



All-Wales Annual Report Screening Division Public Health Wales (presenting 2018/19 data)

January 2020

Sgrinio am oes
Screening for life



www.screeningforlife.wales.nhs.uk

About us

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales.

We are part of the NHS and report to the Minister for Health and Social Services in the Welsh Government.

Our vision is for a healthier, happier and fairer Wales. We work locally, nationally and, with partners, across communities in the following areas:

Health protection – providing information and advice and taking action to protect people from communicable disease and environmental hazards

Primary, community and integrated care – strengthening its public health impact through policy, commissioning, planning and service delivery

Microbiology – providing a network of microbiology services which support the diagnosis and management of infectious diseases

Safeguarding - providing expertise and strategic advice to help safeguard children and vulnerable adults

Screening – providing screening programmes which assist the early detection, prevention and treatment of disease

Health intelligence – providing public health data analysis, evidence finding and knowledge management

NHS quality improvement and patient safety – providing the NHS with information, advice and support to improve patient outcomes

Policy, research and international development – influencing policy, supporting research and contributing to international health development

Health improvement – working across agencies and providing population services to improve health and reduce health inequalities

Further information

Web: phw.nhs.wales
Email: general.enquiries@wales.nhs.uk
Twitter: @PublicHealthW
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Title: All-Wales Annual Report Screening Division Public Health Wales January 2020. ISBN 978-1-78986-106-8

This report is a detailed summary of information on work undertaken by the All Wales Screening Programmes for the year from April 2018 to the end of March 2019.

Publication Details:

Title: All Wales Annual Report Screening Division Public Health Wales 2018-19

Date: This report published 16 January 2020

ISBN: 978-1-78986-106-8

For more information about this report contact:

Helen Clayton, Lead Informatics and Data Services Manager,
Informatics Division, Floor 6, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ
Tel: 029 2010 4405

Email: screening.information@wales.nhs.uk

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg. Byddwn yn ateb gohebiaeth yn Gymraeg heb oedi / We welcome correspondence and phone calls in Welsh. We will respond to correspondence in Welsh without delay.

Quality Assurance Statement

Screening data records are constantly updated. The databases used by 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 is 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 their 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 is constantly updated and there might be slight readjustments in the numbers cited in this document year on year because of data refreshing.

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Screening Division supports the development of a sustainable health and care system focused on prevention and early intervention by delivering high quality national population based screening programmes.

In line with Public Health Wales' long term plan 2018-2030, we are also committed to:

- Shifting towards prevention
- Early intervention in the community
- Ensuring equitable service delivery
- Improving quality and patient safety

1 Introduction

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered further tests and appropriate treatment to reduce their risk of, and/or complications arising from, the disease or condition.

The Screening Division delivers the seven national population based screening programmes in Wales:

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

and manages the Antenatal Screening Wales clinical network.



The Screening Division is part of the Public Health Services Directorate of Public Health Wales. As part of Public Health Wales, we are committed to working to achieve a healthier future for Wales.

This report presents the latest data available as of October 2019 about the screening programmes over the financial year 2018-2019. The narrative contains information that relates to the programmes which is up to date at the time of publishing, so does not cover exactly the same timeframe. This builds on previous reports. All data in the report has been provided by the Informatics Division of Public Health Wales.

2 All Wales summary

The Screening Division of Public Health Wales delivers the seven population based national screening programmes in Wales and manages the Antenatal Screening Clinical Network. Minimum standards for uptake/coverage are set for each of the managed screening programmes.

Summary Table: Uptake/coverage figures for Wales, 2018-19

	Number eligible/ invited	Number tested	Uptake/ coverage	Change from 2017-18
Aneurysm Screening Uptake - Standard 80%	16,487	13,328	80.8%	+1.6%
Breast Screening Uptake - Standard 70%	145,428	100,472	72.5%*	-0.3%
Bowel Screening Uptake - Standard 60%	280,556	160,652	57.3%	+1.6%
Cervical Screening Coverage - Standard 80%	260,247	173,547	73.2%*	+0.7%
Diabetic Eye Screening Coverage - Standard 80%	175,320	118,409	67.5%	+1.0%
Newborn Hearing Screening - Standard 95%	31,129	30,959	99.5%	+0.1%
Newborn Bloodspot Screening - Standard is 95% of babies have a conclusive screening result by day 17 of life	31,219	31,048	99.5%	+0.2%

Produced by the Informatics Division of Public Health Wales

* The numbers presented for cervical screening and breast screening are the number of women invited and tested in 2018-19. More detailed figures, including uptake by GP Cluster, are available via each programme website – see section 12 for links

Compared to the previous year's report, all of the screening programmes except breast screening have shown an improvement for uptake or coverage for 2018-2019.

For the Wales Abdominal Aortic Aneurysm (AAA) Screening Programme the standard is for 80% of men who are invited, to take up the offer. Having dropped marginally below this standard in 2017-18, uptake has improved this year by 1.6% to 80.8% and has met the standard.

The Breast Screening Service is delivered by mobile breast units moving to different locations across Wales and women are invited by GP practice. These figures relate to the latest completed round, so the last time women at each of the GP practices were invited to take part. The standard is that 70% of women who are invited attend for their screening, and this is met. This year the uptake fell slightly by 0.3% to 72.5%.

Uptake of bowel screening does not meet the 60% target. However uptake has increased this year by 1.6% to 57.3% which, given this represents an increase of 3,058 individuals taking up their offer, is a marked improvement.

Coverage of cervical screening across Wales has been recalculated this year to show the age appropriate coverage and shows the proportion of women aged 25 to 49

who have had a cervical screening test in the last 3 years and women aged 50-64 who have had a cervical screening test in the last 5 years. The standard is not met but there has been a small 0.7% improvement compared to last year. This is the first time the coverage has shown an improvement for several years.

Diabetic Eye screening coverage does not reach the standard but there has been a 1% improvement from the previous year, representing 2,510 additional individuals tested.

The Newborn Hearing Screening and Newborn Bloodspot Screening Programmes have both met the standards and this is consistent with previous years.

