



Cervical Screening **Wales**  
Sgrinio Serfigol **Cymru**



*Bron Brawf Cymru* *Breast Test Wales*

Bowel  
Screening  
Wales



Sgrinio  
Coluddion  
Cymru

Rhaglen Sgrinio  
Ymlediadau Aortig  
Abdomenol Cymru



Wales Abdominal  
Aortic Aneurysm  
Screening Programme



Sgrinio Llygaid Diabetig Cymru  
Diabetic Eye Screening Wales



Newborn Hearing Screening **Wales**  
Sgrinio Clyw Babanoedd **Cymru**



Newborn Bloodspot  
Screening Wales  
Sgrinio Smotyn Gwaed  
Newydd-anedig Cymru

Sgrinio Cyn Geni **Cymru**  
Antenatal Screening **Wales**



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Public Health  
Wales

# All-Wales Annual Report Screening Division Public Health Wales (presenting 2016/17 data)

17 January 2018

Sgrinio am oes  
Screening for life



[www.screeningforlife.wales.nhs.uk](http://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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Screening division is committed to:

Improved health and wellbeing and reduced health inequalities



Improved quality, equity and effectiveness of healthcare services  
**(PHW key commitments)**



Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver. **(PHW strategic priority 6)**

## 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 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 2016/2017. 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 manages the seven population based national screening programmes in Wales and hosts the Antenatal Screening Clinical Network. Minimum targets for uptake/coverage are set for each of the screening programmes with the exception of Diabetic Eye Screening at the moment.

### Summary Table

**Table:** Uptake/coverage figures for Wales, 2016/17

	Number eligible/ invited	Number tested	Uptake/ coverage	Change from 2015/16
<b>Breast Screening Uptake</b> - min. standard 70%	157,144	110,639	73.1%*	+0.6%
<b>Bowel Screening Uptake</b> - Target 60%	274,738	146,592	53.4%	-1.0%
<b>Cervical Screening Coverage</b> - Target 80%	223,531	168,129	77.0%*	-0.8%
<b>Aneurysm Screening Uptake</b> - Target 80%	17,0140	13,849	80.8%	+1.7%
<b>Newborn Hearing Screening</b> - Target 95%	32,998	32,847	99.5%	0.0%

#### 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 2016/17. The percentages relate to breast screening uptake for the latest round, while cervical screening coverage shows the proportion of women aged 25-64 who have had a cervical smear test in the last 5 years.

More detailed figures, including uptake by GP Cluster, are available at <http://www.screeningforlife.wales.nhs.uk/uptake-coverage-by-health-board-and-loca>

Newborn bloodspot screening published its first annual report in 2017 and has demonstrated a high uptake of the programme with 99.6% of eligible babies being tested.

Uptake of Newborn Hearing screening remains very high.

The uptake for Bowel screening has shown a decrease from last year, though there was a considerable increase (3.6%) from 2014/15 to 2015/16 so the overall trend is still upwards.

The Breast screening uptake rates presented are for women invited in the latest screening round. Women are invited by GP practice and the data here looks at the last time that women in that practice were called. Uptake has increased by 0.6% from the round reported in the previous annual report.

This year there has been a 1.7% increase in the uptake of Abdominal Aortic Aneurysm (AAA) screening with the programme exceeding the 80% target.

The cervical screening coverage shows a small decrease again compared to the previous year. This is consistent with a decreasing trend across the UK.

Diabetic Eye Screening Wales has been part of Public Health Wales for over a year now. Work has been underway to define standards for uptake/coverage and to enable the production of programme statistics in the same way as for the other screening programmes. The first performance reports will be produced internally at the start of 2018/19 and included in these reports as soon as there is a complete year of data.

