GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Screening Inequity Report 2024 and 2025

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This document is available in Welsh

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Quality Assurance Statement

Screening data records are constantly updated. The databases used by the Public Health Wales Screening Division are updated on a daily basis when records are added, changed or removed (archived). This might relate to when a person has been identified as needing screening, has had screening results that need to be recorded, or has a change of status and no longer needs screening respectively. Data are received from a large number of different sources with varying levels of accuracy and completeness. The Screening Division checks data for accuracy by comparing datasets – for example GP practice data – and corrects the coding data where possible. It should be noted that there are sometimes delays in data collection – for example a person might not immediately register with a GP if they move address. These delays will therefore affect the completeness of the data depending on individual circumstances. In addition, the reader should be aware that data are constantly updated and there might be slight readjustments in the numbers cited in this document year on year because of data refreshing. In line with data conventions used in other NHS organisations we supress numbers lower than five when the data are potentially sensitive to avoid any risk of potential confidential issues.

Screening Inequity Report 2024 and 2025

Introduction

Our vision, across the national screening programmes in Wales, is that everyone eligible for screening has equitable access and opportunity to take up their screening offer, using reliable information to make a personal informed choice.

This is our third Screening Inequity Report, providing an update on actions described in our Screening Equity Strategy 2022-2025 and bringing together data from across the young people and adult screening programmes with a specific focus on inequity. The update on actions included in the report is up to date as of December 2025 structured around the five key areas defined in the Screening Equity Strategy 2022-2025.

This report presents data on those invited for screening from April 2022 to March 2024 presented as 2022/23 and 2023/24 data. Allowing participants six months to take up their offer of screening, this reflects uptake/coverage as of October 2024. The data presented focuses on the determinants and demographic factors that are collected within our routine data collection.

Background

Screening aims to detect the early stages of disease or prevent disease occurring. Identification of people at higher chance of having a health condition can result in the offer of more effective treatment options or information provided to inform decision making about future care. Screening can also reduce the chance of developing a serious condition, preventing ill-health and the harm that would have otherwise occurred.

The Screening Division delivers seven national screening programmes in Wales:

- Breast Test Wales
- Bowel Screening Wales,
- Cervical Screening Wales
- Newborn Bloodspot Screening Wales
- Newborn Hearing Screening Wales
- Diabetic Eye Screening Wales
- Wales Abdominal Aortic Aneurysm Screening Programme

The Screening Division also coordinates and manages the Antenatal Screening Wales clinical network with screening delivered by health boards in Wales as part of routine antenatal care during pregnancy.

Whether or not to take part in screening is a choice for the individual. However, some people do not actively make a decision to decline screening but are unable to take up their offer due to a range of interlinked barriers. These barriers may include lack of opportunity to take up their offer driven by economic or environmental factors such as access to locations where screening is taking place. Other people may not have received information in a way that enables them to gain the necessary knowledge to make an informed choice. Others may not consider preventative screening as part of their social norm or cultural identity. These barriers may be relevant at a national or local level and may be specific to a programme or relate to a community or individual.

Actions from the Equity Strategy

Tackling inequity is a key priority for the Screening Division. Our aim is to enable all eligible participants to make informed choices about screening. Our approach identifies a series of commitments to progress action across five key areas:

1. Communication
2. Community and Engagement
3. Collaboration
4. Service Delivery
5. Data and Monitoring

Communication

Our commitment is to:

- Provide information on screening in an accessible format, using appropriate language so that each individual can make their own informed personal choice
- Provide clear, consistent messages to the public about the purpose of screening and how screening can improve health outcomes using digital and traditional media formats
- Develop tailored messages for groups and communities where specific barriers are identified to address concerns preventing uptake

Within the Screening Division we have established a standard for all resources to be available in Plain English, Welsh, Easy Read, British Sign Language and Audio across all the programmes to ensure we provide accessible information. The Screening Engagement Team have developed an Easy Read Guide to strengthen the process of developing Easy Read resources. Additionally, a Writing Style Guide has been developed to ensure that consistent language and terminology is used in the development of public information. We have developed BSL videos for Breast Test Wales (2023), Bowel Screening Wales (2024) and the Wales Abdominal Aortic Aneurysm Screening Programme (2025).

We have worked closely with our digital team in the redesign of the Public Health Wales website screening pages to ensure that they meet the highest standards for accessibility and functionality. This includes the provision of HTML format for screen readers. Our Antenatal and Newborn programmes have moved to a digital information first approach with printed formats available on request.

Engagement identified that many people do not understand what screening is or its benefits. In response we have developed a simple, accessible ‘What Is Screening’ video. This is supported by an

asset bank of digital resources that can be shared by our organisation and partners to provide a clear consistent message to the public on screening. To ensure that our public information is representative of our communities we have developed a repository of images that are inclusive and can be used in a variety of ways, including health education, public information resources and social media/communication assets.

In 2025, we were also able to develop a 'What to expect' video for Breast Test Wales. This video demonstrates the screening pathway from the point of invitation to receiving results. It highlights the range of support that is available to participants and breaks down barriers to attendance by visually demonstrating the screening pathway journey. This is particularly helpful for first time attendees.

We have developed tailored resources and information for people from communities who we know face specific barriers to accessing screening. In 2024 we launched on our website 'Information for carers and the people they support.' The webpages and accompanying resources were developed following extensive engagement with carers and carer forums to ensure that they addressed their concerns and barriers that they faced.

In 2025, we launched resources for people who are transgender or non-binary. People in this community can face specific barriers to taking up their screening offer and our resources were developed with the community to ensure that they were relevant to addressing their concerns. A new suite of Easy Read leaflets has been developed and following feedback from the community, the team worked closely with an illustrator to ensure the images reflected the community. Information resources have been developed for Primary Care. These resources will help staff to identify which screening tests are available and how people who are trans or non-binary can access them. This will assist them when supporting their patients.

In July 2024 the Screening Engagement Team published their Working Together guide for people working with ethnic minority communities. This guide provides practical advice to stakeholders on how to raise awareness of screening, improve access and reduce barriers to NHS screening programmes in Wales. This resource was developed followed extensive engagement as part of the Ethnic Minority Project with people from ethnic minority communities to identify what additional information and support was required to take up their screening offer.

We developed audit standards for our invitation letters to ensure that they are compliant with Clear Print Guidance, Behavioural Science principles and use Plain English to accurately share our information. We have also worked closely with our Behavioural Science colleagues within Public Health Wales to review our communication to participants. This has included a review of key letters that are sent by programmes to participants. This work aims to ensure that we use clear, concise and practical language with a call to action for participants.

Community and Engagement

Community and Engagement
Our commitment is to: • Build sustainable networks with people from local communities, the Third Sector and statutory organisations to support community engagement activities

- Understand barriers to taking up screening in communities of low uptake, working with community advocates and champions to build trust.
- Involve service users and people from underserved groups, with different levels of screening health literacy, in a citizen panel to inform and support the approach to addressing inequities across the division and organisation

Our Screening Engagement Team has a wide network of stakeholders with established community partnerships. Individual screening programmes are also building their engagement function with a Stakeholder and Engagement Lead within DESW and the establishment of a Stakeholder Group within BSW. These teams work with the community and voluntary groups and individuals representing under-served and inclusion health groups. The teams participate in a range of community events across Wales with a focus on events in areas or with communities where uptake of screening is low.

We have adopted a community training and education model that provides screening awareness training to community workers so they can act as advocates for screening within communities. This model ensures that screening messages can be shared widely and through trusted voices established within communities. The free training covers all aspects of screening, including inequalities in screening, cancer and non-cancer programmes. The sessions enable participants to ask questions about screening and to gain ideas on how they can support the communities they serve, signposting to services and having access to screening resources. In 2024/25, ten sessions were delivered with over 150 participants attending.

To provide ongoing support for community screening champions a Screening Engagement Network has been established. This ensures regular connection with the Screening Division so community champions can be updated on screening developments and create a platform for collaboration, sharing and learning. The Screening Division also produce a 'Screening Matters' communication bulletin that is sent to partners with updates and information on screening.

The development of the Time to Talk Public Health panel has provided an opportunity to ask the representative panel members questions about screening to inform the development of services. The establishment of a citizens panel has not been taken forward within Public Health Wales at an organisational level and the Screening Division has adopted a more targeted approach through engagement to gather insights and understanding of barriers for under-served groups. This has been evidenced in the co-production of resources, including easy read formats, to support people all levels of health literacy to access information they need about screening.

Collaboration

Collaboration

Our commitment is to:

- Support our partners as system leaders in screening with data, resources and expertise.
- Develop a shared learning space for evidence-based resources to inform locally-led community approaches to address screening inequities.
- Extend our collaboration with primary care in their role as supporting and delivering screening programmes using their endorsement as trusted voices for their patients

The Screening and Inequalities group continues to connect Health Board Public Health Teams and the Screening Division. The group is a forum for sharing learning about local and national work and new developments within the programmes. The Screening Division also provides representation to Health Board Cancer Forums/Boards when requested as part of Health Board focus on preventative approaches and reducing health inequalities.

The Screening Information for Professional webpages provide a shared learning space to access screening specific resources and information. Following engagement with cluster leads, the Screening Engagement Team have developed in partnership with the Public Health Wales Primary Care Hub, Sharepoint pages for Primary Care to inform Primary Care cluster planning. These pages will include access to data, evidence-based interventions and best practice toolkits. This work is being initiated with the Bowel Screening Wales programme and then will be rolled-out to other programmes.

The Screening Division are engaging with primary care through clusters, providing screening related updates and opportunities for collaboration. This has included GP endorsement of bowel screening invitation letters. This uses the trusted voice that primary care providers are for participants to encourage uptake of their screening offer.

Service Delivery

Service delivery
Our commitment is to: • Map users' journeys to identify gaps and opportunities for proactive action to improve access to screening and remove unnecessary barriers. • Ensure reasonable adjustments are made through positive action, including provision of multiple options for people with disabilities to communicate with programmes • Adopt a consistent approach to Equality health impact assessments which ensures operational changes improve service provision for underserved and inclusion groups

The Screening Division has committed to the establishment of Learning Disability Champions within the programmes. Each programme will have a nominated Learning Disability Champion/s who will advocate for inclusion for individuals with learning disabilities, ensuring processes are in place to make sure they receive appropriate care, support, and access to screening services.

Programmes continue to offer reasonable adjustments including flexibility around appointments including offer of early/late appointments, longer appointments and pre-site visits where available. To reduce anxiety around attending an unfamiliar location a walk-through video of the breast screening journey has been co-produced with stakeholders. This video 'what to expect' has received positive feedback from partners and participants. This is part of a focus on improving the experience for first-time attendees.

In response to participant feedback on barriers to uptake of screening offer DESW now offer evening and Saturday clinics to improve accessibility for working age adults and those who rely on them to access eye screening. All programmes have established multiple methods of communication for service users to contact the programmes. This includes telephone, email

address and postal address.

We are continuing to work to embed Equality and Health Impact Assessment (EHIA) as part of routine practice in the Screening Division using a bespoke EHIA tool developed by the Screening Engagement Team and central PHW team. EqHIA are undertaken prior to major service delivery changes such as the introduction of the low-risk recall pathway in DESW.

The Screening Division have an established Prison and Long-Term Care Setting group to ensure that people in these settings are invited appropriately for screening when they are eligible. The programmes have established links with all prisons in Wales and are able to offer screening in those settings. This has included working closely with remand prisons to ensure the timely identification of eligible participants as completion of the screening pathway prior to release can be challenging. The group is working with HM Prison and Probation Service to consider a more automated mechanism for identifying the eligible cohort within prison settings so an equitable offer can be made.

Data and Monitoring

Data and monitoring
Our commitment is to: • Produce and publish an annual equity report to enable access to meaningful screening inequities and uptake data that can inform action. • Develop a sustainable approach to monitoring uptake by minority ethnic communities and other underserved groups, supporting local and national approaches to improve data collection • Ensure accountability for action to reduce screening inequities through the introduction of inequity outcome measures and indicators for all screening programmes

The publication of this Screening Inequity Report is one of our commitments, sharing data but also an update on our actions to deliver the Screening Equity Strategy. The annual equity report focuses on the cancer and non-cancer screening programmes for young people and adults. As uptake is high for the newborn screening programmes their data is not routinely stratified to determine uptake by inequity factors. Data on antenatal screening in Wales is held within Health Boards as the provider of the screening through the antenatal and midwifery services.

The inequity report contains uptake data by determinants that are known within the screening datasets. We are not able to routinely record ethnicity within all screening information management systems. Reports on uptake by ethnicity require data linkage with other data sources such as through the SAIL databank. The Screening Division are supporting a PHW research project that will look at screening uptake, cancer outcomes and a number of potential determinants for screening uptake such as ethnicity utilising data linkage within the SAIL databank.

Additionally, the Division is working with Improvement Cymru Learning Disabilities Team to pilot data linkage in North Wales between primary care GP registers of people with learning disabilities and PHW screening division to determine screening uptake for people with learning disabilities.

Data on Inequity in Uptake

Data within this report is explored by age (as we collect date of birth), gender, and geographical location. We are also able to derive an area-based measure of deprivation using postcode.
We present data one programme at a time, looking at the following measures:

Geographical Area
Screening is delivered as All-Wales programmes across all seven health board areas. Screening programmes are delivered using different access models including home-based screening, primary care delivery and screening venues in healthcare centres and mobile clinics. To understand if screening is taken up equally across Wales, uptake/coverage has been explored by geographical location of eligible participants. Geographical location is defined using the home address of the invited participant then allocated to health board and local authority.

Deprivation
We are looking at deprivation using the Welsh Index of Multiple Deprivation (WIMD). A score is assigned taking into account a number of different indicators including income and employment, based on the small area (Local Super Output Area) where the participant lives. In this report, Quintile 1 refers to those living in the most deprived fifth of LSOAs in Wales and Quintile 5 refers to those living in the least deprived fifth of LSOAs in Wales.

Age
The three cancer screening programmes and diabetic eye screening invite participants on an interval basis. Uptake/coverage can therefore be explored for different age groups. The age of invited participants will also influence what type of invite the individual has received, as the youngest age groups will be invited for the first time and older age groups will be invited for a recall appointment.

Gender
The eligibility for the bowel and diabetic eye screening programmes is not dependent on gender, so differences in uptake can be explored using the gender that is recorded on the GP system.

Type of Invitation
The different types of invitation include those invited for the first time, those who have been invited before but did not take up the invitation (previous non-responder), and those that have been invited before and have taken part before (previous responder).

Data are not presented here for the newborn or antenatal screening programmes. For newborn hearing and newborn bloodspot uptake/coverage is consistently very high and there is no variation seen by the factors that we can measure. For Antenatal Screening Wales, this is because responsibility for the delivery of screening sits with the health boards and the data are theirs. It is also not appropriate to consider uptake within some elements of the antenatal screening programmes as the screening tests are centred around enabling choice. It is expected that a new maternity information system will be rolled out across Wales in 2026. As part of the All-Wales reporting standards, ethnicity data and other equity data fields will be standard for all participants in newborn bloodspot and antenatal screening, which should provide good data moving forward.

