

## Health and Wellbeing Board

**10 April 2025**

### **NHS Cancer Screening Programmes - Breast, Bowel and Cervical**

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#### **Summary**

Medway Council and NHS Kent & Medway have a duty to produce a [Joint Local Health and Wellbeing Strategy](#) (JLHWS) setting out priorities for improving the health and wellbeing of residents.

Medway's JLHWS 2024-2028 comprises four priority themes, each of which has an accompanying set of performance indicators. This report focuses on indicators for three site specific cancers that form part of a suite of metrics within '*Theme 1 – Healthier and Longer Lives for Everyone*'.

There are 3 NHS screening programmes which either look for cancers, in the case of the NHS bowel cancer screening programme and the NHS breast screening programme, or for a condition which if left untreated could lead to cancer, as in the case of the NHS cervical screening programme.

- Breast screening is offered to 50-70 year old women every 3 years
- Bowel cancer screening is currently offered to men and women aged 50 to 74 years every 2 years
- Cervical screening is offered to 25 to 64 year old women and people with a cervix, either every 3 years (aged 25-49 years) or 5 years (aged 50-64 years)

The latest data for 2023/24 shows that in Medway, bowel cancer screening and breast screening coverage is worse compared to England, and cervical cancer screening in those aged 50-64 years old is similar to that of England.

The aim of these screening programmes is to detect cancers, or conditions which if untreated could lead to cancers, in people who are asymptomatic.

Where cancer has been identified, early detection at stages 1 and 2 can mean less aggressive treatments and the best chances for survival.

## 1. Recommendation

- 1.1 The Board is asked to note the report and to discuss ongoing programmes of work to understand if there are opportunities for further improvement.

## 2. Budget and policy framework

- 2.1 Section 116A of the Local Government and Public Involvement in Health Act 2007 legislates for local authorities in partnership with integrated care boards to prepare a Joint Local Health and Wellbeing Strategy setting out how the assessed needs of the local population are to be met through the exercise of its respective functions.
- 2.2 Decisions to discuss specific performance indicators do not have a budgetary implication. Some actions to drive improvements could be delivered within existing budget frameworks, but there may be others where further cost implications could arise. As the JLHWS is a system-wide strategy, some actions could fall outside of the scope of the Council's policy framework.

## 3. Background

- 3.1 Medway and Swale Health and Care Partnership has an overall cancer mortality rate above the England average and above the Kent & Medway average.
- 3.2 The NHS Long Term Plan sets out an ambition to increase the proportion of cancers diagnosed at stages 1 and 2 to 75% by 2028.
- 3.3 The NHS screening programmes provide an opportunity for early diagnosis of cancers or a condition which if left untreated, can lead to cancer. Early diagnosis means treatment is less aggressive and people have the best health outcomes.
- 3.4 The national NHS screening programmes are locally commissioned by NHS England's South East Regional Public Health Commissioning Team. The Kent & Medway Screening and Immunisations team (K&M SIT) is part of this wider team and provides the public health subject matter expertise to this process.
- 3.5 Whilst not the commissioners of the NHS screening programmes, Kent and Medway Cancer Alliance (KMCA) works collaboratively with the K&M SIT to increase the coverage and uptake of the NHS screening programmes.
- 3.6 KMCA provides oversight and coordination of cancer prevention and treatment initiatives across the whole ICB footprint.

- 3.7 Medway and Swale Health and Care Partnership's (HaCP) Population Health Management Programme is also working on place-based initiatives to support better outcomes for cancer.
- 3.8 Regional NHS England commissioning mechanisms are already providing site specific NHS cancer screening for eligible population cohorts in Medway. These screening programmes work to NHS England national service specifications.
- 3.9 Due to the nature of the NHS screening programmes, any work to increase uptake or coverage cannot alter the screening pathway itself. For example, people not identified as eligible, cannot be invited to attend a screen.
- 3.10 The providers delivering these programmes to the Medway population are required to develop action plans to reduce health inequalities by addressing barriers to uptake.
- 3.11 From April 2025 these action plans will be revised every 3 years in line with the new requirement included in the service specification of undertaking a health equity audit (HEA) every 3 years. Previous to this year there was no formal requirement to refresh these, although this was encouraged. The K&M SIT will continue to support providers to undertake this.
- 3.12 Progress on these action plans are discussed at the quarterly programme boards chaired by K&M SIT.
- 3.13 The Kent & Medway Screening and Immunisation Inequalities Subgroup, chaired by the K&M SIT, has a key priority to address disparities in screening coverage for 3 NHS screening programmes – breast screening, bowel cancer screening, and cervical screening.
- 3.14 The Medway and Swale HaCP is also working with the Regional Screening team to look at specific inclusion health groups and understand where potential exists to implement both systemic and community based support to increase screening coverage and uptake.
- 3.15 Any decisions or actions relating to the NHS screening programmes require collaboration with the K&M SIT as the commissioners and subject matter experts for these programmes.

