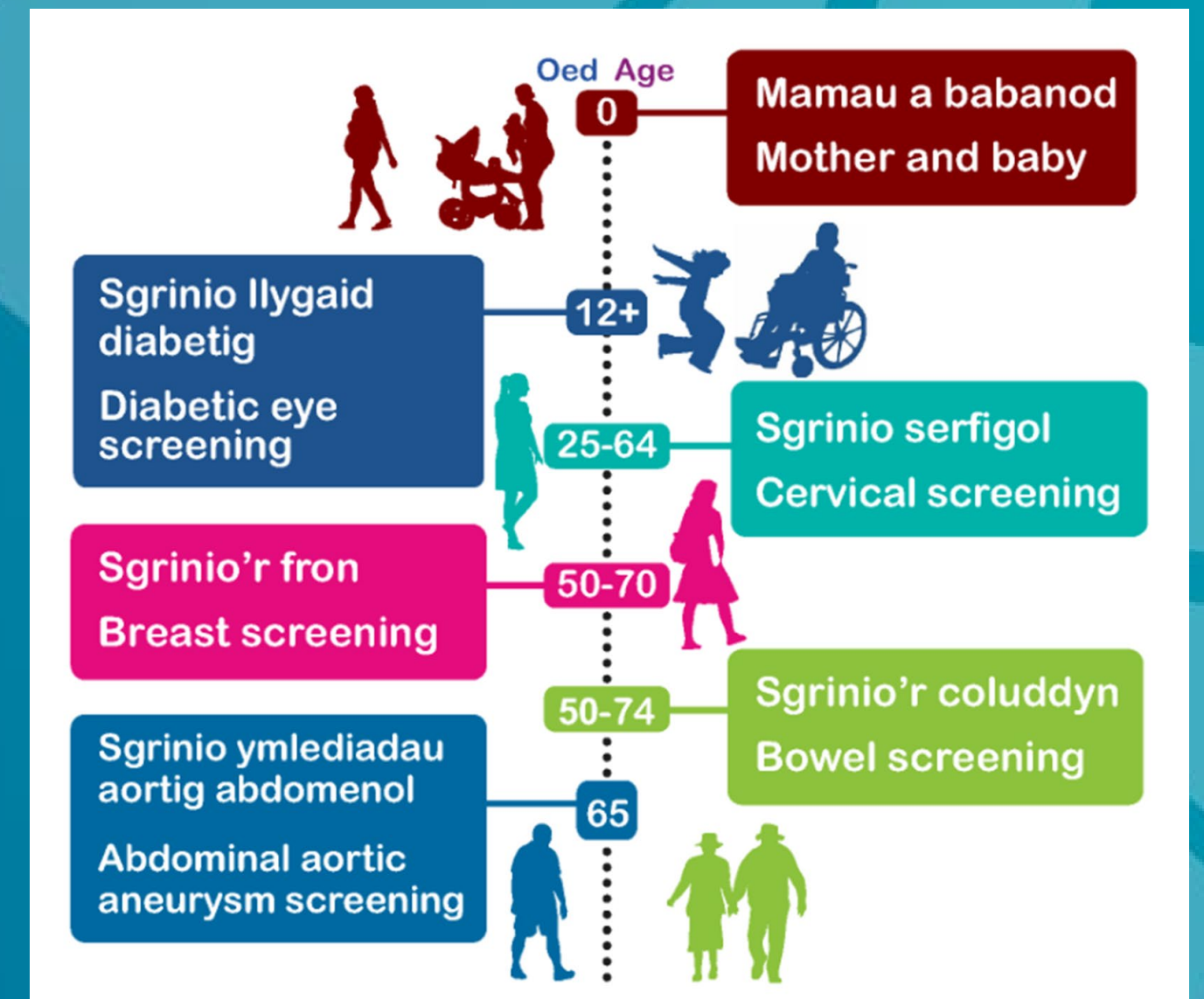




# Deep Dive: NHS Screening Programmes in Wales

Public Health Wales QSIC Committee

February 2026





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# Background Slides



# Population Based NHS Screening Programmes

- Screening looks for early signs of disease or conditions in people who do not have symptoms
- Finding a condition early gives people the best chance of early treatment and survival
- Screening can save lives, improve quality of life and/or reduce chance of developing a serious condition or its complications
- No screening test is 100% accurate
- Screening should always be a personal choice
- In line with UK National Screening Committee recommendations

