

Report Title: **Scrutiny Review of Breast Screening Services**

Report of: **Councillor Winskill, Chair of the review panel**

Contact Officer : Martin Bradford

Email: [Martin.bradford@haringey.gov.uk](mailto:Martin.bradford@haringey.gov.uk) Tel: 0208 489 6950

Wards(s) affected: **All**

Report for: **[Key / Non-Key Decision]**

**1. Purpose of the report (That is, the decision required)**

- 1.1. That the Overview and Scrutiny Committee approve the recommendations laid out in the attached report.

**2. Introduction by Cabinet Member (if necessary)**

- 2.1. N/A

**3. State link(s) with Council Plan Priorities and actions and /or other Strategies:**

- 3.1 The Sustainable Community Strategy plan for 2009-2011 identified the need to:
- increase the uptake of cervical and breast screening including amongst non-English speaking communities.
- 3.2 The review may assist achieving the following Local Area Agreement targets:
- NI 119 - Self reported measure of peoples overall health and wellbeing
  - Local - Prevalence of breast feeding at 6-8 weeks (indirect)
- 3.3 The Comprehensive Area Assessment (CAA) has highlighted that one of the key challenges for Haringey is to increase the uptake of breast screening.

#### **4. Reason for recommendation(s)**

4.1. Reasons for the recommendations are covered within the main body of the attached report.

#### **5. Other options considered**

5.1. N/A

#### **6. Summary**

In June 2009, the Overview and Scrutiny Committee commissioned a review of the uptake of breast screening services in Haringey. The review sought to assess how the uptake of breast screening services could be improved in Haringey.

As part of the review process the panel:

- heard evidence from local commissioners and service providers
- heard evidence from specialist screening agencies
- consulted local women who had used the breast screening service
- visited the local breast screening service.

In analysis of the evidence received the panel identified a number of interplaying factors which may influence a woman's decision to take up their invite for breast screening. These were:

- structural issues– the development of screening lists, call and recall system
- operational issues – location of clinics, appointment times, out of hours services
- socio-demographic issues – age, ethnicity, social deprivation
- attitudinal – personal anxiety, perceptions of importance or relevance.

The panel highlighted a number of areas where it was possible to identify a number of interventions which may help improve the uptake of breast screening services in Haringey. The panel made a number of recommendations in three key areas:

- improved accessibility of breast screening clinics
- greater involvement of primary care in the breast screening process
- the need to develop more localised public health information and awareness for breast cancer.

#### **7. Chief Financial Officer Comments**

7.1 There are no direct financial implications arising for the Council as a result of the implementation of these recommendations. However, the impact of the recommendations should be closely monitored in order to assess any future financial implications that may arise.

## **8. Head of Legal Services Comments**

8.1 There are no legal comments.

## **9. Service Financial comments**

9.1. The report focuses on strategic and policy issues arising from NHS activity with regards to breast screening services.

9.2. The recommendations in the report refer to services commissioned by NHS Haringey. There are no direct financial implications within the recommendations for the Council.

9.3. Financial implications arising from the recommendations will be included in the formal response to the review by NHS Haringey.

## **10. Head of Procurement Comments – [Required for Procurement Committee]**

10.1. N/A

## **11. Equalities & Community Cohesion Comments**

11.1 This review has highlighted areas within the established equalities strands (age, gender, religion, disability, ethnicity and sexuality), where potential local inequalities may exist in the incidence of breast cancer, the take-up of breast cancer screening and resultant health outcomes.

11.2 The review has identified the following inequalities in the incidence of breast cancer:

- Gender: women 100x more likely to develop breast cancer than men
- Age: 4 in 5 cases of breast cancer are diagnosed in women over 50 years
- Ethnicity: Ashkenazi Jewish women 1.5x times more likely to develop breast cancer
- Lesbians: convergence of multiple risk factors may make this group more susceptible to developing breast cancer

11.3 The review has identified the following inequalities in the uptake of breast cancer screening:

- Age: younger women in the age screening group (50-70) less likely to attend
- Ethnicity: different cultural beliefs and perceptions of breast cancer impact on screening uptake among black and other minority ethnic groups: e.g. attitudes toward screening and perceptions of risk
- Disability: women with a learning disability or mental health problem are known to have lower levels of attendance at breast screening.

11.4 The review has identified the need to improve breast screening uptake in Haringey,

as this will help to ensure that screening programme reaches the diverse range of cultural and ethnic communities that reside in Haringey. The review also recommends that efforts to improve breast screening uptake should be supported by active awareness raising, health promotion and public health interventions among those community groups at greater risk of developing breast cancer or who are known to not attend for breast screening.

### **13. Consultation**

13.1 Throughout the scrutiny review process, evidence has been considered from commissioners (NHS Haringey and North London Breast Screening Service), service providers (North London Breast Screening Service) and regional screening representatives from NHS London and London Quality Assurance Reference Centre to help inform conclusions and recommendation.

13.2 Women who have used local breast screening services were also consulted in the review process: a survey was administered to service users (65 responses) and two focus groups held (10 participants). Analysis of this data has been used to inform conclusions and recommendations developed in the review.

13.3 NHS Haringey (service commissioners) and North London Breast Screening Service (service providers) have been consulted on the conclusions and recommendations contained within the review.

### **14. Use of appendices /Tables and photographs**

14.1 Please see contents page in main report for appendices.

### **15. Local Government (Access to Information) Act 1985**

15.1 A full list of all data sources are fully referenced in the body of the attached report.