

1 Background of the Scottish breast screening service review

The Scottish Breast Screening Programme was set up over 22 years ago following publication of the Forrest report. Although the programme has undergone significant developments over the years, there has never been a full national review of the service. It was necessary to undertake a formal review of the way the service is delivered to ensure that it can adapt to meet future challenges and remain a sustainable high quality and equitable breast screening service for women resident in Scotland aged 50 to 70 (in the most clinically- and cost-effective way).

2 Why impact assess the Scottish Breast Screening Service Review?

The NHSScotland National Planning Forum (NPF) commissioned National Services Division (NSD) (part of National Services Scotland (NSS)) to undertake a review of the breast screening service in Scotland. The review team felt it was important to carry out an impact assessment as limited demographic data is currently collected in relation to women who attend breast screening. The impact assessment, therefore, intended to give an overall picture of the service as it stands and any proposed change through a health inequalities lens.

The Scottish Breast Screening Programme remains central to Scottish Government policy and so this Review (and, therefore, this impact assessment) did not intend to consider the:

- rationale behind screening
- methods used
- eligible age range
- symptomatic pathway for women who have a confirmed diagnosis of breast cancer.

In addition, as the review was launched in collaboration with the Detect Cancer Early initiative, Scottish Government committed to ensure any service change did not impact on the overall level of uptake across Scotland.

3 Process

This impact assessment was primarily driven by the APM (Assistant Project Manager) and a member of NHS Health Scotland's Equality team. No steering group was set up, however, a review group of senior level staff existed and knew of this work. The NSS Equality lead was an important support for the APM in terms of organisational policy and internal governance for example. Another later addition was representation from the Screening and Immunisation team in NHS Health Scotland. They also played a significant role in the development of this assessment.

Key stakeholders for the scoping workshop were identified between NHS Health Scotland and NSD by considering which population groups were most likely to be significantly impacted by this service, based on existing experience and evidence. Invitations were sent widely, but only seven representatives from local and national equality/breast cancer groups attended the workshops.

The following organisations participated in the scoping workshop:

- Scottish Health Council
- NHS Health Scotland
- Breast Cancer Care
- Action on Hearing Loss Scotland
- Maggie's Glasgow
- Deaf Connections
- NHS Tayside
- Stonewall Scotland
- Black and Ethnic Minority Infrastructure Scotland (BEMIS)
- Scottish Council on Deafness (SCOD)

All participants were sent a briefing paper before the scoping workshop. This described what they were coming along to as well as roles and expectations. Participants were asked to think about any potential negative or positive impacts in preparation. Participants were also sent background information to the service and review and the checklist to be worked through on the day.

The facilitator (Equality team member) took participants through the health inequalities impact assessment (HIIA) checklist to consider how the service could impact on different population groups, equality and discrimination, health issues and human rights. Discussion included action that could be taken to promote positive impacts and remove/mitigate any negative impacts.

A report from the scoping workshop captured possible impacts and questions (to fill gaps in knowledge) that required further work. This was circulated beyond participants who attended on the day – to voluntary organisations and other individuals who could not make the meeting or who had an interest in the work.

5 Findings

Examples of impacts from the first scoping workshop (refer to full report for more detail):

	Area of impact	Potential differential impact or question
Potential differential impacts on population groups	Gender	Female-only waiting area on mobile units – there is the potential for a negative impact if some women feel more comfortable attending with their partner.
Potential health impact	Physical environment	Pollution or climate change – if there were fewer mobiles there would be less pollution from transporting the units around the country as well as less staff travel. This may be balanced against the increased travel which women would need to undertake.
Potential human rights impact	Private and family life (Article 8, ECHR)	Legal capacity in decision-making – Consent given by those with a learning disability unclear – how do we know they have consented? Do they have an understanding of what will happen?

The report was shared with the review group and was presented to participants at the options appraisal scoring event in January 2012.

The initial findings were used to support consideration on the preferred option. Evidence was appraised by NHS Health Scotland (Equality team and others) and NSD to better understand and inform thinking on the areas of impact and questions identified from the scoping phase.

A second workshop took place in February 2012, which considered the outcome of the options appraisal process, and focused on how the evidenced findings from the scoping phase had been taken into account. This second workshop also provided an opportunity to seek comments from participants on the draft consultation paper and survey. As the profile of who accessed the service was missing, the public survey provided a significant opportunity to gather demographic information and target the consultation to groups and individuals who were highly likely not to engage with the service. Some organisations represented offered to carry out focus groups and disseminate the consultation to their target populations, for example, Scottish Council of Deafness and Scottish Transgender Alliance.

A prioritisation process was not carried out as it was felt that all impacts and questions should be given due consideration and where necessary, evidenced, given this is a national service.

6 Research questions and evidence

Although the participants at the scoping workshop suggested potential impacts, without informing these statements/assumptions with a blend of evidence, changes to the service or review may be misguided or ineffective.

Research questions were developed through the report writing process following the initial scoping workshop, by the APM and Equality team member. These were then sent out for comment as previously mentioned.

Below are some examples of research questions and the evidence used to support these questions:

Population group	Research question	Evidence
Transgender	How do they access the service? What can be done in relation to the Community Health Index (CHI) number issue?	General epidemiology and Scottish-specific data Research with NSD colleagues
Homeless women	How can the service cater for this population group?	Research NHS Board Homelessness and

	What can be done in relation to them being called by GP practice?	Health Action Plans Research with NSD colleagues
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This impact assessment process was successful in determining where further involvement and engagement with the local community was required in order to fill gaps in knowledge. For example:

- In the absence of service access demographic information, the consultation paper embedded equality monitoring questions.
- The consultation paper also added a question relating to flexibility of mobile unit opening times in order to get a sense of impact on working women and those with caring responsibilities, for example.
- In order for the consultation paper to reach a diverse audience, voluntary sector organisations representing the deaf and transgender communities agreed to do targeted work with their contacts.

7 Outcomes

NSD acknowledge that some of the recommendations from the impact assessment are outwith the scope of the Review. However, they are keen to ensure the recommendations from the assessment are taken forward. The recommendations are:

- Explore ways to improve access from the transgender community through community engagement.
- Project to consider how best to engage with the homeless community.
- Introduction of Equalities Monitoring.
- Reassessment of physical accessibility of the mobile units.
- Review of breast screening leaflets.
- Review methods of contact for the service.
- Review opening times of service.
- Review of access for women on a low income/in poverty.
- Increase uptake for those who do not access.

Progress is already being made with three recommendations:

1. National Services Division are in the process of undertaking targeted work in relation to transgender screening.
2. NHS Health Scotland have recently impact assessed national breast screening materials and plan to assess others this financial year.
3. National Services Division are redesigning the mobile units to cater for new digital technology and in response to the assessment's recommendation around physical access.

The results of the impact assessment and public consultation have been shared with the working groups for each of screening centre to support development of proposals for future provision of the service. A briefing will also be developed for local NHS

Boards that will be used for local engagement with women on the implementation of the recommendations of the Review.

In February 2013 the Review recommendations were accepted by the NHS Scotland National Planning Forum (NPF) and, therefore, will be taken into account when implementing changes to the service.

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