## **Key messages from 2017**

- Dr Rose Fox retired as the director of Screening Division in April 2017. We were delighted that she was awarded an MBE for Services to Healthcare in the New Years Honours list in 2018. Sharon Hillier is Acting Director of the division.
- 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. This is for reasons including policy changes, new technologies and feedback from service users. This year focuses on longer term planning and the development of the 10 year strategy. The ambitious Screening for the Future Programme was started in 2017.
- A successful pilot using HPV primary testing in 20% of GP practices in Wales has been running since April 2017. This is informing the implementation of HPV testing as the primary cervical screening test, with full roll-out planned in October 2018.
- Planning is underway for the implementation of FIT (Faecal immunochemical testing) as the primary test in bowel screening, with a phased implementation due to start in January 2019.
- Antenatal Screening Wales has published its first annual report, highlighting the breadth of the work of the small but influential team.
- The new Diploma in Health Screening has been piloted in the aneurysm screening programme.
- An eleventh mobile breast screening unit became operational which has improved resilience in Breast Test Wales and helped support work to reach and maintain the 36 month round length.
- A paper published in the BMJ Open showed a significant reduction in the incidence of sight impairment in the diabetic population in Wales, reflecting improvements in the whole of diabetes care but including the early detection of diabetic retinopathy due to Diabetic Eye Screening.
- Newborn Bloodspot Screening published its first annual report which demonstrated high uptake to this screening programme that identifies nine conditions early to reduce mortality and morbidity.

## **Inequities in Participation.**

Inequities in screening participation have been shown across Wales, with participation for all of the adult screening programmes decreasing with an increase in deprivation. It is important to note that there is no marked difference in uptake by deprivation for the Newborn Hearing screening programme, where uptake is high across all the groups.

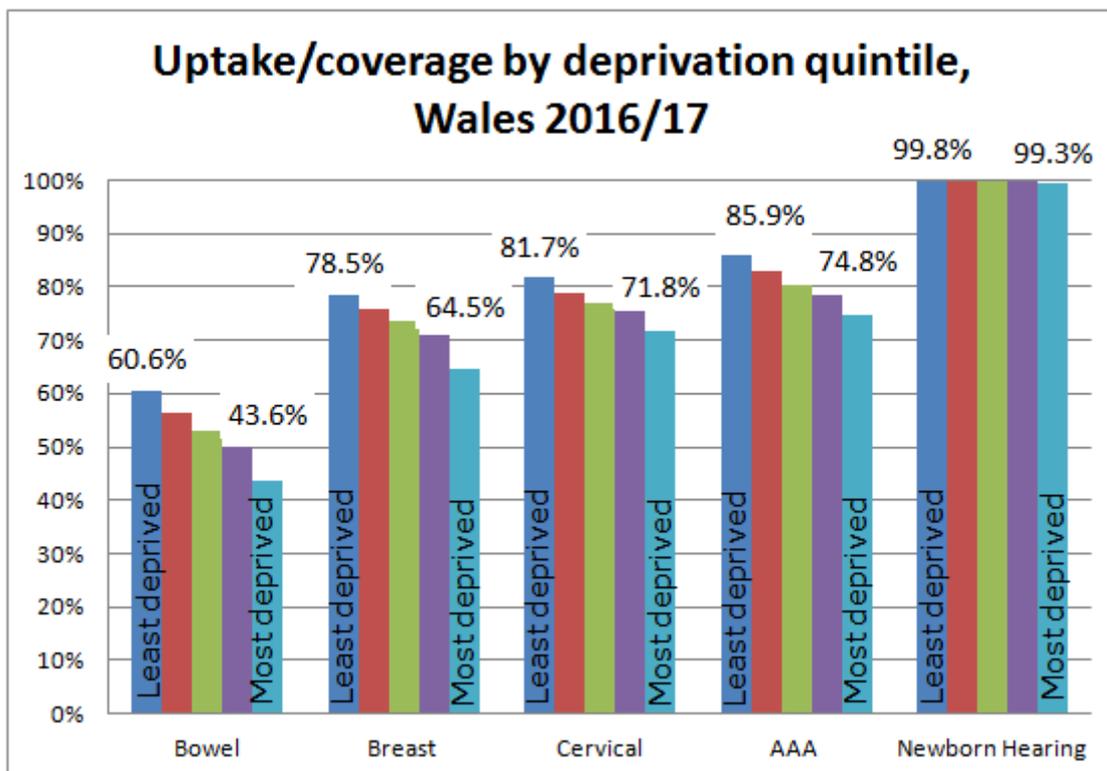
The graph on the following page shows uptake by deprivation quintile. Comparing to 2015/16, bowel screening uptake has decreased overall and has decreased across all the quintiles. It has decreased slightly more in the most deprived groups meaning that the difference between the most and least deprived groups has slightly increased this year.

