













Addressing health inequalities by reforming screening engagement and collaborating across health and social care

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Background:

Every year over 1.6 million people are invited to participate in screening, 30% of invites are not taken up. There is a high correlation between deprivation and low uptake. During the COVID-19 pandemic, the adult screening programmes were paused. The subsequent re-mobilisation of screening has been an on-going challenge in terms of system capacity, the ability for vulnerable participants to attend and the subsequent exacerbation of health inequalities. A collaboration between NSS National Services Scotland and Health and Social Care Partnerships (HSCPs) was formed to explore ways of working together to intervene early and help address inequalities in access to screening. By making better use of data we can understand the barriers to attending and focus our resources and services in a person-centred way to facilitate participation.

Aim:

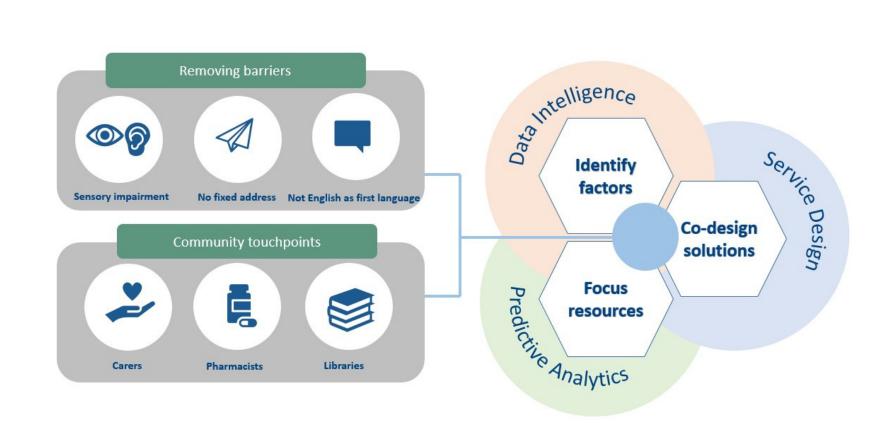
This project aims to increase informed decision making about screening and reduce the barriers to participation through better use of national and local screening data, advanced analytics and collaboration with HSCPs. By identifying opportunities to personalise interactions and communications, focus local resources and optimise the potential of existing organisations and teams across the Community and Primary Care, we will encourage and facilitate participation in screening and reduce health inequalities.

Methods:

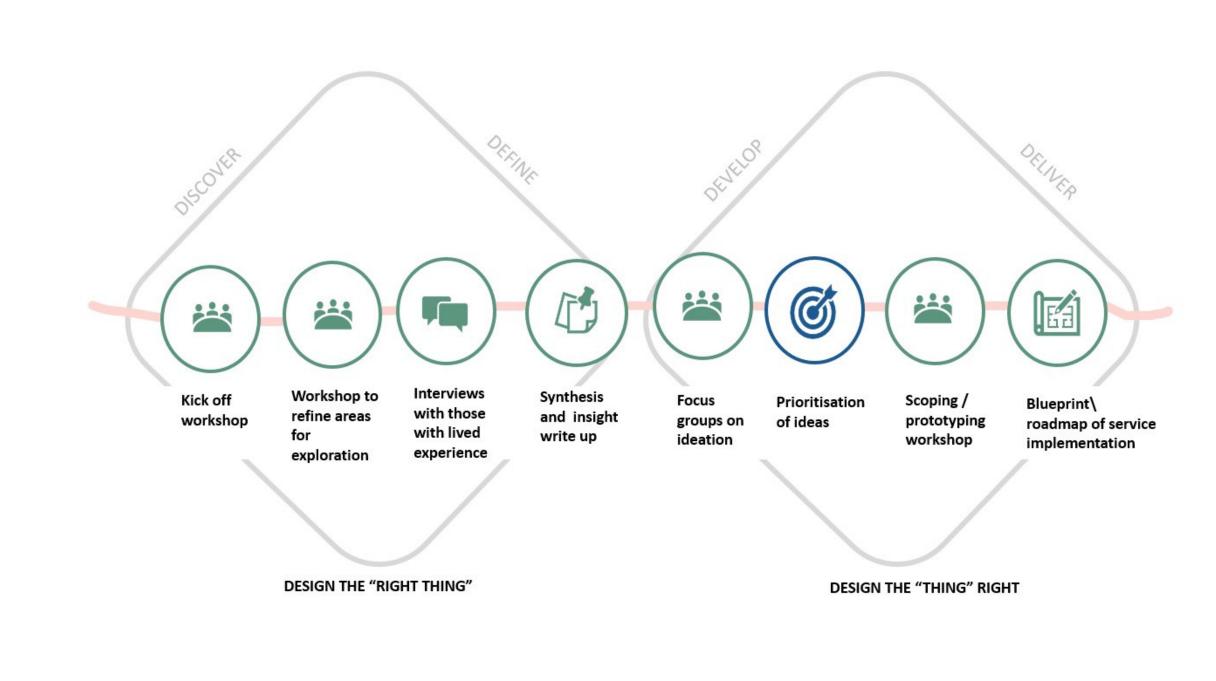
The first phase of research was carried out using a mixture of structured 1-2-1 interviews, focus groups, workshops and informal interviews with community representatives. Our team used the Scottish Approach to Service Design to identify, define and develop possible interventions which would have the potential to improve access to, and uptake of, screening programmes.

