

**Argyll and Bute Council**  
Comhairle Earra Ghaidheal agus Bhoid

*Customer Services*  
*Executive Director: Douglas Hendry*



argyll and bute  
**communityplanning**partnership  
Scotcourt House, 45 West Princes Street,  
HELENSBURGH G84 8BP  
Tel: 01436 658825  
Fax: 01436 658821  
e.mail –Belinda.ruthven@argyll-bute.gov.uk

10 December 2012

**MEETING OF THE HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP, PILLAR HALL, VICTORIA HALLS, HELENSBURGH, TUESDAY, 11 DECEMBER 2012**

I refer to the above and enclose herewith additional item 18. **(Health Improvement, Helensburgh and Lomond)** - which was not included on the agenda for the above meeting

Douglas Hendry  
Executive Director - Customer Services

**Additional Item**

- 18** Health Improvement, Helensburgh and Lomond - Elaine Garman, NHS  
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**HELENSBURGH AND LOMOND COMMUNITY PLANNING GROUP**

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## HEALTH IMPROVEMENT

Elaine C Garman, Public Health Specialist

The Helensburgh and Lomond Community Planning Group is asked to:

- Note this paper

### 1 Background and Summary

This paper focuses on health screening programmes. Cervical screening is subject to a government target.

### 2 Bowel Screening

Table 1: Uptake of bowel screening by Community Health Partnership (CHP), 2010

	Overall	Men	Women
North Highland CHP	60.1%	55.7%	64.7%
Mid Highland CHP	58.7%	54.4%	63.1%
South East Highland CHP	58.4%	54.8%	61.9%
Argyll & Bute CHP	59.1%	55.3%	62.7%

**Source:** Based on data provided by the Scottish Bowel Screening Centre

Uptake across Scotland during the period November 2008 – October 2010 was 53.7%. In Highland, uptake among women was higher than that among men (63.4% vs. 55.1%), a pattern seen across the country – 57.2% vs. 50.0% among women and men respectively during the period November 2008 – October 2010.

Uptake also varies by deprivation. Deprivation among geographical communities is assessed using the Scottish Indices of Multiple Deprivation (SIMD). Communities are assigned to an SIMD quintile based upon their degree of deprivation. In NHS Highland as a whole among men and women combined, uptake among people living in our most affluent communities exceeded that among our most deprived communities (65.2% vs. 47.1%), a pattern that that is also seen across Scotland (62.7% vs. 41.6%).

Table 2: Pre-colonoscopy assessment

North NHS Highland (1 <sup>st</sup> December 2009 – 31 <sup>st</sup> October 2010)	
Number of pre-colonoscopy assessment appointments	538
Proportion of patients whose offered appointment date for pre-colonoscopy assessment is within 14 days of the NHS Board being notified by the Scottish Bowel Screening Centre (Target 80%)	75.1%
Argyll & Bute CHP (1 <sup>st</sup> April 2009 – 31 <sup>st</sup> March 2011)	
Number of pre-colonoscopy assessment appointments	406
Proportion of patients whose offered appointment date for pre-colonoscopy assessment is within 14 days of the NHS Board being	41.3%

notified by the Scottish Bowel Screening Centre (Target 80%)	
<b>Scotland (1<sup>st</sup> November 2008 – 31<sup>st</sup> October 2010)</b>	
Proportion of patients whose offered appointment date for pre-colonoscopy assessment is within 14 days of the NHS Board being notified by the Scottish Bowel Screening Centre (Target 80%)	67.1%

**Source:**

- North NHS Highland information: ISD Scotland.
- Argyll & Bute CHP information: NHS Greater Glasgow & Clyde Public Health Screening Unit.

Pre-colonoscopy assessment appointments are carried out by a Specialist Nurse based within NHS GGC for A&B residents. Pre-colonoscopy assessment appointments provide an opportunity to assess individuals' fitness for colonoscopy and to discuss any questions which they have.

Pre-colonoscopy assessment appointments are usually conducted over the 'phone. However, face-to-face appointments can be arranged for individuals wishing this.

For the majority of individuals, the date, time and venue for their colonoscopy is arranged, and subsequently confirmed by letter.

Since this reporting period there have been staffing increases in NHS GGC providing more capacity within the system. However there also appears to be delays in getting bowel preparation to patients which is being investigated.

