

Screening Division of Public Health Wales Covid-19 Impact Report on the National Screening Programmes in Wales: April 2020 to March 2021

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The Screening Division of Public Health Wales 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

As part of Public Health Wales and committed to the vision of achieving a healthier, happier and fairer Wales.

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



and manages the Antenatal Screening Wales clinical network.

Alongside all healthcare services and all areas of everyday life in Wales, the national screening programmes were hugely impacted by the Covid-19 pandemic during the year April 2020 to March 2021. On 28 February 2020 the first case of Covid-19 was confirmed in Wales. By March with the number of cases rising the WHO declared Covid-19 as a pandemic. Increasing case numbers resulted in hospitalisations and deaths from Covid-19 putting sustained pressure on NHS health and social care services with staff and resources deployed to provide an emergency response. Restrictions were introduced requiring people to stay at home, reduce non-essential travel with closure of schools and non-essential businesses. On 23 March, a UK national lockdown was announced enforced through emergency legislation. The unprecedented response required to suppress the spread of the virus, disrupted routine public health activities such as screening, with national screening programmes temporarily paused.

This disruption to the usual ways of working has necessitated a change in reporting on the national screening programmes for 2020/21. This Covid-19 Impact Report will reflect on the challenges faced during this most unusual year focusing on three phases of the screening response: the initial pause in services and redeployment of Screening Division

resources and capacity; the phased reinstatement of screening followed by the continuation into the recovery period. Screening activity data for each adult screening programmes in 2020/21 will be presented to update our partners across the screening network, but should be viewed in the context of the disruption to usual healthcare services experience during the Covid-19 pandemic.

Key Messages

- The newborn screening programmes (Newborn Bloodspot Screening Programme and Newborn Hearing Screening Wales) and Antenatal Screening continued throughout the pandemic as part of routine antenatal and postnatal care in Wales
- Uptake of newborn screening programmes has remained within standard apart from a small decline that coincided with the second peak of the coronavirus pandemic in December 2020 to January 2021.
- The adult and young people screening programmes were temporarily paused from March 2020, with a phased reinstatement of programmes using a risk-stratified approach to firstly prioritise high risk participants.
- Cervical Screening Wales restarted in June 2020, followed by Bowel Screening Wales in July 2020; Breast Test Wales Wales and Abdominal Aortic Aneurysm Screening Programme in August 2020 then Diabetic Eye Screening Wales in September 2020.
- Due to the pause screening activity across all adult programmes was lower in 2020/21 than pre-Covid levels
- Challenges continue within the recovery of all programmes relating to availability of screening clinic venues, reduced clinic capacity due to covid safe pathways and staff absence.
- All paused programmes have developed recovery plans to address challenges and operate at higher screening activity levels to achieve full recovery.

Pause: April 2020 to June 2020

In March 2020, in response to the impact of COVID-19 on NHS services, Welsh Government announced the suspension of non-urgent healthcare services including non-urgent outpatient appointments and non-urgent surgical admissions and procedures. As a coordinated pathway across healthcare services, including non-urgent healthcare, Public Health Wales recommended to Welsh Government that the national population-based screening programmes were temporarily paused. This recommendation was approved by the Chief Medical Officer for Wales on 19 March 2020. This temporary pause was necessary due to limitations on delivery of the screening pathway through suspension of NHS services and also required due to restrictions on travel by participants.

The pause in screening services affected the national adult and young people screening programmes of:

- Bowel Screening Wales
- Breast Test Wales
- Cervical Screening Wales
- Diabetic Eye Screening Wales
- Wales Abdominal Aortic Aneurysm Screening Programme

As a part of Public Health Wales, the Screening Division team were deployed to support the acute Health Protection response to the Covid-19 pandemic. Utilising their knowledge and skills staff established and ran Covid-19 testing services, responded to enquires on individual cases and incidents within the National Health Protection Contact Centre and provided additional support for logistical, planning and communication teams within Public Health Wales.

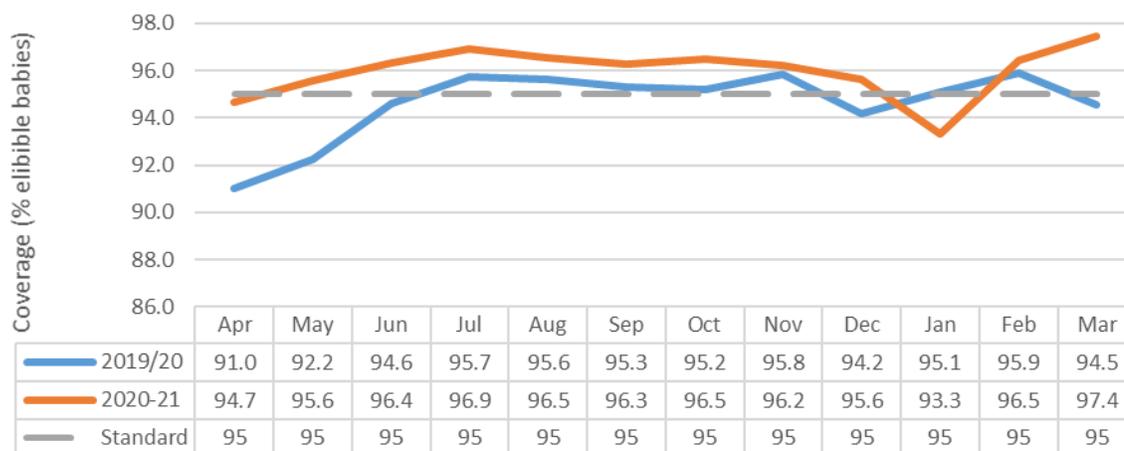
Staff also supported health boards to provide their services with symptomatic breast services undertaken in breast screening sites and supported by breast screening staff. The screening laboratory staff supported delivery of Covid PCR testing on site and established FIT symptomatic testing for health boards to enable prioritisation of patients with bowel cancer symptoms.