Key findings from the data

- There is geographical variation in uptake of screening at Health Board and Local Authority level.
- There is a social gradient in uptake of screening, people living in the most deprived communities in Wales are less likely to take up their offer of screening compared to those living in the least deprived communities.
- For programmes that invite people across age groups there is an inequity in uptake of screening offer with people in younger age groups less likely to take up their offer of screening than people in older age groups.
- For the diabetic eye screening programme which invites people across the lifecourse, coverage varies by age however, coverage is higher in the youngest age groups with lowest coverage in working age adults.
- For programmes that invite all genders to participate in screening, in bowel screening there is an inequity of uptake with men less likely to take up their offer than women, though the inequity gap is small. For eye screening, there is an inequity gap with women less likely than men to take up their screening offer, though the inequity gap is small.
- For programmes where people are invited more than once, people who have previously attended are more likely to respond to subsequent invitations.

Breast Test Wales

Breast Test Wales (BTW) aims to reduce mortality from breast cancer, with women aged 50 to 70 invited for a mammogram every three years. Women over the age of 70 can self-refer into the screening programme. Breast Test Wales is delivered across three geographical regions with centres in Cardiff, Swansea, Llandudno and Wrexham. Eleven mobile units work across Wales to provide local screening to women who live some distance from a centre, visiting over 100 sites in every three-year round of screening. The service delivery model within Breast Test Wales invites participants based on their GP surgery of registration.

A total of 151,155 people were invited to take part in breast screening in 2022/23, with 105,076 people taking up the offer. In 2023/24, a total of 174,364 people were invited to take part in breast screening with 119,393 people taking up the offer. The increased number of people invited for breast screening demonstrates the recovery of the breast screening programme following the Covid-19 pandemic. Uptake of breast screening is reported as the proportion of invited participants who attended and were screened within six months of invitation. In 2022/23, uptake across Wales was 69.5%, just below the 70% standard, with uptake in 2023/24 remained below standard at 68.5%.

Uptake of breast screening by geographical area

In 2022/23, there was geographical variation in uptake across Wales at Health Board level with uptake ranging from 61.1% in Cardiff and Vale UHB to 73.7% in Powys THB (Table 1).

Table 1: Uptake (%) of breast screening by Health Board of residence, 2022/23

Health Board	Invited (n)	Screened (n)	Uptake (%)
Aneurin Bevan UHB	22787	15299	67.1
Betsi Cadwaladr UHB	31955	22934	71.8
Cardiff & Vale UHB	9822	6003	61.1
Cwm Taf Morgannwg UHB	30260	20647	68.2
Hywel Dda UHB	22074	15921	72.1
Powys THB	19529	14400	73.7
Swansea Bay UHB	14684	9843	67.0
All-Wales	**151155**	**105076**	**69.5**

The Wales total doesn't add up exactly as a few people cannot be assigned to a health board.

There is greater geographical variation in uptake noted at Local Authority area ranging from highest of 76.2% in Denbighshire to lowest of 57.5% in Cardiff (Figure 1).

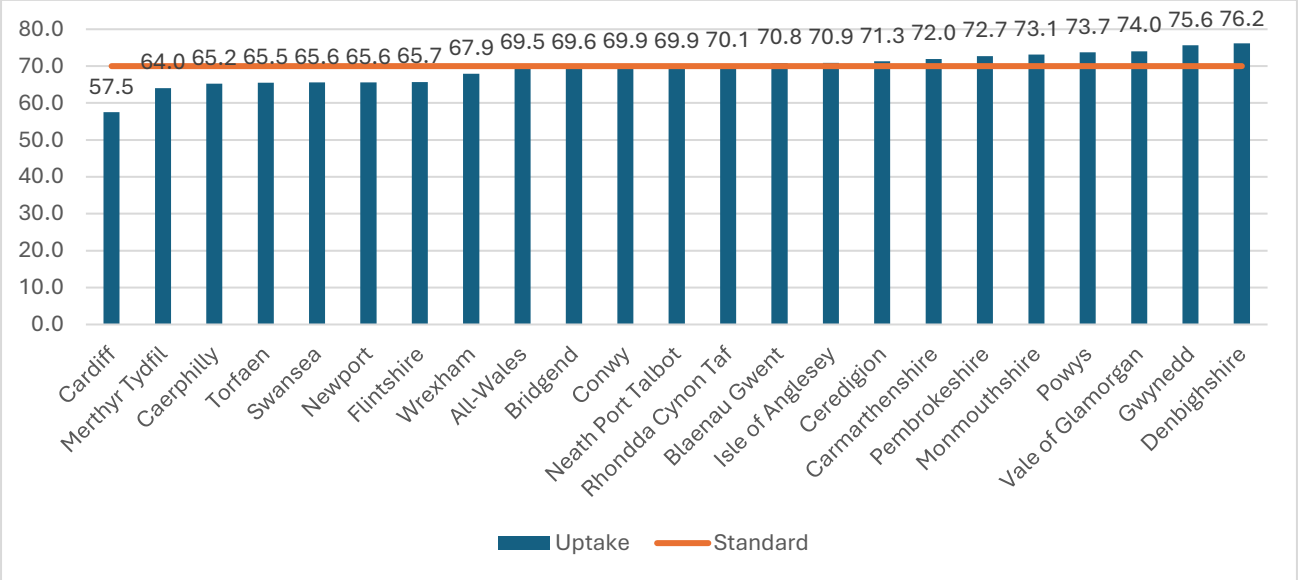

Figure 1: Uptake (%) of breast screening by Local Authority of residence, 2022/23

In 2023/24, there was geographical variation in uptake across Wales at Health Board level with uptake ranging from 36.3% in Powys THB to 73.2% in Cwm Taf Morgannwg UHB (Table 2). It should be noted that in 2023/24 only a small number of people were invited who were resident in Powys THB. Uptake should therefore be interpreted with caution due to fluctuations seen in uptake with small numbers.

Table 2: Uptake (%) of breast screening by Health Board of residence, 2023/24

Health Board	Invited (n)	Screened (n)	Uptake (%)
Aneurin Bevan UHB	39022	27165	69.6
Betsi Cadwaladr UHB	41681	28136	67.5
Cardiff & Vale UHB	34531	23687	68.6

Cwm Taf Morgannwg UHB	11541	8443	73.2
Hywel Dda UHB	19849	13616	68.6
Powys THB	1631	592	36.3
Swansea Bay UHB	25890	17631	68.1
All-Wales	**174364**	**119393**	**68.5**

The Wales total doesn't add up exactly as a few people cannot be assigned to a health board.

There is geographical variation by Local Authority with highest uptake in Bridgend at 79.3% and lowest uptake in Ceredigion at 12.9%. It should be noted that small numbers of women were invited in 2023/24 for screening in Ceredigion and Merthyr Tydfil and therefore these numbers should be treated with caution.

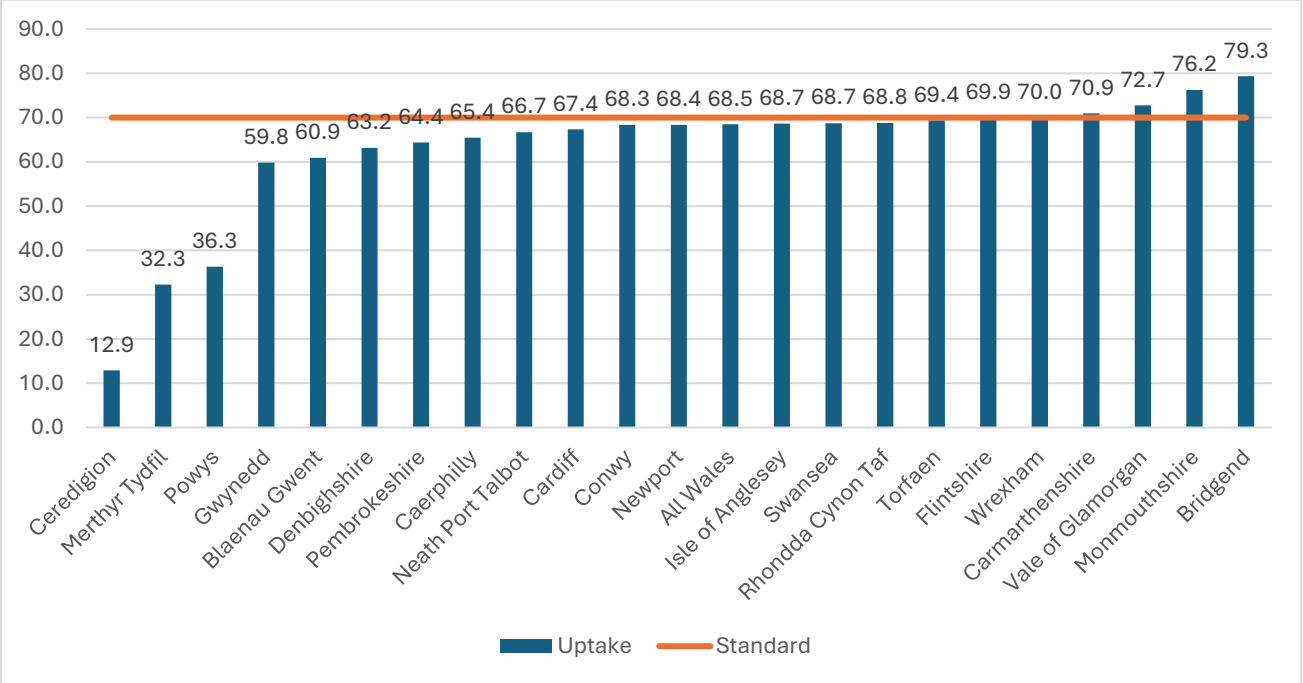

Figure 2: Uptake (%) of Breast Screening by Local Authority of residence, 2023/24

Uptake of breast screening by deprivation

Our data show that there is a social gradient in uptake, with increasing deprivation associated with reducing uptake of breast screening.

In 2022/23, across Wales uptake in the most deprived areas (quintile 1) was 56.9% compared to 76.5% in the least deprived areas (quintile 5). There is a social gradient in uptake across all Health Board areas with uptake lowest in the most deprived communities and highest in the least deprived communities (figure 3).

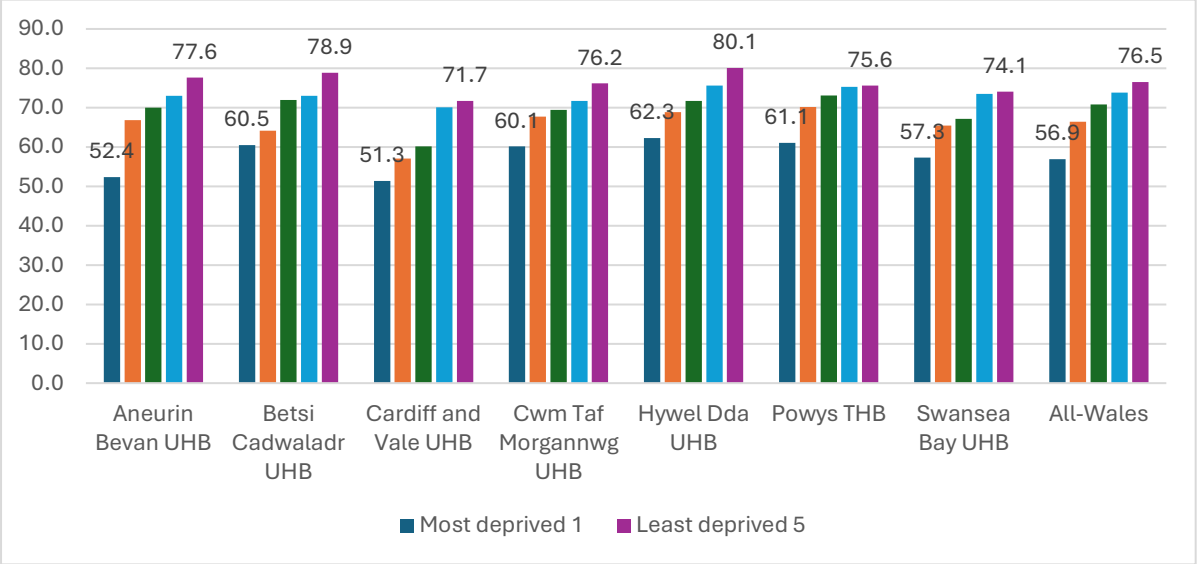

Figure 3: Uptake (%) of breast screening by deprivation quintile by Health Board of residence, 2022/23

The absolute inequity gap between uptake of breast screening in the least deprived quintile compared to the most deprived quintile is 19.6% in 2022/23. Compared to 2021/22, this has increased from an inequity gap of 15.3%. The greatest inequity gap is in Aneurin Bevan UHB at 25.3% and lowest in Powys THB at 14.5% (table 3).

Table 3: Inequity gap (absolute %) in uptake of breast screening by Health Board of residence, 2022/23

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	52.4	77.6	25.3
Betsi Cadwaladr UHB	60.5	78.9	18.4
Cardiff & Vale UHB	51.3	71.7	20.3
Cwm Taf Morgannwg UHB	60.1	76.2	16.0
Hywel Dda UHB	62.3	80.1	17.8
Powys THB	61.1	75.6	14.5
Swansea Bay UHB	57.3	74.1	16.8
All-Wales	**56.9**	**76.5**	**19.6**

In 2023/24, across Wales, uptake in the most deprived areas (quintile 1) was 59.1% compared to 76.4% in the least deprived areas (quintile 5). There is a social gradient in uptake across all Health Board areas with uptake lowest in the most deprived communities and highest in the least deprived communities (figure 4). Powys THB does not demonstrate a social gradient but as there are very small numbers involved in this year of data collection this should be interpreted with caution.

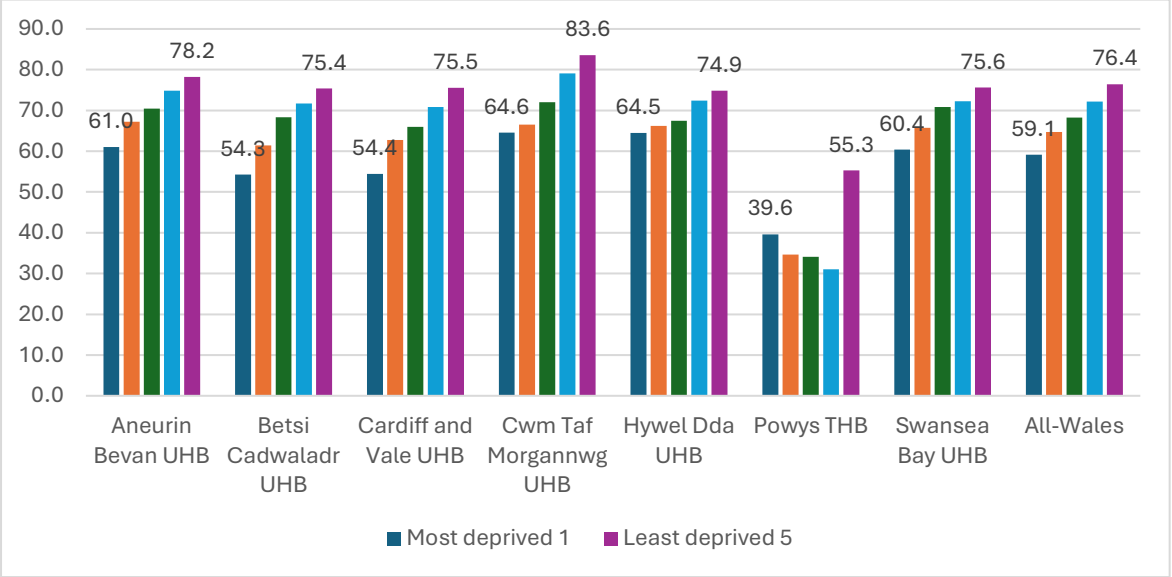

Figure 4: Uptake (%) of breast screening by deprivation quintile by Health Board of residence, 2023/24

In 2023/24, the absolute inequity gap between uptake of breast screening in the least deprived quintile compared to the most deprived quintile is 17.3%. Compared to 2022/23 this has decreased from 19.6% but is still higher than in 2021/22 of 15.3%. The greatest inequity gap is in Betsi Cadwaladr UHB and Cardiff and Vale UHB both at 21.1% and lowest in Hywel Dda UHB at 10.4% (table 4).