Key messages from 2018-2019

- 940,386 screening invitations were offered to our eligible population in 2018-2019¹
- Roll out of the improved faecal immunochemical test (FIT) test for bowel screening programme started in January 2019 and with close evaluation achieved full implementation as planned in September 2019
- The Bowel Screening Programme has undertaken a number of initiatives aimed at improving uptake for bowel screening and understanding the barriers that prevent people taking part in screening
- Plans were developed, as requested by CMO, for optimising our bowel screening programme in line with improved Quality Adjusted Life Years
- We ran the #loveyourcervix social media campaign, an innovative approach to address barriers for young women and to encourage take up of their cervical screening offer
- We celebrated 20 years of the Cervical Screening Programme with health professionals involved in the programme at an educational day in October and took time to reflect on the programme and explored future developments
- The Newborn Bloodspot Screening Programme implemented results letters direct to parents
- Cohorts of screening staff from three of the screening programmes successfully completed the level 3 Diploma in the Fundamentals of Health Screening and level 4 Diploma in Abdominal Aortic Aneurysm Screening with more staff currently undertaking the diplomas
- Breast Test Wales held an educational day for breast screening in September which attracted international speakers and focused on research, development and advancements in breast cancer screening technologies
- Antenatal Screening Wales reviewed and published updated policy and standards, and carried out audits and improvement work with health board colleagues
- Work continued in Diabetic Eye Screening Wales to invest in and make improvements to the current programme, working towards a sustainable service provision despite continual growth in the diabetic population
- Although the day-to-day work of the Screening Division centres around the delivery of safe, effective screening services, there is always development to our work. Opportunities for continuous improvement include policy changes, new technologies and feedback from service users

¹ Not including antenatal screening

Inequities in participation

Inequities in screening participation have been shown across Wales, with participation for all of the adult screening programmes decreasing as deprivation increases. It is important to note that there are no marked differences in uptake by deprivation for the Newborn Hearing and Newborn Bloodspot screening programmes, where uptake is high across all the groups. The bar chart below shows uptake by deprivation quintile.

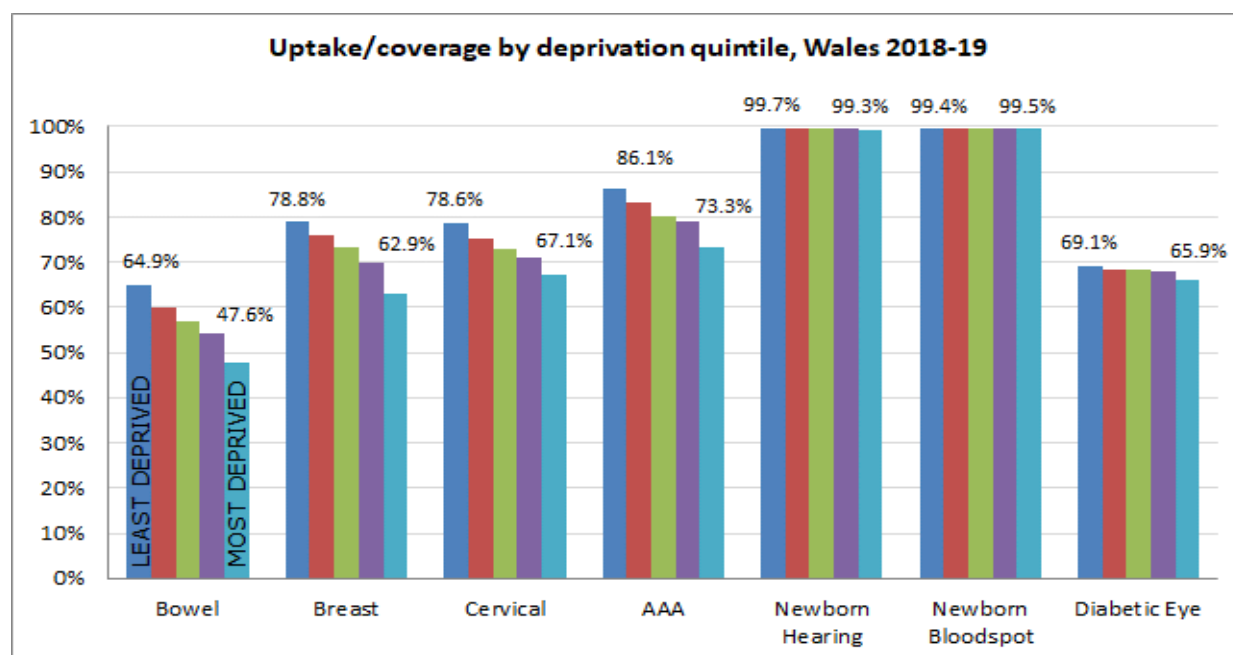
Compared to 2017-18, bowel screening uptake has increased overall. Uptake has increased across all quintiles, and has increased slightly more in the most deprived groups meaning that the difference between the most and least deprived groups has reduced slightly this year. There was a further 2% increase in uptake in the most deprived group compared to previous year which continues the trend of improvement in this group.

Breast screening uptake has decreased slightly overall and the inequality gap has increased slightly this year.

Cervical screening age appropriate coverage has increased slightly overall but the the gap between the most and least deprived groups has slightly increased when this more accurate coverage is reported.

The abdominal aortic aneurysm screening uptake has increased slightly across all the groups but more so in the more deprived quintiles, decreasing the inequality gap.

This year is the first time we have been able to describe the inequalities of uptake in the diabetic eye screening programme. There is inequality of uptake but this is slightly less than the other adult screening programmes.



Produced by the Informatics Division of Public Health Wales

Tackling inequities is a key priority for us in Screening Division. These unfair differences are being addressed at both strategic and operational level, working with partners and service users. This theme continues throughout the report as the aim of our engagement work, which underpins all our changes and developments, is to involve service users and improve access to the services that we deliver.