In addition to supporting the acute Covid-19 health protection response, the Screening Division maintained the Antenatal and Newborn screening programmes (Newborn Bloodspot Screening Programme and Newborn Hearing Screening Wales Programme) throughout the pandemic. As these programmes are time limited interventions, a pause could have resulted in a significant implications on mothers, babies and infants. It was possible to continue these programmes as antenatal and neonatal healthcare services continued throughout the Covid-19 pandemic response.

Newborn Bloodspot Screening Programme

The newborn bloodspot screening programme offers screening for rare but serious conditions, with the sample usually on or around five days after birth. The standard for the programme is coverage of 95% of eligible babies with coverage defined as a result within 14 days of life. Coverage has remained within standard throughout 2020/21 apart from a decline to 93.3% in January 2021 following the second peak of the Covid-19 pandemic.

Figure 1: Coverage of Newborn Bloodspot Screening Programme 2020/21 with comparison 2019/20

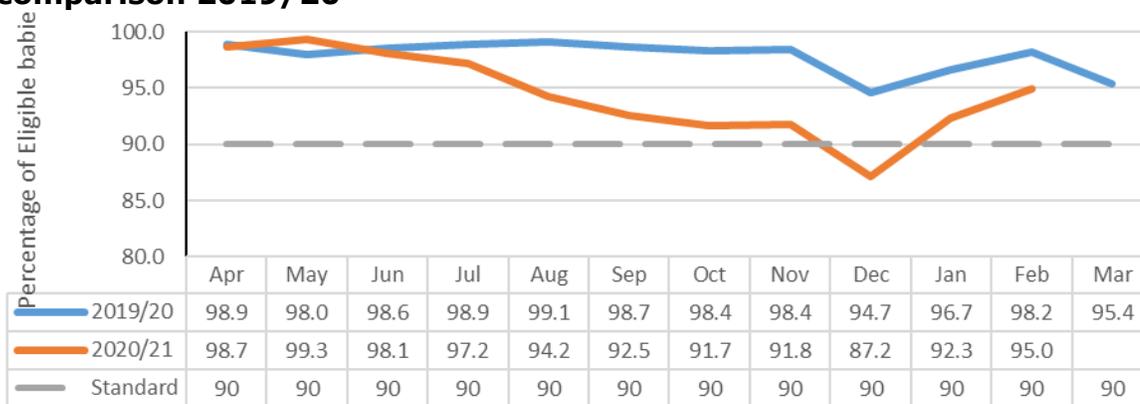


The maintenance of screening was only possible through the efforts of colleagues in maternity services, working in Health Boards that were under a lot of service pressure through out the year. We are grateful to colleagues for their continued efforts and prioritisation of this essential service.

Newborn Hearing Screening Programme

Newborn hearing screening identifies a hearing loss that could affect a baby's speech and language development. Babies are offered screening once they are born. Newborn hearing was continued throughout the pandemic. Coverage is defined as a completed hearing screening within 4 weeks of life. The standard for the programme is coverage of 90% of well babies. Coverage has remained within standard throughout 2020/21 apart from a decline to 87.2% in December 2020 during the second peak of the Covid-19 pandemic.

Figure 2: Coverage of Newborn Hearing Screening Wales Programme 2020/21 with comparison 2019/20



Although the programme did not pause, community clinics were cancelled for a time, with a focus in screening babies in hospital prior to discharge. The programme worked closely with audiology services across the Health Boards to enable timely assessment of babies throughout this time and we are very grateful for their support. During the pause of the adult programmes, AAA screeners were also able to help deliver screening in the hospital setting.

Reinstatement: June 2020 to September 2020

Improved communicable disease control of Covid-19 resulted in a decline in cases and hospitalisations from May 2020. The importance of addressing indirect Covid-19 health harms was increasingly understood with non-urgent services and diagnostic testing within healthcare settings restarted. In addition, national lockdown restrictions eased, enabling travel to screening venues by participants. As the whole screening pathway could now be delivered, reinstatement of screening programmes in a safe and sustainable

way was proposed by Public Health Wales and supported by Welsh Government. This required a risk based approach to prioritise the cohorts of participants offered screening within a phased restart, to ensure services could be offered safely.

[Covid-secure pathways](#)

Reinstatement of screening pathways required Covid-safe practices with adherence to the hierarchy of controls to prevent transmission of Covid-19 within healthcare settings. This included ensuring social distancing for staff and participants; minimising contacts with re-designed patient flows in venues; infection prevention and control measures such as enhanced cleaning and compliance with appropriate PPE for staff. The introduction of Covid-safe pathways for laboratory services and patient-facing services required significant revision of pre-Covid ways of working with resulting reduction in capacity to deliver screening. With consideration for reinstatement at reduced capacity, a risk based approach to prioritise invited participants was developed.

[Risk-based prioritisation for phased reinstatement](#)

Each screening programme reviewed their cohort of participants to stratify risk across their population. Those at greatest risk of harm from the condition being screened for were prioritised for early invitation. This was determined by each programme but across the Division consideration was given to: those who were on early recall or regular surveillance due to previous abnormal screening results; new participants to programmes at high risk of pathology and those who were overdue their screening appointment.

Screening programmes were restarted using a phased approach beginning with Cervical Screening Wales in June 2020, followed by Bowel Screening Wales in July 2020, Breast Test Wales and Wales AAA Screening Programme in August 2020. By September 2020 with Diabetic Eye Screening Wales restarting screening, all programmes had reinstated services.

Table 1: Phased risk-based reinstatement of national screening programmes

Programme	Restart Date	Risk Stratification
Cervical Screening Wales	June 2020	Early recall Overdue routine recall
Bowel Screening Wales	July 2020	Overdue routine recall
Breast Test Wales	August 2020	High risk due to family history, medical history or previous screening result Overdue routine recall (longest waiting time)
Wales Abdominal Aortic Aneurysm Screening	August 2020	High risk due to identified large or medium AAA Screen positive medium AAA and small AAA under regular surveillance Previous non-visualised screening results Men previously invited but not screened Men delayed an invitation
Diabetic Eye Screening Wales	September 2020	High risk due to: <ul style="list-style-type: none">- pregnant- previous high grade retinopathy- post-partum- newly referred- surveillance

Communication and engagement

As screening services were reinstated consideration was needed to address participants concerns around attending healthcare settings following “Stay Home” advice and worries of adding pressure on stretched NHS services. Participants within programmes such as Diabetic Eye Screening Wales or those in older age groups may have been advised to shield with resulting concerns around risk of acquiring infection in healthcare settings. Communication messages were developed and shared that screening was operating in Covid-safe settings, attending appointments was within legal restrictions and that as screening saves lives such preventative measures will reduce pressure on healthcare services.