Table 4: Inequity gap (absolute %) in uptake of breast screening by Health Board of residence, 2023/24

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	61.0	78.2	17.2
Betsi Cadwaladr UHB	54.3	75.4	21.1
Cardiff & Vale UHB	54.4	75.5	21.1
Cwm Taf Morgannwg UHB	64.6	83.6	19.0
Hywel Dda UHB	64.5	74.9	10.4
Powys THB	39.6	55.3	15.7
Swansea Bay UHB	60.4	75.6	15.2
All-Wales	**59.1**	**76.4**	**17.3**

Uptake of breast screening by age

Across Wales in 2022/23, uptake of breast screening was lowest in the youngest age group (50-52 years) eligible for screening at 63.3% compared to 70.8% in the oldest age group eligible for screening (65-70 years). The trend for lower uptake in younger age groups compared to older age groups is consistent with previous years (figure 5).

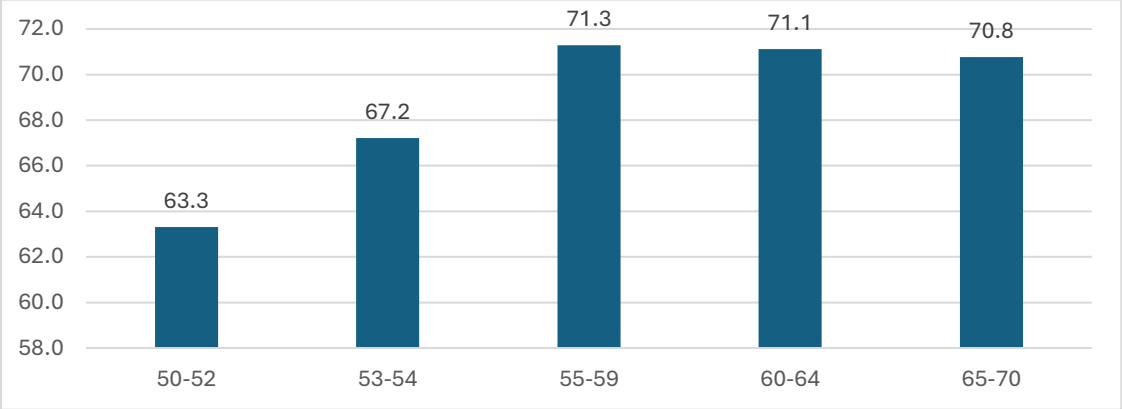

Figure 5: Uptake (%) of breast screening by age group in Wales, 2022/23

Across Wales in 2023/24, uptake of breast screening was lowest in women aged 53-54 years at 67.0%, followed by those aged 55-59 years at 67.3%. Uptake in the youngest age group (50-52 years) increased to 70.5% and is the highest uptake by age group in contrast to 2022/23 data when uptake in this age group was the lowest (figure 6).

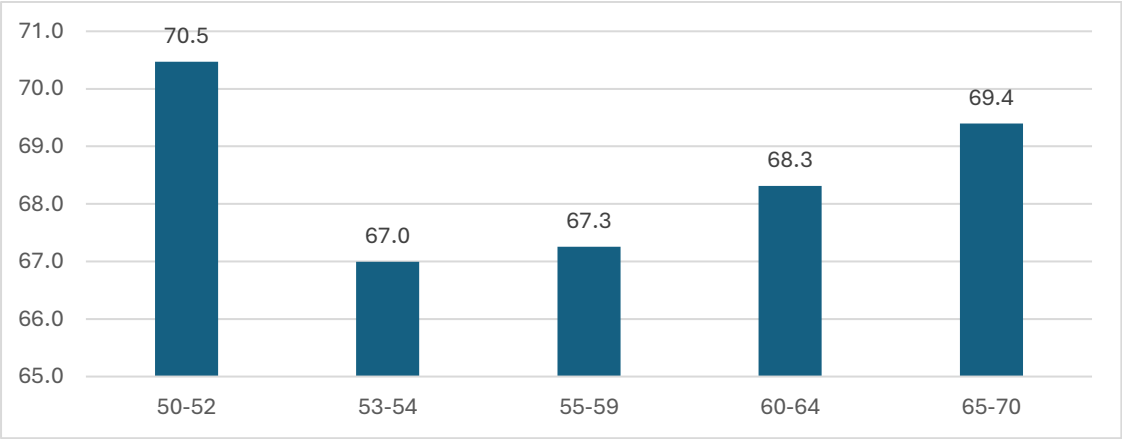

Figure 6: Uptake (%) of breast screening by age group in Wales, 2023/24

Uptake of breast screening by type of invitation

As well as looking by age, we can also look at uptake by type of invitation. In 2022/23 across Wales, people who have attended before (recall participants) are most likely to attend again at 82%. People who are invited for the first time (prevalent first) are less likely to attend at 64.3%. However, the lowest uptake is seen in people who have been invited before but haven't attended (prevalent subsequent) at 20.7% (table 5).

Table 5: Uptake (%) of breast screening in Wales by type of invitation, 2022/23

Type of Invitation	Invited (n)	Screened (n)	Uptake (%)
Prevalent First	21591	13888	64.3

Prevalent subsequent	24581	5093	20.7
Recall	104983	86095	82.0

In 2023/24, people who have attended before (recall participants) remained most likely to attend again at 80.9%. Uptake for people invited for the first time had increased from 64.3% in 2022/23 to 65.9%. The lowest uptake continued to be seen in people who have been invited before but haven't attended at 19.9% (table 6).

Table 6: Uptake (%) of breast screening in Wales by type of invitation 2023/24

Type of Invitation	Invited (n)	Screened (n)	Uptake (%)
Prevalent First	26050	17169	65.9
Prevalent subsequent	29201	5816	19.9
Recall	119113	96408	80.9

Bowel Screening Wales

Bowel Screening Wales (BSW) aims to reduce the number of people dying from bowel cancer in Wales through early identification of cancer when treatment is more likely to be successful. Bowel Screening Wales can also prevent bowel cancer through the identification and removal of pre-cancerous growths. Following optimisation of the programme people aged 50 to 74 years are now eligible for bowel screening.

In 2022/23, there were 414,032 people invited to take part in bowel screening with 272,928 people taking up the offer of a screening test. Uptake of bowel screening is reported as the proportion of invited participants who were screened within six months of invitation. The minimum standard for uptake across the programme is 60%. Across Wales in 2022/23, uptake was 65.9%.

In 2023/24, there were 490,374 people invited to take part in bowel screening with 321,300 people taking up the offer of a screening test. Uptake of bowel screening is reported as the proportion of invited participants who were screened within six months of invitation, making this the latest data available as of October 2024. Across Wales in 2023/24, uptake was 65.5%, above standard of 60%.

Uptake of bowel screening by geographical area

There is little geographical variation in uptake across Wales at Health Board level with uptake ranging from 65.0% in Swansea Bay UHB to 67.3% in Powys THB (table 7).

Table 7: Uptake (%) of bowel screening by Health Board of residence, 2022/23

Health Board	Invited (n)	Screened (n)	Uptake (%)
Aneurin Bevan UHB	77750	51480	66.2
Betsi Cadwaladr UHB	96444	63527	65.9
Cardiff & Vale UHB	55424	36269	65.4
Cwm Taf Morgannwg UHB	57368	37468	65.3
Hywel Dda UHB	56716	37935	66.9
Powys Teaching HB	20964	14183	67.7
Swansea Bay UHB	49219	31975	65.0
All-Wales	**414032**	**272928**	**65.9**

The total numbers include a small number of people who have no health board of residence identified.

However, greater geographical variation in uptake is noted at Local Authority area ranging from 60.5% in Merthyr Tydfil to 71.5% in Monmouthshire (Figure 7). The local authorities with the highest and lowest uptakes remain unchanged from 2021/22. All local authority areas are above standard of 60%.

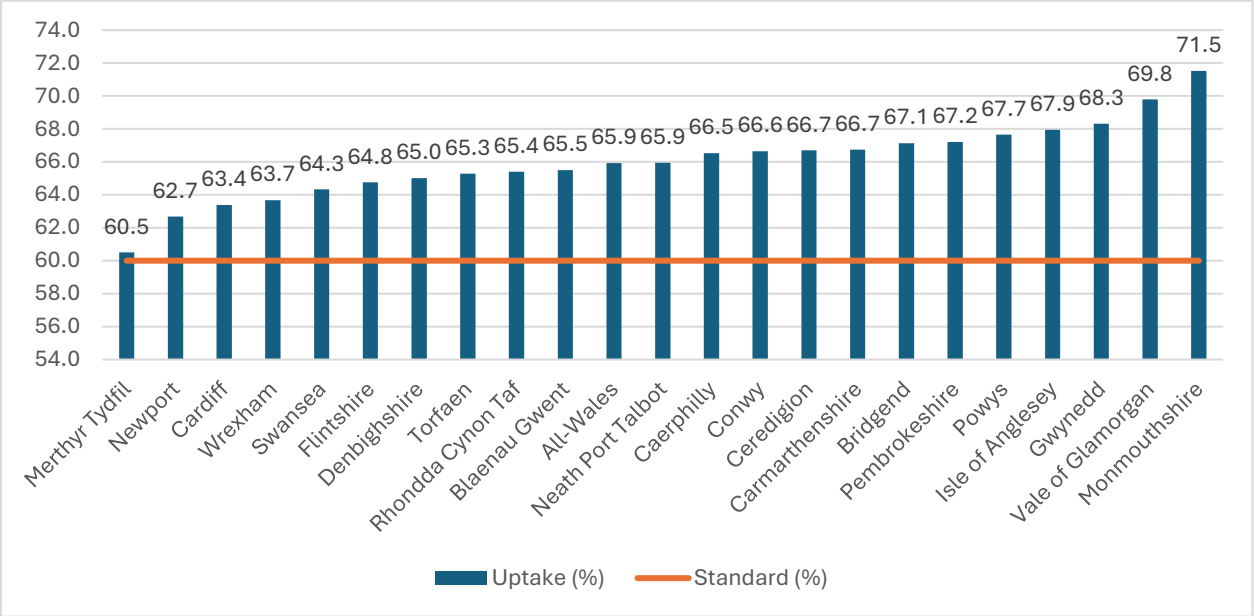

Figure 7: Uptake (%) of bowel screening by Local Authority of residence, 2022/23

In 2023/24, there is little geographical variation in uptake across Wales at Health Board level with uptake ranging from 64.2% in Swansea Bay UHB to 67.3% in Powys THB (table 8).

Table 8: Uptake (%) of bowel screening by Health Board of residence, 2023/24

Health Board	Invited (n)	Screened (n)	Uptake (%)
Aneurin Bevan UHB	91682	59761	65.2%
Betsi Cadwaladr UHB	114957	75792	65.9%

Cardiff & Vale UHB	66742	43608	65.3%
Cwm Taf Morgannwg UHB	67538	43564	64.5%
Hywel Dda UHB	66837	44794	67.0%
Powys Teaching HB	24617	16560	67.3%
Swansea Bay UHB	57503	36910	64.2%
All-Wales	**490374**	**321300**	**65.5%**

The total numbers include a small number of people who have no health board of residence identified.

However, greater geographical variation in uptake is noted at Local Authority area ranging from 59.8% in Merthyr Tydfil to 70.7% in Monmouthshire (figure 8). The local authorities with the highest and lowest uptakes remain unchanged from the previous year.

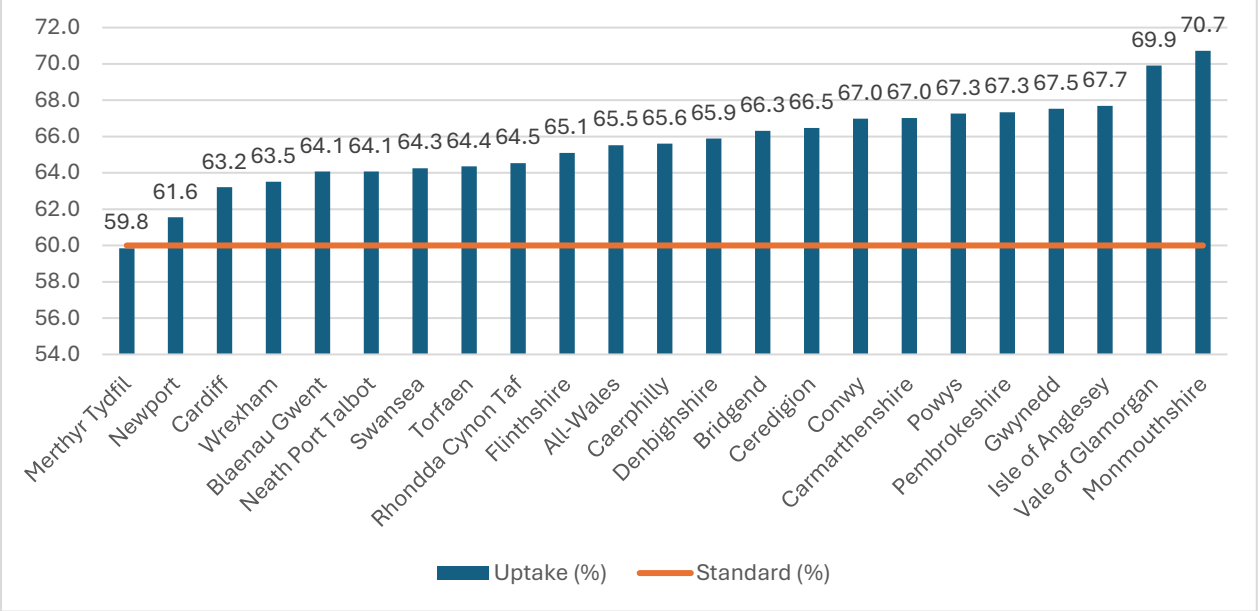

Figure 8: Uptake (%) of bowel screening by Local Authority of residence, 2023/24

Uptake of bowel screening by deprivation

Across Wales in 2022/23, uptake of bowel screening was highest in the least deprived areas at 72.8%, with lowest uptake in the most deprived areas at 56.6%. The association between uptake and deprivation is seen across all health board areas in Wales, with uptake of bowel screening highest in the least deprived areas and lowest in the most deprived areas (figure 9).

