

## **Review of national cancer screening programmes in England**

### **Scope and Accountability**

A review of national cancer screening programmes in England has been commissioned by NHS England. The review is expected to culminate in a report and recommendations to the Board of NHS England about the future commissioning and delivery of cancer screening programmes in England.

Whilst the scope of the review will be limited to cancer, it is recognised that the recommendations may have implications for the organisation of other screening programmes. The review will also consider the wider implications of cancer screening on diagnostic capacity and the associated workforce needed to improve the uptake and effectiveness of cancer screening programmes, in the context of other initiatives to promote the early diagnosis of cancer.

### **Context**

In October 2018, the Prime Minister announced a new ambition that by 2028 75% of all cancers would be diagnosed at Stage 1 and 2. In addition, a new cancer diagnosis standard ("Faster Diagnosis Standard"), designed to ensure that patients find out within 28 days whether or not they have cancer, will be introduced in 2020. Screening is likely to play an important part in the delivery of these ambitions, and maximising the uptake and effectiveness of the screening programmes will form a key plank of the approach to cancer in the NHS Long Term Plan. Increasing cancer screening therefore needs to be considered alongside the provision and configuration of diagnostic capacity for cancer more generally.

National screening programmes in England target large population groups to assess whether there are any early signs that cancer is present, or to identify abnormal cells which may develop into cancers, with the aim to lower incidence and improve early diagnosis and outcomes for patients.

The UK National Screening Committee, an independent expert group, advises on which screening programmes to offer to its population.

The three national cancer screening programmes offered in England are:

- Cervical screening: offered to women aged 25 to 64, with screening offered every three years to women aged 26 to 49 and every five years from the ages of 50 to 64.
- Breast screening: offered to women aged 50 to 70, with women over 70 able to self-refer.
- Bowel screening: offered to men and women aged 60 to 74, and another bowel screening test offered to men and women at the age of 55 in some parts of England.

Formal screening programmes for both breast cancer and cervical cancer were introduced in 1988. Both have been significantly changed and upgraded over the past 30 years.

Women were invited initially for breast screening five times in their lifetime, at three-year intervals between approximately the ages of 50 and 65. From 2003 onwards this was increased to seven invitations with two additional 'rounds' up to approximately 70 years. Extension of the programme to a possible nine rounds is now being tested through a randomised controlled trial.

The cervical cancer programme has also been improved, first by changing from the traditional 'Pap' smear to liquid based cytology and more recently by the introduction of HPV testing alongside cytology.

Bowel cancer screening using Faecal Occult Blood Testing (FOBT) was introduced following RCTs and large-scale pilots from 2006. A different approach using flexible sigmoidoscopy was introduced from 2013. More recently, it has been decided that complementary FOBT should be replaced by a Faecal Immunochemical Test (FIT), though this has yet to be rolled out. In October, the Prime Minister announced that the age for starting bowel screening will be lowered to 50 years following recommendation from the UK National Screening Committee.

There is broad agreement that both the cervical and bowel cancer screening programmes prevent cancers and lead to earlier diagnosis, thereby saving lives. Breast screening has always been more controversial, though an independent review led by Sir Michael Marmot in 2012 concluded that although it does save lives, it also carries a risk of over-diagnosis. Despite the progress made through screening, the cancer screening programmes have over time experienced some well documented challenges. Several concerns have been raised in the past few years. These include:

- Operational challenges in relation to the delivery of the existing cervical screening programme and the move to HPV primary screening.
- Some of the IT systems used for call and recall for breast and cervical screening are essentially unchanged since 1988, span multiple organisations and are no longer fit for purpose.
- Introduction of bowel scope screening and FIT testing has been slow due to operational issues, including issues relating to procurement. FIT screening will begin to be rolled out from final quarter of 2018-19.
- Governance, accountability and delivery of screening programmes span multiple organisations and the resources to support delivery are not necessarily in the right places.
- Slow pace of change to adopt new and emerging evidence about the efficacy of screening programmes.
- Uptake rates for breast [and cervical] screening programmes are falling, and variation persists in uptake in different areas of the country and different population groups.

## Terms of reference

Chair: Professor Sir Mike Richards

1. To assess current strengths and weaknesses in the current commissioning and delivery arrangements for the national cancer screening programmes in England, in view of the current available evidence.
2. To assess diagnostic capacity for cancer (screen detected and symptomatic) taking account of the Faster Diagnosis Standard and likely future models of care.
3. To make recommendations based on the findings of points 1 and 2 and on areas including:
  - How NHS England interacts with PHE and DHSC to translate screening policy into implementation.
  - The current arrangements for national commissioner oversight of screening programmes.
  - How screening programmes should be commissioned, delivered, performance managed and quality assured in the future.
  - How to ensure that the necessary workforce is both available and appropriately trained to deliver the programmes.
  - Procurement of screening technologies e.g. FIT.
  - How IT systems support the ambitions of the cancer screening programmes.
  - Opportunities for the use of artificial intelligence and stratification in screening and likely timescales and implementation approach.
  - How best to maximise uptake of screening, and iron out variation in uptake rates between different geographical areas and different population groups.
  - How best to integrate research and evaluation within screening.
  - How best to ensure that screening supports the wider efforts being led by the NHS Cancer Programme to promote early diagnosis of cancer.
  - Approaches to increasing diagnostic capacity both for screening and symptomatic diagnosis of cancer.
4. Whilst the review has been commissioned by NHS England, and will focus on improvements to the commissioning functions of NHS England, the review will also examine how NHS England collaborates with other partners to deliver cancer screening.
5. The review will take account of views from partner organisations, including:
  - i. Department of Health and Social Care
  - ii. Public Health England
  - iii. NHS Digital

- iv. Health Education England
- v. CQC
- vi. NICE
- vii. NIHR
- viii. Local Government
- ix. Charities and patient representative groups

6. Interim report to be produced in April 2019 with final report available in Summer 2019.

7. Secretariat to be provided by NHS England.