

Headquarters
Executive Office
Gyle Square
1 South Gyle Crescent
EDINBURGH
EH12 9EB
Telephone 0131 275 6000
Text Relay: 18001 0131 275 6000
Fax: 0131 275 7530
www.nss.nhs.scot



By email:

Date 19th March 2025
Your Ref FOI-2025-000081
Our Ref FOI-2025-000081

Enquiries to [REDACTED]
Email nss.foi@nhs.scot

Dear [REDACTED],

Freedom of Information Reference FOI-2025-000081

I refer to your request of 7 March 2025 under the Freedom of Information (Scotland) Act 2002 (FOISA) for information in relation to the following:

1. The rationale for only screening for breast cancer every 3 years rather than every year, like many other European countries.
2. The rationale for calling people for breast screening based on GP lists rather than based on your birth date (like bowel cancer screening), thus creating a postcode lottery as to whether you get called for screening at age 50 or some time between your 50th and 53rd birthday.
3. Any analysis that has been undertaken of the prevalence of HRT prescriptions and the impact this may be having on breast cancer rates, and the size of the cancers once they are detected (given the potential increased speed of growth on HRT).
4. Any plans to revise the breast screening programme in light of increased use of HRT, including any consideration of whether screening should start at an earlier age or should coincide with the uptake of HRT.
5. Whether there are any plans to review or update how screening is organised and carried out.
6. Any analysis that is undertaken of the cohort of women whose cancer is detected at >15mm, and the costs of the treatment they receive (as their cancer may have been caught at an earlier stage if they had been screened every year).
7. The proportion of breast cancer cases that are detected by screening as compared to through other means.

After a search of our paper and electronic records NHS National Services Scotland (NSS) can release the following information to you questions below.

1. **The rationale for only screening for breast cancer every 3 years rather than every year, like many other European countries.**

The NHS implemented the first national breast screening programme following the publication and recommendations of the Forrest Report (1986):
www.cancerscreening.nhs.uk/breastscreen/publications/forrest-report.html



Chair Keith Redpath
Chief Executive Mary Morgan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

The report analysed the costs and benefits and suggested screening at three yearly intervals would reduce the death rate from breast cancer by almost one third with few harms and at low cost.

The UK National Screening Committee (UK NSC) was later established and now advises ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. However, the breast screening programme was implemented from 1988, before the UKNSC was formed.

In 2012, the government asked Sir Michael Marmot to chair an independent review of the evidence for breast screening. He found that in the UK the screening programme prevents around 1,300 deaths from breast cancer each year. But he also found evidence of overdiagnosis and that for every death prevented by screening, around 3 women will be treated for a cancer which would not have harmed them. Overall, however, the review concluded that breast screening has significant benefit and should continue.

The role of the UK NSC includes reviewing evidence for suggested changes to existing screening programmes (major modifications) and suggestions for new topics that it has not previously considered. Anyone can make suggestions or requests to the UK NSC for topics to be considered - see [UK NSC annual call: submitting a screening proposal](#).

- 2. The rationale for calling people for breast screening based on GP lists rather than based on your birth date (like bowel cancer screening), thus creating a postcode lottery as to whether you get called for screening at age 50 or some time between your 50th and 53rd birthday.**

The Scottish Breast Screening Programme (SBSP) currently invites the population for screening based on the GP practice with which they are registered. Unlike bowel screening – where screening kits are mailed direct to participants, or cervical screening where participants can attend their local GP practice, breast screening requires women to attend one of six static sites, or one of twenty mobile units fitted out with mammography equipment. It is not possible to call everyone for screening on their birthday as the mobile van may be in another part of the country at the time of their birthday. Invitations based on the GP practice support the use of mobile units and the provision of screening in more rural locations, ensuring equity of access for individuals who are distant from the six screening centres.

It is recognised that there are some challenges to the current invitation process and the Scottish Breast Screening Programme is further considering a change to the breast screening IT system to invite participants based on postcode and the next screening date.

