

Press release: Women offered NHS breast screening after missed invitations

The decision follows analysis by Public Health England (PHE) dating back to 2009, which found that a number of invitations for a final test had not been sent out to women, between their 68th and 71st birthday. The total number of older women affected since 2009 is estimated to be approximately 450,000.

The routine NHS breast screening programme invites more than 2.5 million women every year for a test, with women between the ages of 50 to 70 receiving a screen every 3 years up to their 71st birthday. Around 2 million women take up the offer.

The problem was identified in January 2018 whilst reviewing the progress of the age extension trial (AgeX). It then became apparent that a similar impact has resulted from long term problems with the routine programme as well. In addition, some local services have not invited everyone for a final screen in the 3 years before their 71st birthday.

PHE has carried out a thorough investigation including a detailed analysis of data going back to 2009 and has been advised by experts and clinicians. The fault has now been identified and fixed and women who did not receive their final routine invitation and are registered with a GP are being contacted and offered the opportunity to have a catch up screen. All of these women will be contacted by the end of May 2018. Women can seek advice by calling the helpline on 0800 169 2692. We anticipate that all rescreens will be completed by the end of October 2018 and extra capacity is being identified so that routine screening will not be affected.

Dr Jenny Harries, PHE Deputy Medical Director said:

On behalf of NHS breast screening services, we apologise to the women affected and we are writing to them to offer a catch-up screening appointment. They and their families' wellbeing is our top priority and we are very sorry for these faults in the system.

A complex IT problem with the breast screening invitation system has led to some women not being invited for their final screen between their 68th and 71st birthdays. We have carried out urgent work to identify the problem and have fixed it. Additional failsafe systems have been introduced to ensure the problem does not reoccur.

The NHS breast screening programme is a world leading prevention service for women in England detecting around 18,400 cancers per year and saving 1,300 lives.

Local breast screening services are currently working closely with NHS England and PHE to ensure that all of the women affected are contacted and offered the opportunity for a screen.

The Secretary of State for Health and Social Care has commissioned an independent review of the NHS breast screening programme to look at issues, including its processes, IT systems and further changes and improvements that can be made to the system to minimise the risk of any repetition of this incident.

The review will be chaired by Lynda Thomas, Chief Executive of Macmillan Cancer Support and Professor Martin Gore, Consultant Medical Oncologist and Professor of Cancer Medicine at The Royal Marsden, and is expected to report in 6 months.

Background

1. It is estimated that 450,000 women since 2009 were not invited for a screen and 309,000 women were not invited for a screen and are alive.
2. The long term clinical research trial called AgeX, led by Oxford University, is ongoing to assess reliably the risks and benefits of offering an extra screen to women aged 71 to 73 and between 47 to 49 years.
3. All women that were not sent an invitation for their final screen will be given the opportunity for a new screening appointment. All women under 72 years old who are affected will receive an appointment letter informing them of their time and date. Women aged 72 years old and above will be able to contact a dedicated helpline to discuss whether a screen could benefit them.
4. There are 79 local NHS breast screening services across the country. Women are routinely screened every three years, with the number of women invited per screening service ranging from 25,738 to 254,645.
5. An independent panel concluded in 2012 that, while routine breast screening at ages 50 to 70 confers significant benefit to UK women, the advantages and disadvantages of starting breast screening at younger or older ages were uncertain. A clinical trial, AgeX led by Oxford University, is ongoing to assess reliably the risks and benefits of offering an extra screen to women aged 71 to 73 and between 47 to 49 years.
6. The total number of women screened in 2016 to 2017 was 2.2 million (2,199,342). The number of women invited was 2.9 million (2,959,979).

7. In developing its response to this issue, PHE consulted an expert clinical group including radiologists, consultant breast surgeons, oncologists and epidemiologists.

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Press release: UK and Welsh governments reach agreement on EU Withdrawal Bill

The UK Government and the Welsh government today confirmed that they have reached an agreement on the European Union (Withdrawal) Bill that will be tabled in the UK Parliament tomorrow and that means the Welsh Government will now recommend that the National Assembly for Wales pass a Legislative Consent Motion for the Bill.

