Cancer Screening in Camden and Islington

Rapid Health Needs Assessment
June 2023

Camden and Islington Public Health Team

Aim and objectives

This health needs assessment provides an overview of cancer in Camden and Islington, with a focus on cancer screening.

Objectives:

- To describe the epidemiology of cancer in Camden and Islington and trends in cancer burden, care and outcomes
- To identify inequalities in cancer screening uptake among population subgroups
- To summarise insights on cancer awareness and barriers to uptake of screening
- To summarise current strategies and approaches to cancer prevention locally
- To review existing provisions and best practices for cancer prevention

Methodology and Data sources

Title	Description	Source/period
Cancer analysis workbook (2022)	**Cancer burden**: Prevalence and incidence **Cancer screening and diagnosis**: Cervical screening uptake (aged 25-49), Cervical screening uptake (aged 50 -64), Bowel screening uptake (aged 60-74), Breast screening analysis (aged 50-70), percentage of cancers diagnosed at stage 1 and 2. **Cancer care**: Emergency admissions due to cancer. **Cancer outcome**: Premature mortality from cancer, premature mortality from cancer considered preventable, percentage of deaths with underlying cause cancer.	Office for Health Improvement and Disparities (OHID) Fingertips; period: 2016-2020.
Cancer screening inequalities analysis- before COVID-19 (2021)	This analysis presented findings for screening coverage for bowel, breast and cervical cancer by age, gender, ethnicity, disability/health status, lifestyle factors, and deprivation where appropriate.	Data source from Commissioning Support Unit (CSU) dataset, March 2020.
Cancer Awareness Measures survey (2020)	The Cancer Awareness Measures (CAM) is a validated questionnaire designed to measure the public's awareness of the symptoms and risk factors of cancer as well as the barriers to seeking help. In Camden, 661 surveys were completed and 638 in Islington.	Survey ran from March - July 2020.

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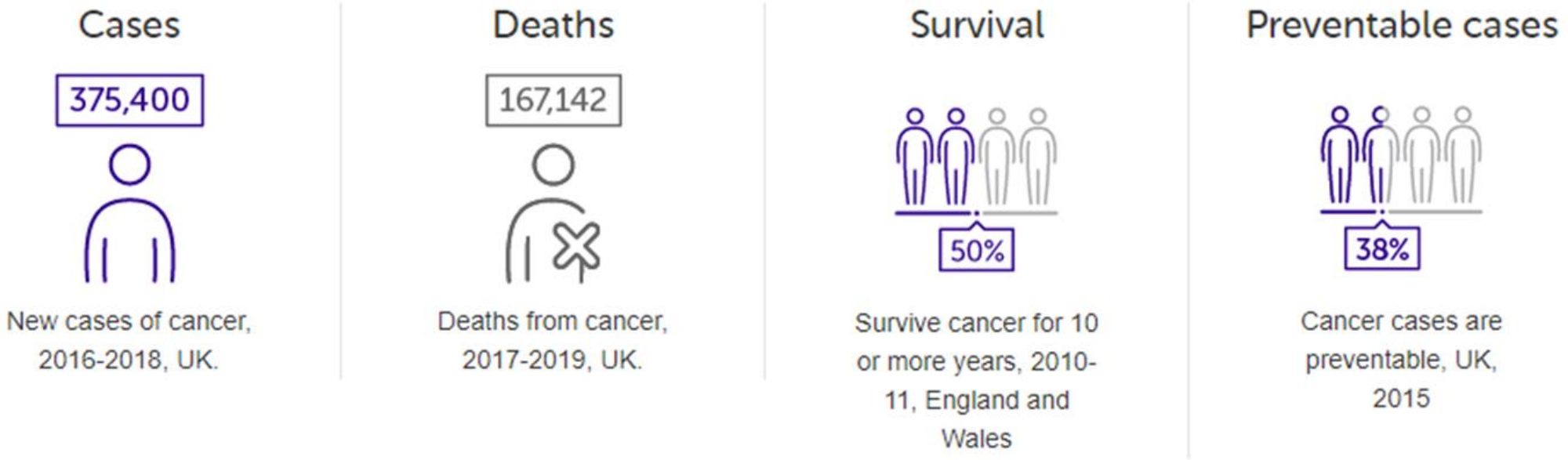
1. Background

- This section provides some background information including:
  - An overview of cancer, its signs and symptoms and risk factors.
  - National trends
  - Impact of COVID
  - Deprivation in Camden and Islington

Cancer overview

Cancer is a large group of diseases characterised by uncontrolled cell division leading to the formation of tumours. There are many types of cancer depending on the site, and the prognosis is variable, depending on the site, nature, size and spread of the original tumour, but in many cases, cancer can be detrimental to the quality of life and can be fatal.[1]

In the UK, 1 in 2 will develop some form of cancer during their lifetime. The four most common types of cancer are breast, lung, bowel and prostate.[2] Breast cancer is the most common cancer among women in the UK, followed by lung and bowel cancers. The most common cancer in men is prostate cancer, followed by bowel and lung cancers.[1]



1. Cancer Research UK. What is Cancer? [Online]. Available from What is cancer? | Cancer Research UK [Accessed 31 March 2023)
2. NHS. Overview: Cancer. [Online]. Available from Cancer - NHS (www.nhs.uk) [Accessed 31 March 2023)

Cancer risk factors

Cancer risk factors include exposure to chemicals or other substances, as well as certain behaviours. However, not all cancers be prevented and some risk factors, such as age and family history, cannot be controlled.

Limiting exposure to risk factors lowers the risk of developing certain cancers. The following factors can help reduce the risk of some cancers:[1]

- Not smoking
- Keep a healthy weight
- Being more active
- Have a healthy balanced diet
- Cut back on alcohol
- Enjoy the sun safely
- Take up of the HPV vaccine

	Camden	Islington
 Current smokers	13.1% (42,704)[2]	13.1% (42,704)[2]
 Overweight and obese	8.0% (26,092)[2]	9.9% (28,993)[2]
 Physically inactive adults	21.5% of the population[3]	17.1% of the population[4]
 Alcohol abuse or dependence	2.7% (8,946)[2]	2.8% (8,154) [2]

1. Cancer Research UK. How to reduce the risk of cancer. [Online]. Available from Causes of cancer | How to reduce the risk of cancer (cancerresearchuk.org) [Accessed 31 March 2023)
2. HealtheIntent. Population Health Needs and Inequalities dashboard. [Accessed December 2022]
3. Office for Health Improvement & Disparities. Public health profiles: Percentage of physically inactive adults (Camden). Available from Public health profiles - OHID (phe.org.uk) [Accessed 31 March 2023]
4. Office for Health Improvement & Disparities. Public health profiles: Percentage of physically inactive adults (Islington). Available from Public health profiles - OHID (phe.org.uk) [Accessed 31 March 2023]

National trends

Incidence - Incidence rates are strongly related to age for all cancers combined.[1] Age-specific incidence rates rise steeply from around age 55-59.[1] Incidence rates are significantly higher in females than males in the younger age groups (under 55 years) and significantly lower in females than males in the older age groups (over 55 years).[1]

Survival – Survival rates vary widely by cancer type. Overall, women have slightly higher cancer survival rates than men. There are slight differences in cancer survival rates between men and women for different cancer types.[2]

Mortality - The mortality rate for cancer increases with age, and mortality rates are higher for males than for females.[3]

Deprivation - The European age-standardised mortality rate for all cancers combined (excluding non-melanoma skin cancer) is higher in the more socio-economically deprived groups than the least deprived groups.[4] Lung cancer has by far the largest number of excess deaths because of socio-economic variation.[4]

1. Cancer Research UK. Cancer incidence statistics. [Online]. Available from Cancer incidence statistics | Cancer Research UK [Accessed 31 March 2023]
2. Cancer Research UK. Cancer survival statistics. [Online]. Available from Cancer survival statistics | Cancer Research UK [Accessed 31 March 2023]
3. Cancer Research UK. Cancer mortality statistics. [Online]. Available from Cancer mortality statistics | Cancer Research UK [Accessed 31 March 2023]
4. Cancer Research UK. Deprivation gradient for cancer mortality. [Online]. Available from Deprivation gradient for cancer mortality | Cancer Research UK [Accessed 31 March 2023

Impact of COVID on Cancer presentation and services

The COVID-19 pandemic had an impact on cancer services and their patients. In January 2023, Cancer Research UK reported for England, around 1 million fewer people were invited to cancer screening, and around 1.3 million fewer people participated in screening in the first year of the pandemic versus comparable earlier periods.[1]

Screening programmes have been working above their usual levels to catch up on activity missed at the start of the pandemic (though the impact may have varied between programmes because of the way in which they are delivered.

There is research which indicates that shorter waiting times can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. Shorter waiting times can also help to ease patient anxiety and improve the experience.[2]

Number of people invited and participated in cancer screening in 2020/21 compared to 2018/19.[1]

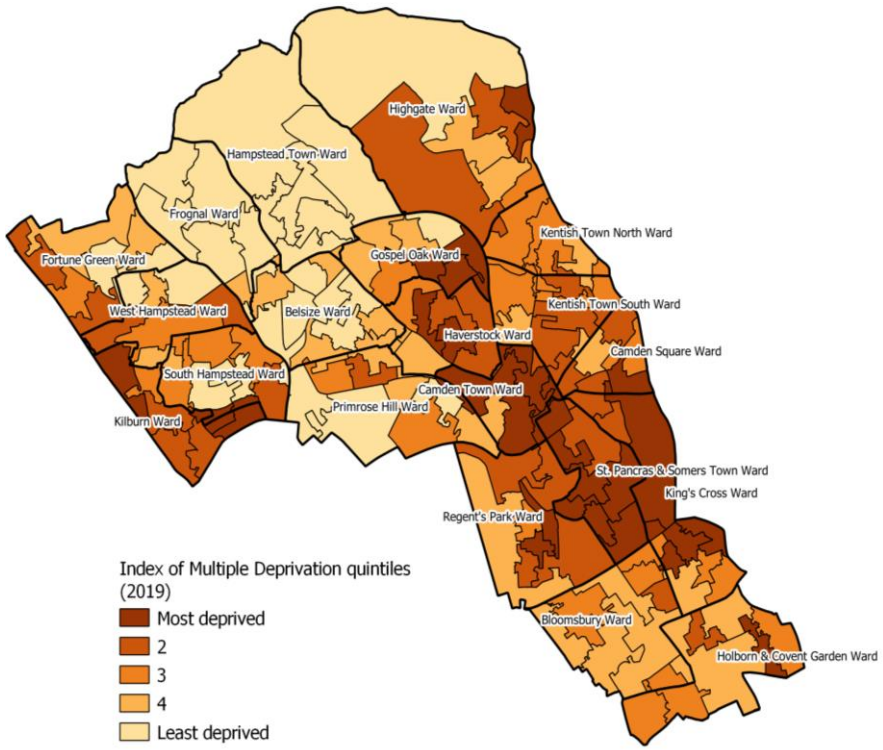
April 2020 – March 2021	Number invited vs 2018/19	Number participated vs 2018/19
All screening cancer types combined	Down 9% (around 1 million fewer)	Down 15% (around 1.3 million fewer)
Breast	Down 22% (around 557k fewer)	Down 33% (more than 590k fewer)
Bowel	Down 14% (around 658k fewer)*	Down 10% (around 309k fewer)*
Cervical	Up 4% (around 178k more)	Down 12% (more than 413k fewer)

* Bowel comparison period is Q2 2019/20, to account for change from FOBT to FIT

1. Cancer Research UK. Performance measures across the cancer pathway: Key stats. (online). Available from Evidence of COVID-19 impact across the cancer pathway | Cancer Research UK [Accessed 24 May 2023]
2. NHS England. Waiting Times for Suspected and Diagnosed Cancer Patients 2020-21 Annual Report. Available from Main heading (england.nhs.uk) [Accessed 24 May 2023]

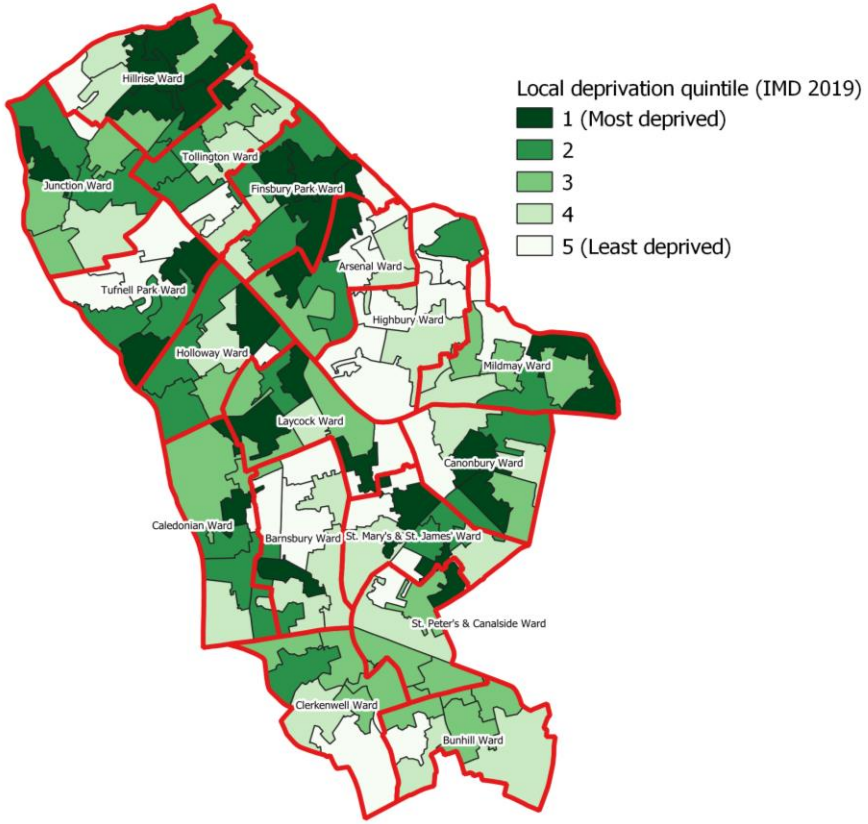
Deprivation in Camden and Islington

Camden



- There is a clear socioeconomic gradient in cancer outcomes. Cancer mortality rates are highest in the most deprived areas, and lower in the least deprived areas.[1]
- Maps of deprivation for Camden and Islington are shown to the left and right respectively. The overall deprivation score (IMD) for Camden is 20.1%, while for Islington it is 27.5%. [2]
- Islington deprivation score is higher than London's average (21.8).[2] Also, Islington is the 6th most deprived local authority in London.

Islington



1. Cancer Research UK. Deprivation gradient for cancer mortality. [Online]. Available from Deprivation gradient for cancer mortality | Cancer Research UK [Accessed 31 March 2023)
2. Office for Health Improvement & Disparities. Public health profiles: Index of Multiple Deprivation (IMD) Score. Available from Public health profiles - OHID (phe.org.uk) [Accessed 31 March 2023]

2. Main Analysis

- This section covers:
  - 2A Epidemiology and trends for Camden and Islington
  - 2B Cancer screening inequalities in Camden
  - 2C Cancer screening inequalities in Islington
  - 2D Cancer awareness and insights for Camden and Islington

2A. Epidemiology and trends

Analysis is presented for:

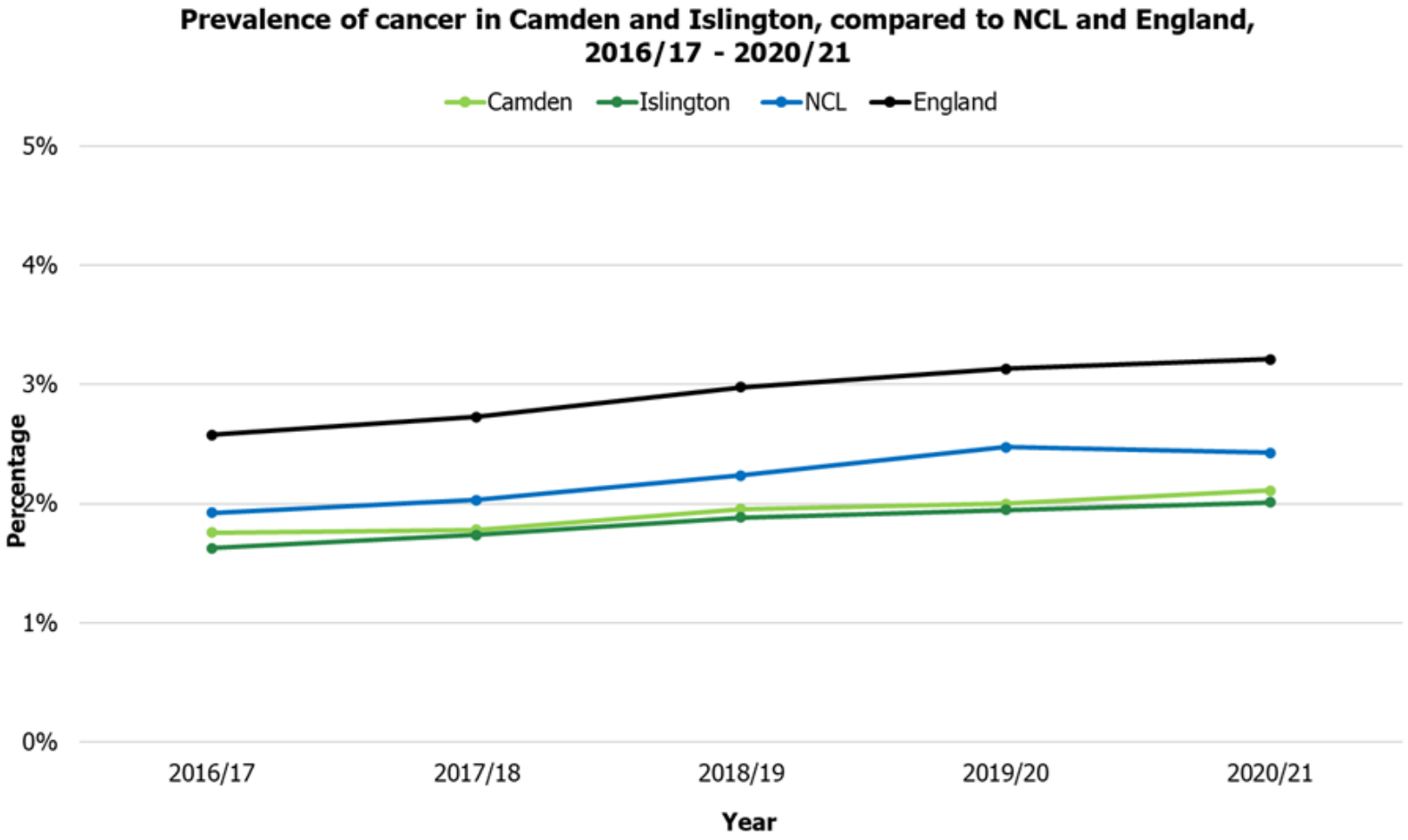
- **Cancer burden:**
  - Prevalence
  - Incidence

- **Cancer screening coverage**
  - Bowel (aged 60-74)
  - Breast (aged 50-70)
  - Cervical (aged 25-49)
  - Cervical (aged 50-64)

- **Cancer care:**
  - Early diagnosis
  - Emergency admissions

- **Cancer outcomes**
  - Premature mortality
  - Preventable mortality
  - Percentage deaths due to cancer

Cancer prevalence

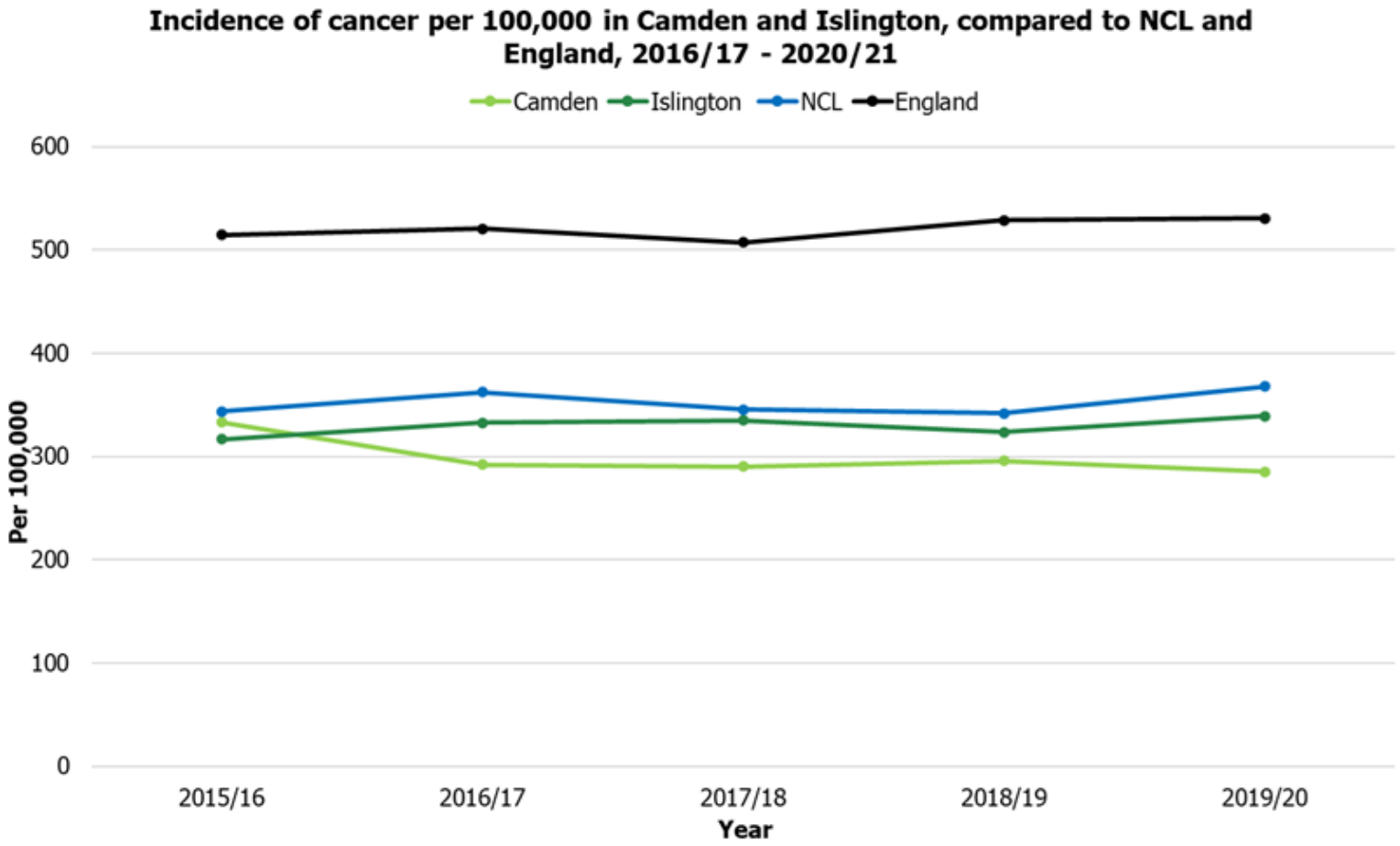


Cancer prevalence from 2016 – 2021 has been steadily increasing nationally and locally as the population ages and survival improves.

Cancer prevalence in both Camden and Islington has been lower than the NCL and England averages over the last few years.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Percentage of patients with cancer, as recorded on practice disease registers (register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1st April 2003). Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer incidence

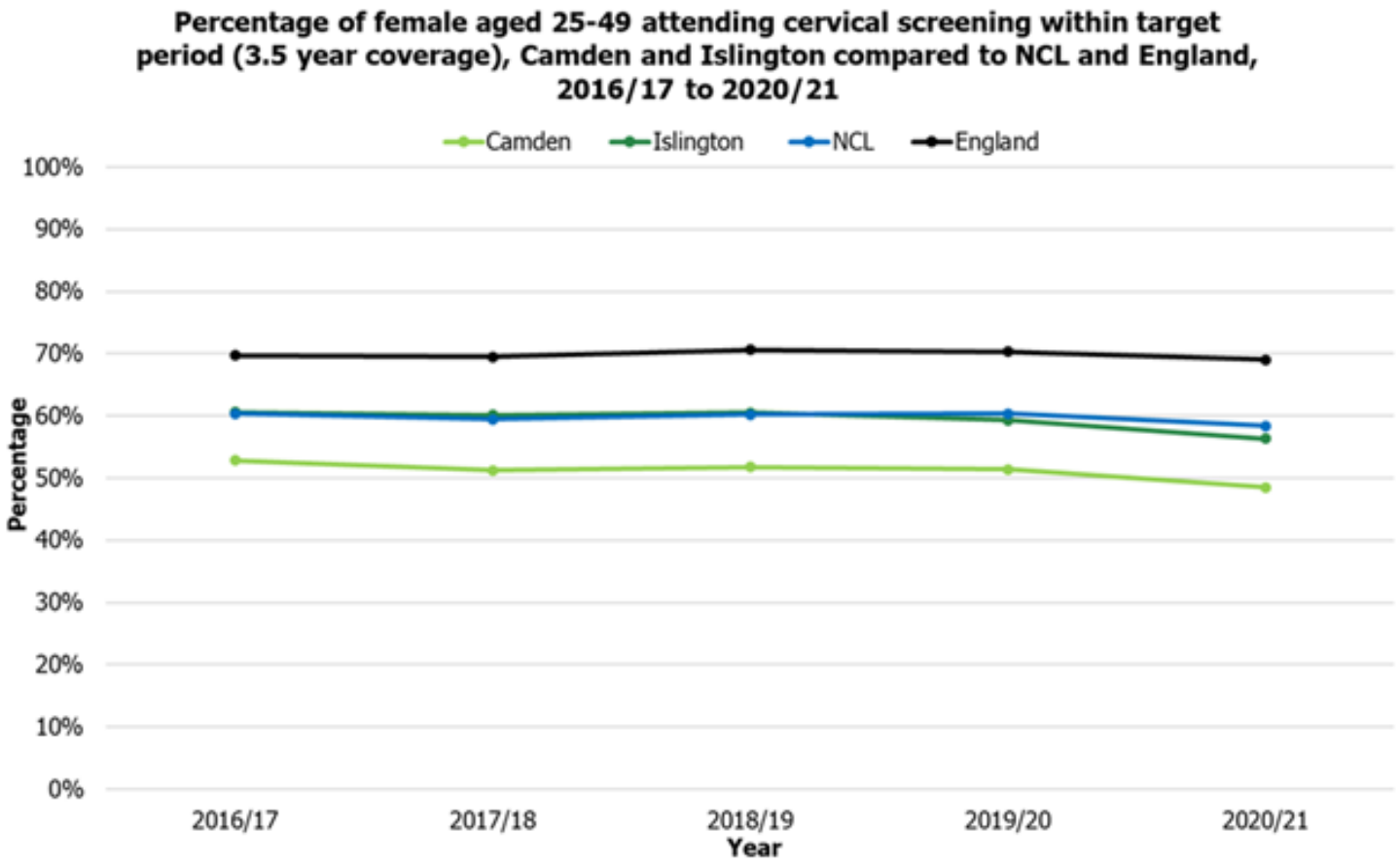


Cancer incidence has remained relatively flat over time, nationally and locally.

