

Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Uptake of breast screening**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP **A**

Strategic context

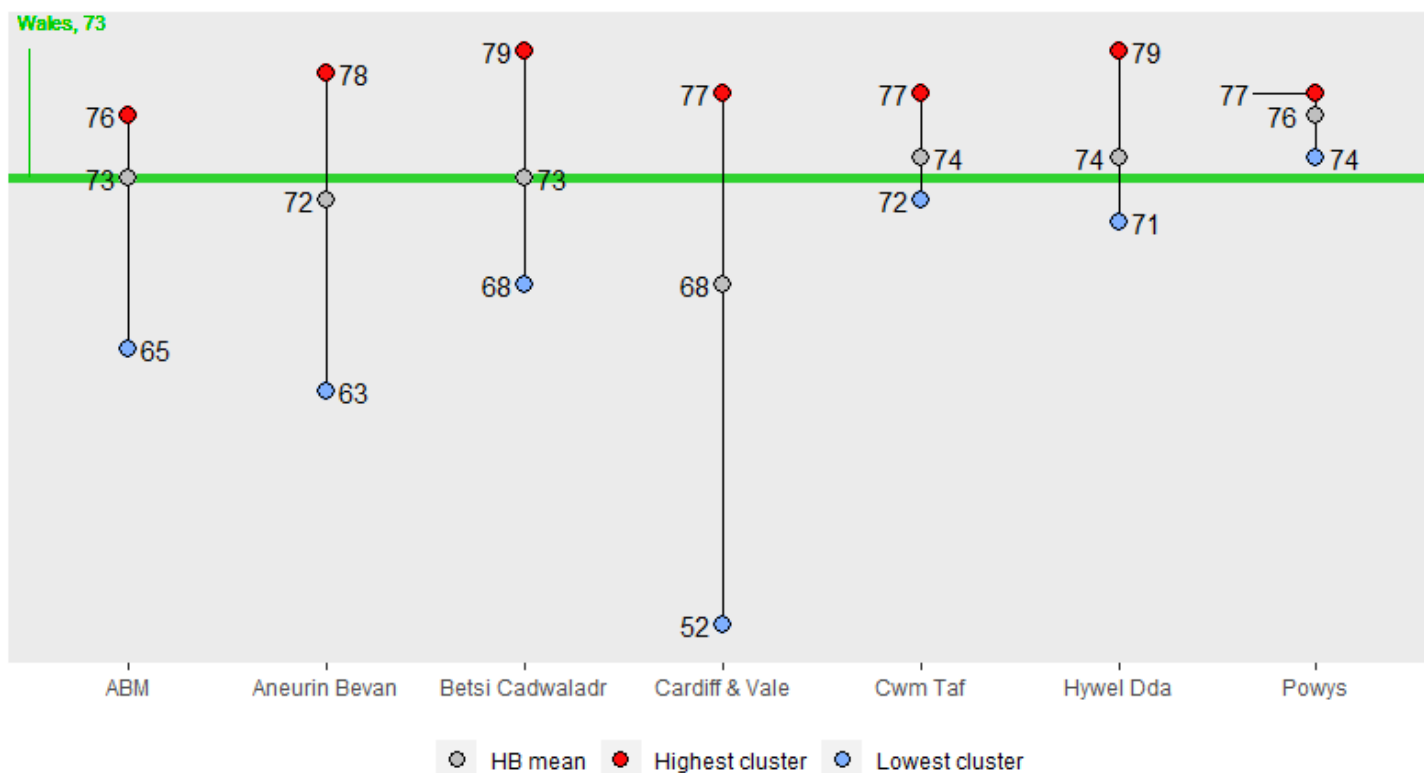
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Breast Test Wales ([link](#)) aim to identify cancers at an early stage so individuals can be offered further tests and treatment as appropriate; evidence indicates reduction in breast cancer mortality of about 35% for women who are screened regularly (NHSBSP 2006; [link](#)).
- *A healthier Wales: our plan for health and social care 2018* (WG 2018; [link](#)) highlights the need for a shift towards greater prevention and early intervention.
- *The Cancer delivery plan for Wales 2016–2020* ([link](#)) recognises the role of screening programmes (together with targeted prevention and equitable access to care) in helping to drive down socio-economic and geographical variation in cancer outcomes; it also notes the need for improved screening uptake.
- During 2017–18 national average uptake for breast screening was 69.0% resulting in detection of 9.8 cancers per 1,000 women screened; uptake by small area deprivation status is not reported (BTW 2019; [link](#)).
- Indicators for this topic are reported via Primary Care Measures.

