

North Central London Cancer screening

Summary report: Inequality analysis before COVID-19

Camden and Islington Public Health Intelligence Team

Ester Romeri

Anjil Thapaliya

Cintia Liberatoscioli



Acknowledgments

Work plan analysis, report writing and analysis review

Ester Romeri – Camden and Islington Public Health
Intelligence Analyst

Analysis

Anjil Thapaliya – Camden and Islington Public Health
Intelligence Officer

Cintia Liberatoscioli – Camden and Islington Public
Health Intelligence Officer

Final reviewer and feedback

Wikum Jayatunga – Assistant Director, Camden and
Islington Public Health

Fanta Bojang – Programme Manager (NCL Cancer
Alliance)

EMIS searches support & data extraction

Uche Osuagwu – Camden and Islington Public
Health Data Manager

Kadell Symmons – Project Support Officer (Enfield)

Renata Chavda – Head of Operations (Enfield)

Agnès Rieu – Digital Primary Care Systems
Facilitator (Barnet)

Background

- Participation in bowel, breast and cervical cancer screening programmes across the North Central London (NCL) areas is below the national and regional average with no or little change over time (PHE, 2021).
- Delays in screening due to COVID-19 pandemic could mean missing or delaying detection of cancer and exacerbating existing inequalities especially among certain race/ ethnicities or other population groups already at risk of low coverage.¹
- Camden and Islington's Public Health Intelligence team undertook a deep dive analysis to explore existing disparities in screening for bowel, cervical and breast cancer looking at different segments of the NCL population before the pandemic. This work has been funded by NHSE/I London (Young person & Adult Screening team).
- The purpose of this analysis is to gain a better understanding of the inequities across certain groups that can be exacerbated by the pandemic.

¹ Marlow et al 'Barriers to cervical cancer screening among ethnic minority women': a qualitative study. UCL, BMJ 2015 ([link](#))

Objectives

- To help inform NCL Cancer Prevention, Awareness & Screening Delivery Group on a strategic approach to improve cancer screening across the NCL partnerships.
- Identify opportunities for local strategies and prevention to reduce inequality in access to cancer screenings, and improve overall access to cancer screenings.
- Provide insights that will support local commissioning decisions through NCL cancer commissioning board and transformation funding opportunities to be invested in an evidence based manner.

Methodology & coding issues

- **Time Period:** Data extracted up to March 2020. This will take into account the delays due to COVID-19
- **Source:** Camden, Islington and Haringey CSU database & Enfield and Barnet GP registries (EMIS searches)

Indicators	Definition	Availability
Bowel cancer screening 2.5 year coverage % (age 60-74)	Numerator: Number of registered population aged 60-74 screened in the last 2.5 years Denominator: Number of eligible registered people aged 60-74	Data delayed for Enfield and Barnet due to quality assurance
Breast cancer screening 3 year coverage % (age 50-70)	Numerator: Number of registered population aged 50-70 screened in the last 3 years Denominator: Number of eligible registered people aged 50-70	<i>Not technically possible – there is no current EMIS coding recorded at GP practice level</i>
Cervical cancer screening 3.5 year coverage % (age 25-49)	Numerator: Number of registered female population aged 25-49 screened in last 3.5 years Denominator: Number of eligible women aged 25-49 registered at GP practice	Data delayed for Enfield and Barnet due to quality assurance
Cervical cancer screening 5.5 year coverage % (age 50-64)	Numerator: Number of registered female population aged 50-64 screened in last 5.5 years Denominator: Number of eligible women aged 50-64 registered at GP practice	Data delayed for Enfield and Barnet due to quality assurance

What is included in the analysis?

- The analysis looks at differences in cancer screening for cervical and bowel across population groups defined by socio-demographic characteristics, health status, modifiable life style risk factors and geographical location as following:

Demographics

- sex, age, ethnicity, language, religion and deprivation

Risk factors

- smoking, BMI

Health status

- with learning disability or mental health conditions

GP practice

- variation across GP practices

Wards

- variation across Wards areas

- Analysis for **Enfield** and **Barnet** will be added when data available
- Full analysis can be viewed in the Appendix

Key findings: Cervical screening

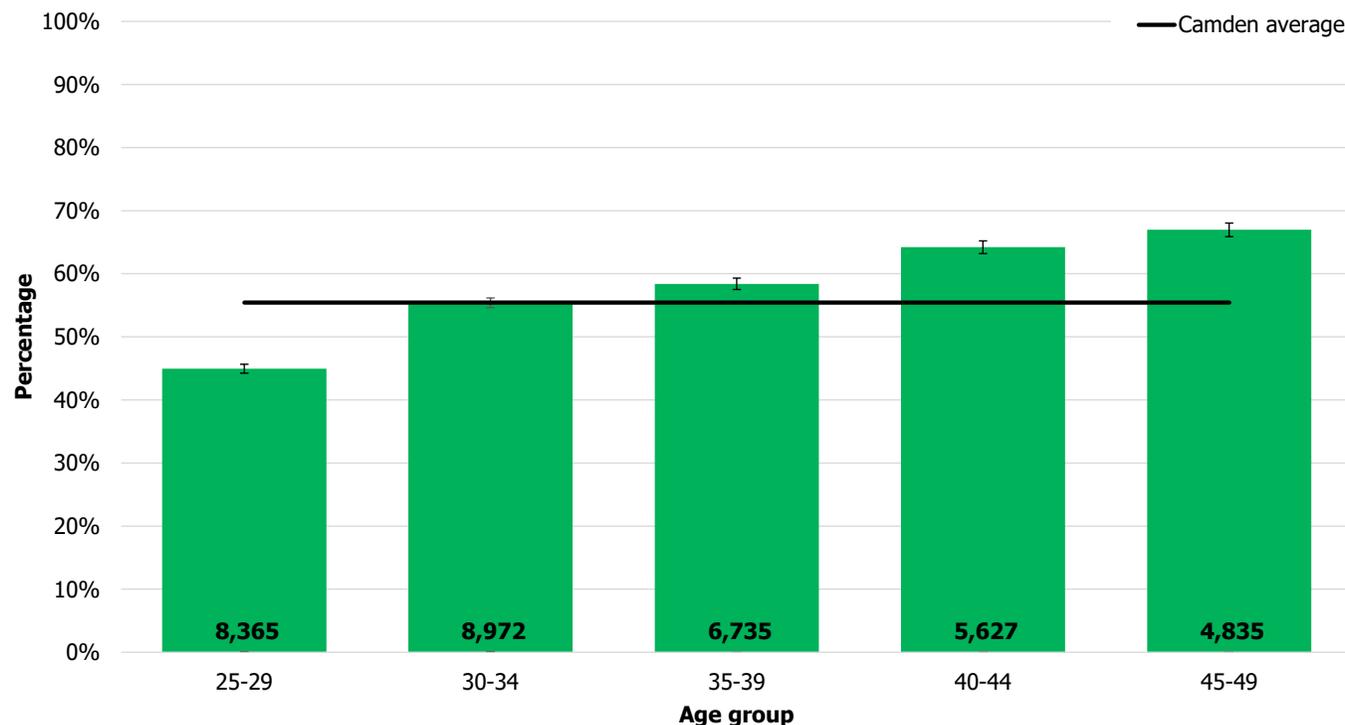
Areas of concern	Camden	Islington	Haringey
Overview	In March 2020 before the pandemic, the cervical screening coverage among young women (25-49) was 55% while it was higher (67%) among older women (50-64)	In Islington, the cervical screening coverage was 59% among young women (25-49) and 68% among older women aged (50-64)	Haringey had a higher cervical screening coverage (61%) among young women (25-49) compared to Camden and 67% among older women aged (50-64)
Age	Younger women under 30s are less likely to have a screening (45%) than older women aged 50-54 years old (76%)	About half of women under 30s had their cervical screening (52%) while more than three quarters (77%) of older women (50-54 years) had it	Only half of women under 30s had their cervical screening (50%) while more than three quarters (77%) of older women (50-54 years) had it
Disability	Young women (25-49) with a learning difficulty had a significantly lower screening coverage (31%) compared to the Camden average (55%)	Only 40% of young women with a learning difficulty had their screening compared to the Islington average (59%)	Less than a third (27%) of young women with a learning difficulty had their screening compared to the Haringey average (61%)
Ethnicity	Chinese, Indian, Other Asian and Pakistani (36% - 49%) and among Other White (53%) and those without a recorded ethnicity (41%) are less likely to have a screening than White British (73%) Irish (62%), Bangladeshi (66%) and White and Black Caribbean(65%) Mandarin, Somali and young European women speaking German, Spanish or French (32%- 48%) with low coverage	Similarly to Camden, Chinese, Indian, Other Asian, Pakistani (44%-52%) and Other White (56%) and those without a recorded ethnicity (44%) had a lower coverage compared to White British and White and Black Caribbean women (74% and 72% respectively). Young Somali women (53%) and young European women speaking German, Italian and French (50%-55%) with low coverage.	Other White (57%) and people without a recorded ethnicity (37%) had lower coverage than White British and White and Black Caribbean (78% and 72% respectively). Young European women speaking Italian, Romanian, Spanish, Polish, French and Bulgarian (50%-57%) have a lower coverage compared to the Haringey average (61%)
Geographic variation	A lower coverage is found in King's Cross, Holborn and Covent Garden and Bloomsbury 7 out of 30 GP practices with a significantly lower cervical coverage	Holloway, St Mary's, Bunhill, Finsbury Park, Barnsbury and Caledonian have a lower coverage 12 out of 32 GP practices with a significantly lower cervical coverage	Woodside, Noel Park, Seven Sisters, Harringay, St Anns's, Bounds Green and West Green with lower coverage. 18 out of 40 GP practices in Haringey with low coverage