Camden, Islington and NCL have significantly lower cancer incidence per 100,000 (new cases of cancer – all types) compared to England. This may relate to differences in age structure of the population.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: New cancer cases (Crude incidence rate: new cases per 100,000 population). Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer screening: cervical (aged 25-49)



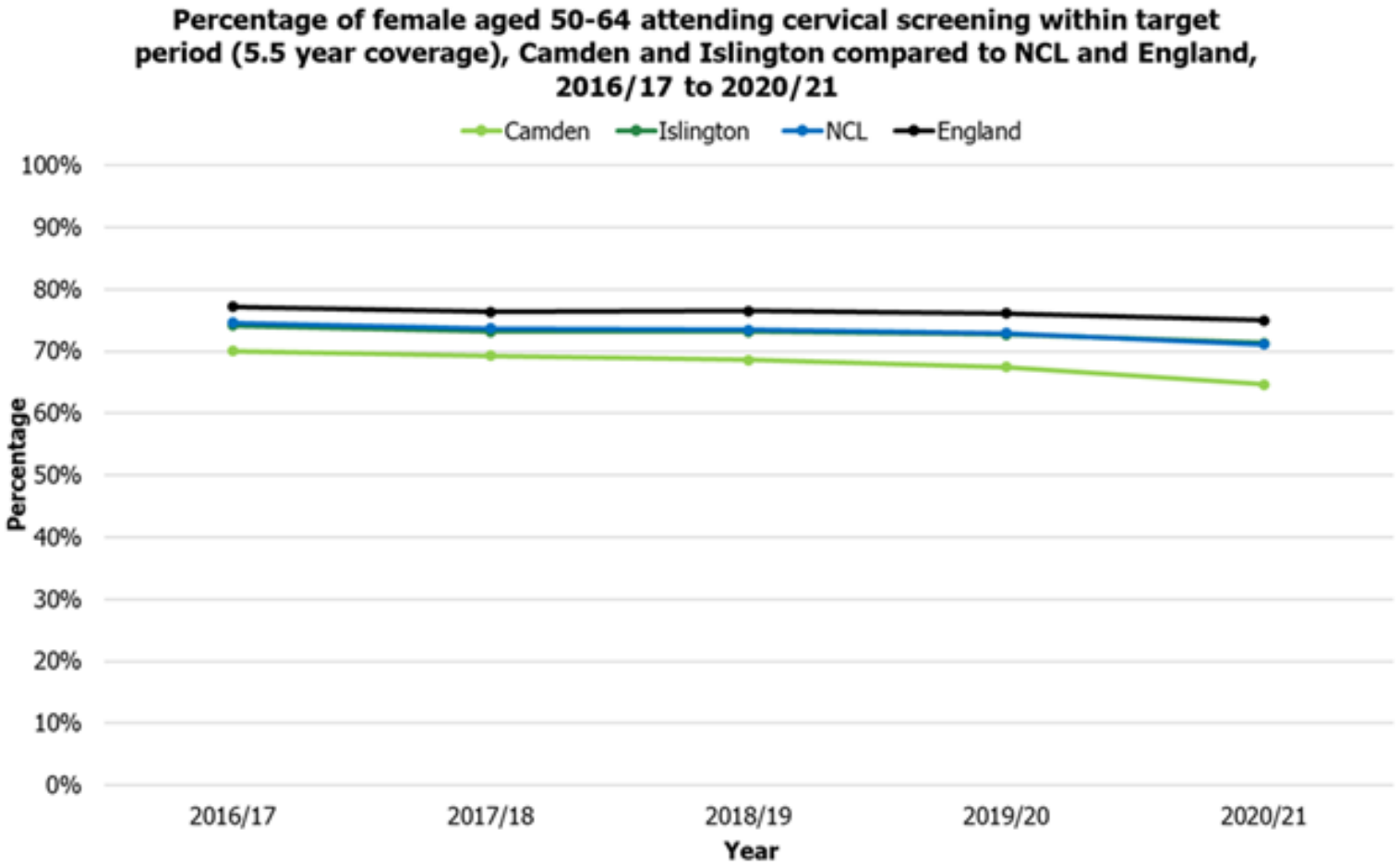
Coverage rates have remained relatively flat over time.

Both Camden and Islington have lower cervical screening coverage compared to England.

Camden has particularly low coverage, lower than the NCL average.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Cancer screening coverage: cervical cancer (aged 25 to 49 years old). Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer screening: cervical (aged 50-64)

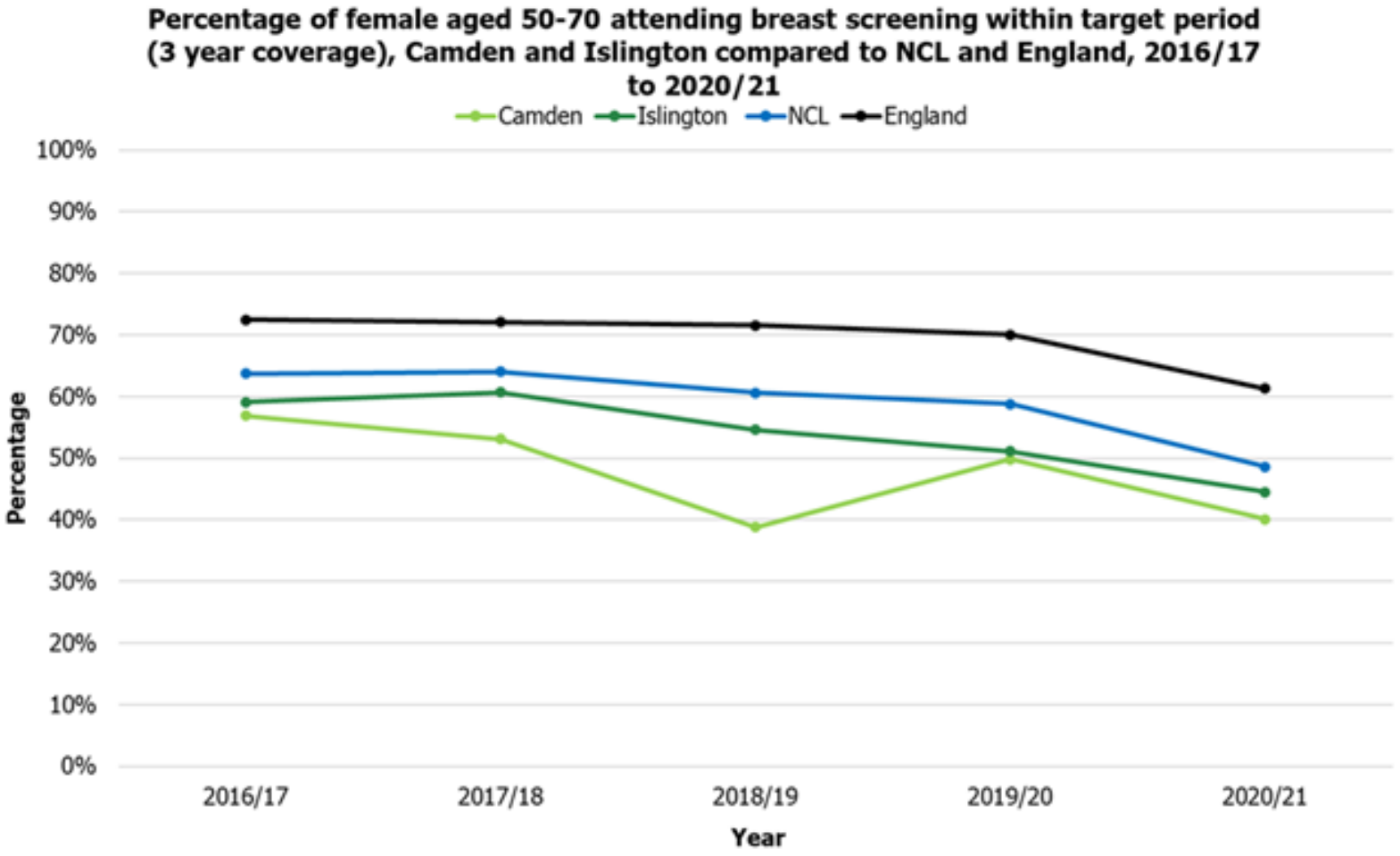


Cervical screening coverage for females aged 50-64 has remained relatively flat over time for both boroughs.

Camden has lower cervical cancer screening coverage for females aged 50-64 compared to the NCL and England average whilst Islington coverage is similar to the NCL average.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Cancer screening coverage: cervical cancer (aged 50 to 64 years old). Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer screening: breast

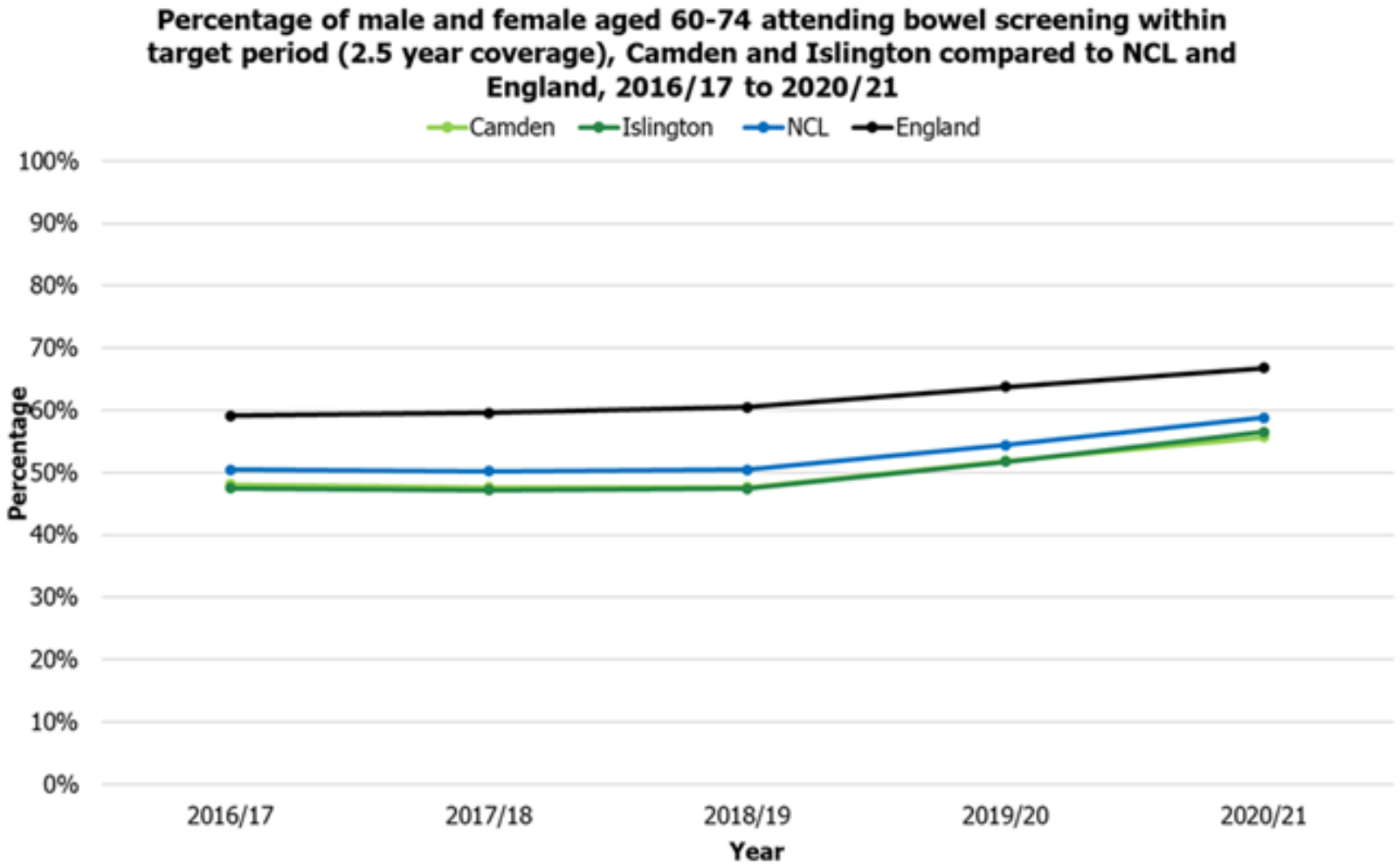


There has been a decrease in breast screening coverage nationally and locally, and this downward trend predates the COVID-19 pandemic.

Camden and Islington have lower breast screening coverage compared to NCL and England.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Breast screening coverage: aged 50 to 70 years old. Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

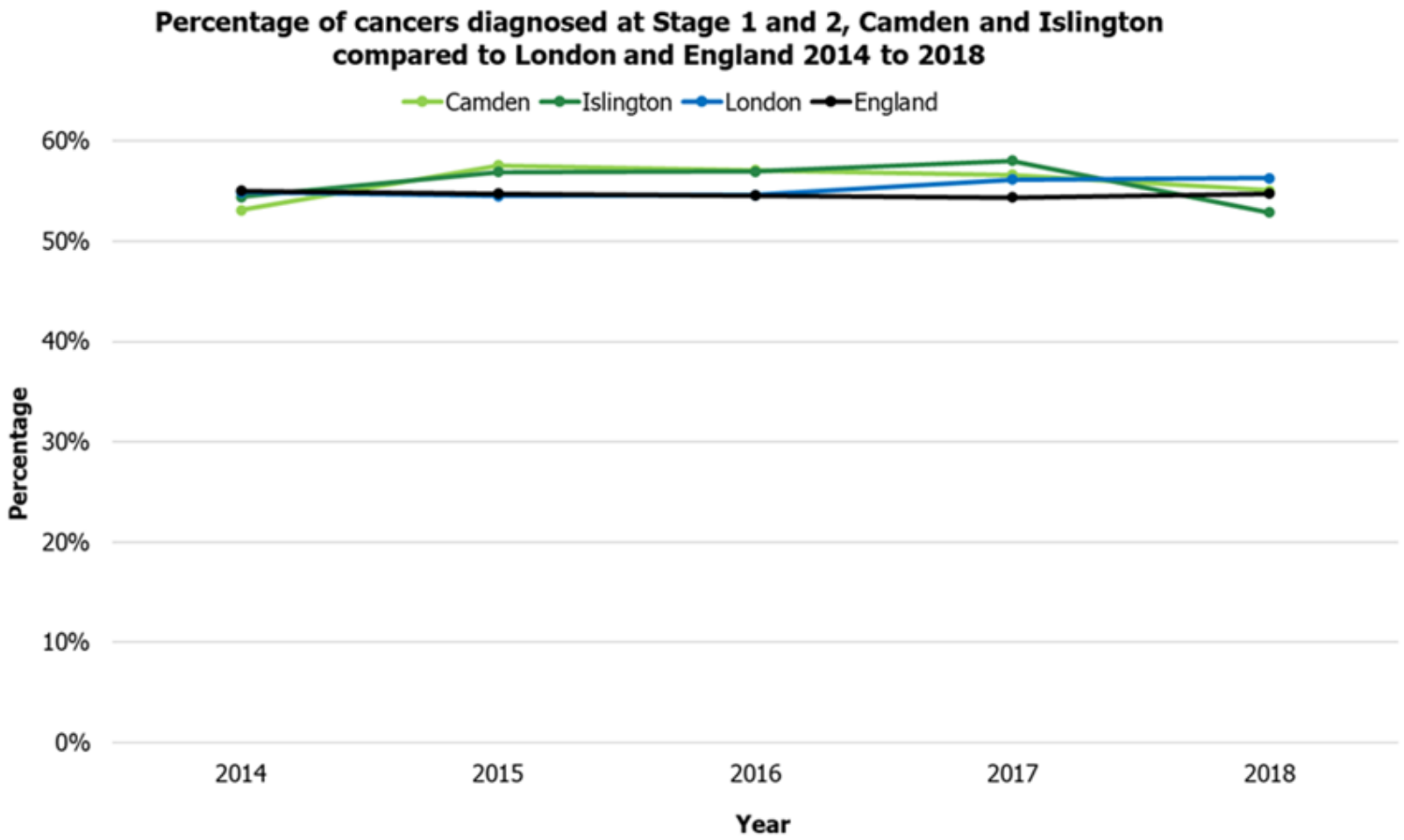
Cancer screening: bowel



Camden and Islington have lower bowel screening coverage compared to the NCL and England average. However, there has been a slight improvement in coverage since 2018/19 both nationally and locally.

Source: Adapted from Office for Health Improvement & Disparities. Bowel cancer screening coverage: aged 60 to 74 years old. Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer care: early diagnosis

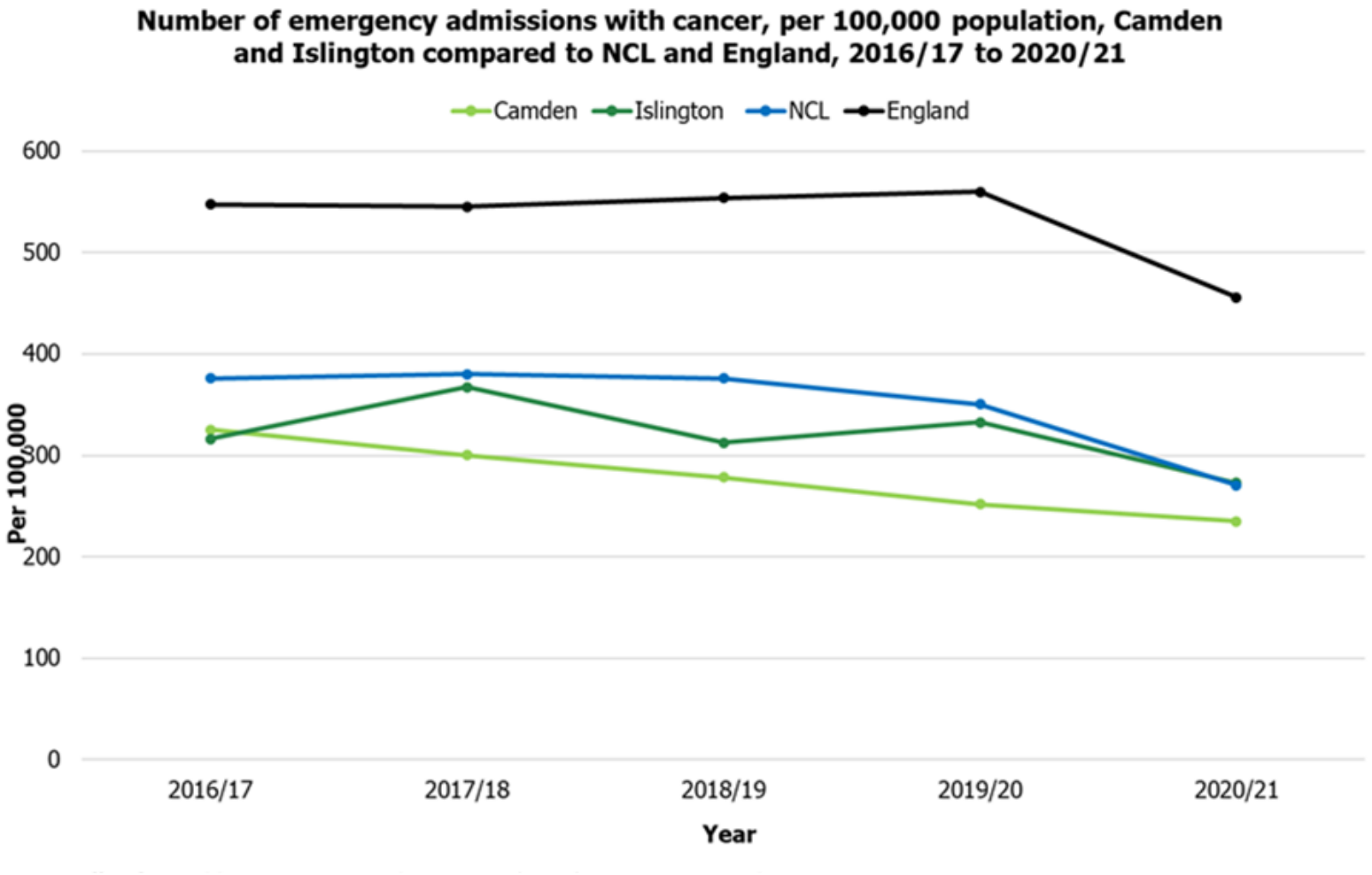


Note: 2019 hasn't been calculated yet

The percentage of cancers diagnosed at stages 1 and 2 has been relatively similar for both Camden and Islington – between 50-60%, and this is similar to the NCL and England averages.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Percentage of cancers diagnosed at stages 1 and 2. Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer care: emergency admissions

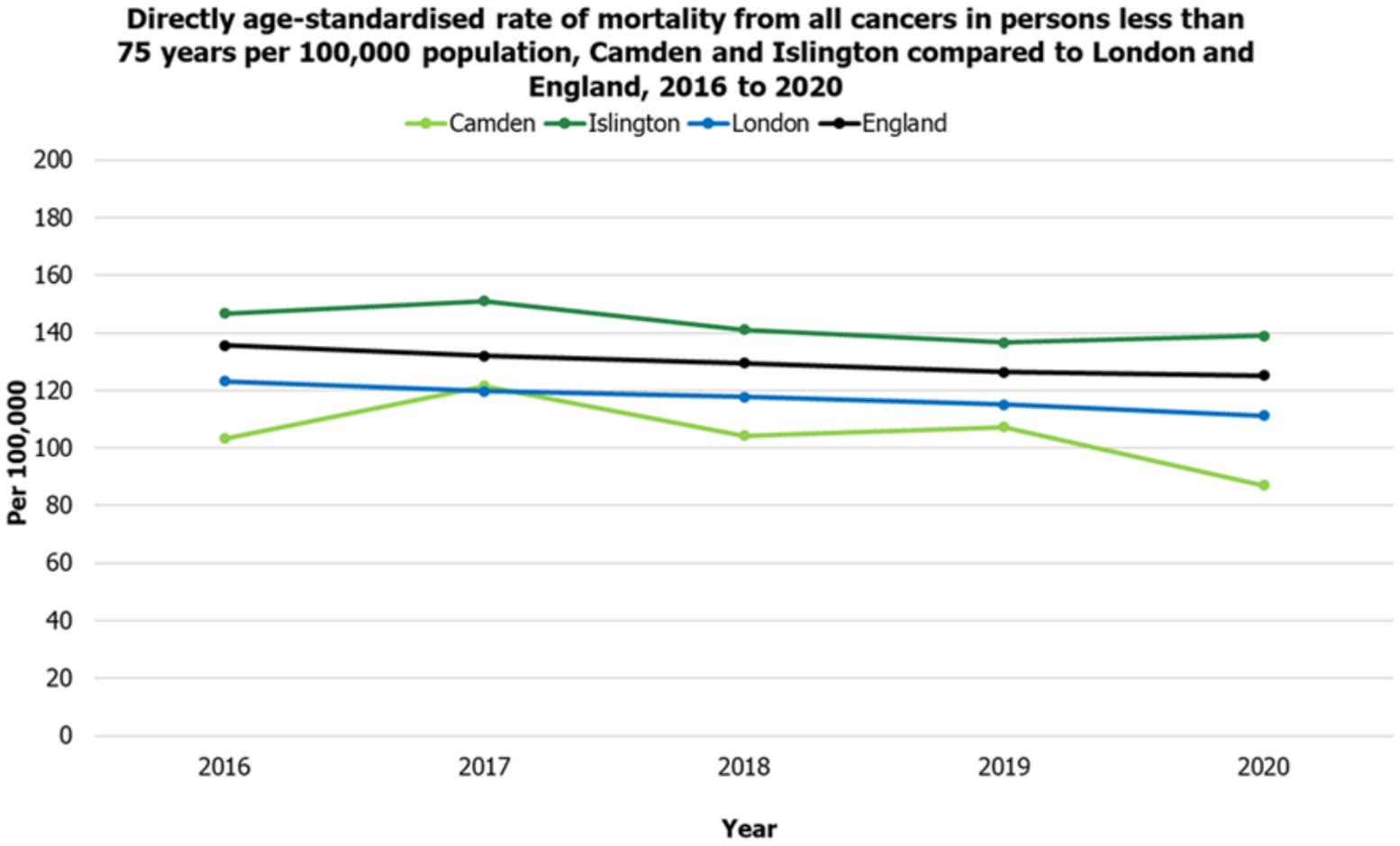


Emergency admissions with cancer decreased nationally in 2020/21. This may relate to the pandemic.

Emergency admissions with cancer in Camden and Islington have been significantly lower than England average, which may relate to differences in population age structure.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Number of emergency admissions with cancer (Number per 100,000 population). Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer outcomes: premature mortality

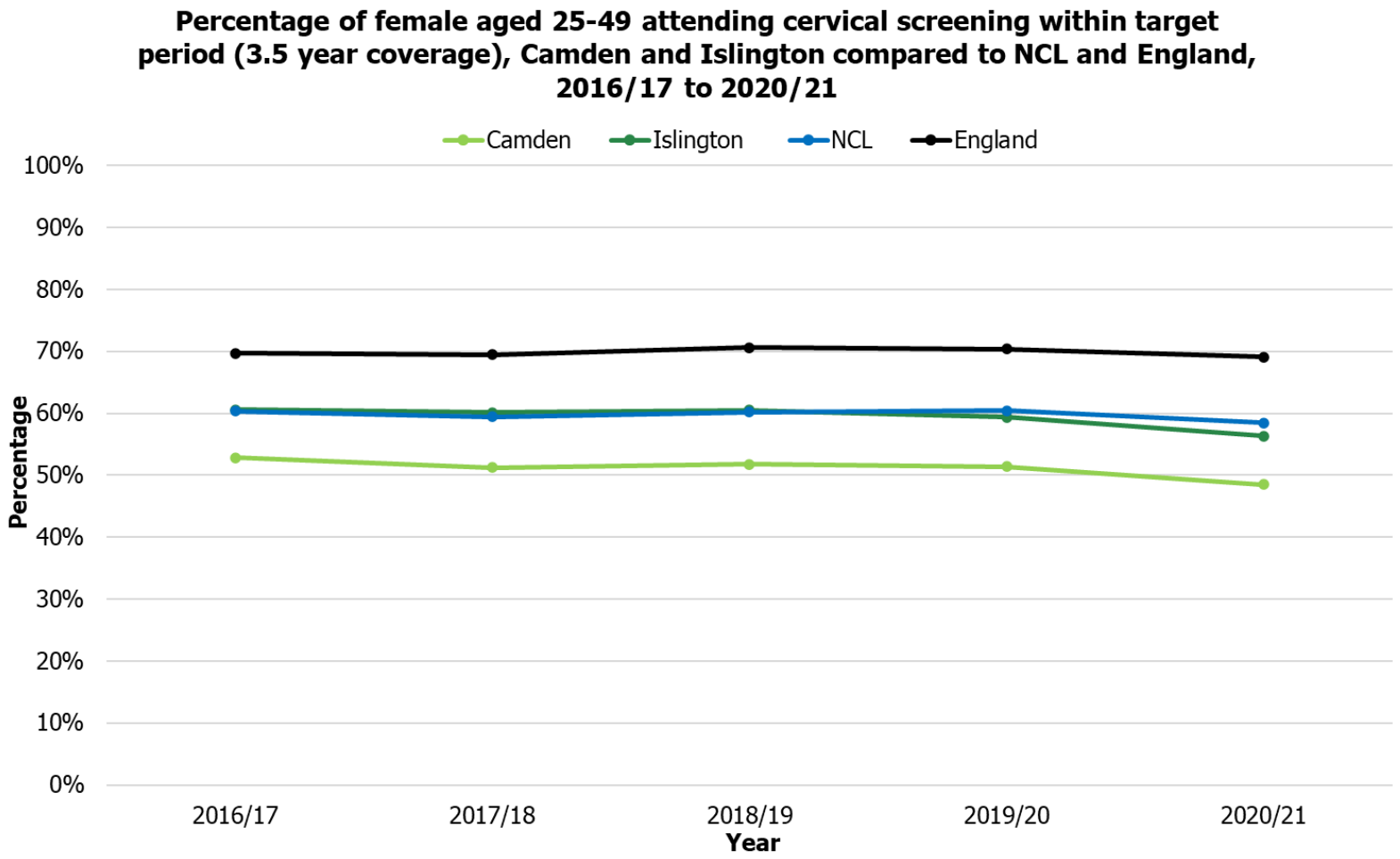


Camden has a lower rate of premature mortality caused by cancers (deaths under the age of 75) than the NCL and England averages.

