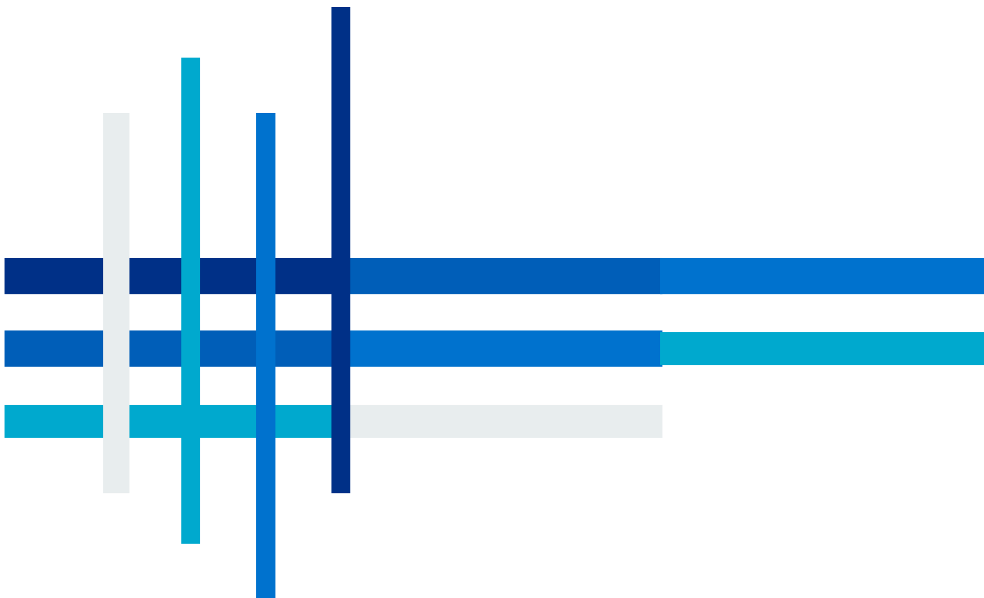
Public Health England

NHS England

Merseyside Cancer Screening Plan 2014-2016

Engagement and Impact Report

September 2017



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Executive Summary

The executive summary has been prepared by Marie Coughlin, Screening and Immunisation Manager, NHS England North, Cheshire & Merseyside and researchers at Liverpool John Moores University.

This report describes and collates the activities and initiatives which formed part of the Merseyside Cancer Screening Plan 2014-2016. The screening plan was coordinated by Public Health England (PHE) Cheshire & Merseyside and NHS England North, Cheshire & Merseyside. The plan was developed in September 2014 and implemented through until 2017. The plan aimed to increase screening coverage and uptake in bowel, breast and cervical screening and had a focus on reducing inequalities.

Background

Incidence rates for bowel, breast and cervical cancers in Merseyside are mostly higher than the national average. Conversely in Merseyside, cancer screening participation rates are on average lower than the England average. The area has a population of 1.25 million people and is characterised by large pockets of deprivation with wide variation in health inequalities between local areas. There are six Clinical Commissioning Groups (CCGs) and five local authorities in Merseyside. There are three NHS, evidence-based cancer screening programmes delivered in England:

- Bowel cancer screening is offered to men and women aged 60 up to 75 years
- Breast screening is offered to women aged 47 to 73 years
- Cervical screening is offered to women aged 25 to 64 years

Together they identify approximately 5% of all cancers, early enough in most cases to make a difference to the effectiveness of treatment and to improve survival. Ensuring the best possible participation rates is a responsibility that belongs to us all. Every year the NHS in Merseyside invites:

- 93,000 men and women for bowel cancer screening
- 42,000 women for breast screening
- 21,000 women for cervical screening

In response to the high cancer incidence and low screening participation rates, a two-year cancer screening plan 2014-16 was developed. This plan brought together healthcare partners from across Merseyside to attempt to improve the situation, with an overarching aim to increase participation in cancer screening overall, and to narrow the gap between those areas or groups who participate, and those least likely to participate in screening.

NHS England North, Cheshire & Merseyside funded the plan which consisted of a range of initiatives and projects, with an investment of £150,000; however, the greatest impact was in healthcare partners acting together - NHS organisations, PHE, the media, the business sector and local authorities.

Key Findings

- Between 2013/14 and 2015/16:
    - Bowel cancer screening coverage rates increased in three of the six CCGs
    - Bowel cancer screening uptake rates increased across all six CCGs
    - Breast screening coverage rates increased in four of the six CCGs
    - Breast screening uptake rates increased in five of the six CCGs
    - Cervical screening coverage rates increased in three of the six CCGs
    - Screening rate increases were seen in many GP practices where some projects had been targeted.
- Several projects proved successful and positively impacted on cancer screening rates.
- Creation of a memorandum of understanding signed by all healthcare partners was central in the delivery of the plan.
- The plan was overseen by a Task Group, which worked well in oversight and keeping momentum.
- The plan was underpinned by a communications strategy and supporting group, which worked well initially, however, the communications group struggled to maintain momentum in the second year of the plan due to resource and capacity constraints.
- The plan was delivered over a two-year period. As a result, commitment to the plan varied across organisations and time-periods, in line with capacity, resources and competing priorities.
- All healthcare partners agreed there should be a continuing and collaborative focus on cancer screening rates in Merseyside – linking with the work of Sustainability and Transformation Plans (STPs) and Cancer Alliance is an option to explore.
- Further work is required to continue to narrow the gap between those groups and areas who do, and do not, participate in screening. Implementation of the recommendations will help to address this, however an ongoing collaborative focus on screening rates is necessary.

A full list of the recommendations can be found on page 20.

Conclusions

The plan engaged a wide range of partners to successfully deliver a range of cancer screening initiatives across Merseyside. A number of individual evaluations demonstrated positive results, with increases in uptake and coverage evidenced in various local authorities. Although communications stakeholder meetings were not always well attended and staff engagement with the plan was affected by a number of changes within organisations, this was largely due to changes in funding arrangements, posts, and the public health landscape as a whole. All stakeholders agreed that a cancer screening plan should be continued in some form, with a suggestion that this should form part of the prevention and early detection stream of the STP and Cancer Alliance.

1. Introduction

This report describes and collates the activities and initiatives which formed part of the Merseyside Cancer Screening Plan 2014-2016. The screening plan was developed in response to recommendations to improve the uptake and coverage of NHS Cancer Screening Programmes, with a specific focus on tackling inequalities. The NHS 5-Year Forward View; Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020; and the Government Mandate to the NHS 2017/18 all place emphasis on cancer prevention and early diagnosis.[1,2,3]

The screening plan was coordinated by Public Health England, Cheshire & Merseyside and NHS England North, Cheshire & Merseyside. The plan was developed in September 2014 and implemented through until 2017. The plan included a wide range of evidence-based and innovative initiatives to increase participation for bowel, breast and cervical screening. The plan was delivered by a range of partners and was underpinned by a comprehensive communications strategy (please see Appendix 1 for a full list of the Task Group and Communications Group membership). A memorandum of understanding was developed and signed by all partners to demonstrate collaboration and commitment to the plan. The plan was funded by NHS England North, Cheshire & Merseyside and received £150,000 over the two years.

This report describes the screening plan and presents a synthesis of findings from individual projects, evaluations, feedback from key stakeholders (via telephone interviews, n=8) and analysis of screening uptake data provided by NHS England North, Cheshire & Merseyside. Researchers from the Public Health Institute, Liverpool John Moores University have collated and reported this information.

