

**North Tyneside**  
**Joint strategic needs assessment**  
**Breast cancer screening**  
December 2023



North  
Tyneside  
Council

## 1. Introduction

Breast cancer is the most common type of cancer in the UK with 56,000 new cases a year and is most diagnosed in women over the age of 50: affecting 1 in 7 women and 1 in 900 men each year<sup>1</sup>. In North Tyneside, the age standardised rate is 174/100,000 per year<sup>2</sup>, with 240 cases diagnosed in 2019<sup>3</sup>.

There are multiple risk factors for breast cancer, some of which are unpreventable such as ageing, and family history whereas others such as alcohol use are considered preventable<sup>4</sup>. Preventable risk factors are considered with ongoing work through the relevant alliances in the borough and region.

As with other cancers, the earlier breast cancer is detected and diagnosed, the better the prognosis<sup>2</sup>. In England, 70.6% of breast cancers in 2019 were diagnosed early, at Stage 1 or 2, compared to 65% in North Tyneside<sup>3</sup>.

The National Screening Committee<sup>7</sup> concluded at the last review that the breast screening programme has significant benefit; 1,300 lives saved and should therefore continue to operate. However, screening programmes do carry risk.

The aim of the breast cancer screening programme is to reduce breast cancer morbidity and mortality by diagnosing breast cancer early<sup>6</sup>. The breast cancer screening programme is available to women aged 50 – 70, with those 70+ able to opt in to continue to be screened. Women should be invited to screen every 36 months.

The breast cancer screening programme aims to find breast cancers when they are still small enough to not create any signs or symptoms. There are several types of breast cancer which can be divided into invasive or non-invasive. As a cancer is detected by the screening programme at an early stage, it is not possible to determine if a cancer would have developed into an invasive cancer or not.

## 2. Key Issues

- **Inequality in Screening Uptake** – Breast screening uptake is not equal across the eligible population, in North Tyneside uptake ranges from 38.3% to 81.7% where the national target is 70% (Tables 1 and 2). This variation in uptake is associated with deprivation, with lower uptake in communities experiencing more deprivation. As screening aims to diagnose breast cancer at an early stage when prognosis is best, not accessing screening exacerbates inequalities in morbidity and mortality in communities with high deprivation. Screening uptake is also significantly lower amongst people with a learning disability compared to the rest of the North Tyneside population, with pre-pandemic uptake of approximately 57% and 2020–2021 uptake of approximately 38%.
- **Adapting the National Screening Programme for Local Implementation** – All national screening programmes are overseen by the National Screening Committee<sup>7,17</sup> and commissioned through NHS England to ensure a universal offer to those eligible. This consistency ensures quality however it can present challenges where a tailored offer for certain cohorts may be beneficial.
- **Impact of Pandemic Programme Process Changes** – In response to the pandemic, the breast screening process was altered to recover screening rates as quickly as possible (Figure 1). Consequently, the programme changed the invitation and appointment system from issuing a timed appointment, to an open invitation to book an appointment. It required individuals to make the appointment which may have reduced its perceived importance as well as requiring the necessary skills, resources, and impetus to do this. In North Tyneside, this may have contributed to the low uptake that was initially seen in early 2021. Subsequently other parts of North Tyneside have been offered timed appointment. Consequently, the borough has not had a universal offer of screening which may lead to further unmet need.

### 3. High Level Priorities

Screening uptake is decreasing across the borough<sup>10</sup>, with uptake varying between 38.3% and 81.7% in communities in North Tyneside (Tables 1 and 2 p5 below).

The priority for North Tyneside is therefore to increase breast screening uptake by increasing awareness of screening, removing existing barriers to screening and improving the processes for accessing appointments.

#### **Increase awareness of screening programme**

- **Professional Partners** – Local healthcare and partners have different ways of reaching and communicating with the communities they serve. For them to endorse and answer any questions about the screening programme as trusted voices in their communities, it is essential they are informed of when, where, and how the national programme will be operating in their area. This allows them to plan any interventions and raise awareness within their communities through informational and promotional resources in the local area.
- **General Population** – Raising general population awareness of the programme may impact on uptake as it may enable conversations within families and communities.

#### **Remove barriers to screening**

Known barriers to breast screening include<sup>19</sup>:

- not feeling that breast screening is relevant to them
- not thinking they are at risk of breast cancer
- not understanding the information that has been sent to them
- fear – of the possible pain caused from the procedure and of breast cancer
- embarrassment or modesty
- lack of time
- apathy towards attendance
- accessibility issues
- cultural or religious beliefs
- sense of fatalism
- an informed decision not to attend

While screening should always be a choice, it is likely that the uptake and variation seen across North Tyneside is not solely a reflection of informed choice given the known barriers to uptake.

