the abdomen, which can rupture if not spotted early.

⁴ Diabetic eye screening checks for a condition called diabetic retinopathy, which is a complication of diabetes and one of the leading causes of blindness.

report⁵, which was published in October 2019, made 22 recommendations, most notably that responsibility for screening programmes should lie solely with NHSE/I, that improvements in IT programmes are needed, and that the implementation of evidence-based initiatives to increase uptake should be spread more widely. The details and implications of the recommendations are being worked through and an implementation plan is to be published in early 2020. PHE and the Association of Directors of Public Health are involved in discussions about how the future role of local authorities in local oversight may be strengthened.

Summary of Nottinghamshire screening programmes

12. Screening programmes in Nottinghamshire are commissioned by NHSE&I public health commissioning teams within two regional centres: Yorkshire and Humber (Yorkshire and North East NHSE&I) and Derbyshire and Nottinghamshire (Midlands NHSE&I). Public health advice is provided by PHE Screening and Immunisation Teams (SITs) embedded within NHSE&I⁶.
13. Each screening programme is underpinned by rigorous quality assurance and monitoring arrangements to ensure that the target population benefits from the service and that individuals are not exposed to potential harms, such as failures to correctly differentiate patients requiring further tests. Details of each local programme are provided in Appendix 2.
14. A number of mechanisms are in place to provide quality assurance, risk and performance monitoring and to facilitate discussion, continuous quality improvement and shared learning across key system stakeholders, including:
 - quarterly programme boards - actions for improving the outcomes of particular providers or in certain populations are regularly reviewed
 - regular contract meetings with providers
 - area-specific groups providing system leadership, such as the South Yorkshire and Bassetlaw Screening and Immunisation Oversight Group, as well as task and finish groups as required.
15. Action planning at programme board level can lead to positive results for service users – for example, one of the local breast screening services had been experiencing issues with the re-siting of its mobile screening units after the locations previously used were no longer available, but in partnership with the County and Borough Councils, sites have been secured for future screening use.
16. In addition, the Nottinghamshire Health Protection Strategy Group, which is a sub-group of the Health and Wellbeing Board and coordinated by Nottinghamshire County Council as part of its mandatory health protection assurance role, receives in-depth reports on the delivery of individual screening programmes from the two SITs. It also maintains a strategic view of screening in the county and as the recommendations of the Richards Review become implemented during 2020, this group will track the new arrangements to assess whether they are improving outcomes for residents, especially those in the least advantaged communities.
17. Screening uptake and coverage across all programmes in Nottinghamshire is better than or similar to that of the England average. There has been a year-on-year increase in performance of the bowel cancer screening programme, but a slight decrease within the cervical and breast

⁵<https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf>

⁶ These are the Derbyshire & Nottinghamshire and South Yorkshire & Bassetlaw SITs.

cancer screening programmes over the last ten years. The coverage of the non-cancer screening programmes continues on an upward trend and the ANNB programmes have remained stable.

18. Although service performance in Nottinghamshire is good, there is variation in uptake and coverage within the county. This is generally associated with more deprived communities and under-served populations, such as people with learning disabilities, the Gypsy, Roma & Traveller community and the homeless. Identifying people in these populations who are not accessing screening and improving uptake among them is an ongoing challenge for providers. Where programme specific clinical commissioning group (CCG) data is available in the public domain, this is shown in Appendix 2. As an example of variation by deprivation, cervical screening coverage in the under-50s ranges from 74.1% in Mansfield & Ashfield CCG to 81.0% in Rushcliffe CCG. Another challenge for the system that compounds this is workforce capacity across each screening programme, which is a national issue.
19. To address inequalities, several successful local initiatives have been implemented:
 - a. Within the Nottinghamshire AAA Screening Programme, a Contracting for Quality and Innovation scheme (CQUIN)⁷ is in place with the provider, which aims to identify and reduce local screening inequalities and improve coverage in vulnerable populations; while the South Yorkshire and Bassetlaw AAA Screening Programme makes use of a health bus, which allows for screening to be undertaken in the heart of under-served communities.
 - b. A project to increase the uptake of cancer and AAA screening for people with learning disabilities has been undertaken to identify whether screening uptake would be increased if GP practices sent easy-read invitation letters to patients who had not yet attended for their screening, to help them make an informed decision. Bassetlaw CCG also incentivises its GP practices to increase uptake in cancer screening for patients with learning disabilities as standard in its primary care 2019/20 quality contract.
 - c. All DES providers undertake a number of audits every quarter that produce data that is used to develop a variety of workshops and awareness events throughout Nottinghamshire that target specific groups, such as the Gypsy, Roma & Traveller, black & minority ethnic and lesbian, gay, bisexual and transgender communities.
 - d. Each of the county's breast screening programmes work with targeted GP practices to increase uptake in vulnerable groups who are less likely to access the service, and the Nottingham City Breast Screening Programme (which serves South Nottinghamshire as well as Nottingham City) has two mobile screening units to facilitate access to screening in less urban areas.
20. Health & Wellbeing Board members are encouraged to promote local and national screening messages to their staff and service users, especially those from under-served communities, and to engage with future initiatives to help increase uptake and address inequalities. CCGs, for example, are well-placed to support GP practices where screening uptake among patients is low and borough and district councils can share local intelligence with screening providers to assist with accessing relevant communities.