Cervical screening coverage has also decreased overall, more in the more deprived quintiles, with a slight widening in the gap between the most and least deprived groups.

For Breast screening, uptake has increased overall and increased in all quintiles. It has increased very slightly more in the most deprived group so the inequality gap has decreased very slightly which is positive.

There is a similar picture in AAA screening where uptake has increased across all the groups, but has increased by more in the more deprived groups, closing the gap. The difference in uptake between the most and least deprived groups has decreased by a more significant 1.0% which is really encouraging.

These two programmes follow the trajectory that we would like to see with uptake increasing across all groups but more in the more deprived groups, bringing the whole population up towards the standard. There is no significant difference in uptake in newborn hearing screening with uptake in all groups 99.3% or above.



Produced by the Informatics Division of Public Health Wales

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

## Working with Health Boards

Screening Division has a Long Term Agreement (LTA) 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 various programmes. This potentially compromises the

delivery of screening and affects the timeliness of the service. Screening Division and Health Board colleagues are working together to try and address these issues.

### 3 Engaging with the eligible population about screening

#### 3.1 Screening Engagement Team

The role of the Screening Engagement Team is to raise awareness of screening and promote informed choice. The team work across all the programmes and across the whole population but target their efforts at groups and communities where we know uptake is low. Although there have been some staffing challenges in the last year, there are team members 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](#)

This year in particular, much of the time of the team has been spent in supporting operational work and developments in the programmes. This reflects the ethos in the division of including the patient voice and ensuring accessibility in all that we do. The engagement team also supports Equality Impact Assessment for new developments and service changes.

Much work is done to address inequities at community level, with partners including third sector organisations and workplaces. An example of project work this year is work with Women Connect First in Cardiff, an organization that works to empower disadvantaged women from Black and Minority Ethnic communities.

#### 3.2 Public Information

All of our letters and leaflets are developed involving service users, and they have a review cycle of three years. This year the divisional Core Public Information Group has looked at invitation letters in 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.



This year a new Z-card was developed. This is a simple guide that provides basic information about all of the screening programmes. It is small and convenient and has proved popular with professionals and the public. To date over 5000 have been distributed. The graphics next to each of the programme headings in the body of the report are taken from the Z-card, which is bilingual in English and Welsh.

The division is aiming to have all public information available in a range of accessible formats and is currently doing work to define what best practice is. Most of our information is available in 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 Cervical Screening web pages to show an example of the accessible formats available.

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

### 3.3 Screening Champions

The Screening Champion project is an All Wales initiative which has been developed by the Screening Engagement Team. The project aims to improve health inequalities, and access to the NHS screening programmes in Wales specifically within minority groups and workplaces. The implementation of the Screening Champion role fits within Public Health Wales' strategic plan to work with our communities and partners to improve the health of the population. This year, the focus has been on established champions that have been trained already and evaluating the impact and reach of the project before rolling it out further.



To become a Screening Champion, individuals are given screening awareness training by the Screening Engagement Team. This training is tailored to the needs to the group and qualifies individuals to be registered Screening Champions for two years. The awareness training covers key messages about the adult screening programmes and an overview of the Screening Champion role including ideas on how to engage with the community about screening. The engagement team maintain contact with champions to answer any questions that come up, collate any feedback from the champions, and find out what activities or conversations they have been having.

### 3.4 Engaging with people who have used the service

Screening division recognise 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 feed back and for the programme to consider and act on what they hear.

In 2016/17, of the three core questions that all programmes ask:

- 98% of people said they received enough information to make an informed choice
- 98% said that staff were polite and caring
- 94% said that they had a good experience overall.

