Public Health Directorate

Widening Access and Addressing Inequalities in Adult Screening Programmes:
Action Plan for 2022-25

1. Introduction

NHS Greater Glasgow and Clyde Public Health Directorate is responsible for co-ordinating and monitoring screening programmes across Greater Glasgow and Clyde, and Argyll & Bute (part of NHS Highland).

The NHS GGC Public Health Strategy (2018) outlines a commitment to "improving Health Services; ensuring evidence-based and best value through public health analysis, investigation and comparisons. This includes action to support earliest diagnosis to achieve the best treatment outcomes e.g. screening systems".

This action plan builds on the action plan for 2019-21. It outlines priorities and actions to widen access and address inequalities in relation to the following adult screening programmes:

- Abdominal aortic aneurysm (AAA) screening
- Bowel screening
- Breast screening
- Cervical screening
- Diabetic retinopathy screening.

The plan will be subject to annual review in accordance with funding requirements. Progress on this report will be reported through NHS GGC screening committees and the Public Health and Wellbeing Committee.

2. Aims

The aims of this action plan are aligned to those of the Public Health Strategy. The work fits within programme 5 of the strategy:

- Implement national developments and guidance to existing screening programmes and ensure compliance with standards; enhance uptake for those programmes and population groups where uptake falls short of national standards.

It also supports A Fairer NHS Greater Glasgow & Clyde 2020-2024 / Equality Outcome 8 The physical health of those with mental health problems is addressed / Increase the number of in-patients who access screening.

Activities in this action plan are informed by evidence and are intended to improve uptake in those groups with lower uptake in screening programmes. The plan aims to take a coordinated approach to reducing inequalities in uptake through targeted activities across NHS GGC.

3. Context

The Public Health Strategy is situated in the context of policy and legislative drivers linked to adult screening programmes:

1. The current National Cancer Plan Recovery and redesign: an action plan for cancer services comes to completion in March 2023. This superseded the previous cancer strategy 'Beating Cancer Ambition and Action', and was developed in response to immediate challenges presented by the COVID-19 pandemic. The Scottish Government have started the process of developing a new cancer strategy for Scotland. The consultation document outlines a commitment to addressing screening inequalities.
2. The Detect Cancer Early programme has the objective "To improve informed consent and participation in national cancer screening programmes to help detect cancer earlier and improve survival rates."
3. The quality ambitions of The Healthcare Quality Strategy for NHS Scotland: mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.
4. The Equality Act (2010), health services are legally required to make reasonable adjustments to enable equality of health service access.
5. A Fairer NHS Greater Glasgow & Clyde which outlines how the organisation will uphold the law by addressing inequalities.

In addition, screening is now identified as a priority in the Scottish Government Women's Health Plan: A plan for 2021-2024 including the tackling of inequalities across the screening programmes.

4. Current uptake rates

The most recent uptake rates are outlined below. For fuller information on the programmes including the impact of COVID-19, see the Public Health Screening Programme Annual Report.

4.1 Abdominal aortic aneurysm (AAA) screening

During the period 2021-2022, the total number men eligible was 6,979 and 5,365 were screened (76.9%). The essential threshold for screening uptake (75%) was met overall in NHSGGC, however uptake among men residing in the most deprived areas was below this threshold at 70.2%, compared to uptake among men residing in the least deprived areas (84.8%). In NHSGGC the uptake of screening has been slowly falling across the last four years. The majority of eligible men (79.9%) were of Scottish ethnic origin**.** Uptake of AAA screening differs between ethnic groups, with uptake variable across groups. However, due to low numbers in some ethnic groups it is not possible to directly compare programme uptake across ethnic subgroups. Uptake of screening amongst those registered with a learning disability (as identified in the 2018 Learning Disability Register) was lower than the rest of the population, 67.4% compared to 76.9%. Uptake of screening amongst those with enduring mental health issues (indicated by those registered on PsyCIS who have had at least one episode of psychosis) was also lower than in the rest of the population, 59.1% compared to 77.0%. However, for both of these measures the number of men of screening age and registered in either of these cohorts was small at less than 100, so these uptake figures should be interpreted with caution.