Continuation: October 2020 to March 2021

Following reinstatement of screening services all programmes continued to offer screening throughout local lockdowns in autumn 2020, the firebreak in November 2021 and national lockdown from December 2020. However, all screening programmes experienced challenges to service delivery that constrained recovery.

Challenges: Capacity at venues

The number of participants who could attend screening venues was reduced due to processes implemented to ensure that screening pathways were Covid-secure. This included social distancing of 2m, restricting the number of participants that could be present in clinic rooms and waiting areas. Enhanced cleaning between participants and staff change of Personal Protective Equipment required additional time for each clinic appointment reducing the number of participants who could be invited. For example, within the breast screening programme, prior to Covid-19 pandemic an average of 58 participants were seen per clinic, during the reinstatement of services this dropped to 38 participants per clinic.

Challenges: Availability of venues

The number of venues available was also limited as many typical screening centres such as community or leisure facilities were closed or re-purposed for other Covid-19 related requirements such as vaccination centres. Healthcare sites that had previously hosted screening clinics required their venue capacity to facilitate their adherence to Covid-secure pathways for their core business. Mobile screening units required re-modelling prior to reinstatement to ensure that they would provide a Covid-secure experience with adherence to patient flow systems.

Challenges: Staff availability

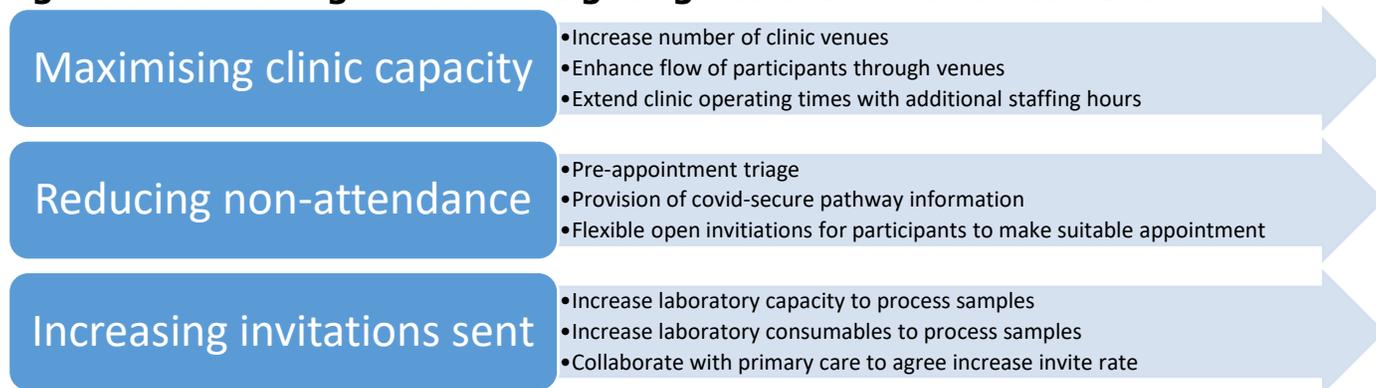
Across NHS Wales staff absence increased due to Covid-19 related causes including both infection and isolation requirements following identification as a close contact. Due to the size of screening teams, small numbers of unplanned staff absences had a significant impact on delivery of services resulting in cancellations of clinics. In addition to direct

Covid-19 related absence there has also been staff absence due to mental health and wellbeing following the pressures of the Covid-19 pandemic.

Mitigating actions

To mitigate for these challenges detailed action plans were developed by each screening programme to inform reinstatement and recovery plans. Each programme required a different approach due to different operating models and services delivery, but common themes were developed across the Division. Clinic capacity was maximized through increasing the number of available clinic venues and enhancing provision at operating sites such as through extended hours. Attendance at available clinic appointments was maximized through triage of participants and use of open invitations to reduce non-attendance rates for some cohorts. Increased numbers of invitations were sent in planned and phased way to increase participant flow in programmes not dependent on screening clinic venues such as in Bowel Screening Wales and Cervical Screening Wales in agreement with key stakeholders.

Figure 3: Screening Division Mitigating Actions in Reinstatement



Summary of uptake/coverage for Wales, 2020-21

Table 2 shows the latest available data for uptake/coverage from October 2021 for uptake/coverage during 2020/21. For breast screening, bowel screening, AAA screening and diabetic eye screening the figures represent the proportion of invited participants who were screened in 2020/21. We know that the number invited was reduced due to the pause. For cervical screening the figures represent the proportion of the eligible

population who have been screened within the appropriate time frame. Again, delays in invitations being sent out would have affected the coverage

Table 2: Uptake/coverage (%) for each adult/young person screening programme, 2020-21

