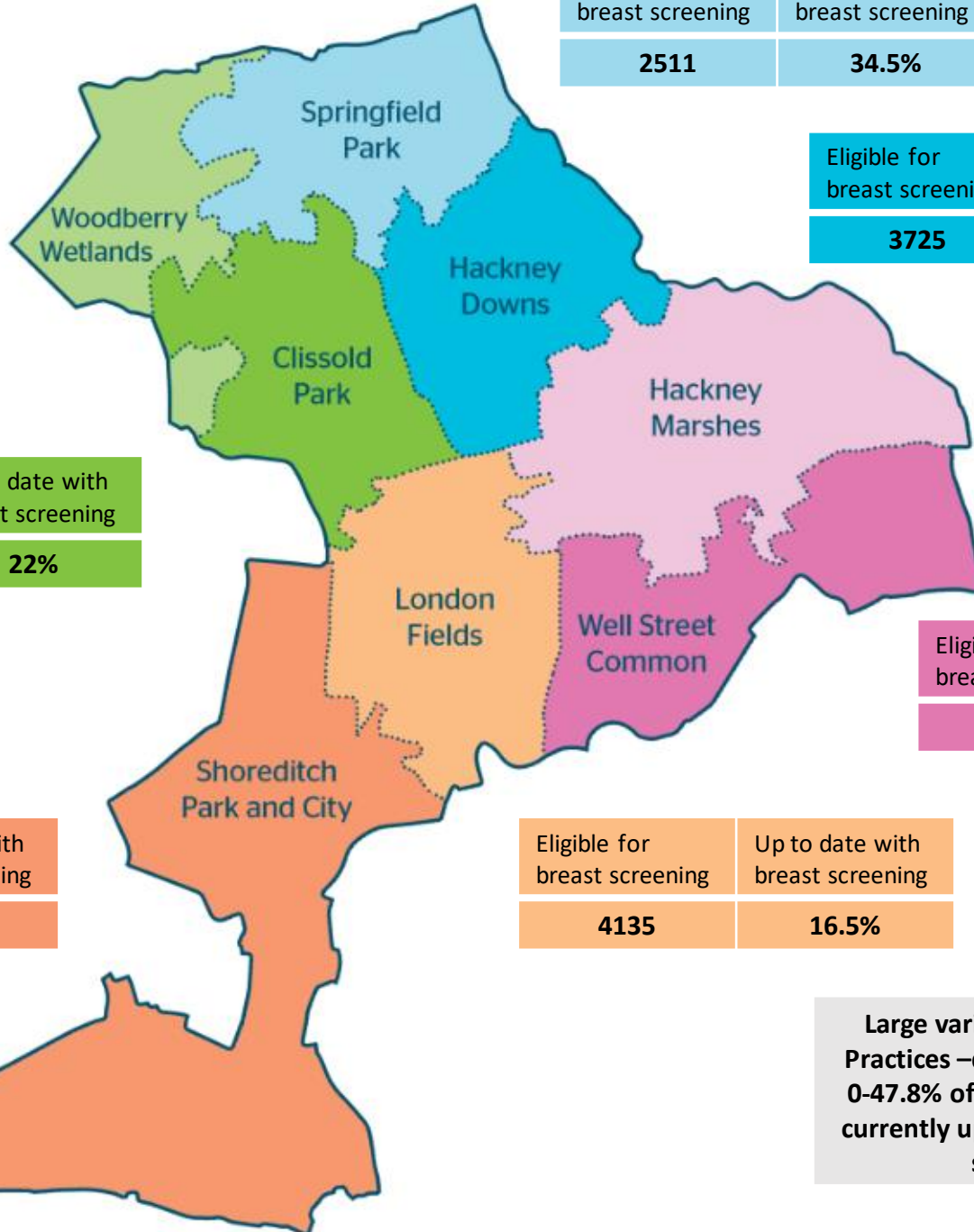


**CEG Breast Screening data  
September 2023**



**North East London**  
Cancer Alliance

Eligible for breast screening	Up to date with breast screening
<b>3206</b>	<b>27.2%</b>



Eligible for breast screening	Up to date with breast screening
<b>2511</b>	<b>34.5%</b>

Eligible for breast screening	Up to date with breast screening
<b>3725</b>	<b>32.9%</b>

