

Public Health Directorate



Inequalities in participation in screening programmes:

A summary of learning from engagement activities

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1. Introduction

The uptake of screening programmes in NHS Greater Glasgow and Clyde is lower in the Black and Minority Ethnic communities (see [Public Health Screening Programme Annual Report 1 April 2022 to 31 March 2023](#)).

There is evidence to support culturally specific approaches to increase informed participation in Black and Minority Ethnic communities (see, for example, [Report of The Independent Review of Adult Screening Programmes in England](#)).

The NHS GGC Widening Access and Addressing Inequalities in Adult Screening Programmes Action Plan for 2022-25 identifies South Asian, Caribbean, African & Chinese communities as priorities based on data in the Screening Programme Annual Report.

To support implementation of the inequalities action plan, an Engagement Practitioner was recruited to focus on increasing informed participation in screening among Black and Minority Ethnic communities, specifically:

- To undertake community engagement and capacity building in relation to adult screening programmes.
- To contribute to the development and delivery of Inequalities Sensitive Practice in adult screening programmes.

This report evaluates the findings of this work in order to ensure learning will be used in future developments to address inequalities in screening programmes.

2. Activities

The agreed work plan was to:

- Work with community and faith groups to promote screening, build skills of community leaders and peers to raise the issue of screening, and increase knowledge of barriers to informed participation.
- Share learning from communities to inform approaches to addressing health inequalities and discrimination in a systematic way.

Activities took place between August 2022 and June 2024.

3. Resourcing

The 2 year Fixed Term AfC Band 5 Engagement Practitioner was funded through the Scottish Government Screening Inequalities Fund.

The post was managed by a Health Services Programme Manager, however, matrix working was established to support programme development, learning, and information sharing with Equalities and Human Rights staff and Public Health colleagues.

Funding is linked to the [Scottish Equity in Screening Strategy 2023-2025](#) which outlines the national approach to tackling inequalities in screening programme. The action plan for this strategy includes the following outcome and action relevant to this work: Outcome 1a: All eligible people are aware of the relevant national screening programmes, understand the benefits and harms of screening, and can make an informed personal choice with regards to their engagement across the screening pathway.

4. Findings

4.1 Engagement activities

1540 participants took part in 67 engagement activities with 47 Chinese, Africa, and multicultural community groups. Groups were predominantly in Glasgow City. We collaborated with the West of Scotland Breast Screening Service, Jo's Cervical Cancer Trust, and HSCP Health Improvement teams.

4.2 Session content

The following topics were covered within the awareness raising component of the engagement sessions: what is screening? eligibility for each of the cancer screening programmes; access to health services; benefits and risks of screening; symptoms of

cervical, breast and bowel cancer; cancer prevention; how to install NHSGGC ILClient App (app for using an interpreter during telephone calls).

Access or other issues were raised by participants during discussion and through pre-engagement forms and evaluation. Participants were also asked to complete an equalities monitoring form.

4.3 Accessible information and interpreting

The NHSGGC Clear to All policy exists to make sure there is a consistent, accurate and clear approach to the provision of accessible information to patients and members of the public.

Interpreting services for sessions was provided in Arabic, Cantonese, Farsi, Kurdish, Mongolian, Punjabi, Tamil, Kurdish Sorani, Ukrainian, and Russian. Participants were also provided with access to patient information on cervical and breast screening programmes translated to Arabic, Cantonese, Farsi, Kurdish, Mongolian, Punjabi, Tamil, Kurdish Sorani, Ukrainian, and Russian languages.

4.4 Issues identified by participants

We have clarified the policy, corporate and service responses available to address these issues including financial inclusion services, interpreting services, and increased community level communications about screening, see below.