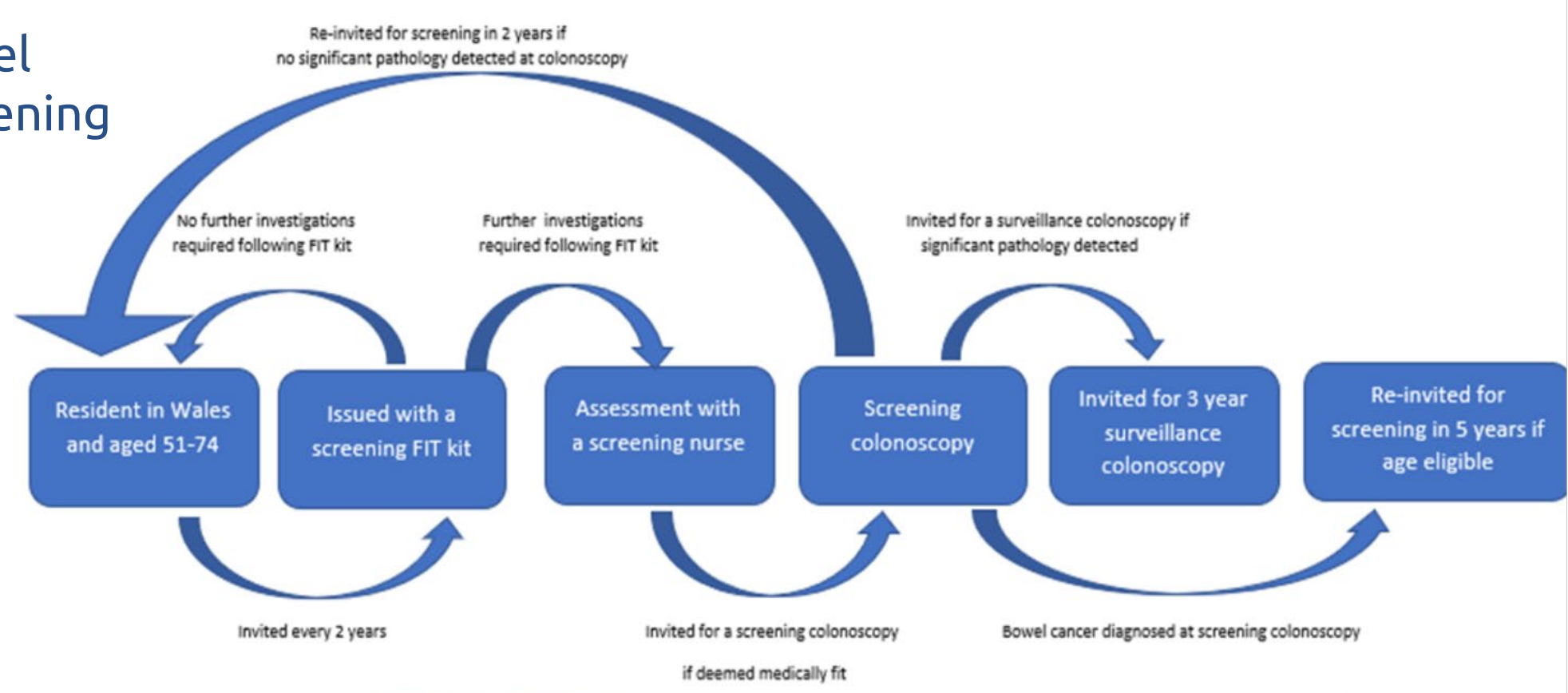


# Programmes currently delivered

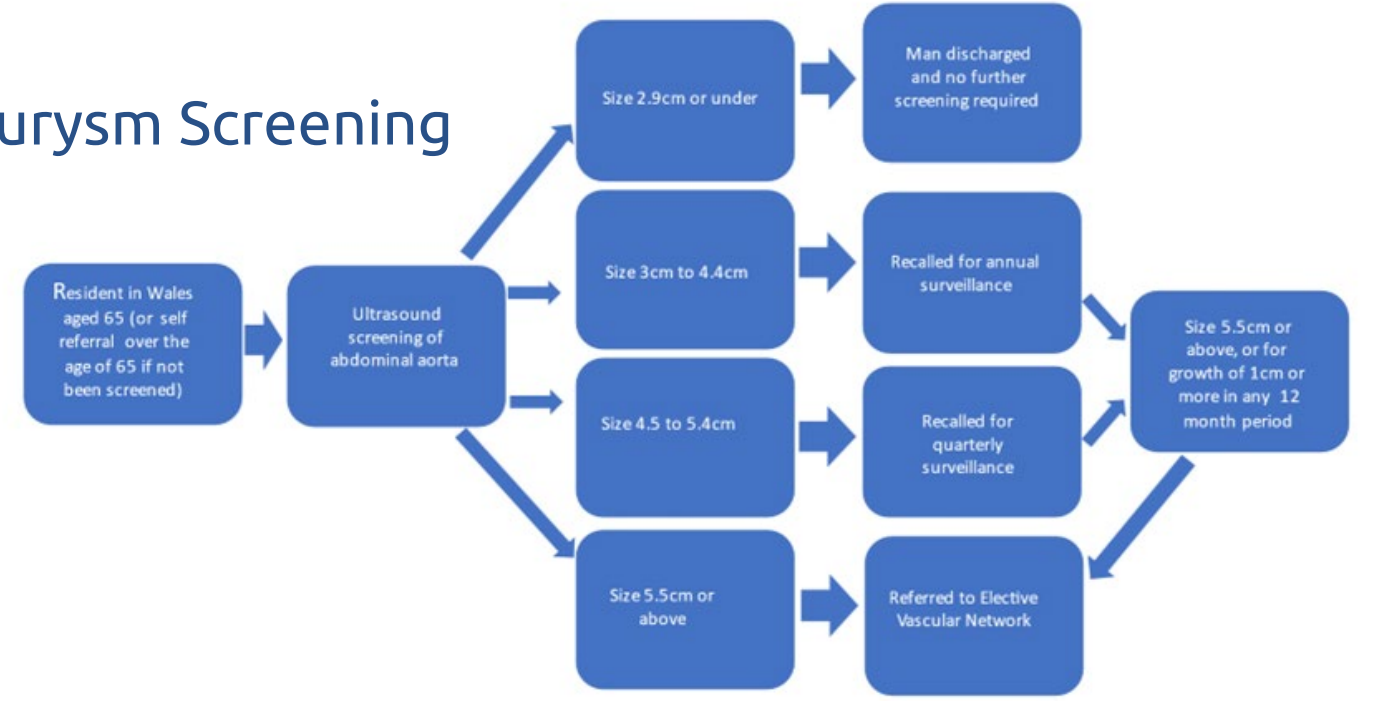
- **Breast Test Wales** to detect breast cancer early to reduce mortality and morbidity.
- **Cervical Screening Wales** to reduce incidence of cervical cancer.
- **Bowel Screening Wales** to detect bowel cancer early and remove polyps to reduce mortality and morbidity.
- **Wales Abdominal Aortic Aneurysm Screening Programme** to detect aneurysm to prevent rupture and mortality.
- **Diabetic Eye Screening Wales** to prevent sight loss.
- **Newborn Bloodspot Screening Wales** reduce mortality and morbidity from 9 conditions.
- **Newborn Hearing Screening Wales** to detect hearing loss early to enable prompt action to mitigate impact.
- **Antenatal Screening Wales** to reduce mortality and morbidity for pregnant women and their babies.