⁷ CQUINs are a national payment framework that enable commissioners to reward excellence by making a proportion of a provider's income conditional on the achievement of ambitious quality improvement innovations.

Other Options Considered

21. No other options were considered.

Reason/s for Recommendations

22. The Health & Wellbeing Board has an oversight and assurance role in relation to health protection arrangements in Nottinghamshire. It is also well-placed to exert a positive influence upon the health and social care economy and, in turn, upon members of the public who are eligible for screening services.

Statutory and Policy Implications

23. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

There are no direct financial implications arising from this report.

RECOMMENDATIONS

Members of the Health & Wellbeing Board are recommended to:

- 1) Consider the arrangements, achievements and challenges relating to the local screening programmes in Nottinghamshire.
- 2) Decide whether there is any additional action that they wish to be taken to provide assurance that the local screening programmes are delivering positive outcomes for eligible residents.
- 3) Decide how they can contribute to successful delivery of the screening programmes, especially in relation to challenges around variation in uptake.

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Constitutional Comments (LW 19/12/19)

24. The Health & Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (DG 18/12/19)

25. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

House of Commons Committee of Public Accounts: Adult health screening (2019)
<https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/1746/1746.pdf>

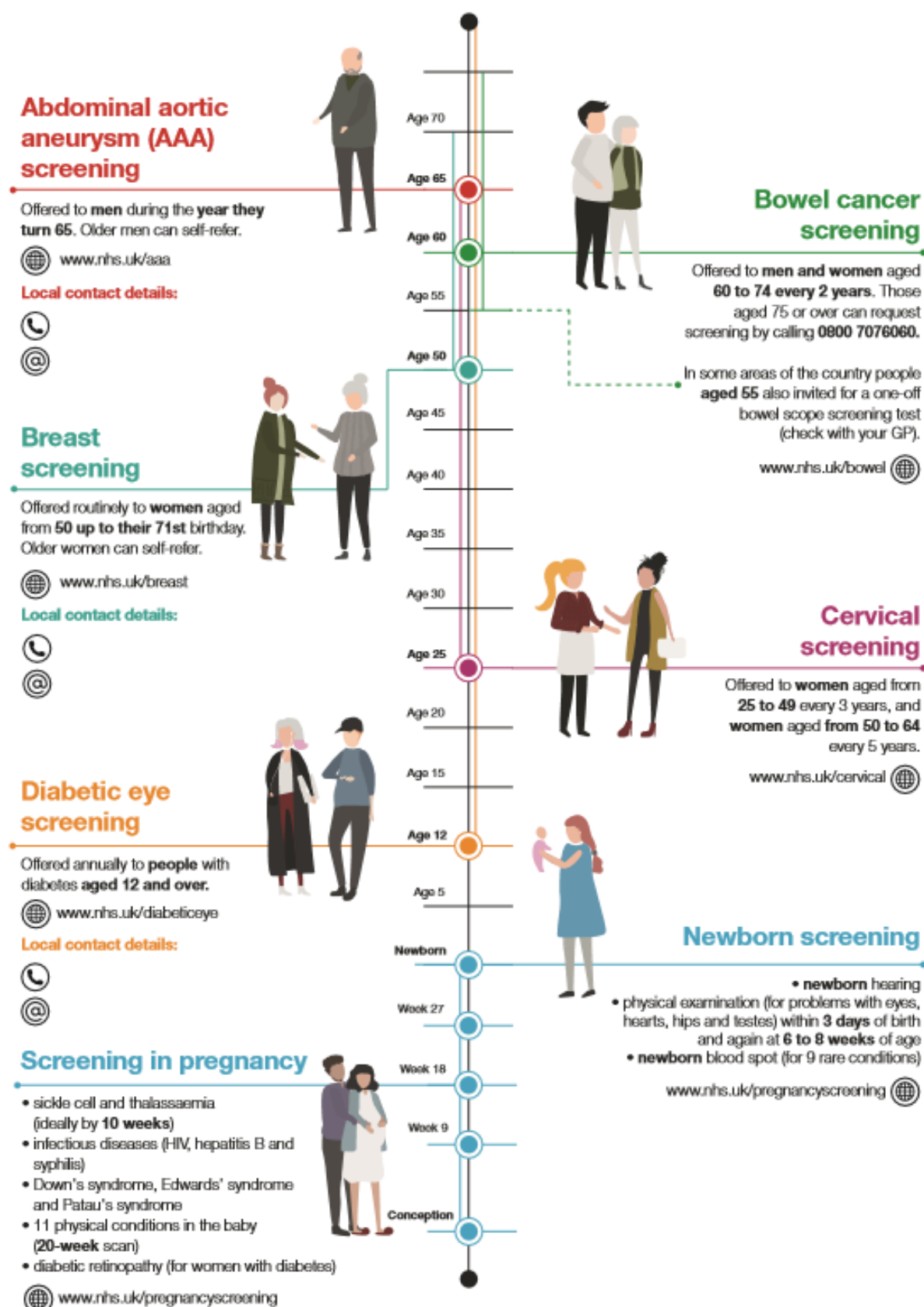
Independent review of national cancer screening programmes in England - Professor Sir Mike Richards (2019)
<https://www.england.nhs.uk/publication/terms-of-reference-review-national-cancer-screening-programmes-england/>

