

## 7. ADULT SECTION

### 7.14 Young Person and Adult (YPA) Screening Programmes

Screening is a process of identifying apparently healthy people who are at increased risk of a disease or condition, to offer information, further tests and where appropriate interventions to reduce risk or treat the condition. Young person and adult screening programmes aim to identify a range of cancer and non-cancer conditions during different stages of life which are amenable to different types of interventions.

There are a number of screening programmes<sup>1</sup> offered to people in the UK with some variation across the four countries. The details of the programmes with timelines are shown in appendix 1. The UK National Screening Committee (UK NSC)<sup>2</sup> assesses evidence and makes recommendations<sup>3</sup> to the four UK governments about population screening programmes. NHS England commissions all Young Person and Adult (YPA) Screening Programmes based on these recommendations. The YPA programmes include:

- two non-cancer screening
  1. NHS Diabetic Eye Screening Programme
  2. NHS Abdominal Aortic Aneurysm Screening Programme
- three cancer screening
  1. NHS Bowel Cancer Screening Programme
  2. NHS Breast Screening Programme
  3. NHS Cervical Screening Programme.

The three cancer screening programmes test for pre-cancerous cell changes in the body. Breast and cervical are offered to women and bowel for both men and women.

#### *7.14.1. The importance of adult screening*

England's screening programmes are world leading and responsible for saving thousands of lives every year<sup>4</sup>.

##### 7.14.1.1. Diabetic Eye Screening Programme

The NHS Diabetic Eye Screening Programme reduces the risk of sight loss in people with diabetes through the early detection, appropriate monitoring and referral for treatment of diabetic retinopathy, which is one of the biggest causes of blindness among people of working age. It offers screening every 12 months to all people with diabetes aged 12 and over.

About five in 100 (5%) people in the UK have a diagnosis of diabetes. Most, 90 in 100 (90%), have type 2 diabetes. The number of people with type 2 diabetes is rising

because more people are living longer, are obese, have low levels of physical activity and come from ethnic groups with higher risk of diabetes. This is also due to increased levels of testing, e.g. NHS Health Checks. The number of people with Type 1 diabetes is also rising by around 5% per year, for reasons which remain unknown.

Diabetic retinopathy is a complication of diabetes and is one of the leading causes of sight loss and blindness across the world. Diabetic retinopathy occurs when diabetes affects small blood vessels, damaging the part of the eye called the retina. It can cause the blood vessels in the retina to leak or become blocked. It can affect people's sight and can lead to sight loss. People living with diabetes may be unaware they have the problem before it is too late. Screening services were established in the UK to detect retinopathy so it can be found and treated before it becomes sight threatening.

It is estimated that in England every year 4,200 people are at risk of blindness caused by diabetic retinopathy and there are 1,280 new cases of blindness caused by diabetic retinopathy. Diabetic retinopathy may not cause symptoms until it is quite advanced which is why screening is important. All people with diabetes are at risk of getting diabetic retinopathy. Pregnant women with type 1 or type 2 diabetes are offered additional tests for diabetic retinopathy at, or soon after the first antenatal appointment and again after 28 weeks of pregnancy.

#### 7.14.1.2. Abdominal Aortic Aneurysm (AAA) Screening (Men only)

An abdominal aortic aneurysm (AAA) is a weakening and expansion of the aorta, the main blood vessel in the body. Large aneurysms are rare but can be very serious. Approximately 6,000 people in England and Wales die every year from ruptured AAAs. Men are approximately six times more likely to have an AAA than women. The chance of having an aneurysm increases with age. The risk of having an AAA can also increase if men smoke, have high blood pressure or have a brother, sister or parent who has, or has had, an AAA. It is estimated that around 1 in 25 men aged between 65 and 74 in England have an AAA (4% of men in the age group).

The NHS Abdominal Aortic Aneurysm (AAA) Screening Programme reduces premature deaths from ruptured AAAs among men aged 65 and over by up to 50% through early detection, appropriate follow-on tests and referral for potential treatment. It offers all men an ultrasound scan of the abdomen during the year they turn 65, while men over 65 who have not previously been tested can self-refer for screening.

#### 7.14.1.3. Cervical Screening (Women only)

Cervical cancer is the most common cancer in women aged 35 and under. Over 3,000 women will be diagnosed with cervical cancer every year in the UK. It's possible for women of all ages to develop cervical cancer, although the condition

mainly affects sexually active women aged 30 to 45. The condition is very rare in women under 25.

The NHS Cervical Screening Programme prevents cancer by detecting abnormalities of the cervix and referring for potential treatment. The programme uses liquid based cytology – still sometimes called a smear – to collect samples of cells from the cervix. These samples are examined in a laboratory to look for any abnormal changes in the cells. Screening is offered every three years to all women aged 25 to 49 and every five years to those aged 50 to 64. The aim of this Cervical Screening Programme is to reduce the number of women who develop cervical cancer and the number of women who die from the condition. Since the screening programme was introduced in the 1980s, the number of cervical cancer cases has decreased by about 7% each year.

#### 7.14.1.4. Breast Screening (Women only)

Breast cancer is the most common type of cancer in the UK. Around 15% of all newly diagnosed cancers in the UK are breast cancer. In the UK, 55,200 people are diagnosed with breast cancer each year (that is around 150 people a day). It is more common in women than men. Around 54,800 women are diagnosed each year and around 390 men. One in eight women in the UK develop breast cancer during their lifetime, compared to one in 870 men. Most of the women who get breast cancer have had their menopause, but about two out of every 10 (20%) are under 50 years old. Breast cancer risk can be affected by age, family history and lifestyle factors such as obesity and smoking. Most women diagnosed with breast cancer are over 50, but younger women can also get breast cancer.

The NHS Breast Screening Programme reduces the number of deaths from breast cancer by finding signs of disease at an early stage. Breast screening uses mammography (x-rays) to look for abnormalities in breast tissue. Women in England and Wales aged 50 to 70 are invited for breast screening every three years. Women over 70 can continue to have breast screening by making an appointment at their local screening unit every three years. There's a good chance of recovery if breast cancer is detected in its early stages.

#### 7.14.1.5. Bowel screening

In the UK, around 41,300 new cases of bowel cancer were diagnosed during 2014 (that's 110 cases diagnosed every day). Bowel cancer is the fourth most common cancer in the UK (2014) and accounts for 12% of all new cases in the UK (2014). About one in 20 people in the UK will develop bowel cancer during their lifetime. Over 16,000 people die from bowel cancer each year<sup>5</sup>. It is the second leading cause of cancer deaths in the UK. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%<sup>6</sup>.

The NHS Bowel Cancer Screening Programme detects bowel cancer at an early stage when treatment is more likely to be effective. Bowel cancer screening also

detects polyps, which are not cancers, but may develop into cancers over time. Polyps can be removed, reducing the risk of bowel cancer developing. A screening kit is offered to men and women aged 60 to 74 every two years. The kit is completed at home and posted to a laboratory for analysis. A one-off bowel scope screening test, using flexible sigmoidoscopy, for those aged 55, is also being implemented across England. This test uses a narrow, flexible video camera called a sigmoidoscopy to look inside the rectum and bowel.

#### 7.14.2. Information about antenatal screening programmes in Buckinghamshire

##### 7.14.2.1. Diabetic Eye Screening Programme

The proportion of eligible diabetes patients screened in 2014/15 in Buckinghamshire is shown in table 1 below. The minimum standard for screening is 70% and is met in all areas of Thames Valley. The national target of 80% uptake of diabetic eye screening is being met in Buckinghamshire (87.5%) and is highest compared to Oxfordshire (80%), Berkshire (72%), South East (81%) and England (82.9%).

