

Screening and inequalities

Tuesday 14 March 2017

Convention of Scottish Local Authorities (COSLA)
Conference centre

[#scotcancerscreening](#)



Foreword

Dear colleagues,

I am delighted to be chairing this event that NHS Health Scotland and partners have arranged to discuss interventions that have potential to reduce inequalities in screening uptake.

There are clear policy drivers, partnerships and evidence that we need to act upon to improve the reach of our Scottish screening programmes. The 2016 Scottish Cancer Plan *Beating Cancer: Ambition and Actions* sets out a clear commitment to reduce inequalities in cancer screening (breast, bowel and cervical screening) and has committed £5 million to initiatives that could help address barriers and issues for those less likely to engage. I hope that this event will help to focus our minds on the kinds of interventions that are likely to have the greatest impact.

Today is a great opportunity for a range of voices from the NHS and third sector to consider best-practice models that could support informed participation in the national screening programmes. Understanding how best to do this for groups least likely to engage with screening should be central to this.

As current Chair of the UK National Screening Committee, I believe equitable access is an important issue to carefully consider for all screening programmes. I hope this event will be an important step towards further progress in this area in Scotland.

Best wishes for a successful event,

Professor Robert Steele

Chair of the UK National Screening Committee

Schedule

Screening and inequalities event, Tuesday 14 March 2017

Time	Agenda item	Speaker(s)
09.30–10.00	Registration and refreshments	
	Improving the reach of screening programmes	
10.00–10.10	UK and Scottish context for screening and inequalities	Chair: Professor Robert Steele, UK National Screening Committee
10.10–10.30	Scottish Government policy perspective: Cancer Plan and other policy ambitions around screening and inequalities	Sarah Manson, Scottish Government
10.30–10.50	Addressing health inequalities in Scotland – lessons for screening	Andrew Fraser, NHS Health Scotland
10.50–11.10	Uptake issues specific to screening: Improving reach of our screening programmes – what we know and what we don't know	Christine Campbell – Edinburgh University
11.10 –11.25	Tea and Coffee Break	
11.25 –12.15	What are eligible groups telling us about screening? Audience insights on abdominal aortic aneurysm, breast, bowel and cervical screening	Menekse Suphi, Scott Porter Research
12.15–1.00	Lunch and marketplace	
	Key partnerships and approaches for successful outcomes:	
1.00–1.30	Primary care <ul style="list-style-type: none"> • Cancer Research UK GP Facilitation Programme • GP reflections on primary care role in screening 	Marion O'Neill, CRUK Lorna Porteous, NHS Lothian
1.30–2.00	Third sector <ul style="list-style-type: none"> • Jo's Cervical Cancer Trust – improving the reach of the Cervical Screening Programme • Bowel Cancer UK – promotion of bowel screening awareness in the workplace 	Robert Music, Jo's Cervical Cancer Trust Emma Anderson, Bowel Cancer UK
2.00–3.00	Protected time to reflect and plan – Facilitated break-out sessions (tea and coffee available during break-out session)	
3.00–3.30	Next steps and take-home messages	Robert Steele

Biographies of speakers

Professor Robert Steele

Professor of Surgery, University of Dundee

Professor Robert Steele has been Professor of Surgery in the Department of Surgery and Molecular Oncology, University of Dundee since 1996. He has held positions in Edinburgh, Aberdeen, Nottingham and Hong Kong. His research interests include colorectal cancer screening; molecular and cytogenetic abnormalities in colorectal neoplasia; prevention of colorectal cancer; stress response pathways in cancer and trauma; quality of life after colorectal surgery; adjuvant radiotherapy in rectal cancer; transanal treatment of rectal tumours; task analysis in cancer surgery; and methods of training and assessment in surgery. Professor Steele is also Chairman of our parent charity, The Scottish Cancer Foundation.

Sarah Manson

Policy lead, National Screening Programmes, Scottish Government

Sarah Manson is the policy lead for the national screening programmes at Scottish Government. Her responsibilities cover advising Scottish Ministers in the development of screening policy, providing secretariat for the Scottish Screening Committee, who have strategic oversight of screening services in Scotland, and supporting development of the NHSScotland Screening Inequalities Network to create innovative strategies and share learning on inequalities in screening. This includes developing and implementing responses from the UK National Screening Committee, including changes necessary to existing programmes, introduction of new programmes and working with the NHS and third sector groups to look at ways of tackling health inequalities in screening.

Andrew Fraser

Director of Public Health Science, NHS Health Scotland

Andrew Fraser is current Chair of the Scottish Directors of Public Health. Previously he was Director of Public Health in NHS Highland from 1994–97, then Deputy Chief Medical Officer in the Health Department of the Scottish Office, then Scottish Executive from 1997–2003. He was responsible for advice on Public Health Policy, taking a particular interest in health protection matters, alcohol-related harm, public health laws and, increasingly, health inequalities and the health of marginalised groups. From 2003–2012, he worked in the Scottish Prison Service as Director of Health and Care, also advising the government and World Health Organization on prison-related health matters, and national drugs and alcohol policy. His focus is on ways to narrow health inequalities in Scotland.

Christine Campbell

Senior Research Fellow, Centre for Population Health Sciences, the University of Edinburgh

Dr Christine Campbell is a health services researcher at the University of Edinburgh. Her current research portfolio includes UK and international studies examining influences on screening participation, and examining the role of primary care in screening provision and symptomatic diagnosis.

Areas of research interest include inequalities in screening participation, the interface of primary care and cancer screening programmes, and provision of cancer screening in low-resource settings. She chairs the screening subgroup of the UK's NCRI Primary Care Clinical Studies Group, and is involved in Ca-PRI, the international primary care and cancer research network.

Menekse Suphi

Managing Director, Scott Porter Research and Marketing Ltd

A market research professional with 26 years' experience, Menekse has been undertaking primary research on behalf of NHS Health Scotland since 1994. In recent years, much of this has been focused on delivering attitudinal and behavioural insights in the context of addressing health inequalities in Scotland, particularly those linked to deprivation. She has extensive experience of qualitative communications research which seeks to unearth insights that inform the development of relevant and accessible information materials, and encourage informed decision making around health screening participation. This has included materials sent to target audiences in respect of the Scottish AAA, bowel, breast and cervical screening programmes.

Marion O'Neill

Regional Manager, Cancer Research UK

After studying for her degree in Psychology, Marion worked in the voluntary sector supporting people with homeless backgrounds and low levels of literacy to access education and employment. With over 10 years' experience of working within the NHS, Marion's posts have involved working with primary and secondary care in relation to the prevention and management of long-term conditions and cancer. She has worked with Cancer Research UK for the past three years, firstly managing the Facilitator Programme in NHS Greater Glasgow and Clyde and now as Regional Manager (Devolved Nations) leading the expansion of the programme across Scotland, Northern Ireland and Wales.

Lorna Porteous

GP Lead for Detect Cancer Early in NHS Lothian

Lorna studied medicine at Edinburgh University and graduated in 1987. Following her training in general practice she worked in Australia and Northumbria before returning to Scotland in 1999. She has been a GP in North Berwick, East Lothian since her return to Scotland, and for the last four years she has been the GP Lead for Cancer in Lothian and a Macmillan GP. For the last year she has also been one of two Macmillan GP Advisers for Scotland. Lorna has a particular interest in early detection of cancer and has worked on a variety of projects concerning this in Lothian.

