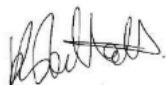


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| LONDON BOROUGH OF CAMDEN | WARDS: All |
| REPORT TITLE Health and Adult Social Care Scrutiny Committee Screening and Prevention Panel - November 2025 Update | |
| REPORT OF Director of Health and Wellbeing | |
| FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee | DATE 4 th November 2025 |
| SUMMARY OF REPORT This report sets out an update to the recommendations of the Health and Adult Social Care Scrutiny Committee's Screening and Prevention Panel, which was presented to the Health and Adult Social Care Scrutiny Committee (HASC) in November 2024. The panel was established by the Health and Adult Social Care Scrutiny Committee in June 2023, to review screening and prevention programmes in Camden. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: James Fox Senior Policy and Projects Officer Strategy and Change London Borough of Camden 5 Pancras Square, London N1C 4AG 0207 974 5827 james.fox@camden.gov.uk | |
| RECOMMENDATIONS That the Health and Adult Social Care Scrutiny Committee notes the update and progress highlighted in the report. | |

Signed:



Kirsten Watters, Director of Health and Wellbeing

Date: 23/10/2025

1. Purpose of Report

- 1.1. In July 2024, the Screening and Prevention Panel of Camden Council's Health and Adult Social Care Scrutiny Committee (HASC) produced its [final report¹](#). The panel had been initiated in July 2023 to investigate the uptake of health screening and prevention programmes in Camden.
- 1.2. The committee focussed on cancer screening programmes as a priority area where uptake has historically been low in Camden, exploring barriers to uptake and developing recommendations for how to improve uptake to partners across the system. Responses to the recommendations were presented to HASC in November 2024 and can be found [here²](#).
- 1.3. This report presents an update on progress to improve cancer screening uptake in Camden, including the latest cancer screening coverage data and updates against the recommendations table.

2. Latest data on cancer screening coverage in Camden

- 2.1. There has been significant work led by North Central London Integrated Care Board (NCL ICB) cancer data and analytics team to make cancer screening data in North Central London more timely and actionable.
- 2.2. An NCL primary care cancer screening data dashboard has been developed that provides data on cancer screening uptake and coverage across the cancer screening programmes. This includes analysis of trends over time, and variation by borough, primary care network (PCN) and GP practice. The dashboard is currently being used by a new Camden GP cancer screening lead to increase awareness of variation in uptake across practices and explore what practices can do to increase uptake.
- 2.3. The latest data on the dashboard shows:
 - **Breast screening coverage** (53-70 years) in Camden has **increased by 7%** over the last 12-month period for which data is available from 49% in Feb 2024, to 56% in Feb 2025 (see Figure 1, Appendix).
 - **Bowel screening coverage** (60-74 years) has **increased by 3%** over the last 12-month period for which data is available, from 58% in Feb 2024 to 61% in Feb 2025 (see Figure 2, Appendix).
 - **Cervical screening coverage** (25-64 years) has **remained broadly flat** over the last 12-month period for which data is available, from 52% in June 2023, to 53% in June 2024 (Figure 3, Appendix). Note the latest available data (June 2024) predates the Screening and Prevention Panel report. The lack of

¹ https://democracy.camden.gov.uk/documents/s119503/Final_screening_panel_report.pdf

² [https://democracy.camden.gov.uk/documents/s121373/Screening and Prevention Panel recommendation responses.pdf](https://democracy.camden.gov.uk/documents/s121373/Screening_and_Prevention_Panel_recommendation_responses.pdf)

more recent data is due to technical issues nationally following the change to the Cervical Screening Management System (CSMS).

