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# Bowel Screening Wales Annual Statistical Report 2023-24

Version 1

Mae'r ddogfen yma ar gael yn y Gymraeg/This document is available in Welsh

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## Contact details

Informatics Division, Floor 6, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ

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

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

## QA statement

Screening data records are constantly changing. The databases used by Public Health Wales Screening Division are updated on a daily basis when records are added, changed or removed (archived). This might relate to when a person has been identified as needing screening, has had screening results that need to be recorded, or has a change of status and no longer needs screening respectively. Data is received from a large number of different sources with varying levels of accuracy and completeness. The Screening Division checks data for accuracy by comparing datasets – for example GP practice data – and corrects the coding data where possible. It should be noted that there are sometimes delays in data collection – for example a person might not immediately register with their GP if they move address. These delays will therefore affect the completeness of the data depending on individual circumstances. In addition, the reader should be aware that data is constantly updated and there might be slight readjustments in the numbers cited in this document year on year because of data refreshing. We occasionally suppress numbers lower than five when the data is potentially sensitive.

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This document is also available in Welsh.

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## Key messages

- Bowel screening reduces the risk of dying from bowel cancer.
- During the earlier part of this reporting period (April - September 2023), men and women aged 55 to 74 were invited to take part every two years. The age range was extended to 51 to 74 years from October 2023, taking a phased approach so that only around half of those newly eligible were invited for screening during this reporting period.
- The sensitivity of the screening test was increased with a change in positive threshold from 150µg/g to 120µg/g from October 2023.
- People can feel well even if they have bowel cancer. Finding cancer early gives the best chance of survival.
- Bowel screening uses a free NHS test that can be completed easily at home.
- Screening will miss some cancers, and some cancers cannot be cured.
- Taking part in bowel screening is an individual's choice. We encourage people invited for screening to read the information pack carefully to help them make their decision.



# Introduction

## Background

This is the eleventh annual statistical report published by Bowel Screening Wales. This report covers data for the financial year 2023-24.

Bowel Screening Wales was launched in October 2008 with the aim to reduce the number of people dying from bowel cancer in the group of people invited for screening in Wales. The bowel screening programme identifies bowel cancers early when treatment is more likely to be successful and also removes pre-cancerous growths that could develop into cancer over a period of time. In the year 2023-24 Bowel Screening Wales diagnosed 457 people with bowel cancer and removed polyps from 3,752 screening participants.

The 2022 Annual Report from the National Bowel Cancer Audit reported that 10% of patients diagnosed with bowel cancer were referred via screening programmes in England and Wales. People with a cancer detected by screening had less advanced disease and were generally fitter. As a result, 86% of patients diagnosed via screening received curative treatment compared to 50% who presented as an emergency.

## Current eligibility

From the 5<sup>th</sup> of October 2023, Bowel Screening Wales invited individuals aged between 51 to 74 for bowel cancer screening every two years.

## Sources of additional information

2020 NBOCAP: <https://www.nboca.org.uk/content/uploads/2020/12/NBOCA-2020-Annual-Report.pdf>

Bowel Screening Wales website: [www.phw.nhs.wales/bowel-screening](http://www.phw.nhs.wales/bowel-screening)

## Screening locations

Bowel Screening Wales offers home sample collection using the screening test kit, with any further investigations performed in the Health Board hospitals across Wales.



## Summary of activity in reported year

During this reporting period Bowel Screening Wales expanded the eligible age range for bowel cancer screening in Wales. From October 2023, individuals aged between 51 and 54 started to be invited for screening for the first time (eligible population age range 51-74). This age expansion was phased in, with approximately 50% of those newly eligible 51–54-year-olds invited by the end of March 2024, the remainder of this newly eligible group will be invited by September 2024. As such, the data presented in this report will relate to individuals aged 55-74 between April 2023 and September 2023 and 51-74 between October 2023 and March 2024. During this time period, Bowel Screening Wales increased the sensitivity of the screening faecal immunochemical test (FIT) through a change in the positive threshold from 150µg/g to 120µg/g from October 2023

## Looking forward to the next screening year

The age expansion described above was part of a longer-term (4-year) plan to expand the eligible screening age to 50-74. The eligible screening age will be expanded further to include those aged from 50 from October 2024, with further plans to increase the sensitivity of the screening FIT by a further change in the positive threshold from 120µg/g to 80µg/g from October 2024.