# Programme Delivery – End to End Pathway

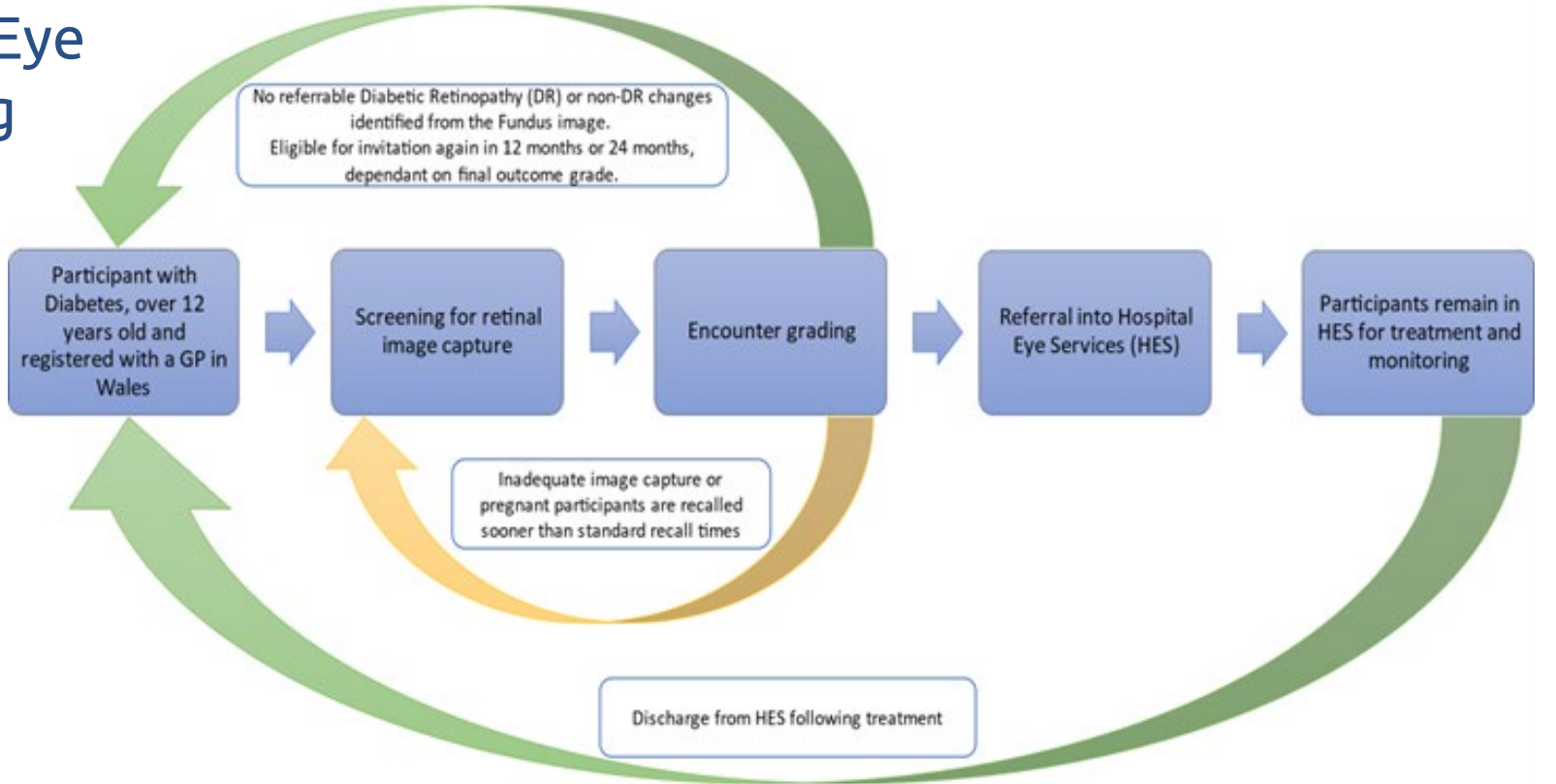
## Bowel Screening



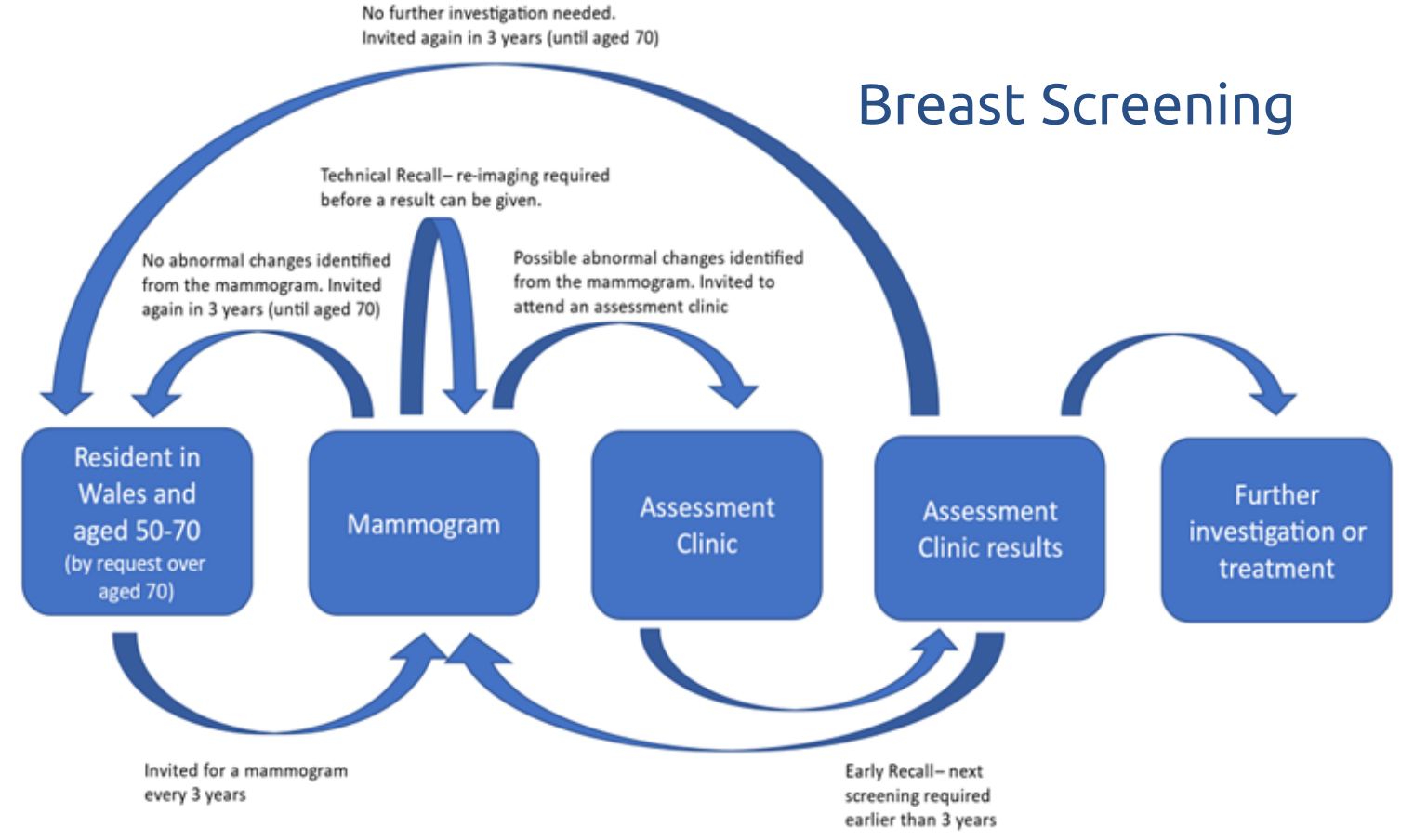
## Aneurysm Screening



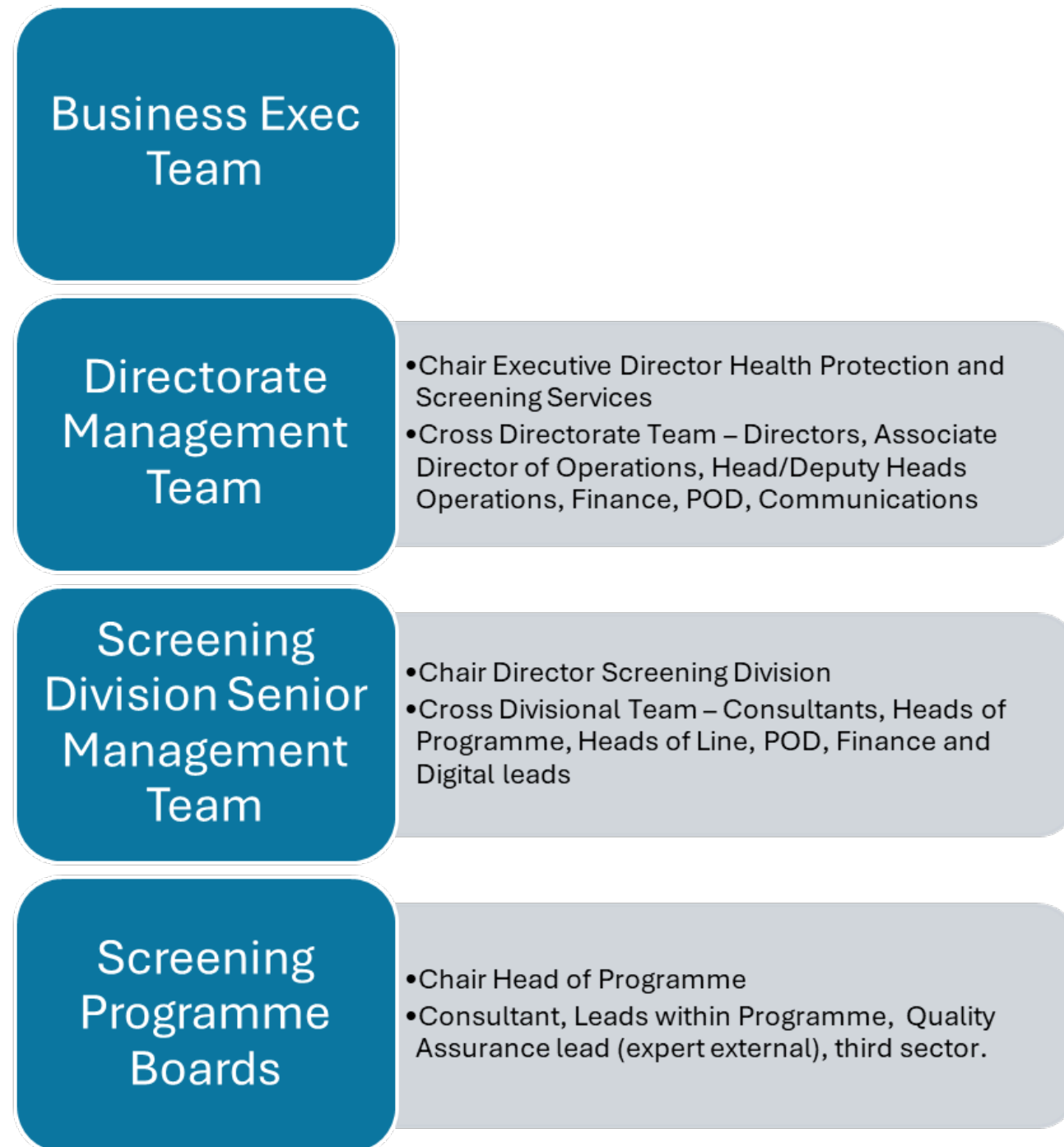
## Diabetic Eye Screening



## Breast Screening



# Programme Delivery : Governance and Duty of Quality



**GIG Cymru NHS Wales** | Iechyd Cyhoeddus Cymru | Public Health Wales

We aim to deliver **Excellent Screening Services** in Wales.

**This means...**

- S Safe**  
We offer high quality services, where each screening programme works to a set of quality standards. We work together with the rest of the health service so people are referred for further tests or treatment if they need it. All our staff are appropriately trained and keep their skills up to date.
- T Timely**  
We aim to invite people on time, in line with our standards, and send information and results without delay.
- E Effective**  
Screening services are delivered in line with recommendations from the UK National Screening Committee. This UK body makes decisions about screening based on the latest and best evidence and research. This way, screening is only offered when there is more benefit than harm for the people invited.
- E Efficient**  
We make the best use of the resources we have to improve people's health and get the best value for money.
- E Equitable**  
We aim to give everyone equal and fair access to the screening tests they can benefit from. We work with individuals, communities and organisations to make sure everyone can take up their offer of screening.
- P People-centred**  
We aim to treat everyone respectfully and as individuals, recognising that people have their own needs, values and preferences. Taking part in screening is a choice. We work hard to give people the information they need in a way they can understand. This will help them make a decision about whether to take part. We ask for feedback and listen to people who take part in screening. We use this information to help us design and improve our services.





