NHS Greater Glasgow and Clyde	**Paper No. 22/35**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**28th June 2022**
Title:	**NHSGGC Public Health Screening Report 2020-2021**
Sponsoring Director/Manager	**Dr Emilia Crighton, Deputy Director, Public Health.**
Report Author:	**Dr Emilia Crighton, Mrs Uzma Rehman (Programme Manager).**

1. Purpose

The annual report presents information about NHS Greater Glasgow and Clyde (NHS GGC) screening programmes for the period 1 April 2020 to 31 March 2021.

During 2020, as the result of the Coronavirus Pandemic lockdown, screening programmes for adults were paused between the end on March 2020 and a phased remobilisation in late summer; the report reflects the reduced activity carried out within the year. It was possible for some programmes (AAA, Bowel and Breast screening) to reflect the reduced capacity in the calculated uptake rates while other programmes (Cervical and DRS Screening) could not include the reduced capacity in the uptake calculations. That explains the differences in uptake in the table below. The recovery of the paused screening programmes was included in, and monitored through, the NHSGGC Remobilisation Plan.

The reduction in face to face activities due to infection precautions and the reassignment of public health staff to support the directly related pandemic activities, led to inequality initiatives including those aimed at people with learning disabilities or people from ethnic minorities being postponed until full recovery is in place. The reviewed inequalities plan reflecting activities that take account of existing pandemic constraints will be presented later in 2022.

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

The 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 and by ethnicity. Data could not be analysed for people with learning disabilities (LD) due to a lack of LD register.

2. Executive Summary

Screening Programme	Total Eligible Population	Total Number Screened	HIS Target	% Uptake 2020/21 (2019/20)
Abdominal Aortic Aneurysm Screening	6,648	4,545	70%	79% (60.3%)
Bowel screening (2018-2020)	292,420	174,384	60%	59.6% (58.4%)
Breast screening (Aug 2020 to June 2021)	44,632	32,637	70%	73% (65.8%)
Cervical screening (number screened within 3.5 or 5.5 yrs)	343,911	221,805	80%	64.5% (74.5%)
Diabetic retinopathy Screening	63,424	25,168	80%	39.7% (73.5%)
Pregnancy screening: Infectious diseases in pregnancy	10,363 samples	10,362 samples	95%	99.9% (99.99%)
Trisomies Screening	10,472	10,085	No Target	96.3% (86.6%)
Haemoglobinopathies	10,472	10,446	99.9%	99.7% (99.8%)
Newborn screening: Newborn bloodspot	10,594	10,462	95%	98.8% (98.8%)
Newborn hearing	10,574	10,474	98%	99.0% (99.0%)

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note the uptake in screening programmes and the impact of COVID-19 on planned activities;
- The previous screening inequalities plan and updates on actions was presented at the Public Health Committee in October 2021 (Appendix 10)
- Support further action on reducing inequalities in screening with the development of a revised action plan for 2022-2025.

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:

- **Better Health** **Positive impact**
- **Better Care** **Positive impact**
- **Better Value** **Positive impact**
- **Better Workplace** **Neutral impact**
- **Equality & Diversity** **Neutral impact**
- **Environment** **Neutral impact**

The plan support the quality ambitions of The Healthcare Quality Strategy for NHS Scotland: mutually beneficial partnerships between patients, their families and those *delivering healthcare services which respect individual needs and values and which* demonstrate compassion, continuity, clear communication and shared decision making.

Addressing inequalities in screening will contribute to The Equality Act (2010) and to The Keys to Life strategy for improving the lives of people with learning disabilities and autism.

6. Engagement & Communications

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

The report was shared with all Adult, Pregnancy & Newborn Steering Group members for comment and feedback.

7. Governance Route

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

The Steering Groups for AAA; Breast Screening; Bowel Screening; Cervical; DRS; Pregnancy; Newborn Bloodspot; Newborn Hearing and Child Vision meet quarterly for monitoring purposes and also address any issues within the programme.

Presented at the Corporate Management Team on 6th January 2022 and the Health & Wellbeing Committee on 19th January 2022.

8. Date Prepared & Issued

Prepared on 23rd December 2021.

Appendix

Summary: NHSGGC Public Health Screening Programme Annual Report 2020 – 2021

NB: Full report available at NHSGGC : Reports

Pregnancy Screening

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. **Trisomies and other congenital anomalies screening** aims to detect Down's syndrome (T21), Edwards' syndrome (T18) or Patau's syndrome (T13) 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.

Pregnancy screening programmes are offered universally to all pregnant women during antenatal visits. During 2020/21, 10,472 NHSGGC residents booked to attend antenatal clinics and 9,562 (91.3%) of first antenatal booking appointments were offered before or equal to 12 weeks and 6 days gestation.

Using OnoMap software, the ethnic origin of pregnant women was identified as follows, Scottish 7,105 (67.8%), Other British 524 (5%), Pakistani 572 (5.5%), Indian 234 (2.2%), African 345 (3.3%), Chinese 99 (0.9%) and 104 (1.0%) of any other ethnic group

In November 2017 NHSGGC introduced BadgerNet, a new maternity Clinical IT application. A number of data sources were used in producing this report; BadgerNet; Trakcare and both local and national laboratory reports.

Gestational Diabetes Mellitus (GDM) and Obesity

Within NHSGGC, the assessment of pregnant women and risks associated with GDM are based on a BMI>= 35, previous macrosomic baby (weighing >4 kg at birth), family history of diabetes, previous gestational diabetes and mother's ethnic origin. Just over a third of pregnant women 3,768 (36.2%) were recorded as having 'any risk' of GDM and were eligible to be offered an OGTT at 24-28 weeks gestation**.**

At the time of their booking appointment, 4,281 (40.9%) of pregnant women had a normal weight, 1,707 (16.3%) were overweight and 2,937 (28%) obese. The total number of women who were within the severely obese categories of (35<=BMI >=45) was 1,122 (10.7%). The BMI was not recorded for 192 women (1.8%)

Haemoglobinopathies Screening

Of the 10,472 women booked for their first antenatal booking, 10,446 (99.7%) were offered haemoglobinopathies screening and 29 refused. The blood is checked for risk of thalassaemia for all women who consented

The Family Origin Questionnaire (FOQ) is completed as part of routine early antenatal risk assessment. For low prevalence areas like NHSGGC, it provides the basis for testing for haemoglobin variants and in the interpretation of results and the need for partner testing.

Across NHSGGC, 8,412 (80.3%) samples had a completed FOQ recorded on BadgerNet and this varied across sites with the Princess Royal Maternity only completing the FOQ for 73.1% of the pregnant women.

