

# **Bowel Screening Wales Annual Statistical Report 2017-18**

**February 2019**



# 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

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This report is a detailed summary of information on work undertaken by Bowel Screening Wales for the year from April 2017 to the end of March 2018.

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**Quality Assurance Statement**

Screening data records are constantly changing. 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. 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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provided it is done so accurately and is not used in a misleading context.

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# 1 Introduction

This is the fifth annual statistical report published by Bowel Screening Wales (BSW). This report covers data for the financial year 2017-18. BSW was launched in October 2008 and aims to reduce the number of people dying from bowel cancer in Wales by 15% by 2020 in the group of people invited for screening. The aim of the bowel screening programme is to identify cancer early when treatment is more likely to be successful and also remove pre-cancerous growths. In the year 2017-18 Bowel Screening Wales diagnosed 221 people with cancers and removed polyps in 1,216 participants.

The 2017 Annual Report from the National Bowel Cancer Audit (NBOCAP 2017) reported that around 12% of colorectal cancer patients are diagnosed through screening services in Wales compared with 9% in England<sup>1</sup>. This proportion is higher (23%) when only patients of eligible age are considered. These NBOCAP results clearly showed the advantages of participating in screening, with these patients being diagnosed with less advanced bowel cancers which will be more likely to be treated successfully.

## 1.1 'Key messages' for the public

- Bowel screening reduces your risk of dying from bowel cancer.
- Men and women aged 60 to 74 are invited to take part every two years.
- You may feel well even if you have early bowel cancer. Finding cancer early gives you the best chance of survival.
- Bowel screening is a free NHS test that can be completed easily in your own home.
- Screening will miss some cancers, and some cancers cannot be cured.
- Taking part in bowel screening is your choice. Read the information pack carefully to help you make your decision.

## 1.2 Programme delivery

The Screening Division of Public Health Wales is responsible for managing, delivering and quality assuring the programme. The programme employs a Head of Programme, administrative staff, nursing staff and Quality Assurance Advisors for Screening Colonoscopy, Pathology, Biochemistry, Radiology and Surgery. The central screening laboratory is co-located with

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<sup>1</sup> 2017 NBOCAP <https://www.nboca.org.uk/content/uploads/2017/12/NBOCA-annual-report-2017-v2.pdf>

the Bowel Screening Wales Programme and Cervical Screening Wales laboratory. Laboratory staff work across both laboratories.

### **1.3 Screening pathway**

Eligible participants are identified on the Welsh Demographic System and invited for screening. Men and women aged 60 to 74 years are invited every two years. Invitation is based on date of birth, not geographical location, and comprises a letter and an information pack which contains the test. The initial test is a Guaiac Faecal Occult Blood (FOBT) test which is sent to eligible people by post for completion at home and returned to the central screening laboratory by post in the prepaid envelope provided.

People with negative FOBT results are returned to routine recall and invited again for screening two years later, if they remain in the eligible age range. Those with equivocal results are sent a more sensitive immunochemical test (FIT) to complete.

Participants with positive results are invited for telephone assessment with Screening Practitioners (SP), who are nurses based in hospitals across Wales, who assess their fitness for colonoscopy. Most assessments are undertaken by telephone, but face to face appointments are available on request or if considered necessary by the SP.

If considered fit, colonoscopy is offered to the participant and, if accepted, this is undertaken in the participant's Local Assessment Centre. Depending on the findings after assessment, participants are returned to routine recall, put onto a surveillance programme according to the number and size of polyps identified and removed, or referred to the multi-disciplinary team with a diagnosis of cancer.

If someone is not fit for colonoscopy, a Computerised Tomography (CT) scan is usually offered.

More information is available at <http://www.bowelscreening.wales.nhs.uk/>

## 2      **Headline statistics**

This report covers the time period from April 2017 to March 2018.

- Bowel screening coverage as at 1 October 2018 was 53.4%, compared to 51.6% on 1 October 2017. Coverage on 1 October 2018 ranged from 52.3% in Cardiff and Vale University Health Board to 54.1% in Powys Teaching Health Board.
- Bowel screening uptake for those participants invited between April 2017 and March 2018 was 55.7%, an increase from the previous year when uptake was 53.4%. Uptake in 2017-18 ranged from 54.6% in Cardiff and Vale University Health Board to 56.5% in Hywel Dda University Health Board.
- Coverage and uptake figures were higher in females (coverage was 54.9% in females compared to 51.8% in males, uptake was 57.2% in females compared to 54.1% in males).
- Coverage and uptake figures were also higher in those living in the least deprived areas (60.6% and 63.3% respectively in the least deprived areas compared to 43.9% and 45.6% respectively in the most deprived areas).

### **For the period April 2017 to March 2018:**

- 286,427 participants were invited for bowel screening
- 167,337 tests were validated of which 1.2% were spoilt and a further 2.4% rejected, which could not be tested
- 3.9% of all guaiac Faecal Occult Blood (FOBt) tests were validated with an equivocal result, these participants were sent the Faecal Immunochemical Test (FIT)
- 155,276 tests were given a definitive result, 98.7% were negative and 1.3% were positive
- 96.5% of all tests were validated and a result letter issued to the participant, within a week (less than seven calendar days) of receipt by the laboratory
- Across Wales, 46.0% of participants were offered an index colonoscopy or flexible sigmoidoscopy within four weeks of phoning to make the appointment with a Screening Practitioner. This is a decline from 82.3% in the previous year. In 2017-18, 95.9% of participants were offered a procedure within eight weeks compared to 99.4% last year



