National Screening Programmes in the Prison Setting

A Guide

<table>
<thead>
<tr>
<th><strong>Author:</strong></th>
<th>Jennifer Champion CPHM on behalf of the NPHN Short Life Working Group on Screening in Prisons</th>
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<tr>
<td><strong>Target Audience</strong></td>
<td>NHS Health care staff</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Screening programmes in the prison setting; process and recommendations for good practice</td>
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<td><strong>Date Issued:</strong></td>
<td>July 2018</td>
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<td>July 2019</td>
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<td><a href="http://www.nphn.scot.nhs.uk/national-screening-services-in-prisons/">http://www.nphn.scot.nhs.uk/national-screening-services-in-prisons/</a></td>
</tr>
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Introduction and purpose

This document has been produced by the Short life Working Group (Appendix 6) convened by the National Prison Health Network with a remit to consider the risks inherent in undertaking the five adult population screening programmes, in the prison setting.

This document aims to provide an understanding of the processes required to accommodate national screening programmes into the prison setting. It is important to note that people in contact with the criminal justice system can be considered as an under-served population and as such the onus is on service providers to deliver services appropriate to the needs of the population. There is some evidence of such practice within Scottish prisons which goes beyond matching that available in the community, a significant aspect of this is when opportunistic screening is taken forward in the prison setting. However there are risks to the optimal running of the screening programmes, particularly around communication, created by participants being in custody.

The document puts forward some recommendations to reduce risk and improve good practice. There are issues common to all the programmes and these are covered in sections 1 and 2. Section 3 considers issues particular to each programme in turn.

Improving knowledge and understanding of the different screening programmes is important and to this end, posters with strong visual elements, have been created to summarise the key aspects of each programme. These can be found in Appendix 5 of this document and are available from Health Improvement Scotland for distribution.
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National Prison healthcare network (NPHN) recommendations for engagement with the population screening programmes in prison

Recommendations for action pertinent to all programmes

**Identification of eligible individuals and communication from the programmes:**

- Ensure the registration form is completed in all fields
- Check that the address held on CHI is correct for prisoners not re-registered.
- Details of the screening history should be recorded on the admissions form.
- If a prisoner is involved in a screening programme episode then the health centre must strive to ensure continuity of contact on liberation.
- Prisoners should be encouraged to re-register with a GP immediately on liberation so that they do not miss appropriate follow-up care.
- If a prisoner receives their screening results or a diagnosis of cancer after they are liberated, the prison healthcare staff should ensure that the previous/current GP practice is made aware and the screening centre notified of a contact address.

**Understanding and supporting engagement with the screening programmes:**

- Information should be given on all appropriate screening programmes.
  
  [www.healthscotland.com/documents/30394.aspx](http://www.healthscotland.com/documents/30394.aspx);
  

- Prisoners should be actively supported to engage with the screening programmes.
- The acute admissions assessment is not the optimal situation to consider wider health needs. Consideration should be given to holding a second healthcare assessment when health needs such as participation in screening programmes could be more effectively addressed.

**Opportunistic Screening**

- All screening programmes seek to support prisoner engagement at any point.
- The screening programmes for which the individual is eligible need to be determined.
  

Opportunistic screening should be enabled by prison staff in individuals who have defaulted from any screening invitation.

**Governance of Screening**

- NHS Health Boards should monitor screening uptake and engagement with the screening programmes in SPS establishments within their Health Boards.
- The correct national procedure should be followed for any prisoner expressing a wish to opt out of the screening programme.
Recommendations for action specific to the Bowel Screening programme

- Opportunistic screening in the bowel screening programme is readily achievable in the prison setting. A new (or replacement) kit can be issued to an eligible individual at any time provided they have not participated in bowel screening within the last two years. This can be done by contacting the Helpline on 0800 0121 833 or bowelscreening.tayside@nhs.net or by placing an order online: http://nhsinform.co.uk/screening/bowel.

Recommendations for action specific to the Scottish Breast Screening Programme (SBSP)

- Opportunistic screening - All eligible women who have defaulted from their last invitation should be encouraged to consider screening. Prisons served by mobile units are unlikely to have the resources to send women opportunistically through the year to screening centre some miles away. Rather opportunistic testing in prisoners for the breast screening programme could consist of asking all women in the establishment to consider participation when the Practice call comes whether they are on the Call list from the SBSP or not.

Recommendations for action specific to the Cervical Screening Programme

- Women registered with a prison practice should have any existing correspondence addresses on SCCRS closed down.
- Women not registered with the prison practice must have an up to date correspondence address on SCCRS.
- Opportunistic screening - Women can readily be offered smears opportunistically in the prison healthcare centre
- Women often have short sentences therefore fastidious efforts to ensure correct or an interim address for contacting with results is important.

Recommendations for action specific to the Abdominal Aortic Aneurysm (AAA) screening programme

- Men registered with a prison practice should have any existing correspondence addresses on AAA recall system closed down.
- Opportunistic screening - An appointment for any eligible participant can be arranged directly with the local AAA screening programme at any time.

Recommendations for action specific to the Diabetic Retinopathy Screening Programme (DRS) programme

- Ensure that any newly diagnosed individuals are coded as diabetic on the medical practice system and a referral sent to the DRS via SCI gateway. There is no electronic connection to SCI diabetes from the prison vision system.
- Opportunistic screening - An appointment for any eligible participant can be arranged directly with the local DRS screening programme office at any time.
Section 1  The admission process

On admission or transfer to all prison establishments a prisoner must see a healthcare professional within 24 hours. This is usually a nurse. During that consultation two processes must occur:-

(1) Completion of registration form (Appendix1)
(2) Completion of electronic healthcare summary on Vision (Appendix 2)

IT system

In 2011 all prisons began using the IT system Vision. It is a different version from that used in the community and the systems are not linked.