Infectious diseases

Uptake across NHSGGC was greater than 99% for all the screening tests. The screening identified 9 women infected with HIV (7 were previously known) and 40 infected with HBV (30 were previously known) and 8 women infected with syphilis

Trisomies and other congenital anomalies screening

Of the 10,472 women booked at antenatal clinics, 7,849 (77.8%) were tested in the 1st Trimester and 2,263 (22.1%) in the 2nd Trimester. 208 (2.7%) high chance results were recorded for the 1st Trimester and 116 (5.1%) for the 2nd Trimester Down's syndrome screening**.**

Amniocentesis

Of the 229 amniocentesis samples analysed 53 abnormalities were detected (23%) and of these 36 had a diagnosis of Trisomy 21 (Down's syndrome).

Chorionic Villus Biopsies (CVS)

99 chorionic villus biopsies were analysed and 30 abnormalities were detected (30.3%) and 22 had a diagnosis of Trisomy 21 (Down's syndrome).

Congenital anomalies screening

9,390 (89.7%) pregnant women consented for a fetal anomaly scan. 9,322 (99.3%) of scans were performed and 206 anomalies were detected.

COVID Pandemic and impact on Pregnancy and Newborn Screening

A national assessment was undertaken by NSD in March 2020 as part of the response to COVID and lockdown measures for all screening programmes across Scotland.

(**Appendix 1.11**). The recommendation based on guidance from RCOG and the risk assessment was to continue Pregnancy & Newborn screening as this was part of routine appointments. Health Boards were asked to develop contingency plans around resource and resilience in order to ensure that services were able to continue.

Newborn Bloodspot Screening

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.

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 (HCU).

The total number of babies eligible for screening was 10,594 and of these, 10,462 (98.8%) babies were screened. Results were not available for 132 (1.2%) babies.

The uptake of Newborn Bloodspot screening was greater than 98.4% across all HSCP areas and deprivation categories.

The breakdown of the ethnicity groups for babies tested within NHSGGC shows that 7,359 (68.7%) of babies screened were UK White; 825 (7.7%) South Asian; 353 (3.3%) African or African Caribbean; 274 (2.6%) Other non- European; 415 (3.9%) Southern and Other European and 96 (0.9%) North Europe (white). The number from Any Mixed Background was 735 (6.8%) and ethnicity was not stated for 503 (4.7%).

Following screening, 6 babies were diagnosed with congenital hypothyroidism (CHT), <5 babies were diagnosed with PKU (phenylketonuria) and 6 tested positive for cystic fibrosis.

The results for Haemoglobinopathy showed that although <5 babies were diagnosed with haemoglobinopathy variants, 79 babies were identified as haemoglobinopathy carriers.

The phrase less than five has been used in line with NHS Scotland information governance which is intended to protect privacy and avoid identifying individuals.

Newborn Bloodspot Screening and COVID 19

The Scottish Screening Committee provided an assessment of all national screening programmes to the Scottish Government in March 2020 to decide whether to pause or continue with screening.

The Assessment of Risk to Pregnancy & Newborn Screening Programmes concluded that they should be continued. The reason given for the continuation was that Pregnancy & Newborn screening is undertaken as part of the routine care provided to pregnant women and new born babies.

As screening is completed during regular appointments, the programme should continue to be offered as long as this is possible. The full assessment is in **Appendix 2.2**

Universal Newborn Hearing Screening

Universal Newborn Hearing screening can detect early permanent congenital hearing impairment in babies as mild and unilateral losses. Of the 10,574 eligible babies, 10,474 were screened for hearing loss, giving an uptake of 99.0%.

1,395 (13%) babies required a second stage follow up and of these, 191 (2.0%) babies were referred to audiology. 45 babies were confirmed with a hearing loss (0.4 % of the screened population). 26 had confirmed bilateral hearing loss and 19 babies had confirmed unilateral hearing loss.

100 (1.0%) babies did not complete the screening programme, of these 6 parents declined or withdrew consent. The rest included babies who did not attend for screening (94), are deceased (3) or babies were unsettled (5) during the screening process.

Coronavirus Pandemic – Changes to UNHS

Following a national risk assessment, the screening pathway was amended during 2020 due to the Covid-19 pandemic.

- From 16/03/2020 outpatient screening was stopped and babies were only screened whilst an inpatient.
- If a baby did not have a screening test result before discharge they were listed for deferred screening follow up.
- If a baby had a unilateral refer result on AABR1 and it was not possible to carry out AABR2 before discharge they were listed for deferred screening follow up.
- If a baby had a bilateral refer result on AABR1 and it was not possible to carry out AABR2 before discharge they were referred directly for immediate diagnostic audiology assessment.
- If a baby had a bilateral refer on AABR2 they were referred for immediate diagnostic audiology assessment.
- If a baby had a unilateral refer on AABR2 they were listed for deferred diagnostic audiology assessment.
- Deferred screening follow up was commenced on 25/05/2020 and transition to standard protocols with routine outpatient screening started after this.
- Deferred diagnostic audiology assessments were commenced on 18/05/2020 and transition to standard protocols started after this.

The effect of these changes to the KPI figures noted in Section 3.6 is in increased timescales to complete screening (KPI 7.1) and time to diagnostic audiology assessment (KPI 7.6 and KPI 7.7). Additionally there was a proportion of parents who opted to delay attendance at diagnostic audiology assessment due to the pandemic and this had an impact on KPI 7.7.

Child Vision Screening

Pre-school Vision Screening Programme

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 can develop in adulthood. Most problems can be treated using spectacle lenses to correct any refractive error and occlusion therapy to treat strabismus (squint) – mainly using eye patches.

COVID Pandemic and impact on Pre-School Vision Screening

During March 2020, all nurseries were closed due to the lockdown imposed as a response to the COVID Pandemic. This resulted in planned screening within nurseries being cancelled.

Children who do not attend nursery or school, whose nursery is unknown or who miss their appointment within the nursery, are invited to a hospital Orthoptic clinic to have their vision screened during the summer holidays. This was not possible within the lockdown period in 2020 and had an impact on screening those that had missed out on vision screening.

Mop-up clinics started to appoint the pre-school children who missed screening from August 2020 and this continued until March 2021. It was not possible to screen all children who missed out within Nursery and a decision was taken to apply for additional funding to increase Orthoptist capacity and screen the remaining children when they started school in Primary 1.

The number of Pre-School children who missed out on screening in 2019/2020 was 4,961 and a process was established to appoint them at mop-up clinics. The data on uptake takes into account the children appointed at the mop-up clinics up to October 2020. The rest of the children will continue to be invited until March 2021.

