

# NEL Cancer Alliance Primary Care Update

## June / July 2025

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### 1 Changes to cervical screening intervals

From 1 July 2025, routine cervical screening intervals will be extended from 3 to 5 years for participants aged 25-49 who test negative after attending cervical screening on or after this date.

The NHS Cervical Screening Programme saves thousands of lives every year by checking for high-risk Human Papilloma Virus (hrHPV) which causes almost all cervical cancers. In England, women and people with a cervix are currently invited every 3 years between the ages of 25-49 and every 5 years if aged 50-64 years.

In December 2019, HPV primary screening was fully implemented in England. This is a more sensitive and accurate test than the previous 'smear' test, which only looked for cervical cell changes. HPV testing is the best way to find out at an early stage who is at higher risk of developing the cervical cell changes that over time could potentially lead to cervical cancer if left untreated. This enables us to offer a more personalised approach to cervical cancer prevention based on an individual's risk.

Studies have shown that if a person tests negative for hrHPV they are extremely unlikely to go on to develop cervical cancer within the next 10 years. A study in England, published by King's College London, showed that 5-year screening intervals are as safe as 3-year intervals; the same number of cancers will be prevented and less frequent cervical screening tests are needed.

The UK National Screening Committee (UKNSC) reviewed all the robust scientific evidence and recommended a change to a 5-year screening interval for participants aged 25-49 years who test negative for hrHPV at their routine screen. The Department of Health and Social Care (DHSC) has accepted this recommendation. Next test due dates will not be changed; individuals will be invited at the interval in which they were advised of at the time of their last test.

There will be no change to the clinical pathway for those testing positive for HPV. Where there are no cell changes, they will be invited for screening again in 1 year. If cell changes are found alongside a positive HPV test, they will be referred directly to a hospital clinic for a colposcopy to check the cervix more closely.

An individual will only move onto a 5 year screening interval after this when they meet the clinical criteria. For further details on how this will affect participants, and to support services to answer enquiries, please see the [accompanying FAQs](#).

**Please ensure any patient-facing staff are aware of the changes so they can support individuals with any questions.** Staff can reassure people that invitations will be sent automatically at the appropriate interval. Sample takers are asked to inform participants of the interval change during their appointments after 1 July 2025.

## 2 Opt in for electronic breast screening reports

The London Breast Screening Programme Administration Hub, hosted by Royal Free NHS Trust, are responsible for the issuing of GP outcome reports from the NHS Breast Screening Programme.

At present, these reports are generated by the National Breast Screening System and sent to GP Practices in printed and posted format. They are looking at changing this to Electronic PDF.

If any patients are called for screening, they plan to send GP Practices results by email PDF link attachment, rather than a posted paper result. The content/layout of the GP reports will remain unchanged.

The key benefits of this change will be faster, streamlined and secure delivery of results via NHS.net email. PDF links not accessed within 72 hours will revert to that particular batch being sent by the defaulted method of printed post.

**In order to OPT IN for this change, they request that GP practices complete and return the following information to [rf-tr.hubgppacks@nhs.net](mailto:rf-tr.hubgppacks@nhs.net)**

- GP Practice Code and GP Practice Name
- Confirmation of preferred NHS.net email for reports to be sent

GP practice that have **not** opted in for electronic GP result reports will continue to be sent breast screening reports via printed and posted format. Should you have any questions or queries please contact the below:

Danielle Macpherson-Smith (Service Manager). Tel: 020 7794 0500 (27366)

### 3 Changes to EUROPAC Data Navigator Service

Due to reduced capacity within the Navigator Team, the review and triage of referrals to EUROPAC will now be managed centrally. Please ensure all EUROPAC referrals are directed to the central EUROPAC inbox:

[europac@liverpool.ac.uk](mailto:europac@liverpool.ac.uk)  
[europac.study@liverpoolft.nhs.uk](mailto:europac.study@liverpoolft.nhs.uk)

For non-referral related enquiries (e.g. general EUROPAC enquiries, resource requests, discussions on setting up referral pathways or surveillance sites), please contact:

**Beata McMahon**

[b.gubacsi@liverpool.ac.uk](mailto:b.gubacsi@liverpool.ac.uk) or [Beata.Gubacsi@liverpoolft.nhs.uk](mailto:Beata.Gubacsi@liverpoolft.nhs.uk)  
0151 794 0717

