An tSeirbhís Náisiúnta Scagthástála
National Screening Service

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Improving Equity in Screening

Action Plan 2026-2027

Figure 1: Graphic drawing of feedback received from staff survey and equity oversight committee

Introduction

This action plan is based on the National Screening Service (NSS) Strategic Framework to improve equity in screening 2023-2027. There were 12 actions in the 2024-2025 action plan. Three have been completed and significant progress has been made on the remaining actions; many will continue or have been updated in this action plan for 2026-2027.

How we developed this action plan

To inform the development of this equity action plan we:

- conducted an online survey of our staff and Public and Patient Partnership (PPP) representatives
- met with our Equity Oversight Committee members to gather their input (see appendix 1)
- met with public health colleagues in the United Kingdom who are working to improve equity there
- reviewed relevant research
- reviewed strategies reported since the last action plan was published.

Our midway report highlights the outcomes of our survey and inputs gathered from our strategic partners. Below we summarise the review we completed of relevant research and strategies published since the development of our strategic framework. Both of these reviews supported the development of this action plan and reinforced the need to continue to progress a number of actions.

Strategic context

The strategies and plans of relevance to the Equity Framework, published since 2023, are set out below. Some of these strategies have a specific action for screening with various populations, offering an opportunity to develop partnerships and align priorities and synergies.

Organisational, national and population specific documents that set the context within which our actions will be delivered include:

- National Public Health Strategy 2025-2030
- HSE Public Health, Health Inequalities Position Paper, 2025
- National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland (2024-2027)
- National Traveller and Roma Inclusion Strategy 2024-2028
- Sharing the Vision Implementation Plan 2025-2027
- National Human Rights Strategy for Disabled People 2025-2030
- Cervical Cancer Elimination Plan 2025-2030
- Data Ecosystem Roadmap 2025 to 2030.

Screening is specifically referenced in a number of the strategies named above, whereby we commit to promoting access and participation in screening. In our 2026-2027 actions, we commit to developing new partnerships with colleagues in mental health, homeless health and disability.

Summary of new research

We did a rapid review of relevant research published between 2023 and 2025. We searched PubMed to indentify new publications that examined screening uptake among underserved populations, or interventions to improve equity in screening.

Key learnings from national and international evidence that were identified in the strategic framework remain the same and more research has been published to support these approaches.

This includes:

- **Community health workers, patient navigators, and lay health advisors** are effective in increasing screening uptake by providing education, support, and navigation through the healthcare system[1].
- **Peer-to-peer education, involvement of local role models**, and collaboration with patient advocacy groups enhance trust and cultural relevance.
- **Culturally and linguistically tailored educational materials** (videos, print, digital tools) are more effective than generic information, especially for ethnic minorities and low-literacy groups.
- **Regular re-invitation** of non-participants and **reminders** (text message, telephone calls, letters) improve screening uptake.
- **Multicomponent and multilevel approaches** work best.

Other interesting findings are highlighted below, categorised by each screening programme.

Diabetic RetinaScreen

New research was published on the socioeconomic disparities in diabetes prevalence in Ireland. Diabetes prevalence was highest among the least educated (8.1%; RR = 2.73; 95% CI=2.38, 3.13) compared to most educated (1.7%) and individuals living in most deprived areas (6.0%; RR = 2.1; 95% CI=1.76, 2.70) compared to least deprived areas (2.2%)[2].

CervicalCheck

More research has been published supporting the use of HPV self-sampling to reduce inequities in cervical screening. One systematic review focused on the optimum implementation of HPV self-sampling for under-served groups such as older women, ethnic minorities and low socioeconomic status groups[3]. This review found that directly posting self-sampling kits to the people in these groups can increase uptake of screening[3]. The authors also highlighted that community health workers have a role in supporting people in minorities and low socioeconomic status groups to access cervical screening using HPV self-sampling[3].

BreastCheck

A systematic review of methods to improve breast screening in underserved groups found that reminders, telephone calls, navigation services, educational interventions and cultural-sensitive approaches were highly effective. Combining these strategies can simultaneously address multiple barriers and increase mammography uptake (pooled odds ratio [OR] = 1.81 (95%CI 1.43–2.28))[4]. More evidence was also published on the effect of pre-scheduled screening appointments. The pre-scheduled appointment is associated with a considerable absolute gain (up to 15.8%) in attendance for breast screening, which varies depending on the woman's screening history[5].

Analysis of breast screening outcomes and their association with deprivation in Ireland was also published. Among eligible women in Ireland in 2009-2018, there was no difference in risk of breast cancer detection through BreastCheck across deprivation quintiles (RR for most compared to least deprived group: 1.01, 95% CI: 0.96-1.06)[6]. In women with screen-detected breast cancer, the risk of late-stage cancer detection increased with deprivation in 2009-2013 (RR for most compared to least deprived group: 1.45, 95% CI: 1.10-1.93), but no association was observed between deprivation and cancer stage in 2014-2018[6].

BowelScreen

A systematic review of health promotion interventions to increase bowel cancer uptake among older adults found that of the different reminder strategies that assessed, a text message plus telephone calls (automated and navigator-initiated) had a larger effect size than telephone call alone[7].

Promoting other screening programmes at breast screening

A cluster-randomised, crossover trial in Denmark examined the promotion of cervical cancer screening and bowel cancer screening at breast cancer screening appointments[8]. Women aged 50 to 69 years attending for breast screening at the intervention unit were offered administrative check-up on their cervical screening status (ages 50 to 64 years) and bowel screening status (aged 50 to 69), and women who were overdue screening were offered self-sampling[8]. Among women overdue for cervical screening, participation in the intervention group was 32.0% compared with 6.1% in the control group. In bowel screening, participation among women overdue with screening in the intervention group was 23.8% compared with 8.9% in the control group[8].