At the time of writing this report it was estimated that the screening for the 2019-2020 cohort will be completed in March 2022. This chapter will be updated once all the data is available for children screened in any nursery or mop up clinic and in Primary 1.

Parents received a letter advising them to take their child to an Optometrist if they had concerns about their vision if they were still waiting to be screened.

Primary 7 School Vision Screening Programme

School children in Primary 7 resident in NHSGGC are offered a vision test prior to transfer to secondary education. A visual acuity test is carried out where children are asked to identify a line of letters using a Snellen chart or Logmar if a child is unable to manage a Snellen chart. Testing is also carried out on children who already have glasses.

P7 vision screening takes place in school and is carried out by a Healthcare Support Worker. Children that do not attend school or miss their appointment within the school are advised to attend their local community optometrist.

COVID Pandemic and impact on Pre-School Vision Screening

The Primary 7 cohort of children who were due to be screened during the 2020-21 school year missed out on screening due to school closures. The steering group with support from Managers in NHSGGC Children & Families Teams decided to train Health Care Support Workers, Dental Health Support Workers and Nursery Nurses to undertake screening in as many schools as possible during June 2021. The data for this cohort was not available at the time of writing this report.

This chapter will be updated once all data for both Nursery and Primary 7 vision screening is available for the 2020-21 cohort of children

Abdominal Aortic Aneurysm (AAA) Screening

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.

The aim of AAA screening is the early detection and elective repair of asymptomatic 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.

During the period 2020-2021, the total number of eligible men was 6,648 and 5,754 (86.6%) were invited. The essential threshold for screening uptake (70%) for those invited was met across all deprivation quintiles. Overall, men who resided in the most deprived areas had uptake rates 13% lower than men residing in the least deprived areas (72% vs. 85% respectively).

The majority (95.3%) of men invited were of white ethnic origin. Uptake of AAA screening differs between ethnic groups and due to low numbers in some ethnic groups, it is not possible to directly compare programme uptake across ethnic subgroups.

Following screening, 31 men (1.2%) had an enlarged aorta (≥3cm). Of these, 27 men (0.7%) had an aorta measuring between 3cm to 5.49cm, requiring surveillance scans and less than 5 men (0.08%) had a large aneurysm measuring 5.5 cm or more, requiring surgical assessment and intervention.

COVID-19 Pandemic

Impact of COVID-19 pandemic on the AAA screening programme

On 30 March 2020 the Scottish Government, on the advice of the Scottish Screening Committee, decided to temporarily pause the AAA screening programme as a result of the COVID pandemic. Following an assessment, the recommendation was to:

- Pause all screening as soon as possible and agree that the treatment pathway for men with large AAAs are decided by the local vascular departments;
- Cancel all scheduled clinics and stop the issuing of any new invitations within 18/24 hours of a decision to pause screening.

This followed work with local programmes who in the preceding weeks were already taking safety precautions by cancelling AAA screening clinics and deferring participants to be called up at a later stage. The last AAA screening clinics before the pause were on 20 March 2020.

The impact of stopping screening and cancellation of clinics will have affected the uptake rate and referrals and treatment within Vascular Services. The full assessment is provided in **Appendix 5.3**.

For the annual data for the year ending 31 March 2020, the effect on the key performance indicators is limited, as much of the screening activity for the period reported had already occurred before the pandemic caused disruption.

The first AAA screening programme clinics resumed at the end of July 2020 and by September 2020 all local NHS Board programmes were having regular clinics. Results for the year ending 31 March 2021 will be published in the next annual report published in March 2022.

Bowel Screening Programme

Colorectal (Bowel) Cancer was the third most common cancer in Scotland for both men and women in 2019. Ninety three percent of bowel cancers detected are among people aged over 50 years of age.

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.

Between 2019 and 2021, 292,420 NHSGGC residents were invited for bowel screening. Over half (59.6%) of those invited returned the screening test, of which 5,147 tested positive (3.0%). Of those individuals who had a positive result, 4,652 (90.3%) accepted a nurse pre-assessment and over three quarters 3,674 (78.9%) had a colonoscopy performed. Subsequently, 165 cancers and 1,734 adenomas were detected.
Women were more likely to return a bowel screening test than men (62.1% vs. 57.2% respectively). Uptake was lowest among those aged 50-54 years, at 53.2% and increased to 66.7% between 70 and 74 years, a difference of 13.5%.

Uptake of bowel screening programme increased with decreasing levels of deprivation. It was lowest in people living in the most deprived Board areas (50.6%) and highest in the least deprived areas (69.6%). Ethnic groups also have lower uptake than White British.

Overall, 3.0% (5,147 of 292,420) of completed screening test were reported positive, meriting further investigation. Women have a lower positivity than men (2.4% vs.

3.6 %, respectively); older people have higher positivity than younger people (4.2% aged 70-74 vs. 2.3% aged 50-54) and those living in our most deprived communities have higher positivity than the least deprived (4.2% vs. 2.2%, respectively).

Impact of COVID pandemic on Bowel Screening Programme

The Scottish Government announced a temporary pause to screening programmes including the Bowel Screening Programme on the 30th March 2020. There were a number of factors behind this decision, primarily to reduce the risk of participants becoming infected with the virus, to facilitate social distancing and to minimise the impact on essential NHS services as they respond to COVID-19. No further screening kits were issued to participants and those already returned to the laboratory were processed and letters issued. The full assessment is in **Appendix 6.2**

Breast Screening Programme

Breast cancer is the most common cancer in women in Scotland, accounting for 28.8% of all new cancers diagnosed in women. In 2019, 1,047 new breast cancers were registered among women residing in NHSGGC. This gives an age-standardised incidence rate of 175.4 per 100,000 per population, as compared with the Scotland rate of 167.1 per 100,000. In 2019, 205 women with a diagnosis of breast cancer died in NHSGGC, giving a standardised mortality rate of 34.1 per 100,000 population, comparable with the Scotland rate of 33.0 per 100,000[1].

During 2015-2016, the Scottish Breast Screening Programme implemented a new Scottish Breast Screening System (SBSS) IT system. Public Health Scotland publishes annual programme statistics which are presented in this report.

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 were screened on client request until the breast screening pause during COVID. To date this has not been reinstated nationally.

The percentage of women eligible for breast screening and uptake for the period 2016/17 and 2018/19 was 66.7%, this is lower than the national uptake of 72.3% and acceptable and achievable standard of 70%. From August 2020 to June 2021, 44,632 women were invited and 32,637 attended which is 73%.

The West of Scotland Breast Screening Service (WoSBSS) 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.