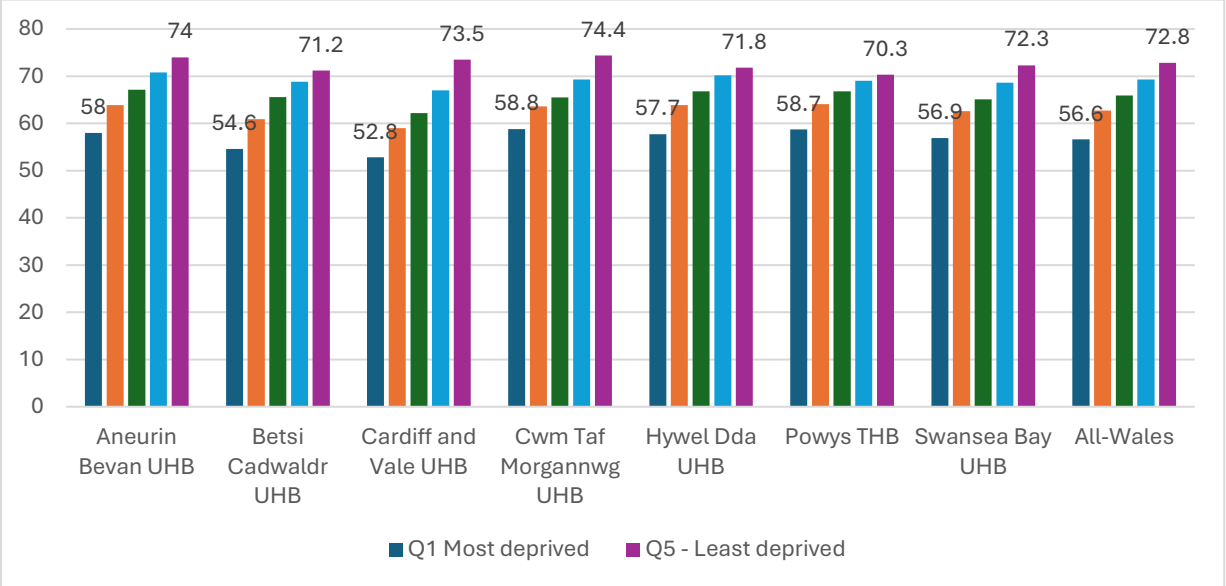

Figure 9: Uptake (%) of bowel screening by deprivation quintile by Health Board of residence, 2022/23

In 2022/23 in Wales, the absolute difference between uptake in the most and least deprived areas is 16.2% which is slightly higher than 2021/22 of 15.9%. The inequity gap ranged from 11.6% in Powys THB to 20.7% in Cardiff and Vale UHB (table 9).

Table 9: Inequity gap (absolute %) in bowel screening uptake by Health Board of residence, 2022/23

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	58	74	16
Betsi Cadwaladr UHB	54.6	71.2	16.6
Cardiff & Vale UHB	52.8	73.5	20.7
Cwm Taf Morgannwg UHB	58.8	74.4	15.6
Hywel Dda UHB	57.7	71.8	14.1
Powys THB	58.7	70.3	11.6
Swansea Bay UHB	56.9	72.3	15.4
All-Wales	**56.6**	**72.8**	**16.2**

Across Wales in 2023/24, uptake of bowel screening was highest in the least deprived areas at 72.7%, with lowest uptake in the most deprived areas at 55.8%. The association between uptake and deprivation is seen across all health board areas in Wales, with uptake of bowel screening highest in the least deprived areas and lowest in the most deprived areas (figure 10).

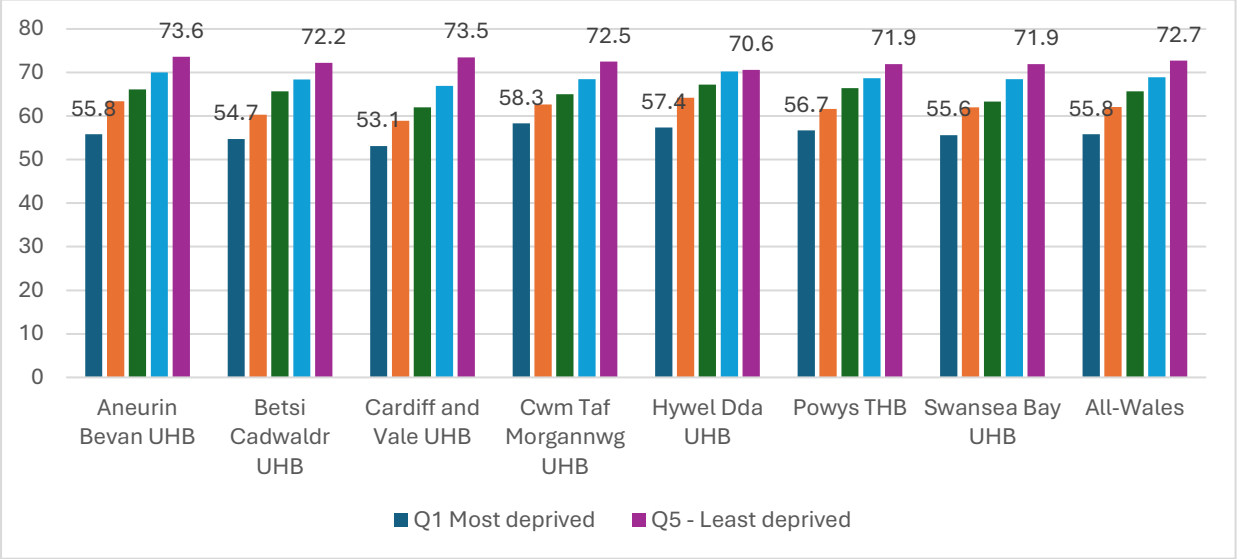

Figure 10: Uptake (%) of bowel screening by deprivation quintile by Health Board of residence, 2023/24

Across Wales in 2023/24, the absolute difference between uptake in the most and least deprived areas is 16.9% which is slightly higher than 2022/23 of 16.2%. This is due to a small reduction in uptake in the most deprived quintile. The inequity gap ranged from 13.2% in Hywel Dda UHB to 20.4% in Cardiff and Vale UHB (table 10).

Table 10: Inequity gap (absolute %) in bowel screening uptake by Health Board of residence, 2023/24

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	55.8	73.6	17.8
Betsi Cadwaladr UHB	54.7	72.2	17.5
Cardiff & Vale UHB	53.1	73.5	20.4
Cwm Taf Morgannwg UHB	58.3	72.5	14.2
Hywel Dda UHB	57.4	70.6	13.2
Powys THB	56.7	71.9	15.2
Swansea Bay UHB	55.6	71.9	16.3
All-Wales	**55.8**	**72.7**	**16.9**

Uptake of bowel screening by age

Across Wales in 2022/23, uptake of bowel screening was lowest in the youngest age group (55 to 57 year olds) at 60.9%, compared to the highest of 70.3% in the 65 to 69 year olds with the next highest in 70 to 74 year olds at 68.6%. This pattern is seen across all Health Board areas in Wales (figure 11).

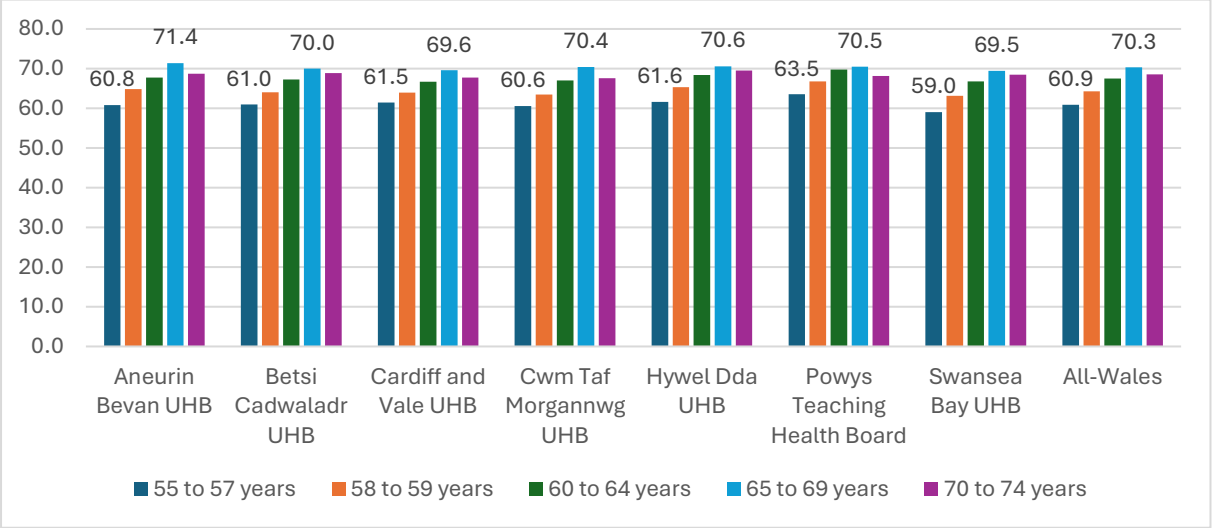

Figure 11: Uptake (%) of bowel screening by age group by Health Board of residence, 2022/23

Across Wales in 2023/24, uptake of bowel screening is lowest in the youngest age group who were invited (51 to 54 year olds) at 55.6%, compared to the highest of 72.5% in the 70 to 74 year olds (figure 12). This pattern is seen across all Health Board areas in Wales.

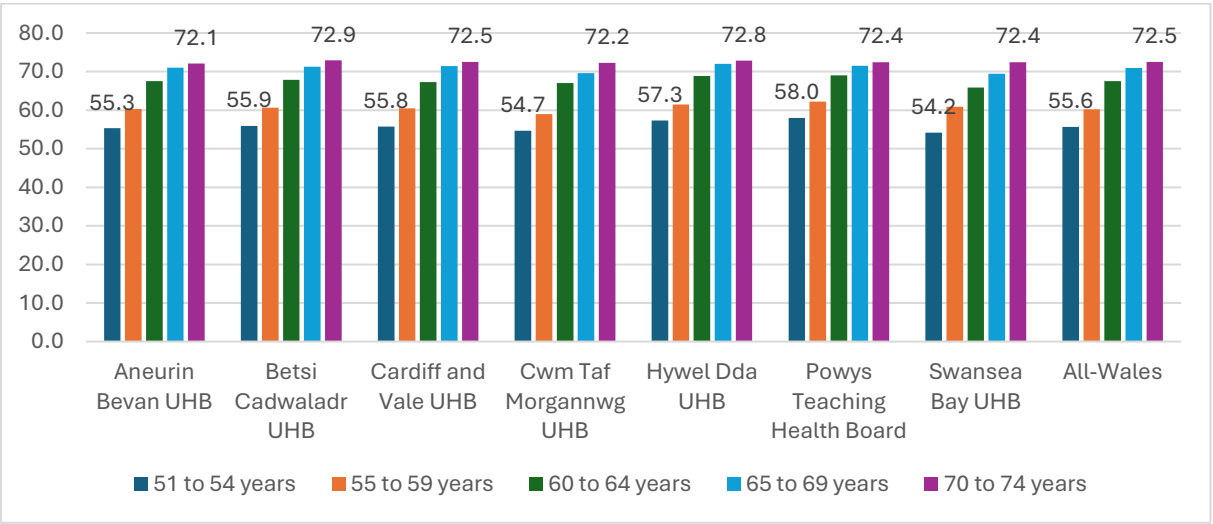

Figure 12: Uptake (%) of bowel screening by age group by Health Board of residence, 2023/24

Uptake of bowel screening by type of invitation

In 2022/23, uptake of bowel screening was highest amongst those people who had previously taken part in screening, at 90.3%. Uptake for people invited for the first time was 63.0%. However, uptake was below standard in people who had been invited before but not responded at 16.9%.

In 2023/24, uptake of bowel screening was again highest amongst those people who had previously taken part in screening, at 90.6%. Uptake for people invited for the first time was lower than the 60% standard at 58.2% following optimisation and lowering of age range of those invited. However, uptake was lowest in people who had been invited before but not responded, at 17.5% though this has increased from 16.9% in 2022/23 (table 11). The pattern is consistent across the

health boards.

Table 11: Uptake (%) of bowel screening by invitation type, 2022/23 to 2023/24

Type of Invitation	Invited (n)	Screened (n)	Uptake (%)
2022/23			
First	205701	129694	63.0
Recall, not previously responded	61070	10319	16.9
Recall, previously responded	147261	132915	90.3
2023/24			
First	195726	113850	58.2
Recall, not previously responded	81436	14254	17.5
Recall, previously responded	213212	193196	90.6

Uptake of bowel screening by Gender

Bowel Screening Wales invites people of any gender to take part in bowel screening every two years.

In 2022/23, across Wales, there was a 4.4% difference in uptake of bowel screening between males and females with uptake in men lower at 63.7% compared to uptake in women at 68.1%. The gap has widened by 1.6% compared to 2021/22 when the difference was 2.8%. Uptake for women has remained broadly stable (68.1% in 2022/23 compared to 68.6% in 2021/22) however uptake for men has reduced from 65.8% in 2021/22 to 63.7% in 2022/23.

There is some variation by Health Board with the gap ranging from 2.7% in Cwm Taf Morgannwg UHB to 6.1% in Powys THB. The inequity gap has widened in all Health Board areas in comparison to 2021/22 (table 12).

Table 12: Uptake (%) of bowel screening by gender by Health Board of residence, 2022/23

Health board	Male (%)	Female (%)	Inequity Gap (%)	Inequity Gap 21/22 (%)
Aneurin Bevan UHB	64.0	68.4	4.5	2.0
Betsi Cadwaladr UHB	63.5	68.2	4.8	3.0
Cardiff and Vale UHB	62.7	68.1	5.4	3.3
Cwm Taf Morgannwg UHB	64.0	66.6	2.7	1.8
Hywel Dda UHB	64.4	69.2	4.8	3.3
Powys Teaching HB	64.6	70.7	6.1	5.1
Swansea Bay UHB	63.4	66.5	3.2	2.0
All-Wales	**63.7**	**68.1**	**4.4**	2.8

In 2023/24, across Wales, there is a 4.4% difference in uptake of bowel screening between males and females with uptake in men lower at 63.3% compared to uptake in women at 67.7%. The gap has remained the same since 2022/23. There is some variation by Health Board with the gap

ranging from 3.4% in Cwm Taf Morgannwg UHB to 5.6% in Powys THB. The inequity gap has widened in all Health Board areas in comparison to 2022/23 apart from Hywel Dda UHB and Powys THB where it has reduced (table 13).

Table 13: Uptake (%) of bowel screening by gender by Health Board of residence, 2023/24

Health Board	Male (%)	Female (%)	Inequity Gap (%)	Inequity Gap 22/23 (%)
Aneurin Bevan UHB	63.1	67.3	4.2	4.5
Betsi Cadwaladr UHB	63.7	68.1	4.4	4.8
Cardiff and Vale UHB	62.6	68.1	5.6	5.4
Cwm Taf Morgannwg UHB	62.8	66.2	3.4	2.7
Hywel Dda UHB	64.7	69.3	4.6	4.8
Powys Teaching HB	64.4	70.0	5.6	6.1
Swansea Bay UHB	62.2	66.1	3.8	3.2
All-Wales	**63.3**	**67.7**	**4.4**	**4.4**

Cervical Screening Wales

Cervical Screening Wales (CSW) aims to reduce the incidence of, and morbidity and mortality from, invasive cervical cancer. Women and people with a cervix are invited every 5 years from the age of 25 years to 64 years. The optimisation of the screening interval to 5 years for all ages started in January 2022. Prior to this women aged 25-49 were invited every 3 years and women aged 50-64 invited every 5 years.