The Screening and Immunisation Team, NHS England North, Cheshire & Merseyside provided the research team with an extract of screening data for Merseyside to explore the three areas that the two-year cancer screening plan focused on:

- Bowel cancer screening coverage and uptake for men and women aged 60-74 (extended age range) screened within the last 2.5 years
- Breast screening coverage and uptake for women aged 50-70 screened with the previous 36 months
- Cervical screening coverage of women aged 25-64 screened within the last 3.5-5 years

Coverage and uptake[4] are reported for bowel, breast and cervical screening from October 2013 to September 2016. A breakdown of data[5] for 2014/15 and 2015/16 during the delivery of the two-year cancer plan was explored alongside the last two quarters of 2013/14 before the campaign began. This enabled the researchers to look at changes in the percentage of bowel, breast and cervical screening coverage and uptake during the two-year cancer screening plan.

[1] NHS. (2014) Five Year Forward View. Available https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[2] Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020. Available https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601188/NHS_Mandate_2017-18_A.pdf
[3] Government Mandate to the NHS 2017/18. Available https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

1.1 Context

Table 1. Cancer incidence rates in Liverpool City Region local authority areas, 2012-14, rates per 100,000 population

Local authority	Bowel cancer incidence	Breast cancer incidence	Cervical cancer incidence
Halton	82.5	187.8	14.7
Knowsley	87.3	148.2	14.2
Liverpool	81.1	157.3	11.8
Sefton	84.3	169.6	16.1
St. Helens	82.8	156.3	11.3
National average	72.9	169.9	9.6

Source:http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/?location-name-1=Liverpool (LA)&location-1=00BY European age standardised incidence rate per 100,000 per year. From NCIN data. Reviewed by CRUK 30/03/2017

Three evidence-based screening programmes are delivered in England: screening for bowel, breast and cervical cancers. On average in Merseyside, screening rates are lower than the England average (Table 2).

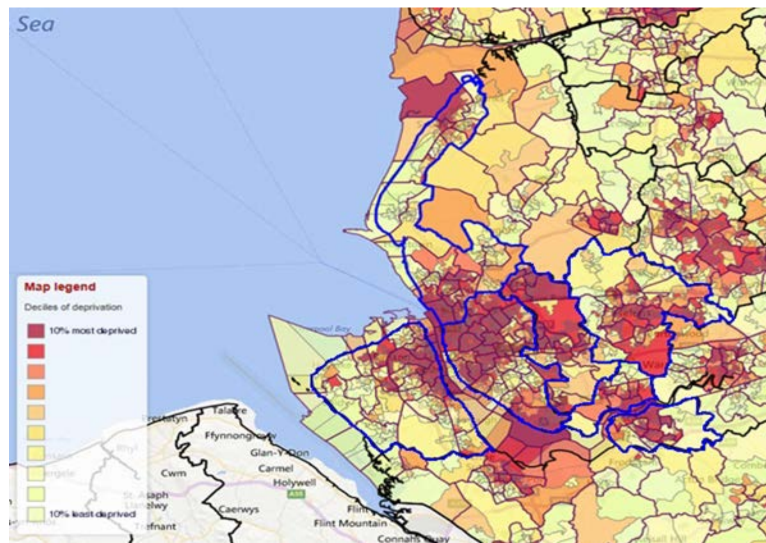
Table 2. Cancer screening rates in Liverpool City Region local authority areas, 2015/16 (percentage)

Local authority	Cervical cancer screening rates aged 25-49	Cervical cancer screening rates aged 50-64	Bowel cancer screening rates for people aged 60-69	Breast cancer screening rates for women aged 53-70
Halton	70.5	74.3	53.2	74.1
Knowsley	70.4	74.9	50.8	68.1
Liverpool	65.1	71.3	50.8	66.2
Sefton	70.3	74.5	53.7	70.5
St. Helens	72.1	77.8	58.3	77.1
National average	70.2	78.0	58.8	75.5

Source: CRUK: http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/?location-name-1=Sefton (LA)&location-1=00CA
Red – Worse than England average
Yellow – Similar to England average
Green – better than England average

[4] Coverage: number screened within designated time period for tumour type/number eligible. Uptake: number screened within six months of invitation/number invited in the past 12 months (NHS England, 2017)
[5] Quarters three (Oct, Nov, Dec) and four (Jan, Feb, Mar) for 2013/14. Quarters one (Apr, May, Jun), two (Jul, Aug, Sep), three (Oct, Nov, Dec) and four (Jan, Feb, Mar) for 2014/15. Quarters one (Apr, May, Jun) and two (Jul, Aug, Sep) for 2015/16.

Merseyside is characterised by large pockets of deprivation with wide variations in health inequalities between local areas (English Indices of Deprivation, 2015). Studies show deprivation and ethnicity affect screening uptake, with those in low socioeconomic groups being less likely to attend screening. Additionally, research has identified that women with learning disabilities as being less likely to attend screening than their peers.[6]



[6]Weller, D. P. and Campbell, C. (2009). Uptake in cancer screening programmes. *British Journal of Cancer, 101,* (Suppl 2): S55–S59.

1.2 The Merseyside Cancer Screening Plan 2014-2016

The Merseyside Cancer Screening Plan comprised a wide range of evidence-based and innovative activities designed to improve cancer screening rates. A multi-disciplinary partnership approach to delivery was required to implement a suite of initiatives to ensure interventions were appropriate, wide-reaching and achieved maximum impact. The plan was designed in collaboration with key partners, including representatives from PHE, NHS England North, Cheshire & Merseyside, local authorities and CCGs.

Some specific initiatives were focused in areas of high deprivation or targeting specific groups (such as those from Black, Asian and Minority Ethnic [BAME] groups or people with learning disabilities) to specifically engage hard-to-reach groups and address health inequalities.

The screening plan comprised a range of overarching initiatives, which aimed to improve screening rates across all Merseyside bowel, breast and cervical cancer programmes. Some of these overarching initiatives were pan-Merseyside, whilst others were delivered within specific areas, such as Knowsley and Sefton. The overarching activities were delivered alongside a suite of specific screening activities for bowel, breast and cervical cancer.

Locality working was a key function of the plan. This involved working with all professionals who had any involvement in screening and immunisation programmes, such as Practice Managers, Practice Nurses, non-clinical staff, locality managers, designated leads for the CCGs and partners within public health and local authorities.

1.3 Memorandum of Understanding and Task Group

A memorandum of understanding was developed to engage and demonstrate commitment to the plan across key partners. These partners included organisations responsible for increasing participation in Cancer Screening Programmes (NHS England North, Cheshire & Merseyside) and partners within local responsibilities for cancer screening (providers, local authority, CCGs, Cancer Research UK). Stakeholders acknowledged the strength that having a joint delivery approach brings. Many felt that the membership on the Task Group provided good representation, although it was acknowledged that other priorities affected ongoing engagement.

1.4 Communications Strategy

A communications working group was established to support the cancer screening two-year plan and a communications strategy drawn up to enable sharing of resources, develop targeted, evidence-based communications materials and impactful work with stakeholders. Between July 2015 and October 2016 the group met on a monthly basis; a dial-in option was provided for people unable to travel to the meeting. Of the 23 member organisations, 14 attended at least one meeting but there were only four organisations who regularly sent a representative.

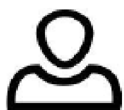
A communications project manager was appointed on a fixed-term contract to support the group. The project manager implemented communications and engagement activities during the project and provided a central point of contact for the partner organisations. Specific activities included establishing an NHS Networks platform for shared resources, planning a calendar of communications activity, managing media and stakeholder relationships and producing press releases and template materials for each screening programme. The project manager also worked proactively with MPs to secure their support for the programme.

2. Merseyside Cancer Screening Plan: Impact and Outcomes

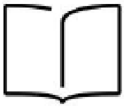
Cancer Screening Initiatives Covering all Programmes

The following initiatives were included within the two-year plan, covering all three cancer screening programmes.