The change in processes to mitigate the delays from the pandemic may have created additional barriers to screening.

### **Improve processes for accessing appointments**

Some of the known barriers (above) relate to accessing the service itself. The rigidity of the national programme may need to be supplemented locally, where practical, to help address the screening variation across the borough.

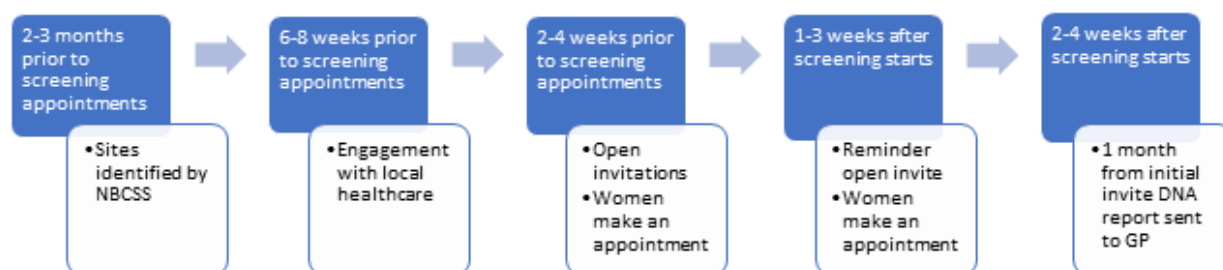
## **4. Those at Risk**

Early detection and diagnosis of breast cancer significantly improves the prognosis. In 2019, 65%<sup>3</sup> in North Tyneside being diagnosed at Stage 1 or 2, likely due to the breast cancer screening programme.

However, uptake for screening varies across society, with higher uptake among white women, and less socioeconomically deprived communities. White women are more likely to be diagnosed with breast cancer than black or ethnic minority women. This may in part be due to lower screening uptake amongst women from BAME communities than their white counterparts<sup>9</sup>. Nationally evidence suggests that in general, lower socioeconomic status is associated with lower screening uptake<sup>11</sup>, and there are approximately 14%<sup>12</sup> fewer cases in more deprived communities compared to more affluent communities.

Risk factors for breast cancer include alcohol misuse<sup>4</sup> and (post-menopausal) obesity<sup>4</sup>, which are both known to be more prevalent in communities with higher deprivation<sup>13,14</sup>. Therefore, increasing uptake in these communities will be important in reducing health inequalities.

## The National Breast Cancer Screening Service



**Figure 1** – BNCSS Process Flowchart

The NHS England commission the national breast cancer screening service (NBCSS) is to be delivered by the Newcastle upon Tyne Breast Screening Service for Newcastle upon Tyne, Northumberland, North Tyneside, North Cumbria and Derwentside. The Breast Screening Service has three mobile units which travel across the rest of the region. A mobile unit is situated within North Tyneside approximately every 3 years, remaining in situ long enough to ensure 70% of the eligible population are screened.

However, while the incidence of breast cancer increases, the uptake of screening is reducing, with a 2% reduction in uptake between 2010–2019 across England and a 3% decrease in North Tyneside. Delays and challenges due to the pandemic led to more than a 10% reduction in screening uptake in 2020–21 than in previous years<sup>10</sup>.

Therefore, increasing uptake of the breast cancer screening programme is crucial for earlier detection and diagnosis of breast cancer.

### 5. Level of Need

Breast cancer screening uptake data is collected to the practice level, while incidence or mortality data is not.

Nationally, screening uptake varies by deprivation and ethnicity, with poor screening uptake relating to increased mortality from breast cancer. There is a consequential small association between female breast cancer mortality and greater deprivation in England<sup>14</sup>.

The Office for Health Improvement & Disparities collects data from NHS Cancer Screening Programme on both the proportion of eligible people who

have been screened in the last 36 months (coverage) and the proportion of those invited who screened within 6 months of their invitation (uptake). The data below refers to the coverage rather than uptake as this provides a more constant picture of how many eligible people participate in the screening programme compared to the 6 months uptake data which fluctuates as screening is only available every 3 years.

The national screening coverage target is 70% of the eligible population and the 5-year average uptake is 69.5%<sup>10</sup>. Historically, in North Tyneside, breast cancer screening uptake has achieved coverage above the national average varying between 70.1% - 76.4%, with a downward trend and 5-year average of 73.6%<sup>10</sup> (2016-2021).

