



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

4<sup>th</sup> Edition  
January 2020

## NHS Cancer Screening Timeline

Age

74

**Bowel Screening**  
Offered to men and women aged 60-74 every 2 years.  
  
Those aged 75 and over can request screening by ringing **0800 707 6060**

70

**Breast Screening**  
Offered to women aged 50 to their 71<sup>st</sup> birthday every 3 years. Women aged 71 and over can request screening by calling the central appointments service **020 3758 2024**

60

**Bowel Scope**  
One-off test offered to all men and women around their 55<sup>th</sup> birthday  
  
Roll out continuing across London  
  
Information from Freephone **0800 707 6060**

55

50

**Cervical Screening**  
Offered to women aged 25-49 every 3 years and to women aged 50-64 every 5 years.  
  
Women can contact their GP practice for further information or to book an appointment

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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 to improve outcomes for patients by treating cancers sooner. Late stage cancer diagnosis compared to early stage diagnosis results in poorer survival rates, worse patient experience and significantly increases costs. Improving the uptake of cancer screening in all groups supports the NHS Long Term Plan priority to diagnose cancer earlier (target 75% of cancers at stage 1 and 2 by 2028).

The three cancer screening programmes (breast, cervical and bowel) are delivered by the NHS through screening centres (bowel and breast) or in primary care (cervical). There are inequalities in the take up of screening between different population groups, which in turn can contribute to worse outcomes from cancer. For example, people from the most socio-economically deprived groups, from some ethnic minority populations, those with disabilities, and people from marginalised or excluded groups are less likely to take up screening. The NHS has a duty to optimise screening participation amongst all groups, ensuring that everyone has both access and opportunity to make fully informed choices about taking part.

This reference guide highlights areas of good practice in primary care. It 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. 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.

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- NHS Lewisham Clinical Commissioning Group
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- Public Health England
- Dr Kamilla Kamaruddin, GP Partner, East One Health
- SWL Bowel Cancer Screening Centre
- North central and east London cancer alliance
- Cancer Research UK
- Members of the Transforming Cancer Services Team for London

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Comments on this document are welcomed and should be sent to [England.TCSTLondon@nhs.net](mailto:England.TCSTLondon@nhs.net)

The Good Practice Screening Guide is on the Healthy London Website

<https://www.healthy london.org/resource/good-practice-screening-guide-breast-cervical-bowel/>

## 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, cervical and bowel cancer, leading to a greater chance of survival and less aggressive treatments.

In 2016, bowel cancer caused almost 13,750 deaths in England, and was the second largest cause of cancer deaths after lung cancer. Just over 1,400 of those deaths were in London. Bowel screening has been shown to reduce mortality from bowel cancer by 16%, and low screening uptake decreases this benefit.

Cancer screening programme coverage 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.

Bowel cancer screening coverage is particularly low in London compared to the England average: 50.3% compared to 59.6% (2017/18) for people aged 60 to 74, (Public Health Profiles – Cancer Services) with wide variation between CCGs.

The lowest coverage in London was seen in NHS West London (K&C & QPP) CCG (40.4%) and the highest in Bromley CCG (59.4%).

Patients diagnosed through screening usually have early stage disease, and five-year survival for these patients is 93% compared to less than 10% for those with stage four disease.

This reference guide highlights areas of good practice and it is being shared with primary care providers across London to improve patient experience and outcomes. We hope the guide will support actions in primary care that will result in improved screening participation, increased numbers of cancers detected earlier, and improved survival.



## Key Messages for Primary Care

- ✓ Designate a **cancer screening lead** from a member of the practice healthcare team.
- ✓ Check **patient contact details** at each encounter and regularly maintain the practice list.
- ✓ Ensure that the practice has the most up to date **mobile phone numbers for patients** and has obtained the appropriate consent for using this number.
- ✓ Ensure that **DNA/non-responder reports** are flagged in patient records using the correct codes and followed up promptly.
- ✓ Actively **promote cancer screening** within the practice.
- ✓ Do not omit patients with **special or additional needs**. Ensure arrangements are in place for them.
- ✓ Do not omit patients with a **previous cancer diagnosis**. They may be at higher risk of a new cancer.
- ✓ Make **screening and signposting information** for each screening programme readily available.

## Useful contacts

**Bowel Cancer Screening: Free Helpline 0800 707 6060**

### Breast Screening

For general appointment enquires, to book or change an appointment

London Breast Screening Administration Hub

020 3758 2024 8am to 6pm Monday – Friday

[www.london-breastscreening.org.uk](http://www.london-breastscreening.org.uk)

[rf-tr.londonbreastscreeninghub@nhs.net](mailto:rf-tr.londonbreastscreeninghub@nhs.net)

### For clinical enquiries

#### Outer North East London Breast Screening Service (FBH)

InHealth Community Clinic

2<sup>nd</sup> Floor Lambourne House

Western Road

Romford RM1 3LD

**Tel: 01708 957221**

#### Central and East London Breast Screening Service (FLO)

3rd Floor, West Wing, St Bartholomew's Hospital

West Smithfield

London EC1A 7BE

Tel: 020 3465 6603

[www.london-breastscreening.org.uk](http://www.london-breastscreening.org.uk)

#### North London Breast Screening Service (EBA)

Deansbrook House, Edgware Community Hospital

Deansbrook Road

Edgware HA8 9DB

Tel: 020 3758 2024

[www.london-breastscreening.org.uk](http://www.london-breastscreening.org.uk)

#### South East London Breast Screening Service (GCA)

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

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 <https://www.gov.uk/topic/population-screening-programmes> for up-to-date information.

## **NHS Bowel Cancer Screening**

The lifetime risk of developing bowel cancer for men and women in the UK is about 1 in 20; this represents 1 in 13 men and 1 in 19 women (CRUK). Bowel cancer causes over 1,400 deaths in London each year, accounting for more than 10% of all cancer deaths.

Bowel screening finds and removes polyps, preventing cancer from developing and identifies early stage cancers which can be treated.

Randomised trials have shown that population-based screening for bowel cancer can reduce mortality by 16% in people offered screening and by 25% in those who take up screening.

### **NATIONAL COVERAGE TARGET: 60%**

Bowel screening coverage in London for men and women aged 60-74 was 50.3% in 2017/18 (England 59.6%)\*.

Men and women aged 60-74 are sent a self-testing kit to their home every 2 years. People aged 75 and over can request a test kit from the **programme's Free Helpline 0800 707 6060**.

The FIT (Faecal Immunochemical Test) which is a simpler and more acceptable screening kit was introduced nationally in June 2019.

### **Bowel scope**

Bowel scope screening is being rolled out across London. It is a one-off test offered to men and women aged 55. The test uses flexible sigmoidoscopy to identify polyps or other abnormalities in the bowel

<https://www.gov.uk/topic/population-screening-programmes> for more 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. Ninety-six in every 100 women screened have a normal result. Four need further tests. Of these 4, one will be diagnosed with cancer. The other 3 women will not have cancer and will be returned to normal screening.

### **NATIONAL COVERAGE MINIMUM TARGET: 70%**

Breast screening coverage in London for women aged 50 to their 70th birthday was 65.9% in 2017/18 (England 72.1%)\*.

Women aged 50 to their 71<sup>st</sup> birthday, are invited for a screening mammography every 3 years.

Women aged 71 and over can self-refer and book a screening appointment by contacting the breast screening appointment service on **020 3758 2024**

A national randomised controlled trial is assessing the effectiveness of screening women aged 47-49 and 71-73.

<https://www.gov.uk/topic/population-screening-programmes> for more information

## **NHS Cervical Screening**

The lifetime risk of developing cervical cancer is 1/139 for women in the UK. Cervical cancer incidence 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 along with HPV immunisation from age 12.

**NATIONAL COVERAGE TARGET: 80%**  
Cervical screening coverage in London in women aged 25-64 was 65.2% in 2017/18 (England 71.7%)\*.

Cervical screening is offered every three years to women aged 25-49 and every five years to women aged 50-64. Screening is largely undertaken by clinicians in general practices.