The Breast Screening Community Liaison Officers continues to work in partnership with Public Health, Primary Care, HSCP Health Improvement and 3rd Sector organisations to

[1] https://publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2019/

support participation in screening, including staff training, health road shows and community talks.

The recommendations from the Scottish Government's review of the Scottish Breast Screening Programme during 2019/2020 will be available in 2021.

COVID Pandemic and impact on Breast Screening

In response to COVID-19, risks assessments were drawn up for each of the national screening programmes outlining points of consideration and the risks associated with both continuing screening and ceasing screening. The Scottish Government announced on the 30th March 2020 a temporary pause to a number of screening programmes including the Breast Screening Programme. The assessment is in **Appendix 7.1**

Cervical Screening

Cervical cancer was the eleventh most common cancer in females in 2019 in Scotland but also the most common cancer in women under the age of 35 years. In 2019, 92 new cervical cancers were registered among NHSGGC residents. This gives an age-standardised incidence rate of 14.8 per 100,000 population, comparable to the Scotland rate of 12.7 per 100,000. In the same year, 18 women who had a diagnosis of cervical cancer died in NHSGGC, giving a standardised mortality rate of 3.0 per 100,000 population lower than the Scotland rate of 3.5 per 100,000.

Cervical screening is offered to anyone with a cervix aged between 25 and 64 years. HPV testing replaced cervical cytology as the primary test in April 2020. Cytology-based tests will be used if high-risk HPV is found in the sample. A person's pathway and subsequent follow-up will differ according to the test results. If no high-risk HPV is found, the person has a very low risk of developing cervical cancer within 5 years. They are therefore invited for their next routine cervical screening appointment in 5 years' time, regardless of their age.

Uptake in NHSGGC for 2020/21 was 64.5% against a target of 80%, a total of 221,805 women being adequately screened within the specified period. Uptake is poorest among women aged between 25 and 29 (48.2%), and among women from ethnic minorities (for Chinese women it was 24.4%). Uptake for women living in the least deprived areas was 70.5% compared with 62.1% 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.

Queen Elizabeth University Hospital processes all smear test specimens for NHSGGC and in 2020/21processed 87,738 cervical screening tests and 20,820 cytology tests.

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 2020, 20 of 52 (38.4%) women diagnosed with invasive cervical cancer had a complete smear history compared to 26 (50%) women who had incomplete smear histories. The smear history for the remaining 6 cases (12%) was 'not applicable' or 'not known'.

NHSGGC participated in the national adverse event that investigates the accuracy of the exclusion from cervical screening of women that had a hysterectomy. The investigation is likely to extend into 2022 due to the large number of women excluded.

COVID Pandemic and impact on Cervical Screening

In response to COVID-19, risks assessments were drawn up for each of the national screening programmes including Cervical Screening and the implementation of HPV testing. (**Appendix 8.3** **and** **Appendix 8.4**)

On the 30th March 2020, The Scottish Government announced a temporary pause for Cervical Screening. There were a number of factors behind this decision, primarily to reduce the risk of participants becoming infected with the virus, to facilitate social distancing and to minimise the impact on essential NHS services as they respond to COVID-19.

For cervical screening no more prompts and reminders were sent to participants and both primary care and other clinics stopped taking samples. Results for those participants who had been screened before the pause continued to be processed. NHS Boards managed Colposcopy referrals appropriately.

HPV Primary Testing was implemented as planned on the 30th March 2020 and samples taken after restart were tested for HPV.

Diabetic Retinopathy Screening (DRS)

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.

The Scottish Diabetes Survey 2019 reports that in Scotland, there were 312,390 people with known diabetes recorded on local diabetes registers in 2019, representing 5.7% of the population. In the same year in Greater Glasgow and Clyde, there were 66,332 people with known diabetes (5.6% of the population), compared to 48,602 people in 2007 (4.1% of the population). The crude incidence rate for all ages (cases per 100,000 per year) has risen from 311 in 2011 to 336 in 2019.

Of the 63,424 diabetics aged over 12 years and eligible for DRS screening only 25,168 (39.7%) were screened during 2020/21. This was due to pause in screening from March 2020. The service then had to deal with the backlog of patients who were ‘not invited’ during that period. The COVID 19 restrictions led to lack of available clinical space within acute and community sites. In addition, social distancing, staffing and the reduction in the numbers of patients that could be safely screened within clinics resulted in fewer appointments. High risk groups like newly diagnosed Diabetics, pregnant women, those with a 6 monthly review and Ophthalmology failsafes are being added to the screening programme and prioritised for appointments.

Through policy and service changes, it is anticipated that the back log will be cleared by March 2022.

DRS Screening and COVID Pandemic

The Scottish Government, on the advice of the Scottish Screening Committee, decided to temporarily pause the DRS screening programme as a result of the COVID pandemic. An assessment (**Appendix 9.1**) was undertaken and the recommendation was to:

- Pause all screening and agree that the secondary care pathway for patients in ophthalmology should be decided by the local ophthalmology departments;
- Cancel all the scheduled clinics and stop the issuing of any new invitations.

Appendix 1.11

Assessment of Risk to Pregnancy & Newborn Screening Programmes should screening programmes be dialled down /temporarily suspended:

Reason for continuation: Pregnancy & Newborn screening is undertaken as part of the routine care provided to pregnant women and new born babies. As screening is completed during regular appointments, the programme should continue to be offered as long as this is possible.

Considerations: Guidelines from RCOG have noted that pregnant women do not appear to be more susceptible to the consequences of COVID-19 than the general population and there have been no reported deaths of pregnant women from the virus (https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/).

As above, screening is offered during routine care appointments so additional appointments resulting in increased contact would be unlikely to be required for the majority of women. It should be noted that women who receive a higher chance from a screening test may need additional appointments if they decide to have a diagnostic procedure, but this would be very small numbers.

Newborn bloodspot screening is part of routine appointments for babies and if certain conditions are identified early intervention and treatment is required. Specific guidance on the impact of COVID-19 on newborns has not been provided by RCOG, but they do note that there have been no reports of the virus being passed from mother to baby during pregnancy. Assurances have been given by the Scottish Newborn Screening Laboratory that contingency plans have been reviewed and will be enacted if required specifically around laboratory staffing to ensure that samples are received and processed.

Boards will be asked to provide clear contingency plans around resourcing and local resilience plans should they have staff shortages in order that they are able to continue providing pregnancy and newborn screening services.