## Programme delivery

Bowel Screening Wales is part of the Screening Division of Public Health Wales and is responsible for managing, delivering and quality assuring the programme. The programme is led by a Consultant in Public Health Medicine and headed by a Head of Programme. The bowel screening programme is delivered by multi-disciplinary staff, including Screening Colonoscopists, Pathologists, Radiologists, nursing, administrative and laboratory-based staff. The programme is supported by Quality Assurance Advisors for relevant clinical disciplines.

## Screening pathway

Eligible participants are identified from the Welsh Demographic System and invited for screening.

Invitation is based on date of birth and comprises of a letter and an information pack which contains the test to be completed. The test is sent to eligible people by post for completion at home and returned to the central screening laboratory by post in the prepaid envelope provided.

People with negative screening test results require no further investigations at that time. These individuals are returned to routine recall and invited again for screening two years later, if they remain in the eligible age range.

Participants with positive results require further investigations and are invited for an assessment of their fitness for colonoscopy with a Screening Practitioner (SP). These specialist nurses are based in hospitals across Wales and most assessments are conducted by telephone, but face to face appointments are available on request or if considered necessary by the SP.

If considered medically fit, colonoscopy is offered to the participant as the recognised definitive test and, if accepted, this is undertaken at a hospital local to the participant. Depending on the findings after colonoscopy, participants are either returned to routine recall, put onto a surveillance programme according to the number and size of polyps identified, or referred to the multi-disciplinary team following a diagnosis of cancer.

If a participant is not fit for colonoscopy, a Computed Tomography Colonography (CTC) scan is usually offered

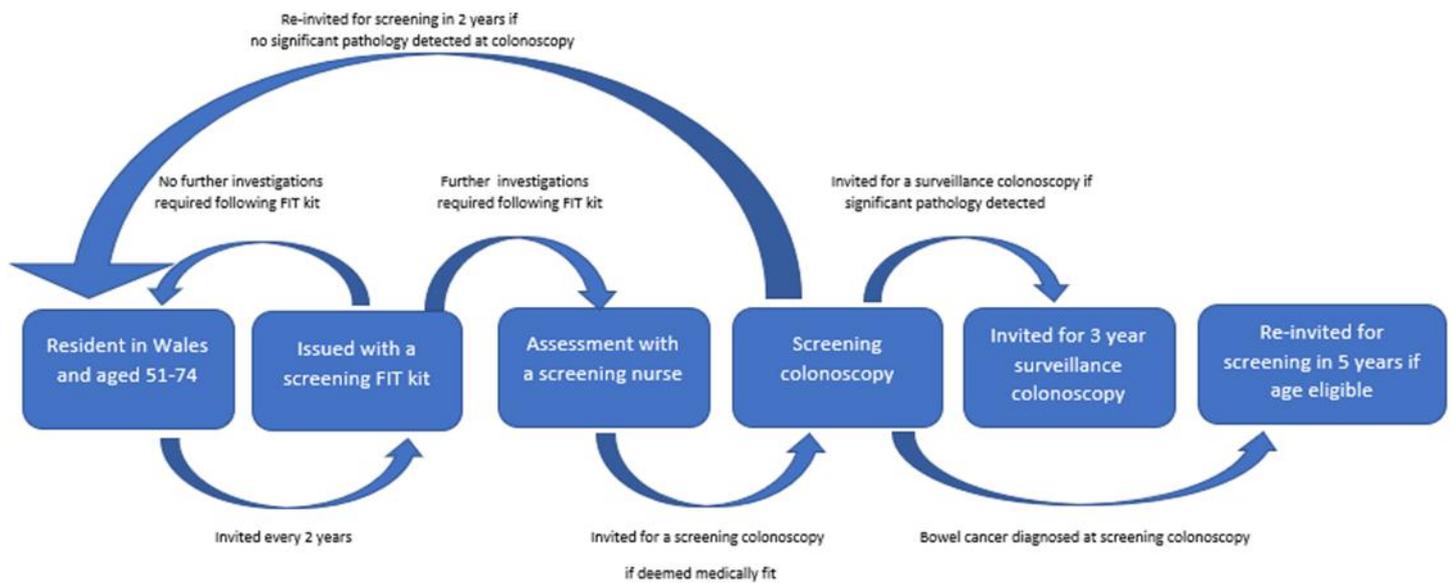


Figure 1: Pathway for bowel screening (NOTE: Eligible age range was 55-74 between April-September 2023, then 51-74 from October 2023 – March 2024)



# Headline statistics

This report covers the time period from April 2023 to March 2024.

