

NHS Greater Glasgow &amp; Clyde



NHS Board Meeting

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Paper No: 19/07

### NHSGGC Public Health Screening Programme Annual Report 2017– 2018

#### **Recommendation:-**

The Board is asked to note the PH Screening Programme Annual Report summary and Adult Screening Inequalities Action Plan.

The NHSGGC Public Health Committee endorsed on 30<sup>th</sup> January 2019 the Annual Report Summary ( Appendix A); agreed the proposed Adult Screening Inequalities, Action Plan 2019-21 Key actions (Appendix B); recommend the inclusion of proposed activities within the relevant teams' work plan priorities for 2019/20 and identified key issues to highlight for the NHSGGC Board meeting

#### **Purpose of Paper**

This annual report presents information about NHSGGC screening programmes for the period 1 April 2017 to 31 March 2018.

The full report is available at [2017/18 Public Health Screening Annual Report](#)

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 do not detect all cases of disease and will be positive among some people who do not have the disease. They therefore contribute to early detection but do not obviate the need for investigating symptomatic patients.

The report includes analysis of uptake by socio-economic group, among people with learning disabilities, mental illness and uptake by ethnicity. From 2019 geographical mapping of the uptake rates for cervical, bowel, AAA and DRS programmes to enable targeted local delivery of promotional activities is available at: <https://www.nhsggc.org.uk/your-health/public-health/public-health-screening-unit/reports/>.

Screening programme	Total eligible population	Total number Screened	HIS Target	% Uptake
Cervical screening (number screened within 5.5 yrs)	329,796	23,6993	80%	71.9%
Breast screening (number eligible in March 2018)	160,904	Not available	70%	Not available
Bowel screening (number screened within 2 yrs)	363,302	190,045	60%	52.3%
Pregnancy screening:	12,396	14,986 samples tested	95%	99%
• Infectious diseases in pregnancy				
• Down's syndrome	12,396	10,244	No Target	82.6%

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• Haemoglobinopathies	12,396	12,072	95%	90.67%
Newborn screening:	11,907	11,803	95%	98.1%
• Newborn bloodspot	11,874	11,678	97%	98.3%
• Newborn hearing				
Pre-school vision screening	12,642	10,977	No Target	86.8%
Primary 7 school vision screening	11,807	8,785	No Target	74.4%
Diabetic retinopathy Screening	58,747	45,626	80%	77.7%
Abdominal Aortic Aneurysm Screening	5,913	4,739	70%	80.1%

**Key Issues to be considered**

1. There is a gradient in uptake across socio-economic groups for most screening programmes with the highest inequality in cervical screening. ACTION AGREED: Committee members are requested to support the proposal that local teams are engaged in delivering the inequalities action plan for adult screening programmes (see Appendix B).
2. Following introduction of FIT testing in bowel screening there is increased demand for colonoscopies. ACTION: NHSGGC has implemented FIT testing for symptomatic patients to release colonoscopy capacity. The Screening Unit is working with the service and Glasgow University to evaluate its impact.
3. The growing prevalence of diabetes has increasingly required additional capacity to deliver diabetic retinopathy screening. MITIGATION: a change in the frequency of screening from one year to two years for low risk patients is planned nationally in 2020.
4. In 2019 a new system of high risk HPV testing in cervical screening will be implemented. ACTION: a NHSGGC steering group has been established to coordinate implementation.
5. In 2019/20 implementation of NIPT in pregnancy screening will require a local plan. ACTION: Coordination will be provided through the local implementation group.
6. Maintaining radiographer/ radiologist workforce for AAA, foetal anomaly scanning and breast screening remains a challenge due to nationwide staff shortages. The Women and Children and Diagnostic Services have workforce plans that include ongoing training of new staff. ACTION: Committee members are requested to support the proposal of ongoing training of new staff.
7. There is a lack of nationally produced data on the breast screening programme. ACTION: NHSGGC Breast Screening Steering Group to oversee additional local efforts to ensure that the programme is delivered effectively.
8. The P7 vision screening has been de-prioritised in some HSCP areas during the school nursing review. ACTION: NHSGGC is working with Glasgow Caledonian University to screen pupils and estimate accurately the prevalence of low visual acuity among different socio-economic groups and inform future priorities.

**Any Patient Safety /Patient Experience Issues**

Implementation of Duty of Candour requirements.

**Any Financial Implications from this Paper**

No.

**Any Staffing Implications from this Paper**

Prioritising the screening inequalities action plan for health improvement teams in HSCPs.

Ongoing training required to maintain levels of workforce required particularly for screeners and radiographers for Women & Children and Diagnostics Directorates.

**Any Equality Implications from this Paper**

There are existing EQIAs on the individual screening programmes.

An EQIA of the Adult Screening Inequalities Plan is currently underway.