Dedicated Cancer Screening Coordinator in Knowsley



A dedicated cancer screening coordinator was appointed in Knowsley and part funded by the two-year plan. The coordinator was responsible for implementing recommendations from a health equity audit, which highlighted health inequalities in cancer screening, particularly within vulnerable groups and deprived communities; engagement and promotion of cancer screening with GPs; and the promotion of partnership working and engagement to increase uptake in Knowsley. The full impact of this role is still being evaluated, however, early feedback reports the role to be successful. Should the role be continued in Knowsley, or indeed be introduced into other Merseyside localities, local funding would be required.



Education and Awareness Raising across Merseyside

Education and awareness initiatives were delivered as part of the Make Every Contact Count initiative in pharmacies across Merseyside. Cancer screening information cards and leaflets were provided to all 650 pharmacies across Merseyside via a direct mailing approach. Pharmacy staff championed the cards and leaflets to the public via displays and proactive promotion as part of the Health Living Pharmacy programme. Awareness sessions for pharmacists were arranged in locations and at times that were convenient for them, however, the sessions were cancelled due to poor attendance. The coordinator of the sessions felt that capacity was the main factor for non-attendance.

A number of non-clinical education sessions were also carried out as part of the screening plan for general practice staff, in response to a recognised gap in knowledge. Sessions covered topics such as data, signs and symptoms, an overview of the three screening programmes, prevention messages, screening and NICE guidance. Between 2014-2016, 13 sessions were carried out in Merseyside. The sessions evaluated well with non-clinical staff reported the importance of them having greater awareness of cancer screening programmes. Cancer screening awareness sessions were provided for the learning disabilities teams in Merseyside by the PHE screening and immunisation Coordinators to ensure they were kept informed; these have continued in Sefton and Knowsley.

Health Awareness Events in Sefton for Adults with Learning Disabilities

The event was planned in partnership with the Learning Disability Team Primary Care Facilitator in Sefton, Sefton CCG Practice Nurse Lead and a range of screening programme providers in Merseyside. The aim was to share information about the screening process in order to improve coverage and uptake across the three screening programmes, and ultimately contribute to a reduction in inequalities. It also included other programme providers and health promotion stalls. The event was promoted via fliers and amongst partners and local organisations supporting people with learning disabilities. Forty nine adults with a learning disability attended the event with family members, carers and support staff. Feedback suggested attendees had a positive experience at the event and stallholders felt it was a meaningful and effective method of face-to-face health promotion. Recommendations included rolling the events out across a wider footprint, continue close partnership working, and exploring opportunities for future funding.

2.1 Bowel Cancer Screening Initiatives

A number of bowel cancer screening initiatives were delivered as part of the screening plan. It was acknowledged that a large focus of the plan was on bowel cancer screening.

> *"Bowel cancer screening is a real high priority in Merseyside which is why we did more initiatives for that programme than for others" (Stakeholder 5)*

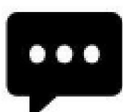
The following initiatives were delivered as part of the bowel cancer screening elements:

Till receipt awareness campaign; Delivered in Sefton, Liverpool and St Helens

A till receipt awareness campaign was coordinated by Access Point UK Advertising Company and delivered by the 99p Stores. Awareness messages were printed on receipts within 99p Stores selected due to customer profile and locations. The campaign was described as low cost intervention and an opportunity to distribute health promotion messages to members of the community who may otherwise not access this information. Stakeholders acknowledged the difficulties in evaluating this type of campaign, which made it difficult for them to comment on impact.

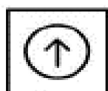
> *"The impact will be minimal, if it's not part of something bigger" (Stakeholder 2)*

Insight Work with Primary Care Staff; Delivered in Merseyside

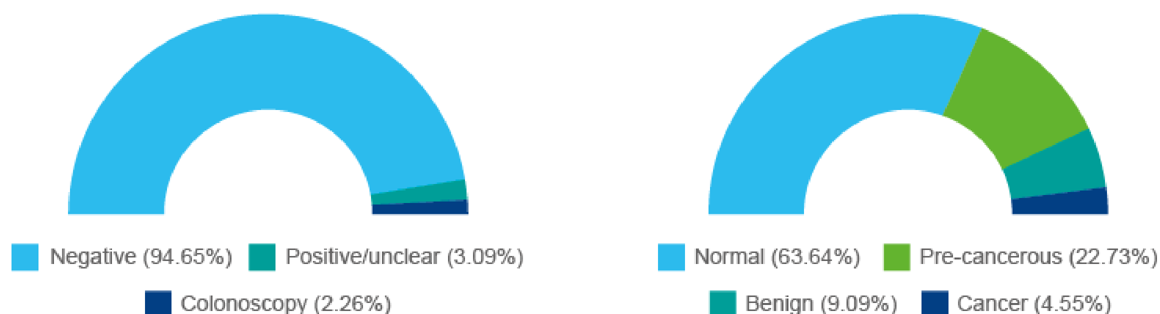


Insight explored knowledge and attitudes towards the Bowel Cancer Screening Programme amongst 75 primary care professionals across 22 GP Practices in Merseyside. All recognised the importance of promoting screening (although knowledge varied). Three key priorities were taken forward: ensuring consistent communications materials in every GP practice across Merseyside; ensuring every GP practice is switched onto EMIS and knows how to use it; engaging social networks and equip community groups, patient and staff volunteers to spread messages peer to peer. This insight ensures that interventions are appropriately designed and implemented, ensuring maximum effectiveness.

GP Non-responder Programme across Cheshire & Merseyside



A programme to increase bowel cancer screening uptake amongst non-responders was delivered in 62 GP Practices in Merseyside. The programme aimed to increase uptake by at least 11% in each Practice. Stakeholders who described knowledge and awareness of the GP endorsement letter felt this should be continued. Of the practices that took part across Cheshire and Merseyside, 11,738 letters were sent with 1,049 previous non-responders taking up the offer of screening. Of these, results of an internal evaluation showed the following results:



"One of the campaigns they have done really well is the GP endorsement letter pilot…that showed this is something we should be doing all the time" (Stakeholder 1)

Fire and Rescue Safe & Well Visits across Cheshire and Merseyside

Bowel cancer screening has been implemented as part of Safe and Well visits conducted by Fire and Rescue staff across Cheshire and Merseyside. This includes information sharing and a request of a bowel screening kit and/or bespoke information on behalf of the householder. The inclusion of the screening within Safe and Well visits was agreed early in 2016 and was implemented in February 2017. From 1st February to 7th May, Cheshire Fire and Rescue Service conducted 8,976 Safe and Well visits, resulting in 708 referrals to NHS England Bowel Cancer Screening Hub (Rugby) for a kit to be sent out to householder. An interim evaluation will report on initial process and impact findings, to be delivered in December 2017. This initiative was viewed very positively by stakeholders; particularly in directly reaching the target population.

"One of the biggest successes is the Fire and Rescue…early feedback is fire officers are requesting a fair number of kits…early indications, it sounds like it's going to be fabulous" (Stakeholder 5)

Inequalities and Bowel Cancer Screening; Delivered in Liverpool

Delivered to improve bowel cancer screening rates amongst BAME communities, the project involves partnership working across BAME representatives, and local stakeholders including GPs, Liverpool City Council, CCG, Liverpool Community Health, Cancer Research UK, and University of Liverpool. Based on a similar approach in London and the need to address local health inequalities, the project focused on specific neighbourhoods in Liverpool and included training for 12 dedicated GP staff and 12 Social Inclusion Team members. Collaborative working with the Social Inclusion Team provided advocacy and support to individuals who struggle to access NHS bowel cancer screening services due to language, cultural or other barriers. The project has not yet completed, however, early results indicate the positive impact it has had on the bowel cancer screening experience for BAME communities. Stakeholders felt this work was imperative in working to address health inequalities.

