



All-Wales Annual Report Screening Division Public Health Wales (presenting 2017/18 data)

January 2019

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

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Facebook: www.facebook.com/PublicHealthWales

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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 the vision of achieving a healthier, happier and fairer Wales.

This report presents the latest data available about the screening programmes over the financial year 2017/2018. 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 targets for uptake/coverage are set for each of the managed screening programmes. Diabetic Eye Screening Wales joined Public Health Wales in 2016. The first performance reports have been produced internally during 2018 and will be included in these annual reports as soon as there is a complete year of data.

Summary Table: Uptake/coverage figures for Wales, 2017/18

	Number eligible/ invited	Number tested	Uptake/ coverage	Change from 2016/17
Breast Screening Uptake - minimum standard 70%	148,457	102,435	72.8%*	-0.3%
Bowel Screening Uptake - Target 60%	283,106	157,594	55.7%	+2.3%
Cervical Screening Coverage - Target 80%	222,201	140,080	76.1%*	-0.9%
Aneurysm Screening Uptake - Target 80%	16,668	13,193	79.2%	-1.6%
Newborn Hearing Screening - Target 95%	32,450	32,257	99.4%	-0.1%
Bloodspot Screening - Target is 95% of babies have a conclusive screening result by day 17 of life	32,159	31,932	99.3%	n/a

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 2017/18. The percentages relate to breast screening uptake for the latest completed round, while cervical screening coverage shows the proportion of women aged 25-64 who have had a cervical smear test in the last five years. More detailed figures, including uptake by GP Cluster, are available at <http://www.screeningforlife.wales.nhs.uk/statistical-reports-1>

The Breast Screening Service is delivered by mobile breast units moving around the country inviting women. These figures relate to the last time that women in their practice were called. The minimum standard is for 70% of women who are invited to attend. The 2016/17 uptake increased by 0.6% but this year it has reduced slightly to 72.8%.

Uptake of bowel screening does not meet the 60% target in Wales. However uptake has increased this year by 2.3% to 55.7% which is a marked improvement.

Coverage of cervical screening across Wales is still close to the target of 80%, meaning that nearly eight out of ten women in Wales have been screened in the last five years. However, this year again there has been a slight drop of 0.9%, consistent with a decreasing trend across the UK.

The target is for 80% of men who are invited to take part in abdominal aortic aneurysm (AAA) screening. Having increased in 2016/17, uptake of the AAA screening reduced in 2017/18 to just below the 80% target at 79.2%.

In 2017/18, 31,932 babies had a blood spot test, which is 99.3% of the eligible population: 39 serious conditions were identified. Newborn hearing screening also remains very high with 99.4% of babies being screened.

Key messages from 2018

- 909,281 screening invitations were offered to our eligible population in 2017/2018¹.
- Full roll out of Human Papilloma Virus (HPV), as a more effective primary test in our cervical programme, was achieved in October and we are the first programme in the UK to fully implement this improved test for our population.
- Work with health boards and Cancer Research UK focusing on Bowel Screening has been productive, with a 'Be Clear on Cancer campaign' funded by Cancer Research UK across TV, press and social media channels. There was an increase in uptake in bowel screening in the 12 weeks following, showing most success among participants invited for the first time.
- Planning is underway for the implementation of an improved test in bowel screening (faecal immunochemical testing or FIT), with a phased implementation on course to start in January 2019.
- We implemented a new Picture Archiving System for our Breast Screening Programme which enables more cross centre working.
- We have collaborated with partners including Cardiff and Vale College and Velindre NHS Trust to develop a training resource which can be delivered by 'English as a Second Language' tutors to Black and Minority Ethnic students.
- Sharon Hillier was appointed substantively as Director of Screening Division in April 2018. Heather Lewis was appointed substantively to a Consultant in Public Health role in the division and Ardiana Gjini has also been appointed to Consultant in Public Health role, taking up post in January 2019.
- Work is underway with Diabetic Eye Screening Wales, under its new Head of Programme, to work to enable 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. The ambitious Screening for the Future Programme continues this year, in line with our 10 year strategy.