By contrast, Islington has a higher rate of premature mortality caused by cancer than England and NCL.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Under 75 mortality rate from cancer. Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

Cancer outcomes: deaths caused by cancer



Camden and Islington have a slightly higher percentage of deaths with an underlying cause of cancer than London and England.

The percentage of death with underlying cause of cancer was relatively flat between 2016 and 2019, but there was a decrease between 2019 and 2020, which may relate to the pandemic.

Source: Adapted from Office for Health Improvement & Disparities. Cancer services: Percentage of deaths with underlying cause Cancer. Available from Cancer services - OHID (phe.org.uk) [Accessed 31 March 2023]

2B. Cancer screening inequalities in Camden

This section provides an analysis of cancer screening inequalities in Camden by age, ethnicity, language, health status, ward and GP practice, for cervical and bowel cancer. Data for breast cancer screening inequalities was not available.

The analysis: Camden and Islington KIP team. Cancer screening inequalities analysis - before COVID-19. 2021.

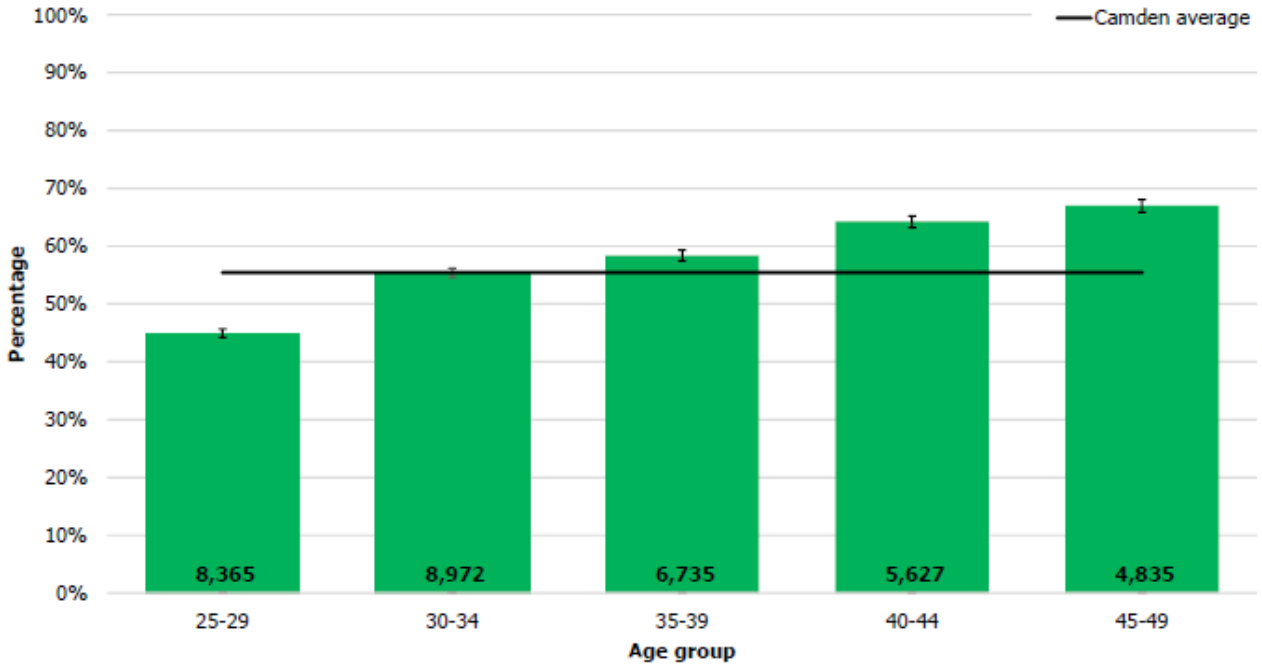
Camden: cervical screening by age

In Camden, the overall cervical screening coverage increases with age; young women aged 25-49 had lower screening coverage (55%) compared to older women aged 50-64 (67%) as for March 2020 before the pandemic.

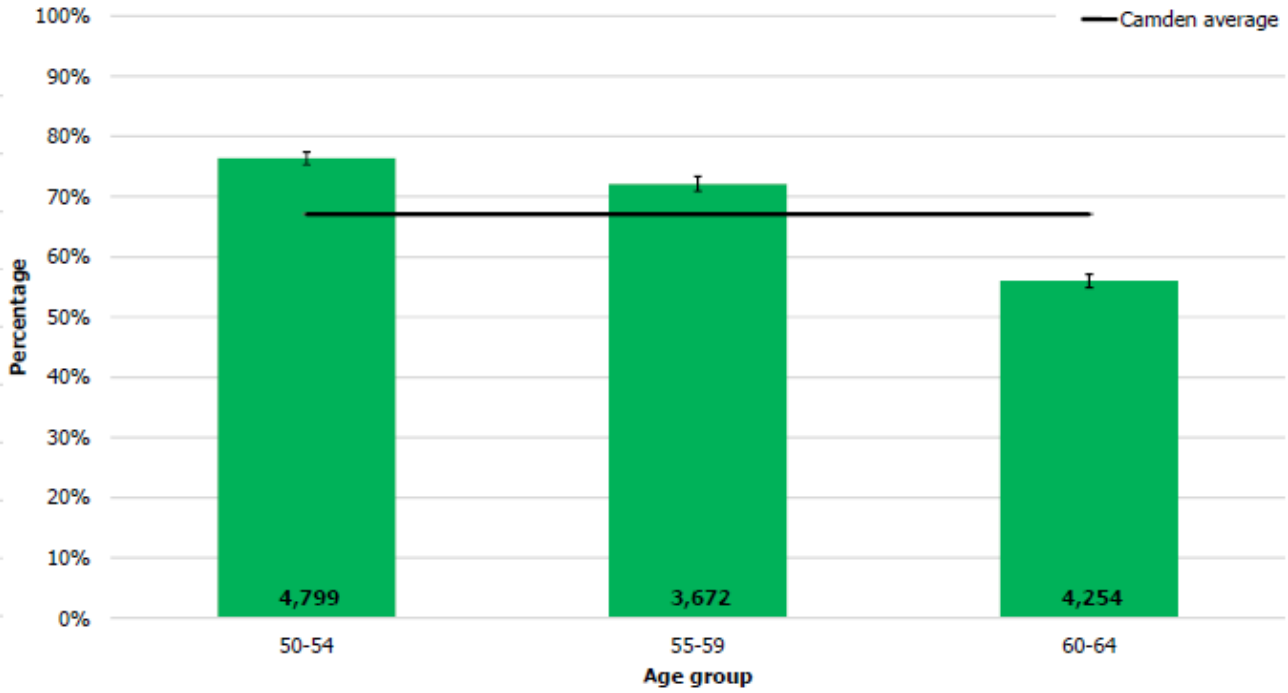
Younger women aged 25-29 years old have a significantly lower coverage (45%) while older women aged 50-54 years old had the highest coverage (76%) than any other age groups.

A lowest coverage is also found among the oldest women aged 60-64 years old (56%).

Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by age group, Camden registered population, March 2020

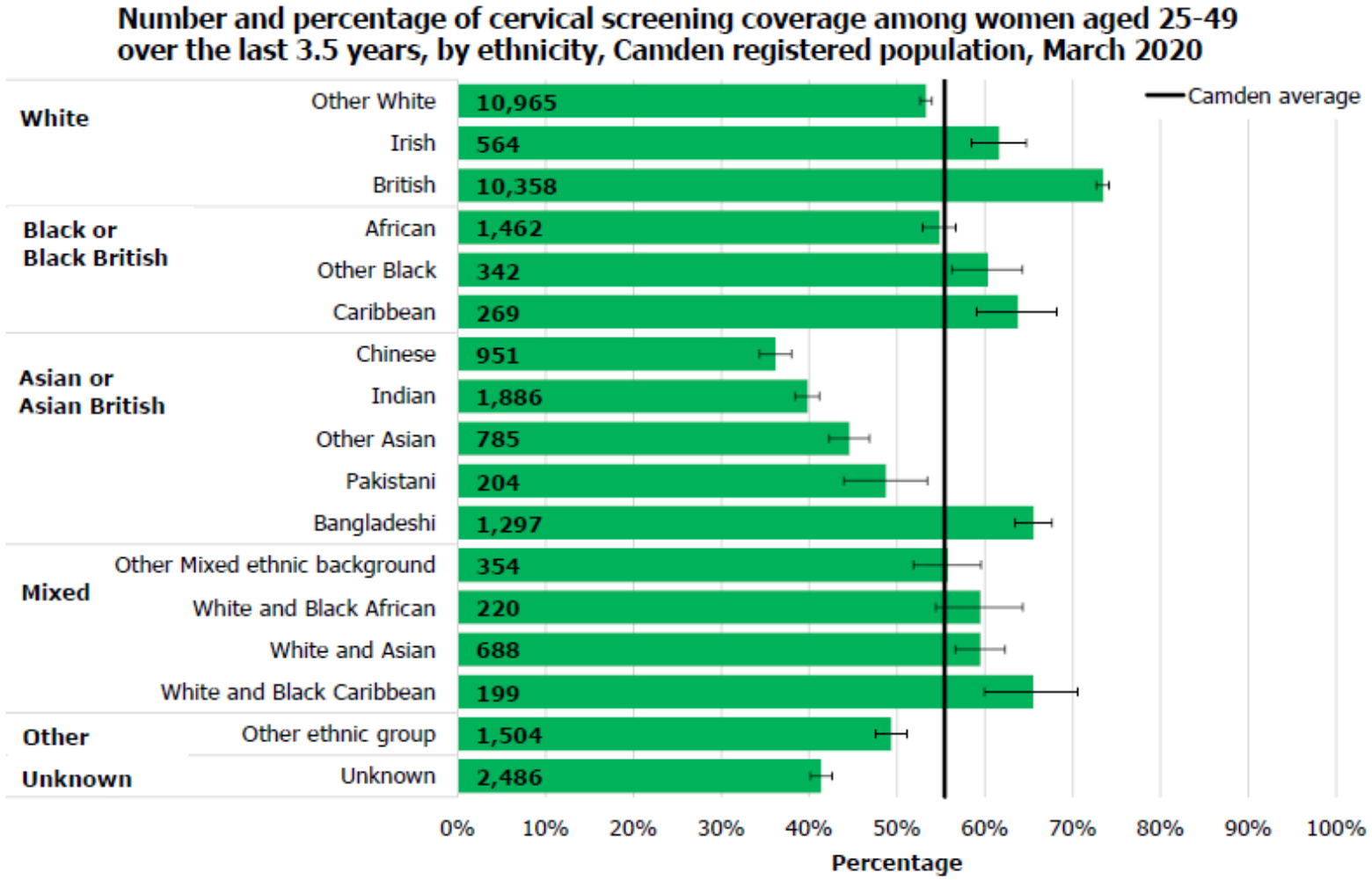


Number and percentage of cervical screening coverage among women aged 50-64 over the last 5.5 years, by age group, Camden registered population, March 2020



Source: CSU dataset (March 2020)

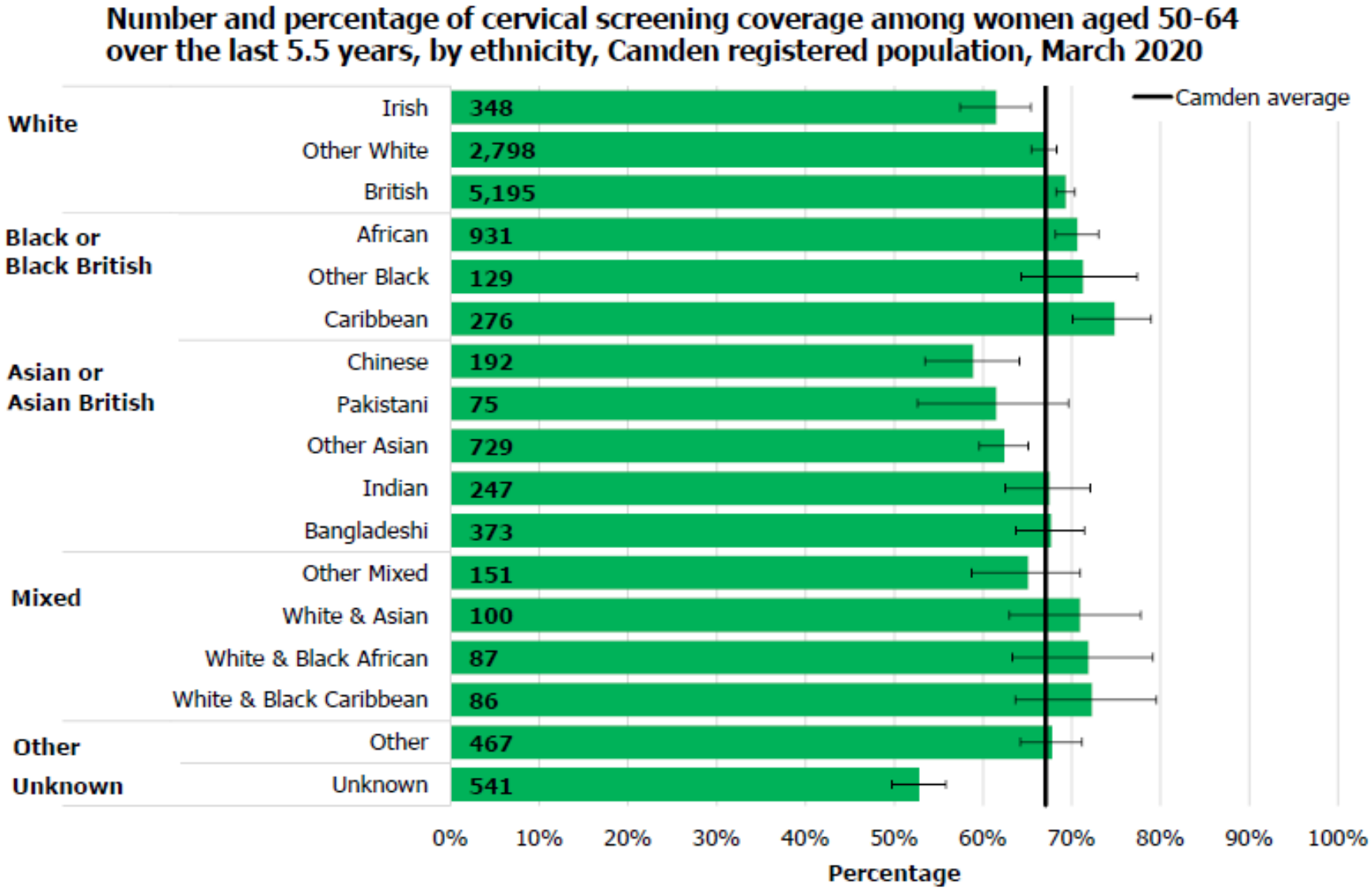
Camden: cervical screening (aged 25-49) by ethnicity



Source: CSU dataset (March 2020)

- **Chinese women** had the lowest cervical screening coverage (36%) when compared to the Camden average (55%), followed by **Indian** (45%), **Other Asian** (40%), **Pakistani** (49%), Other ethnic groups (49%), Other White (53%) and women without a recorded ethnicity (41%).

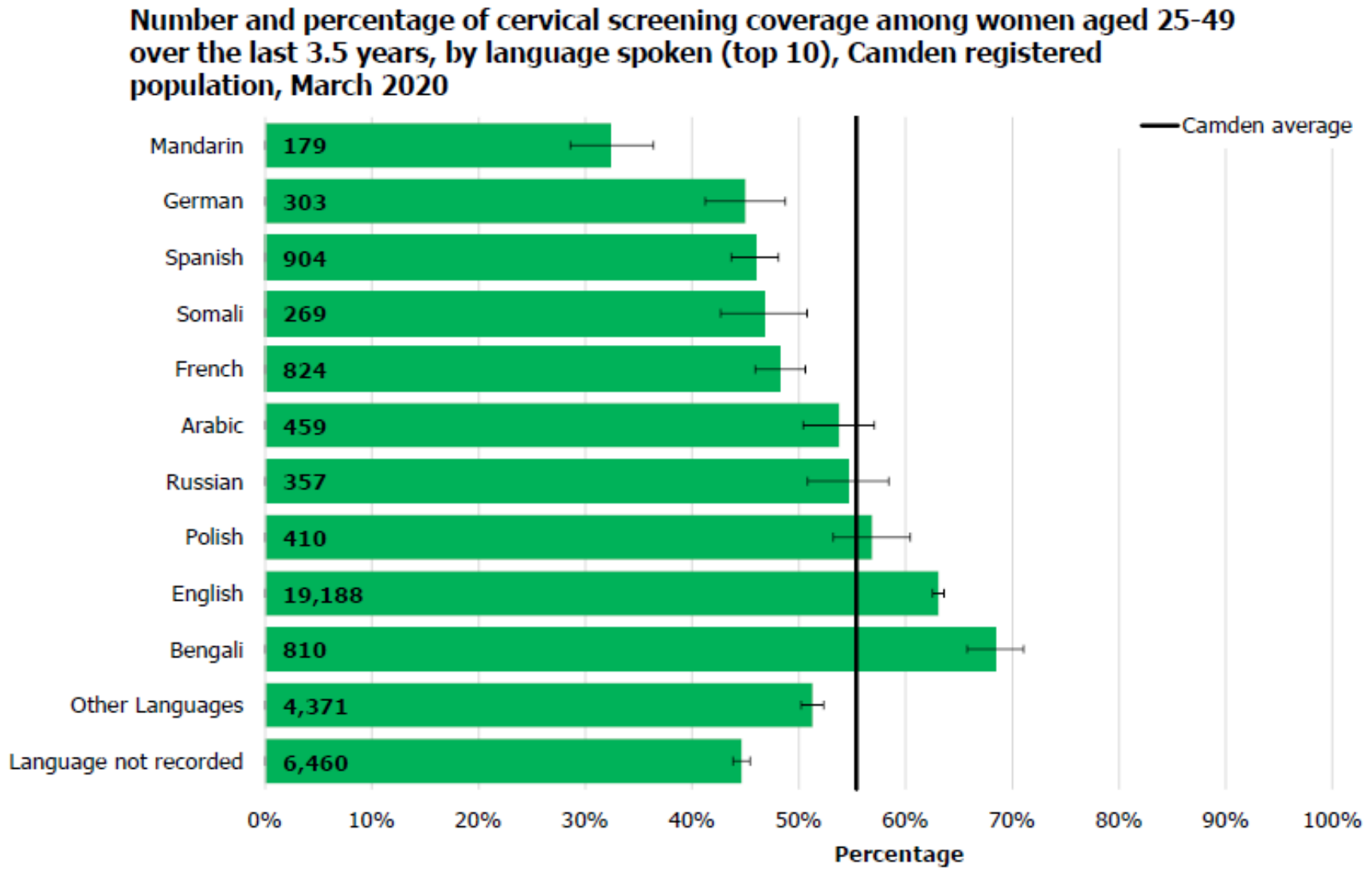
Camden: cervical screening (aged 50-64) by ethnicity



Source: CSU dataset (March 2020)

- Older women aged 50-64 years old without a recorded ethnicity (53%) or from the **Irish, Chinese and Other Asian community** (61%, 59% and 62%) have lower cervical screening coverage than the Camden average (67%).

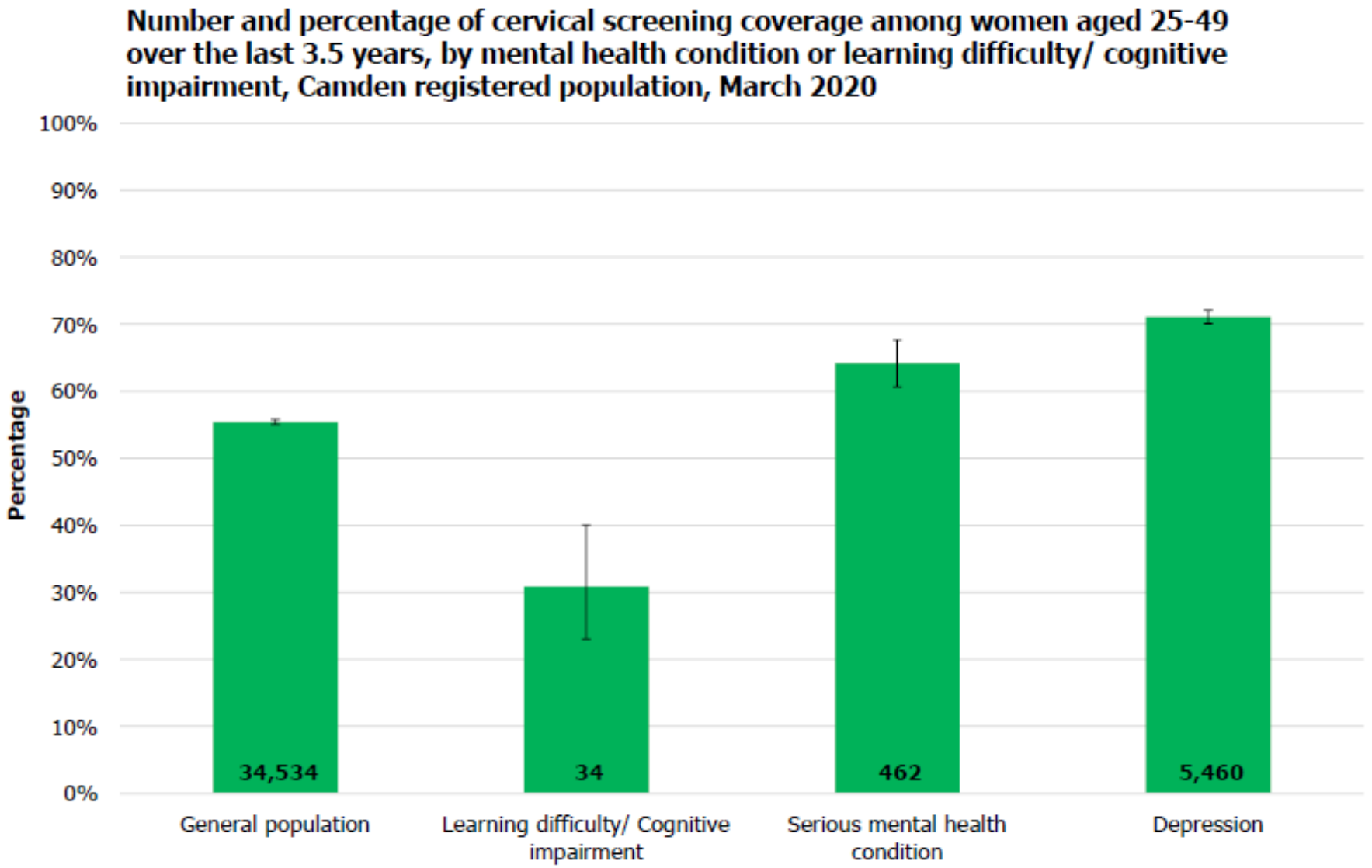
Camden:
cervical screening (aged 25-49) by language



Source: CSU dataset (March 2020)

- Younger women aged 25-49 speaking **Mandarin** have the lowest coverage (32%) compared to women from any other ethnic groups (range between 45% and 68%).
- Among the Other White ethnic groups**, German** (45%), **Spanish** (46%) and **French** (48%) have a lower screening coverage compared to the Camden average (55%).
- **Somali** young women (47%) have also a lower coverage compared to the borough average (55%) and the Black ethnic community (61%).

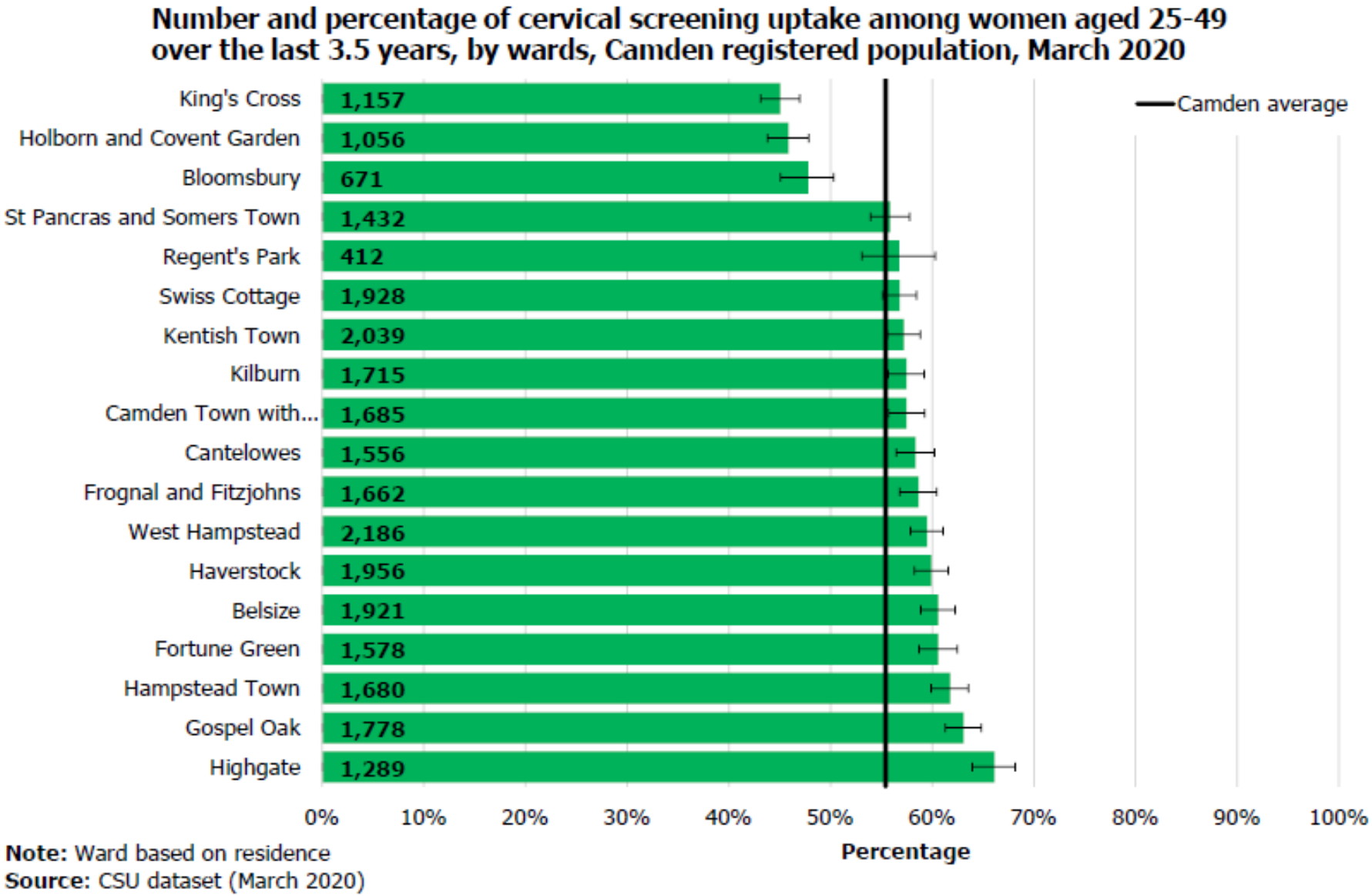
Camden:
cervical screening (25-49) by health status



Source: CSU dataset (March 2020)

- Women with a recorded **learning difficulty/cognitive impairment** are less likely to have a cervical screening than the general female population without a mental health condition or a learning difficulty (31% vs 55%).
- A higher coverage is found among women with a serious mental illness or depression (64% and 71% respectively).