**Any Health Inequalities Implications from this Paper**

An internal review of cervical screening was undertaken by Price Waterhouse Cooper as part of the 2017-18 internal audit plan approved by the Audit and Risk Committee recommended that demographic data be used ensure campaigns and projects are targeted at areas with the lowest uptake rates. The Public Health Committee in January 2018 recommended more focus be given to reducing inequalities. The Public Health Strategy identified reducing inequalities in uptake of screening programmes through targeted intervention plans as a priority for 2018/19.

*Widening access and addressing inequalities in adult screening programmes: Action plan for 2019-21* was developed through an area wide engagement process. Priorities are available in summary at Appendix B.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.**

A risk register is in place for each individual screening programme. Screening Programmes are on the Corporate Risk register.

**Highlight the Corporate Plan priorities to which your paper relates**

Better Health – Public Health Strategy implementation.

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## Appendix A

### Summary: NHSGGC Public Health Screening Programme Annual Report 2017 – 2018

(NB: Full report provided as an attachment)

#### 1. Pregnancy Screening

- a. **Antenatal haemoglobinopathies screening for sickle cell and thalassaemia** aims to identify couples who are at risk of having an affected child and thereby offer them information on which to base reproductive choices. **Communicable diseases in pregnancy screening** aims to identify infection and ensure a plan for treatment and management of affected individuals and their babies is put in place at the earliest opportunity. Screening allows undiagnosed infection to be identified and treatment to be given, which can reduce the risk of mother to child transmission, improve the long-term outcome and development of affected children, and ensure that women, their partners and families are offered appropriate referral, testing and treatment. **Down's syndrome and other congenital anomalies screening** aims to detect Down's syndrome and other congenital anomalies in the antenatal period. This provides women and their partners with informed choice regarding continuation of pregnancy. It also allows, where appropriate, management options (such as cardiac surgery or delivery in a specialist unit) to be offered in the antenatal period.
- b. Pregnancy screening programmes are offered universally to all pregnant women during antenatal visits. During 2017/18, of 14,791 women booked to attend antenatal clinics in NHSGCC 12,396 (83.8%) were NHSGGC residents. 10,311 (83.2%) of first antenatal booking appointments were offered within 12 weeks gestational age.
- c. The ethnic origin of pregnant women was White British 8677 (70%), Asian Pakistani 597 (4.8%), Asian Indian 259 (2.1%), Black African 170, (1.4%) Chinese 144 (1.2%) and 485 (3.9%) of any other ethnic group.
- d. In November 2017 NHSGGC introduced a new maternity IT application BadgerNet. A number of data sources were used in producing this report; Pregnancy and Newborn Screening Application (PNBS); BadgerNet; TrakCare; laboratory reports. Paper based screening request for haemoglobinopathies were used for a period of time.
- e. **Gestational Diabetes Mellitus (GDM) and Obesity**
  - i. Within NHSGGC, the assessment of pregnant women and risks associated with GDM are based on a BMI  $\geq 35$ , previous macrosomic baby (weighing  $>4$  kg at birth), family history of diabetes, previous gestational diabetes and mother's ethnic origin. 3,471 (28.2%) of bookers were recorded as having 'any risk' of GDM and were eligible to be offered an oral glucose tolerance test at 24-28 weeks gestation.
  - ii. 5,361 (43.2%) of pregnant women had a normal weight at the time of their first antenatal booking appointment. 3,381 (27.3%) pregnant women were overweight, 1765(14.2%) obese and 1053 (8.5%) severely obese ( $35 \leq \text{BMI} \leq 45$ )

#### f. Haemoglobinopathies Screening

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- i. Of the 12,396 women booked for their first antenatal booking, 12,072 (97.3%) consented and had a blood sample taken for haemoglobinopathies screening (performed), 10 refused and 307 were not asked/ not known or recorded. The blood is checked for risk of thalassaemia for all women who consented.
- ii. The Family Origin Questionnaire (FOQ) is completed as part of routine early antenatal risk assessment. The FOQ provides the basis for testing for haemoglobin variants by identifying if the woman and the baby's biological father are at risk of being a carrier for sickle cell and other haemoglobin variants. Electronic completed FOQ data was available for 7,708 (62.1%) women. A paper based FOQ was in use following changes to the IT application - data could not be captured electronically.
- iii. A screening blood test for haemoglobinopathies is offered when either parent is in a high risk group or when more than 2% of booking bloods are screen positive. 1.65% of consented booking samples were positive in NHSGGC. Partner testing is recommended to couples where the woman is a carrier for HbS or thalassaemia
- iv. Screening outcomes for antenatal haemoglobinopathies screening was available for 11,239 women (90.67%). Depending on the outcome of FOQ, or in the absence of the FOQ, booking samples are tested for haemoglobinopathies.
- v. The sample testing for haemoglobinopathies identified 63 women as sickle cell carriers (HbAS), 5 women as HbD carriers (HbAD) and 13 women as HbE carriers (HbAE).
- vi. The outcomes for thalassaemia screening identified 32 women as Beta Thalassaemia carriers and 316 as possible Alpha Zero Thalassaemia carrier and/or iron deficiency.

