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Iechyd Cyhoeddus Cymru
Public Health Wales




Screening Equity Strategy 2026 to 2031

Removing Barriers: Closing the Gap

Version 1.0
July 2026
Mae'r ddogfen yma ar gael yn y Gymraeg/
This document is available in Welsh

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Executive Summary

Our vision is that everyone in Wales who is eligible for screening can easily get their screening test and has a fair chance to take part. We want people to have clear, trustworthy information so they can make the choice that is right for them.

This strategy sets out how we will work together with Local Health Boards, the community and voluntary sector, and people across Wales throughout their lives to make this happen. It builds on our previous Screening Equity Strategy 2022-2025[1] and takes on board discussion and engagement with people involved in providing screening and people who receive screening to find out what action we can take that will make a real difference to the people of Wales.

To remove barriers and close the gap it is not enough to offer the same service to everyone. If people have additional needs, then we need to make sure we are offering them extra support so there is equity of access and outcome. Often the people who do not take up our screening offer when they are first invited are the people most risk of the conditions and diseases that we screen for. To reduce screening inequities, we need to focus on actions that will help our services deliver to all, so we can create a Wales where everyone has a fair chance to live well and live longer in good health. This strategy focuses on our current screening programmes and how we deliver them. It would be expected that any future screening programmes would also align to these principles.

Our previous strategy identified five key action areas. In this new strategy we have refreshed and reframed these key action areas for the next stage of our work. The key actions areas are:

- Developing and sharing accessible information
- Working together
- Using our services
- Learning, training and development
- Monitoring and evaluation of impact

To deliver on the key actions areas we will:

Developing and sharing accessible information

- Engage and co-produce where possible simple, easy to understand information on screening in a range of accessible formats so people can decide if they want to take up their screening offer.

- Aim to meet people's communication and language needs with information in their preferred format.
- Move to a digital first approach to communicate with people.

Working together

- Work with primary care and public health teams in Health Board to make sure that people are supported to take up their screening offer
- Work with communities and community and voluntary sector partners to make sure everyone has reliable information about screening
- Deliver screening awareness training and support screening equity networks

Using our services

- Plan our services with equity and person-centred as core principles to improve accessibility of screening centres
- Develop a more flexible offer of screening appointments and provide accessible ways for people to change their appointments with the ambition to bring in online booking
- Develop prompts and support for people along the screening pathway which can include behaviourally informed communications, SMS for notifications and targeted telephone calls for non-responders

Learning, training and development

- Support the screening system to build their knowledge and skills to support equitable uptake
- Develop a screening workforce who understand under-screened groups and how best to offer support
- Test and evaluate new interventions to increase screening uptake and reduce screening inequities being innovative in piloting new ideas

Monitoring and evaluating our impact

- Improve our data capture to increase our understanding of under-screened populations
- Share data to identify where screening uptake is low and monitor impact of actions to improve uptake
- Provide regular and timely reports on screening performance

Achieving equity within screening will require time and will need to be an ongoing area of action beyond the timeframe of this strategy. However, we want to see progress towards achieving our vision that everyone in Wales who is eligible for screening can easily get their screening test and has a fair chance to take part. By delivering on the key commitments outlined in the strategy we will make progress in achieving this vision. We will now put the strategy into action with a Screening Division Equity Action Plan for the Screening Division to deliver. This will identify what actions we need to take, who will do them and by when.

This new Screening Equity Strategy is ambitious. It requires dedicated and committed action from within the Screening Division but also support from our partners across the wider screening system. But, by working together, we can remove barriers and close the screening equity gap.

List of Figures

Authorship, acknowledgements and contact information

Author: Bethan Bowden, Consultant in Public Health Medicine, Public Health Wales

Contributors: Heather Ramessur-Marsden, Head of Screening Engagement, Public Health Wales

Helen Jessop, Senior Screening Engagement Specialist, Public Health Wales

This publication represents the outcome of a collaborative effort. Public Health Wales is grateful for the expert advice, contributions and assistance provided by many people throughout this project. Most notably, this includes those who attend our screening equity strategy development workshops including representations from:

- Older People's Commissioner for Wales
- Bowel Cancer UK
- Cancer Research: UK
- CTMUHB Public Health Team
- Breast Cancer Now
- CVUHB Public Health Team
- Race Equality First
- HMPPS
- HDUHB Health Protection/Vaccination and Immunisation Team
- ABUHB Public Health Team
- Gypsy and Travellers Wales
- Lingen Davies Cancer Champions
- ABUHB Strategic Planning
- Learning Disability Wales
- RNID
- Welsh Government
- BCUHB Public Health Team
- British Deaf Association

Screening Equity Strategy 2026 to 2031

Removing barriers: Closing the Gap

Our Vision

We want to make sure that everyone in Wales who is eligible for screening can easily get their screening test and has a fair chance to take part. We want people to have clear, trustworthy information so they can make the choice that is right for them.

