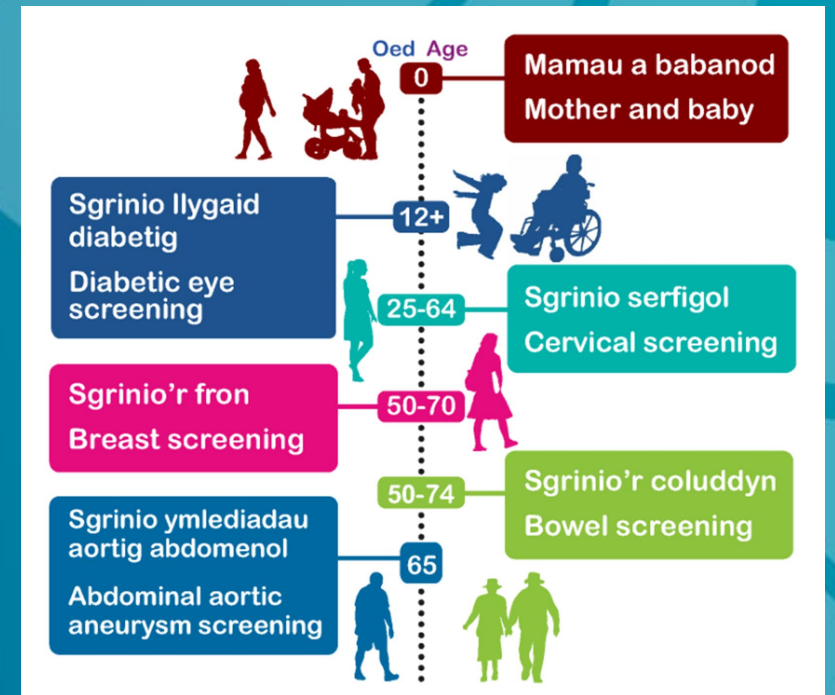




NHS Screening Programmes in Wales

Public Health Wales Board

November 2025



Overview

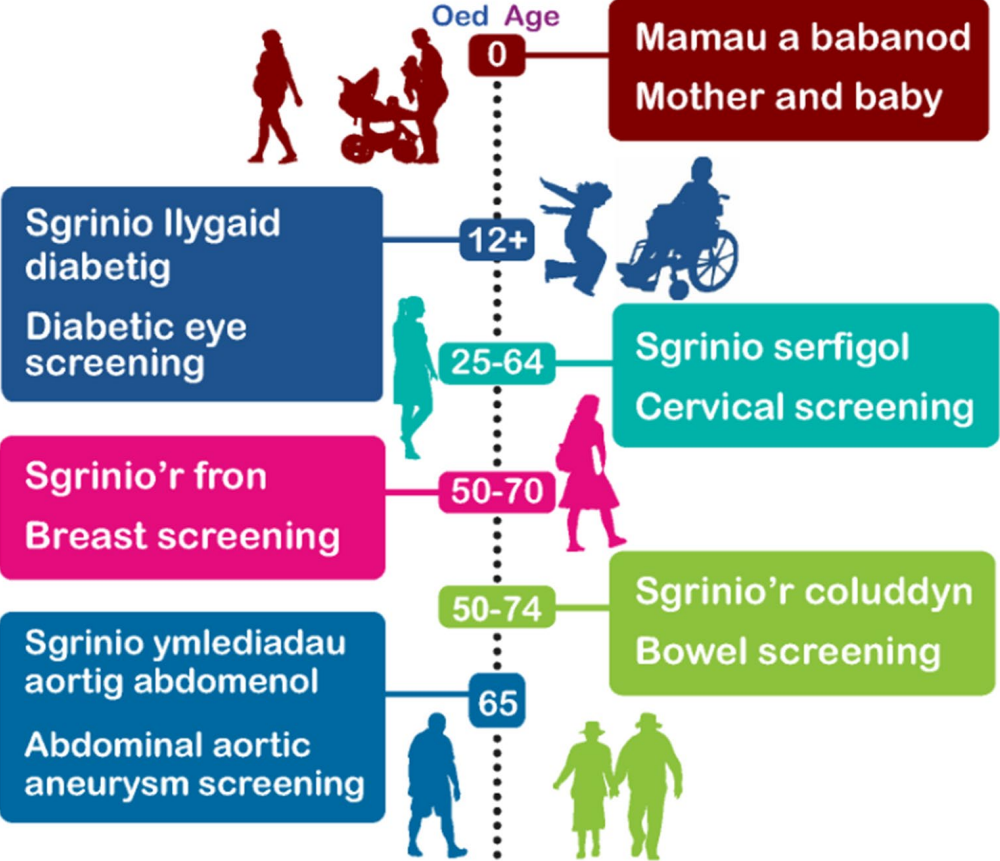
- Purpose of session:
- To provide an overview of screening programmes with a summary assessment of:
 - where our services are,
 - challenges in the system,
 - actions and opportunities.

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



Screening Division Public Health Wales delivers the following Screening Programmes for whole of Wales across the life course



Programmes currently delivered

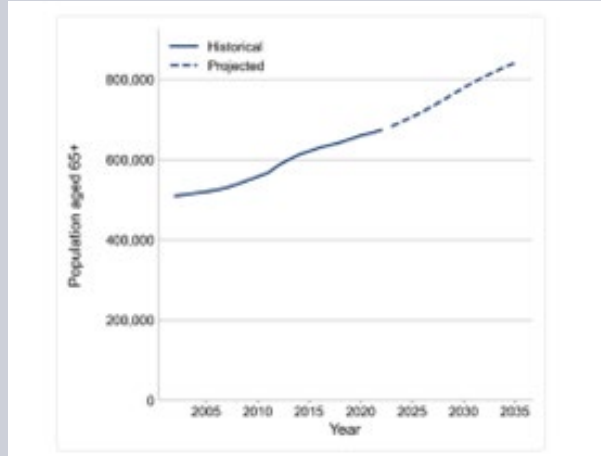
- **Breast Test Wales** to detect breast cancer early to reduce mortality and morbidity
- **Cervical Screening Wales** to reduce incidence of cervical cancer
- **Bowel Screening Wales** to detect bowel cancer early and remove polyps to reduce mortality and morbidity
- **Wales Abdominal Aortic Aneurysm 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.

Population in Wales



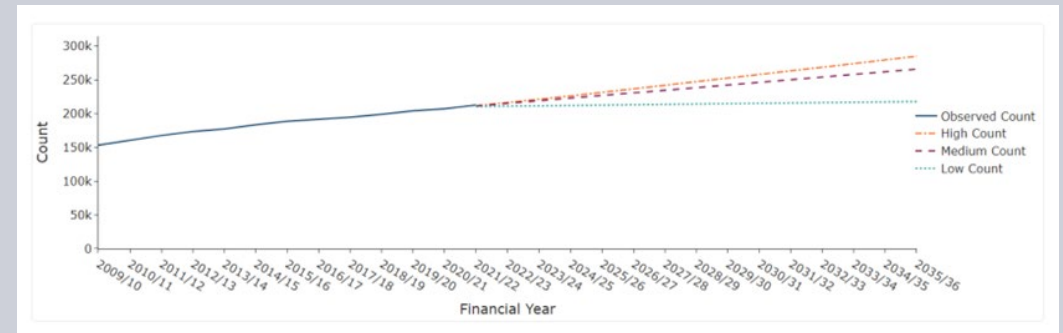
Key predictions – Increasing aging population

The number of older people in Wales has increased and is projected to continue increasing



