

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 January 2024

Subject: Cancer Screening Update

Report of: Director of Public Health
Chief Medical Officer, Manchester Local Care Organisation

Summary

This report contains the latest available screening uptake figures for Manchester in relation to the national cancer screening programmes. The report also provides information on the actions that are being taken across Manchester to address low uptake and coverage, with a greater focus on health inequalities.

Finally, the report also provides a description of the Greater Manchester targeted lung health check programme, and the plan for Manchester.

Recommendations

The Committee is recommended to consider and comment on the information in the report and actions being taken in Manchester.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	None
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	Commissioned cancer screening services have completed Equality Impact Assessments in line with NHS policy.
Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy

A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Cancer screening provides an opportunity for cancers to be diagnosed at an early stage when treatment is more likely to provide a cure. Cervical and Bowel screening can also prevent cancer by detecting changes before cancer develops. By acting early people can be treated, recover, and continue with employment, education and activities
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Manchester practices, Manchester Foundation NHS Trust (MFT), and NHS Greater Manchester Integrated Care Board (including cancer alliance) commission and provide cancer screening services to a high standard and offer high quality treatment and care for people affected by cancer.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city.
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities, and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners including commissioned providers have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care and support for Manchester residents.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None.

Financial Consequences – Capital

None.

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1.0 Introduction

- 1.1 This report provides the latest position in relation to cancer screening programmes for the population of Manchester.

2.0 Background

- 2.1 Maximising the use of screening programmes is a key factor to achieving the national and Core20PLUS5 ambition of 75% of all cancers diagnosed at an early stage.
- 2.2 There are currently three screening programmes for the prevention or early detection of cancer – Breast, Bowel & Cervical screening.
- 2.3 Also, Targeted Lung Health Checks (lung cancer screening) are being rolled out across Greater Manchester, led by the GM Cancer Alliance. It is anticipated that this will also become a national screening programme following the regional roll out, led by cancers alliances across England.

Definitions

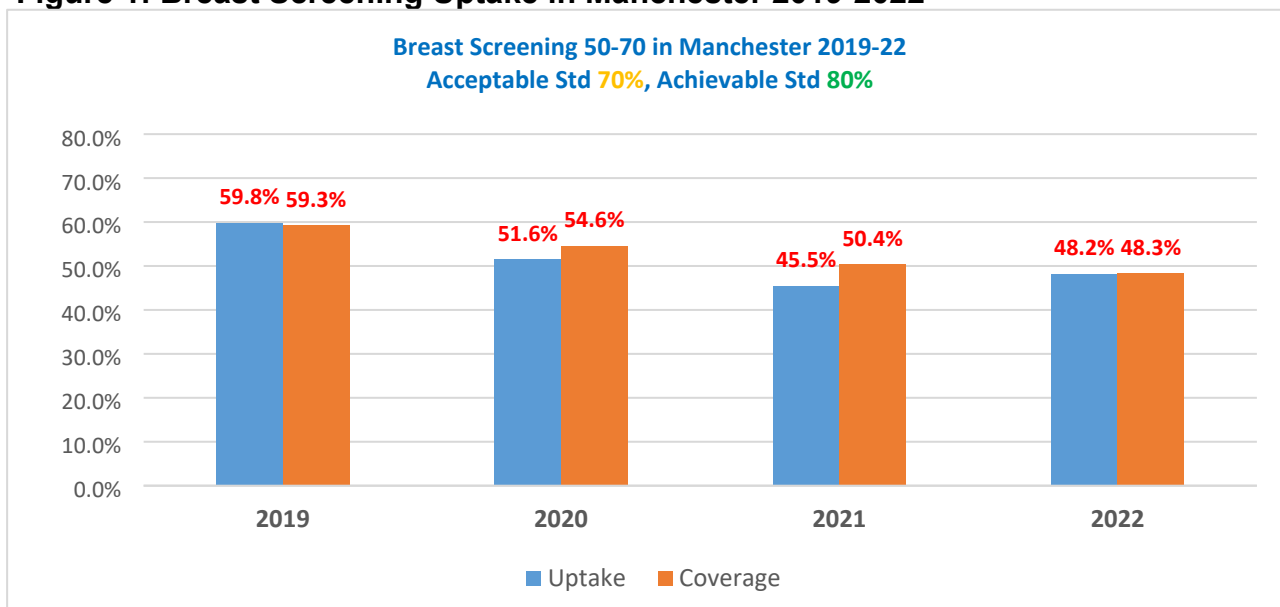
- 2.4 Coverage is defined as the proportion of the eligible population that is tested and has a result documented within a specified timeframe (Breast – 36m, Bowel – 24m, Cervical 25-49yrs – 3.5years, cervical 50-64yrs – 5.5years). Coverage gives us a baseline for cancer screening and allows Primary Care Network (PCNs) and neighbourhoods to plan the quality improvements needed to increase the number of our patients that take up the offer of cancer screening.
- 2.5 Uptake is defined as the proportion of the eligible population offered screening within the previous 12months and has a result documented within 6 months of the invite. Uptake allows us to track improvement in access to cancer screening and monitor the effect of any improvement plans that may be implemented.
- 2.6 The screening programmes refer to coverage and uptake rates at an “acceptable threshold” (i.e. minimum standard), and an “achievable threshold” (i.e. the greatest benefit in terms of lives saved compared to costs of delivering the screening programme)