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: Population screening timeline

Population screening timeline



Appendix 2: Programme-specific information for Nottinghamshire

Abdominal Aortic Aneurysm (AAA)

26. AAA screening checks if there is a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the abdomen. The bulge or swelling is called an abdominal aortic aneurysm. It can be serious if it is not spotted early on, because it can enlarge and eventually rupture.
27. The AAA screening programme aims to reduce AAA-related mortality by providing a systematic population-based screening programme for the male population during their 65th year and, upon request, for men over 65. Research has shown that offering men ultrasound screening in their 65th year reduces the rate of premature death from a ruptured AAA by up to 50%⁸.
28. In the county (excluding Bassetlaw), AAA screening is provided by Nottingham University Hospitals NHS Trust (NUH) and in Bassetlaw it is provided by Doncaster & Bassetlaw Hospitals NHS Trust (DBH). Screening appointments take place in the community at over 40 different venues across the county. Appointments take ten minutes and consist of an ultrasound scan of the abdomen. The programme achieves good coverage in both areas (Table 1) and is above the England and Midlands & East averages.

Table 1: AAA Screening Programme Performance (2017/18)

	Coverage of initial screen - proportion of men eligible for AAA screening who are conclusively tested
	Acceptable ≥ 75.0% Achievable ≥ 85.0%
Nottinghamshire AAA Screening Cohort	84.0%
South Yorkshire & Bassetlaw AAA Screening Cohort	81.2%
Midlands & East	79.4%
England	77.6%

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>

Note: the Nottinghamshire and South Yorkshire & Bassetlaw cohort data above includes individuals from Nottingham City and South Yorkshire.

