

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper 25/80</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>24 June 2025</b>
<b>Title:</b>	<b>NHSGGC Public Health Screening Annual Report 2025</b>
<b>Sponsoring Director:</b>	<b>Dr Emilia Crighton, Director of Public Health</b>
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## 1. Purpose

The purpose of this report is to present NHS Greater Glasgow and Clyde Board members with information about NHS Greater Glasgow and Clyde screening programmes for the period 1 April 2023 to 31 March 2024.

## 2. Executive Summary

**The paper can be summarised as follows:**

- NHSGGC's Public Health Directorate is responsible for co-ordinating and monitoring screening programmes across Greater Glasgow and Clyde.
- The purpose of screening is to detect early disease or risk factors among people who have not yet developed symptoms. Early management should result in better outcomes. Screening programmes therefore contribute to early detection but do not obviate the need for investigating symptomatic patients.
- The report includes local analysis undertaken to explore variations in uptake for additional populations with protected characteristics including age, ethnicity, learning disability and mental health, and by Health and Social Care Partnership.

**NHSGGC Screening Programmes Activity Summary 2023-24**

<b>Screening Programme</b>	<b>Total Eligible Population</b>	<b>Total Number Screened</b>	<b>HIS Target</b>	<b>% Uptake 2023/24</b>
Haemoglobinopathies screening in pregnancy	11,593	11,562	99.9%	99.7%
Infectious diseases in pregnancy	11,593	11,574	95%	99.6%
Congenital abnormalities screening in pregnancy	11,593	10,772	No Target	92.9%
Newborn bloodspot screening	10,927	10,916	95%	99.9%
Newborn hearing screening	10,990	10,932	98%	99.5%
Pre-school vision screening	11,765	9,884	No Target	84.0%
P7 vision screening	13,130	11,363	No Target	86.5%
Abdominal Aortic Aneurysm Screening	7,468	5,833	75%	78.1%
Bowel Screening (2022/23 to 2023/24)	356,724	218,065	60%	61.1%
Breast Screening (2021/22 to 2023/24)	156,636	118,166	70%	75.9%
Cervical Screening (2019/20 to 2023/24)	357,503	233,241	80%	65.2%
Diabetic Eye Screening (DES)	70,897	57,982	80%	81.8%

**Priority Actions for 2024-25**

- Overall uptake masks the inequalities in uptake we see in every screening programme, differences between those who are most and least deprived, and between vulnerable groups including those with protected characteristics. We will continue to work across all programmes to address these inequalities. This will be through deploying the Scottish Government Screening Inequalities Fund we have been allocated, and through working with our partners across the system, including HSCPs and the third sector.
- We will continue to work with service leads and clinical leads to resolve service issues causing delays in steps in the screening programmes.
- We will continue to work locally and nationally to review and implement HIS standards for all screening programmes, reviewing and developing local systems to improve performance and patient safety.
- We will continue to work quickly to resolve incidents in the screening pathways as they arise.

Summary sections from each report are presented at the end of these cover pages.

The full report is available at:

<https://www.nhsggc.scot/your-health/public-health/public-health-screening/>

### 3. Recommendations

The NHS GGC Board is asked to consider the following recommendations:

- Note the screening programmes activity report;
- Support the actions on reducing inequalities screening.

### 4. Response Required

This paper is presented for assurance.

### 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

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|------------------------|-----------------|
| • Better Health        | <u>Positive</u> |
| • Better Care          | <u>Positive</u> |
| • Better Value         | <u>Positive</u> |
| • Better Workplace     | <u>Neutral</u>  |
| • Equality & Diversity | <u>Positive</u> |
| • Environment          | <u>Neutral</u>  |

### 6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity.

- The report was shared with all screening steering group members for comment and feedback. The groups are multidisciplinary, drawing membership from Public Health (consultant, programme managers, data analysts), call/recall managers, service managers, clinical leads, laboratory staff and third sector.
- The full screening report is available publically on the NHSGGC Public Health website: <https://www.nhsggc.scot/your-health/public-health/public-health-screening/>