### ***g. Infectious diseases***

- i. Uptake was greater than 99% for all of the infectious diseases in pregnancy screening tests.
- ii. Screening identified 16 women infected with HIV (15 were previously known); 46 infected with Hepatitis B Virus (33 were previously known); and 5 women affected with syphilis.

### ***h. Down's syndrome and other congenital anomalies screening***

- i. Of the 12,396 women booked at antenatal clinics, 10,244 (82.6%) were tested either for the 1<sup>st</sup> or 2<sup>nd</sup> Trimester. 164 high risk results were recorded for the 1<sup>st</sup> Trimester and 81 for the 2<sup>nd</sup> Trimester Down's syndrome screening.
- ii. 227 amniocentesis samples were analysed and 59 abnormalities detected (26%) and of these 41 (18%) had a diagnosis of trisomy 21 (Down's syndrome).
- iii. 113 chorionic villus biopsies were analysed and 45 abnormalities detected (30.7% of tests) and 29 of those (25.6% of tests) had a diagnosis of trisomy 21 (Down's syndrome).

### ***i. Congenital anomalies screening***

- i. The number of women who gave consent for a foetal anomaly scan was 11, 445 (92.3 %) and 9,349 women had a record of the scan being performed.

## **2. Newborn Bloodspot Screening**

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- a. Newborn bloodspot screening identifies babies who may have rare but serious conditions. Most babies screened will not have any of the conditions, but for the small numbers that do, the benefits of screening are enormous. Early treatment can improve health and prevent severe disability or even death. Every baby born in Scotland is eligible for and routinely offered screening.
- b. Newborn babies are screened for phenylketonuria; congenital hypothyroidism; cystic fibrosis; sickle cell haemoglobinopathy, medium chain acyl-CoA dehydrogenase deficiency (MCADD), maple syrup urine disease (MSUD), isovaleric acidaemia (IVA), glutaric aciduria type 1 (GA1), homocystinuria (pyridoxine unresponsive) (HCU).
- c. 11,803 babies resident in NHSGGC were screened, that is a total of 98.1% of the total eligible population of 11,907. The uptake of screening ranged from 98.5% to 99.5% across HSCP geographical areas. 9,182 (75.2%) of babies screened were White, 926 (7.6%) South Asian and 605 (5.0%) were of Southern or Other European ethnicity.
- d. Following screening, nine babies were diagnosed with congenital hypothyroidism (CHT) and less than five babies with PKU (phenylketonuria).
- e. The cystic fibrosis results showed less than five babies tested positive, and less than five were carriers. For haemoglobinopathy, although less than five were diagnosed with sickle cell disease, 78 babies were identified as haemoglobinopathy carriers.

### 3. Universal Newborn Hearing Screening

- a. Universal Newborn Hearing screening can detect early permanent congenital hearing impairment in babies as well mild and unilateral losses.
- b. Of the 11,874 eligible babies, 11,678 (98.3%) were screened for hearing loss. A second stage follow up was required for 1,222 (10.5%) babies and of these, 183 (1.6%) were referred to audiology.
- c. 45 babies were confirmed with a hearing loss (0.3% of the screened population). 20 babies had confirmed bilateral hearing loss and 25 babies had confirmed unilateral hearing loss.
- d. 196 (1.65%) babies did not complete the screening programme. These included babies who did not attend for screening (130), are deceased (37) or have moved away (4) from their current home address or transferred to another Board area.

### 4. Child Vision Screening

#### ***a. Pre-school Vision Screening Programme***

- i. Vision Screening is routinely offered to all pre-school age children resident in NHS Greater Glasgow and Clyde areas. Vision problems affect 3-6% of children and although obvious squints are easily detected, refractive error and subtle squints often go undetected and long-term vision loss in adulthood can develop. Most problems can be treated using spectacle lenses to correct any refractive error and occlusion therapy to treat strabismus (squint) – mainly using eye patches.
- ii. In 2017/18, 12,642 children aged between four to five years old were identified using the Community Health Index System as being eligible for pre-school vision screening.