“It means it will have lots of systematic changes that can make a difference, not just to screening, but to all treatment and care for BME communities” (Stakeholder 1)

However, it was recognised that ethnicity data are not routinely collected, which makes it difficult to assess and understand the impact of such initiatives.

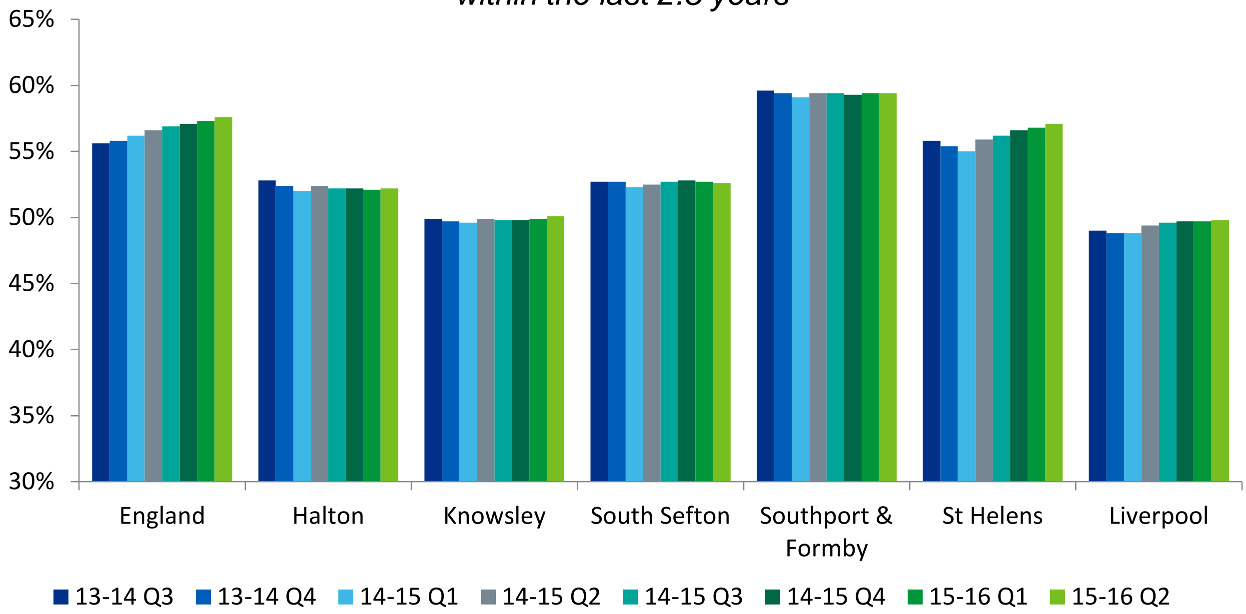
“It is really hard...when we looked at the EMIS records, they only record ethnicity for 40% of their clients…they need to ensure they populate those ethnicity records for everything, for all treatment and care” (Stakeholder 1)

2.2 Impact of Bowel Cancer Initiatives on Coverage and Uptake

Coverage (Figure 1)

St Helens, Liverpool and Knowsley CCGs saw an increase in coverage between 2013/14 and 2015/16, ranging from 0.2% to 1.3%. St Helens CCG had the largest increase. These improvements in screening coverage were all slightly lower than the England average for the same time period (2.0%). South Sefton, Southport and Formby and Halton saw very minor reductions. Whilst Southport and Formby did have a slight reduction, the CCG did have a higher percentage of coverage than the England average. Liverpool and Knowsley were consistently lowest for 2013/14-2015/16, but both did have minor improvements from 2013/14 to 2015/16.

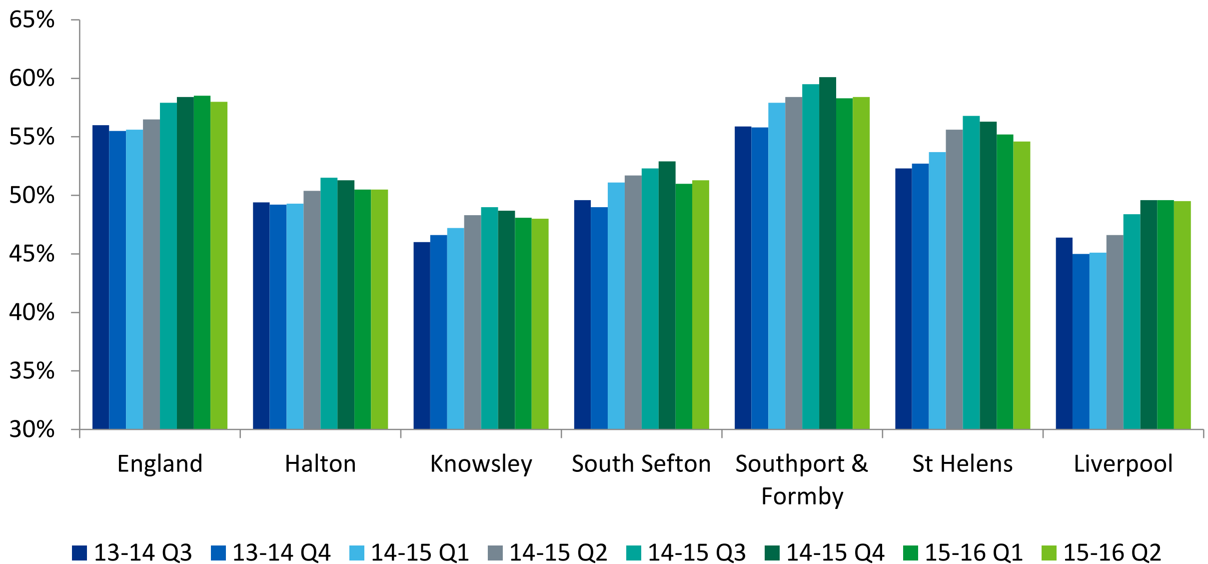
Figure 1. Bowel cancer screening coverage for men and women aged 60-74 screened within the last 2.5 years



Uptake (Figure 2)

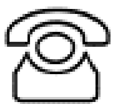
Rates for all six CCGs improved between 2013/14 and 2015/16, ranging from a 1.1-3.1% increase. Liverpool had the largest increase, with an increase of 3.1% between 2013/14 and 2015/16, which was higher than the England average (2.0%). The majority of the increases were made in the first year of the plan (2014/15), with all six of the CCGs having a minor decrease in the second year (2015/16). Southport and Formby and St Helens had the highest increase during the first year. Southport and Formby, again had a higher percentage for uptake compared to the England average for all three years. Although they did increase, Knowsley, Liverpool, Halton and South Sefton had the lowest rates In Merseyside across the 2013/14 and 2015/16.