(1) Completion of the registration form

The primary function of this form is consent for access to medical records via Practitioner Services Division (PSD). The address is that of the prison, with another section for address prior to prison. The registration form contains a field for CHI. If the prisoner has had a previous SPS registration then this field should already be complete, however if this is a new prisoner registration then it will not be completed at this stage unless the prisoner knows their own CHI.

All registration forms are managed by NHS administration staff who should check that the CHI number field is complete. CHI numbers can be accessed directly from a CHI 24 log in.

It is the information held on SPIN (Scottish Prisoner Information Network) that links prisoner details to Vision which in turn links to PSD through Docman/Partners.

Possible audit point
The NHS SPS operations manual states that CHI should always be completed but it is acknowledged that CHI completion rates are significantly below 100%.

Temporary registration with the prison health centre

Prisoners who are in for less than 13 weeks (sentence length of less than 6 months), will have a temporary registration.

If the prisoner has a sentence of less than 6 months then the registration form is simply scanned into the prison DocMan system which is hosted by NHS Grampian. The information is held there but visible to each prison healthcare team. Information will not transfer to the community GP, who will not be aware that their patient is in prison.

It is essential that there is a correct community address held on CHI in all prisoners who are not to be registered with the prison health centre. There is an opportunity at registration to check that the address held on CHI is correct. A c/o address can often be most effective.
Re-registration with the prison health centre

Prisoners who are in for more than 13 weeks (sentence length more than 6 months) are registered with the prison health centre.

The prison health centre staff change the status of the prisoner in Vision to ‘permanently registered’ (PR). This change of status will trigger transactions from Vision, via the registration link (PARTNERS) to the CHI system at PSD. The CHI system undertakes a matching process with the information given. If a match is found then details on CHI will be updated with the change of registration to the prison practice and the person’s address will be that of the prison healthcare PO Box (not the prison address). Practitioner Services deducts patients from their previous practice on CHI. Paper notes are then transferred from the community practice to the prison practice. If occasionally a match cannot be secured then a new CHI will be created. Information from the CHI is then used by screening programmes for communication.

An electronic Emergency Care Summary can be generated in EMISS or Vision community systems and sent via Docman/partners to the prison vision system. All material should be scanned into the nationally agreed DocMan folder structure. This means that when prisoner patients are permanently registered, electronic information held in Vision and subsequently exported into DocMan will freely move between community and prison. (However, should a prisoner patient explicitly state that they do not want certain information to be shared with a community GP this information should not be scanned into DocMan and must be stored in a prison healthcare file).

Possible audit point

<table>
<thead>
<tr>
<th>Incomplete registration</th>
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<tbody>
<tr>
<td>Two issues can lead to incomplete registration: -</td>
</tr>
<tr>
<td>(1) Prisoners cannot be forced to register with the prison health centre and there is some resistance to de-registering with their community GP because of concern that they might not be allowed back on to their list.</td>
</tr>
<tr>
<td>(2) The process of ‘permanently registering’ is simply not completed in all persons.</td>
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</tbody>
</table>

The cut off of 13 weeks was decided because that is the longest length of time that a patient can be a temporary resident; however the short length of many sentences and the frequency of re-admission may result in this length of time being too short to be operationally ideal.

(2) Completion of electronic healthcare record.

The same electronic patient admission record is used in all establishments. At the end there is a section requesting details of involvement with screening programmes (Appendix 2). The main purpose of this section is as a safety net to flag an individual who is currently engaged in a screening cycle.

Most prisoners are not aware of the screening programmes and the time available at this consultation is short and these fields are not presently completed in many cases. There are many immediate demands placed on prison healthcare systems related to mental health and addiction issues. Inevitably with resource limitations, the priority
afforded to preventative healthcare, such as screening, is low; particularly at an admission consultation.

If screening programme participation or other preventative interventions are to be meaningfully addressed with the prisoner then the acute admissions process is not the optimum time. A two tier system, with initial rapid assessment which then is followed by a second appointment within a week to go over health needs, such as screening, would better serve this purpose.

**An example of good practice**
In HMP Glenochil, on the day following the initial registration the prisoner is seen again to discuss in more depth aspects of care such as chronic disease management, this discussion could readily include screening.
Section 2  Communication from the Screening Programmes

All Screening Programmes’ communication is via the post. Therefore mobile populations such as prisoners are at greater risk than the general population of not receiving invitations/results.

Risks in receiving communication

Patients NOT registered to the prison practice
There is a risk that participants may not receive their invitation and/or results due to the letter being:
1. Sent to their home address whilst they are in prison or
2. Sent to an out of date home address which is still held on the CHI
The address on CHI must be checked to be correct for all prisoners who are not being registered with the prison practice. Checking of addresses is often done by administration staff although practice may vary between establishments. PSD should be informed of any new address.

Patients registered with the prison practice
The letters from the screening programmes are sent to the prison health centre PO Box. It is evident from the outside of the envelope that the letter is from the NHS. The letter is distributed to the prisoner by healthcare staff; this can be done personally and/or include an additional cover letter offering support.

An example of good practice
Some prison healthcare staff distribute invitation letters to the prisoners with an additional cover letter offering support. Some staff deliver them personally when a supportive discussion can take place (Appendices 3 and 4).
This is an excellent level of support to the prisoner which is not afforded to those in the community who simply receive the invitation in the post.

Ideally, healthcare staff will be the ones delivering the screening letter. However, at the point of mail sorting it may happen that the fact that the letter is from the NHS is missed, in which case it will be simply handed to the prisoner by an officer. If the prisoner opens the letter which contains an appointment then, for security reasons, that date would always need to be changed. This introduces an inefficiency into the system. If staff ask the person’s permission to open the appointment letter on their behalf then the date would not need to be changed.