## **7. Governance Route**

**This paper has been previously considered by the following groups as part of its development.**

- The membership of the screening steering groups have reviewed their respective screening reports and had the chance to comment, add and amend their topic report.
- These were the steering groups for: Pregnancy Screening; Newborn Bloodspot Screening; Newborn Hearing Screening; Child Vision Screening; Abdominal Aortic Aneurism Screening (AAA); Breast Screening; Bowel Screening; Cervical Screening; and Diabetic Eye Screening (DES). These steering groups meet quarterly for monitoring purposes and to address any issues within their programmes.
- Review of activity undertaken to reduce health inequalities has been undertaken within the Public Health Directorate. This work is under development by a steering group including HSCP partners.
- This report was considered by the Public Health Directorate Senior Management Team in February 2025.
- This report was considered by the Corporate Management Team in March 2025
- This report was considered by the Population Health and Wellbeing Committee in April 2025

## **8. Date Prepared & Issued**

Date prepared: 13 June 2025

Date issued: 16 June 2025

## Chapter 1 - Pregnancy Screening

Haemoglobinopathies Screening	
Why?	<p>Early identification of inherited blood disorders.</p> <p>Reduces infant morbidity and mortality.</p> <p>Provides time for reproductive choices and preparation for birth.</p>
Intervention	<p>Screening for haemoglobin variants (abnormal forms of haemoglobin such as sickle cell disease) and thalassaemias (which result in an abnormal amount of haemoglobin).</p> <p>Testing blood sample taken from pregnant woman ideally taken by week 10 of pregnancy, in conjunction with information about ethnic origin collected in the Family Origin Questionnaire.</p> <p>Rapid referral into counselling services for discussion about next steps as needed.</p>
Activity in 2023/24	99.7% screening uptake (11,562 women screened).
Outcomes	<p>Screening identified:</p> <ul style="list-style-type: none"> <li>• 23 foetus at risk;</li> <li>• 18 pregnancies where partner testing should be offered.</li> </ul>
Planned activity	<p>Develop activity to improve timing of testing, FOQ completion and partner testing</p> <p>Improve KPI reporting</p>

Infectious Diseases Screening	
Why?	<p>Early identification of infectious diseases that can be passed from mother to baby and cause harm.</p> <p>Reduces maternal and infant morbidity and mortality.</p> <p>Provides time for treatment and birth planning.</p>
Intervention	<p>Screening for hepatitis B, syphilis and HIV.</p> <p>Testing blood sample taken from pregnant woman ideally taken by week 10 of pregnancy.</p> <p>Rapid referral into services for management and birth planning as needed.</p>
Activity in 2023/24	99.6% screening uptake (11,574 women screened).
Outcomes	<p>13 women diagnosed with HIV (including 6 for who had not previously been diagnosed).</p> <p>48 women diagnosed with hepatitis B infection (including 20 who had not previously been diagnosed).</p> <p>34 women diagnosed with syphilis (not all of whom required treatment as this includes current and previously treated infections).</p>

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Planned activity	Maintain high uptake of testing
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Congenital Abnormalities Screening	
Why?	<p>Early detection of congenital abnormalities.</p> <p>Reduces infant morbidity and mortality.</p> <p>Provides time for reproductive choices and preparation for birth.</p>
Intervention	<p>First-line screening for Down's, Edwards' and Patau's syndromes by blood test and nuchal scan in first trimester or blood test in second trimester.</p> <p>If high chance result obtained from first-line screening, second-line screening for Down's, Edwards' and Patau's syndromes by NIPT blood test.</p> <p>Scan at 18-21 weeks to check for foetal abnormalities.</p> <p>If high chance results obtained from scan or second-line screening, rapid referral into services for diagnostic testing (including amniocentesis and chorionic villus sampling).</p>
Activity in 2023/24	<p>92.9% screening uptake (10,772 women screened) for first-line screening.</p> <p>89.9% uptake of 18-21 week scan.</p>
Outcomes	<p>431 women with high chance results from first-line screen.</p> <p>1,263 women had high chance result from 18-21 week scan.</p> <p>235 amniocentesis performed.</p> <p>67 chorionic villus sampling performed.</p>
Planned activity	<p>Improve avoidable repeat rates</p> <p>Investigate reasons for high rate of second trimester testing</p>