¹ Not including antenatal screening

Inequities in Participation

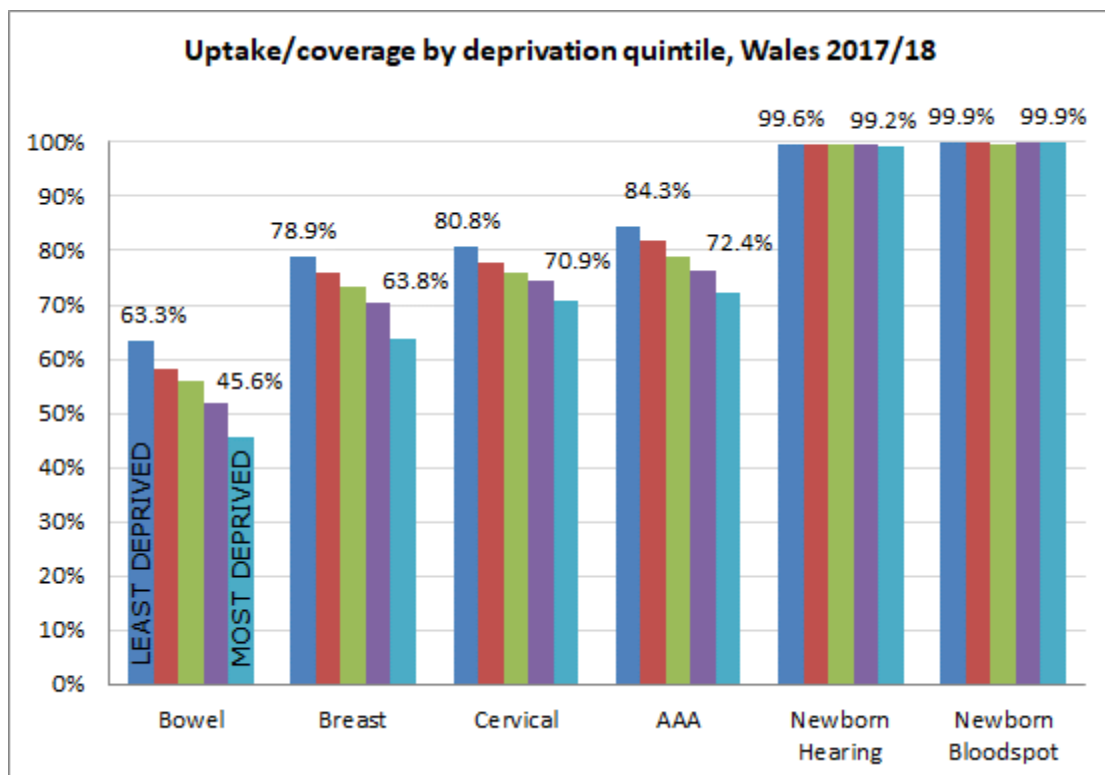
Inequities in screening participation have been shown across Wales, with participation for all of the adult screening programmes decreasing as deprivation increases. It is important to note that there are no marked differences in uptake by deprivation for the Newborn Hearing and Newborn Bloodspot screening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

Compared to 2016/17, bowel screening uptake has increased overall. Although uptake has increased across all quintiles, it has increased slightly more in the least deprived groups meaning that the difference between the most and least deprived groups has widened slightly this year. It should be noted, however, that there was a 2% increase in the most deprived group compared to last year.

Cervical screening coverage has decreased slightly overall and across all quintiles, while the gap between the most and least deprived groups remains unchanged from last year.

For breast screening, uptake has decreased slightly overall and decreased in all quintiles except the least deprived. This has resulted in the inequality gap increasing slightly this year.

Likewise, in abdominal aortic aneurysm screening uptake has decreased slightly across all the groups but more so in the more deprived quintiles, increasing the inequity gap slightly.



Produced by the Informatics Division of Public Health Wales

There is no significant difference in uptake in newborn hearing screening with uptake in all groups at 99.2% or above. Similarly there is no significant difference in uptake between quintiles within newborn bloodspot screening².