4.2 Bowel screening

Between 2020 and 2022, 299,813 NHSGGC residents were invited for bowel screening. 61.3% of those invited returned the screening test, of which 5,643 tested positive (3.1%). Women were more likely to return a bowel screening test than men (63.8% vs. 58.7% respectively). Uptake was lowest among those aged 50-54 years, at 54.9% and increased to 68.2% for those aged 70-74 years, a difference of 13.3 percentage points. Uptake of bowel screening programme increased with decreasing levels of deprivation. Uptake was lowest amongst those living in the most deprived Board areas (52.0%) and highest in the least deprived areas (71.8%). Analysis by ethnicity identified that uptake was highest in the Scottish, other British, Irish and Chinese groups (higher than 60% uptake) but was consistently poorer in other ethnic groups. Some ethnic groups were small and these data are harder to interpret. Amongst those registered with a learning disability uptake of screening was lower than the rest of the population, 44.8% compared to 61.4%. Amongst those with enduring mental illness (as determined by registration on PsyCIS and with at least one episode of psychosis), uptake was lower compared with the rest of the population, 42.6% compared to 61.5%. For both of these categories, the proportion of the screened population registered in these categories was small. Overall, 3.1% (5,643 of

183,751) of completed screening test were reported positive, meriting further investigation. Women had a lower positivity than men (2.5% vs. 3.7 %, respectively); older people had a higher positivity than younger people (4.2% aged 70-74 vs. 2.5% aged 50-54); and those living in our most deprived communities had higher positivity than the least deprived (4.2% vs. 2.1%, respectively).

4.3 Breast screening

Uptake of breast screening in NHSGGC has steadily increased over the previous five screening rounds. During the screening period 2019/20 to 2021/22, the percentage of women eligible for breast screening in NHSGGC was 71.0%, exceeding the national acceptable standard of 70%. Uptake of screening was investigated by age, SIMD, geography and for those with learning disability and enduring mental illness. The single biggest factor for variation in uptake of offer of screening was SIMD. Uptake of screening was lowest in individuals residing in the most deprived Board areas (*61.0*%) and highest in the least deprived areas (*79.8*%). This is a large difference of 18.8 percentage points. Uptake of breast screening was similar across all age cohorts. Analysis by ethnicity was undertaken via data linkage to self-reported ethnicity reference dataset held within West of Scotland Safe Haven. Uptake was above 70% for the Scottish and Irish groups and below 70% for all other ethnic groups except the Roma and Showman/Showwoman groups which had very small numbers. Lowest uptake was seen in women who did not have ethnicity recorded (NULL, opt-out / unknown). For those registered with a learning disability, screening uptake was lower than in the rest of the population, 49.9% compared to 71.2%. For those with enduring mental illness (as registered in PsyCIS with at least one episode of psychosis), screening uptake was lower than in the rest of the population, 50.7% compared to 71.2%. For both these groups, those registered were less than 1% of the screening population. By geography, the acceptable standard for screening uptake (70%) was met in East Dunbartonshire (78.3%), East Renfrewshire (77.3%), Inverclyde (72.0%), Renfrewshire (76.9%), and West Dunbartonshire (71.8%) HSCPs. The acceptable standard was not met in Glasgow City HSCP as a whole (65.3%) or in any of the three sectors.

4.4 Cervical screening

Uptake of screening in NHSGGC for 2021-22 was 65.3% against a target of 80%. A total of 232,652 women were adequately screened in 2021-22. Uptake in NHSGGC has declined in the last six years by five percentage points. Although NHSGGC uptake of cervical screening is low in Scotland, Scotland overall does not meet the 80% target for uptake. Uptake was lowest at the youngest end of the age range offered screening in those aged between 25 and 29 (50.2%), compared to the highest uptake in women aged 50-54 years (76.1%). Uptake was higher in those living in least deprived areas. Uptake for women living in the least deprived areas was 68.7% compared with 62.1% in the most deprived areas. This gap is not as wide as seen in other screening programmes. Over time screening uptake by deprivation quintile has fallen in each quintile and the gap between the most and least

deprived SIMD quintiles is widening over time. Uptake of screening was highest amongst women identifying as Scottish, other British and Irish, and lowest in those who had no ethnic group recorded (NULL). Uptake of screening amongst those with registered learning disability was significantly lower than the rest of the population, 25.5% versus 65.3%. Uptake of screening amongst those with enduring mental illness (as registered on PsyCIS and with at least one episode of psychosis) was similar to the rest of the population, 62.1% versus 65.3%. Both of these groups were less than 1% of the screening population. Variations in cervical screening uptake across HSCPs persist, ranging from 52.8% in Glasgow City North West Sector, to 77.4% in East Dunbartonshire HSCP. No HSCP met the minimum target of 80% uptake of screening.