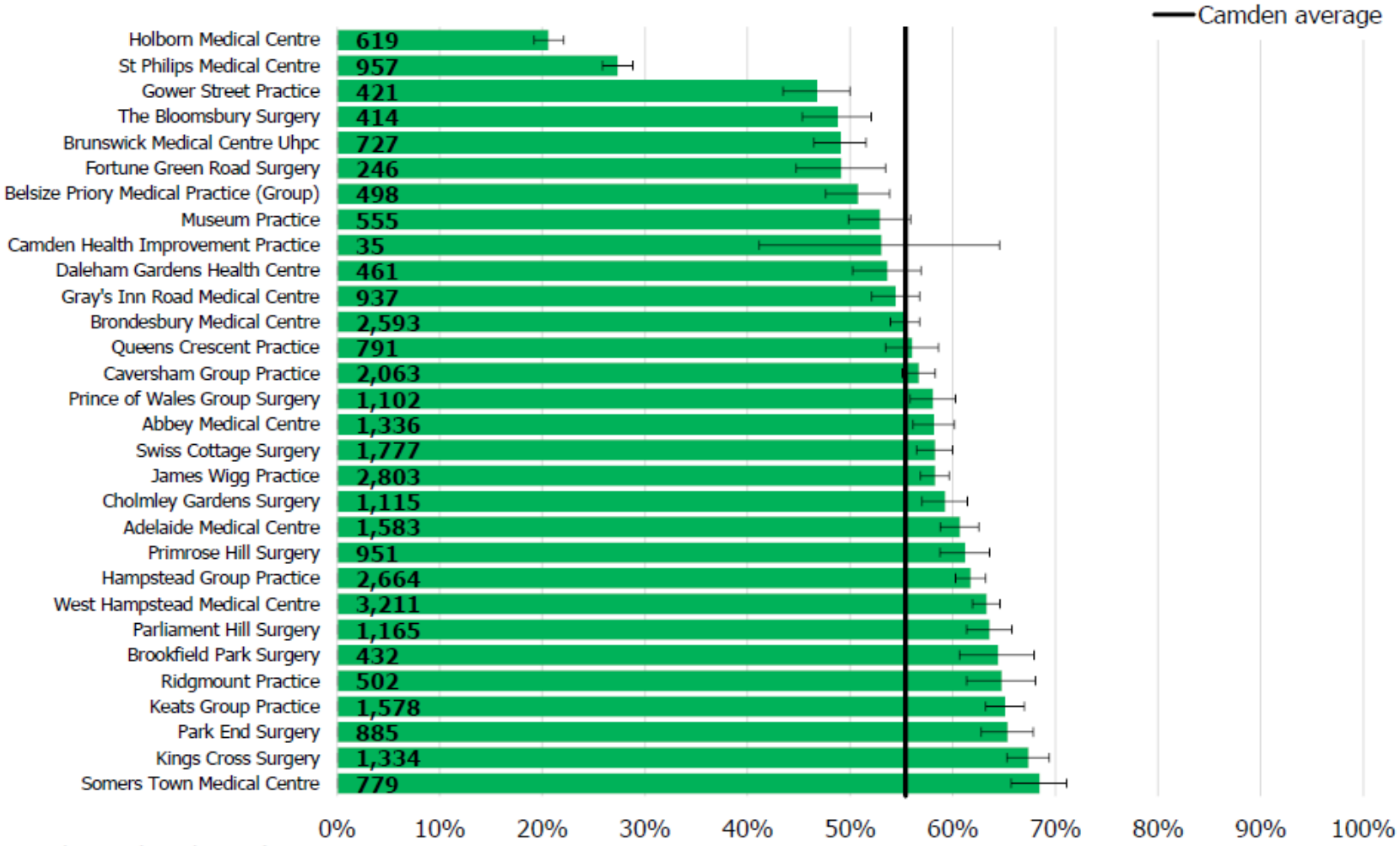
Camden: cervical screening (25-49) by ward



- There were **3 out 18 wards** in Camden that had a significantly lower cervical screening coverage (between 45% and 48%) compared to the Camden average (55%). These wards were:
  - King's Cross
  - Holborn and Covent Garden
  - Bloomsbury

Camden: cervical screening (aged 25-49) by GP practice

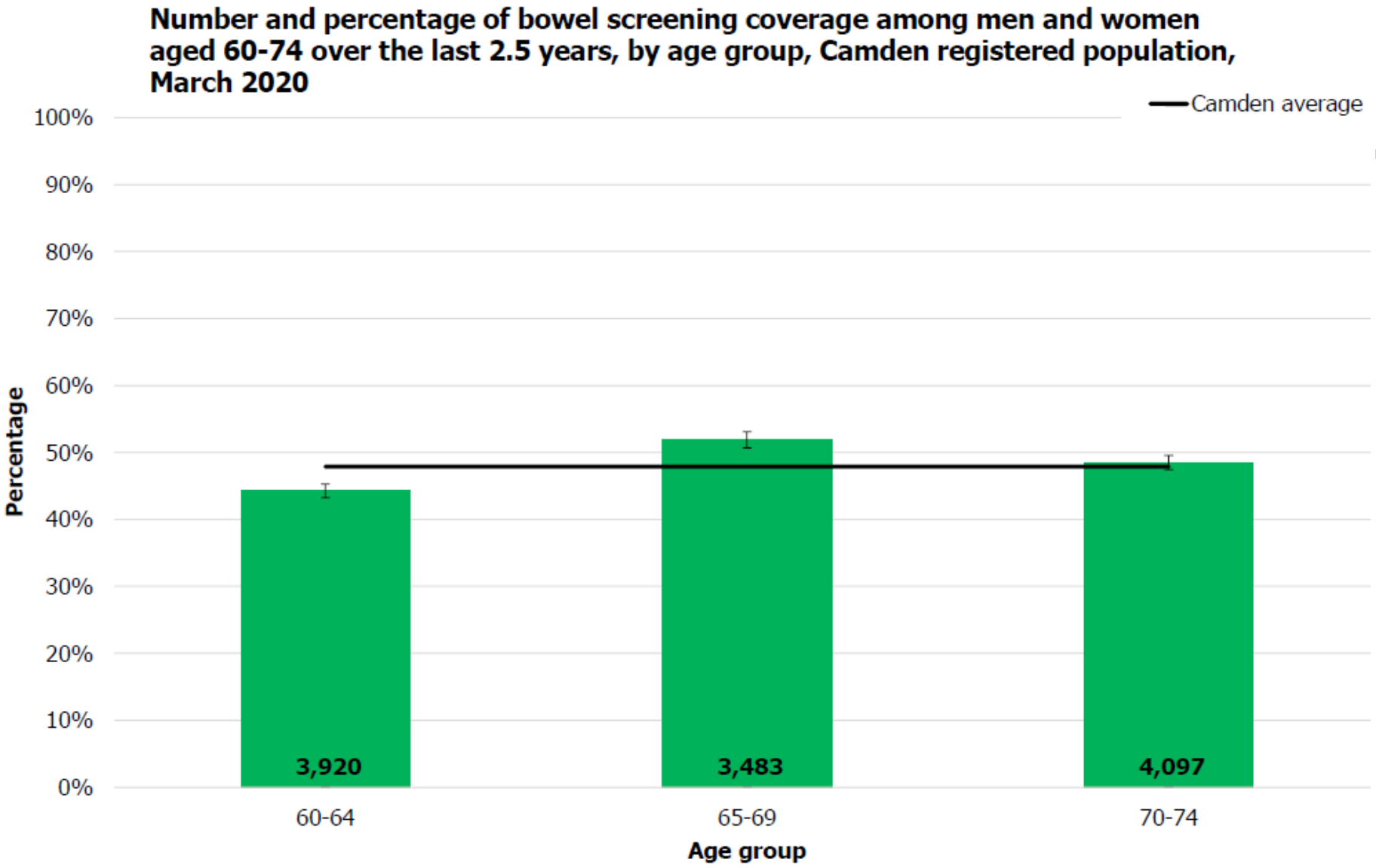
Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by GP practice, Camden registered population, March 2020



Source: CSU dataset (March 2020)

- The cervical screening coverage across Camden GP practices ranges from 21% in Holborn Medical Centre to 68% in Somers Town Medical Centre
- There are **7 out 30 GP practices** in Camden with a significantly lower cervical coverage than the average (55%).

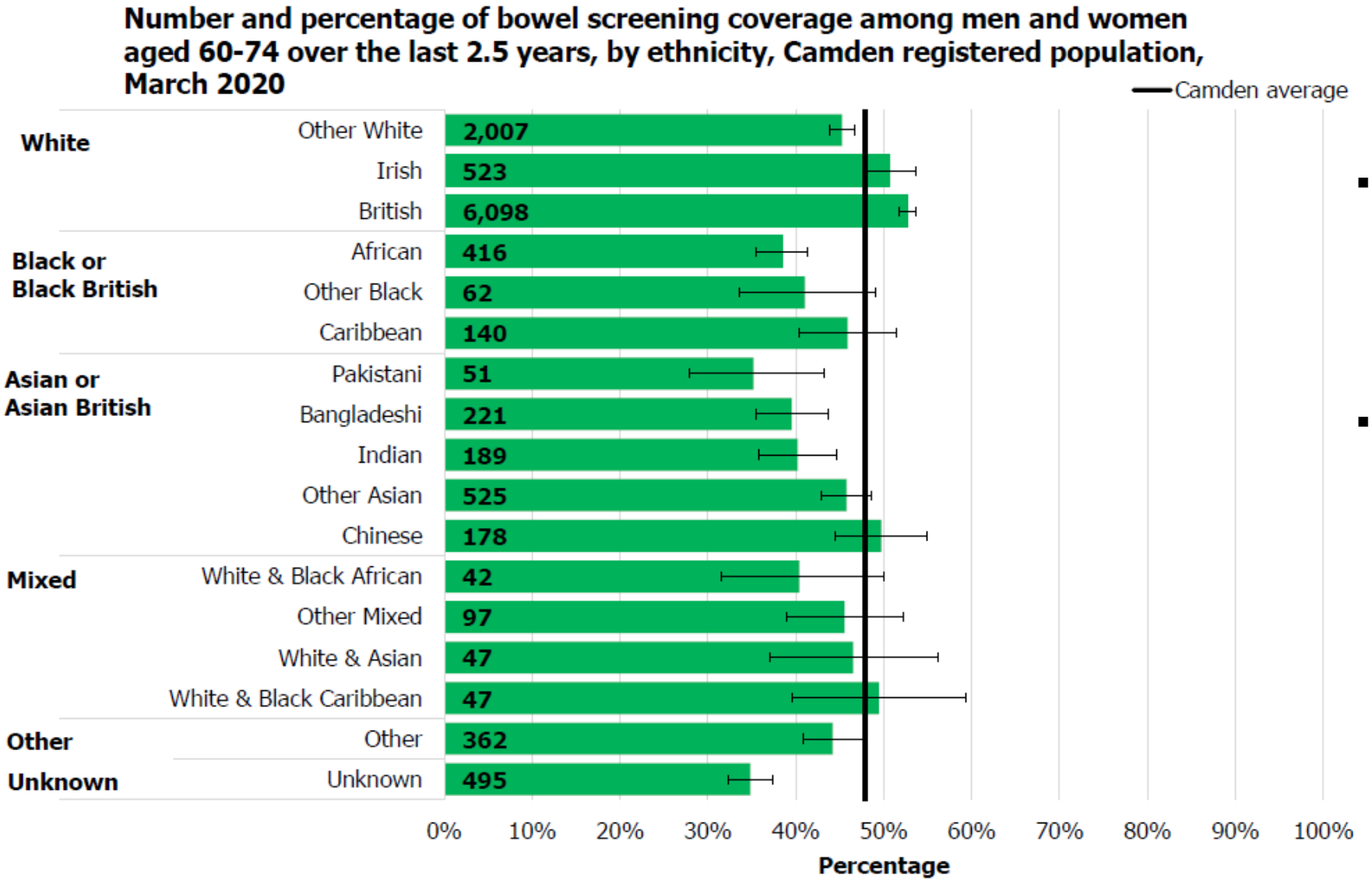
Camden: bowel screening by age



Source: CSU dataset (March 2020)

- People aged **60-64** have a significantly lower coverage (43%) than people aged 65-69 (51%).

Camden: bowel screening by ethnicity

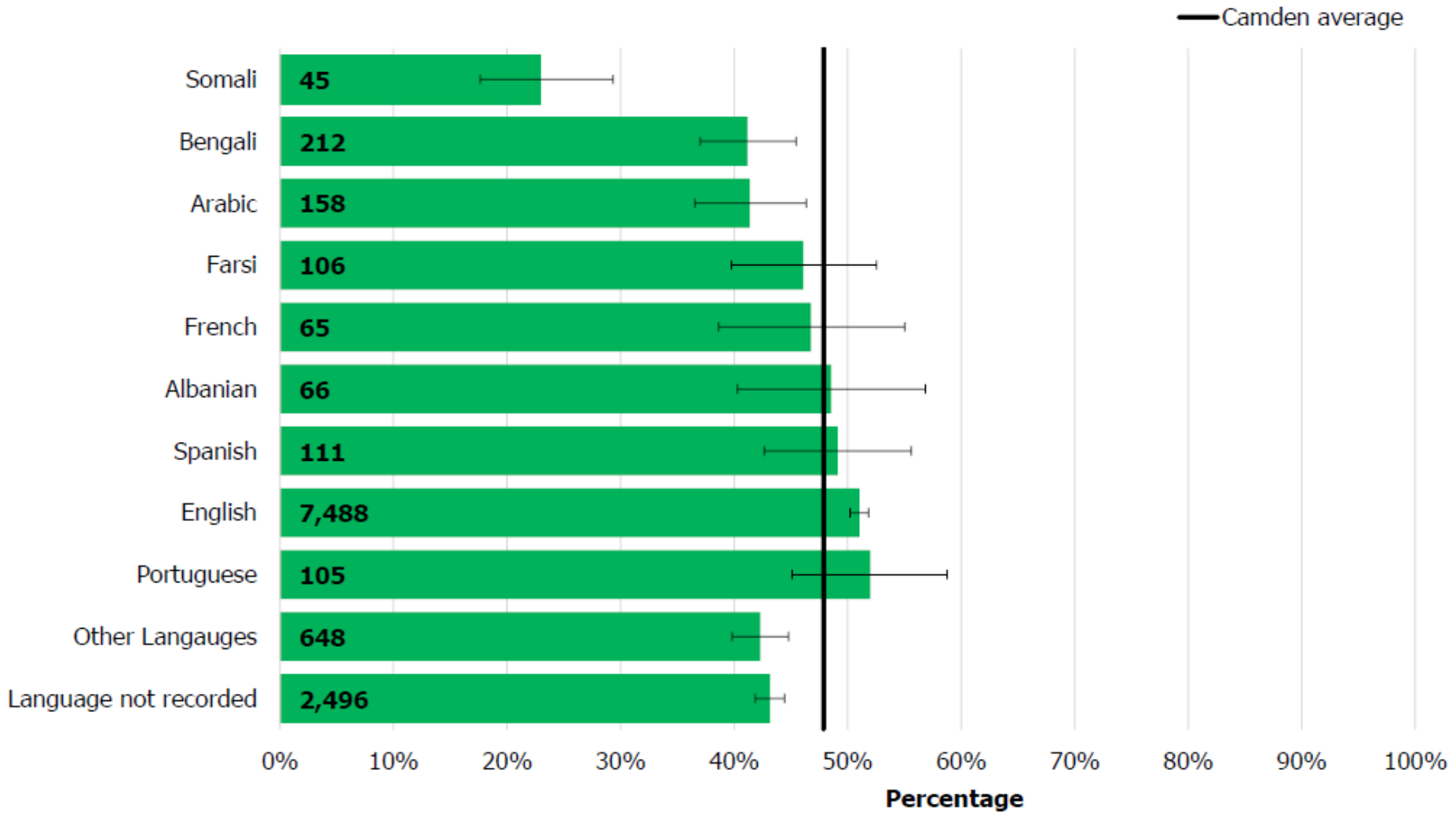


Source: CSU dataset (March 2020)

- In Camden, White British (53%) is the only ethnic groups to have a significantly higher coverage when compared to the Camden average (48%).
- **Pakistani** (44%), **Bangladeshi**, (35%) **Indians** (35%), **African** (38%), **Other White** (45%) have significantly lower coverage percentages, including those people **without a recorded ethnicity** (35%), compared to average (48%)

Camden: bowel cancer screening by language

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by language spoken (top 10), Camden registered population, March 2020

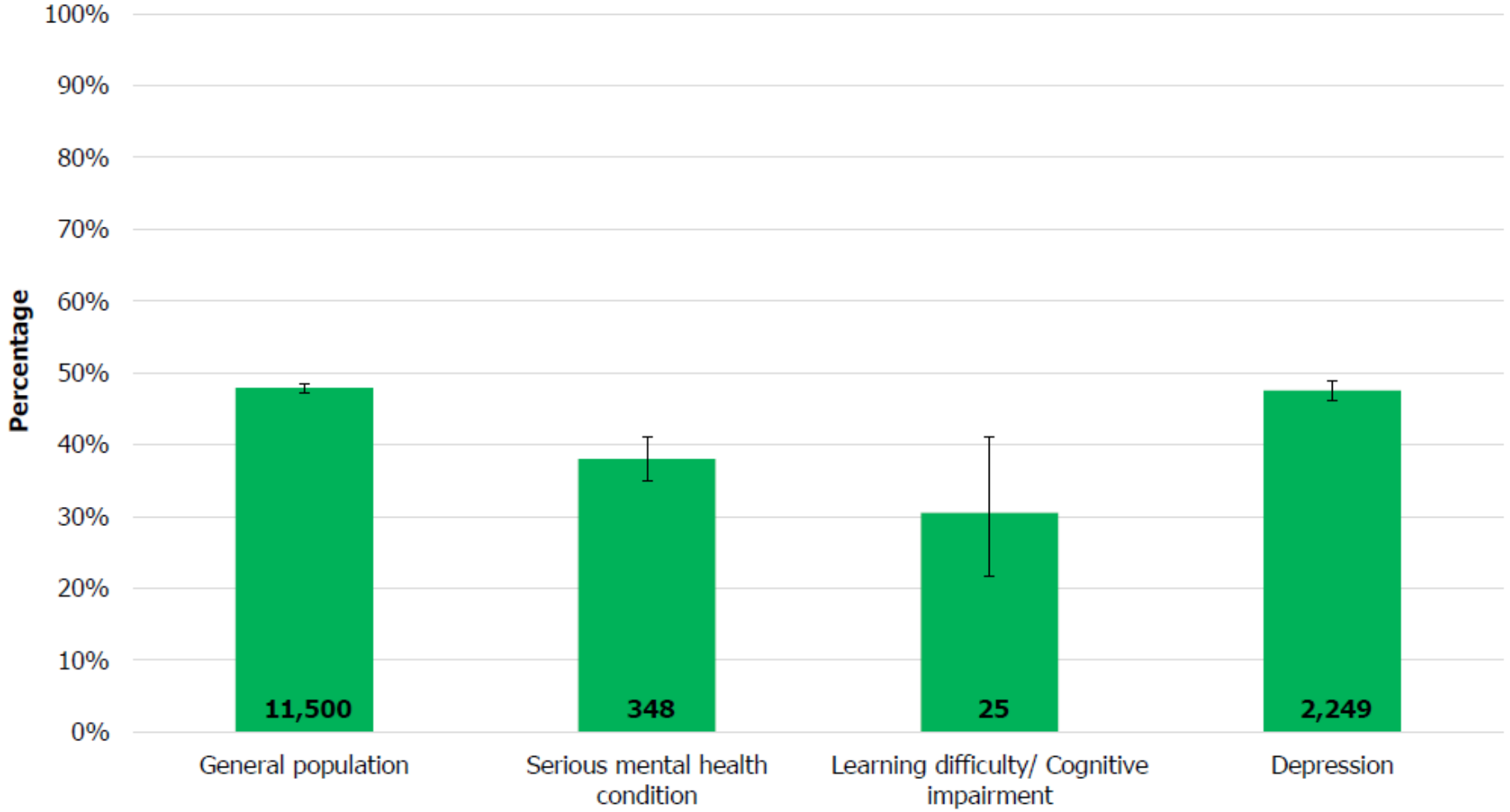


- People speaking **Somali** have the lowest screening coverage (23%) followed by those speaking **Bengali and Arabic** (41% respectively).

Source: CSU dataset (March 2020)

Camden: bowel screening by health status

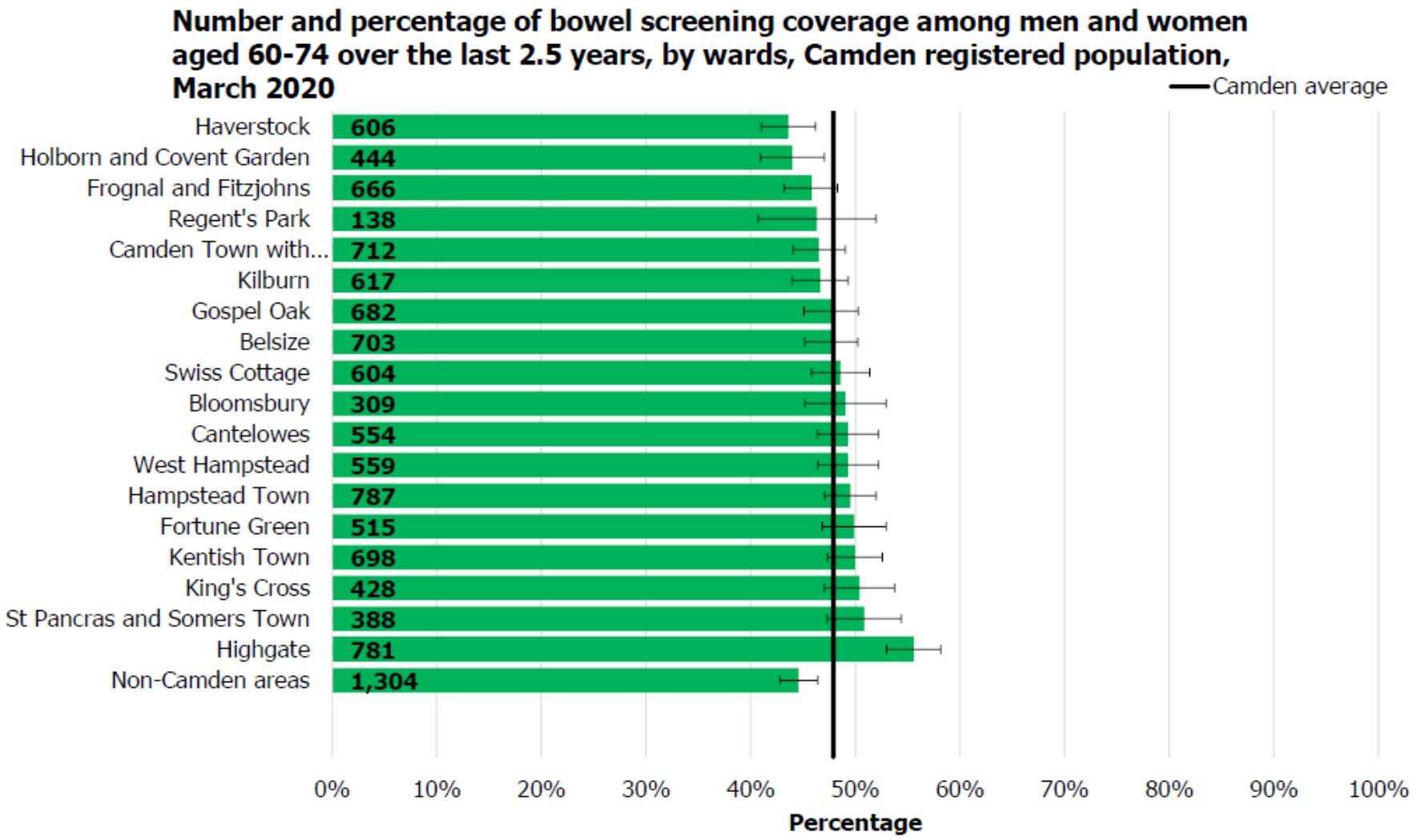
Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by mental health condition or learning difficulty/ cognitive impairment, Camden registered population, March 2020



Source: CSU dataset (March 2020)

- Those with a recorded **learning difficulty/cognitive impairment** (30%)**, a serious mental illness** (38%) have a significantly lower coverage than the Camden general population (48%).