- Attendance at first (index) colonoscopy or flexible sigmoidoscopy was 95.3% with nearly 1,800 attending a first procedure
- At index colonoscopy or flexible sigmoidoscopy, the cancer detection rate was 12.4%, polyp detection rate was 68.3% and the adenoma detection rate was 50.8%. A polyp is a growth found on the lining of the colon or rectum. An adenoma is a benign growth which can develop into a cancer
- 221 participants were diagnosed with cancer and 1,216 participants had polyps detected and removed
- Across Wales, the proportion of booked Computerised Tomography (CT) scans which were attended was 98.2%

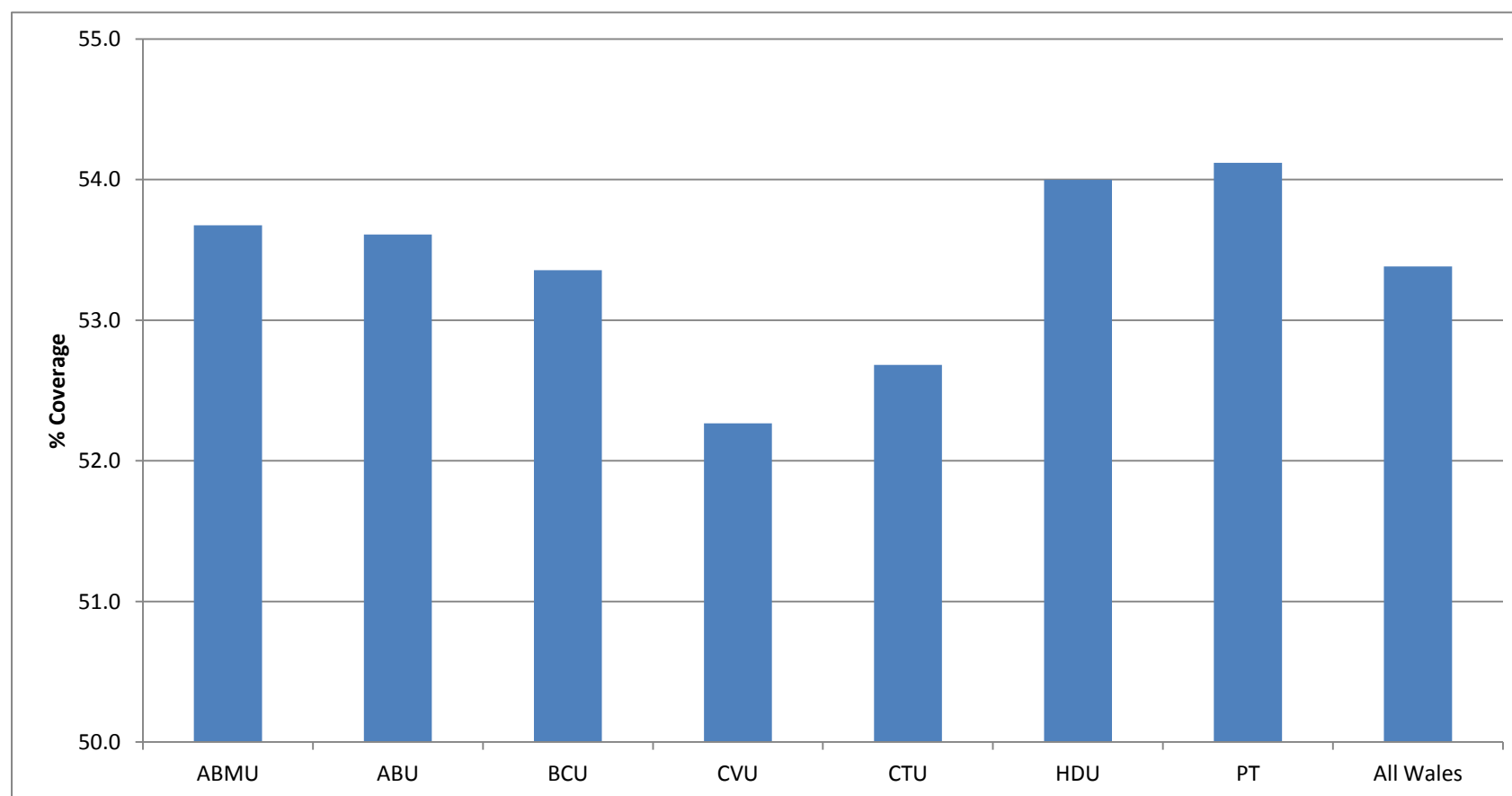
### 3 Data

#### 3.1 Coverage and Uptake

**Table 1a:** Bowel Screening Coverage (within 2.5 years) by Health Board of residence, as at 1 October 2018

Health Board	Total			Female			Male		
	Eligible	Screened within 2.5 years	% Coverage	Eligible	Screened within 2.5 years	% Coverage	Eligible	Screened within 2.5 years	% Coverage
Abertawe Bro Morgannwg UHB	89893	48250	53.7	46080	25148	54.6	43813	23102	52.7
Aneurin Bevan UHB	99716	53456	53.6	50603	27877	55.1	49113	25579	52.1
Betsi Cadwaladr UHB	129329	69004	53.4	66120	36414	55.1	63209	32590	51.6
Cardiff and Vale UHB	69705	36433	52.3	35360	19156	54.2	34345	17277	50.3
Cwm Taf UHB	49932	26305	52.7	25208	13418	53.2	24724	12887	52.1
Hywel Dda UHB	76688	41410	54.0	39041	21804	55.8	37647	19606	52.1
Powys Teaching HB	28764	15567	54.1	14503	8261	57.0	14261	7306	51.2
Unknown	6944	3696	53.2	3480	1943	55.8	3464	1753	50.6
<b>All Wales</b>	<b>550971</b>	<b>294121</b>	<b>53.4</b>	<b>280395</b>	<b>154021</b>	<b>54.9</b>	<b>270576</b>	<b>140100</b>	<b>51.8</b>

For description of uptake and coverage calculations, please see definitions in section 4.