Rob Music

Chief Executive, Jo's Cervical Cancer Trust

Rob has over 25 years' experience working for a range of healthcare charities. He joined Jo's Cervical Cancer Trust in 2008 bringing a range of skills to the charity including senior management, service development, fundraising, strategy and communications. Since joining the charity, Rob has overseen a period of sustained growth and development including: income increasing by over 650%, developing new support services and a wide range of popular health information, implementing a major rebrand, and running high profile awareness campaigns. In addition, the charity has built positive relationships with key funders, media, policy and health influencers, and Rob sits on a number of influential committees.

Emma Anderson

Head of Scotland, Bowel Cancer UK

Having worked in the charity sector for over a decade, Emma has gained experience in grassroots sports development programmes and autoimmune disease patient advocacy and education, and has spent the last seven years working for Bowel Cancer UK.

Emma's current role with Bowel Cancer UK involves strategic decision making, partnership working and supporting the Scotland team of staff and volunteers to save lives and to improve the quality of life for all those affected by bowel cancer in Scotland.

Abstracts

The abstracts within this conference brochure are examples of the varied work happening across Scotland. These abstracts showcase best practice used to optimise uptake and reduce inequalities in screening.

NHS Health Scotland would like to thank Scottish Government, NHS boards and third sector organisations for their contribution to this screening and inequalities conference brochure.

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Optimising cervical screening

Background

Uptake of cervical screening has been on a downward trend in Scotland, with 70% of eligible women attending compared to 80% 10 years ago.

Evidence shows lower participation among women in the following groups:

- 25–34 year olds
- women living in areas of high deprivation
- women with a learning or physical disability
- black or minority ethnic (BME) women
- lesbian and bisexual women
- the transgender community.

Method

In June 2016 a change in age range and frequency (CARAF) was introduced. CARAF provided an opportunity for existing public and professional information materials to be re-developed and for NHS Health Scotland to commission research to understand what women thought about the cervical screening information leaflets, as well as the barriers and facilitators to engagement.

NHS Health Scotland worked in partnership with a range of stakeholders to produce both public and professional materials. Looking at existing interventions and sharing best practice that optimises uptake, reduces barriers and ensures women are making an informed choice about cervical screening.

Results

The research provided some interesting insight:

- There is limited understanding of the purpose and benefits of cervical screening, particularly among those women who do not attend.
- Women don't understand their risk of cervical cancer and the role that screening can have in reducing this risk.
- There's a lack of awareness that screening is for all women who have ever been sexually active (even if they are no longer).
- Women focus strongly on the perceived risks of the test (embarrassment and discomfort) and the misunderstanding that it's looking for cancer.

Through NHS Health Scotland's professional networks, several interventions were shown to increase participation to cervical screening, including:

- Cervical Cytology Toolkit produced in collaboration with Cancer Research UK and Glasgow Health and Social Care Partnership
- Smear Amnesty produced by NHS Lanarkshire
- Cervical Screening Campaign 2015/16 produced by Forth Valley and Clyde.

Conclusion

Using the insight from the research and local-intervention materials, NHS Health Scotland, along with a range of stakeholders, has developed new public and professional materials to help women to make an informed choice about cervical screening.

Public materials

A smear test could save your life (Plain English Award, 2016) provides further information on the screening programme for all those eligible, as well as answering frequently asked questions about the test and cervical cancer.

Your smear test results provides information about smear test results, how they will be monitored and any treatment needed.

Your smear test after treatment provides information about what will happen after your cervical intraepithelial neoplasia (CIN) treatment.

A cervical screening poster encouraging women to take up their smear test invitation is also available.

All updated materials can be found at www.healthscotland.com/cervical including Easy Read and alternative language versions.



Professional materials

The group have also developed a national Cervical Screening Toolkit. This toolkit aims to help GPs, practice nurses and other practice staff better understand the barriers to attendance (especially with vulnerable groups) and to use tried and tested methods to increase attendance.

The toolkit was launched in January 2017 and a hard copy of the toolkit was sent to all GP practices across Scotland. The toolkit is also available online at www.healthscotland.com/cervicaltoolkit

As the national Cervical Screening Toolkit is based on effective practice with local Health Boards and from early feedback, the toolkit is showing promising signs of optimising cervical screening participation.



Health inequalities impact assessment (HIIA)

Background

The publication of the Cancer Plan in 2016 set out a clear commitment to reduce inequalities in cancer screening (breast, bowel and cervical screening) and has committed £5 million to initiatives that could help address barriers and issues for those less likely to engage.

NHS Health Scotland works collaboratively to produce a suite of information materials to support informed participation in the screening programmes. To ensure that the information materials are fit for purpose for a diverse population, NHS Health Scotland works with a range of stakeholders to optimise accessibility and reach of information about screening. One approach is the completion of health inequality impact assessments on proposed information materials.

Method

NHS Health Scotland undertook two health inequalities impact assessment workshops on bowel screening communications and cervical screening communications respectively. The workshop for cervical screening was to inform a revision of the leaflets for the screening programme in advance of a planned change to age range and frequency (CARAF) of cervical screening and was held in November 2015.

The scope of this HIIA workshop for bowel screening was to identify the potential impacts, positive or negative, of information materials produced by the Scottish Bowel Screening Programme following the transition from Faecal Occult Blood Testing (FOBT) to Quantitative Faecal Immunochemical Testing (QFIT) planned for 2017. The aim of these information materials is to maximise uptake within the principles of informed choice while eliminating barriers to participation where possible.

The HIIA workshops aimed to uncover the effects of this change on all population groups, and thus allow the Scottish Bowel Screening Programme to enhance positive impacts, tackle health inequalities, and reduce or negate negative impacts. The workshops sought to identify potential differential impacts of the guidance on different population groups, including factors such as age, gender, disability, race, sexual orientation.

Participation in the workshops was encouraged from a broad range of stakeholders, including NHS Board Screening Coordinators, NHS Board Equality and Diversity Leads, health practitioners and organisations representing particular target groups – e.g. RNIB, learning disability groups.

Results

Workshop reports with recommendations were considered by the CARAF Communications Group and QFIT Communications Group respectively and a range of actions have been completed against the recommendations.

Conclusion

The national HIIA workshops are a protected opportunity for key stakeholders with an interest in health inequalities to come together and consider specific recommendations for practice. The recommended model of conducting an HIIA can be adapted for various purposes and there is more information on **www.healthscotland.scot/tools-and-resources/health-inequalities-impact-assessment/the-hiia-process**

Can early detection programmes contribute to reductions in cancer inequalities?

Background

Although improving, cancer survival rates in Scotland are still generally among the poorest in Europe and mortality rates in the most deprived areas of Scotland are 1.7 times higher than the least deprived areas. Advanced stage at presentation may contribute to this cancer inequality.

The Detect Cancer Early (DCE) Programme aims to bring improvements in survival for people with cancer in Scotland to among the best in Europe by diagnosing and treating the disease at an earlier stage, with a particular focus on those living in the most deprived areas.

Results

Latest staging data shows that in Scotland, 24.7% of people were diagnosed at stage 1 with breast, colorectal and lung cancer (combined). This is a 6.5% increase from the baseline (23.2% in 2010 and 2011).

The largest increase in stage 1 diagnoses has been observed in the most deprived areas of Scotland (14% increase from the baseline).