**Table 1:Diabetes screening update in Buckinghamshire compared to regional and England average, 2014/15**

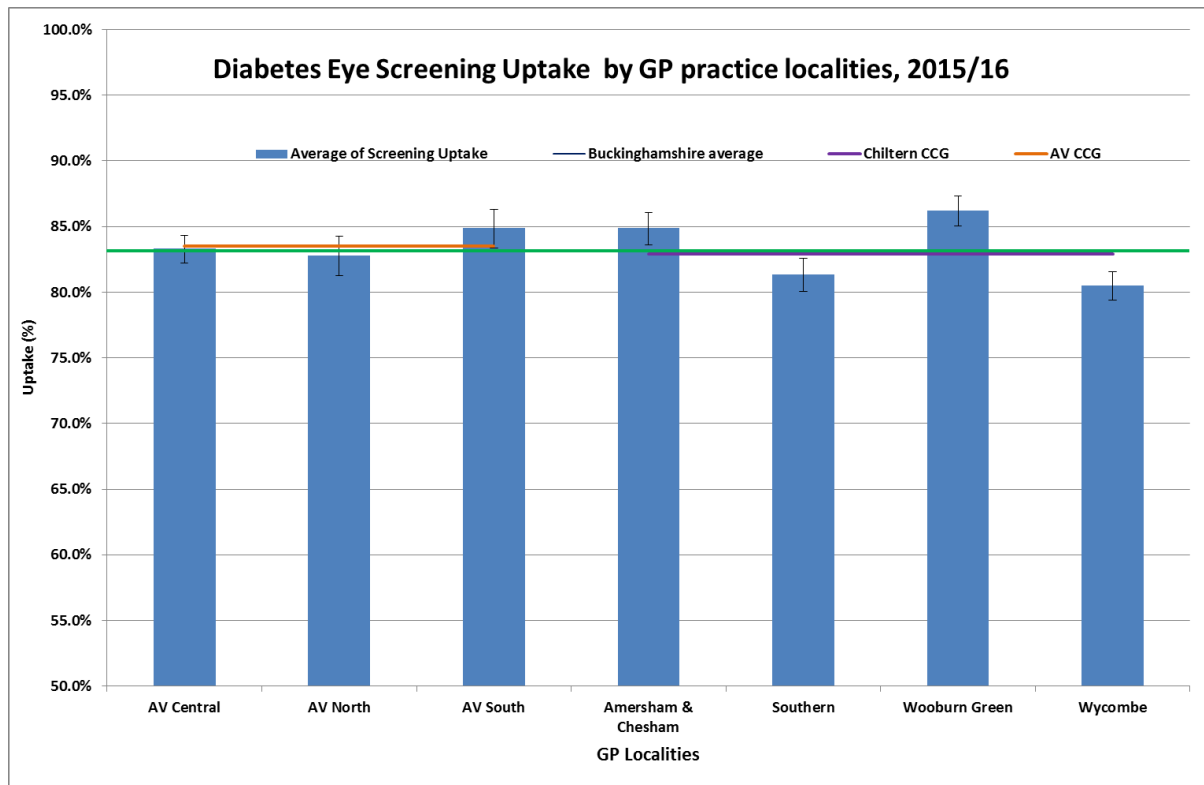
Area	No. Invited for screening 2014/15	Estimated numbers screened 2014/15	Uptake 2014/15
Berkshire	37,290	26,971	72%
Buckinghamshire	20,788	18,180	87.5%
Oxfordshire	24,403	19,530	80%
South East	282,357	-	81.0%
England	-	-	82.9%

*Source: Diabetic Eye Screening service*

The inequalities in uptake by GP localities and GP based deprivation quintiles in 2015/16 is shown below in figures 1 and 2, and table 2. Figure 1 shows the Diabetic Eye screening uptake by GP localities in Buckinghamshire in 2015/16 with 95% confidence intervals. Aylesbury Vale South, Amersham and Chesham and Wooburn Green GP localities have significantly higher uptake, and Wycombe and Southern localities have significantly lower uptake compared to the Buckinghamshire average.

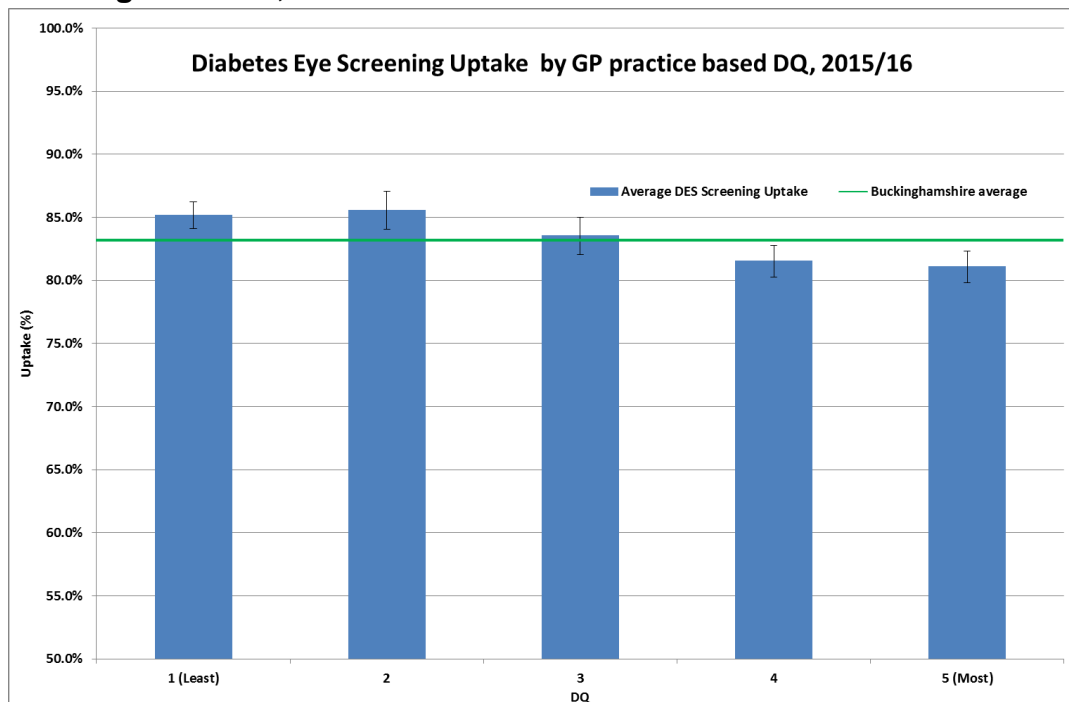
Table 2 shows the Diabetic Eye screening uptake by GP surgery based deprivation quintiles in Buckinghamshire in 2015/16. There is a difference of more than 4% in uptake between the most and least deprived quintiles in Buckinghamshire with significantly lower uptake in most deprived. Figure 2 shows the Diabetic Eye screening uptake by GP surgery based deprivation quintiles in Buckinghamshire in 2015/16 with 95% confidence intervals. This shows the similar finding as described above.

