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| **Population Health Directorate**  Health Protection Division  E-mail: screening@gov.scot |  |

Directors of Public Health

Screening Coordinators and Clinical Leads for breast, bowel and cervical cancer

Third Sector

24 September 2020

Dear Colleagues

**SCREENING INEQUALITIES FUND 2020/21**

1. This letter sets out detail on how the Screening Inequalities Fund will be used to support and deliver work on tackling inequalities in access to screening services across Scotland and the process by which you can apply for funding.
2. Please note that due to the impact of Covid-19, this year’s call for bids is issuing later than in previous years and therefore any projects will have a shorter timescale in which to complete – by April 2021. We are therefore looking for projects that are able to respond quickly to new and emerging inequalities as a result of Covid-19. This could also include an enhancement to a project that you are currently running.
3. In total there is £350,000 in the Inequalities Fund from which to award successful projects.
4. We know that participating in the national population cancer screening programmes is one of the best ways to detect cancer early and to help reduce health inequalities in cancer. We have three well-established and successful population screening programmes for breast, bowel and cervical cancer. These key public health interventions have a significant role in preventing and/or identifying cancer at an early stage, which improves the chances of survival.
5. Improving our ability to detect cancer at an early stage will make a significant contribution to reducing variation in survival rates across Scotland. Stage of diagnosis, as a proxy indicator for survival, shows that for the three most common cancers in Scotland (breast, lung and colorectal) there is a correlation between later stage presentation and increased deprivation.
6. Through the Detect Cancer Early Programme (DCE) we are already raising awareness of the benefits and risks of screening and ensuring people have access to clear resources, enabling them to make informed decisions about participation. Moving forward, the Detect Cancer Early Programme will continue to improve Scotland’s early detection rates, with a focus on those from the most deprived areas who are less likely to take part in screening and more likely to present later with symptoms.
7. This work will deliver our strategic goals and collective actions to change perceptions and attitudes to cancer in Scotland in a bid to reduce fear around the disease and encourage earlier presentation.
8. On 30 March 2020, the Scottish Government announced a temporary pause to the cancer screening programmes due to the impacts of Covid-19. The decision to pause the screening programmes was a difficult one and involved careful consideration of all of the risks involved, including the risk of people becoming infected with the virus as a result of attending screening appointments.
9. The national screening programmes are now restarting as Scotland moves through the phases out of lockdown. The resumption of screening services is taking place in a phased, careful and prioritised way, as part of the remobilisation of the NHS in Scotland, and with initial focus on higher-risk screening participants.

**Priorities**

1. Scotland continues to face significant health inequalities and it is crucial that any new proposal helps us to address those challenges in relation to breast, bowel and cervical screening. The impact of Covid-19 may exacerbate existing inequalities and/or cause new ones to emerge. These may include but are not limited to the following areas and groups of people:

* Transport – for many people restrictions on public transport and a reluctance to use it during the pandemic may impact their access to screening. This may have a particular impact on those with disabilities or on lower incomes.
* High risk conditions – those with significant underlying health conditions that increase the risk of developing severe illness with Covid-19, including those who were added to the shielding list, may be more anxious about attending and therefore less likely to do so.
* Other characteristics – evidence of real-world Covid-19 outcomes suggests increasing age, being male or from a black, Asian or ethnic minority background are correlated with more severe consequences from catching Covid-19. This could lead to a greater reluctance among these groups to attend appointments.
* Carers – those who provide support for those at higher risk may also be more anxious and therefore less likely to attend.
* Other vulnerable groups – for example, those with learning difficulties, disabilities or who struggle with their mental health may have been affected more adversely than the general population by the on-going impacts of Covid-19 and may need increased support to feel confident about accessing screening appointments.

1. It is, therefore, expected that every proposal will make clear:

* The context for the intervention.
* How the intervention will target the impact of Covid-19 on the screening programmes and on tackling inequalities.
* The specific group being targeted by the intervention.
* A realistic insight into what can be achieved through the funding requested.

**Outcomes**

1. We will need to be realistic about what can be achieved within the timescales available for these focussed projects. Suggested outcome measures may include:

* Increased knowledge of the cancer screening programmes and the benefits and risks afforded to individuals.
* Consideration of personalised informed choice.
* Increased intention to accept invitations for screening, or increased uptake.
* Earlier detection of disease.

**Funding and process**

1. We are now inviting submission of proposals. Your proposal should be ready to start by the end of this calendar year and should be expected to complete by April 2021.
2. There is no guarantee that all bids will receive funding.

**Proposal outline**

1. This year we will be running a streamlined bidding process. If you wish to make a bid, please fill out the application form in Annex A, setting out how your project will address the impact of Covid-19 on inequalities in screening as outlined above.

**Next steps**

1. If you are considering submitting a bid to the Screening Inequalities Fund – either by developing new work or building on an existing programme of work – we would be pleased to discuss any questions you or your partners may have.
2. Applications will be reviewed by a panel made up of representatives from the Scottish Screening Policy Programmes team, National Services Division and Public Health Scotland. Final award of funding is subject to Ministerial approval.
3. Applications are due **by 5 November 2020**. Please send the completed application form to the Scottish Government Screening Team mailbox ([**screening@gov.scot**](mailto:screening@gov.scot)).
4. We aim to communicate final decisions on funding within 2 weeks of the deadline above.

Yours sincerely



Joanna Swanson

Interim Deputy Director

Health Protection Division

Population Health Directorate

Scottish Government

**Annex A**

**Application Form**

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| **Aim**  **Please set out what your project wants to do and summarise how you will do this**  Max 500 words |
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| **Who**  **Please explain who your project will target**  Max 500 words |
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| **Covid**  **Please explain how your projects aims are related to the impact of Covid-19 on tackling inequalities in the context of the national screening programmes**  Max 500 words |
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| **Outcomes**  **Please explain your anticipated project outcomes**  Max 500 words |
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| **Timeline**  **Please explain how your timeline will achieve these aims by April 2021**  Max 500 words |
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| **Funding**  **Please explain how much funding your project will require and how this will be used**  Max 500 words |
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