29. Identifying and improving screening uptake among under-served populations not currently accessing AAA screening is a challenge. In order to address this, there is a CQUIN in place with NUH. CQUINs are a national payment framework that enable commissioners to reward excellence by making a proportion of a provider's income conditional on the achievement of ambitious quality improvement innovations. The AAA screening CQUIN aims to identify and reduce local screening inequalities and improve coverage in vulnerable populations. It is intended to deliver clinical quality improvements and drive change, reducing inequalities in access to services and improving both the experiences of people using them and the outcomes achieved.

⁸<https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07844-180913-Service-specification-No.-23-NHS-Abdominal-Aortic-Aneurysm-screening-programme.pdf>

30. As part of this work, the Nottinghamshire AAA Screening Programme is working with 'low uptake' GP practices to increase attendance by vulnerable groups who are less likely to access screening, such as migrants and unregistered patients. As a result of this work, the coverage improved from 80.5% in 2016/17 to 84.0% in 2017/18. In addition, the programme visited all Nottinghamshire-based detained estates in 2018 and 2019 to screen men in their 65th year.
31. Within the South Yorkshire and Bassetlaw AAA Screening Programme, targeted work in areas of low uptake continues to reduce inequalities in accessing screening. The programme also makes use of a health bus, which allows for screening to be undertaken in the heart of under-served communities, often alongside community events.

Bowel Cancer

32. Bowel cancer is a common type of cancer in both men and women. Around one in 20 people will get it during their lifetime. Screening can help to detect bowel cancer at an early stage, when it is easier to treat. It can also be used to check for and remove small growths in the bowel called polyps, which can turn into cancer over time. Almost nine out of ten cases of bowel cancer occur in people aged 60 or over⁹. There are currently two types of test used in the Bowel Cancer Screening Programme. These are:
- **Bowel scope screening** – a test where a thin, flexible tube with a camera at the end is used to look for and, if found, remove polyps inside a patient's bowel. Currently, men and women aged 55 are invited for a one-off bowel scope screening appointment.
 - **The faecal immunochemical test (FIT) (formerly faecal occult blood test (FOBt))** – a kit that patients use to collect a small sample of faeces in a pot which is sent by post to the laboratory to check for blood, which could be caused by cancer. This is a new test that was introduced nationally during 2019.
33. All men and women aged 60 to 74 are invited for bowel cancer screening biennially and are sent a home test kit in the post. Men and women aged 75 or over can self-refer for a screening home test kit. In Nottinghamshire (excluding Bassetlaw), individuals receive their bowel screening kits from the Eastern Bowel Hub based at NUH. Patients with positive results are referred to colonoscopy at NUH and Sherwood Forest Hospitals NHS Foundation Trust (SFHT). South Yorkshire and Bassetlaw operates a hub delivery model based at Sheffield Teaching Hospitals NHS Foundation Trust, with satellite clinics throughout the region, including Bassetlaw Hospital for bowel scope. Bowel scope appointments are also offered at Queen's Medical Centre, Nottingham City Hospital, King's Mill Hospital and Newark Hospital.
34. The programme has achieved good uptake and is above the England, Midlands & East and Eastern Bowel Hub averages (Table 2 overleaf). The majority of CCGs in the county have higher uptake rates than the 60% achievable standard, except Mansfield & Ashfield and Bassetlaw, which are above the 52% acceptable target. Bassetlaw has achieved good uptake in comparison to the South Yorkshire and Bassetlaw area as a whole. It is expected that the recent national roll-out of the new FIT home test kit will have a positive impact on the uptake of the screening, as it is much easier to use and more accepted amongst disadvantaged communities, where uptake rates are lower.

⁹ <https://www.nhs.uk/conditions/bowel-cancer/>

35. A quality assurance visit to the Nottinghamshire Bowel Cancer Screening Programme took place in May 2019. It identified many areas of good practice and found the service to be high-performing. In addition, the Derbyshire & Nottinghamshire SIT has provided guidance to the programme to support development of a health promotion strategy and has linked the provider with the local AAA service to share learning about targeting vulnerable populations. There have been several projects run by the providers to increase uptake of the programme, such as:

- implementation of GP endorsement banners on invite letters (which has been found locally to increase uptake of bowel cancer screening by up to 6%)
- roll out of the electronic communication of results to GP practices
- development of a form for GP practices and other healthcare workers to request a replacement home test kit on behalf of patients
- increasing screening uptake in detained estates
- increasing uptake of screening for people with learning disabilities by engaging GP practices with the lowest uptake. This work is currently being expanded in partnership with Nottinghamshire learning disability nurses to ensure that patients who are known to have a learning disability are flagged and that the screening service is aware of the needs of each patient.