This strategy sets out how we will work together with Local Health Boards, the community and voluntary sector, and people across Wales throughout their lives to make this happen. It builds on our previous Screening Equity Strategy 2022-2025[1] and takes on board discussion and engagement with people involved in providing screening and people who receive screening to find out what action we can take that will make a real difference to the people of Wales.

Why it matters

Screening saves lives by finding conditions early in people who feel well. Having treatment at an early stage leads to better outcomes so people can live longer and healthier lives. When people don't take up their screening offer and the disease or condition is found at a later stage, this leads to worse health outcomes. Differences in health outcomes are known as **health inequalities**. Some people don't take up their screening offer due to things like their social situation, income, or environment. Because these factors can be changed, the differences in health are not inevitable. When people experience poorer health in ways that are unfair and avoidable, we call these differences **health inequities**[2].

The most recent Screening Inequity Report shows that there is still a gap in uptake of screening between different groups of people in Wales in our young people and adult screening programmes. Our previous strategy set out a clear vision of what we want to achieve but not enough progress has been made in closing the gap. This strategy will focus more on the actions that we want to take, with our partners, to remove barriers to close the gap in screening uptake and improve health outcomes.

Taking part in screening is a personal choice. However, people may not take up their screening offer because of barriers to them taking part. This might be related to practical issues such as being able to **access** a screening centre, relate to screening being **available** at a time and date that works

for them or people may not feel that screening is an **acceptable** choice for them as part of their social or cultural norms and beliefs.

To develop this strategy, we have reviewed our previous strategy and have taken learning from areas that worked well and areas that could be improved. We have also considered policy and guidance on increasing screening uptake as well as findings from research. We have focused on talking to and gathering feedback from a wide range of partners from healthcare professionals, screening staff, community and voluntary sector and charity partners and people representing under-served groups. Our partners have reviewed and sense checked this strategy to ensure it reflects their suggestions and the needs of the people in Wales.

Our screening programmes

Public Health Wales (PHW) delivers, monitors and evaluates seven national screening programmes in Wales. These programmes offer screening across people's lives from pregnancy to older adults. The programmes are:

1. Breast Test Wales
2. Bowel Screening Wales,
3. Cervical Screening Wales
4. Diabetic Eye Screening Wales
5. Newborn Bloodspot Screening Wales
6. Newborn Hearing Screening Wales
7. Wales Abdominal Aortic Aneurysm Screening Programme

PHW also coordinates the delivery of the Antenatal Screening Wales clinical network which is delivered by maternity teams in Health Boards. This strategy applies to the national screening programmes that we currently deliver. However, any future screening programme would also work to deliver the vision and actions outlined in this strategy.

Figure 1: Health screening throughout people's lives

Delivery of excellent screening services is a strategic priority for Public Health Wales and contributes to achieving the Public Health Wales vision of a Wales where people live longer, healthier lives and where all people in Wales have fair and equal access to the things that lead to good health and well-being[3]. Delivering excellent screening services means providing services that are safe, effective, people-centred, prompt, efficient and fair. To deliver this services need to have co-production, evidence and engagement included in their design.

Who experiences health inequities?

Health inequities can exist due to the conditions in which we work, live and play as well as individual factors including unhealthy behaviours that increases risk. Access to services, especially if people experience discrimination can also lead to different health outcomes. Consideration needs to be given to people who have protection under equality laws, individuals from the most deprived areas of Wales and individuals from under-served and inclusion groups.

Many people belong to more than one of these groups which can make health inequities even worse.