- Bowel screening coverage as of 1st October 2024 was 64.8%.
- Coverage on 1st October 2024 ranged from 63.5% in Swansea Bay University Health Board to 66.0% in Powys Teaching Health Board.
- Bowel screening uptake for participants invited (and eligible) between April 2023 and March 2024 was 65.5%.
- Uptake in 2023-24 ranged from 64.2% in Swansea Bay University Health Board to 67.3% in Powys Teaching Health Board.
- Coverage and uptake rates were higher in females. Coverage was 66.9% in females compared to 62.6% in males, uptake was 67.7% in females compared to 63.3% in males.
- Coverage and uptake rates were also higher in those living in the least deprived areas (71.5% and 72.7% respectively in the least deprived areas compared to 55.7% and 55.8% respectively in the most deprived areas).
- 494,051 participants were invited<sup>1</sup> for bowel screening.
- 327,714 tests were authorised of which 1.8% were rejected as they could not be tested.
- 321,779 tests were given a definitive result, of which 98.1% were negative and 1.9% were positive.
- A result letter was issued to 100% of the participants within a week (less than seven calendar days) of receipt of the sample by the laboratory.
- Across Wales, 20.7% of participants with a screening positive result were offered a diagnostic procedure (colonoscopy or flexible sigmoidoscopy) within four weeks of contacting Bowel Screening Wales to make the appointment with a Screening Practitioner.
- 63.1% of participants with a screening positive result were offered a diagnostic procedure within eight weeks.
- Attendance at the first diagnostic procedure was 95.0% with 5,127 participants attending a first procedure.
- At the first diagnostic procedure, the cancer detection rate was 8.9%, polyp detection rate was 73.2% and the adenoma detection rate was 58.3%.

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<sup>1</sup> This invited number is not the same as invited *and* eligible participants used for uptake calculations



- 457 participants were diagnosed with cancer and 3,752 participants had polyps detected and removed.
- Across Wales, 91.0% of booked Computed Tomography Colonography (CTC) scans were attended.

# Data

## Coverage

### Definition and standard

For coverage calculations, eligible participants are those that are resident in Wales at the time of reporting, that are not currently ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement out of Wales or death and are between invite age range of 51 to 74 years.

Deprivation quintiles were assigned using the Welsh Index of Multiple Deprivation (WIMD) 2019, measured at lower super output area (LSOA) level. LSOAs are ranked into quintiles at an all-Wales level so they can be compared between health boards. This means that there will not be an equal proportion of people in each quintile when individual health board data are examined (e.g. in Monmouthshire, 40% of the population live in the least deprived quintile of Wales, but no areas fall into the Welsh most deprived quintile).

The calculation counts those eligible participants that have had a bowel cancer screening test analysed and authorised by the laboratory within two and a half years of the reporting date.

Standard: At least 60% of eligible people will have participated in the screening programme within the last 2.5 years.

### Result for 2023-2024

At an all-Wales level, coverage was 64.8%

### Three-year trend

All-Wales level coverage was 64.8% in 2023-24, 63.1% in 2022-23, and 63.9% in 2021-22.

### Comment

At an all-Wales level, coverage increased (1.7%) in 2023-24 compared to the previous year.