Examples of analysis: Camden



Cervical screening coverage is lowest among young women (25-29)

Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by age group, Camden registered population, March 2020



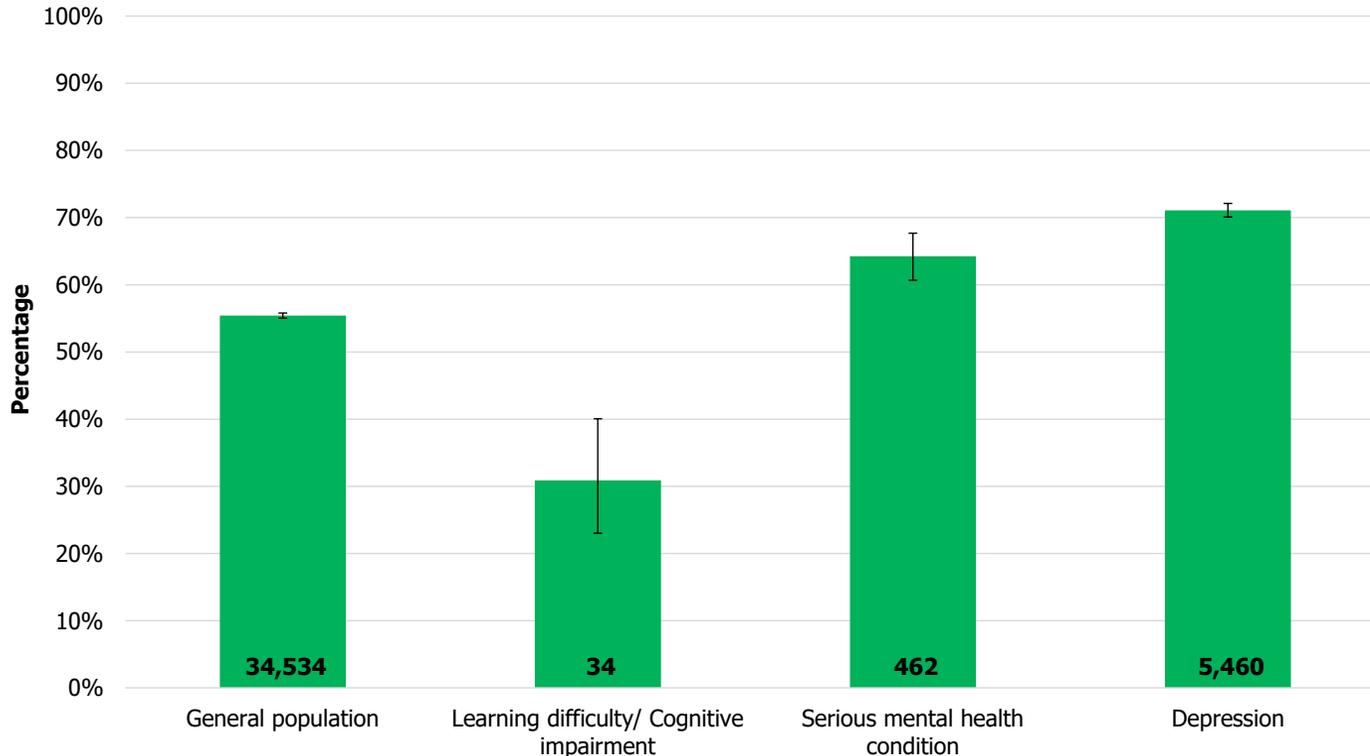
Source: CSU dataset (March 2020)

- In Camden, **the cervical screening coverage was 55% among young women (25-49)** as for March 2020 before the pandemic.
- Cervical cancer screening **increases with age** with lower cervical screening coverage among younger women under 30s compared to older women aged 45-49 years old (45% vs 67%).



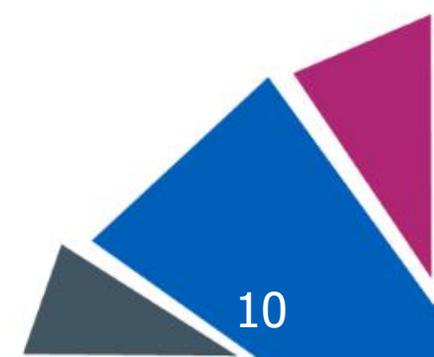
Women with a learning disability had a lower cervical screening coverage than the general population

Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by mental health condition or learning difficulty/ cognitive impairment, Camden registered population, March 2020



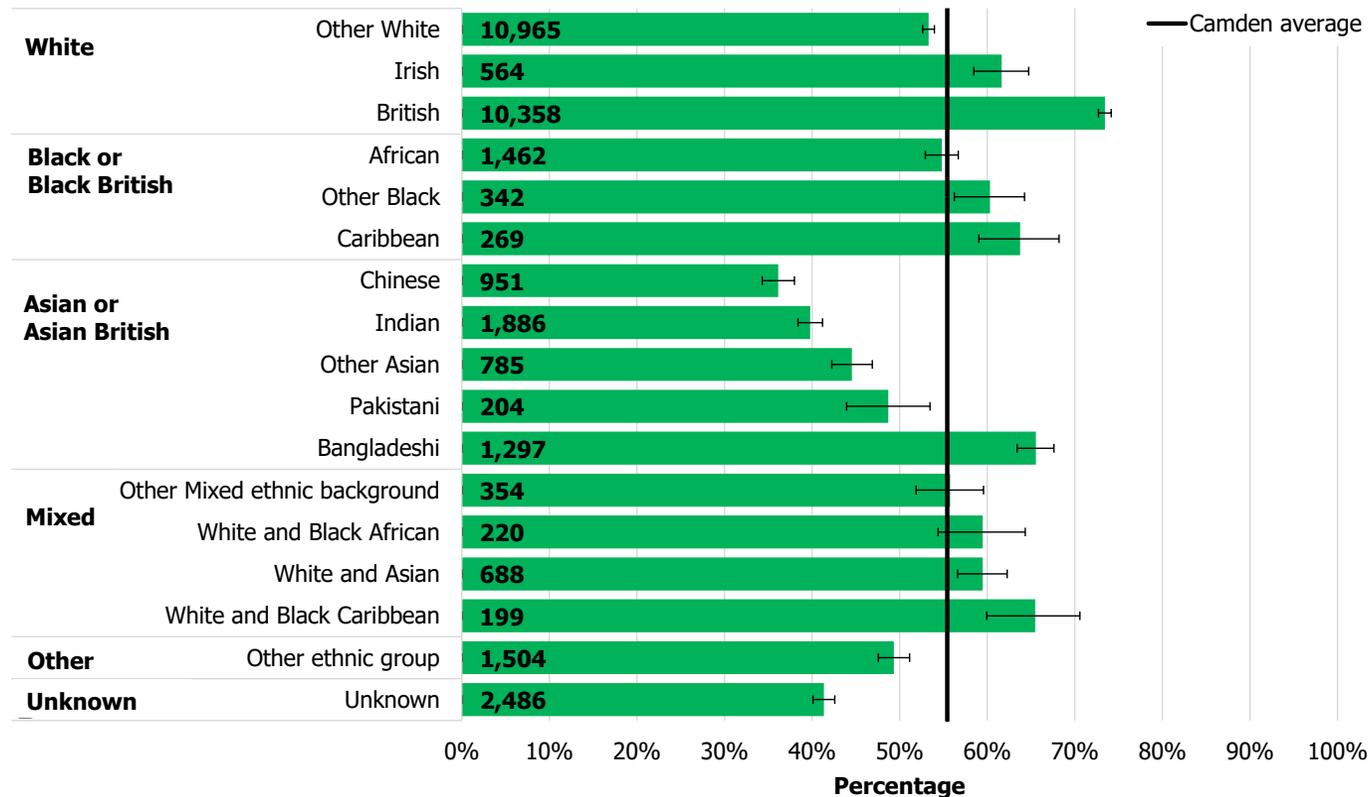
- In Camden, women with a record of **learning difficulty/ cognitive impairment** are less likely to have a cervical screening than the Camden female population (31% vs 55%).