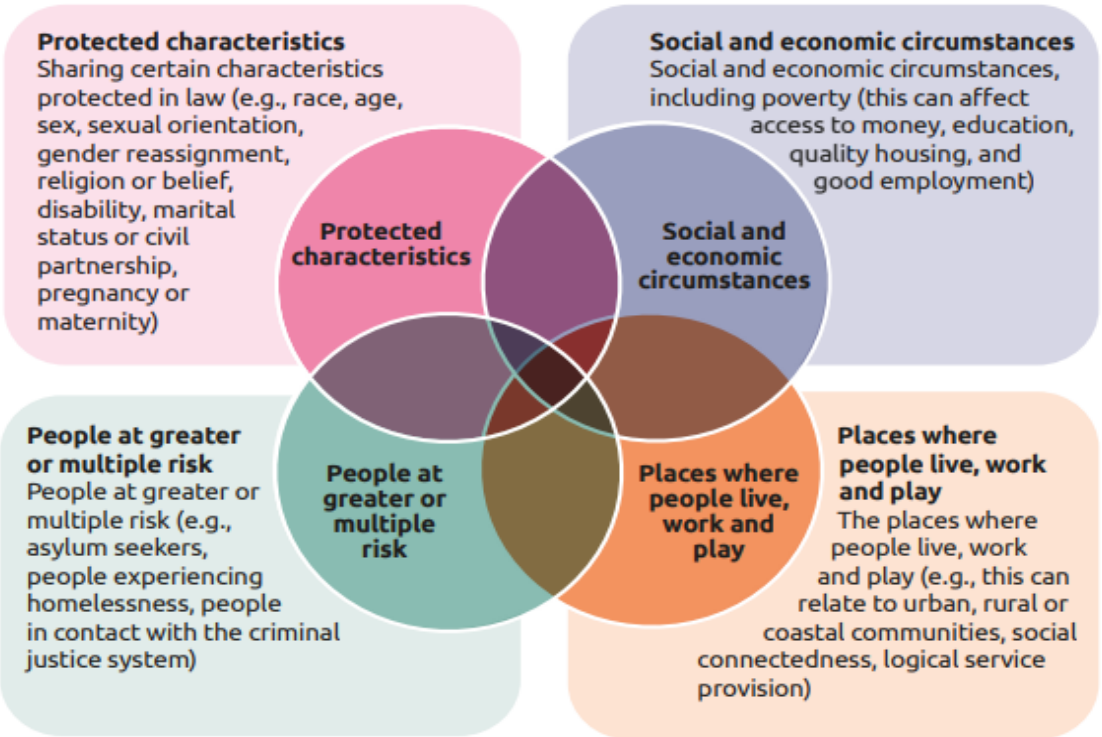

Figure 2: Considerations of population groups and geographies commonly considered when identifying health inequities2

In Wales, the Equality Act 2010; the Well-being of Future Generations (Wales) Act 2015; the Public Health Act (2017) and A Healthier Wales show a clear policy direction towards health equity. This is also supported by the Welsh Government commitment for Wales to become a Marmot Nation and adopt the eight Marmot principles for health equity[4].

Within Public Health Wales there is a clear direction to work to reduce health inequities. This is seen in the newly published "Our Approach to Health Inequalities"[2] and in "Teg I Bawb: Fair For All" as a Strategic Action Plan to address health inequalities through Primary Care[5]. We have considered these approaches and guidance to make sure that the work of the Screening Division supports and amplifies this work.

Our approach

To remove barriers and close the gap on inequity it is not enough to offer the same service to everyone. If people have additional needs, then we need to make sure we are offering them extra support so there is equity of access and outcome. Often the people who do not take up our screening offer when they are first invited are the people who may be at most risk of the conditions and diseases that we screen for. To reduce screening inequities, we need to focus on actions to ensure our services deliver to all so we can create a Wales where everyone has a fair chance to live well and live longer in good health.

Our previous strategy identified five key action areas. In this new strategy we have refreshed and reframed these key action areas for the next stage of our work. The key actions areas are:

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This is underpinned by **monitoring and evaluation** of the impact of the strategy to make sure it is data-driven and informed by intelligence.

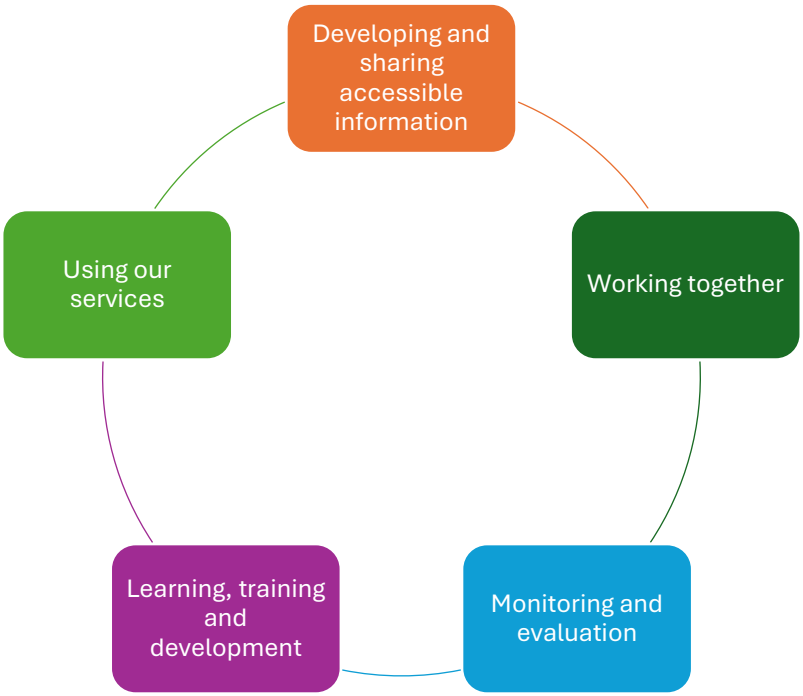

Figure 3: Five key action areas

Developing and sharing accessible information

Accessible formats of information

We need to provide information on screening that people can understand so they can decide if screening is right for them. The Accessible Communication and Information Standards have recently been updated by Welsh Government. The Screening Division in Public Health Wales is committed to delivering these standards across all our screening programmes. But providing information and resources in preferred language and format is not just about meeting these standards, our engagement with people using or wanting to use our services tells us how important it is that we share information they can easily understand.