- iii. Overall uptake was 86.8% (10,977). Highest uptake was in Inverclyde 94.7% (715) and the lowest in Glasgow North West 79.8% (1,560). Highest uptake was among children of Chinese ethnicity 93.0% (212), followed by White British children 89.1% (7141). Lowest uptake was among children unclassified by ethnic group 70.9% (175)
- iv. Of the 10,977 children screened, 7,464 (68.0%) had a normal result, this ranged from 76.1% (862) in East Renfrewshire to 58.7% (958) in Glasgow North East.
- v. Of the 2,656 (24.2%) children referred for further assessment, 1,261 (28.7%) were from the most deprived area. The highest proportion of children screened that were referred for further investigation was in Glasgow North East 31.9% (521) and Glasgow South 27.9% (619). The lowest was 16.5% (290) in Renfrewshire.
- vi. 670 (6.1%) children were already attending an eye clinic service ranging from 4.8% (54) in East Renfrewshire to 7.0% (59) in West Dunbartonshire.

**b. Primary 7 School Vision Screening Programme**

- i. In 2017/18, 11,807 Primary 7 school children were eligible for a vision test and 8,785 (74.4%) were tested. Highest uptake was in Inverclyde 92.9% (775) and the lowest uptake in East Dunbartonshire 7.9% (94). The uptake was highest among children living in the least deprived areas (90.3%) compared to 83.9% among children living in the most deprived areas. Highest uptake was among children of Black or Black British origin 87.7% (136) and the lowest uptake 56.1% (110) among children in the unclassified group.
- ii. Of the 11,807 children eligible for vision testing, 1,586 (13.4%) were already wearing prescription spectacles. The highest percentage wearing glasses was in Inverclyde (17.4%) and the lowest in Renfrewshire (11.4%). (East Dunbartonshire's figures are low due to lack of vision screening in the locality). 1527 (21.2%) were identified with poor visual acuity.
- iii. 1527 (21.2%) were identified with poor visual acuity. The highest proportion of children identified with poor acuity lived in Glasgow North East sector 25.6% (296) and the lowest in Inverclyde 9.3% (59).

**5. Abdominal Aortic Aneurysm (AAA) Screening**

- a. An abdominal aortic aneurysm (AAA) is a dilatation of the aorta within the abdomen where the aortic diameter is 3.0 cm or more. Aneurysms are strongly linked to increasing age, hypertension, smoking, other vascular disease and a positive family history of AAA.
- b. The aim of AAA screening is the early detection and elective repair of symptomatic AAA in order to prevent spontaneous rupture. Screening is associated with a 40% reduction in aneurysm related mortality. All men aged 65 years in the NHSGGC area are invited to attend AAA screening by a single ultrasound examination. Men aged over 65 years of age are able to self-refer to the programme. In 2017-2018 NHSGGC met 7 of the 10 programme KPIs.
- c. In 2017-2018 5,913 men aged 65 were invited to participate in the AAA screening programme. 4,739 (80.1%) took up screening, exceeding the minimum uptake standard of 70%. 38 of these men (0.8%) were found to have an aneurysm measuring between 3.00 cm and 5.49 cm and are currently on surveillance. A further four of these men (0.1%) had an aneurysm measuring 5.5 cm or more that required surgical assessment and

intervention.

- d. Uptake is poorest in the most socio-economically deprived areas (75.3% in SIMD 1 vs. 88.8% in SIMD 5) and in ethnic minorities (53.8% for Black or Black British and 71% in Asian or Asian British vs. 82% for White British). There are also lower uptake rates in some HSCPs that are not wholly explained by socio-economic deprivation. An action plan to improve these inequalities in uptake has been agreed.

## 6. Bowel Screening

- a. Colorectal (Bowel) Cancer was the third most common cancer in Scotland for both men and women in 2016. Ninety four percent of bowel cancers detected are among people aged over 50 years of age. In 2016, 770 people (400 men and 370 women) residing in the Greater Glasgow and Clyde area were diagnosed with bowel cancer. In the same year, 324 people (165 men and 159 women) with a diagnosis of bowel cancer died.
- b. The aim of bowel screening is to detect bowel cancer at an early stage where treatment is more effective. In some cases, pre-cancerous polyps can be removed and cancer prevented. The programme invites all men and women between the ages of 50 – 74.
- c. In 2016-18, 363,302 NHSGGC residents were invited to participate in the bowel screening programme. The overall uptake of screening was 52.3% (190,045), against a target of 60%. Uptake is poorest among men (49.4%), younger participants (aged 50-54 was 43.4%), socio-economically deprived residents (SIMD 1 was 42.5%), people with learning disabilities (34%), and among ethnic minorities (Asian or Asian British was 33.5%). There are also lower uptake rates in some HSCPs that are not wholly explained by socio-economic deprivation.
- d. Overall, 2.5% (4,695 of 190,045) of completed screening tests were reported positive, meriting further investigation. Men have a higher positivity than women (2.9% vs. 2.1%); older people have higher positivity than younger people (3.3% aged 70-74 vs. 1.9% aged 50-54); and those living in our most deprived communities have higher positivity than the least deprived (3.5% vs. 1.6%).
- e. A new screening test, FIT (quantitative faecal immunochemical test) was introduced in November 2017, accompanied by public information campaigns. NHSGGC reinstated the teaser letter to first time participants. Provisional data showed a 7.96% increase in uptake.