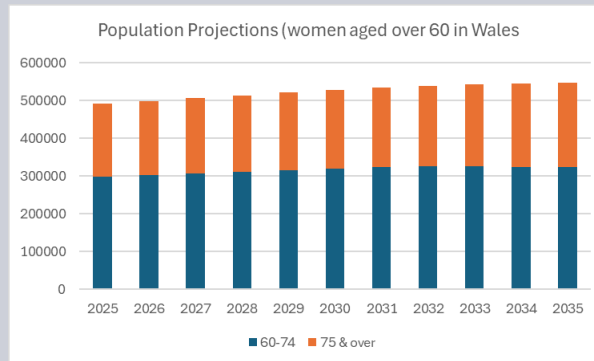
[Cancer in Wales – trends and projections - Public Health Wales](#)

Population projections of people living with Diabetes in Wales. An additional 67,000 in 2035/36 compared to 21/22, increase of 32%



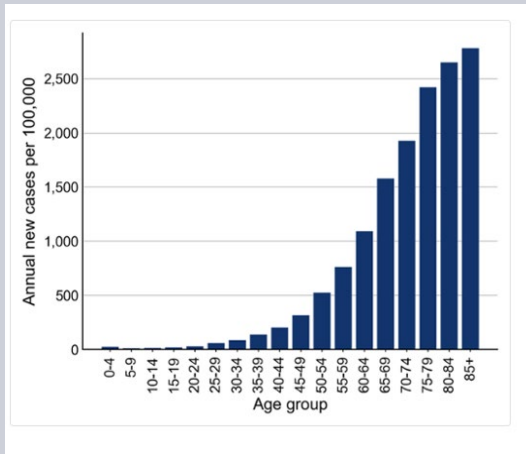
<https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/diabetes-prevalence-trends-risk-factors-and-10-year-projection/>

Women aged over 70 expected to increase which will increase number of self-referral for breast screening

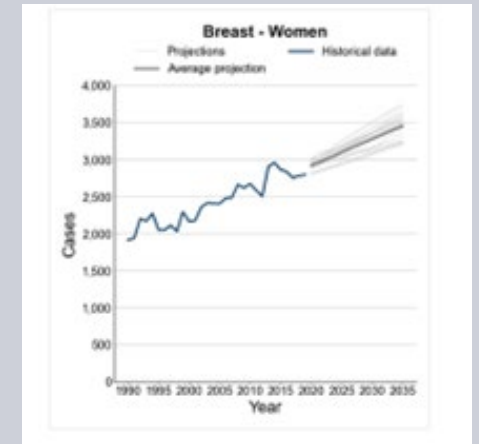
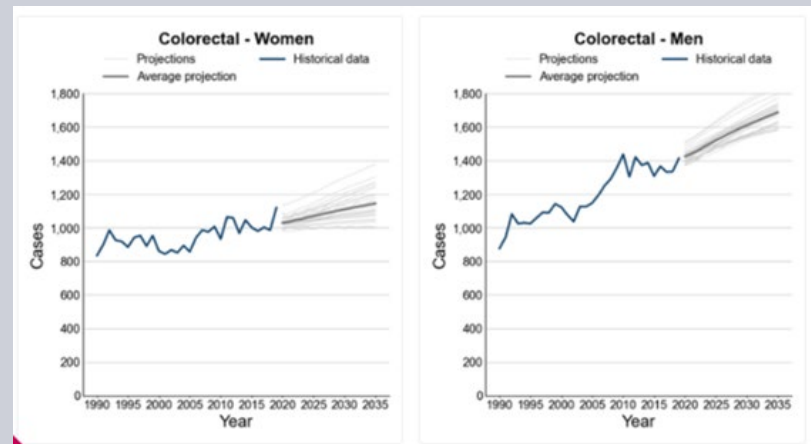


Key predictions – Increasing Cancer Diagnosis due to ageing population

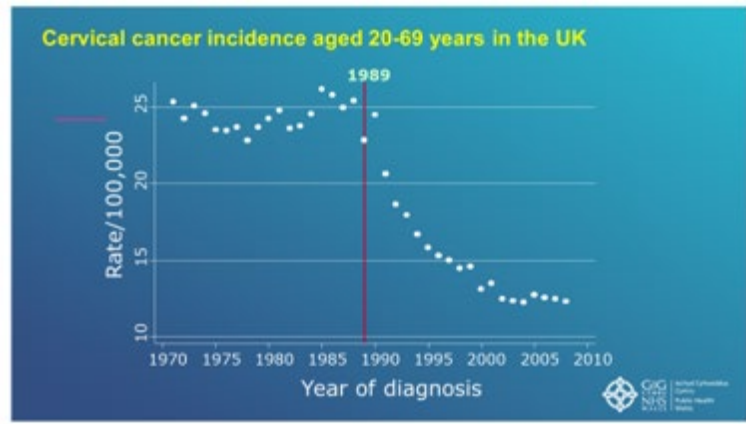
Older people are more likely to be diagnosed with cancer



Projected increase in Cancer Diagnosis due to ageing population



Impact screening can make to improve outcomes – Primary/Secondary Prevention



Bowel Screening Wales April 2023 – March 2024	
Number of individuals ages 50 -74 invited for screening	494,051
Number of tests returned	327,714
Number of individuals diagnosed with bowel cancer	457
Number of individuals with polyps detected and removed	3,752

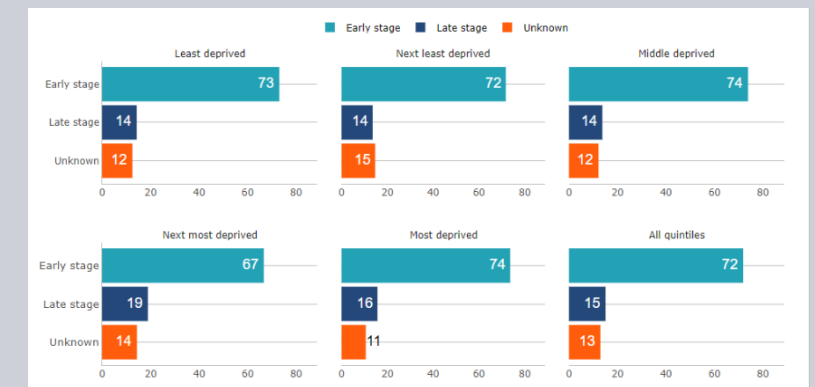
Breast Screening:

- Relative risk reduction in breast cancer mortality is estimated at 20% (95% CI 11%, 27%)
- For every 180 women attending for screening between 50-70 , one breast cancer death is prevented

The proportion of early and late-stage diagnoses of female breast cancer by area deprivation fifth in 2022.

Breast cancer, proportion (%), women, all ages, Wales, 2022

Produced by Public Health Wales, using cancer registration data (WCISU), MYE (ONS) and WIMD (WG)



Reduction in ruptured abdominal aortic aneurysm in Wales. Programme introduced in 2013.

Table 1. Summary of ruptured abdominal aortic aneurysm outcomes in Wales as reported by the UK AAA effectiveness review.