3.0 Main issues

Breast Screening

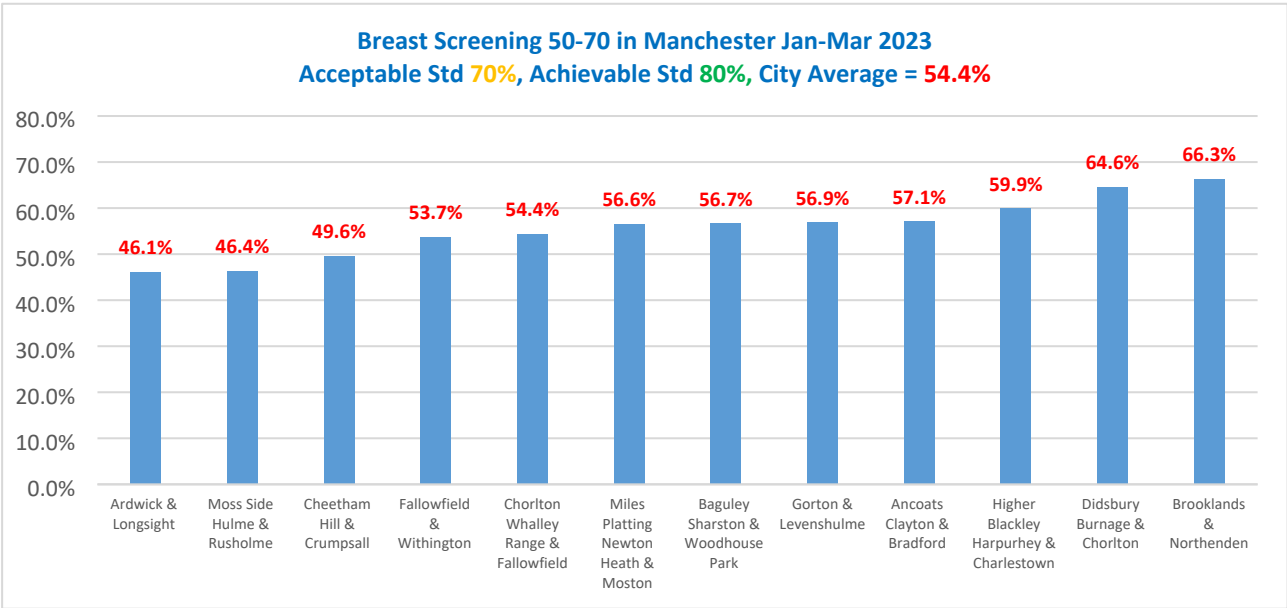
- 3.1 Breast screening uptake and coverage had been decreasing since 2019 but started to increase during the second half of 2022. During the Covid pandemic, breast screening was paused from April to August 2020; when the programme restarted there was a backlog of patients waiting to be screened which has now been cleared but screens were delayed (>36months) for some of our women, which led to the decrease in uptake and coverage figures.

Figure 1: Breast Screening Uptake in Manchester 2019-2022



- 3.2 To recover, the national screening team instructed all programmes to move from timed appointments to open invites – where patients had to call to book a screening mammogram appointment. This was difficult to manage in the first instance as the breast screening programme office at MFT was not set up to be a call centre. A new phone system was installed, and a text reminder service for patients was implemented by the MFT breast screening programme team.
- 3.3 The next issue to address was screening capacity and staffing. Initially the Breast Screening Programme (BrSP) was operating with reduced capacity due to social distancing and enhanced infection prevention and control measures. Staff were also isolating, at home unwell, or working at home due to caring responsibilities. A loss of trained and experienced staff also meant a recruitment drive was necessary, but due to availability the vacancies were filled with untrained staff. These staff have recently completed their training and so capacity has started to increase.
- 3.4 Manchester has a mix of fixed sites for breast screening and mobile assets for community-based screening. New locations had to be found in Levenshulme and Clayton. In addition, infrastructure has now been installed for the mobile mammogram unit at North Manchester General Hospital and will be accessible for women in this part of the city.
- 3.5 MFT Breast services have also seen an increase in referrals from primary care, for suspected cancer and symptomatic referrals, and this has had a negative impact of cancer waiting times performance. It is possible that women waiting for their screening mammograms have contacted their GP, anxious because their screening mammogram was delayed.