There is a risk that participants are released from prison prior to screening results being received and appropriate follow up is not arranged due to the result letter being sent to the wrong address or there being no forwarding address.

Undelivered mail
A ‘non delivered mail’ process is undertaken at either local Board level or centrally where additional investigation is undertaken to check if a new address is available.
Recommendations for action pertinent to all National Screening Programmes

<table>
<thead>
<tr>
<th>Identification of eligible individuals and communication from the programmes:—</th>
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<td>• If a prisoner is involved in a screening programme episode then the prison health centre must strive to ensure continuity of contact on liberation.</td>
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<td>• All screening programmes seek to support prisoner engagement at any point.</td>
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<tr>
<td>• The screening programmes for which the individual is eligible need to be determined <a href="http://www.healthscotland.com/documents/30394.aspx">www.healthscotland.com/documents/30394.aspx</a>. Opportunistic screening should be enabled by prison staff in individuals who have defaulted from any screening invitation.</td>
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<th>Governance of Screening</th>
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<td>• The correct national procedure should be followed for any prisoner expressing a wish to opt out of the screening programme.</td>
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Section 3  Consideration of each of the screening programmes within the prison setting. Bowel, Breast, Cervical, Triple A and Diabetic Retinopathy Screening.

3.1 The Scottish Bowel Screening Programme

Background
Bowel cancer is the third most common cancer in Scotland.

A single Bowel Screening Centre, based in Dundee, provides the call-recall administration function, the Helpline, and the laboratory. Invitations are sent in two year cycles to the eligible population of Scotland, with almost 900,000 people invited to be screened every year.

Aim
The aim of the programme is to reduce the overall mortality from bowel cancer by early detection.

Eligible
- Males and females 50-74 years
- A test can be taken at any time for an eligible individual who has missed screening or has never been screened before

Approximate size of eligible prison population by age (Jan2018) SPS

<table>
<thead>
<tr>
<th>Bowel Screening</th>
<th>Under 20</th>
<th>21-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-64</th>
<th>65-70</th>
<th>Over 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Under 6 mths</td>
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<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Over 6 mths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>559</td>
<td>100</td>
<td>106</td>
<td>59</td>
</tr>
<tr>
<td>FEMALES</td>
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<tr>
<td>Over 6 mths</td>
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<td></td>
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<td></td>
<td>21</td>
<td>3</td>
<td>1</td>
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</table>

Cross section of male and female convicted prisoners in Scotland by sentence length and age. Over 6 months is a proxy for registered with the prison practice

The Bowel Screening Programme has limited information on the prison population as there is not a flag or identifier placed on CHI records to signify that an individual is in prison. One way to identify participants who may be in prison is by searching the screening programme records for postcodes associated with prisons. This method will not pick up anyone serving a sentence of less than six months. Using this method, approximately 750 individuals were identified as eligible for bowel screening during a 2 year programme cycle between 1 May 2013 – 30 April 2015.
Method of Invitation
The Scottish Bowel Screening Programme automatically invites all men and women between the ages of 50 – 74 who are registered on the CHI to participate in screening once every two years.

All communication with the participant is done via post to the address held on the CHI (see section 2).

Electronic messages to community GPs
GP practices in the community receive daily electronic messages regarding:-
- Negative results
- Positive results
- Participants who have twice spoiled their test and are excluded until their next screening round. **This is intended to allow the GP to intervene to help the participant understand where they are going wrong.
- Confirmation that patient has no colon
- Confirmation that a patient has permanently opted out of bowel screening
- Notification of non-response after three months. **This non-responder flag is intended to be useful information for the GP to offer any opportunistic intervention.

Note: It is of note that no such electronic communication takes place between the Bowel Screening Centres and Prison Health Centres.

Non response
If an individual does not return their bowel screening test, they are automatically sent a reminder letter after six weeks. If they still do not respond, no further action is taken until they are next due to be invited in two years time.

An electronic flag will be sent to the community GP 3 months after the invitation to participate in the bowel screening programme to inform them that the patient has not participated in screening. The community GP does not know that the person is in prison and therefore any attempts of the GP to contact their patient to support engagement will be unsuccessful. The GP will be unable to affect any change in response to this as the person is incarcerated.

The test
Unlike the other Scottish screening programmes, Bowel Screening requires the participant to perform part of the test themselves by taking a sample.

Results
Negative and positive result letters will be issued to the participant’s address held on CHI. In the community, appointment notifications for those with positive results are sent to the address held on CHI; however this protocol differs for prisoners where an appointment requires to be arranged by the prison health care staff and the local NHS Board for the prisoner.

Healthcare electronic communications on positive results are sent from the Bowel screening Centre to community GPs but these are not received by prison IT system. Rather a letter is sent to the prison PO Box.
All positive screening test results are also referred by the bowel screening centre via SCI Gateway directly to the relevant NHS Board colorectal service for further investigations, usually colonoscopy. The individual’s area of residence as registered on CHI determines which NHS Board this referral is made to. Investigation by colonoscopy completes the screening investigation unless there is treatment required.

**Scottish prisoner uptake rates and numbers for the Scottish Bowel Screening Programme**

Broken down by prison and sex for invitations sent between 01/05/2015 and 30/04/2017

<table>
<thead>
<tr>
<th>All Scottish prisons</th>
<th>Number invited</th>
<th>Responders</th>
<th>Uptake (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>901</td>
<td>355</td>
<td>39</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Persons</td>
<td>923</td>
<td>361</td>
<td>39</td>
</tr>
</tbody>
</table>

Men with postcodes associated with prisons had an uptake of 39% (varied across establishments from 56 to 21% but small numbers in some prison do not allow conclusions to be drawn), compared with 53 % in the overall population during the same time period.