4.5 Diabetic eye screening

Based on local analysis, of the 69,133 individuals with diabetes, 57,600 (83.3%) were screened during 2021/22, exceeding the 80% uptake target. For 2021-22, uptake of screening was similar for men (84.2%) and women (82.3%). Screening uptake increased with increasing age, from 68.6% of those aged 15-24 years, compared with 89.5% of those aged 75-84 years. Uptake increased with decreasing levels of deprivation. Uptake was 79.8% amongst individuals residing in the most deprived areas, compared to 83.3% residing in the least deprived areas. The uptake target of 80% was met in all but the most deprived deprivation quintile. Analysis by ethnicity was undertaken via self-reported ethnicity recorded on SCI-Diabetes. The uptake screening standard of 80% was achieved within majority of White, Indian, Pakistani, Chinese and mixed/multiple ethnic groups. Uptake was generally lower among Bangladeshi, African, Caribbean, Black and other White ethnic groups. For those with a registered learning disability, there was no significant difference in uptake between those with a learning disability compared to the rest of the population (82.2% vs 83.3% respectively). For those with enduring mental illness (people registered on PsyCIS with at least one episode of psychosis), uptake was lower than the rest of the population, 72.7% compared to 83.5%. There were variations in uptake between HSCPs areas. Uptake ranged from 81.4% in Glasgow City HSCP - North East Sector and in West Dunbartonshire, to 86.7% in East Dunbartonshire. The 80% target for screening uptake was met in all HSCPs.

5. Scottish Government Screening Inequalities Fund

This action plan is partly funded from the Scottish Government Screening Inequalities Fund. This funding primarily contributes to service improvement and development activities in priority communities. These priority communities are identified in the plan and by the Scottish Government using analysis of screening uptake and potential for access barriers across the screening pathway. We are able to determine access barriers from both published literature and local evidence.

Actions in this plan are intended to achieve the following outcome measures:

- **Outcome measure 1**: Increased screening uptake among target populations.
- **Outcome measure 2**: Increased knowledge among target populations of the cancer screening programmes and their benefits.
- **Outcome measure 3**: Increased knowledge of barriers experienced by targeted populations to access screening.

6. National Screening Oversight

A National Screening Oversight (NSO) National Equity in Screening Strategy is in process. This has been developed through an Equity in Screening Strategy Reference Group recognising that tackling inequalities requires multiple agency working. NHS Greater Glasgow and Clyde have representation on this group along with National Services Scotland, Public Health Scotland, Scottish Government, other NHS Boards and HSCPs, and the Third Sector.

7. Logic model

The following logic model summarises the approach and intended outcomes of the action plan:

Contributors	Evidence-informed activities	Outcomes		
		Short term	Medium term	Longer term
NHS GGC • Screening delivery staff • Public Health • HSCP Health Improvement teams • Practice Development Third sector • Jo's Trust	• Provide learning on inequalities issues for staff who deliver screening. • Deliver service improvements aimed at those who face specific barriers to access. • Promote screening programmes in communities. • Increase awareness of screening among NHS and third sector staff who are not directly involved in screening programmes.	• Staff are aware of the issues impacting on screening uptake and can contribute to addressing these. • Pathways are in place to support access to screening. • People have increased knowledge and awareness of screening programmes in the context of their own lives.	• Access barriers to screening are reduced. • People are able to make an informed choice as to whether to participate in screening.	Improved uptake in screening at population level and within groups who currently have lower uptake rates.