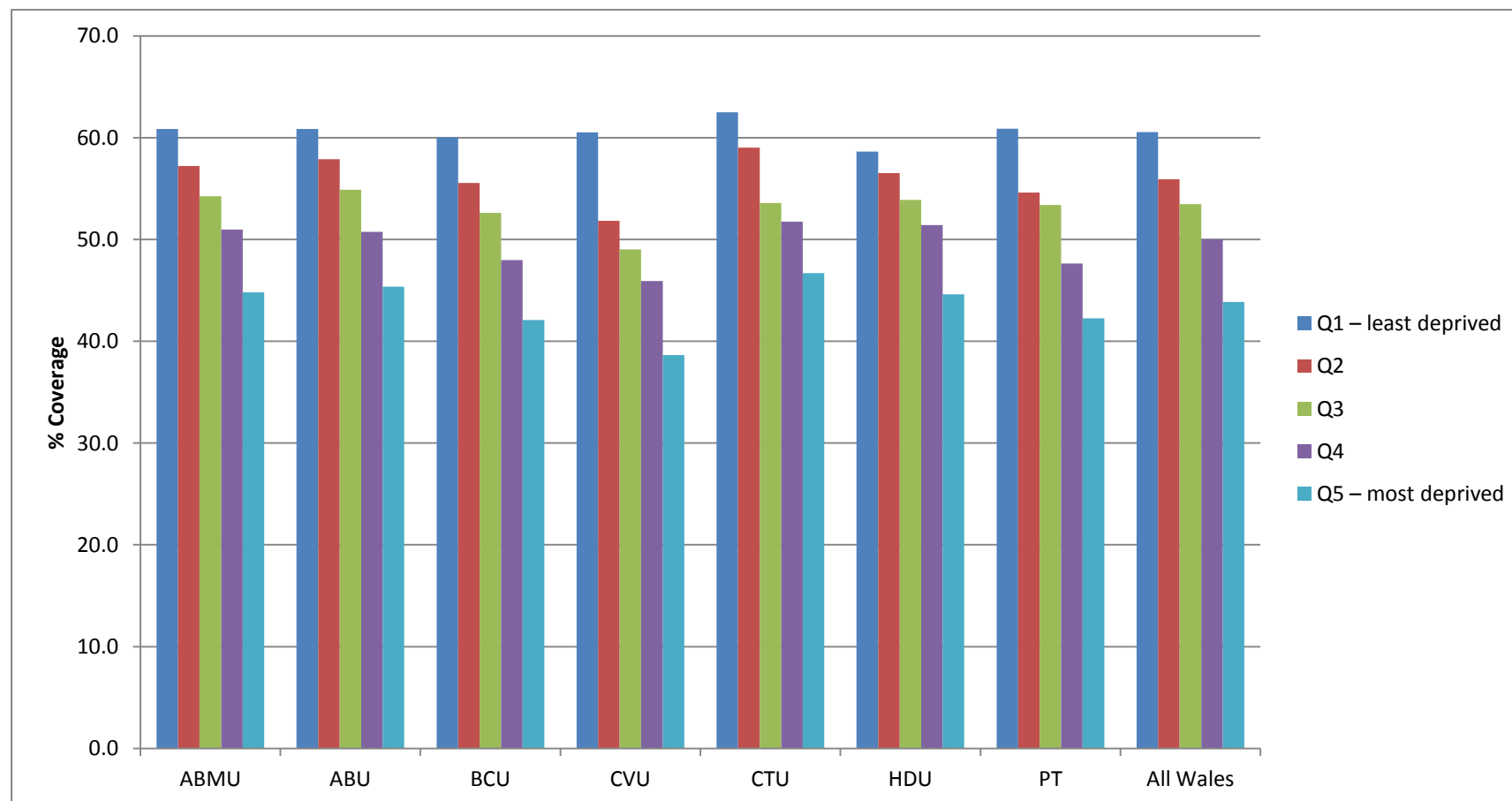
**Graph 1a:** Bowel Screening Coverage (within 2.5 years) by Health Board of residence, as at 1 October 2018

**Table 1b:** Bowel Screening Coverage (within 2.5 years) by Deprivation Quintile and Health Board of residence, as at 1 October 2018

Health Board	Q1 – least deprived	Q2	Q3	Q4	Q5 – most deprived	Unknown	Total
Abertawe Bro Morgannwg UHB	60.8	57.2	54.2	51.0	44.8	0.0	<b>53.7</b>
Aneurin Bevan UHB	60.9	57.9	54.9	50.7	45.3	0.0	<b>53.6</b>
Betsi Cadwaladr UHB	60.0	55.5	52.6	48.0	42.1	0.0	<b>53.4</b>
Cardiff and Vale UHB	60.5	51.8	49.0	45.9	38.7	0.0	<b>52.3</b>
Cwm Taf UHB	62.5	59.0	53.6	51.7	46.7	0.0	<b>52.7</b>
Hywel Dda UHB	58.6	56.5	53.9	51.4	44.6	0.0	<b>54.0</b>
Powys Teaching HB	60.9	54.6	53.4	47.6	42.2	0.0	<b>54.1</b>
Unknown	0.0	0.0	0.0	0.0	0.0	53.2	<b>53.2</b>
<b>All Wales</b>	<b>60.6</b>	<b>55.9</b>	<b>53.5</b>	<b>50.0</b>	<b>43.9</b>	<b>53.2</b>	<b>53.4</b>

Note: where a residence postcode is unknown it is not possible for it to be linked to a quintile or Health Board. It is therefore categorised as unknown.

