

NHS
South Tees
Clinical Commissioning Group

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Toni McHale
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Sent by email

Dear Toni

Re: Report on Cancer Screening Uptake in Middlesbrough

Thank you for sharing with us the Report on Cancer Screening Uptake in Middlesbrough which we read with interest. Along with our public health partners, we have identified cancer as one of our priority areas for tackling health inequalities and together we will be focussing on this across the partnership.

With regards to the recommendations, we have reviewed all and considered those specifically related to our work as a clinical commission group.

A pilot scheme to be introduced to ascertain if the use of pink paper for cancer screening invites and reminders (sent out locally) results in a greater uptake of screening. The small additional cost to implement this will be more than readily absorbed by less people being diagnosed with cancer at a later date.

We would welcome trialling this approach and suggest that this is first piloted in practices with the lowest level of screening uptake to assess how effective this method is. We will discuss this at our Primary Care Co-commissioning Operational Group with our NHS England colleagues. We would also look to implement this across Redcar and Cleveland too.



Women indicated that one of the things that stopped them attending cervical screening was that of opening hours at the GP. If they could not attend their GP they felt uncomfortable attending the alternative on offer-a sexual health clinic. Healthwatch Middlesbrough suggest alternative venues be considered such as pharmacies. Several comments indicated that women felt uncomfortable attending for cervical screening.

We recognise that GP surgery times or sexual health clinics may not be as easily accessible or preferable to the female patient group included in the cervical screening programme, due to working and or family commitments. Our GPs suggested we could explore how the new South Tees Access and Response service which is supported by the Prime Minister's Challenge Fund could offer evening or weekend appointments within a primary care setting. Again, we currently do not commission this service but we can discuss with our partners through our Primary Care Co-commissioning Operational Group.

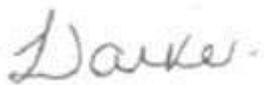
With regards to pharmacies, we were unsure whether many were large enough or had access to private space to accommodate cervical screening. In addition, due to anticipated relatively low numbers, it may not be cost effective in terms of the time required by clinical staff required to be on hand to take the smears and the logistics of transporting samples.

Other general observations were that we had concerns regarding the expectations around PSA testing. PSA blood screening tests are not used to screen for prostate cancer as they are not specific – that is the PSA can be normal and a cancer could be missed, and PSA can be elevated when cancer is not present and lead to over investigation and cause additional stress and potential harm.

Finally, we would be very supportive of public health colleagues working closely with community leaders to jointly plan how best to educate asylum seeker and refugees of the importance of cancer screening and why they should attend. Some insight work jointly commissioned by Middlesbrough Local Authority and the CCG has already been undertaken with BME and seldom heard groups which is likely to inform this work.

Thank you again for sharing this with us and we look forward to updating you following our discussion at our Primary Care Co-commissioning Operational Group.

Yours sincerely



Dr Janet Walker
CCG Chair