Working with health boards and other NHS partners

Screening Division has a Long Term Agreement with each health board and also purchases a number of consultant sessions to support the delivery of breast, cervical and bowel screening programmes. There are some concerns over sustainability and capacity in some of the areas where health boards provide services that the Screening Division depends upon. These services include breast radiology, colonoscopy and colposcopy services, and pathology services, particularly histology. Screening Division provides monthly reports to the health board on performance against standards set for the service. There are recruitment issues in some key diagnostic disciplines, which limit capacity and have an impact on the timeliness of several programmes. Screening division and health board colleagues are working together to try and address these issues.

3 Engaging with the eligible population about screening

3.1 Screening Engagement Team

The Screening Engagement Team (SET) works across all screening programmes in Wales. The team consists of a Lead Screening Engagement Specialist, four Screening Engagement Specialists, and three Screening Engagement Practitioners who are supported by Administrators. Staff are regionally based in North, South East and South West Wales.

The role of the team is to work collaboratively with a variety of partners and across a number of settings in Wales to raise awareness of screening and promote informed choice in areas where screening uptake is low. The team works with communities and programmes to ensure screening services are inclusive and accessible to the eligible population across Wales.

Working with hard to reach communities, the team engages with partners to better understand why people do not take up screening when invited. The team also look to identify appropriate evidence based interventions which may be adopted to reduce barriers to screening. Insights from this work are shared with relevant screening programmes so that they can better understand the challenges facing communities/populations. Programmes may, as a result of this work, consider potential opportunities for service improvements which promote a more inclusive service and in turn may create a more positive service user experience.

The Screening Division has established an Uptake Group. This cross programme function looks to explore opportunities to deliver evidence-based interventions that seek to improve screening uptake, reduce inequalities in health and health inequities.

The team work closely with all screening programmes on key areas of work including the implementation of programme changes, programme modernisation projects, promoting equality diversity and inclusion, improving the development of public information, service user experience and improving screening uptake within each programme.

Outside of programme work, the team have been developing a new community based training package. The package has two tiers, firstly working directly with the public to raise awareness of screening. The second tier involves training community based link workers about screening so that they are able to take this information back into communities that they are working in. This brief intervention training pack will be rolled out across low uptake areas during the course of 2020.

The team have been working with Primary Care Teams within low uptake areas to ensure they are aware of screening and to encourage them to request their practice level data to inform local planning.

Nationally, the team continue to work with the programmes and partners to improve the screening journey for people with a learning disability and those who support them. The team work closely with partners to ensure they are aware of available screening specific Easy Read resources. The team are also assisting the division to coordinate the roll out of Learning Disability Awareness training for front line staff.

The team have been collaborating with Swansea University who are running a research project with the Roma, Gypsy, Traveller communities in Wales. This work has focused on cancer, cancer prevention and screening. The outcome of the research will inform appropriate interventions the team and wider division may want to take forward during 2020.

In South East Wales the team are supporting a local community project run by Women Connect First. This project focusses on working with the local BAME community in relation to promoting health and wellbeing. In North Wales, a local project has been undertaken with the Polish community. The team are now exploring potential opportunities as a result of this work. The South West Wales team have been working with the Chinese community with training being delivered locally.

The team ran the seventh and final Screening for Life campaign during the month of July. This campaign focused on first timers engaging with the programmes. A social media campaign using Facebook optimization was employed and proved very successful in sharing screening messages across Wales.

3.2 Public information

This year the Divisional Core Public Information Group has reviewed its Public Information Strategy and has developed a new Public Information Toolkit to assist staff when developing high quality public information. Programme Public Information Groups have reviewed existing public information resources and developing new resources to meet the needs of the service.

Public information is developed collaboratively and co-productively with internal and external partners to ensure high quality, inclusive and accessible information is consistently produced. Extensive engagement with public and professional partners during the development, review and testing of public information is undertaken. This ensures public information produced by the division is of high quality, and meets the needs of the intended audience.

With the introduction of the new bowel screening faecal immunochemical test (FIT), the programme, with the support of SET, has undertaken specific stakeholder engagement activity contributing to the development of the FIT equality impact assessment. Further engagement activity has also been undertaken to support the development of the new FIT public information resources. Bowel Screening Wales has been working with the Behavioral Change Team within Public Health Wales to review the most commonly used letters and leaflets.

Diabetic Eye Screening Wales has been working to review their letters and to develop their new public information leaflet. This information is being developed in partnership with a number of stakeholders to ensure this information is of high quality and appropriate to the audience intended.

Maternal and Child Programmes supported by SET have been engaging with women to review the non-invasive prenatal test (NIPT) public information resources. Across Wales a series of focus groups and interviews were undertaken to support this work with outcomes of the work being considered by the service.

Screening Division has been working to ensure all existing and new public information is updated to meet the requirements of the new Welsh Language Regulations 2018. A cross programme working group has been established with the support of the Welsh Language Team within Public Health Wales. Teams have been identifying systems and approaches to promoting Welsh Language within their service area. Staff have been taking up opportunities to learn and practise their Welsh language skills, encouraged by the wider Division.

Screening Division is continuing to produce public information in a range of accessible formats. Information is available in Welsh, English, Easy Read, with much also available in Audio and British Sign Language, with facility to quickly translate Braille and large print on request.

3.3 Engaging with people who have used the service

Our Screening Division recognises the importance of listening to our service users to help us to provide the best possible service. As well as improving the experience of those taking part, it can help to increase uptake of the programmes if we listen and make our services as accessible and acceptable as we can.

Although the maturity of the Service User Experience work varies between programmes, the majority now have a mechanism for service users to feedback and for the programme to consider and act on what they hear. For the forthcoming year we are planning to look at how we can ensure that all our screening programmes are able to routinely collect service user feedback, listening and acting upon the feedback thereby improving the quality of the services we provide. We will also be

implementing the revised core questions for service user experience as issued by Welsh Government.

In 2018-19, of the three core questions that programmes asked:

- 95% of people said they received enough information to make an informed choice
- 96% said that staff were polite and caring
- 95% said that they had a good experience overall



Feedback is gathered through questionnaires, complaints and compliments, and patient stories are also captured. Patient stories are useful for the programmes to learn from, as well as help with engagement with other service users and partners. Service User Experience reports are discussed at programme boards and senior management team meetings and lessons learned are shared across the programmes and wider within the organisation. The Screening Division has a Service User Experience Group where members of each screening programme present their service user feedback, their plans for development and where learning is shared across programmes.