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Wales

# Committee Slides

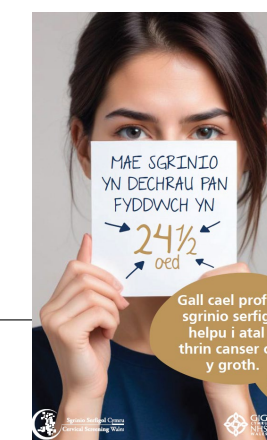
Presenter: Sharon Hillier Director Screening Division



## Key Achievements- Early Detection and Prevention



- **Bowel Screening Programme** has fully optimised the eligible screening population from inviting people aged 60-74 to now include those aged 50–74 with FIT test sensitivity at 80 micrograms/gram. Wales and Scotland are the two countries in the UK that offer screening aligned to the UK National Screening Committee evidence-based recommendation.
- In the last 12 months the number of screen- detected bowel cancers has increased to 414 (10% increase from previous year) and 4,668 participants have had polys detected and removed (28% increase from previous year).
- **Breast Screening Programme** over 1,300 breast cancers are detected through screening annually.
- **Cervical Screening Programme** referred just over 5,200 individuals into colposcopy for further assessment and intervention in 2025 as a direct result of their screening test.
- **Wales Abdominal Aortic Aneurysms Screening** – over 18,000 men aged 65 year attended for screening and 167 had aneurysm detected.
- **Symptomatic FIT service** – improved colorectal cancer detection in symptomatic population – over 10,000 symptomatic colonoscopy referrals annually due to positive FIT outcomes.





## Key Achievements- Improvements

- **MRI provision for women at very high risk of developing Breast Cancer.** Breast Test Wales are working collaboratively with Health Boards, Oncology and All Wales Medical Genomics Service to improve the offer for women at Very High risk of developing Breast Cancer in Wales, based on NICE guidance. This is improving safety, equity of offer and service provision.
- **Cervical Screening Programme established project to implement HPV self sampling in underserved population** to improve uptake and tackling inequalities. This will be offered to under-screened individuals and will enable them to collect their own screening sample. It is anticipated this will be rolled-out before the end of this year.
- **National Health Protection Support Team (NHPST)** has been skilled to undertake intervention to contact non-responders to the first screening invitation. This is to increase likelihood of taking up screening offer, reduce inequity gap, and understand barriers to attending screening. Implemented in Abdominal Aortic Aneurysm Screening; Diabetic Eye Screening, piloted in Cervical Screening and planned to implement in Bowel Screening. Evaluation to date shows improved uptake and improved detection of Abdominal Aortic Aneurysm.
- **Newborn IT system** – work underway to upgrade digital system to enable new conditions to be added in newborn bloodspot and improvement to service model in Newborn Hearing.
- **Newborn Hearing screening** – work underway to implement new service model to refer babies who do not have a clear response in both ears directly to audiology.
- **Antenatal Screening** – Performance indicators are now reported very 6 months to Health boards identify to HB where quality improvement can be targeted. Antenatal screening will be included in the Welsh Maternity Data Standards from April 2026.



## Person Centred Service

113 compliments recorded by staff in Quarter 3 of 25/26. This is unsolicited feedback in addition to the feedback through questionnaires.

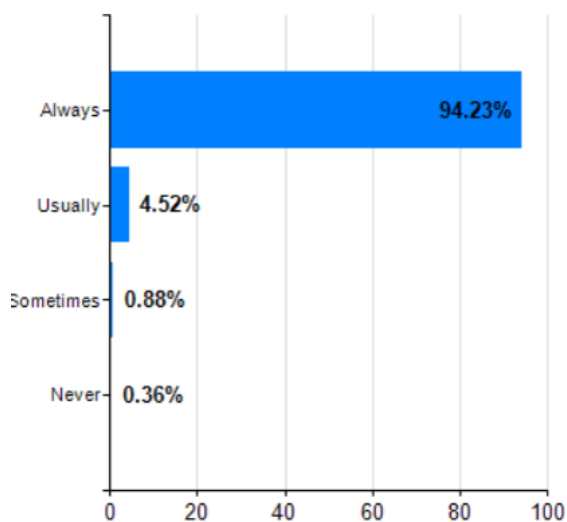
**“The staff from the receptionist to the initial consultation and then the screening itself was conducted with efficiency, friendliness and the utmost professionalism.” Diabetic Eye Screening**

*All the staff were very kind, efficient and professional. This clinic is an excellent facility & a one-stop shop for when further investigations are required. It is reassuring to know that there is such a competent team for us all. Thank you for what you do’ Breast Screening*

Bowel participant who attended the NRC "It has been a year long ordeal but I want to thank you... for being so wonderful to me. It was a close call and I know Bowel Screening Wales has saved me from a much worse fate. I am telling everyone to get tested. It has been life saving. With many thanks for all the help and encouragement you have given me. I cant believe it is over“ Bowel Screening

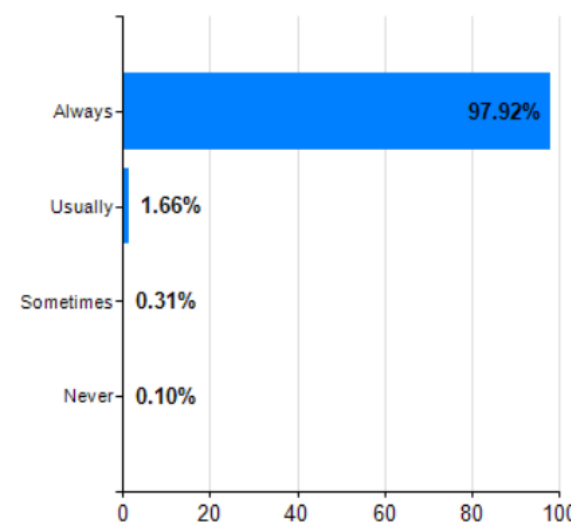
Did you feel listened to?

1925 people answered the question, with 1814 selecting 'always'



Were you treated with dignity and respect?

1923 people answered the question, with 1883 selecting 'always'



***‘Hello, I had X screen me this morning for AAA. I can say that the service was very professional and thorough and timely and very friendly. THANK YOU!’***

To the entire team., THANK YOU!!!! I was totally overwhelmed by your kindness and Care. Breast Screening

# Performance Focus: Bowel Screening Programme: Colonoscopy waits



## In Focus: Bowel Screening Wales Colonoscopy Waits

Waiting times as of Friday 9 January

Trend data and latest waits – November 2025  
Colonoscopy is a commissioned service from the Health Boards



Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	0 weeks 6 days	9 weeks 0 days	9 weeks 6 days
2	0 weeks 6 days	13 weeks 4 days	14 weeks 3 days
3	1 weeks 4 days	15 weeks 5 days	17 weeks 2 days
4	0 weeks 4 days	6 weeks 3 days	7 weeks 0 days
5	0 weeks 3 days	5 weeks 6 days	6 weeks 2 days
6	1 weeks 0 days	5 weeks 0 days	6 weeks 0 days
7	1 weeks 3 days	3 weeks 5 days	5 weeks 1 days
8	0 weeks 6 days	13 weeks 4 days	14 weeks 3 days
9	0 weeks 6 days	15 weeks 0 days	15 weeks 6 days
10	0 weeks 6 days	2 weeks 6 days	3 weeks 5 days
11	0 weeks 4 days	4 weeks 3 days	5 weeks 0 days
12	0 weeks 4 days	4 weeks 5 days	5 weeks 2 days
13	0 weeks 4 days	4 weeks 5 days	5 weeks 2 days
14	0 weeks 3 days	2 weeks 0 days	2 weeks 3 days

- Waiting times composed of Specialist Screening Practitioner and colonoscopy elements
- Specialist Screening Practitioner average wait within standard of 14 days
- Total waiting time average wait = 8 weeks and 3 days (standard of 4 weeks)
- Range of waiting time for colonoscopy 2 weeks and 3 days to 17 weeks and 2 days.
- **Impact of wait:**
  - **Anxiety for participants waiting**
  - **Risk of disease progression (evidence clinical impact if over 26 weeks from FIT positive)**

# Bowel Screening Programme: Colonoscopy waits



## Challenge

- Health Board do not have enough core screening colonoscopy lists planned and delivered- despite being funded.