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. 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. 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.

Following the announcement by NHS England that they will be replacing their call/recall system for cervical screening, which is the system used by Cervical Screening Wales (CSW), funding was provided by Welsh Government for Public Health Wales to build a bespoke replacement IT system. This product entitled the Cervical Screening Information Management System (CSIMS) will be the first system to be developed as part of a wider Screening Division Screening Information Management System project. A team of developers has been working with CSW and NHS Wales Informatics Service to start the CSIMS build, which will include a demographic feed from Welsh Demographics Service and interfacing with the Laboratory Information Management System. The 'go-live' for CSIMS is planned for next year.

The decision was made that only one Cytology Laboratory would be needed in Wales after full conversion to HPV primary screening in the Cervical Screening Programme. In consultation with the health boards affected, it was agreed the PHW Cytology laboratory near Llantrisant would undertake all of the HPV testing and cytology screening once HPV was fully implemented. Samples flagged as potentially abnormal would be sent out for Pathologist/Advanced Practitioner reporting at five health board hospital laboratories. During the lead up to full rollout, the staff within the health board laboratories that were not continuing to provide screening services began their redeployment process, which meant fewer staff were available for screening samples. As a result more GP practices were converted to HPV primary screening in mitigation, so reporting times did not increase beyond acceptable limits. Immediately prior to full conversion to HPV primary screening, approximately 50% of GP practices had been converted.

We are indebted to the cytology screeners who undertook the screening to such a high standard for many years for the programme and enabled cervical screening

² deprivation quintile cannot be ascertained in 6% of babies in the 2017/18 bloodspot programme data

programme to be such a high quality service. We are very grateful that many of the staff continued screening up to the implementation of HPV testing in October this year. We send sincere thanks.

3 Engaging with the eligible population about screening

3.1 Screening Engagement Team

The Screening Engagement Team (SET) is a small team who work across all screening programmes in Wales. Currently, the team consists of a Lead Screening Engagement Specialist, five Screening Engagement Specialists, and two Screening Engagement Practitioners who are supported by Administrators. Staff are regionally based in North, South East and South West Wales.

Links to Key messages:

- [Breast](#)
- [Bowel](#)
- [Cervical](#)
- [Aneurysm](#)
- [Antenatal Screening Wales](#)
- [Newborn bloodspot Screening](#)
- [Newborn Hearing Screening](#)

The role of the Screening Engagement 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 also works with diverse communities who do not necessarily engage with screening services to better understand the reasons why. These insights are shared with programmes so that they can better understand the challenges facing these communities. Based on available evidence and the insights provided by the team, programmes can also consider potential opportunities for service improvements which promote a more positive service user experience and offer a more inclusive service.

Divisionally there is a commitment to explore opportunities to deliver evidence based interventions which seek to improve screening uptake and reduce inequalities in health. A Screening Division Uptake Group has been established and the team works collaboratively with programmes in relation to this work.

The team work collaboratively and co-productively with internal and external partners in the development of high quality, inclusive and accessible information. They undertake extensive engagement with public and professional partners during the development, review and testing of public information. This work is undertaken to ensure public information produced by the team and wider division is of high quality, is produced consistently and meets the needs of the intended audience.

This year in particular, much of the time of the team has been spent in supporting operational work and developments in the programmes.

With the introduction of HPV primary testing in Wales and the planned introduction of bowel screening FIT testing, the team is continuing to engage with many partners to support implementation plans and public information developments.

The team has also been working with the Maternal and Child Programmes to engage with the public on the development of a film for service users to support the introduction of non-invasive prenatal test (NIPT) as a contingency test in Wales.

Outside of programme work, the team has been working to revamp the community champion training package and is now developing plans to roll this out. They have reviewed the Screening Division Volunteer Training Package and continue to recruit to their small pool of volunteers who engage with the public at a local level, in low uptake areas.



The team is involved with a number of local and national work streams. Locally, they work with multiple partners to raise awareness of screening and to provide a range of localised support.