### **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. Those who test negative for HPV don't need treatment or follow up.

HPV is common. For most people it causes no symptoms and goes away on its own. Types 16 and 18 cause about 7 out of 10 cancers of the cervix. Most women with high risk HPV don't develop cervical cancer.

Currently HPV screening is done on cells taken during cervical screening using cytology. From the end of 2019, HPV testing will become the primary screening test, and only HPV positive samples will be referred on for cytology.

For more information about HPV testing and cervical screening:  
<https://phescreening.blog.gov.uk/2017/06/14/what-gps-need-to-know-about-the-introduction-of-primary-hpv-testing-in-cervical-screening/>

\*For consistency Public Health Profiles – Cancer Services has been used



# How to maximise cancer screening uptake

## 1. Role of the Practice Cancer Screening Lead

Designate a **Practice Cancer Screening Lead** to oversee and steer cancer screening. If a Health Care Assistant, Nursing Assistant or Administrator is the most appropriate person, they should be trained and supervised by a clinician.

The Cancer Screening Lead's role is to ensure that protocols and processes are in place to:

- (i) Positively promote screening within the practice [Section 5]
- (ii) Correctly record and follow up results [Section 4]
- (iii) Ensure that all cervical sample takers undertake 3-yearly update training and additional training as the programme requires; and that this is recorded on the NHSE (London) register [Section 6.3]
- (iv) Cease invitations where screening is not appropriate [Section 7]

## 2. Practice list and list maintenance

- ✓ Ensure the practice list is accurate with current address and telephone numbers by checking each time a patient attends or books an appointment.
- ✓ A mobile phone number will enable the use of digital communication such as text reminders within the following Information Governance guidelines.
  - Practices must obtain appropriate consent for using patients' mobile phone numbers.
  - Review your practice's approach to seeking the consent of patients to text messaging and check whether it allows sending reminders about the cancer screening programmes.
  - Ensure your practice's privacy notice reflects how it processes personal data in relation to cancer screening and provide information to minimise the possibility of patients being surprised by this.
- ✓ "Ghost" patients will negatively affect the practice's target achievement and should be removed.
- ✓ When registering new patients, depending on age and gender, ask them when they last participated in breast, bowel, and cervical screening. If overdue, discuss this while they there.
- ✓ If cervical screening is due, book an appointment at your surgery there and then.
- ✓ If bowel screening has been missed, patients can request a test kit by calling **0800 707 6060** (free).
- ✓ If breast screening has been missed, give the patient the contact details of London Breast Screening Administration Hub **020 3758 2024** [rftr.londonbreastscreeninghub@nhs.net](mailto:rftr.londonbreastscreeninghub@nhs.net)
- ✓ If a woman is new to the practice, screening history should be requested from her previous practice. Until that information is received she will be invited for breast screening as per the practice cycle.
- ✓ For all the above, also add a reminder on the patient record prompting other staff to discuss screening with them.
- ✓ If screening has been carried out privately or abroad, this should be added to the woman's screening history. A copy of the test result should be sent to PCSE so that it can be added to the records. These women are entitled to a free NHS test and should still be offered screening at the appropriate interval. Details of where to send test results:  
<https://pcse.england.nhs.uk/services/cervical-screening/screening-for-gps-and-nurses/>

### 3. 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.
- ✓ Practice staff should check the PNL against their practice list for up-to-date patient contact details and identify females who match the exclusion criteria, so they can be removed from the invitation list (section 7.2).
- ✓ 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.
- ✓ Details in Open Exeter data are mainly derived from practice records. Therefore, the PNL is only as good as information recorded by practices, including the accuracy of the patient profile, medical and screening history, contact details and exclusions.
- ✓ Practices should obtain Open Exeter access via their IT system; a named lead at the 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 result letter sent to patients.

### 4. GP results reports

- ✓ Bowel and cervical screening results are sent to the GP electronically with the correct codes included. Electronic results are not currently available for breast screening or for Bowelscope.
- ✓ Breast screening results should be correctly coded [section 8].
- ✓ For bowel screening, ensure that each result is promptly matched to a named clinician. Delays mean that searches could miss non-response results.
- ✓ For cervical screening, failsafe processes should be implemented by the practice to ensure that a result is returned for each sample obtained, that it is recorded on the patient's records and then actioned appropriately. Results which are missing should be followed up with the laboratory.
- ✓ Non-response and DNA results should be flagged in patients' records.
- ✓ Monthly searches should be undertaken to identify people who have not responded to their recent screening invitation.
- ✓ Women who did not attend cervical screening should be contacted and encouraged to rebook.
- ✓ Men and women who did not return a completed bowel screening test should be contacted and encouraged to complete their kit or to request a replacement using Freephone 0800 707 6060.
- ✓ Replacement kits can be requested on behalf of patients using the form at the end of this guide. This form can also be integrated into GP IT systems.
- ✓ Practical tips and templates are available in the [CRUK GP good practice guide for bowel screening](#).
- ✓ Check the most recent results before making contact as some people may have since responded to their current invitation.
- ✓ Care must be taken before contacting patients for whom it may be inappropriate for their GP to encourage screening participation at this time (e.g. people undergoing treatment for the cancer for which screening is offered; people receiving palliative and end of life care).

## 5. Promoting awareness of screening and encouraging uptake

- ✓ There is evidence that endorsement and encouragement from practice staff is effective in improving participation in cancer screening programmes.
- ✓ Screening should be endorsed by the practice through letters, phone calls and face-to-face contact.
- ✓ All staff including non-clinical staff should know the importance of cancer screening and how each screening programme works in your area.
- ✓ Staff should be trained and supported to be opportunistic and pro-active in encouraging screening. If you have access to a CRUK Primary Care Facilitator, ask what training they can offer.
- ✓ Service contact numbers should be easily accessible for clinical and non-clinical staff to refer patients for further information.
- ✓ Electronic alerts on patient records for DNAs/non-response results enables all practice staff to identify and encourage screening participation whenever patients contact the practice.
- ✓ Add screening reminders on repeat prescription slips.
- ✓ Practices should display visible cues about cancer screening e.g. messages on electronic display screens, posters and leaflets in easy to read locations such as waiting room notice boards.
- ✓ Use the cues to reinforce:
  - Benefits of screening and early detection of cancer.
  - Options available, such as changing breast or cervical screening appointments.
  - How replacement bowel screening test kits can be requested by patients [0800 707 6060].
- ✓ Availability of information in other languages from <https://www.gov.uk/topic/population-screening-programmes>
- ✓ Involve the practice in national screening and cancer awareness campaigns including:
  - Public Health England national awareness campaigns
  - Bowel Cancer Awareness Month (April)
  - Cervical Screening Awareness Week (June)
  - Breast Cancer Awareness Month (October)
- ✓ Make screening guides available in community languages (can be downloaded in English, 10 other languages)  
<https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>  
<https://www.gov.uk/government/publications/breast-screening-helping-women-decide>  
<https://www.gov.uk/government/publications/cervical-screening-description-in-brief>

## 6. Programme specific recommendations

### 6.1 Breast screening

- ✓ All staff need to understand what a mammogram is, and that it does not damage a woman's breasts.
- ✓ Remind women that all radiographers working in the breast screening unit are women.

- ✓ Encourage women aged 71 and over to book an appointment for breast screening every three years.