**Figure 1: Diabetes Eye screening uptake by GP localities in Buckinghamshire, 2015/16**



*Source: Diabetic Eye Screening service*

**Figure 2: Diabetes Eye screening uptake by GP based deprivation quintiles in Buckinghamshire, 2015/16**



*Source: Diabetic Eye Screening service*

**Table 2: Diabetes Eye screening uptake by GP based deprivation quintiles in Buckinghamshire, 2015/16**

DQ	GP List Size	DM Register (Total DM patients in GP register)	DES Total DM Register	Total eligible for DES (Denominator)	Total screened (numerator)	Average DES Screening Uptake
1	107,757	4,320	4,438	4,348	3,704	85.2%
2	103,455	4,529	4,587	4,486	3,840	85.6%
3	106,550	4,374	4,407	4,335	3,623	83.6%
4	105,788	5,519	5,501	5,403	4,406	81.6%
5	113,832	6,183	6,288	6,221	5,045	81.1%
Bucks	537,382	24,925	25,221	24,793	20,618	83.2%

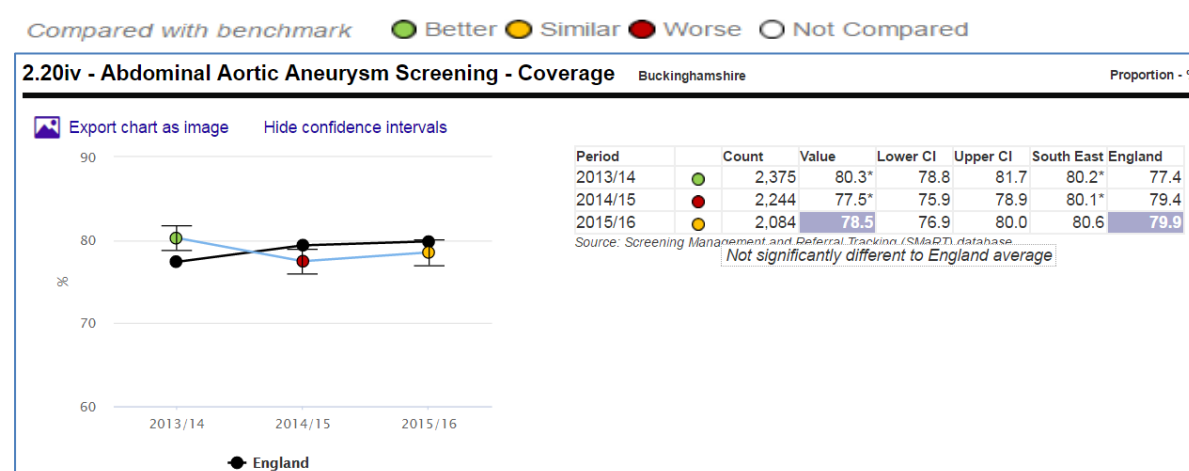
Source: Diabetic Eye Screening service

#### 7.14.2.2. Abdominal Aortic Aneurysm (AAA) Screening

The AAA screening programme is provided by the Oxfordshire University Hospital NHS Trust across Thames Valley. In 2015/16, the programme completed screening its third full cohort of eligible men in their 65<sup>th</sup> year. Figure 3 shows the AAA screening coverage in Buckinghamshire between 2013/14 to 2015/16 compared to national averages. The coverage significantly dropped in 2014/15, but increased in 2015/16 and is comparable to the England average.

In 2015/16, 80% of men offered screening in Aylesbury Vale CCG took up the offer. The figure was slightly lower at 77% in Chiltern CCG, but exceeded the national target of 75%.

**Figure 3: Trends in Abdominal Aortic Aneurysm Screening coverage in Buckinghamshire compared to regional and England averages, 2013/14-2015/16.**



Source: PHOF, Public Health England, accessed on 1 Apr 2017

### 7.14.2.3. Cervical cancer screening (Women only)

*Cancer screening* is testing apparently healthy people for signs of the cancer disease. It can save thousands of lives by finding *cancers* at an early stage, or even preventing them. *Screening* is not the same as the tests a person may have when doctors are diagnosing or treating *cancer*. There are three types of cancer screening for adults in England. They are cervical, breast and bowel cancer screening through NHS national cancer screening programmes.

Cervical screening is offered to women aged 25 to 64 to check the health of cells in the cervix. It is offered every three years between the ages of 25 and 49, and every five years between the ages of 50 and 64. Please click for more information on [cervical screening](#).

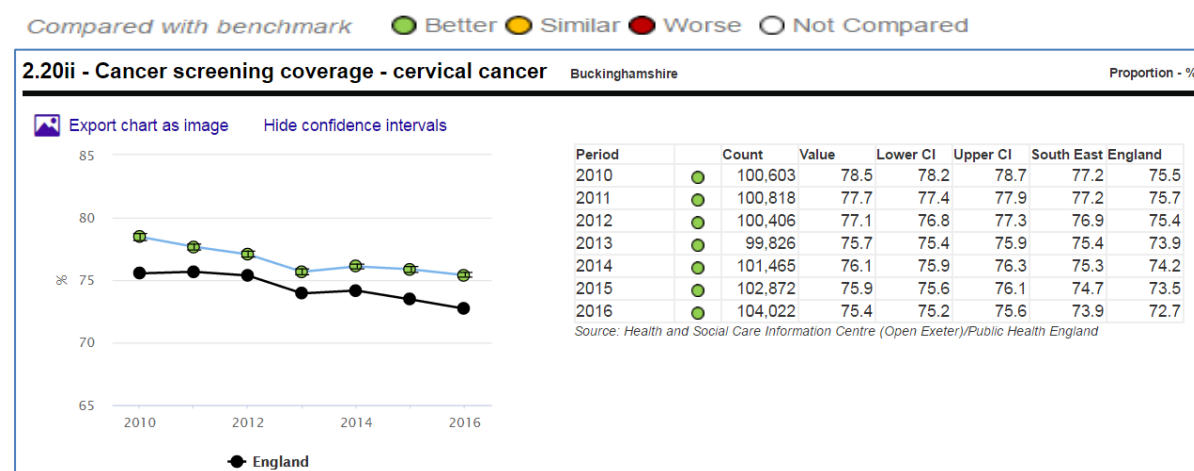
The trends in cervical cancer (every 3.5 or 5.5 years - according to age) coverage in Buckinghamshire between 2010 and 2016 compared to regional and England averages are shown in **Table 3**. Buckinghamshire coverage is significantly higher than the England average (**Figure 4**). The 3.5 year coverage in younger women aged 25 to 49 years (screening is recommended three yearly for this age group) is 72% in Chiltern CCG and 74% in Aylesbury Vale CCG and is comparable with the national trend. In the 50 to 64 year cohort the 5.5 year coverage is 79.7% in Aylesbury Vale CCG and 81% in Chiltern CCG.

**Table 3: Cervical Screening uptake by age group and GP locality in Buckinghamshire, 2015/16.**

GP Locality	Cervical Lower Age (25-49)			Cervical Higher Age (50-64)		
	Eligible women (n)	Women screened in previous 42 months (n)	3.5-year coverage %	Eligible women (n)	Screened in previous 66 months (n)	5.5-year coverage %
Aylesbury Vale Central	18,955	13,563	71.6%	8,094	6,348	78.4%
Aylesbury Vale North	8,723	6,817	78.1%	5,736	4,826	84.1%
Aylesbury Vale South	7,250	5,662	78.1%	4,765	3,879	81.4%
Amersham and Chesham	11,899	8,970	75.4%	6,843	5,552	81.1%
Southern	13,594	9,777	71.9%	7,647	6,100	79.8%
Wooburn Green	14,443	11,011	76.2%	8,218	6,582	80.1%
Wycombe	16,535	10,898	65.9%	6,285	4,881	77.7%
Aylesbury Vale CCG	34,928	26,042	74.6%	18,595	15,053	81.0%
Chiltern CCG	56,471	40,656	72.0%	28,993	23,115	79.7%
Buckinghamshire	91,399	66,698	73.0%	47,588	38,168	80.2%

Source: Public Health England Oct 2016.

**Figure 4: Trends in cervical cancer (3.5 or 5.5 years -according to age) coverage in Buckinghamshire compared to regional and England averages, 2010-2016.**



Source: PHOF, Public Health England, accessed on 1 Apr 2017

The coverage among older age group (50-64) hit the target of 80% in Buckinghamshire and in all GP localities except Wycombe, AV Central and Southern. The coverage is significantly lower in younger age group (25 – 49) compared to older (50-64). **Table 4** and **Figure 5** and **Figure 6** highlight wide variations in uptake within Buckinghamshire by GP localities and deprivation. It is significantly lower in most deprived quintile and in Wycombe, AV Central and Southern for all indicators compared to the expected target.