3. Camden Cancer Screening Group

- 3.1. A new Camden Cancer Screening Group was established by Health and Wellbeing in January 2025, bringing together partners from across the council and the wider health system. This includes the NCL Cancer Alliance, the health promotion leads for each cancer screening service, the Camden Community Bus team, a new GP Cancer Lead, the Learning Disabilities cancer screening project lead, Health and Wellbeing Communications team, and Healthwatch Camden.
- 3.2. The group has coordinated activity across several areas, including data, communications, targeted community engagement, and primary care engagement. For example, there is much greater coordination now between Public Health, Healthwatch Camden, the cancer screening promotion leads, and the bus team, on community events taking place in the borough where stalls can be set up for cancer screening promotion and reaching communities across the borough. Public Health has organized Making Every Contact Count (MECC) training with focus on cancer screening for Families for Life Champions, and the Health and Wellbeing department including the bus team, in collaboration with the cancer promotion leads. A new local cancer screening leaflet has been co-produced with residents, carers, patients with lived experience and Families for Life Champions, with plans to translate it to produce more culturally competent materials for different communities. Collaboration between the GP cancer lead, cancer screening promotion leads and public health has led to series of engagement activities with primary care to highlight the data and emphasise their role in cancer screening. There has also been coordination on HPV (human papilloma virus) vaccine promotion activity through the Camden Immunisation Group's work with Vaccination UK and development of social media videos co-produced with secondary school students.

4. Improving cancer screening uptake in people with Learning Disabilities

- 4.1 People with learning disabilities face many barriers to cancer screening, and cancer screening continues to be one of the top 3 causes of avoidable death for people with learning disabilities nationally. A three-year grant from the Royal Free Charity has enabled a focused project across Camden and Islington learning disability teams to offer personalised support for cancer screening engagement.
- 4.2 Over the first year of the project, a baseline level of understanding and awareness of cancer screening within the learning disability community, their families and carers was established. People with learning disabilities had the opportunity suggest areas of improvement, allowing us to implement changes to enhance both uptake and overall experience of cancer screening.

Additionally, valuable training opportunities were provided for people with learning disabilities, their carers and families, resulting in increased confidence and knowledge of cancer screening programmes.

- 4.3 Throughout the first 6 months of year two, the cancer screening facilitator has continued to provide support to service users to increase participation in cancer screening programmes. We have been able to incorporate lung cancer screening into this project and implement changes to the lung cancer screening programme based on feedback from people with learning disabilities, including the creation of Easy Read documentation and an accessible video on the lung cancer screening pathway.
- 4.4 Data has shown the following changes in cancer screening uptake as a result of this project in combination with other local health promotion initiatives:
- Between April 2024 and August 2025 there has been a 21.6% increase in breast cancer screening uptake for people with learning disabilities in Camden.
 - As of August 2025, 31% of people with a LD across Camden and Islington who had not responded to lung screening invitations have since completed their lung screening appointment (started working with the lung cancer screening team in January 2025).
 - Bowel and cervical screening - full data set not yet available, however a number of service users supported to complete their bowel screening kits and attend cervical screening appointments.

5. Introduction of the NHS Lung Cancer Screening programme

- 5.1. From February 2025, the Targeted Lung Health Check (TLHC) programme became a new national NHS Lung Cancer Screening programme for people aged 55-74 who have ever smoked. As of Oct 2025, first invites have been sent to all eligible patients in NCL, the first ICB area to reach 100% rollout. People who have aged into the programme will be invited from 2026.
- 5.2. Uptake of lung cancer screening in Camden is currently 47.2%, which is lower than the NCL average of 49.1% and 50.2% nationally. Data suggests lower uptake among men, younger age groups age 55-59, and certain PCNs within the borough.
- 5.3. A range of activity is underway to increase uptake, led by the lung cancer screening promotion lead. This includes community outreach and education, screening in the community (including to substance users via work with Change Grow Live), GP engagement, review of pathways for people with learning disabilities and severe mental illness, and a forthcoming promotional campaign from November 2025 – February 2026, including future collaboration with the Camden Community Health Bus. The data insights described above will be used to target the campaign towards low uptake groups.