We will continue to provide all our information and resources bilingually in both Welsh and English. We will also continue to develop BSL information of our most frequently used resources so people who are BSL-signers can make an informed choice about screening. We have reviewed the screening information available for our breast, bowel and AAA screening programmes to ensure that BSL videos are available. We will commit to undertaking reviews of BSL resources across all screening programmes.

We will also continue our commitment to providing information in Easy Read, Large Print, Braille and Audio. We will continue to use our in-house Writing Style Guides, Easy Read guides and Public Information development guidance to make sure that our information is consistent and easy to understand in Plain English. This will help everyone accessing our information and meet the Patient Information Forum's recommendation that health information is aimed at a reading age of nine to 11 year olds[6].

Digital First

We will work to develop our digital offer and aim to move to a digital first approach for people who prefer this way of receiving information. This means that people are given information on screening digitally through our website or digital channels first unless they have asked us for printed leaflets. People tell us that they prefer digital as they often don't read the leaflets we send. The PHW website will provide a way for us to share digital resources such as videos and animations.

Our breast screening 'What to Expect' video showed people, especially those attending for the first time or who have additional needs, what happens during their appointment. We will look to develop further 'What to Expect' videos for other screening appointments that we deliver such as diabetic eye screening and AAA screening. As not everyone has access to digital channels we will work with our community partners to support digital inclusion and help people in digital poverty who would like to access our digital resources but need support. We also understand that some people may not want to use digital resources and we will continue to meet their needs through the range of resources we offer including printed and written information.

Communication and language preference

Having the resources available isn't enough, people need the right information in the right format at the first point of contact. To do this we need to improve our information management systems so

that we can record people's choice and then share information in the people's preferred method without them having to repeatedly ask. We will work with colleagues in Digital Services and Digital Health Care Wales to understand what the barriers currently are to delivering this and what can be done to overcome them.

Around 3% of people in Wales do not have English or Welsh as their first language. This is higher in Cardiff, Newport and Swansea at 9%, 6.5% and 5% respectively[7]. We can provide community language translation on request for written information. To make translation more available through a digital first approach we will explore multi-language functions on our website to find out if this is easy to use and effective.

Clear screening messages

As well as how we share information we need to consider what information we are sharing to inform people's decision making. The most important messages are what screening is and why it is offered. Too often we hear that people don't take up screening as they don't have any symptoms and feel well. Too often people tell us that they are fearful of the result and prefer not to know rather than see the benefit of finding conditions early. Too often we hear that people think a screening test is invasive or painful. We need to address these misunderstandings with clear, consistent messages that are widely shared through reliable channels, so people are provided with the information they need.

All our communication messages need to be based on behavioural science. This means we need to be clear about what the behaviour is that we are aiming for with an understanding of what could be preventing that behaviour and what approach may help.

Public campaigns

Many of the barriers faced by screening participants that stop them taking up their screening offer cannot be tackled by communications campaigns. However, campaigns can influence behaviour by increasing how much people know about screening and how motivated they are to take up the offer. Campaigns can also play a role by making taking part in screening a social norm. When evidence shows that communications can help meet a clear change in behaviour, we will deliver campaigns that are shaped by audience insight and behavioural science.

Where there is evidence that population wide communication campaigns will help awareness and understanding for the public this will be supported. This is needed to raise awareness of a new screening programme, such as the planned lung cancer screening programme or if there is a big change to a current screening programme such as lowering the age of bowel screening to people aged 50. For existing screening programmes, the evidence tells us that awareness is often good but specific barriers may be in place that stop people attending. This requires a more targeted approach where our communication messages can be tailored to provide the knowledge and understanding that people need.

We recognise that levels of knowledge, motivation and opportunity to take part in screening are often lower among those less likely to take part. That's why our campaigns are weighted towards reaching and engaging these groups. This means making sure our messaging, materials and

communication channels are accessible, culturally appropriate and shaped by the experiences of the people we're trying to engage.

Working together

We want to keep working with others as part of a wider screening network. This includes professionals in healthcare such as doctors and nurses in primary care but also people who work with communities in local government, public sector and charities.

Shared goals and outcomes

We will work with our partners in Health Boards in Wales to make sure that we are effectively working together with shared goals and ambitions. We will support the development of co-produced action plans and strategic frameworks that have the joint goal of improving early detection of disease to improve health outcomes. We will continue to support the Screening and Inequality Group that coordinates with Health Board Public Health teams and also support Health Board condition specific steering groups and clinical networks across Wales.