Risk Assessment:

Impact Description: Impact on programme should screening be suspended	
Clinical	Missed screening opportunity for identifying fetal anomalies or conditions identified through the new born blood spot programme resulting in possible diagnosis delay and subsequent delay to possible treatment or medical intervention. Consideration of • Continuation of services as this is part of routine prenatal and post-natal care pathway and is not an additional appointment • Continuation of pathway for those that have already accepted screening and had samples taken or have received results from initial screening and wish diagnostic testing • Possible delay to clinical or medical interventions for serious conditions causing risk to unborn babies or new born babies

Business	Delays will entail need for action plans when programme fully resumes Consideration: • Additional laboratory staff to deal with increase of screening or diagnostic samples • Additional midwife and sonographers required to support increase in clinic appointments due to short sample life for testing
Staff	• Availability of programme staff to run programme should there be outbreak • Re-allocation of screening programme staff for essential services within Boards, particularly laboratory staff • Already increased risk around availability of sonographers for P&N screening programme
Reputation	• Public may query why screening is suspended /delayed • Communication of any interim arrangements • Pregnant women may wish to not attend appointments or bring new born babies to appointments due to possible risk of contact with COVID-19

Recommendation: Based on guidance from RCOG and risk assessment above the recommendation is to continue Pregnancy & Newborn screening as this is part of routine appointments, unless staff resource is not available and this should be addressed at Board level but raised to NSD. Boards have been asked to develop contingency plans around resource and resilience in order to ensure that services are able to continue.

It should be noted that a separate risk and impact assessment is being undertaken regarding the T13, T18, and NIPT implementation to inform a decision around possible delay.

Appendix 2.2

Assessment of Risk to Pregnancy & Newborn Screening Programmes should screening programmes be dialled down / temporarily suspended:

Reason for continuation: Pregnancy & Newborn screening is undertaken as part of the routine care provided to pregnant women and new born babies. As screening is completed during regular appointments, the programme should continue to be offered as long as this is possible.

Considerations: Guidelines from RCOG have noted that pregnant women do not appear to be more susceptible to the consequences of COVID-19 than the general population and there have been no reported deaths of pregnant women from the virus (https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/). As above, screening is offered during routine care appointments so additional appointments resulting in increased contact would be unlikely to be required for the majority of women. It should be noted that women who receive a higher chance from a screening test may need additional appointments if they decide to have a diagnostic procedure, but this would be very small numbers.

Newborn bloodspot screening is part of routine appointments for babies and if certain conditions are identified, early intervention and treatment are required. Specific guidance on the impact of COVID-19 on newborns has not been provided by RCOG, but they do note that there have been no reports of the virus being passed from mother to baby during pregnancy. Assurances have been given by the Scottish Newborn Screening Laboratory that contingency plans have been reviewed and will be enacted if required specifically around laboratory staffing to ensure that samples are received and processed.

Boards will be asked to provide clear contingency plans around resourcing and local resilience plans should they have staff shortages so that they are able to continue providing pregnancy and newborn screening services.

Risk Assessment:

Impact Description: Impact on programme should screening be suspended	
Clinical	Missed screening opportunity for identifying fetal anomalies or conditions identified through the new born blood spot programme resulting in possible diagnosis delay and subsequent delay to possible treatment or medical intervention. Consideration of • Continuation of services as this is part of routine prenatal and post-natal care pathway and is not an additional appointment • Continuation of pathway for those that have already accepted screening and had samples taken or have received results from initial screening and wish diagnostic testing • Possible delay to clinical or medical interventions for serious conditions causing risk to unborn babies or new born babies
Business	Delays will entail need for action plans when programme fully resumes Consideration:

	• Additional laboratory staff to deal with increase of screening or diagnostic samples • Additional midwife and sonographers required to support increase in clinic appointments due to short sample life for testing
Staff	• Availability of programme staff to run programme should there be outbreak • Re-allocation of screening programme staff for essential services within Boards, particularly laboratory staff • Already increased risk around availability of sonographers for P&N screening programme
Reputation	• Public may query why screening is suspended /delayed • Communication of any interim arrangements • Pregnant women may wish to not attend appointments or bring new born babies to appointments due to possible risk of contact with COVID-19

Recommendation: Based on guidance from RCOG and risk assessment above, the recommendation is to continue Pregnancy & Newborn screening as this is part of routine appointments, unless staff resource is not available and this should be addressed at Board level but raised to NSD. Boards have been asked to develop contingency plans around resource and resilience in order to ensure that services are able to continue.

It should be noted that a separate risk and impact assessment is being undertaken regarding the T13, T18, and NIPT implementation to inform a decision around possible delay.

Appendix 5.3

Assessment of Risk to Abdominal Aortic Aneurysm (AAA) Screening Programme should screening programme be dialled down /temporarily paused:

AAA screening is a screening programme for men aged 65 – a one off scan for most men (±98%) besides those with an AAA (<1.5%) who are put on a surveillance cycle or referred on for treatment.

Reasons why screening programme may need to be paused:

- Risk for either participants or staff picking up the virus
- **Re-allocation of screening programme staff to support other essential services within Boards**
- Minimising the impact on essential NHS services by cutting down on referrals
- Availability of service staff to screen /operate the programme should there be outbreak
- Participants may not travel/wish to attend routine screening appointments at this time

Considerations:

- A 18/24 hour notice period to cancel clinics - Invitations are issued for routine screening 3 weeks in advance of appointment dates
- Communications with population /key stakeholders as to halt to service
- Timing and lead in time for re-instatement of programme and action plans given delay to service

Risks:

Risks of continuing screening:

- Participants picking up coronavirus - due to this screening age group (<65) they more at risk having complications from the virus compared to the under 65 age group
- Screening staff picking up coronavirus
- Local vascular departments not being able to take on any new referrals from the AAA screening programme. A man needing treatment might need to be in a ITU and this resource might be need by Boards for patients with coronavirus
- **Not being able to clean the screening equipment sufficiently between episodes and thus the potential to be exposed to the coronavirus**
- Resultant increased anxiety of men diagnosed with an aneurysm that don't get appropriate follow up care timeously.
- Risk of cancelation of clinics being cancelled on GP/independent premises – as GP practices/independent venues may not agree to screening clinics going ahead
- Inefficient usage of resources – there could be a spike in DNAs (as men invited to screening might deem it a greater risk attending than not) and that would mean clinical staff not being used to the full capacity
- Limited staffing available to operate screening service (already a known shortfall of key clinical staff e.g. sonography)

Risks of pausing screening:

- Possible delay to diagnosis of an AAA
- Possible rupture of an AAA for not having AAA identified in the next 3 months. [There is ±15 large AAAs identified a year (±4 in a 3-month period) out of a screening population of ±26000 and the risk is for one of these to

rupture. The likelihood of this happening is statistically very small. In contrast, this is set against the risk of an individual picking up the coronavirus by attending a screening clinic and increased risk of community infection thereafter as well as endangering the individual.] • Reputation of the screening programme(s)/health service • Not meeting the programmes KPIs
Recommendation:
Pause all screening as soon as possible and agree that the treatment pathway for men with large AAAs are decided by the local vascular departments. This would involve cancelling all the scheduled clinics and stop the issuing of any new invitations. This can be done within 18/24 hours of a decision to pause screening. Given that there is an 8 week treatment time target for men with large aneurysm we recommend that a decision is made as early next week as possible for the AAA programme.
This assessment and recommendation agreed in consultation with the AAA Programme Board and key stakeholders from the AAA screening programme including the Clinical Lead Mr Douglas Orr

Appendix 6.2

Scottish Bowel Screening Programme

The Scottish Bowel Screening Programme issues bowel screening kits to all eligible men and women aged 50 to 74 years of age across Scotland and for those over 75 years who self-refer into the programme. The kits are completed at home and returned to a central laboratory for testing.

Reasons why screening programme may need to be paused:

- Royal Mail decision made to stop circulation of mail (incoming/outgoing).
- Re-allocation of screening programme staff (26) to support other essential services within Boards e.g. laboratory staff assist in higher priority laboratories.
- Availability of service staff to operate the programme should there be outbreak, may lead to significant delays to testing therefore more feasible to pause programme to allow restart/retest.
- Colonoscopy services may not be fully available should Boards reduce/pause elective procedures.

Considerations:

- Kits issued – timing /return timescales
  - For kits already in participant's homes, the participant has the expiry time of the actual tube to respond. This is an approximately 2 years.
- Processing of returned kits how long sample last?
  - The samples are stable for <14 days at room temperature and 120 days at 4^{o}C and longer than that frozen. The Bowel Screening Laboratory does not have the storage capacity to store more than a few days of samples so long-term storage i.e. more than a week is not feasible.
- Continuation of processing kits within the system.
- Onward clinical referral and care pathways agreed to minimise impact on essential services.
- Additional Helpline measures to implement to update participants contacting the service.
- 3rd party suppliers of services e.g. Mailing / IT system impacted resulting in reduced support for programme.
- Required communications with screening population /Board Coordinators/key stakeholders as to halt to service and impact.
- Timing and lead in time for re-instatement of programme and action plans given delay to service. Start-up procedures/impact to be considered after short term or long term pause to programme.
- Change to participants recall date on BOSS (IT System).

Risks:

Risks for continuing

- Risk of diagnosed patients not being able to access colonoscopy services (which already have workload pressures) if elective procedures are paused by the host NHS Boards (this is already happening in some Boards) (High Risk)
- Increased anxiety in diagnosed patients if significant increased delay to colonoscopy services.
- Possible contamination of kits. Highest risk of infection are those that have faecal material inside the envelope and / or on the outside of the tube. These are segregated from the routine workload.

- Aerosol risk as sample tubes are pierced on the top of the tube. To minimise the risk of air borne particles, tubes are being carefully tipped into bags after testing and tubes are being left for approx 10 minutes after coming off analysers to allow settling and minimise risk. Low risk.

Risks for pausing

- Delay to 24month screening cycle. Risk that participant will miss their last screening round.
- Potential delay to diagnosis of bowel cancer or significant bowel disease.
- Financial risk.
- Reputational risk.

Recommendation:

- Proceed to pause the Screening Programme immediately in order to reduce pressure on colonoscopy services and prevention of raised anxiety in diagnosed patients.
- This will allow laboratory staff to be redeployed by NHS Tayside on critical COVID 19 work as appropriate whilst completing the current workload in the system.

Appendix 7.1

Scottish Breast Screening Programme

Eligible Population: Women from 50 to 71st birthday are sent a letter of invitation for breast screening every 36 months for an appointment on a mobile unit or at a screening centre

Reasons why screening programme may need to be paused:

- Minimise the impact on essential NHS services
- Availability of service staff to screen women / operate the programme should there be outbreak
- Women may not travel/wish to attend routine screening appointments at this time
- Re-allocation of screening programme (approximately 130 clinical and 85 admin) staff to support other essential services within Boards, if they remain well
- Participants/staff travelling to centre and mobile units e.g. use of public transport
- Mobile unit locations: access to toilet facilities for staff not available as leisure facilities etc., closed given outbreak

Considerations:

- Invitations are issued for routine screening 3 weeks in advance of appointment dates
- Invitations for further assessment are issued 1-2 weeks from resulting for an appointment
- Continuation of reading and processing of results within the system should the service be paused. This could take approximately further 2- 3 weeks.
- Continuation/triage of assessment appointments to ensure women are appropriately managed and avoid delay to diagnosis.
- Onward clinical referral and care pathways would need agreed to minimise impact on symptomatic breast service/hospital services should Boards decide to reduce / pause elective work
- Communications with population / key stakeholders as to pause to service.
- Any technical issues for SBSS IT system. Safeguard process would identify those who have not been offered screening if system paused.
- Delays will entail need for action plans / lead in times when service fully resumes.
- Additional staff / appointments / clinics may be needed when the programme resumes.

Risks for continuing

- Onward transmission of Covid-19 to staff and otherwise well screening population by continuing to screen
- Limited staffing available to operate screening service (already staff in self isolation in addition to a known shortfall of key clinical staff e.g. radiology)
- New sites for mobile units require to be found given closure of toilet facilities on current / planned sites

Risks for pausing

- Delay to 36 month offer of invitation

- Possible delay to diagnosis of breast cancer. It is estimated that by suspending screening for a three month period, there would be a delay in diagnosing around 368 cases of breast cancer. Even if screening continued however, significant pressures on Acute Services would delay any surgical treatment for these women.
- Limited capacity to provide additional screening when programme reinstated
- Potentially IT risks in pausing and resuming SBSS processes (yet to be assessed).

Recommendation:
Immediately proceed to pause invitations and cancel all issued routine breast screening appointments within 48 hours of paused decision.

Continue to result caseload within the system and review women referred for further screening assessment with onward referral/management as appropriate within Board.

The NSD Breast Review will proceed as long as staff are available within NSD, however, a reduction in available resource may cause a pause to the review. This will be kept under consideration.

Appendix 8.3

Assessment of Risk to the implementation of HPV into the Cervical Screening Programme should this be delayed:

HPV Primary Testing is scheduled to be implemented into the Cervical Screening Programme on 30 March 2020.