Year	2013	2023	Percentage change
Prevalence of AAA in screened individuals	1.29	0.91	29.46%
Hospital admissions with rAAA primary diagnosis in males	138	44	68.12%
Percentage of deaths due to rAAA in 65+ males	1.30%	0.61%	53.08%

Programme Delivery : Duty of Quality



GIG CYMRU NHS WALES | Welsh Government
Cymru
Public Health
Wales

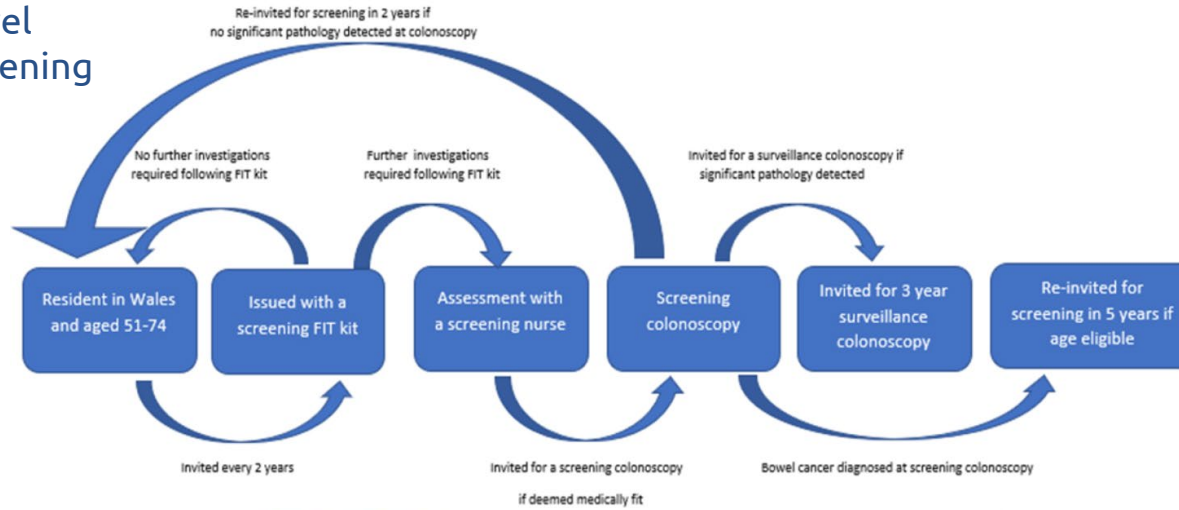
We aim to deliver **Excellent Screening Services** in Wales.

This means...

	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.	S
	Timely We aim to invite people on time, in line with our standards, and send information and results without delay.	T
	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.	E
	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.	P

Programme Delivery – End to End Pathway.

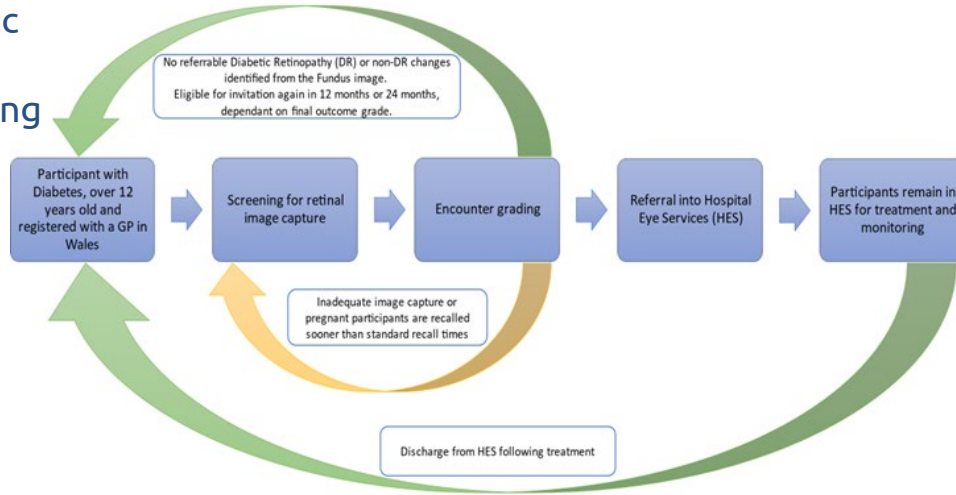
Bowel Screening



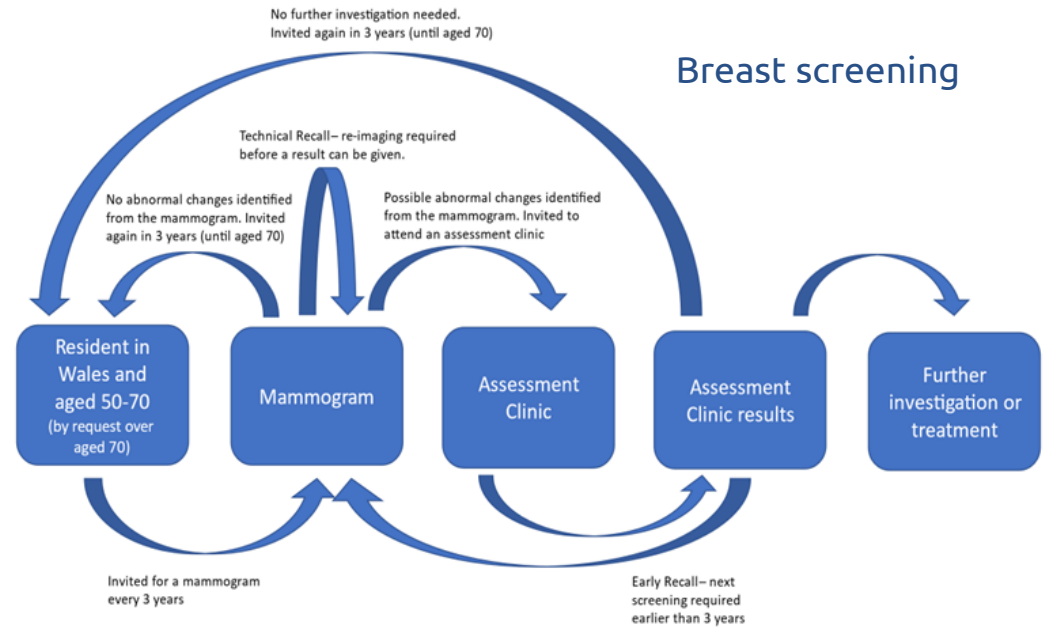
Aneurysm Screening



Diabetic Eye screening



Breast screening



Bowel Screening Programme

- Bowel Screening Wales has gradually 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.
- Over 520,000 participants eligible and invited over last 12 months.
- Coverage of the bowel screening programme overachieves standard – 63%
- Screening laboratory processing bowel screening samples – 100% within standard
- 2.5% receive a 'positive' FIT (faecal immunochemical test) screening result – **Point of suspicion** for Single Cancer Pathway
- Yield screening : 7% cancer detection rate, 70% polyp detection.
- Since optimisation started 337 people aged less than 60 years have been diagnosed with bowel cancer and 3,390 have had polyps detected and removed.
- Timeliness of Screening Colonoscopy **not** within standard

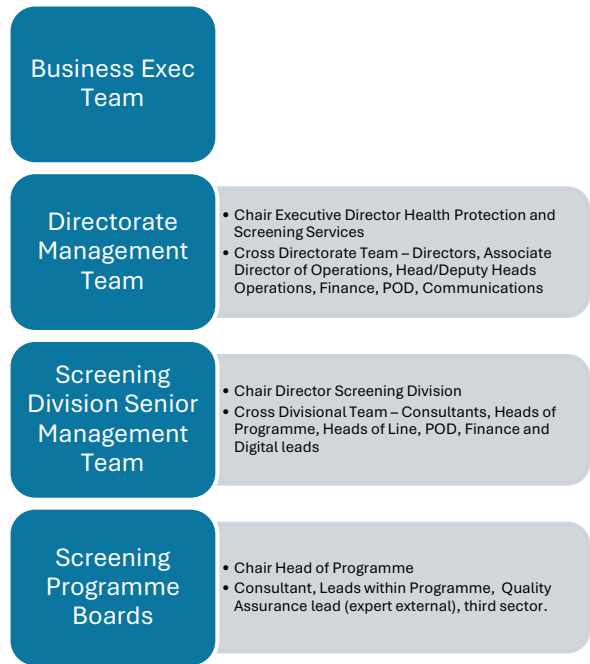


Monitoring Performance across the Pathway – Screening Performance Activity Reports (SPARs) produced monthly by digital team