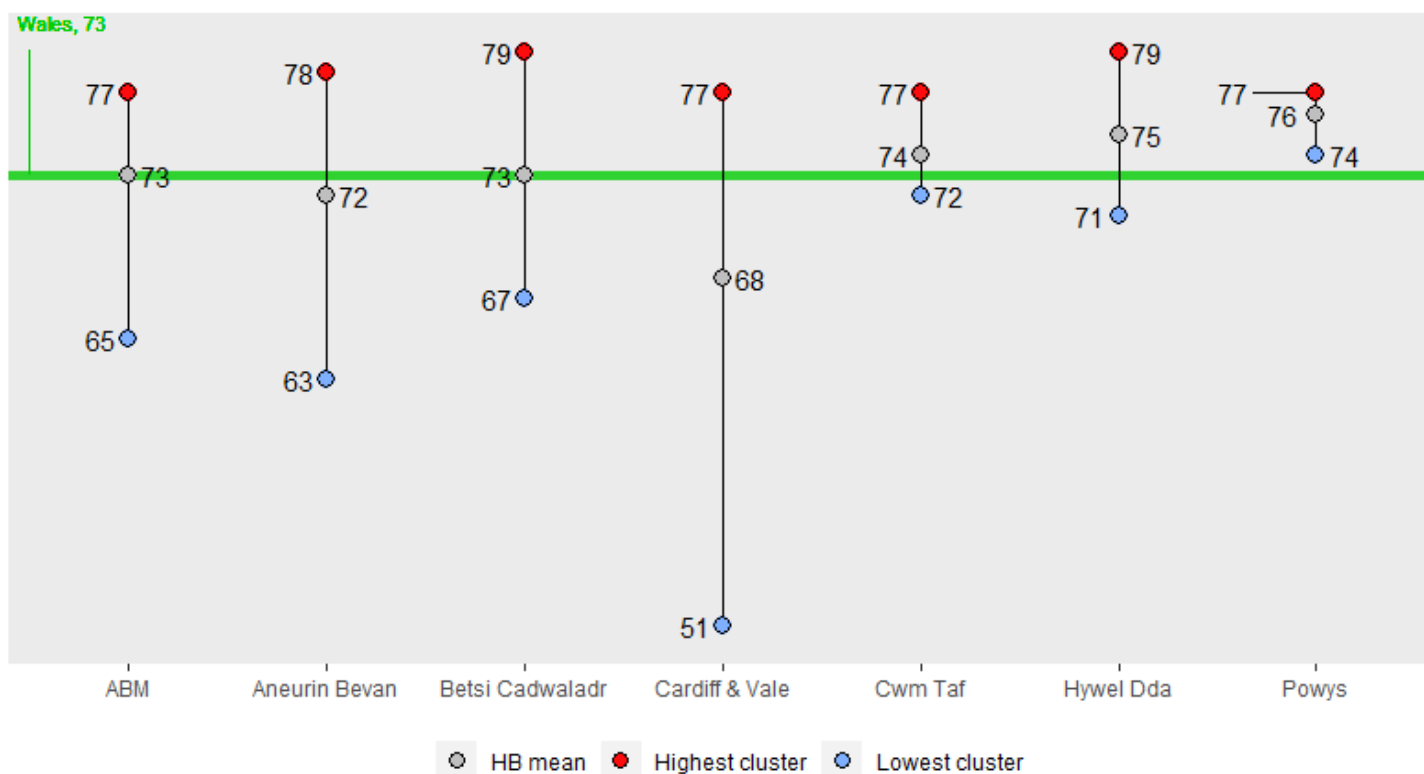
▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in uptake proportion for breast screening, by cluster within each health board, latest round as at Nov 2018 (Source: PCIP, Nov 2019):



Variation in uptake proportion for breast screening, by cluster within each health board, latest round as at Nov 2017 (Source: PCIP, Nov 2019):



▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. hypertension reduction) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

▼ ⓘ Tell me about: Uptake and coverage

- Breast Test Wales define uptake as the percentage of women routinely invited for breast screening who take up their invitation and are screened within six months.
- Breast Test Wales define coverage as the percentage of women resident and eligible for breast screening at a particular point in time, who have been screened within the previous three years; the minimum standard for uptake of a routine invitation in those aged 50–70 is 70%.



Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

- ▼ **Make every contact count by opportunistically asking about screening participation**

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being —but the principles also apply to encouragement of screening uptake.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Brief intervention by staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance ([PH49](#)); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to participate in breast screening. Supporting materials are available upon request from the PHW Screening Engagement Team ([e-mail](#) | [e-bost](#)), which can provide a good engagement tool for starting conversations about breast screening.