Women with postcodes associated with prisons had an uptake of 27 %, compared with 59% in the overall population in the same period. The female population eligible for screening is so small that no conclusions can be drawn from this figure and it is included here purely for information.

Uptake in prisoners with a prison health centre PO Box address will be monitored annually by the national Monitoring and Evaluation Group.

**Recommendations for action specific to bowel screening programme**

- Opportunistic screening should be supported in individuals who have defaulted from the programme. This would be simple to achieve in the prison setting. Possibly most readily at a second assessment after admission or incorporated into a well men/women clinic. A new (or replacement) kit can be issued to an eligible participant at any time provided they have not participated in bowel screening within the last two years. This can be done by contacting the Helpline on 0800 0121 833 or bowelscreening.tayside@nhs.net, or by placing an order online: http://nhsinform.co.uk/screening/bowel.

**Scottish Bowel Screening Centre**

Kings Cross
Clepington Road
Dundee
DD3 8EA
3.2 The Scottish Breast Screening Programme

Background
Breast cancer is the most common type of cancer in the UK. About one in eight women are diagnosed with breast cancer during their lifetime. Most women diagnosed with breast cancer are over 50. The risk of developing the disease increases with age and finding breast cancer is most effective using x-rays (mammograms) in women who have reached menopause. Around 5 out of 100 screening participants are invited to attend for further assessment. 1 in 5 of these will require some intervention. There’s a good chance of recovery if breast cancer is detected in its early stages.

Aim
The aim of the Breast Screening Programme (SBSP) is to reduce the number of participants who die from breast cancer. Screening does this by finding breast cancers at an early stage when they are too small to see or feel and are more readily treated.

Eligible
All women aged 50-70 years are eligible for breast screening except women who have had a bi-lateral mastectomy (both breasts removed).

Screening can be undertaken at any time for an individual who has missed screening or has never been screened before.

Approximate size of female prison population

<table>
<thead>
<tr>
<th>Breast Screening</th>
<th>Under 21</th>
<th>21-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>Over 70</th>
</tr>
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<tbody>
<tr>
<td>Under 6 mths</td>
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<td></td>
</tr>
<tr>
<td>Over 6 mths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Cross section of female convicted prisoners by sentence length and age Jan 2018
Over 6 months is a proxy for registered with the prison practice.

Invitation
The SBSP sends a letter of invitation every three years to all women aged 50-70 who are registered on CHI. Participants aged over 70 years can attend if they wish by contacting the local breast screening centre for an appointment. The timing of the invitation letter is dependent on the GP practice with which the participant is registered and therefore the first invitation may not be received until up to age 53.

In the community participants will be invited to one of the six breast screening centres or to a mobile unit in the local area. Breast screening centres are located in Aberdeen, Dundee, Edinburgh, Inverness, Glasgow and Irvine.

The prison health centre in Aberdeen manages the calling of all eligible women in Scottish prisons directly with their appropriate local Screening centre in a three yearly cycle.
The screening centre will send a covering letter with the calling list of women and an amendment sheet to add any other eligible women for breast screening to the prison health centre. The completed information should then be returned to the screening centre. Invitation letters will then be issued by the screening centre and sent c/o Prison Health Centre. The prison health centre will confirm with the screening centre those women wishing to attend or decline their appointment. Invitations for those women wishing to attend for breast screening can be re-arranged with the centre as appropriate.

If there are several women to be screened then to avoid the logistics of moving prisoners into the community, a mobile unit can be taken into the prison grounds.

**The test**
An X-ray test called a mammogram that can detect cancers when they are too small to see or feel.

**Results**
The results from breast screening will be sent to the participant’s address held on CHI. In the community a positive result will be accompanied by an appointment for further investigation. In prison the process is different as the prison healthcare staff are notified of the result and are required to make the appointment at a suitable time with the appropriate local screening centre. Results are sent electronically to medical practices in the community but not to prison practices which receive a letter.

**Uptake**
There is, at present, no information on breast screening uptake in prisons.

**Recommendations for action specific to the breast screening programme**

- Opportunistic screening - As the nearest screening centre may be some distance away, those that are served by mobile units are unlikely to have the resources to send women opportunistically through the year to a screening centre. Rather opportunistic testing in prisoners for the breast screening programme could consist of asking all women in the establishment to consider participation when the Practice call comes, whether they are on the Call list from the SBSP or not.

**Contact Details**
North of Scotland Breast Screening Centre
Raigmore Hospital
Inverness
IV2 3UJ
Enquiries to: 01463 705416
UHB.HighlandBreastScreening@nhs.net
Clinical director: heather.rose2@nhs.net
Centre Manager: alison.macdonald8@nhs.net
North East Scotland Breast Screening Centre
Level 4, Purple Zone
Aberdeen Royal Infirmary
Foresterhill Road
AB25 2ZN
Enquiries to: 01224 550570
nhsg.breastscreening@nhs.net
Clinical director: geraldlip@nhs.net
Centre Manager: elspeth.hay@nhs.net

East Scotland Breast Screening Centre
South Block
Ninewells Hospital
Dundee
DD1 9SY
Enquiries to: 01382 425646
breastservices.tayside@nhs.net
Clinical Director: douglasbrown@nhs.net
Centre Manager: debbie.archibald@nhs.net

South East Scotland Breast Screening Centre
Ardmillan House
42 Ardmillan Terrace
Edinburgh
EH11 2JL
Enquiries to: 0131 537 7400
lothian.breastscreening@nhs.net
Clinical Director: janet.clarke@nhslothian.scot.nhs.uk
Centre Manager: nicola.c.mccloskey@nhslothian.scot.nhs.uk

South West Scotland Breast Screening Centre
Ayrshire Central Hospital
Irvine
KA12 8SS
Enquiries to: 01294 32 3505/3506/3507
AA-UHB.BreastScreening@nhs.net
Clinical Director: Jacqueline.Kelly2@aapct.scot.nhs.uk
Centre Manager: c.montgomery@nhs.net

West Scotland Breast Screening Centre
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
Enquiries to: 0141 800 8800
Clinical Director: marziedavies@nhs.net
Centre Manager: marion.inglis@ggc.scot.nhs.uk
3.3 The Scottish Cervical Screening Programme

Background
Cervical cancer is the fourth-most common cause of death from cancer in women worldwide. However in Scotland it is the 12th most common cancer because of use cervical screening programme which has reduced the incidence of cervical cancer.