3.4 Engaging with health professionals about screening

Although all of our programmes are delivered in different ways, one consistent factor is that we could not deliver what we do without close working with colleagues in the wider NHS, particularly primary care professionals. Although their direct role in screening varies between programmes (e.g. carrying out cervical screening in Cervical Screening Wales compared to receiving results in Bowel Screening Wales) there is an important role in raising awareness and answering patient questions across all the programmes. There is also evidence to show the importance of GP endorsement in encouraging people to take part in screening².

Our colleagues in the local public health teams are our main link in to the GP clusters, with their local knowledge and local contacts. The Screening Engagement Team sends out an annual update to contacts in the local public health teams for their information and works closely with them in relation to screening to help inform conversations with clusters. The update details developments and includes the latest uptake figures available at cluster level. The team is also able to give GP practice level data direct to practices on request, to help inform their work.

Preventing Cancer and Detecting Cancer Early are two of the key priorities in the Cancer Delivery Plan for Wales³, being driven by the Cancer Implementation Group. Our cancer screening programmes are key partners in this work.

3.5 Engaging with third sector partners

² GP endorsement: Hewitson et al. Br J Cancer 2011 Aug 9;105(4):475-80 DOI: 10.1038/bjc.2011.255

³ Available at: <http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/161114cancerplanen.pdf>

All the screening programmes have links with the third sector. Joint work includes help with awareness raising from charities directly and indirectly linked to what we screen for, as well as involvement in programme developments, for example help with public information.

In this last year Bowel Screening Wales has been supporting the Cancer Research UK facilitators who are working with GP clusters in some of the Health Boards in South Wales to increase bowel screening uptake. The CRUK facilitator programme delivers training on interventions that are proven to increase uptake, including:

- Training for non-clinical staff in primary care to talk confidently about bowel screening
- Distribution of an information card for patients wishing to re-order their test
- Sample postal kits for health professionals to handle so that they can better answer patients' questions

Cancer Research UK has also distributed a good practice guide to every GP practice in Wales aimed at supporting increasing uptake.

The Screening Engagement Team is a key stakeholder in 'Women's Health First', a project managed by the Cardiff based third sector organisation, Women Connect First. The project aims to improve the health and wellbeing of Black Asian Minority Ethnic people by increasing their participation in physical and social activities and reducing potential barriers to accessing health care services. Screening awareness sessions have been held to improve understanding and awareness of screening and increase confidence to access services.

The core work of the Screening Engagement Team is to work across Wales to raise the awareness and knowledge of screening within local communities. To do this the team deliver community training, attend community networking events, provide resources and run local initiatives in collaboration with third sector organisations across Wales. The team rely on local third sector networks to share screening messages within the wider community and have built up strong partnerships over the years to do this.

4 Breast Test Wales

Aim: The aim of the breast screening programme is to reduce morbidity and mortality from breast cancer. This is by early detection of cancer enabling prompt treatment.

Target: The minimum standard is that 70% of women who are invited attend for screening and the target is 80%.

Breast Test Wales has demonstrated strong performance in issuing a normal result within two weeks of having a breast screen and in delivering the 36 month round length target. The programme continues to demonstrate high cancer

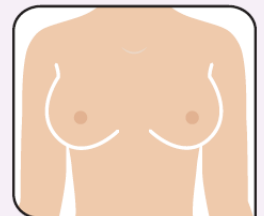
Breast screening



Who: Women aged 50-70
(over 70s if you ask)

When: Every 3 years

Test: Breast x-ray



 www.breasttestwales.wales.nhs.uk
 N Wales: 01492 860888 SE Wales: 029 2039 7222
Mid & W Wales: 01792 459988

Wales Uptake[°] (2018-19) : 72.5%

(Wales 2017-18 – 72.8%)

detection rates. Meeting the target for assessment clinic waits continues to be challenging, the target is to offer women an appointment within three weeks of the initial mammogram appointment. However there is regional variation in timeliness which is due to staffing levels and lack of capacity in the medical workforce. One of the biggest challenges the service faces is the national shortage of the specialist workforce. Breast Test Wales is working on a number of initiatives to ensure the programme has a fit-for-purpose sustainable workforce in the future.

Reported uptake for screening mammography in Wales has had another small drop in 2018-19. The minimum standard is 70%. In Wales, uptake for the most recent, completed round is 72.5%. Breast Test Wales is working to improve uptake and is actively looking at how digital communication such as text messaging may help better deliver the service in the future.

Breast Test Wales has produced a number of high quality audits over the last twelve months looking at a number of different areas of clinical practice to ensure we continue to provide a safe, high quality service.

The programme has a well established framework in place to measure the service user experience for both the screening and assessment pathways. Comments from service users are collated on a monthly basis and provide feedback on a wide range of issues from the quality of communication (letters, leaflets and verbal) through to the location and ease of access to mobile breast screening units, as well as appointment times.

The next annual statistical report is due to be published on 12 March 2020. This, and the previous reports, can be found here:

<http://www.breasttestwales.wales.nhs.uk/reports-1>

∞ uptake here is for the most recent, completed round and not the year 2018-19. As a result the figure here will not be the same as that published in the Breast Test Wales Annual Report 2018-19 due on 12 March 2020



5 Bowel Screening Wales


Aim: The aim of the bowel screening programme is to reduce morbidity and mortality from bowel cancer. This is by early detection of cancers and the removal of polyps to prevent cancers from developing.

Target: The target is that 60% of men and women who are invited take part in screening.