Table 2: Bowel Cancer Screening Programme Performance (2017/18)

	Coverage - the proportion of eligible men and women aged 60 to 74 years invited for screening who have had an adequate FOBt screening result in the previous 30 months
	Acceptable $\geq 52.0\%$ Achievable $\geq 60.0\%$
Nottinghamshire Bowel Cancer Screening Cohort	63.4%
Midlands & East	59.3%
England	58.9%
	Uptake - the proportion of eligible men & women aged 60 to 74 invited to participate in bowel cancer screening who adequately participated in 2017/18
Bassetlaw CCG	57.7%
Mansfield & Ashfield CCG	58.1%
Newark & Sherwood CCG	63.2%
Nottingham North & East CCG	61.0%
Nottingham West CCG	62.7%
Rushcliffe CCG	66.2%
Midlands & East	57.4%
England	56.6%

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>

Breast cancer

36. All women aged 50 up to their 71st birthday are invited for breast screening every three years. A trial is currently being undertaken to examine the effectiveness of offering some women one extra screen between the ages of 47 and 49 and one between the ages of 71 and 73. Nottinghamshire is part of this 'age extension' trial. Women aged 71 or over can self-refer by contacting their local screening unit.
37. Women across Nottinghamshire are either invited for screening by the Nottingham City Programme (for residents of the conurbation area of South Nottinghamshire and Nottingham City), which is delivered at Nottingham City Hospital, Ropewalk House in Nottingham and via a mobile screening unit; or by the North Nottinghamshire Programme which is based at King's Mill Hospital in Mansfield. Women in Bassetlaw are invited for screening by DBH. Each programme has achieved good uptake (Table 3).
38. The Nottingham City Programme has two mobile screening units to facilitate access to screening in less urban areas. They had been experiencing issues with the re-siting of mobile screening units in Bingham and Cotgrave after the locations previously used were no longer available. The programme worked in partnership with the County and Borough Councils and, as a result, sites in both locations have been guaranteed for future screening use. Work is underway to make the securing of future sites of the breast screening units a routine part of the local authority planning rounds.

Table 3: Breast Cancer Screening Programme Performance (2017/18)

	Breast screening - uptake (The proportion of eligible women invited who attend for screening)	Breast screening - screening round length (The proportion of eligible women whose date of first offered appointment is within 36 months of their previous screen*)
	Acceptable ≥ 70.0% Achievable ≥ 80.0%	Acceptable ≥ 90.0% Achievable = 100%
Doncaster and Bassetlaw	76.3%	98.8%
North Nottinghamshire	77.7%	97.9%
Nottingham City (covers South Notts)	75.7%	96.2%
Midlands & East	72.0%	88.9%
England	70.5%	90.6%

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>

Published data used by SITs is available by screening centre only and not by CCG

*Women who are screened for the first time are not included in screening round length statistics

39. The Nottingham City and North Nottinghamshire breast screening programmes are working with targeted GP practices to increase uptake in vulnerable groups who are less likely to access the service, such as those with learning and physical disabilities.
40. In Bassetlaw, the SIT is also operating with partner agencies to target low uptake GP practices and under-served populations to increase uptake in a number of ways, including:

- providing GP practice and care provider training
- making reasonable adjustments and following up missed screening appointments
- providing easy read materials
- linking with the breast screening provider to support pre-screening visits if appropriate
- sharing a locally produced breast screening pathway 'walk through' YouTube video with their patients and carers (as appropriate).

41. Bassetlaw CCG supports this work by incentivising GP practices to increase uptake in cancer screening for patients with learning disabilities as standard in its primary care 2019/20 quality contract.