Summary	All Wales																
Indicator	Name	Standard	Operational target	Action Threshold	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	YEAR
BSW-001	Bowel Screening Uptake	>= 60%	60%	55%	64.4%	61.0%	61.4%	59.4%	59.9%	59.9%	63.4%	56.9%	65.3%	68.9%	65.2%	63.7%	62.5%
BSW-001A	Bowel Screening Uptake - Prevalent round 1st Invite	>= 60%	60%	55%	54.1%	53.3%	54.0%	54.0%	54.3%	52.0%	52.7%	51.0%	52.3%	50.6%	51.4%	52.7%	53.1%
BSW-002	Bowel Screening Coverage	>= 60%	60%	55%	64.6%	64.3%	64.0%	64.3%	64.4%	64.0%	64.5%	62.9%	62.4%	62.6%	62.9%	62.1%	62.1%
BSW-003A	Bowel Screening Positive Test Rate	>= 1%, <= 2.5%	Operational target	< 1, >= 3%	2.5%	2.7%	2.8%	2.7%	2.5%	2.5%	2.6%	2.4%	2.4%	2.3%	2.6%	2.5%	2.6%
BSW-003C	Bowel Screening Rejected Test Rate	<2%	1%	2%	2.5%	2.7%	2.4%	2.1%	1.8%	2.2%	2.2%	2.8%	2.0%	2.5%	2.7%	2.5%	2.4%
BSW-006A	Waiting Time for Screening Test Results	>= 95%	95%	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
BSW-006B	Waiting Time for Positive Screening Test Validation	>= 97.5%	95%	92.5%	99.3%	100.0%	98.5%	100.0%	98.6%	98.4%	99.5%	100.0%	100.0%	100.0%	100.0%	99.2%	99.4%
BSW-008	Number of Bowel Screening Kits Validated	No Standard	Operational target	No Action Threshold	28833	20857	34343	32003	29650	31065	29578	29519	28640	27661	28298	31248	351695
BSW-017	Histology reported by laboratory within 7 days of Date of procedure	No Standard	Operational target	No Action Threshold	48.7%	39.7%	46.1%	34.2%	32.6%	42.5%	47.3%	45.0%	39.8%	43.1%	47.2%		42.4%
BSW-005A	Cancer Detection Rate at Index Colonoscopy/Flexi-Sig	>= 10%	Operational target	8%	5.6%	5.7%	6.5%	7.6%	5.9%	7.9%	7.6%	5.0%	6.1%	5.3%	6.1%		6.3%
BSW-005B	Polyp Detection Rate at Index Colonoscopy/Flexi-Sig	>= 50%	Operational target	50%	67.7%	70.6%	71.6%	69.4%	69.7%	73.3%	73.0%	70.3%	74.3%	71.6%	67.0%		70.8%
BSW-005C	Adenoma Detection Rate Index Colonoscopy/Flexi-Sig	>= 35%	35%	30%	53.0%	53.5%	54.6%	54.9%	55.3%	56.2%	59.5%	56.4%	61.1%	57.8%	46.7%		55.4%
BSW-007	Waiting Time for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment - Looking back	>= 90%	90%	85%	32.3%	19.7%	15.2%	20.9%	8.4%	6.8%	4.0%	5.1%	8.8%	14.0%	10.5%		12.8%
BSW-007C	Waiting Time from Date of booking an SSP assessment to First Offered Index SSP Appointment - Look forward	>= 90%	90%	85%	79.0%	62.4%	59.4%	47.2%	42.1%	42.3%	64.5%	63.2%	81.4%	79.8%	83.8%		63.2%
BSW-007D	Average Waiting Time (Days) from Date of booking a SSP assessment to date of First Offered Index Colonoscopy/ Flexi-sig - Look	<28	28	28	39.8	45.5	47.6	45.3	48.3	53.7	58.5	58.8	56.0	57.0	60.7		52.3
BSW-007E	Median Waiting Time (Days) from Date of booking a SSP assessment to date of First Offered Index Colonoscopy/ Flexi-sig - Look	<28	28	28	39.0	46.0	46.0	41.0	49.0	53.0	58.0	58.0	56.0	57.0	57.0		
BSW-015	Number Waiting for Index Colonoscopy/ Flexi-Sig [Breaching standards]	No Standard	No Operational target	No Action Threshold												513	
BSW-016	Number of Colonoscopy/ flexi sig lists and patients attended	No Standard	Operational target	No Action Threshold	690	554	804	659	833	722	721	798	724	750	787	709	8751
BSW-009	Future Expected Surveillance Procedures - Activity for the Year Ahead	No Standard	Operational target	No Action Threshold	121	67	81	77	96	72	85	86	89	97	97	95	1063



Governance structure

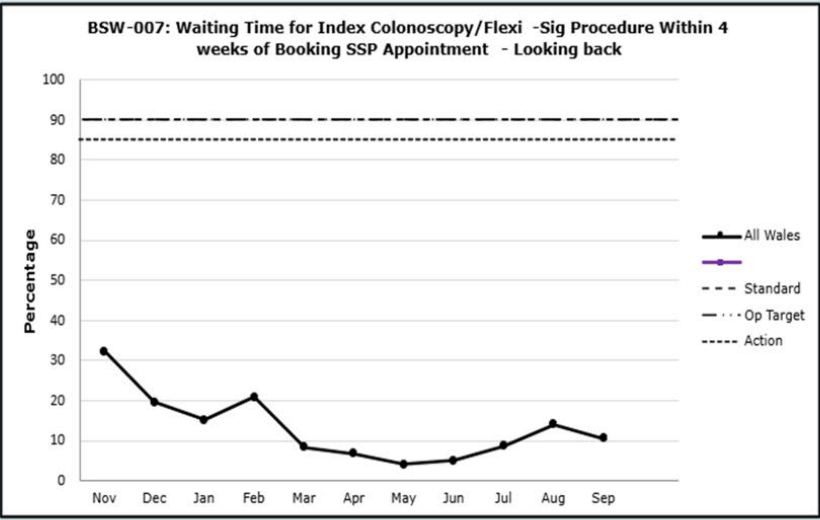


Bowel Screening Programme: Colonoscopy waits

 **In Focus: Bowel Screening Wales Colonoscopy Waits**




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



Waiting times as of Friday 7 November

Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	0 weeks 4 days	9 weeks 1 days	9 weeks 5 days
2	0 weeks 4 days	14 weeks 4 days	15 weeks 1 days
3	0 weeks 6 days	14 weeks 5 days	15 weeks 4 days
4	0 weeks 4 days	4 weeks 6 days	5 weeks 3 days
5	0 weeks 4 days	5 weeks 3 days	6 weeks 0 days
6	0 weeks 3 days	7 weeks 2 days	7 weeks 5 days
7	2 weeks 4 days	2 weeks 2 days	4 weeks 6 days
8	1 weeks 5 days	7 weeks 4 days	9 weeks 2 days
9	1 weeks 5 days	8 weeks 0 days	9 weeks 5 days
10	0 weeks 4 days	3 weeks 3 days	4 weeks 0 days
11	1 weeks 4 days	4 weeks 3 days	6 weeks 0 days
12	0 weeks 6 days	3 weeks 5 days	4 weeks 4 days
13	0 weeks 4 days	3 weeks 5 days	4 weeks 2 days
14	0 weeks 3 days	6 weeks 3 days	6 weeks 6 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 = 7 weeks and 6 days (standard of 4 weeks)
- Range of waiting time for colonoscopy 2 weeks and 2 days to 14 weeks and 5 days.
- Impact of wait:
 - Risk of disease progression
 - Anxiety for participants waiting

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 to be sent to Health Boards with overall themes and targeted actions.