6. NCL Cancer Alliance Projects

6.1. There are a range of broader NCL-wide initiatives to improve cancer screening uptake led and coordinated by the NCL Cancer Alliance Prevention Awareness and Screening (PAS) Group, as part of the NCL PAS Strategy 2023-2028. Key projects include:

- Breast screening: A reminder project working with low uptake practices, contacting and engaging nonattenders, and additional support for people with physical disabilities and learning disabilities. Additional iPad-based language support at appointments.
- Bowel screening: A calling project to people newly invited to the programme as part of age extension are called ahead of a kit being sent to them to provide information about the screening programme and encourage participation.
- Cervical Screening: a primary care nurse lead working with low uptake practices and primary care networks (PCNs), developing toolkits and supporting roll out of self-sampling. Other projects include cervical sample taker training, and improving HPV vaccine uptake among schools and catch up for 16-25 year olds.
- Cross-cutting projects: on improving access for people experiencing homelessness, public awareness campaigns for bowel screening and now lung cancer screening (in collaboration with community pharmacies), developing content for 'Making Every Contact Count' (MECC) training, and improving access for people with learning disabilities and severe mental illness.

7. Recommendations and progress (table below)

| # | Recommendation | Action | Organisation | Update - October 2025 |
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| 1.1 | Raise GP awareness of need to improve screening rates | We ask that the data manager for each federation downloads the monthly screening attendance data by practice from the GPs' EMIS system and creates a dashboard for each GP practice showing their patients' cervical, bowel and breast cancer screening rates over the past 3 months, compared to the previous year. Individual practice data should be shown against quartiles for all GP practices across the borough (or federation if access to whole borough is not available). Data should be displayed publicly in the surgery. This will (i) introduce an element competition across practices, (ii) create heightened awareness in the staff at each practice and (iii) draw patient attention. [We are aware that GPs sometimes contest this data but using data derived from the same source will negate most of this debate.] | Camden's GP Federations (Camden Health Evolution (CHE) and Camden Health Partners (CHP)), NCL Cancer Alliance, NCL ICB | <p>There has been significant work led by NCL cancer data and analytics team to make cancer screening data in North Central London more timely and actionable. An NCL primary care cancer screening data dashboard has been developed that provides data on cancer screening uptake and coverage across the cancer screening programmes. This includes analysis of trends over time, and variation by borough, PCN and GP practice. Data from the dashboard has been highlighted in PCN meetings and primary care engagement forums by the GP lead and public health team and cancer screening promotion teams in primary care engagement work. Practices have also been encouraged to ensure their lists of registered patients are cleaned and up to date to improve accuracy of cancer screening coverage data.</p> <p>North Central London Integrated Care Board (NCL ICB) has funded practices across Camden to deliver activities that will improve their bowel screening performance. The funding will run until end of March 2026 and the outcomes of the project will be assessed to determine next steps. Practices are being supported by the GP IT team (hosted by the ICB) to access the data they need to deliver the project.</p> |
| 1.2 | Raise GP awareness of need to improve screening rates | Leverage Camden's relationship with newly resident pharma company MSD to (i) host a conference for local GPs to learn from Unlocking Insights project findings, (ii) utilise their national cervical screening benchmarking database that permits comparison to, and learnings from areas with similar socioeconomic characteristics, and (iii) engage with the Race to Elimination campaign strategy. | Public Health | Public health connected with MSD last year to gain access to their cervical screening benchmarking database. However, this tool has been superseded by the new NCL primary care cancer screening data dashboard described earlier in this report which provides greater functionality and more granular breakdowns and views of the local data. We also learned about MSD's Race to Elimination campaign which has informed work particularly on HPV vaccination promotion. As such, considerable effort has been made to improve communications and engagement with schools about the importance of HPV vaccination. Fortnightly meetings were held between Vaccination UK (provider) NHSE (Commissioner), school nursing team and Camden Health and well-being team to identify ways of working together to improve uptake. Preliminary data from Vaccination UK suggests an increase in HPV uptake in both boys and girls in year 8 in |