Nationally, the team is involved with, and has led on, a number of projects. This year they have undertaken a project to better understand barriers which may exist for people with a learning disability and those who support them. They have also undertaken a project with younger women to better understand what barriers exist for younger women invited for their cervical screening appointment.

The team has been working as part of a collaborative with partners including Cardiff and Vale College and Velindre NHS Trust to develop a training resource which can be delivered by 'English as a Second Language' tutors to Black and Minority Ethnic students. A launch event was held in September which was supported by Vaughan Gething AM, Cabinet Secretary for Health and Social Services.

The team has also worked closely with programmes to deliver the sixth annual Screening for Life campaign which was focused on first timers engaging with the programmes. Targeted social media as a method of communication proved very successful.

3.2 Public Information

All Division letters and leaflets are developed involving service users, and these have a review cycle of three years. This year the Divisional Core Public Information Group has reviewed invitation letters for all the programmes. This has enabled the sharing of learning and best practice and will improve consistency across the programmes as the new letters are implemented.

Individual programmes have reviewed and developed different public information during the year. Breast Test Wales has reviewed and updated a leaflet given to

women recalled to an assessment clinic. Further work will include a review of the Be Breast Aware leaflet, which is posted out with all results letters.

A new suite of information has been produced by Cervical Screening Wales to support the introduction of HPV Primary Testing. A new plain language information leaflet, letter and poster have been developed. In addition to this, a new HPV Easy Read information leaflet has also been developed. All resources have been developed co-productively and have involved extensive engagement. The Easy Read resource has been disseminated to community partners across Wales. The resource has received positive feedback with over 60 responses received.

A programme of work is underway to support the introduction of bowel screening FIT testing in Wales. Engagement has been underway to support this work with workshops being held with equality organisations during April. Further community engagement has been undertaken to inform the development of information to support the new suite of resources in readiness for the implementation of FIT testing. We worked with the Behavioural Change Team within Public Health Wales, in order to identify the behavioural challenge when designing our materials:

- What is the desired behaviour in our target groups?
- Where and at what time does the behaviour take place?
- What role do other people play?

Diabetic Eye Screening Wales is beginning a planned programme of work to review its current public information. Where appropriate, engagement with service users and stakeholders will be undertaken to ensure public information is of a high quality and appropriate to the audience intended.



Maternal and Child screening programmes (MAC) have produced public information leaflets and a film to explain to the public and professionals the offer of non-invasive prenatal testing (NIPT) as a contingency test in Wales. Engagement in relation to the public information development was undertaken by the MAC and SET. The resources were launched in April 2018. The Maternal and Child team is planning to review these resources during the early part of 2019.

Screening Division is aiming to have all public information available in a range of accessible formats. Most of our 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.

This link goes to the Screening for Life accessible web pages:

<http://www.screeningforlife.wales.nhs.uk/accessible-information>

3.4 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, all 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 expand on who is currently able to provide us with feedback.

In 2017/18, of the three core questions that all programmes ask:

- 98% of people said they received enough information to make an informed choice
- 99% said that staff were polite and caring
- 96% 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.

3.5 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.

Our key partners include primary care professionals. Although their direct role in screening varies between programmes (e.g. carrying out smears in Cervical Screening Wales – CSW- 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 screening³.

During the lead up to full rollout of HPV screening, all of the sample takers in Wales not already converted to HPV primary screening needed to be trained. This was undertaken by the CSW nursing team, and involved training at least one sample

³ GP endorsement: Hewitson et al. Br J Cancer 2011 Aug 9;105(4):475-80 DOI: 10.1038/bjc.2011.255

taker in each practice in Wales. These sample takers then provided cascade training back at their practices, supported by a training video on the CSW website.

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 a twice yearly update to contacts in the Local Public Health Teams for their information and to help inform conversations with clusters. The update details news and developments and includes the latest uptake figures available at cluster level. This year our engagement team has been working with primary care for their Screening for Life campaign focussing on low uptake areas.

Preventing Cancer and Detecting Cancer Early are two of the key priorities in the Cancer Delivery Plan for Wales⁴, being driven by the Cancer Implementation Group. Our cancer screening programmes are involved in this work as an important part of both primary and secondary prevention.