## Reason:

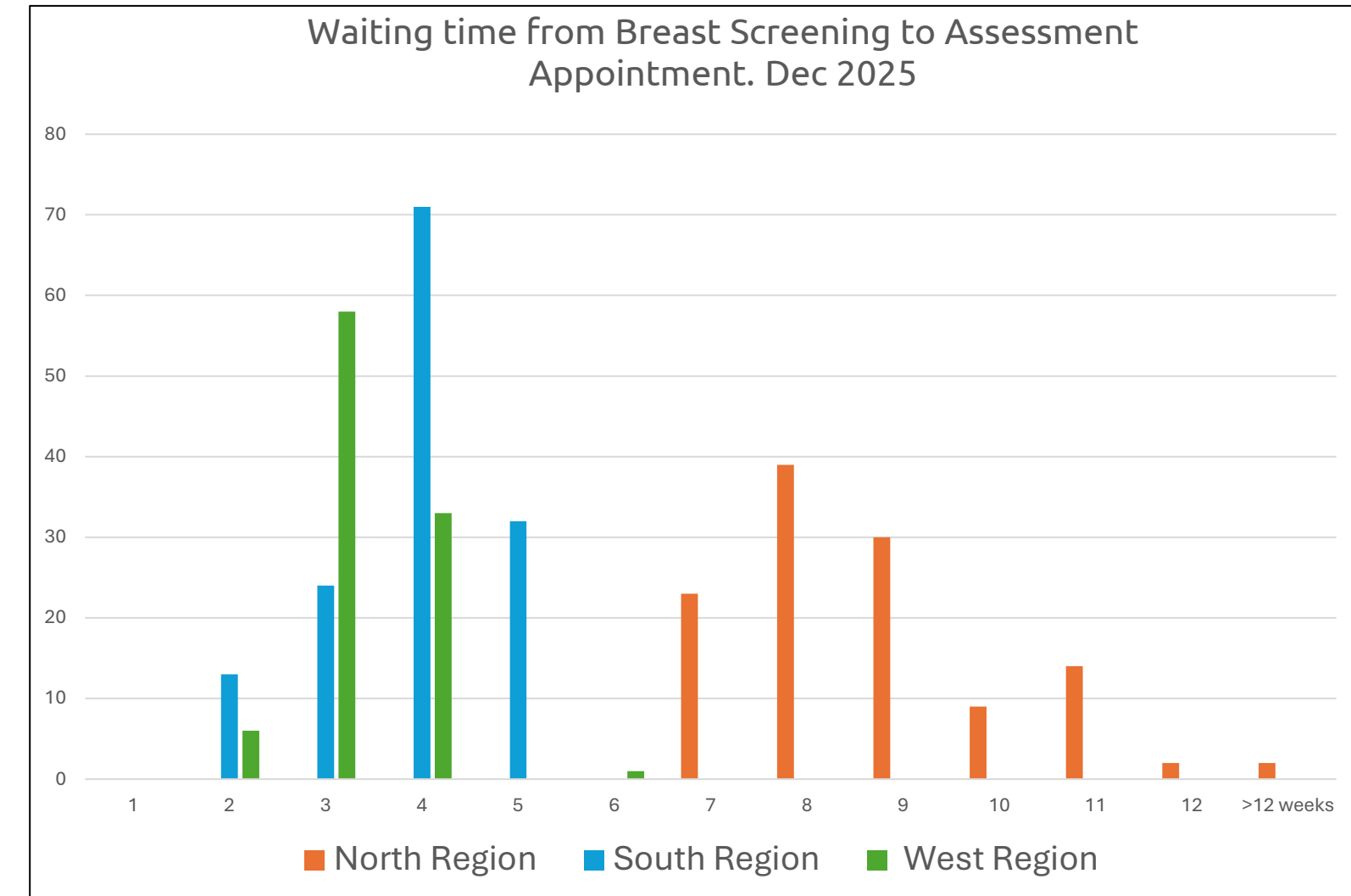
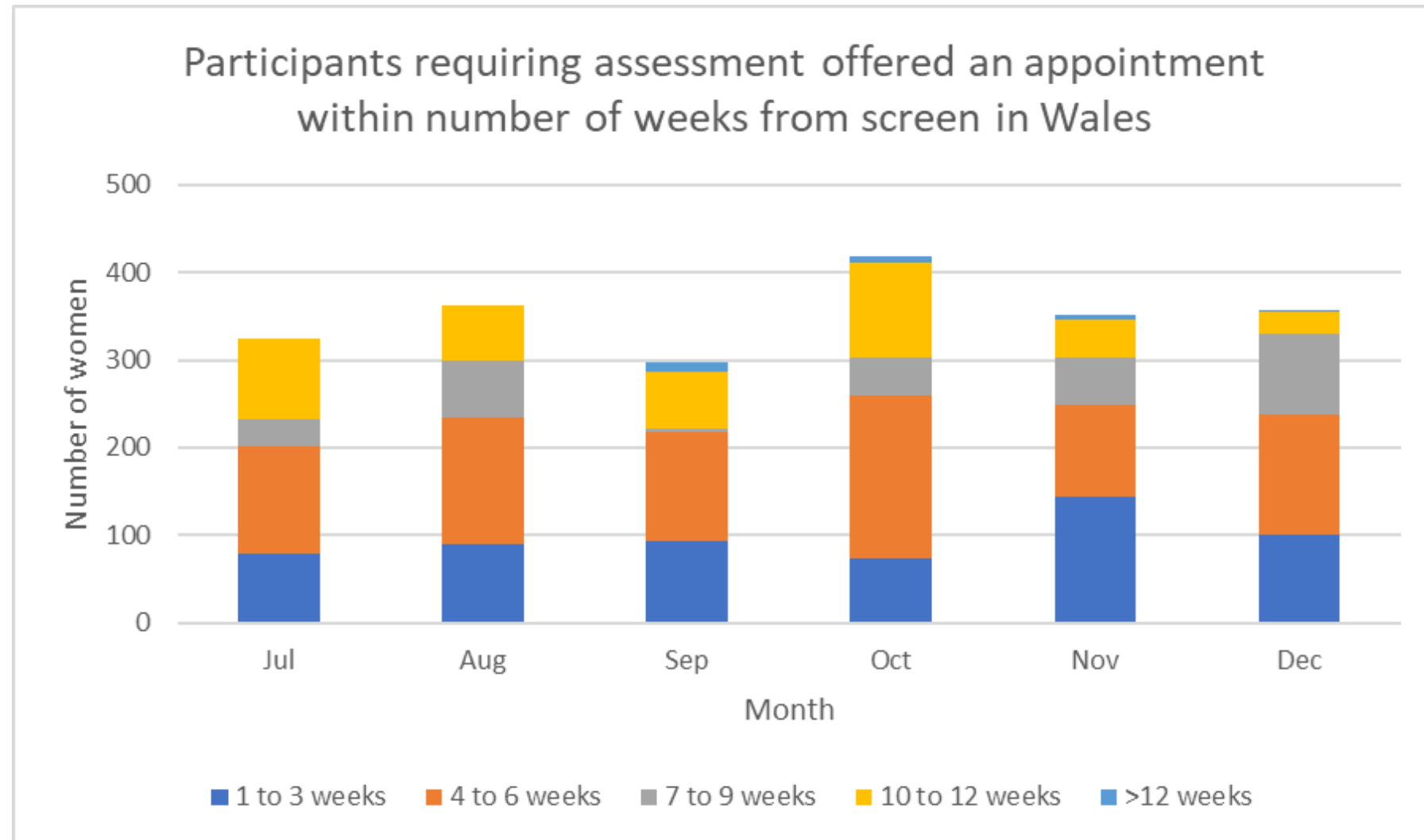
- Insufficient number of Screening Colonoscopists (aging workforce) and theatre space
- Competing demands of Screening Colonoscopists
- Lack of training lists –delays accreditation process
- Accreditation process lengthy
- Reliance on short term capacity (insourcing and Waiting List Initiatives)

## Actions

- Bowel Screening Wales meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity
- Expanding the pool of accredited Screening Colonoscopists. Two Clinical Nurse Endoscopist have attained JAG screening accreditation.
- Bowel Screening Wales are working to streamline the accreditation process.
- Bowel Screening Wales is working closely with the health boards to enable quality assured insourcing colonoscopy.
- Patient Tracking List – Bowel screening specific dashboard and planning tool which is improving visibility of screen route to diagnosis of bowel cancer.
- [Bowel Screening Wait Monitoring and Planning Support](#)
- The delays have been escalated with Chief Executive to Chief Executive meetings. Constructive discussions focused on improvement. Letters sent to CEO Health Boards with overall themes and targeted actions.