Figure 2. Bowel cancer screening uptake for men and women aged 60-74 screened within the last 2.5 years

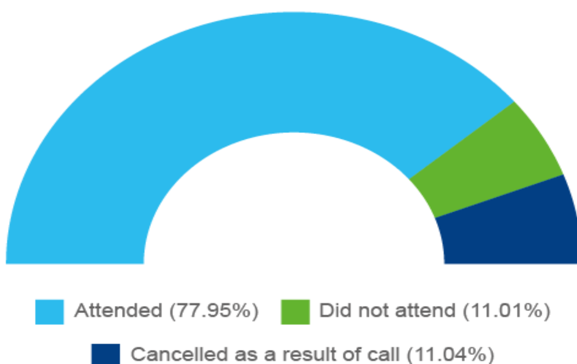


2.3 Breast Screening Initiatives

Telephone reminder; Delivered in St Helens



A telephone reminder pilot was delivered to increase coverage rates by up to 3%. This pilot was conducted in seven GP practices in St Helens CCG. 5,048 women on GP lists were invited for screening by letter; 3,242 of these women were successfully contacted by telephone. Of these:



Practices with increased coverage

Practices with maintained coverage

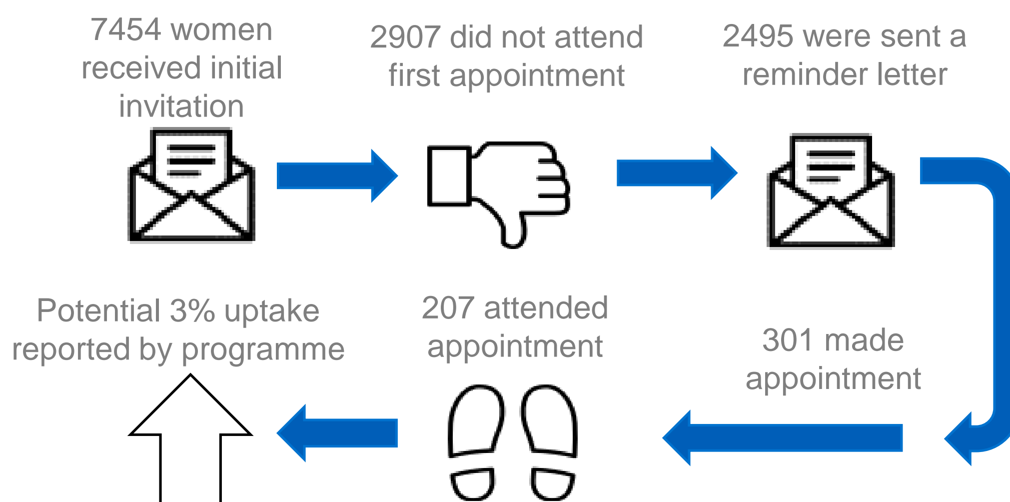
Practices with drop in coverage

Crucially, all 358 cancelled appointments were re-used prior to the day of appointment, resulting in increased efficiencies. Despite this, the pilot was identified as labour intensive. The administrative team suggested text messaging be explored as another reminder option or alternative, although the personal communication element was felt to be a vital part of this initiative.

"Personal communication can be more impactful than a letter. The envelope that the invitation arrives in may not be opened. It just goes straight in the bin." (Stakeholder 8)

Breast screening reminder letters; Delivered in Kirkby

Screening uptake amongst the eligible population in Kirkby was low. Reminder letters were sent to women who did not attend their initial breast screening appointment. An additional reminder letter were sent to all women in who did not attend their initial appointment (and fulfilled criteria). This letter was sent one month (four-weeks) after their initial appointment.

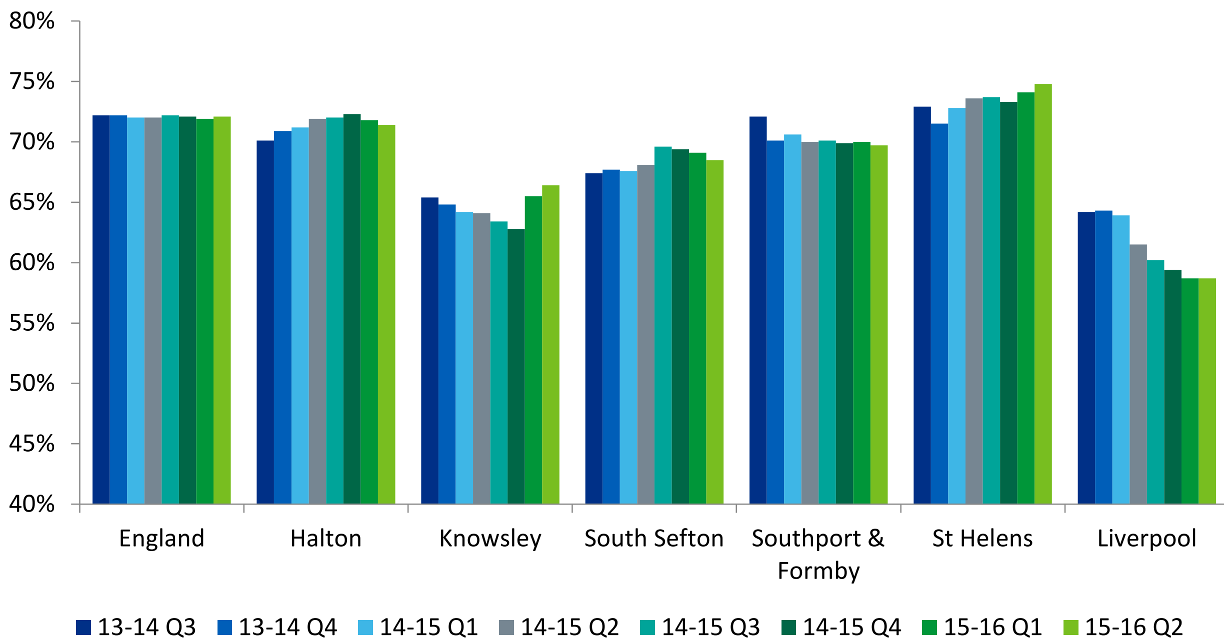


2.4 Impact of Breast Screening Initiatives on Coverage and Uptake

Coverage (Figure 3)

Four CCGs had an increase in coverage between 2013/14 and 2015/16, ranging from 1.0% to 1.9%. St Helens had the largest increase. The England average (-0.1%) had a small reduction in coverage between 2013/14 and 2015/16, and coverage rates also decreased for Liverpool and Southport and Formby for the same time period. Figure 3 shows that St Helens had higher coverage rates than the England average (72.0%) during 2013/14, 2014/15 and 2015/16. Liverpool had the lowest coverage rate across all three time periods, followed by Knowsley and South Sefton.

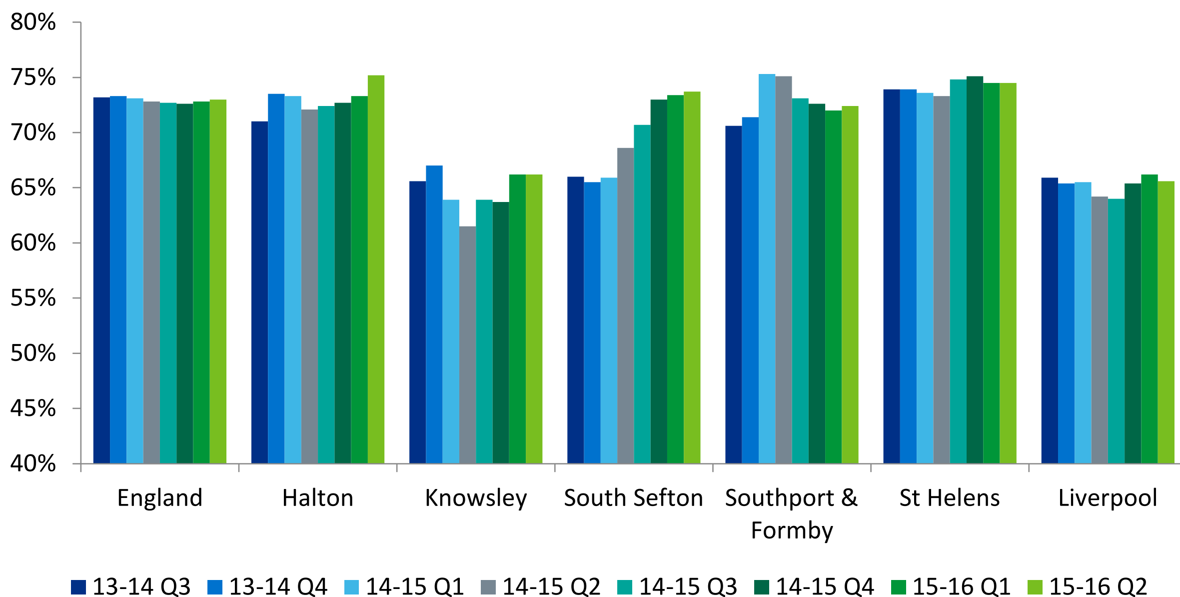
Figure 3. Breast screening coverage for women aged 50-70 screened within last 36 months