Cervical screening saves around 500 lives in Scotland every year and prevents 8 out of 10 cervical cancers from developing.

Screening provides a test that involves checking cells in the cervix (neck of the womb) so that any changes detected can be monitored or treated.

Aim
The aim of the Cervical Screening Programme is to reduce the incidence of and mortality from cervical cancer.

Eligible
Cervical screening is routinely offered every three years to women aged between 25 and 49 years of age and every 5 years to women aged between 50 and 64. Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) will be invited up to age 70 years.

A test can be taken at any time for an eligible individual who has missed screening or has never been screened before.

Approximate size of female prison population (Jan 2018)

<table>
<thead>
<tr>
<th>Cervical screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female age</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Under 20</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>20-24</td>
</tr>
<tr>
<td>25-29</td>
</tr>
<tr>
<td>30-39</td>
</tr>
<tr>
<td>40-49</td>
</tr>
<tr>
<td>50-59</td>
</tr>
<tr>
<td>60-69</td>
</tr>
<tr>
<td>Over 70</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Under 6 Mths</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Over 6 Mths</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>38</td>
</tr>
<tr>
<td>35</td>
</tr>
<tr>
<td>112</td>
</tr>
<tr>
<td>47</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

Cross section of female convicted prisoners by sentence length and age
Over 6 months is a proxy for registered with the prison practice.

Method of Invitation
The cervical screening programme uses the Scottish Cervical Call Recall System (SCCRS) which uses the demographic information for women held on CHI (see section 2) to send invitations to make an appointment when a smear is due.

Women registered with a prison practice should have any existing correspondence addresses on SCCR closed down.

Non response
After 3 months a reminder to participate letter is sent to the address on CHI.
Returned mail
All mail has “if undeliverable please return to Call Recall Officer” address on it.

A ‘non-delivered mail’ process should then be undertaken by the Call Recall Officer along with a prison health centre administrator, to determine if the patient is still in custody or if a new address is available.

An example of practice in HMP Cornton Vale

In Cornton Vale prison all women are asked on admission and at a well women clinic whether they are up to date with smears.

The health centre nurse generates a list from the PR2 system of all eligible women and checks their smear status on SCCRS. An excel spreadsheet of cervical screening status is created. All women are individually approached and supported to attend for a smear test.

The nurse checks SCCRS daily for results and is fastidious to ask for forwarding addresses/permission to give results to a key worker or a relative with a stable address.

Uptake 75% (percentage with smears completed after excluding transfers, excluded, up to date, outstanding)

The test

The cervical screening test (smear test) involves taking cells from the cervix (neck of the womb). This requires to be done in a health centre. The sample is sent to the local NHS laboratory where the cells are examined for any changes.

The Prison Health Centres have SCCRS and details of all smears are added.

Results

All results are available on SCCRS for health care professionals.

Negative and positive result letters will be issued to the participant’s address which is held on SCCRS. If the individual is registered with the prison health centre the result will be sent to the prison health centre PO Box. However even with this arrangement women are often not in prison for much longer than six months and so may often be liberated before results come in.

If the prisoner is not registered then a correspondence address should be added to SCCRS.

In the community all positive screening test results are referred via SCI Gateway directly to the relevant NHS Board colposcopy service for further investigations. The individual’s area of residence, as registered on CHI, determines which NHS Board this referral is made to. In prison the protocol differs as an appointment requires to be arranged by the local NHS Board and the prison health care staff for the prisoner.
Uptake
In HMP Cornton Vale the uptake for cervical screening between Oct 2017 and March 2018 has been 68%. This compares with a national figure of 75% for a similar period.

Uptake in the other prisons is not available.

Recommendations for action specific to the cervical screening programme

- Women registered with a prison practice should have any existing correspondence addresses on SCCRS closed down
- Women not registered with the prison practice must have an up to date correspondence address in SCCRS
- Opportunistic screening - Women can readily be offered smears opportunistically in the prison healthcare centre
- Women are often in for short sentences. Fastidious efforts to ensure correct or an interim address for contacting with results is important.

Contact details

Contact the Consultant Cervical Screening Coordinator at your local NHS Health Board
3.4 The Scottish Abdominal Aortic Aneurysm Screening Programme (AAASP)

Background
An abdominal aortic aneurysm (AAA), also referred to as triple A, is a dilatation of the aorta usually within the abdomen, where the aortic diameter is 3.0 cm or more. They are around six times more common in men compared to women and are strongly related to increasing age, with most aneurysms found in men aged over 65 years. Other important risk factors are hypertension, smoking, other vascular disease and a positive family history of AAA.

Aneurysms increase in size over time, and more quickly the larger they become, with the annual risk of rupture estimated to be between 5 - 10% for AAA between 5.5 and 6 cm diameter. When an aneurysm ruptures less than half of patients will reach hospital alive and when an operation is possible mortality is high, meaning the overall chance of death from rupture is as high as 85%.

Aim of AAA screening
To reduce death from rupture of AAA in the male population aged over 65 years.