Figure 2: Latest Breast Screening Uptake by Neighbourhood: Jan – Mar 2023

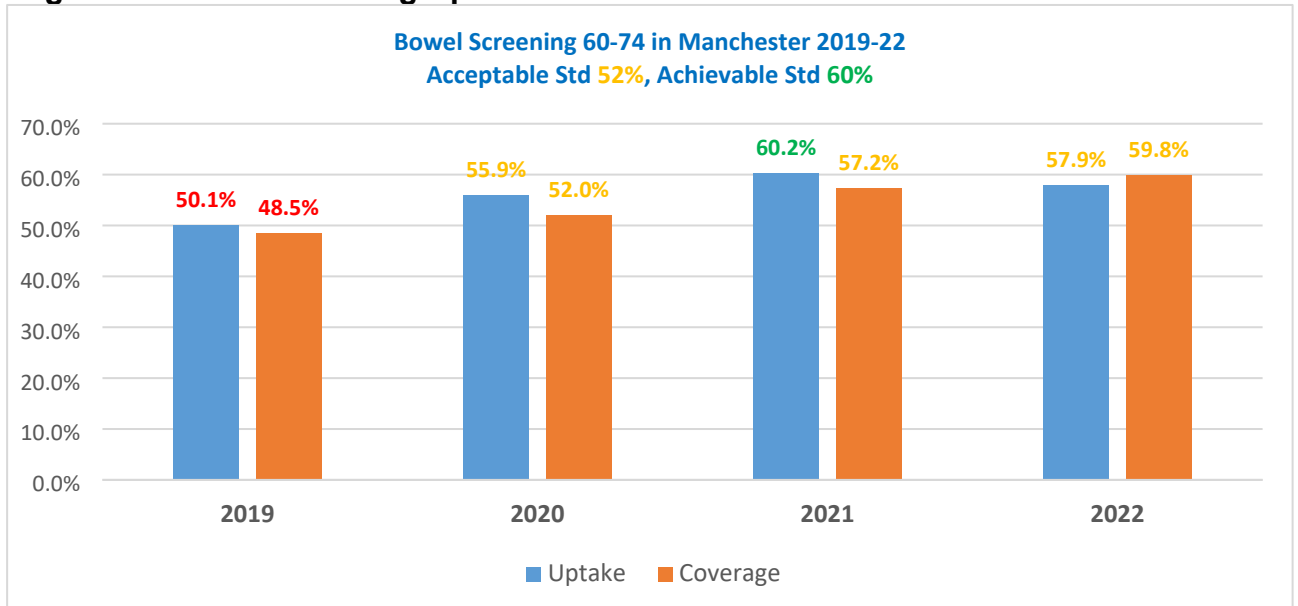


- 3.6 The chart above shows the variation in breast screening uptake across the 12 neighbourhoods of Manchester. There is a 20% difference in uptake between the lowest and highest uptake neighbourhoods.
- 3.7 Uptake does vary due to the rotational nature of the invite process (invites are batched by practices) but this will be smoothed out over time as the breast screening programme moves to “Next Test Due Date” used by other programmes.
- 3.8 The neighbourhoods with the lowest uptake tend to be in Central and North Manchester, which may reflect both levels of deprivation and the diversity of the local population. There is clear evidence from national studies that when people have other immediate priorities in their lives, take up of screening programmes and prevention of future disease will often be deferred.