However, breast screening uptake and therefore coverage is not equal across the borough. There is geographical variation across the borough, with people from more affluent communities more likely to be diagnosed with breast cancer than those from more deprived communities. (See Appendix A for uptake at a Practice level.)

The data in Table 1 looks at screening coverage for 2019-2020. The data for 2020-21 is not yet reliable due to the pandemic and the impact it had on the breast screening service. The data is further impacted by screening taking place in North Tyneside in 2021-22 as data is not recorded until 6 -8 months after the screening data to record the full data set in case there is a case of breast cancer that then needs to be treated.

*Table 1: 2019-2020 screening uptake*

	<b>National</b>	<b>sub icb 99c</b>	<b>North Shields PCN</b>	<b>North West PCN</b>	<b>Wallsend PCN</b>	<b>Whitley Bay PCN</b>
<b>2021/22</b>	63.1	63.3	62.7	66.8	37.2	58.0
<b>Highest and Lowest Uptake for each PCN/ across the Borough (%)</b>	63.1-63.2	62.1 – 64.5	61.2 – 64.2	64.6- 68.9	27.3 – 48.3	52.3 – 63.6

Participation in breast cancer screening is significantly lower amongst people with a learning disability compared to the rest of GP practice cohorts

throughout North Tyneside. For most of the GP Practices, less than 6 people with a registered learning disability attended breast screening.

*Table 2: North Tyneside CCG Breast Screening Uptake amongst Residents with a Learning Disability (from LD Cancer Screening Comparison Refreshed 2022)*

Year/ Quarter	All Patients		LD Patients		
	2019/20	2020/21	2019/20 Q4	2020/21 Q1	2020/21 Q2
Breast screening uptake (% of eligible population)	74%	70%	57%	43%	46%

No other data is currently recorded around disability and either breast cancer mortality or screening uptake.

## 6. Unmet Needs

Uptake varies considerably across North Tyneside (Table 1) and leaves 18.3 – 39.6% of the eligible women registered with a GP not screened<sup>10</sup> depending on where they live.

This unmet need is higher for women with a learning disability (Table 2).

### Mechanisms for Unmet Need

The breast cancer screening programme is a complex service (Figure 1) that operates on a regional footprint and is not routinely part of local primary and secondary care. GP practices are monitored for their patient cohort's uptake for breast screening, with data collected for screened in last 36 months (3 year coverage %)<sup>10</sup>. Given the complexities of the service and its separateness from local healthcare, it is plausible that it does not meet the needs of all those it is intended for. Examples of where there may be unmet needs include:

**GP Lists** - The NBCSS contacts GP Practices for accurate lists of who is eligible for breast cancer screening and who may need any adjustments.



**Location** – The screening unit has been situated in North Tyneside General Hospital car park for 2021–22 where previously it was in supermarket carparks. Screening in non-healthcare settings is known to increase uptake<sup>11</sup>.

**Operational Hours** – The service runs during conventional working hours which can be a challenge for many people to attend.

**Reasonable adjustments** – There is one accessible clinic a month and women can alternatively reschedule their appointment to a local hospital.

**Appointment Process** – the process changes in response to the pandemic including sending open invitations instead of timed appointments which requires individuals to prioritise and be able to make an appointment.

**Delays** – the service is currently inviting women 6–9 months later than the scheduled 36 months<sup>6</sup> which increases unmet and future need as more people are eligible and have had longer between screening. This may lead to an increase in breast cancer morbidity and mortality over the next 5 years.

## 7. Projected Need and Demand

Screening uptake is declining which may further increase mortality from breast cancer as prognosis is worse at later stage diagnosis<sup>2</sup>. Therefore, the risk of breast cancer morbidity and mortality is increased, thereby actually increasing the need of breast cancer screening.

The current service is unlikely to be able to meet future needs in its current state. As the mobile unit will remain in an area until the 70% target is met, as uptake decreases it is likely that the unit will have to stay in each area for a longer time which results in a delay in access to screening in another area.

## 8. Community Assets and Services

The North Tyneside Cancer Prevention Network (CPN) brings together professional partners such as the ICB, PCN cancer leads and coordinators and voluntary and community organisations.

The CPN have worked to increase uptake through novel approaches and collaboration. Projects include, overcoming the barrier of expensive parking

at the mobile screening unit site, screening conversations with those who had not responded to the invitation to book and increasing awareness of the screening programme using localised resources which were shared widely.

Key stakeholders include primary care networks, Healthwatch North Tyneside, LDNE, Coping with Cancer, patient engagement groups and VODA. This is not an exhaustive list and the CPN is working with other partners as well on the breast screening agenda.