Cervical Cancer

42. Cervical screening (a smear test) aims to prevent cancer by checking the health of the cervix. The cervical screening programme is available to women aged 25 to 64 in England and all eligible women who are registered with a GP automatically receive an invitation by post. Women aged 25 to 49 are eligible for screening every three years. Women aged 50 to 64 receive invitations every five years.

43. Human papillomavirus (HPV) plays a crucial role in the development of cervical cancer. It has been detected in 99.7% of cervical cancers¹⁰. Finding abnormal changes early means they can be monitored or treated, so they are prevented from turning into cervical cancer.

44. A new primary HPV screening test was introduced across Nottinghamshire in July 2018, which is based on the detection of HPV in the cervical cancer screening sample. Conversion to HPV primary screening in Doncaster and Bassetlaw took place in September 2019.

45. The University Hospitals of Derby and Burton NHS Foundation Trust cytology laboratory provides the screening service for the eligible population of Nottinghamshire, apart from Bassetlaw, which is served by Sheffield Teaching Hospitals NHS Foundation Trust. Positive screening cases are referred to the colposcopy laboratories at NUH, SFHT and DBH.

46. Table 4 details performance of the cervical screening programme in Nottinghamshire. In 2017/18, all six Nottinghamshire CCGs achieved higher than the Midlands & East region and England coverage rates in both cohorts. Rushcliffe ranked first out of 195 CCGs for exceeding the acceptable coverage in screening across both age ranges. Bassetlaw achieved lower than the standard expectation, but this is in line with the national picture and comparable population sizes with Bassetlaw show a similar outcome.

47. Local figures reflect the national data in indicating that coverage in the younger cohort was lower. There has been a decreasing trend in cervical screening uptake nationally, especially amongst the younger age group.

¹⁰ <https://cks.nice.org.uk/cervical-cancer-and-hpv#!backgroundSub:1>

Table 4: Cervical Cancer Screening Programme Performance (2017/18)

	Cervical screening - coverage (under 50 years) (The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years)	Cervical screening - coverage (50 years and above) (The proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of reported period who were screened adequately within the previous 5.5 years)
	Acceptable \geq 80.0%	Acceptable \geq 80.0%
Bassetlaw CCG	74.2%	78.2%
Mansfield & Ashfield CCG	74.1%	79.1%
Newark & Sherwood CCG	75.2%	79.5%
Nottingham North & East CCG	78.9%	80.4%
Nottingham West CCG	78.3%	81.0%
Rushcliffe CCG	81.0%	83.7%
Midlands & East	70.7%	76.9%
England	69.4%	76.3%

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>

48. The national standard states that at least 98% of women should receive the result of their screening test in writing within 14 days of the sample being taken. This is known as the 'turnaround time'. Achieving this standard was a challenge for the University Hospitals of Derby and Burton NHS Foundation Trust laboratory during 2017/18 due to the impact of the planned conversion to primary screening by HPV testing rather than by cytology, which resulted in a shortage of staff (cytoscanners). The introduction of primary HPV screening in 2018 across Derbyshire and Nottinghamshire has since significantly reduced the turnaround time to meet its target of 14 days¹¹.

49. There has been considerable work undertaken locally with GPs and other partners to improve screening attendance, including active promotion of the PHE GP coverage data tool and visits to practices with less than 70% coverage to provide training. Local partners support the annual national cervical screening campaigns and Nottinghamshire County Council also led an awareness-raising project in relation to gynaecological cancers in September 2019.

50. In 2018, a project to increase the uptake of screening for people with learning disabilities across Derbyshire and Nottinghamshire was conducted¹². The aim was to identify if screening uptake (cancer and AAA) would be increased if GP practices sent easy read invitation letters to patients who had not yet attended for their screening, to help them make an informed decision about their screening choice. These patients had already received their invitations from the relevant screening centre prior to being contacted by their practice. Overall, the project had a positive impact, with the number of eligible patients who declined to attend a screening test reduced across each cohort. This suggests that contacting patients directly,

¹¹ Data correct as of November 2019

¹² The project website, which includes the process and the toolkit (including easy read letters, easy read information, and screening and best interest pathways) is available at: <http://www.derbyshirehealthcareft.nhs.uk/services/learning-disabilities/screening-programmes/>

sending easy-read letters and having a supportive conversation with patients is effective in assisting in the increased uptake of cancer screening amongst people with learning disabilities. This work is ongoing.