Bowel Screening

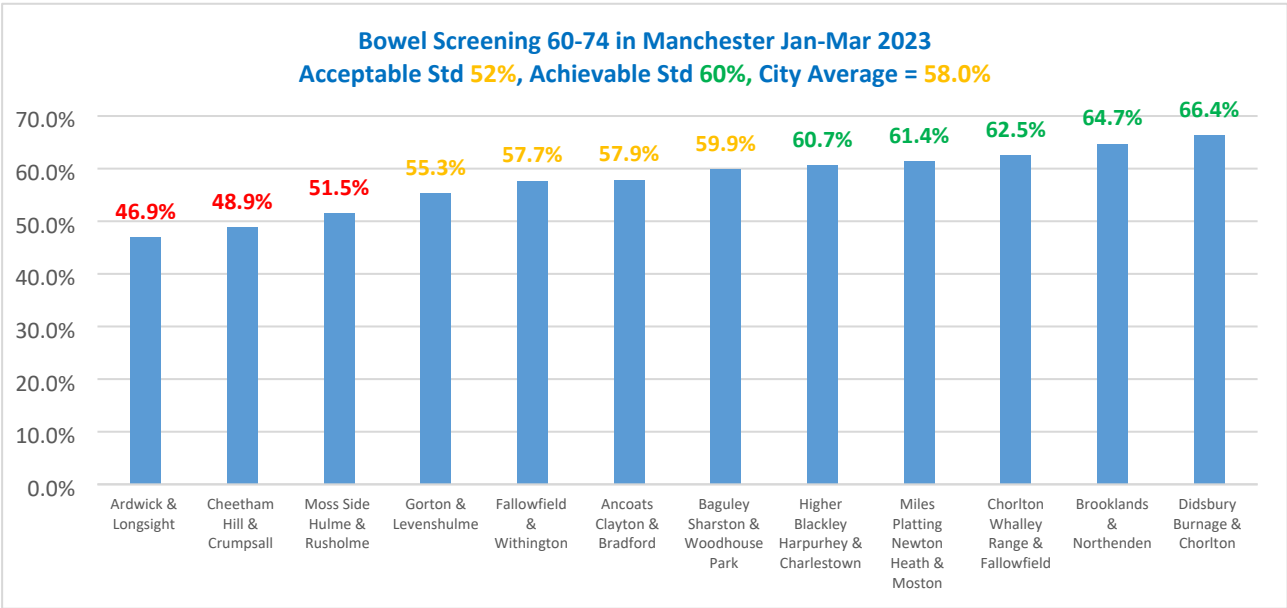
- 3.9 Bowel screening uptake and coverage was increasing from 2019 to 2021 but has decreased during 2022 and into 2023. During the Covid pandemic, the sending out of bowel screening kits from the regional hub was paused, but only from April to June 2020.

Figure 3: Bowel Screening Uptake in Manchester 2019-2022



- 3.10 MFT provide the assessment service for patients with a positive bowel screening result. Patients are contacted by a specialist nurse and booked for a colonoscopy if appropriate. During the Covid-19 pandemic, the number of colonoscopy procedures was reduced due to infection prevention and control measures. In addition, many nursing colleagues were re-deployed to support the care of patients that were covid in-patients.
- 3.11 Like breast screening, many qualified and experienced staff left the MFT service and new colleagues were recruited with a period of training and assessment. This is now nearing completion and the capacity is being increased again. However, the national bowel screening programme has begun a process of Age Extension to bring down the starting age to 50 (from 60).
- 3.12 During 2022 patients aged 56 and 58 started to be invited to participate in bowel screening, and patients aged 54 are now being invited during 2023. Next year will see patients aged 50 and 52 be invited, but this will be phased to ensure staffing capacity can meet the demand and Key Performance Indicators (KPIs) will still be met.

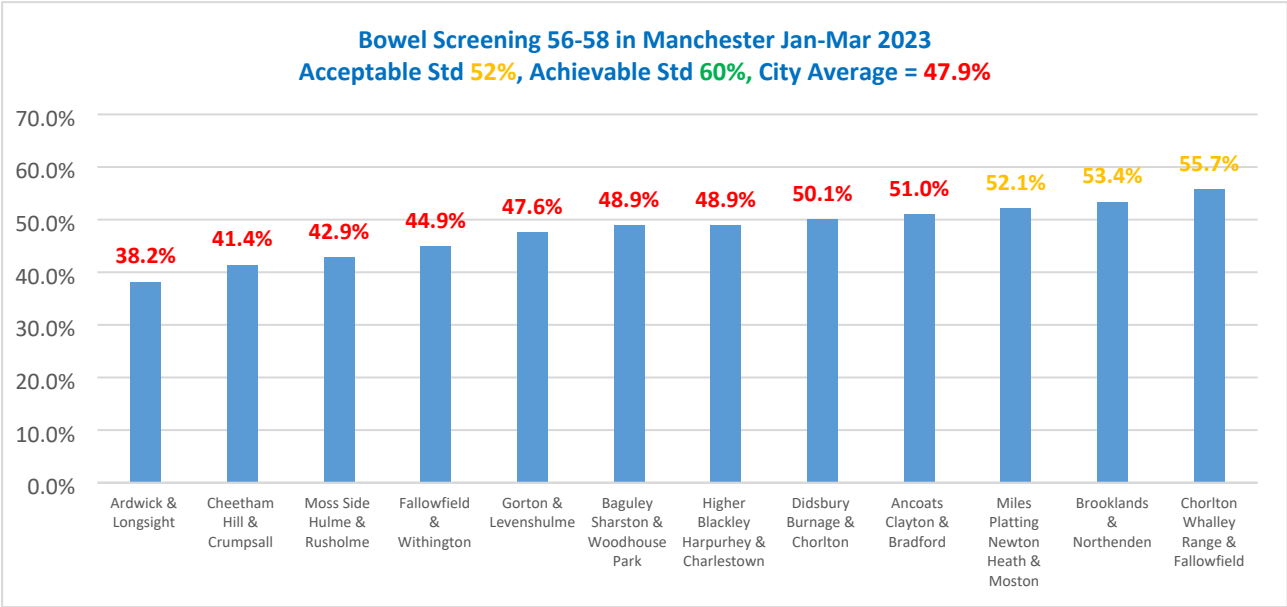
Figure 4: Latest Bowel Screening Uptake by Neighbourhood: Jan – Mar 2023