Eligible for breast screening	Up to date with breast screening
<b>4335</b>	<b>44.9%</b>

Eligible for breast screening	Up to date with breast screening
<b>3483</b>	<b>22%</b>

Eligible for breast screening	Up to date with breast screening
<b>3535</b>	<b>8.7%</b>

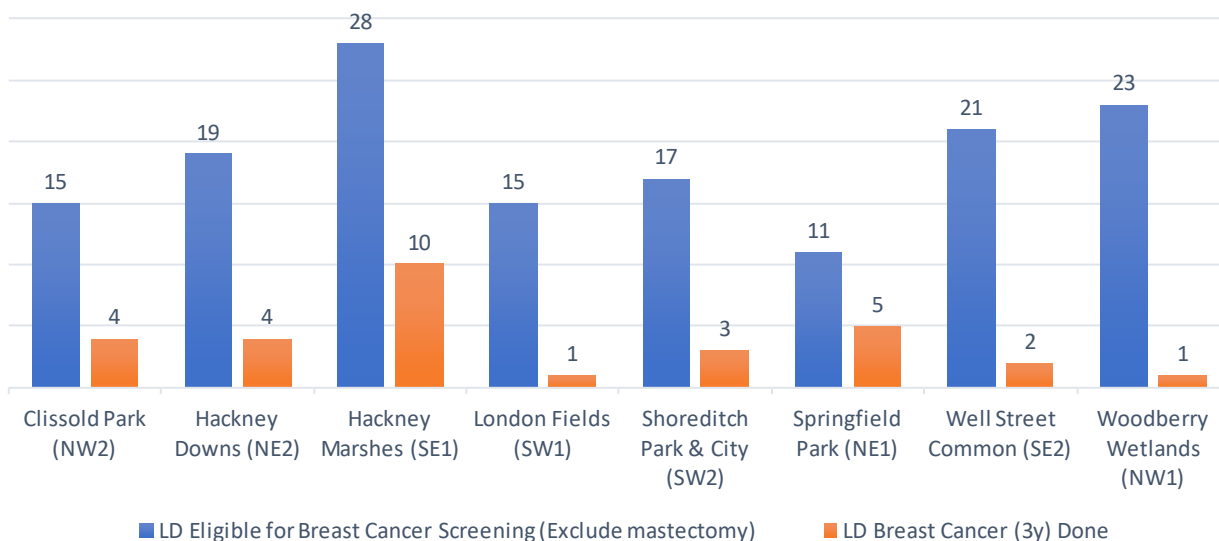
Eligible for breast screening	Up to date with breast screening
<b>4377</b>	<b>31.1%</b>

Eligible for breast screening	Up to date with breast screening
<b>4135</b>	<b>16.5%</b>

**Large variation across 39 GP Practices –data shows between 0-47.8% of eligible patients are currently up to date with breast screening.**

CELBSS	City & Hackney
<b>Dec 2022</b>	<b>45.06%</b>
CEG Sep 23 Eligible for breast screening	CEG Sep 23 Up to date with breast screening
<b>29,307</b>	<b>27.4%</b>