Eligible
The AAASP sends a letter of invitation to all men aged 65 years who are registered on the CHI for a one-off scan. Screening can be undertaken at any time for an individual who has missed screening.

Approximate size of eligible prison population Jan 2018

<table>
<thead>
<tr>
<th>Abdominal Aortic Aneurysm Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
</tr>
<tr>
<td>Under 6 Months</td>
</tr>
<tr>
<td>Over 6 Months</td>
</tr>
</tbody>
</table>

Cross section of male convicted prisoners by age and sentence length. Over 6 months is a proxy for registered with the prison practice.

Invitation
All communication from Scottish AAA Call Recall System with the participant is done via post to the address held on the CHI (see section 2).

Undelivered mail
A 'non delivered mail' process undertaken at local Board level where additional investigation is undertaken to check if a new address is available.

Results
Results will be sent through the post to participants and to the participant’s GP.

Surveillance cycles
Men identified as having an AAA measuring between 3.0cm and 4.4cm will be recalled to attend further yearly surveillance appointments to monitor the growth of the aneurysm. Men who have an AAA measuring between 4.5cm and 5.4cm will be recalled to attend 3-monthly surveillance appointments. Recall appointments are pre assigned, those who ‘do not attend’(DNA) will be invited a second time.
Referrals
Men identified as having an AAA measuring 5.5cm or greater will be referred to local NHS Board vascular surgery services via SCI gateway directly. The individual’s area of residence as registered on CHI determines to which NHS Board this referral is made. In prison the protocol differs as an appointment requires to be arranged by the local NHS Board and the prison health care staff on behalf of the prisoner.

Uptake in prison
Men who were registered with a prison GP practice had a uptake rate of 73% in the year ending 31 March 2017 compared with 84% in the general population. The number of men registered with the prison GP practice is small and so the uptake rate for the prison setting is prone to large year-to-year fluctuations.

From 2018, uptake among prisoners registered with the prison GP practice will be monitored annually by the national AAA Monitoring and Evaluation Group.

Recommendations for action specific to the AAA screening programme

- Men registered with a prison practice should have any existing correspondence addresses on AAA recall system closed down.
- Opportunistic screening - An appointment for any eligible participant aged over 65 years of age can be arranged directly with the local AAA screening programme at any time.

Contact Details

<table>
<thead>
<tr>
<th>Region</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>01294 323 134</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>01387 244 041</td>
</tr>
<tr>
<td>Grampian / Orkney / Shetland</td>
<td>01224 553 905</td>
</tr>
<tr>
<td>Forth Valley / Greater Glasgow and Clyde</td>
<td>0141 277 7631</td>
</tr>
<tr>
<td>Highlands / Western Isles</td>
<td>01463 704 067</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>01698 377 706</td>
</tr>
<tr>
<td>Borders / Lothian</td>
<td>0131 242 3606</td>
</tr>
<tr>
<td>Fife / Tayside</td>
<td>01382 424 033</td>
</tr>
</tbody>
</table>
3.5 The Scottish Diabetic Retinopathy Screening (DRS) Programme

**Background**
Diabetic retinopathy is an eye condition that occurs when high blood sugar levels damage the cells in the retina. The blood vessels in the retina can leak or become blocked. This condition may cause blindness or serious damage to eyesight. For people who have diabetes, screening is important because their eyes are at risk of damage from diabetic retinopathy.

**Aim**
To reduce the risk of loss of vision due to diabetic retinopathy in all people aged 12 and above diagnosed with diabetes.

**Eligible**
Screening is offered every year to anyone with diabetes aged 12 and over but staff may also refer patients to DRS screening on an opportunistic basis as required.

**Eligible population of prisoners**
Approximately 5% of the population have diabetes, so approximately 400 prisoners could be expected to have diabetes.

**Invitation**
The DRS programme sends an initial letter of invitation to all patients who are diagnosed with diabetes and registered on CHI. Thereafter patients will be re-invited usually for an annual check or a 6 monthly surveillance cycle.

All communication with the participant is done via post to the address held on the CHI (see section 2.)

Prisoners who are already diagnosed with diabetes and on CHI will be registered on the DRS programme.

If prisoners are registered with the prison practice, their invitations will be sent from the DRS programme to the Grampian prison PO Box which manages the calling of eligible prisoners directly with their appropriate local DRS Screening centre in a yearly cycle.

The local screening centre will send an appointment letter addressed to the healthcare centre PO Box or call the healthcare centre. The staff at the healthcare centre will then discuss it with the patient.

Patients who are diagnosed with diabetes in the community have the diagnosis coded into the GP practice system so that their diagnosis is transmitted electronically via SCI-Diabetes to the DRS Programme.

However, the prison Vision system does not link with SCI-Diabetes; Patients who are diagnosed with diabetes whilst in HMP require a manual referral via SCI gateway to the retinopathy clinic.
All prisoners with diabetes receive diabetic healthcare and DRS attendance will be discussed then. This relies on self report from the prisoner; however information can be checked with the local DRS programme.

Opportunistic screening can occur at any point by referral to the local DRS screening office for an appointment.

**Non response**
Two reminder letters are sent in a cycle of 21 days.

**Results**
Screening results notification will be sent to the address held on CHI.

**Referrals**
Patients requiring further care after screening will be referred to the local Hospital Eye Services. This will be communicated to the patient at their CHI address and their GP.

In prison the protocol differs as an appointment requires to be arranged by the local NHS Board and the prison health care staff for the patient.

**Recommendations for action specific to the DRS programme**

- Ensure that any newly diagnosed participants are coded as having diabetes on the medical practice system and a referral is sent to the DRS programme via SCI gateway. There is no electronic connection to SCI diabetes from the prison vision system.
- Opportunistic - An appointment for any eligible participant can be arranged directly with the local DRS screening programme office at any time.