The largest increase in cancers recorded at stage 1 has been in lung cancer (25.2% increase from the baseline). Here, the largest increase has been in the most deprived areas of Scotland (33% increase from baseline).

Methods

The DCE Programme has several work-streams, including primary care, diagnostics, screening participation, public awareness, audit and evaluation. Underpinning the programme is a whole systems approach to social marketing. This strategy was developed to provide confidence and education around symptoms of cancer and cancer screening. The campaigns, focused on lung, breast and colorectal cancers, are targeted to C1C2DE 45+ year olds living in Scotland.

Conclusion

Targeted programmes can be effective at reducing health inequality. The percentage of cancers recorded as 'stage unknown' has also decreased due to better data collection and will impact on the percentage of cancers recorded at stage 1.

Changing public attitudes towards cancer will take time, but the data is encouraging. The direct impact of targeted public awareness campaigns and other components of the DCE Programme will not be fully apparent until staging data for 2014/2015 is available (July 2016).

It will be many years until we can say with confidence what proportion of patients were diagnosed at an earlier stage as a result of responding to social marketing activity, or the other initiatives that have been taken forward as part of the overall DCE Programme.

Further information

For more information on Detect Cancer Early visit: www.getcheckedearly.org or email cancerdeliveryteam@gov.scot

The screenshot shows the Detect Cancer Early website interface. At the top left are the logos for Healthier Scotland and NHS Scotland. A navigation bar includes links for Home, Earlier the better, Types of cancer, Real stories, and Worried about family or friends?. The main banner features a large pink rose and the text "Let's nip cervical cancer in the bud." with a "WATCH OUR FILM" button. To the right are tiles for "LUNG CANCER" (with the tagline "The earlier it's found, the easier it is to treat") and "BREAST CANCER" (with a quote: "I choose to do it because I know it could save my life."). Below these is a "OTHER TYPES OF CANCER" section with a right-pointing arrow. A dark blue banner reads "DON'T GET SCARED, GET CHECKED.". The "Earlier the better" section includes a quote: "Twice as many people survive cancer today compared to 30 years ago thanks to research advancements and the development of new treatments. Detecting cancer early can also make a real difference to your chance of survival." and a "Find out why" button. The "Real stories" section features a quote: "I would encourage anyone who has concerns about the health of someone close to them to speak to them about it. It could be nothing, but then again, they may well thank you in the long run like my husband has." and a "Read Diana's story" button. Small photos of a woman and a couple are included in these sections.

'Join the bowel movement': The impact of social marketing on uptake of bowel screening in Scotland

Background

- The Scottish Government's Detect Cancer Early (DCE) Programme aims to improve cancer survival rates in Scotland to among the best in Europe by diagnosing and treating cancer at the earliest stages.
- Bowel cancer is the third most common cancer in Scotland with around 4,000 people diagnosed each year and a five-year survival rate of 60.4%.
- Early diagnosis is linked to uptake of the Scottish Bowel Screening Programme where uptake levels are lowest in areas of higher deprivation, particularly among men.
- The Scottish Bowel Screening Programme was launched in Scotland in 2007 with all NHS Health Boards participating by December 2009.
- In Scotland, all men and women between the ages of 50 and 74 are invited to participate every two years.
- DCE social marketing activity for bowel screening in Scotland to date has contributed to an increase in uptake from 54.9% at the baseline (Nov 2010-Oct 2012) to 57.7% (May 2013 – April 2015).
- Campaign phases have seen positive results emerge, for example, an 81.1% increase in replacement kits being requested and an 8.7% increase in kits returned during one campaign period alone.
- However, with a large proportion of kits still not being returned (around 27,000 each month), a new approach was adopted to ensure momentum was maintained ahead of qFIT (Quantitative Faecal Immunochemical Testing) being introduced in 2017.

Method

Following extensive testing, a new social marketing campaign was developed using the theme of collective participation, to make people feel like they're not alone in completing the not-so-pleasant kit. The call to action gave a clear benefit of participating – 'do yours, it could be a lifesaver'. The campaign saw adverts run on TV, radio, bus panels, in the press, and outdoors. This was all underpinned by PR, social-media activity and targeted local interventions. The campaign was targeted to C1C2DE 45+ year olds.

Results

- An additional 3,000 kits were returned during the two-month campaign period, compared to the same time the previous year.
- An 8% drop in replacement kit requests was noted. This is drastically, and positively, different to the behaviours demonstrated at previous campaign waves.
- The highest level of agreement to date was noted with the statement 'the best way to detect bowel cancer early is to do the home screening test' (90%).
- 93% of 45+ C1C2DEs agree that 'the test could be a lifesaver'.
- Those who recognised the campaign claimed that they're more likely to do the test next time (85% compared to 75% non-recognisers). This increased to 88% among those seeing 2+ campaign media.

Conclusion

A campaign to highlight the benefits of participating in bowel screening has been effective with more kits being returned to the screening centre. The reduction in replacement kits requested suggests that participation is becoming more normalised – more people are returning the original test they receive as opposed to calling for another to be sent.

The feeling of collective participation was achieved through the social marketing campaign. When asked what proportion of the population currently return their tests, campaign recognisers were significantly more likely to think that more people are completing their test, than the actual number.

Further information

For more information on Detect Cancer Early visit: www.getcheckedearly.org or email cancerdeliveryteam@gov.scot

'The fact that we can see a clear correlation between social marketing activity, and action taken by the public, proves the key role it can play in helping save even more lives from bowel cancer. It's safe to say that the bowel movement has begun – more people than ever before are completing their bowel screening kits in Scotland.'

Professor Robert Steele, Director of the Scottish Bowel Screening Programme

Cervical screening uptake

Background

The aim of the initiatives is to improve the uptake of cervical screening for eligible women in the Borders, by achieving an overall increase in uptake and specifically an increase in the younger age group, 25–34 year olds, by the end of March 2018.

Key deliverables will be to:

- increase the number of patients who receive cervical screening
- reduce the overall defaulter rate
- raise awareness of the benefits of cervical screening and educational programmes for continued professional development (CPD)
- increase understanding of the programme and create a culture that promotes 'normalisation' and 'talkability' around cervical screening
- understand the barriers to screening and the types of engagement methodologies required to improve non-attendance in various employment settings, communities and local GP sites
- engage stakeholders (e.g. employers) in promoting and encouraging participation in screening programmes
- better understand and provide a baseline through a scoping exercise. This will include an audit of existing service provision and specific activities provided to Borders residents. The baseline data, which is currently limited, is greatly required to further develop projects to increase uptake – particularly in deprived and vulnerable groups for the five new locality plans that will inform the overall Borders Local Outcome Improvement Plan (LOIP).

Method

Service development and improvement – increasing participation and reducing inequalities

Following a recent scoping exercise, on the health inequalities impact assessment for future delivery of the Scottish Cervical Screening Programme to NHS Borders residents, a number of key actions and activities have been identified in order to reduce inequalities and increase engagement with the programme. In particular, there is a clear need to work with increasing screening uptake among:

- younger groups, particularly women aged 25–34
- women living in areas of highest deprivation
- women with a learning or physical disability
- black or minority ethnic (BME) women
- lesbian, bisexual women and the transgender community.

It is important to gain better understanding of the barriers that prevent participation in the Scottish Cervical Screening Programme. In addition, with the increase in the age range from 60 to 64, further work around engagement of this age group should be undertaken.

Delivering a programme that reduces inequalities is challenging and requires partnership working with a number of stakeholders. The activities outlined are planned over the year 2017/18.