Colonoscopy Waits – number of lists needed to recover timeliness by March 2026

Health Board	Number of Core Lists funded a week (based on 44 weeks a year)	Number of Core Lists delivered by core capacity a week	Weekly Demand (index colonoscopies and 4-person lists /week)	Number of participants exceeding 28-day wait (lists) 14/11/2025	Number of additional lists required to clear the backlog of participants waiting longer than 28 days	Number of lists fully implemented to achieve the 28-day standard by end March 2026 (17 week period) (b/17+a)
Aneurin Bevan	12	6	7 lists per week (a)	190	48 (b)	10 lists/week
Betsi Cadwaladr	15	6	9 lists per week (a)	120	30 (b)	11 lists/week
Cardiff & Vale	9	7	7 lists per week (a)	91	23 (b)	8 lists/week
Cwm Taf Morgannwg	9	6	7 lists per week(a)	134	34 (b)	9 lists/week
Hywel Dda	10	7	7 lists per week (a)	56	14 (b)	8 lists/week
Powys	3	1	2.5 lists per week (a)	34	8.5 (b)	3 lists/week
Swansea Bay	7	3	4.5 lists per week (a)	94	23.5 (b)	6 lists/week

Bowel Screening Programme: Opportunities

Bowel Screening Wales – Positive Non-Responder project

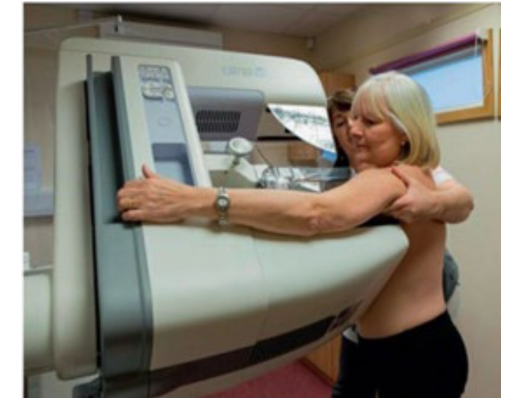
- Funded by Cancer Research UK
- Aims to explore and evaluate innovative approaches to improving cancer screening uptake by better understanding and addressing barriers
- Participants who do not respond after receiving a positive result from a bowel screening test kit.
- Revised result and reminder letters, SMS reminders, Pathway Navigator making calls to encourage engagement and increase uptake
- Positive difference in shaping more targeted and effective strategies that could reduce inequalities.

The Symptomatic FIT (SFIT) Service

- Established in April 2020 - successful service supporting the colorectal cancer referral pathways for participating Health Boards.
- In line with the Lower Gastrointestinal Symptomatic Faecal Immunochemical Testing Pathway 'FIT' - National Optimal Pathway.
- Majority of requests are made from primary care and inform onward investigations and pathways, including referral to colonoscopy for positive results.
- SFIT improved positive predictive value for colorectal cancer over symptoms alone.
- SFIT can enable an increase in colorectal cancer detection in the symptomatic population when used to inform referral for low-risk patients (NICE DG30)
- Whilst the Service is available to all Health Boards in Wales, it is currently taken up by BCUHB, CAVUHB, SBUHB and PTHB.
- Approximately 1100 colonoscopy referrals per month are due to the positive FIT outcomes as part of this pathway
- MAG report recommendation to reduce variation in use of SFIT to improve efficiency and effectiveness of colonoscopy.
- Laboratory working with NHS P&I to work with HB to reduce variation and improve use of pathway.

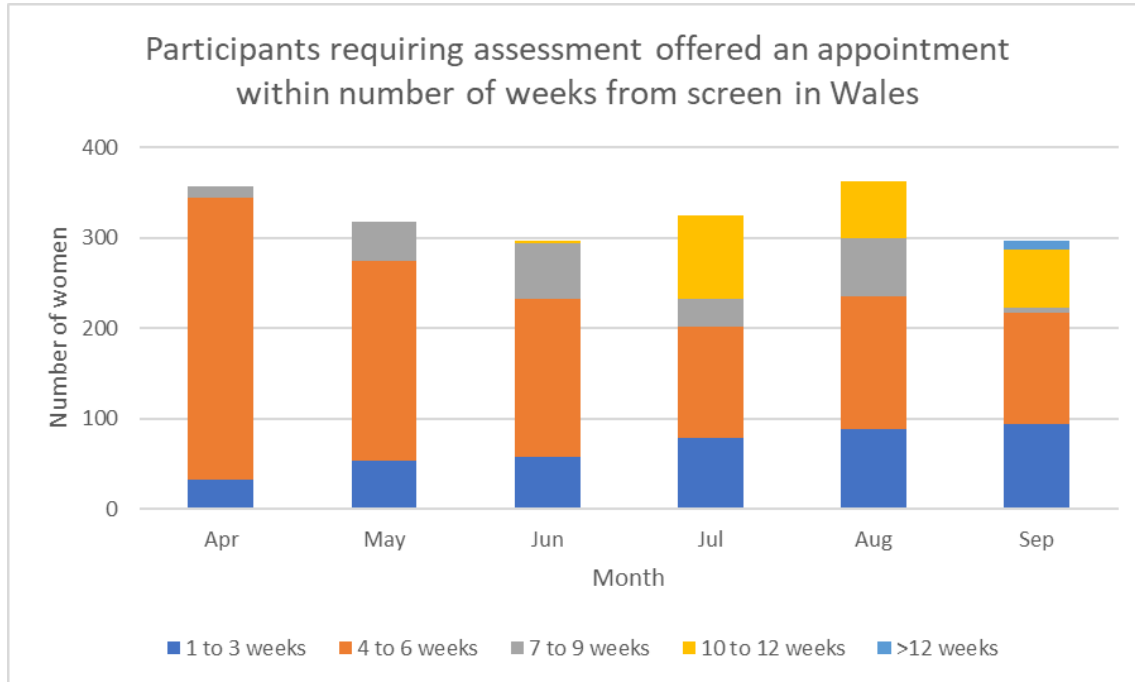
Breast Screening Programme

- 174,364 participants eligible and invited 2023/24.
- 133,339 women took up their screening offer.
- Uptake of the breast screening programme currently just under standard of 70%– 69.5%
- **Point of suspicion** for breast screening on Single Cancer Pathway is date of arbitration and decision to bring women to breast screening assessment
- Yield screening at assessment: 20% cancer detection rate
- Of the 1,303 breast cancers diagnosed in 23/24 through the screening programme 1081 were invasive and 432 of these were less than 15mm which are generally too small to feel.
- Started work with NHS P&I on tracker for breast screening route to Health Boards

