



# **Screening Inequalities Action Plan**

**1st April 2025 to 31st March 2026**

**Health Services  
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## Chapter 6 – Screening Inequalities Action Plan

### Summary

Address inequalities in screening	
Why?	<p>Poorer uptake of screening programmes in some population groups, including most deprived, Black Asian and Minority Ethnic groups, those with learning disabilities, those with enduring mental illness</p> <p>Poorer health outcomes for vulnerable groups</p>
Intervention	<p>Local annual action plan aligned with Scottish Equity in Screening Strategy 2023-2026</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 2025 and 2026	<p>Delivery of the 2025-26 Action Plan, including:</p> <p>Conclusion of two years of work to support informed participation in screening for individuals with a learning disability, led by a dedicated practice development lead</p> <p>Commencement of pilot intervention addressing cervical screening need for those in long-stay mental health facilities</p> <p>Delivered targeted quality improvement support to GP practices with low cervical screening uptake, informed by data and local intelligence</p> <p>Undertook community engagement and insight-gathering activity (including surveys, focus groups and lived-experience work) to better understand barriers to screening.</p> <p>Development and delivery of Bowel, Breast and Cervical Screening Campaign assets</p>
Outcomes	<p>Strengthened collaboration across Public Health, screening services, HSCPs and the third sector, supporting more coordinated delivery.</p> <p>Embedded enhanced screening conversations and reasonable adjustments within learning disability services and screening pathways.</p> <p>Established system-level improvements through SOP development and data-driven approaches to identifying and addressing inequalities.</p> <p>Maintained delivery momentum and measurable progress despite significant reductions in national inequalities funding.</p>

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## 1.1. Introduction

Reducing inequalities in access to and uptake of screening remains a core priority for NHS Greater Glasgow and Clyde (NHSGGC). Persistent variation in participation continues across population groups, with lower uptake observed among people living in the most deprived communities, Minority Ethnic communities, people with learning disabilities, and those with severe and enduring mental ill health. These inequalities are shaped by multiple, interacting factors – including socioeconomic disadvantage, disability, mental ill health, trauma and wider life circumstances – which can combine to create compounded barriers to accessing and participating in screening, contributing to later diagnosis and poorer health outcomes.

NHSGGC Screening Inequalities Action Plan sets out a coordinated programme of work to address these challenges, aligned with the Scottish Equity in Screening Strategy 2023–2026, the Cancer Strategy for Scotland 2023–2033, and NHSGGC priorities to reduce the gap in screening uptake between the most and least deprived communities. The plan focuses on improving access to screening services, supporting informed participation, and addressing structural, cultural and practical barriers that affect engagement across the screening pathway.

Delivery of the action plan has been led by Public Health in partnership with Health and Social Care Partnerships, screening services, primary care and third sector organisations. Scottish Government Cancer Screening Inequalities Fund (SG CSIF) investment has supported additional time-limited staffing capacity and expertise, community engagement activity and targeted interventions for priority groups. In 2025/26, Boards received approximately 50% reduction in SG CSIF funding. From April 2026 this funding will no longer be directly allocated to Boards, with funds redirected support national inequalities initiatives, including the cervical screening self-sampling pilot.

Despite these funding constraints, significant progress has been made in developing and implementing evidence-based approaches, strengthening partnerships and embedding inclusive practice, supported by targeted use of data, quality improvement and communications.

This report summarises progress during 2025/26 and highlights priorities for 2026/27, focusing on actions to widen access to screening, improve service responsiveness, and ensure that screening programmes better meet the needs of those population groups who currently experience the greatest inequalities.

## 1.2. Development of Screening Inequalities Action Plan

[NHSGGC Widening Access and Addressing Inequalities in Adult Screening Programmes: Action Plan for 2022-25](#)<sup>1</sup>, set out a series of actions over a three year period to address inequalities in uptake of adult screening programmes in NHSGGC. This plan was completed by March 2025.

The Screening Inequalities Action Plan was developed using a high-level programme logic model (**Figure 6.1**), which sets out how targeted inputs and activities are expected to address known barriers to screening and deliver improved access, experience and uptake. The model links investment in partnership working, specialist capacity, data-driven improvement and community engagement to outcomes.