## 7. Breast Screening

- a. Breast cancer is the most common cancer in women in Scotland accounting for 28.7% of all new cancers diagnosed in women. In 2016, 899 new breast cancers were registered among women residing in NHSGGC. In the same year, 222 women with a diagnosis of breast cancer died. Between 2006 and 2016, the age-standardised incidence rate of breast cancer in Scotland increased by 0.4%, however age-standardised mortality rate decreased by 18%.
- b. The purpose of breast screening by mammography is to detect breast cancers early. It is believed that very early detection of breast cancers in this way can result in more effective treatment, which may reduce deaths from breast cancer. Women aged 50-70 years are invited for a routine screen once every three years. Women aged over 70 years are screened on patient request. The number of women eligible for breast screening in March 2018 was 160,904.

- c. During 2015-2016, the Scottish Breast Screening Programme implemented a new Scottish Breast Screening System (SBSS) IT system. At the time of this report, data reporting was not possible from the SBSS system; therefore it was not possible to access any nationally validated annual statistics relating to breast screening uptake and outcomes. It is anticipated that reporting functionality will be in place in early 2019.
- d. The West of Scotland Breast Screening Centre has optimised their appointing system, increasing the number of booked clients. Appointing figures have risen from approximately 8,000 screening slots per month to 10,000.
- e. The Breast Screening Community Liaison Officer continued the engagement with communities and GP Practices, and has led promotional activities such as staff training, health road shows and community talks.

## 8. Cervical Screening

- a. Cervical cancer was the eleventh most common cancer in females in 2016 in Scotland but also the most common cancer in women under the age of 35 years. In 2016, 66 new cervical cancers were registered among NHSGGC residents. This gives an age-standardised incidence rate of 10.4 per 100,000 population, comparable to the Scotland rate of 12.3 per 100,000. In the same year, 21 women who had a diagnosis of cervical cancer died in NHSGGC, giving a standardised mortality rate of 3.6 per 100,000 population lower than the Scotland rate of 3.8 per 100,000.
- b. The aim of the Scottish Cervical Screening Programme (SCSP) is to reduce the number of women who develop invasive cancer and the number of women who die from it by detecting precancerous changes. Women aged 25-49 are offered screening every three years and women aged 50-64 are offered screening every five years. Women who were already enrolled in the screening programme aged less than 25 will continue to be screened every three years until they are 50.
- c. Uptake in NHSGGC for 2017-2018 was 71.9% against a target of 80%, a total of 329,796 women being adequately screened within the specified period. Uptake is poorest among women aged between 25-29 (62.7%), women with learning disabilities (29.2%) and among women from ethnic minorities (for Chinese women it was 36.7%). Uptake for women living in the least deprived areas was 76.9% compared with 69.3% in the most deprived areas however there is not a clear trend across socio-economic groups. The lower uptake rates in some HSCPs are not wholly explained by socio-economic deprivation.
- d. Queen Elizabeth University Hospital processes all smear test specimens for NHSGGC and in 2017-18 processed 96,174 cervical screening tests. Of all tests processed 97.1.0% were of satisfactory quality i.e. there were enough cells in the sample. Of the satisfactory quality tests 90.5% had a negative (normal) result, 8.3% had a low grade cell change and the remaining 1.2% had high grade cell changes.
- e. NHSGGC has carried out a multi-disciplinary review of all invasive cervical cancer cases since 2006 to audit the screening and management of every case. In 2017, 36% of all invasive cervical cancers in NHSGGC were detected through screening.
- f. A new approach to cervical screening has been approved by the Scottish Government and will be introduced in early 2020. High risk HPV screening involves the same clinical examination (a cervical smear) but only women whose virology results are positive for specific types of Human Papilloma Virus will have cervical cytology.

- g. In response to an NHSGGC internal audit of the Cervical Screening Programme, clear mechanisms have been established to use data to target promotional activities to vulnerable or excluded groups.

