

**Improving the effectiveness of cancer screening with particular reference to health inequalities** has been suggested for possible inclusion in NICE's work programme. Independent panels, which include patients and lay people, will consider these topics and score them against formal criteria to decide how important it is that NICE develops guidance on them in the future.

To inform the work of the panels, we welcome your views on the importance of any of this topic.

**Improving the effectiveness of cancer screening with particular reference to health inequalities**

**A. About you:**

1. Your name

Vanessa Gordon-Dseagu

2. Name of organisation

Cancer Research UK

3. Job title or position

Policy Manager (Health Inequalities)

4. Are you (please tick all that apply)

- an employee of a topic relevant patient or voluntary organisation
- a patient with a condition relevant to the topic
- a carer of a patient with a condition relevant to the topic
- a health professional with expertise in this area (please specify which patient or carer organisation you are linked to):

other (please specify)

**B. Importance of the proposed topic**

1. How **important** do you think it is for patients/the public that NICE develops guidance on the proposed topic? Tick one:

HIGH PRIORITY       MEDIUM PRIORITY       LOW PRIORITY

2. If high priority, please explain why

Research has found that cancer screening saves lives. For example:

The roll-out of the bowel screening programme is predicted to reduce bowel cancer deaths by 20,000 in the next 20 years.

Among women who attend breast screening there is an estimated 15-20 per cent reduction in risk of death from breast Cancer.

It is estimated that cervical screening can prevent around 75 per cent of cancer cases in women who attend regularly (following the introduction of a more effective

call- recall system it is estimated that around 8000 lives have been saved between 1988 and 1997.

At the same time, within the UK there are significant variations in uptake of cancer screening services between the general population and lower socioeconomic groups, Black and Minority Ethnic communities (including refugees and asylum seekers) and other groups with specific needs for information and support (those with certain mental and physical disabilities and the lesbian, gay, bisexual, transgender community).

The development of NICE guidance in this area will allow for a better understanding of the factors that influence an individuals decision whether to accept an invitation to attend cancer screening. As well as developing effective procedures to ensure uptake of such services is based upon need; which will in turn reduce inequalities in cancer incidence and mortality.

3. If low priority, are there other more important topics in this area that patient or the public would consider NICE should develop guidance on

Yes

No

(If yes: please state alternative topic suggestion)

### C. Population affected

Does the proposed guidance address a condition or public health action which patients or the public associate with any of the following, either in the population as a whole or in particular sub-groups?

significant morbidity (ill health)

Yes

No

significant mortality (death)

Yes

No

significant numbers of people affected by any of the following:

avoidable disease

Yes

No

disability

Yes

No

injury

Yes

No

early death

Yes

No

If you have answered yes to any of the above, please explain why

**Cancer screening saves numerous lives within the UK. Early detection of cancer makes it more likely that an individual will survive the disease and less likely that they will suffer long periods of ill health. Inequalities in uptake of cancer screening services means that there is an unnecessary burden of disease among groups with low uptake compared to the general population.**

If you think that particular subgroups are affected please state the subgroup(s) (see section D below for some of the subgroups in the population who may be affected by health inequalities)

**Lower socioeconomic communities, particularly those living in deprivation**

**Black and Minority Ethnic communities**

**Those with particular physical and mental disabilities**

**Rural communities**

**Younger women**

**Older women**

**Lesbian, gay, bisexual and transgendered community**

**Those from particular religious backgrounds**

#### **D. Equalities issue**

Do any of the following subgroups require special consideration compared to the general patient population affected by the guidance (eg because they have higher levels of ill health, poorer outcomes, problems accessing or using treatments or procedures etc)?

Please tick all that apply. If there is a specific group within a ticked category, please specify.

Gender groups, for example: sex, sexual orientation, gender identity. (specify Lesbian and bisexual women: cervical screening)

Specific age groups (specify Women at each end of the eligible screening age groups. E.g. lower uptake of cervical screening among women in the younger age groups)

People with physical disabilities (specify )

People with communication difficulties (specify Lower uptake of screening among those who do not speak English and who have low literacy)

People with learning disabilities (specify )

People with mental health problems (specify )

People from black and minority ethnic groups (specify )

People of particular religions or beliefs (specify )

Other groups (specify )

If you have ticked any of the above, please explain why the specified groups needs special consideration.

All of the groups mentioned above require special consideration because they have lower uptake of cancer screening services compared to the general population. For example, those with learning disabilities have been found to have uptake rates of between 13 and 24 per cent. Such differences in uptake are directly contributing to inequalities in cancer incidence and mortality.

Within the UK adult population around 5 million people have low literacy, a factor correlated with low uptake of screening services, it is important that the needs of this group are taken into account when information and support services are being developed in order for inequalities in uptake to be reduced.

Although the groups above are diverse, one unifying characteristic is that they all require better information and support in order to take up an offer to attend cancer screening programmes. Many of these groups are considered 'harder to reach' and therefore targeted efforts to increase their uptake of cancer screening services will be required.

#### **E. Likely resource impact**

Does the proposed guidance relate to one or more interventions which:

1. the NHS could disinvest from (stop spending on) to free up resources for use elsewhere in the NHS?

**Yes**

**No**

2. might have a large impact on NHS or other societal resources (financial and other, e.g. social costs)?

**Yes**

**No**

3. address an area where better evidence of cost-effectiveness could lead to savings e.g. in delivery of quality services or interventions

Yes

No

If you have ticked any of the above, please explain

#### F. Variation in practice

Is there any evidence and/or reason to believe that, in the absence of guidance on this topic, there is or will be

inappropriate clinical practice (e.g. inappropriate treatments being provided)

Yes

No

inappropriate variation in clinical practice (e.g. inappropriate treatments being provided **by some individuals**)

Yes

No

inappropriate variation in access to **clinical interventions** (e.g. between geographical areas or social groups, or other subgroups in the population)

Yes

No

inappropriate variation in access to **public health actions** (e.g. between geographical areas or social groups)

Yes

No

A limited or lack of improvement in the effectiveness of public health actions

Yes

No

If you have ticked any of the above, please explain

**As discussed above, there are currently variations in uptake of cancer screening services. National guidance in this area is required in order to introduce national practices and improved service provision.**

## G. Timeliness and urgency

1. Are there any factors not covered in earlier sections that suggest that guidance on this topic **should** be produced as a matter of urgency (e.g. significant public concern, a new disease, an important new area for public health action)?

**Yes**  **No**

If YES, please list the factors(s) that suggest an urgent need for this guidance  
The bowel screening programme is due to be rolled out across the UK, the development of guidance in this area would ensure that services are introduced in a manner which most effectively reduces inequalities in uptake.

- H. Are there any factors not covered above that suggest guidance on this topic **should not** be produced a matter of urgency (eg up-to-date guidance already available; more appropriate that this topic be investigated by another organisation etc)

**Yes**  **No**

If YES, please list the factors(s) that suggest this guidance is not urgent

## H. Other comments

Please use the space below for any other comments relating to the selection or non selection of this topic for future NICE guidance

Thank you for your time.

For more information about the NICE topic selection process, please visit the NICE website <http://www.nice.org.uk/page.aspx?o=295373> or contact:

Lindsey Wilby in the Topic Selection Team on 0161 209 3454.

Please return questionnaires to:

[lindsey.wilby@nice.org.uk](mailto:lindsey.wilby@nice.org.uk) copied to [emma.gibbs@nice.org.uk](mailto:emma.gibbs@nice.org.uk)