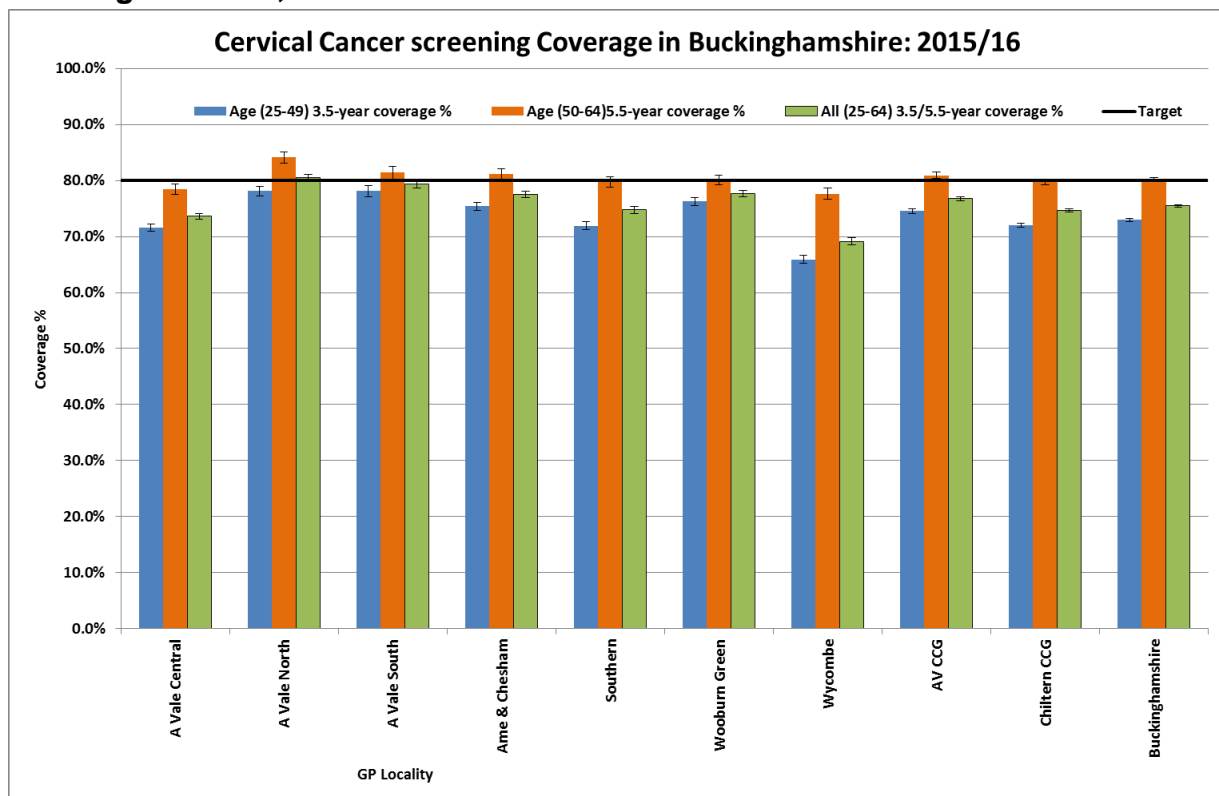
**Table 4: Cervical Screening uptake among all eligible women by GP locality in Buckinghamshire, 2015/16.**

GP Locality	Cervical Screening All eligible Total (25-64 years)		
	Eligible women (n)	Screened in previous 42/66 months (n)	Overall 3.5/5.5-year coverage %
Aylesbury Vale Central	27,049	19,911	73.6%
Aylesbury Vale North	14,459	11,643	80.5%
Aylesbury Vale South	12,015	9,541	79.4%
Amersham and Chesham	18,742	14,522	77.5%
Southern	21,241	15,877	74.7%
Wooburn Green	22,661	17,593	77.6%
Wycombe	22,820	15,779	69.1%
Aylesbury Vale CCG	53,523	41,095	76.8%
Chiltern CCG	85,464	63,771	74.6%
Buckinghamshire	138,987	104,866	75.5%

Source: Public Health England Oct 2016.

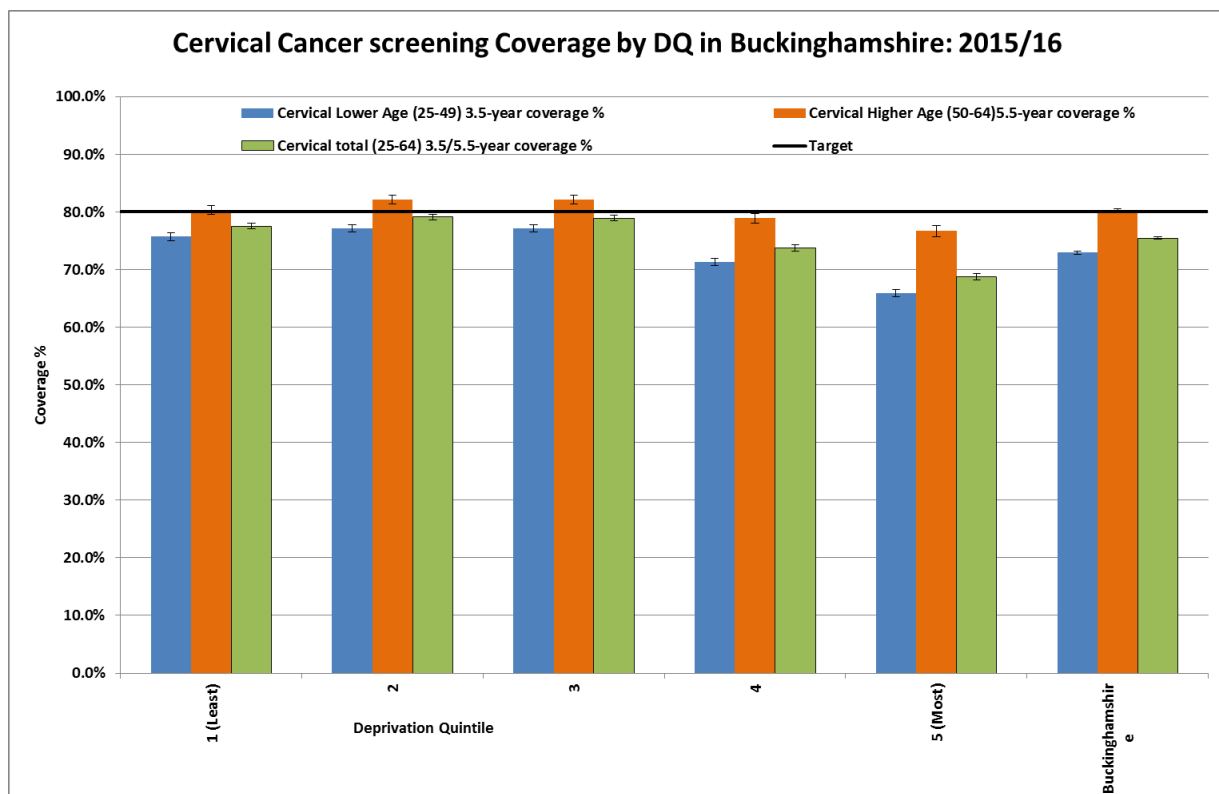


**Figure 5: Cervical Screening uptake by age group and GP locality in Buckinghamshire, 2015/16**



Source: Public Health England Oct 2016.