Results and conclusion

1. Local awareness and educational activities

Local awareness and educational activities will be tailored to raise awareness and promote the benefits of cervical screening and educate individuals with the correct information about screening. They can then share this information opportunistically with colleagues, patients, family and friends, encouraging 'early' participation or even 're-engagement' with the screening programme.

Previous research indicates a number of barriers to cervical screening, with the primary reason being given that women do not see it as a priority. In order to overcome other barriers, this work aims to:

- reduce fear, pain and embarrassment
- increase knowledge about the purpose and benefits of cervical screening and women's risk of cervical cancer
- increase confidence and encourage individuals to openly discuss cervical screening
- increase levels of understanding of the purpose of cervical screening
- increase awareness that screening is for everyone who has ever been sexually active (including women who are lesbian or bisexual, or who have only had one sexual partner or are no longer sexually active)
- address access issues, the GP surgery itself and male practitioners.

We are aiming for a culture of 'normalisation and talkability' around cervical screening so women are informed and supported, thus encouraging in particular those women who missed their last screening appointment, or who have never been screened. Particular focus will be on younger age groups within:

a) staff groups, supported by the Health Promoting Health Service (HPHS)

This will include lower paid staff, e.g. domestics, porters, canteen staff, bank workers, healthcare support workers and staff on low-hour contracts. The initial phase commenced in December 2016 with a focus on NHS staff. Following assessment and evaluation of the first phase, a plan will be developed to extend this to external employers.

b) communities and health centres

Through existing networks, such as the Healthy Living Network (HLN), Health Improvement, Borders Alcohol and Drug Addiction Service, Mental Health, the Learning Disabilities Service and third sector partners. Communication and engagement will be in line with the activity programme and schedule. This will build on existing work to promote health literacy within local communities.

c) specific smear taker training and GP practice staff

This will involve development and delivery of the CPD programme in partnership with Health Improvement and Scottish Borders Rape Crisis to cover sessions to raise awareness. The focus will be on lesbian and bisexual women; the transgender community; female genital mutilation; childhood sexual abuse; rape and sexual assault; and domestic abuse. The first session is currently planned to be delivered by the end of April 2017.

d) workplace surveys

In 2014, NHS Borders and the Scottish Borders Council (SBC) conducted a survey to seek staff views on the Scottish Bowel Screening Programme. A similar survey and methodology will be used to:

1. seek staff views on the Scottish Cervical Screening Programme
2. evaluate key local and national cervical screening campaign messages
3. identify barriers to participation in the programme
4. identify areas for service improvement.

Importantly, we think that this survey will provide an opportunity to raise awareness of the Scottish Cervical Screening Programme to a large number of staff in the workplace and the findings will be used to inform the development of an appropriate action plan to increase awareness of the programme throughout the Borders.

2. Screening smear amnesty

Three target groups, with additional access to a smear clinic run by an all-female staff: NHS staff, GP practices and external employers. The additional access location will be the Borders General Hospital. Education and awareness sessions will be held in various local and community locations to promote these clinics. We will also use a communications strategy, with various media formats. The main media message will be consistent with the national campaign, which is to contact your GP should you need to make an appointment. However, as it is known that a main barrier to attendance is the inconvenience of appointment times, location, and not being able to take time off work, access to clinics held in the workplace may increase participation in the programme.

Women are eligible for a clinic appointment if they have been issued with an invitation from the Scottish Cervical Call Recall System (SCRSS). We will initially schedule two clinics per month, with the option to increase this depending on demand, particularly around

the national campaign work. Women will be asked to complete an evaluation questionnaire so we can better understand the particular barriers for those who haven't previously attended a smear appointment.

a. NHS Borders staff – The initial clinics will be offered after working hours 5:30 pm–7:30 pm. Additional one-to-one support to raise awareness of screening benefits will be provided to women who attend the clinic. Ongoing evaluation of the times of clinics will be made, based on feedback received from staff. The project commenced with the first clinic held on 12 January 2017.

b. GP practice – One pilot GP practice has been identified with a defaulter rate of 17% (Borders average is 15%). The distribution of patients registered with this practice is 11% from SIMD 1, and 28% from SIMD 2. Similar to the methodology used in the staff amnesty, we will work with the practice to identify and offer additional appointments and encourage women to contact their GP. However, if no suitable appointment is available women could be offered access to an alternative service at the Borders General Hospital.

The outcome of the evaluation of this pilot will provide lessons learned and methodology to roll out to other practices in order to tackle low uptake of cervical screening, particularly in younger age groups.

c. Staff at external sites and their employers – we will roll out to the Scottish Borders Council, various supermarkets (such as Tesco, Asda and Aldi), and Borders College.

3. Staff awareness raising sessions and activities

These took place in December 2016, and January and February 2017, with a particular focus on areas of lower-paid staff, e.g. domestics, porters, canteen staff, bank staff, healthcare support workers and staff on low-hour contracts. An evaluation will be carried out for each activity, venue and targeted staff group, to better understand how the screening service can be delivered for the needs of that particular group in the future.

Support for the staff amnesty clinics has been positive, with over 50 staff coming forward for a smear. A number of staff were more than six years overdue. As this initiative is still underway, a full evaluation report is not available.



One in four women

Background

As many as one in four women may have been sexually abused or raped, either as a child or an adult, and the psychological impact of these events can be lifelong.

It is likely that those with a history of childhood sexual abuse attend less frequently for cervical screening.

Evidence suggests that women who have histories of sexual abuse as a child or an adult are less likely to attend for routine screening. Psychological trauma, as a consequence of abuse, may cause a range of distressing symptoms including anxiety, panic attacks, fear, pain and, in some cases, dissociation. These symptoms can all be triggered by the screening process.

An increased understanding of issues faced by survivors of abuse and how they might react during an intimate examination can help smear takers to be more sensitive to the needs of those affected.

A universal approach offering sensitive and compassionate care for all women could reduce the fear and anxiety experienced when attending for screening and lead to improved uptake.

Method

As part of updated training for smear takers, a session on 'intimate examinations for survivors of sexual abuse' is delivered by the NHS Fife Gender-Based Violence Nurse Adviser.

The session covers: the impact of childhood sexual abuse on health; symptoms the smear taker might notice; symptoms the woman might be feeling; what smear takers can do to help; and time for reflection and discussion of the issues raised.

Results

The training sessions to date have been well received. One group of practice nurses felt the training was thought provoking, helpful to both new and experienced smear takers and useful as it allowed them to reflect on their practice.

A process has now been put in place for colposcopy appointments. If smear takers are aware of any relevant history that might affect a woman's ability to cope with colposcopy, they can contact the colposcopy clinic directly to discuss this with the nurse specialist. With advance notice, extra time and support can be arranged for the colposcopy appointment.

Conclusion

Greater awareness among practitioners of the issues faced by survivors of sexual abuse, and how to minimise distress during an intimate examination such as a smear test, is important in order to improve access to cervical screening for affected women.

For further information and resources about providing sensitive healthcare to women who have histories of sexual abuse see:

www.knowledge.scot.nhs.uk/maternalhealth/learning/one-out-of-four.aspx

Improving attendance to cervical screening

Background

Due to low uptake in two GP practices, which are in an area of high socioeconomic deprivation, meetings were held with both practices to confirm difficulties in getting women to attend for smears. One of the practices had previously offered a drop-in well women clinic which could include cervical smears. This was a successful strategy in optimising participation. Unfortunately, due to changes in GP targets, this programme was stopped. Additional hurdles, including high population turnover (with address and phone number changes), meant text message reminders, for example, were not useful. Both practices also had no appointments available in the evening.