Feedback is gathered through questionnaires, complaints and compliments given in other ways, and patient stories are also captured. Patient stories are useful for the programmes to learn from, and help with engagement with other service users and partners. Service User Experience reports are discussed at programme boards and lessons learned are shared across the programmes and wider within the organization.



### **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 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 compared to receiving results in Bowel Screening Wales) there is an important role in raising awareness and answering questions across all the programmes. There is also evidence to show the importance of GP endorsement in encouraging people to take part in screening.<sup>1</sup>

Our colleagues in the Local Public Health Teams are our main link in to the clusters, with their local knowledge and local contacts. The Screening Engagement Team send out a quarterly 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 had a focus on Primary care for their Screening for Life campaign. Champions were trained from low-uptake practices. These champions included reception staff and staff involved in "social prescribing" – people who would have the time to have brief conversations with members of the public. The training was well received and we are awaiting an evaluation report to review this intervention.

Preventing cancer and Detecting Cancer Early are two of the key priorities in the Cancer Plan<sup>2</sup>, being driven by the Cancer Implementation Group (CIG). Our cancer screening programmes are involved in this work as an important part of both primary and secondary prevention.

The exact point at which responsibility for people with screen detected conditions passes on to the health boards is slightly different in each programme, but an important part of all programmes is knowing that people can be referred on for safe, effective diagnostics and treatment if their screening shows an abnormal result. Some details about challenges the division are encountering with diagnostic and treatment services are included in the programme sections below.

### **3.6 Engaging with third sector partners**

All the screening programmes have links with the third sector. The interactions include help with awareness raising from charities directly and indirectly linked to what we screen for and involvement in programme developments, including help with public information. Two examples (out of many) include:

- Development of a film in Antenatal Screening Wales, of a conversation between a midwife and woman explaining the tests and the woman's choice around having these tests. The work was developed with the Down's Syndrome association and Ffion's gift
- Bowel Screening Wales working with Cancer Research UK on increasing uptake. Early next year we will be starting our second big collaborative project which is a large scale public campaign with a parallel GP engagement campaign.

## 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 to attend for screening and the target is 80%.

Breast Test Wales continues to build on strong performance in previous years. An 11th mobile breast screening unit became operational in 2017. This has added greater resilience to the service and helped support work to maintain the 36 month round length.

Service improvement work looking at waiting times for assessment was undertaken in 2015/16 and improvements have been seen as the number and efficiency of clinics has increased. However, waiting times are not always within standard and there is variation across Wales. Some of this is due to staffing levels and lack of capacity in the key medical workforce. One of the biggest challenges the service faces is the age profile of the workforce. Workforce planning for breast services is a priority across Health Boards as experienced staff approach retirement age. This will affect both screening and symptomatic services and the programme are working closely with health boards, however recruitment remains a challenge.

Uptake for screening mammography remains steady. Wales exceeds the minimum standard of 70%. Breast Test Wales constantly reviews the sites its mobile breast screening units visit for suitability in order to provide women with convenient access. There is some concern around uptake in the younger age women and the programme are working with the engagement team exploring barriers women face when invited for their first breast screen and what the programme can do to address them in an effort to improve uptake.

The programme is very strong in collecting and addressing feedback from service users. An example of work responding to feedback over the last year was a pilot in West Wales. The clinic model used was for a Breast Care Nurse to speak to women when they arrived at assessment clinic and talk them through the whole process. This alleviated a lot of worry and evaluated very well. Although exactly the same is not feasible in all centres across Wales, the other centres have adapted key lessons and will be evaluating their own service changes, building on the learning and improving the experience for women.