Priorities from the Strategic Framework to improve equity in screening

1. Research and data

Overview

We will take an evidence-based approach to our work to improve equity in screening, conducting research, gathering feedback, identifying opportunities for capturing equity-related data and reviewing our work.

Actions

No.	Action	NSS lead	Key partners
1a	To improve the measurement of equity in screening by measuring uptake, coverage and other outcomes according to area deprivation indices and other equity stratifiers, in alignment with our Data Ecosystem RoadMap.	Public Health	Programme Evaluation Unit and NSS programmes
1b	To conduct studies for HPV self-sampling for cervical screening to understand how this screening method could improve access for under-screened women, which will support cervical cancer elimination.	CervicalCheck	Public Health
1c	To monitor new research in Ireland and elsewhere on reducing health inequities in screening and share the learning across our organisation.	Public Health	Programme Evaluation Unit, NSS programmes and departments
1d	To embed a health equity lens in our research, where feasible, and to develop new research projects including designing and evaluating interventions.	Public Health	Programme Evaluation Unit, NSS programmes and departments

2. Education, learning and development

Overview

Enhancing the education, learning and development needs of HSE staff, screening providers and other stakeholders is essential. This will be done through raising awareness of existing information resources or the development of new resources, if necessary.

Actions

No.	Action	NSS lead	Key partners
2a	To continue to develop an equity education, learning and development plan for our staff.	Public Health	NSS programmes and departments
2b	To enhance access to cervical screening for under-screened populations by identifying and addressing learning needs and supporting the expansion of screening settings.	CervicalCheck Screening Training Unit	Public Health

3. Partnership

Overview

We are not alone in wanting to improve health equity. Through a partnership approach, we can build capacity, capability, and potential. We will apply the principles and practice of an appropriate model of partnership in this work; for example, a community development approach.

Actions

No.	Action	NSS lead	Key partners
3a	To collaborate with international, national, regional and local stakeholders through strategic partnerships and knowledge-sharing to improve equity in screening.	Public Health	NSS programmes; Programme Evaluation Unit; Communications, Engagement and Information Development; HSE health regions and various EU partners such as EUCanScreen.
3b	To progress the Community Champions programme at a regional and local level, working with partners and under-screened populations.	Public Health	NSS programmes; Communications, Engagement and Information Development; Screening Training Unit; HSE health regions, social inclusion teams.

4. Access and inclusivity

Overview

By understanding the screening pathway from a participant's perspective, we can better understand service barriers and enablers, and act to address them; for example, by providing reasonable accommodations. Applying technological innovations and creative solutions could improve accessibility and inclusivity.

Actions

No.	Action	NSS lead	Key partners
4a	To continue to implement the recommendations from our disability needs assessment research report.	Public Health	NSS programmes and departments
4b	To ensure we comply with the Assisted Decision-Making Act (ADMA) and strengthen our processes for consent.	Public Health	NSS programmes and departments
4c	To finalise a health equity impact assessment tool and evaluate its use in decisions relating to any changes to a screening pathway.	Public Health	NSS programmes and departments
4d	To increase access for under screened population groups to the BowelScreen Programme through the promotion of a FIT kit aid and partnership with the Irish prison service.	BowelScreen	Communications, Engagement, and Information Development; Public Health
4e	To assess the feasibility of delivering Diabetic RetinaScreen in new settings which are easier for under-screened groups to access including the Irish prison service and services for people experiencing homelessness.	Diabetic Retina Screen	Public Health

5. Communications

Overview

Communication can be a barrier to accessing screening for some people. By understanding and responding to the communication needs of audiences, we can address this barrier. Developing and testing content in partnership with our stakeholders is key to achieving this.

Actions

No.	Action	NSS lead	Key partners
5a	To ensure our communications enable informed choice for all people who are eligible for screening.	Communications, Engagement and Information Development	Public Health, NSS programmes
5b	To utilise and update the digital portal on our corporate website which provides our stakeholders with a single access point for information and resources about our ongoing work to improve equity in screening.	Communications, Engagement and Information Development	Public Health, NSS programmes
5c	To identify, pilot and evaluate language support options for breast screening appointments for participants who don't speak English as a first language; for example, digital support tools.	BreastCheck	Public Health

Acknowledgements

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Appendix 1: Equity Oversight Committee, 2023-2025

No.	Group	Name
NSS Sponsor & Project Team		
Director of Public Health (Sponsor)		Dr Caroline Mason Mohan
Consultant in Public Health Medicine (Committee Chair)		Dr Laura Heavey
Public Health Strategy & Development Manager - Project Lead		Pheena Kenny
Senior Health Promotion Officer (Appointed Equity Manager Nov 2025)		Lynn Swinburne
Public Health Administrative Support		Lena Smyth
NSS internal stakeholders and PPP Reps		
1	BreastCheck	Aoife O'Connell, Business Manager, BreastCheck Southern Unit. Gráinne Gleeson, Programme Manager, Sept – Dec 2025.
2	CervicalCheck	Grainne Gleeson, to August 2025. Mary-Jo Biggs (Sept-Dec 2025)
3	Diabetic Retina Screen	Helen Kavanagh, Programme Manager
4	BowelScreen	Hilary Coffey Farrell, Programme Manager
5	Programme Evaluation Unit (PEU)	Mairead O'Connor, Research Officer
6	Communications	Fiona Ness, General Manager of Communications, Engagement and Information Development
7	Patient Public Partnership Representative	Keith Cairns
8	Patient Public Partnership Representative	Jessica Black
9	Patient Public Partnership Representative	William Kennedy

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