Uptake (Figure 4)

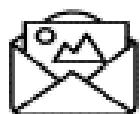
Figure 4 shows the bowel cancer screening uptake between 2013/14 and 2015/16. Five of the CCGs had in increase of 0.6% to 7.7% in uptake rates during this time period. South Sefton had the largest increase. Overall, England saw a decrease (-0.2%), as did Liverpool with a minor decrease in uptake during 2013/14 to 2015/16. St Helens had a higher screening uptake rate compared to the national average for 2013/14, 2014/15 and 2015/16. St Helens, Halton and South Sefton all had higher proportions of screening uptake compared to England in 2015/16. Knowsley and Liverpool had the lowest proportion of screening uptake in 2013/14, 2014/15 and 2015/16.

Figure 4. Breast screening uptake for women aged 50-70 screened with the last 36 months



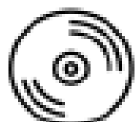
2.5 Cervical Screening Initiatives

First invitation postcards; Delivered in Knowsley and Sefton



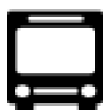
First invitation postcards were sent to women in Knowsley and Sefton aged twenty four years and six months. Postcards were sent on behalf of the GP two-weeks prior to an invitation to attend cervical screening and was designed to encourage responses to subsequent invitation letters. An evaluation of the first invitation postcards suggests a positive impact. In Knowsley, screening rates amongst 25 year olds increased from 13% before the postcards were introduced to 50% when the postcards were in use. In Sefton, rates amongst 25 year olds increased from 36% before postcards, to 53% when they were introduced.

Learning disabilities DVDs; Delivered in Merseyside

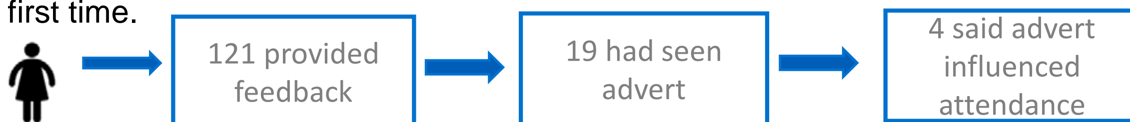


DVDs regarding cervical screening were implemented to GP practices and clinical and non-clinical training sessions for GP staff. Two DVDs were shared: one produced by NHS Sefton in 2012 and one provided by Jo's Cervical Cancer Trust in 2015, which the Merseyside Screening and Immunisation Team have a close working relationship with. The DVDs provide an important resource for women with learning disabilities, their families and carers and Learning Disability Teams. Feedback has shown that the DVDs are useful as an intervention in supporting understanding, purpose and access to cervical screening. However, specific indicators were not applied to formally measure the impact of this initiative.

Bus Advertisement Campaign; Delivered in St Helens



A bus advertisement campaign was delivered in St Helens to increase awareness of cervical screening. The campaign was also promoted through other channels, including press releases, an article in the Council@Work magazine, digital roadside signs and social media. An internal evaluation was carried our in 5 GP practices. All women who attended for a cervical smear in April, May and June were asked about the bus advertisement. Evaluation findings were inconclusive; feedback was received from a total of 121 women; three of whom were attending screening for the first time.



Health Awareness Events for BAME groups; Delivered in Liverpool

A family Fun Health Event was held in the Al-Ghazali Community Centre in Liverpool. The event included a children's entertainer, henna artists, face painting and refreshments. The initial focus was on cervical screening as this was particularly low in this group of women. It was extended to include a wide range of health promotion stalls including breast and bowel cancer screening. The aim was to raise awareness of cervical screening, improve coverage rates and address misconceptions surrounding screening and diagnosis. 170 family members attended; 57 completed an evaluation form.

- 91 % female
- ~ age = 33 years
- 47% Arabic as first language

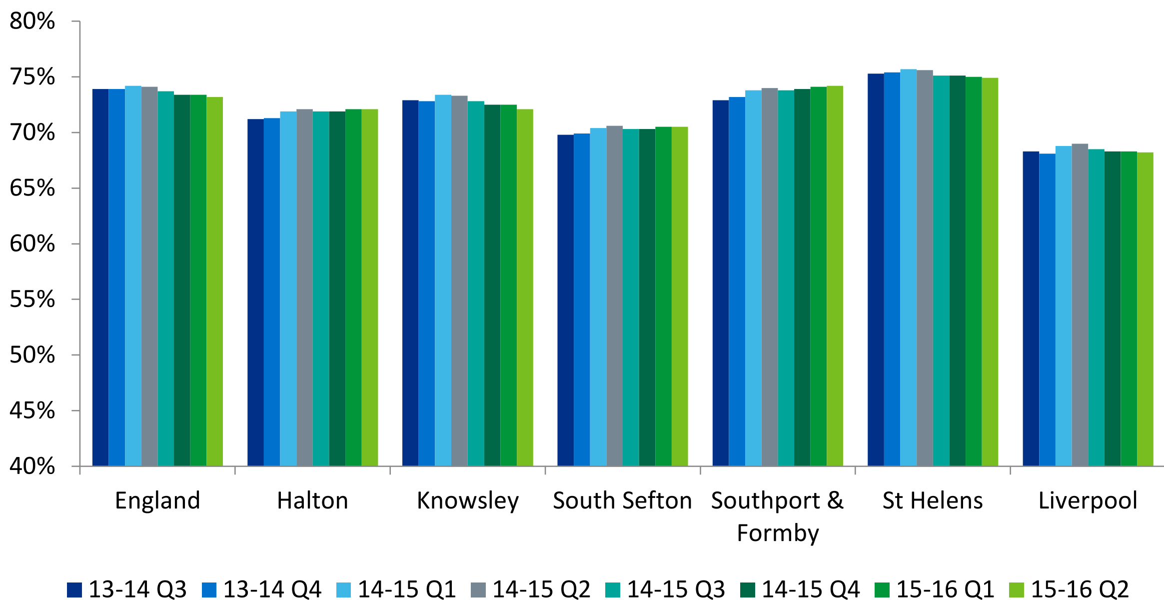
- Attendees said the event improved understandings of health issues
- The event is an effective way to communicate health messages

2.6 Impact of Cervical Screening Initiatives on Coverage and Uptake

Cervical screening uptake data is not collected and only coverage data is presented here.

Figure 5 shows that for cervical screening coverage, three of the six CCGs had a small increase in coverage between 2013/14 and 2015/16, which ranged from 0.7% to 1.3%. Southport and Formby has the largest increase. St Helens, Knowsley and Liverpool had a slight decrease during this time period, which corresponded with the England average. St Helens had a higher proportion of screening coverage than England for all three time periods. Southport and Formby) had a lower average in 2013/14 which increased to higher than the national average in 2015/16. St Helens and Southport and Formby had a higher proportion of cervical screening coverage compared to England in 2015/16. Liverpool had the lowest rate for all three time periods (2013/14, 2014-/5 and 2015/16), followed by South Sefton, Halton, and Knowsley.

Figure 5. Cervical screening coverage of women aged 25-64 screened within the last 3.5-5 years (2013-14, 2014-15 and 2015-16)



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3. Stakeholder Experiences of Implementation

Partnership Working

Stakeholders described how the action plan highlighted pieces of work and increased awareness of the range of screening initiatives being undertaken across Merseyside. Many felt that the membership on the Task Group provided good representation.