### 3 Breast Screening

Breast screening is undertaken by the West of Scotland Breast Screening Service. This is provided by a mobile service and visits all parts of Argyll and Bute over a three year period. For the cycle ending at March 2011 the overall uptake rate in the CHP was 76% with a range of between 72% - 80%. There is currently a consultation underway to rationalise the use of mobile units in Scotland as a whole and the number of assessment centres with the desire to combine assessment centres for screening and symptomatic patients. In Argyll and Bute there are 11 sites that are used by the mobile service.

### 4 Cervical Screening

Table 3: Uptake Rates - proportion of eligible <sup>1</sup> women who have had a cervical screening test within the last 5 years

	Uptake Rates (%)											
	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009	Q1 2010	Q2 2010	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011
Highland	80.6	81.1	81.2	81.3	81.1	81.0	80.8	80.5	80.5	80.6	80.5	80.4
North CHP	83.4	83.7	83.6	83.4	83.1	82.6	82.3	82.1	81.7	81.4	81.4	81.1
Mid CHP	80.6	81.1	81.4	81.5	81.3	81.3	81.0	80.8	80.6	80.6	80.3	80.0
South East CHP	80.9	81.2	81.5	81.5	81.3	81.3	81.1	80.8	80.9	81.2	81.2	81.1
Argyll & Bute CHP	79.1	79.7	79.8	79.9	79.9	79.8	79.6	79.3	79.4	79.6	79.5	79.5
National Target	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0

**Data Source: Cytology Practitioner Achievement Notification (CPAN) data from Scottish Cervical Call Recall System (SCCRS)**

<sup>1</sup> Eligible women = aged 21-60 years inclusive, all with a cervix

N.B. numerator and denominator values can be provided on request (contact: [r.henderson@nhs.net](mailto:r.henderson@nhs.net))

Table 4: Defaulting Rates - proportion of eligible <sup>1</sup> women who have not taken up an invitation to have a cervical screening test after receiving reminders

	Defaulting Rates (%)											
	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009	Q1 2010	Q2 2010	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011
Highland	18.1	17.0	15.7	14.8	16.9	18.6	19.3	17.4	15.2	14.3	15.0	16.2
North CHP	16.2	15.4	14.6	13.6	15.5	16.9	16.9	15.1	13.9	13.3	14.8	15.4
Mid CHP	19.2	16.7	15.3	14.4	17.2	19.1	19.8	18.0	16.1	15.2	16.2	17.3
South East CHP	17.5	16.6	15.2	14.4	16.4	18.3	19.1	17.2	15.0	14.1	14.2	15.5
Argyll & Bute CHP	18.7	18.4	17.3	16.3	17.7	19.0	20.1	17.9	15.1	13.9	14.8	16.2

Data Source: Cytology Practitioner Achievement Notification (CPAN) data from Scottish Cervical Call Recall System (SCCRS)

<sup>1</sup> Eligible women = aged 21-60 years inclusive, all with a cervix

N.B. numerator and denominator values can be provided on request (contact: [r.henderson@nhs.net](mailto:r.henderson@nhs.net))

## 5 Diabetic Retinopathy Screening

All patients diagnosed with diabetes are offered to have their eyes screened for any problematic changes which may threaten their eye sight in the long term. This service is provided through High Street Optometrists or a mobile service working out of GP practices or community hospitals. The uptake rate across Argyll and Bute is 72%. In the H&L area the rates vary from 71% uptake to 8% at Faslane.

Table 5: GP Practice Uptake Rates for Diabetic Retinopathy Screening

GP Practice	% Uptake Rate
Arrochar	60
Garelochhead	66
King St. Helens'	70
Dr MacLeod & Partners Helens'	71
Kilcreggan	71
Faslane	8

## 6 Abdominal Aortic Aneurysm Screening

This year sees the introduction of a national AAA screening programme. NHS Highland will be the first to implement the programme which will be phased in across the Board areas. North Highland has an existing programme which was migrated to the new national system during June 2012 with the first of the new clinics held at the end of the month. The programme will see 65 year old men and any who are older who wish to self refer. The procedure is carried out by ultrasound and patients will not be seen again if the screen is negative. If an aneurysm is found, dependent on its size, patients will either be referred to vascular services in Glasgow or followed up by the screening service at agreed intervals and appropriate health promotion advice. Argyll and Bute will use its existing radiographers to deliver this programme along with healthcare support workers. The service will visit eight different centres at the rural general hospital, community hospitals or integrated care centres and started in November this year.

**Elaine C Garman**  
Public Health Specialist

10<sup>th</sup> December 2012

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