NHS Lanarkshire successfully used 'smear amnesties' to increase uptake by defaulters of cervical screening. Their evaluation showed that the cost of detecting an abnormality using 'smear amnesties' ranged between £201 and £465. This was considered to be a very worthwhile investment in hard-to-reach populations such as these with low uptake. The general opinion was that 'amnesty' might not be the best word to use and so it was decided to call the clinics 'pop-up' clinics.

Method

A pop-up clinic to target defaulters was proposed for both practices. The aim of the pop-up clinic was to provide evening appointments (not available at these practices), a more relaxing environment for the women with music, tea/coffee and the opportunity to ask questions. Women were also reminded that they could bring a companion with them. The clinic was in addition to other strategies to increase engagement, such as receptionists phoning defaulters, personalising the invitation letter and opportunistically reminding about or arranging smear tests, which were also discussed with the practices.

The pop-up clinics were funded and organised by the public health department and very little work was required by the GP practices. The practices each provided a list of defaulters, as identified by the Scottish Cervical Call Recall Service (SCCRS) and provided their practice nurses to take the smears. The practices also arranged the logistics of opening the practices in the evening, which was something new for them. A health promotion staff member attended each pop-up clinic to meet the women and provide drinks and a reassuring environment where they could answer any questions from the women. The health promotion staff were also able to provide person-centred health promotion advice and gave a health promotion goodie bag to all women.

Public health and health promotion staff handwrote address labels and each woman's name on their invitation letter. The invitation letter was eye catching with pink tartan check, the letter was signed from the GP practice nurse and bright pink A5 envelopes were used.

The two clinics were both held on 18 August 2016 at 5.30–7.45pm (seven spaces with Practice 1 and 14 spaces with Practice 2) and all invitations were posted out on 5 August. To raise awareness posters were put up in the GP practices and in local community buildings. A press release was issued to the local newspaper and this also received coverage on local radio.

As similar clinics have been evaluated previously in NHS Lanarkshire, a pragmatic evaluation was conducted where women were asked to complete an evaluation questionnaire. No data were collected from medical or screening records.

Results

Over 1,000 defaulters were invited to the pop-up clinic (see Table 1). Overall there was 4.9% uptake of smears by defaulters when combining both clinics (5.7% uptake of smears by defaulters at Practice 2 and 4% at Practice 1) this included a large proportion who attended routine daytime appointments when the evening clinics were full.

Table 1: Number of invites and attendees at the pop-up clinics

	Defaulters made contact	Defaulters attended	Not overdue – routine invite	Routine – attended pop-up
Pop-up evening clinic	18 (one subsequently cancelled, filled by routine)	16	4	4
Routine daytime appointment	30	29	n/a	n/a
Did not book as no evening sessions left	4	0		
Total (1047)	52 (4.9%)	45 (4.3%)	1	1

An evaluation questionnaire was also completed by attendees at the evening pop-up clinics (no data was obtained from defaulters who attended routine daytime appointments).

Findings from this survey are below:

- Women from all age ranges attended the pop-up clinic, the majority were 35–39 and 50–54 years old.
- All women were of British origin except for one Eastern European woman.
- 62.5% of women who attended estimated that their last smear was more than three years ago. 18% of these women estimated their last smear tear was 10 years ago or more.
- 45% of women reported they attended due to the eye-catching invitation.
- 45% of women reported the time of the clinic inspired them to attend.
- 5% of women reported the information and the informal chance to chat encouraged them to attend.

- Some of the reported reasons for not attending were:
 - a previous bad experience
 - too busy
 - anxiety
 - mental health problems
 - family pressure to attend
 - too scared to attend as family member had died of cancer
 - pain or indignity.
- 89% of women who attended advised they would attend their next smear appointment.
- Women were also asked if anything else could be done to help them attend, some suggested:
 - evening and weekend appointments
 - set clinic times
 - a personal invite
 - a reminder letter or text messages.

Conclusion

One important benefit of these clinics was that they were valued by the GP practices, who very much appreciated this additional support. These practices are both in very deprived communities and they felt the support was recognition of the particular difficulties they have looking after their populations.

In terms of logistics it was felt that only having the practice nurse conducting the smears and one health promotion staff member in each waiting room was insufficient. The practices have not previously been open in the evenings and in terms of security an additional member of staff, such as a receptionist is recommended.

The uptake of 4 to 5.7% compares very favourably to similar 'smear amnesties' in NHS Lanarkshire where uptakes have ranged from 2.3 to 5%. One reason for this may be that these practices do not offer any evening or 'out of hours' appointments, whereas some Lanarkshire practices routinely offer these.

The feedback from health promotion staff was that the women who attended included some particularly hard-to-reach individuals with many potential barriers to attendance. A third of the women had not attended for over five years and it is of note that 89% of the women stated that they intended to attend their next smear.

The two main reasons cited for attending were the invitations and the time of the clinics. The invitation provided a positive incentive, it was personal and eye catching and the evening clinic reduced the logistical barriers of daytime attendance, particularly for women who work or have children. Although timing was important for many, it is significant that

when the evening clinic slots were filled most women did attend at routine appointment times. This supports the finding that the personalised invitation was important in encouraging women to attend. It may be that this was sufficient to override other barriers such as anxiety or fear, for a number of women. Although it was hypothesised that a supportive environment might be important, in the evaluation this was only specifically mentioned by one woman. However, we do not have feedback from the women who came to routine appointments when the pop-up clinics were filled and did not have this experience. It is recommended that in the future an evaluation is undertaken, to include defaulters who attend routine appointments, in order to provide additional clarity as to the important factors in attendance.

For future, the interventions that are most likely to increase uptake of cervical screening are:

- a personalised reminder (or potentially other personalised engagement) for defaulters
- as much flexibility in appointment times as possible – evenings, weekends.

Next steps

- Several primary care practices are keen to get involved with pop-up clinics.
- Public health and primary care should work together to consider how cervical screening uptake can be increased based on these local findings and wider research evidence.
- The Scottish Government has been approached for funding.

Costings for pop-up clinic

Costings for **pop-up** for 1,000 defaulters (two very big GP practices)

Postage for 1,000 letters	£400
Envelopes	£130
Practice nurse (6 hours of time and 21 smear slots)	£160
In future we would need receptionist time as well (four hours)	£90
Printing etc not included (health promotion budget)	
Total	£780 (add on printing etc)

Average pop-up clinic therefore might range from £300 to £400, depending on population size.

One out of four: Sexual abuse and violence

Background

Uptake of cervical screening is on a downward trend in Scotland with the latest figures showing that 70% of those eligible attended screening compared to 80% 10 years ago (ISD Scotland, 2016)

NHS Greater Glasgow and Clyde (NHS GGC) uptake is only 71%, which is the lowest in Scotland.

There are a number of barriers which may prevent women from engaging with the cervical screening programme:

- Some of these relate to personal barriers like sexual abuse or violence.
- Some women may become distressed during intimate examinations (e.g. cervical screening, pelvic examinations, or labour) perhaps because of sexual violence.
- Some women will not attend cervical screening due to it being an invasive intimate procedure.