3.6 Engaging with third sector partners

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 facilitator working with GP clusters across Abertawe Bro Morgannwg, Aneurin Bevan and Cardiff and Vale University Health Boards to increase bowel screening uptake. The 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 to support increasing uptake.

The Screening Engagement Team is a key stakeholder in 'Women's Health First', a project managed by the Cardiff based third sector organization, 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 with women participating in the project to improve understanding and awareness of screening and increase confidence to access services.

Next year we will be coordinating our campaign work on cervical screening with Jo's Cervical Cancer Trust to coincide with the 10th anniversary of the death of Jade Goody in March.

⁴ Available at: <http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/161114cancerplanen.pdf>

4 Breast Test Wales

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

Target: The minimum standard is for 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. The programme continues to demonstrate high cancer 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. The majority of women in Wales requiring assessment are seen within three weeks, and nearly all women are seen within four weeks. However there is regional variation. This is due to staffing levels and lack of capacity in the medical workforce. One of the biggest challenges the service faces is the recruitment of its 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.

Despite increasing last year, uptake for screening mammography in Wales has had a small drop in 2017/18. The minimum standard is 70%. In Wales, uptake for the most recent, completed round is 72.8%. Breast Test Wales is working with the Screening Engagement Team to ensure a clear consistent message on the risks and benefits of breast screening is communicated to women so they can make an informed choice about taking up their offer.

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 operates state of art equipment that is maintained and calibrated to a high standard.

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 28 February 2019. 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 2017/18. As a result the figure here will not be the same as that published in the Breast Test Wales Annual Report 2017/18 due on 28 February 2019

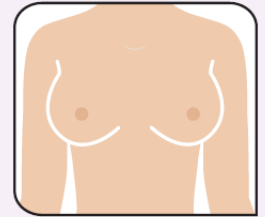
Breast screening





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[∞] (2017/18) : 72.8%

(Wales 2016/17 – 73.1%)

5 Bowel Screening Wales

Aim: The aim of the bowel screening programme is to reduce morbidity and mortality from bowel cancer. Early detection of cancers is **secondary prevention**, and the removal of polyps is **primary prevention** as it can prevent cancers from developing.

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

Uptake of bowel screening does not meet the 60% target in Wales. However uptake has increased this year by 2.3%. This 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. There was an increase in uptake in the 12 weeks following, showing most success among first timers. 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
- **Primary care non-responder information:** Since March 2018 we provide GP practices with information about patients from their practices who haven't responded to their bowel screening invitation

Faecal Immunochemical Testing (FIT)

We have been busy during 2018 preparing for the implementation of FIT - the new screening test sent out to participants - and we begin the roll out in January 2019. FIT is more sensitive and the test is easier to complete. Evidence from pilots in other parts of the UK has shown it to have a significant impact on uptake. We have been asked by Welsh Government to provide a model to optimise the programme by 2023 and we have submitted the plan based on the best public health outcome for the population, in line with UK National Screening Committee recommendations.

Colonoscopy Waiting Times remain a significant issue for 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 health boards to support the improvement to these waiting times. Each health board is developing short, medium and long term strategies to deal with this issue.

The next annual statistical report is due to be published on 14 February 2019. This, and the previous reports, can be found here:

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

Bowel screening





Who: Men and women aged 60 to 74

When: Every 2 years

Test: Home test kit



 www.bowelscreening.wales.nhs.uk
 0800 294 3370

Wales Uptake (2017/18) : 55.7%

(Wales 2016/17 – 53.4%)

6 Cervical Screening Wales

Aim: The aim of the cervical screening programme is to reduce the incidence of and mortality from cervical cancer. This is **primary prevention**, detecting and treating changes at the cervix before they become cancer.

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

Coverage of cervical screening across Wales is still close to the target of 80%. This year again there has been a slight drop, in line with the trend seen in other UK countries. 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.

