

Widening Access and Addressing Inequalities in Adult Screening Programmes:

Action Plan for 2022-25

Plan reviewed: December 2023

Last update: June 2024

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 [Scottish Equity in Screening Strategy 2023-2025](#) outlines the national approach to tackling inequalities in screening programme. NHS Greater Glasgow and Clyde contributed to the development of this strategy.
2. Ambition 2: of [The Scottish Government Cancer Strategy for Scotland 2023-2033 and Cancer Action Plan 2023-2026](#) is Earlier And Faster Diagnosis aims to optimise screening through the Equity in Screening Strategy but also in taking forward recommendations from the UK National Screening Committee on targeted lung screening and in exploring the use of self sampling for cervical screening.
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](#). Geographical mapping of uptake rates for NHSGGC Adult Screening Programmes is available at data-zone level on the [NHS GGC website](#).

4.1 Abdominal aortic aneurysm (AAA) screening

During the period 2022-2023, the total number men eligible for AAA screening was 7,195 and 5,709 were screened (79.3%). 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 71.3%, compared to uptake among men residing in the least deprived areas (87.4%). In NHSGGC the uptake of AAA screening has been slowly falling across the last four years. The majority of eligible men (79.1%) 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. 37 of the 7,158 individuals eligible for AAA screening in 2022/23 were registered with a learning disability (0.5%). People who were registered with a learning disability had better uptake of AAA screening, 81.1% compared to 79.3% uptake in the rest of the population. People registered on PsyCIS have had at least one episode of psychosis which is typically seen in patients with a severe or enduring mental illness. 78 of the 7,195 men eligible for screening were registered on PsyCIS (1.1%). These individuals had poorer uptake of AAA Screening, 66.7% compared to 79.5% in the rest of the population. The essential threshold for screening uptake (75%) was met in all 9 HSCPs: East Dunbartonshire (85.1%), East Renfrewshire (85.4) Glasgow City (75.8%), Inverclyde (85.5%) Renfrewshire (79.9%), and West Dunbartonshire (81.1%).

4.2 Bowel screening

Between April 2021 and March 2023, 367,550 NHSGGC residents were invited for bowel screening. 60.5% of those invited returned the screening test, of which 6,615 tested positive (3.0%). Women were more likely to return a bowel screening test than men (63.1% vs. 57.9% respectively). Uptake was lowest among those aged 50-54 years, at 54.2% and increased to 67.4% for those aged 70-74 years, a difference of 13.2 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 (51.1%) and highest in the least deprived areas (71.1%). 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, 44.5% compared to 60.6%. 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, 42.8% compared to 60.7%. For both of these categories, the proportion of the screened population registered in these categories was small. Overall, 3.0% (6,615 of 222,444) of completed screening test were reported positive, meriting further investigation. Women had a lower positivity than men (2.5% vs. 3.5 %, respectively); older people had a higher positivity than younger people (4.0% aged 70-74 vs. 2.3% aged 50-54); and those living in our most deprived communities had higher positivity than the least deprived (4.0% vs. 2.2%, respectively).

4.3 Breast screening

Overall, uptake of breast screening has steadily increased during the five year screening period from 2016/19 to 2020/23. This increase is observed both nationally and within NHSGGC. However for the screening round 2020/21 to 2022/23, overall uptake of breast screening in NHSGGC by 69.5% below the national acceptable standard of 70%, and a 1.7 percentage point from the previous year. Uptake of breast screening has increased across all deprivation quintiles since the 2016/19 screening round, although lowest uptake continues to be observed among women residing in the most deprived areas. For the screening round 1st April 2020 to 31st March 2023, uptake of breast screening was lowest in individuals residing in the most deprived Board areas (60.4%) and highest in the least deprived areas (77.6%), see Table 7.1, a difference of 17.2 percentage points. Comparison of uptake by age and deprivation shows wide differences across all age cohorts residing in the most deprived areas compared to those residing in the most affluent. 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, Irish and Arab groups and below 70% for all other ethnic groups except the Roma and Showman/Show woman groups which had very small numbers. Lowest uptake was seen in women who did not have ethnicity recorded (NULL, opt-out / unknown). 848 of the 151,820 individuals eligible for screening were registered with a learning disability (0.6%). Individuals who were registered with a learning disability had poorer uptake of breast screening, 51.2 % compared to 69.6% in the rest of the population. People registered on PsyCIS have had at least one episode of psychosis which is typically seen in patients with a severe or enduring mental illness. 1,705 of the 151,820 people eligible for screening were registered on PsyCIS (1.1% of the total eligible population). Individuals registered on PsyCIS had poorer uptake of breast screening, 51.3% compared to 69.7% in the rest of the population. The acceptable standard for screening uptake (70%) was met in East Dunbartonshire (75.1%), East Renfrewshire (74.7%), Inverclyde (72.3%) and Renfrewshire