The Chancellor of the Duchy of Lancaster David Lidington MP welcomed the agreement saying it was a 'significant achievement that will provide legal certainty, increase the powers of the devolved legislatures and also respect the devolution settlements.' The Minister said that the Government would now table amendments to the Bill on Wednesday along with the publication of a related Inter Government Agreement and Memorandum of Understanding.

The EU Withdrawal Bill will significantly increase the powers of the devolved administrations in the UK as powers currently controlled by the EU are returned to the UK. The UK Government has been in detailed discussions with the devolved administrations for some time now about putting in place the necessary arrangements for the 153 policy areas returning from the EU to Cardiff, Edinburgh and Belfast in a way that strengthens and respects the devolution settlement but also protects the vital UK internal market.

The deadline for tabling changes to Clause 11 of the Bill at the House of Lords Report stage is tomorrow (Wednesday). No agreement has been reached with the Scottish Government.

The UK Government had already proposed changes to the Bill that mean the vast majority of EU powers that intersect with devolved competences will go directly to the devolved parliaments and assemblies when we leave the EU. There would also be a provision for the UK Government to maintain a temporary status quo arrangement over a small number of returning policy areas where a new UK framework had not been implemented in time for EU Exit. This is to protect the UK internal market and ensure no new barriers are created within the UK for consumers and businesses.

David Lidington said:

I am very pleased that the many months of detailed negotiation have got us to a point where we have now reached an agreement with the Welsh Government on changes to the Bill. This is a significant achievement that will provide legal certainty, increase the powers of the devolved governments and also respect the devolution settlements. The UK Government has made considerable changes to the EU Withdrawal Bill to address issues that have been raised in Parliament and by the devolved administrations

It is disappointing that the Scottish Government have not yet felt able to add their agreement to the new amendments that Ministers and officials on all sides have been working on very hard over recent weeks. I thank them for that effort and hope that they may still reconsider their position. All governments agree that it would be best for all parts of the UK if we had an agreed way forward on the EU Withdrawal Bill.

Press release: PM to announce new research and funding in drive to fight prostate cancer

The Prime Minister will today [10 April 2018] set out ambitious new plans to help thousands of men with prostate cancer get treated earlier and faster.

Over 40,000 men will be recruited into prostate cancer studies over the next five years, which will be backed by £75 million to support new research into early diagnosis and treatment.

The Prime Minister will also meet with NHS staff during the visit to Cambridgeshire – the first in a series of discussions as the government works with the health service to develop a long-term plan for the NHS.

Ahead of the visit, Theresa May said:

Too many people endure the loss of a loved one because cancer diagnosis comes too late in the day.

Our cancer treatments are world class and survival rates are at a record high, but prostate cancer still claims thousands of lives every year.

I know we can do more. That's why I am setting out new plans to help thousands of men get treated earlier and faster.

Today's announcement comes as the Prime Minister confirmed the government will come forward with a fully funded, long-term plan for the NHS this year – the year of the service's 70th birthday – in conjunction with NHS leaders, clinicians, and health experts.

She continued:

Now in its 70th year, our NHS has a bright future – since last November, we have already committed £10 billion in new funding, including a new pay deal for one million NHS workers. In fact, as part of our balanced approach to managing the economy we have increased spending on the health service every year since 2010. But I'm clear the way to secure the NHS's future is having a long-term plan, with sustainable multi-year funding.

To inform this, I'll be meeting doctors, nurses and other NHS staff today to understand the challenges they face and discuss how we can effectively meet the demands of the future.

Health and Social Care Secretary Jeremy Hunt said:

Prostate cancer claims too many lives every year and our ability to detect and treat it in the very early stages is crucial in fighting this disease.

The plans announced today will refocus our efforts to develop new treatments and will give men with prostate cancer, and their families, hope of survival. The NHS is a world leader in fighting cancer and survival rates are at record highs but there is still more to do – this research will ensure that many more lives are saved.