Working with Primary Care

We welcome *Teg I Bawb: Fair for All*, the new Strategic Action Plan to address health inequalities within Primary Care developed by the Primary Care Division within Public Health Wales. This highlights the vital role that Primary Care play in reducing health inequalities as the most accessible point of contact within the health system[5]. Primary Care are part of their communities and trusted by those who they serve. We would look to strengthen our connection with Primary Care and work closely with GP clusters to support screening uptake. The evidence tells us how important GP endorsement of screening invitations is and how impactful it can be. We would like to work with GP clusters to develop interventions that meets the needs of their patients. We understand that we need to be more flexible in our delivery models and adopt innovative approaches with different ways of working.

We will look to develop connections with GP practices that serve those most likely to be under-screened. We will also connect with Health Inclusion Services as they are developed across Wales and outreach clinics provided for Inclusion Health groups.

Community engagement to support screening

We will also work collaboratively with our partners in other sectors who are interested in supporting take up of screening. As the screening specialists we need to share our knowledge with people who do not know a lot about screening, or it is only part of what they do. We will do this by providing regular screening awareness training for people working in communities so they can act locally as supporters for screening. They will be supported by screening updates through communication bulletins and regular online update sessions.

Our work with community teams will have an asset-based approach, building on existing strengths in communities. Our community engagement plan will focus on areas of low uptake or with

communities where we know barriers exist to taking up the screening offer. We can't attend every community event, but we will work with our local health board and local community partners to make sure that we target our community engagement work in areas of highest need. For many of our under-screened communities there may be a lack of trust in health professionals due to past injustices. We want to work with community members and leaders to upskill them, so they are comfortable and confident to share our screening messages.

Building trust in communities

We will work to address misinformation and build trust and understanding of our core screening messages. Messages on screening are best shared by people who are trusted in communities. We will work within communities: working with community members; community and faith leaders and trusted health professionals to develop screening content. This will make sure that information is shared from people in their communities in a way they can understand by people that they trust. Where there is local demand for information in community languages this will be supported, with a focus on a digital approach of videos and animations to address literacy challenges. People in communities tell us that they prefer videos and animations rather than written information as this can be easily shared through social media channels such as WhatsApp.

Screening Equity Network

Feedback during our engagement sessions told us that our partners in community and voluntary sector organisations or charities didn't have an up to date understanding of what we were doing in the Screening Division to tackle screening inequities and deliver on our previous Screening Equity Strategy. For the next phase of the strategy, we will establish a new Strategic Screening Equity Network who will meet on a six-monthly basis. This new Network will include Screening Division and wider community and voluntary sector partners to provide an opportunity for sharing of information from the Screening Division on what has been happening to deliver on our action plan. It will also provide an opportunity for our partners to directly provide feedback to us on what is working well and what could be strengthened within our approach.

Using our services

We have mapped out the pathway for people using our services and have identified barriers at different points. This new strategy will look to address those barriers using new ways of working, new technologies and digital developments.

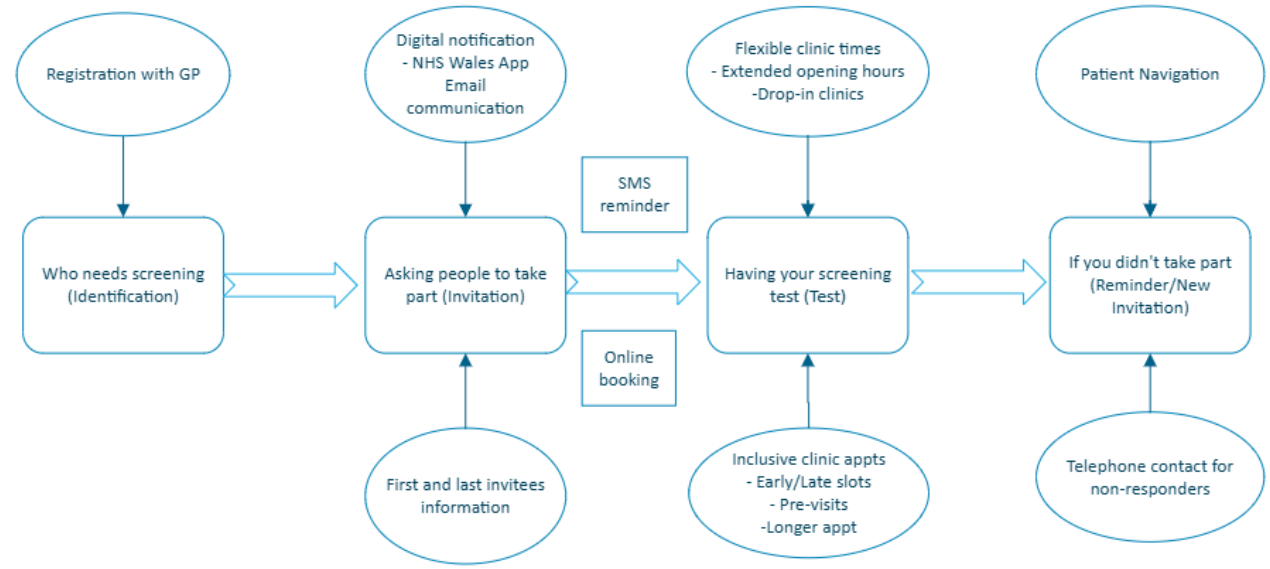

Figure 4: Contact points with people and areas for action

Who needs screening (Identification)