51. In Bassetlaw, the SIT continues to work with partner agencies to target low uptake GP practices and under-served populations that are less likely to access cervical screening in a number of ways, including methods described above under breast screening. They also support targeted community events and groups to raise awareness, making reasonable adjustments in inviting patients to appointments with longer slots and signposting to a South Yorkshire and Bassetlaw 'myth-busting' website and social media page. Future planned activity includes the health bus that can be used by all Bassetlaw Primary Care Networks to reach communities where there are barriers to access and poor uptake.

Diabetic Eye Screening (DES)

52. There are around 59,610 people with diabetes mellitus in Nottinghamshire¹³. Diabetic retinopathy is a complication of diabetes and is one of the leading causes of blindness in the working-age population in the developed world. The aim of the national DES programme is to reduce the risk of sight loss amongst people with diabetes by prompt identification and effective treatment at the appropriate stage of the disease process.
53. Screening using digital photography is offered every year to all people with diabetes aged 12 and over. Diabetic patients across Nottinghamshire are either invited for screening by the Greater Nottingham Programme or the North Nottinghamshire Programme, (which covers the Mansfield, Ashfield and Newark & Sherwood area). Bassetlaw is covered by DBH and screening is offered in clinics equitably situated across the district. The Greater Nottingham Programme offers screening at City Hospital, Queen's Medical Centre and 13 GP practices and community health centres, as well as Ropewalk House in the centre of Nottingham. The North Nottinghamshire Programme delivers screening at 16 optician practices.

Table 5: Diabetic Eye Screening Programme Performance (2017/18)

	% Uptake
	Acceptable ≥ 75.0% Achievable ≥ 85.0%
Doncaster & Bassetlaw Hospitals NHS Trust	87.4%
Greater Nottingham	82.2%
North Nottinghamshire	82.1%
Midlands & East	82.3%
England	82.7%

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>
Published data is available by screening centre only and not by CCG

54. All providers achieved good uptake in 2017/18 by meeting the acceptable standard (Table 5). North Nottinghamshire has been selected by the national PHE DES Team to take part in a project to prepare for the upcoming 'extended interval' screening, where certain patients will be invited for screening every other year rather than annually.

¹³ <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>

55. A visit was undertaken by PHE's Screening Quality Assurance Service to the Greater Nottingham programme in October 2018, which led to a positive report. The programme is currently working through the report's recommendations and has managed to secure several additional screening venues to cover gaps within its population and to increase uptake. A slight increase in uptake was observed for 2017/18 on the previous year. The Screening Quality Assurance Service also visited both the DBH programme in March 2019, which was commended for its holistic approach to the care of its service users, and the North Nottinghamshire programme in September 2019, where very strong performance and a high-quality service were recognised.
56. The Greater Nottingham programme experienced challenges around staffing capacity when its 'failsafe'¹⁴ member of staff left, but this position has now been filled. North Nottinghamshire has had issues with IT support and internal governance approval at SFHT with regard to sharing the patient data that was requested by the national team. This has now been resolved.
57. All DES providers undertake a number of audits every quarter that produce uptake and performance data. This data is used to develop a variety of workshops and awareness events throughout Nottinghamshire. These workshops target specific groups such as the Gypsy, Roma & Traveller, black & minority ethnic and lesbian, gay, bisexual and transgender communities. The Greater Nottingham programme has also embarked on a piece of work to address increasing uptake in the 18 to 40-year-old cohort and to enhance clinical quality improvements. This will impact on reducing inequalities in access to services, the experiences of people using them and the outcomes achieved. In addition, DBH has recently engaged with Health and Justice provision across the locality, offering DES screening to eligible cohorts.