## Figures and tables

**Table 1: Bowel Screening Coverage (within 2.5 years) by gender and health board of residence, as at 1 October 2024**

Health Board	Total			Female			Male		
	Eligible	Screened within 2.5 years	% Cover age	Eligible	Screened within 2.5 years	% Cover age	Eligible	Screened within 2.5 years	% Cover age
Aneurin Bevan UHB	152,060	98,536	<b>64.8</b>	76,587	51,173	<b>66.8</b>	75,473	47,363	<b>62.8</b>
Betsi Cadwaladr UHB	189,638	123,033	<b>64.9</b>	96,195	64,637	<b>67.2</b>	93,443	58,396	<b>62.5</b>
Cardiff and Vale UHB	109,794	70,977	<b>64.6</b>	55,093	37,027	<b>67.2</b>	54,700	33,950	<b>62.1</b>
Cwm Taf Morgannwg UHB	112,063	71,781	<b>64.1</b>	56,670	37,086	<b>65.4</b>	55,393	34,695	<b>62.6</b>
Hywel Dda UHB	111,843	73,729	<b>65.9</b>	57,006	38,934	<b>68.3</b>	54,835	34,794	<b>63.5</b>
Powys Teaching HB	41,381	27,329	<b>66.0</b>	20,890	14,407	<b>69.0</b>	20,491	12,922	<b>63.1</b>
Swansea Bay UHB	96,429	61,266	<b>63.5</b>	48,819	31,838	<b>65.2</b>	47,610	29,428	<b>61.8</b>
Unknown	807	474	<b>58.7</b>	416	246	<b>59.1</b>	391	228	<b>58.3</b>
<b>All Wales</b>	<b>814,015</b>	<b>527,125</b>	<b>64.8</b>	<b>411,676</b>	<b>275,348</b>	<b>66.9</b>	<b>402,336</b>	<b>251,776</b>	<b>62.6</b>

Where a residence postcode is unknown it is not possible for it to be linked to a quintile or health board. It is therefore categorised as unknown.

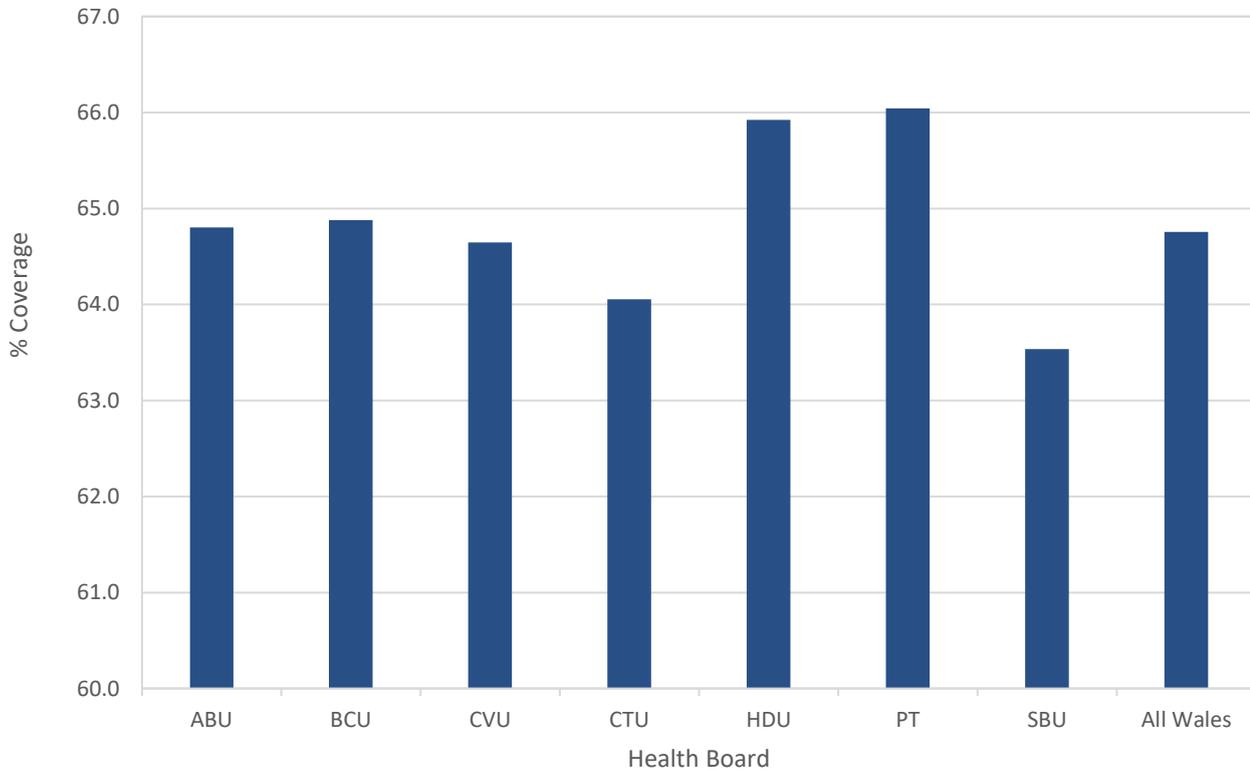


Figure 2: Bowel Screening Coverage (within 2.5 years) by Health Board of residence, as at 1 October 2024