Cervical Screening Wales is continuing with the expansion of Human Papilloma Virus (HPV) testing in Wales. Following the introduction of 'Test of Cure' with HPV testing in 2014, and then triage with HPV for all women with borderline/low grade abnormalities on cytology in May 2016, the programme began an implementation study using HPV Primary Screening for 20% of women invited in April 2017. This was in response to the UK National Screening Committee approval of HPV as the primary cervical screening test, and the Screening Division then being asked by Welsh Government to implement this in Wales. The HPV implementation study was designed to provide information to inform the planning for full roll-out across Wales. 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.

The full rollout of HPV primary screening to the remaining practices was completed by October 2018. The rollout happened very smoothly and successfully and no issues were reported. CSW became the first of the four UK home nations to have fully rolled out HPV primary screening for the entire eligible population.

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 also whether they were screen detected and whether all elements of her screening pathway happened as they should have. The CSW Clinical Lead will write to the woman's treating clinician and request that they inform the woman that a review has taken place, and ask her to contact CSW if she would like to meet representatives from CSW to discuss the outcome. Whilst the review outcome has always been available for women and this is clear in the screening invitation sent to them, this proactive approach should ensure that all women affected are made aware of this option.

The CSWACC data was included in our annual statistical report for the first time in 2017, and there is more detail included there. This report can be found here:

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

Cervical screening



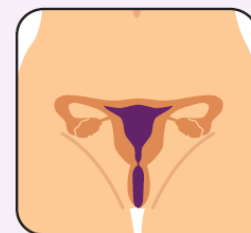
Cervical Screening Wales
Sgrinio Serfigol Cymru

Who: Women aged 25-64

When: Every 3 years
(aged 25-49)

Every 5 years
(aged 50-64)

Test: Smear test



www.cervicalscreeningwales.wales.nhs.uk

N Wales: 01352 803277 SE Wales: 029 2078 7910

Mid & W Wales: 01792 644677

Wales Coverage (2017/18): 76.1%

(Wales 2016/17– 77.0%)

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 **secondary prevention**, detecting aneurysms before they become symptomatic and enabling the best treatment options to be put in place.

Target: The target is for 80% of men who are invited to take part in screening. Uptake of the programme dropped just below this target at an all Wales level this year.

The programme celebrated its fifth birthday in May 2018 with four events in St Asaph, Powys, Carmarthen and Cardiff events. Several articles and service user stories were published.

One ongoing challenge is finding suitable venues for screening. It is a struggle 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 screen.

In 2017–18, four trainee screeners undertook the new 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 and lessons learned. The programmes have worked hard on developing comparable definitions of measures of performance and produce an annual four nations report. The [four nations toolkit](#) to help tackle inequalities in uptake was launched in May 2018.

A key element of the programme, and a proviso to the National Screening Committee recommending that there be a 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 programme⁵. Prior to implementation of the screening programme, all health boards agreed that they would work towards development of three vascular networks in Wales. None of the networks are fully established yet, and progress is variable across Wales. Quality assurance visits were undertaken in October 2018, the final reports will be shared with the health boards and Welsh Government. This is our main area of concern for the programme. The next annual statistical report is due to be published on 31 January 2019. This, and the previous reports, can be found here:

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

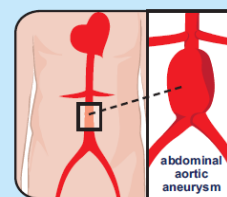
Abdominal aortic aneurysm screening



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

When: One-off test

Test: Ultrasound



www.aascreening.wales.nhs.uk

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

Wales Uptake (2017/18) : 79.2%

(Wales 2016/17 – 80.8%)

⁵ VSGBI guidelines: <https://www.vascularsociety.org.uk/search/?q=povs%202015>

8 Maternal and Child 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 first Antenatal Screening Wales Annual report, published in December 2018, and available at:

<http://www.antenatalscreening.wales.nhs.uk/professional/document/317048>

- 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
- The team continues to attend meetings at UK level that underpin the screening programmes. The Director of Screening has recently taken on chair of the Fetal Maternal and Child Health which is an advisory body to the UK National Screening Committee
- In August 2017, Welsh Government recommended, in line with UK National Screening (UK NSC) recommendations, the introduction of non-invasive prenatal testing (NIPT) within the antenatal screening programme in Wales. Welsh Government asked ASW to lead on the Health Board implementation of a new screening pathway for Down's syndrome, Edwards' syndrome and Patau's syndrome in singleton and twin pregnancies in Wales, with the offer of NIPT as a contingency test for higher chance singleton pregnancies. This policy change affected maternity, ultrasound, biochemistry, genetic and transport services throughout Wales. The new screening pathway was implemented eight months later, on 30 April, with an ongoing three year evaluation of the programme. Wales is the first UK country to implement the UK NSC recommendations
- In 2018 easy read information for women for all eight antenatal screening programmes was finalised and published
- A review of the guidelines for the specific observations of uncertain significance led to new pathways to be developed alongside information leaflets for women being produced

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.

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, glutaricaciduria type 1, homocystinuria, isovaleric acidaemia and maple syrup urine disease).

In 2017/18, 31,932 babies were tested, which is 99.3% of the eligible population: 39 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 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 have 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 remains out of standard, and is improving, but not yet at the target level of less than 2%.

Newborn bloodspot screening



Who: All newborn babies

When: 5 days after birth

Test: Heel-prick test



www.newbornbloodspotscreening.wales.nhs.uk

Across Wales, **99.3%** of eligible babies were tested in 2017/18

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 inequity in uptake by deprivation. The programme continues to perform very well and meets the stringent standards set. The latest statistical 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. This work continues to be developed. Along with the other Maternal and Child programmes, Newborn Hearing Screening has recently published Easy Read information for parents. These use pictures and simple language to explain screening and help parents to make informed decisions.

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


Uptake All Wales: 99.4%
(All Wales 2016/17 – 99.5%)

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.

This is **secondary prevention**, detecting retinopathy at an early stage before it becomes symptomatic and enabling the best treatment options to be put in place.

Diabetic eye screening



Who: Everyone over 12 years with diabetes

When: Every year

Test: Photographs of the eye



www.publichealthwales.org/desw

01443 844244

Diabetic Eye Screening Wales (DESW) transferred to the Screening Division, Public Health Wales on 1 April, 2016 from Cardiff and Vale University Health Board, where it was first hosted since being established in 2002.

The service exists to identify diabetic retinopathy at an early stage, to prevent irreversible sight loss. 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.

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.

Over the last year, the service has welcomed a new Head of Programme, Jude Kay, and developed a modernisation plan with the aim of continuing to make service improvements around:

- Standard operating procedures and policies to ensure consistency across Wales
- Robust failsafe procedures
- Reduction in service waiting times
- Reviewing public information

As part of our modernisation plan:

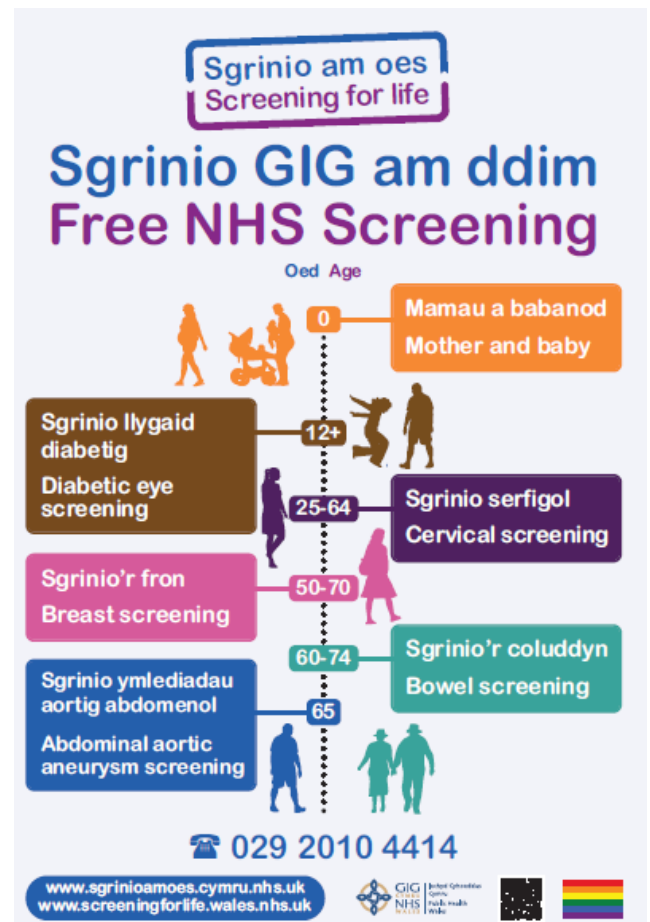
- For the first time, the programme has begun to publish monthly information against newly developed service standards, with this commencing in April 2018
- The Programme Board has been redesigned to create a stronger role for external representatives who can provide greater scrutiny and helpful challenge around service developments
- We have recently appointed a small team to lead a major project to introduce risk based screening in line with UK National Screening Committee recommendations