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| | | | | <p>Camden Schools of approximately 10% in 2024-25 compared to 2023-24.</p> <p>As part of a 'STEAM' work placement, a group of year 12 secondary school students joined the public health team from 7-11 July and co-produced a set of engaging short videos that will be shared on social media to promote HPV catch-up.</p> <p>Rather than a single conference for GPs, primary care engagement has occurred across a range of forums (see 1.3)</p> <p>MSD are also working with the ICB to support a data reconciliation project to support the HPV vaccination catch-up programme in primary care.</p> |
| 1.3 | Raise GP awareness of need to improve screening rates | Assign responsibility to someone fully within Camden's purview to work with Camden GPs to better understand and respond to the challenge of ensuring all GPs fully understand their patient body and embed best practice on community engagement to drive improved screening uptake. | Public Health, NCL Cancer Alliance | The Cancer Alliance has supported a new Camden GP cancer lead to raise awareness of screening performance in practices and discuss activities they can deliver to make improvements. Collaborative sessions led by the GP lead, public health and screening and promotion leads have included: presentation of uptake data (see 1.1) including variation between practices, promotion of best practice and understanding issues around process of invites and recall. These sessions have currently happened across 5 of the 10 PCNs in Camden with further planned, and engagement through other borough-wide primary care forums such as the practice managers forum and Camden GP learning forum. |
| 2.1 | Raise community awareness of screening programmes | We ask that Public Health contact English for Speakers of Other Languages (ESOL) providers in and around Camden and work with them to include an explanation of the purpose and delivery of screening and prevention within the ESOL unit where health and wellbeing in the UK are introduced. | Public Health | Public health met with two ESOL providers in Camden (Camden Adult Community Learning and Working Men's College) and shared the locally developed Camden cancer screening leaflet with both providers for dissemination in their learning journal which goes out to new learners. With both centres Public Health agreed to arrange an in-person session with the screening promotion teams, but times and dates were difficult to coordinate |

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| | | Likewise, using the UK Citizenship Test as a possible means for awareness raising should be considered. | | with their term and exam times in the Summer. This is being picked up again now, but to make it more sustainable Public Health are also looking at how they could integrate cancer messaging and language into existing lessons. |
| 2.2 | Raise community awareness of screening programmes | We recognise that different communities habitually disseminate messages in different formats, some written, some visual and some verbal. To that end, we draw attention to the London-wide work of the NHS Legacy and Health Equity Partnership team on the creation of social media and word-of-mouth campaigns designed to connect with specific communities and ask that their work be accelerated in Camden. This will involve working with community leaders to identify messages that resonate and local influencers to propagate these messages in places (physical or virtual) frequented by different communities – for cancer screening and also to ensure parents give permission for their children to receive the HPV vaccine. | Public Health | <p>Public health connected to the NHS Legacy and Health Equity Partnership Team to get access to their full report. This has informed a lot of the engagement work Public Health have led through the new Camden Cancer Screening Group in collaboration with Healthwatch Camden, the Royal Free and UCLH cancer screening promotion leads, and the Camden Bus team.</p> <p>Activities have included:</p> <ul style="list-style-type: none"> • Development of a local Camden cancer screening leaflet to raise awareness of all 4 cancer screening programmes, eligibility, information and local contact details, co-produced with residents, carers, patients with lived experience and Families for Life Champions • Multiple events and stalls (Castlehaven Community Centre, British Somali Centre and Somers Town Living Centre) for awareness raising and conversations around cancer screening, targeting particular groups including, Somali, Bangladeshi, and African communities, people experiencing housing issues and unemployment, asylum seekers and refugees, university students – in partnership with community groups. • Making Every Contact Count (MECC) training focused around cancer screening for champion groups and Camden health bus staff. • A more coordinated approach to communications and campaign promotion; such as awareness weeks and NCL campaigns. <p>The Cancer Alliance funded Healthwatch Camden to continue delivering awareness raising activities across different communities. Key messages disseminated include promoting screening attendance across the three established national programmes as well as lung cancer screening which is newer.</p> |