The next annual statistical report is due to be published on February 22nd 2018. This, and the previous reports, can be found here:

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

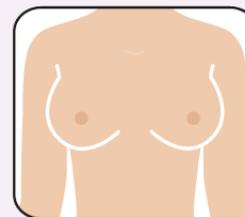
### Breast screening



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

**When:** Every 3 years

**Test:** Breast x-ray



[www.breasttestwales.wales.nhs.uk](http://www.breasttestwales.wales.nhs.uk)  
N Wales: 01492 860888 SE Wales: 029 2039 7222  
Mid & W Wales: 01792 459988

**Wales Uptake (2016/17) : 73.1%**

(Wales 2015/16 – 72.5%)

## 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. Uptake has fallen this year by 1%, though this is on the background of an almost 4% rise the year before, so there is still an overall upwards trend over the last few years. Work is ongoing to engage with partners to look at ways of encouraging participation, including work with the third sector and primary care. From the start of 2018, GP practices will have the option to be informed about their non-responders. Our colleagues in Cancer Research UK have developed a workbook for primary care that details evidence based interventions that can be used with non-responders. This will be launched in early 2018, coinciding with an awareness campaign that CRUK will be running for public and professionals.

Colonoscopy waiting times are an issue across Wales still this year and the programme are working closely with Local Assessment Centre teams to try to reduce them. The programme's 28 day standard is not universally being met. It is acknowledged that there is strain in the service that goes wider than our screening participants, across endoscopy services in Wales. BSW are also working with the Welsh Government Endoscopy Implementation Group and there is interest in the issue from other areas including the Cancer Implementation Group.

Screening Division have been asked by Welsh Government to move to a new first line screening test. Using a Faecal Immunochemical Test (FIT) for first line screening is an exciting development which will enable BSW to improve cancer and polyp detection rates. Planning is underway for a phased implementation starting in January 2019. This test has been shown to significantly improve uptake and decrease inequity in uptake. Whilst this is great news, the programme are mindful of the impact that increased sensitivity and increased uptake will have on demand for colonoscopy. FIT is a quantitative test, and the threshold in Wales has been set at 150 ng/ml. It will provide public health benefit to our population as it will be more sensitive than the current test, though should not overwhelm secondary care services with onwards referrals. Following on from implementation there will be a structured improvement plan in place.

The next annual statistical report is due to be published on February 8th 2018. 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](http://www.bowelscreening.wales.nhs.uk)  
 0800 294 3370

**Wales Uptake (2016/17) : 53.4%**  
(Wales 2015/16 – 54.4%)

## 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%, 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, in line with the trend seen in other 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 HPV testing in Wales. Since May 2016, all women with borderline/low grade abnormalities on cytology have had HPV testing in order to triage the abnormality and decide on the best pathway for the women to follow.

The UK National Screening committee approved HPV as the primary cervical screening test, and Screening Division have been asked by Welsh government to implement this in Wales. A pilot of using HPV testing as the primary screening test was launched across Wales in April 2017. HPV primary testing is being used in 20% of practices across Wales as part of the pilot. It is already providing information to inform the planning for full roll-out across Wales in October 2018. A full evaluation, including qualitative information from health professionals and women involved in the pilot, will further shape how the new test is delivered. There is a lot of work going on around the public information including letters and leaflets, as women invited need to understand the new test and what it means in order to give informed consent. Particular attention is being paid to communities and groups of women where uptake is low.

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. Although the aim of the programme is to reduce the incidence of cervical cancer, sometimes cancers are detected by the screening programme. The majority of the cancers that were screen detected were early stage whereas the majority of the others were later stage. Cancers in younger women were more likely to have been screen detected whereas those in older women were mostly not. In women over 65, many had never been screened or had not been for many years.

The CSWACC data has been 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



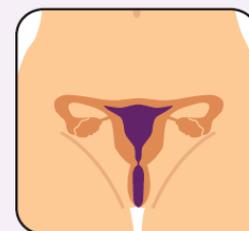
Cervical Screening Wales  
Sgrinio Serffigol Cymru

**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](http://www.cervicalscreeningwales.wales.nhs.uk)

 N Wales: 01352 803277 SE Wales: 029 2078 7910

Mid & W Wales: 01792 644677

### Wales Coverage (2016/17) :

**77.0%**

(Wales 2015/16 – 77.8%)

## 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 achieved the 80% target at a Wales level for the first time this year.