## 6.2 Bowel screening

- ✓ FIT (Faecal Immunochemical Test) replaced the guaiac faecal occult blood test (gFOBT) in June 2019. Based on pilot studies, uptake is expected to increase by 8 - 10%.
- ✓ All practice staff should know how to use the bowel screening test kit and are able to explain it to patients. CRUK facilitators and the local Bowel Cancer Screening Centre may be able to support GP practices with training.
- ✓ User-friendly information about FIT can be found at: <https://www.cancerresearchuk.org/health-professional/screening/bowel-screening-evidence-and-resources/faecal-immunochemical-test-fit>
- ✓ Target new invitees and the “never screened” to encourage them to complete the kit
  - Run searches to identify people due to turn 60. Contact them by letter and, if appropriate, by phone to encourage participation at their first bowel screening invitation
  - Run searches for patients aged between 60 and 74 who did not respond to their last invitation
  - Ensure that your searches do not include patients outside the screening age group.
- ✓ If patients are contacted and they no longer have their kit, encourage them to call 0800 707 6060 to request a replacement kit.
- ✓ If requesting a kit on behalf of a patient, please ensure that they have consented to this.
- ✓ Please use the correct form to request a replacement kit. The London bowel screening hub can be contacted directly on [LNWH-tr.BCSP@nhs.net](mailto:LNWH-tr.BCSP@nhs.net) and 020 8869 5265.
- ✓ Please be considerate when asking for replacement kits for patients. Requesting large batches can put the screening service under undue pressure.
- ✓ Some patients will not be eligible to receive a replacement kit
  - Patients who are due to be invited within the next 3 months
  - Patients aged 75 and over. Encourage them to request a test kit themselves every 2 years by calling 0800 707 6060
  - Patients who present with symptoms suggestive of bowel cancer, even if they have had a normal bowel screening result. These patients should be investigated as symptomatic.
- ✓ FIT for symptomatic patients is being rolled out across London. The threshold set for this test is different to that of the bowel cancer screening programme
- ✓ Further information about the FIT test is available on 0800 707 6060 or at [https://www.cancerresearchuk.org/sites/default/files/fit\\_implementation\\_england.pdf](https://www.cancerresearchuk.org/sites/default/files/fit_implementation_england.pdf)
- ✓ Since June 2016, invitation letters in London include automated endorsement by patients’ GPs. Check that the preferred practice name is recorded for this use by the Bowel Screening Hub.

## 6.3 Cervical screening

- ✓ Ensure that all GPs and Practice Nurses who take samples are trained in cervical sample taking and that they update their training every 3 years (see section 10).

- ✓ In line with clinical governance, ensure that all sample takers are registered on the NHS England (London region) unique number cervical sample takers database and that their 3 yearly update training is recorded <https://loncstd.england.nhs.uk/>.
- ✓ All sample takers must audit their results.
- ✓ Ensure that Prior Notification Lists (PNLs) for cervical screening are dealt with promptly.
- ✓ Offer cervical screening opportunistically if due or appointment missed.
- ✓ If a woman has never been sexually active, she should still be offered a test.
- ✓ Lesbian and bisexual women should be offered regular cervical screening and encouraged to attend.
- ✓ All sample takers should respond to failsafe requests and ensure onward referral for their abnormal results.
- ✓ Following an inadequate result, a repeat sample should be taken after three months (12 weeks) 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, although not normally when she has menstrual bleeding, as the cells may be obscured by blood. But if this is the only chance to take a sample, then it should be offered. In most situations, the woman should be asked to return when not menstruating.
- ✓ If a woman has had her menopause, she will still need to attend regular cervical screening appointments until she becomes 65.
- ✓ Consider improving access to cervical screening by offering appointments during extended opening hours and increasing the number of sample takers at your practice.
- ✓ Ensure that women who have had a total hysterectomy are excluded, coded and The Cervical Screening Administration Service (CSAS) informed via the PNL.
- ✓ Women with a sub-total hysterectomy should continue with regular screening.
- ✓ Trans men (born female) who still have a cervix should continue regular cervical screening (further guidance on screening for transgender patients is in section 6.5 of this guide)

#### **6.4 People with additional needs**

- ✓ People with physical or learning disabilities or with mental health problems may find it difficult to access cancer screening.
  - There are significant differences in cancer screening coverage between populations with a learning disability (LD) and non-LD populations in London.
  - Guidance to support people with LD to take up screening is available at <https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities/cancer-screening>
- ✓ Practice level support for patients with special needs.
  - It may difficult for people with limited capacity to understand and thus to consent to examination.

- Specialist services may be needed to anticipate potential concerns of women with LD attending breast screening.
- People with LD may be in residential care or supported living situations and screening will depend on whether a carer is able to support them.
- Ask patients with special needs and/or their carers about their needs and preferences in advance of screening and do the utmost to meet those needs.
- Identify patients who may experience communication difficulties.
- Find out about additional provision in your area for people with learning or physical disabilities or who have mental health problems; inform and support patients to take up these provisions.
- Inform the breast screening service about patients who may require additional support, particularly mobility restrictions in relation to mobile screening units.
- Use guidance for women with learning disabilities to access cervical screening.

<https://www.gov.uk/government/publications/cervical-screening-supporting-women-with-learning-disabilities/supporting-women-with-learning-disabilities-to-access-cervical-screening>

- Arrange preliminary visits to the practice for women with special needs at a quiet time to familiarise them with the cervical screening room and equipment.
- Book longer cervical screening appointments for women with special or additional needs.
- Use pictorial guides designed to support people with learning disabilities.
  - <https://www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities>
  - <https://www.gov.uk/government/publications/cervical-screening-easy-read-guide>
  - <https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide>
- Explain to patients and carers how to use the bowel cancer screening test kit.
- Provide audio guides for people with visual impairment.
 

<https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks/nhs-bowel-cancer-screening-helping-you-decide><https://www.gov.uk/government/publications/breast-screening-helping-women-decide/nhs-breast-screening-helping-you-decide><https://www.gov.uk/government/publications/cervical-screening-description-in-brief/cervical-screening-helping-you-decide>

## 6.5 People who are transgender

- ✓ Trans is a general term for people whose gender is different from the gender assigned to them at birth. For example, a trans man is someone who transitioned from woman to man. Trans people do not feel comfortable living as the gender that they were born with. They take serious, life-changing steps to change their gender permanently. No robust data exists on the number of trans people; a tentative estimate is approximately 200,000-500,000 trans people in the UK

- ✓ Information for transgender people about screening is here  
<https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people>
- ✓ Use a safety netting procedure in the practice for transgender patients. This could include:
  - discussion with each transgender patient about registered gender status and screening eligibility
  - maintaining a list of eligible trans patients who will not routinely be invited for screening and wish to participate
  - flags on patient records when next screening is due
  - advising patients to keep their own records and to request breast screening every 3 years and cervical screening every 3 or 5 years appropriate to age
  - Until there is a nationally standardised system, GP Practices operating such initiatives should inform their local breast and cervical screening service
- ✓ Trans men (born female) who still have a cervix should continue regular cervical screening
  - a trans man registered as female will receive invitations for cervical screening between the ages of 25 and 64
  - a trans man registered as male who remains eligible for screening will not receive automatic invitations and will need to request screening appointments at the practice
  - for people in this group, contact the screening laboratory directly, advising them of a sample being sent for a trans person with a cervix. Include on the request form “patient has a cervix.”
- ✓ Trans women (born male) registered as female will receive invitations for cervical screening but will not be eligible. Discuss this with the woman and follow the guidance for excluding women without a cervix <https://www.csas.nhs.uk/support/>
- ✓ Trans men (born female) who still have breast tissue continue to be at risk of breast cancer, so regular self-examination is recommended. Those who have not had mastectomy should continue with regular breast screening. The GP should refer such patients to the breast screening service for mammography
  - trans women (born male) registered as female will be routinely invited for screening from age 50 to 71st birthday. Long-term hormone therapy can increase the risk of developing breast cancer
  - if preferred, patients can contact the screening service to arrange an appointment at the beginning or end of a clinic

## 6.6 People who have had a previous cancer diagnosis

- ✓ People who have previously been diagnosed and treated for cancer should be encouraged and supported to take up screening invitations
- ✓ The risk of a subsequent new cancer diagnosis in another site may be higher for people who have had certain cancers
- ✓ Incorrect assumptions may be made that people who have been treated for cancer do not need to participate in screening, particularly if they are being actively followed up by cancer services
- ✓ People who have previously had a cancer diagnosis should only be excluded from specific screening programmes for the reasons in section 7 (e.g. women who have had bilateral mastectomy should not be invited for breast screening; women who have had a total hysterectomy and have no cervix should not be invited for cervical screening).