**Eleri Hughes**

[Eleri.Hughes2@liverpool.ac.uk](mailto:Eleri.Hughes2@liverpool.ac.uk) or [Eleri.Hughes11@liverpoolft.nhs.uk](mailto:Eleri.Hughes11@liverpoolft.nhs.uk)  
0151 794 0716

More information about EUROPAC is here

<https://www.nelcanceralliance.nhs.uk/europac>

### 4 Gypsy, Roma and Traveller Engagement project

Friends, Families and Travellers and Roma Support Group have successfully recruited and trained 13 health champions for the GRT communities in NEL. After a successful introductory webinar held on 14<sup>th</sup> May, the champions and project were introduced to members of NEL ICB, Primary Care and Public Health teams. The champions are currently being trained on breast, bowel, cervical, lung and urological cancer signs, symptoms and screening and it is hoped they will be embedded into the NEL community voluntary service at a later date.

### 5 Cultural awareness webinars

The dates for our cultural awareness webinar sessions are now live on NEL Training Hub and available to all GP Receptionists and Social Prescribers across NEL. The sessions, delivered by FFT and RSG will showcase the lived experiences of Gypsy, Roma and Traveler communities and offer opportunities to understand how to support them in breaking barriers to healthcare. The sessions will be recorded and shared at a later date and a certificate will be provided for all attendees.

**REGISTER HERE:** <https://neltraininghub.org/events/>

## 6 ONEL SMI Breast Screening project

The number of unscreened SMI patients across CEG continues to reduce. However, LIS activity data currently indicates that just under half of practices (approximately 48.6%) are yet to start the project. **Please could any remaining practices begin actioning ASAP before the project end date of 30<sup>th</sup> September 2025.**

We are currently working with CEG to determine if additional support can be facilitated, however if this is not possible, inactive practices will need to have funding drawn back from their PCNs.

For any queries, please contact Nikki at [Nikki.poland@nhs.net](mailto:Nikki.poland@nhs.net)

## 7 Cancer referrals update (GP Matrix for BHRUT)

A GP Matrix has been developed collaboratively by Primary Care and BHRUT colleagues. We hope you will find this a useful tool in providing you with the basic requirements when you are referring a patient to BHRUT. You can look at the matrix and more information about the cancer referral process on the NEL GP portal website. You can also [download a copy](#) of the matrix.

### Eight Cancer Rules

As well as using the GP Matrix, we'd ask you to follow these eight rules for all suspected cancer referrals.

- 1. Please inform patients that they are being referred on an urgent suspected cancer pathway and must attend all appointments (diagnostics and outpatient appointments).**
- 2. Please ensure the patient has had recent blood tests (i.e. not more than 3 months) to avoid any delays in their diagnostics and treatment. please find instructions for GPs to refer to community phlebotomists for urgent bloods below:**

[urgentbloodappointment@nelft.nhs.uk](mailto:urgentbloodappointment@nelft.nhs.uk)

Patient phone number; Reason for test; Blood test requested:

\*Blood form to be attached to email\*

- 3. Please check “referrer alert” for any other essential information on DOS.**
- 4. Please organise the necessary tests to be done prior to referral (as outlined on the GP Matrix).**
- 5. Please include the most up to date contact detail for the patient (address, mobile/home, email) and ensure all referral information is completed on the Pan London form including whether interpreter is required.**

- 6. Please print letter and give to patient even if you 'defer to provider'.**
- 7. Please do not refer if you have been made aware that your patient will be going on holiday, please submit referral upon their return when they are available.**
- 8. Please keep an eye on your worklist**

Thank you for your continued support.

## **8 Podcasts**

Our latest podcasts focussed have been focussed on innovation in cancer diagnosis and treatment.

All episodes can be accessed here: <https://www.nelcanceralliance.nhs.uk/taking-control-cancer>

## **9 For more information**

Web: [www.nelcanceralliance.nhs.uk](http://www.nelcanceralliance.nhs.uk)  
Twitter: @CancerNel  
Facebook: @NelCancerAlliance  
Instagram: @CancerNEL  
LinkedIn: <https://www.linkedin.com/company/north-east-london-cancer-alliance/>  
YouTube: <https://www.youtube.com/@nelcanceralliance>