## Chapter 2 - Newborn Bloodspot Screening

Newborn Bloodspot Screening	
Why?	<p>Early identification of rare metabolic conditions</p> <p>Reduce infant morbidity and mortality</p>
Intervention	<p>Blood screening for 10 metabolic disorders</p> <p>Heel prick blood sample taken at day 4-5 of life by midwives</p> <p>Rapid referral into services for diagnostic testing and treatment as needed</p>
Activity in 2023/24	99.9% screening uptake (10,916 babies)

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Outcomes	<p>&lt;5 babies were diagnosed with phenylketonuria (PKU)</p> <p>Ten babies were diagnosed with congenital hypothyroidism (CHT)</p> <p>Five tested positive for cystic fibrosis</p> <p>Eight babies were diagnosed with haemoglobinopathy variants and 156 babies were identified as haemoglobinopathy carriers</p> <p>&lt;5 were diagnosed with medium chain acyl-CoA dehydrogenase deficiency (MCADD)</p>
Planned activity	<p>Maintain improvement activity to reduce avoidable repeat samples</p> <p>Review information for parents about sickle cell carrier</p>

### Chapter 3 - Universal Newborn Hearing Screening

Universal Newborn Hearing Screening	
Why?	<p>Early detection of permanent congenital hearing loss.</p> <p>Early detection of mild and unilateral hearing loss.</p>
Intervention	<p>Non-invasive hearing screening test offered to all newborns by four weeks of corrected age (taking account of premature birth).</p> <p>Majority of screening takes place in hospitals, on maternity wards. Outpatient and community clinic appointments are also offered.</p> <p>For those babies who have no clear response in one or both ears after two attempts at the screening test, rapid referral into audiology services for further testing, diagnosis, monitoring and ongoing support.</p>
Activity in 2023/24	<p>100% eligible babies born in NHSGGC in 2023/24 were offered screening.</p> <p>99.5% (10,932 babies) completed screening.</p>
Outcome in 2023/24	<p>337 babies (3.1%) referred to audiology for diagnostic testing.</p> <p>Of these: 260 with satisfactory hearing; 32 temporary conductive hearing loss; 16 mild/moderate sensorineural hearing loss; 7 severe/profound sensorineural hearing loss; 9 with other types of hearing loss.</p>
Planned activity	<p>Work with the manufacturer of the new screening equipment to ensure high quality screening that meets KPIs</p>

### Chapter 4 - Child Vision Screening

Pre-school Vision Screening	
Why?	<p>Early identification of poor vision</p> <p>Improves engagement in school and with learning</p>
Intervention	<p>Vision screening test offered to all 4-5 year olds in the year before they attend primary school.</p> <p>Vision screening principally undertaken in nurseries, with hospital and community clinics for those who miss this opportunity or who do not attend nursery.</p> <p>Referral to community optometry and/or hospital optometry and/or community paediatrics and/or GP as needed.</p>

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Activity in 2023/24	84.0% screening uptake (9,884 children screened) 26.3% (2,598 children) referred for further investigations
Outcomes	High uptake, return to levels seen before the COVID-19 pandemic. Screening uptake varied by HSCP area, with highest uptake in Renfrewshire 92.6% and lowest in Glasgow North West 77.3%. Smaller variation by SIMD. Screening result varied by HSCP area – highest proportion with visual defects in Glasgow South 33.8% and lowest in Renfrewshire 19.2%. Clear variation by SIMD with visual defects 31.3% in SIMD1 (most deprived) compared to 18.4% in SIMD5 (least deprived).
Planned activity	Work closely with nurseries to ensure screening visits are welcomed Adapt invitations processes to the new Child Health System