**Graph 1b:** Bowel Screening Coverage (within 2.5 years) by Deprivation Quintile and Health Board of residence, as at 1 October 2018



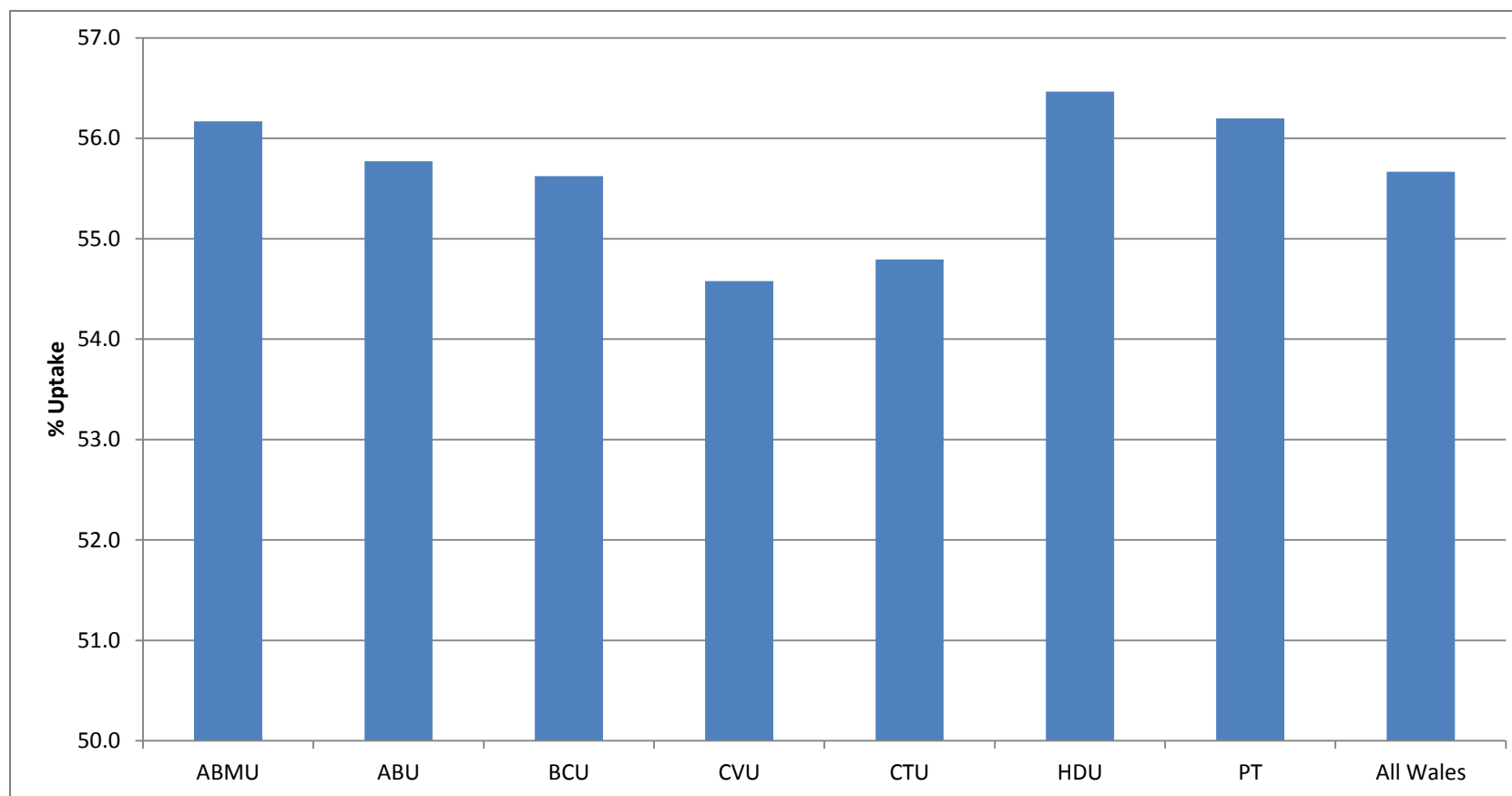


**Table 1c:** Bowel Screening Uptake by Health Board of residence, 2017-18

Standard: A minimum of 60% of invited participants return a used test within six months of invitation.