Camden: Bowel screening by ward

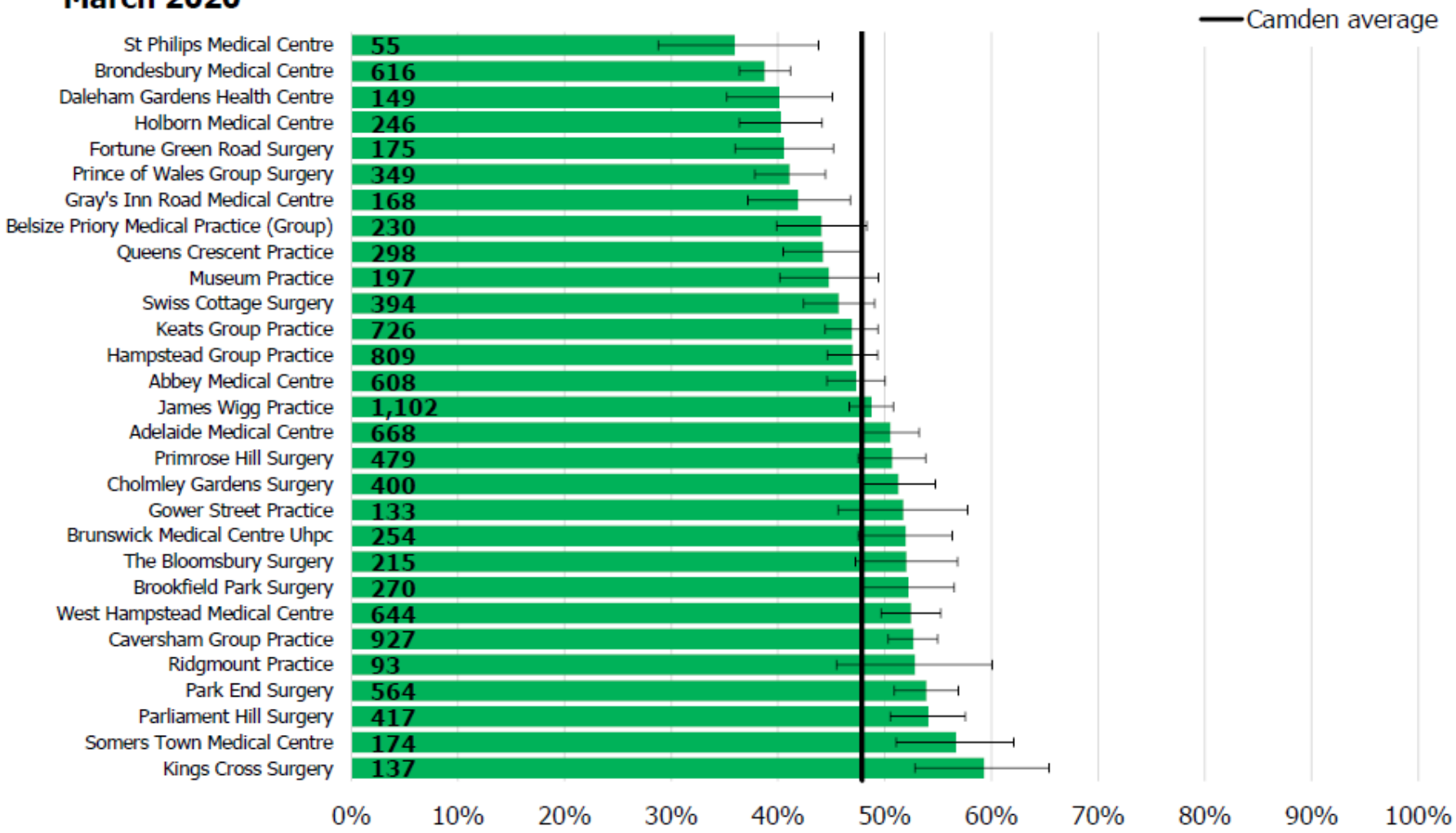


- **Haverstock** and **Holborn & Covent Garden** are the only two wards in the borough with a significantly lower coverage (44% respectively) than the Camden average (48%).

Note: Ward based on residence; Area of residence unknown has been excluded from this analysis due to small numbers
Source: CSU dataset (March 2020)

Camden: Bowel screening by GP practice

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by GP practice, Camden registered population, March 2020



- The bowel screening across Camden GP practices ranges from 36% in St Philips Medical Centre to 59% in Kings Cross Surgery
- There are **7 out 30 GP practices** in Camden with a significantly lower cervical coverage than the average (48%).

Note: Camden Health Improvement Practice has been excluded from this analysis due to small numbers
Source: CSU dataset (March 2020)

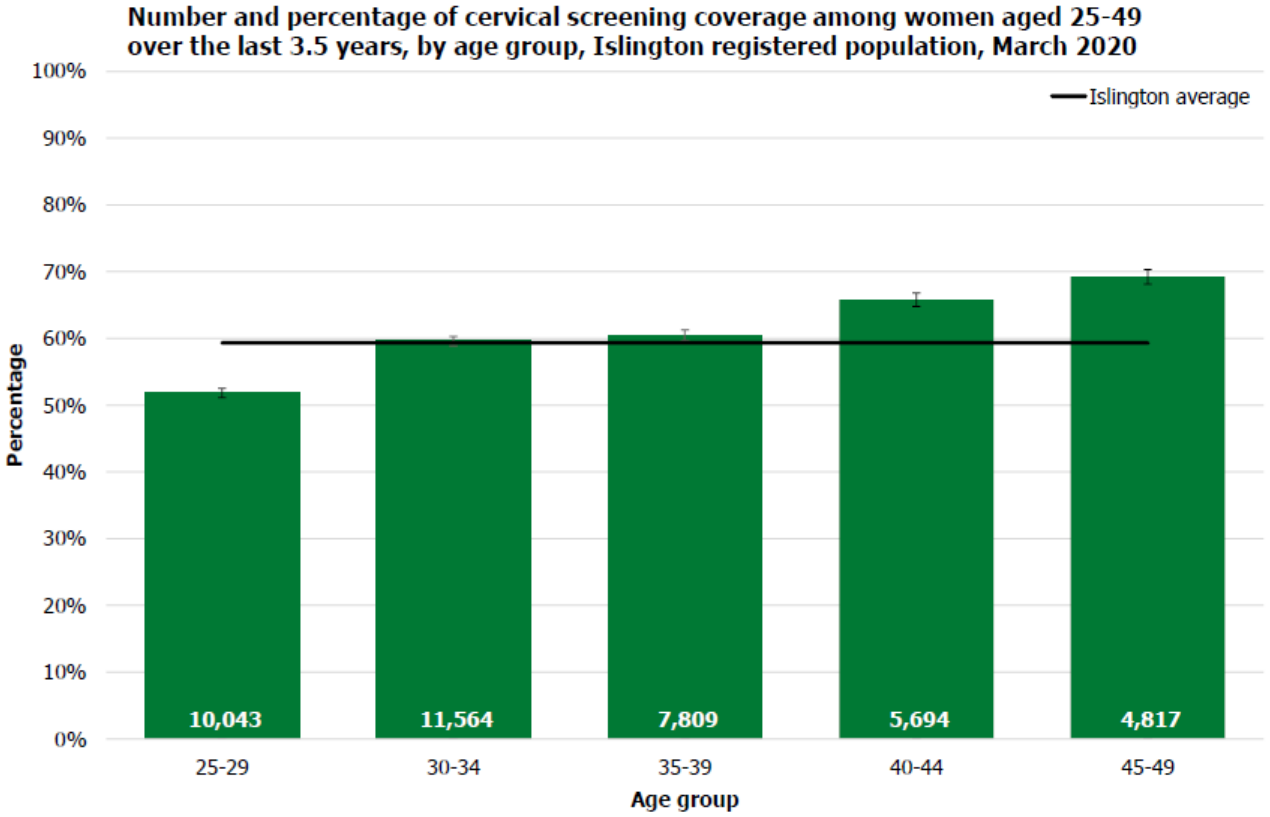
2C. Cancer screening inequalities in Islington

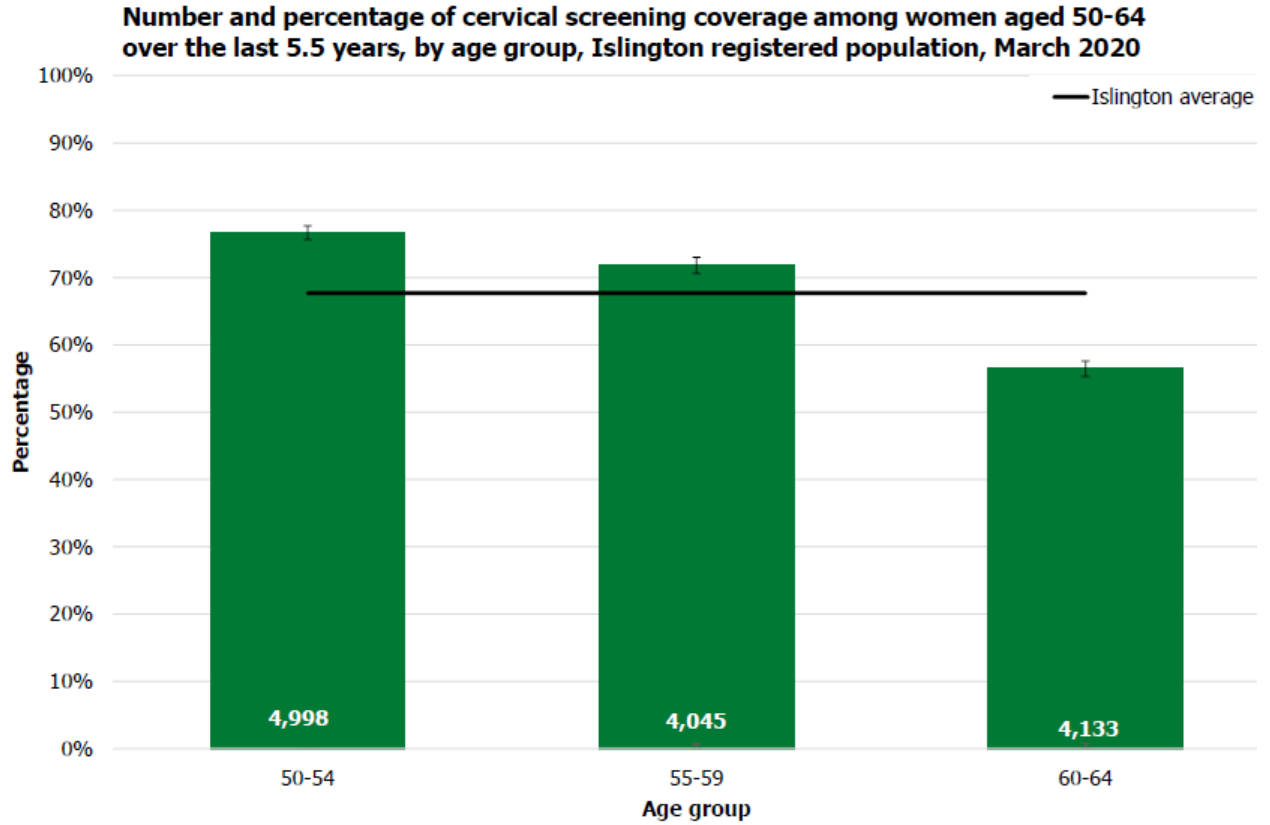
This section provides an analysis of cancer screening inequalities in Islington by age, ethnicity, language, health status, ward and GP practice, for cervical and bowel cancer. Data for breast cancer screening inequalities was not available.

The analysis: Camden and Islington KIP team. Cancer screening inequalities analysis - before COVID-19. 2021.

Islington: Cervical screening by age

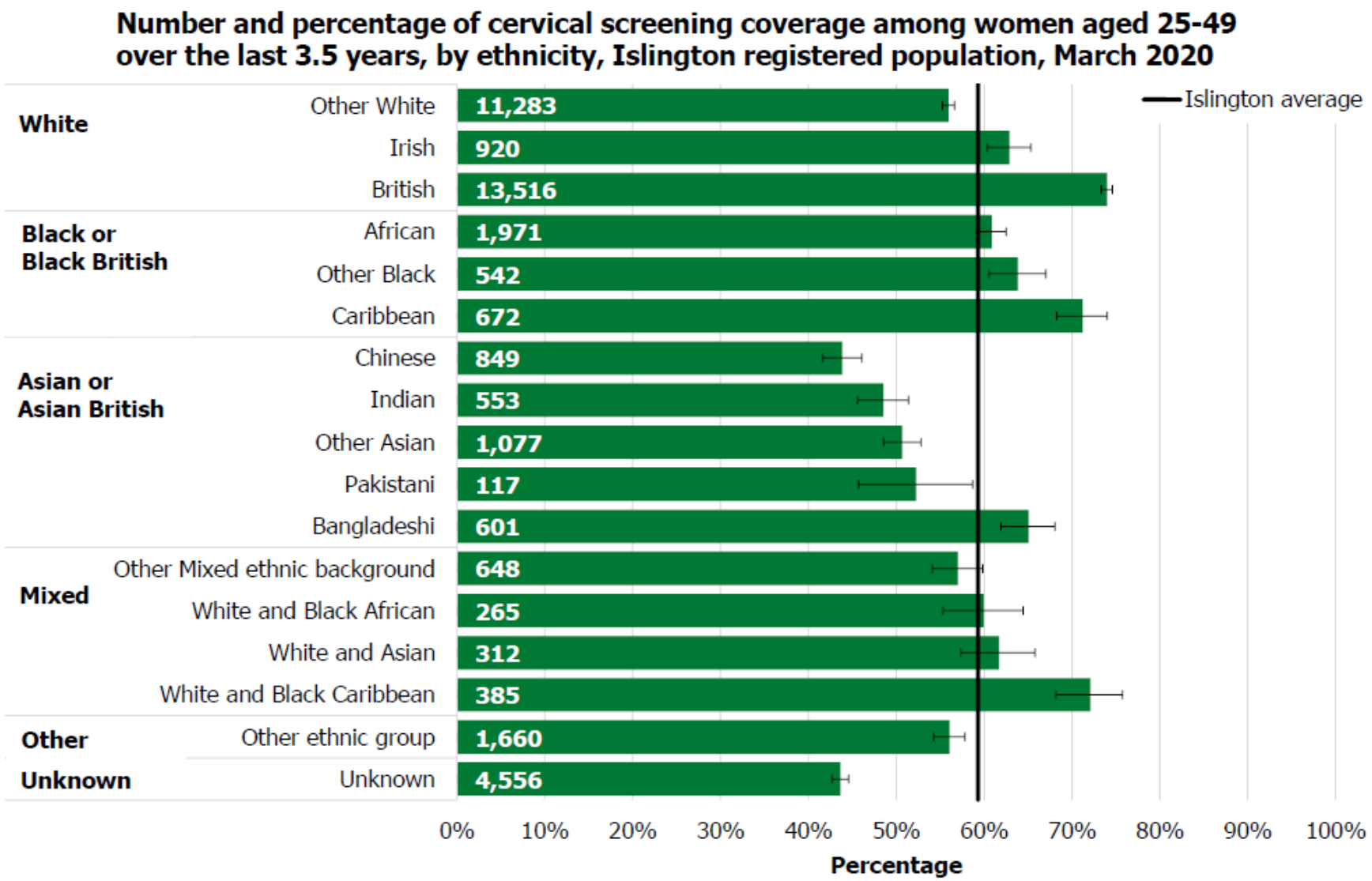
Women aged 25-29 have a significantly lower coverage (52%), while women aged 50-54 had the highest coverage (78%) than any other age group. Low coverage is also found among the women aged 60-64 (56%).





Source: CSU dataset (March 2020)

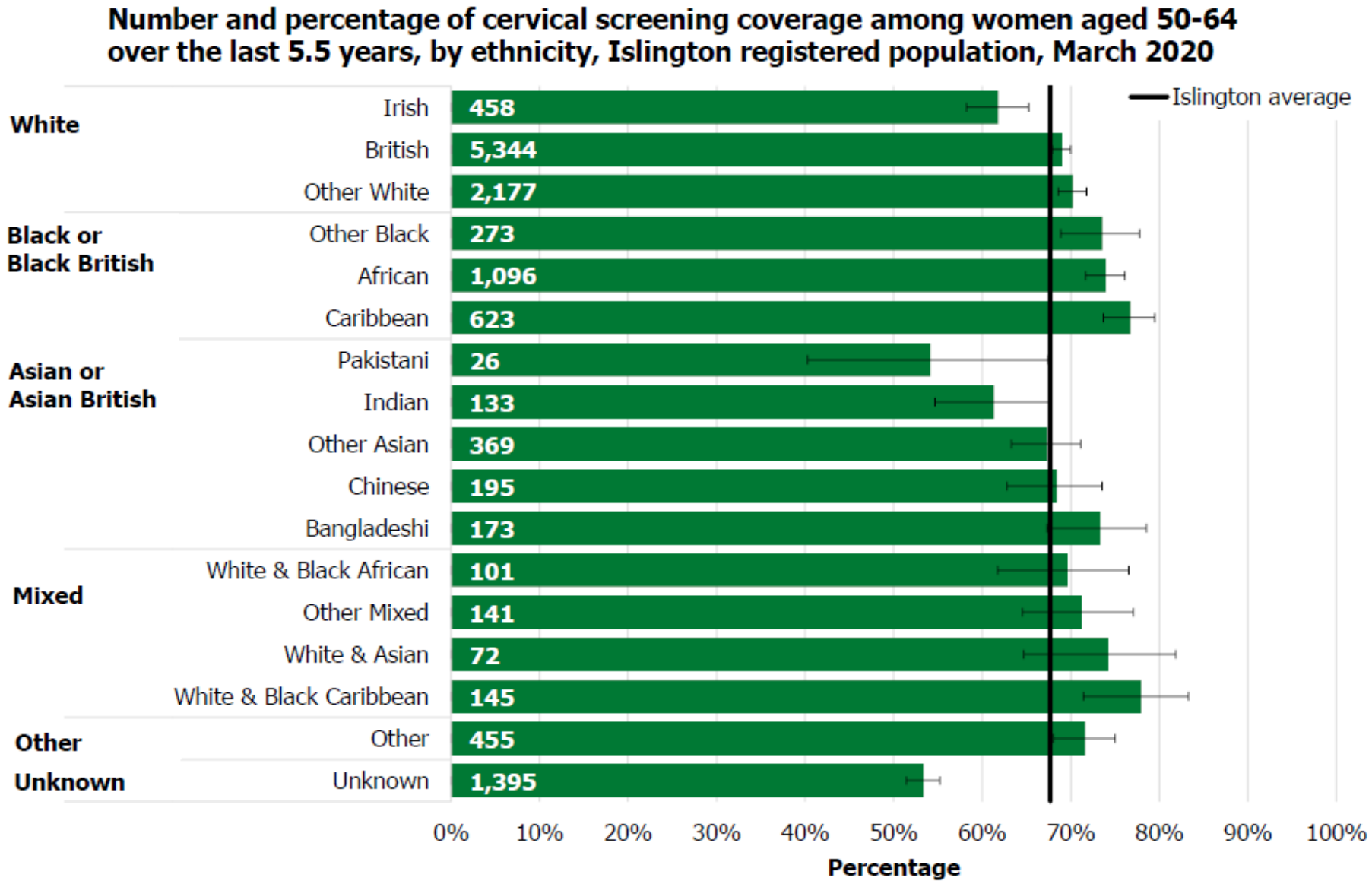
Islington:
cervical screening (aged 25-49) by ethnicity



Source: CSU dataset (March 2020)

- **Chinese** (44%), **Indian** (49%), **Other Asian** (51%), **Pakistani** (52%), **Other White** or **Other ethnic groups** have a significantly lower percentage (56% respectively), including those people **without a recorded ethnicity** (44%), compared to White British (74%), White and Black Caribbean (72%), Caribbean (71%) and Bangladeshi (65%)

Islington: cervical screening (aged 50-64) by ethnicity

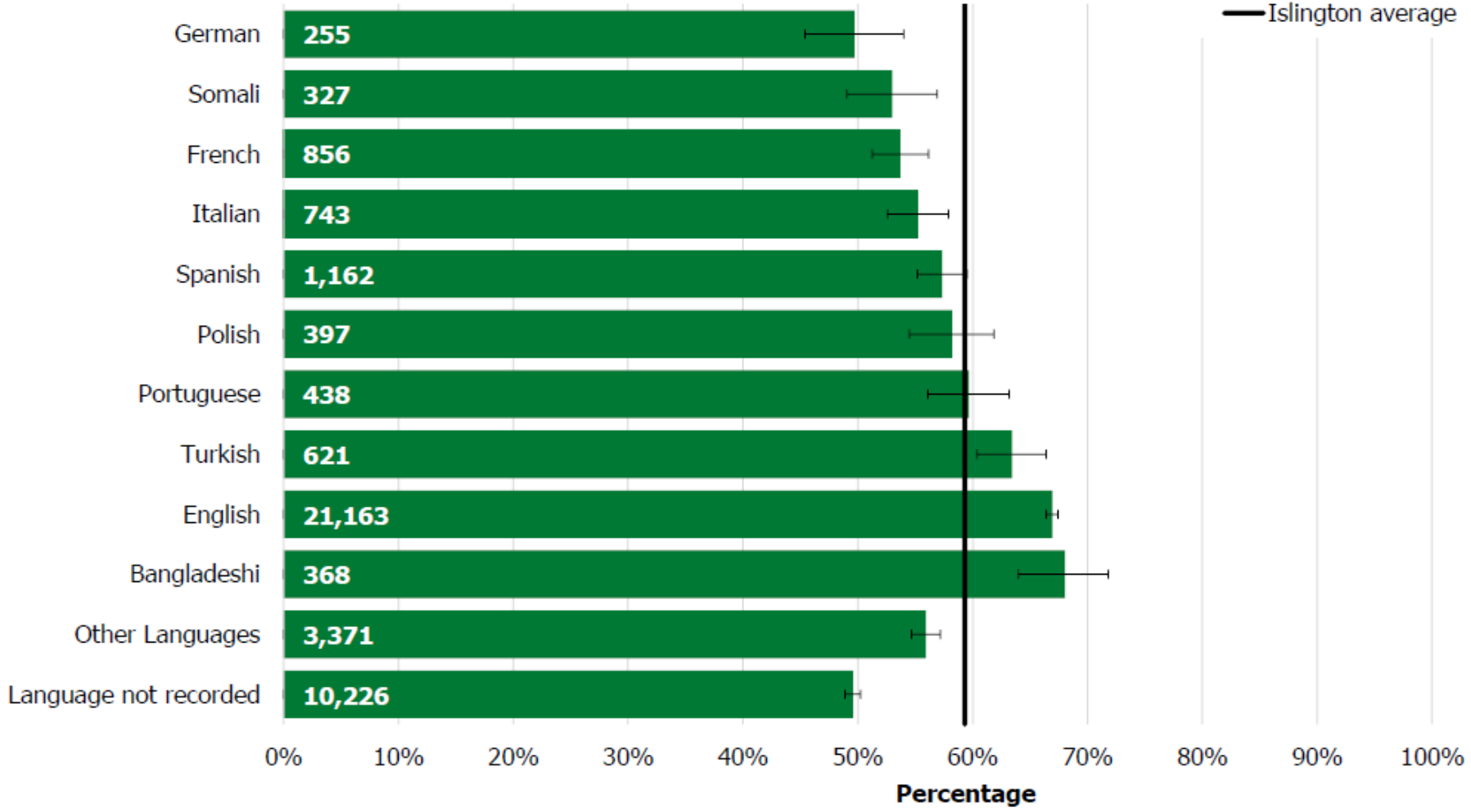


- Older women aged 50-64 **without a recorded ethnicity** (53%) or from the **Irish community** (62%) have their cervical screening coverage lower than the Islington average (68%).

Source: CSU dataset (March 2020)

Islington: cervical screening (aged 25-49) by language

Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by language spoken (top 10), Islington registered population, March 2020

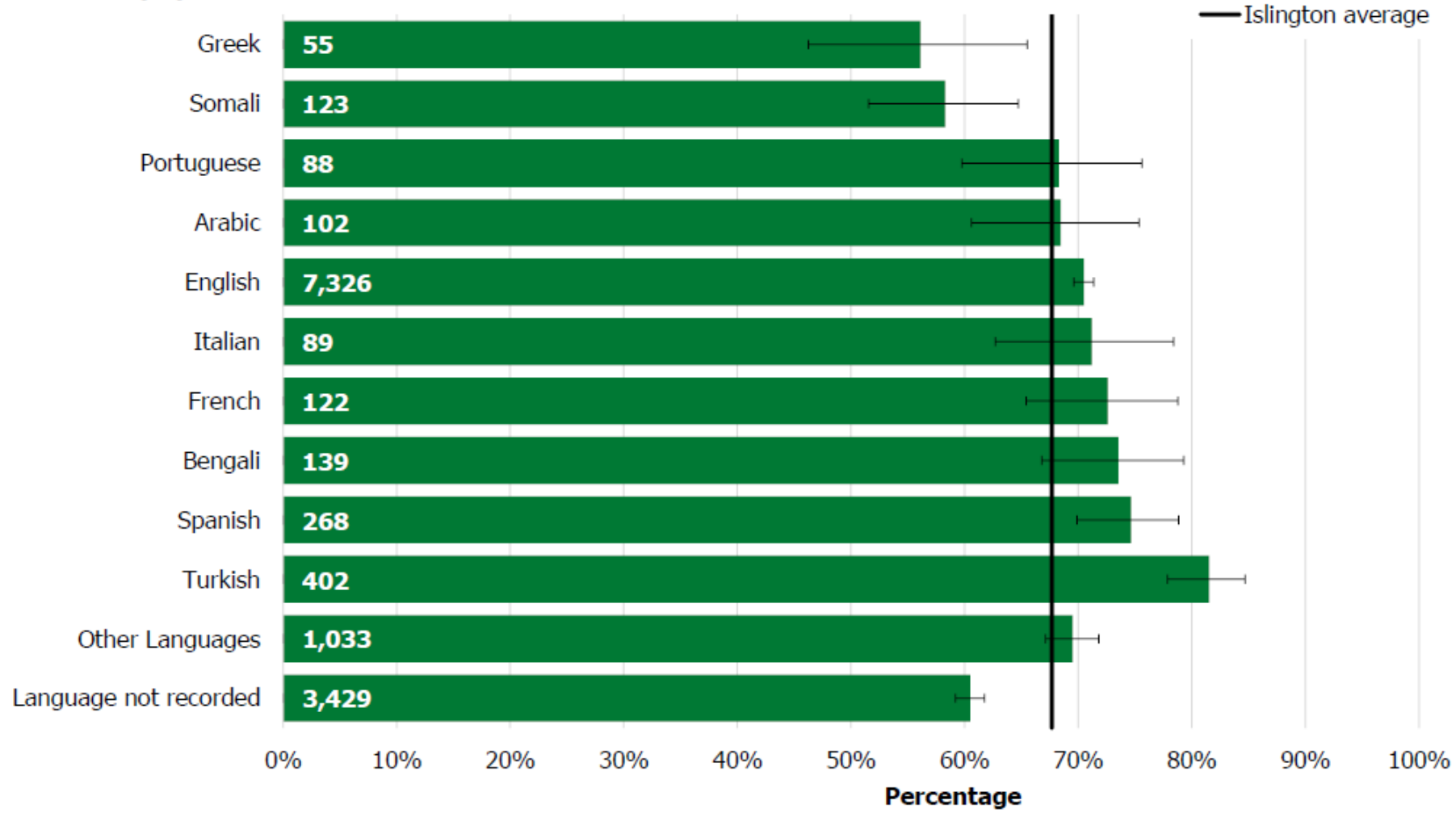


Source: CSU dataset (March 2020)

- Women whose first language is English and those speaking Bangladeshi have higher coverage than average (67%, 68% vs 59%).
- Among the Other White ethnic groups, younger women aged 25-49 speaking **German** (50%), **French** (54%) and **Italian** (57%) have a lower screening compared to the Islington average (59%).
- **Young Somali women** (53%) have also a lower coverage when compared to the Islington average (59%) or the overall Black ethnic groups (63%),