<b>P7 School Vision Screening</b>	
Why?	Early identification of poor vision Improves engagement in school and with learning at crucial life stage of entry to secondary school
Intervention	Vision screening test offered to all pupils in P7 Vision screening undertaken in schools Information to attend community optometry for those who do not attend screening day in school Follow up referral to community optometry and/or hospital optometry and/or community paediatrics and/or GP as needed
Activity in 2023/24	86.5% screening uptake (11,363 children screened) 17.5% (1,991 children) identified with visual defect
Outcomes	High uptake Screening uptake varied by HSCP area, with highest uptake in Inverclyde at 97.3% and lowest uptake in Glasgow South 77.6%. Smaller variation by SIMD quintile. Screening result varied by HSCP area – highest proportion with visual defects in Glasgow North East 26.9% and lowest in East Dunbartonshire 5.1%. Clear variation by SIMD with visual defects 24.0% in SIMD1 (most deprived) compared to 9.7% in SIMD5 (least deprived).
Planned activity	None. This programme will not run from 2024/25 onwards.

## Chapter 5 - Abdominal Aortic Aneurysm (AAA) Screening

<b>Abdominal Aortic Aneurysm (AAA) Screening</b>	
Why?	Early identification of aortic aneurysm. Prevention of morbidity and mortality.



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Intervention	<p>Screening offered to all eligible men aged 65 years.</p> <p>Screening test is single abdominal ultrasound scan.</p> <p>If aorta &gt;3cm diameter detected, referral into surveillance scans or rapid referral into vascular surgery as needed.</p>
Activity in 2023/24	78.1% screening uptake (5,833 men screened).
Outcomes	<p>Uptake higher than essential threshold (75%)</p> <p>Uptake varies with SIMD, with 15.6% difference between areas of high deprivation (lowest uptake) and areas of low deprivation (highest uptake)</p> <p>Variation in uptake by census ethnic groups</p> <p>Comparable uptake among men registered with a learning disability compared with rest of the population</p> <p>Lower uptake among men with severe and enduring mental illness compared to rest of the population, however difference was not statistically significant.</p> <p>48 men had a positive screening result:</p> <ul style="list-style-type: none"> <li>- 39 men had a small aneurysm requiring annual surveillance scans;</li> <li>- ≤5 men had a medium aneurysm requiring 3 monthly surveillance scans;</li> <li>- ≤5 men had a large aneurysm requiring surgical assessment.</li> </ul>
Planned activity	<p>Undertake patient experience survey with men on surveillance screening and develop improvement plan</p> <p>Continue to work in collaboration with HSCPs to identify opportunities to support uptake in our most deprived communities</p> <p>Develop and implement good practice guidance to support participation in screening for men with a learning disability</p>

## Chapter 6 - Bowel Screening Programme

Bowel Screening	
Why?	<p>Early identification of bowel cancer</p> <p>Prevention of morbidity and mortality</p>
Intervention	<p>Screening offered to all eligible men and women aged 50-74 years, every two years.</p> <p>Screening test is quantitative FIT, poo test.</p> <p>Screening kits sent to home address of all those eligible, participants collect a sample at home and return in the prepaid envelope.</p> <p>Where screening test is positive (high risk), rapid follow up at colonoscopy clinic at hospital sites across the region.</p> <p>Rapid referral into bowel surgery as needed.</p>
Activity in 2023/24	61.1% screening uptake (218,065 individuals screened) in the last screening round 2022/23 to 2023/24