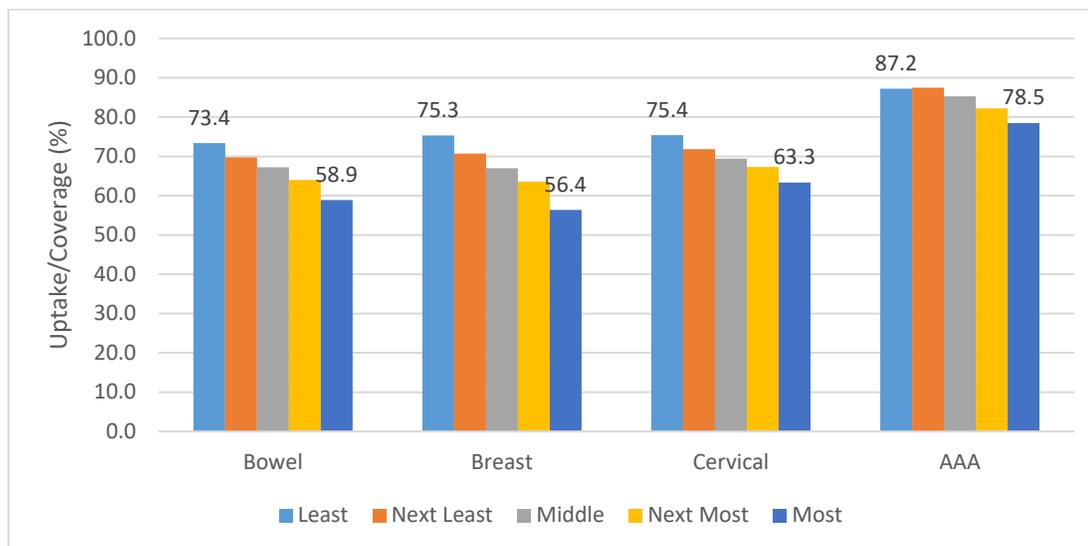
	Number eligible/invited	Number tested	Uptake/coverage
Bowel Screening Uptake - Standard 60%	223,667	150,161	67.1%
Breast Screening Uptake - Standard 70%	63,854	42,826	67.1%
Cervical Screening Coverage - Standard 80%	787,407	547,632	69.5%
Diabetic Eye Screening Uptake - Standard 80%	33,880	15,125	44.6%
AAA Screening Uptake - Standard 80%	4,209	3,562	84.6%

- Uptake of bowel screening and AAA screening programmes is above the standard in 2020/21 though overall screening activity is lower than pre-Covid levels.
- Screening uptake for breast screening was lower than standard in the context of substantially reduced screening activity.
- Coverage of cervical screening has declined to 69.5% and was below the standard of 80%
- Uptake of diabetic eye screening is substantially below standard in the context of low screening activity and an invited population that were deemed more vulnerable to the effects of the pandemic.

Inequities in participation

Inequities in screening participation by deprivation have been shown across Wales for all of the adult screening programmes. Participating in screening is highest in the least deprived areas and lowest in the most deprived areas. As health harms from the screened conditions are higher in the most deprived areas, this inequity of uptake is exacerbating health inequities in Wales. Data is not presented for Diabetic Eye Screening due to small numbers at deprivation quintile.

Figure 4: Uptake/coverage (%) for adult screening programme by deprivation quintile, 2020/21



The inequality gap, the difference between uptake/coverage in the least deprived communities compared to the most deprived communities ranged from 18.9% for Breast Test Wales, 14.5% for Bowel Screening Wales, 12.1% for Cervical Screening Wales with the lowest of 8.7% for WAAASP in 2020/21. Compared to 2018/19 the inequality gap has narrowed for Bowel and AAA screening but has widened for Breast and Cervical Screening.

Table 7: Inequality gap in uptake/coverage (%) by programme, 2020/21

Programme	2020/21	2018/19	Change
Bowel	14.5%	17.3%	-2.8%
Breast	18.9%	15.9%	+3.0%
Cervical	12.1%	11.5%	+0.6%
AAA	8.7%	12.8%	-4.1%

Individual screening programmes

1. Bowel Screening Wales (BSW)

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.



Programme pause

The programme was paused from 20 March 2020 due to the challenges in delivery of the onward referral pathways due to the impact of Covid-19 on non-urgent healthcare services. This was supported by recommendations from the British Society of Gastroenterology on 26 March 2020 to stop all but emergency endoscopy procedures. The planned optimisation of bowel screening to those aged 55 years which was due to commence in April 2020 was also paused. Participants were informed via the website and telephone helpline that the bowel screening programme had paused and kits would not be processed. Invitations were reinstated from 31 July 2020 though replacement kits were available for re-issue earlier in July 2020. The restart prioritised participants whose testing kits were not processed when the pause was implemented followed by those overdue an invitation. At the time of reinstatement there were approximately 72500 delayed participants.

Programme restart

The programme has coordinated closely with Health Boards to ensure that the reinstatement of screening invitations can be supported by screening colonoscopies for screen positive participants. All Health Boards had reinstated screening colonoscopies by August 2020. To address the backlog the programme increased the volume of invitations sent from September 2020 to October 2021. This was coordinated with Health Board endoscopy units to ensure sufficient capacity across the screening pathway. Staff capacity and procurement of consumables within the laboratory was increased to receive and process greater volumes of completed testing kits. It was anticipated that using this approach recovery would be completed by October 2021.

Programme data 2020/21

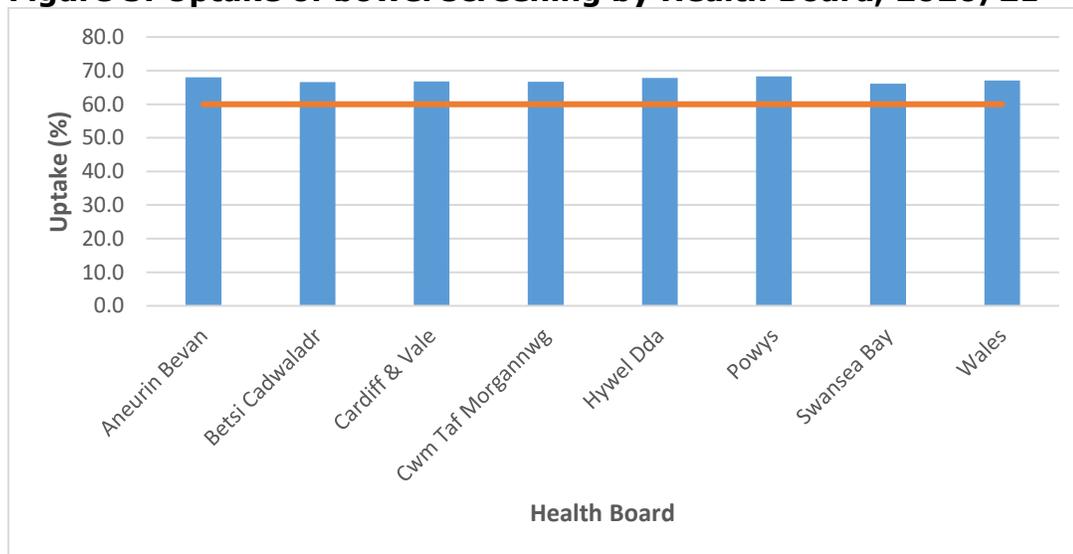
From August 2020 to March 2021, a total of 223,667 people were invited to take part in bowel screening. This compares to 276,226 from April 2019 to March 2020 representing a 19% reduction. Of the invited participants 150161 took up their offer of screening representing an uptake of 67.1%. Uptake of bowel screening has increased from 61.5% in 2019/20. The implementation of the use of FIT testing for all participants in 2019 had a positive effect on uptake which has been sustained.