3.13 The chart above shows the variation in bowel screening uptake across the 12 neighbourhoods of Manchester. There is a 20% difference in uptake between the lowest and highest uptake neighbourhoods.

3.14 As stated in 3.8, neighbourhoods with the lowest uptake tend to be in Central and North Manchester.

Figure 5: National Age Extension to the Bowel Screening Programme



3.15 The chart above shows the variation in bowel screening uptake for patients aged 56 and 58, across the 12 neighbourhoods of Manchester. This highlights **age** as one of the key health inequality indicators for bowel screening, as the youngest / first invited patients are less likely to participate.

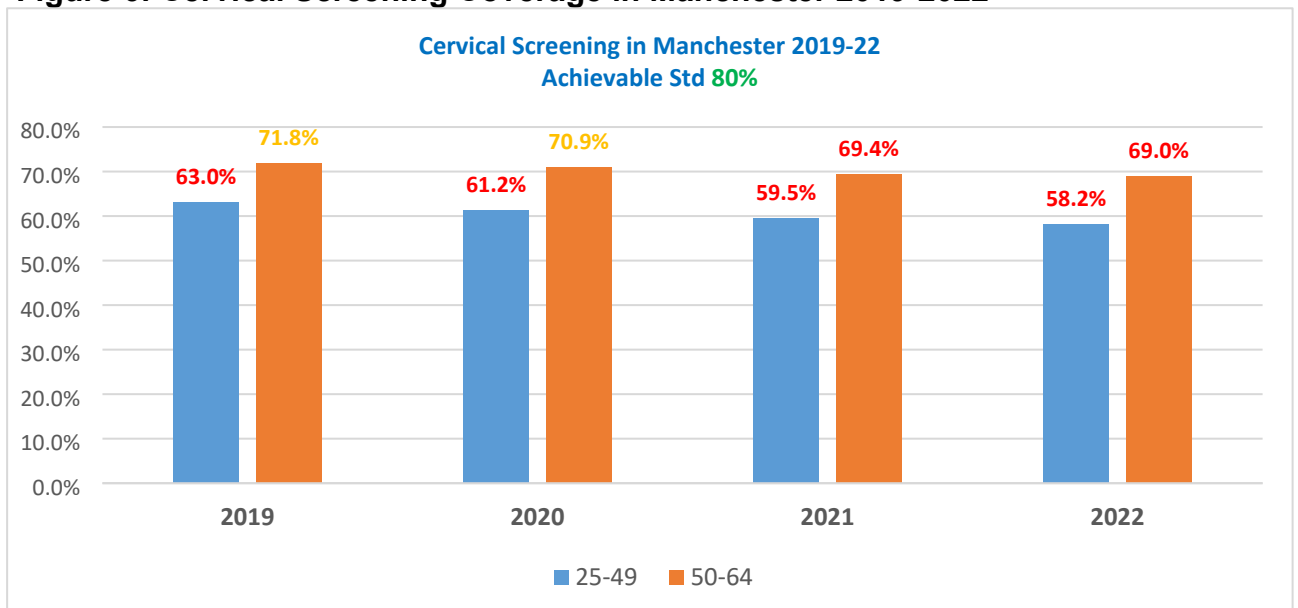
Population Health Management Board

- 3.16 The Manchester Population Health Management Board (PHM), which is a key part of the Manchester Local Care Organisation (MLCO) governance system, oversees a number of key programmes. The Board identified bowel screening as one of three priorities for 2023/24 following a decrease in uptake in 2022/23. PHM is a data-led methodology Manchester is developing as one way to reduce health inequalities in the city.
- 3.17 It is being led by the MLCO with the PCNs as key partners, alongside voluntary and community organisations. Each of the 12 neighbourhood teams has developed an action plan supported by the Manchester locality cancer lead, colleagues from MFT, the bowel screening programme and Answer Cancer.
- 3.18 As the work has progressed in neighbourhoods it has become clear how pivotal the MLCO Health Development Coordinators are to effective delivery. The PHM plans are built on their work in communities, building positive relationships with local communities and local partners in the VCSE and, importantly, primary care.