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Outcomes	<p>Uptake similar to last year and above target (60%)</p> <p>Variation in uptake by deprivation quintile (most deprived 51.3% vs least deprived 72.0%)</p> <p>Variation in uptake by census ethnic groups</p> <p>Uptake lower for those with learning disability (44.5%) and those with severe or enduring mental illness (43.8%)</p> <p>Screening positivity rate 3.0% (6,488 individuals)</p> <p>75.1% of those who tested positive attended for diagnostic investigation</p> <p>Detection rates:</p> <ul style="list-style-type: none"> <li>- 3,178 people (65.2%) had a polyp detected</li> <li>- 2,567 people (52.7%) had a confirmed adenoma detected</li> <li>- 208 (4.3%) people had a confirmed colorectal cancer diagnosis</li> <li>- polyp and adenomas highest detection rates in males, 65-69 year olds, and most deprived quintile</li> <li>- cancer highest detection rate in males, 65-69 year olds, and most and least deprived quintiles</li> </ul>
Planned activity	<p>Monitor and adjust colonoscopy waiting times to ensure meets KPI</p> <p>Investigate the factors contributing to non-engagement with colonoscopy for individuals with a positive screening result</p> <p>Develop options for the introduction of virtual pre-assessment in line with pending national guidance</p> <p>Develop good practice guidance and training for staff for learning disability awareness training and to support staff with informed choice conversations</p>

## Chapter 7 - Breast Screening Programme

Breast screening	
Why?	<p>Early identification of breast cancer</p> <p>Prevention of morbidity and mortality</p>
Intervention	<p>Screening offered to all eligible women aged 50-70 years, every 3 years</p> <p>Screening test is mammography of both breasts</p> <p>Screening offered at Nelson Mandela Place in Glasgow and in mobile units which visit sites across the board area</p> <p>Where high risk is detected, rapid follow up in assessment clinic for further tests which may include further imaging, clinical examination and biopsy.</p> <p>Rapid referral into breast surgery as needed</p>
Activity in 2023/24	75.9% screening uptake (118,166 women screened) in the last screening round 2021/22 to 2023/24

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Outcomes	<p>Uptake has increased since last year</p> <p>Uptake higher than achievable target (70%) but not at desirable target (80%)</p> <p>Large variation in uptake by deprivation quintile (SIMD), with lowest uptake in most deprived quintile (65.2%) compared with least deprived (85.3%).</p> <p>Uptake similar across all age groups</p> <p>Variation in uptake by census ethnic groups</p> <p>Uptake lower for those with learning disability (55.4%) and those with enduring mental illness (57.7%)</p> <p>Variation in uptake across HSCP areas</p>
Planned activity	<p>Work with NSS to address mobile fleet issues</p> <p>Actively monitor slippage of appointments, local uptake rates and assessment clinic waiting times</p> <p>Prioritise telephone reminders to women invited for first screening round and with any special requirements in our areas of low uptake</p> <p>Develop and implement good practice guidance to support participation in breast screening for individuals with a learning disability</p>

## Chapter 8 - Cervical Screening

Cervical screening	
Why?	<p>Early identification of cervical cancer and cancer pre-cursors</p> <p>Prevention of morbidity and mortality</p>
Intervention	<p>Screening offered to all eligible women aged 25-64 years, every five years</p> <p>Screening sample (smear sample) taken in primary care</p> <p>Screening test is HPV test and cytology</p> <p>Where screening test is positive, referral to colposcopy for further investigation</p> <p>Rapid referral into surgery and oncology as needed</p>
Activity in 2023/24	65.2% screening uptake (233,241 women screened) in the last screening round 2019/20 to 2023/24
Outcomes	<p>Uptake similar to last year, but has fallen over the last six years</p> <p>Uptake does not meet the national target of 80%</p> <p>Large variation in uptake by age group, with lowest uptake in younger age groups</p> <p>Variation in uptake across HSCP areas</p> <p>Variation in uptake across census ethnic groups</p> <p>Uptake lower for those with learning disability (28.3%)</p> <p>Comparable uptake for those with severe or enduring mental illness (62.7%)</p> <p>Cervical invasive cancer audit reviewed 73 new cases of cervical cancer in NHSGGC residents – cervical cancer higher in most deprived quintile, those with inadequate screening history, younger age groups</p> <p>National 'no cervix' audit progressing in NHSGGC, due to conclude in</p>