Table 8: Uptake (%) of bowel screening by Health Board of residence, 2020/21

Health Board	Invited (n)	Screened (n)	Uptake (%)
Aneurin Bevan UHB	40408	27495	68.0
Betsi Cadwaladr UHB	51877	34576	66.6
Cardiff & Vale UHB	28471	19023	66.8
Cwm Taf Morgannwg UHB	29832	19891	66.7
Hywel Dda UHB	30892	20954	67.8
Powys Teaching HB	11513	7862	68.3
Swansea Bay UHB	26369	17423	66.1
All-Wales	223667	150161	67.1

Across Wales, there was little geographical variation in uptake across Health Board areas. The lowest uptake was seen in Swansea Bay UHB at 66.1% with the highest seen in Powys Teaching HB at 68.3% in. All Health Board areas met the minimum standard of 60%.

Figure 5: Uptake of bowel screening by Health Board, 2020/21



2. Breast Test Wales (BTW)

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.



Women aged 50 to 70 years who are resident in Wales and registered with a general practitioner are invited for a mammogram every three years. BTW has four centres, and eleven mobile units work across Wales to provide local screening to women who live some distance from a centre.

Programme pause

The programme was paused from 18 March 2020 due to the suspension of non-urgent healthcare services, infection control requirements on screening venues and restrictions on participant travel to venues. Women who had started the screening pathway continued to complete their pathway but no further invitations were issued. Screening was reinstated in August 2020 commencing with women at higher risk of breast cancer followed by women whose appointments had been cancelled between March and July 2020. On reinstatement there were 47000 delayed participants awaiting breast screening.

Programme restart

Screening capacity was substantially reduced by approximately 50% across sites due to the requirements to ensure a Covid-safe pathway. Clinics initially restarted in static sites in August 2020 followed by mobile sites in October 2020 following the repurposing of mobile units to ensure Covid-safe pathways could be delivered. To address the increase in round length the programme aimed to increase staffing capacity with planned recruitment of radiographers, assistant practitioners and screening pathway administrators. Additional venues were identified with both new screening centres and mobile units. Efficiency of existing venues was maximised to improve patient flow through centres to increase numbers who could attend. From January 2021, to reduce non-attendance at clinic appointments, all women invited for the first time were sent an open appointment letter that invited them to contact the booking centre for an appointment. The impact of this on attendance rates, uptake and equity of uptake will be formally evaluated.

Programme data 2020/21

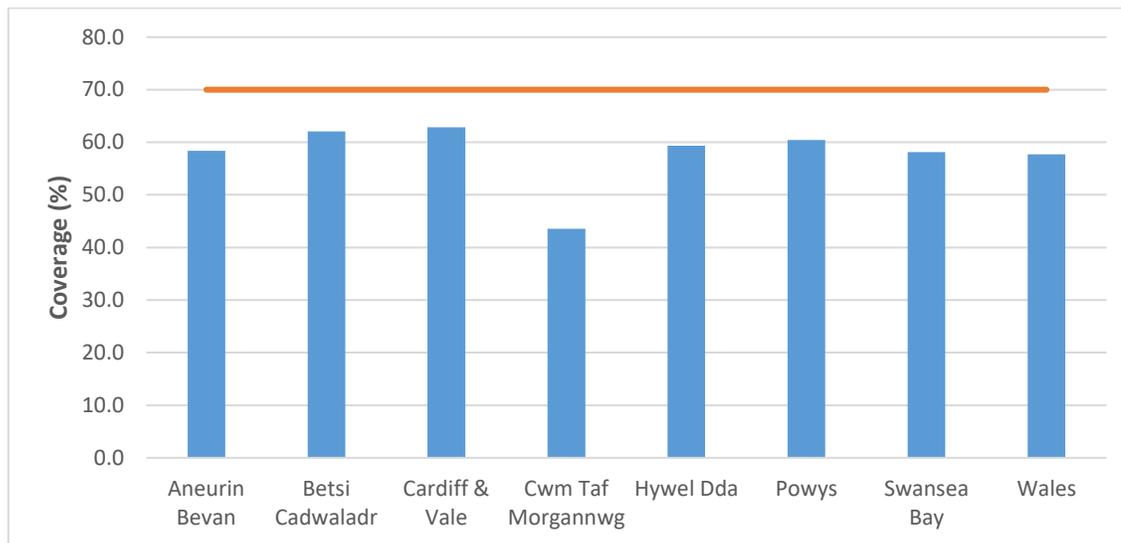
From August 2020 to March 2021, a total of 63,854 people were invited to take part in breast screening. This compares to approximately 145,000 during 2018/19, representing a 56% reduction from pre-Covid levels. Of invited participants, 42,826 took up their offer of screening, representing an overall uptake of 67.1% in 2020/21 a reduction of 5.4% from 2018/19 when uptake was 72.5%.

Across Wales, there was geographical variation in uptake across Health Board areas. This data has not been shared here as very small numbers were invited in some areas due to the nature of invitations being sent by GP practice and not solely by age.

Following the reinstatement of screening services, participants who had been waiting the longest were prioritised for screening resulting in geographical variation due to the location of overdue GP practices. The reduced breast screening activity in 2020/21 may lead to wider geographical variation than a typical pre-Covid year. To address this, coverage, defined as the proportion of eligible participants who have been screened within the previous three years can be explored.

Across Wales, coverage of breast screening as of October 2021 is 57.7%, this compares to the minimum standard of 70%. There is geographical variation in uptake across Health Board areas in Wales ranging from lowest of 43.6% in CTMUHB to a highest of 62.8% in CVUHB.