	Total			Female			Male		
Health Board	Eligible	Responded	% Uptake	Eligible	Responded	% Uptake	Eligible	Responded	% Uptake
Abertawe Bro Morgannwg UHB	46073	25879	56.2	23688	13506	57.0	22385	12373	55.3
Aneurin Bevan UHB	51292	28606	55.8	26040	14821	56.9	25252	13785	54.6
Betsi Cadwaladr UHB	66712	37108	55.6	34116	19528	57.2	32596	17580	53.9
Cardiff and Vale UHB	35557	19406	54.6	18175	10246	56.4	17382	9160	52.7
Cwm Taf UHB	25613	14034	54.8	13032	7252	55.6	12581	6782	53.9
Hywel Dda UHB	39300	22191	56.5	20007	11733	58.6	19293	10458	54.2
Powys Teaching HB	14974	8415	56.2	7573	4456	58.8	7401	3959	53.5
Unknown	3585	1955	54.5	1784	1015	56.9	1801	940	52.2
<b>All Wales</b>	<b>283106</b>	<b>157594</b>	<b>55.7</b>	<b>144415</b>	<b>82557</b>	<b>57.2</b>	<b>138691</b>	<b>75037</b>	<b>54.1</b>

Uptake includes participants invited for bowel screening during April 2017 to March 2018.

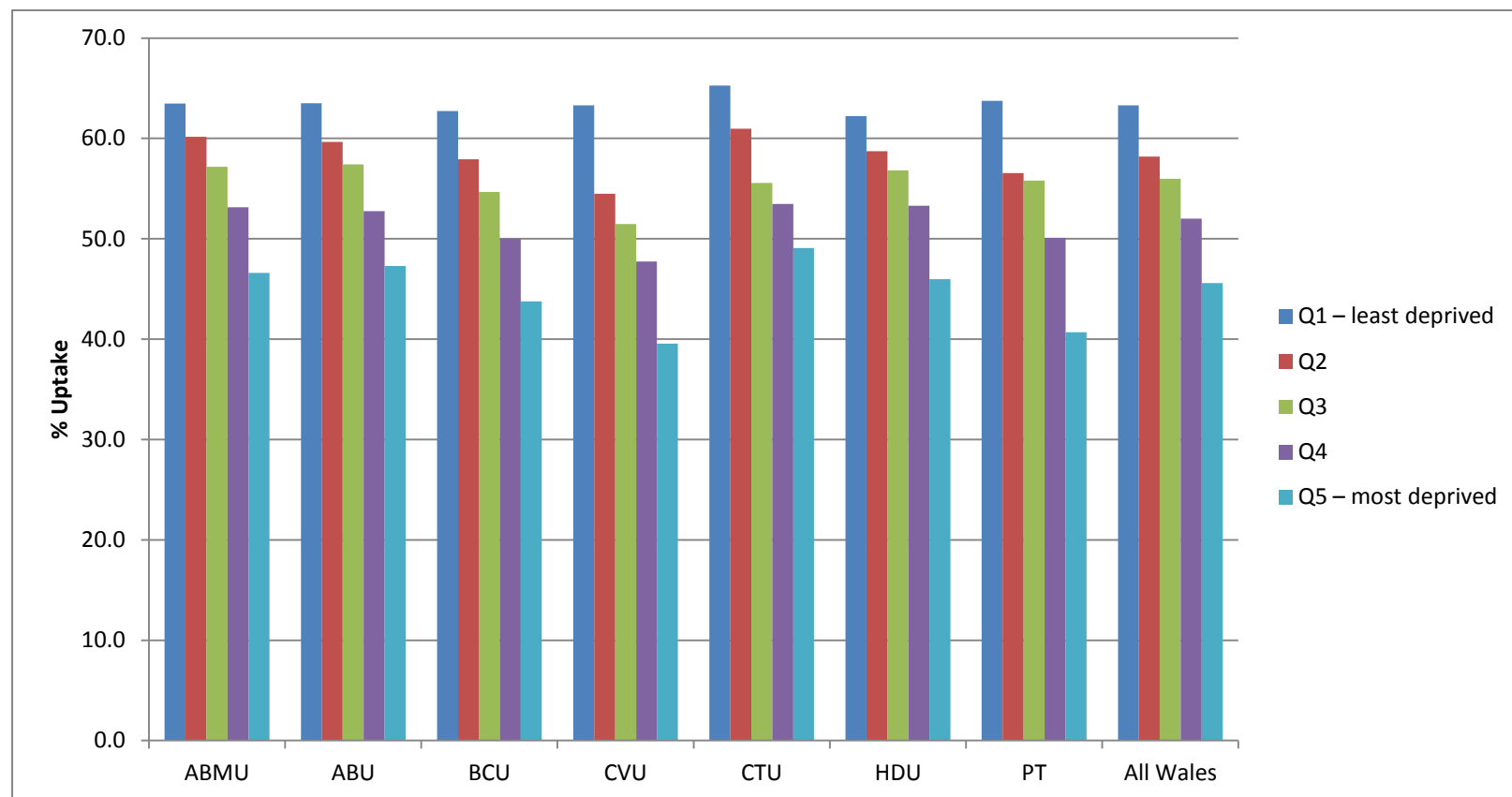
**Graph 1c:** Bowel Screening Uptake by Health Board of residence, 2017-18

**Table 1d:** Bowel Screening Uptake by Deprivation Quintile and Health Board of residence, 2017-18

Health Board	Q1 – least deprived	Q2	Q3	Q4	Q5 – most deprived	Unknown	Total
Abertawe Bro Morgannwg UHB	63.5	60.2	57.2	53.1	46.6	0.0	56.2
Aneurin Bevan UHB	63.5	59.7	57.4	52.8	47.3	0.0	55.8
Betsi Cadwaladr UHB	62.7	57.9	54.7	50.0	43.8	0.0	55.6
Cardiff and Vale UHB	63.3	54.5	51.5	47.8	39.6	0.0	54.6
Cwm Taf UHB	65.3	61.0	55.6	53.5	49.1	0.0	54.8
Hywel Dda UHB	62.2	58.7	56.8	53.3	46.0	0.0	56.5
Powys Teaching HB	63.7	56.5	55.8	50.1	40.7	0.0	56.2
Unknown	0.0	0.0	0.0	0.0	0.0	54.5	54.5
<b>All Wales</b>	<b>63.3</b>	<b>58.2</b>	<b>56.0</b>	<b>52.0</b>	<b>45.6</b>	<b>54.5</b>	<b>55.7</b>

Note: where a residence postcode is unknown it is not possible for it to be linked to a quintile or Health Board. It is therefore categorised as unknown.