Our systems will find people who need screening if they are registered with a GP. We can also offer screening to people not registered with a GP if they contact a screening service directly. However, people in inclusion health groups such as asylum seekers and refugees or people experiencing homelessness, may not be registered with a GP or have a good understanding of how health care services in Wales work. This may stop them from being invited for screening. People may be registered with a GP but not attend that GP practice or have moved out of area but not re-registered. We need to develop within our screening services a consistent process for people facing these barriers to receive a screening invite so they can take part. We will look to test out new ways of working so that this can happen and prepare to be innovative in our approach.

This can mean working with primary care teams to support people to register with a GP for the wide range of health benefits this brings. We can also work with our public sector partners who work with inclusion health groups such as the HM Prison and Probation Service to increase understanding of the screening and how it can be accessed.

We currently invite people for screening depending on their gender assignment with their GP. For people in the trans or non-binary communities their sex at birth may be different from their gender on their GP records. For the screening programmes that invite you based on if you are male or female this may mean we are missing people. We currently need people who are trans or non-binary to let us know if they need screening. We would like to find a way, by working with the trans community and our partners in DHCW to invite people in the most acceptable way that meets their needs.

Asking people to take part (Invitation)

We will aim to move to a digital first approach to invitations for screening. The current way of sending letters by post is no longer fit for purpose. We will actively seek to work with NHS Wales App developers to use existing functions in the App such as push notification to people to let them know that they are due for screening. When people have told us they would prefer to receive

invitations by email we will work to provide email notifications where this is possible within our systems rather than a posted letter. This will make sure the information gets to the person quicker and is more environmentally sustainable. This will require the support of our Digital Services team and other partners including DHCW to take forward.

People may intend to take up their screening appointment, but busy lives can lead to screening not being a priority. To help people we will aim to provide SMS appointment reminders in advance of a booked appointment to prompt people to attend.

People who are invited for the first and last time for screening need different information than those who have attended before and know what to expect. People invited for the first time may need more information about what happens at an appointment, what the test involves and also why it may benefit them at this point in their life. For people who are being invited for the last time they need to understand what happens next and who to go to if they have any symptoms or problems. We will develop more focused information for people going for screening for the first and last time. This will use a behavioural science informed approach to make sure that the beginning and end of the screening journey is safe and person-centred.

Having your screening test

We will move to a more person-centred approach to offer screening that is more convenient and easier to access for people. As each screening programme is delivered in a different way this won't be the same for every programme. For screening programmes where you need an appointment with us, we will look to make it easier to change an appointment such as through online booking. We understand the potential benefits in providing flexible access to our services such as through walk-in or drop-in services. Where we can keep to our legal requirements, is practical to do and is safe clinical care this can be piloted. This will firstly be considered in areas where there is low take up of the screening offer to see if a different way of accessing our services helps remove barriers. We also need to make sure that when we develop our screening IT systems, we consider the need to offer more flexible appointments in their design so we can offer these services in the future.

Our diabetic eye screening service has offered extended clinic opening times in the evening and on Saturdays for participants. We will review the evaluation of the first year of this provision to establish if this helps people who would otherwise not have attended screening take up their offer. Where it is feasible screening services will offer early and late screening appointments to ensure that people who work or are in education can take up their screening offer.

Our screening services will continue to be expected to provide reasonable adjustments to meet the needs of people who share a protected characteristic. More than this, we want our services to provide an inclusive and welcoming space. Where is it possible, we will look to offer a pre-visit to one of our fixed centre screening venues, help people make early or late appointments when centres may be quieter and offer longer appointments for people who may need a bit more time to share their needs and understand what is happening. This will be supported by our digital resources such as the 'What to expect' videos that show what happens at screening centres as a virtual 'pre-visit.'

If you didn't take part (Reminders and non-responders)

People may not respond to their invitation for many different reasons. Having taken all the steps outlined above to support people to attend, if people don't take up their offer, then something more is needed. Equity isn't about treating everyone the same but providing more support for people who have greatest need. For people who don't respond to our invitations we will send reminders as a prompt to take up their offer. With a digital first approach this could be through notification on the NHS app and SMS reminders. However, evidence from recent projects in the Screening Division including a telephone call intervention for people who didn't attend their appointments has shown how impactful telephone calls can be to support people to take up their screening or diagnostic test.