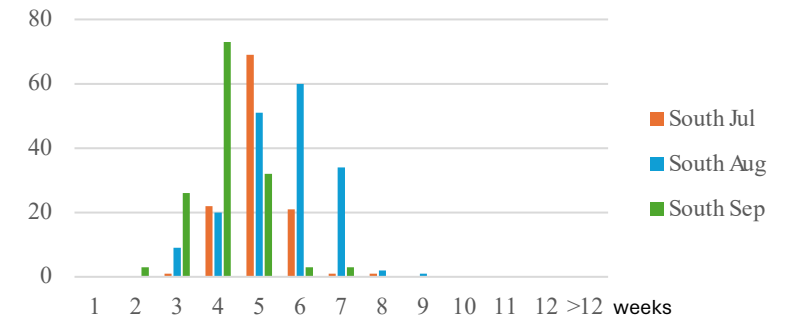


Breast Screening: Assessment waits

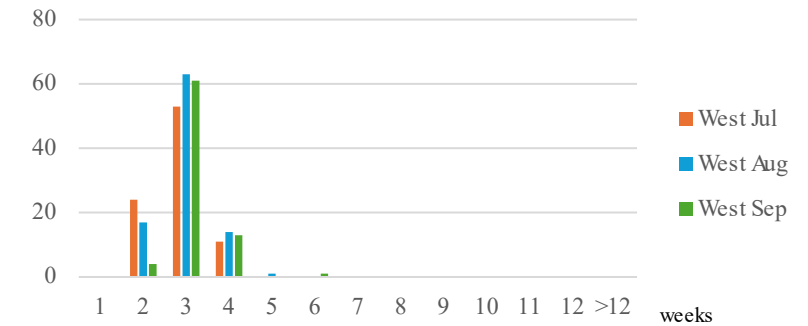
Standard is 90% of participants are offered assessment appointment within 3 weeks of screening



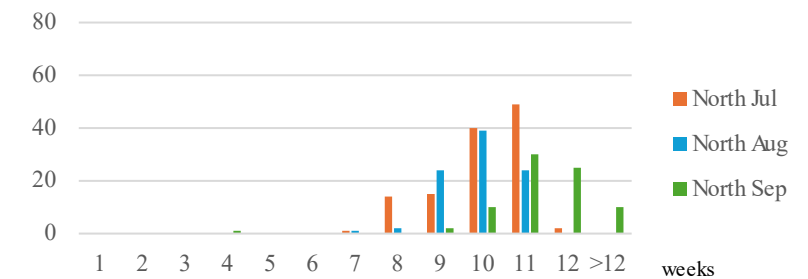
Waits for assessment South



Waits for Assessment West



Waits for assesment North



Breast Screening Programme: Assessment waits

Challenges

- There is only one substantive Radiologist across BTW in North Wales and two consultant radiographers. BTW clinical staffing in North Wales are currently in training.
- There was surgical sickness absence resulting in the cancelation 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 region is supporting North with readings within usual hours. The new PACs has enabled this ability.
- Film readers are in training in the north region. There is a Breast Clinician in training and a Radiologist Fellow in training both will be able to undertake reading and assessment clinics when trained. This will improve capacity and resilience.
- 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.
- The rate of screening in BTW North has been safely reduced slightly.
- 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.

Breast Screening Programme: Recovery Assessment Timeliness North Wales

Region	Number of Planned Assessment Lists a week	Weekly Demand	Backlog of participants reading not within 2 weeks and assessment not within 3 weeks	Number of lists required to clear the backlog of participants waiting for assessments	If no cancellation of any assessment clinic from planned or unplanned leave
North Wales	4 (30 slots in Llandudno and 10 slots in Wrexham)	Minimum 25/10 = 3 lists	86	86/10 = 9 lists	backlog estimated to be cleared in 9 weeks

To ensure sustainable and reliable assessment capacity Health Board needs to :

Put in place a surgical service model that has sustainable capacity with resilience and flexibility over planned and unplanned leave.

Enable radiological lead assessment clinics were appropriate across the whole region with agreed onward referral in line with procedures in Programme

Breast Screening Programme: Opportunities

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 equity of offer and service provision. It is a complex system with Genetics and Oncology identifying the eligible cohort, BTW doing call/recall, Health Boards doing imaging, the reading, reporting and assessment with Breast Test Wales.. Service now in place in the South-East, will commence in North and West before the end of the calendar year.

Breast Screening Review

A service review framework has been developed to support a structured and evidence-informed approach to quality assurance and improvement within the programme. This is using a service review framework based on the Duty of Quality domains and enablers to undertake review of pathway performance and overall programme governance. The review is currently underway with the programme sharing key documents relating to the framework, review team visited locations, planned one to one discussions and focus groups and a digital survey sent to all BTW staff.

Breast Density

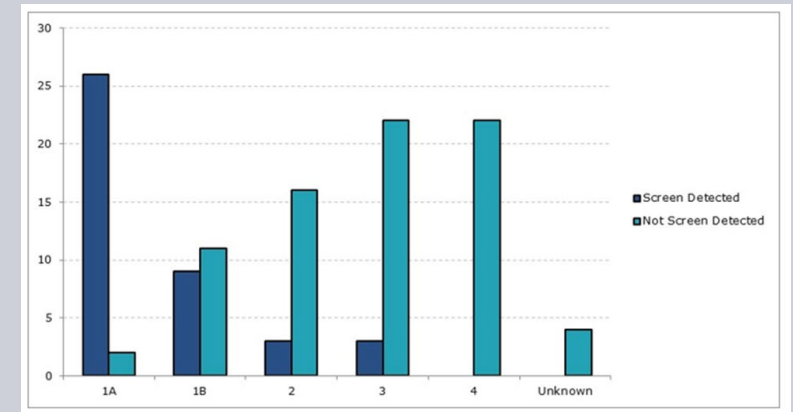
Awaiting UKNSC consultation on risk adapted breast imaging in breast cancer screening as dense breast tissue not only increases cancer risk but also diminishes the effectiveness of mammograms. In the UK, the recently completed multicentre BRAID (Breast Screening – Risk Adapted Imaging for Density) study investigated whether abbreviated MRI, contrast-enhanced mammography (CEM), and automated breast ultrasound (ABUS) could enhance cancer detection in individuals with dense breasts.

Cervical Screening Wales

Cervical Screening key figures April 2022 – March 2023

Number of individuals aged 25–64 invited for screening	284,226
Number of individuals who took up screening offer	170,892
Number of individuals with high grade cytology samples	1,314

Screen detected cervical cancer diagnosed at earlier stage than non-screen detected. 2019-2022



Coverage reducing – latest figures 68.2% which are age adjusted – this metric needs updating following change in screening interval in 2022 which now coming into effect with individuals aged 25 to 50 years with HPV negative being invited in 5 years.

Research into barriers to attending – Lack of awareness not a barrier:

- Smear tests are embarrassing
- Smear tests are painful
- Scared of what a smear test might find
- Appointment booking with the GP surgery

Independent all Wales survey identifying barriers to attendance

Reviewed and redesigned current invitation letter and information leaflet, using Behavioural Insight Science.

To be implemented in 50% of cohort aged 24.5 – 29 years and evaluated to determine impact on coverage.

beaufortresearch

Audience Insight to inform cervical screening campaign activity
Insight research report

Prepared for Public Health Wales
Prepared by Beaufort Research

MAE SGRINIO YN DECHRAU PAN FYDDWCH YN 24½ oed

Gall cael profion sgrinio serffig helpu i atal a thrin canser ceg y groth.

Important information about your cervical screening (smear) test

Going for your smear test is the best way of finding out if you are at risk of developing cervical cancer.

Cervical screening can detect human papillomavirus (HPV) and identify cell changes, even if you feel well and have no symptoms.

Your cervix is inside your body at the top of your vagina.

You can request a female nurse or doctor to carry out your screening test.