Source: CSU dataset (March 2020)



Cervical screening coverage is lowest in the Asian and Other White ethnic groups

Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by ethnicity, Camden registered population, March 2020

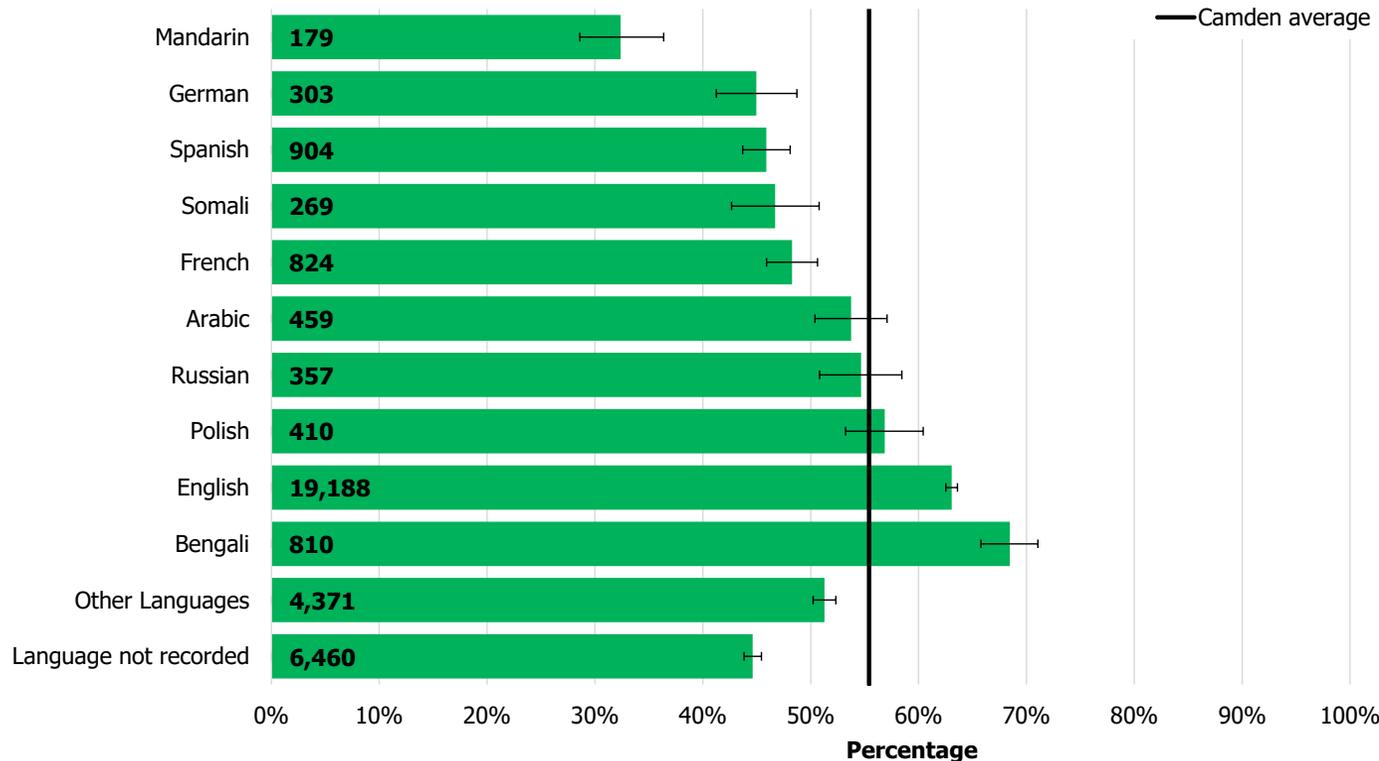


- **Chinese** women had the lowest cervical screening coverage (36%) when compared to the Camden average (55%), followed by **Indian** (45%), **Other Asian** (40%), **Pakistani** (49%), **Other ethnic groups** (49%), **Other White** (53%) and women **without a recorded ethnicity** (41%).
- White British (73%) including Irish (62%), Bangladeshi (66%), White and Black Caribbean (65%), and Caribbean (64%) have a higher coverage compared to the Camden average (55%).

Source: CSU dataset (March 2020)

Only a third of the young women speaking Mandarin had a lower cervical screening coverage

Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by language spoken (top 10), Camden registered population, March 2020

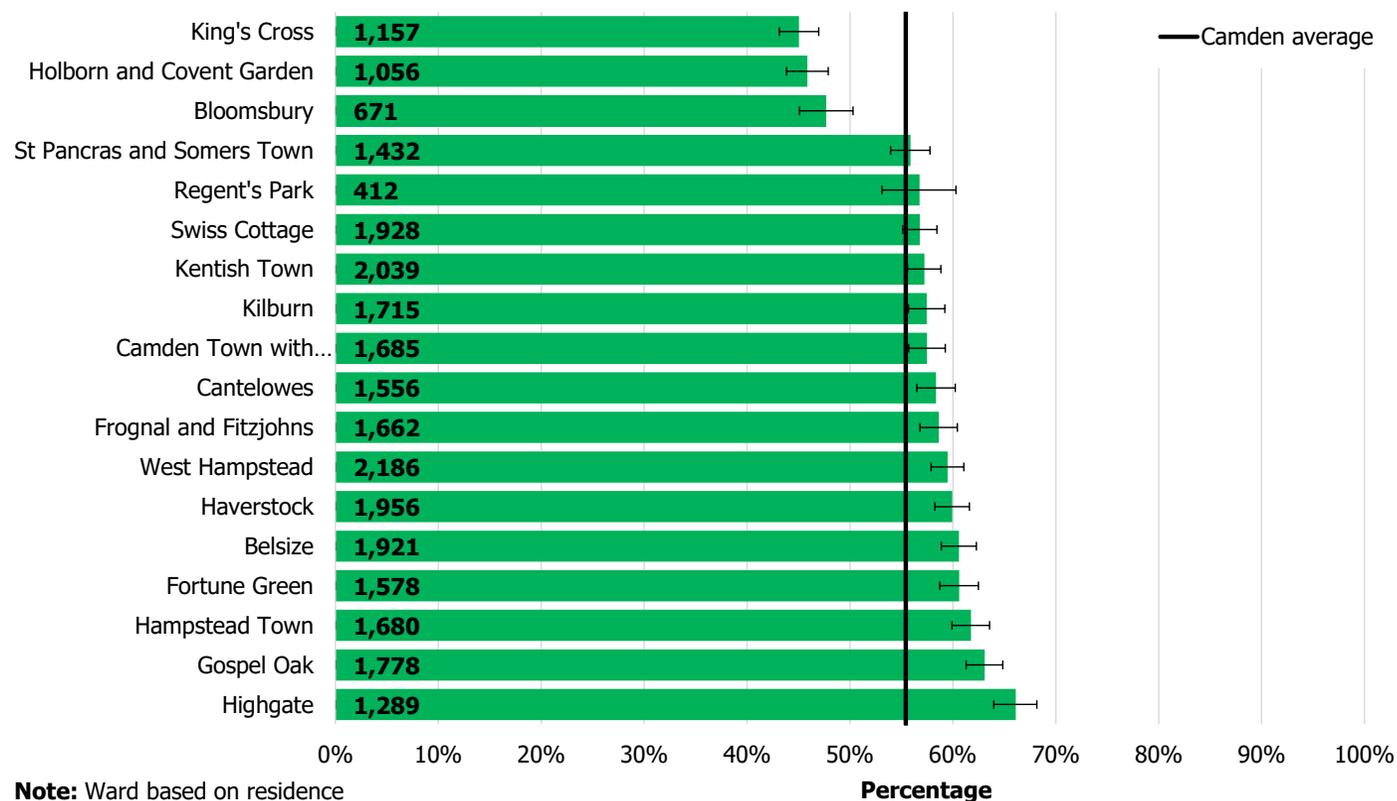


Source: CSU dataset (March 2020)

- In line with the ethnicity analysis, women whose first language is English (63%), and those speaking Bengali (68%) have higher coverage than the average (55%).
- Younger women aged 25-49 speaking **Mandarin** have the lowest coverage (32%) compared to women from any other ethnic groups (range between 45% and 68%).
- Women speaking German, Spanish, Somali and French also have significantly lower cervical screening coverage.
- These findings should be interpreted with caution as language is poorly recorded.