We focused on two specific questions:

- How might we use personalised communications to help improve cervical screening uptake in West Lothian?
- How might we leverage health and social care touchpoints to increase bowel screening uptake in North Lanarkshire?







Unaware

"I don't understand what I'm being invited for"

Unengaged

"Screening isn't relevant for me"

The integrated screening action model (I-SAM)²



Undecided

"I'm scared what my results might be"

Decided not to act

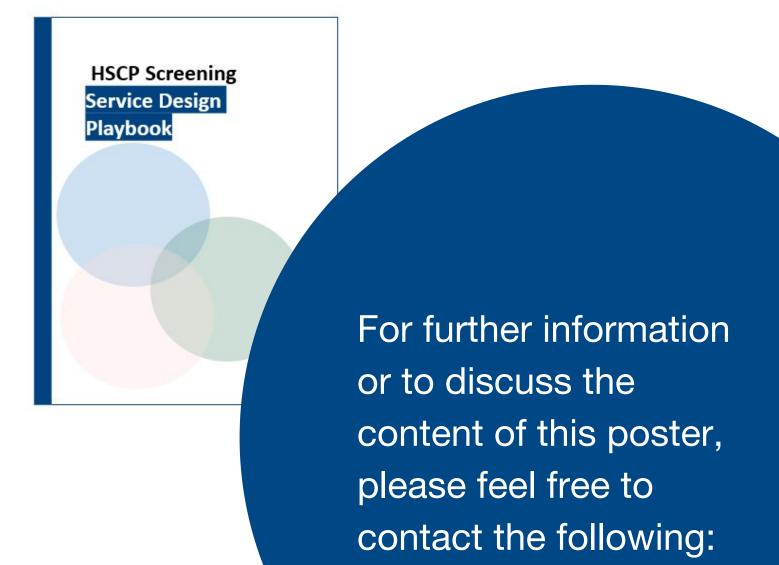
"It's too embarrassing"