Coverage of cervical screening across Wales is defined as the proportion of eligible participants who received an adequate test in the appropriate time period for their age. As of October 2023, coverage across Wales was 68.2%. which is slightly lower than 21/22 coverage of 69.3%. As of October 2024, coverage across Wales is 68.7% slightly higher than in 22/23. The minimum service standard for coverage is 70%.

Coverage of cervical screening by geographical area

In 2022/23, there was geographical variation in coverage across Wales at Health Board level. Coverage was lowest in Cardiff and Vale UHB at 66.5% and highest in Powys THB at 71.9% (table 14).

Table 14: Coverage (%) of cervical screening by Health Board of residence, 2022/23

Health board	Eligible (n)	Tested (n)	Coverage (%)
Aneurin Bevan UHB	156975	108848	69.3%
Betsi Cadwaladr UHB	172147	119027	69.1%
Cardiff & Vale UHB	137128	91236	66.5%
Cwm Taf Morgannwg UHB	115243	78768	68.3%
Hywel Dda UHB	94169	63689	67.6%
Powys Teaching HB	31633	22734	71.9%
Swansea Bay UHB	98524	65622	66.6%

All-Wales	**806279**	**550260**	**68.2%**

There is greater variation in coverage of cervical screening at Local Authority area. Coverage of cervical screening is lowest in Cardiff at 64.2%, and highest in Monmouthshire of 74.3% (figure 13).

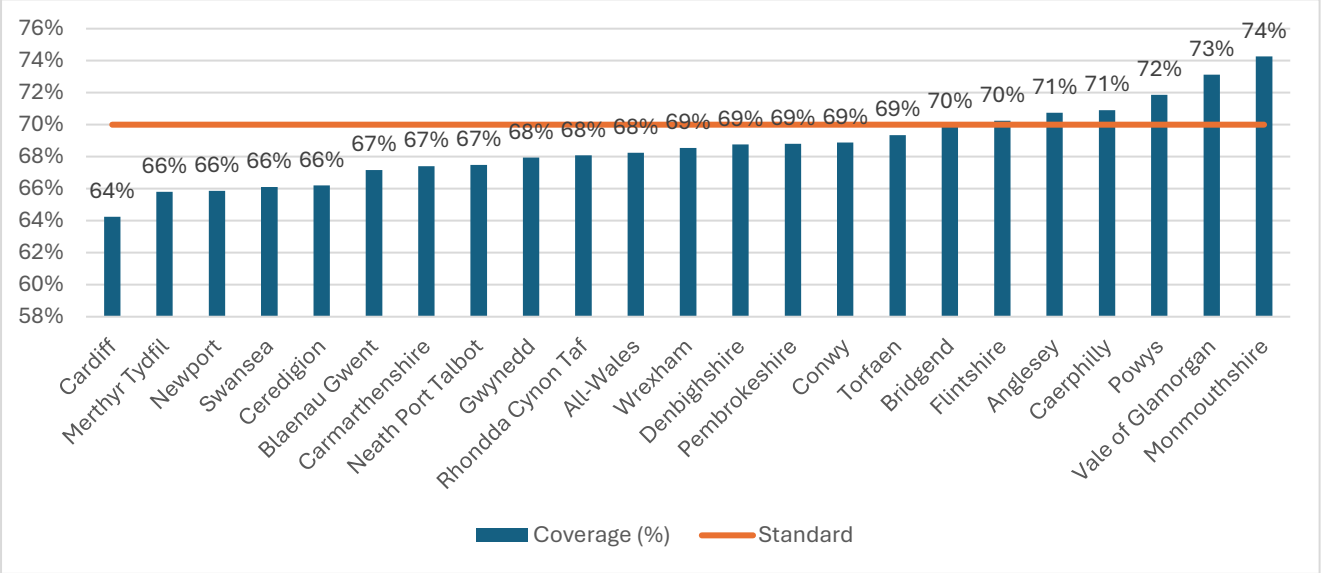

Figure 13: Coverage (%) of cervical screening by Local Authority of residence, 2022/23

In 2023/24, there was some geographical variation in coverage across Wales at health board level. Coverage was lowest in Swansea Bay UHB at 66.6% and highest in Powys THB at 72.4% (table 15). Coverage has slightly increased in all Health Board areas compared to 2022/23.

Table 15: Coverage (%) of cervical screening by Health Board of residence, 2023/24

Health board	Eligible (n)	Tested (n)	Coverage (%)
Aneurin Bevan UHB	158106	110498	69.9%
Betsi Cadwaladr UHB	172439	119831	69.5%
Cardiff & Vale UHB	138295	92544	66.9%
Cwm Taf Morgannwg UHB	115783	80191	69.3%
Hywel Dda UHB	94347	64097	67.9%
Powys Teaching HB	31647	22897	72.4%
Swansea Bay UHB	99356	66194	66.6%
All-Wales	**811776**	**557566**	**68.7%**

There is greater variation in coverage of cervical screening at Local Authority area. Coverage of cervical screening is lowest in Cardiff with an uptake of 64.6%, and highest in Monmouthshire of 75.1% (figure 14). The Local Authority areas with the lowest and highest coverage in 2023/24 remain the same as in 2022/23.

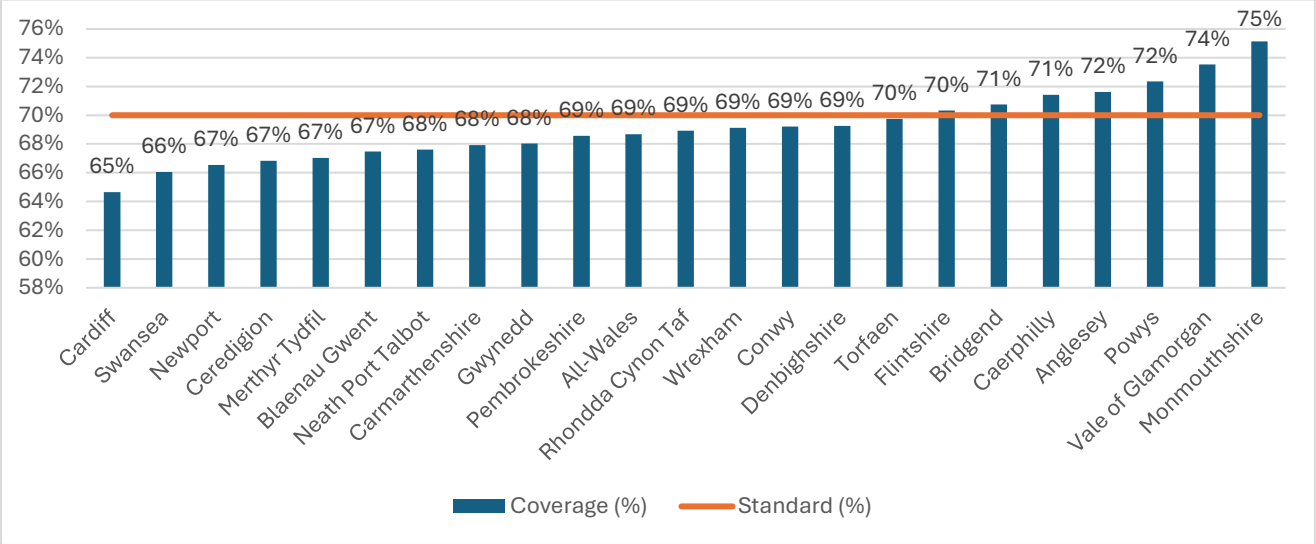

Figure 14: Coverage (%) of cervical screening by Local Authority of residence, 2023/24

Coverage of cervical screening by deprivation

Across Wales, in 2022/23, coverage of cervical screening was highest in the least deprived areas at 75%, with coverage lowest in the most deprived areas at 60.7%. The association between coverage and deprivation is broadly seen across all health board areas in Wales, although the pattern is not linear in Cardiff and Vale UHB and Hywel Dda UHB (figure 15).

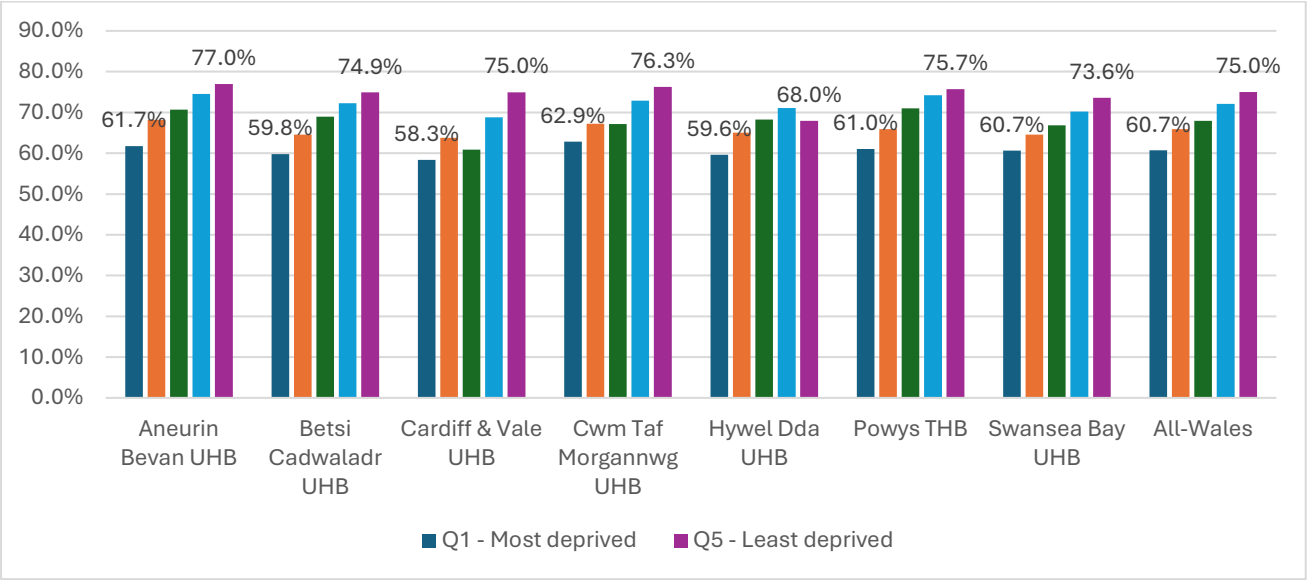

Figure 15: Coverage (%) of cervical screening by deprivation quintile by Health Board, 2022/23

The inequity gap, representing the absolute difference between coverage in the least deprived communities compared to the most deprived communities was 14.3%. This has increased by 1.1% since 2021/22 when the inequity gap was 13.2%. The inequity gap ranged from a highest of 16.6% in Cardiff and Vale UHB to the lowest of 8.3% in Hywel Dda UHB (table 16).

Table 16: Inequity gap (absolute %) in cervical screening coverage by Health Board of residence, 2022/23

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	61.	77.0	15.2
Betsi Cadwaladr UHB	59.8	74.9	15.1
Cardiff & Vale UHB	58.3	75.	16.6
Cwm Taf Morgannwg UHB	62.9	76.	13.4
Hywel Dda UHB	59.6	68.	8.3
Powys THB	61.0	75.7	14.7
Swansea Bay UHB	60.7	73.6	12.9
All-Wales	**60.7**	**75.0**	**14.3**

Across Wales, in 2023/24, coverage of cervical screening was highest in the least deprived areas at 75.5%, with coverage lowest in the most deprived areas at 60.9% (figure 16). The association between coverage and deprivation is broadly seen across all health board areas in Wales, although the pattern is not linear in Cardiff and Vale UHB and Hywel Dda UHB. This is the same pattern as seen in the 2022/23 data.

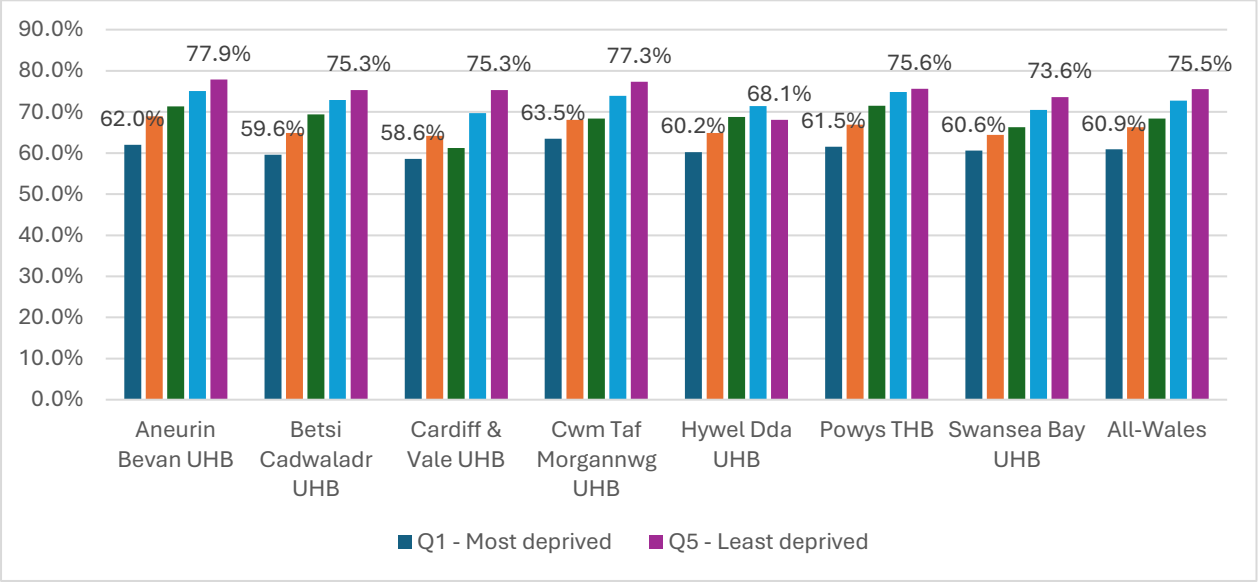

Figure 16: Coverage (%) of cervical screening by deprivation quintile by Health Board, 2023/24

In 2023/24, the inequity gap, representing the absolute difference between coverage in the least deprived communities compared to the most deprived communities was 14.6% an increase of 0.3% from 2022/23. This is due to a greater increase in coverage in the least deprived communities compared to most deprived communities. The inequity gap ranged from a highest of 16.7% in Cardiff and Vale UHB to the lowest of 7.9% in Hywel Dda UHB (table 17).

Table 17: Inequity gap (absolute %) in cervical screening coverage by Health Board of residence, 2023/24

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	62.0	77.9	15.9
Betsi Cadwaladr UHB	59.6	75.3	15.7
Cardiff & Vale UHB	58.6	75.3	16.7
Cwm Taf Morgannwg UHB	63.5	77.3	13.8
Hywel Dda UHB	60.2	68.1	7.9
Powys THB	61.5	75.6	14.1
Swansea Bay UHB	60.6	73.6	13.0
All-Wales	**60.9**	**75.5**	**14.6**

Coverage of cervical screening by age

Across Wales in 2022/23, coverage of cervical screening is lowest in the youngest age group (25 to 29 years) eligible for screening. Coverage of eligible participants aged 25-29 years is 62.4% compared to the highest coverage of 76.1% in participants aged 50-54 years (figure 17).