### Patients registered with a Learning Disability

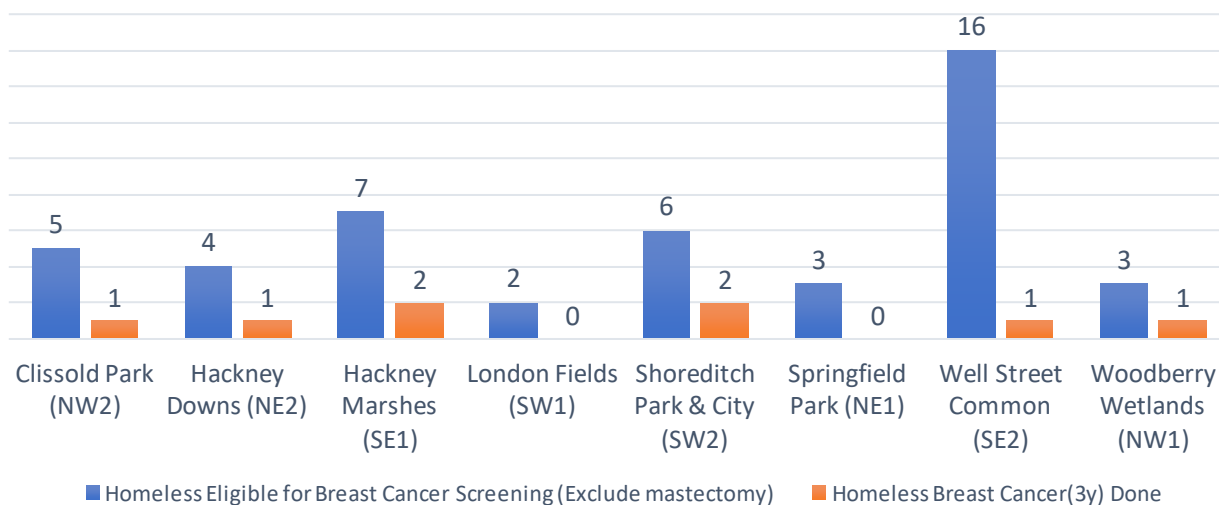


Currently CEG Data from QMUL can only be broken down further to identify patients registered with serious mental illness (SMI), learning disabilities (LD) and homeless across all three cancer screening programmes.

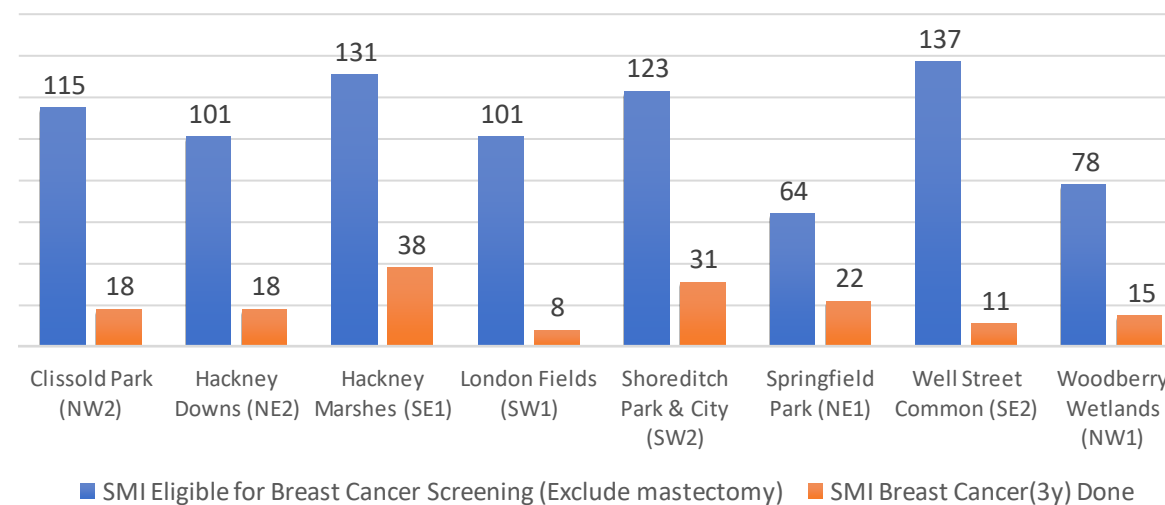
Access to detailed and up to date information is limited and so restricts focused interventions, including for early cancer diagnosis PCN DES work.

CEG are currently working on creating an ethnicity dashboard.

### Patients registered as homeless



### Patients registered with SMI



# Breast screening in Primary Care

PCN Cancer Facilitator role – Community Links/NELCA - Currently working with practices/PCNs to find out how breast screening data is received and managed. Aiming to determine how this process can be improved to enable targeted and local interventions to increase screening uptake and early diagnosis of breast cancers.



North East London  
Cancer Alliance

## Current issues highlighted so far:

- Reliance on postal results for breast screening appointment outcomes (attendance / did not attend / normal result)
- Results received then must be coded on to practice systems manually
- Lack of convenient local sites for residents to attend screening (shown in image below) some satellite locations also available but currently not listed
- GP practices trialing their own systems to find out if patients have been to screening recently to try a more targeted approach to recall
- Lack of capacity for results coding, call and recall
- Issues supporting to patients to rebook
- No standard processes across primary care
- No incentives for coding / attendance (unlike cervical screening)