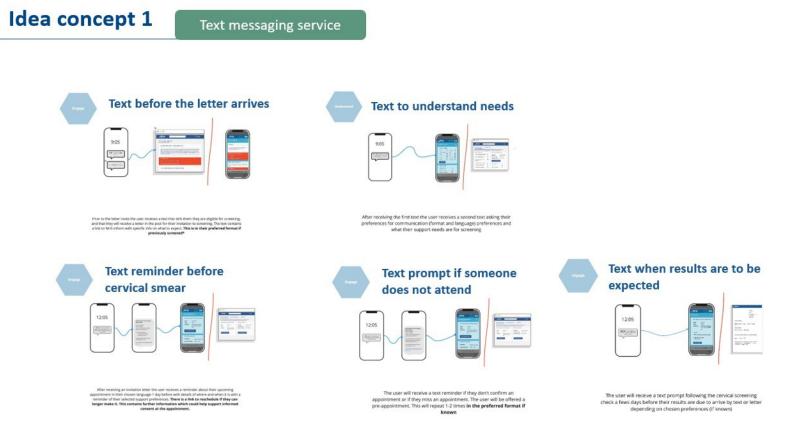
Outcomes:

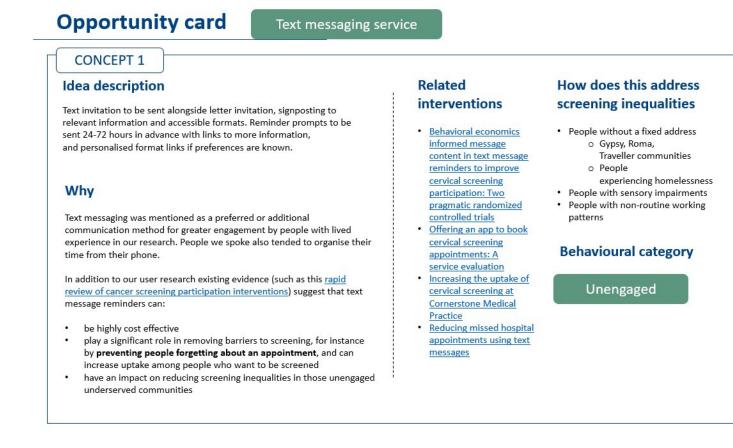
- We have demonstrated how community data and local intelligence can support HSCPs design early intervention and prevention initiatives
- By using the Integrated Screening Action Model (I-SAM) we have created a framework that factors in behaviours to decision making about screening participation
- We have co-designed and developed a range of service improvements which will inform the pilots and wider service improvement projects focused on addressing health inequalities and supporting COVID-19 recovery

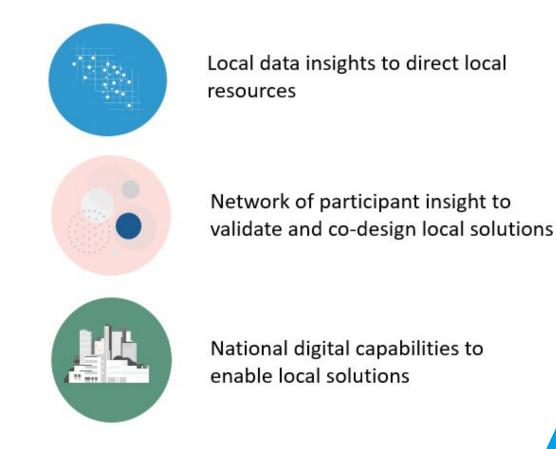
Conclusions:

- By exploring screening inequality from the lens of HSCPs and communities, we have created a repeatable, sustainable approach to addressing barriers to participation
- The demonstration of 'better use of and access to local screening data and intelligence' will inform the development of a National Screening Intelligence Platform
- The development of a predictive analytics model will enable invitations and interactions to be personalised and designed around the individual
- The use of intelligence, academic input and our collaborative approach with HSCPs will be captured in a playbook so the learning and outputs can be used and adapted according to local needs and priorities









References

- 1. Quyn AJ, Fraser CG, Stanners G, et al. Uptake trends in the Scottish Bowel Screening Programme and the influences of age, sex, and deprivation. Journal of Medical Screening. 2018;25(1):24-31. doi:10.1177/0969141317694065
- 2. Kathryn A. Robb, The integrated screening action model (I-SAM): A theory-based approach to inform intervention development, Preventive Medicine Reports, Volume 23, 2021

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