NHS GGC Cervical Skills Core Training (for new smear takers) and Update Training (for existing smear takers) runs continuously with the content being reviewed every three years. This training is available to staff within the following disciplines: general practices, midwifery, gynaecology, addiction services, sexual health clinics, assisted conception units, prison service and the Royal Navy.

118 smear takers attended the courses in 2016 at Queen Elizabeth University Hospital Glasgow.

Method

The One out of Four resource produced by NHS Education for Scotland (NES) uses short films highlighting four individual personal experiences of sexual violence. The characters are portrayed by volunteers. The session is led by a trained One out of Four facilitator. There is pre-course reading and a supportive mechanism provided throughout the session as the content is challenging.

Marginalised or hard-to-reach patients are always included in Cervical Skills training content as per NES Standards for Education Providers: Cervical Cytology 2013. The content is reviewed and revamped every three years to keep it fresh and interesting.

One out of Four was introduced in 2016.

Results

- Encouraging the practitioner to treat every patient as if they may be a survivor of sexual violence.
- Providing insight into why women may experience panic attacks or disengagement during intimate procedures, or may not engage with the cervical screening programme at all.
- Facilitating discussion around difficult conversations with safety messages, and highlighting that language used by practitioners can often provoke flashbacks.
- Allowing women to insert the speculum themselves so they feel more in control.
- Realising that the person has to give consent to what is documented within their clinical record.
- Making smear takers aware that they are not expected to fix 'problems', but to support and refer or signpost to other agencies if the patient wishes.

Conclusion

It was received and evaluated favourably. Practitioners reflected on previous practice.

Quotes from evaluations:

'One out of Four is an important addition to the training, vital and well done.'

'Hearing first-hand the stories of clients will make me consider a different approach regarding using appropriate words and speculum use.'

Further information

For more information, visit:
www.knowledge.scot.nhs.uk/maternalhealth/learning/one-out-of-four.aspx



Learning disabilities and cervical screening

Background

- Uptake of cervical screening is on downward trend in Scotland with latest figures showing that 70% of those eligible attended screening compared to 80% 10 years ago (ISD Scotland, 2016).
- NHS Greater Glasgow and Clyde (NHS GGC) uptake is only 71%, which is the lowest in Scotland.
- Only 25% of women with a learning disability attend cervical screening.

These patients may require additional support. Information requires to be in a different format than the standard invitation letter. Additional preparation, education and support will probably be necessary.

NHS GGC Cervical Skills Core Training (for new smear takers) and Update Training (for existing smear takers) runs continuously with the content being reviewed every three years. This training is available to staff within the following disciplines: general practices, midwifery, gynaecology, addiction services, sexual health clinics, assisted conception units, the prison service and the Royal Navy.

118 smear takers attended the courses in 2016 at Queen Elizabeth University Hospital Glasgow.

Method

- A facilitator of the NHS GGC Cervical Skills Training contributed to a 'Health Day' for people with learning disabilities to gain insight into challenges of people with learning disabilities accessing health care.
- Learning Disability Training was offered to all practice nurses throughout NHS GGC.
- Learning disability is always included in Cervical Skills Training content as per NHS Education Scotland (NES) Standards for Education Providers: Cervical Cytology 2013. The content is reviewed and revamped every three years to keep it fresh and interesting.

The following areas are covered:

- Allowing longer appointment times: Includes a pre-appointment to show women the equipment beforehand (e.g. feeling the brush on the back of their hand).
- Abuse and sexual violence: Allowing women to insert speculum themselves so they feel more in control.
- Encouraging and maintaining engagement if appropriate: Partnership working with Cancer Research UK (CRUK) facilitators who have been involved with individual GP practices developing unique innovative ways of promoting attendance in all patient groups.

- Capacity and consent 'best interests' go far wider than 'best medical interests', and include factors such as the patient's wishes and beliefs when competent, their current wishes, their general wellbeing, and their spiritual and religious welfare. The Mental Health Act, accessible via the clinical system, can provide health professionals with further support regarding consent.
- Pictorial resources.

Results

Evaluation following shared learning event with CRUK Dec 2016

	More confident	No change	Less confident	Total	Average
Engaging women with learning difficulties	18 62.07%	11 37.93%	0 0%	29	1.38

'Look at learning disabilities women and encourage them to attend giving longer appointment, will seek out local LD nurse who can help me support the patient.'

Conclusion

Although there has not been a significant increase in the number of women with learning disabilities attending cervical screening, the smear takers within NHS GGC have increased awareness of the challenges that this group of hard-to-reach patients face. They are more likely to encourage participation (if appropriate) with this new knowledge and the resources available. The smear takers are also aware that the Learning Disabilities Teams within localities can help them support their patients.

For more information, visit: www.jostrust.org.uk/resources/materials/information

Effectiveness of GP endorsement of bowel screening

Jane Chandler, Health Improvement Specialist

Rob Henderson, Consultant in Public Health Medicine

Background

Uptake of the Scottish Bowel Screening test across NHS Highland is varied, and reflects national trends. A local bowel screening needs assessment was undertaken in which service users (n=50) identified GP encouragement as likely to increase acceptance of the test (n=13). Practice managers (n=40) described a variety of initiatives undertaken in primary care; however, none had been evaluated locally. A peer reviewed study found that bowel screening uptake increases by up to 6%¹ when GPs send a letter to individuals. This endorses the screening programme. A small test of change was initiated in a rural GP practice using the endorsement letter in order to test effectiveness in NHS Highland.

Method

A GP practice that was not involved in any initiatives to reduce non-response to the bowel screening programme was identified. The practice assigned a project lead from its administration team. The test of change was carried out over six calendar months. During the test period letters were sent on a weekly basis and a replacement kit was ordered from the Bowel Screening Centre. The project lead monitored response rates on an ongoing basis. The Scottish Bowel Screening Centre staff evaluated the project at 12 weeks post-intervention.

Results

Non-responders, n=118

Letters sent, n=108

Unsuitable for intervention, n=10

Subsequent responders, n=25 (23%)



Conclusion

The intervention was successful in improving acceptance of the bowel screening test and adds to the body of evidence which shows that GP endorsement is effective. It is possible the rural location of the GP practice and familiarity between practice staff sending the intervention letter, and patients receiving it, contributed to the intervention's positive effect. As GPs are not obligated or remunerated to send endorsement letters, current efforts to do this rely on the good will of practice staff. Consideration should be given to establishing formal arrangements between the bowel screening programme and primary care in order to improve acceptance of the programme. Further work is required to understand the needs of those non-respondents for whom this method is ineffective.

References

1. Hewitson P, Ward A, Heneghan C, Halloran SP & Mant D. (2011) Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial.

Vulnerable groups audit

Background

Audit of vulnerable groups across a range of cancer screening programmes and HPV immunisation uptake.

Method

Audit

These data were obtained through collaboration with a number of colleagues. Agreement was sought to access data, undertake any data linkage, analysis and interpretation.

Results

Health of protected groups

Learning disability (LD) – Uptake of cervical screening among eligible women, as estimated from a survey of practice LD registers in 2014 was 21.7% (n=179).

By comparison, background NHS Lanarkshire uptake among the eligible population in the five years to end March 2014 was 79.3%.

Uptake of HPV vaccination among eligible girls in additional-needs establishments in Lanarkshire, as estimated from SIRS surveillance data, for 2013/ 2014 – 3 doses 69.4% (n=36).

