



PHE Screening
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To: all GPs in England

25 May 2016

PHE Gateway number: 2016-075

Dear Doctor,

Re: Population screening update, spring 2016

This is the second of my brief, biannual updates on screening news from Public Health England (PHE). PHE Screening leads the 11 [NHS Screening Programmes](http://gov.uk/topic/population-screening-programmes) across England, as well as providing the secretariat to the UK National Screening Committee (UK NSC). We are still trying to find the best way to ensure this letter reaches as many GPs as possible and will carry on experimenting with different dissemination routes. Please do let me know of any other methods we could use.

I would like to give you brief updates on a couple of issues, including PSA testing, rubella susceptibility, accessible information and cancer screening.

PSA testing

In my last letter I mentioned that we were about to update our national guidance for GPs for discussing the prostate specific antigen (PSA) test for prostate cancer with asymptomatic men aged 50 and over. The new materials have now been launched following extensive review. They consist of:

- [full evidence document](#)
- [summary information sheet for GPs](#)
- [summary patient information sheet](#), for GPs to download and print off for patients

Hopefully the updated information pack makes it easier for GPs to have conversations with their patients, and assists men in making a decision that is right for them. It is aimed at asymptomatic men aged 50 and over. It is very important to note GPs should continue to use clinical judgement to manage men at high risk of prostate cancer or men with symptoms.

Rubella

Antenatal screening for rubella (German measles) susceptibility ended on 1 April 2016 following [evidence](#) that proves it does not meet the criteria for a screening programme. The best way to protect pregnant women from rubella infection is to ensure they have two measles, mumps and rubella (MMR) vaccinations before they are pregnant. All healthcare professionals should take advantage of existing opportunities to check the status and administration of MMR vaccination.

New resources include:

- revised [PHE guidance on management of viral rash in pregnancy](#)
- revised '[Green Book](#)' guidance on vaccines and vaccination procedures
- [national vaccination in pregnancy leaflet](#)

Accessible information

PHE Screening has a role in ensuring equity of access to screening and supporting local screening providers to make sure people get information in different formats if they need it. We have set up a [new group](#) to look at how to develop high quality national easy read screening information for people requiring simpler information. Up until now, the provision and quality of accessible easy read information has varied between national programmes and local providers. The new group includes patient reps and learning disability experts.

New cervical screening letters and leaflets

[New invitation and results letters and information leaflets](#) are being introduced into the cervical screening programme. These were developed by an independent team of experts at King's College London. Both the leaflet accompanying the invitation letter and the leaflet about colposcopy have been redesigned. The result letters now provide more specific information about individual screening results, so that the old '[cervical screening - what your abnormal result means](#)' leaflet is no longer needed.

Cervical screening by physician associates

The NHS Cervical Screening Programme has received queries from Physician Associates taking up posts in GP practices to ask whether they are eligible to undertake cervical sample taker training.

The issue has been raised and discussed by the Advisory Committee Cervical Screening (ACCS). It was subsequently recommended by them that registered Physician Associates

are eligible to undertake cervical sample taker training. This decision has already been communicated to stakeholders and will be reflected in the revision of the national cervical sample taker training guidance document (currently in progress), which will be published on GOV.UK in due course. The programme acknowledges that this role is becoming a key part of the future multi-disciplinary, multi-skilled, non-doctor workforce in the UK.

Breast screening for women over 70

Women over the age of 70 are not sent invitations to breast screening unless they have been randomised in to an [ongoing trial](#) investigating extending the age range for the programme. They are however still entitled to breast screening every 3 years for as long as they wish. All they need to do is contact their main local breast screening unit, where staff will be happy to arrange an appointment. Details of all breast screening units can be found via the [NHS Choices](#) website.

ASCEND study: bowel cancer screening

A paper [published in the British Journal of Cancer](#) at the beginning of the year has highlighted the effect of GP endorsement of bowel cancer screening in improving uptake. The addition of a simple statement of GP endorsement to the standard BCSP invitation letter increased the odds of participation in the gFOBt screening programme by 7% with only a small upfront cost. This translates into a 1.7% relative increase in the probability of screening and a 1% absolute increase. Although the intervention significantly affected uptake overall, no significant effect was seen between socio-demographic groups. London screening commissioners are due to implement the changed letters and reminders in June 2016.

The best way to stay in touch with screening news is to sign up to our [PHE Screening blog](#) (click on the [email](#) link under “sign up for updates” on the right hand side to subscribe). If you would like to contact me directly, you can do so through our helpdesk at PHE.screeninghelpdesk@nhs.net.

With best regards,



Dr Anne Mackie
Director PHE Screening