

Joint event on

World Congress on **Breast Cancer**  
&  
5<sup>th</sup> International Conference on  
**Vascular Biology & Surgeons Meeting**

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**Lessons learnt from targetting breast screening uptake at a primary care setting within a London local authority**

**Sabrina jazz**

University of London, UK

**B**reast cancer is the most common cancer to affect women in the UK. While incidence is rising, mortality is falling, part of which is thought to be attributed to earlier detection due to breast screening. Uptake of breast cancer screening in the UK has fallen 1% since 2016 and the overall uptake rate in Barking and Dagenham is below the national minimum standard of 70%. This audit aimed to investigate and increase breast screening uptake at Thames View Health Centre (TVHC), a General Practice in the borough of Barking and Dagenham local authority. Uptake was determined as the percentage of all eligible women (aged from 50 up to 73 years old) who had attended their breast screening appointment. Change was then implemented in the form of updating paper records onto the computer system (EMIS), updating EMIS alerts reminding women to attend screening, adoption of a Bengali-translated information leaflet and a new poster placed in all public waiting areas. Initially, 65.5% of all eligible females (n=524) attended their breast screening appointment (n=343). Of those who attended with their ethnicity recorded, the lowest ethnic group was the Bangladeshi/Indian/Pakistani one at 9.9% (n=28). There were 35 individuals initially found to have “no-record” of breast screening, however further investigation found that 62.9% of them had an un-coded screening-related paper or electronic record. Following the implementation of change, the cycle was closed at 5 months. Uptake of breast screening increased by 1.2% to 66.7% (n=363). Discussion of reasons for the modest increase included the lack of an exclusion criteria and some women having two codes (attended and did not attend) which will have modified the findings. Similarly, due to a lack of demographic data held on EMIS, the interventions may not have been targeted to the correct low-uptake groups as well as potentially not being well tailored to the groups’ needs. Future recommendations include improved demographic data collection, enquiry at the first point of contact of breast screening status and reasons for non-attendance, breast screening education at the community level such as place of worship and text message reminders of the importance of screening and screening cycle timings. Combined, these could contribute to further increase in uptake of breast screening and overall earlier breast cancer diagnosis and thus prognosis.

s.k.jansz@smd15.qmul.ac.uk

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