**Contact Details for Diabetic Retinopathy Screening**

**Ayrshire and Arran**
Diane Smith
Diabetes MCN Manager/Retinal Screening Facilitator
Tel 01294 323470
diane.smith@aapct.scot.nhs.uk

**Borders**
Julieann Brennan
Department of Public Health
NHS Borders
1st Floor, Education Centre
Border General Hospital
Newstead, Melrose
TD6 9BS
Direct Dial (01896) 825548
Mobile 07810 432777
julieann.brennan@borders.scot.nhs.uk
Dumfries & Galloway
Jane Carrick
DRS Service Manager
Tel: 01387 244310
jane.carrick@nhs.net

Forth Valley
Lorraine Fowler
Diabetes Systems Administrator
Stirling Community Hospital
Livilands Gate
Stirling
FK8 2AU
01786 434169
Lorraine.fowler@nhs.net

Fife
Lynn Garvey
Lead Nurse
First Floor Cameron Hospital
Telephone: 01592 226465(46465)
l.garvey@nhs.net

Grampian
Margaret Bruce
Retinal Screening Manager
David Anderson Building
Forester hill Rd
Aberdeen
AB25 2ZP
Telephone: 01224 550198
m.bruce@nhs.net

Greater Glasgow and Clyde
David Sawers
Retinal Screening Manager
Telephone: 0141 211 4754
david.sawers2@ggc.scot.nhs.uk

Highland
Lisa Steele
Service Manager
NHS Highland
Diabetic Centre
Centre for Health Science
Old Perth Road
Inverness
IV2 3JH
Tel: 01463 255938
lisa.steele@nhs.net
Lanarkshire
Anne Dougan
Retinal Screening Team Leader
Administration Office
Administration Building
Coathill Hospital, Coathill
Coatbridge
ML5 4DN
01236 707150
Ann.Dougan2@lanarkshire.scot.nhs.uk

Lothian
Ms Norah Grant
DRS Service Manager
E3, PAEP
Chalmers Street
Edinburgh
EH3 9HA
0131 536 3928
Norah.grant@luht.scot.nhs.uk

Tayside
Mrs Samantha Creamer
DRS Programme Manager
Diabetic Retinopathy Screening Programme
Diabetes Support Centre
Level 8
Ninewells Hospital
Dundee DD1 9SY
01382 740068
screamer@nhs.net
Appendix 1  Registration Form, used in all prisons

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this the first time you have registered with a GP (doctor)?</td>
<td></td>
</tr>
<tr>
<td>1. What is your first name?</td>
<td></td>
</tr>
<tr>
<td>2. What is your surname?</td>
<td></td>
</tr>
<tr>
<td>3. Are you male?</td>
<td>Male</td>
</tr>
<tr>
<td>4. What is your last or other surname?</td>
<td></td>
</tr>
<tr>
<td>5. Address</td>
<td>The Health Centre, P.O. Box 2309, Glasgow</td>
</tr>
<tr>
<td>6. What is your town of birth, and country of birth?</td>
<td></td>
</tr>
<tr>
<td>7. What is your mother's maiden name?</td>
<td></td>
</tr>
<tr>
<td>8. What was your last address in the United Kingdom?</td>
<td></td>
</tr>
<tr>
<td>9. If you have a doctor, what is their name and address?</td>
<td></td>
</tr>
<tr>
<td>10. Do you know your: Community Health Index (CHI) number</td>
<td></td>
</tr>
<tr>
<td>NHS number:</td>
<td></td>
</tr>
</tbody>
</table>

*Primary function of this form is requesting consent to access medical records from PSD
**Address in question 5 is the prison address
### SPS Admission or Transfer

**Consultation Notes**
- Last 3 Consultations: [Details]
- No data recorded

**Admission or Transfer**
- Current/Previous Location: [Details]

**Previous GP**
- No data recorded

**Patient Measurements**

<table>
<thead>
<tr>
<th>Date</th>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/05/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/06/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/07/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/08/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/11/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28/01/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Allergies**
- Drugs Allergy: [Details]
- Non-Drug Allergy: [Details]
- No Known Allergies: [Details]

**Infection / Infection**
- No data recorded
- Head Lice
- Body Lice
- Pubic Lice
- Scabies
- Fly Larvae Infection
- Other Infection

**Skin / Subcut Tissue Infection**
- No data recorded

**Other Infections**
- No data recorded
- Staphylococcal Infection
- Tonsillitis
- Septicaemia
- Chest Infection
- Viral Infection
- Dermatophytosis
- Brucellosis
- Post-traumatic wound infection
- Venereal Disease

**Risk of BBV Infection**
- No data recorded

**Hepatitis**
- No data recorded

---

**Appendix 2**
**Admission Form**
Smoking
- Never Smoked
- Light Smoker
- Med Smoker
- Hey Smoker
- Ex Smoker

Drug Use
- No data recorded.
- No data recorded.
- No data recorded.
- No data recorded.

Urine Test
- No data recorded.
- No data recorded.
- No data recorded.
- Lab Test Requested - Not Done
- Unable to Provide Sample

Mental Health Assessment
Previous History
- No data recorded.
- No data recorded.
- No data recorded.
- No data recorded.

Advanced Statement & Key People
- Advance Statement
- Named Person
- Responsible Medical Officer

Current Risk Level
- When adding information from this section, please change the Priority Level to 1
- Transferred to ACT - Risk Level
- Transferred to ACT - HIGH Risk

Risk Assessment Details
- When adding information from this section, please change the Priority Level to 1
- No data recorded.
Prescriptions on Admission or Transfer

Current Prescriptions (last 6 months - click to view)

Enter details of scripts in Comments box. You can record as many prescriptions as required.