**Table 6.1. Logic model used to develop the 2022-25 NHSGGC widening access and addressing inequalities in adult screening programmes action plan**

Contributors	Evidence-informed activities	Outcomes		
		Short term	Medium term	Longer term
NHS GGC <ul style="list-style-type: none"> <li>• Screening delivery staff</li> <li>• Public Health</li> <li>• HSCP Health Improvement teams</li> <li>• Practice Development</li> </ul> Third sector <ul style="list-style-type: none"> <li>• Jo's Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Provide learning on inequalities issues for staff who deliver screening.</li> <li>• Deliver service improvements aimed at those who face specific barriers to access.</li> <li>• Promote screening programmes in communities.</li> <li>• Increase awareness of screening among NHS and third sector staff who are not directly involved in screening programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff are aware of the issues impacting on screening uptake and can contribute to addressing these.</li> <li>• Pathways are in place to support access to screening.</li> <li>• People have increased knowledge and awareness of screening programmes in the context of their own lives.</li> </ul>	<ul style="list-style-type: none"> <li>• Access barriers to screening are reduced.</li> <li>• People are able to make an informed choice as to whether to participate in screening.</li> </ul>	Improved uptake in screening at population level and within groups who currently have lower uptake rates.

## 1.3. Current action plan 2025/26

Learning from delivery of the 2022–25 Screening Inequalities Action Plan has informed a shift to an annual action planning approach, strengthening flexibility, partnership working and data-driven prioritisation. The 2025/26 plan has been developed with screening steering groups, HSCPs and third-sector partners and aligns with national and local priorities to improve access, support informed choice and reduce inequalities across screening pathways, see **Figure 6.1**. **Appendix 6.1** provides a summary of progress in delivering the 2025/26 action plan as at March 2026.

<sup>1</sup> <https://www.nhsggc.scot/downloads/nhsggc-2022-25-inequalities-in-adult-screening-plan-2/>

**Figure 6.1. NHSGGC Equity in Screening Plan Priorities, 2025/26**

Programme Drivers	<p>Scottish Equity in Screening Strategy 2023-2026</p> <p>Cancer Strategy for Scotland 2023-2033</p> <p>NHSGGC 2025/26 Annual Delivery Plan - reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes</p>
Programme Impact	<p>Screening is accessible and informed choice is supported for those population groups who currently have a lower uptake of screening than the general population or a suboptimum uptake</p>
Summary of objectives	<ol style="list-style-type: none"> <li>1. Improve access to screening programmes in communities with the lowest uptake.</li> <li>2. Provide data, intelligence and best practice guidance to improve access to cervical screening in primary care settings.</li> <li>3. Investigate issues affecting access to service across whole bowel screening pathway and identify improvements to address these.</li> <li>4. Provide targeted support for screening within the specialist settings supporting vulnerable populations.</li> <li>5. Improve early access to the pregnancy and newborn screening pathway.</li> <li>6. Develop and implement a communications plan which supports informed participation in screening programmes.</li> </ol>

#### **1.4. 2025/2026 programme highlights**

The following section presents programme highlights for 2025/26, showcasing key areas of progress and impact in delivering the Screening Inequalities Action Plan across NHSGGC, including targeted work to improve access for people with learning disabilities, and the delivery of breast and cervical screening media campaigns.

##### ***Improving Access to Screening for People with Learning Disabilities***

*Delivery period: March 2024 to December 202*

A dedicated Practice Development Lead role was funded to improve access, understanding and engagement with national screening programmes for people with learning disabilities across NHS Greater Glasgow & Clyde. The project focused on reducing inequalities by strengthening inclusive practice, improving reasonable

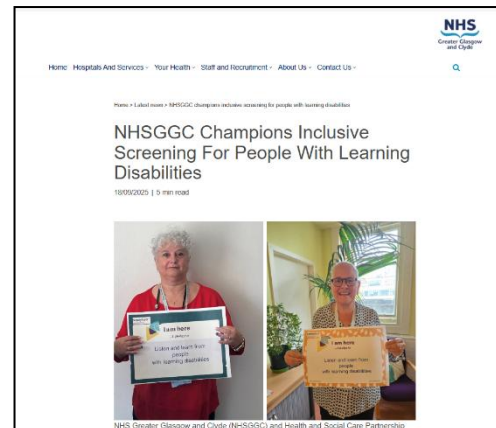
adjustments, and supporting informed decision-making across all adult screening pathways.

In 2024, Values Into Action Scotland was commissioned to consult people with learning disabilities and carers on access to National Screening Programmes in NHSGGC. Their voices and experiences are embedded throughout the report and have informed all stages of this work.

Key achievements include enhanced screening conversations embedded within the Learning Disability Health Check, supported by new screening assessment tools, staff training and accessible resources. Over 700 enhanced screening conversations were recorded during the project period, alongside identification of red-flag symptoms requiring onward clinical follow-up.