**Figure 6: Cervical Screening uptake among all eligible women by Deprivation in Buckinghamshire, 2015/16.**



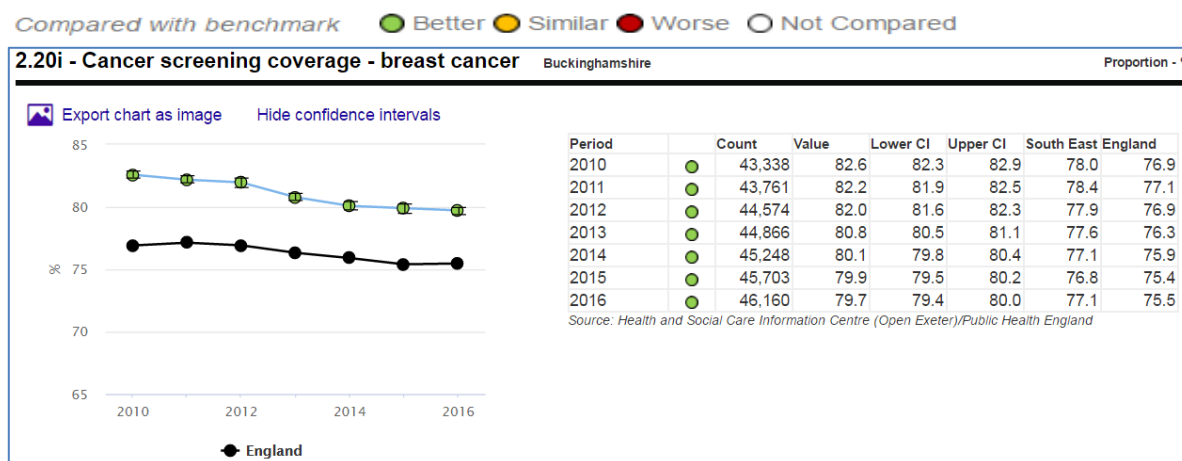
Source: Public Health England Oct 2016.

#### 7.14.2.4. Breast cancer screening (Women only)

The Breast Screening Programme provides free breast screening every three years for all women aged 50 to 70 years to detect early signs of breast cancer. Since 2010, this programme was extended for women eligible for breast screening to those aged 47 to 73. Women aged 70 and over can also self-refer. Breast cancer screening uses an X-ray test called a mammogram that can spot cancers when they are too small to see or feel. There's a good chance of recovery if the cancer is detected in its early stages. For more information please click [breast cancer screening](#).

**Figure 7** shows the trends in breast cancer screening coverage in Buckinghamshire compared to regional and England averages between 2010 and 2016. The coverage is significantly higher in Buckinghamshire compared to England averages. Overall Breast Screening coverage in 2016 is significantly below the target (80%) in Buckinghamshire. Within Buckinghamshire, the coverage is significantly lower in the extended age group (47-73 years) compared to just the standard age (50-70) in 2015/16 (**Table 5** and **Table 6**). **Figure 8** and **Figure 9** show wide variations in coverage within Buckinghamshire by GP localities and deprivation. The coverage is significantly lower in the most deprived compared to the least deprived quintile. The coverage is highest in Aylesbury Vale South and lowest in Aylesbury Vale Central followed by Chesham and Wycombe GP localities.

**Figure 7: Trends in breast cancer coverage (within the previous 3 years) in Buckinghamshire compared to regional and England averages, 2010-2016.**



Source: PHOF, Public Health England, accessed on 1 Apr 2017

**Table 5: Breast screening uptake among standard age group (50-70 years) by GP locality in Buckinghamshire, 2015/16.**

GP Locality	Breast screening among women in standard age (50-70 years)					
	Invited for screening in previous 12 months	Screened within 6 months of invitation	Annual Uptake %	All eligible women aged 50 -70 years	All eligible women screened in previous 36 months	Coverage % uptake in 36 mths
Aylesbury Vale Central	1,491	1,139	76.4%	11,744	8,487	72.3%
Aylesbury Vale North	6,491	5,169	79.6%	8,580	6,787	79.1%
Aylesbury Vale South	3,363	2,636	78.4%	7,215	5,850	81.1%
Amersham & Chesham	2,966	2,430	81.9%	10,189	7,764	76.2%
Southern	3,165	2,285	72.2%	11,367	8,815	77.5%
Wooburn Green	3,305	2,387	72.2%	12,330	9,449	76.6%
Wycombe	4,821	3,641	75.5%	9,214	7,007	76.0%
<b>AV CCG</b>	11,345	8,944	78.8%	27,539	21,124	76.7%
<b>Chiltern CCG</b>	14,257	10,743	75.4%	43,100	33,035	76.6%
<b>Buckinghamshire</b>	25,602	19,687	76.9%	70,639	54,159	76.7%

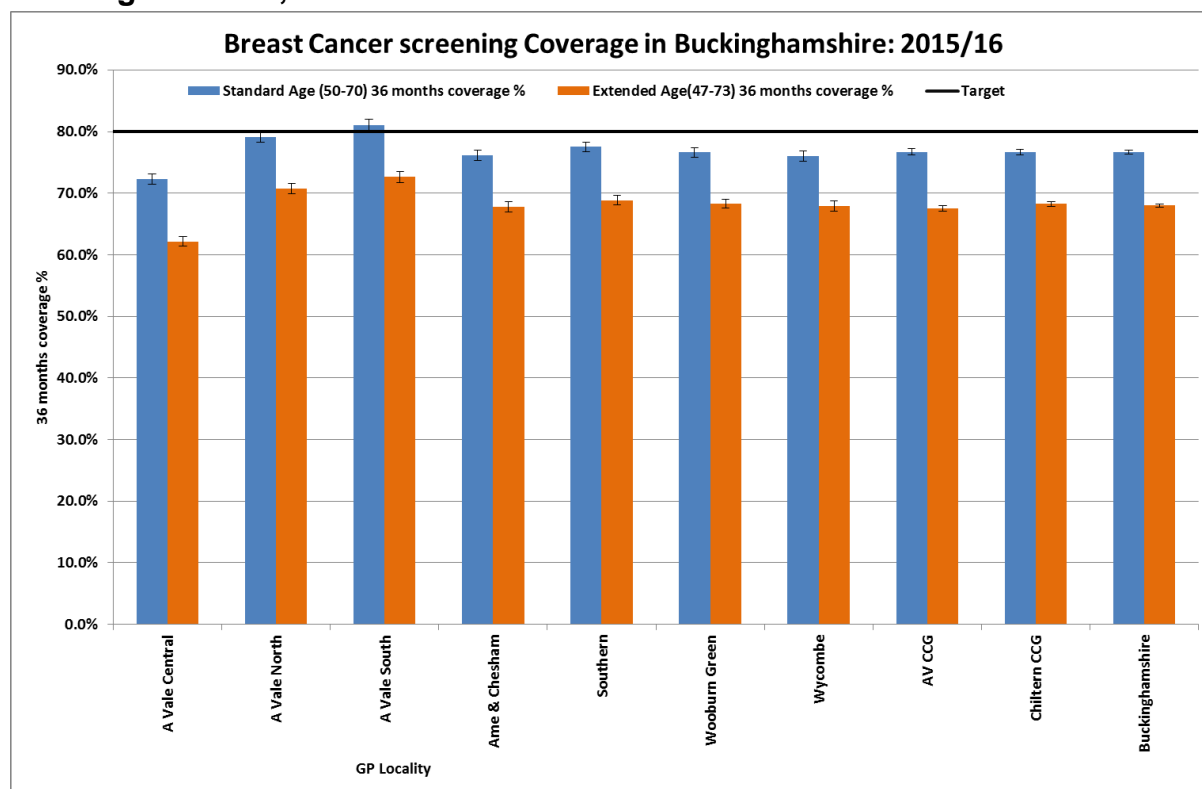
Source: Public Health England Oct 2016.

