

# INCREASING THE UPTAKE OF SCREENING FOR PEOPLE WITH LEARNING DISABILITIES ACROSS DERBYSHIRE AND NOTTINGHAMSHIRE.

Executive Summary

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The Derbyshire Learning Disability Strategic Health Facilitation Team

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Participating CCGs and their Cancer/Learning Disability Leads:

Southern Derbyshire CCG - Christina Urquhart, Donna Hudson, Deborah O'Connor

North Derbyshire CCG – Hannah Belcher, Lisa Wain, Richard Coates

Hardwick CCG – Jill Badger

Erewash CCG – Mel Foster-Green

Mansfield and Ashfield CCG & Newark and Sherwood CCG – Clare Frank, Andrea Brown

Rushcliffe CCG – Clare Hopewell, Jackie Moss, Stephen Murdock

Nottingham North and East – Natalie Shouler

Nottingham West CCG – Rachael Harrold

All participating practices

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**Derbyshire Healthcare NHS Foundation Trust**

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**[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)**

## 1. EXECUTIVE SUMMARY

This report represents the findings of a project undertaken within Derbyshire and Nottinghamshire with the aim of increasing screening uptake among people with a Learning Disability (LD).

In 2013, Hardwick CCG carried out a Health Needs Assessment (HNA) and Health Equity Audit (HEA) which found substantial inequalities in cancer screening coverage compared to the general population. A series of interventions were designed to help reduce these inequalities and improve access to cancer screening for people with learning disabilities. One of the recommendations of the HEA was to roll out the project to the other Derbyshire CCGs; subsequently a bid was successful to NHS England.

The project was rolled out via a Local Enhanced Service (LES) to the wider areas of Derbyshire and Nottinghamshire. The aim was to see if screening uptake would be increased if GP practices sent easy read invitation letters to patients who had not yet attended for their screening. These patients had already received their invitations from the relevant screening centre prior to being contacted by their practice.

## RESULTS

Overall, there was a significant positive relationship between the number of eligible patients who received first invitation letters by a CCG and the before-after difference in the number of individuals screened across each cohort. This suggests that the easy-read letters were effective in assisting in the increased uptake of cancer screening amongst people with learning disabilities in Derbyshire and Nottinghamshire.

	Numbers of patients	Patients attending for screening increased by:
AAA	42	29%
Bowel	278	33%
Breast	275	23%
Cervical ages 25-49	340	23%
Cervical ages 50-64	158	38%

The project website which includes the process and the toolkit (including easy read letters, easy read information, and screening and best interest pathways) will continue to be available via the website:

<http://www.derbyshirehealthcareft.nhs.uk/services/learning-disabilities/screening-programmes/>

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Anecdotal evidence suggests that there was more awareness of the need for screening patients who have learning disabilities, but also awareness of screening in general within healthcare clinical and non-clinical groups.

### **LIMITATIONS OF THE DATA**

Although the data received can help analyse if screening uptake has increased among participating GPs due to sending easy read reminder letters to eligible patients, it is unable to drill deeper into the data. It would be useful if data could be analysed to ascertain whether any cancer/AAA had been detected among patients who went for screening due to the receipt of an easy read GP reminder letter. The findings are incomplete due to the lack of data provided by 12 General Practices.

### **RECOMMENDATIONS**

- Sharing the results: at QUEST/GP educational events across Derbyshire and Nottinghamshire. The final report will also be shared with NHS England (NHSE), participating CCGs and any NHS Organisations expressing an interest in increasing screening uptake.
- Screening hubs to include easy read letters within the invitation process.
- GP Practices to continue to use the easy read letters and prompt screening.
- There is scope for the project to be expanded to other Organisations including prisons.
- Any other areas wishing to replicate the project will need to improve the reporting template.
- Use of easy read information with other social groups - One of the main points of discussion with healthcare providers related to the usefulness of sharing easy read literature to help support patients whose first language is not English. A Public Health England report (Roberts 2015) suggests that 42%-61% of working-age adults are unable to understand or make use of everyday health information.
- DHCFT to continue to maintain the screening toolkit website.
- Investment in support to accompany patients with learning disabilities to attend for their screening appointments