Figure 6: Coverage (%) of breast screening by Health Board of residence, 2020/21



3. Cervical Screening Wales (CSW)

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.



Programme pause

The programme suspended invitations from 18 March 2020 in line with Public Health Wales and Welsh Government recommendations. This coincided with a reduction in primary care routine services. Screening invitations were restarted in June 2020 undertaken in risk base approach with all overdue early repeat invitations sent first.

Programme restart

To address the backlog of participants with overdue reminders, additional volumes of screening reminder letters were sent. Following discussion GPC Wales and Welsh Government primary care leads it was agreed from March 2021 to increase the volume of invitation letters in a phased way to enable catch up of the programme over time. Staff capacity and procurement of consumables within the laboratory was increased to

receive and process greater volumes of cervical screening samples. It was anticipated that using this approach recovery would be completed by December 2021.

Programme data 2020/21

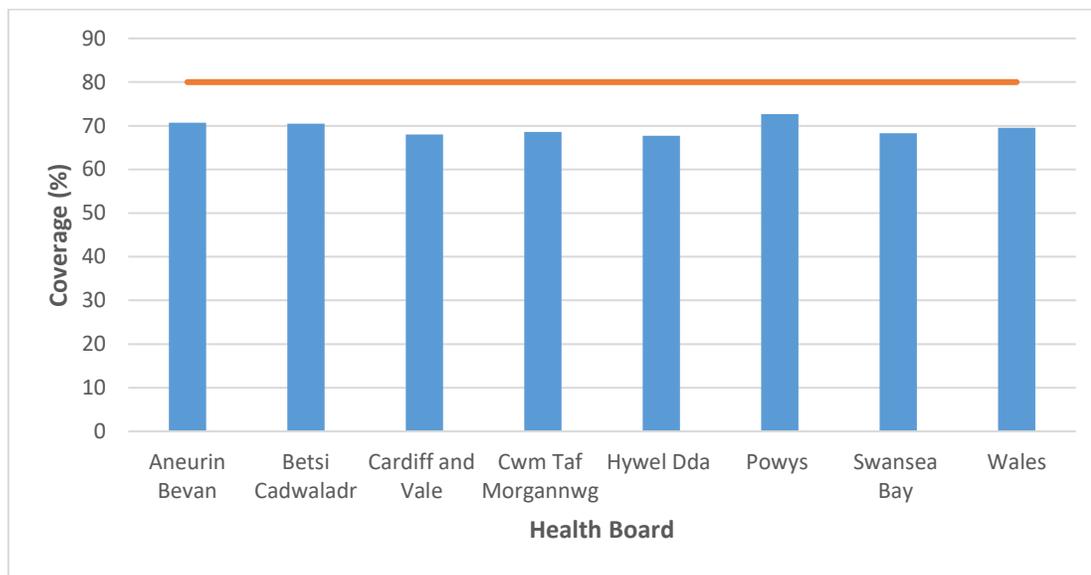
Coverage of cervical screening across Wales is defined as the proportion of eligible participants who received an adequate test in the appropriate time period for their age. As of October 2021, coverage across Wales is 69.5%. This has declined from 73.2% reported in 2019/20.

Table 10: Coverage (%) of cervical screening by Health Board of residence, 2020/21

Health Board	Eligible (n)	Tested (n)	Coverage (%)
Aneurin Bevan UHB	145497	102826	70.7
Betsi Cadwaladr UHB	162889	114868	70.5
Cardiff & Vale UHB	125875	85541	68.0
Cwm Taf Morgannwg UHB	108003	74101	68.6
Hywel Dda UHB	88699	60021	67.7
Powys Teaching HB	30234	21982	72.7
Swansea Bay UHB	92960	63474	68.3
All-Wales	787407	547632	69.5%

There was some geographical variation in coverage across Wales at Health Board level. Coverage was lowest in Hywel Dda University Health Board (HDUHB) at 67.7% and highest in PTHB at 72.7%. No area achieved coverage of 80% as per the minimum standard for the programme.

Figure 7: Coverage (%) of cervical screening by Health Board of residence, 2020/21



4. Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP)

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.



Programme pause

The programme was paused from March 2020 as a result of guidance from the Vascular Society of Great Britain and Ireland to limit routine outpatient appointments and elective surgery, availability of screening clinic venues and availability of staff. Planned clinics were cancelled. Men under surveillance due to previously identified AAA were advised of the pause and provided with signposting to services if they developed any symptoms of a ruptured AAA.

The reinstatement of AAA screening began in August 2020 with the re-commencement of clinics from 17 August 2020. This prioritised surveillance men at greatest risk from a ruptured AAA and therefore the first men invited to clinics were high risk or with

previously detected AAA. This progressed to inviting men whose primary screening had been a non-visualised result followed by men whose primary screening appointments had been cancelled then progressing to delayed invitations. At the time of reinstatement in August 2020 there were approximately 2000 delayed participants.

Programme restart

Screening capacity was substantially reduced by approximately 60% across sites. This was a result of reduced number of available appointments due to enhanced IP+C requirements to ensure a Covid-safe pathway and a reduction in available venues. The limited availability of screening venues and facilities was challenging for reinstatement with only six clinics available in comparison to 66 clinic venues pre-Covid. The programme has worked with other programmes from across the Screening Division to identify additional venues including the use of mobile venues from Tenovus and Welsh Blood Service.

Men were invited with a fixed appointment and were asked to contact the booking centre to confirm, cancel or change their appointment. This telephone call aimed to maximise utilisation of available appointments as all booked participants were triaged to ensure consent and Covid-safe practices. This also provided an opportunity to respond to any queries or concerns participants had regarding their appointment or the screening process and optimised decision making. In addition, a new information insert on the screening programme was sent with the invitation letter.

To further increase capacity additional screeners are planned to be recruited with the adaptation of training to ensure Covid-safe practices. The programmes will also supported with additional screening pathway administrative support.