The project also strengthened workforce capability through awareness and training activity with learning disability teams, screening services, primary care and third-sector partners. This included development of easy-read resources, demonstration tools, and practical aids (such as bowel screening stool collection supports) to reduce barriers to participation.

System-level improvements were progressed through development and implementation of standard operating procedures within adult screening services. A dedicated Standard Operating Procedure (SOP) was implemented to support access to Diabetic Eye Screening for people with learning disabilities, embedding reasonable adjustments such as tailored booking arrangements, use of Easy Read information, longer or repeat appointments, and continuity with the same clinician where possible.



The DES guidance has been shared at a national Diabetic Eye Screening learning event to support wider learning and spread. Similar guidance has been finalised for AAA and cervical screening, with draft guidance developed for breast and bowel screening and due to be progressed in 2026.

A Learning Disability Screening Champions network established to support sustained local leadership and knowledge-sharing. The work has strengthened partnership working between Public Health, screening services, learning disability teams and community organisations, and has informed future priorities to improve identification, data sharing and pathway accessibility.

This work builds a strong foundation for ongoing action to reduce screening inequalities for people with learning disabilities and will inform ongoing monitoring and of pathway improvements including implementation of good practice guidance resource and review standard operating procedures within Bowel, Breast and Cervical screening during 2026/2 and ongoing campaigns.

A copy of the full project report is available from NHSGGC Public Health Screening Unit.

### **Screening Communications and Campaign Activity**

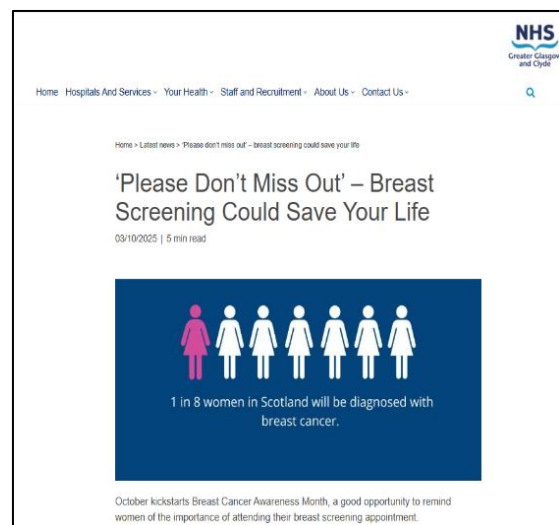
*Delivery period: from March 2025 - ongoing*

A coordinated Public Health communications programme was delivered in collaboration with the Corporate Communications Team, the Public Health Screening Team and the Community Implementation for Screening Inequalities Plan group - involving HSCP Health Improvement Teams. Activity focused on and the development and implementation of two month-long screening awareness campaigns. Campaign assets from both Breast and Cervical screening activity have been retained and will continue to be used across NHSGGC and HSCP channels:

#### ***Breast Cancer Screening Campaign – October 2025***

In Breast Cancer Awareness Month (October 2025) case studies were gathered from women who had breast cancer detected as a result of screening participation.

Campaign activity promoted informed participation in breast screening and awareness of early detection messages, using these lived-experience stories and included clear signposting to NHS Inform and NHSGGC screening information. Digital assets were shared via NHSGGC social media channels and the Informing People Network and hosted on a dedicated webpage for the duration of the campaign. The case studies were also developed into press releases and were picked up by local media outlets.



#### ***Cervical Cancer Screening Campaign – January 2026***

NHSGGC partnered with Glasgow City Football Club (FC) to deliver a digital-led campaign targeting younger women for Cervical Cancer Prevention Week. Building on previous "Don't Fear the Smear" campaign, it aimed to encourage peer-to-peer

conversations and addressed common myths and barriers associated with cervical screening.

Campaign assets included short videos and digital imagery featuring Glasgow City FC players and NHSGGC screening staff, and were shared via NHSGGC website, the Informing People Network and press release. An additional three sponsored social media boosts were used for TikTok, Facebook and Instagram. This generated an average of 84,000 targeted impressions per social media post, 48,000+ views of the videos and 5,000+ targeted clicks to NHSCCG screening pages.



The press release was picked up by national media including BBC website and resulted in an interview with NHSGGC PH Consultant Lead for Screening on BBC Scotland Drive Time radio programme. Assets generated from the campaign include two videos and a set of campaign imagery, created with Glasgow City FC players and NHSGGC screening staff, communication toolkits for HSCPs and other local partners.