## **9. Diabetic Retinopathy Screening (DRS)**

- a. Diabetes mellitus is a long-term condition in which the level of glucose in the blood is raised leading to abnormal fat metabolism and other complications. There are two main types of diabetes: type 1 and type 2.
- b. The Scottish Diabetes Survey 2017 reports that in Scotland, there were 298,504 people with known diabetes recorded on local diabetes registers in 2017, representing 5.5% of the population. In the same year in Greater Glasgow and Clyde, there were 64,090 people with known diabetes (5.5% of the population), compared to 48,602 people in 2007 (4.1% of the population) an increase of 31.9%.
- c. In 2017-2018 there were 67,437 people with known diabetes being treated in NHS Greater Glasgow and Clyde. Of these, 58,747 (87.0%) were eligible for screening. 10,071 (14.9%) people were not eligible for screening because they were either permanently or temporarily suspended from the programme. Of those eligible for DRS screening, 45,626 (77.7%) attended screening.
- d. Uptake is poorest in younger adults (age 25-34 was the lowest at 58.4%, the most socio-economically deprived residents (SIMD 1 was 73.8%), among people with learning disabilities (69.8%), people with severe and enduring mental illness (70.5%) and among ethnic minorities. There are also lower uptake rates in some HSCPs that are not wholly explained by socio-economic deprivation.
- e. A new national Diabetic Retinopathy Screening (DRS) IT system, VECTOR, was introduced in March 2017. This has been used to produce the National KPI data used in this report. In addition, the VECTOR reporting environment was used to allow for local analysis to provide insight to programme performance and delivery.

**Appendix B**  
**Adult Screening Inequalities, Action Plan 2019-21: Key actions**

The plan has been informed by and set in the context of existing programmes of cross-sector, multidisciplinary work in primary care and in communities. These programmes include:

- Activities funded through the Scottish Government’s Cancer Strategy Screening Inequalities Fund to support informed participation for adults with learning disabilities in North East Glasgow, West Dunbartonshire and Renfrewshire.
- The development of a cervical toolkit for practitioners.
- Provision of resources and support to improve uptake for staff working with people with learning disability.
- Partnership working between third sector organisations (Cancer Research UK, Bowel Cancer UK and Jo’s Cervical Cancer Trust) with GP practices and Health Improvement Teams to support eligible patients to participate in screening programmes.
- Improved coordination of breast screening mobile service locations and routine appointments.

<b>ACTION</b>	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
1. Provide support to GP practices to access, analyse and use their data for planning and quality improvement purposes.	ALL SCREENING	Primary Care	<ul style="list-style-type: none"> <li>- Primary Care Development</li> <li>- Public Health Directorate and HSCPs</li> <li>- NHS analysts and eHealth</li> </ul>	All	Practices are able to identify issues for local improvement.	2019-21

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
2. Provide support to GP practices to maintain patient record including mobile number, appropriate read coding, identification and articulation of support needs.	ALL SCREENING	Primary Care	<ul style="list-style-type: none"> <li>- Primary Care Development</li> <li>- Third Sector Organisations</li> </ul>	All	All eligible patients in practice are invited.	2019-21
3. Identify and address coding actions which may impact on eligibility status and patient communication.	ALL SCREENING	Primary Care	<ul style="list-style-type: none"> <li>- Primary Care Development</li> <li>- Public Health Directorate and HSCPs</li> </ul>	<ul style="list-style-type: none"> <li>- Patients who have been diagnosed with cancer</li> <li>- Transgender patients</li> </ul>	Inequalities in eligibility status are addressed.	2019-21
4. Specify calls to action related to priority groups in screening when data sharing with GP practices and clusters.	ALL SCREENING	Primary Care	<ul style="list-style-type: none"> <li>- Public Health Directorate and HSCPs</li> </ul>	All	Local issues have an associated improvement activity.	2019-20
5. Utilise mapping of resources to develop patient and carer information pathways.	ALL SCREENING	<ul style="list-style-type: none"> <li>- Primary Care</li> <li>- Community</li> <li>- Prisons</li> </ul>	<ul style="list-style-type: none"> <li>- Public Health Directorate and HSCPs</li> <li>- Accessible Information Lead</li> <li>- Prison Health Care</li> <li>- All partners</li> </ul>	All	Improved informed participation.	2019-20

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
6. Increase use (distribution and support for understanding) of accessible patient information and digital displays as tools to aid informed participation.	ALL SCREENING	<ul style="list-style-type: none"> <li>- Primary Care</li> <li>- Community</li> <li>- Prisons</li> <li>- Learning Disability Teams</li> </ul>	<ul style="list-style-type: none"> <li>- HSCPs</li> <li>- Public Health Directorate</li> <li>- Primary Care Development</li> <li>- Jo's Cervical Cancer Trust</li> <li>- Bowel Cancer UK</li> <li>- Cancer Research UK</li> </ul>	<ul style="list-style-type: none"> <li>- Adults with learning disabilities</li> <li>- Speakers of languages other than English (Adults in minority ethnic groups)</li> </ul>	Patients are better able to make an informed decision.	2019-20
7. Develop a Learn Pro module to improve access to CPD on adult screening programmes for staff who are in a position to support informed participation.	ALL SCREENING	All NHS settings	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> <li>- Primary Care Development</li> </ul>	All	Staff are updated on service changes and have an improved understanding of role in widening access.	2020-21
8. Update protocols for providing access to screening adults from travelling communities and armed forces personnel.	ALL SCREENING	<ul style="list-style-type: none"> <li>- Primary Care</li> <li>- Community</li> </ul>	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> </ul>	<ul style="list-style-type: none"> <li>- Adults from travelling communities</li> <li>- Armed forces personnel</li> </ul>	Access pathways are identified and can be implemented/ improved.	2019-20
9. Monitor screening uptake and engagement with the screening programmes in prisons within NHS GGC.	ALL SCREENING	<ul style="list-style-type: none"> <li>Corporate</li> <li>Prisons</li> </ul>	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> <li>- Prison Health Care</li> </ul>	<ul style="list-style-type: none"> <li>- Adults involved in the justice system</li> </ul>	Monitoring of access to screening programmes.	2019 onwards