Uptake of bowel screening does not meet the 60% target in Wales. However uptake has increased this year by 1.6%. This

Bowel screening







Who: Men and women aged 60 to 74

When: Every 2 years

Test: Poo sample kit completed at home and returned by post

 www.bowelscreening.wales.nhs.uk

 0800 294 3370

Wales Uptake (2018-19): 57.3%

(Wales 2017-18 – 55.7%)

increase follows a number of initiatives, including:

- **Be Clear on Cancer advertising campaign:** Early in 2018, Bowel Screening Wales and Cancer Research UK ran a 'Be Clear on Cancer' campaign across TV, press and social media channels. This resulted in an increase in uptake for bowel screening, with the 60% standard exceeded during September-November 2018. Our learning has been that there is already a high level of awareness of bowel screening. What needs to be addressed further are beliefs and attitudes
- **Community Outreach Officer:** Bowel Screening Wales is working collaboratively with a third-party partner organization to place an outreach worker in a part of Wales that has particularly low uptake for bowel screening. This initiative will provide an understanding why individuals are reluctant to undertake screening and determine what can be done to overcome these barriers
- **Primary care endorsement:** Evidence has shown that endorsement of screening by GPs helps to increase participation in bowel screening. Bowel Screening Wales is working closely with colleagues in primary care to rollout GP endorsement letters for bowel cancer screening across Wales
- **Primary care non-responder information:** Since March 2018 we provide GP practices with information about patients from their practices who have not responded to their bowel screening invitation

Faecal Immunochemical Testing (FIT)

Bowel Screening Wales has been actively planning for the introduction of a new screening test during 2018 and successfully started to introduce this new FIT kit from January 2019 as a phased roll out. This FIT kit is more sensitive and is easier for people to complete. Evidence from Scotland and England has shown that the new test has a significant positive impact on uptake, with more people submitting the kit for testing. In line with the UK National Screening Committee recommendations and at the request of the Welsh Government we have developed plans to optimise the bowel screening programme by 2023.

Colonoscopy Waiting Times remain a significant issue for some health boards, resulting in delays to the timeliness of diagnosis for those who have had a positive test result. Public Health Wales is working with the health boards to support the improvement to these waiting times and each health board is developing short, medium and long term strategies to deal with this issue. To assist this, a National Endoscopy Programme has been established by Welsh Government that has been tasked to investigate methods to improve capacity across the endoscopy service across Wales.

The next annual statistical report is due to be published on 13 February 2020. This, and the previous reports, can be found here:

<http://www.bowelscreening.wales.nhs.uk/statistical-reports>

6 Cervical Screening Wales

Aim: To reduce the incidence of and mortality from cervical cancer. This is by detecting and treating changes at the cervix before they become cancer.

Target: The target is that 80% of eligible women take part in screening.

The age adjusted coverage of cervical screening across Wales was 73.2%. This represents a slight increase from the year before, which was 72.5%.

The programme have been doing specific work with the engagement team to explore reasons that younger women do or do not attend for screening, particularly since the lower age limit was raised. A campaign to address some of the reasons for non-attendance (embarrassment, body shaming and loving all parts of your body) ran on social media from April to July 2019 with the hashtag #loveyourcervix. This targeted 25–30 year olds and was jointly managed by Cervical Screening Wales and the Public Health Wales communications team.

Cervical Screening Wales completed its expansion of Human Papilloma Virus (HPV) primary screening in Wales in September 2018, and became the first of the four UK home nations to have fully rolled out HPV primary screening for the entire eligible population. This was following the success of the implementation study using HPV primary screening which involved 20% of women being invited from April 2017. A full evaluation was undertaken, including qualitative information from health professionals and women involved in the pilot, which contributed to the full rollout mobilisation plan. All women in Wales now receive HPV testing for high risk HPV types as their first screen, and if this test shows the presence of HPV the sample is then tested using cytology.

The Cervical Screening Wales Audit of Cervical Cancer (CSWACC) database holds all cervical cancer diagnoses for women resident in Wales. All cases are reviewed by the clinical lead, looking at details of the cancer including staging, and whether they were screen detected. They also consider all elements of the woman's screening pathway and whether they happened as they should have, e.g. invitation letters sent to the correct address etc. The CSW Clinical Lead writes to the woman's treating clinician to request that they inform her a review has taken place, and ask her to contact CSW if she would like to discuss the outcome. A number of women are taking up this option, and meetings are subsequently arranged for a convenient location close to the woman. The CSW representatives will always include either the CSW Clinical Lead or Head of Programme, accompanied by a Lead Nurse Specialist.


The CSWACC data is included in our annual statistical report and can be found here: <http://www.cervicalscreeningwales.wales.nhs.uk/statistical-reports>

Cervical screening

Who: Women aged 25-64

When:
Every 3 years (aged 25-49)
Every 5 years (aged 50-64)

Test: Cervical screening (smear)



www.cervicalscreeningwales.wales.nhs.uk

N Wales: 01352 877899 **SE Wales:** 029 2078 7910
Mid & W Wales: 01792 940940

Wales Coverage (2018-19): 73.2%

(Wales 2017-18– 72.5%)

Development of the new call/recall system, the Cervical Screening Information Management System (CSIMS), that will replace the aging NHAIS (Exeter) database continues, with go-live planned for the end of 2020.

7 Wales Abdominal Aortic Aneurysm Screening Programme

Aim: The aim of the Abdominal Aortic Aneurysm Screening Programme is to reduce mortality associated with abdominal aortic aneurysms. This is by detecting aneurysms before they become symptomatic and enabling the best treatment options to be put in place.

Target: The target is that 80% of men who are invited take part in screening. Uptake of the programme increased this year and met the standard.

The programme is working with the Public Health Wales Behavioral Insights Team to improve the public information literature to ensure key messages are highlighted.

One ongoing challenge is finding suitable venues for screening. The programme is working with the health boards to find enough suitable, high quality health board premises across Wales so that men do not have to travel more than 30 minutes to have their screening.

To date, 11 AAA screeners have completed the Public Health Wales Level 4 Diploma in Health/AAA Screening course. The programme has staff that have completed the AGORED (Diploma awarding body) assessors and internal verifier courses, which support the implementation of the Diploma within the Wales AAA Screening Programme.

The AAA screening programme in Wales has a close working relationship with the other countries in the UK. This involves the sharing of good practice, lessons learned and joint working. The English and Welsh programmes have undertaken a joint evaluation process for the replacement of ultrasound machines. The programmes develop comparable definitions of measures of performance and produce an annual four nations report. The [four nations guidance](#) to help tackle inequalities in uptake was launched in May 2018.