**Table 6: Breast screening uptake including extended age group (47-73 years) by GP locality in Buckinghamshire, 2015/16.**

GP Locality	Breast screening including extended age (47-73 years)					
	Women invited for screening in previous 12 months (n)	Screened within 6 months of invitation (n)	Annual Uptake %	Eligible women aged 47 – 73 years (n)	Screened in previous 36 months (n)	36 month coverage %
Aylesbury Vale Central	1,633	1,239	75.9%	15,268	9,484	62.1%
Aylesbury Vale North	7,358	5,793	78.7%	10,896	7,710	70.8%
Aylesbury Vale South	3,891	3,015	77.5%	9,313	6,764	72.6%
Amersham & Chesham	3,474	2,818	81.1%	13,178	8,930	67.8%
Southern	3,692	2,647	71.7%	14,661	10,093	68.8%
Wooburn Green	4,243	3,030	71.4%	15,893	10,861	68.3%
Wycombe	5,585	4,181	74.9%	11,933	8,108	67.9%
AV CCG	12,882	10,047	78.0%	35,477	23,958	67.5%
Chiltern CCG	16,994	12,676	74.6%	55,665	37,992	68.3%
<b>Buckinghamshire</b>	29,876	22,723	76.1%	91,142	61,950	68.0%

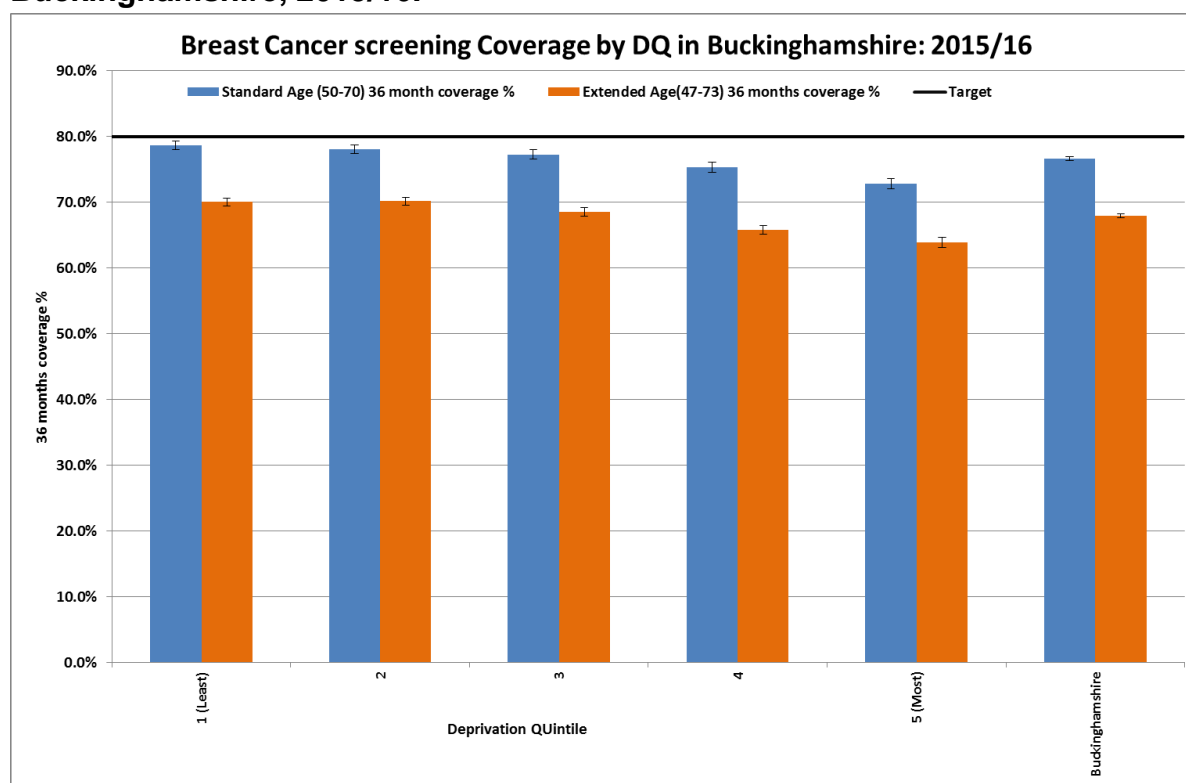
Source: Public Health England Oct 2016.

**Figure 8: Breast screening uptake by age group and GP locality in Buckinghamshire, 2015/16.**



Source: Public Health England Oct 2016.

**Figure 9: Breast screening uptake among all eligible women by Deprivation in Buckinghamshire, 2015/16.**



Source: Public Health England Oct 2016.

#### 7.14.2.5. Bowel Cancer screening

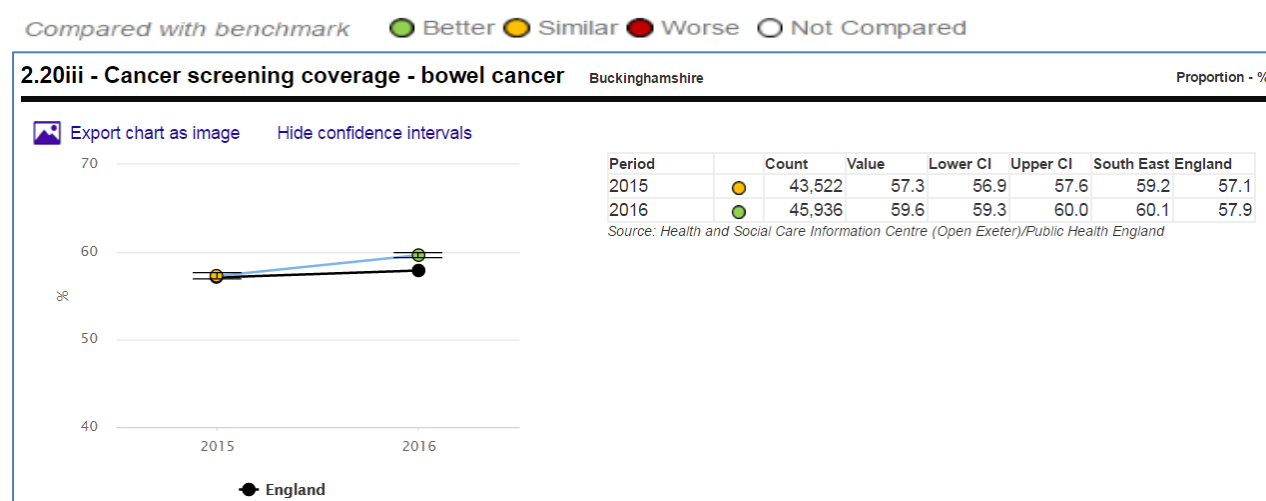
There are two types of screening for bowel cancer. They are

1. **Faecal Occult Blood (FOB) test:** Every two years, all men and women aged 60 -74 years are sent a home testing kit and invited to carry out this FOB test by sending their stool sample.
2. **Bowel scope screening** uses a thin flexible tube with a tiny camera on the end to look at the large bowel. It is offered to men and women at the age of 55 in 2016 in Buckinghamshire. For more information please click bowel cancer screening.

The data for Bowel Scope is not yet available. This report covers Faecal Occult Blood (FOB) test only.

**Figure 10** shows the trends in bowel cancer screening coverage in Buckinghamshire compared to regional and England averages between 2015 and 2016. The coverage is significantly higher in Buckinghamshire in 2016 compared to the England average. Overall Bowel screening coverage in 2016 hit the target (60%) for extended age group (60 – 74), but was just below (59.3%) the target for standard age group (60 - 69) in Buckinghamshire (**Table 7** and **Table 8**). Overall Bowel Screening coverage has just hit or been near to target in Buckinghamshire. The coverage is lower in standard age (60 - 69) compared to extended age (60-74), but are comparable. **Figure 11** and **Figure 12** show wide variations in coverage within Buckinghamshire by GP localities and deprivation. All GP localities are significantly above the target, except Wycombe, AV Central and Southern which have significantly lower uptake. The coverage is significantly lower in the most deprived compared to the least deprived quintile.