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
10. Support the implementation of the National Prison Healthcare Network recommendations for engagement with the population screening programmes in the prison setting	ALL SCREENING	Prisons	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> <li>- Prison Health Care</li> </ul>	<ul style="list-style-type: none"> <li>- adults involved in the justice system</li> </ul>	Opportunistic and systematic access to screening programmes.	2019-20
11. Work with third sector to support and promote screening programmes.	ALL SCREENING	- Community	<ul style="list-style-type: none"> <li>- Health Improvement Teams</li> <li>- CRUK</li> <li>- Jo's Cervical Cancer Trust</li> <li>- Bowel Cancer Scotland</li> </ul>	All	Better partnership working	2019-21
12. Clarify service specification on programme re GMS contract.	CERVICAL	- Primary Care	<ul style="list-style-type: none"> <li>- Primary Care Development</li> <li>- Public Health Directorate and HSCPs</li> </ul>	All	Negotiation with primary care is informed by national and local agreements.	2019-20

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
13. Introduce a steering group process to link the analysis of demographic data to ensure campaigns and projects are targeted at areas with the lowest uptake rates or identify where a different course of action may be required.	CERVICAL	Corporate	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> <li>- All partners</li> </ul>	All	Improved understanding of inequalities to inform planning.	2019-20
14. Monitor the impact of the new GMS contract on screening uptake.	CERVICAL	Primary Care	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> </ul>	All	Impact of national changes on uptake are understood and information shared.	2019-20
15. Support peer to peer learning for adults with a learning disability in cervical and breast screening in the Clyde Gateway area.	<ul style="list-style-type: none"> <li>- CERVICAL</li> <li>- BREAST</li> </ul>	Community	<ul style="list-style-type: none"> <li>- NE Health Improvement</li> <li>- People First</li> <li>- Clyde Gateway</li> </ul>	Adults with learning disabilities	Increased local (NE) uptake of screening in target population.	2019-21
16. Conduct tests of change in peer learning programme as part of the Clyde Gateway area project.	<ul style="list-style-type: none"> <li>- CERVICAL</li> <li>- BREAST</li> </ul>	Community	<ul style="list-style-type: none"> <li>- NE Health Improvement</li> <li>- People First</li> <li>- Clyde Gateway</li> <li>- NHS Lanarkshire</li> </ul>	Adults with learning disabilities	Identified improvements in service design for adults with learning disabilities	2019-21

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
17. Test the use of teaser communication via a randomised control trial.	CERVICAL	Corporate	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> <li>- NHS Lanarkshire</li> <li>- eHealth</li> </ul>	Newly eligible young women from deprived areas	4% increase in uptake among trial group with deprivation and HPV status information.	2019-21
18. Monitor the impact of HPV vaccination on uptake of screening programme.	CERVICAL	Corporate	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> </ul>	All	Improved understanding of impact of vaccination on screening inequalities.	2019-21
19. Review and update cervical screening toolkit following primary care staff focus groups.	CERVICAL	Primary Care	<ul style="list-style-type: none"> <li>- Primary Care Development</li> <li>- Jo's Cervical Cancer Trust</li> <li>- Cancer Research UK</li> </ul>	All priority groups	Improved engagement and screening practice.	2019-20
20. Test of change: Increase appointment availability outwith standard office hours	CERVICAL	Primary Care	<ul style="list-style-type: none"> <li>- Primary Care Development</li> <li>- Jo's Cervical Cancer Trust</li> <li>- Sandyford</li> <li>- Clyde Gateway</li> </ul>	Women who have not engaged	Evidence whether appointment flexibility (out of hours) increases uptake for women who are non-attenders.	2019-21
21. Develop content and deliver staff learning and development to GP practice staff.	CERVICAL	Primary Care	<ul style="list-style-type: none"> <li>- Practice Development</li> <li>- Jo's Trust</li> <li>- Cancer Research UK</li> <li>- Bowel Cancer UK</li> </ul>	All	Improved experience of screening.	2019-21