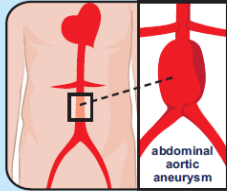
A key necessary element of the programme is referral to safe, effective vascular services once large or very large aneurysms have been detected. The Vascular Society of Great Britain and Northern Ireland have a clear set of standards that have been adopted by the programme⁴. Prior to implementation of the screening programme, all health boards agreed that they would work towards development of three vascular networks in Wales. The North Wales vascular network opened their

Abdominal aortic aneurysm screening

Who: Men aged 65
(over 65s if you ask)

When: One-off test

Test: Ultrasound



www.aaascreening.wales.nhs.uk

N Wales: 01492 863563 SE Wales: 01443 235161
SW Wales: 01792 453162

Wales Uptake (2018-19): 80.8%

(Wales 2017-18 – 79.2%)

⁴ VSGBI guidelines: <https://www.vascularsociety.org.uk/search/?q=povs%202015>

hybrid theatre and was centralised on Ysbyty Glan Clwyd site in April 2019. There is variable progress in South East and South West vascular networks. In, February 2019, the quality assurance reports were circulated to the Welsh Government, Chairs and Chief Executive Officers of all the health boards participating in the three regional vascular networks. This is our main area of concern for the programme. The next annual statistical report is due to be published on 30 January 2020. This, and the previous reports, can be found here:

<http://www.aascreening.wales.nhs.uk/statistical-reports>



8 Maternal and Child Screening Programmes

The three Maternal and Child Screening Programmes are managed as one unit. This facilitates sharing of good practice and enables learning and working across the three programmes where the target population is the same.

Antenatal Screening Wales

Antenatal screening is undertaken to detect certain serious conditions present in either the mother or baby that are likely to have a harmful effect on the health of either, and where an effective intervention is available.

Public Health Wales hosts Antenatal Screening Wales (ASW), the managed clinical network for antenatal screening in Wales. The role of the network is to establish policies, standards and a framework for performance management for antenatal screening.

Antenatal screening	Sgrinio Cyn Geni Cymru Antenatal Screening Wales
Who: All women	
When: During pregnancy	
Test: Blood tests and ultrasound	
 www.antenatalscreening.wales.nhs.uk	

This has been a busy year for the programme. Examples of work undertaken are described below. More information can be found in the most recent Antenatal Screening Wales Annual report, published in November 2019, and available at: <http://www.antenatalscreening.wales.nhs.uk/professional/document/352791>


- A full review of ASW Policy, Standards and Protocols has been undertaken and was published in August 2019. All health boards in Wales have adopted the ASW policies, standards and protocols for antenatal screening. This ensures women have equitable access to best practice services across Wales
- ASW continues to work in partnership with a wide group of stakeholders throughout Wales and the UK to monitor the standards and protocols for antenatal screening
- An audit to monitor completeness of request cards for sickle cell and thalassemia was carried out within the health board laboratories during July 2018. ASW produced a teaching aid for antenatal screening coordinators.
- An evaluation of the new screening pathway for Down's syndrome, Edwards' syndrome and Patau's syndrome in singleton and twin pregnancies in Wales is underway. The offer of Non-Invasive Pre-natal Testing (NIPT) as a contingency test for higher chance singleton pregnancies was introduced from 30 April 2018

- Biannual monitoring of the ultrasound measurements for each Down's syndrome, Edwards' syndrome and Patau's syndrome screening test via the Down's Syndrome Quality Assurance Support Service (DQASS) is underway and results reported back to the individual sonographers via ASW.

Newborn Bloodspot Screening Wales

The aim of the Newborn Bloodspot screening programme in Wales is to offer all eligible babies, at day five of life, a quality assured screening test for serious diseases that would benefit from early intervention and reduce mortality and/or morbidity from the disease. The test involves taking a small sample of blood from the baby's heel on day 5-8 of life. The screening test is part of routine postnatal care. The sample is usually taken by the midwife at home, or in hospital.

**Newborn
bloodspot screening**





Sgrinio Smotyn Gwaed
Newydd-anedig Cymru
Newborn Bloodspot
Screening Wales

Who: All newborn babies

When: 5 days after birth

Test: Heel-prick test




www.newbornbloodspotscreening.wales.nhs.uk

In Wales, in line with the UK National Screening Committee recommendations, the conditions currently screened for are congenital

hypothyroidism, cystic fibrosis, sickle cell disorders, and inherited metabolic disorders (phenylketonuria, medium chain acyl-CoA dehydrogenase deficiency, glutaric aciduria type 1, homocystinuria, isovaleric acidemia and maple syrup urine disease).

Across Wales, **99.5%** of eligible babies were tested in 2018-19

In 2018-19, 31,048 babies were tested, which is 99.5% of the eligible population: 55 babies with serious conditions were identified. More information can be found in the Newborn Bloodspot Screening Wales Annual report, available at: <http://www.newbornbloodspotscreening.wales.nhs.uk/annual-report>

One of the improvements made from February 2019 was the introduction of sending results letters directly to the parents. This has improved the process as previously the results were sent from the laboratory via the child health departments to the health visitors.

One of the biggest challenges for the programme remains the quality of bloodspot samples received in the laboratory. It is important to avoid delays caused by the need to repeat samples, because of the need for rapid diagnosis and treatment aimed at preventing serious consequences for the baby. Gaining a high quality sample the first time improves the experience for parents and babies. The programme has put a number of initiatives in place with the health boards, working with Heads of Midwifery, Governance Leads, Neonatal Units and Health Visitors. The avoidable repeat rate has significantly improved across Wales and although not reaching the standard across Wales, some health boards have reached the standard.

Newborn Hearing Screening Wales

The aim of this programme is to identify babies with significant hearing impairment of sufficient severity to cause, or potentially cause, a disability. Finding out early means that support and information can be offered early. Screening is offered to all babies, whose mother is resident in Wales, within the first four weeks of life.