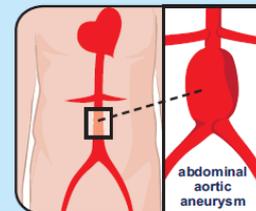
### Abdominal aortic aneurysm screening



**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 (2016/17) : 80.8%**  
(Wales 2015/16 – 79.1%)

As the programme approaches its fifth birthday in 2018, there are still some challenges around delivery. One ongoing challenge is finding suitable venues. The programme does not have any screening clinics of its own, it relies on health board premises - a model which was agreed at the start of the programme. It is a struggle to find enough suitable, high quality venues across Wales so that men do not have to travel more than 30 minutes.

The latest screener to be recruited is working through the new Diploma in Health Screening. This has core modules applicable across all the programmes as well as content specific to AAA. The programme now has a clinical skills trainer in both the North and the South of Wales, providing support to the individual screeners and helping in the quality assurance of the 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 a four nations report. We are currently working together on a toolkit to help tackle inequalities in uptake.

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<sup>3</sup> that have been adopted by the programme. Prior to implementation of the screening programme all Health Boards agreed that they would work towards development of three vascular networks in Wales: one in the North, one in the South East and one in the South West. None of the networks are fully established yet, and progress is variable across Wales. This has been highlighted to the health boards and to Welsh Government and is our main concern in the programme.

The next annual statistical report is due to be published on January 25<sup>th</sup> 2018. This, and the previous reports, can be found here:  
<http://www.aascreening.wales.nhs.uk/statistical-reports>

## 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, 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](http://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 November 2017. And available at <http://www.antenatalscreening.wales.nhs.uk/professional/document/317048>

- The programme has worked with the Heads of Midwifery Educational Group and Cervical Screening Wales to ensure that there is a consistent approach to education about screening for student midwives across Wales.
- The pre-and post-test information for women was reviewed and amended and Easy Read information developed.
- The programme commissioned the charity Tiny Tickers to provide training for sonographers in Wales who perform anomaly scans to include a new view to increase the detection rates of fetal cardiac anomalies.
- A new project is underway, at the request of Welsh Government, to scope screening for Edwards' and Patau's syndromes in singleton and twin pregnancies and the addition of a contingent screen using non-invasive prenatal testing (NIPT) for these conditions.

#### Newborn bloodspot screening



**Who:** All newborn babies  
**When:** 5 days after birth  
**Test:** Heel-prick test



[www.newbornbloodspotscreening.wales.nhs.uk](http://www.newbornbloodspotscreening.wales.nhs.uk)

### Newborn Bloodspot Screening Wales

Across Wales, **99.6%** of eligible babies were tested in 2016/17

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 2016/17, 33505 babies were tested which is 99% of the eligible population. 39 serious conditions were identified. More information can be found in the first Newborn Bloodspot Screening Wales Annual report, published in November 2017, 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 of the conditions tested for, in order to prevent serious consequences. Also, 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 through Heads of Midwifery, Governance Leads, Neonatal Units and Health Visitors. The avoidable repeat rate is 5.5% which is improving, but not yet at the target level of less than 2%.

## Newborn Hearing Screening Wales

The aim of this programme is to identify babies with significant hearing impairment which is 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 week of life.

Uptake of the programme remains very high with no discernable inequity in uptake by deprivation. The latest statistical reports can be found here: [http://www.wales.nhs.uk/sitesplus/980/page/54171#ANNUAL\\_REPORTS](http://www.wales.nhs.uk/sitesplus/980/page/54171#ANNUAL_REPORTS)

Development of new Education and Training continues. Newborn Hearing Screening is an important part of the diploma in Health Screening which has generic modules for all screeners, and specific ones for the programmes involved.