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| | | | | Over July - September 2025, Healthwatch Camden focused on raising awareness of bowel cancer screening and particularly targeting men (who have lower uptake) and areas of high deprivation. |
| 2.3 | Raise community awareness of screening programmes | We ask that Public Health write to local private GPs to ask that they (i) inform their patients of the NHS screening offer and (ii) share (with patients' permission) cancer screening records with NHS England where possible | Public Health | A letter was sent to all private GPs in Camden to inform them of the low cancer screening rates and request for support in opportunistic cancer screening promotion and signposting, and distribution of the locally developed Camden cancer screening leaflet. A similar letter and pack was then also sent out to all NHS GP practices as well. |
| 2.4 | Raise community awareness of screening programmes | We ask that the Public Health team identify other chances for 'opportunistic intervention' where residents are most likely to be receptive to engaging with services and to ask service providers to re-enforce messaging about benefits of cancer screening and early detection. This may be, for example, via the Camden Community Champions initiative or at Camden Children's Centres or during visits by the Health Bus. | Public Health | <p>The Camden Community Bus Team was incorporated within the Health and Wellbeing (Public Health) team in 2025. This has facilitated much greater action to incorporate cancer screening promotion on the bus. All upcoming bus dates and locations are shared via the Camden Cancer Screening Promotion Group so that cancer screening promotion leads and Healthwatch Camden can join at those locations, set up stalls, have conversations and distribute materials.</p> <p>The Camden Mobile Health Bus is also now able to access EMIS (electronic health record system used in primary care) which gives them an opportunity to check Camden-based patient's screening record and support them to request an appointment or screening kit.</p> <p>The bus team are also collaborating further with the screening health promotion teams. They will be working with the breast screening team over the rest of the financial year to deliver engagement events in practices and areas that have low participation levels. They will also work with the lung cancer screening team between November 2025 and January 2026 to help promote the NCL lung cancer awareness campaign (which includes encouragement to participate in lung cancer screening).</p> <p>With cervical self-sampling due to be introduced next year there has been discussion to explore how the bus can support HPV self-sampling awareness within low uptake communities.</p> |

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| | | | | Public health have arranged multiple training sessions on cancer screening promotion to the bus team and different champions groups. |
| 3.1 | Provide long term funding for community initiatives | Source and distribute multi-year (minimum 3 to 5) funding stream for community-based organisations to support work with trusted leaders and influencers in high-risk/low-engagement communities, to support on-site clinics and advice surgeries, and to develop social media and community-based initiatives. Identifying and prioritising provision of funding to 'Anchor Institutions' that sit at the heart of their neighbourhoods, and that are capable of supporting their communities and helping Camden deliver on its vision for improved physical health and wellbeing, will be an important factor in increasing understanding of and 'buy in' to screening. | NCL Cancer Alliance and Health and Wellbeing Board | The Cancer Alliance has continued funding Healthwatch Camden to work with other VCS organisations to engage high-risk communities and disseminate cancer prevention and screening messages. This work is a core part of the NCL Cancer Prevention, Awareness and Screening Strategy 2023-28. The Alliance's funding settlements are annual but if this changes, longer term investment will be made to support delivery of the NCL Cancer Prevention, Awareness and Screening Strategy (2023 - 2028). |
| 4.1 | Improve access to screening | We ask that service providers review all their screening information, invitation letters and text messages to ensure plain language standards are met. | | <p>Screening information and invitation materials are generated at a national level. Locally produced supplementary materials will adopt the principle of being written in a format that is accessible to the population and available in multiple languages. The Camden public health team developed a new local leaflet on cancer screening, co-produced with residents, carers, patients with lived experience and Families for Life Champions, with plans to translate into other languages including cultural competency.</p> <p>Changes to supplementary information are reviewed periodically and where there are gaps, new resources are developed. Learning on improvements that could be made to invitation materials has been applied to resources for the NCL Lung Cancer Screening Programme, where NCL has much more flexibility to make changes.</p> |
| 4.2 | Improve access to screening | We ask that service providers offer screening invitees booking via an online portal which clearly displays a wide range of times (weekdays, evenings and weekends) and locations for cervical screening and | Camden GP Federations, London Breast Hub, NCL Cancer Alliance | The breast screening team continue to offer patients the ability to change their appointment online or over the phone if the allocated slot is unsuitable. In June, NHSE launched digital cervical screening invites via the NHS App. Where a patient does not have the App, a letter is sent to their registered address. The screening |