## 6.7 Women at higher risk of breast cancer

- ✓ It is recommended that all women identified by Genetic Services 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 options to manage their risk.
- ✓ Women should be referred to the relevant Genetics team to assess their risk; the team can refer them to the appropriate breast screening provider.
- ✓ Breast screening providers are responsible for continuing surveillance of high risk women.

## 6.8 Men and women at higher risk of bowel cancer

- ✓ Lynch syndrome is a genetic condition which can increase a person's risk of developing bowel cancer to up to 80%, as well as increasing the risk of many other cancers such as womb and ovarian cancers.
- ✓ [NICE recommends](#) that everyone newly diagnosed with bowel cancer should be tested for Lynch syndrome. If this is found, family members who are at risk can be offered a bowel screening test.
- ✓ It may be appropriate to discuss referral for genetic testing with people who have a strong family history of bowel cancer <https://www.bowelcanceruk.org.uk/about-bowel-cancer/risk-factors/family-history/>

## 7. Ceasing people from screening invitations

- ✓ Men and women must only be ceased from cancer screening programmes in accordance with national guidance: Consent to cancer screening (PHE 2009, updated October 2017). <https://www.gov.uk/government/publications/cancer-screening-informed-consent>
- ✓ These guidelines provide:
  - Information on consent and ceasing patients from screening programmes including information and advice on breast, cervical, and bowel cancer screening; and on mental capacity and consent.
  - Template letters for patients withdrawing from programmes.
  - Information for people wishing to opt out of receiving screening invitations.

### 7.1 Ceasing women from breast screening recall

- ✓ Ceasing a woman from the call/recall system has the effect of stopping all invitations for breast screening being sent. Her name will remain on the screening list in the 'ceased' section, but she will not be invited for screening unless action is taken to revert her status to 'normal' on the call/recall system.
- ✓ A woman should only be ceased from the breast screening programme if:
  - She has had bilateral mastectomy (both breasts removed). Appropriate documentary evidence must be sent with the signed ceasing documentation. Only a clinical letter or pathology report will be accepted as evidence of a bilateral mastectomy.
  - She has withdrawn from the programme and signed an appropriate withdrawal letter. Patients wishing to be removed from any of the screening programmes are invited to discuss this with a GP. Patients should sign a disclaimer form only 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.

- ✓ A 'best interests' decision has been made by the woman's multi-disciplinary care team not to screen in the event of the woman having diminished mental capacity to make an informed choice. This must have been agreed with the woman's carer and documented.
- ✓ In all other circumstances, women should be sent an invitation for breast screening and given the opportunity to make an informed choice about whether to accept on each and every occasion when screening is offered.
- ✓ For new patients, documentation must be collated and reviewed from her previous practice to establish her screening status. This should be in conjunction with her new breast screening provider.

## 7.2 Ceasing women from cervical screening recall

Women should only be ceased in accordance with national guidance <https://www.csas.nhs.uk/>

- ✓ Women with a total hysterectomy should be ceased. Women with a subtotal hysterectomy who have retained their cervix should remain in the programme because they continue to be at risk.
- ✓ Some women may ask not to receive invitations for cervical screening. 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 requires 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.

## 7.3 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. Full guidance [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/467546/NHS\\_BCSP\\_Clarification\\_of\\_Ceasing\\_Guidelines\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/467546/NHS_BCSP_Clarification_of_Ceasing_Guidelines_0.pdf)

## 8. Cancer screening codes

- ✓ It is planned that Read codes will change to SNOMED codes, however the timeframe for this is not confirmed.
- ✓ Latest SNOMED Codes are here <https://termbrowser.nhs.uk/>
- ✓ Bowel screening results codes are automatically entered into patient records when results are received electronically. This is not yet the case for bowel scope.
- ✓ Use the free text box for additional comments, reminders and alerts for staff in your practice.

### Bowel cancer screening codes

Spoilt test kit	6867
Technical failure	6868
Result – Unclear	6869
Result – Normal/Negative	686A
Result – Abnormal/Positive	686B
Incomplete participation	686C
No response to screening invitation	90w2
Screening declined (opted out)	8IA3

### Bowel scope (flexible-sigmoidoscopy) screening codes:

Normal - no further action	68W21
Incidental findings	68W2C
Referred for colonoscopy	68W23
Cancer detected	68W24
Invitation declined	68W27
Did not respond	68W28
Did not attend	68W29
Attended but not screened	68W2A
Unsuitable at this time	68W2B

### Breast screening codes

Mammography done	5372
Mammography abnormal	5373
DNA for mammography	5375
Not eligible for screening	71308
Private breast screening carried out	9NOc
Breast screening declined	9OHD

### Cervical screening codes

Liquid based cytology sample taken	685R
Normal 3 year (36 month recall) for women aged 25-49	4K4B
Normal 5 year (60 month recall) for women aged 50-64	4K4C
Inadequate, repeat at 3 months	4K43
Abnormal (6 month recall)	4K45
Abnormal (12 month recall)	4K47
Referred for Colposcopy	4K48
Cease recall	6855
Cervical sample refused	685L
HPV test negative	4K3E
HPV test positive	4K3D

## 9. Understanding your data

- ✓ Regularly review your practice-level screening coverage and uptake rates to check how well you meet targets and how your rates compare with other practices. Practices and CCGs are encouraged to discuss these data and consider how they can support local improvement initiatives and inform target setting.
  
- ✓ Data sources
  - Practice level data for all 3 cancer screening programmes is sent by the Transforming Cancer Services Team (TCST) all London GPs every three months. Data is 6 months in arrears and is for management purposes only, so must not be put in the public domain. Contact your CCG cancer screening lead if you do not receive this data.
  
  - NHS Digital Cervical Screening online resources will:
    - Support Primary Care, Clinical Commissioning Groups (CCGs) and Local Authorities to see cervical screening coverage for their GP practices, CCG or Local Authority
    - Provide timely interactive coverage data, updated quarterly
    - Enable timely evaluation of coverage initiatives
    - <https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-programme/cervical-screening-programme-coverage-statistics-management-information>
  
  - A dashboard with detailed GP level data aims to support primary care in improving participation in cervical screening <https://www.gov.uk/government/publications/cervical-screening-coverage-and-data>
  
  - PHE provides annual uptake and coverage for all 3 cancer screening programmes at CCG and practice level <http://fingertips.phe.org.uk/profile/cancerservices>
  
  - Public Health Outcomes Framework: provides annual coverage at Local Authority level for all 3 cancer screening programmes <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

## 10. Training resources

<p><b>General training</b></p>	<p>NHS Health Education England e-learning portal  <a href="https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/">https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/</a></p> <p>Macmillan Learn Zone  <a href="http://learnzone.org.uk/stack.php?s=6">http://learnzone.org.uk/stack.php?s=6</a> (Macmillan Education Zone)</p> <p>CRUK provides training for receptionists and other non-clinical staff  <a href="http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/talk-cancer">http://www.cancerresearchuk.org/health-professional/prevention-and-awareness/talk-cancer</a></p> <p>hr/HPV primary screening training are both available to access at  <a href="https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/">https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/</a></p>
<p><b>Cervical screening</b></p>	<p>A pan-London Cervical Sample Takers Database (CSTD) has been set up to improve the quality and safety of cervical sample taking in London.</p> <p>Sample takers' training updates should be undertaken every three years.          Check with your own CCG or follow these links</p> <p>London Regional Cytology Training Centre  <a href="http://www.lrctc.org.uk/courses/">http://www.lrctc.org.uk/courses/</a> (email: <a href="mailto:loncstd.England@nhs.net">loncstd.England@nhs.net</a>)</p> <p><a href="https://www.gov.uk/guidance/cervical-screening-education-and-training">https://www.gov.uk/guidance/cervical-screening-education-and-training</a></p> <p>Cervical sample taker update <a href="#">e-learning training</a>  <a href="https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/">https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/</a></p> <p><a href="https://phescreening.blog.gov.uk/2017/06/14/what-gps-need-to-know-about-the-introduction-of-primary-hpv-testing-in-cervical-screening">https://phescreening.blog.gov.uk/2017/06/14/what-gps-need-to-know-about-the-introduction-of-primary-hpv-testing-in-cervical-screening</a></p>
<p><b>GP revalidation</b></p>	<p><a href="http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/RevalidationToolkit.pdf">http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/RevalidationToolkit.pdf</a></p>
<p><b>Nurse revalidation</b></p>	<p><a href="http://www.nmc.org.uk/standards/revalidation/">http://www.nmc.org.uk/standards/revalidation/</a></p>