Uptake of the programme remains very high with no discernable inequality of uptake by deprivation. The programme continues to perform very well and meets the stringent standards set. The next annual statistical report is due to be published on 26 March 2020. Previous reports can be found here:

http://www.wales.nhs.uk/sitesplus/980/page/54171#ANNUAL_REPORTS

The diploma in health screening is an important part of the Newborn Hearing Screening education and training programme and this is being rolled out across the programme with the first cohort successfully achieving their diplomas in the fundamentals of health screening.

Following a workforce review new senior screener roles have been established. This role enables our skilled workforce to develop and take on additional responsibilities to include mentorship of screeners, training of new staff, peer review and technical support for the equipment.

The service has an equipment replacement programme and this has been successfully completed.

The service is based in hospitals and works closely with health board colleagues to maintain standards across the screening and diagnostic pathway.

Newborn hearing screening



Who: All newborn babies

When: Within 4 weeks of birth

Test: Hearing test



 www.newbornhearingscreening.wales.nhs.uk

 **N Wales:** 01978 727005 **SE Wales:** 029 2184 3568
Mid & W Wales: 01656 754085


Uptake All Wales: 99.5%
(All Wales 2017-18 – 99.4%)

9 Diabetic Eye Screening Wales

Aim: The aim of the Diabetic Eye Screening Programme is to reduce the incidence of sight loss due to diabetic retinopathy. The service exists to identify diabetic retinopathy at an early stage, before it becomes symptomatic, to prevent irreversible sight loss.

The programme offers screening for all people registered with a GP in Wales who have a confirmed diagnosis of diabetes and are aged 12 or over. As diabetes affects people of all ages, DESW is the only national screening programme that covers both children and adults. Referral to the programme takes place by the patient's GP once a diagnosis of diabetes has been made.

Diabetic eye screening



Who: Everyone over 12 years with diabetes

When: Every year

Test: Photographs of the eye



www.publichealthwales.org/desw

01443 844244

Uptake All Wales: 67.5%

(All Wales 2017-18 – 66.5%)

Over the last year, the service has continued to implement a modernisation plan which aims to make further improvements around:

- Standard operating procedures and policies to ensure consistency
- Robust failsafe and quality assurance procedures
- Reduction in service waiting times, improving equity of access
- Clear, understandable and supportive public information

As part of our modernisation plan, we have:

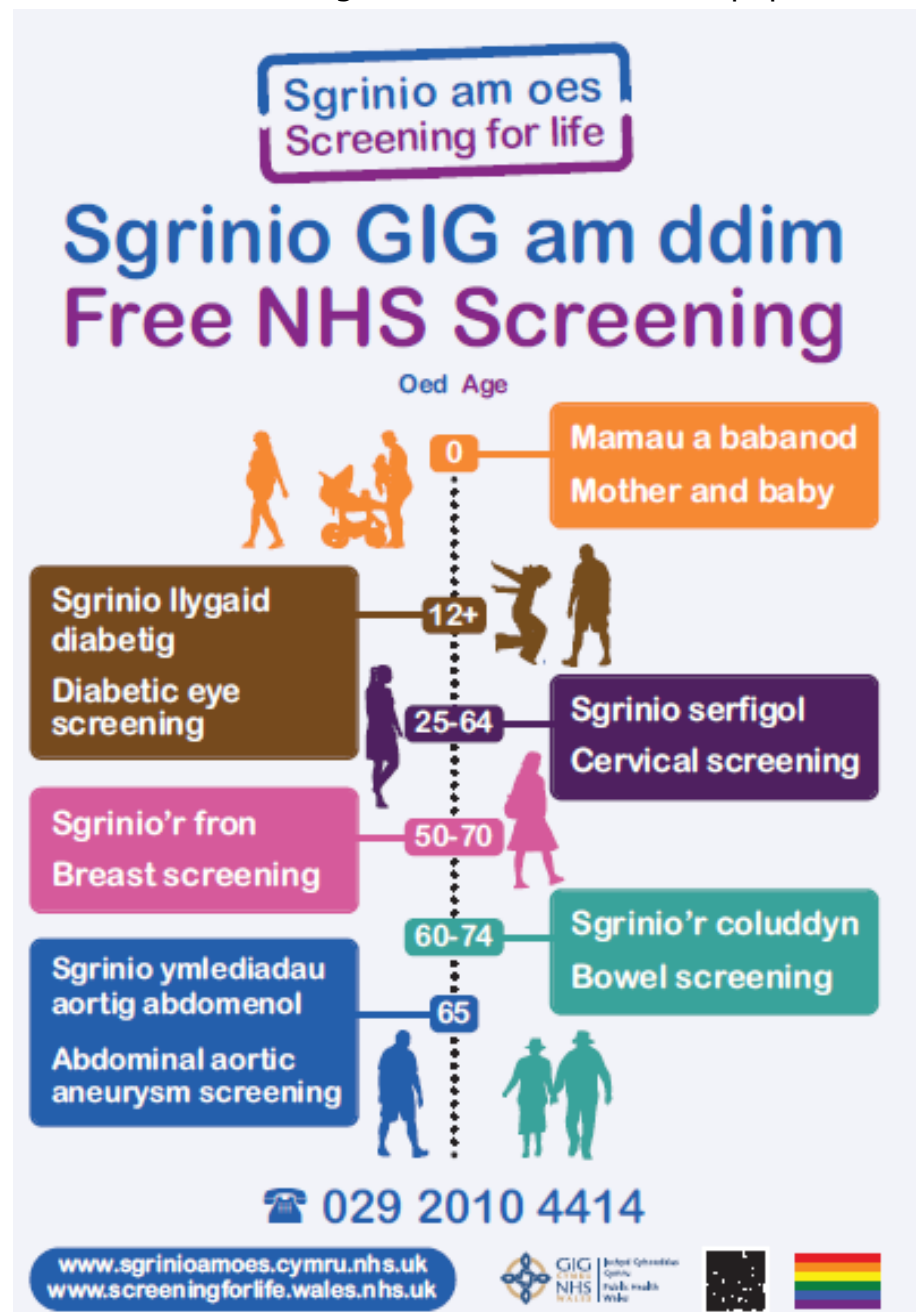
- Implemented a new service management structure; helping to provide better support for our screeners, developed our pathway administration staff and improve clarity of roles and responsibilities across the service
- Replaced our telephone system, to improve caller experience and telephone answer response times
- Completed the second phase of our van replacement programme on time and to budget
- Supported staff training and development, especially for the first two cohorts of screeners who successfully completed their fundamentals of health screening diplomas
- Delivered a uniform change for our screening staff
- Launched new clinic appointment letters, and undertaken further work to finalise all other participant letters and the DESW information leaflet with the help of our new Participant Information Group and Virtual Reading Panel
- Amended the assessment framework for Health Care Assistants to help us celebrate and share good practice
- Developed new, or improved existing, internal procedures to support consistent practice.