The programme's annual statistical report is due to be published on 18 February 2019 on our webpage www.publichealthwales.org/desw

10 Forward Look

Key plans for the following year include:

- The introduction of FIT testing for bowel screening to be introduced from the end of January: there will be a continued focus on planning for this major service change
- 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 'go-live' date is planned for 2019
- Starting a project on risk based screening intervals in Diabetic Eye Screening Wales, in line with UK National Screening Committee recommendations
- Evaluating the introduction of non-invasive prenatal testing as a contingent test in Antenatal Screening Wales
- Continuing to improve service user experience, engagement and uptake, whilst focusing on inequality in uptake.



Screening for the future

In 2016/17, Public Health Wales commissioned an external review to look at the structure of screening division and how the different programmes were organised. The work also incorporated the results of NHS staff survey and staff feedback and became known as the Screening for the Future programme.

The aim of the programme was to organise the division to adapt to future developments with minimum disruption, maximize staff potential by providing opportunities to develop highly trained and motivated staff and continue to build and on its already excellent performance across all the programmes. To date, 12 out of the 20 review recommendations have been addressed and the remaining recommendations will be progressed in 2019.

One of the key work streams to emerge from the programme is Quality Assurance, focusing on both pathway/invite management and clinical assurances. The work stream has been set up to review, develop and embed consistent Quality Assurance processes across all eight screening programmes. A benchmarking and gap analysis exercise has been carried out to review the variations in systems across all the programmes. The outcome will be a systematic, divisional approach to Quality Assurance underpinned by a Quality Assurance Framework and set of core principles.

Once the recommendations from the review are complete, a plan will be developed to outline the ongoing strategic developments that will be required for the Division.

11 Production team

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

Dr Sharon Hillier	Director of Screening Division
Heather Lewis	Consultant in Public Health
Catherine Floyd	Registrar
Helen Clayton	Lead Informatics and Data Services Manager
Guy Stevens	Deputy Informatics and Data Services Manager
Anna Ashman	Communications Manager
Sarah Thomas	Communications Executive
Jennifer McGrath	Clerical Assistant

Rhys George	Cofus CTF (Welsh translation)
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12 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

More Information

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

- Screening for Life Website: www.screeningforlife.wales.nhs.uk
- Programme 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
 - 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
 - Diabetic Eye Screening Wales www.publichealthwales.org/desw
- Screening Professionals Website (currently requires NHS Wales log-in): <http://howis.wales.nhs.uk/screeningprofessionals>

Key messages are available on the websites or via these links:

[Breast screening](#)

[Bowel Screening](#)

[Cervical Screening](#)

[AAA Screening](#)

[Antenatal Screening](#)

[Newborn bloodspot Screening](#)

[Newborn Hearing Screening](#)



Screening for Life **Resource Pack** is available via the website or at this [link](#)

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

Dr Sikha de Souza, Consultant in Public Health

Heather Lewis, Consultant in Public Health

Heather Ramessur-Marsden, Lead Screening Engagement Specialist

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Minicom: (029) 2078 7907

Email: screening.feedback@wales.nhs.uk

Link to web contact page: <http://www.screeningforlife.wales.nhs.uk/contact-us>