

**Adults and Health Overview and
Scrutiny Committee**

March 2024

Breast Screening

Ordinary Decision



Report of Adult and Health Services

Jane Robinson, Corporate Director of Adult and Health Services

Councillor Chris Hood, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

1 To provide an update on breast screening rates across County Durham

Executive summary

2 Breast cancer is the most common cancer affecting women in County Durham.

3 Breast screening is vital to the early detection of breast cancer as it can improve survival rates.

4 Breast screening programmes were paused during the Covid 19 pandemic.

5 This report provides an update on screening rates and actions being taken to improve both screening uptake and women receiving screening.

Recommendation(s)

6 The Adults and Health Overview and Scrutiny Committee is recommended to:

- (a) Receive the presentation on breast screening services across County Durham;

- (b) Note the attached briefing from the NHS England Public Health Programmes Team.

Background

- 7 The breast screening programme is commissioned and overseen by NHS England. The programme was paused during the Covid 19 pandemic.
- 8 Breast screening services are delivered by three NHS foundation Trusts from a variety of locations across the County.
- 9 There is an ongoing programme of work to increase breast screening rates with a particular focus on reducing inequalities in access to screening services.
- 10 A Breast Screening Health Equity Audit for the North East and Yorkshire by the Office for Health Improvement and Disparities. This document sets out a range of key actions to improve screening uptake.
- 11 A briefing can be found at Appendix 2 which sets out the key issues for breast screening services in County Durham.

Conclusion

- 12 Partners will continue to work together to improve access to screening services and uptake of screening focussing on the factors that most affect the County Durham population.

Background papers

None

Other useful documents

None

Author(s)

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Appendix 1: Implications

Legal Implications

None.

Finance

None.

Consultation and Engagement

Breast screening providers are required to undertake regular engagement with people to understand how services can be improved.

Equality and Diversity / Public Sector Equality Duty

None.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 2: Brief explanation of breast screening round length, uptake, coverage and impact of pandemic in Co Durham

NHS England Public Health Programmes Team Feb 2024

Breast screening coverage is measured using a combination of both timely invitation (round length) and invitation uptake as a percentage.

- BS1 – uptake (women who attend screening in response to an invitation)
- BS2 – round length – the % of women who are screened within 3 years of their previous screen. We use this indicator to monitor that the breast screening programme is operating within the standard of screening women every 3 years. This indicator was impacted by the Covid pandemic due to the pause in screening between March 2020 and June 2020. Routine screening for the total eligible population commenced across services in June/July 2020, resulting in backlogs of women waiting to be invited.

In regard to the COVID pandemic, breast screening coverage has been affected nationwide as services have been working to recover the backlog caused by the Covid pandemic. As a result of the 3-month delay, where routine screening was ceased, it did result in some screening programmes not fully recovering the backlog until summer 2023 meaning the majority of women were not screened within the 36-month time period. They were however offered screening, but later than what is normally expected for this measure. As the screening was delayed due to the backlog, some publicly available data does not reflect accurately in the 21/22 figures. All providers covering County Durham women have reassured us that all women have been offered an appointment and nobody has been missed.

It is also important to note, that as breast screening is based on a 3-year cycle, called 'round length' meaning that non static mobile units are placed in communities for a limited period of time. This is to ensure that uptake is maximised and communities across the County have access to breast screening with the aim of decreasing travel time and increasing accessibility.

Breast screening uptake is multifactorial and although the Covid pandemic had an impact there are many other factors which impact it. Immediately post covid, 'Open invitations' were recommended rather than timed invitations in September 2020 to maximum utilisation of screening slots. Whilst open invitations may have led to lowered overall uptake in comparison to timed, there was a greater likelihood of attendance where a person has responded to an invitation to make an appointment

than when they receive one with a fixed time, so maximising the likelihood of use of the limited capacity.

All of the breast screening programmes in the North East and North Cumbria have moved back to timed appointments.

As you can see from the data, screening rates have showed variation in increases and decreases by practice but generally have remained similar. Providers are working hard to achieve the national targets of 70% uptake (acceptable) and working towards 80% (achievable target) . Some of the biggest challenges / inequalities within Breast Screening currently are:

- A disparity in breast screening attendance between the deprivation quintiles
- Lack of granular data limits the evidence of the definitive inequalities within the programme
- Lack of uptake (and outcome) data by ethnicity
- Loss of screening history for transgender people as they're provided with new NHS number

In some Breast Screening Services, they are inviting women sooner than they are due, in order to maximise capacity and improve the round length.