- 3.19 Through their work and that of the LCO's wider neighbourhood teams, we have been able to take advantage of and build on Manchester's relative strength in its relationship with primary care. In the reports to the PHM Board, examples are being presented of staff in Primary Care Networks responding to the PHM challenge and supporting those patient cohorts over-represented among those that have not taken up the screening offer.
- 3.20 For example staff from Miles Platting, Newton Heath, Moston PCN, between June and early December 2023, called more than 400 eligible patients who had not returned their screening kits to discuss the importance of screening and identify any barriers. As a result, 220 screening kits were reissued.
- 3.21 Between June and early December 2023, a Care Navigator from Higher Blackley, Charlestown and Harpurhey PCN wrote to 129 patients about bowel screening following which 48 completed bowel screening. This is an impressive success rate. Furthermore, this PCN has adopted a policy of sending a text message from their GP to all patients who are due to receive a bowel screening kit as an additional encouragement to take part.
- 3.22 Despite these examples, because of the delay in publication of figures from the national cancer screening programmes the MLCO Team have not yet been able to confirm if more people have chosen to participate. The team are also waiting for data from primary care systems to indicate whether the targeted engagement activities have made an impact. This is expected in early 2024.

Cervical Screening

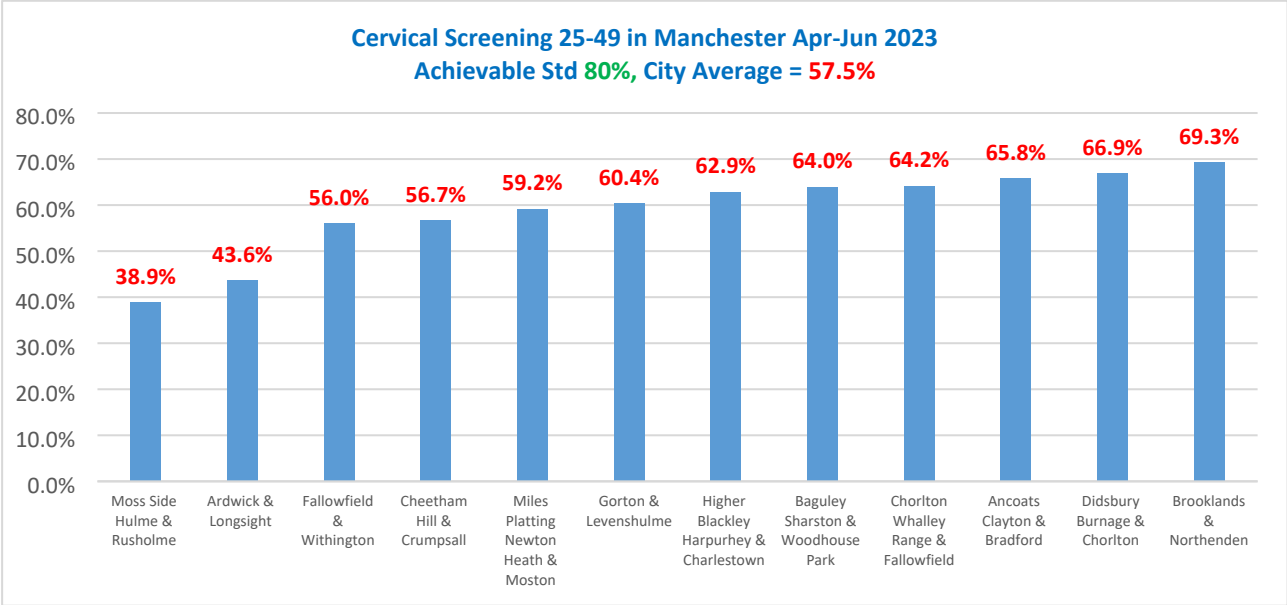
- 3.23 Cervical screening is arranged by 2 age bands: 25-49 years women are called every 3 years; 50-64 years women are called every 5 years. There has always been a difference in cervical screening coverage between the 2 age bands, with younger women less likely to attend for their cervical screen. Coverage has decreased for both age bands, but we notice the gap is starting to widen, and coverage is decreasing faster for the lower age band than the higher.