## 11. Patient information resources

### 11.1 Bowel screening

NHS Choices information with links to other useful resources

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

CRUK illustration to show the difference between FIT for screening and FIT for symptomatic patients

[https://www.cancerresearchuk.org/sites/default/files/fit\\_implementation\\_england.pdf](https://www.cancerresearchuk.org/sites/default/files/fit_implementation_england.pdf)

NHS leaflets to download explaining the benefits and risks of bowel cancer screening in English, large print, 20 other languages

<https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>

<http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/about/screening/about-bowel-cancer-screening>

Bowel screening video in English, Urdu, Gujarati and Bengali

<https://www.youtube.com/playlist?list=PLp9q03cGHGiFupq8y0pDkE7eE67Ln72fl>

Easy read guide

<https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide>

Audio guide

<https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks/nhs-bowel-cancer-screening-helping-you-decide>

### 11.2 Cervical screening

NHS Choices information with links to other useful resources

<https://www.nhs.uk/conditions/cervical-screening/>

NHS leaflet to download: Cervical screening: helping you decide in English and other languages

<https://www.gov.uk/government/publications/cervical-screening-description-in-brief>

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

<http://www.cancerresearchuk.org/about-cancer/type/cervical-cancer/about/cervical-cancer-screening>

Ideas for increasing cervical screening attendance

<https://www.iostrust.org.uk/increasing-screening-attendance>

Video explaining what happens at the cervical screening test

<https://www.nhs.uk/video/Pages/cervical-screening.aspx>

Information for women with learning disabilities

<https://www.gov.uk/government/publications/cervical-screening-supporting-women-with-learning-disabilities/supporting-women-with-learning-disabilities-to-access-cervical-screening>

<http://www.cancerresearchuk.org/about-cancer/cervical-cancer/getting-diagnosed/cervical-screening-for-people-learning-disability>

Video for women with learning disabilities

<https://www.jostrust.org.uk/video-page/smear-test-film>

Easy read guide

<https://www.gov.uk/government/publications/cervical-screening-easy-read-guide>

Audio guide

<https://www.gov.uk/government/publications/cervical-screening-description-in-brief/cervical-screening-helping-you-decide>

### **11.3 Breast screening**

NHS Choices information with links to other useful resources

<https://www.nhs.uk/conditions/breast-cancer-screening/>

[http://www.cancerresearchuk.org/about-cancer/breast-cancer/screening/breast-screening?\\_ga=2.116342790.1866331814.1513783135-424503162.1499156548](http://www.cancerresearchuk.org/about-cancer/breast-cancer/screening/breast-screening?_ga=2.116342790.1866331814.1513783135-424503162.1499156548)

NHS leaflet to download: Breast screening: helping you decide in English and other languages

<https://www.gov.uk/government/publications/breast-screening-helping-women-decide>

Easy read guide

<https://www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities>

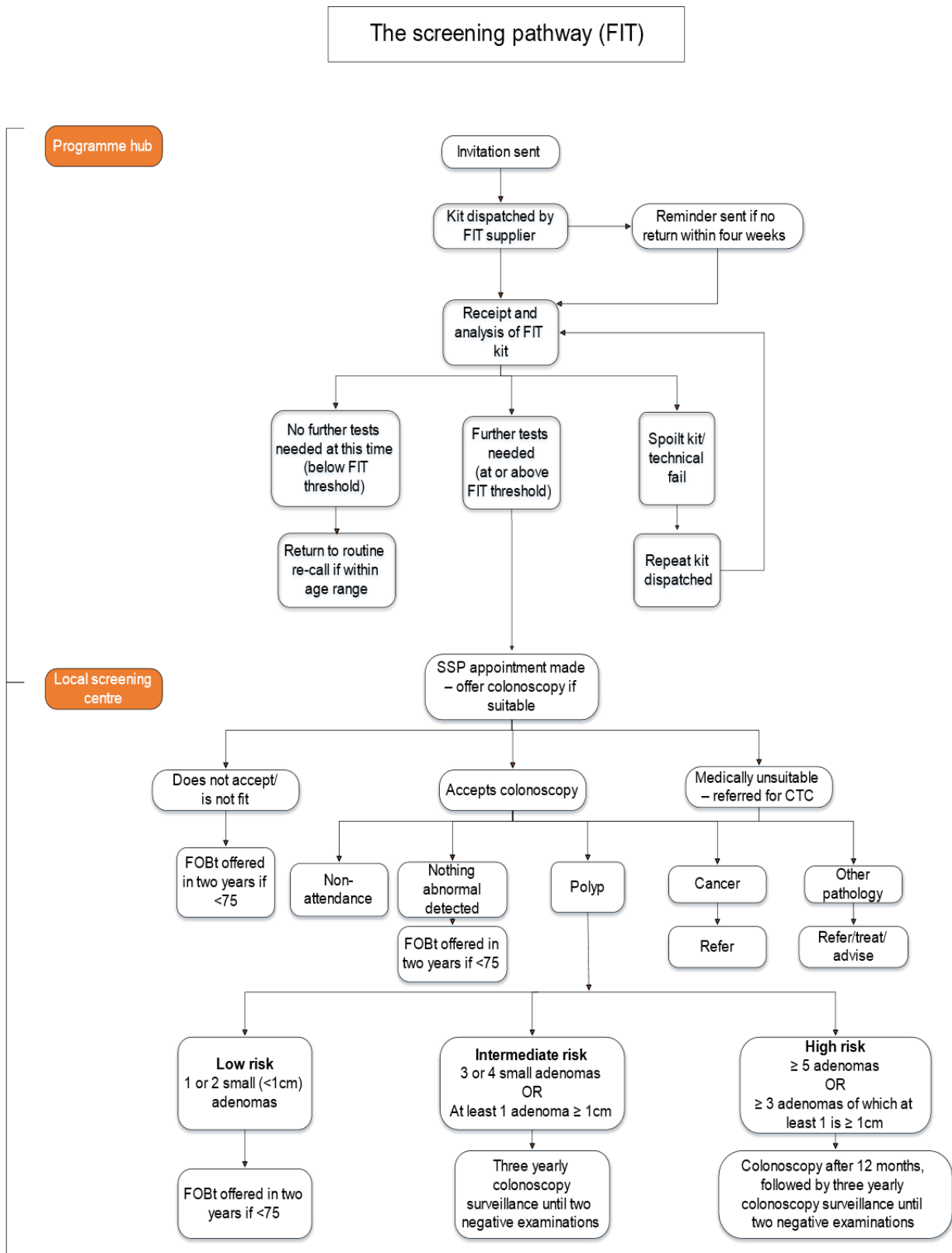
Audio guide

<https://www.gov.uk/government/publications/breast-screening-helping-women-decide/nhs-breast-screening-helping-you-decide>