The reasons why implementation may be delayed:
• Staff shortages - availability of staff to implement the change (NHS and external suppliers) • The decision is made to pause the Cervical Screening Programme (although it may be able to continue with implementation if there was the staff to do so)
Considerations:
• New implementation date would be required to be agreed • What test do we resume with? • Resuming the Cervical Screening Programme using hr-HPV would see less pressure on the laboratories (in which there will only be 2 come 30 March 2020) • Would not meet the Ministerial commitment for implementation in 2019/2020 • Communication to the public and NHS Boards / Heath Care Professionals
Risks:
• Delay in implementing the new test
Recommendation:
• Implementation to go ahead, if possible, regardless of whether the Cervical Screening Programme is paused

Appendix 8.4

Assessment of risk to Cervical Screening Programme should screening programme be paused:

Cervical screening is a 3 yearly screening programme for women aged 25 – 49 and 5 yearly for women aged 50 – 64. Women on non-routine screening will be invited up to age 70. This is a programme for well women and as such would not be deemed an essential service.

The reasons why a screening programme may need to be paused:
• Staff shortages - availability of service staff to run programme should there be outbreak • Re-allocation of screening programme staff for essential services within Boards (laboratory and sample takers in particular – sample takers are more often than not practice nurses) • Colposcopy service not available – if NHS Boards decide to reduce / pause elective work • Women may not wish to attend at this time • GPs may not wish for women to come to the Practices
Considerations:
• Continuation/triage of cases referred to colposcopy (if NHS Boards have not decided to reduce / pause elective work) • Continuation of resulting samples already taken • Cancellation of appointments already issued at GP practices and colposcopy (these could be weeks in advance and not centrally known) • Suspension of further prompts / reminders • Raise awareness of symptomatic referral pathways • Delay in testing samples in the laboratory / may need to retest (vials can be stored at room temp for 30 days and in a fridge for 105 days. If in a HPV tube another 60 days can be added) • Delays will entail need for action plans when service fully resumes • Additional staff / appointments / clinics may be needed when the programme resumes • Prompts / reminders sent to women – new safeguarding to ensure none are missed when resuming the programme • Phased commencement to ensure GP practices can cope with demand • Communication to the public and NHS Boards / Heath Care Professionals • Any technical issues for SCCRS
Risks:
Risks for continuing • Onward transition of Covid-19 to staff and otherwise well screening population by continuing to screen Risks for pausing • Delay to screening with possible delayed diagnosis of pre-cancerous cells / cervical cancer • Potentially significant IT risks in pausing and resuming SCCRS processes (yet to be assessed)
Recommendation:

Within 48 hours of decision to pause, the issue of new prompts and reminders and request that GP Practices offer no further appointments for samples to be taken. However laboratories will result samples already taken (for as long as feasibly possible). Any existing cervical screening appointments to be managed locally by GP Practices. Colposcopy referrals to be managed as appropriate within NHS Boards.

Clinical Lead and Scientific Manager (NHS Lanarkshire Lab Lead) within the cervical screening programme have been consulted and provided input to the recommendations.

Appendix 9.1

Assessment of Risk to Diabetic Retinopathy Screening (DRS) Programme should screening programme be dialled down /temporarily paused:

DRS screening is a screening programme for all patients over the age of 12 who have been identified with Diabetes – it is an annual and 6 monthly screening programme with less than 4% of patients sent on for further investigations/treatment.

Summary for DRS business as usual screening

Reasons why screening programme may need to be paused:
• Risk for either participants or staff picking up the virus • Re-allocation of screening programme staff to support other essential services within Boards • Minimising the impact on essential NHS services by cutting down on referrals • Availability of service staff to screen /operate the programme should there be outbreak • Participants may not travel/wish to attend routine screening appointments at this time
Considerations: • A 18/24 hour notice period to cancel clinics - Invitations are issued for routine screening 3 weeks in advance of appointment dates • Communications with population /key stakeholders as to halt to service • Timing and lead in time for re-instatement of programme and action plans given delay to service
Risks:
Risks of continuing screening: • Participants picking up coronavirus - due to this screening group all have diabetes they more at risk having complications from the virus compared to the general population • Screening staff picking up coronavirus • **Not being able to clean the screening equipment sufficiently between episodes and thus the potential to be exposed the coronavirus** • Ophthalmology departments not being able to take on any new referrals from the DRS programme. • Risk of cancelation of clinics being cancelled on GP/independent premises – as GP practices/independent venues may not agree to screening clinics going ahead • Inefficient usage of resources – there could be a spike in DNAs (as men invited to screening might deem it a greater risk attending than not) and that would mean clinical staff not being used to the full capacity • Limited staffing available to operate screening service Risks of pausing screening: • Possible delay to diagnosis of retinopathy or sight loss. The likelihood of sight loss happening is statistically very small. In contrast, this is set against the risk of an individual picking up the coronavirus by attending a screening clinic.] • Reputation of the screening programme(s)/health service • Not meeting the programmes KPIs
Recommendation:
Pause all screening and agree that the secondary care pathway for patients in ophthalmology should be decided by the local ophthalmology departments. This would involve cancelling all the scheduled clinics and stop the issuing of any new invitations.

This assessment and recommendation agreed in consultation with key stakeholders from the DRS programme including some Clinical Leads of the local programmes

Summary for DRS Development work: DRS Optimze/RIS&OCT project

Reasons to continue DRS Optimze/RIS&OCT project:
• Minimal risks of clinical risk for staff picking up the virus as they work could be done remotely • Identified staff for the project already agreed and disruption would be minimal • Supplier has not reported any issues to-date
Considerations: • If DRS is suspended the project plan might need to be revaluated. • The project could be monitored on a weekly basis and contingency arrangements made as and when issues arise • There are contractual (milestone) issue that would need to be reconsidered in any suspension of the project
Risks:
Risks of continuing the project: none identified Risks of suspending the project: • Projects targets/deadlines not met • There are contractual (milestone) issue that would need to be reconsidered in any suspension of the project • Delay to moving to a new platform and introducing revised interval screening and OCT surveillance • Reputation of the screening programme(s)/health service • Not meeting the programmes KPIs. The project is deemed necessary in order to reduce the workload for the DRS programme and ensure the risk of clinical risks in not meeting the KPIs are reduced
Recommendation:
Ask the DRS Optimize Project Board to revaluate the timescales for the project and ensure it is continued as per the current objectives agreed for the project.

Appendix 10

Widening access and addressing inequalities in adult screening programmes. Report on Action Plan for 2019-21

Purpose

The purpose of the attached paper is to summarise the activities undertaken in for Widening access and addressing inequalities in adult screening programmes Action plan for 2019-21. Key NHS GGC activities and those of partners during 2020/21 contributing towards screening inequalities are described. NHS Scotland national screening programmes were paused in March because of coronavirus (COVID-19). The impact of the COVID-19 pandemic on planned activities is also described. The action plan will continue to be monitored and further work developed with partners to target patients and areas where uptake is low.