Additional Information on Admission or Transfer

Screening Programmes

Admission / Transfer Sign-Off

Additional Information

Add any additional details on ADMISSION or TRANSFER in Comments box.
Dear Patient,

Please find enclosed a bowel screening Kit provided by the NHS. Inside is a booklet with a step to step guide on how this procedure should be performed. Please follow the instructions and when complete, enclose screening kit in the envelope supplied within the pack and return to the address provided. All information is provided within this pack but should you have any queries regarding the test, please don’t hesitate to contact a member of the HCA team through nurse referral for further help or advice.

Thanks

HCA
Dear

Your bowel screening test could save your life.

As you are 50 or over you will now be sent a bowel screening test kit, you will receive one every two years between the ages of 50 and 74. The test is easy to do and the letter in the kit shows you how to do the test. I have also enclosed an information leaflet for you to read.

Being in prison may make it more difficult for the test to find its way to you or for you to do the test. The healthcare department are here to offer support and advice and ensure that all eligible men have access to the test.

To help us improve and develop the service, please answer the following 5 questions. If you need help with this, please ask.

There is also an option that you can choose so that you can be seen by a member of healthcare if you need any further information on the test.

Please place the completed form into the red healthcare box on the wing.

<table>
<thead>
<tr>
<th>I have received a bowel screening test kit.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have completed the bowel screening test</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I received the bowel screening kit before coming into prison</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I do not wish to take part in the bowel screening programme</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I wish to speak to healthcare about the bowel screening test</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Thank you for your help. From your Healthcare Team.
### NHS health screening programmes for women

**What do healthcare professionals need to know?**

#### Cervical screening (a smear test)
- **Invited by letter**
- **Attend a clinic appointment**
- **Results in the post**
- **25–49 year olds every 3 years**
- **50–64 year olds every 5 years**

#### Breast screening
- **Invited by letter**
- **Attend a clinic appointment**
- **Results in the post**
- **Every 3 years**

#### Bowel screening
- **Test kit sent by letter**
- **Complete the test yourself**
- **Results in the post**
- **Every 2 years**

#### Diabetic eye screening (retinopathy)
- **Invited by letter**
- **Attend an eye scan appointment**
- **Results in the post**
- **Every year**

---

Registering with a GP and giving them accurate address information when discharged will ensure inclusion in NHS health screening programmes.

Download all screening information, including information on screening for transgender service users, at [www.healthscotland.scot/health-topics/screening](http://www.healthscotland.scot/health-topics/screening)
NHS health screening programmes for men
What do healthcare professionals need to know?

Bowel screening
- 50–74 years old
- Test kit sent by letter
- Complete the test yourself
- Results in the post
- Every 2 years

Abdominal aortic aneurysm (AAA) screening
- 65 years old
- Invited by letter
- Attend a clinic appointment
- Results in the post
- Once in a lifetime

Diabetic eye screening (retinopathy)
- People with diabetes over 12 years old
- Invited by letter
- Attend an eye scan appointment
- Results in the post
- Every year

Registering with a GP and giving them accurate address information when discharged will ensure inclusion in NHS health screening programmes.

Download all screening information, including information on screening for transgender service users, at [www.healthscotland.scot/health-topics/screening](http://www.healthscotland.scot/health-topics/screening)
How NHS health screening works for men

**Bowel screening**
- Test kit sent by letter
- Complete the test yourself
- Results in the post

50–74 years old

Every 2 years

**Abdominal aortic aneurysm (AAA) screening**
- Invited by letter
- Attend a clinic appointment
- Results in the post

65 years old

Once in a lifetime

**Diabetic eye screening (retinopathy)**
- Invited by letter
- Attend an eye scan appointment
- Results in the post

People with diabetes over 12 years old

Every year

If you have not been screened or want to find out more, ask your health centre. To make sure you’re invited for screening, register with a GP when you’re discharged.

www.nhsinform.scot/screening
## Appendix 6

### Members of Screening Programmes in Prisons short life working group

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Black</td>
<td>NHS Highland, DRS National Coordinator</td>
</tr>
<tr>
<td>Jess Brand</td>
<td>Senior Programme Manager, Bowel Screening, NSD</td>
</tr>
<tr>
<td>Linda Brownlee (retired)</td>
<td>Bowel Screening Centre</td>
</tr>
<tr>
<td>Tom Byrne</td>
<td>National Prisons Pharmacy Advisor</td>
</tr>
<tr>
<td>Jennifer Champion (Chair Jan 2018-)</td>
<td>Consultant in Public Health Medicine, NHS Forth Valley</td>
</tr>
<tr>
<td>Philip Conaglen</td>
<td>Consultant in Public Health, NHS Lothian, representing the Directors of Public Health</td>
</tr>
<tr>
<td>Tracey Curtis</td>
<td>Senior Programme Manager, Cervical Screening, National Services Division (NSD)</td>
</tr>
<tr>
<td>Alison Fraser</td>
<td>Senior Programme Manager, Breast Screening, NSD</td>
</tr>
<tr>
<td>Elspeth Hay</td>
<td>NHS Grampian, Breast Screening North East (NE) Manager</td>
</tr>
<tr>
<td>Gordon Hannah</td>
<td>Health Centre Manager, HMP Greenock</td>
</tr>
<tr>
<td>Aileen Holliday</td>
<td>Health Effectiveness Coordinator, NHS Forth Valley</td>
</tr>
<tr>
<td>John Porter (chair retired Dec 2017)</td>
<td>National Prisoner Healthcare Network</td>
</tr>
<tr>
<td>Iain Young</td>
<td>NSD</td>
</tr>
<tr>
<td>Garrick Wagner</td>
<td>Senior Commissioning and Screening Programme Manager, NSD</td>
</tr>
</tbody>
</table>