

Public Health Directorate  
West of Scotland Breast Screening Service



**Breast Screening Invitations:** An evaluation of the process of providing routine correspondence in recorded language preferences

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### **1. Introduction**

Uptake of breast screening in NHS Greater Glasgow and Clyde (NHSGGC), as outlined in the [Public Health Screening Programme Annual Report 1 April 2022 to 31 March 2023](#), was below 70% for all other ethnic groups except the Roma and Show People groups which had very small numbers. The lowest uptake was seen in women who did not have ethnicity recorded.

Recent engagement with black and minority ethnic communities to support the NHSGGC Widening Access and Addressing Inequalities in Adult Screening Programmes: Action Plan for 2022-25 has confirmed that language may be a barrier to participating in health services.

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.

The [Scottish Equity in Screening Strategy 2023-2025](#) 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.

1.1 Develop IT systems to introduce a mechanism to: Record individual's preferred communications needs

NHSGGC and the West of Scotland Breast Screening Service (WSSBSS) agreed to explore the processes involved in sending written communications to women eligible and due for breast screening in their recorded language. The aim of this was to inform the development of more systematic approaches to accessible information.

For women who do not speak English, telephone and interpreting services are currently booked for appointments. The process of booking interpreters has meant that language requirements are now recorded for women who have attended the service.

The activity contributed to a wider programme of work in NHS Greater Glasgow and Clyde to improve uptake of the breast screening programme through improved communication with eligible women who are due to attend. Other components include:

- Telephone calls to women who fail to contact WSBSS following an open invitation letter.
- Call to action guidance for HSCP health improvement teams.
- Creating online customisation options for web2print and direct distribution of Public Health Scotland empty belly posters.

## **2. Intervention**

The intervention was applied to include:

- Women who have previously attended breast screening (for first cycles) and who have a recorded language other than English.
- Routine communications which relate to the screening call/recall process.

The WSBSS identified the following routine communications as appropriate for translation:

1. Initial Appointment Letter
2. Initial Reminder Letter
3. Assessment Appointment Normal Result - Recall routine result Letter
4. Routine Appointment Normal Result - Recall routine result Letter
5. Disclaimer Letter
6. Previous Non Attender Letter
7. Recall Letter Error
8. Recall Letter unclear
9. Office cancelled Letter
10. Patient cancelled letter

The intervention did not impact on the standard invitation process. Women receive information in their preferred language. Two recipients requested English versions of the communication.

The intervention applied to invitations for January 2024 appointment. The process of identifying recorded languages started in December 2023 and continued into January 2024.

The standard process can be summarised as follows:

1. Prepare batch list and send invitation (fixed appointment 3 weeks in advance)
2. Reminder phone call 2 weeks before
3. Accessible information letter manually issued if requested or need identified

The intervention process was follows:

1. Identify records with language recorded
2. Translated invitation manually issued (fixed appointment 3 weeks in advance)
3. Provide any further accessible information if requested or need identified

### **3. Resourcing**

This intervention was resourced utilising core staff. The WSBSS Community Liaison Officer undertook the process of identifying language information from forthcoming invitation lists and preparing translated communications manually. The WSBSS Office Manager then sent the translated letter with accompanying patient information booklet. Public Health Directorate ordered translations.

The NHSGGC Clear to All Accessible Information policy provided funding for the translations. Translation costs were £570.00 in total.

### **4. Findings**

WSBSS identified 19 women from 9 GP practices with a recorded languages (10 from Glasgow practices; 5 Lanarkshire; 3 Clyde and 1 Forth Valley). We were able to translate into all seven of the recorded languages: Polish, Arabic, Hindi, Slovak, Punjabi, Cantonese and Romanian. The process involved sending a request to the Clear to All team who sought a quotation from the NHS GGC translation service provider before confirming the order. Each of the ten items of routine communication were translated. All translations were undertaken within three working days.

- 10/19 women attended. 8 did not attend. 1 client's original appointment was cancelled; they then did not attend their subsequent appointment.
- The client's language needs had either previously been identified through their GP practice or if the client had previously contacted the service to request an interpreter.
- All 19 clients received their initial appointment letter translated into their recorded language; 10 clients attended. 8/10 clients received their **routine results letter** in their recorded language; 1/10 clients had phoned to advise that they would like their results in English and 1/10 client received their results in English as they had cancelled and re-allocated their original appointment (which was translated and sent out with new appointment details) but their routine results letter in their recorded language was missed after the re-allocation and not translated.
- 8/19 clients did not attend their original appointment and received a **DNA reminder letter** in their recorded language. 6/8 clients did not contact the centre to re-schedule another appointment; 2/8 clients did contact the centre to re-schedule and received a new appointment letter in their recorded language as well as their routine recall results letter in their recorded language.
- 1/19 clients had their original appointment cancelled by the centre (due to mobile issues) and received an **office cancellation letter** in their recorded language. A new appointment letter was translated and sent out. The client did not attend the second appointment and received a translated DNA reminder letter.

The national patient information which is sent with initial appointment letters was already available in all languages translated on request or online except for Hindi.

## 5. Discussion

The intervention was undertaken a time when WSBSS was facing significant service pressures. The process of identifying language, ordering translations, and manually sending out communications in the right language is resource-intensive. WSBSS do not currently have the resources to adopt this approach as standard practice.

IT developments to support the provision of accessible information depend on the recording of communication needs and being able to access this information. The intervention demonstrated that language is recorded by the service for those women who have attended a breast screening appointment. National improvements in IT may have the potential to utilise this data in the future to provide accessible information directly and in the first instance.

GP practices also record communication needs and are a source of information. This is particularly important for meeting the needs of women who are newly eligible for breast screening and do not yet have communication needs recorded by the breast screening service.

## **7. Limitations**

- Accessible information is not only about language but also about other formats such as Easy Read, audio, or Braille. We would also have met these communication needs if they were recorded in the intervention cohort.
- Due to service pressures, we did not conduct a service user experience evaluation.
- We recognise that literacy can be an issue for some people in all languages and that this intervention does not meet the needs of that group.
- We used the NHSGG contractor for translation services. We did not assess the quality of translations.

## **8. Next steps**

- We should continue to ensure opportunities to record communication needs are acted upon.
- The correspondence is now available to use and can be shared with other breast screening services in Scotland.
- The processes used to identify language recording and sending out correspondence should be used to inform national developments.

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