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	March 2025, almost 30,000 medical records will be reviewed
Planned activity	<p>Conclusion of the national 'No Cervix' audit</p> <p>Continue work to reduce colposcopy waiting times</p> <p>Develop and deliver a programme of targeted screening awareness campaigns and engagement activities</p> <p>Deliver learning disability awareness training and develop good practice guidance for staff delivering informed choice conversations</p>

## Chapter 9 - Diabetic Eye Screening (DES)

Diabetic eye screening	
Why?	<p>Early identification of diabetic retinopathy</p> <p>Prevention or management of sight loss</p>
Intervention	<p>At risk population screening - those with diagnosed diabetes aged 12 years and over (part of clinical care)</p> <p>Photograph of the back of each eye with subsequent image grading</p> <p>Call/recall round length depends on risk factors</p> <p>Screening offered in hospital outpatient and community clinics</p>
Activity in 2023/24	81.8% screening uptake (57,982 people screened)
Outcomes	<p>Uptake higher than standard (80%)</p> <p>Uptake similar between males and females</p> <p>Higher uptake among young people aged 12-14 years (82.1%) and older adults aged 65-74 years (86.2%); lowest among 25-29 year olds (69.5%).</p> <p>Variation in uptake by deprivation quintile (SIMD), with lowest uptake in most deprived quintile (78.5%) compared with least deprived (86.9%)</p> <p>Variation in uptake by census ethnic groups</p> <p>80% uptake target met in all HSCPs</p>
Planned activity	<p>Phased implementation of an online patient booking portal</p> <p>Work with HSCPs to facilitate clinics returning to original locations in East Dunbartonshire and Glasgow City North East Sector</p> <p>Provide learning disabilities awareness training for DES staff and develop best practice guidance for the use of reasonable adjustments</p> <p>Continue to work to resolve Level 3 grading capacity</p> <p>Continue to work with clinicians to manage screening call/recall for patients prescribed GLP-1 Receptor Agonists</p> <p>Continue replacement of aging equipment</p>

## Chapter 10 – Inequalities

Address inequalities in screening	
Why?	<p>Poorer uptake of screening programmes in some population groups</p> <p>Vulnerable groups identified including most deprived, Black Asian and Minority Ethnic (BAME) groups, those with learning disabilities (LD), those with enduring mental illness</p> <p>Poorer health outcomes for vulnerable groups</p>
Intervention	<p>2022-25 Action Plan</p> <p>Specific actions across wide range of vulnerable groups</p> <p>Supported by funding from Scottish Government Cancer Screening Inequalities Fund</p> <p>Taken forward through the Screening Team and in partnership with colleagues in HSCPs and screening services</p>
Activity in 2023/24	<p>Completion of the 2022-25 Action Plan, including:</p> <p>Completion of two years of community engagement with BAME groups led by a dedicated community practitioner</p> <p>Half way through two years of work with the learning disabilities service led by a dedicated practice development lead</p> <p>Preparation for one year intervention addressing cervical screening need for those in long-stay mental health facilities</p>
Outcomes	<p>In-reach into many BAME community groups, with screening awareness and understanding raised</p> <p>Better understanding of barriers to uptake of screening in BAME communities</p> <p>Screening training delivered to LD nurses</p> <p>Screening incorporated into LD health checks</p> <p>Communications materials developed and distributed for LD and screening</p>
Planned activity	<p>Development of new Action Plan, including key areas:</p> <ul style="list-style-type: none"> <li>- Improve access to screening programmes in communities with the lowest uptake.</li> <li>- Provide data, intelligence and best practice guidance to improve access to cervical screening in primary care settings.</li> <li>- Investigate issues affecting access to service across whole bowel screening pathway and identify improvements to address these.</li> <li>- Provide targeted support for screening within the specialist settings supporting vulnerable populations.</li> <li>- Improve early access to the pregnancy and newborn screening pathway.</li> <li>- Develop and implement a communications plan which supports informed participation in screening programmes.</li> </ul>