Our key service challenge is to manage the increase in the numbers of people with diabetes referred to the programme each year. The programme's annual statistical report is due to be published on 27 February 2020 [on our webpage](#)

10 Forward look

Key plans for the following year include:

- Bowel Screening Programme will continue to work to optimise bowel screening in line with Welsh Government policy
- The Wales Abdominal Aortic Aneurysm Screening Programme will complete procurement and implementation of second generation ultrasound equipment
- The Breast Screening Programme is anticipating undertaking the next phase of equipment replacement
- Diabetic Eye Screening is aiming to procure and implement an upgrade to its IT system to improve processes. The team will scope and describe the transformation project for the service
- Cervical Screening is planning a new call/recall system - the first system to be developed as part of a wider Screening Division Screening Information Management System project.
- The Newborn Bloodspot Screening Programme will work to sustain the improved quality of bloodspots
- We will continue to work to improve service user experience, engagement and uptake, whilst working with third sector, charity and health boards leads to address inequalities in uptake



11 Production team

The production team for this report employed within Public Health Wales are listed below:

Dr Sharon Hillier	Director of Screening Division
Helen Clayton	Lead Informatics and Data Services Manager
Guy Stevens	Deputy Informatics and Data Services Manager
Jude Kay	Head of Programme, Diabetic Eye Screening
Louise Dunk	Head of Programme, Cervical Screening
Steve Court	Head of Programme, Bowel Screening
Llywela Wilson	Head of Programme, Abdominal Aortic Aneurism Screening
Dean Phillips	Head of Programme, Breast Test Wales Screening
Ruth Lawler	Head of Programme, Maternal and Child Screening
Heather Ramessur-Marsden	Lead Screening Engagement Specialist
Heather Lewis	Consultant in Public Health – Adult Non-Cancer Screening Lead
Dr Ardiana Gjini	Consultant in Public Health Medicine - Cancer Screening Lead
Dr Sikha de Souza	Consultant in Public Health – Maternal/Child Screening Lead
Catherine Floyd	Locum Consultant in Public Health
Sarah Thomas	Communications Executive
Diane Rawlings	Personal Assistant
Michael O’Conner	Digital Editor

Rhys George Cofus CTF (Welsh translation)

Pre-Release List

These Official Statistics were sent to the people on this pre-release list, five working days prior to publication in accordance with the Pre-publication Official Statistics Order Access (Wales) 2009.

Public Health Wales

Jan Williams	Chair
Dr Tracey Cooper	Chief Executive
Dr Quentin Sandifer	Executive Director of Public Health Services and Medical Director
Leah Morantz	Head of Communications

Welsh Government

Dr Frank Atherton	Chief Medical Officer
Dr Andrew Goodall	Director General - Health and Social Services
Rebekah Tune	Head of Strategic Communications and Marketing
Prof Chris Jones	Deputy Chief Medical Officer / Medical Director NHS Wales
Neil Surman	Deputy Director of Public Health
Dr Heather Payne	Senior Medical Officer for Maternal & Child Health
Helen Tutt	Senior Executive for Screening, Immunisation and Sexual Health
Stephen Thomas	Head of Health Protection Branch

12 More information and contacts

More information and resources are available via the websites and from the key contacts listed

- Websites:
 - Antenatal Screening Wales www.antenatalscreening.wales.nhs.uk
 - Breast Test Wales www.breasttestwales.wales.nhs.uk
 - Bowel Screening Wales www.bowelscreeningwales.org.uk
 - Cervical Screening Wales www.cervicalscreeningwales.wales.nhs.uk
 - Diabetic Eye Screening Wales www.publichealthwales.org/desw
 - Newborn Bloodspot Screening Wales www.newbornbloodspotscreening.wales.nhs.uk
 - Newborn Hearing Screening Wales www.newbornhearingscreening.wales.nhs.uk
 - Wales Abdominal Aortic Aneurysm Screening Programme www.aaascreening.wales.nhs.uk

Key messages are available via these links:

Breast screening	Bowel Screening	Cervical Screening
AAA Screening	Diabetic Eye Screening	Antenatal Screening
Newborn Bloodspot Screening	Newborn Hearing Screening	

You can get involved and help raise awareness of screening in your local community by working with your local Screening Engagement Team. The team provides free information resources, delivers training and educational talks and works with people and partners to improve their knowledge of screening in the community. To find out more about getting involved, contact us on screening.engagement@wales.nhs.uk

More data for each of the screening programmes will be available on the programme websites in the annual statistical reports. Other data available includes

- [Uptake/coverage at health board and local authority level](#)
- [uptake/coverage at GP cluster level](#)

Key contacts:

Dr Sharon Hillier, Director of Screening Division
Heather Lewis, Consultant in Public Health - Adult Non-Cancer Screening Lead
Dr Ardiana Gjini, Consultant in Public Health Medicine - Cancer Screening Lead
Dr Sikha de Souza, Consultant in Public Health - Maternal and Child Screening Lead
Heather Ramessur-Marsden, Lead Screening Engagement Specialist

Screening Division, Floor 4, Public Health Wales, Number 2 Capital Quarter,
Tyndall Street, Cardiff CF10 4BQ
Telephone: (029) 2022 7744
Email: screening.feedback@wales.nhs.uk
Minicom: (029) 2078 7907



We welcome correspondence and phone calls in Welsh. We will respond to correspondence in Welsh without delay.
This document is available in Welsh.