



To: all GPs in England

October 2015

PHE Gateway number: 2015-423

Dear Doctor

### **Re: Population screening update, autumn 2015**

Primary care plays a vital role in delivering and supporting NHS Screening Programmes. Primary care staff carry out cervical screening, provide cohorts of patients to be invited for many of the adult screening programmes and support women through antenatal and newborn screening. You and your staff provide advice and reassurance for thousands of people screened every year.

NHS screening programmes provide information and guidance for a wide range of clinical and professional staff and patients and public but haven't, so far, produced general update information specifically for primary care staff. This is a first attempt to do so and will be followed twice yearly (or thereabouts). We will publish on the GOV.UK website and let you know about through the NHS England GP and Practice Team bulletin.

In this first issue, I'd like to touch on a couple of issues including cervical cancer referral guidelines, prostate cancer risk management and how to find up to date information about screening.

### **Management of women aged 20-24 with abnormal vaginal bleeding**

As you will be aware, the issue of cervical cancer diagnoses in younger women is something that attracts intense media interest. In many cases, the fact that cervical screening is not offered to women below the age of 25 is highlighted. It is seldom understood or mentioned that younger women with abnormal vaginal bleeding should be referred for gynaecological assessment.

In June 2009, the Department of Health confirmed that the starting age for cervical screening would remain at 25. This followed a review of the current evidence by the Advisory

Committee for Cervical Screening (ACCS), which advised that the screening age should not be lowered. Subsequently, [clinical guidance was produced detailing the investigation and referral pathway for women aged 20-24 with abnormal vaginal bleeding](#).

## **PSA testing**

The Prostate Cancer Risk Management Programme (PCRMP) is not a systematic population screening programme but screening teams in PHE support the production of the advice and guidance. The aim of the PCRMP is to help GPs give clear and balanced information to asymptomatic male patients who proactively ask about PSA testing.

We are currently updating the PCRMP information to reflect the most up to date evidence. Just as importantly, we want to ensure that the revised document is clear, concise and meets the needs of GPs and their patients. To do this we need your feedback. Please therefore let us know if you would be willing for us to contact you about this, or any of our other screening projects, by [adding your details online](#). We would only be asking for a very small amount of your time but your help would be invaluable.

We hope to launch the updated PCRMP pack in early 2016.

## **Staying in touch with screening developments**

For those of you who used to visit any of the screening programme websites, you'll be aware that we have now moved our professional-facing content to GOV.UK. For the first time, all the [cancer and non-cancer screening information](#) is now together in the same place.

Education and training resources for screening are available on our [Continuing Professional Development website](#). These include the [BMJ modules](#) and a resource on [carrying out the newborn and infant physical examination](#), developed in conjunction with the RCGP.

Information for the public is [now available on NHS Choices](#). The UK national screening committee is responsible for gathering and consulting on evidence relating to new and changed screening programmes. We are currently consulting on changes to the bowel, cervix, diabetic eye and fetal anomaly programmes, all of which have a potential impact on primary care. We are keen to hear from as many people as possible so if you have views on any of these changes or others on which we are consulting please [visit the screening website](#).

In the meantime, the best way to keep in touch with population screening news is through our [Twitter account](#) or by [signing up to our blog](#).

If you would like to contact me directly, you can do so through our helpdesk at [PHE.screeninghelpdesk@nhs.net](mailto:PHE.screeninghelpdesk@nhs.net)

With best regards,

A handwritten signature in black ink, appearing to read 'Anne Mackie'. The signature is written in a cursive style with a large initial 'A'.

**Dr Anne Mackie**  
**Director PHE Screening**