The new studies will particularly target higher risk groups including black men – one in four of whom will develop the disease – as well as men aged 50 or over and men with a family history of prostate cancer.

Over 40,000 patients will be recruited for more than 60 studies in prostate cancer, to test treatments including more precise radiotherapy, high-intensity focused ultrasound, cryotherapy, alongside supportive interventions including exercise and dietary advice.

This new research drive comes as 'one stop cancer shops' are being piloted in ten areas to catch cancer early and speed up diagnosis, particularly for those suffering with less obvious symptoms.

Dr Jonathan Sheffield, Chief Executive at the National Institute for Health Research (NIHR) Clinical Research Network said:

Clinical research brings us closer to the development of new treatments for prostate cancer patients.

The NIHR will work closely with the NHS, life sciences industry, charities and research funders to support the recruitment of 40,000 men into research studies over the next five years. This will provide more opportunities for earlier access to new drugs and therapies, which will ultimately lead to improved diagnoses and care in the future.

Today's announcement will both complement and extend research undertaken over the past fifteen years in close partnership with Cancer Research UK, Prostate Cancer UK, the Medical Research Council and the NIHR.

Dr Iain Frame, Director of Research at Prostate Cancer UK said:

Prostate cancer is the most common cancer in men and it is now the third most common cause of cancer deaths in the UK.

However, with increased research investment used wisely, over the next few years we can turn this around and make prostate cancer a disease men no longer need to fear. This is what Prostate Cancer UK is striving for through our ambitious research programme.

Today's announcement shows a very welcome and positive commitment from the government to play a key role in getting men the early and accurate diagnosis and treatments for prostate cancer they deserve. It at last shows recognition of what a huge issue prostate cancer is and the focus needed to stop it being a killer.

We look forward to finding out more about the plans laid out by the Prime Minister. By working together and pooling our resources we will be able to save more lives more quickly and build a better future for men.

[Press release: PHE publishes latest data on nation's diet](#)

The figures from the latest [National Diet and Nutrition Survey \(NDNS\)](#) collected from 2014 to 2016 show:

- sugar makes up 13.5% of 4- to 10-year-olds, and 14.1% of teenagers' (11- to 18-year-olds) daily calorie intake respectively; the official recommendation is to limit sugar to no more than 5%
- 4- to 10-year-olds consume two thirds of the amount of sugary drinks they did 8 years ago – down from 130g per day in 2008 to 2010 to 83g in 2014 to 2016
- for teenagers, sugary drink intake is more than double that of younger children (191g) even though consumption has decreased by 30%; sugary drinks remain the main source of sugar (22%) in their diets

The survey confirms the UK population continues to consume too much saturated fat and not enough fruit, vegetables, and fibre:

- average saturated fat intake for adults (19 to 64 year olds) is 12.5% of daily calorie intake, above the 11% recommended maximum
- adults consume on average 4.2 portions of fruit and vegetables per day, 65- to 74-year-olds consume 4.3 portions and teenagers consume just 2.7 portions per day
- only 31% of adults, 32% of 65- to 74-year-olds and 8% of teenagers meet the 5 A Day recommendation for fruit and vegetables
- average fibre intake in adults is 19g per day, well below the recommended 30g per day

Dr Alison Tedstone, chief nutritionist at PHE, said:

Poor diets are all too common in this country and, along with obesity, are now one of the leading causes of disease such as cancer, heart disease and type 2 diabetes. It's clear from these data that the nation's diet needs an overhaul.

A healthy balanced diet is the foundation to good health. Eating 5 A Day and reducing our intake of calories, sugar, and saturated fat is what many of us need to do to reduce the risk of long term health problems.

The data underscores PHE's call for the population to follow a healthy balanced diet, based on the [Eatwell Guide](#), which includes eating at least 5 portions of a variety of fruit and vegetables per day, increasing consumption of oily fish and fibre and limiting the amount food high in saturated fat,

sugar and salt.