Antenatal & Newborn (ANNB)

58. ANNB screening aims to identify pregnancies and babies at increased chance of developing life-threatening, life-limiting or other serious conditions. Parents of these babies can then be offered information, further tests and appropriate treatment to reduce their chance of complications.
59. NUH, SFHT and DBH provide high quality ANNB screening to the women that use their maternity services. All women are offered screening and are provided with information to enable them to make an informed decision for themselves and their baby. In 2017/18, 9,255 pregnant women booked with NUH and 9,216 delivered their babies at the Trust; 3,510 women booked for maternity care at SFHT, with 3,377 babies delivering there. The Trusts meet most of the key performance indicators and have developed specific work plans to improve any that are not met.
60. As pregnant women in Bassetlaw can 'choose and book' their maternity provision and therefore may have their care provided by DBH, Sheffield Teaching Hospitals NHS Foundation Trust or at the other Nottinghamshire hospital trusts, it is difficult to ascertain accurate figures for Bassetlaw. However, it is important to note that the Trusts which offer maternity care to pregnant women in Bassetlaw met most of their key performance indicators for the year that this report relates to.

¹⁴ Failsafe processes make sure that, as far as possible, the screening programme takes the correct action following a screening test, or that a valid reason for not taking that action is known and recorded.

61. At NUH many appointments have been made to specialist midwife screening roles, which has improved care and timeliness of access to information for women. New ANNB screening training packages have also been developed, with a structured induction to all students and qualified midwives. Screening coordinators facilitate sessions to discuss the key issues and explore future developments. The Trust continuously audits ANNB health inequalities and performance throughout the year, for example monitoring babies who have not been brought to their appointment, as well as the use of translator services. In addition, a patient experience clinical audit was undertaken during 2017/18, which showed on-going high standards with many positive responses.
62. SFHT received a Screening Quality Assurance Service visit in September 2018. The quality assurance report identified many areas of good practice and made recommendations which are being well-progressed. Maternity services at both NUH and SFHT have also embarked on an initiative to improve early booking and foster links with other providers such as diabetic eye screening, learning disability and mental health services, to assist women with their pregnancy.
63. In terms of challenges for the programme, a new national IT system was launched in April 2019 for the newborn and infant physical examination, so training was required for all users. All trusts have also had staffing issues, which follows the national trend in a reduction in trained midwives. NUH has been particularly short-staffed due to staff sickness, which has had an impact on capacity. DBH has undergone a large restructure and recruitment process over the past 18 months and prolonged periods of staff shortages have been experienced.
64. The Nottinghamshire & Derbyshire SIT meets with its providers quarterly to discuss performance, address issues and support any changes to practice. Best practice is shared amongst providers and the SIT has been facilitating meetings with its ANNB screening maternity services to look at cross-border issues, with the aim of improving the care for women choosing to deliver at another hospital.
65. South Yorkshire and Bassetlaw SIT also meets with programme providers on a six-monthly basis and locally placed coordinators are key members of the local screening programme monthly meetings. In addition, quarterly programme board reports are completed and reviewed by SIT and NHSE&I, contract meetings are held every quarter and a six-monthly oversight and assurance meeting also takes place.

Table 6: Antenatal & Newborn Screening Programme Performance (2017/18)

Description	Acceptable	Achievable	NUH	SFHT	DBH
			2017/18	2017/18	2017/18
Antenatal infectious disease screening - HIV coverage	>95%	>99%	98.9%	99.3%	99.7%
Down's syndrome screening - completion of laboratory request forms	>97%	100%	93.6%	96.8%	98.5%
Newborn blood spot screening - avoidable repeat tests	<2%	<1%	3.6%	3.0%	2.1%
Newborn infant physical examination - coverage (newborn)	>95%	>99%	94.1%	93.9%	94.5%
Newborn infant physical examination - timely assessment of developmental dysplasia of the hip	>95%	100%	88.7%	100%	No cases identified
Antenatal sickle cell and thalassemia screening - coverage	>95%	>99%	98.7%	99.5%	100%
Antenatal sickle cell and thalassemia screening - timeliness of test	>50%	>75%	53.3%	79.5%	75.4%
Antenatal sickle cell and thalassemia screening - completion of Family Origin Questionnaire	>95%	>99%	95.7%	98.2%	97.4%
Newborn hearing screening - coverage	>97%	>99.5%	99.1%	98.6%	98.0%
Newborn hearing screening - timely assessment for screen referrals	>90%	95%	91.4%	90.0%	87.8%

Source: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>