Executive Summary

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

This action plan outlines priorities and actions to widen access and address inequalities in relation to the following adult screening programmes:

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

The aims of this action plan are aligned to those of the Public Health Strategy. The work fits within programme 5 of the strategy: Implement national developments and guidance to existing screening programmes and ensure compliance with standards; enhance uptake for those programmes and population groups where uptake falls short of national standards

The plan also recognises the work of partner organisations in widening access to screening as an approach to early intervention.

Recommendations

The Public Health Standing Committee is asked to consider the following recommendations:

- Note the actions undertaken in the plan and the impact of COVID-19 on planned activities
- Support further action on reducing inequalities in screening with the development of a revised action plan for 2022-2025

Screening Programme and Partnership	Planned activity	Update	RAG
Support Primary Care role in increasing participation and meeting the requirements of Equality Legislation.	1. Access to data with support from Local Intelligence Support Team to help practices target screening 2. Support from third sector organisations to improve uptake in areas where participant numbers are lower. 3.Train Primary Care staff in Cervical Screening	1. Data available on request for individual practices as requested. 2. CRUK and Jo's Trust working with targeted GP Practices to support staff and patients to improve uptake. 3. Primary Care Development Team deliver core and update training with an inequalities content to staff in partnership with Laboratory staff, Jo's Trust and CRUK.	1. Green 2. Green 3. Green
Utilise mapping of resources to develop patient and carer information pathways to aid informed participation	1. All adult screening resources (e.g. leaflets, booklets, online information) are mapped and updated on a regular basis	1. Resources are shared with partner organisations 2. Patients have access to resources through NHSGGC website and NHS Inform	1. Green 2. Green
Accessible Information for patients to aid informed participation	1. NHSGGC and HSCPs promote Cancer Screening Programmes 2. Providing information in local communities where vulnerable groups are less likely to participate in screening programmes	1. Glasgow City HSCP has developed video/animations to raise awareness of the three Cancer Screening Programmes (Breast, Bowel and Cervical) for Black Asian and Minority Ethnic groups across Glasgow City. These will be launched in September 2021. 2. Glasgow City HSCP staff worked with local organisations in Govanhill to promote cancer screening and awareness as part of other local events like smoking cessation promotion, local breast screening location and Thriving Places development. 3. The South Glasgow Health Improvement Team are building capacity to train local workers to work with the Roma community to raise awareness of cervical screening	1. Green 2.Green 3.Green

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.	1. The aim was to improve access to CPD for staff who are in a position to support informed participation but who are not involved in the delivery of screening programmes. It is also suitable for staff who are themselves eligible for screening.	1. The module was launched in July 2021 and uptake will be monitored. Staff will be required to refresh training every two years.	1. Green
Monitor screening uptake and engagement in prisons within NHSGGC.	1. A new practitioner post provides a single point of contact for screening services. 2. New national posters summarising screening programmes according to gender have been developed and distributed for use in prisons.	1. The post will deliver training and raise awareness of screening among staff. 2. Posters are displayed in prison areas informing both staff and inmates about screening.	1.Green 2.Green
Work with third sector organisations to support and promote screening programmes.	1. Cancer Research UK, Jo's Trust and Bowel Cancer UK (Scotland) continue to be our main third sector partners in supporting uptake of adult screening programmes.	Key areas of work developed and delivered from 2019 to 2021 include: 1. Training and information sessions delivered to staff in Mental Health and Learning Disabilities services to support uptake by patients. 2. CRUK delivered Bowel Screening Webinars to Primary Care staff to increase awareness and update practice staff on the new Q-FIT pathway. The session was positively received by practices. Q-Fit testing is up by 30% from pre COVID-19 levels. 3. Jo's Trust developed and released 5 films around cervical screening for women with a learning disability during May 2021. 4. Jo's Trust and Glasgow HSCP staff undertook a consultation exercise with Chinese women. The recommendations will inform further	1.Green 2.Green 3.Green 4.Green 5.Amber 6.Green

		work to improve uptake of cervical screening. 5. Jo's Trust are developing accredited learning for health improvement staff who deliver screening awareness to communities. This work has been on hold due to COVID-19. 6. Jo's Trust work with the Polish community highlighted barriers to screening uptake as women opted to return to Poland for screening. Further work will develop co-produced messages to encourage women to make informed choices.	
Support peer to peer learning for adults with a learning disability in cervical and breast screening in the Clyde Gateway area funded through funding by the National Screening Inequalities Fund	1.There were three tests of change tested within NHS GGC: • Sandyford pop-up clinics for non-engagers on Saturday for cervical screening. • Peer learning approach for women with learning disabilities based on EMBRACES:ID, an evidence based programme. • Marketing communications campaign to increase local awareness and knowledge of screening programmes. *2. The peer learning programme will be developed further with staff from Health*	The evaluation undertaken by Glasgow Centre for Population Health stated that: i) Inequalities in screening uptake across Scotland are shaped by a range of factors, including the demographic make-up of the population and wider socioeconomic and cultural factors. Approaches to screening should be appropriate to the population being targeted, with more flexible and person-centred approaches being offered in areas of low attendance. ii) Influencing screening behaviour across a population will require a consistent long-term effort. High levels of poverty in some areas mean that additional resources to raise awareness and facilitate attendance will be necessary. iii) Good practice guidance on how to effectively engage with different population groups to attend screening may be helpful if it is not already available.	1.Green 2.Amber

	Improvement and Learning Disabilities Services. This has been delayed due to COVID restrictions.		
Improving uptake of screening during COVID pause and restart of screening	1.Breast Screening 2.Bowel Screening 3. Cervical Screening	1. The West of Scotland Breast Screening Service revised admin and appointment processes to improve uptake. Patients were encouraged to contact the centre and this allowed staff to discuss pandemic related changes. A courtesy call from the service 14 prior to the appointment allowed staff to encourage and engage with those who may have been reluctant to attend. An increase of 7-10% in attendance has been noted 2. Bowel Screening – CRUK delivered a session on Q-FIT pathway and this had a good impact on Practices and raised awareness. Q-Fit testing is up by 30% from pre COVID levels. 3. Practice Nurses have continued to receive training during the pandemic to encourage uptake and to safely take smear samples. A video has been developed for staff to overcome the lack of access to labs and shadowing of Colposcopy staff that was previously part of one to one training.	1.Green 2.Green 3.Green