Following a healthy, balanced diet and reducing calories will help reduce obesity and the economic and social burden of its consequences.

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Background

1. The NDNS rolling programme is a continuous cross-sectional survey, designed to assess the diet, nutrient intake and nutritional status of a representative sample of around 1,000 people per year (500 adults and 500 children) from the general population aged 18 months upwards living in private households in the UK. The NDNS comprises an interview, a 4-day diet diary and collection and analysis of blood and urine samples. Results are used by government to monitor the diet and nutritional status of the population, to provide the evidence base for policy development and to track progress towards public health nutrition objectives such as reducing sugar, saturated fat and salt intakes. This report covers data collected over a 2-year period – from year 2014 to 2015 to year 2015 to 2016.
2. Work to deliver years 7 and 8 of the NDNS rolling programme was carried out by NatCen Social Research and the Medical Research Council Elsie Widdowson Laboratory (formerly known as MRC Human Nutrition Research).
3. The last [NDNS report](#) covering years 5 and 6, (2012 to 2013; 2013 to 2014) was published in 2016.
4. Reference to poor diets being one of the leading causes of disease: [Newton JN et al \(2014\)](#) – Changes in health in England, with analysis by English regions and areas of deprivation, 1990 to 2013: a systematic analysis for the Global Burden of Disease Study 2013. [Lancet 386\(10010\):2257-74](#).
5. The Scientific Advisory Committee on Nutrition (SACN) advice is to limit

free sugars to no more than 5% of daily calorie intake:

- adults should have no more than 30g of free sugars a day, (roughly equivalent to seven sugar cubes)
- children aged 7 to 10 should have no more than 24g of free sugars a day (six sugar cubes)
- children aged 4 to 6 should have no more than 19g of free sugars a day (five sugar cubes)
- there is no guideline limit for children under the age of 4, but it's recommended they avoid sugar-sweetened drinks and food with sugar added to it

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[Press release: Keep head lice treatments away from naked flame](#)

Parents, caregivers and people with head lice are being reminded to always read product instructions before applying head lice removal products. Some of these products have the potential to ignite when in the presence of an open flame – such as when lighting cigarettes.

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued a [Drug Safety Alert](#) advising pharmacists to tell people about the risk of fires when they discuss options to treat head lice.

With some head lice removal products easily accessible at supermarkets and without a pharmacist's guiding hand, users need to be aware of the importance of reading the instructions that come with all treatments to make sure they are used safely and correctly.

Speak with a pharmacist to discuss the advantages and disadvantages of each treatment option. Alternatively see NHS Choices page on [Head lice and nits](#) and the [Head lice Clinical Knowledge Summary](#) from NICE for more information on options for eradication.

Dr Sarah Branch, Deputy Director of MHRA's Vigilance and Risk Management of

Medicines (VRMM) Division said:

It's important parents and carers know always to keep away from a naked flame, including cigarettes, when using these head lice treatments. People can continue to use these head lice removal products safely – like all medical products, a simple check of the instructions will ensure safe, easy and effective use.

Patient safety is our highest priority and we encourage people to report any incidents involving head lice removal products to MHRA using our [Yellow Card Scheme](#).

Notes to Editor

- A range of products, which can include products like Hedrin, Full Marks, and Nyda, are used for the eradication of head lice infestations.
- 10 cases of serious burns associated with the use of head lice removal products have been reported to our Yellow Card Scheme since 2007.
- Some products for the removal of head lice can ignite when on the hair and cause serious harm in the presence of an open flame or other source of ignition such as when lighting cigarettes.
- Instructions for use should always be followed, including warnings to keep hair away from naked flame when using these products.
- Pharmacists are encouraged to help the person with head lice and/or their parents or caregivers to consider the advantages and disadvantages of each treatment option (see NHS Choices page on [Head lice and nits](#) and the [Head lice Clinical Knowledge Summary](#) from NICE for more information on options for eradication).