### 1.5. Next Steps and Priorities for 2026/27

During 2026/27, Public Health will continue to oversee and progress delivery of the agreed overarching priorities set out in the delivery plan, with a focus on consolidating learning and strengthening impact. Further development of specific, targeted actions will be taken forward in partnership with screening steering groups, Health and Social Care Partnerships and third-sector partners, ensuring activity remains responsive to emerging evidence and local need. This will include the development and implementation of actions aligned with the recent national *Cervical Cancer Elimination Strategic Action Plan*<sup>2</sup>, alongside continued work to address inequalities and support informed participation in adult, pregnancy and newborn, and child vision screening programmes.

<sup>2</sup> [cervical-cancer-elimination-strategic-action-plan.pdf](#) (Accessed March 2026)

## Appendix 1 Screening Inequalities Action Plan Progress Summary

Key: ● Completed/due to conclude by end March 2026 ● Ongoing ● Delayed

ACTION	PROGRESS	STATUS
<b>1. Improve access to screening programmes in communities with the lowest uptake.</b>		
i. <b>Breast Screening Calls to Action</b>	Information and resources were shared with HSCP Health Improvement teams to support targeted breast screening promotion aligned to local invitation schedules at mobile and static screening locations. This enabled calls to action in priority communities, including Clydebank, Tollcross, Parkhead, Possilpark, Bridgeton, Maryhill, Gorbals, Springburn, Govanhill, Knightswood, Greenock, Port Glasgow and Dumbarton, between April 2025 and March 2026.	●
ii. <b>Cancer UK Talk Cancer Programme</b>	Cancer Research UK delivered the Talk Cancer awareness training programme to build confidence and skills for conversations about cancer, screening and health inequalities. Between April 2025 and March 2026, five workshops (two online and three face to face) were delivered to 63 participants from a range of community-facing roles, with local screening data and support services tailored to each HSCP to support informed participation among priority groups.	●
iii. <b>Inverclyde HSCP screening survey / engagement</b>	Inverclyde HSCP commissioned third sector organisation <i>Your Voice</i> to undertake community engagement to explore barriers to bowel, breast and cervical screening in areas of lower uptake, including an online survey and face to face engagement (741 responses), and follow-up focus groups (25 participants). Around a quarter of bowel and breast screening respondents reported non-participation, while most cervical respondents had taken part. Key barriers included low awareness, fear and anxiety, practical constraints and misconceptions, with findings informing future NHSGGC communication and engagement approaches.	●

## 2. Provide data, intelligence and best practice guidance to improve access to cervical screening in primary care settings

- |  |   |
|--|---|
| <b>i. Using data to support Improvement in cervical screening uptake in primary care</b>   | Public Health developed a Cervical Screening Power BI dashboard to support access to timely information on cervical screening uptake and trends. The dashboard supports GP practices and clusters to monitor cervical screening uptake, identify variation and inform targeted improvement activity to increase participation in cervical screening. <span style="float: right;">●</span>   |
| <b>ii. Quality improvement support for GP practices with low cervical screening uptake</b> | Targeted QI support was offered to GP practices with low cervical screening uptake, delivered by a dedicated part-time project officer who is an experienced practice nurse. During 2025/26, 17 practices with uptake below 50% were approached, with 7 actively engaging. Support initially focused on use of Power BI uptake data to aid understanding of population discussions to identify barriers and inform local action. Common challenges including data visibility, awareness of key programme updates/good practice, time and IT constraints, language barriers and misconceptions about HPV vaccination. This work will continue into 2026/27 to support cervical screening elimination plans. <span style="float: right;">●</span><br><br>This work will continue throughout 2026/27, and inform wider actions to progress cervical screening elimination plans. |
| <b>iii. GP practice engagement to inform cervical screening improvement priorities</b>     | A GP engagement session was held on 11 March 2026, attended by 32 participants including GPs, Practice Nurses and Practice Managers from GP practices across NMSGGC. The session included presentations on the GP cervical screening QI project and findings from the Inverclyde screening survey, followed by facilitated discussion groups to explore potential areas for action to improve uptake. Learning from the session will be captured in a short report, due by the end of April, and will inform planning and prioritisation of activity for 2026/27. <span style="float: right;">●</span>  |

**3. Investigate issues affecting access to service across whole bowel screening pathway and identify improvements to address these**

- i. Identifying Inequalities in Colonoscopy Uptake to Inform Targeted Action**
- A detailed analysis will be undertaken in 2026/27 to understand variation in uptake of colonoscopy following a positive bowel screening test. This work will examine uptake across population groups and geographies, alongside analysis of pathway data to explore key points of variation, including non-attendance, clinical unsuitability and waiting times. Quantitative analysis will be complemented by review of service and pathway intelligence to identify where inequalities may arise and to inform targeted improvement actions across the bowel screening pathway.