There are numerous cancer patient engagement and support groups/networks in North Tyneside. Some operate on regional footprints as well:

- Northern Cancer Voices
- North Tyneside CCG Cancer Plan Patient Engagement Task & Finish Group
- North of Tyne and Gateshead Patient and Professional Group
- North Tyneside CCG Patient Forum

These groups are contributing to establishing the remit of the Cancer Prevention Network and the CPN is providing data and public health expertise for their activity as well.

## **9. Evidence for Interventions**

There are a variety of best practice interventions<sup>16</sup> that could be employed to increase screening uptake. These interventions rely on the breast screening service working in close collaboration with local partners such as public health and primary care networks.

- Primary care pre-endorsement to tell patients that they are about to be invited for screening<sup>17</sup>
- Primary care endorsement on invitation letter
- Timed appointments and reminders<sup>18</sup> (instead of open invitations)
- Remind patients about appointment via text message
- Electronically informing GP Practices of DNAs
- Non attenders
  - Telephone for conversation about screening
  - GP reminder letter (very large effects)<sup>18</sup>
- Returning to fixed appointment letters

## 10. Views

The Cancer Awareness Measure (CAM) is a validated survey developed by Kings University, UCL and Cancer Research UK. The CAM was carried out in North Tyneside in winter 2021 with over 400 individuals surveyed, making up a representative sample of the borough population. The CAM covers awareness of signs and symptoms of cancer, factors affecting making an appointment, risk factors for cancers and awareness of the cancer screening programmes.

This data shows that awareness is lowest amongst the routine manual and non-working population which mirrors national evidence of breast screening awareness and uptake.

The geographical variation in awareness is also worth noting, a high awareness of the programme in the Whitley Bay area is to be expected given the above average historical uptake seen there (Table 1). The awareness of the programme is perhaps higher than expected in North Shields (more deprivation than borough average and previously average screening uptake) but may be explained by the breast screening service inviting women from this area in the weeks before the survey was carried out. Less easily explained is the lower awareness of the breast screening programme in Killingworth considering the historically high uptake of the screening programme in this area (Table 1).

Healthwatch North Tyneside began seeking feedback on the breast screening service in June 2022. Within the first week, they received over 200 responses, with over 300 responses in total. The findings of this survey were published by Healthwatch North Tyneside in November 2022. The results were presented to the Cancer Prevention Network.

Highlights and key findings are:

- Most people were grateful for the screening programme and felt the process ran smoothly, with clear accessible information and kind, reassuring and efficient staff
- Where people experienced challenges they tended to be with the venue/ location, particularly the inconvenience of the location for public transport and lack of and cost of parking

- The other challenge that people experienced was with the booking process, with the phone line and online system not working well for all

The Healthwatch North Tyneside Report goes on to suggest some actions, for the local and national system:

1. Continue to remain open and responsive to feedback
2. Continue with timed appointments at first contact
3. Enable data sharing for accurate coordination between the Service, GP practices and Public Health to ensure residents are not contacted unnecessarily
4. Review the location of the screening unit going forward
5. Review the resource capacity of the booking line for a consistent service
6. Invest in an online booking system as exists elsewhere
7. Improve the practical information that is provided at time of appointment invitation
8. Continue to support the staff teams who are providing excellent care
9. Alter the point of invitation from the GP trigger to individuals due date
10. Improve the availability of screening information, particularly on the ability to opt in after the age of 70

The Healthwatch North Tyneside Report give us insight to how the service is providing an excellent service to most residents and how the system challenges are impacting the experience of some residents.

## **11. Additional Needs Assessments Required**

Breast cancer screening is a service which aims to reduce breast cancer mortality by detecting and diagnosing breast cancer at an early stage. Understanding the context of this needs assessment could be further supported by a broader cancer needs and assets assessment.

Many risk factors exist for cancers, and this is true for breast cancer as well. Preventable risk factors for breast cancer include alcohol and tobacco consumption and obesity, for which there are separate JSNAs. The prevalence of these preventable risk factors, and the negative impact of them due to less socioeconomical capital, is significantly higher in north Tyneside's more deprived communities.

Given the variation in breast screening uptake in North Tyneside, it is incumbent to carry out targeted investigations and interventions with

cohorts such as the Learning-Disabled community as well as any minority ethnic communities.

As the difference in uptake within North Tyneside is largest between our most and least deprived communities, targeted work with communities living with high levels of deprivation is necessary to creating any change in uptake and therefore mortality.

Working in collaboration with organisations and communities is essential for identifying assets which can be maximised to increase breast cancer screening uptake.

## 12. Key Contacts

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