Bowel screening uptake has seen an increase during 2017-18 from 53.4% the previous year to 55.7% this year. The programme is working closely with partners to increase uptake across the population as well as specifically in groups where uptake is low.

**Graph 1d:** Bowel Screening Uptake by Deprivation Quintile and Health Board of residence, 2017-18

**Table 1e:** All Wales Bowel Screening Uptake by Type of Recall, 2017-18

	Prevalent Round - 1st Invite			Prevalent Round - Subsequent invite(s)			Incident Round		
Year	Eligible	Tested	% Uptake	Eligible	Tested	% Uptake	Eligible	Tested	% Uptake
2017-18	45677	22208	48.6	91027	11446	12.6	146402	123940	84.7

**Table 1f:** All Wales Bowel Screening Coverage and Uptake - Historical Comparison

Year	Eligible	Tested	% Coverage		Eligible	Tested	% Uptake
2010-11					204291	108175	53.0
2011-12					268727	137366	51.1
2012-13					266693	128583	48.2
2013-14	528794	264446	50.0		280192	147378	52.6
2014-15	533294	268257	50.3		254139	129118	50.8
2015-16	540022	279308	51.7		281082	152794	54.4
2016-17	545623	281321	51.6		274738	146592	53.4
2017-18	550971	294121	53.4		283106	157594	55.7

Only five years of coverage data is presented because of a change in definition in 2013-14.

Coverage has shown an improving trend and uptake this year is the highest achieved.



## 3.2 Participants invited

**Table 2a:** Number of male participants invited for bowel screening – by age and Health Board of residence, 2017-18

Health Board	Males			Total Invited
	60-64 years	65-69 years	70-74 years	
Abertawe Bro Morgannwg UHB	9338	6423	6924	<b>22685</b>
Aneurin Bevan UHB	10466	7373	7768	<b>25607</b>
Betsi Cadwaladr UHB	12992	9777	10319	<b>33088</b>
Cardiff and Vale UHB	7698	5031	4926	<b>17655</b>
Cwm Taf UHB	5223	3726	3772	<b>12721</b>
Hywel Dda UHB	7744	5666	6134	<b>19544</b>
Powys Teaching HB	2854	2237	2403	<b>7494</b>
Unknown	820	541	482	<b>1843</b>
<b>All Wales</b>	<b>57135</b>	<b>40774</b>	<b>42728</b>	<b>140637</b>

**Table 2b:** Number of female participants invited for bowel screening – by age and Health Board of residence, 2017-18

Health Board	Females			Total Invited
	60-64 years	65-69 years	70-74 years	
Abertawe Bro Morgannwg UHB	9517	6704	7673	<b>23894</b>
Aneurin Bevan UHB	10537	7468	8245	<b>26250</b>
Betsi Cadwaladr UHB	13287	10006	11171	<b>34464</b>
Cardiff and Vale UHB	7768	5071	5493	<b>18332</b>
Cwm Taf UHB	5321	3741	4103	<b>13165</b>
Hywel Dda UHB	7897	5833	6484	<b>20214</b>
Powys Teaching HB	2977	2229	2455	<b>7661</b>
Unknown	833	497	480	<b>1810</b>
<b>All Wales</b>	<b>58137</b>	<b>41549</b>	<b>46104</b>	<b>145790</b>

**Table 2c:** Total participants invited for bowel screening – by age and Health Board of residence, 2017-18

Health Board	Participants			Total Invited
	60-64 years	65-69 years	70-74 years	
Abertawe Bro Morgannwg UHB	18855	13127	14597	<b>46579</b>
Aneurin Bevan UHB	21003	14841	16013	<b>51857</b>
Betsi Cadwaladr UHB	26279	19783	21490	<b>67552</b>
Cardiff and Vale UHB	15466	10102	10419	<b>35987</b>
Cwm Taf UHB	10544	7467	7875	<b>25886</b>
Hywel Dda UHB	15641	11499	12618	<b>39758</b>
Powys Teaching HB	5831	4466	4858	<b>15155</b>
Unknown	1653	1038	962	<b>3653</b>
<b>All Wales</b>	<b>115272</b>	<b>82323</b>	<b>88832</b>	<b>286427</b>