4.5 Screening-specific issues and potential response

Screening-Specific Issue	Potential response
Limited knowledge of screening	Raise awareness through community activities and distribution of accessible information
Too embarrassed esp cervical	Always recommend taking part in cervical screening / Refer to Glasgow Uni research on counteracting faith messaging.
Previous negative experiences	Raise awareness of what to expect during screening / NHS GGC complaints procedure
Paying for HPV vaccination	Raise awareness of Scottish vaccination policy and how it fits with screening programme.
Limited knowledge of HPV role in cervical cancer	Raise awareness of HPV including cervical screening results letter and vaccination programme

Screening-Specific Issue	Potential response
Limited knowledge of cervical screening for older women	Advise that post-menopausal women who are eligible for screening should participate in screening
Not received bowel screening kit	Provide information on how to request a kit: https://www.nhsinform.scot/healthy-living/screening/bowel-screening/request-a-bowel-screening-test-kit
Gender specific staff preference for women	Advice that a female practitioner can be requested at the point of screening. For clinical assessment, female consultants cannot be guaranteed.
HIV patients should be called annually for cervical screening	Provide clear messaging to community through third sector/ support orgs
Too busy to attend	Emphasise role of preventative healthcare and recommend taking part in cervical screening
Monogamous or not sexually active	Recommend taking part in cervical screening and provide clear messaging on HPV transmission
Perception of equipment not being sterilized	
Wheelchair user believes they are excluded due to previous experience	Through recording of needs and making reasonable adjustments made under the Equality Act 2010. See NHS GGC Disability .
Domestic abuse related to HPV status	+ results can be retained by GP practice on request
Difficult to navigate system eg NHS Inform website	Provide feedback to national team in relation to the Equity in Screening Strategy and Action Plan.

4.6 Service access issues and potential response

Service Access Issue	Potential response
Cost of attending appointments	Money advice on Health and Wellbeing Service Directory
Interpreter needs not being met	Raise awareness of direct patient access to interpreting (Patient Code)

Service Access Issue	Potential response
Not registered with a GP, no legal status	Raise awareness of healthcare rights and access to healthcare
Negative attitudes of staff towards speakers of languages other than English	NHS complaints procedure
Invitation letter in English	Clear to All policy + QR codes linking to accessible information on letters currently being considered nationally for screening.
Child and family care impacting on ability to attend appointments	Response for screening outlined in national Equity in Screening Strategy and Action Plan
Role of faith and community beliefs influencing use of health services	Additional research needed For screening, refer to Glasgow Uni research on counteracting faith messaging
Communities not represented in patient information	Provide feedback to national team in relation to the Equity in Screening Strategy and Action Plan.

5. Discussion

For this work, we identified the following evaluation questions:

5.1 To what extent have we collaborated with priority communities in widening access to adult screening?

The findings demonstrate that we were able to collaborate with priority groups. This involved reaching out to organisations and groups we have had previous contact with in relation to other public health programmes. This then allowed a snowball approach where our Outreach Practitioner made new connections through information shared by existing connections. While we were able to raise awareness of informed participation in screening programmes, we also listened to the experiences of people. These were summarised above.

5.2 What have we learned from our work with communities?

Learning and potential responses to learning are summarised in section 4. In some instances, issues specific to groups or individuals were identified and addressed directly. It was, however, clear that similar issues were being identified by different groups and organisations.

5.3 To what extent are we able to address issues identified?

Findings will inform community based awareness raising which is coordinated through an NHS GGC Community Implementation Group for the screening inequalities plan. Issues have been shared nationally through platforms linked to the development and implementation of the national Equity in Screening Strategy.

The steering groups for each of the screening programmes provide a platform from which to share learning and identify approaches to addressing programme issues.

7. Limitations

- This work was focussed on access to screening including informed consent for minority ethnicity groups. Public health programmes such as screening do not exist in isolation. There is scope to consider how learning, particularly in relation to access issues, can be implemented across other public health programmes such as vaccination.
- There are other priority groups in relation to improving access to screening such as people with learning disabilities and those with severe and enduring mental illness. We have programmes aimed at supporting these groups, recognising the intersectional nature of inequality.

8. Next steps

The funded programme of activities has now concluded, however, the learning from this will be used in work to address screening inequalities. Improving access to screening for people from Black and Minority Ethnic communities is retained as a mainstream activity. This will be undertaken in a number of ways, including:

- Continuing to report and to analyse our data on ethnicity.
- Through the work of the groups identified in section 5.3.
- A communication plan for which we have asked those organisations and groups if we can keep in touch.
- Resourcing new community-based activities including a programme of Cancer Research UK Talk Cancer workshops.
- Sharing wider findings ie those not specific to screening with relevant GGC groups and work streams.

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