Figure 6: Cervical Screening Coverage in Manchester 2019-2022



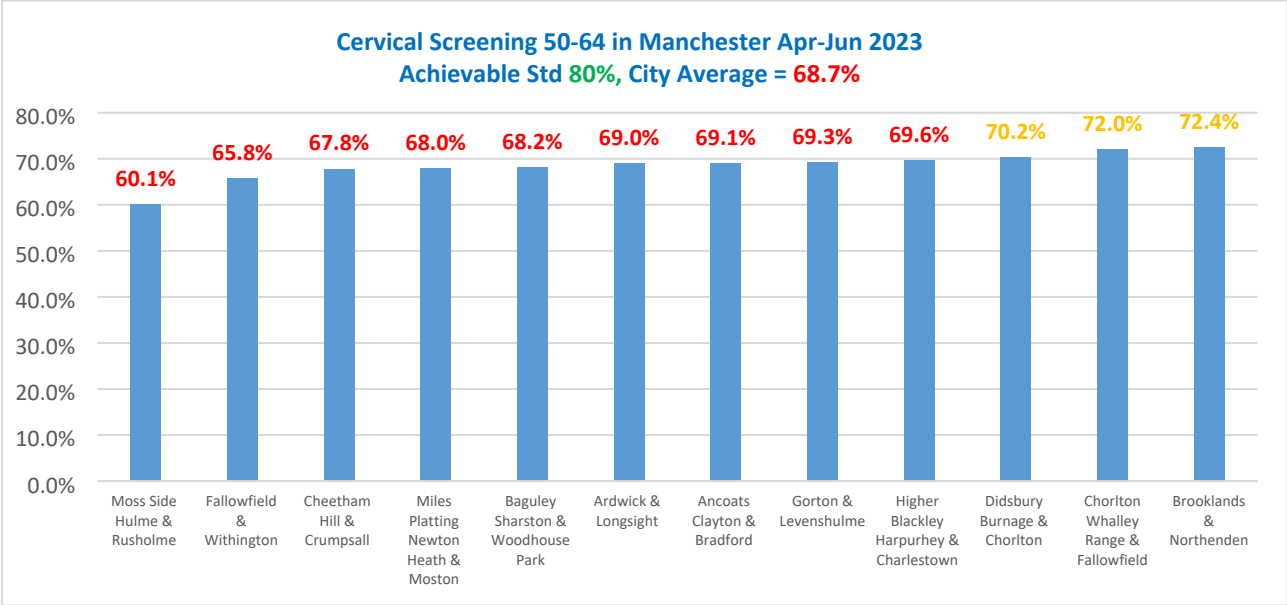
- 3.24 Cervical samples for screening are taken by trained sample takers, mainly in a primary care setting, and analysed by the laboratory at MFT. There was no pause in cervical samples being taken during Covid-19 pandemic or the laboratory analysis. There was a backlog of women waiting for colposcopy assessment at MFT following an abnormal cervical sample being identified by the laboratory.
- 3.25 MFT gynae services managed their workload with similar issues and limitations to breast and bowel screening programmes – limited clinic capacity and staff shortages, recruitment processes and training for new staff.

Figure 7: Latest Cervical Screening Coverage 25-49yrs by Neighbourhood: Apr-Jun 2023



3.26 The chart above shows the variation in cervical screening coverage for patients aged 25-49, across the 12 neighbourhoods of Manchester. There is a 30% difference in uptake between the lowest and highest coverage neighbourhoods.

Figure 8: Latest Cervical Screening Coverage 50-64yrs by Neighbourhood: Apr-Jun 2023



3.27 The chart above shows the variation in cervical screening coverage for patients aged 50-64, across the 12 neighbourhoods of Manchester. There is a 12% difference in uptake between the lowest and highest coverage neighbourhoods.

3.28 As stated in 3.8, neighbourhoods with the lowest uptake tend to be in Central and North Manchester.

Health Inequalities

Table 1: Variation in cancer screening uptake and coverage across the city

	National Target	City Average	Lowest	Highest
Breast Screening Jan-Mar 2023	80%	54.4%	Ardwick & Longsight 46.1%	Brooklands & Northenden 66.3%
Bowel Screening Jan-Mar 2023	60%	58.0%	Ardwick & Longsight 46.9%	Brooklands & Northenden 64.7%
Cervical Screening 25-49 Apr-Jun 2023	80%	57.5%	Moss Side Hulme & Rusholme 38.9%	Brooklands & Northenden 69.3%
Cervical Screening 50-64 Apr-Jun 2023	80%	68.7%	Moss Side Hulme & Rusholme 60.1%	Brooklands & Northenden 72.4%

3.29 The PHM Board now have access to cancer screening information from primary care data and can analyse this by different health inequalities, as well as being able to break down by Neighbourhoods, Primary Care Networks, Wards and Practices.