### 3.3 Validated tests

**Table 3a:** Bowel Screening tests validated by test result and Health Board of residence – FOBt

Health Board	Number of tests validated - FOBt						Percentage - FOBt				
	Spoilt	Rejected	Equivocal	Negative	Positive	Total	Spoilt	Rejected	Equivocal	Negative	Positive
Abertawe Bro Morgannwg UHB	323	645	1040	24476	65	<b>26549</b>	1.2%	2.4%	4.1%	99.7%	0.3%
Aneurin Bevan UHB	384	645	1043	26810	75	<b>28957</b>	1.3%	2.2%	3.7%	99.7%	0.3%
Betsi Cadwaladr UHB	388	897	1344	35253	81	<b>37963</b>	1.0%	2.4%	3.7%	99.8%	0.2%
Cardiff and Vale UHB	257	547	715	18459	50	<b>20028</b>	1.3%	2.7%	3.7%	99.7%	0.3%
Cwm Taf UHB	225	336	585	13056	36	<b>14238</b>	1.6%	2.4%	4.3%	99.7%	0.3%
Hywel Dda UHB	211	483	874	21222	47	<b>22837</b>	0.9%	2.1%	3.9%	99.8%	0.2%
Powys Teaching HB	96	224	324	7971	18	<b>8633</b>	1.1%	2.6%	3.9%	99.8%	0.2%
Unknown	22	58	67	1864	4	<b>2015</b>	1.1%	2.9%	3.5%	99.8%	0.2%
<b>All Wales</b>	<b>1906</b>	<b>3835</b>	<b>5992</b>	<b>149111</b>	<b>376</b>	<b>161220</b>	<b>1.2%</b>	<b>2.4%</b>	<b>3.9%</b>	<b>99.7%</b>	<b>0.3%</b>

**Table 3b:** Bowel Screening tests validated by test result and Health Board of residence – FIT

Health Board	Number of tests validated - FIT						Percentage - FIT				
	Spoilt	Rejected	Equivocal	Negative	Positive	Total	Spoilt	Rejected	Equivocal	Negative	Positive
Abertawe Bro Morgannwg UHB	15	28	N/A	704	283	<b>1030</b>	1.5%	2.7	N/A	71.3%	28.7%
Aneurin Bevan UHB	17	35	N/A	701	307	<b>1060</b>	1.6%	3.3	N/A	69.5%	30.5%
Betsi Cadwaladr UHB	20	53	N/A	923	374	<b>1370</b>	1.5%	3.9	N/A	71.2%	28.8%
Cardiff and Vale UHB	19	54	N/A	481	217	<b>771</b>	2.5%	7.0	N/A	68.9%	31.1%
Cwm Taf UHB	16	34	N/A	399	168	<b>617</b>	2.6%	5.5	N/A	70.4%	29.6%
Hywel Dda UHB	8	17	N/A	618	232	<b>875</b>	0.9%	1.9	N/A	72.7%	27.3%
Powys Teaching HB	4	6	N/A	226	88	<b>324</b>	1.2%	1.9	N/A	72.0%	28.0%
Unknown	0	2	N/A	46	22	<b>70</b>	0.0%	2.9	N/A	67.6%	32.4%
<b>All Wales</b>	<b>99</b>	<b>229</b>	<b>N/A</b>	<b>4098</b>	<b>1691</b>	<b>6117</b>	<b>1.6%</b>	<b>3.7</b>	<b>N/A</b>	<b>70.8%</b>	<b>29.2%</b>

**Table 3c:** Total Bowel Screening tests validated by test result and Health Board of residence – Total

Health Board	Number of tests validated – TOTAL						Percentage – TOTAL				
	Spoilt	Rejected	Equivocal	Negative	Positive	Total	Spoilt	Rejected	Equivocal	Negative	Positive
Abertawe Bro Morgannwg UHB	338	673	1040	25180	348	<b>27579</b>	1.2%	2.4	3.9%	98.6%	1.4%
Aneurin Bevan UHB	401	680	1043	27511	382	<b>30017</b>	1.3%	2.3	3.6%	98.6%	1.4%
Betsi Cadwaladr UHB	408	950	1344	36176	455	<b>39333</b>	1.0%	2.4	3.5%	98.8%	1.2%
Cardiff and Vale UHB	276	601	715	18940	267	<b>20799</b>	1.3%	2.9	3.6%	98.6%	1.4%
Cwm Taf UHB	241	370	585	13455	204	<b>14855</b>	1.6%	2.5	4.1%	98.5%	1.5%
Hywel Dda UHB	219	500	874	21840	279	<b>23712</b>	0.9%	2.1	3.8%	98.7%	1.3%
Powys Teaching HB	100	230	324	8197	106	<b>8957</b>	1.1%	2.6	3.8%	98.7%	1.3%
Unknown	22	60	67	1910	26	<b>2085</b>	1.1%	2.9	3.3%	98.7%	1.3%
<b>All Wales</b>	<b>2005</b>	<b>4064</b>	<b>5992</b>	<b>153209</b>	<b>2067</b>	<b>167337</b>	<b>1.2%</b>	<b>2.4</b>	<b>3.7%</b>	<b>98.7%</b>	<b>1.3%</b>

Note: Spoilt and rejected rates are calculated as a percentage of the total results.

Equivocal rates are calculated as a percentage of the equivocal, negative and positive results.

Negative and positive rates are calculated as a percentage of negative and positive results only.

From 2015-16 onwards, we have introduced a new rejected category. This has allowed BSW to compare rates with other UK programmes that use these definitions. We are investigating why kits are rejected in order to make further improvements to this rate.



### 3.4 Waiting times for screening results

Standard: 95% of participants are sent their screening test result within seven days of receipt of test kit in laboratory.

**Table 4:** Waiting time for screening test results, from receipt of test to validated result, 2017-18

Days	Number validated	Percentage of total validated
Same day	65270	39.0%
1	44989	26.9%
2	23107	13.8%
3	8805	5.3%
4	7896	4.7%
5	6503	3.9%
6	4877	2.9%
7-13 days	5689	3.4%
14 days +	201	0.1%
<b>TOTAL</b>	<b>167337</b>	<b>100.0%</b>

Across Wales in 2017-18 96.5% of all tests were validated and a result letter issued to the participant within a week of receipt by the laboratory. This is an increase from the 93.1% seen last year.