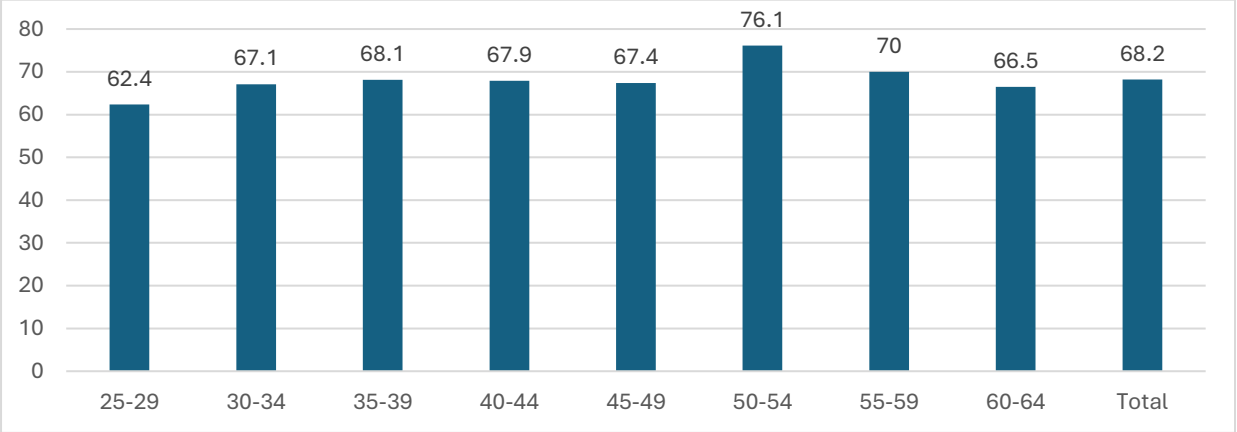

Figure 17: Coverage (%) of cervical screening by age group in Wales, 2022/23

In 2022/23 across Wales, the trend for lowest coverage in the 25-29 years age group and highest coverage in the 50-54 years age group is present across all Health Boards in Wales (table 18).

Table 18: Coverage (%) of cervical screening by age group by Health Board of residence, 2022/23

Health board	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	Total
Aneurin Bevan UHB	65.9	68.6	69	68.5	67.4	76.5	70.7	67.4	69.3
Betsi Cadwaladr UHB	63.9	68.7	68.9	68.7	67.8	76.4	70.7	66.5	69.1
Cardiff & Vale	56.5	63.5	66.5	68.9	68.7	76.5	69.9	66.5	66.5

UHB									
Cwm Taf Morgannwg UHB	66.4	67.9	68.8	66.8	66.5	75.5	68.7	65.3	68.3
Hywel Dda UHB	61.3	67.2	67.7	65.9	66.6	75.5	69.5	65.5	67.6
Powys Teaching HB	66.6	70.3	72.6	71.1	70.7	79.5	72.2	69.9	71.9
Swansea Bay UHB	60.2	65.5	65.9	66.7	65.4	74.4	68.8	66.2	66
All-Wales	62.4	67.1	68.1	67.9	67.4	76.1	70	66.5	68.2

Across Wales in 2023/24, coverage of cervical screening is lowest in the youngest age group (25 to 29 years) eligible for screening. Coverage of eligible participants aged 25-29 years is 61.9% compared to the highest coverage of 75.8% in participants aged 50-54 years (figure 18).

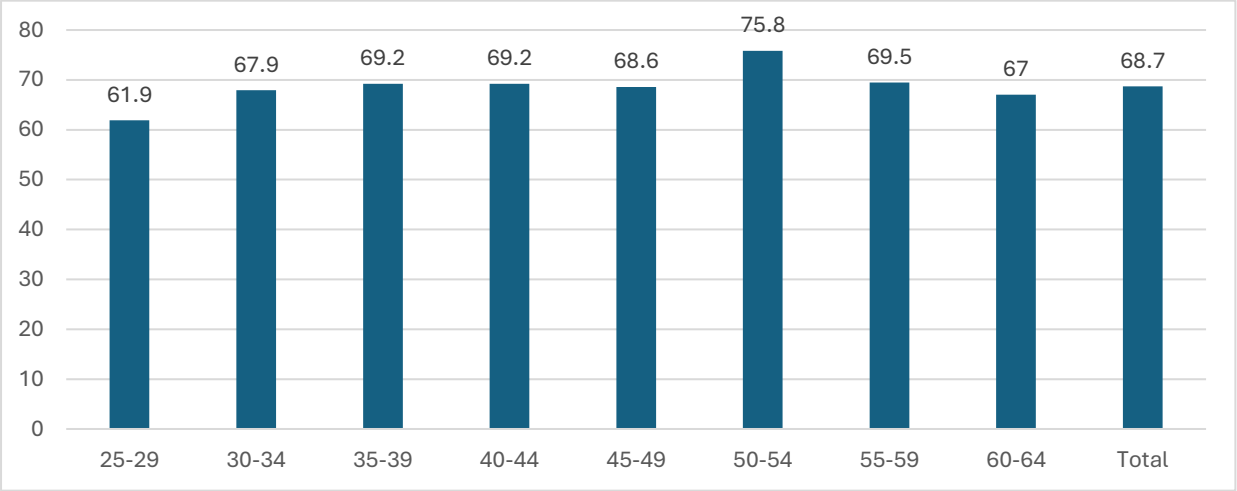

Figure 18: Coverage (%) of cervical screening by age group in Wales, 2023/24

In 2023/24 across Wales, the trend for lowest coverage in the 25-29 years age group and highest coverage in the 50-54 years age group is present across all Health Boards in Wales (table 19).

Table 19: Coverage (%) of cervical screening by age group by Health Board of residence, 2023/24

Health board	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	Total
Aneurin Bevan UHB	65.3	69.7	70.6	69.8	69.1	76.3	70.0	68.1	69.9
Betsi Cadwaladr UHB	63.4	69.5	69.7	70.0	68.9	75.9	70.2	67.0	69.5
Cardiff & Vale UHB	56.1	64.3	67.3	69.8	69.9	76.3	69.8	66.2	66.9

Cwm Taf Morgannwg UHB	66.4	69.7	70.5	68.8	68.2	75.4	68.5	66.1	69.3
Hywel Dda UHB	61.3	67.1	68.8	66.9	67.4	75.2	69.2	66.4	67.9
Powys Teaching HB	66.7	72.8	72.9	72.6	72.5	79.4	71.3	69.8	72.4
Swansea Bay UHB	58.5	65.4	67.0	67.7	66.1	74.0	67.8	66.9	66.6
All-Wales	**61.9**	**67.9**	**69.2**	**69.2**	**68.6**	**75.8**	**69.5**	**67.0**	**68.7**

Wales Abdominal Aortic Aneurysm Screening Programme

Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP) aims to halve abdominal aortic aneurysm (AAA) related mortality by 2025 in the eligible population. Men over the age of 65 are invited to attend for a one-off ultrasound screening.

A total of 26,068 people were invited to take part in AAA screening in 2022/23, with 20,221 people taking up the offer. Across Wales in 2022/23 uptake of AAA screening was 77.6%. This is below the minimum standard of 80%.

In 2023/24, a total of 23,429 people were invited to take part in AAA screening with 18,180 people taking up the offer. Uptake is reported as the proportion of eligible invited participants that were screened within six months of invitation making this the latest available data as of October 2024. Across Wales in 2023/24 uptake of AAA screening remained at 77.6% below the minimum standard of 80%.

Uptake of AAA screening by geographical area

There is geographical variation across Health Board areas ranging from the lowest of 73.4% in Cardiff and Vale UHB to a highest of 82.1% in Powys THB (table 20). Uptake is lower across all Health Boards in comparison to 2021/22 with only Hywel Dda UHB and Powys THB meeting the 80% standard.

Table 20: Uptake (%) of AAA screening by Health Board of residence, 2022/23

Health board	Invited (n)	Tested (n)	Uptake (%)
Aneurin Bevan UHB	4633	3520	76.0%
Betsi Cadwaladr UHB	5421	4312	79.5%
Cardiff & Vale UHB	3331	2445	73.4%
Cwm Taf Morgannwg UHB	3844	2936	76.4%
Hywel Dda UHB	4103	3285	80.1%
Powys Teaching HB	1280	1051	82.1%
Swansea Bay UHB	3452	2668	77.3%

All-Wales	**26068**	**20221**	**77.6%**

Geographical variation in uptake of AAA screening also exists at a Local Authority level ranging from a lowest uptake in Merthyr at 70.0% with the highest in Powys at 82.1% (figure 19).

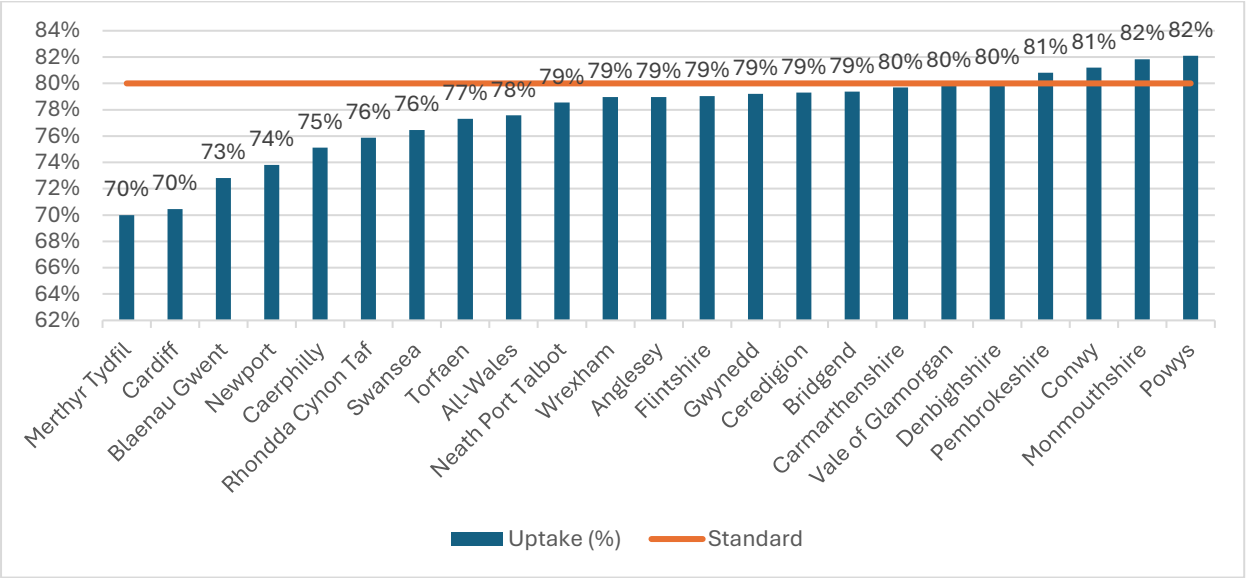

Figure 19: Uptake (%) of AAA screening by Local Authority of residence, 2022/23

In 2023/24, there was geographical variation across Health Board areas ranging from the lowest of 75.3% in Cardiff and Vale UHB to a highest of 84.1% in Powys THB. Uptake is higher in Cardiff and Vale UHB, Betsi Cadwaladr UHB, Cwm Taf Morgannwg UHB and Powys THB in 2023/24 compared to 2022/23 but lower in the other Health Board areas (table 21).

Table 21: Uptake (%) of AAA screening by Health Board of residence, 2023/24

Health board	Invited (n)	Tested (n)	Uptake (%)
Aneurin Bevan UHB	4004	3062	76.5%
Betsi Cadwaladr UHB	5520	4267	77.3%
Cardiff & Vale UHB	3751	2823	75.3%
Cwm Taf Morgannwg UHB	2898	2280	78.7%
Hywel Dda UHB	3187	2521	79.1%
Powys Teaching HB	1242	1044	84.1%
Swansea Bay UHB	2806	2166	77.2%
All-Wales	**23429**	**18180**	**77.6%**

In 2023/24, there was geographical variation in uptake of AAA screening at a local authority level ranging from a lowest uptake in Blaenau Gwent at 72.2% with the highest in Powys at 84.1% (Figure 20).

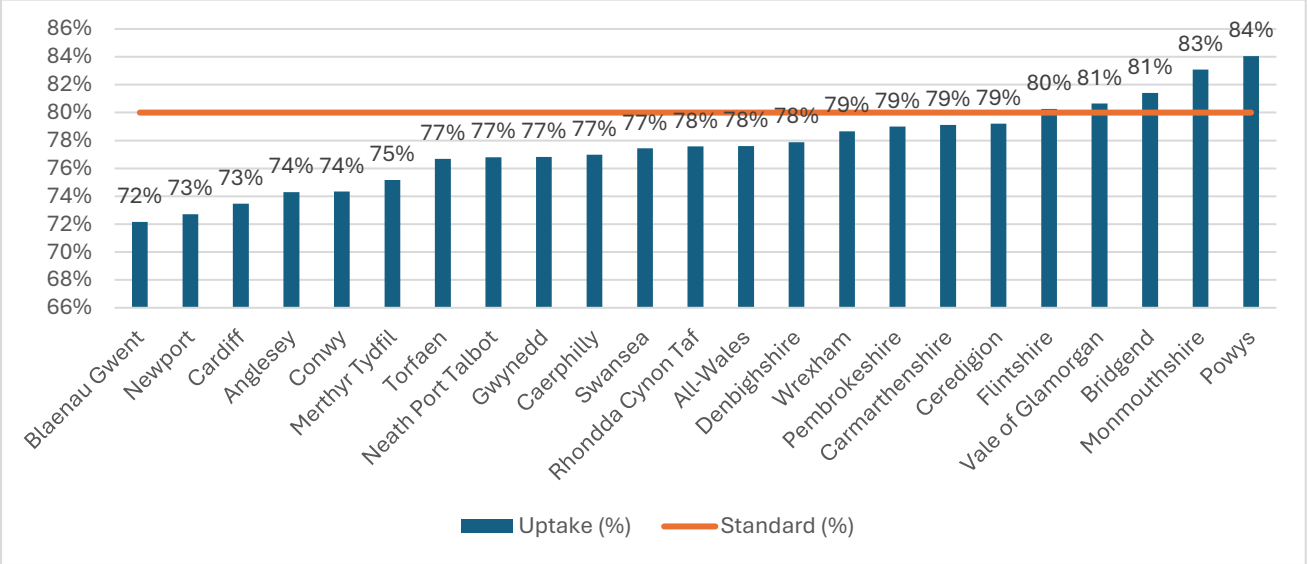

Figure 20: Uptake (%) of AAA screening by Local Authority of residence, 2023/24

Uptake of AAA screening by deprivation

Across Wales, in 2022/23, uptake of AAA screening was highest in the least deprived quintile at 84.4%, and lowest in the most deprived quintile at 67.2%. All health board areas show a linear trend of lowest uptake in the most deprived communities and highest uptake in the least deprived communities (figure 21).