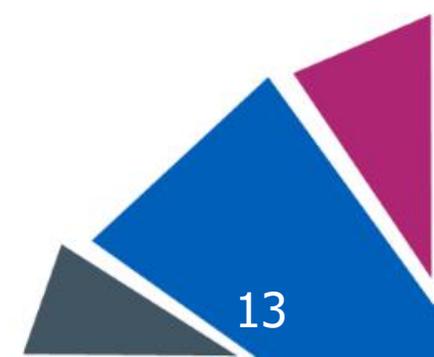
3 out of 18 wards have a significantly lower cervical screening coverage

Number and percentage of cervical screening uptake among women aged 25-49 over the last 3.5 years, by wards, Camden registered population, March 2020



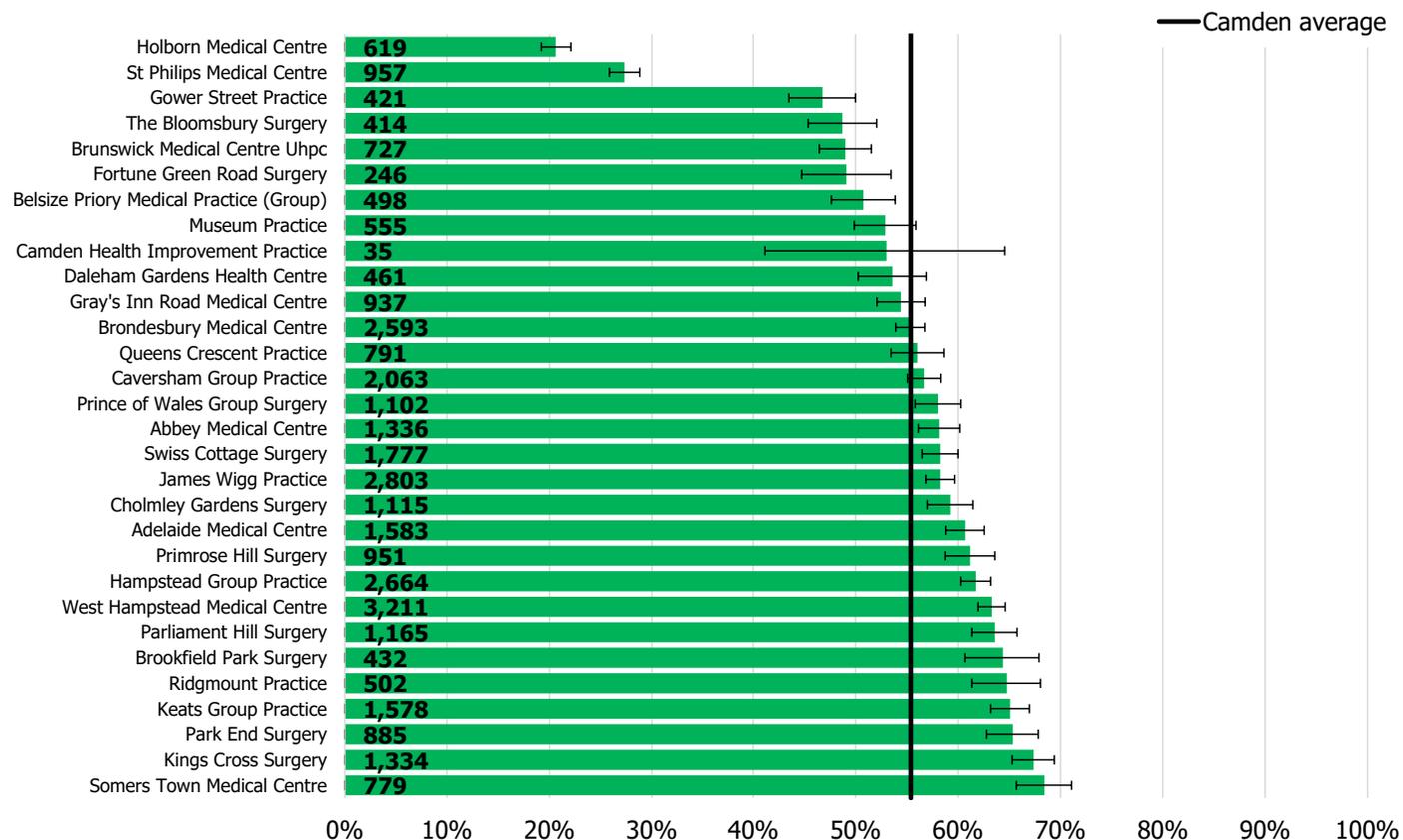
Note: Ward based on residence
Source: CSU dataset (March 2020)

- There are **3 out of 18 wards** in Camden with a significantly lower cervical screening coverage (between 45% and 48%) compared to the Camden average (55%). These wards are:
 - King's Cross
 - Holborn and Covent Garden
 - Bloomsbury



7 out of 30 GP practices have a lower cervical screening coverage compared to the Camden average

Number and percentage of cervical screening coverage among women aged 25-49 over the last 3.5 years, by GP practice, Camden registered population, March 2020



- The bowel screening across Camden GP practices ranges from 36% in St Philips Medical Centre to 59% in Kings Cross Surgery.
- There are **7 out of 30 GP practices** in Camden with a significantly lower cervical coverage than the average (48%).

Source: CSU dataset (March 2020)

Key findings: Bowel screening

Areas of concern	Camden	Islington	Haringey
Gender	The overall bowel screening among older people (60-74) years was 48%. Men have significantly lower coverage (46%) than women (50%)	Similar to Camden, men have a significantly lower coverage (45%) when compared to the Borough average (47%) and women (49%)	A similar lower bowel screening coverage (44%) is found among older men (60-74) in Haringey when compared to women (50%) and the Borough average (47%)
Disability/ Mental Health	Older people with a learning difficulty (30%) or a severe mental illness (38%) with lower coverage compared to the general population (48%)	Older people with a learning difficulty (26%) , severe mental illness (35%) or depression (46%) with lower coverage than the average (47%)	Only one in five people with a learning difficulty (19%) and about a third with severe mental illness (35%) had their bowel screening
Ethnicity	Pakistani, Bangladeshi, Indian, African (35%-40%) and Other White (45%) have significantly lower percentage including those people without a recorded ethnicity (35%) compared to the average (48%). About one fifth of people speaking Somali had their bowel screening coverage (23%)	African, Other Black, White & Black African and Bangladeshi ethnic groups (around 40%) and those without a recorded ethnicity (34%) have a lower coverage than the Islington average (47%) Only one in five people speaking Somali had their screening (19%)	Pakistani (37%), Bangladeshi , (40%) and African (43%), have significantly lower percentage including those people without a recorded ethnicity (27%) compared to the average (47%) Polish (34%) and Bulgarian (36%) speakers with lower coverage than average (47%)
Modifiable Health Life Style	Smokers have the lowest coverage (37%) than non-smokers or ex-smoker (52% respectively). Older people who are underweight (41%) or obese (46%) had a lower coverage than older people with an healthy weight (53%)	Smokers are less likely to have a bowel screening (35%) than non-smokers (51%) or ex-smoker (53%). People who are underweight (41%) had a lower coverage than those with an healthy weight (51%)	People who are currently smoking are less likely to have a bowel screening (35%) than those who are ex smokers (54%) or non- smokers (52%)
Deprivation	In Camden, no significant difference was found between residents living in the most affluent areas and those in the most deprived areas.	Older residents (60-74s) living in the most deprived areas are less likely to have their screening (43%) than those living in the most affluent areas (54%)	Men and women from most affluent areas are more likely to have a bowel screening than those from the most deprived areas (57% vs 40%).
Geographic variation	Haverstock and Holborn & Covent Garden with low coverage (44% respectively) 7 out of 30 GP practices with a significantly lower cervical coverage than the Camden average	Most deprived wards Holloway, Caledonian and Finsbury Park with low coverage (43%-44%). 9 out of 32 GP practices in Islington with significantly lower coverage than the Borough	Tottenham Hale, White Hart Lane, Seven Sisters, St Ann's, Bruce Grove, Northumberland Park and Tottenham Green with low coverage (38%-42%). 14 out of 40 GP practices in Haringey with a significantly lower coverage than the average (47%)