Compared with uptake of three doses in the background eligible population 87% (n=3545).

Eligible 'looked after' girls and uptake of HPV vaccination.

For 2013/2014:

Among looked-after girls – 79% uptake of one dose only and 71.4% uptake of all three doses (n=14) (accessed in March 2015).

This compares with the background population uptake of the first dose only for 2013/14 of 94.6% and 87% for all 3 doses (measured in August 2014).

NB: According to the Information Services Division (ISD) the uptake for dose 1 usually increases about 1%; the uptake for dose 2 goes up by approximately 2% and the uptake of dose 3 goes up by up to 9% once all reminders have been sent. This means that for the looked-after girls, the actual uptake at August 2014 is likely to have been lower. It is also important to note the very small number of girls in this group.

Uptake of bowel screening among eligible individuals with LD from a survey by Partnership in Practice of patients in South Lanarkshire in 2014 – 41% (n=126).

Background population uptake was 52.2%. These data are for the May 2015 submission of nationally produced key performance indicators (KPIs), released in August 2015.

Uptake of breast screening among eligible women with LD from a survey by Partnership in Practice of patients in South Lanarkshire in 2014 – 19% (n=99).

Background population uptake was 70.1% for the period 2011–14.

Uptake of bowel screening among the eligible population of prisoners in Shotts Prison for 2014 – information on uptake not available.

Uptake of bowel screening among the eligible population of residents in Carstairs for 2014 – preliminary data for uptake was 18% (n =28).

The impact of deprivation

Bowel screening – for Lanarkshire the uptake for males and females in least deprived group is 61.9% and in the most deprived is 43.5%. These data are for the May 2015 submission of nationally produced KPIs, released in August 2015.

Cervical screening – there are no data at a national or local level for the difference in the uptake by deprivation. This is something which is being pursued nationally.

Breast screening – uptake nationally among least deprived is 81% and most deprived is 62.8% for the three-year period 2009/10 to 2011/12.

On the back of the audit findings we undertook a few initiatives but so far haven't had the opportunity to close the audit loop again.

Conclusion

Useful baseline data on uptake of range of screening programmes among vulnerable groups.

Insufficient time and resources generally to undertake systematic literature reviews, implement change packages and re audit.

Health inequalities and women with learning disabilities

Background

The UK Cervical Screening Programme is estimated to save 5,000 lives a year. However, we are seeing coverage go down and incidence and mortality is worryingly high. In Scotland, incidence increased by 22% in 2014 and is the highest for over 20 years, with mortality in 2015 32% higher than 2014. At the same time the downward trend in cervical screening coverage continues and in 2015–16 this was 75.6%. In 2001–2 coverage was significantly higher at 85.6%.

Jo's Cervical Cancer Trust has commissioned a wide range of research around the barriers to screening attendance, the reasons are wide ranging and correlate to age, ethnicity and specific hard-to-reach groups.

Women with a learning disability (LD) were a group of particular concern. People with an LD are 45% less likely to attend cancer screening and for LD women only 25% take up cervical screening compared to 75+% of the general population.

With such a low percentage of LD women attending screening, the charity wanted to:

1. explore reasons behind this
2. if needed, produce materials that were more appropriate and relevant to LD women.

Method

There were two elements to this work:

1. Working with a range of experts including Public Health England, LD nurses, a public health specialist, a health psychologist and the Women's Healthcare Choices Group, it was agreed to produce a health education film for women who have mild and moderate LD. The aims of the film were to de-mystify the procedure, using real life actors and actresses with LDs to make women more comfortable with the procedure. The end result was 'The Smear Test Film', produced both in DVD format and available online.
2. The Smear Test Film project highlighted the need for a new EasyRead guide that could be used alongside the film or separately. As with the film, the resource had to ensure that women knew what they were entitled to and broke down preconceptions. Four focus groups took part in the development of the publication with LD women providing key input, this included being asked about the words they use for cervical screening, their body, and the barriers to attending screening.

The two resources were then promoted widely to LD organisations and health professionals.

Results

Feedback on both resources has been positive. As of 21 February 2017, The Smear Test Film has been watched 11,474 times online, 600 DVDs have been ordered and almost 7,000 EasyRead guides have been distributed.

Smear Test Film

- 99% of orders have been from health professionals to train others or to show directly to women with LD.
- 64% said the film has aided women with LD to make a decision about cervical screening attendance.
- 14% have seen an increase in the numbers of women with LD attending cervical screening since they showed the film.
- 100% thought the quality of the information, presentation of the information, ease of use and understanding of the film, and suitability of this film for women with LD was excellent or good.

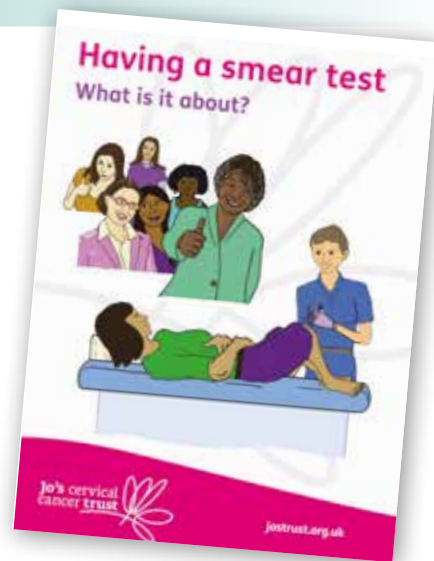


'...I showed the film to a group of people with LD and they thought it was fantastic. It was the first time they had seen such an appropriate resource and I have been invited back to do the session to a different group and carers.'

EasyRead

- 100% of EasyRead guides have been ordered by healthcare professionals.
- 8% have noticed a change in the number of women with LD attending cervical screening since using the guide.

'[We] organised a workshop for women with LDs to attend in partnership with some local GP practices. One lady booked an appointment to have screening completed.'



Conclusion

Initial feedback on the new resources has been extremely positive and demonstrates the need for targeted resources to reach LD women with information about cervical screening.

Jo's Cervical Cancer Trust will continue outreach to the LD community using the resources to increase awareness of cervical screening and encourage attendance. Further qualitative feedback needs to be collected to better understand how the resources have been used and where further resources could be developed. This feedback needs to be collected from practice nurses, learning disability liaison nurses, service users and others who have used the resources.

Bowel health and screening

Background

A Resource for People with Learning Disabilities and their Care Providers. This resource was designed, developed and published using co-production and engagement approaches involving a wide representation of stakeholders, as well as people with learning disabilities (LD). The purpose of the resource is to inform people with LD about the Scottish Bowel Screening Programme and how to look after their digestive health. In addition to the resource, a training programme has been designed for carers of people with LD on how to use the resource to ensure patient-centred care. This training has been delivered to statutory and voluntary agencies who care for people with LD, and we have also trained family carers.

The aim of this project was to increase uptake of bowel screening in a population that had shown an inequality in access to the programme.

Method

A multidisciplinary project group was established, with representation from the voluntary sector, NHS, people with LD and local authorities. A project evaluation model was designed.

We researched existing UK bowel screening resources for people with LD to inform the Scottish resource and create first drafts.

Drafts were tested with focus groups made up of people with LD and their care providers. Some of these groups were then involved in the photography and selection of the images for the new resource.



A training programme was then designed to support carers of people with learning disabilities.

The final resource was created and two training pilots ran in NHS Greater Glasgow and Clyde (NHS GGC).