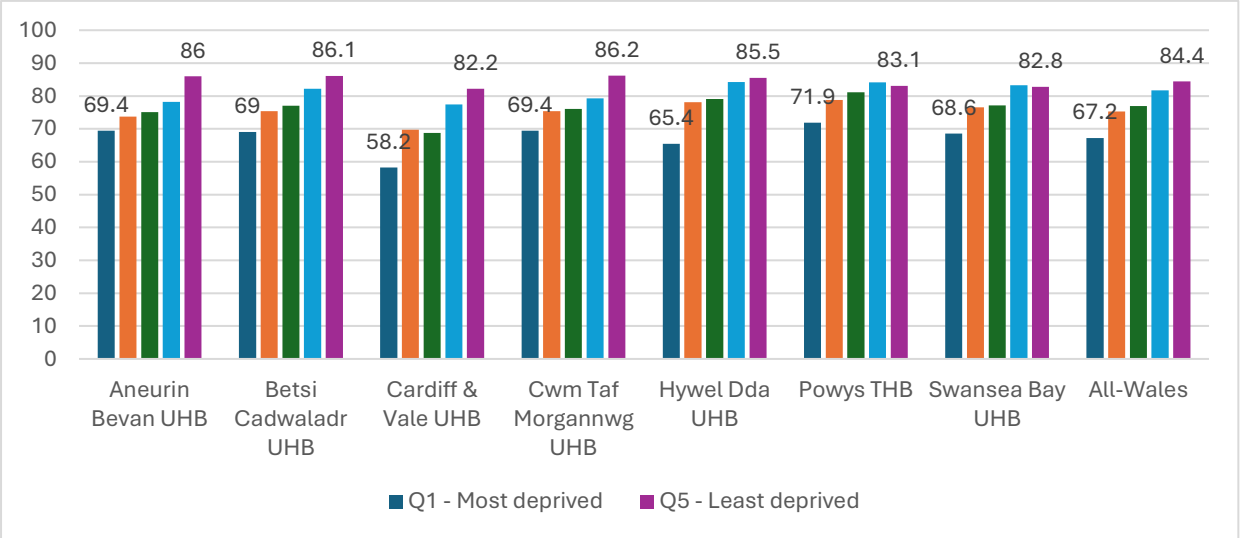

Figure 21: Uptake (%) of AAA Screening by deprivation quintile by Health Board, 2022/23

In 2022/23 across Wales, the inequity gap, representing the difference between uptake in the least deprived communities compared to the most deprived communities, was 17.2%. The gap has increased from 12.4% in 2021/22 and from 8.4% in 2020/21. The inequity gap has increased due to a decline in uptake in the most deprived communities. The inequity gap in 2022/23 was greatest in Cardiff and Vale UHB at 24% and lowest in Powys THB at 11.2% (table 22).

Table 22: Inequity gap (absolute %) in AAA screening uptake by Health Board of residence, 2022/23

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	69.4	86	16.6
Betsi Cadwaladr UHB	69	86.1	17.1
Cardiff & Vale UHB	58.2	82.2	24
Cwm Taf Morgannwg UHB	69.4	86.2	16.8
Hywel Dda UHB	65.4	85.5	20.1
Powys THB	71.9	83.1	11.2
Swansea Bay UHB	68.6	82.8	14.2
All-Wales	**67.2**	**84.4**	**17.2**

Across Wales, in 2023/24, uptake of AAA screening was highest in the least deprived quintile at 85.1%, and lowest in the most deprived quintile at 66.8%. All Health Board areas show a linear trend of lowest uptake in the most deprived communities and highest uptake in the least deprived communities (figure 22).

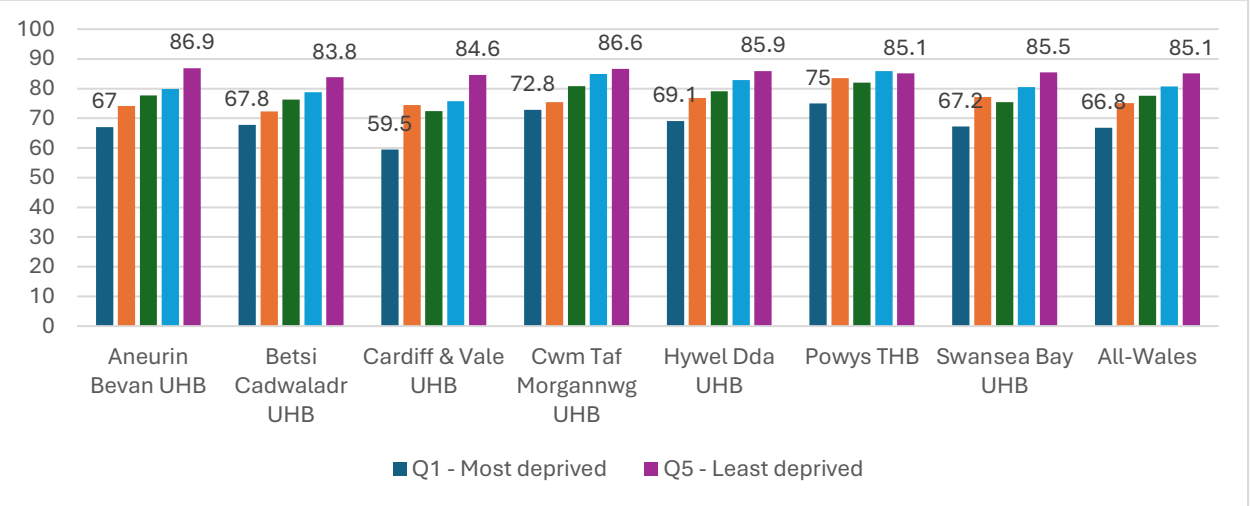

Figure 22: Uptake of AAA Screening by deprivation quintile by Health Board 2023/24

In 2023/24 across Wales, the inequity gap, representing the difference between uptake in the least deprived communities compared to the most deprived communities, was 18.3%. The gap increased from 17.2% in 2022/23. The inequity gap has increased due to a decline in uptake in the most deprived communities and an increase in uptake in the least deprived communities. The inequity gap in 2023/24 was greatest in Cardiff and Vale UHB at 25.1% and lowest in Powys THB at 10.1% (table 23).

Table 23: Inequity gap (absolute %) in AAA screening uptake by Health Board of residence, 2023/24

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	67	86.9	19.9

Betsi Cadwaladr UHB	67.8	83.8	16
Cardiff & Vale UHB	59.5	84.6	25.1
Cwm Taf Morgannwg UHB	72.8	86.6	13.8
Hywel Dda UHB	69.1	85.9	16.8
Powys THB	75	85.1	10.1
Swansea Bay UHB	67.2	85.5	18.3
All-Wales	**66.8**	**85.1**	**18.3**

Diabetic Eye Screening Wales (DESW)

DESW aims to detect diabetic retinopathy early and prevent sight loss from diabetic eye disease. Diabetic eye screening looks for signs of diabetic retinopathy before any symptoms are shown. Research evidence shows that with early identification and treatment; loss of vision can be prevented in 70–90% of people with sight threatening diabetic retinopathy. DESW is a targeted screening programme for all people aged 12 and over with diagnosis of diabetes, who are registered with a GP in Wales.

Coverage of eye screening across Wales is defined as the proportion of eligible participants who receive a reported result in the appropriate time period. In 2022/23, coverage across Wales was 31.5%, below the standard of 80%. In 2023/24, following the implementation of the low-risk recall pathway and initiation of the DESW Transformation plan, coverage increased to 52.3% but remained below the standard of 80%.

Coverage of diabetic eye screening by geographical areas

In 2022/23, there was geographical variation in coverage across Wales at Health Board level with coverage ranging from 25.4% in Aneurin Bevan UHB to 36.1% in Betsi Cadwaladr UHB (table 24).

Table 24: Coverage (%) of eye screening by Health Board of residence, 2022/23

Health board	Invited (n)	Screened (n)	Uptake (%)
Aneurin Bevan UHB	39097	9936	25.4%
Betsi Cadwaladr UHB	40267	14538	36.1%
Cardiff & Vale UHB	25188	8606	34.2%
Cwm Taf Morgannwg UHB	29300	9287	31.7%
Hywel Dda UHB	24964	8435	33.8%
Powys Teaching HB	7869	2121	27.0%
Swansea Bay UHB	23203	6851	29.5%
All-Wales	**191491**	**60285**	**31.5%**

The total numbers include a small number of people who have no Health Board of residence identified.

There is wide geographical variation in coverage by Local Authority area ranging from 18% in Bridgend to 42.4% in Carmarthenshire (figure 22). Coverage at local authority level is influenced by availability of venue provided by the Health Board for diabetic eye screening to take place in.

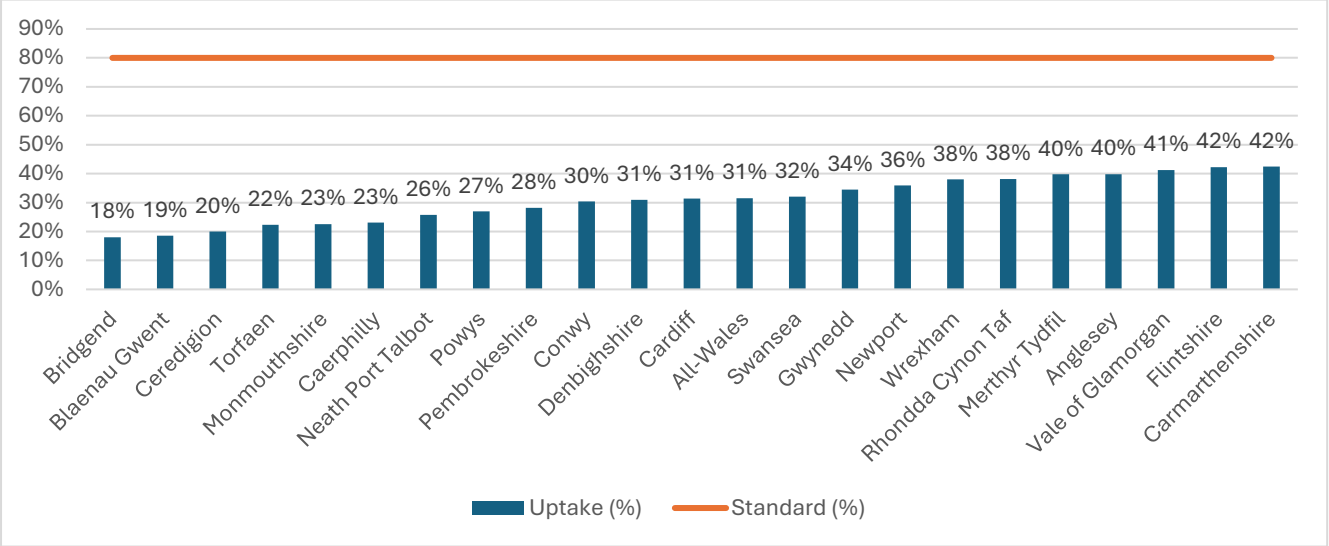

Figure 23: Coverage (%) of eye screening by Local Authority of residence, 2022/23

In 2023/24, there is geographical variation in coverage across Wales at Health Board level with coverage ranging from 46.1% in Aneurin Bevan UHB to 60.6% in Powys THB (table 25).

Table 25: Coverage (%) of eye screening by Health Board of residence, 2023/24

Health board	Invited (n)	Screened (n)	Coverage (%)
Aneurin Bevan UHB	39968	18408	46.1%
Betsi Cadwaladr UHB	40641	23676	58.3%
Cardiff & Vale UHB	25995	12473	48.0%
Cwm Taf Morgannwg UHB	29592	14909	50.4%
Hywel Dda UHB	25283	14957	59.2%
Powys Teaching HB	7834	4745	60.6%
Swansea Bay UHB	23514	11767	50.0%
All-Wales	**194197**	**101606**	**52.3%**

The total numbers include a small number of people who have no Health Board of residence identified.

In 2023/24, there was wide geographical variation in coverage by local authority area ranging from 40% in Newport to 69% in Carmarthenshire (figure 23). Coverage at local authority level is influenced by availability of venue provided by the Health Board for diabetic eye screening to take place in.

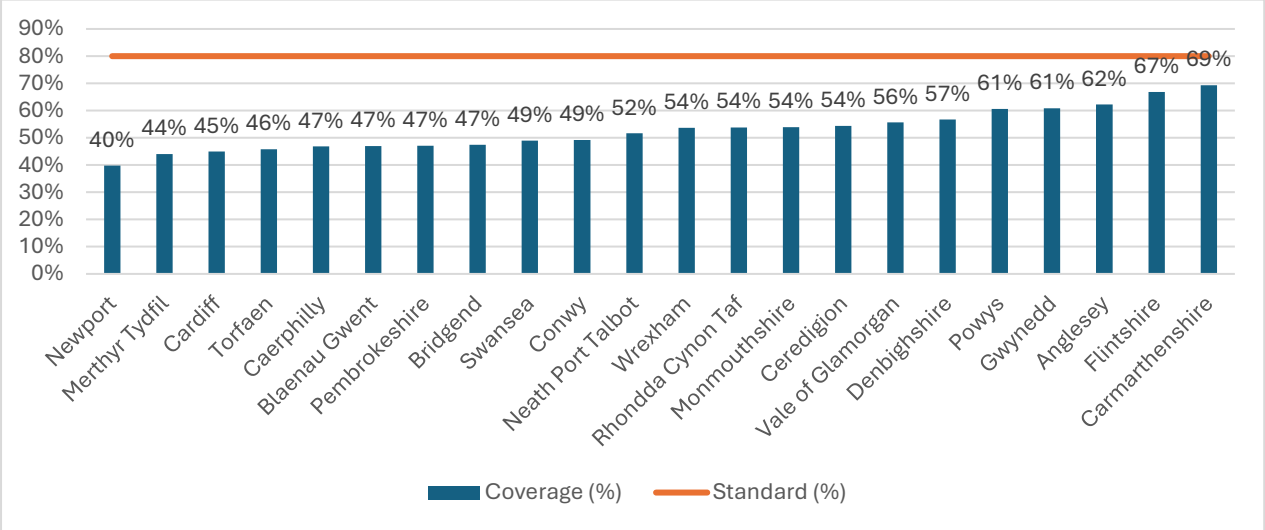

Figure 24: Coverage (%) of eye screening by Local Authority of residence, 2023/24

Coverage of eye screening by deprivation

Across Wales in 2022/23, coverage of eye screening is highest in the least deprived communities at 34.8% and lowest in the most deprived communities at 28%. However, the association between coverage and deprivation, with coverage of eye screening highest in the least deprived areas and lowest in the most deprived areas, is less evident by Health Board areas.

In 2022/23, there is a linear trend in Aneurin Bevan UHB and Betsi Cadwaladr UHB but other Health Boards do not have a clear linear trend. In Cwm Taf Morgannwg UHB the trend is reversed with higher coverage in the most deprived communities compared to the least deprived (figure 25).