Key findings: Bowel screening

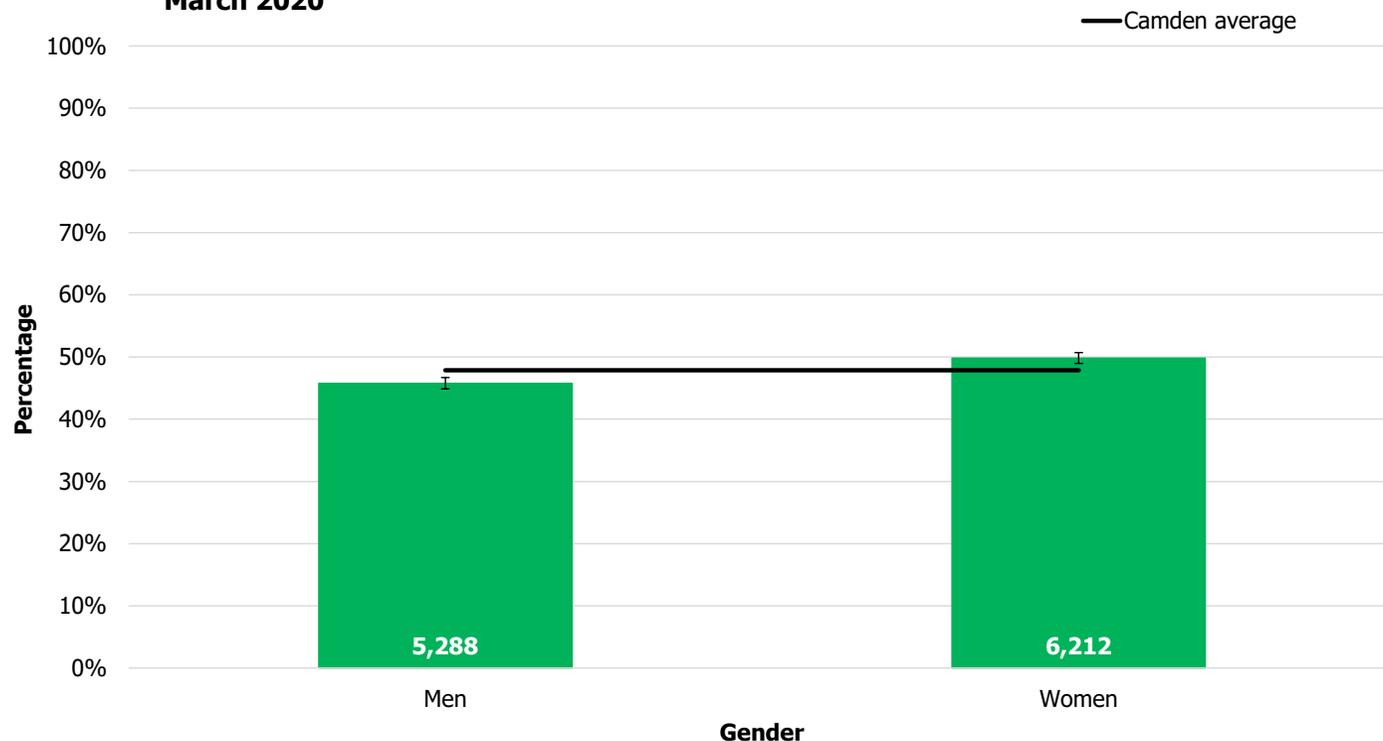
Areas of concern	Enfield	Barnet
Overview	The overall bowel screening coverage among older people (60-74) years was 57%.	Waiting for data
Disability/ Severe Mental Health	Older people with a learning difficulty (64%) or a severe mental illness (56%) had lower coverage compared to people diagnosed with depression (93%).	Waiting for data
Geographic variation	Southgate Surgery and Winchmore Hill Practice with a lower coverage (34% and 53% respectively) than the Enfield average (57%).	Waiting for data

Examples of analysis: Camden



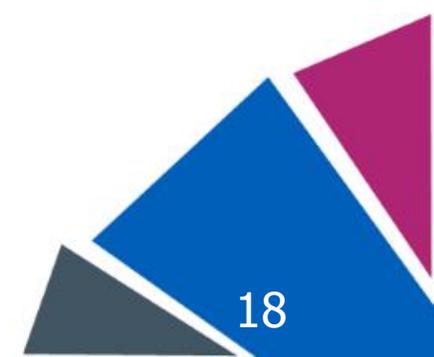
Men have a significantly lower bowel screening coverage than women

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by gender, Camden registered population, March 2020



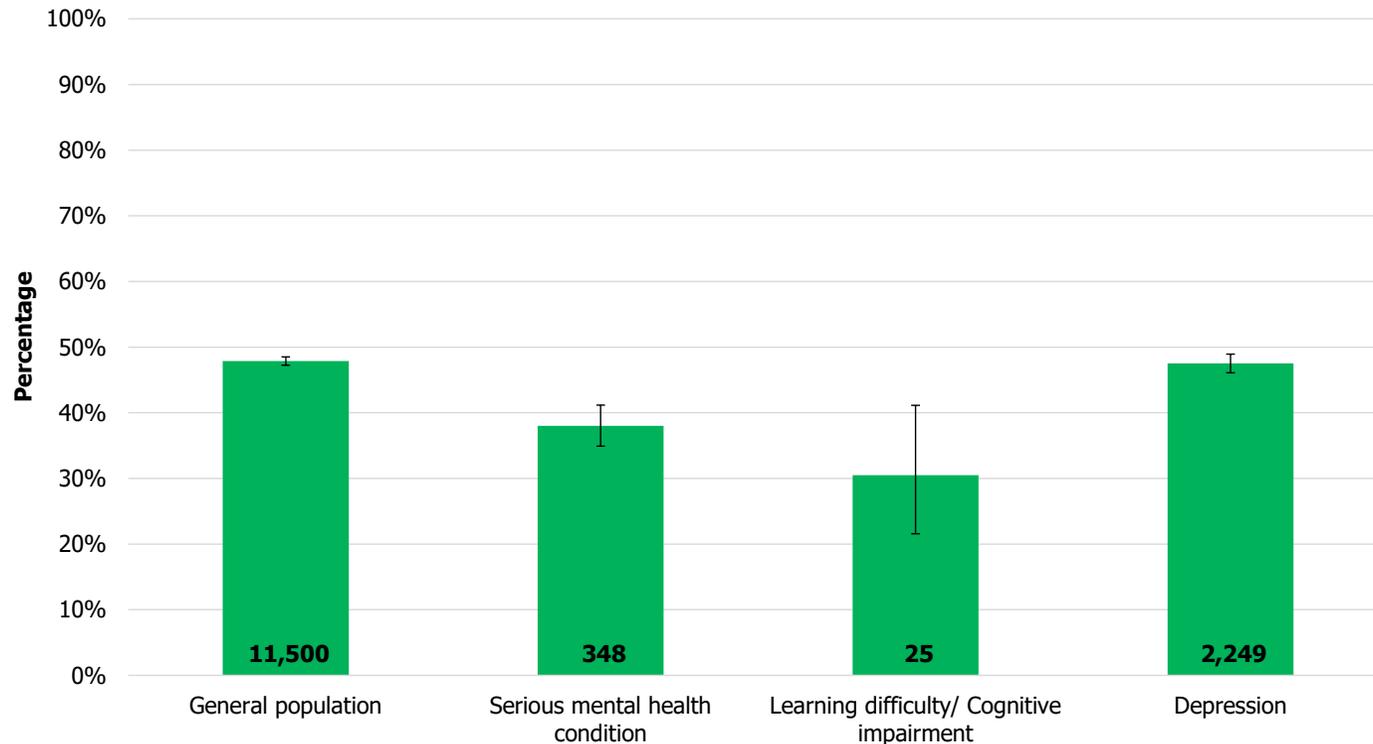
- In Camden, the overall bowel screening coverage was 48% as for March 2020 before the pandemic.
- **Women are more likely to have a bowel screening (50% coverage) than men (46% coverage).**

Source: CSU dataset (March 2020)



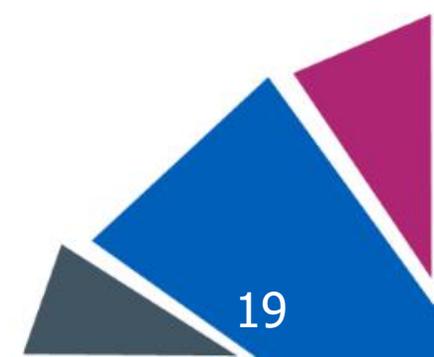
People with learning difficulty or mental health conditions have lower bowel screening coverage