Islington: cervical screening (aged 50-64) by language

Number and percentage of cervical screening coverage among women aged 50-64 over the last 5.5 years, by language spoken (top 10), Islington registered population, March 2020

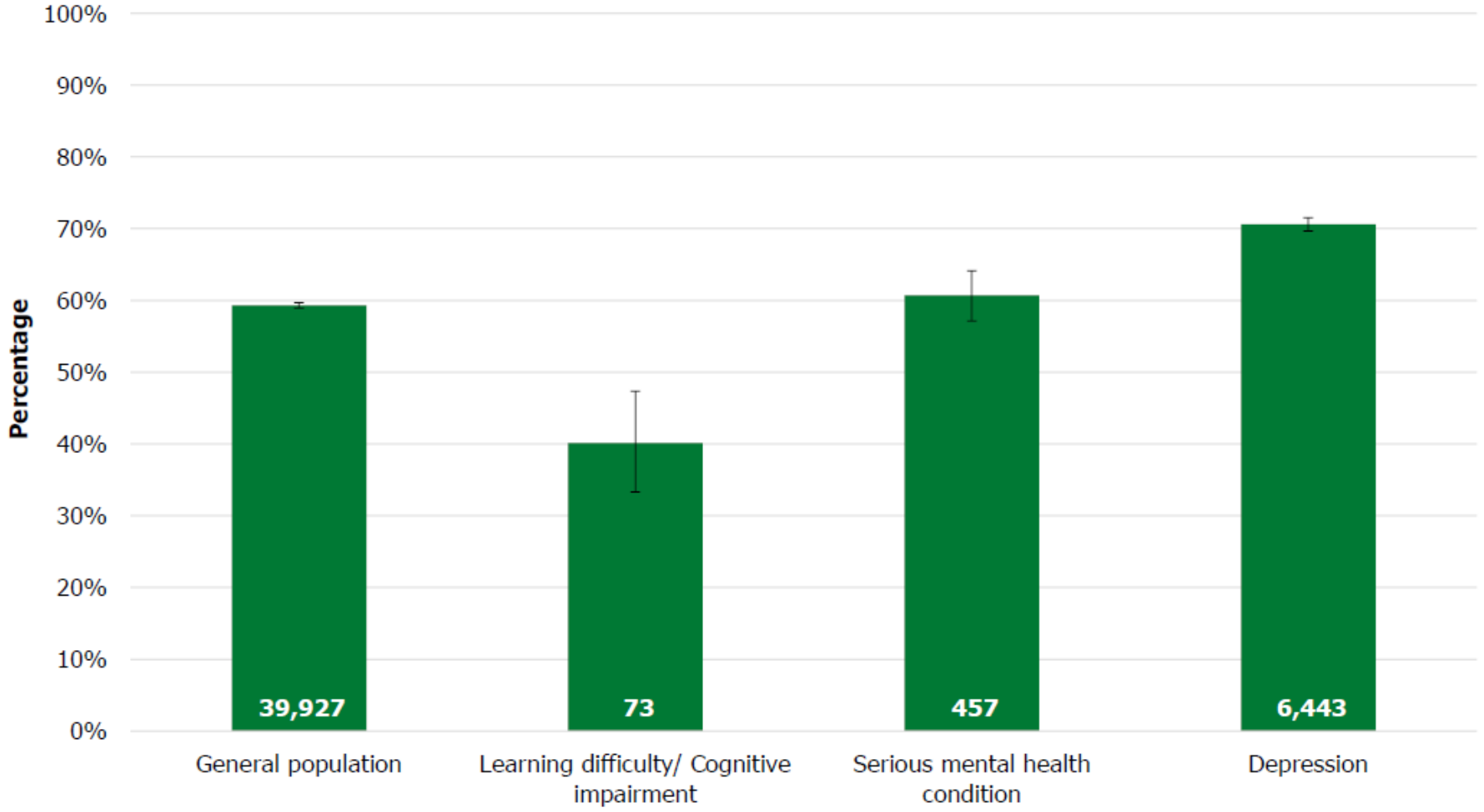


Source: CSU dataset (March 2020)

- Among older women (aged 50-64), **Somali** (58%) and **Greek** (56%) women have a lower coverage compared to the Islington average (68%).

Islington: cervical screening (aged 25-49) by health status

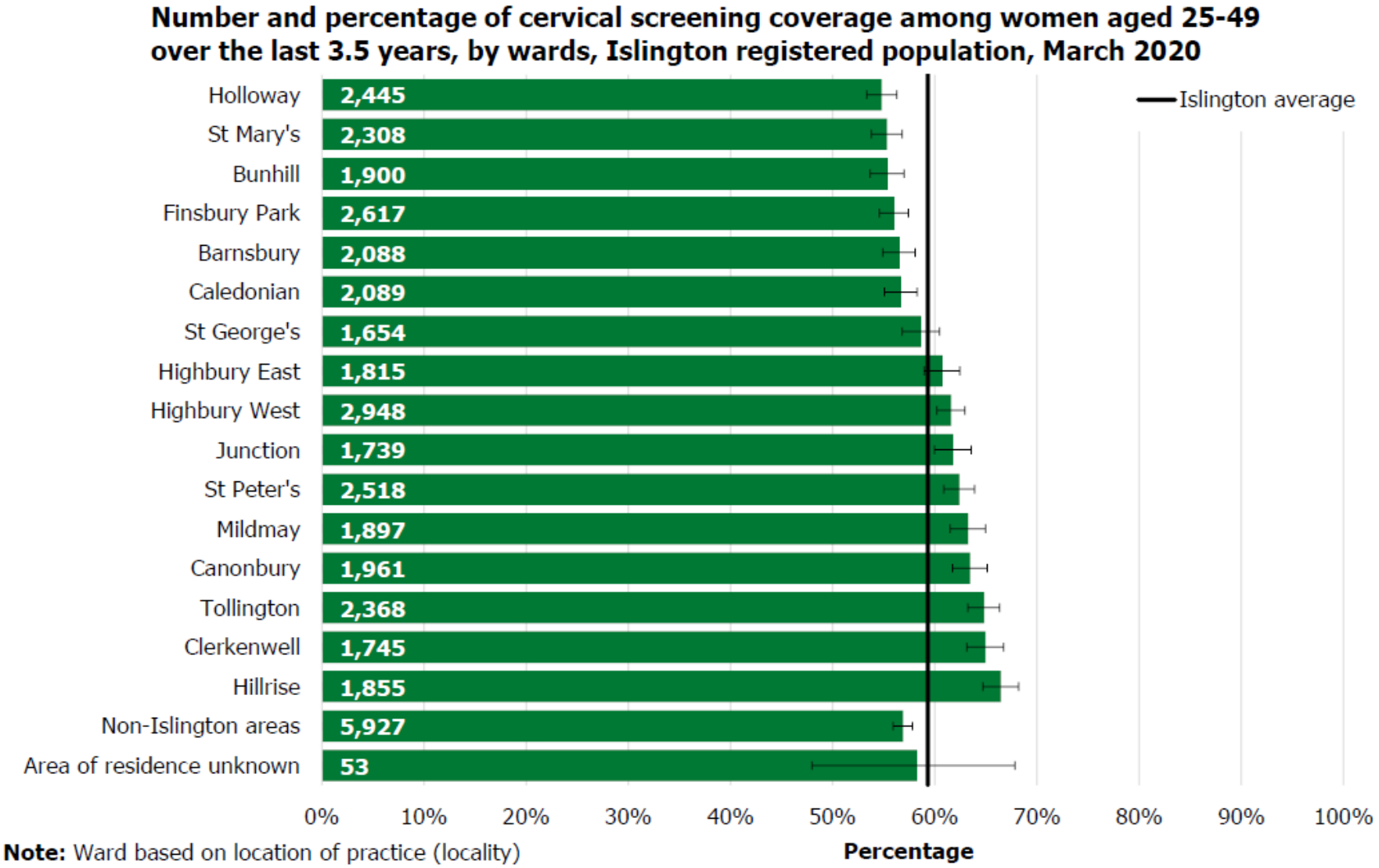
Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by mental health condition or learning difficulty/ cognitive impairment, Islington registered population, March 2020



Source: CSU dataset (March 2020)

- In Islington, women with a record of a **learning difficulty/ cognitive impairment** are less likely to have a cervical screening than the Islington female population without a mental health condition or learning difficulty (40% vs 58%).

Islington: cervical screening (aged 25-49) by ward



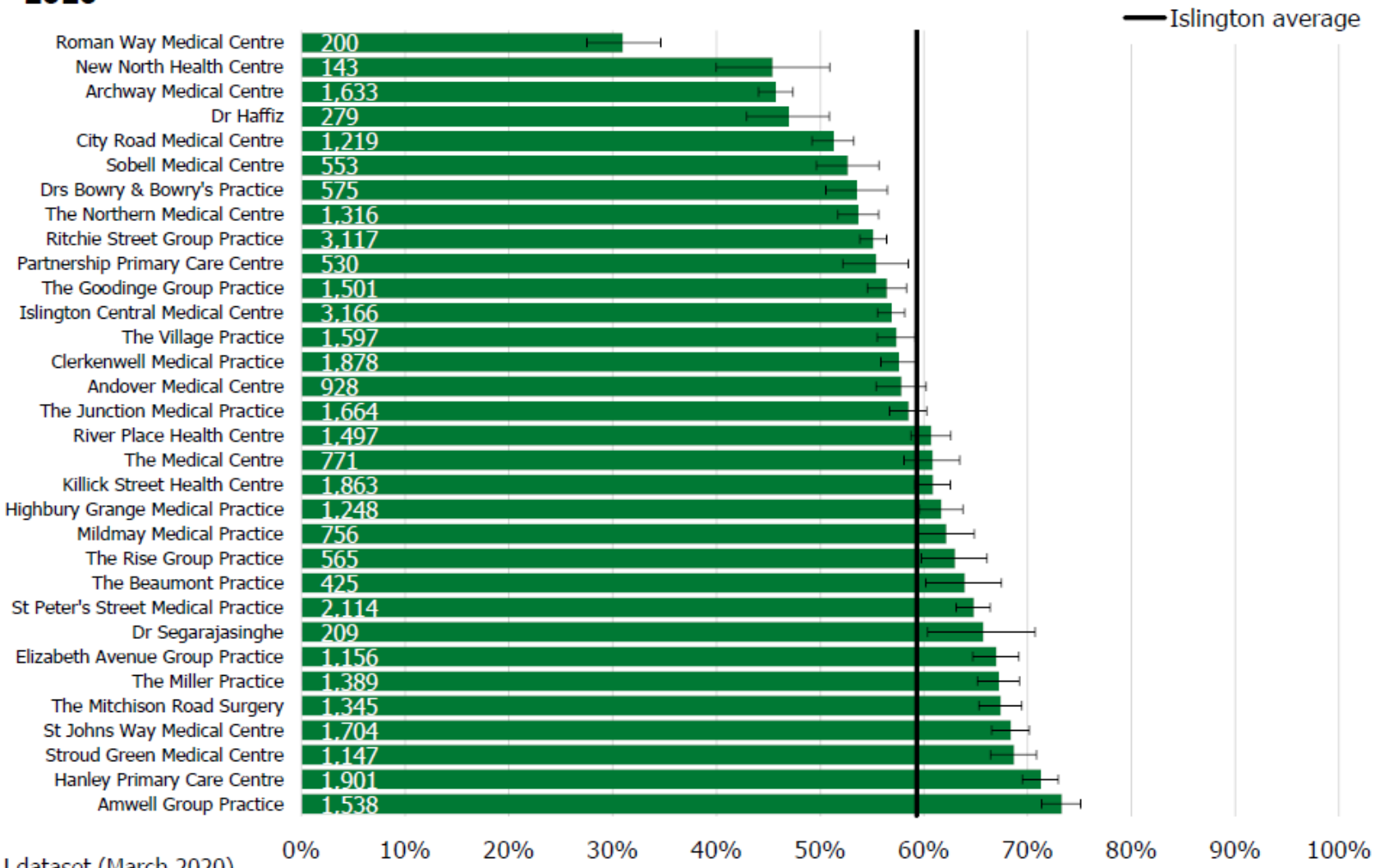
Note: Ward based on location of practice (locality)
Source: CSU dataset (March 2020)

- There were **6 out 16 wards**[1] in Islington had a significantly lower cervical screening coverage (between 55% and 57%) compared to the Islington average (59%). These wards were:
  - Holloway
  - St Mary's
  - Bunhill
  - Finsbury Park
  - Barnsbury
  - Caledonian

1. Based on Islington ward list in 2020

Islington: cervical screening (aged 25-49) by GP practice

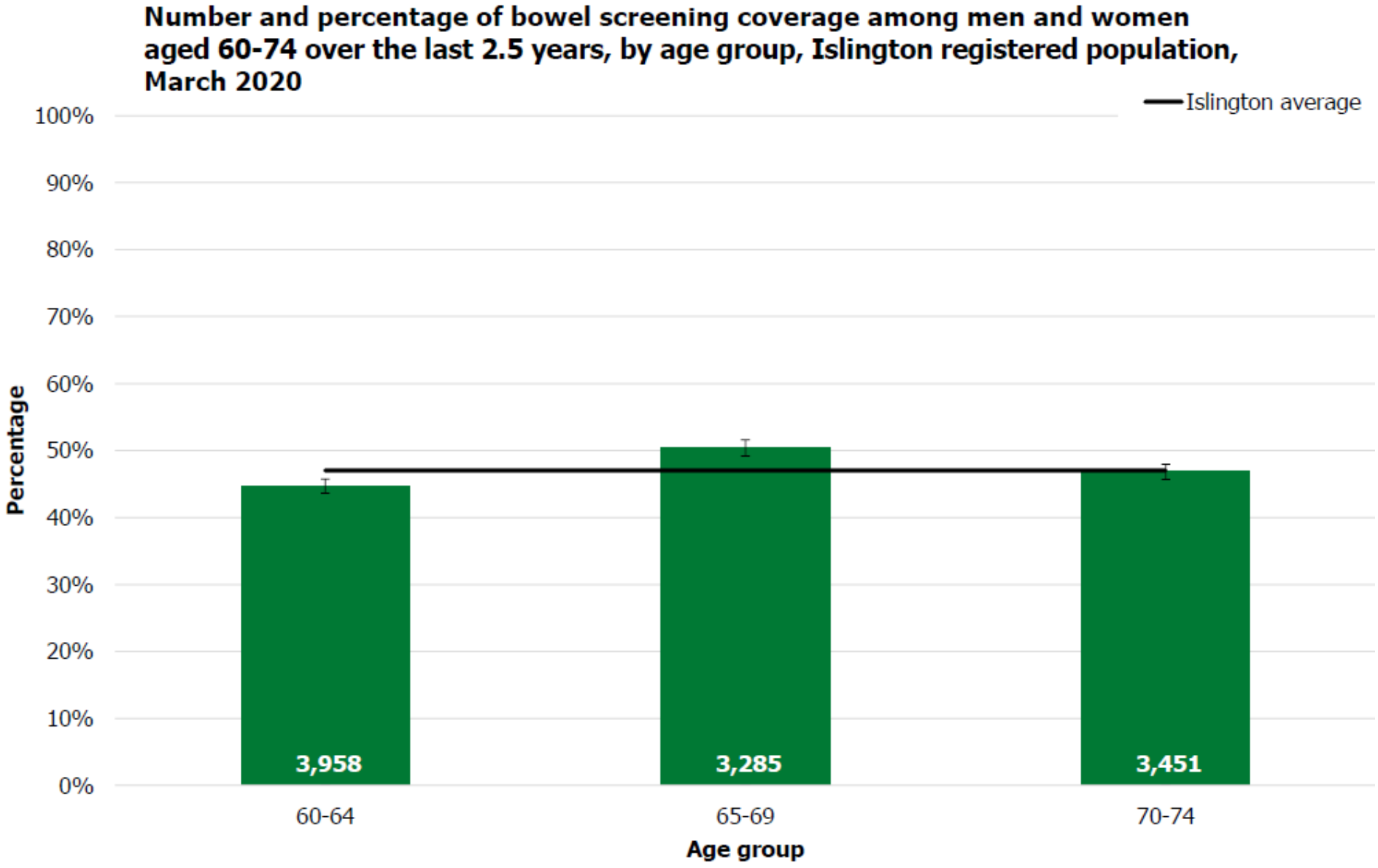
Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by GP practice, Islington registered population, March 2020



Source: CSU dataset (March 2020)

- The cervical screening across Islington GP practices ranges from 31% in **Roman Way medical Centre** to 73% in **Anwell Group practice**.
- There are **12 out 32 GP practices** in Islington with a significantly lower cervical coverage than the Islington average.

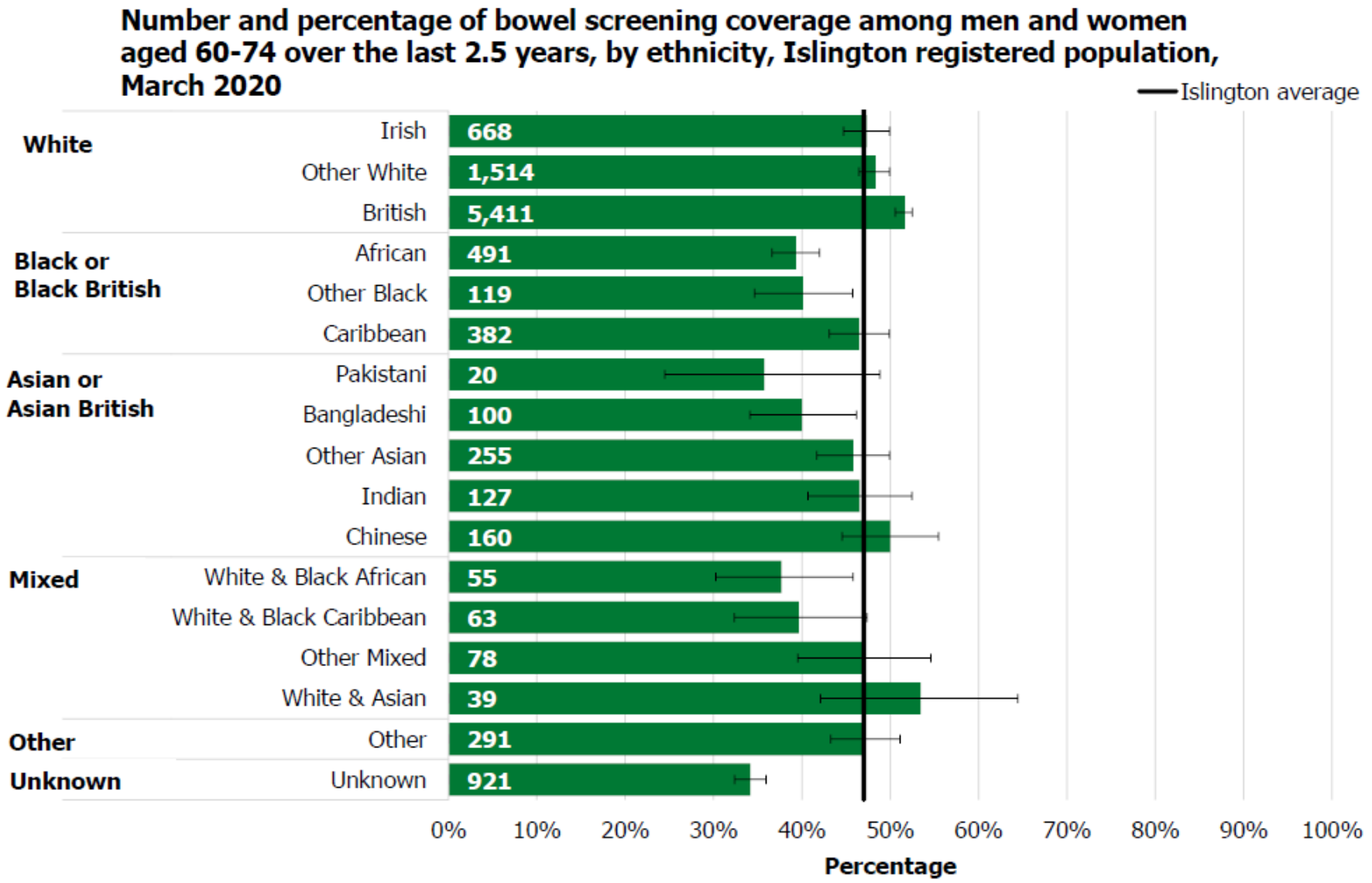
Islington: bowel screening by age



Source: CSU dataset (March 2020)

- Older people **aged 60-64** have significantly lower coverage than the Islington average (45% vs 47%).

Islington:
bowel screening inequalities by ethnicity

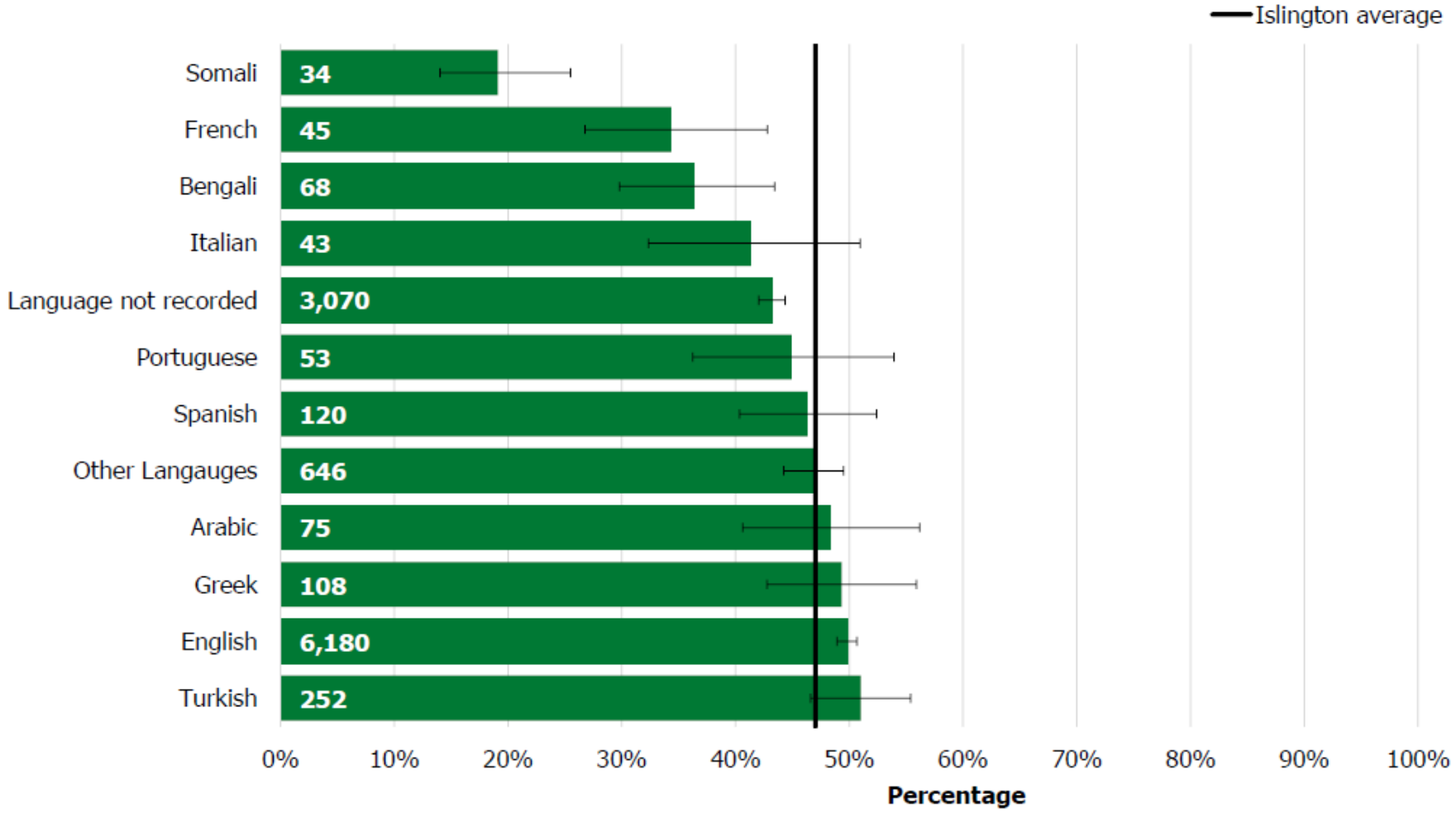


- White British are the only ethnic groups (52%) with a significantly higher bowel screening coverage than the Islington average (47%).
- **African**, **Other Black** and **White & Black African** and **Bangladeshi** ethnic groups (around 40%) and those **without a recorded ethnicity (33%)** have a significantly lower bowel screening coverage than the Islington average (47%)

Source: CSU dataset (March 2020)

Islington:
bowel screening inequalities by language

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by language spoken (top 10), Islington registered population, March 2020

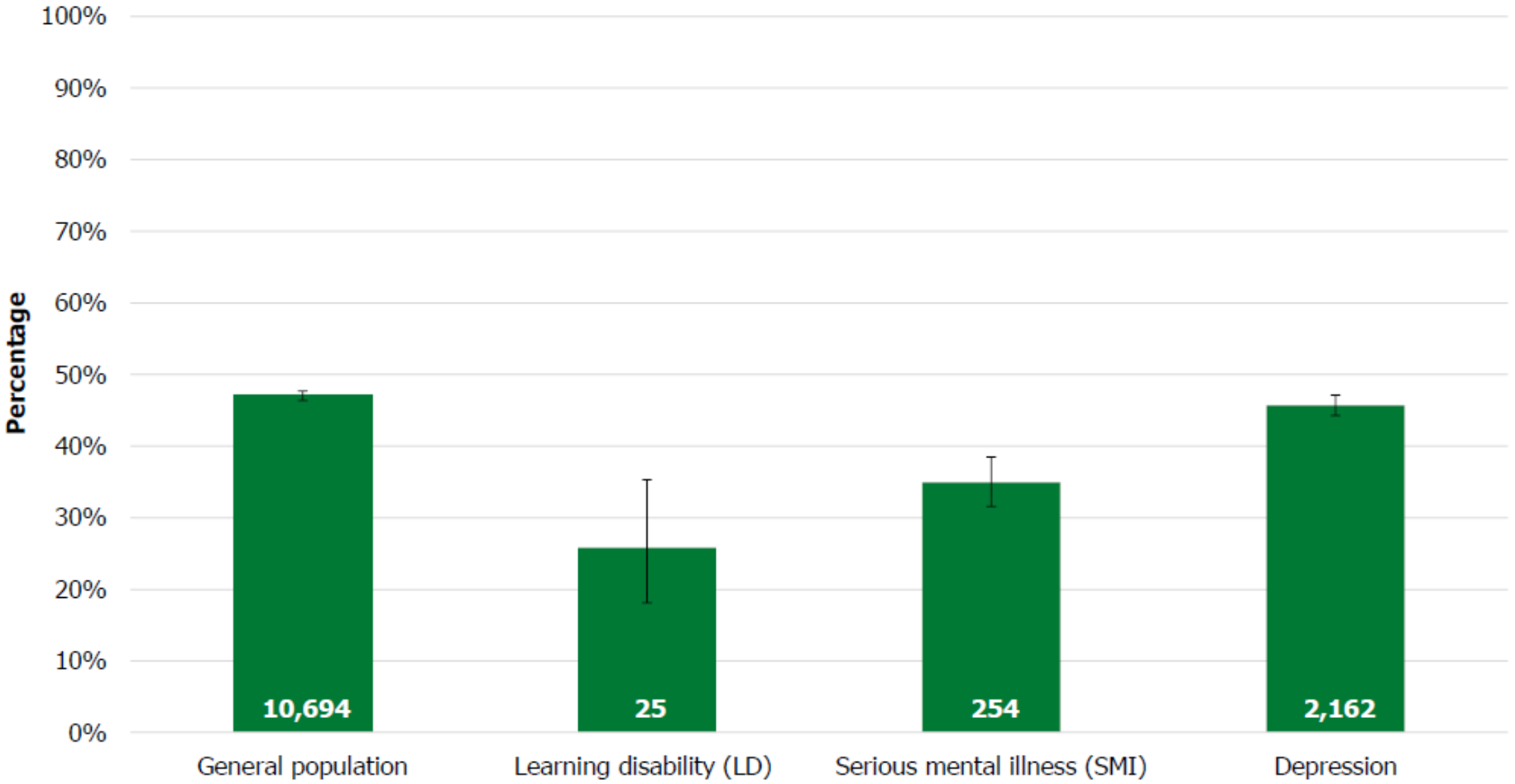


Source: CSU dataset (March 2020)

- Older people aged 60-74 speaking **Somali** (19%) have significantly lowest bowel screening coverage (34%) than any other language speakers (range between 34% and 51%).
- **French** (34%), **Bengali** (36%) have a significantly lower screening coverage compared to the Islington average (47%).