We will explore the role of patient navigators within our screening programmes for people who do not respond following a positive screening test. We will also evaluate, and seek to publish the evaluation, of our telephone intervention in AAA to share the positive impact this has had on uptake and reducing screening inequities.

Access to screening centres

When we are planning our services, we will consider how easy it will be for people to access our services. Using the principles of equity and person-centred care we aim for care close to home and in the heart of local communities. Our screening centres in Kimberly House, Cardiff and Rhos House, Mountain Ash provide high quality clinical environments for screening appointments. Where there is opportunity to co-locate services as part of a community by design approach we will advocate for the inclusion of screening services. This helps patients by reducing travel time and helps our clinical teams be part of the NHS family.

Where indicated by our service model we can use mobile screening units to deliver services. These units can be located in the heart of communities and reduce travel time for participants as well as providing a convenient and familiar location that supports people to take up their screening offer. We understand the issues faced in rural communities around travel times and will continue to work to make sure that travel times to our screening locations are acceptable.

Learning, training and development

We can't reduce barriers in screening and close the gap on screening equities by ourselves. We need to work as part of a wider network using our specialist skills to build knowledge and skills across the whole screening system.

Within Public Health Wales we need an inclusive screening workforce that think about health inequities and how they can work to reduce them in their everyday work. We also need a wider NHS workforce who will work with us to take everyday actions to increase take up of screening.

Training for professionals

To help health professionals have the knowledge and confidence to have everyday conversations about screening we have worked with the national Making Every Contact Count (MECC) team. Screening when invited is now one of the healthy behaviours that health professionals can discuss with patients. MECC helps health professionals have conversations around screening and provides the knowledge they need to signpost patients to our services.

To help non-health professionals have the knowledge and confidence to have conversations with people about screening we will encourage them to access our training on screening awareness provided by the Screening Engagement Team. By upskilling staff across a wide range of different companies and organisations, we can raise awareness of screening and provide professional development opportunities that lead to a skilled workforce.

Public Health Wales is responsible for the delivery of screening programmes, but we work closely with Health Board colleagues who support the health and wellbeing of people who live in their communities. To support Health Board teams to develop interventions and actions to tackle screening inequities we will develop screening programme specific SharePoint webpages that provide important data, evidence and ideas for innovation that colleagues in Health Boards can use. This will be supported by evidence maps developed by our Evidence Service in Public Health Wales that will identify evidence-based interventions to increase screening uptake focusing on under-screened groups.

Development of the screening workforce

We also need to develop a screening workforce who understand under-screened groups and how best to offer support. All of our staff need to have an understanding of health inequities so they can provide compassionate care to those using our services. In addition, we need to ensure that people are culturally competent to understand people from minority communities or those with additional communication and language needs. Our staff need to take a trauma informed approach and understand that for some people accessing screening can be triggering of negative past experiences.

We have recently introduced Learning Disability Champions within each programme in the Screening Division. This role aims to create a contact point for people with a learning disability and those who care for them within screening services. The Learning Disability Champions will help remove barriers, giving people the information they need in accessible formats and ensuring their needs such as longer appointment times are met. We will evaluate the impact of the Learning Disability Champions to see if they have improved the experience for people with a learning disability. We will also understand if this has been a positive opportunity for our staff to develop more new skills and experience.

New ideas and innovation

We want to be a world class leader in new developments and technologies. We will aim to be actively involved in collaborations with academic partners to develop and test new ways of supporting people to take up their screening offer with a focus on screening inequities. This can be through new technologies such as AI tools but also through community focused approaches such as faith-based interventions that bring us closer to communities.

The UK National Screening Committee has recommended bringing in self-sampling for people who have not responded to their cervical screening invitation. There is good evidence that this will help people who are under-screened take up their screening offer as the test can be done in your own home. We are aiming to introduce this in Wales in 2026 and will review if it helps people from our under-screened communities to take part in cervical screening and identify cervical cancers earlier.

Monitoring and evaluating our impact.

Our actions to reduce the barriers and close the gap in screening inequity need to be directed by data and intelligence. We need to understand who is coming forward for screening and who isn't. This requires information systems that consistently record important information about people that will help us understand more about their needs.

Timely and regular data reports

Our regular screening Annual Reports are important to share with partners to understand how well we are performing in delivering our services. Our Screening Division Inequity Report highlights differences in uptake between different groups and communities and helps to identify where our joint action is best targeted. We need to make sure that this reporting is regular, reliable and consistently shared.