### 3.5 Attendance at colonoscopy

**Table 5:** Attendance at index colonoscopy/ flexible sigmoidoscopy by Health Board of residence, 2017-18

Health Board	Booked index procedure	Attended index procedure	% Attended
Abertawe Bro Morgannwg UHB	322	306	95.0%
Aneurin Bevan UHB	354	337	95.2%
Betsi Cadwaladr UHB	412	401	97.3%
Cardiff and Vale UHB	218	206	94.5%
Cwm Taf UHB	178	170	95.5%
Hywel Dda UHB	276	262	94.9%
Powys Teaching HB	85	77	90.6%
Unknown	22	21	95.5%
<b>All Wales</b>	<b>1867</b>	<b>1780</b>	<b>95.3%</b>

### 3.6 Detection rates

**Table 6:** All Wales Cancer / Polyp / Adenoma detection rates at index colonoscopy/ flexible sigmoidoscopy, 2017-18

	Number Detected	Total Index Procedures	Percentage Detected
Cancer detection rate	221	1780	12.4%
Polyp detection rate	1216	1780	68.3%
Adenoma detection rate	904	1780	50.8%

### 3.7 Waiting times for index colonoscopy/ flexible sigmoidoscopy appointment within four weeks of Booking SP Appointment

During the April 2017 to March 2018 year, 1848 participants were offered an index procedure, and of these 851 (46.0%) were offered a procedure date within four weeks of booking their Screening Practitioner (SP) assessment appointment. A total of 1772 (95.9%) were offered a procedure date within eight weeks and 76 (4.1%) were offered a procedure date more than eight weeks after booking their SP assessment appointment. This is a decline on waiting times reported during 2016-17 where 82.3% of participants were offered an index procedure within four weeks.

### **3.8 Attendance at CT scans**

Across Wales, 98.2% of booked CT scans were attended; this varies between 92.9% and 100% across health boards for the year April 2017 to March 2018.

## 4 Definitions

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

### Eligible

- For **coverage** calculations, eligible participants are those that are resident in Wales at the time of reporting, that are not currently ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement or death and are between invite age range 60 to 74 years.
- For **uptake** calculations, eligible participants are those that were resident in Wales (not deducted on NHAIS in the six months following invitation) and invited for bowel screening during the reporting period date range. Participants that were ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement or death, within six months following invitation were excluded, unless they had returned a used test.

### Uptake

Participants were deemed to have responded to their invitation if the bowel screening programme received a used test within six months following their invitation.

### Coverage

The calculation counts those eligible participants that have had a used test validated within two and a half years of the reporting date.

### Deprivation

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

### Health Board

This is health board of residence.

### Spoilt test

A spoilt test is a FOBt/FIT test that is rendered unavailable for testing either by the participant or the laboratory for reasons defined in the Bowel Screening Wales and Laboratory Quality Manuals, e.g. no date on the test or the test not completed well by the participant. These rates are calculated as



a proportion of the total bowel screening tests validated in the reporting period.

### **Rejected test**

A rejected test is one that is rejected for testing by the laboratory because it fails to meet defined specific criteria for sample acceptance that are documented in the Laboratory Quality Manual e.g. a mismatch between the name and the barcode or a test that is past the manufacturer's expiry date. These rates are calculated as a proportion of the total bowel screening tests validated in the reporting period.

### **Equivocal test**

These rates are calculated as a proportion of the un-spoilt bowel screening tests validated in the reporting period.

### **Negative and positive test**

These rates are calculated as a proportion of the tests validated in the reporting period as negative and positive results – i.e. those tests that have a definitive result.

### **Prevalent Round - first invite** (table 1f)

Prevalent round first invitation is the first time a person is invited to take part in screening. They have not been screened before as they have not been invited before.

### **Prevalent round - subsequent invite** (table 1f)

Prevalent round subsequent invitation is when a person has previously been invited, but has not actually taken part in screening before. They have not been screened before but they have been invited before.

### **Incident Round** (table 1f)

Incident round is when people are invited that have previously taken part in the screening programme.

### **Colonoscopy**

Colonoscopy is the visual inspection of the interior of the colon with a flexible, lighted tube (colonoscope) inserted through the rectum. During colonoscopy, biopsies (tissue samples of abnormal areas) can be obtained to aid diagnosis.

### **Flexible Sigmoidoscopy**

A flexible sigmoidoscopy is the visual inspection of the lower part of the large intestine with a flexible lighted tube inserted through the rectum. During flexible sigmoidoscopy, biopsies (tissue samples of abnormal areas) can be obtained to aid diagnosis.

Attendance and detection rates (Tables 5 and 6) report procedures that are booked in the reporting period. Waiting times were calculated using those

participants with an index procedure first offered within the reporting period. This might not be the procedure they attended, due to participant choice or other factors.

## 5 Production Team and Pre-Release List

### Production Team

Hayley Heard	Head of Programme - Bowel Screening Wales
Jeremy Surcombe	Programme Manager
Catherine Floyd	Specialty Registrar
Dr Sharon Hillier	Director of Screening Division
Heather Lewis	Consultant in Public Health
Dr Ardiana Gjini	Consultant in Public Health Medicine
Helen Clayton	Lead Informatics and Data Services Manager
Richard Wakely	Senior Informatics and Data Analyst
Anna Ashman	Communications Manager
Sarah Thomas	Communications Executive
Jennifer McGrath	Clerical Officer
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