# Breast Screening: Assessment waits



Standard is 90% of participants are offered assessment appointment within 3 weeks of screening

- **Impact of wait:**
  - **Anxiety for participants waiting for screening results.**
  - **Not meeting timeliness single cancer pathway targets for diagnosis and first treatment**

# Breast Screening Programme: Assessment waits



## Challenges

- There is only one substantive Radiologist across BTW in North Wales and two consultant radiographers. One radiologist recently qualified and breast clinician training.
- There was surgical sickness absence resulting in the cancellation of assessment clinics in BTW Wrexham for 6 months which were reinstated in July. This created a large backlog which has not yet been resolved.
- There are constraints in the pathway in Llandudno as radiology lead assessment clinics are not able to be put in place when there is surgical leave which results in cancelled clinics. This constraint not in place in other regions

## Actions

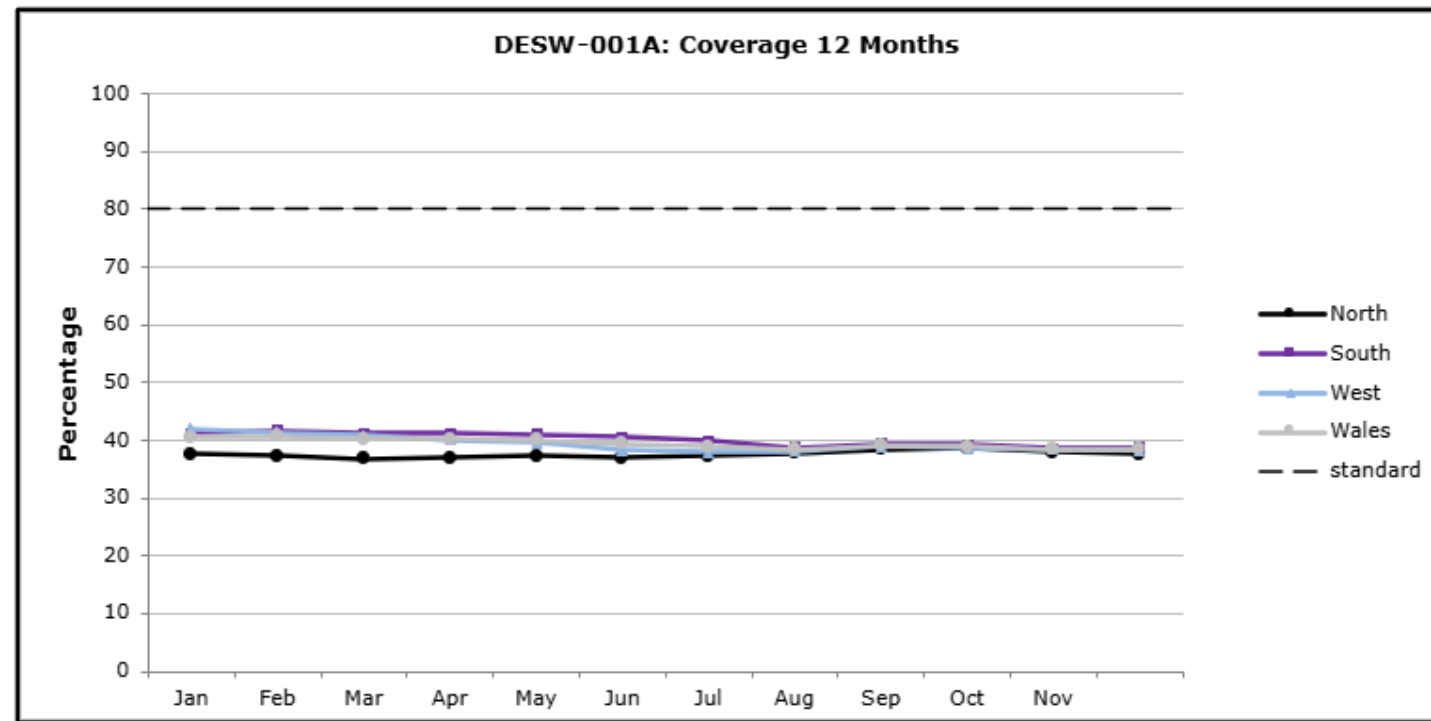
- West and South region is supporting North with readings within usual hours.
- Film readers are in training in the north region. Radiologist recently qualified and two members of staff expect to be qualified by Summer 2026. This will mean reading capacity sufficient in North.
- Assessment clinic capacity has increased in South with radiologist run clinics.
- Meetings with Betsi Cadwaladr UHB (at MD level) as they were not able to confirm onward surgical pathway for radiologically lead clinics. This was to reduce current backlog for assessment especially to reduce impact of surgical annual leave. This has not been able to be resolved yet
- BCU have agreed to fund additional assessment clinics to recover position by end of March 2026.
- NHS Wales Performance and Improvement team scoping out tracker for breast screening taking similar approach to bowel screening.
- A service review of the BTW programme is being undertaken to identify other areas of improvement in line with delivering excellent services.