> *"Membership on the Task Group was really good…really good buy in from all agencies" (Stakeholder 7)*

Stakeholders were asked whether the range of initiatives would have happened without the plan. Some felt initiatives might have been undertaken without the action plan, but that key activities such as the insight work and non-responder project would not have happened. Stakeholders acknowledged the strength that having a joint delivery approach brings.

> *"You achieve results when you're coming at it from different angles…you need everyone working together" (Stakeholder 5)*

Stakeholders felt the memorandum of understanding was central to the joint delivery approach. Many felt that the membership on the Task Group provided good representation, although it was acknowledged that other priorities affected ongoing engagement.

> *"Memorandum of understanding and joint approach is really good and having this formalised in a memorandum is really good" (Stakeholder 7)*

> *"If they're not contracted or paid to do anything around those screening programmes', the commitment is difficult to maintain" (Stakeholder 5)*

Some members of the Task Group described uncertainty regarding the evidence base for some initiatives, however other suggested how organisational and role changes meant that these stakeholders may have not necessarily been engaged from the beginning of the process, when rationale for certain initiatives was discussed and agreed.

Communications

Findings from the stakeholder interviews suggested they were all aware of the communications strategy and agreed the communications group was a good idea.

> *"Thought it was really great, done tons of screening work, opportunity to share work across the other areas… hoped the group would be able coming together and share learning to build something better" (Stakeholder 2)*

Some felt the meetings provided a great opportunity to improve their awareness about the action plan and about specific initiatives, and felt there was a lot of enthusiasm from partners. Many agreed the meetings were useful and provided an opportunity to find out what was happening on a wider footprint.

"The meetings were good because I got to know what was happening in the background, they were hands on, were learning what was being done in the background to improve uptake." (Stakeholder 3)

Stakeholders acknowledged that stretched resources affected their ability to attend communications meetings. It was also felt that the profile could have been strengthened, which may have supported more people to continue to attend.

"One of the main difficulties…was getting people there…and having some kind of continuity throughout" (Stakeholder 6)

Some felt that the purpose of the communications meetings was not always clear. Some described how they were unsure of whether the purpose of the group was to communicate that there was a two-year strategy, to share ideas and best practice, or to explore areas for marketing work or joint working.

"A number of meetings people were coming together and talking about what they were doing anyway rather than what has been done in response to the screening action plan" (Stakeholder 4)

"One of the things I had thought would happen having the comms group, not just share ideas but actually work together to put a campaign together, this was something that came up in the second year at a lot of meetings, could we try and use that group to put a concerted effort in to a proper Merseyside wide campaign. But it never came off, partly down to funding…Sometimes that's quite hard, everyone's got different priorities and these things get lost." (Stakeholder 6)

It was suggested the communications meeting could operate as part of the action planning meetings, going forwards. The frequency, format and location of any future meetings would need to change to improve attendance. Consideration should also be given to a dedicated communications and engagement resource to drive the work of the group.

Resources and Capacity

Some stakeholders described how they were not able to contribute as fully to the delivery of the action plan as they would have liked, due to stretched resources.

"Due to time and staffing levels I couldn't really give it 100%" (Stakeholder 3)

Some stakeholders highlighted the need for clarity in terms of the roles and responsibilities of NHS England North, Cheshire & Merseyside and PHE in coordinating and delivering initiatives within the action plan. Examples were described where local authorities had been proactive, but this had resulted in extra work.

Some described confusion over whether some initiatives were to have been delivered as part of the plan or by local authorities. Some stakeholders described examples where they had locally developed solutions to issues, but were unclear whether this was a role for PHE/NHS England North, Cheshire & Merseyside.

Future Plans

Stakeholders agreed that a joint cancer screening plan should be continued in some form. Some suggested that cancer screening needs to link in with the prevention and early detection streams of the Cancer Alliance.

> *"So many times we have these groups and it doesn't mean anything, you just disappear out of it, so something continuing along that is useful…the landscape has changed…people are working differently" (Stakeholder 7)*

> *"With the NHS outcomes framework, national cancer taskforce recommendations and the government mandate, and with the Cancer Alliance coming in, the STP and the local delivery services, I think there's a real opportunity for this to carry on...but I think there needs to be a massive emphasis on engagement... An opportunity for NHS England to link in with health improvement within the CCGs, link in with health trainers and become integrated in that Cancer Alliance structure" (Stakeholder 4)*

Stakeholders agreed that a range of initiatives are required to improve cancer screening rates, particularly to address inequalities. Many felt that the Cancer Alliance brought strategic opportunity to implement systematic and targeted evidence-based or insight driven interventions. Stakeholders highlighted the importance of ensuring that all initiatives are evidence-based and insight driven. Many felt it was important to provide rationale and justification for screening initiatives included within any future joint working.

> "Screening has to be multifaceted…in response to your population and the resources that you've got" (Stakeholder 4)

4. Conclusions

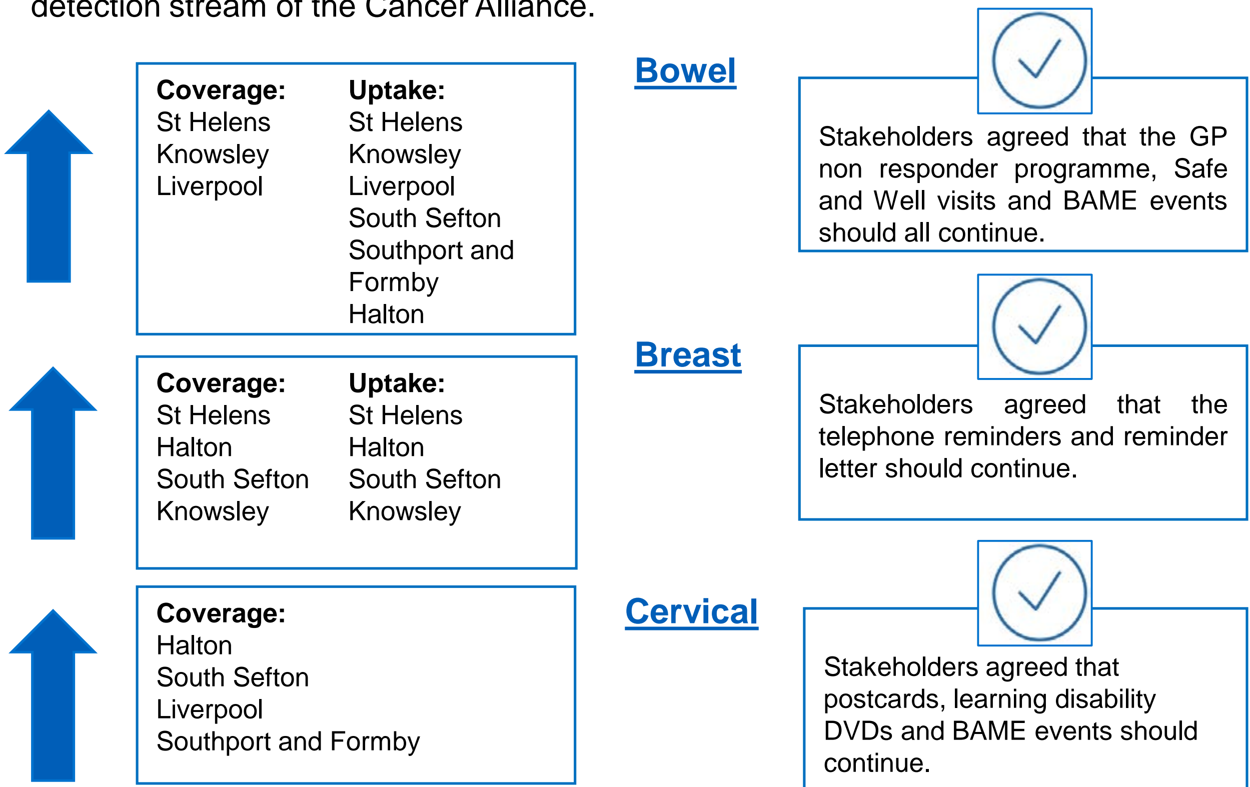
The plan engaged a wide range of partners to successfully deliver a number of cancer screening initiatives across Merseyside. Data show small increases across Merseyside in bowel and breast cancer coverage and uptake and in cervical cancer coverage. Whilst data are not available to identify which initiatives had the most impact, those which were evidence-based and/or informed by insight work were felt to have been most effective. All stakeholders agreed the plan had been important in providing a focus for screening work across Merseyside and had been effective in supporting a consistent approach.