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| | | mammogram appointments and permits easy rebooking. We also suggest an 'opportunistic' approach to cervical screening which permits the addition of a smear test if, for example, an overdue patient attends for a coil fitting. | | <p>services are planning further developments to increase the digital offer available across the programmes, in line with the Government's 10 Year Health Plan.</p> <p>NHS England announced that HPV self-sampling will be rolled out from 2026 for people that are overdue their cervical screening, posted to their registered address. Additionally in London, practices with low screening rates have been selected to take part in a supplementary project that will allow practice staff to opportunistically offer HPV self-sampling kits to overdue women. In Camden, four practices will take part in the project. If successful, it is hoped that the pilot will be extended to additional practices.</p> |
| 4.3 | Improve access to screening | We strongly advise that GPs establish regular cervical screening clinics in a range of community centres across the borough including, e.g., The Greenwood Centre, the Chadswell Healthy Living Centre, the N1C Centre in Kings Cross, and advertise the fact that privacy will be maintained, all staff will be female and a chaperone available. Other suitable locations can be identified in collaboration with Camden's health team who will be well-placed to advise via their work on 'neighbourhood' health provision and likely align with organisations assigned as 'Anchor Institutions'. | Camden GP Federations, NCL Cancer Alliance | <p>The NCL Cancer Alliance has been funding a cervical screening lead nurse in Camden since May 2025 to increase cervical screening uptake in lower uptake practices and PCNs. The nurse has had a key role in developing resources, delivering training, guidance and communications to practices around changes to the programme. The nurse has been hosted by Islington rather than Camden, but engagement with Camden practices has improved with the support of the GP cancer lead in Camden and coordination via the Camden Cancer Screening Group around opportunities to connect at local events and the community bus.</p> <p>As described in 4.2, self-sampling will be rolled out from 2026 for people that are overdue their cervical screening. Additionally in London, practices with low screening rates have been selected to take part in a supplementary project that will allow practice staff to opportunistically offer HPV self-sampling kits to overdue women. In Camden, four practices will take part in the project. If successful, it is hoped that the pilot will be extended to additional practices.</p> |
| 4.4 | Improve access to screening | Provision must be made for people who face challenges, be they physical or intellectual, in attending or conducting their own tests. We ask that GP practices review their access | Camden GP Federations, London Breast Hub and London Bowel | <p>As described in section 5 of the main report, the council's learning disabilities cancer screening project lead has played a key role in addressing uptake in people with learning disabilities, including engagement with primary care to understand barriers. Collaborative work with the cancer screening promotion leads has</p> |

