Dear

Further to your request for information dated 10 September 2017 the information requested is below

1. What activities has your CCG undertaken to promote cervical screening and increase uptake over the last year (August 2016 - August 2017)? (We are looking for an outline of any activities that the CCG has been involved in or led, for example, mapping the area using PHE data to target resources in increasing uptake among certain groups; using PHE’s interactive screening coverage tool to investigate screening coverage for their practices; working directly with GP surgeries to raise awareness of screening; and using quality schemes, such as locally enhanced services, to improve screening coverage. We do not need any documentation, but would be grateful for as high level of detail as you are able to give).

The CCG has analysed the data available and collated training needs for practices where increase uptake is required. The CCG have regular screening meetings (every 2/3 months) with a representative from NHS PHE Imms and Screening Team, Macmillan GP, CRUK Primary Care Facilitator and CCG at these meeting the area of improvement for all screening programmes are discussed and visits by CRUK and PHE are planned. This depends on the uptake from practices and at these sessions tips and education on how to increase the uptake are provided.

In February 2017 we held a GP Protected Learning Time with a focus on Cancer one of the agenda items was in regard to screening and PHE gave a presentation on the importance, how to increase the uptake and where data and information can be found.
In June 2017 the CCG supported the Cervical Screening Campaign reminding GPs and providing links and information to support the campaign.

In August 2017 – the CCG took part in the PHE launch of Health Matters – making cervical screening more accessible. This information was sent out to all GP practices in DGS and the top 6 practices who reached the 80% national target were recognised in the GP Bulletin

b. What were the outcomes of those activities? For example, greater awareness, increased screening coverage.

Originally we were accessing data on the PHE fingertips website. This data is always behind so it is difficult to monitor the direct impact.

c. Have local targets been set to improve cervical screening level?
   i. Yes / no
   ii. If yes, please give details

We would be aiming for the 80% national target

d. Does your CCG have a budget to encourage uptake of cervical screening?
   i. no
   ii. If yes, please give details

NO

2. 
   a. Are you aware of the report published by Jo’s Cervical Cancer Trust in January 2017, ‘Cervical Screening in the Spotlight: an audit of activities undertaken by local authorities and clinical commissioning groups to increase cervical screening coverage in England’?
      i. Yes / No

YES

b. If yes, have any additional activities to improve cervical screening coverage been undertaken or planned as a result of the ‘Cervical Screening in the Spotlight’ report?
      i. Yes

YES

If yes, can you outline what?

By continuing the work we are doing

3. Has your team accessed cervical screening programme coverage statistics (management information) in the GP data hub on NHS digital
   i. Yes – if so, how have they used them?
   ii. No – why not?
YES – This information is really valuable. The CCG has taken the information that is available at practice level and sent letters to the 6 worse practices highlighting their data and providing a Top Tips leaflet that was collated by PHE. These practices are also offered support by CRUK, PHE and/or the Macmillan GP in the form of a visit.

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