Along with the other Maternal and Child programmes, Newborn Hearing Screening have recently published Easy Read information for parents. These use pictures and simple language to explain screening and help people 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 2 weeks of birth

**Test:** Hearing test



[www.newbornhearingscreening.wales.nhs.uk](http://www.newbornhearingscreening.wales.nhs.uk)

### Uptake

**All Wales: 99.5%**

(All Wales 2015/16 – 99.5%)

## 9 Diabetic Eye Screening Wales

**Aim:** The aim of the Diabetic eye screening programme is to reduce the incidence of visual loss due to diabetic retinopathy.

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

**Diabetic eye screening**

Sgrinio Llygaid Diabetig Cymru  
Diabetic Eye Screening Wales

**Who:** Everyone over 12 years with diabetes

**When:** Every year

**Test:** Photographs of the eye



[www.eyecare.wales.nhs.uk/DRSSW](http://www.eyecare.wales.nhs.uk/DRSSW)  
01443 844244

The Service was commissioned by the Welsh Assembly Government in July 2002 as part of the Eye Care Initiative risk reduction programme and an important element of delivering the Diabetes National Service Framework (NSF, 2002). Originally hosted by Cardiff and Vale University Health Board and previously known as the Diabetic Retinopathy Screening Service for Wales, the programme transferred to the Screening Division, Public Health Wales on April 1, 2016.

Two big differences to the other programmes in Screening division are the eligibility criteria and how participants are identified. All those registered with a GP in Wales who have a confirmed diagnosis of diabetes and are aged 12 or over, should be referred in to the service. The programme therefore spans children and adults and is for a defined population of those who have been diagnosed with diabetes.

It has been over a year since the programme has been part of Public Health Wales. Some of the key achievements in this time include:

- Development of agreed performance indicators and standards, first performance reports to be produced in 2018.
- Development of standard operating procedures and policies to ensure consistency across Wales.
- Development of robust failsafe procedures.
- Beginning a thorough review of public information including leaflets and letters.

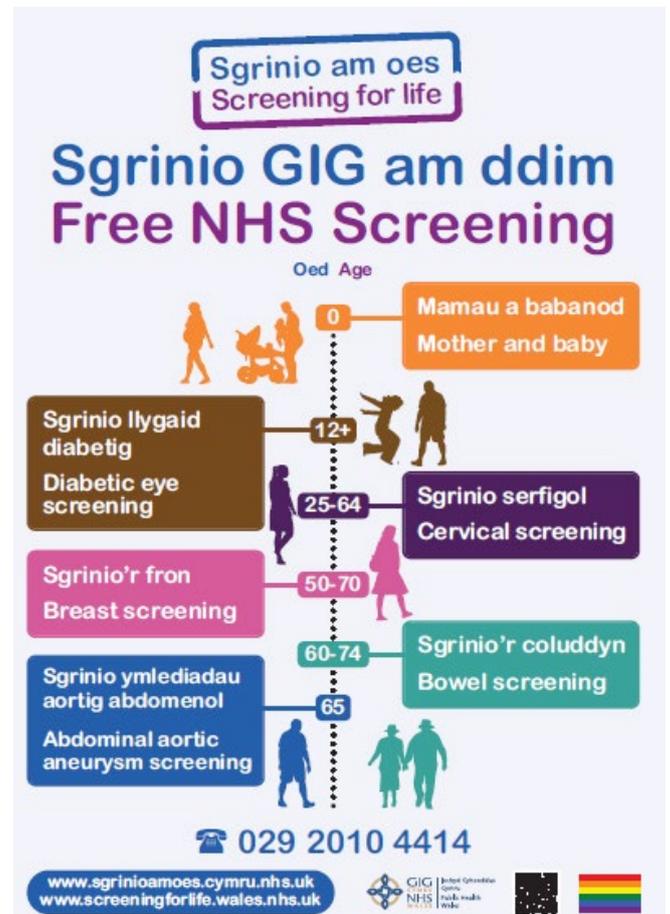
A study published in the BMJ Open in July 2017 showed that the number of people in Wales diagnosed as blind or living with sight loss as a result of diabetes has almost halved since the introduction of the national diabetic retinopathy screening programme in 2003. This is even though the number of people diagnosed with diabetes has increased. The research was conducted by the diabetic research unit at Swansea University. It showed that screening played a significant role in early diagnosis and treatment, alongside other measures, such as improved diabetes management with timely onward referral and newer treatments. It reaffirms the importance and the need for regular screening.