## 4 Advice and analysis

- 4.1 Increased coverage and uptake of the NHS cancer screening programmes is a key factor in early detection and treatment of cancers or conditions which untreated could lead to cancer.
- 4.2 Latest data report the following screening coverage for the eligible population groups in Medway:

Site specific cancer	% screening coverage Medway	% screening coverage England
Breast (53-70 years old)	68.3%	69.9%
Bowel (60-74 years old)	69.7%	71.8%
Cervical (50-64 years old)	73.9%	74.3%

4.3 Nationally, cancer detection rates vary between different socio-economic groups with poorer health outcomes observed in people living in more deprived areas. The main contributor to this is fewer early stage cancers being identified for people in this group. Addressing health inequalities due to barriers to engagement and access to the 3 NHS cancer screening programmes aims to narrow this variation.

4.4 The NHS England regionally commissioned NHS breast screening programme invites eligible women for screening at regular intervals of every 36 months.

4.5 For the Medway population, in line with the national picture, there was a difference between the coverage of women invited for the NHS breast screening for the first time who live in the most deprived areas when compared with those who live elsewhere. Initial data suggests an improvement in coverage for those living in the most deprived areas. The provider will continue this work, as part of their action plan.

4.6 The screening service in Medway, comprises one static screening unit at Medway NHS Foundation Trust, and three mobile vans (**Appendix A**). The Medway and Swale HaCP has worked with the breast screening service to identify and address barriers to screening for specific population groups.

4.7 In line with the rest of England, breast screening coverage in Medway saw a significant decline during the COVID-19 pandemic. This was due to the NHS screening programme screening fewer women during the initial months of the pandemic, in line with national guidance. However, there have been consistent year-on-year improvements since then.

4.8 In Medway and Swale, 56% of breast cancer cases in the eligible female population were detected through screening over the three-year period ending March 2024. The highest diagnosis rate was observed in the least deprived quintile, while the lowest rate was recorded in the most deprived quintile.

4.9 For the 5 year period up to 2022, those living in the more deprived areas of Medway were 7 times more likely to have a bowel cancer diagnosed through an emergency department than via the NHS bowel cancer screening programme.

- 4.10 The NHS Bowel cancer screening programme includes both men and women, with coverage rates in Medway increasing from below 60% in 2019 to 70% in 2023, although the most recent data for 2024 indicates a slight decline.
- 4.11 Over the three-year period ending March 2024, 30% of bowel cancer cases in Medway and Swale were identified through screening. The highest diagnosis rate was observed in the least deprived quintile, while the lowest rate was found in quintile 3.
- 4.12 To address the disparity in the NHS bowel cancer screening programme, Medway and Swale HaCP have supplemented the NHS England regionally commissioned NHS bowel cancer screening programme with a local project delivered in collaboration with the Voluntary Community Social Enterprise and Faith (VCSEF) sector.
- 4.13 The project was designed to raise awareness of screening in targeted populations groups and has led to community champions being appointed to continue promoting bowel cancer screening within different community groups.
- 4.14 During 2025/26 the K&M SIT is planning to roll out an offer of training and providing resources to workplaces across Kent with the aim of increasing awareness of the NHS bowel cancer screening programme.
- 4.15 Employers will be provided with the information and tools to have discussions with their staff promoting this NHS screening programme. The planning for this is in the early stages but will require working with other partners and stakeholders.
- 4.16 The NHS Cervical screening programme does not specifically look for cervical cancer; it tests for high risk Human papillomavirus (hrHPV) which if untreated causes 99.7% of cervical cancers. Identifying the presence of HPV before any symptoms enables any pre-cancerous cell changes to be treated before they develop into cancer.
- 4.17 Coverage of the NHS Cervical screening programme is reported at GP, ICB and national level for two distinct age cohorts: 25-49 years and 50-64 years. This is because the younger cohort is invited to be screened every 3 years and the older cohort every 5 years.
- 4.18 In Medway, NHS cervical screening coverage for the younger age cohort surpasses that of England, while coverage for the older age cohort is similar to the national average.
- 4.19 Local data, aggregated for both age cohorts, indicates that 27.3% of cervical cancer cases in Medway and Swale were identified through screening, in contrast to 57.1% in West Kent. The lowest diagnosis rate was observed in the most deprived quintile.