# Performance Focus: Coverage of Diabetic Eye Screening

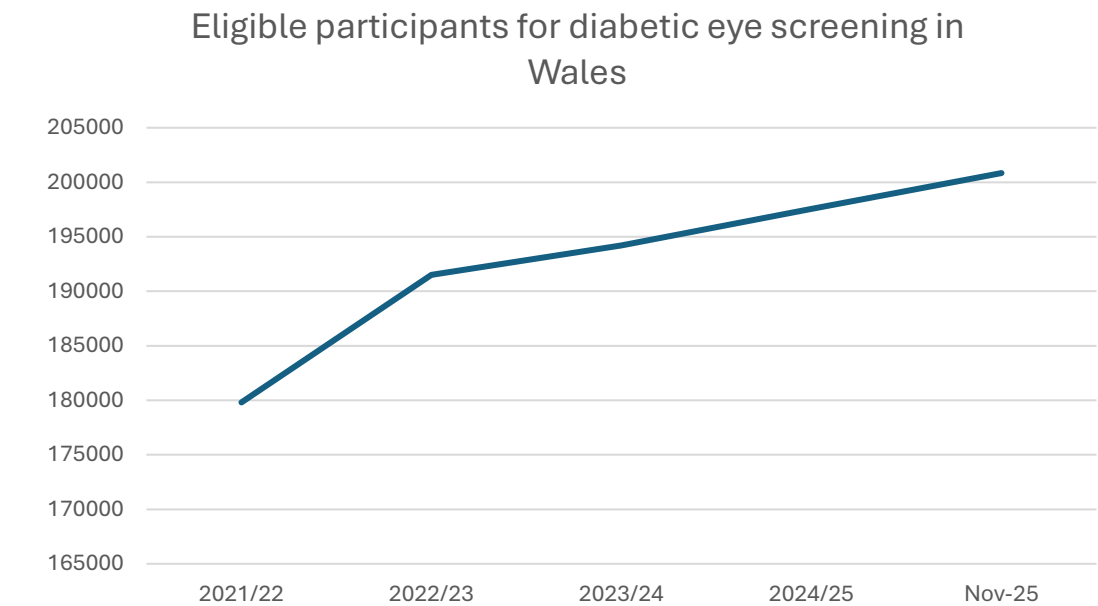


Coverage at 12 months for annual recall pathway

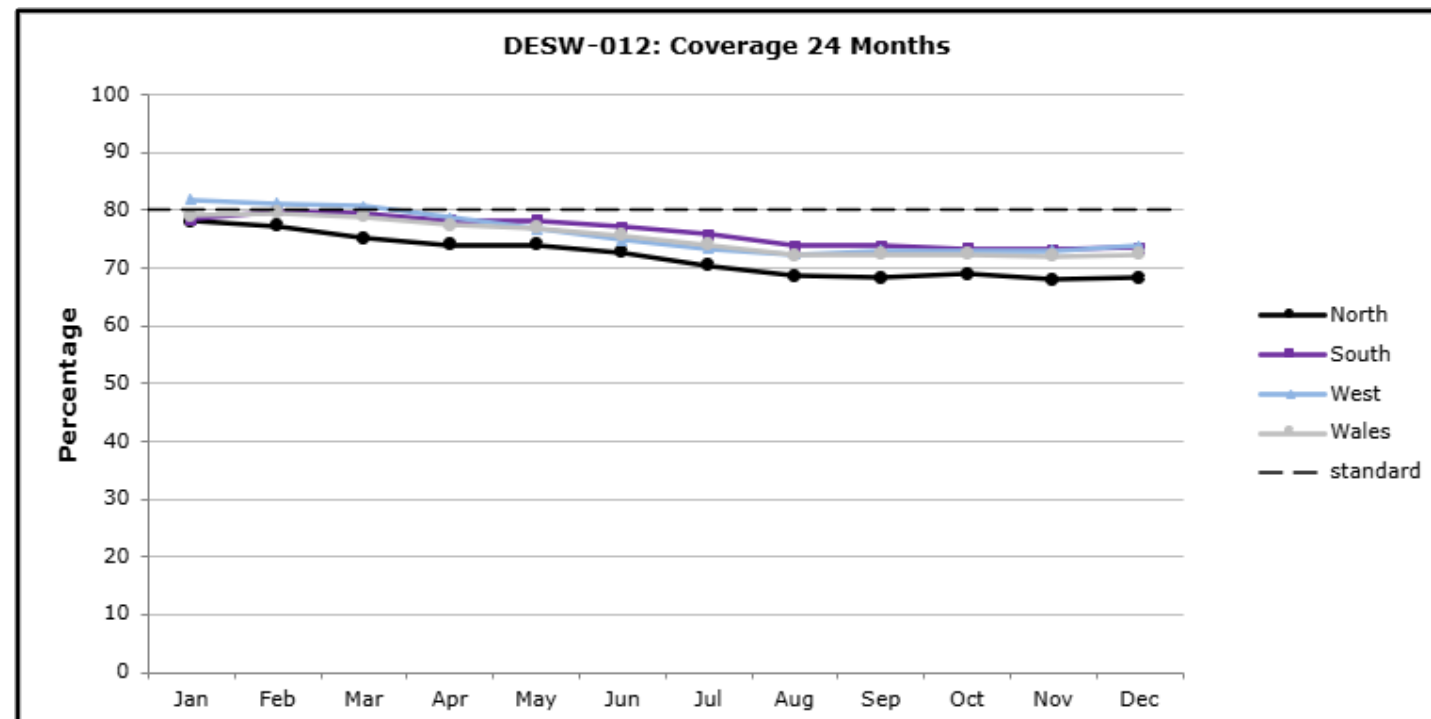


## Challenge: Diabetes eye screening population

- Growth rate in cohort eligible for diabetic eye screening of **12%** from 2021 to November 2025
- Population cohort eligible for eye screening has surpassed **200,000** in November 2025 for the first time



Coverage at 24 months for low risk recall pathway



- **Impact of wait:**
  - **Anxiety for participants waiting for appointment**
  - **Risk of increased number of cases where diabetic retinopathy not identified at early stage with risk of sight loss.**

# Increasing clinic capacity models Improvement and Innovation



- Demand and capacity modelling using latest data since Low Risk Recall Pathway (LRRP) implemented indicates need for **13296** appointments per month
- Current appointment capacity per month is **12384**
- Shortfall of **911** per month

## Improvement projects

Trials using Quality Improvement methodology of alternative methods of clinic delivery:

- **Two pre-screeners to one photographer (2:1):** pilot not demonstrating benefit, not taking this forward
- **LRRP clinics:** shorter appointments for LRRP participants as less complex, trials in progress, potential to scale for LRRP pathway participants only (up to 20% increase per clinic – 33% of participants are LRRP)
- **Drop-in clinics:** offer additional “drop-in” morning or afternoon appointments in addition to routine schedule appointments, potential to scale only if adequate waiting room facilities (up to 20% per clinic – 25% clinics likely to have adequate waiting facilities)

# Increasing clinic capacity models

## Improvement and Innovation

### Innovation

- Evaluation of new camera technology – potential for staged mydriatic approach
- This innovation could lead to single role clinics
- Estimated increase of capacity up to **62.5% per clinic** compared to standard clinic model
- This would address **911** shortfall per month and initial estimates there would be capacity to support recovery of timeliness



### Next steps

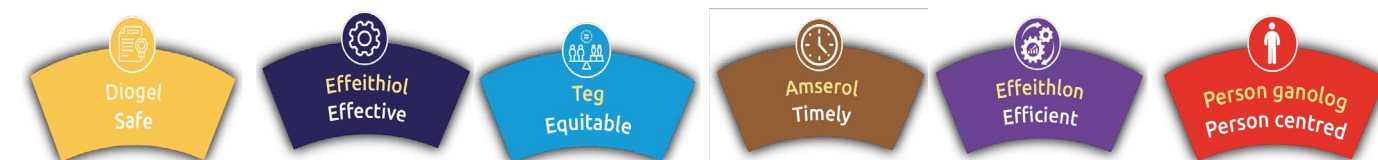
- Completion of camera evaluation to determine if safe and effective to implement staged mydriatic approach
- Plan implementation across Wales – estimated only 50% of current venues suitable for delivery of model
- Model how increase in appointment capacity impacts on timeliness of offer – staffing configurations, sufficient equipment (increase cameras), rooms large enough for vision test.

# Diabetic Eye Screening Programme: Coverage Improvement Plan Actions

Area of focus	Expected benefits	Dependencies	Dependent on	Specific action	Lead	Reporting to	2025/26			2026/27														
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				
Increasing Clinic Capacity Service Improvement Project	<ul style="list-style-type: none"> <li>*Increased appointment capacity</li> <li>*Increased timeliness of recall for participants</li> <li>*Improved coverage due to increased number of participants called within reporting period</li> </ul>	<ul style="list-style-type: none"> <li>*Current staffing levels including replacement of staff who resign/retire and staff sickness levels</li> <li>*Availability of screening venues</li> <li>*Acceptability to participants</li> </ul>	HPSS Vacancy Panel	Undertake Drop-in Clinic Model final pilot	Vikki Jones (project lead)	ICC Project Group Kate Morgan (SRO) Reporting to DESW LMT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				
				Evaluate Drop-In Clinic Model for acceptability to staff and participants	Vikki Jones (project lead)																			
			Identify screening venues with appropriate waiting room space to deliver drop-in clinics	Vikki Jones (project lead)																				
			Create clinic templates and book in participants for drop-in clinics	Vikki Jones (Project lead)																				
			Plan roll-out implementation of LRRP clinics in South region	Lee Morgan (project lead)																				
			Undertake pilot of LRRP in North region	Lee Morgan (project lead)																				
			Evaluate LRRP clinics impact and acceptability to staff and participants	Lee Morgan (project lead)																				
			Create clinic templates and book in participants for LRRP clinics	Lee Morgan (project lead)																				
			Finalise evaluation report for 2 to 1 clinic model	Kat Hughes (project lead)																				
			Monitor feedback from staff and participants following implementation	Kat Hughes (programme manager)																				
Monitor available appointment capacity	Kat Hughes (programme manager)																							
Retinal Imaging Without Routine Dilatation: Evaluation Project	<ul style="list-style-type: none"> <li>*Increased appointment capacity leading to increased timeliness of recall for participants</li> <li>*Improved coverage due to increased number of participants called within reporting period</li> <li>*Improved participant experience due to omission of eye drops</li> <li>*Increased acceptability of screening appointment leading to increased uptake</li> </ul>	<ul style="list-style-type: none"> <li>*Research and evaluation governance</li> <li>*DPIA, information and data flows</li> <li>*Budget to overtime for graders, participant resources</li> </ul>	PHW R+E team	Finalise evaluation proposal with sign-off from PHW R+E team	Bethan Bowden (Cons Lead)	Camera Evaluation Project Group Bethan Bowden (SRO) Kate Morgan (HOP) Reporting to DESW Programme Board	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				
				Finalise data and information flows of retinal images	Kat Hughes																			
			Complete DPIA 2 and sign-off from IAO	Bethan Bowden (Cons Lead)																				
			Develop patient information leaflet, consent form and FAQs	Bethan Bowden (Cons Lead)																				
			Undertake pilot clinic in real-time conditions	Kat Hughes																				
			Confirm clinic template and create evaluation clinics	Kat Hughes																				
			Staff training including consent training	Andy Green (Training Lead)																				
			Send out invitations to participants	Sue Morris (Screening Pathway Lead)																				
			Run evaluation clinics	Kate Morgan (HOP)																				
			Undertake data linkage and analysis	Mark Drakesmith (Data Scientist)																				
Produce final evaluation report	Liv Erna-Kosnes (PHW Evaluation)																							
Plan implementation of staged mydriatic approach	Kate Morgan (HOP)																							
Roll-out staged mydriatic approach	Kate Morgan (HOP)																							
Implementation of Low-Risk Recall Pathway	<ul style="list-style-type: none"> <li>*Increased appointment capacity leading to increased timeliness of recall for participants</li> <li>*Improved coverage due to increased number of participants called within reporting period</li> <li>*Improved participant experience due to reduced frequency of appointments for LRRP participants</li> </ul>	IT system identification of LRRP participants	NEC	Develop and test script for LRRP participants coding within Optimize	Stephen Williams (QA lead) Gavin Bhakta (Informatics)	DESW LMT Kate Morgan (HOP)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				
				Monitor SPAR for LRRP																				
Improve Clinic Utilisation	<ul style="list-style-type: none"> <li>*Increased efficiency of staff resources</li> <li>*Increase in reported results due to increase invited participants</li> <li>*Improved coverage due to increased number of</li> </ul>	<ul style="list-style-type: none"> <li>*Current staffing levels including replacement of staff who resign/retire and staff sickness levels</li> <li>*Availability of</li> </ul>	HPSS Vacancy Panel	Complete testing of Autobook module	Sue Morris (Screening Pathway Lead)	DESW LMT Kate Morgan (HOP)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				
				Implement Autobook module	Sue Morris (Screening Pathway Lead)																			
			Backfilling of appointments to obtain interim programme standard 80%	Sue Morris (Screening Pathway Lead)																				
			Backfilling of appointments to obtain interim programme standard 85%	Sue Morris (Screening Pathway Lead)																				

