

NHS LANARKSHIRE
NORTH COMMUNITY HEALTH PARTNERSHIP
BELLSHILL LOCALITY

Date of Report: September 2009
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Subject: Update Report to the Local Area Partnership

1. NHS Lanarkshire Wide Update

Influenza H1N1

Planning for Influenza H1N1 continues on a multi agency basis and guidance is expected from the Scottish Government with regards to immunisation.

NHS Lanarkshire Acute Mental Health Unit- Initial Agreement

NHS Lanarkshire approved the initial agreement for a new acute mental unit in north Lanarkshire at its meeting on 26 August 2009. The new unit will provide care for people from North Lanarkshire and Clydesdale and South Lanarkshire. The new 130-bedded unit will be based at either Monklands Hospital or Wishaw General Hospital. The new unit will offer in-patient care to the following groups:

- Adult Acute in-patient service (for people aged 16- 64)
- Older people's acute in-patient service (for people aged 65 and over)
- Intensive Psychiatric care unit (IPCU) for patients across Lanarkshire
- Addiction in-patient unit (Lanarkshire –wide service for people aged 16-64)

2. Issues Specific to the Locality

Living Better Project / Integrated Care Pathways for Long-term Conditions and Mental Health Issues.

As one of the national pilot sites, Bellshill Locality gave feedback to the National Steering Group meeting in August. It was reported that a training needs analysis had been completed for primary care staff in June 2009 and it was recommended that three half day sessions be organised for October 2009. The evaluation of the training will be completed and fed back to the National Steering Group.

Health Improvement

Healthy Living and Wellbeing Initiative:

The Locality is in active planning stages to establish a Healthy Living and Wellbeing Initiative across the area. Locality / service themes will be

- Early Years / Children and Families
- Youth Diversionary Activity
- Promoting Positive Mental Health

With the overarching themes of Tackling Inequalities and Equality & Diversity

A multi-agency parenting strategy is being prepared within North Lanarkshire and will be implemented as part of this initiative. Baby massage, weaning workshops, postnatal depression support group, Blue Light Disco and a children's healthy weight intervention are currently in place. A Healthy Living Initiative presentation was delivered to the partners on 15th September to give a background, overview and future plans. The HLI Steering Group is to be established following this meeting with representation from public, private and third sector organisations.

Performance Report Including Community Planning Indicators

3. Updates Requested by the LAP

Bowel Screening Programme

Response to questions posed from the LAP meeting on 13 August 09:

1. Translations/Gaelic Language

NHS Health Scotland provides the resources for the programme as it is a national programme. Attached is the link to NHS Health Scotland which details which languages translated materials are available in (nine). There are other formats available aside from written leaflets and this includes Braille formats as well as a comprehensive chapter by chapter DVD of the process of bowel screening which should be available next month in a range of languages including British Sign Language. It is expected to be a very useful support to individuals who prefer a DVD format or who may have literacy issues. The core language lists are based on feedback from NHS Boards and are the most commonly requested. Resources are concentrated on where there are barriers to understanding the English written version.

The resources are not available in Gaelic as this is not one of the core languages which NHS Scotland routinely translates into.

For languages which are not routinely available requests can be made to NHS Health Scotland around specific languages or alternatively use can be made of an interpreter.

<http://www.healthscotland.com/topics/health/screening/bowel.aspx>

2. Family History

Most bowel cancer (75%) is sporadic but about 25% can be due to family history, common exposures or a combination of both.

Familial or "a family history" of bowel (colorectal) cancer is something which needs to be followed up and if individuals have concerns that they have a strong family history of bowel cancer, they should discuss this with their own doctor. This attached link may be useful.

<http://www.cancer.gov/cancertopics/pdq/genetics/colorectal/HealthProfessional/page2>

3. Survival rates from ISD website

ISD website presents an analysis of patients with cancer diagnosed between the years of 1980 and 2004, and consists of approximately 275,000 male and 265,000 female cases.

Current findings, 2000-2004

Five year relative survival from the most common cancers, for the period 2000-2004:

- cancers of the lung, including trachea and bronchus: 7% for males, 8% for females
- cancer of the female breast : 84%
- **colorectal cancer: 55% for males and 54% for females**
- prostate cancer: 80%

Trends from 1980-1984 to 2000-2004

Survival has generally increased for almost all cancers.

3. False Negatives

Screening programmes must be able to demonstrate, at a population level, benefit in terms of lives saved or disease prevented. Screening programmes are initiated where it is possible to detect diseases at an early stage and BEFORE symptoms occur. The programme will save around 150 lives every year in Scotland.

It is recognised that false negatives and false positives can occur in a screening programme as screening tests are not diagnostic tests. Screening tests do however provide a safe, quick, easy and cheap way to separate the population you are interested in into a group at higher risk of the disease you are interested in and a group who are at lower risk.

This means that we can then focus on further investigating individuals who fall into the higher risk group. We know that the bowel screening programme will pick up about 70% of bowel cancers present at any given time. That means it will miss around 30% of cancers which are present. This group is referred to as the 'false negatives'.

Continuing to take part in the programme every 2 years while an individual is in the eligible age range is the best way of maximising the opportunity to detect all cancers at an early stage; the probability being that if you are a false negative in one round, you are likely to be picked up in the next round which is still likely to be earlier in disease process than if you had waited until you developed symptoms.

With programmes like bowel screening and breast screening, it is intended that individuals take part every 2 years for bowel screening and every 3 years for breast screening while they are in the eligible age range which is based on the age range in which the screening test will pick up most cancers.

On average about 1 in 50 people who do the test will screen 'positive' and be referred for colonoscopy. Of these individuals referred for colonoscopy about 1 in 10 will be found to have a bowel cancer.

We expect to pick up around 85-90 new cancers a year in Lanarkshire through bowel screening.

It is really important that individuals with bowel symptoms seek advice from their doctor. This is the same for all screening programmes, NEVER ignore symptoms.

4. Conclusions

This report demonstrates the activity across the Locality and there is evidence of excellent partnership working across the agencies.

5. Recommendations

The recommendation is that the LAP members are asked to note the contents of the report and take up an update at the next meeting.