Results

- Between September 2012 and September 2014, the uptake of bowel screening in people with LD rose by 5% in NHS GGC. This intervention was the only focused work with people with LD taking place. This increase surpassed the 2% increase in the general population over the same time period in NHS GGC.
- Since the pilot training sessions in 2012, over 250 carers have received training. These people have passed on the key messages about bowel screening to an estimated 850 clients and colleagues.
- An award winning resource has been produced. It was the winner of a BMA Patient Information Award, shortlisted for the Patient Safety Awards, and was presented at the European Commission Colorectal Screening Conference and the International Royal College of Nursing Conference as a model of best practice in Co-production. It was also a successful intervention to increase uptake of bowel screening in a low uptake population group.



Conclusion

This intervention shows that by producing specific resources for people with learning disabilities you can increase uptake of screening programmes. Sufficient training should also be supplied to staff to equip them with the confidence and tools to help the people that they care for to take part in screening.

The resource is currently undergoing a refresh to make it appropriate for the new fecal immunochemical test with support from NHS Health Scotland.

Breast screening activities

Background

Cancer Research UK's Facilitator Programme works with health services to improve the prevention and early diagnosis of cancer. Uptake of breast screening has been consistently lower in more deprived areas.

Method

Practice visits

The programme offers training and practice visits shaped by the priorities of the practice. Breast screening resources can be offered as part of the support package available from the programme, including training on supporting informed decision making around participation, staff awareness training and engagement resources.

NHS Lothian: Targeted practice engagement

Working alongside the Edinburgh Breast Screening Centre to visit GP practices in areas of relative deprivation immediately prior to breast screening. And encouraging awareness raising and engagement activities within the practices.

NHS GGC: Breast screening protocol

Partners identified that breast screening interventions needed to be more targeted in terms of who to target, what to do and when to do it. Evidence-based activities were identified to undertake with health professionals and patients to reduce barriers to participation, with some focus on inequalities groups such as the black and minority ethnic (BME) population.

NHS Lanarkshire: Pharmacy training

To help reduce the barriers to accessing breast screening NHS Lanarkshire and Cancer Research UK developed a multi-pronged plan to target eligible women in Blantyre (an area of poor uptake). The facilitator programme agreed to deliver training to local pharmacies to raise awareness of the screening programme.

Results

Practice visits

Across the Programme, 24% of interactions with GP practices in December 2016 discussed breast screening. Support offered included audits, top tips for engaging non-responders and breast screening awareness training for all staff.

NHS Lothian: Targeted practice engagement

Work is underway – no outcomes to report yet.

NHS GGC: Breast screening protocol

The pilot by South Glasgow HSCP included:

- identifying practices with low uptake rates
- meeting with practices to review uptake and identify additional engagement methods
- running community awareness events in relevant local locations to target the BME population.

NHS Lanarkshire: Pharmacy activity

Three training sessions were delivered to pharmacies during December 2016 and January 2017. Sessions were scripted around pharmacy bags with breast screening key messages, distribution of thingmyboobs keyrings and pharmacy top-tips sheets. 22 members of staff took part in the training. Clear outcomes around increased conversations with patients were identified.

Conclusion

The facilitator programme has a range of tools to support GP practices and pharmacies to review and address inequalities in uptake of breast screening programmes.



Cervical screening activities

Background

Cancer Research UK's Facilitator Programme works with health services to improve the prevention and early diagnosis of cancer. The programme works in partnership with Board areas to develop a workplan focusing on local priorities around cancer prevention, screening and earlier detection.

Method

Practice visits

The Programme offers practice visits shaped by the priorities of the practice as well as training. Cervical screening resources can be offered as part of the support package available from the programme.

NHS GGC: Cervical cytology toolkit

Toolkit with three self-assessment sections (supporting engagement, practice systems and using the Scottish Cervical Call Recall Service, and maintaining engagement) developed in partnership. Also contains a section with barriers to engagement and practical suggestions for engaging specific populations (e.g. learning disabilities system searches and information materials).

NHS GGC: Shared learning event

A Cervical Cytology Learning Event aimed at GP practice staff was held in December 2016. The event focused on general engagement tools but also contained information on engaging women with learning disabilities.

Partnership funding bids

Joint bids have been successfully submitted with three NHS Boards (Lanarkshire, Tayside and Grampian) with the aim of reducing inequalities in uptake of cervical screening.

Monitoring the impact of the national cervical screening social marketing campaign

Aimed at 25–35 year olds, the campaign encourages those that missed their last smear to contact their GP. The facilitator programme has recruited GP practices across Scotland to monitor the impact of the campaign on their workload.

Results

Practice visits

Across the programme, 34% of interactions with GP practices in December 2016 discussed cervical screening. Support offered includes audits, top tips for engaging non-responders and cervical screening awareness training for all staff.

NHS GGC: Cervical cytology toolkit

A hard copy of the toolkit was distributed to all GP practices in June/July 2016. Further discussions about the toolkit were facilitated via the practice nurse locality meetings held in all Health and Social Care Partnership areas in August 2016, as well as through a webinar with practice staff (practice nurses and practice managers) held in October 2016. A number of the resources have been incorporated into the national toolkit.

Shared learning event

37 participants attended the learning event (representing 31 practices). The session gave the participants practical tips to engage women with learning disabilities. A number of key actions were identified, including cluster work with practices in north-east and north-west Glasgow where deprivation is high and uptake is low.

Partnership funding bids

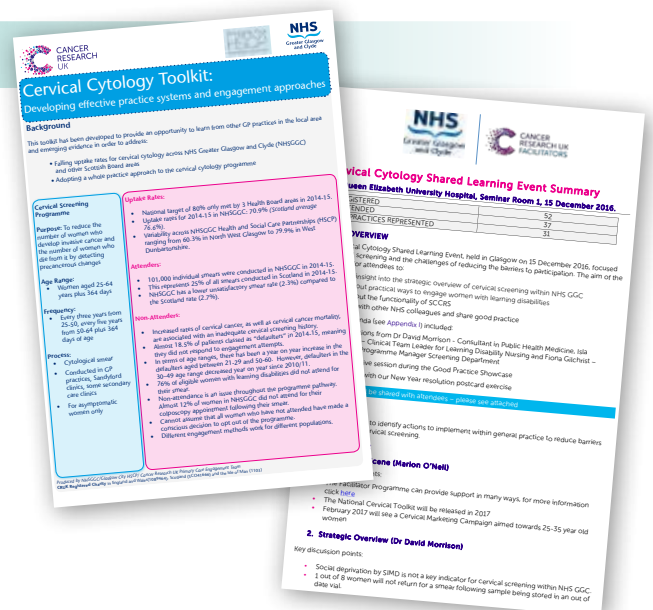
No results available yet.

Monitoring the impact of the national cervical screening social marketing campaign

Eight practices (with a high proportion of 25–35 year olds) were recruited, covering five Health Boards. The results are due in March.

Conclusion

The facilitator programme has a range of tools to support GP practices to review and address inequalities in uptake of cervical screening programmes.



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www.nhsinform.scot/screening

The screening pages on NHS Inform provide up-to-date information on all the screening programmes offered in Scotland:

- Breast
- Bowel
- Cervical
- Abdominal aortic aneurysm
- Diabetic retinopathy
- Pregnancy and newborn

To download presentations after the event visit:

www.healthscotland.scot/screening-and-inequalities-event

www.healthscotland.scot