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by mental health condition or learning difficulty/ cognitive impairment, Camden registered population, March 2020



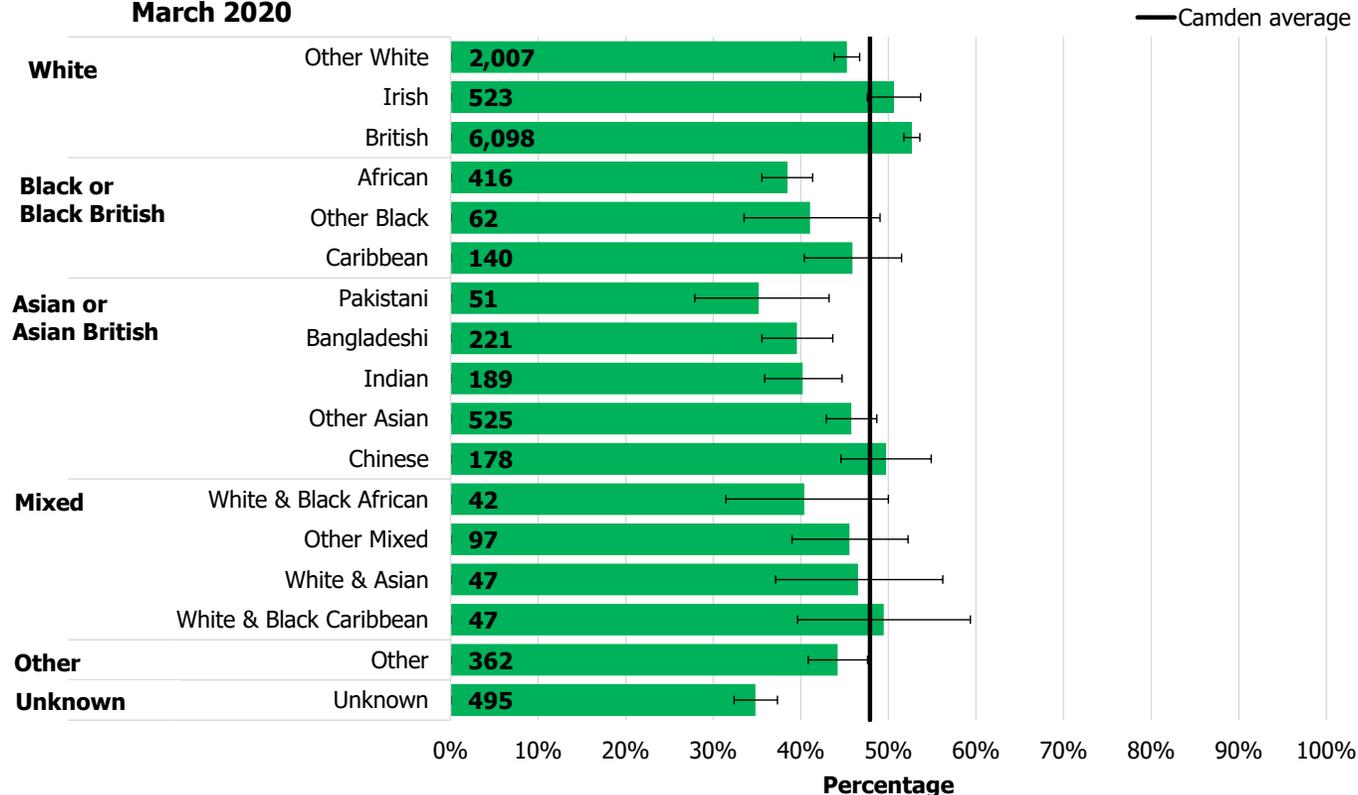
- Men and women with a recorded **learning difficulty/ cognitive impairment**, and **serious mental illness** (30% and 38% respectively) have a significantly lower coverage than the Camden general population (48%).

Source: CSU dataset (March 2020)



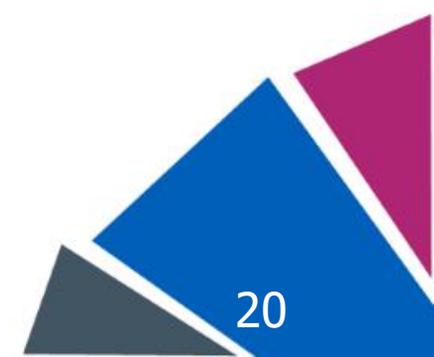
Bowel screening coverage is lowest in the Asian, African and Other White ethnic groups

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by ethnicity, Camden registered population, March 2020



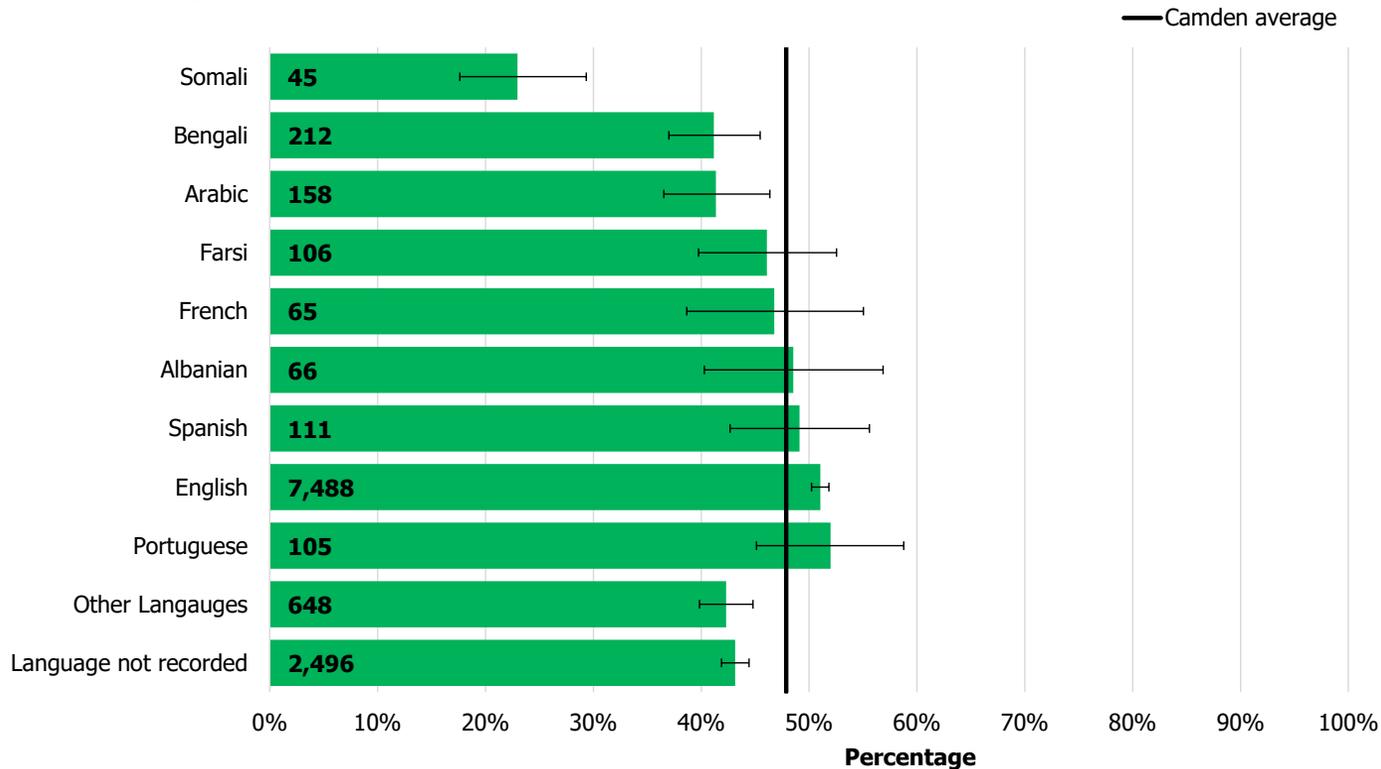
- In Camden, White British (53%) is the only ethnic group to have a significantly higher coverage when compared to the Camden average (48%).
- **Pakistani** (44%), **Bangladeshi**, (35%) **Indians** (35%), **African** (38%), and **Other White** (45%) have significantly lower percentage including those people **without a recorded ethnicity** (35%) compared to the average (48%).