Islington:
bowel screening inequalities by health status

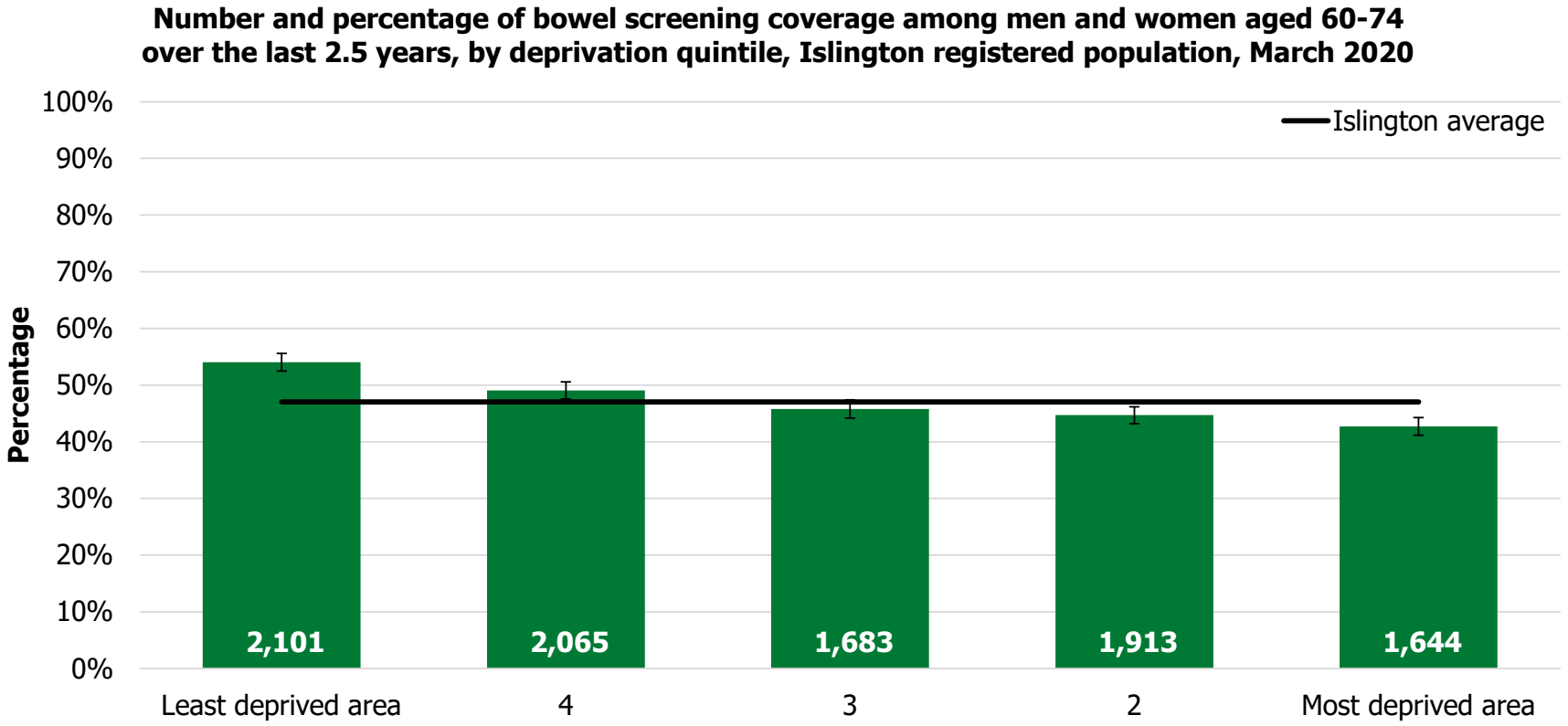
Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by mental health condition or learning difficulty/ cognitive impairment, Islington registered population, March 2020



- Men and women with a recorded **learning difficulty/ cognitive impairment**, a **serious mental illness** or **depression** (26%, 35% and 46% respectively) have a significantly lower coverage than the Islington general population (47%).

Source: CSU dataset (March 2020)

Islington:
bowel screening inequalities by deprivation

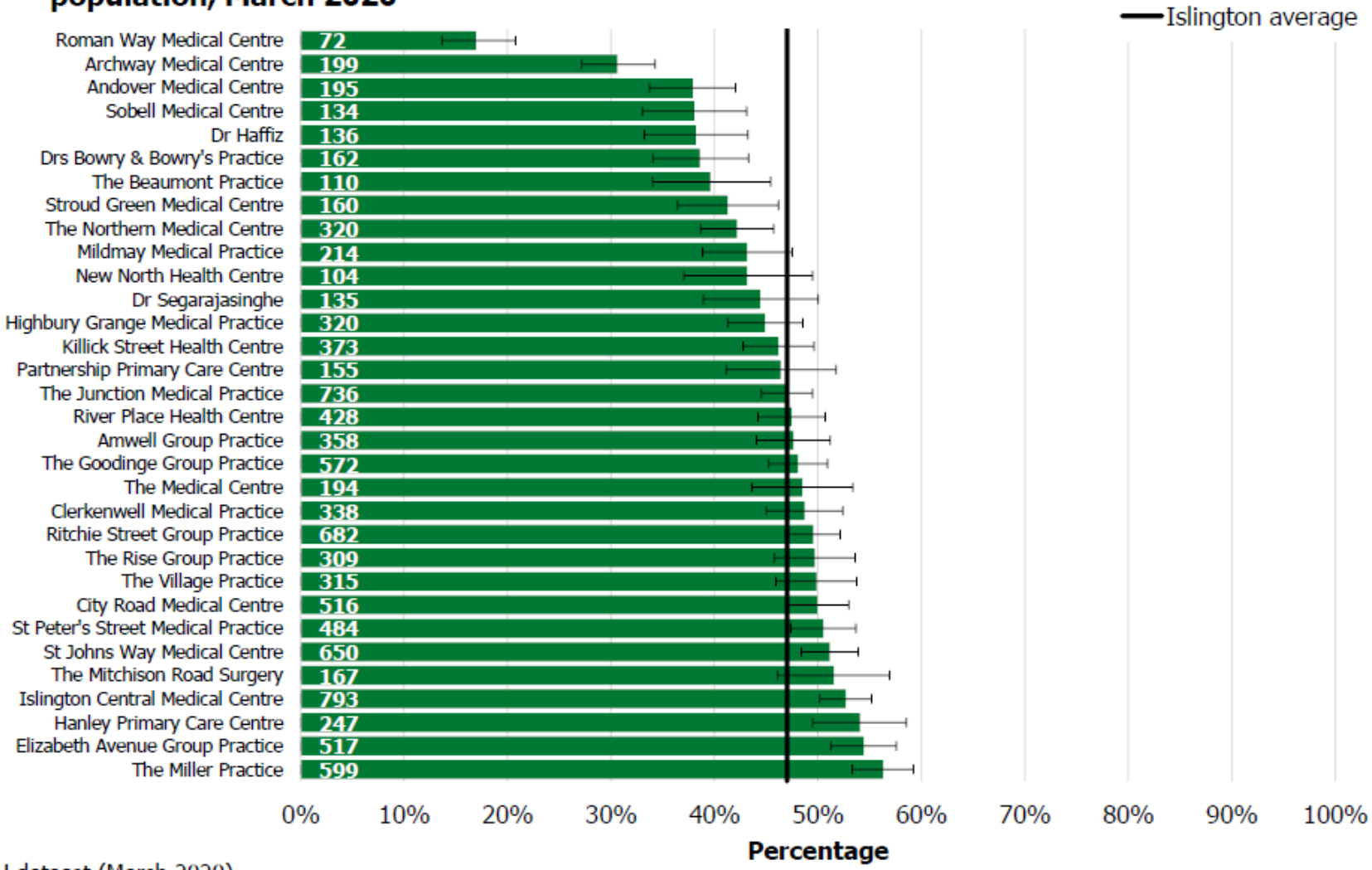


- There is a socio-economic gradient in the screening coverage for bowel cancer.
- Older residents (aged 60-74) living in the **most deprived areas** of Islington are less likely to have their bowel screening (43%) than those living in the most affluent areas (54%).

Source: Commissioning Support Units (CSU) dataset as for 31st March 2020

Islington: bowel screening inequalities by GP practice

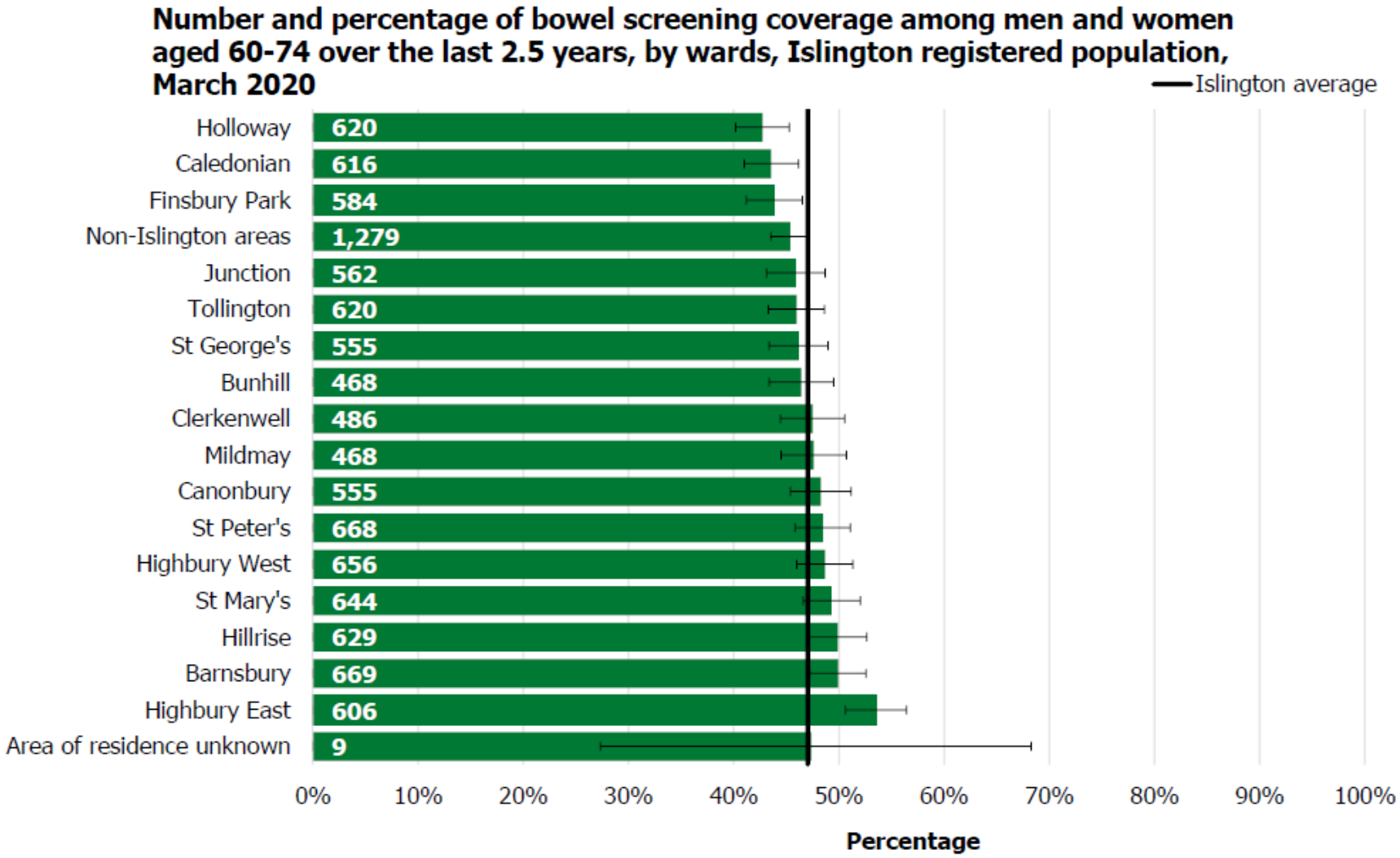
Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by GP practice, Islington registered population, March 2020



Source: CSU dataset (March 2020)

- The bowel screening coverage ranges across Islington GP practices ranges from 17% in Roman Way medical Centre to 56% in The Miller Practice.
- There are 9 out 32 GP practices in Islington with a significantly lower bowel coverage than the Islington average (47%).

Islington: bowel screening inequalities by ward



Note: Ward based on location of practice (locality)
Source: CSU dataset (March 2020)

- **Holloway, Caledonian and Finsbury** are the only wards in Islington with a significantly lower coverage (range between 43% and 44%) while **Highbury East** has the highest coverage (54%) when compared to the Islington average (47%).

2D. Cancer awareness and insights

This section discusses the finding from the Cancer Awareness Measures (CAM) survey, which was conducted between March and July 2020.

Cancer Awareness Measures (CAM) Survey

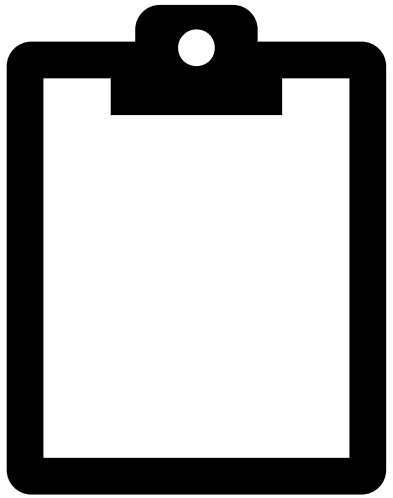
The Cancer Awareness Measures (CAM) is a validated questionnaire designed to measure the public's awareness of the symptoms and risk factors of cancer as well as the barriers to seeking help. The survey was carried out between March and July 2020. In Camden, 661 surveys were completed and 638 in Islington.

Signs of cancer - recall (unprompted) - Respondents from both Camden and Islington recalled the following potential signs of cancer: a lump, change in weight, bleeding and pain.

Signs of cancer - recognising (prompted) - 80% of Islington respondents and 77% of Camden's recognised signs of cancer that were included in the survey.

Awareness of the cause of cancer (unprompted)
Smoking was the most frequently recalled potential cause of cancer for both Camden and Islington, (80% in Islington and 69% in Camden).

Recognising (prompted) - 61% of Islington's and 64% of Camden's respondents recognised each cause of cancer included in the survey.



Source: Camden and Islington Public Health (July 2020). CAM Survey

Intention to access screening (Camden)

Intention to access screening

- Most people stated they would attend cancer screening if they were invited (96%) and would also encourage a family member to attend if they were invited (93%) and vice versa.
- Younger people (aged 35-54) are less likely to attend than those aged 55 and older.
- People from White and Other ethnic groups are more likely to attend cancer screening as well as encourage a family member to do so than those from Mixed ethnic groups.
- The proportion of people who would attend cancer screening is lower in people with disabilities (92%) compared to people whose day-to-day activities are not limited (97%).

Source: Camden and Islington Public Health (July 2020). CAM Survey

Intention to access screening (Islington)

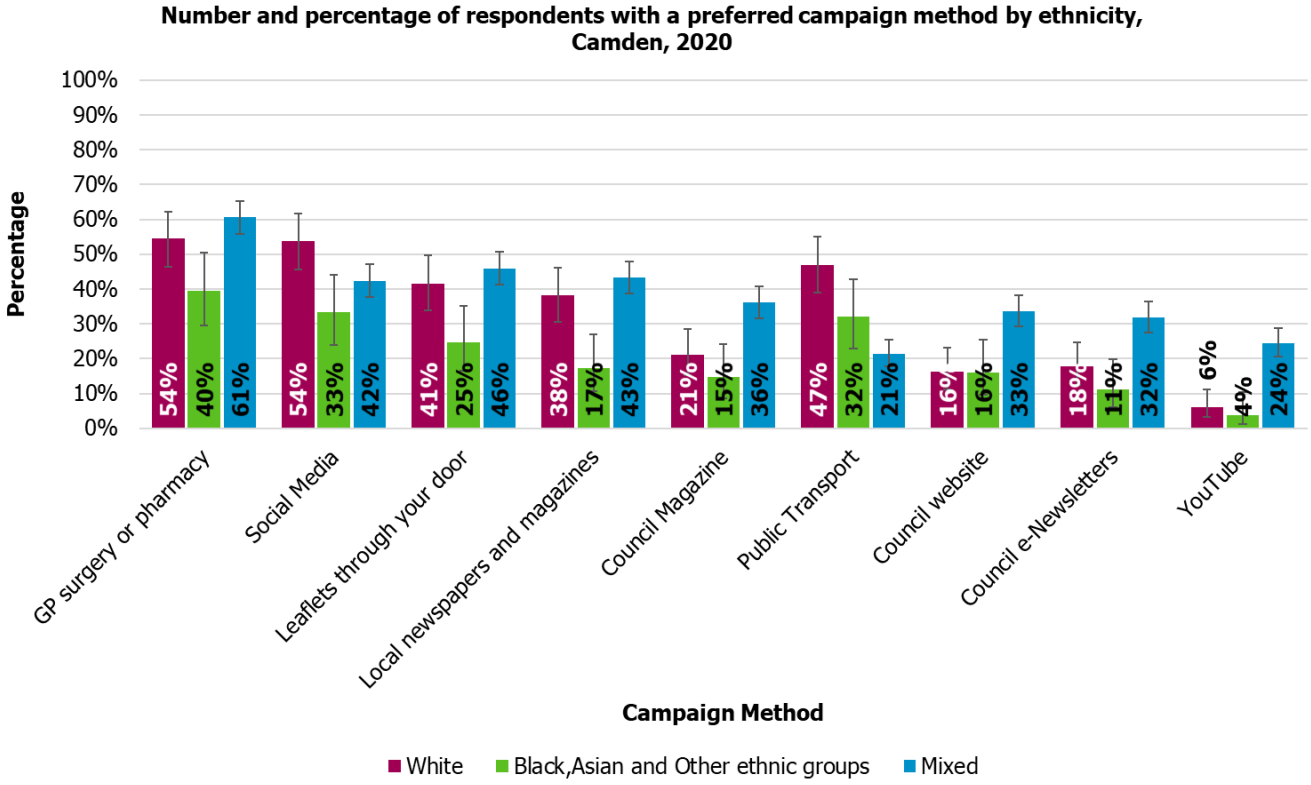
Intention to access screening

- 93% of respondents stated that they would attend cancer screening if invited.
- Most people would encourage a family member to attend cancer screening if invited (94%).
- A lower proportion of younger people (aged under 35) would attend the cancer screening if invited (85%) when compared the older age group of 55 years or older (97%).
- People from White ethnic groups are more likely to attend cancer screening (98%) than those from Mixed ethnic groups (88%).
- The proportion of people who would attend cancer screening is lower in people with disabilities (85%) compared to people whose day-to-day activities are not limited (95%).

Source: Camden and Islington Public Health (July 2020). CAM Survey

Preferred campaign method (Camden)

- In Camden, the preferred campaign methods were GP surgery or pharmacy, social media and leaflets through the door.
- In Camden, all age groups preferred leaflets through the door and council communication channels.
- There are differences in the preferred campaign method used across each ethnic group.
- White British are significantly more likely to prefer social media (54%) than Black, Asian and Other ethnic groups (33%), and Public Transport (47%) than Mixed ethnic groups (21%).

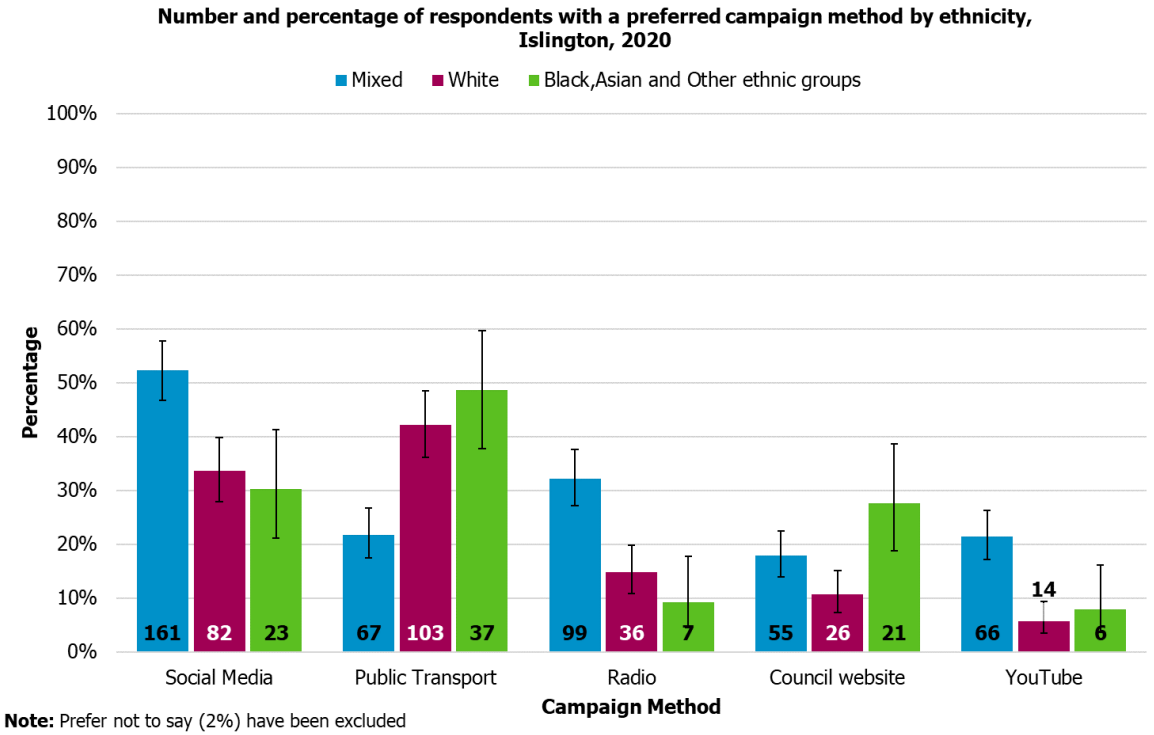


Note: Prefer not to say (2%) have been excluded

Source: Cancer Awareness Survey, North Central London, 2020

Preferred campaign method (Islington)

- In Islington, the survey shows that the top three preferred campaign methods are GP surgery or pharmacy, social media and leaflets through the door.
- The CAM survey shows under 35s and people aged 35-54 prefer social media. And 55 years or older prefer public transport and social media campaigns.
- Public transport is the favourite method of campaign among White (42%) and Black, Asian and other ethnic groups (48%).
- Mixed ethnic groups preferred social media (52% vs 32%-30%), radio (32% vs 15% -9%) and YouTube (21% vs 5%-7%) as a method of campaign compared to White or Black, Asian and Other ethnic groups.



Note: Prefer not to say (2%) have been excluded

Source: Cancer Awareness Survey, North Central London, 2020

Insights on cultural barriers

Key insights into cultural barriers for cervical screening were identified in a 2022 evaluation of a London-wide cervical screening campaign conducted by Multicultural Marketing Consultancy.[1]

Common themes

- A diagnosis would be considered shameful
- Low perceived risk due to less sexual partners or sex outside of marriage
- Embarrassment, shame and pain of women who have had FGM
- Myths associated with the test e.g. it's for promiscuous women
- Perception that the procedure isn't sensitive to their cultural needs i.e. preference for female doctors/nurses
- Language barriers and the need for a chaperone impacting on process
- Parents dissuading their daughters from attending the test

- Younger Black and South Asian women who are unmarried or not sexually active, are the least likely to attend their appointments – not seen to be 'for them'.
- Feedback suggests there may be some reluctance about attending cervical screening among some Somali women: lack of awareness, being circumcised and fears of being seen as promiscuous are the main issues.

The research suggested that there are three main target audiences for further engagement in order to increase take up.