The Head of Programme, who has successfully led the programme through this challenging transition period, will be retiring in January. We wish Andrew Crowder well and are looking forward to getting to know his successor Jude Kay.

## 10 Forward Look

Key plans for the following year include:

- The appointment of a substantive Director of Screening Division
- The introduction of FIT testing for bowel screening is due to take place in early 2019 and there will be a continued focus on planning for this major service change
- HPV primary testing in the cervical Screening Programme is due to be rolled out to the whole population in October 2018
- Starting to plan the introduction of risk based screening intervals in Diabetic Eye Screening Wales, in line with UK National Screening Committee recommendations
- Facilitating the introduction of non-invasive prenatal testing as a contingent test in Antenatal Screening Wales
- Continuing to improve service user experience, engagement and uptake.
- Developing the Screening for the Future programme.



## 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 are organised. The NHS Wales staff survey was carried out at around the same time and added a different, internal perspective on the division.

The Screening Division Senior Management Team decided to be ambitious in addressing these two. Rather than looking at them in isolation, the decision was made to use the review and the survey as pieces of evidence to inform a large scale improvement project that the division has called Screening for the Future.

Staff engagement events were held in the three regions of Wales in May to explore further how we could move from good to better and ensure the division is a great place to work, delivering the best possible programmes for the population of Wales. The Wellbeing of Future Generations Act is important in shaping the way the programme is run and the outcomes. Also, the development of the Public Health Wales 10 year strategy provides a long-term focus for the project and goals to aim for.

Health boards are important partners of screening division and will be key to the success of some elements of the programme, particularly around the end of the screening pathway and referral on for diagnostics and treatment. The structure of the programme is being defined and the mechanism of involvement of partners is not decided, but there will need to be good communication. Although this will be a challenge, it is an exciting time for the division.

## 11 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](http://www.screeningforlife.wales.nhs.uk)
- Programme Websites:
  - Antenatal Screening Wales [www.antenatalscreening.wales.nhs.uk](http://www.antenatalscreening.wales.nhs.uk)
  - Breast Test Wales [www.breasttestwales.wales.nhs.uk](http://www.breasttestwales.wales.nhs.uk)
  - Bowel Screening Wales [www.bowelscreeningwales.org.uk](http://www.bowelscreeningwales.org.uk)
  - Cervical Screening Wales [www.cervicalscreeningwales.wales.nhs.uk](http://www.cervicalscreeningwales.wales.nhs.uk)
  - Newborn Bloodspot Screening Wales [www.newbornbloodspotscreening.wales.nhs.uk](http://www.newbornbloodspotscreening.wales.nhs.uk)
  - Newborn Hearing Screening Wales [www.newbornhearingscreening.wales.nhs.uk](http://www.newbornhearingscreening.wales.nhs.uk)
  - Wales Abdominal Aortic Aneurysm Screening Programme [www.aaascreening.wales.nhs.uk](http://www.aaascreening.wales.nhs.uk)
  - Diabetic Eye Screening Wales - [www.eyecare.wales.nhs.uk/drssw](http://www.eyecare.wales.nhs.uk/drssw)
- 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, Acting 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

**Screening Division**, Floor 4, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff CF10 4BQ

**Telephone:** (029) 2022 7744

**Minicom:** (029) 2078 7907

**Email:** [screening.feedback@wales.nhs.uk](mailto:screening.feedback@wales.nhs.uk)

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

### References:

1. GP endorsement: Hewitson et al. Br J Cancer 2011 Aug 9;105(4):475-80.
2. Cancer plan: <http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/161114cancerplanen.pdf>
3. VSGBI guidelines: [www.vascularsociety.org.uk](http://www.vascularsociety.org.uk) (search POVS 2015)
4. Diabetic Retinopathy – Thomas et al. BMJ Open 2017;7:e015024