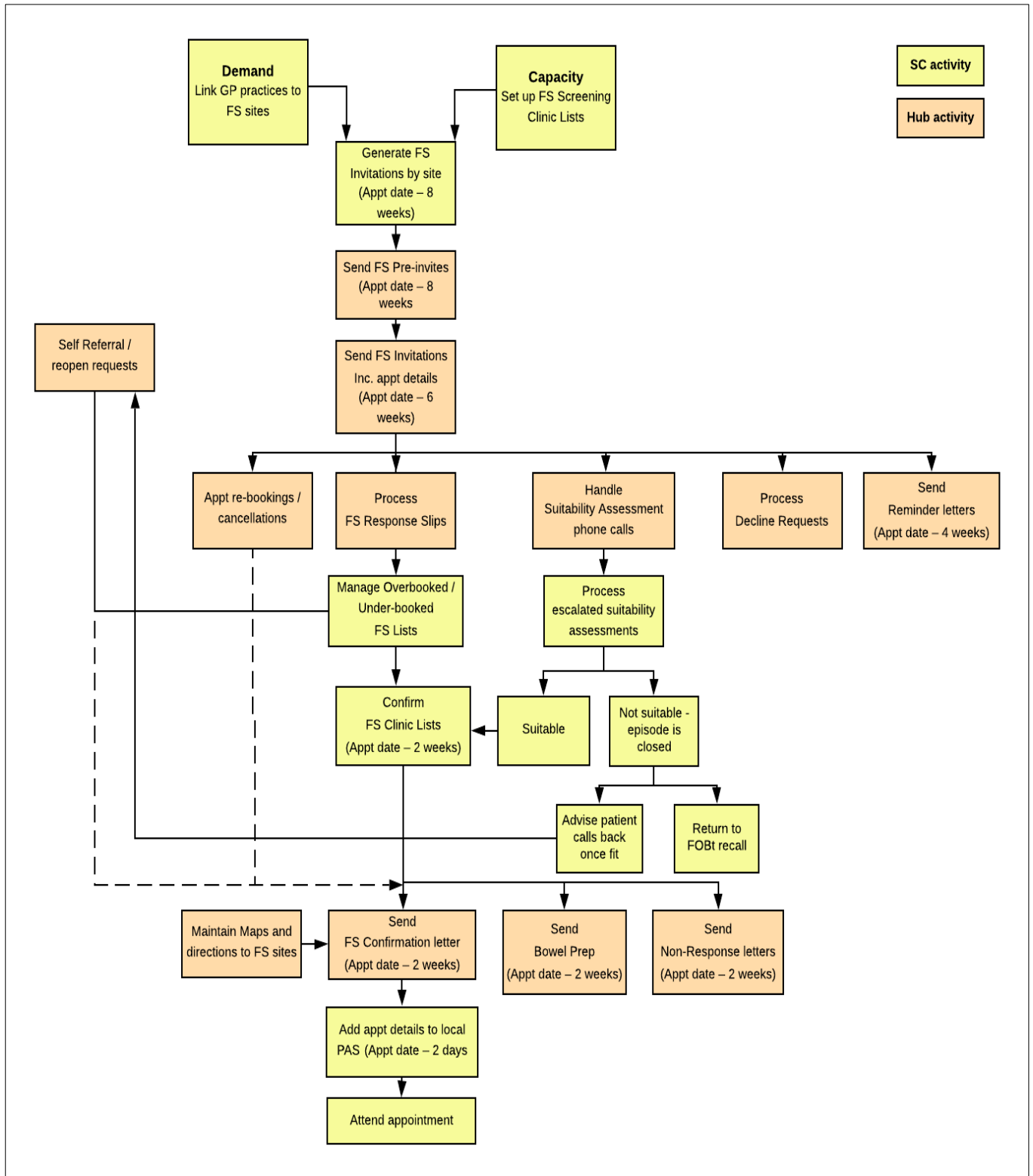


## 12. Pathway flowcharts

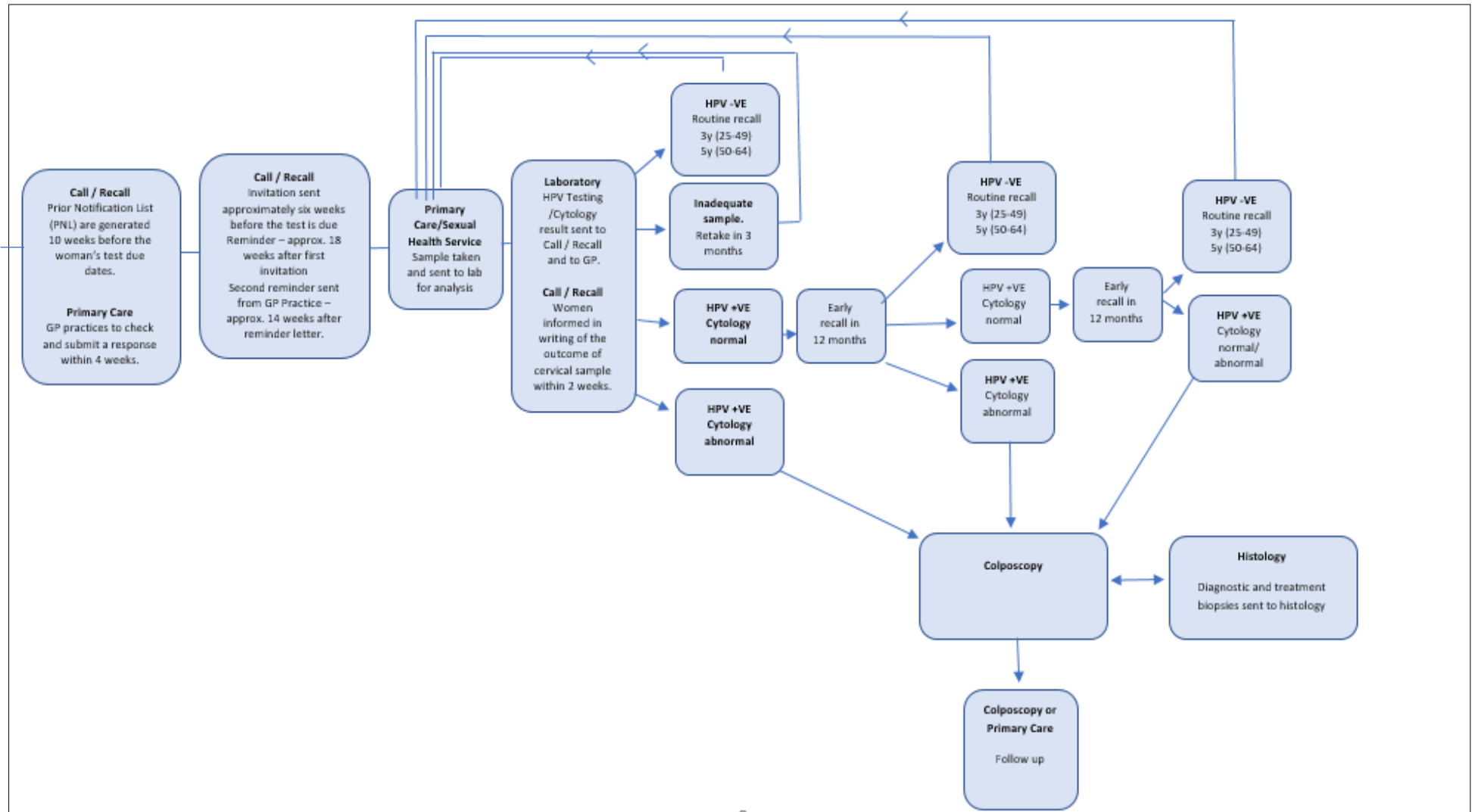
### 12.1 Bowel screening pathway



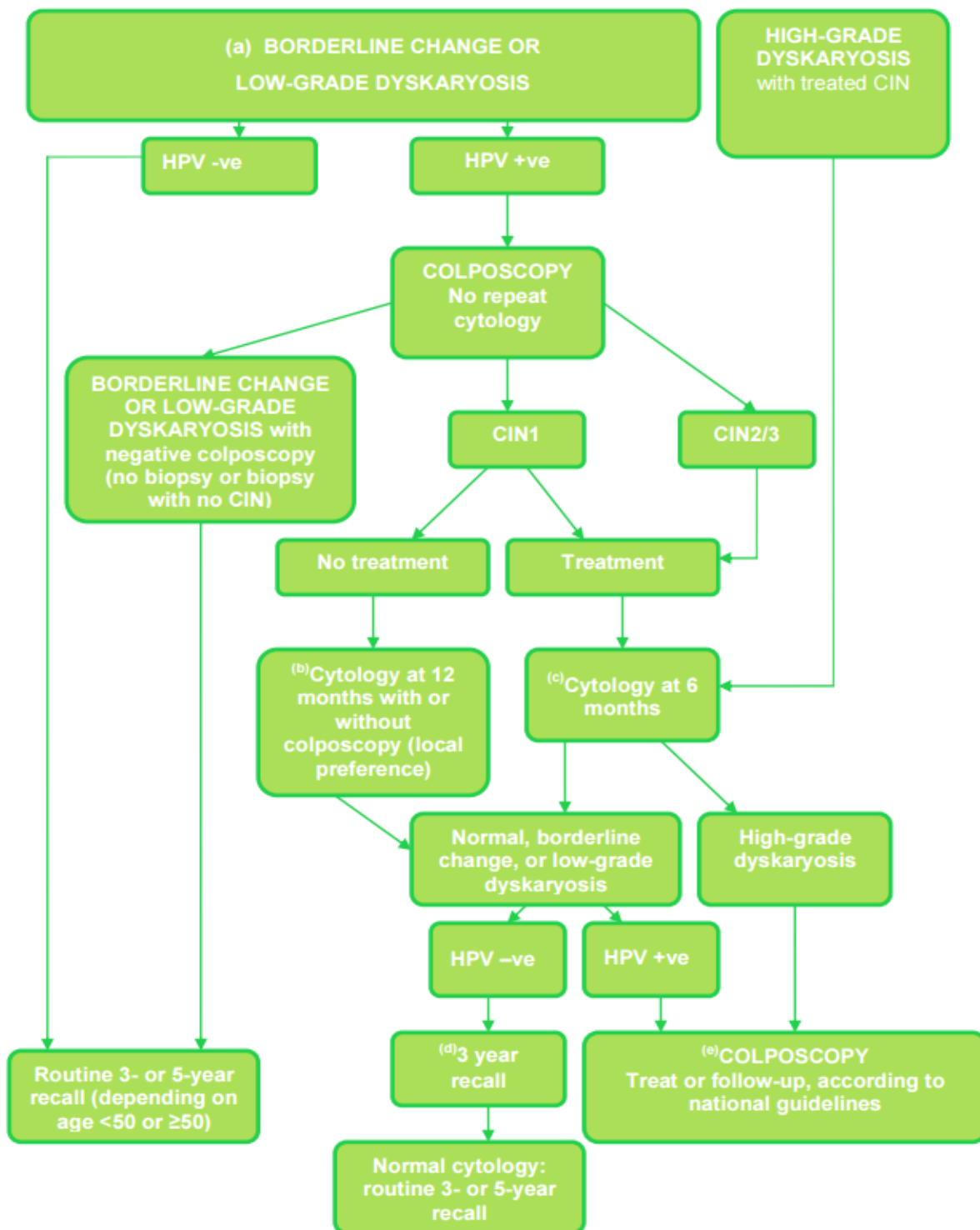
## 12.2 Bowel Scope Screening Pathway



### 12.3 Cervical screening HPV Primary Screening Pathway Flowchart



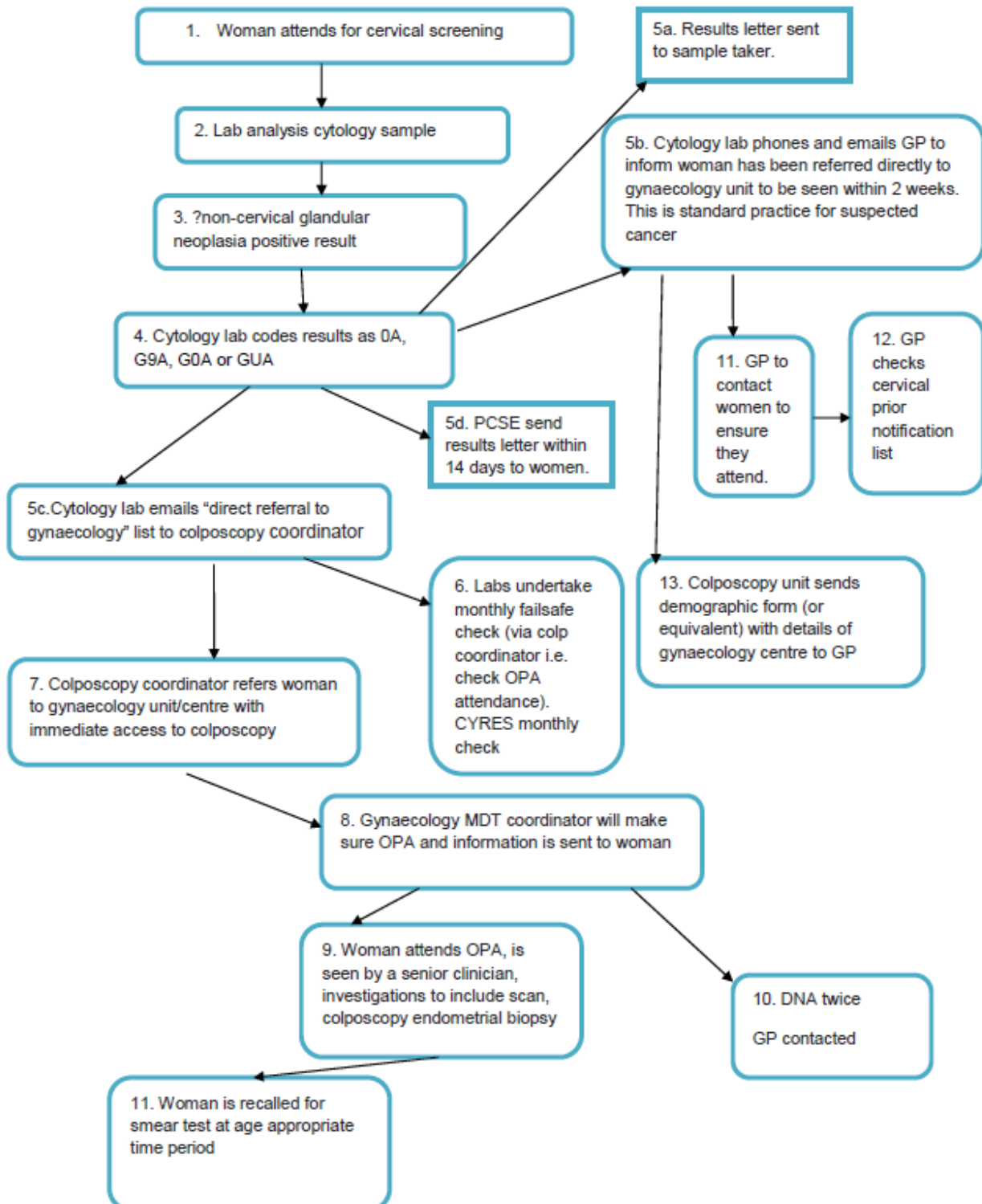
## 12.4 HR-HPV triage and testing protocol



**(a)** If sample is unreliable/inadequate for the HPV test, refer cases showing borderline change and low-grade dyskaryosis for 6-month repeat cytology. Where repeat cytology reports as negative/borderline/low-grade, retest for HPV. If the HPV test is negative, return to routine recall. If the HPV test is positive, refer the woman for colposcopy. All cases of high-grade dyskaryosis should be referred to colposcopy. **(b)** Follow-up of 12-month cytology should follow normal NHSCSP protocols. **(c)** Women in annual follow-up after treatment for CIN are eligible for the HPV test of cure at their next screening test. **(d)** Women  $\geq 50$  who have normal cytology at 3 years will then return to 5-yearly routine recall. Women who reach 65 must still complete the protocol and must comply with other national guidance. **(e)** Women referred due to borderline, low-grade, or normal cytology, who are HR-HPV positive, and who then have a satisfactory and negative colposcopy, can be recalled in 3 years.