**4. Provide targeted support for screening within the specialist settings supporting vulnerable populations**

- i. People with learning disabilities**
- This work builds on activity undertaken during 2024/25 in partnership with learning disability teams across NHSGGC, which focused on improving awareness of screening programmes, strengthening reasonable adjustments, and developing resources and guidance to support informed participation. The 2025/26 programme represents a continuation and consolidation of this approach, with an increased emphasis on system-level change, development and implementation of reasonable adjustment guidance within screening services, improved identification, and establishing a network of Learning Disability Screening Champions has been established, with LD nurses identified across HSCPs to act as local points of contact for screening.

<p><b>ii. People with severe and enduring mental ill health</b></p>	<p>A pilot screening in-reach service for mental health inpatient settings was initiated during 2025/26. A dedicated project nurse commenced in post in October 2025 and has focused on developing service pathways, operational procedures and patient-facing information. The initial pilot site at Stobhill went live in March 2026. This work will continue throughout 2026/27, with plans to extend the model to mental health inpatient settings in NHSGGC and to develop a sustainable delivery model.</p>	<p>●</p>
<p><b>iii. Women who have experienced sexual trauma</b></p>	<p>Public Health provided further funding support for the My Body Back Service, hosted by Sandyford, which offers trauma-informed cervical screening for women and trans men who have experienced sexual trauma. The service provides a specialist, supportive environment to help address barriers to participation in cervical screening. Public Health is also supporting the development of service evaluation plans to inform learning, demonstrate impact and support future service planning.</p>	<p>●</p>
<p><b>iv. Post-natal uptake of cervical screening</b></p>	<p>Analysis of post-natal cervical screening uptake identified that around one in five women were due screening during pregnancy, but only around 15% had a pregnancy exclusion recorded, increasing the risk of post-natal defaulter status. Overall post-natal uptake was high (85.8%), however timely uptake was sub-optimal, with only around half of women due screening attending within six months of birth, particularly among younger women and those living in the most deprived areas. Findings highlight the need to improve active use of pregnancy exclusions within Scottish Cervical Call Recall System (SCCRS) and strengthen post-natal follow-up conversations to support timely recall and informed participation.</p>	<p>●</p>

**5. Improve early access to the pregnancy and newborn screening pathway**

**i. Investigate factors contributing to higher than expected second trimester screening**

Project midwives undertook detailed scoping work to explore reasons for higher than expected rates of second trimester trisomy screening within NHSGGC, where first-trimester screening is best practice. The work identified multiple contributing factors, including late booking into maternity services, challenges with timely booking and coordination of appointments, scan capacity constraints, workforce pressures, seasonal service pressures, and the impact of ageing scanning equipment. Findings from the project were presented to the Maternity Assurance Group, which agreed that a coordinated, system-wide response was required. As a result, a short-life working group will be established to develop an action plan.



**6. Develop and implement a communications plan which supports informed participation in screening programmes**

**i. Breast Screening Campaign**

During Breast Cancer Awareness Month in October 2025, NHSGGC delivered a breast screening campaign using lived-experience case studies from women whose cancers were detected through screening. The campaign promoted informed participation and early detection, with clear signposting to NHS Inform and local screening information, and achieved local media coverage alongside digital promotion across NHSGGC channels.



**ii. Cervical Screening Campaign**

In January 2026, NHSGGC delivered a digital cervical screening campaign with Glasgow City Football Club for Cervical Cancer Prevention Week, targeting younger women and addressing common myths and barriers. The campaign achieved over 48,000 video views, 5,000+ clicks to NHS screening pages and national media coverage, including the BBC.



### **iii. Bowel Screening Campaign**

Bowel Cancer UK were commissioned to develop assets to support the roll out of bowel screening campaign activity based on the “Tell you GP Instead” campaign. Two focus groups were undertaken with Glasgow residents. One with people who had completed bowel screening in the previous two years, and one with people who had not. The outputs from the focus groups were used to identify the preferred creative route for the campaign materials. This resulted in the development of three posters based on the idea of “forgetting something” which was the creative theme preferred by those who had not been completed screening in the previous two years. These assets will be used in 2026/2027 to underpin the communications activity as part of the planned “Bowel Town” campaign.