(76.0%), West Dunbartonshire (72.2%) HSCPs. The essential threshold was not met in Glasgow City HSCP as a whole (64.1%) or in any of the three sectors.

4.4 Cervical screening

During the period April 2022 to March 2023, the overall uptake of cervical screening in NHS GGC was 64.3%, lower than that national standard of 80%. However, Scotland as a whole also did not meet this standard. Younger women have a poorer uptake of cervical screening than older women. Among women aged 25 to 29, the uptake rate was 46.8% compared 74.8% among women aged 45-49 years of age. Uptake then steadily decreases with age from 74.4% among women aged 50-54 to 61.7% among women 60-64. No age group achieved the 80% target uptake. In the five year period between 2017-18 and 2021-22 uptake has generally fallen in each age group. In 2022-23, uptake increased among women within 30-34, 35-39, 40-44 and 45-49 age groups, however uptake among women aged 50-64 continued to decline. Uptake among women aged 25-29 stayed the same from the previous year. There remains a gap in uptake between the younger women aged 25-29 years and those in older age groups. Uptake was higher in those living in least deprived areas. Uptake for women living in the least deprived areas was 67.9% compared with 62.7% in the most deprived areas. The target of 80% was not met in any deprivation quintile. Over time screening uptake by deprivation quintile has fallen in each quintile. Those in the most deprived SIMD quintile consistently have the poorest screening uptake, however uptake in 2022-23 reporting period was similar to 2021-22. 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 Irish, Roma, Showman/Showwoman, Scottish and Gypsy/Traveller, and below 70% for all other ethnic groups. Lowest uptake was seen in women who did not have ethnicity recorded (unknown, opt-out / not-known). Uptake of health services amongst those with learning disability is a priority for NHSGGC and this includes uptake of offer of screening. 1,708 of the 359,201 individuals eligible for cervical screening were registered with a learning disability (0.5%). Uptake of cervical screening was 26.5% amongst those with learning disability. This is considerably lower than uptake of cervical screening amongst the rest of the eligible population in NHSGGC. Uptake of medical services for those with enduring mental illness is a priority for NHSGGC and this includes uptake of offer of screening. A total of 2,393 of the 359,201 people eligible for cervical screening were registered on PsyCIS (0.7% of the total eligible population). Uptake of cervical screening amongst those eligible and with an episode of psychosis was 61.4%. This was similar to the uptake of screening amongst the rest of the eligible population in NHSGGC (65.3%). Variations in cervical screening uptake across HSCPs persist. They range from 51.5% in Glasgow City North West Sector, to 77.6% in East Dunbartonshire HSCP. No HSCP met the minimum target of 80% uptake of screening. Mapping of cervical screening uptake rates by data zones will illustrate that uptake rates in some pockets of NHSGGC can be significantly lower than HSCPs levels, as 195 of the 1,456 data zones had uptake rates between 40-59% and a further 50 data zones had uptake rates of below 40%.