HPV is spread by skin to skin contact. For HPV in the cervix, this is through sexual contact with a person of any gender.

If you do not identify as a woman or are transgender, aged 25 to 64 and have a cervix, you can have cervical screening. You will need to arrange screening with your doctor or clinic. We can now create individual letters for you to have.

Women and people with a cervix aged between 25 and 64 years old are routinely invited for cervical screening every five years.

About the test
A cervical screening (smear) test only takes about five minutes and is usually carried out by a nurse in a private room. To make an appointment for when you will not be having your period.

You will need to take off your underwear from the waist down.

You will need to lie on your back on a special table your nurse will use and your legs apart.

The nurse will gently put a speculum (medical instrument) into your vagina.

They will then gently brush the cervix using a soft brush.

The cells will be tested for high-risk HPV. If both HPV types are found, the sample will be looked at for cell changes.

You will receive your results within the past within four to six weeks of having your cervical screening.

It can be normal to feel embarrassed about having cervical screening, especially at your first appointment. Remember, your nurse carries out screening tests every day.

If you are worried or unsure about having your cervical screening test, you can talk to your doctor, nurse or to the team at Cervical Screening Wales.

You can talk someone with you to your appointment for support.

Attending for a smear test is your choice.

The test should not be painful but sometimes it can be uncomfortable.

You can stop the test at any time.

If you have any questions, more information is available in our leaflet on our website.

Cervical Screening Wales

Opportunities



Elimination of cervical cancer

90-70-90 targets by 2030:

- 90% of girls are fully vaccinated with HPV vaccine by age of 15
 - 70% of women are screened with a high-performance test by 35 years of age and again by 45 years of age
 - 90% of women identified with cervical disease received treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed).
-
- 71.3 %* of women have been screened with a high-performance test by 35 years of age (* HPV primary fully implemented 2018)

HPV self-sampling in underserved population

Evaluation undertaken in England to validate self-sampling as potential method for screening. Recommendation from UK NSC announced on 24 June on permissive use in under screened population. Project established to take this forward in Cervical Screening Wales Programme.

Planned working with DHCW to introduce electronic test request for cervical screening by primary care which reduce errors in hand written request form and improve efficiency.

Use of digital pathology to improve efficiency within the screening programmes

- Proposal to UK National Screening Committee consider to allow the use of digital cytology systems.
- Evidence suggests significant benefits in performance, including accuracy, efficiencies in workflows and reduced turnaround times.
- System will still present the same challenges in clinical interpretation and will need the maintenance of a highly trained and skilled workforce.
- Initial evidence suggests throughput can be improved, improving turnaround times, adding capacity and making a small workforce less vulnerable to fluctuations in workloads.

Diabetic Eye Screening Wales

Key highlights

Coverage and performance

Diabetic eye screening in Wales recently celebrated 20 years of providing an All-Wales service delivering over 2 million screening appointments.

There are currently over 200,000 eligible participants for diabetic eye screening in Wales.

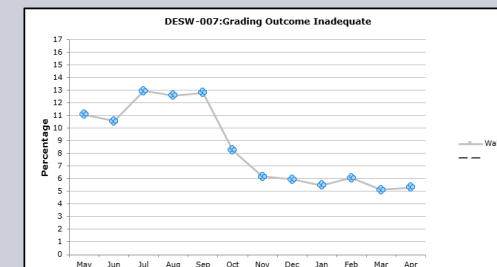
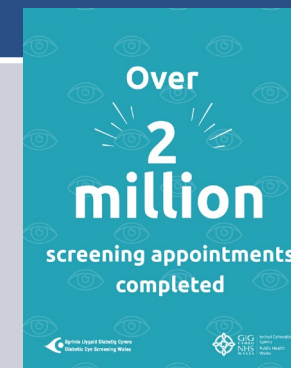
Coverage for participants on the annual recall pathway remains stable at 40%. Coverage at 24 months for the low-risk recall pathway is 73%

Coverage for annual recall participants is impacted by the timeliness of recall with 21% of participants being invited within 12 months. However, the round length is reducing with 94% of participants being invited within 24 months. This is reflected in the steady increase in coverage at 24 months to 70%.

Uptake of eye screening is above standard at 82%. Uptake has been maintained at above standard since November 2024. The uptake is 91% for those on the low-risk recall pathway. This demonstrates that participants are taking up their screening appointments when invited to attend, reflecting a person-centred service.

People with newly diagnosed diabetes are prioritised for eye screening with 99% of the 1619 participants newly registered with the programme in October 25 offered an appointment within 90 days.

The number of inadequate images captured in Diabetic Eye Screening has continued to be much reduced since introducing the new cameras.

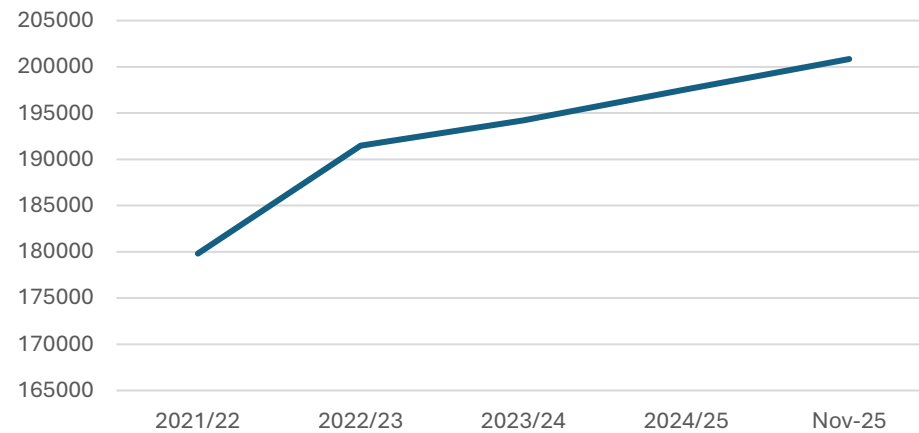


Challenge: Diabetes eye screening population

Growth in cohort

- 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

Eligible participants for diabetic eye screening in Wales



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, final iteration planned then consider likely 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.

Targeted Intervention for Non-Responders – Abdominal Aneurysm Screening Programme first to implement

National Health Protection Support Team (NHPST) has been skilled to undertake intervention to contact non-responders to the first screening invitation.

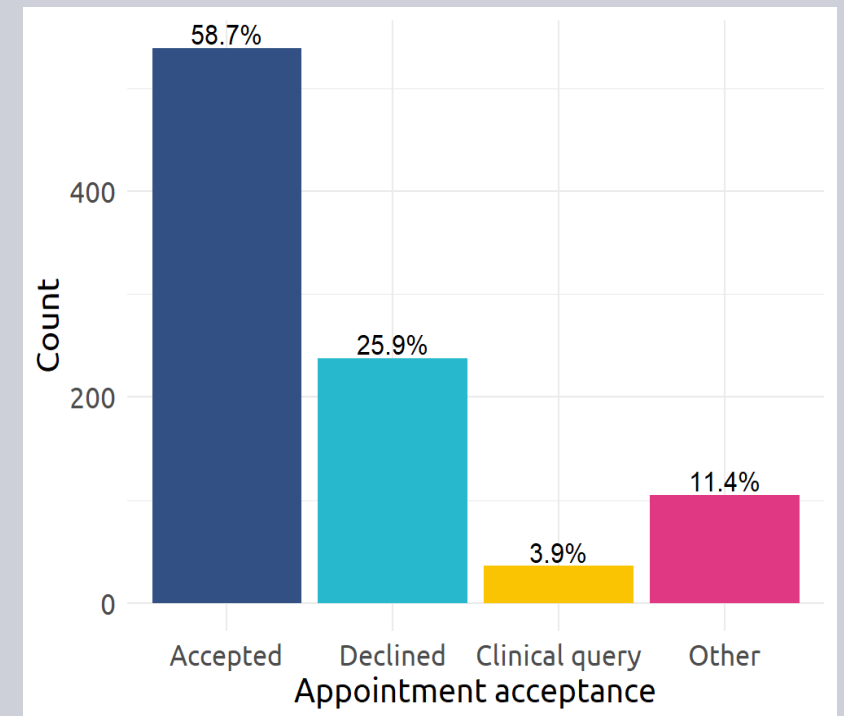
This is to increase likelihood of taking up screening offer, reduce inequity gap, and understand barriers to attending screening