3.30 The PHM Board have identified:

- The lowest coverage for all three cancer screening programmes is in the lowest age bands and these are the people being invited for the first time.
- Asian patients are less likely to take part in cancer screening, but this varies across the neighbourhoods.
- Trans patients are less likely to take part in Breast and Cervical screening
- Men are less likely to take part in bowel screening than women, but they are more likely to have a positive screening test and less likely to complete their screening pathway.
- People whose main languages are Arabic, Polish, Punjabi and Urdu have lower levels of participation.

Targeted Lung Health Checks

3.31 In 2019, Manchester Health and Care Commissioning along with MFT, launched the Manchester Lung Health Check service in North Manchester. Invites were sent to around 36,000 people in the age range 55-80, asking anyone that had ever smoked to contact the service and book a Lung Health Check at one of four community locations.

3.32 It was estimated that around 20,000 people in this age range would be current or former smokers. Over 9000 people attended for the lung health check, and around half were identified as being at increased risk of lung cancer. These

patients were offered a same day ultra-low dose CT scan and contacted with the outcome of their scan.

- 3.33 Patients with a negative scan were recalled at regular intervals for surveillance scans. Patients with a positive scan were referred directly to the RAPID lung cancer clinic at Wythenshawe Hospital for assessment. Patients with an indeterminate scan were followed up in 3m using a nodule management protocol.
- 3.34 To date, over 200 patients in North Manchester have been diagnosed with lung cancer. 80% of patients are diagnosed at an early stage and 85% were suitable for curative treatment. This compares very well to 40% of patients who come through a symptomatic pathway being diagnosed at an early stage.
- 3.35 In September 2023, MFT went back to North Manchester to invite newly aged in patients (those that have turned 55 since 2019), and to re-invite those aged 60-74 who did not respond to the original invite. The same community locations are being used. The feedback on uptake and cancers detected will be available in early 2024.
- 3.36 Targeted Lung Health Checks are now being implemented across Greater Manchester by our cancer alliance in collaboration with MFT, Northern Care Alliance (NCA) and industry partners. GM have agreed a delivery model based on Primary Care Networks, stratified according to smoking prevalence, lung cancer incidence and deprivation.

Table 2: Central and South Manchester PCNs are included in the GM schedule

Phase	PCNs	Dates
NM New aged in (55-59) & Re-invites (60-74)	Cheetham Hill & Crumpsall, City Centre & Ancoats, Clayton Beswick & Openshaw, Higher Blackley, Harpurhey & Charlestown, Miles Platting Newton Heath & Moston	Sep-Nov 2023
Cohort 1	Wythenshawe Northenden & Brooklands	Jan-Jun 2024 Jul – Sep 2024 (TBC)
Cohort 2	Better Health MCR, Ardwick & Longsight, Gorton & Levenshulme	2025-26
Cohort 3	Hulme & City South, Withington & Fallowfield, Didsbury, Chorlton Park & Burnage	2026-27
Cohort 4	West Central Manchester	2027-28

3.37 Summary of actions being taken

- MFT developed robust restoration and recovery plans for all three cancer screening programmes and delivered despite staffing challenges and the demands of the symptomatic services.
- Manchester formed a group of key stakeholders to look at cancer screening uptake and coverage and focus on key geographical areas across the city. The group have developed a workplan based on the key patient groups as identified by our data analysis.

- This information has been shared with PCN cancer leads to develop their quality improvement plans as part of the cancer requirements in the primary care contract for 2023-24. Various initiatives are being tested across the city to see if uptake can be improved and more patients will engage with cancer screening.
- The group have also shared cancer screening and health inequalities data with PCNs and Integrated Neighbourhood Teams.
- The Population Health Management Board have selected bowel screening as a priority project. Information on coverage by Neighbourhoods and key patient groups have been shared with neighbourhood teams for them to decide what to focus on. Latest data on uptake and coverage will be monitored and reported back to the Board as a key measure for this project.
- The age range for the bowel screening programme is being increased to 50-74 years (previously started at 60). During 2022 patients aged 56 & 58 were invited, patients aged 54 were invited during 2023, and patients aged 50 & 52 will be invited during 2024.

4.0 Recommendations

- 4.1 To consider and comment on the information in the report and actions being taken in Manchester.