8. Action Plan for 2022-25

ACTION	PROGRAMME	LEAD	SETTING	OUTCOME MEASURE
(a) Minority Ethnic people: South Asian, Caribbean, African and Chinese communities				
1. Work with community and faith groups to promote screening, build skills of community leaders and peers to raise the issue of screening, and increase knowledge of barriers to informed participation.	ALL SCREENING	GGC Equalities Practitioner / Glasgow City HSCP / Third Sector	Community	2
2. Share learning from communities to inform approaches to addressing health inequalities and discrimination in a systematic way.	ALL SCREENING	GGC Equalities Practitioner / Glasgow City HSCP / Third Sector	Community	3
3. Raise awareness of screening utilising screening animations (in languages other than English) aimed at residents, patients, and community organisations.	ALL CANCER SCREENING	Glasgow City HSCP / Public Health	Community / Primary Care	3
(b) People living in the most deprived areas				
4. Deliver a programme of additional community clinics for those who are not currently participating in the programme.	CERVICAL	Public Health – Health Services / Sandyford / GP Practices	Primary Care	1

ACTION	PROGRAMME	LEAD	SETTING	OUTCOME MEASURE
5. Raise awareness of screening through NHS, local authority, housing associations, community, and GGC communication including social networking and media sharing platforms.	ALL SCREENING	Public Health / Third Sector / HSCPs	Community	2
(c) People with physical disabilities				
6. Conduct service EQIA in order that screening services are sensitive to and meet the needs of people with physical disabilities.	ALL	Screening Services / Public Health – Health Services	Pathways & Patient Info	3
(d) People with sensory disabilities				
7. Conduct service EQIA in order that screening services are sensitive to and meet the needs of people with sensory disabilities.	ALL	Screening Services / Public Health – Health Services	Pathways & Patient Info	3
8. Engage with Deaf-Blind community in raising the issues of screening and overcoming barriers.	ALL	Public Health – Health Services, Deaf-Blind Scotland	Community	2
(e) People with learning disabilities				
9. Conduct service EQIA in order that screening services are sensitive to and meet the needs of people with learning disabilities.	ALL	Screening Services / Public Health – Health Services	Pathways & Patient Info	3
10. Develop good practice outlining reasonable adjustments to support access to screening including through Annual Health Check.	ALL	Public Health – Health Services / LD Services	Primary Care	3

ACTION	PROGRAMME	LEAD	SETTING	OUTCOME MEASURE
11. Provide learning opportunities to health staff about the barriers faced by women with learning disabilities and the potential to address screening through the Annual Health Check.	CERVICAL	Public Health – Health Services / Jo's Trust	Primary Care	3
12. Explore potential for text reminders and teaser letters in addition to training for carers and service users.	ALL SCREENING	East Dunbartonshire HSCP	Primary Care	1
(f) LGBT+ people				
13. Deliver training in equalities sensitive practice in screening (challenging heteronormative assumptions).	CERVICAL	Practice Nurse Development / Public Health – Health Services	Primary Care	3
14. Undertake/support existing engagement work with LGBT+ people to increase uptake.	ALL SCREENING	Public Health – Health Services / LGBT forums	Community	1
(g) People with severe and enduring mental ill health				
15. Promote introductory Learn Pro module on adult screening in order to support Mental Health Services Equality Outcome 8: Increase the number of in-patients who access screening.	ALL SCREENING	Mental Health	Mental Health	1
16. Appraise options for providing access to screening for in-patients via the Physical Health Check Policy.	CERVICAL	Public Health – Health Services / Mental Health	Mental Health	1

ACTION	PROGRAMME	LEAD	SETTING	OUTCOME MEASURE
(h) Additionally identified local priorities				
17. Support GPs to use existing PHS cervical toolkit and framework to target vulnerable groups and eligible people who have not attended.	CERVICAL	Public Health – Health Services / Jo's Trust	Primary Care	3
(i) Potential mechanisms to integrate findings into work to tackle inequalities in the longer term.				
18. Develop guidance on the use of SMS and other electronic reminders for and in relation to screening services.	ALL SCREENING	Public Health – Health Services / NSS NSO Equity in Screening Strategy	Corporate	1
19. Promote introductory Learn Pro module to HSCP staff identified as able to raise the issue of screening, such as Community Link workers.	ALL SCREENING	HSPCs	Community	2
20. Refresh patient information which is due for review in partnership with stakeholders.	BOWEL	Public Health – Health Services / Screening Services	Corporate	1