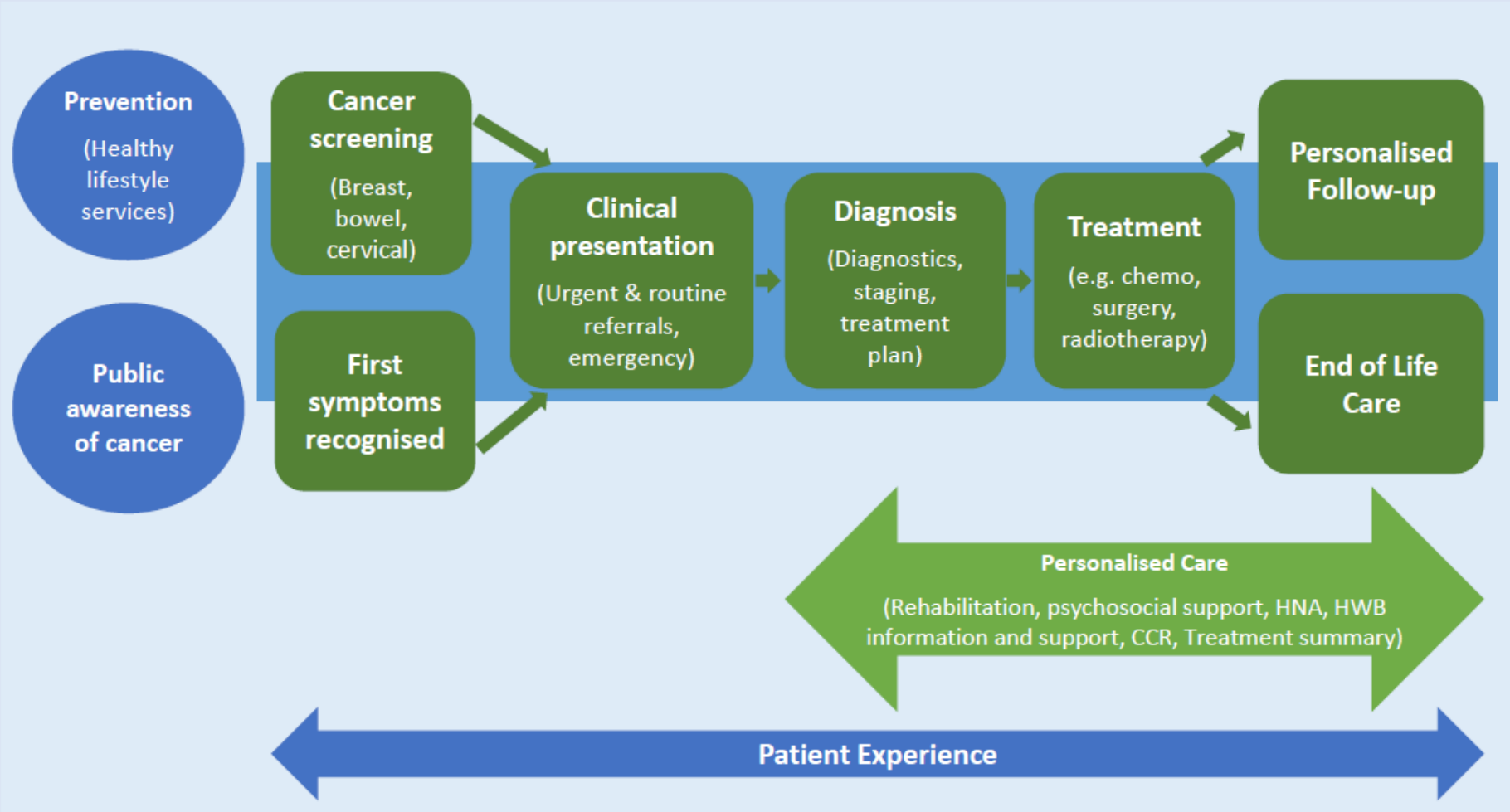
1. Younger women under 30 – driving home the importance and relevance.
2. Somali women – messages around protecting them/their families from the potential impact of cancer. Also dealing with discomfort if circumcised.
3. South Asian women – breaking the taboo that this is for women who are sexually active and highlighting protection and early detection.

1. (2022). NHS London Cervical Screening Campaign Evaluation [Review of NHS London Cervical Screening Campaign Evaluation]. Multicultural Marketing Consultancy.

3. Current strategies and approach

- This section describes the current strategies and approach to cancer and cancer prevention across North Central London

Overview of the cancer pathway



Prevention, public awareness of cancer, cancer screening and first symptoms recognised are priority areas for local public health teams.[1]

The national cancer pathway is complex. Therefore, reducing inequalities along different parts of the pathway can therefore be equally complex requiring close partnership working.[1]

The Breast, Bowel and Cervical cancer screening pathways can be found in the appendix.

1. North Central London Cancer Alliance. Strategy to address health inequalities in cancer care and outcomes in NCL. [Online]. Available from NCL Cancer inequalities working group (nclcanceralliance.nhs.uk) [Accessed 31 March 2023]

NCL Cancer Alliance Priorities

The North Central London Cancer Alliance is an NHS organisation that brings together patients, hospital trusts, GPs, health service commissioners, and local authorities to improve cancer outcomes and care. The cancer alliance covers the London boroughs of Barnet, Camden, Enfield, Haringey and Islington.

Priorities 2021/22:[1]

1. Work with patients, voluntary sector organisations, academia, local authorities and NHS partners to understand the needs of diverse or marginalised groups.
2. Reduce barriers in service provision and access that exacerbate inequalities.
3. Ensure monitoring inequalities is embedded in data reporting and analysis.
4. Use information from Equality Impact Assessments on our programme as a guide to embed further activities in the Alliance's way of working

1. North Central London Cancer Alliance. Strategy to address health inequalities in cancer care and outcomes in NCL. [Online]. Available from NCL Cancer inequalities working group (nclcanceralliance.nhs.uk) [Accessed 31 March 2023]

NCL Cancer Prevention, Awareness and Screening

The prevention, awareness and screening improvement strategy and work programme are steered by the NCL Cancer Prevention, Awareness and Screening (NCL CPAS) Delivery Group.[1] The CPAS strategy is underpinned by the ambitions of the NHS Long Term Plan and local priorities.[2] The CPAS Delivery Group collaborates with national, regional and local health and care partners.

Prevention

- Smoking cessation promotion through targeted lung cancer screening
- Embed smoking cessation in hospital settings
- Embed cancer prevention in the MECC pathway

Awareness

- CAM survey
- Cancer screening and awareness public campaigns
- Targeted awareness raising for specific groups
- Health promotion training for non-clinical staff

Screening

- You Screen – HPV self-sampling
- Personalised reminders for people invited to screening
- Improving access and convenience to cervical screening
- Improving capacity of the cervical screening workforce
- Partnership working
- Local organisations and networks

1. (2023). NCL PAS Strategy Refresh 23-28 [Review of NCL PAS Strategy Refresh 23-28]. NCL Cancer Alliance - Working Group.
2. NHS England. The NHS long term plan. 2019. Available from NHS Long Term Plan

4. Best practice and guidance

Best Practice (literature review)– all cancers

Social media interventions

- A scoping review conducted by Plackett et al. (2020) examined the effectiveness of using social media to promote cancer screening and early diagnosis.[1] Behaviour change techniques, such as providing social support and emphasizing the consequences of cancer, were used to engage users. The evidence was limited due to a lack of robust evaluation techniques; however, it does suggest that social media interventions may improve cancer screening and early diagnosis. In the study, recommendations include the use of evaluation frameworks for social media interventions that measure behaviour change, identifying populations who engage and whether this reduces health inequalities.

Reducing ethnic inequalities: language support, culturally sensitive reminders, community-based health workers and targeted outreach

- Abraham et al. (2022) explored UK-specific variations in engagement with cancer services in minority ethnic groups and described successful interventions.[2] This study highlighted a range of issues from cultural beliefs and awareness to racism. Strategies that successfully enhanced engagement included language support, culturally sensitive reminders, community-based health workers and targeted outreach.

1. Plackett, R., Kaushal, A., Kassianos, A. P., Cross, A., Lewins, D., Sheringham, J., Waller, J., & von Wagner, C. (2020). Use of Social Media to Promote Cancer Screening and Early Diagnosis: Scoping Review. Journal of Medical Internet Research, 22(11), e21582. https://doi.org/10.2196/21582
2. Abraham, S., Foreman, N., Sidat, Z., Sandhu, P., Marrone, D., Headley, C., Akroyd, C., Nicholson, S., Brown, K., Thomas, A., Howells, L. M., & Walter, H. S. (2022). Inequalities in cancer screening, prevention and service engagement between UK ethnic minority groups. British Journal of Nursing, 31(10), S14–S24. https://doi.org/10.12968/bjon.2022.31.10.s14

Best Practice (literature review) - breast cancer

Increasing risk factor awareness

- Sinclair et al. (2019) found that adding prevention interventions to screening and or symptomatic clinics appears acceptable to attendees, highlighting the potential for using these opportunities as 'teachable moments'. However, there are substantial cultural and systemic challenges to overcome if this is to be implemented successfully.[1]

Increasing screening uptake amongst low-uptake populations

- A community-based health intervention with South Asian women designed to increase cancer screening uptake in 2018 found that training peers as community health champions to deliver the intervention to address language and cultural barriers increased participant engagement, was beneficial for the peers and supported participants who revealed difficult social issues they may not have otherwise discussed[2].

1. Sinclair J, McCann M, Sheldon E, et al The acceptability of addressing alcohol consumption as a modifiable risk factor for breast cancer: a mixed method study within breast screening services and symptomatic breast clinics.BMJ Open 2019;9:e027371. doi: 10.1136/bmjopen-2018-027371
2. Payne D, Haith-Cooper M, Almas N. 'Wise up to cancer': Adapting a community based health intervention to increase UK South Asian women's uptake of cancer screening. Health Soc Care Community. 2022 Sep;30(5):1979-1987. doi: 10.1111/hsc.13579. Epub 2021 Sep 25. PMID: 34562336

Best Practice (literature review) – cervical cancer

Increasing risk factor awareness - social media, familial interactions and interventions within education

- Groves et al. (2021) engaged in a qualitative study to find out what women below the national screen age (25 years old) for cervical screening think about cervical cancer and cervical screening. Young women had varied knowledge and beliefs about cervical cancer and screening, which were underpinned by several available information sources. Most women expressed an intention to attend screening when invited; however, some participants were unsure because of low screening-based knowledge and low perceived susceptibility to cervical cancer. Social media, familial interactions and interventions within education were highlighted as being suited to interventions aimed at increasing cervical cancer- and screening-based knowledge in young women.[1]

Increasing screening uptake amongst low uptake populations - public health interventions should target factors that facilitate screening and how these interplay with barriers in order to improve uptake

- Wilding et al. (2020) explored the factors most influential in increasing cervical cancer screening attendance via an online survey. The most reported barriers were pain/discomfort, embarrassment and time. Women suggested several improvements that might make attending easier and improve uptake, including flexibility of screening locations to fit around work hours and childcare arrangements. Psychological facilitators included the peace of mind that screening brings and the belief that cervical cancer screening is potentially lifesaving. Public health interventions should target factors that facilitate screening and how these interplay with barriers in order to improve uptake.[2]

1. Groves, S., & Brooks, J. (2021). What Do Young Women below National Screening Age in England Think about Cervical Cancer and Cervical screening? a Qualitative Study. Journal of Clinical Nursing, 31(11-12). https://doi.org/10.1111/jocn.16012
2. Wilding, S., Wighton, S., Halligan, D., West, R., Conner, M., & O'Connor, D. B. (2020). What factors are most influential in increasing cervical cancer screening attendance? An online study of UK-based women1. Health Psychology and Behavioral Medicine, 8(1), 314–328. https://doi.org/10.1080/21642850.2020.1798239

Best Practice (guidance)- cervical cancer

Public Health England published a guidance document outlining ideas for improving access and uptake (2020).

The document has guidance to help primary care, commissioners and local authorities plan and evaluate initiatives around cervical screening coverage in their area. Practice campaigns to raise awareness of cervical screening and invite women who are overdue have been shown to be useful to increase attendance for screening. Methods for prompting women who are overdue or who have never attended include:

- reminder letters
- text reminders
- postcards
- telephoning women directly
- Posters in waiting rooms and toilets are a simple way to raise awareness and promote screening.

1. Public Health England. (2020, March 3). Cervical Screening: Ideas for Improving Access and Uptake. GOV.UK. https://www.gov.uk/guidance/cervical-screening-ideas-for-improving-access-and-uptake

Best Practice (guidance) - cervical cancer

Public Health England published a guidance document on supporting women with learning disabilities to access cervical screening (2019).

Cervical screening providers and primary care staff should consider:

- How the woman communicates – you may need to ask carers
- If the woman will need an interpreter or signer at the screening appointment (some people with learning disabilities would also use Makaton rather than British Sign Language)
- Which word the woman uses for vagina so that you don't get misunderstandings
- Offering a pre-visit so the woman can feel safe while you explain the test
- Using an alternative venue, if appropriate
- Showing the speculum and sample brush to the woman – let her handle it and explain how they work
- Showing the woman the position she will need to be in when she has the test and encouraging her to get onto the couch to see what this feels like
- Suggesting the woman practices the position at home so she feels more comfortable about it (this can be done with her clothes on in her bedroom where she feels relaxed and carers may need to support this)
- Reassuring the woman that she can have a friend, relative or carer present during the test if she would like to
- Offering a longer appointment and a first appointment if needed
- Ways to help the woman feel relaxed, such as music

1. Supporting women with learning disabilities to access cervical screening. (2017, October 2). GOV.UK. https://www.gov.uk/government/publications/cervical-screening-supporting-women-with-learning-disabilities/supporting-women-with-learning-disabilities-to-access-cervical-screening

Best practice (literature review)– bowel cancer

Increasing risk factor awareness

- This study by Hooper et al. (2017) provided UK data on awareness of the link between obesity and cancer by socio-demographic factors, including BMI. It explored to what degree healthcare professionals provide weight management advice to patients.[1] Public awareness of the link between obesity and cancer was low (25.4% unprompted and 57.5% prompted). Higher levels of awareness existed for the least deprived groups ($P < 0.001$) compared to more deprived groups. Most respondents had seen a healthcare practitioner in the past 12 months (91.6%), and 17.4% had received advice about their weight, although 48.4% of the sample were overweight/obese.

Increasing screening uptake amongst low uptake populations

- To improve bowel cancer screening uptake in South West London, RMP Cancer Alliance procured Community Links, a local charity, to telephone patients who had received their bowel screening kit in the last six months but had not yet completed it. Evidence has shown that an intervention whereby patients are telephoned and provided with information about the screening test as well as being sent a GP-endorsed letter can increase uptake by around 8%.[2] Community Links received a list of non-responders from GP practices across SouthWest London, and these patients were then contacted on up to three separate occasions at different times. This included out-of-hours calls (evenings and weekends). Community Links worked closely with the London Bowel Screening Hub to send out replacement kits to patients who requested these, and follow-up calls were scheduled 4-6 weeks after the replacement kit had been ordered. Throughout the project, Community Links spoke to nearly 13,000 patients, of whom 25% subsequently participated in bowel screening.

1. Hooper, L., Anderson, A. S., Birch, J., Forster, A. S., Rosenberg, G., Bauld, L., & Vohra, J. (2017). Public awareness and healthcare professional advice for obesity as a risk factor for cancer in the UK: a cross-sectional survey. Journal of Public Health, 40(4), 797–805. https://doi.org/10.1093/pubmed/fdx145
2. Richards, M. (2019). THE INDEPENDENT REVIEW OF ADULT SCREENING PROGRAMMES in England. https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf

Best practice (guidance)– bowel cancer

NHS England published a guidance document on identifying and reducing inequalities in bowel cancer screening (2022).

Examples of initiatives aimed at reducing barriers to participation reported include:

- Personalised text prompts to non-responders
- Working with community projects
- Working with prisons to book follow-up appointments
- Health promotion activities in areas of low uptake and areas of deprivation
- A community champion approach
- Language, translations and accessible information
- Improving access for undeserved groups
- People with a learning disability

1. NHS bowel cancer screening: identifying and reducing inequalities. (n.d.). GOV.UK. https://www.gov.uk/government/publications/nhs-bowel-cancer-screening-identifying-and-reducing-inequalities/nhs-bowel-cancer-screening-identifying-and-reducing-inequalities

5. Key findings and recommendations

Key findings - epidemiology

Cancer burden:

- Cancer prevalence and incidence in both Camden and Islington (C&I) are lower than in NCL and England, which may relate to differences in the age structure of populations. Cancer incidence rates increase with age.

Cancer outcomes:

- Islington has a higher premature mortality due to cancer than NCL and England.

Cancer screening coverage:

- Bowel cancer screening coverage in C&I is similar to NCL but lower than England. Coverage is increasing over time, mirroring national trends.
- Breast cancer screening coverage in C&I is lower than NCL and the England averages. The trend is decreasing over time, mirroring national trends.
- Cervical screening coverage is similar in Islington to NCL, which is below the England average, and is significantly lower in Camden. There has been a slight decrease over time.

Key findings – cervical screening (aged 25-49) low uptake groups

Population group	Camden	Islington
Age	25-29	25-29
Ethnicity	Chinese, Indian, Other Asian and Pakistani and Other White.	Chinese, Indian, Other Asian and Pakistani and Other white.
Language	Mandarin, German, Spanish, French and Somali	German, French, Italian and Somali
Health status	Learning difficulty/cognitive impairment	Learning difficulty/cognitive impairment
Ward	King's cross, Holborn and Covent Garden and Bloomsbury	Holloway, St. Mary's, Bunhill, Finsbury Park, Barnsbury and Caledonian

Key findings – cervical screening (aged 50-64) low uptake groups

Population group	Camden	Islington
Age	60-64	60-64
Ethnicity	Irish, Chinese and Other Asian community	Irish
Language	-	Somali and Greek
Health status	Women with learning disabilities and serious mental illness (SMI)	Women with learning disabilities and serious mental illness (SMI)
Ward	-	-

Key findings – bowel screening low uptake groups

Population group	Camden	Islington
Age	60-64	60-64
Deprivation	-	Residents who live in the most deprived areas
Ethnicity	Pakistani, Bangladeshi, Indians, African, Other White.	African, Other Black and White & Black African and Bangladeshi
Language	Somali, Bengali and Arabic	Somali, French and Bengali
Health status	Learning disabilities and SMI	Learning disabilities and SMI
Ward	Haverstock and Holborn & Covent Garden	Holloway, Caledonian, and Finsbury

Recommendations – 1 of 2

- **Improved use of health intelligence:** Better use of the population health data platform in NCL (e.g., creation of a HealtheIntent dashboard) would faciliate a granular understanding of inequalities in cancer screening and allow for monitoring and targeted initiatives to address these (e.g., at PCN and GP level). Breast cancer coding in particular needs further work – a consistent data dictionary across practices is needed to establish current uptake levels and inequalities.
- **Faciliate a coordinated population health approach on cancer prevention activities with local partners:** Local initiatives would benefit from joined up working, with a clear understanding of the roles and responsibilities for each organisation involved. This will help align such strategies to national and regional approaches and reduce duplication of activities.
- **Better use of existing local outreach initiatives to raise awareness of cancer screening:** Outreach can be an effective way of promoting health messaging to low uptake groups. As a result of learning from vaccination initiatives during the COVID-19 pandemic, interventions like the Camden Health Bus could be better utilised to raise awareness of the importance of cancer screening, particularly among ethnic minority populations and in deprived areas
- **Better evaluations of interventions**: The literature on cancer screening uptake identified many localised interventions are not effectively evaluated. Identifying KPIs/evaluative strategy prior to an intervention is important to enable measuring of success and an understanding of 'what works' to help shape future initatives and strategies

Recommendations – 2 of 2

- **A key focus should be placed on addressing cancer screening inequalities** related to deprivation, ethnic minorities and health status. Further work is needed to understand the issues and challenges affecting specific communities. For example, interventions could include language access and culturally competent communications, improving access, and initiatives to address fears, anxieties and perception of risk in certain population groups.

- **Improving cancer screening accessibility:** Making cancer screening more accessible by for example, increasing provision out of working hours, improving ease of booking, and making services more disability friendly, are likely to be impactful as these are common barriers for uptake of cancer screening.

- **Repeat engagement:** Across bowel and cervical screening, repeat engagement and follow up reminders for target populations increases the likelihood of uptake of screening. Health education adjacent to this strategy may improve outcomes.

- **Support rollout of targeted lung cancer screening:** Since autumn 2022, A new national screening programme for lung cancer is currently being rolled out for people aged 55-74 who are current or former smokers. As lung cancer is a cancer type responsible for poor health outcomes and inequalities, raising awareness and supporting uptake of this programme should be an area of focus going forwards.

Acknowledgement

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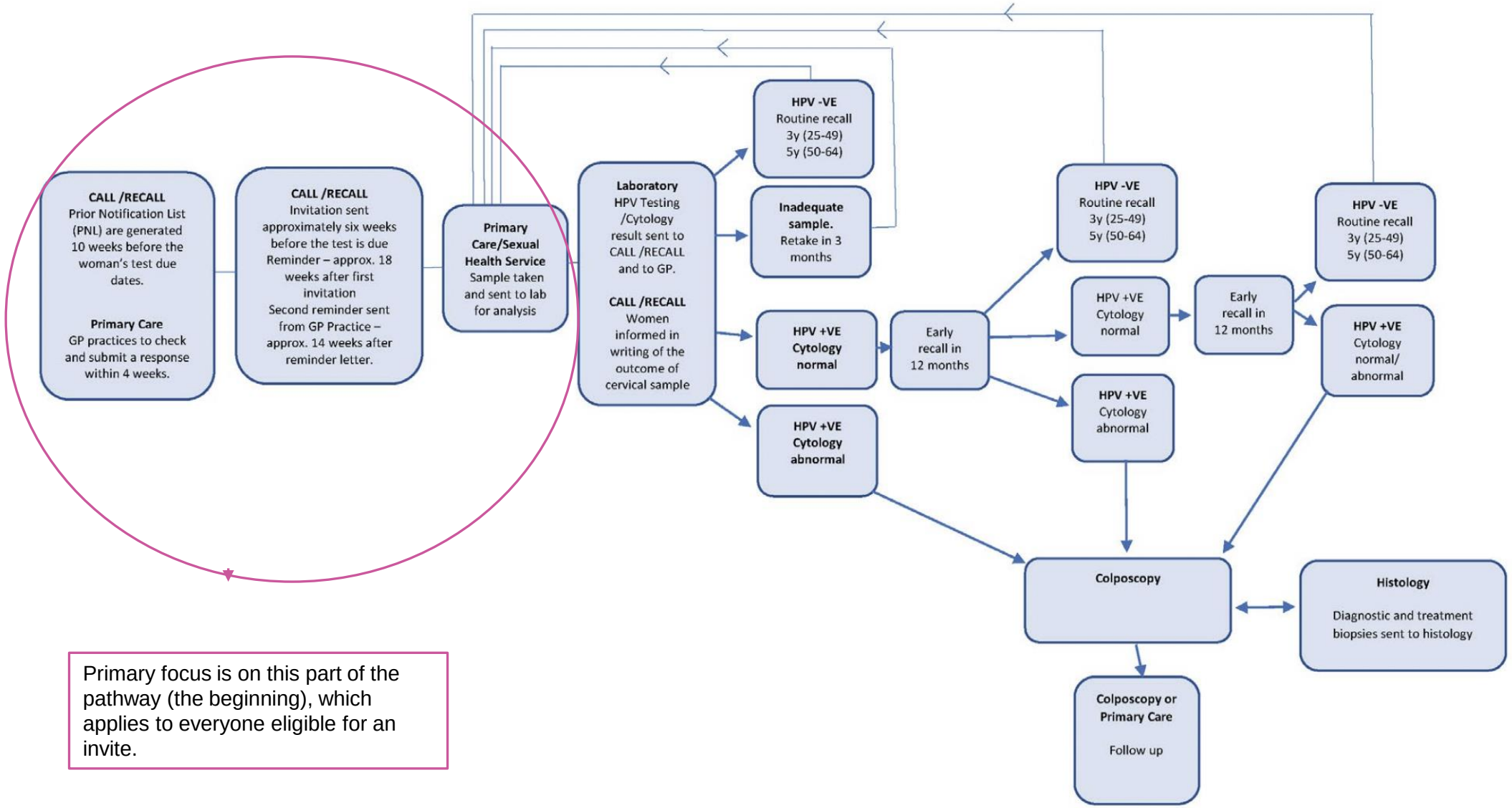
Appendix

1. Cervical screening pathway
2. Bowel cancer pathway
3. Breast cancer pathway

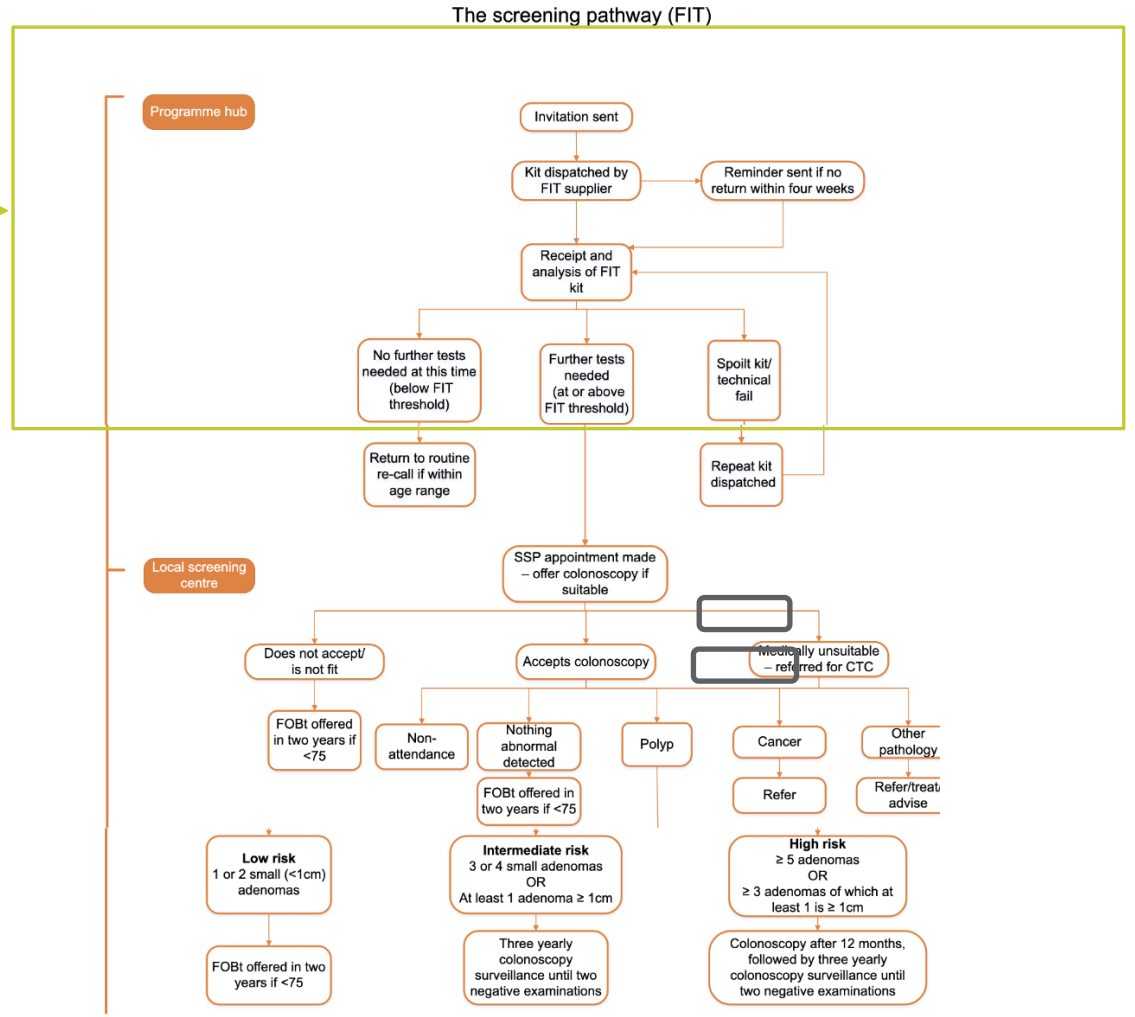
Appendix 1: Cervical Screening Pathway



Primary focus is on this part of the pathway (the beginning), which applies to everyone eligible for an invite.

Appendix 2: Bowel Screening Pathway

Primary focus is on this part of the pathway (the beginning), which applies to everyone eligible for an invite.



Appendix 3: Breast Screening Pathway

Primary focus is on this part of the pathway (the beginning), which applies to everyone eligible for an invite.