- 3. Any analysis that has been undertaken of the prevalence of HRT prescriptions and the impact this may be having on breast cancer rates, and the size of the cancers once they are detected (given the potential increased speed of growth on HRT).**

Under Section 17(1) of FOISA for “Information Not Held” NSS does not hold any information in relation to any analysis as no research has been carried out or instructed by the Scottish Breast Screening Programme.

A substantial volume of research exists on this topic and is readily available in the public domain.

The role of the UK NSC includes reviewing evidence for suggested changes to existing screening programmes (major modifications) and suggestions for new topics that it has not previously considered. Anyone can make suggestions or requests to the UK NSC for topics to be considered - see [UK NSC annual call: submitting a screening proposal](#).

4. **Any plans to revise the breast screening programme in light of increased use of HRT, including any consideration of whether screening should start at an earlier age or should coincide with the uptake of HRT.**

There are no changes planned to the breast screening programme in respect of increased use of HRT.

The role of the UK NSC includes reviewing evidence for suggested changes to existing screening programmes (major modifications) and suggestions for new topics that it has not previously considered. See [UK NSC annual call: submitting a screening proposal](#).

There is a trial currently underway in NHS England for extending the age-range for breast screening from between 50 and 70 to between 47 and 73 years. [AgeX — Cancer Epidemiology Unit \(CEU\)](#). Recommendations from this trial would require to be considered by the UKNSC before being further considered by the 4 UK countries.

5. **Whether there are any plans to review or update how screening is organised and carried out.**

As detailed under Q2, a change to the call/recall process is proposed to be developed to support inviting those eligible based on postcode and next screening date.

In addition, a Breast Screening Modernisation Programme was established in 2022 to further consider recommendations from the Breast Review of 2021 [Scottish Breast Screening Programme: major review - gov.scot](#) and also to consider additional actions required to increase the sustainability of the service. This Programme – which has been considering a range of factors including the organisation of the programme, is anticipated to report to Scottish Government April 2025.

6. **Any analysis that is undertaken of the cohort of women whose cancer is detected at >15mm, and the costs of the treatment they receive (as their cancer may have been caught at an earlier stage if they had been screened every year).**

Under Section 17(1) of FOISA for “Information Not Held” NSS does not hold any information as no such analysis has been undertaken by the breast screening programme. The screening programme ends at the point of diagnosis and treatment and treatment costs are the responsibility of NHSScotland Health Boards.

Public Health Scotland publishes regular official statistics on the breast screening programme:

[Scottish breast screening programme statistics - Annual update to 31 March 2023 - Scottish breast screening programme statistics - Publications - Public Health Scotland](#)

7. **The proportion of breast cancer cases that are detected by screening as compared to through other means.**

Public Health Scotland publishes regular official statistics on the breast screening programme and on cancer diagnosis more generally. The most recently published statistics on cancer incidence - [Cancer incidence in Scotland - to December 2022 - Cancer incidence in Scotland - Publications - Public Health Scotland](#) show that 51% of breast cancers are diagnosed via screening for women of the eligible age group.

The latest breast screening statistics and breast cancer quality performance indicators are provided below:

[Scottish breast screening programme statistics - Annual update to 31 March 2023 - Scottish breast screening programme statistics - Publications - Public Health Scotland](#)

[Breast cancer Quality Performance Indicators - Patients diagnosed from January 2018 and December 2020 - Breast cancer Quality Performance Indicators - Publications - Public Health Scotland](#)

If you are unhappy with any aspect of how we have dealt with your request, you can make representations to us asking us to review the handling of your request. Please write to the Associate Director Governance & Board Services using the email address nss.foi@nhs.scot within 40 working days of the date of this correspondence.

If after a review you are still unhappy, you also have the right to apply to the Scottish Information Commissioner, who can be contacted at Kinburn Castle, St Andrews, Fife, KY16 9DS, or via their online Appeal form.

Yours sincerely,