Our goal is for high uptake of screening that meets our key performance standards across all screening programmes with reduced difference in uptake across different population groups. To monitor this, we will continue to produce reports that will consistently present the following key measures:

- How many people take up their screening offer – (% Coverage/Uptake of screening)
- How many people take up their screening offer in the most disadvantaged communities – (% Coverage/Uptake in most deprived quintile)
- Difference in take up of screening between the most disadvantaged communities and the least disadvantaged communities (absolute difference % between 1st and 5th deprivation quintile)
- Difference in take up of screening between different age groups
- Difference in take up of screening between men and women

We will also share data with Health Board Public Health teams in a more timely way. The data that is shared will be at the level of detail about their population that they need. We aim to produce data dashboards that can be used in an interactive way and are easy to understand. This will help local teams monitor trends and determine the impact of any local projects that are put into place.

Data capture

Our current data reporting is based on the people factors that the Screening Division currently know about from within our clinical systems. To help us understand other differences we will look for opportunities to link our data to other NHS systems or data sources so that we can use the information that they hold. The new requirement for GP practices to develop inclusion health

registers could be an opportunity to link this data with our records so we understand who from inclusion health groups take up our screening offer.

Where it is possible in our screening IT systems we will ask and record self-reported ethnicity to build our understanding. To have a better understanding of the screening experience for people from ethnic minority communities we will aim to link our data with wider NHS systems. We will support the use of the NHS Wales App for self-reporting of ethnicity and the opportunity to connect screening data to the App so this can be included in future analysis.

Our commitments

Developing and sharing accessible information

We will:

- Engage and co-produce where possible simple, easy to understand information on screening in a range of accessible formats so people can decide if they want to take up their screening offer.
- Aim to meet people's communication and language needs.
- Move to a digital first approach to communicate with people.

Working together

We will:

- Work with primary care and public health teams in Health Board to make sure that people are supported to take up their screening offer
- Work with communities and community and voluntary sector partners to make sure everyone has reliable information about screening
- Deliver screening awareness training and support screening equity networks

Using our services

We will:

- Plan our services with equity and person-centred as core principles to improve accessibility of screening centres
- Develop a more flexible offer of screening appointments and provide accessible ways for people to change their appointments with the ambition to bring in online booking
- Develop prompts and support for people along the screening pathway which can include behaviourally informed communications, SMS for notifications and targeted telephone calls for non-responders

Learning, training and development

We will:

- Support the screening system to build their knowledge and skills to support equitable uptake
- Develop a screening workforce who understand under-screened groups and how best to offer support

- Test and evaluate new interventions to increase screening uptake and reduce screening inequities being innovative in piloting new ideas

Monitoring and evaluating our impact

We will:

- Improve our data capture to increase our understanding of under-screened populations
- Share data to identify where screening uptake is low and monitor impact of actions to improve uptake
- Provide regular and timely reports on screening performance

How will we know that we are making a difference?

The commitments identified in the strategy have been developed by reviewing evidence and best practice as well as through engagement with people who use our services to tell us what they need. However, the decision for an individual to take up their screening offer is not only influenced by our actions. It will be influenced by wider patterns of behaviour in society and activities undertaken by partners such as Health Board colleagues and community and voluntary sector partners.

Achieving equity within screening will require time and will need to be an ongoing area of action within the Screening Division beyond the timeframe of this strategy. However, we want to see progress towards achieving our vision that everyone in Wales who is eligible for screening can easily get their screening test and has a fair chance to take part. We want people to have clear, trustworthy information so they can make the choice that is right for them. By delivering on the key commitments outlined in the strategy we will be making progress in achieving this vision.

Our next steps are to put the strategy into action with a Screening Division Equity Action Plan for the Screening Division to deliver. This will identify what actions we need to take, who will do them and by when. To help keep us on track we will identify process measures and embed evaluation within the Screening Equity Action Plan from the start. This will help us understand if we are delivering on our objectives. We will continue to report on our outcomes measures through our regular performance data, understanding that the outcome of people taking up their screening offer is not only influenced by the Screening Equity Action Plan.

The Screening Equity Action Plan will be monitored by the Screening Equity Group in the Screening Division which reports into the Screening Division Senior Management Team. There is external scrutiny of the Screening Equity Action Plan through the Health Board Screening and Inequality Group and by the proposed Screening Equity Network. The most important scrutiny however is from people using our services. We will closely monitor feedback, complaints and compliments from services users in addition to SMS service user experience to identify any barriers that require review.

This new Screening Equity Strategy is ambitious. It requires dedicated and committed action from within the Screening Division but also support across Health Protection and Screening Services Directorate, Public Health Wales as a whole and from our partners across the wider screening system. But this action is necessary to create a Wales where everyone who is eligible for screening can easily get their screening test and has a fair chance to take part.

By working together, we can remove barriers and close the screening equity gap.

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Funding support

No financial support was provided to develop this strategy

Competing interests

There are no competing interests to delcare

Cite this publication

Acknowledgement to Public Health Wales NHS Trust to be stated.

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i greu Cymru iachach

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ISBN (If applicable)