

Minutes of the Cross Party group meeting on Cancer: Cancer Screening

Wednesday 17th June.

Conference Room 24, Tŷ Hywel

Attendees

Julie Morgan AM, Chair

Pip Ford, Society of Pysiotherapists

Clare Bath, CR-UK

Sue Hadlow, patient Rep

Stephanie Smits PHD student PHW

Nick Phillips Bowel Cancer Wales

Linda McCarthy Breast Cancer Care Wales

Lowri Griffiths, Macmillan

Lee Campbell, Cancer Research Wales

Raj Khera, Policy Advisor, Policy Department, Cancer Research UK

Margatet Hutchinson, Patient Rep

Altaf Hussain AM and Mark Major, Researcher

Karen McGree, Kidney Cancer Scotland

Sian Whelan, CR-UK Research Nurse

Annie Mullholan, patient rep

Dr Heather Payne, Senior Medical Officer for Maternal and Child Health, WG

Jon Antonazi and Ian Lewis, Tenovus

Speakers: Dr Rosemary Fox, Hayley Heard, Rachel Jones, Sikha De Souza

Agenda

Julie Morgan AM Chaired the meeting.

- Introduction to the Welsh Screening Service: Dr Rosemary Fox
- Bowel, Breast and Cervical screening programmes and future plans: Programme Heads
- Participation work to improve uptake and inequalities: Dr Sikha Dr Sikha de Souza, Consultant in Public Health

- Discussion on how we can work together to help improve bowel screening uptake rates and screening messaging: All

Minutes

1. Presentations are attached to these minutes

2. Discussion on uptake and awareness

Dr Sikha highlighted that men in deprived areas are the group least likely to attend bowel screening, and that the community screening teams are working within communities to raise uptake among different groups. They take different approaches depending on different community needs.

The Screening Service is also running a Screening for Life Campaign throughout July:

Information about Screening for Life campaign and resource pack:

<http://www.screeningforlife.wales.nhs.uk/information-for-volunteers>

Key messages about the Adult screening programmes:

<http://www.screeningforlife.wales.nhs.uk/key-messages>

Statistical information about uptake of screening including local area maps:

<http://www.screeningforlife.wales.nhs.uk/statistical-reports-1>

Thunderclap that people can sign up to in order to support the campaign via social media:

<https://www.thunderclap.it/projects/27059-screening-for-life-2015>

Mike Hedges AM pointed out that Swansea East has particularly low take up and asked if the Screening Service had considered using local newspapers to promote Screening, as these are still read by a big audience and the target age ranges for screening.

Altaf Hussain AM pointed out that GP referrals for screening can take 6 months. Dr Rosemary Fox said that the Screening Service has much quicker referrals, so it is advisable to go through screening when invited. The Screening Service is working with the new GPs clusters and there is a screening lead in each cluster area. The Screening Service also monitors GP screening targets.

3. Discussion about the disadvantages of screening.

Dr Fox pointed out some of the disadvantages which can be small amounts of radiation in breast screening and over diagnosis, and that colonoscopy's can sometimes cause a perforation, so the Screening Service never tell people to go, but provide advice on the benefits.

Annie Mullholland quoted an article from Dr Hammond's book on screening which suggests that the wrong people attend screening, and that screening should instead be more targeted to those more at risk from cancer. Annie felt that people should be told more about the risks of screening so they feel empowered to make their own decisions.

Dr Fox agreed that we sometimes overestimate the effects of screening, and underestimate the risks, but that cervical cancer would be 4 x more common in Wales if it was not for cervical screening

and the HPV vaccine, and that these programmes have had massive benefits in combating cervical cancer.

4. HPV vaccine in boys and FIT test for Bowel Screening Programme

Jon Antoniazzi from Tenovus asked about boys being vaccinated with HPV vaccine given the massive benefits of vaccinating girls, and also how we can ensure the bowel screening packs become more noticeable as often people forget about them. Also how pharmacy can be used to help promote screening, and whether the FIT Test will be incorporated into the Bowel Screening Programme.

Dr Fox said that we still don't know enough about how long the HPV vaccine will last, but we should start to see more of a drop in abnormalities, and eventually we may get to a stage where we do not need cervical screening at all.

The Bowel Screening Service does give out tests in the community in partnership with Tenovus, Pharmacy, and GP surgeries. They also work with primary care to notify them of non respondents.

Dr Fox also agreed that the FIT Test would definitely be a positive way forward for Bowel Screening as FIT improves uptake, but it is costly and colonoscopy waiting times would increase as more people go through the system with FIT because of its increased sensitivity. The Bowel Screening Service will progress to FIT in the future, but we need to improve waiting times for colonoscopy's first.

Dr Fox also said the CR-UK endorsement letters that are currently being sent out to screening invitees after the pack arrives in the post, seem to be helping with uptake, so they will look to continue this in the meantime.

5. Colonoscopy wait times

Aled Roberts AM was also concerned about the waiting times for a colonoscopy within LHB's from a GP or other referral, whereas screening referrals are around about 4 weeks. There is a Ministerial group looking at waiting times at the moment. Aled Roberts also agreed that GPs can help improve uptake.

6. Screening for prostate Cancer

Aled Roberts also asked about screening for prostate cancer. Rose Fox said that the current test just leads to too much over diagnosis and we need a better test in the future.

7. Integrated messaging

Linda McCarthy from Breast Cancer Care asked about communicating about other screening programmes during screening appointments. Dr Sikha said they have developed some key messaging leaflets which integrate screening and prevention messages like smoking and lifestyle choices.

8. Awareness of age as a cancer risk factor.

Ian Lewis from Tenovus raised the importance of needing to communicate that age is a risk for cancer, and suggested that during the last screening appointment advice should be given out

explaining that age is still a risk factor. Rose Fox said that the Service does give out a letter at the last appointment. Ian Lewis also pointed out that the International Cancer Benchmarking Project has shown that people aren't aware of age as a risk in Wales, that maybe a project could be undertaken to look more at this?

9.00am meeting closed.