▼ Raise staff awareness of the breast screening programme

- General information resources that may aid staff familiarity with the programme are available from Breast Test Wales [here](#).
- The PHW Screening Engagement Team are working in communities where uptake of screening is low. To find out how they can support your practice/ cluster, contact the Team ([e-mail](#) | [e-bost](#)).
- Utilising e-learning resources may empower practice staff to advocate uptake and respond to patient questions about the programme. BMJ Learning offer a subscription-based module on *Breast cancer screening in the NHS* (2008; 1 hr CPD/ CME credit), available [here](#).
- An NHS summary of the benefits and risks of breast screening can be found [here](#).
- A NICE clinical knowledge summary on breast screening is available [here](#).
- Note that a Cochrane review examined data from two large trials, which do not suggest a beneficial effect of screening by breast self-examination, but do suggest increased harm in terms of increased numbers of benign lesions identified and an increased number of biopsies performed. Screening by breast self-examination or physical examination cannot be recommended ([link](#)).

▼ Raise awareness of breast screening among patients visiting GP practices

- Breast screening public information is available from Breast Test Wales [here](#), which includes links to information in accessible formats.
- A *Primary care information pack* is available from Screening for Life (not breast screening specific; includes links to download patient information leaflets, posters, key messages and slides for waiting room monitors); see [here](#).
- Note that Breast Test Wales are in the process of reviewing programme level strategy on uptake ([link](#)); interim activities to support informed choice and public information include providing key messages and clear risks and benefits on breast screening to women who are first timers and regular

attenders.

- An NHS summary of the benefits and risks of breast screening can be found [here](#).

▼ Review screening uptake/ coverage data and relate this to breast cancer incidence

- The PHW Screening Engagement Team ([e-mail](#)) will provide GP practice level data and offer support in low uptake/ coverage areas upon request.
- Compare cluster breast screening uptake/ coverage with cluster incidence of breast cancer ([CAN-004](#)) to look for any possible association by population characteristic (e.g. by age band, sex, rurality, deprivation, etc.).
- Analysis of local screening uptake/ coverage may suggest a need to focus on how to encourage greater uptake in the event of inequity by age band or sex, or among those who may be experiencing social disadvantage (as measured by deprivation status).
- Analysis of local cancer pathway data (e.g. via your cancer services manager/ LHB information team) may reveal a proportion of cancers not detected via the screening route and suggest potential points for intervention.



Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Make every contact count by opportunistically asking about screening participation

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being –but the principles also apply to encouragement of screening uptake.
- Consider encouraging staff in the wider cluster to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance ([PH49](#)), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being.

▼ Raise staff awareness of the breast screening programme

- General information resources that may aid staff familiarity with the programme are available from Breast Test Wales [here](#).
- An NHS summary of the benefits and risks of breast screening can be found [here](#).
- A NICE clinical knowledge summary on breast screening is available [here](#).
- Note that a Cochrane review examined data from two large trials, which do not suggest a beneficial effect of screening by breast self-examination, but do suggest increased harm in terms of increased numbers of benign lesions identified and an increased number of biopsies performed. Screening by breast self-examination or physical examination cannot be recommended ([link](#)).

▼ Raise public awareness of the breast screening programme

- The *Cancer delivery plan for Wales 2016–2020* ([link](#)) calls for targeted action in areas of high deprivation, involving a range of local community services to improve awareness and public engagement with the national screening programmes. This could involve local partnerships e.g. with community pharmacies (see NICE guidance, below) or other care providers.
- Breast screening public information is available from Breast Test Wales [here](#), which includes links to information in accessible formats.
- An *NHS screening workplace toolkit* is available from Screening for Life (not breast screening specific; includes links to download posters, key messages and slides for waiting room monitors); see [here](#).
- Note that Breast Test Wales are in the process of reviewing programme level strategy on uptake ([link](#)); interim activities to support informed choice and public information include providing key messages and clear risks and benefits on breast screening to women who are first timers and regular attenders.
- An NHS summary of the benefits and risks of breast screening can be found [here](#).
- Promote national media campaigns, such as Screening for Life ([link](#)).
- In areas where the uptake of screening is low, the PHW Screening Engagement Team are working with communities and professionals to increase knowledge and raise awareness of screening by delivering local training. To find out more, contact the Team ([e-mail](#) | [e-bost](#)).

▼ Ensure awareness and implementation of NICE guidance

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [[NG102](#)] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

STEP

D

What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

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STEP

E

What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP **G**

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP **H**

What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.