Source: CSU dataset (March 2020)



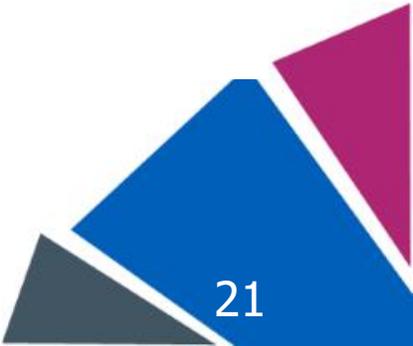
Only one fifth of people speaking Somali had their bowel screening

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by language spoken (top 10), Camden registered population, March 2020



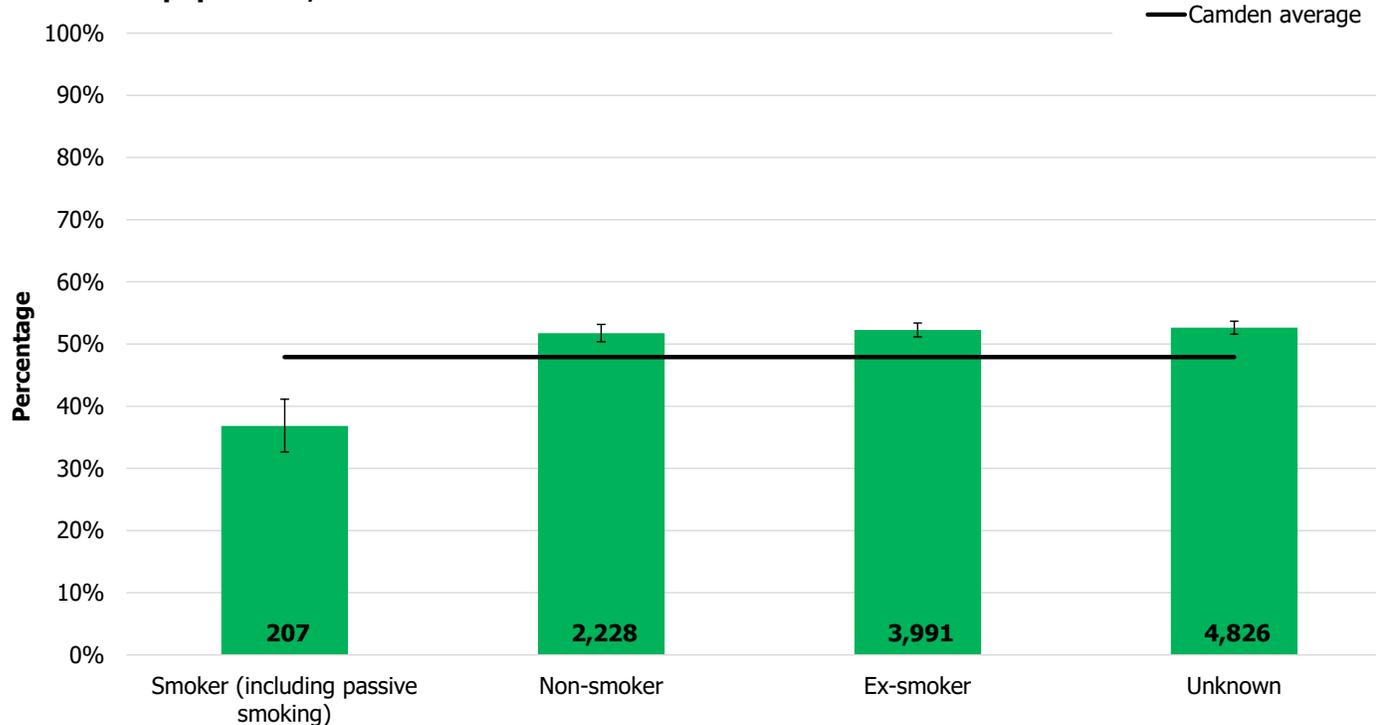
- In line with the ethnicity analysis, people speaking **Somali** have the lowest screening coverage (23%) followed by those speaking **Bengali** and **Arabic** (41% respectively).
- These findings should be interpreted with caution as language is poorly recorded.

Source: CSU dataset (March 2020)



Smokers have the lowest screening coverage

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by smoking status, Camden registered population, March 2020

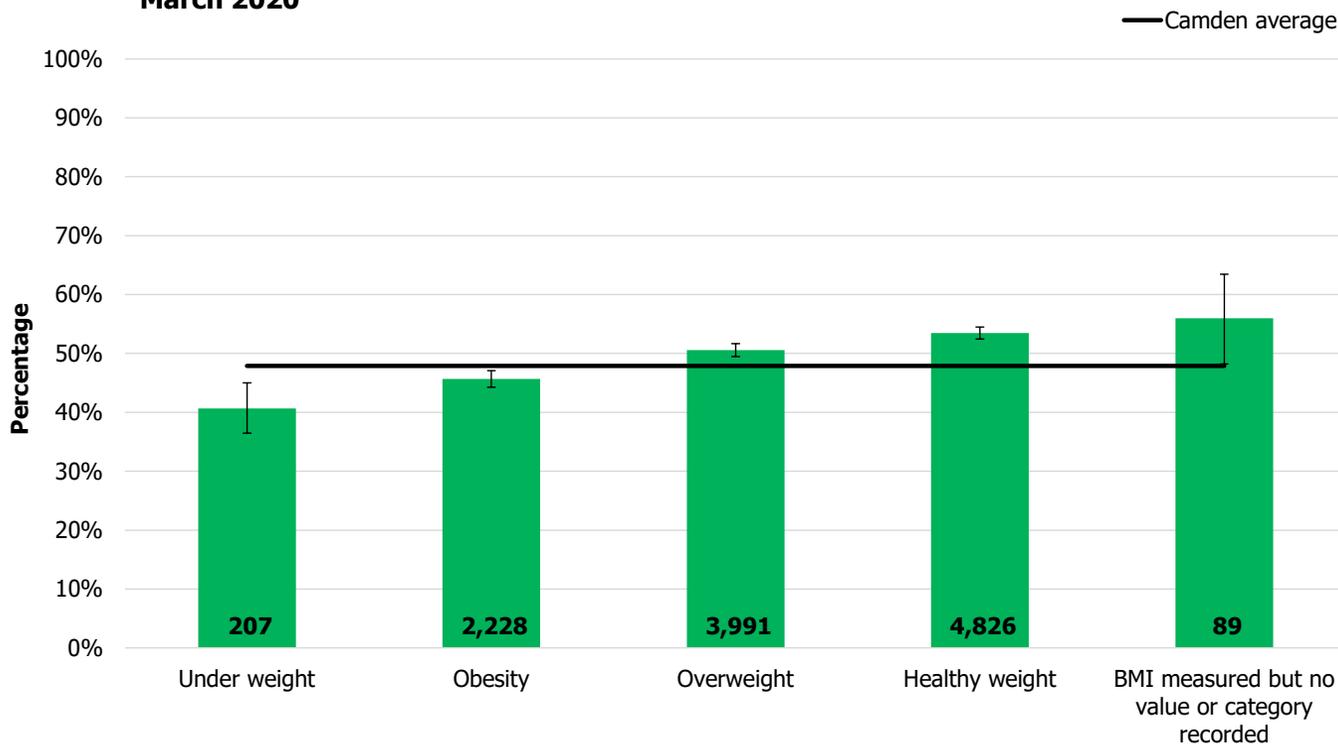


- **Smokers** have a significantly lower bowel screening coverage (37%) compared to non-smokers and ex-smokers (52% respectively).
- The lower coverage among smokers may in part relate to socioeconomic status and deprivation.