Programme data 2020/21

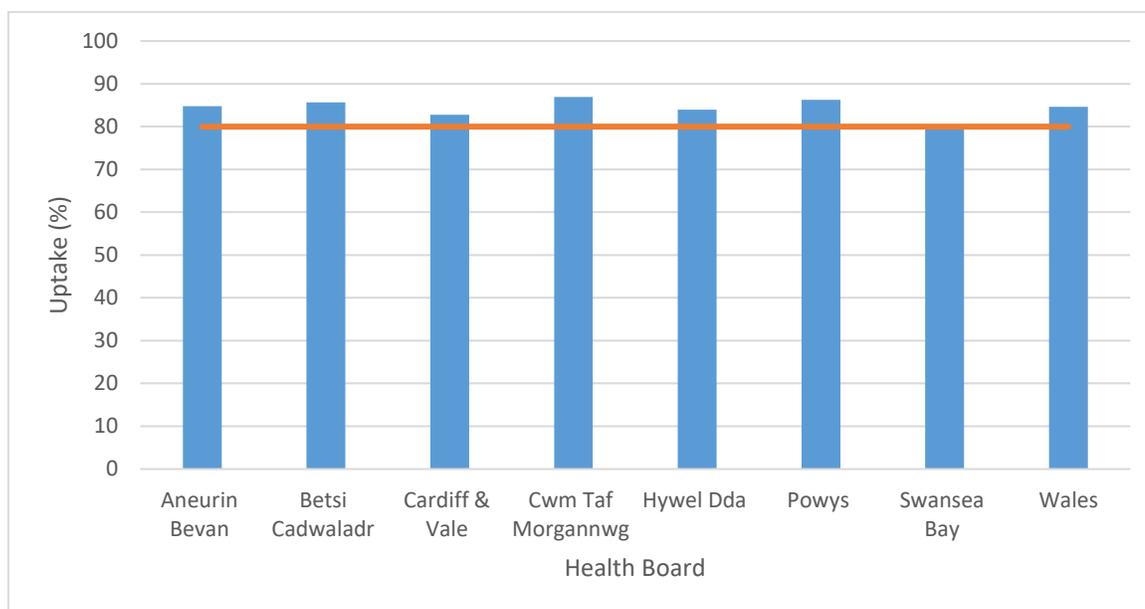
During August 2020 to March 2021, a total of 4209 eligible men were invited for screening. This compares with 17045 eligible men who were invited from April 2019 to March 2020, representing a 75% reduction. Of invited participants, 3562 took up their offer of screening, representing an overall uptake of 84.6% exceeding the standard of 80%. This compares to 12256 men taking up their offer in 2019/20 with an uptake of 71.9%.

Table 6: Uptake (%) of AAA screening by Health Board of residence, 2020/21

Health Board	Invited (n)	Tested (n)	Uptake (%)
Aneurin Bevan UHB	611	518	84.8
Betsi Cadwaladr UHB	1402	1201	85.7
Cardiff & Vale UHB	239	198	82.8
Cwm Taf Morgannwg UHB	527	458	86.9
Hywel Dda UHB	551	463	84.0
Powys Teaching HB	248	214	86.3
Swansea Bay UHB	552	439	79.5
All-Wales	4209	3562	84.6

Across Wales, there was geographical variation in uptake across Health Board areas, ranging from 79.5% in Swansea Bay UHB to 86.9% in Cwm Taf Morgannwg UHB.

Figure 8: Uptake (%) of AAA screening by Health Board, 2020/21



5. Diabetic Eye Screening Wales (DESW)

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.



Programme pause

The programme was temporarily paused from March 2020 due to the impact of the Covid-19 pandemic on onward referral pathways for screening participants and reduced availability of screening clinic venues. All appointments were cancelled from 18 March 2020 though grading of cases continued until 3 April 2020. All participants who were within the early recall pathway due to higher risk were sent letters informing them of the pause and provided with information on necessary actions if they experienced symptoms.

The reinstatement of screening began in September 2020 with the first screening clinics delivered on 15th September 2020. Following the pause there were approximately 138,500 delayed participants. A risk based approach for inviting participants was used based on those highest risk including pregnant women, new referrals to screening, signs of previous retinopathy, post-partum and those on early recall within the digital surveillance pathway.

Programme restart

On reinstatement clinic capacity was operating at approximately 35% of usual capacity due to reduced availability of screening venues for clinics (at time of reinstatement 11 clinic venues were available in comparison to 137 clinic venues pre-Covid) and enhanced IP+C requirements at venues to ensure that pathways were Covid-safe resulting in reduced participant flow. To recover the programme there has been a focus on increasing clinic capacity with longer clinic times including screening activity on weekends. To support additional clinic hours additional staff have been recruited including screeners and administrative staff. On reinstatement of the service, the programme initially adopted an open invitation appointment system where participants were asked to contact the booking centre to make their screening appointment. This aimed to minimise non-attendance and maximise available screening clinic capacity.

Programme data 2020/21

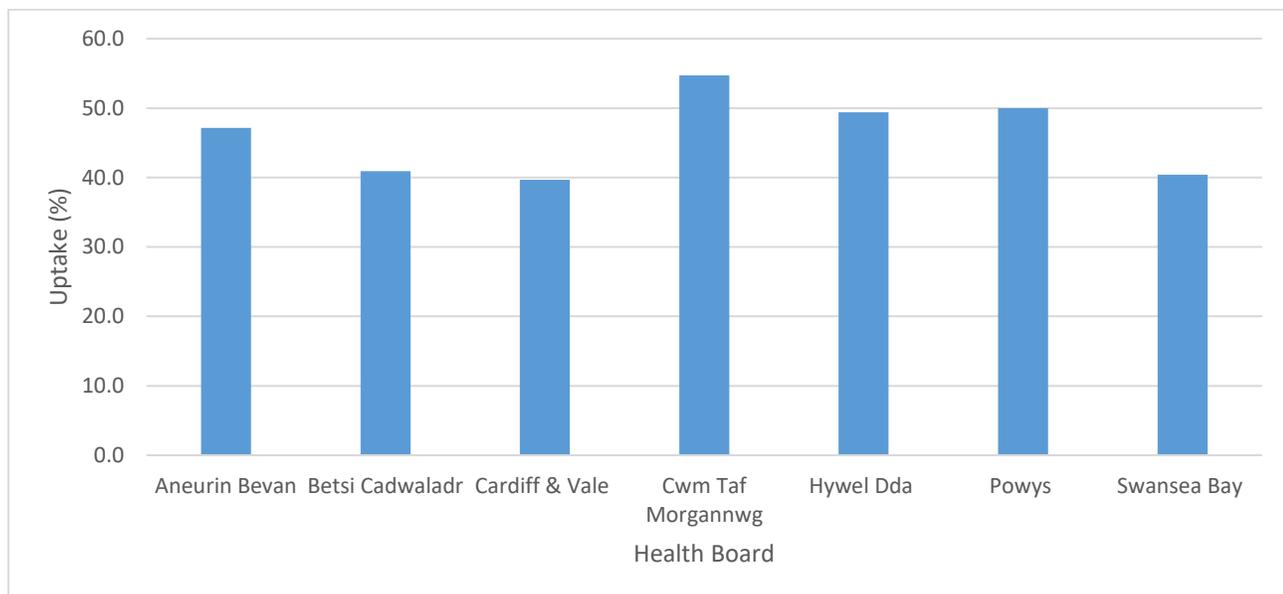
During 2020/21, a total of 15,125 diabetic eye screens were undertaken from a total invited population of 33,880 individuals representing coverage of 44.6%.