DESW Improvement Plan Actions | Governance of plan | +

Ready | 70%



# Next Steps: Lung cancer Screening Programme – Implementation

PHW were commissioned by Welsh Government to undertake a project reviewing how a national lung cancer screening programme could be delivered in Wales.

The scoping project commenced in April 2024. PHW's recommendations were submitted to WG in March 2025.

In June 2025, the Cabinet Secretary published a statement confirming approval for national lung screening programme.

PHW have been asked to move immediately to implementation planning, with the first people anticipated to be invited for screening in 2027.

## •Projected benefits of programme:

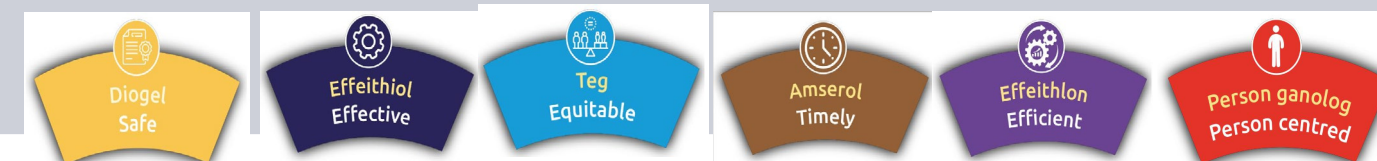
- Once fully implemented across Wales, lung cancer screening will reduce mortality in the screened population by 100-125 lives per year.
- CRUK estimate that lung cancer screening will provide wider economic benefits of around £76.7 million each year.

## Key steps:

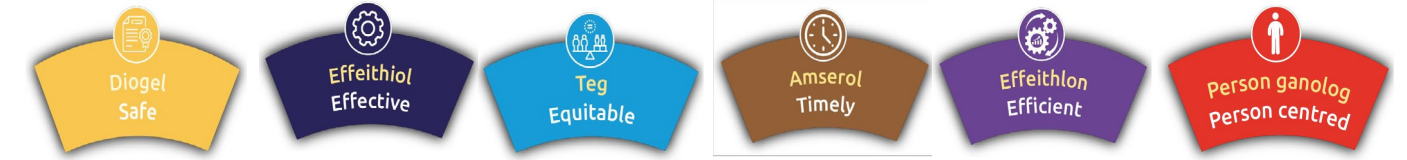
- Programme structure and governance structure in place
- Recruited key initial post for planning.
- Submitting Business Justification Case for capital spend (additional step) to Welsh Government
- Work to finalise detailed implementation plans
- Engagement with all key stakeholder. Update letter sent to Health Boards and nominating leads.

## Key areas noted required:

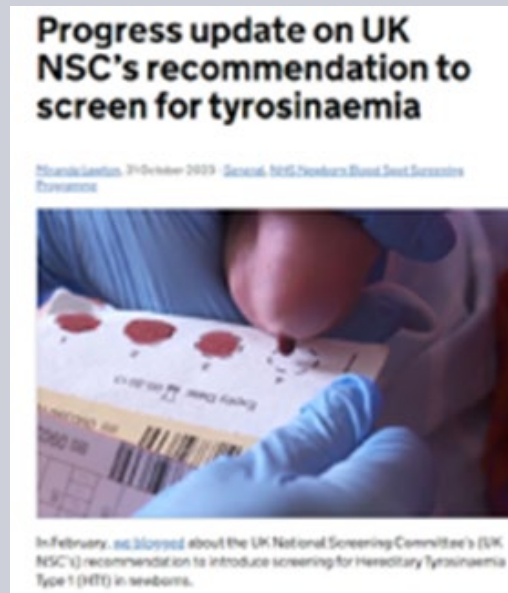
- DCHW to identify 'ever smokers' aged 55-74 from Primary Care records
- Health Boards to release Thoracic Radiologists to support the reporting of screening CT scans
- Health Boards to establish Screening Review Meetings, where potentially actionable findings will be discussed and actions agreed.



# Future Recommendations?



## Current UKNSC Recommendations

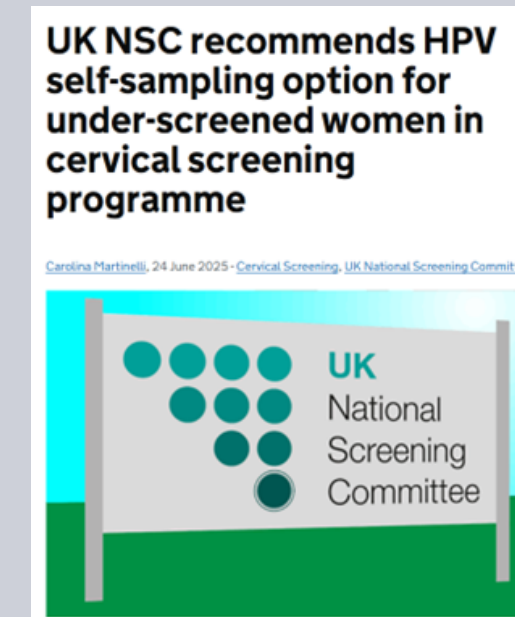
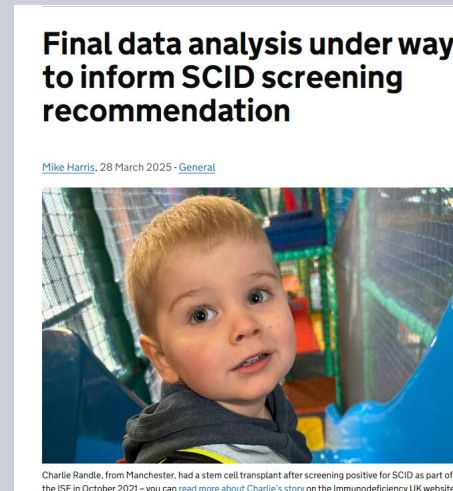


*NHS England 10-year plan: Every newborn baby in England will have their DNA mapped to assess their risk of hundreds of diseases, under NHS plans for the next 10 years.' BBC news 22 June 2025*



26 June 2025

## Developing Recommendations



## Implementation of recommendations promptly



## Changes to programmes and changes in eligible population

- Breast screening extended to younger and/older age groups?
- Additional tests in dense breasts?
- Increase in diabetic population
- Reduce cut off in Bowel Screening?
- Increase in conditions screened for in Newborn Screening

# Asks of the Committee

- **Note the current performance position and areas requiring improvement.**
- **Note and support the improvement plan and associated actions in place.**



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Gweithio gyda'n gilydd  
i greu Cymru iachach

Working together  
for a healthier Wales