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| | | <p>policies and share with the Camden public health team.</p> | <p>Screening Hub, Camden Council, NCL Cancer Alliance</p> | <p>led to special considerations for this group of patients, adjustments to pathways, and activities that can promote screening awareness and understanding in carers and families, and amongst health professionals. As a result of this targeted work over 45 people with learning disabilities across Camden and Islington have been supported in accessing and engaging with cancer screening. Of these, 24 have either attended or been booked in for screening, despite previously not engaging with or attending appointments.</p> <p>The breast screening promotion team is leading a DNA (Did Not Attend) project, whereby women flagged on the system as having either physical or learning disabilities who have missed their appointment are contacted to understand reasons for the DNA and encouragement to book an appointment with reasonable adjustments.</p> |
| 4.5 | Improve access to screening | <p>The socioeconomic benefits of prevention and early detection of cancer vastly outweigh the costs of late detection. To this end, we suggest a trial of financial incentivisation to enhance the screening programme be offered to cervical or breast screening invitees, at a level which will compensate participants for their time and expenses relating to transport or care responsibilities. An incentive could also be offered to people who return their bowel screening FIT tests.</p> | NCL ICB | <p>With imminent changes to commissioning arrangements for screening (delegation to ICBs), and the current financial climate, it is unlikely that this type of proposal would be considered.</p> |
| 4.6 | Improve access to screening | <p>Monitor the NCL ICB, Islington GP Federation and SPRYT WhatsApp and AI initiative to streamline cervical cancer screening appointment booking and rescheduling pilot programme and, if successful, introduce in Camden at the earliest opportunity.</p> | NCL ICB | <p>The initial pilot has successfully integrated WhatsApp into NHS systems for the first time, and was nominated as a finalist in the 2024 HSJ "Driving Efficiencies Through Technology" award.</p> <p>The platform enables appointment booking, rescheduling, and non-clinical queries via WhatsApp. Early outcomes have been positive, including:</p> <ul style="list-style-type: none"> • 2,259 invitations sent; 36% engagement and 14% bookings - almost triple typical SMS rates. • 30% cost savings compared to SMS • 8 hours per week of admin time saved per practice |

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| | | | | <ul style="list-style-type: none"> Patients described Asa as easy, conversational and trustworthy, while staff reported improved patient attendance and efficiency. <p>Co-designed through extensive patient and public involvement, Asa was built around lived experience to address barriers such as trust, accessibility, language and privacy. Workshops with diverse communities shaped features like voice notes, reminders and discreet messaging. Collaboration with patients and the University of Surrey continues to refine user experience and functionality.</p> <p>The project has now reached a key milestone, with onboarding initiated at the second GP practice in Islington and plans to extend to three more sites once funding is secured, with ambition for wider rollout across NCL thereafter.</p> <p>The project's scope has broadened in alignment with the NHS 10-Year Plan. Additional workstreams are being explored to include HPV vaccine catch-up and opportunistic cervical screening self-swab initiatives via the Asa virtual receptionist.</p> |
| 4.7 | Improve access to screening | Add 'Routine Screening' section to NHS app which states date of last recorded cancer screening testing and future anticipated dates. | NHS England | <p>There has been significant progress in digital innovation around used of the NHS App in cancer screening invites and results.</p> <p>Cervical Screening: Invitations, reminders and results are managed nationally by the Cervical Screening Administration Service (CSAS)</p> <ul style="list-style-type: none"> - Now sending invitations via the NHS App (fall back as required via text message, then letter); reminders via NHS App (then letter), normal results via NHS App (then letter), abnormal results and cease communications via letter. - This is a recent initiative and still being assessed for impact. Early indication is that uptake may improve <p>Bowel cancer screening</p> |

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| | | | | <ul style="list-style-type: none"> - This is commencing a move to digital communication by inviting those who have previously participated via the NHS App - Currently started with one Hub in the North-East as a testing phase. Following the end of testing, the aim is to roll this out to all screening centres nationally. <p>Breast screening</p> <ul style="list-style-type: none"> - Digital invitations are being tested in one unit in the Midlands |
| 5.1 | Improve Camden's oversight and accountability | <p>To this end, we recommend that HASC Scrutiny Committee demand screening service providers attend Camden HASC Scrutiny Committee annually. This deputation should consist of:</p> <ul style="list-style-type: none"> • Public Health Commissioners (for responsibilities see Appendix 5) • The CEO of NCL Cancer Alliance • Cancer screening leads from the two Camden GP federations (cervical screening) • Senior representatives from London Bowel Screening Hub and The London Breast Hub, and • Once commissioning is devolved from the NHS at a national level to the local ICB, the NCL ICB lead commissioner of cancer screening services. <p>They should report on (i) overall trends in Camden screening rates, (ii) observations on/understanding of rates within specific communities, and (iii) new or ongoing screening uptake or innovation initiatives.</p> <p>HASC should also be tasked with reviewing progress against other recommendations.</p> | Health and Adult Social Care Scrutiny Committee | <p>This item is scheduled into the committee's work programme in consultation with the Chair.</p> |