Note: No smoking status recorded has been excluded from this analysis
Source: CSU dataset (March 2020)

Older people who are underweight or obese have a lower screening coverage

Number and percentage of bowel screening coverage among men and women aged 60-74 over the last 2.5 years, by BMI group, Camden registered population, March 2020



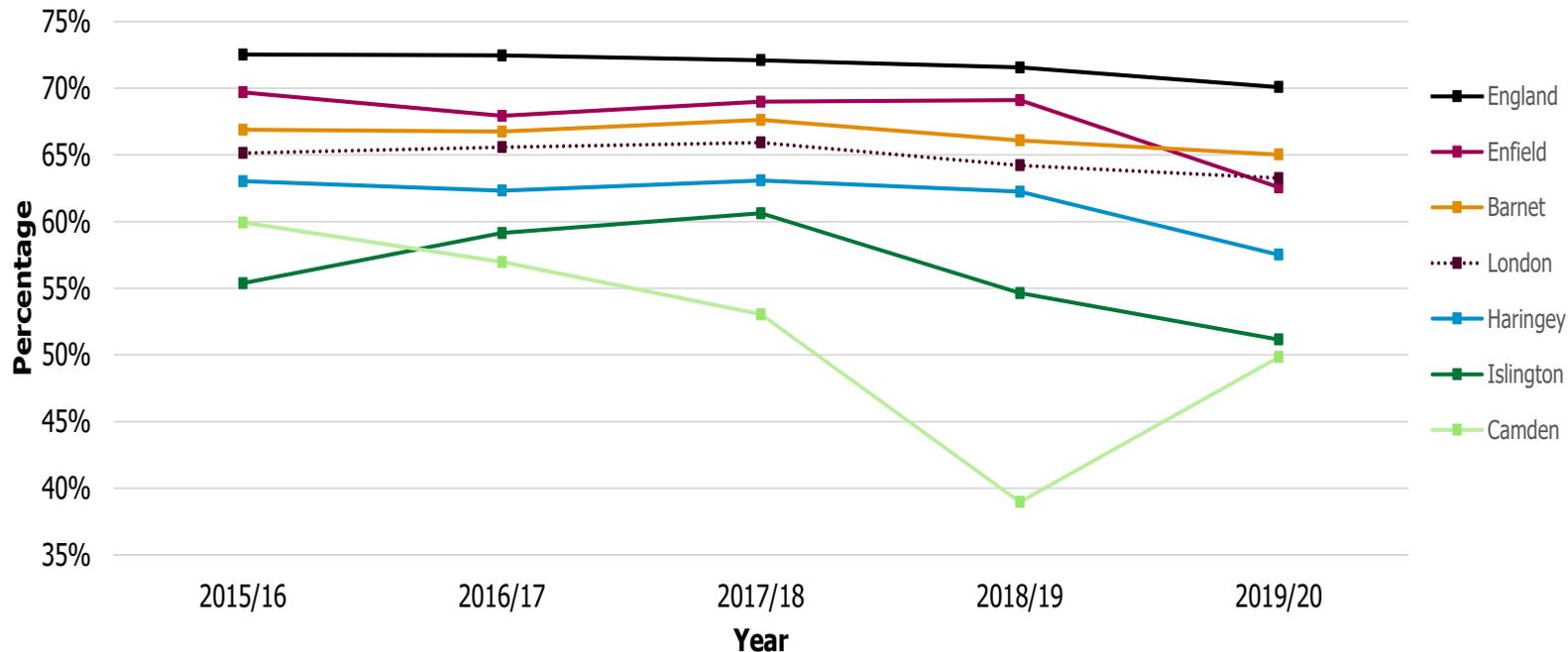
- In Camden, older people who are **underweight** and **obese** had lower screening coverage (41% and 46% respectively) than those with an healthy weight (53%).

Note: Unfeasible values and no BMI measurement category have been excluded from this analysis.

Source: CSU dataset (March 2020)

Key findings: breast screening

Percentage of female attending breast screening, 3 years coverage, aged 50-70, NCL boroughs, 2015/16 to 2019/20

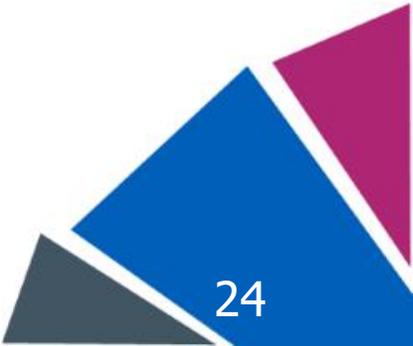


According to the latest available PHE data (2019/20), All North Central London (NCL) areas have their breast screening coverage lower than England.

- Enfield and Barnet are the only NCL areas to have their coverage higher or similar to London while **Camden**, **Islington** and **Haringey** have a lower coverage.

Note: Breast screening data are available from Public Health England (PHE) at national and local authority level only.

Source: PHE fingertips, 2021



Recommendations for improving cancer screening

Improving screening coding & data collection

- The recording of screening for bowel and breast cancers varies by GP practices or it is not recorded. These programmes are not aligned to nationally disseminated business rule (e.g. QOF) as for the cervical cancer screening which has more formalised approach of coding.
- Working to set a new process of coding for all cancer screening data and access to an integrated primary care database across all NCL GP practices. This would enable an up-to-date evidence and improve collaborative analysis to inform local strategies and health priorities to improve health across the NCL areas.
- For example, it would be good to think about how this cancer screening analysis can be translated into a dashboard(s) within HealtheIntent to ensure continued focus on improving coverage and reduction in equity gaps.

Socio-economic factors

- There is a correlation with deprivation for bowel cancer screening - All three Boroughs (Camden, Islington and Haringey) are also showing a lower coverage among people having a mental health condition (both depression or severe mental health) or among those who are obese or smokers. This indicates an association with socio-economic status.
- The inequalities gap across the three NCL Boroughs indicate the need to 'level up' in all areas and to also take action on the wider determinants of health, alongside preventative measures and equitable treatment.

Recommendations for improving cancer screening

Population groups with higher needs

- **Gender:** Men are less likely to have a bowel screening (less than 46% coverage) than women (about 50% coverage)
- **Ethnic minority communities:** Young Chinese, Indian, Pakistani, Other Asian and Other White (mainly Europeans) women aged 25-49 years old are less likely to have a cervical screening. Older Bangladeshi, Indian, Pakistani African (mainly Somali) and Other Black aged 60-70 years old are less likely to have a bowel screening – These ethnic groups also have a higher prevalence of preventable mortality (North London Partners in Health and Care: March 2021)
- **Young people & learning disability:** Overall, the younger women under 30s are less likely to have a cervical screening (45%-50% coverage). Also a consistent lower cervical and bowel cancer screening is found among people with a learning disability (ranging between 23% and 40%).
- NCL areas should continue to address inequalities in cancer screening and make sure there is informed personal choice and equitable access for all. Recent evidence (Marlow, 2015)¹ recognised that some barriers to access screening were predominantly emotional (fear, embarrassment, shame) or related to low perceived risk, language or lack of adequate access for women with physical disability ([Jo's cervical cancer trust 2021](#)).
- Disparities by racial, age and disability and the intersectionality with deprivation and mental health need to be further investigated to better understand whether there are issues with services being culturally competent or if there is a lack of adequate information of access for these specific communities.

¹ Marlow et al 'Barriers to cervical cancer screening among ethnic minority women': a qualitative study. UCL, BMJ 2015 ([link](#))

Recommendations for improving cancer screening

Improving recording of ethnicity

- Generally, ethnicity is recorded in GP practices. This varies by Boroughs, with the highest non-recording ethnicity in women with a cervical screening in Islington (44%) compared to the female counterpart in Camden (41%) and Haringey (37%)
- Working to improve recording of ethnicity would allow more accurate risk stratification of the population, and could improve the identification of high risk people who did not receive the screening across ethnic groups.
- HealtheIntent is already working on improving completeness of ethnicity across the NCL system. Also. GPs are mandate to complete ethnicity from January 2021 where patients are happy to share it.

Geographical variation

- There is variation across GP practices and wards in Camden, Islington and Haringey. This varies by Borough, with Haringey having the highest number of GP practices (18 out of 40) with a significantly lower cervical screening coverage than the Borough average compared to Camden (12 out of 30) and Islington (7 out of 32).
- We should look beyond average uptake levels for the borough, to increase uptake of screening in low uptake areas or practices. For example this might highlight under-use of some interventions in low-uptake areas, or indicate examples of good practice that can be shared across GP practices.

What next?

- Additional analysis for Enfield and Barnet when data available.
- Share our findings to various relevant strategic groups (for example, NCL Prevention, Awareness & Screening Delivery Group, NCL long terms conditions, inequalities groups, HealtheIntent etc.) to help planning and supporting interventions to ensure continued focus on improving coverage and reduction in equity gaps.
- Include qualitative work and examples of personal experiences focusing on barriers to access screening.
- Liaise with current NCL Comms Campaign (<https://www.smallc.org.uk>) and future community projects to encourage a more borough-led and targeted approach to help address low uptake across groups and communities.

Contact details

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

About NCL cancer screening inequality analysis

This report was prepared by Ester Romeri (Public Health Intelligence and Information Analyst), Anjil Thapaliya (Public Health Intelligence and Information Officer) and Cintia Liberatoscioli (Public Health Intelligence and Information Officer) and reviewed and approved for publication by Wikum Jayatunga (Assistant Director, Camden and Islington Public Health).

Data collection: Uche Osuagwu (Public Health Data Manager)

For further information, please contact: Ester Romeri [✉ ester.romeri@islington.gov.uk](mailto:ester.romeri@islington.gov.uk)

We would also very much welcome your comments on this report, so please contact us with your ideas.

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