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
22. Provide opportunities for third sector organisations to contribute to NHS staff training.	CERVICAL	Primary Care	<ul style="list-style-type: none"> <li>- Practice Development</li> <li>- Jo's Trust</li> <li>- Cancer Research UK</li> </ul>	All	Improved understanding of community impact on uptake.	2019-21
23. Provide targeted education to groups with lower uptake status.	CERVICAL	Community	<ul style="list-style-type: none"> <li>- Health Improvement teams</li> <li>- Jo's Cervical Cancer Trust</li> <li>- People First</li> </ul>	<ul style="list-style-type: none"> <li>- Women from minority ethnic groups</li> <li>- Young women</li> <li>- Women over 50</li> <li>- Women from deprived areas</li> <li>- Women with learning disabilities</li> </ul>	More informed about screening and how to access local screening opportunities.	2019-20
24. Teaser letters for bowel screening	BOWEL	System	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> </ul>	Adults who live in socio-economically deprived areas plus men.	Improved uptake.	2019-20
25. Monitor the impact of FIT on uptake of screening programme.	BOWEL	Primary Care	<ul style="list-style-type: none"> <li>- Public Health Directorate</li> </ul>	All	Improved understanding of impact of test on screening inequalities.	2019-21
26. Conduct tests of change in West Dunbartonshire	BOWEL	<ul style="list-style-type: none"> <li>- Primary Care</li> <li>- LD services</li> <li>- Community</li> </ul>	<ul style="list-style-type: none"> <li>- HSCP Health Improvement team</li> </ul>	Adults with learning disabilities	Improved local uptake of bowel screening in target population.	2019-21

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
27. Support primary care awareness of FIT and symptomatic FIT	BOWEL	- Primary Care	- Cancer Research UK	All	Improved capacity to discuss bowel screening with patients and make appropriate referrals for those with symptoms.	2019-21
28. Support GPs to use a test of change approach to promote bowel screening uptake.	BOWEL	- Primary Care	- Cancer Research UK	All	Improved uptake.	2019-21
29. Assess feasibility of programme of service and community development where uptake is low.	BREAST	- Primary Care - Community	- West of Scotland - Cancer Research UK - Public Health Directorate and HSCPs	Govanhill community	- Improved uptake from those from BME communities. - Improved uptake from those from BME communities.	2019-20
30. Support breast screening visits for women with disabilities.	BREAST	- Community - Service level	- Renfrewshire HSCP	People with disabilities	- Improved uptake from those with disabilities.	2019-20
31. Routinely send a list of clinic venues with all initial invitation letters, so that people are aware that can change venue.	- BREAST - AAA - DIABETIC - RETINOPATHY	- Service level	- West of Scotland Breast Screening Service - AAA & DRS Screening Service	All	Improved uptake.	2019-21

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ACTION	PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
32. Implement the <u>evidence based recommendations</u> from Public Health England to reduce inequalities.	AAA	<ul style="list-style-type: none"> <li>- All NHS settings</li> <li>- Community</li> </ul>	<ul style="list-style-type: none"> <li>- Screening service</li> <li>- Primary Care Development</li> <li>- Public Health Directorate</li> </ul>	All	Improved uptake.	2019-21
33. Increase awareness of programmes in primary care and in the most deprived communities	-AAA -DIABETIC RETINOPATHY	<ul style="list-style-type: none"> <li>- Primary Care</li> <li>- Community</li> </ul>	<ul style="list-style-type: none"> <li>- Public Health Directorate and HSCPs</li> </ul>	People living in deprived areas.	Increased uptake.	2019-21
34. Analyse uptake by deprivation through data-zone mapping	DIABETIC RETINOPATHY	<ul style="list-style-type: none"> <li>- Corporate</li> </ul>	<ul style="list-style-type: none"> <li>- Screening service</li> <li>- Public Health Directorate and HSCPs</li> </ul>	People living in deprived areas.	Information to support planning.	2019-21
35. Scope out potential to resource health improvement support at screening facilities.	DIABETIC RETINOPATHY	<ul style="list-style-type: none"> <li>- Screening Service</li> </ul>	<ul style="list-style-type: none"> <li>- Screening service</li> <li>- Public Health Directorate and HSCPs</li> </ul>	All	Improved health.	2019-21
36. Work with RNIB to promote DRS	DIABETIC RETINOPATHY	<ul style="list-style-type: none"> <li>- Community</li> </ul>	<ul style="list-style-type: none"> <li>- RNIB</li> <li>- Screening service</li> <li>- Public Health Directorate and HSCPs</li> </ul>	All, People with disabilities	Increased uptake.	2019-21

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**ACTION**

37. Support GP practices to use of SCI diabetes and accurately code patients

PROGRAMME	SETTING	WHO	PROTECTED CHARACTERISTIC / MARGINALISED GROUP	INTENDED OUTCOME	TIME-SCALE
DIABETIC RETINOPATHY	- Primary Care	- Primary Care Development	All, People with disabilities	Quality improvement Improved accuracy of data.	2019-21