4.5 Diabetic eye screening

Over the five year period 2018 to 2022, the number of people with diabetes in NHS GGC increased from 65,174 (5.6% of the population) to 71,556 (6.0% of the population). Of the 66,920 individuals with a confirmed diagnosis of diabetes and eligible for diabetic eye screening 54,494 (81.4%) were screened during 2022/23. More than half (55.5%) of the eligible resident population of people with diabetes were male. Uptake was slightly higher amongst male patients (82.3%) than female patients (80.3%), however, the 80% uptake target met by both sexes. Uptake of DES screening is high in young people aged 12-14 years (80.1%), then falls in those aged 15-34 years (lowest in 25-34 years group at 67.7%) and increases with age up to 74 years of age. Uptake decreases after 75 years of age, 84.6% of individuals aged 75-84 were screened, further decreasing to 77.6% among individuals age 85 years and older. Uptake also increases with decreasing levels of deprivation, with 78.2% uptake among individuals residing in the most deprived areas compared to 86.7% residing in the most affluent 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 Pakistani, Black Caribbean, Indian, White Scottish/Irish/British, Chinese, and other Asian ethnic groups. Uptake was generally below the screening standard among Black African, Bangladeshi, Other Black and Other White ethnic sub groups. 601 of the 66,920 individuals eligible for screening were registered with a learning disability (0.89%) . The uptake among individuals registered with a learning disability was lower compared to the rest of the population (78.5% vs 81.5% respectively), however this difference was not statistically significant. People registered on PsyCIS have had at least one episode of psychosis which is typically seen in patients with a severe or enduring mental illness. 1,205 of the 66,920 people eligible for screening were registered on PsyCIS (1.8% of the total eligible population). These individuals had a statistically significant poorer uptake of DES screening, 71.0% compared to 81.6% in the rest of the population. There are variations in screening uptake in those screened across HSCPs. They range from 79.6.0% in Inverclyde HSCP to 85.0% in East Renfrewshire. The 80% target for screening was met in all HSCPs with the exception of Inverclyde.

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. 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 <ul style="list-style-type: none"> • Screening delivery staff • Public Health • HSCP Health Improvement teams • Practice Development Third sector <ul style="list-style-type: none"> • Jo's Trust 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

7. 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 raise awareness of screening, build skills of community leaders and peers to discuss screening, and increase NHS GGC knowledge of community barriers to informed participation.	ALL SCREENING	GGC Equalities Practitioner / Glasgow City HSCP / Third Sector	Community	2
2. Respond to learning from and experience of communities.	ALL SCREENING	GGC Equalities Practitioner / Glasgow City HSCP / Third Sector	Community	3
3. * Pilot the process of sending written communications to women eligible and due for breast screening in their recorded language.	BREAST SCREENING	West of Scotland Breast Screening Service / Public Health – Health Services	WSBSS	2
(b) People living in the most deprived areas				
4. Raise awareness of screening in areas of deprivation and through GGC communication channels including social networking and media sharing platforms.	ALL SCREENING	HSPCs / Third Sector / Corporate	Community	2
(c) People with physical disabilities				
5. 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

ACTION	PROGRAMME	LEAD	SETTING	OUTCOME MEASURE
(d) People with sensory disabilities				
6. 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
7. 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				
8. 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
9. Deliver service improvements in access to screening for people with learning disabilities, particularly in relation to the Learning Disabilities Health Check.	ALL	Public Health – Health Services / LD Services	Primary Care	3
10. 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	Learning Disabilities Service / Public Health – Health Services / Jo's Trust - tbc	Primary Care	3
(f) LGBT+ people				
11. Deliver training in equalities sensitive practice in cervical screening.	CERVICAL	Practice Nurse Development / Public Health – Health Services	Primary Care	3

ACTION	PROGRAMME	LEAD	SETTING	OUTCOME MEASURE
12. 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				
13. 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
14. 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
(h) Additionally identified local priorities				
15. Resource additional cervical clinic appointments for women who have experienced trauma	CERVICAL	Public Health – Health Services / Sandyford	1	1
16. *Undertake analysis of colonoscopy pre-assessment data	BOWEL	Public Health – Health Services	Corporate	3
17. *Improve understanding of AAA screening experience at the point of delivery	AAA	Public Health – Health Services	Corporate	3
18. 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

ACTION	PROGRAMME	LEAD	SETTING	OUTCOME MEASURE
(i) Potential mechanisms to integrate findings into work to tackle inequalities in the longer term.				
19. Pilot follow-up telephone calls to women who fail to contact WSBSS following open invitation letter	BREAST	West of Scotland Breast Screening Service / Public Health – Health Services / NHS Lanarkshire / NHS Forth Valley, NHS Highland - Argyll & Bute.	WSBSS	1
20. Evaluate and undergo programme of revision of patient information which is due for review in partnership with stakeholders.	BOWEL	Public Health – Health Services / Screening Services	Corporate	1