Innovative and Collaborative work:

- Priority health protection response and keeps skills
- NHPST, Behavioural Science Team, Health Protection and Screening
- WAAASP first programme, then introduced DESW and then planning to introduce for bowel screening

Impact:

- Increased screening appointments booked – improving uptake
- Aneurysms detected in previous non responders – direct outcome of work
- Understanding of barriers to inform further interventions and behavioural insight informed changes to communication



Newborn Bloodspot Screening

UK NSC has made a recommendation to Screen for **Tyrosinemia type 1** HT1 and this has been implemented in England in October

There are two barriers to implementation in Wales

- IT system unable to support introduction of new tests
- Newborn Screening Laboratory needs to move in order to be able to safely implement

Involvement at UK level with pre-implementation workstreams for the introduction of (HT1) screening – part of clinical and laboratory workstreams who developed a UK approach to clinical pathways, information for parents and health professionals and other areas.

Wales HT1 implementation group established with broad membership including midwifery, health visitors and paediatricians from DGHs across Wales that will be involved in our clinical pathway.

IT system work ongoing – phase one completed in July 2025 and next phase starting – this will enable ability to introduce new conditions

The **avoidable repeat rate** is fluctuating but remains higher than standard. Actions include training for practitioners, feedback for governance leads and individuals around repeats and reasons for repeats, and focused work with areas where the repeat rates are known to be highest, for example specific neonatal units.

Newborn bloodspot failsafe

Reducing trigger day that babies are flagged with Health Boards as not yet having a sample received in the laboratory. This means that babies are followed up sooner and will get treatment sooner if needed. **Moved from day 15 to 13 now at 11, aiming for 10.** Clinically impactful already.

The process:

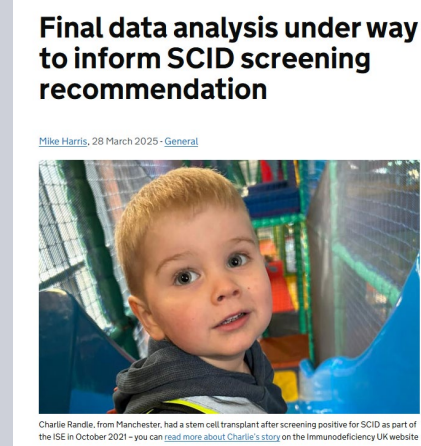
- Sample capture day
- Courier service to get samples to the lab – which has improved timeliness
- Failsafe rota working across regions
- Use of SharePoint for effective communication



Newborn Bloodspot Screening

Opportunities

At a UK level, there is work ongoing to look at how conditions are included in the newborn screening programme and how evidence is gathered to support recommendations. There are also two conditions where a recommendation is expected over the course of the next couple of years.



Charlie Randle, from Manchester, had a stem cell transplant after screening positive for SCID as part of the ISE in October 2021 – you can [read more about Charlie's story](#) on the Immunodeficiency UK website

Upgrading the IT system and moving the lab will be a step change for the newborn programme which will then allow for the inclusion of more conditions with minimal investment. It will also allow Wales to be in a good position to be able to take part in In-Service evaluations to help gather the evidence for future screening tests.

Closer working with CARIS (Congenital anomalies register and information service) will improve Bloodspot screening by allowing collection of outcomes for babies with conditions suspected.

As part of the Public Health Genomics Programme in Public Health Wales we are actively reviewing developments within genomics relevant to newborn screening, working closely with colleagues in the All-Wales Genomics Service.

Newborn Hearing Screening

Opportunities

The programme consistently performs in line with standards with coverage and uptake overachieving target of 98%. Timeliness of well babies completing screening, high risk babies completing screening and timeless of offer of assessment all consistently meet standards.

Newborn IT system replatforming key for newborn hearing screening programme too.

New Service Model

Currently, NBHSW operates a well-baby service model that is focussed on identifying hearing loss in both ears; well babies who receive a 'both ears clear' or 'one ear clear' result are discharged from NBHSW. This is different to other areas of UK, where babies that do not have a clear response in both ears clear are referred to audiology.

A new service model been proposed, developed with input from the programme and audiology as well as UK colleagues. It was designed to align with best evidence, whilst maximising uptake and minimising unnecessary referrals by including an extra screening scan in the first episode.

The Wales Screening Committee has agreed to approve in principle the move to a both ears clear screening model for Newborn Hearing Screening Wales. This will allow the development of more detailed proposals for further consideration at a future date. The programme is making incremental changes to the delivery model to improve the sensitivity of the screen and reduce the number of referrals to audiology, and support more accurate modelling for the proposed new way of working that will come back to Wales Screening Committee. One example of a change is aligning the community and hospital pathways to both end with an AABR, which has resulted in reduction in referral rate with benefits for audiology capacity and reduction in parental anxiety.

Colleagues in audiology are supportive of the change, but all are mindful of the need to optimise referrals into a service that is already stretched.



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 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

Progress update on UK NSC's recommendation to screen for tyrosinaemia

Theresa Gordon, 27 November 2019 - General, NSC Members Board Best Practice Reviews



In February, as agreed with the UK National Screening Committee (UK NSC), we recommended to introduce screening for hereditary tyrosinaemia Type 1 (HT1) in newborns.

UK NSC recommends introduction of targeted lung cancer screening

Mike Harris, 29 September 2022 - General



The UK NSC has recommended that the 4 UK nations should move towards implementing a targeted national lung cancer screening programme, integrated with smoking cessation services.

Developing Recommendations

Assessing the evidence for using multi-cancer early detection tests in screening.

Professor Anne Hacking, 9 April 2023 - General



UK NSC sponsors new research into use of AI in breast screening

Reshmi Ghosh-Waters, 17 May 2023 - General



Final data analysis under way to inform SCID screening recommendation

Mike Harris, 20 March 2025 - General



Charlie Parfitt, from Manchester, had a stem cell transplant after screening positive for SCID as part of the ISE. In October 2021 - you can read more about Charlie's story on the Immunodeficiency UK website.

The Generation Study: exploring genome sequencing in newborns

Amanda Pichers, 12 February 2025 - General



Progress update on UK NSC work to assess newborn screening for SMA

16 November 2019 - General



Seminar explains process of planning and running an in-service evaluation

10 November 2019 - General



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

Implementation of recommendations promptly

UK NSC recommends HPV self-sampling option for under-screened women in cervical screening programme

Carolina Martinelli, 24 June 2025 - Cervical Screening, UK National Screening Committee



At-home cervical screening tests offered in England



For the first time, at-home HPV tests will be offered to some women in England

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

NHS plans to DNA test all babies to assess disease risk



26 June 2025



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

*Gweithio gyda'n gilydd
i greu Cymru iachach*

**Working together
for a healthier Wales**