- 4.20 For the June 2025 Cervical Screening Awareness Week, the K&M SIT is planning on sharing some behavioural insights communications correcting misinformation about the NHS cervical screening programme. This work will be developed collaboratively with Medway Local Authority Public Health team, alongside other system partners and tailored to the demographics of local communities.
- 4.21 K&M SIT, as the commissioners and subject matter experts on the NHS screening programmes, lead a screening inequalities workstream which includes regular meetings with all the providers of NHS screening programmes. These meetings provide evidence, information, and support to enable screening providers to reduce barriers to engagement and increase uptake of the NHS screening programmes.
- 4.22 During 2024/25 the priorities for this group include training, sharing of latest evidence and information, plus tools to enable the development of action plans for increasing engagement and access, alongside informed choice, for those with a learning disability (LD) and those with Severe Mental Illness (SMI).
- 4.23 People with a learning disability are less likely to have a successful screen than the general population. For the Medway population on the LD register the difference in coverage for the 3 cancer screening programmes is at least 20 percentage points lower than the general population. This is better than the national average. (This data is caveated in that the data is only extracted from specified GP practice systems).
- 4.24 Likewise, those with SMI and are on the SMI register are between 15% (NHS breast screening) and 30% (NHS bowel cancer screening) less likely to have had an NHS cancer screen in the last 5 years. Similar to the data on people with LD, Medway is better than the national average.
- 4.25 During 2025/2026 each of the screening providers will be required to work on their actions for increasing engagement and access for these two cohorts, which will then be evaluated at the end of the 12 month period.
- 4.26 Plans include working with residential settings, promoting visits to the services, disseminating easy read literature and comms, telephoning before the appointment and offering longer appointments for those who the GP has identified as being on the LD or SMI register.
- 4.27 The health inequalities priorities for 2025/26 are in the process of being finalised with the screening providers and will be based on the findings of their HEAs as well as NHS England's CORE20+50 approach to support the reduction of health inequalities.
- 4.28 In conjunction with the above, there are specific actions to reduce health inequalities for each provider which are currently being evaluated.
- 4.29 The K&M SIT has a Kent and Medway wide action to work with the ICB primary care lead, LMC and GP practices in supporting people with LD and

SMI to have their NHS cervical screen. This involves a best practice guide on increasing coverage of the NHS cervical screening programme by deferring rather than ceasing a person from the NHS cervical screening programme, offering longer appointments and visits to the practice. Sharing links to the cervical screening film on YouTube, via communications which was made by and for women with learning disabilities.

## 5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Higher mortality rates	Late diagnoses typically result in poorer prognosis and higher mortality rates.	Agencies to be aware of screening trends and outcomes and collectively prioritise actions to increase screening uptake.	BII
Social and economic inequalities	Late diagnoses are often more prevalent in under-served population groups thus exacerbating existing health and social inequalities. It can lead to a loss of productive workforce and increased emotional and financial burdens on families.	Agencies to work in collaboration to increase reach and address disparities in NHS screening programmes' coverage.	BII
Increased healthcare costs	Treating advanced-stage cancers can be more expensive than treating early-stage cancers. Higher costs are needed for more intensive treatments, hospital stays, and palliative care. Resources are diverted from other essential services.	Delivery of national NHS screening programmes to be supported by local initiatives that are informed by local intelligence and subject matter expertise provided by the K&M SIT.	All
Reputational risk	JLHWS objectives not met. Public trust is impacted if there is a perception that adequate services are not being provided for timely cancer screenings and diagnoses.	Ensure strategic partnerships are made aware of risks as they arise. This is addressed through the quarterly programme boards between the K&M SIT and the commissioned providers of the NHS	CIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
		screening programmes.	

Likelihood	Impact:
A Very likely	I Catastrophic
B Likely	II Major
C Unlikely	III Moderate
D Rare	IV Minor

## 6. Consultation

- 6.1 Medway and Swale HaCP and VCSEF partners are working with community groups to understand the types of approaches that will have the most impact in raising awareness of the importance of NHS screening programmes and develop solutions that will deliver the best outcomes. The role of the K&M SIT is to provide subject matter expertise to these projects and therefore minimize the risk of widening health inequalities.
- 6.2 In 2023, Medway Voluntary Action, funded by MacMillan Cancer Support, carried out community led engagement work with diverse population groups to understand peoples' perceptions of cancer prevention, screening, diagnosis, and treatment. Findings have been shared with system partners and can be found at [Mac Year of Listening Report](#).

## 7. Climate change implications

- 7.1 There are no climate change implications from this report.

## 8. Financial implications

- 8.1 There are no direct financial implications arising from this report. The activity needed to deliver against the indicators set out in the Joint Local Health and Wellbeing Strategy Logframe of metrics is funded through existing budgets.

## 9. Legal implications

- 9.1 There are no direct legal implications arising from this report.

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## Appendices

Appendix A - Increasing uptake in breast screening in Kent & Medway – a primary care guide.

## Background papers

None