Healthy Equity Audit

A Breast Screening Healthy Equity audit was published in late 2023 which contains has a wealth of data and information that you may find useful on the performance of the programme both by provider and geography. To help implement some of these recommendations, a provider forum for the 12 Breast Screening Programme Mangers is being set up to local at establishing a work group to share good practice. This will focus on taking forward actions and standardise focus across the North East and North Cumbria as well as Yorkshire and Humber. Progress will be monitored through a HEA Steering Group and regular updates will be shared with all localities. Below some of the information contained in the report.

Breast screening uptake for routine screening (50<70yrs) (2022-23)

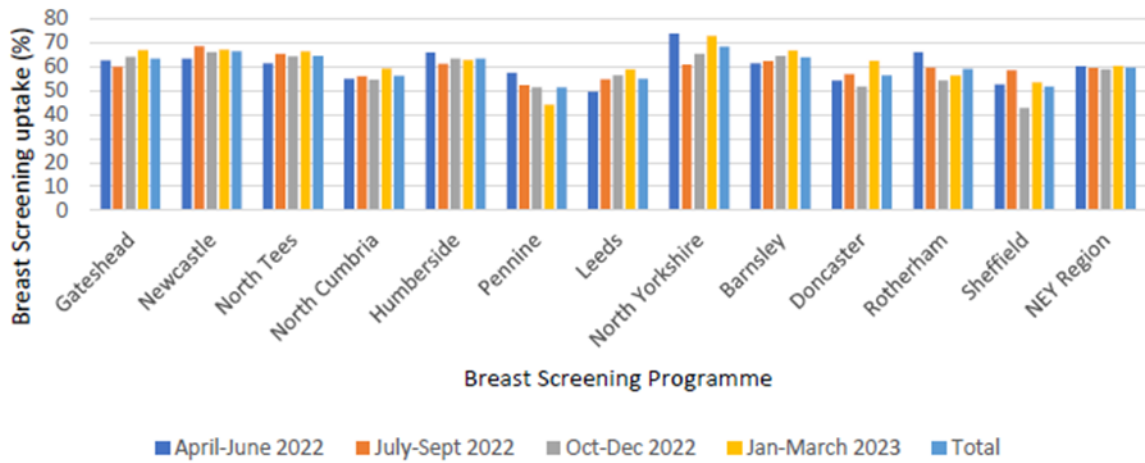
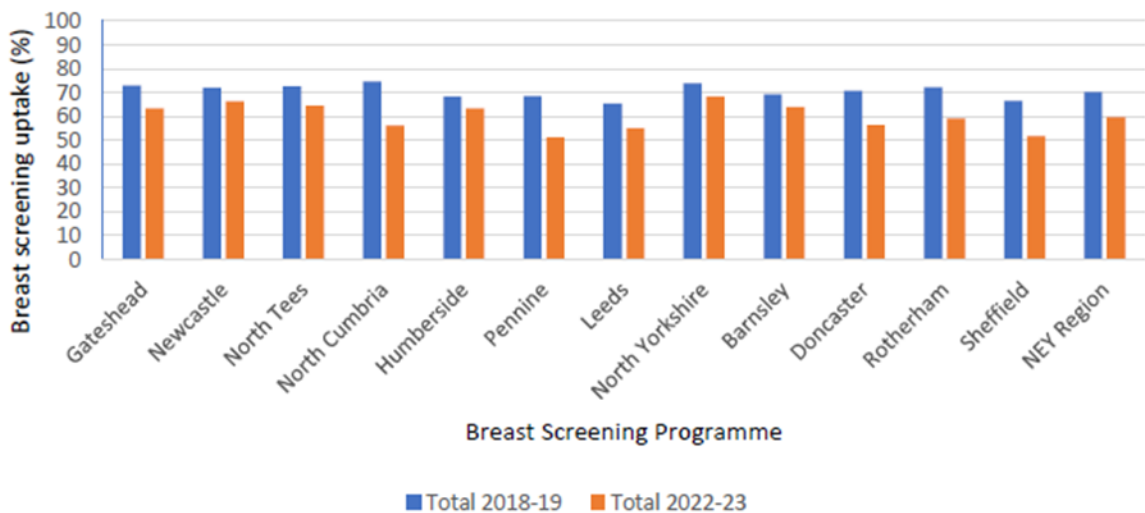


Figure 11: NEY routine breast screening (50<70yrs) uptake for the periods 2018-19 and 2022-23



Location of mobile units

Locations of the mobile units are spread across County Durham. They are placed to be in a location where uptake is likely to be maximised and targeting the communities with the poorest health and lowest uptake. However, it appears that many factors such as cost increases, such spaces in facilities are impacting where mobile units can be placed to support communities. This is a theme nationally, also.

One of the recommendations within the HEA was for Breast Screening Programmes that operate mobile sites should consider working with their local authority public health teams to review mobile van locations and work with them and other stakeholders to undertake public consultation on the suitability of locations of mobile

screening units. This is an action to take forward to support the local communities and evidenced groups of inequality.