

HEALTH SCRUTINY PANEL
26 NOVEMBER 2014
BOWEL CANCER SCREENING UPTAKE
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

To consider factors affecting the uptake of bowel cancer screening in the City and work taking place to improve uptake, particularly amongst groups in the local population who have low uptake rates.

2. Action required

- 2.1 The Panel is asked to scrutinise the action being taken to improve the uptake of bowel cancer screening in the City, with a particular focus on population groups that have low uptake rates; and determine whether any further scrutiny is required.

3. Background information

- 3.1 NHS England is responsible for commissioning all National Screening Committee recommended screening programmes. Details of the commissioning and delivery of the bowel cancer screening programme in Nottingham is outlined in the attached paper.
- 3.2 The paper also details performance in the uptake of screening. This indicates that Nottingham is achieving an uptake of 50%. This is below the England average of 55.4% and masks differences between the best performing and least performing practices. The paper identifies some groups in the local population which have a lower uptake of bowel cancer screening, including areas with a high proportion of black and minority ethnic population groups; and lower uptake in the Bulwell, Bulwell Forest and Bestwood areas.
- 3.3 Representatives of NHS England Derbyshire and Nottinghamshire Area Team and Nottingham City Clinical Commissioning Group have been invited to attend the meeting to discuss the work of NHS England, the CCG and the Council's Public Health Team to improve screening uptake in the City.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – ‘Information for Health Scrutiny Panel: Bowel Cancer Screening’

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

As set out in the appendix

7. Wards affected

All

8. Contact information

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