**Figure 10: Trends in bowel cancer coverage in Buckinghamshire compared to regional and England averages, 2015-2016.**



Source: PHOF, Public Health England, accessed on 1 Apr 2017

**Table 7: Bowel screening uptake among standard age group (60-69 years) by GP locality in Buckinghamshire, 2015/16.**

GP Locality	Bowel screening among Standard Age Range (60-69)					
	People Invited for screening in previous 12 months (n)	People screened within 6 months of invitation (n)	Annual Uptake %	Total eligible people (n)	People screened in previous 30 months(n)	2.5-year coverage %
Aylesbury Vale Central	4,869	2,629	54.0%	9,454	5,295	56.0%
Aylesbury Vale North	3,749	2,275	60.7%	7,317	4,581	62.6%
Aylesbury Vale South	3,294	2,032	61.7%	6,374	3,993	62.6%
Amersham & Chesham	4,384	2,728	62.2%	8,453	5,359	63.4%
Southern	4,686	2,589	55.2%	9,513	5,443	57.2%
Wooburn Green	5,399	3,291	61.0%	10,632	6,564	61.7%
Wycombe	3,886	1,966	50.6%	7,630	3,994	52.3%
AV CCG	11,912	6,936	58.2%	23,145	13,869	59.9%
Chiltern CCG	18,355	10,574	57.6%	36,228	21,360	59.0%
Buckinghamshire	30,267	17,510	57.9%	59,373	35,229	59.3%

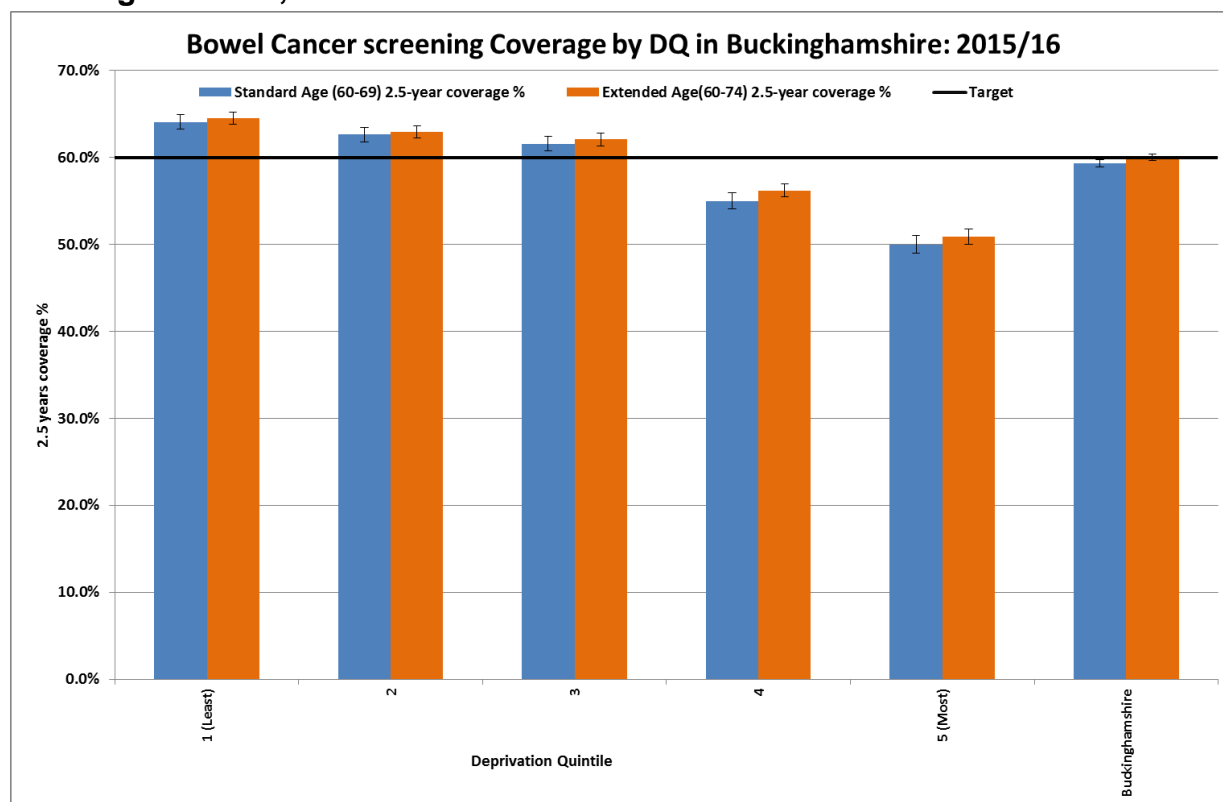
Source: Public Health England Oct 2016.

**Table 8: Bowel screening uptake including extended age group (60-74 years) by GP locality in Buckinghamshire, 2015/16.**

GP Locality	Bowel screening including Extended Age(60-74 years)					
	People Invited for screening in previous 12 months (n)	People screened within 6 months of invitation (n)	Annual Uptake %	Total eligible people (n)	People screened in previous 30 months(n)	2.5-year coverage %
Aylesbury Vale Central	6582	3633	55.2%	12879	7280	56.5%
Aylesbury Vale North	5038	3090	61.3%	9999	6211	62.1%
Aylesbury Vale South	4591	2893	63.0%	9014	5702	63.3%
Amersham & Chesham	6198	3951	63.7%	12050	7699	63.9%
Southern	6354	3578	56.3%	13203	7717	58.4%
Wooburn Green	7536	4686	62.2%	14884	9304	62.5%
Wycombe	5400	2811	52.1%	10540	5658	53.7%
AV CCG	16211	9616	59.3%	31892	19193	60.2%
Chiltern CCG	25488	15026	59.0%	50677	30378	59.9%
Buckinghamshire	41699	24642	59.1%	82569	49571	60.0%

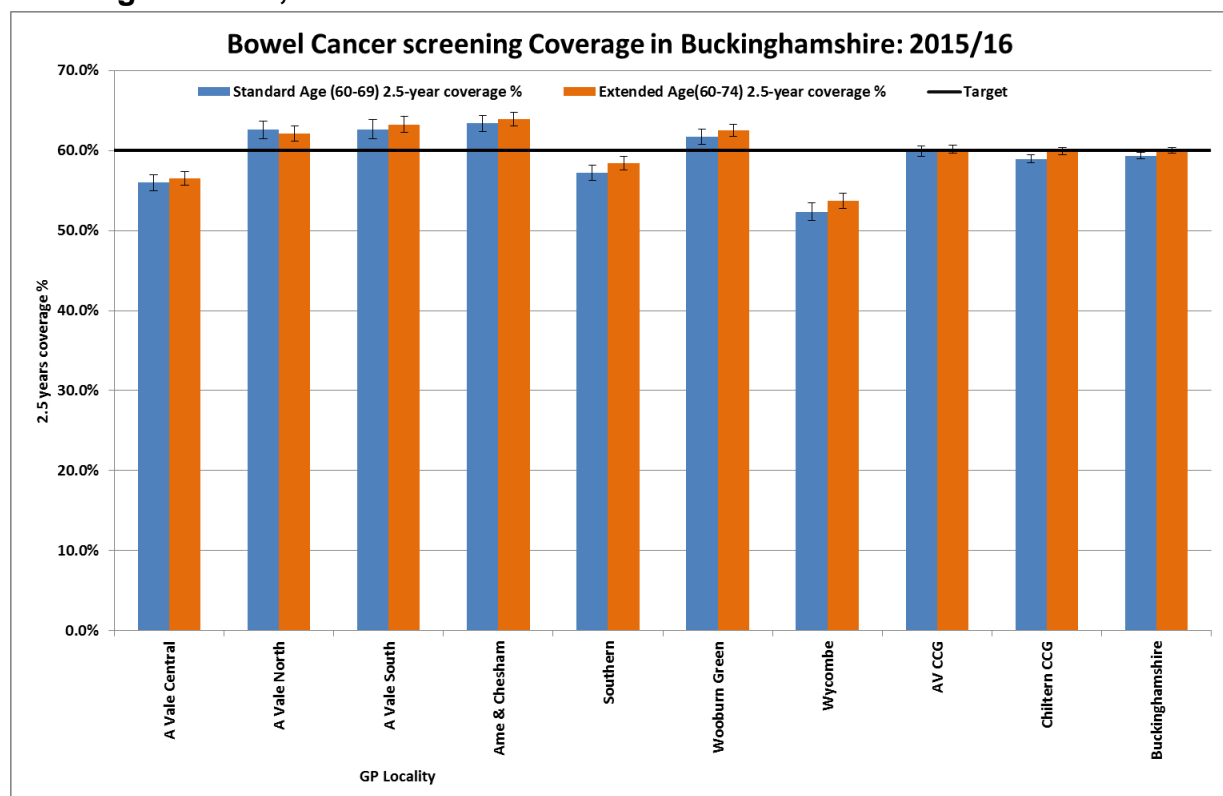
Source: Public Health England Oct 2016.