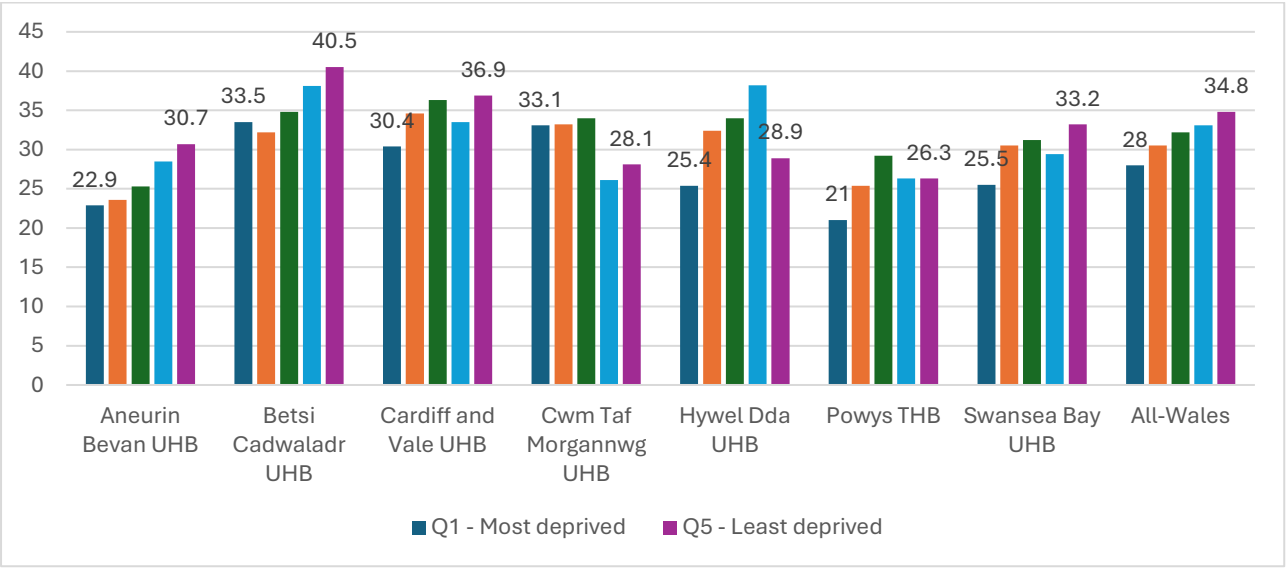

Figure 25: Coverage (%) of eye screening by deprivation quintile by Health Board, 2022/23

In 2022/23 across Wales, the absolute difference in coverage of eye screening between the most and least deprived areas is 6.8%. The inequity gap ranged from 7.8% in Aneurin Bevan UHB to -5% in Cwm Taf Morgannwg UHB (table 26).

Table 26: Inequity gap (absolute %) in eye screening coverage by Health Board of residence, 2022/23

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	22.9	30.7	7.8
Betsi Cadwaladr UHB	33.5	40.5	7
Cardiff & Vale UHB	30.4	36.9	6.5
Cwm Taf Morgannwg UHB	33.1	28.1	-5
Hywel Dda UHB	25.4	28.9	3.5
Powys THB	21	26.3	5.3
Swansea Bay UHB	25.5	33.2	7.7
All-Wales	**28**	**34.8**	**6.8**

Across Wales in 2023/24, coverage of eye screening increases with reduced deprivation, however, the highest coverage is in quintile 4, the next least deprived quintile rather than quintile 5 which is the least deprived quintile (figure 26). In 2023/24, there is a linear trend in Betsi Cadwaladr UHB and Cardiff and Vale UHB but other Health Boards do not have a clear linear trend.

It should be noted that in 2022 a Health on the High Street PHW screening centre was opened in Mountain Ash in Rhondda Cynon Taf to increase accessibility for screening for people from more deprived communities within CTMUHB.

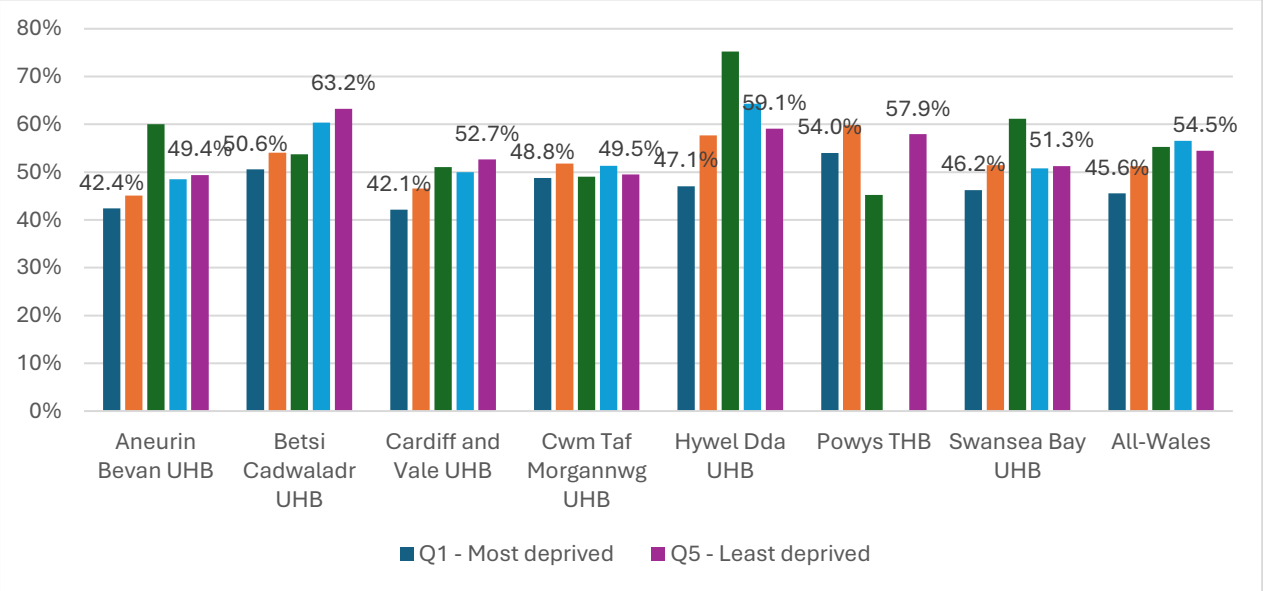

Figure 26: Coverage of eye screening by deprivation quintile by Health Board, 2023/24

In 2023/24 across Wales, the absolute difference in coverage between the most and least deprived areas is 8.9% which has increased from 6.8% in 2022/23. The inequity gap ranged from 12.6% in Betsi Cadwaladr UHB to 0.7% in Cwm Taf Morgannwg UHB (table 27).

Table 27: Inequity gap (absolute %) in eye screening coverage by Health Board of residence, 2023/24

Health Board	Most deprived (%)	Least deprived (%)	Inequity gap (%)
Aneurin Bevan UHB	42.4%	49.4%	7.0%
Betsi Cadwaladr UHB	50.6%	63.2%	12.6%
Cardiff & Vale UHB	42.1%	52.7%	10.5%
Cwm Taf Morgannwg UHB	48.8%	49.5%	0.7%
Hywel Dda UHB	47.1%	59.1%	12.0%
Powys THB	54.0%	57.9%	3.9%
Swansea Bay UHB	46.2%	51.3%	5.0%
All-Wales	**45.6%**	**54.5%**	**8.9%**

Coverage of eye screening by age

Diabetic eye screening is offered from age 12 throughout the lifecourse with no upper age limit.

Across Wales in 2022/23, coverage of eye screening varies by age group. Coverage is highest in the youngest age group of 12-14 year olds (44%) but then declines in younger adults before increasing with the highest coverage in 70-79 year olds (34.0%) before declining in those aged over 80 years (29.4%) (figure 27). This pattern is seen across all Health Board areas in Wales with lowest uptake in the 15 to 19 year old or 20-59 year old age groups and highest in the youngest age group of 12-14 year olds.

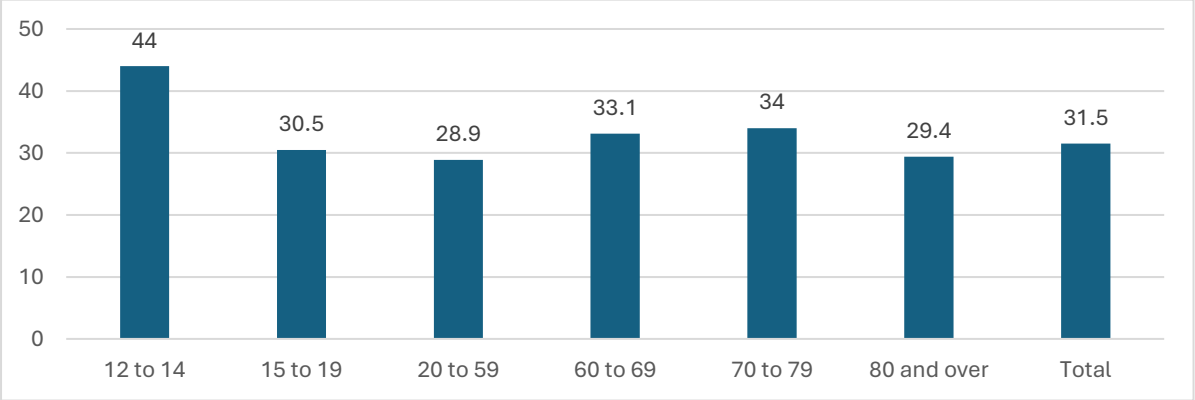

Figure 27: Coverage (%) by age groups for eye screening in Wales, 2022/23

Across Wales in 2023/24, coverage of eye screening varies by age group. Coverage is highest in the 15 to 19 year olds (63%) with lowest coverage in 12 to 14 year olds (50%) (figure 28). Across all Health Board areas in Wales coverage by age group shows a similar pattern of highest coverage in the youngest age groups before declining in working age adults.

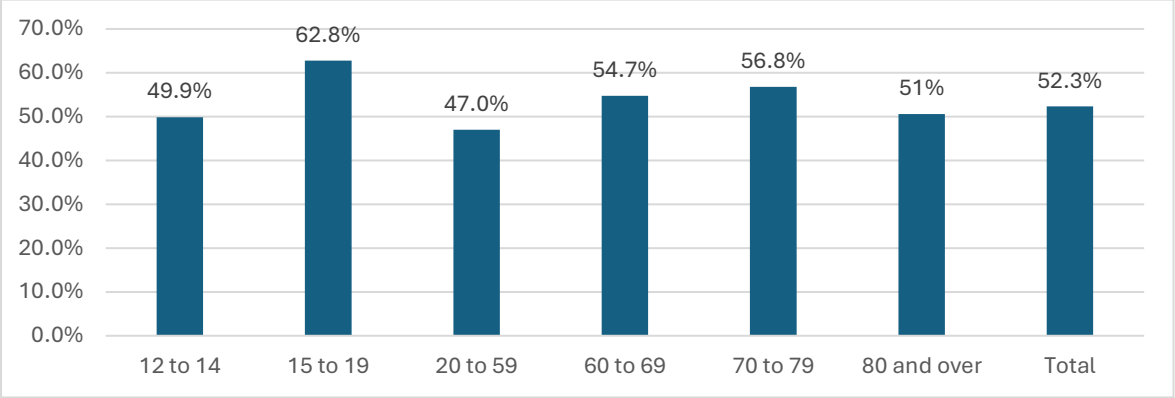

Figure 27: Coverage (%) by age groups for eye screening in Wales, 2023/24

Coverage of eye screening by Gender

Diabetic Eye Screening Wales invites people of any gender to take part in eye screening.

Across Wales in 2022/23, there was no significant variation in coverage between males and women with coverage in men of 31.8% and women of 31.1%. There is minimal variation by Health Board with the highest gap seen in Cwm Taf Morgannwg where there is 1.3% difference between coverage in men compared to women.

Table 28: Coverage (%) of eye screening by gender, 2022/23

Health board	Male (%)	Female (%)	Inequality Gap (male-female) (%)
Aneurin Bevan UHB	25.7	25.1	0.6
Betsi Cadwaladr UHB	36.2	36.0	0.2
Cardiff and Vale UHB	34.5	33.7	0.9
Cwm Taf Morgannwg UHB	32.3	31.0	1.3
Hywel Dda UHB	34.1	33.4	0.6
Powys Teaching HB	26.8	27.3	-0.4
Swansea Bay UHB	29.9	29.0	1.0
All-Wales	31.8	31.1	0.7

Across Wales in 2023/24, there was a small variation in coverage between males and women with coverage in men of 53.3% and women of 51.1%. There is minimal variation by health board with the highest gap seen in Swansea Bay UHB where there is 3.0% difference between coverage in men compared to women (table 29).

Table 29: Coverage (%) of eye screening by gender, 2023/24

Health board	Male	Female	Inequity Gap (male-female)
Aneurin Bevan UHB	47.3	44.5	2.8
Betsi Cadwaladr UHB	58.8	57.6	1.2
Cardiff and Vale UHB	48.7	47.1	1.7

Cwm Taf Morgannwg UHB	51.3	49.2	2.2
Hywel Dda UHB	60.1	58.0	2.1
Powys Teaching HB	60.8	60.2	0.6
Swansea Bay UHB	51.4	48.4	3.0
All-Wales	53.3	51.1	2.1

Conclusions

Achieving our vision for equitable access and opportunity for everyone eligible for screening is a long-term goal and ambition. This will require coordinated and committed action across the screening system led by Public Health Wales. The introduction of a Screening Equity Strategy has provided the strategic direction needed to highlight this as key priority for the Screening Division. However, translating this into real shifts in screening inequities remains challenging as demonstrated by the persistent inequity gap in uptake/coverage for people in the most disadvantaged communities compared to the least disadvantaged communities seen across all young people and adult screening programmes.

Table 30: Difference in uptake between most and least deprived quintile

Programme	2023/24	2022/23	2021/22	2020/21	2018/19
Bowel	16.9%	16.2%	15.9%	14.5%	16.5%
Breast	17.3%	19.6%	15.3%	18.9%	15.9%
Cervical	14.6%	14.3%	13.2%	12.1%	11.5%
AAA	18.3%	17.2%	12.4%	8.4%	12.8%
DESW	8.9%	6.8%			

However, the figures presented here are a crude measure and do not reflect the breadth of work discussed in the first part of the report and the ongoing engagement and collaborative work to better understand and address barriers and enablers to access.

This data in this report focused on uptake, which is only the start of the screening pathway. The overarching aim of screening is to improve health outcomes for the people of Wales through reduced morbidity and mortality. As we work to improve health inequities across the screening pathway we will also develop how we can incorporate data at different stages of the clinical pathway including access and availability of diagnostic tests and treatment to inform the response needed to reduce health inequities.

The data from the Screening Inequity Report will inform the focus of targeted interventions required within the new Screening Equity Strategy and its supporting Screening Equity Action Plan.

Definitions

This section provides further detail on the calculations used in this report.

Eligible
Resident in Wales and registered with GP and defined as within appropriate population cohort who were invited in time period.

Uptake
Participants were counted as having responded to their invitation if they were invited during the April – March period and attended within six months of invitation.

Coverage
Proportion of eligible population who were invited and screened within the appropriate time period.

Deprivation
Deprivation quintiles were assigned using the Welsh Index of Multiple Deprivation (WIMD) 2014, measured at lower super output area (LSOA) level. LSOAs are ranked into quintiles at an all-Wales level so they can be compared between health boards. This means that there will not be an equal proportion of people in each quintile when you look at each health board e.g. in Monmouthshire, 40% of the population live in the least deprived quintile of Wales but no areas fall into the Welsh most deprived quintile.

Health Board
This is health board of residence.

Funding support

No financial or non-financial support was provided to produce this report.

Competing interests

There are no competing interests to declare

Links to relevant Public Health Wales work

- *Screening equity strategy 2022-2025 - Public Health Wales*
- *Screening division inequities in uptake Report 2020-21 - Public Health Wales*

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