**Table 2: Bowel Screening Coverage (within 2.5 years), %, by deprivation quintile and health board of residence, as at 1 October 2024**

Health Board	Coverage %					Total coverage
	Q1 - most deprived	Q2	Q3	Q4	Q5 - least deprived	
Aneurin Bevan UHB	56.3	62.7	65.5	69.3	72.9	<b>64.8</b>
Betsi Cadwaladr UHB	53.9	59.6	64.8	67.5	70.3	<b>66.3</b>
Cardiff and Vale UHB	52.8	58.4	61.4	66.5	72.2	<b>64.2</b>
Cwm Taf Morgannwg UHB	58.0	62.5	64.2	68.1	72.0	<b>70.3</b>
Hywel Dda UHB	57.3	63.4	65.8	69.0	69.6	<b>77.9</b>
Powys Teaching HB	57.5	61.6	64.7	67.5	70.0	<b>81.1</b>
Swansea Bay UHB	55.9	61.2	63.1	67.2	70.7	<b>45.5</b>
Unknown	N/A	N/A	N/A	N/A	N/A	<b>58.7</b>
<b>All Wales</b>	<b>55.7</b>	<b>61.6</b>	<b>64.7</b>	<b>68.0</b>	<b>71.5</b>	<b>63.5</b>

Where a residence postcode is unknown it is not possible for it to be linked to a quintile or health board. It is therefore categorised as unknown.