**Figure 11: Bowel screening uptake among all eligible people by Deprivation in Buckinghamshire, 2015/16**



Source: Public Health England Oct 2016.

**Figure 12: Bowel screening uptake by age group and GP locality in Buckinghamshire, 2015/16**



Source: Public Health England Oct 2016.

#### *7.14.3. Demand*

The commissioning and delivery arrangements for young people and adult programmes are complex. NHS England holds commissioning responsibility, but funding arrangements remain with clinical commissioning groups (CCGs) either partially or fully. In addition, acute, community trust and primary care providers are responsible for various elements of the pathway leading to complexities, which need to be managed carefully to ensure safe delivery. Partnership working across a number of organisations and professional groups is vital to the delivery of whole screening pathways and all appropriate partners must work together to make these entire programmes safe and effective locally.

#### *7.14.4. Horizon scanning*

Each English Screening Programme has a defined set of standards that providers have to meet to ensure that local programmes are safe and effective. Quality assurance (QA) is the process of checking that these standards are met and encouraging continuous improvement across screening and referral pathways, in order to ensure that pregnant women and their babies have access to a high quality service wherever they reside. This is essential in order to minimise harm and maximise benefits. Buckinghamshire County Council Health Protection Committee should have greater influence in overseeing and making sure these programmes are safe and effective locally.

#### *7.14.5. Conclusions*

A number of screening programmes are offered to eligible young people and adults in Buckinghamshire in line with the UK National Screening Committee recommendations. Robust implementation and monitoring are required to ensure the programmes are delivered as effectively as possible to improve health and reduce the risks of ill-health. Overall, all screening programmes for young people and adults in Buckinghamshire are performing well. However, certain elements of some screening programmes appear to need further investigation and action to improve delivery. These include an improvement in cervical and breast cancer screening coverage. There are wide variations within Buckinghamshire for all screening programmes and needs further exploration and targeted intervention to reduce these inequalities.

Ravi Balakrishnan  
Public Health Consultant  
June 2017



## Appendix One: Details of Young People and Adult screening programme in England - timelines

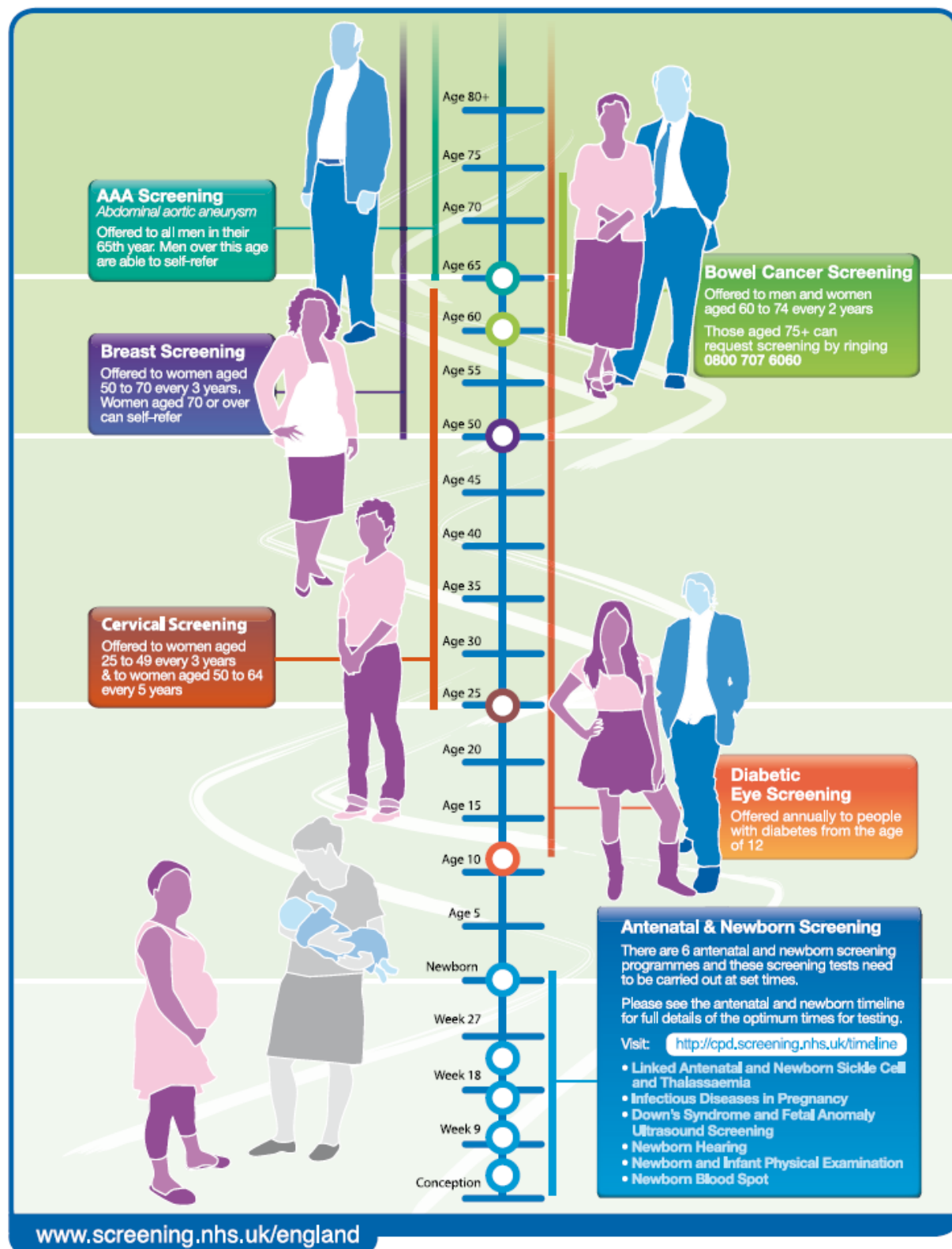


UK National  
Screening Committee



# NHS Screening Timeline

Screening Programmes



[www.screening.nhs.uk/england](http://www.screening.nhs.uk/england)

Version 4, May 2014

## References

---

- <sup>1</sup> Department of Health: Population screening programmes. <https://www.gov.uk/topic/population-screening-programmes> (accessed on 14/12/2015)
- <sup>2</sup> UK National Screening Committee. <https://www.gov.uk/government/groups/uk-national-screening-committee-uk-nsc> (accessed on 14/12/2015).
- <sup>3</sup> Current NSC recommendations <http://legacy.screening.nhs.uk/screening-recommendations.php> (accessed 1/3/2016)
- <sup>4</sup> Public Health England: NHS Screening Programmes in England, Annual Report 2015/16. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/574713/Screening\\_in\\_England\\_2015\\_to\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/574713/Screening_in_England_2015_to_2016.pdf) accessed on 9Mar 2017.
- <sup>5</sup> CancerResearch UK, 2005. Cancerstats
- <sup>6</sup> Cochrane Database of Systematic Reviews, 2006. Screening for colorectal cancer using the faecal occult blood test: an update