## 12.5 Non-cervical Glandular Neoplasia Pathway

### Non-cervical glandular neoplasia pathway London



## 12.6 Breast screening pathway

Figures 1 and 2 outline the NHSBSP pathway for routine screening and for very high risk screening.

Figure 1

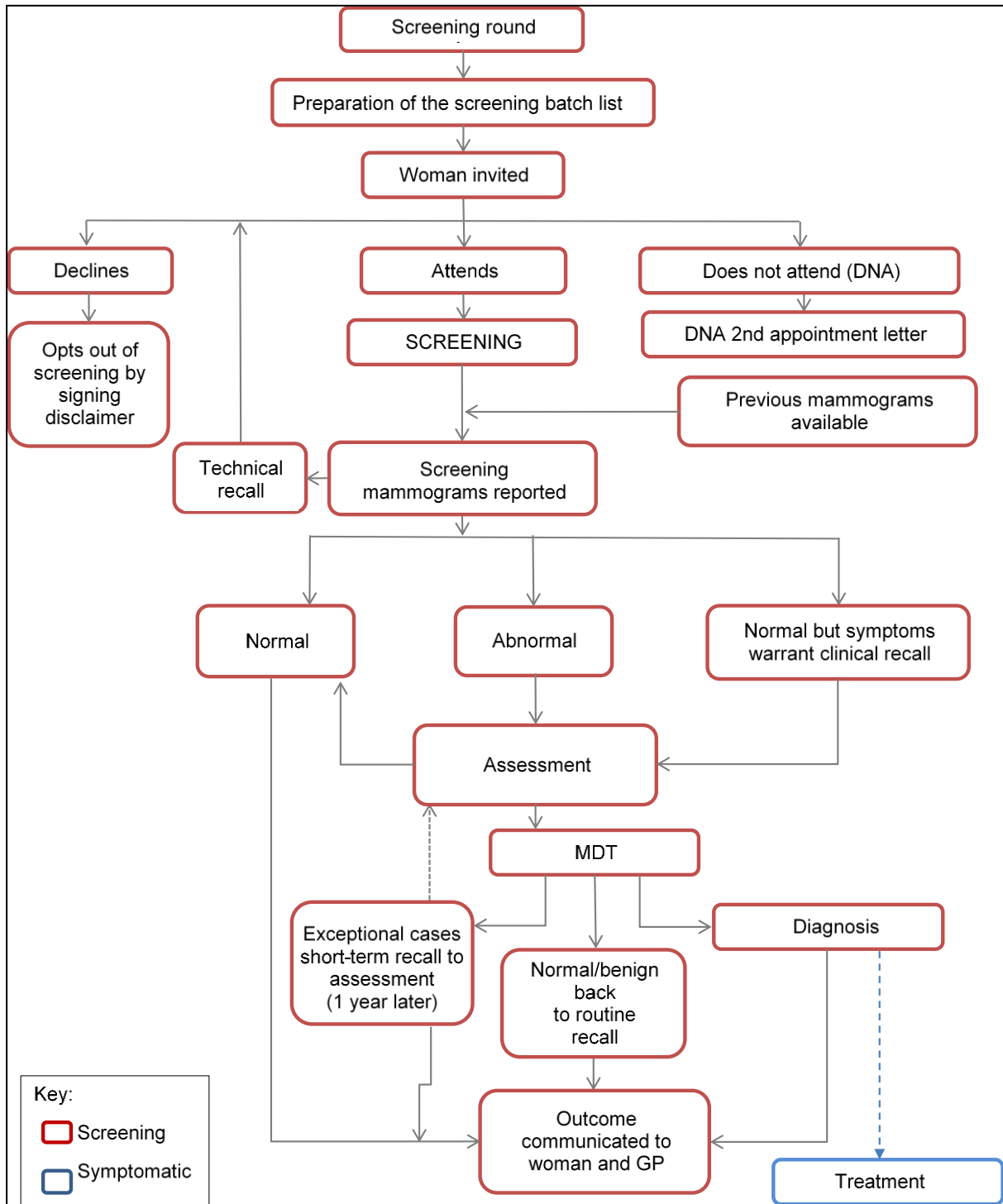
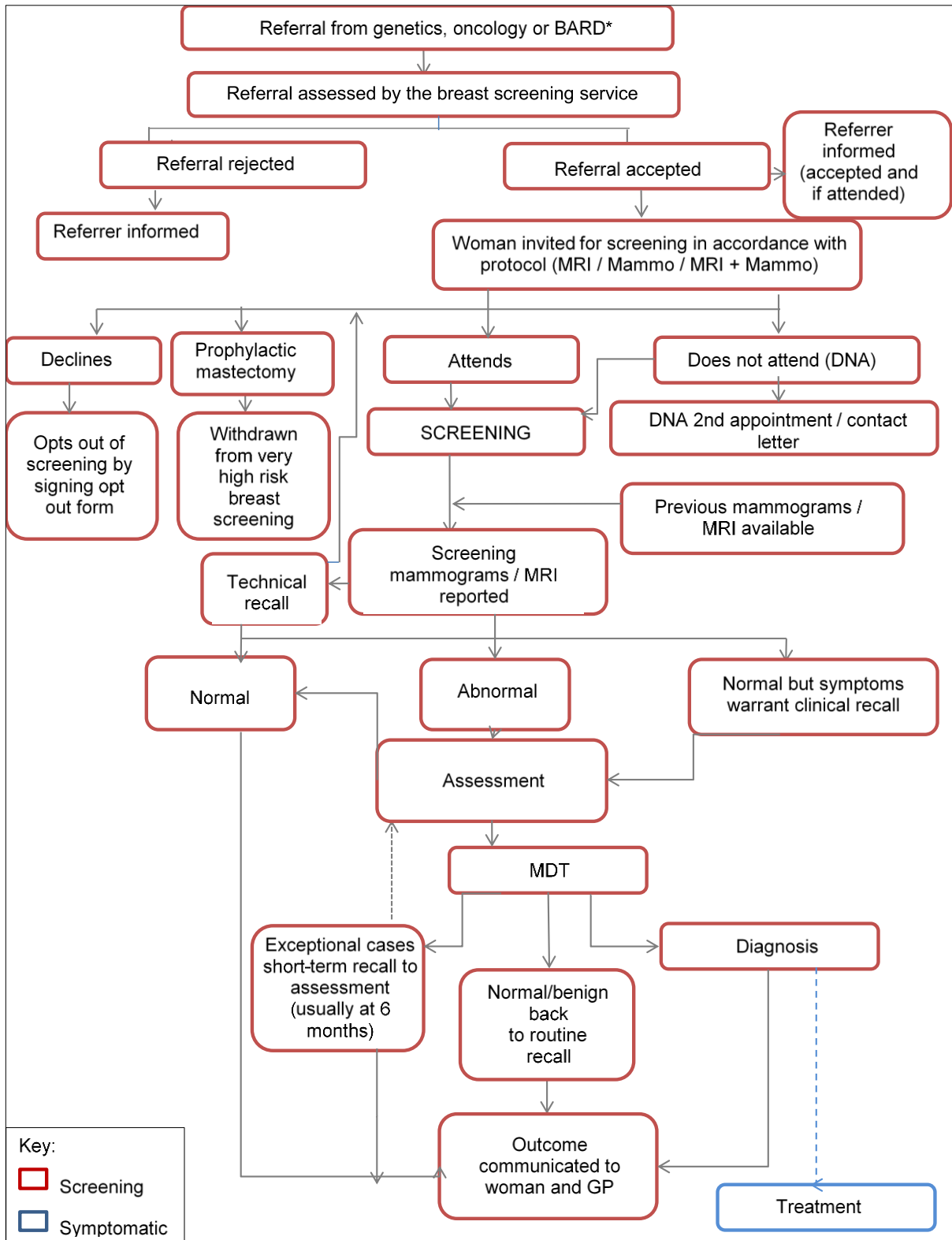


Figure 2





12. Bowel screening kit replacement request form (London Hub)



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 aforementioned 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](mailto: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.