Table 7: Uptake (%) of Diabetic Eye Screening by Health Board of residence, 2020/21

Health Board	Invited (n)	Tested (n)	Uptake (%)
Aneurin Bevan UHB	6235	2940	47.2
Betsi Cadwaladr UHB	8321	3405	40.9
Cardiff & Vale UHB	5184	2058	39.7
Cwm Taf Morgannwg UHB	3581	1959	54.7
Hywel Dda UHB	4849	2396	49.4
Powys Teaching HB	610	305	50.0
Swansea Bay UHB	5100	2062	40.4
All-Wales	33880	15125	44.6

Across Wales, there was geographical variation in uptake across Health Board areas, ranging from 39.7% in Cardiff & Vale UHB to 54.7% in Cwm Taf Morgannwg UHB.

Figure 9: Uptake (%) of Diabetic eye screening by Health Board of residence, 2020/21



Recovery: April 2021 and beyond

Recovery of the screening programmes has formed the basis of planning for 2021/22. Screening programmes have been impacted by both backlog accrued following the pause in screening services and the reduction in activity during reinstatement. Progress has been made in reducing the backlog for bowel and cervical screening with anticipated recovery by October 2021 and December 2021 respectively. However, programmes delivered by our screeners in screening venues have proved challenging to recover and will require additional time for sustained increases in screens per month to result in a decreasing backlog of participants. Significant increases in activity will be possible following easing of social distancing requirements so clinic capacity can be increased.

All screening programmes have developed and evolved in response to the challenges of 2020/21. As the Division moves forward with recovery in 2021/22 the emphasis will be on building back services that are better, fairer and stronger.

Building back better

The national screening programmes have adapted their services in an agile and flexible way to incorporate and adapt to Welsh Government and Public Health Wales guidance. Learning from this can now be incorporated into how services will develop during recovery. Interventions such as telephone triage of AAA participants was initially developed to ensure that participants were low risk for Covid-19 infection prior to attending. However, feedback has identified this as an opportunity for participants to ask questions and understand AAA screening resulting in increased attendance at appointments.

Uptake in DESW has declined sharply in comparison to previous years which will require additional focus to address. Transformation work is planned for DESW to revise existing screening pathways with introduction of innovative approaches such as optometry retinal review schemes.

Building back fairer

The Covid-19 pandemic has highlighted and exacerbated health inequities across communities in Wales. This includes inequity in uptake of screening. As programmes

recover, considerations of equity will be forefront with greater consideration of the need for additional support for groups who are not accessing screening services. This can be addressed through understanding of the barriers that they face and working with individuals, groups and communities to overcome them. This will be done in partnership with the Screening Engagement Team and Local Health Board colleagues as we build a sustainable screening network working with community partners to promote personal informed choice on screening.

Building back stronger

The Covid-19 pandemic has tested the resilience across public health and healthcare systems, demonstrating the importance of partnership and collaborative working. As screening programmes recover, recruitment is ongoing for additional staff to support recovery with the development of new training methods to support new staff within Covid-19 regulations.

Screening uptake only describes the first stage of the pathway with the invitation and uptake of a screening test. There remain ongoing challenges in provision of diagnostic and therapeutic services within Local Health Boards due to continued pressures from Covid-19 pandemic and the pause in routine services. The capacity for colonoscopy continues to be challenging with variable waiting times for screening colonoscopy from 8 weeks to up to 17 weeks across Wales. The Screening Division continue to work with the Health Boards, Welsh Government and the National Endoscopy Board to address this.

Key plans for the following year include:

- Recovery of Bowel Screening Wales and Cervical Screening Wales within 2021/22
- The phased optimization of FIT testing for bowel screening
- Evaluation of Covid-19 projects such as telephone triage in AAA and open invitations in BTW to consider further roll-out
- Implement an optometry led retinal review pathway within DESW
- Continuing to improve service user experience, engagement and uptake, whilst focusing on inequality in uptake across the programmes

More information and contacts

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

- Public Health Wales Screening Division: [Screening - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/public-health-wales-screening)
- Programme Websites:
 - Antenatal Screening Wales www.phw.nhs.wales/antenatal-screening
 - Breast Test Wales www.phw.nhs.wales/breast-screening
 - Bowel Screening Wales www.phw.nhs.wales/bowel-screening
 - Cervical Screening Wales www.phw.nhs.wales/cervical-screening
 - Newborn Bloodspot Screening Wales
www.phw.nhs.wales/newborn-bloodspot-screening
 - Newborn Hearing Screening Wales
www.phw.nhs.wales/newborn-hearing-screening
 - Wales Abdominal Aortic Aneurysm Screening Programme
www.phw.nhs.wales/aaa-screening
 - Diabetic Eye Screening Wales
www.phw.nhs.wales/diabetic-eye-screening
- Screening Professionals Website (currently requires NHS Wales log-in):
<http://howis.wales.nhs.uk/screeningprofessionals>

Key contacts:

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