Many stakeholders described the importance of ensuring a robust and comprehensive evaluation framework is in place to measure impact. It was, however, acknowledged that this requires additional capacity and resources which may not be available. Many stakeholders felt that the multi-targeted approach was effective in raising awareness of screening, particularly within vulnerable and hard to reach groups.

Many acknowledged that it would be difficult to identify which initiative had the biggest impact; however, it was agreed that only those initiatives that demonstrated a strong evidence-base or were based on comprehensive local insight should be included in any future work.

Stakeholder communication meetings were not always well attended and staff engagement with the plan was largely affected by capacity. In contrast, the Task Group maintained good stakeholder involvement and attendance throughout. The screening plan was delivered against a backdrop of changes in organisational funding arrangements, changes being made to staff remits, and changes occurring within the wider public health landscape as a whole.

All stakeholders agreed that a cancer screening plan should be continued in some form, with a suggestion that this should form part of the prevention and early detection stream of the Cancer Alliance.



4.1 External Recognition

The following projects within the two-year plan have received external awards:

- A Certificate of Outstanding Contribution in celebration of achieving exceptional work to PHE's quality and clinical governance programme for the Safe and Well visits.
- A Healthcare Transformation award for 'Improving Cancer Outcomes' for the Safe and Well project.
- A Certificate of Outstanding Contribution in celebration of achieving exceptional work to PHE's quality and clinical governance programme for the cancer screening cards and leaflets.

4.2 Recommendations

The following recommendations have been developed in conjunction with the Screening and Immunisation team, NHS England North, Cheshire & Merseyside. The recommendations should be considered within the design and implementation of any future initiatives:

- ✓ Continue GP non responder programme (consider rolling out across breast and cervical as well as bowel screening), bowel screening within Fire and Rescue, Safe and Well visits, telephone reminders and reminder letters for breast screening, cervical screening invitation postcards and targeted events for BAME populations and people with learning disabilities.
- ✓ Continue to carry out insight and profiling work (such as Mosaic) with specific populations to inform cancer screening strategies across Merseyside.
- ✓ Redesign the communications approach ensuring a sufficient level of financial and manpower resource is secured to coordinate and deliver communications plans effectively.
- ✓ Ensure clear communication is provided regarding each initiative that is included in any future plans, including the rationale and justification for each. Provide details of the evidence and insight which has informed the intervention design.
- ✓ All initiatives should have a robust and comprehensive evaluation plan in place from the beginning, however, this needs to be realistic and feasible.
- ✓ Recognise and celebrate examples of good practice being undertaken within local authorities. Many stakeholders described local initiatives that they had undertaken outside of the plan. All were enthusiastic to share their experiences, toolkits and insight and felt this was important in terms of supporting a joint working approach.
- ✓ Develop a programme of education sessions across Merseyside for non-clinical staff to increase their awareness and understanding of cancer screening.
- ✓ Continue to use the memorandum of understanding approach for future collaborative working across stakeholder organisations in Merseyside and further.
- ✓ Using the learning from this plan, to develop a subsequent cancer screening strategy for Merseyside. This would form part of the prevention and early detection workstream of the Cheshire & Merseyside Cancer Alliance.

For further information on the two-year cancer screening plan, please contact Marie Coughlin, Screening and Immunisation Manager, NHS England North, Cheshire & Merseyside
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Appendix 1: Task Group & Communication Group Membership

NHS England
Cathy Stuart
Karyn Wells
Leah Maguire
Ann Richardson
Hayley Edwards
Jane Pickering
Carole Williams

Aintree University Hospital NHS Foundation Trust
Deborah Parr
Victoria Jackson

Cancer Research UK
Anna Murray
Helen O'Connor
Kathryn Weir
Louise Roberts
Tomas Edge

Halton CCG

Halton Local Authority
Sarah Johnson-Griffiths
Val Anderton

Knowsley CCG
Jane Briers

Knowsley Local Authority
Sarah McNulty

Liverpool CCG
Michelle Timony
Ed Gaynor

Liverpool Community Health

Mersey Care

Liverpool Local Authority
Jo McCullagh

Merseyside CSS
Jackie Johnson

Midlands and NW Bowel Cancer Screening Hub
Dr Steve Smith

Public Health England
Julie Byrne
Marie Coughlin
Claire Roach
Dan Seddon
Wendy Storey

Royal Liverpool and Broadgreen University Hospitals NHS Trust
Alison Guest
Geoff Fitzgerald
Wendy Thompson
Sarah Darnley

Sefton Local Authority
Charlotte Smith
Davina Hanlon
Steve Gowland

South Sefton CCG
Tracy Reed

Southport and Formby CCG
Sarah McGrath

St Helens and Knowsley Teaching Hospitals
Sandra Montgomery

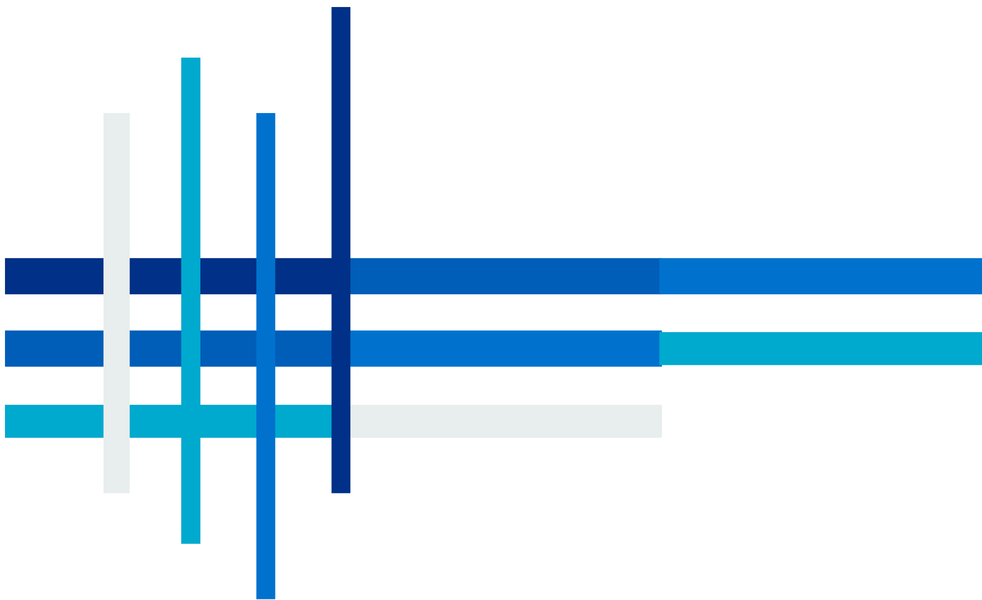
St Helens CCG
Paul Rose

St Helens Local Authority
Dympna Edwards

Warrington and Halton Hospitals NHS Foundation Trust
Jillian McKay

Public Health
England

NHS
England



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