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| 6.1 | Create a Women's Health Hub in Camden | Explore the suitability of the Women's Health Hub model and report back by end of 2024 to HASC Scrutiny Committee. | NCL ICB | A new post has been hosted at Camden Health Partners GP Federation to support improvements in the women's gynae and reproductive health landscape. This includes progressing scoping for the women's health hub model. There is also a newly appointed GP clinical lead for women's health who will be mapping and identifying strengths and opportunities in primary care and the associated pathways. The two posts are funded by the ICB until late Spring next year, when they will report back with findings following the scoping work. |
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8. **Comments of the Director of Finance**

- 8.1. The Director of Finance has been consulted on the contents of the report and has no comments to add to the report

9. **Legal Comments of the Borough Solicitor**

- 9.1. The Borough Solicitor has been consulted on the contents of this report and has no comment to make at this time.

10. **Environmental Implications**

- 10.1. There are no environmental implications.

11. **Appendices**

Appendix 1: Cancer Screening Coverage Data

REPORT ENDS

APPENDIX 1: Cancer Screening Coverage Data

Figure 1: Breast Screening Coverage (ages 53-70), NCL Primary Care Cancer Screening Dashboard, Mar 2022-Feb 2025

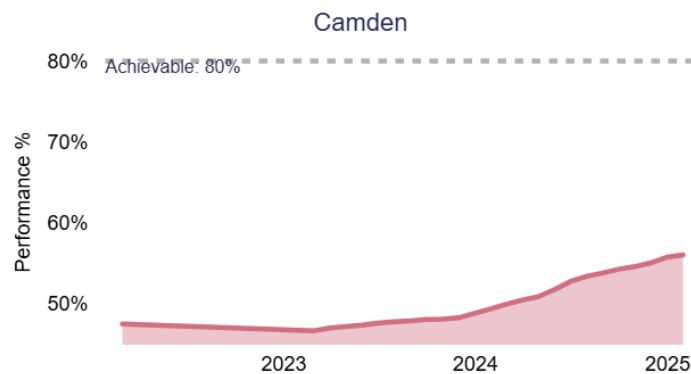


Figure 2: Bowel Screening Coverage (ages 60-74), NCL Primary Care Cancer Screening Dashboard, Feb 2022-Feb 2025

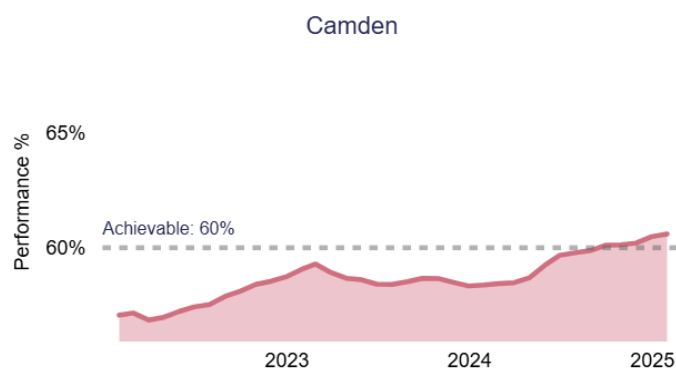


Figure 3: Cervical Screening Coverage (ages 60-74), NCL Primary Care Cancer Screening Dashboard, Feb 2022-Jun 2024 (latest available data)