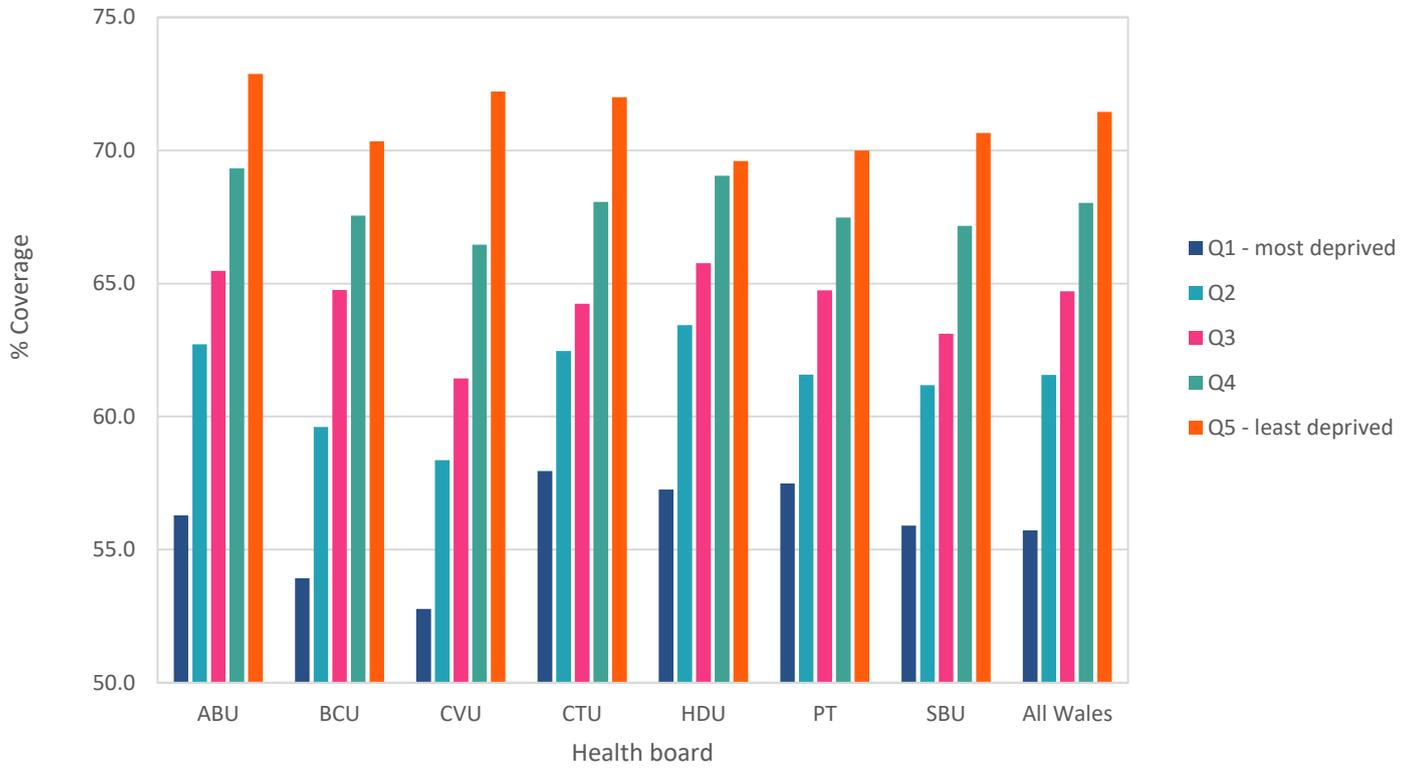


Figure 3: Bowel Screening Coverage (within 2.5 years) by deprivation quintile and health board of residence, as at 1 October 2024



Table 3: All Wales Bowel Screening Coverage - Historical Comparison

Year	Eligible	Tested	% Coverage
2015-16	540,022	279,308	51.7
2016-17	545,623	281,321	51.6
2017-18	550,971	294,121	53.4
2018-19	555,549	309,303	55.7
2019-20	546,106	321,695	58.9
2020-21	572,681	361,846	63.2
2021-22	664,439	424,573	63.9
2022-23	807,903	510,120	63.1
2023-24	814,015	527,125	64.8



## Uptake by health board of residence

### Definition and standard

For uptake calculations, eligible participants are those that were resident in Wales (not deducted on NHAIS (National Health Application and Infrastructure Services) in the six months following invitation) and invited for bowel screening during the reporting period date range. Participants that were ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement out of Wales or death, within six months following invitation were excluded, unless they had returned a used test.

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

Deprivation quintiles were assigned using the Welsh Index of Multiple Deprivation (WIMD) 2019, measured at lower super output area (LSOA) level. LSOAs are ranked into quintiles at an all-Wales level so they can be compared between health boards. This means that there will not be an equal proportion of people in each quintile when you look at each health board e.g. in Monmouthshire, 40% of the population live in the least deprived quintile of Wales, but no areas fall into the Welsh most deprived quintile.

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

### Result for 2023-2024

At an all-Wales level, uptake was 65.5%

### Three-year trend

All-Wales level uptake was 65.5% in 2023-24, 65.9% in 2022-23, and 67.2% in 2021-22.

### Comment

At an all-Wales level, uptake decreased slightly (0.4%) in 2023-24 compared to the previous year.

The programme is working closely with partners to increase uptake across the population as well as specifically in groups where uptake is low.



## Figures and tables

Table 4: Bowel Screening uptake by gender and health board of residence, 2023-24

Health Board	Total			Female			Male		
	Eligible	Responded	% Uptake	Eligible	Responded	% Uptake	Eligible	Responded	% Uptake
Aneurin Bevan UHB	91,682	59,761	65.2	46,278	31,126	67.3	45,404	28,635	63.1
Betsi Cadwaladr UHB	114,957	75,792	65.9	58,214	39,655	68.1	56,743	36,137	63.7
Cardiff and Vale UHB	66,742	43,608	65.3	33,274	22,672	68.1	33,467	20,936	62.6
Cwm Taf Morgannwg UHB	67,538	43,564	64.5	34,100	22,571	66.2	33,438	20,993	62.8
Hywel Dda UHB	66,837	44,794	67.0	34,117	23,634	69.3	32,720	21,160	64.7
Powys Teaching HB	24,617	16,560	67.3	12,488	8,746	70.0	12,129	7,814	64.4
Swansea Bay UHB	57,503	36,910	64.2	29,111	19,239	66.1	28,392	17,671	62.2
Unknown	498	311	62.4	257	157	61.1	241	154	63.9
<b>All Wales</b>	<b>490,374</b>	<b>321,300</b>	<b>65.5</b>	<b>247,839</b>	<b>167,800</b>	<b>67.7</b>	<b>242,534</b>	<b>153,500</b>	<b>63.3</b>

Where a residence postcode is unknown it is not possible for it to be linked to a quintile or health board. It is therefore categorised as unknown.

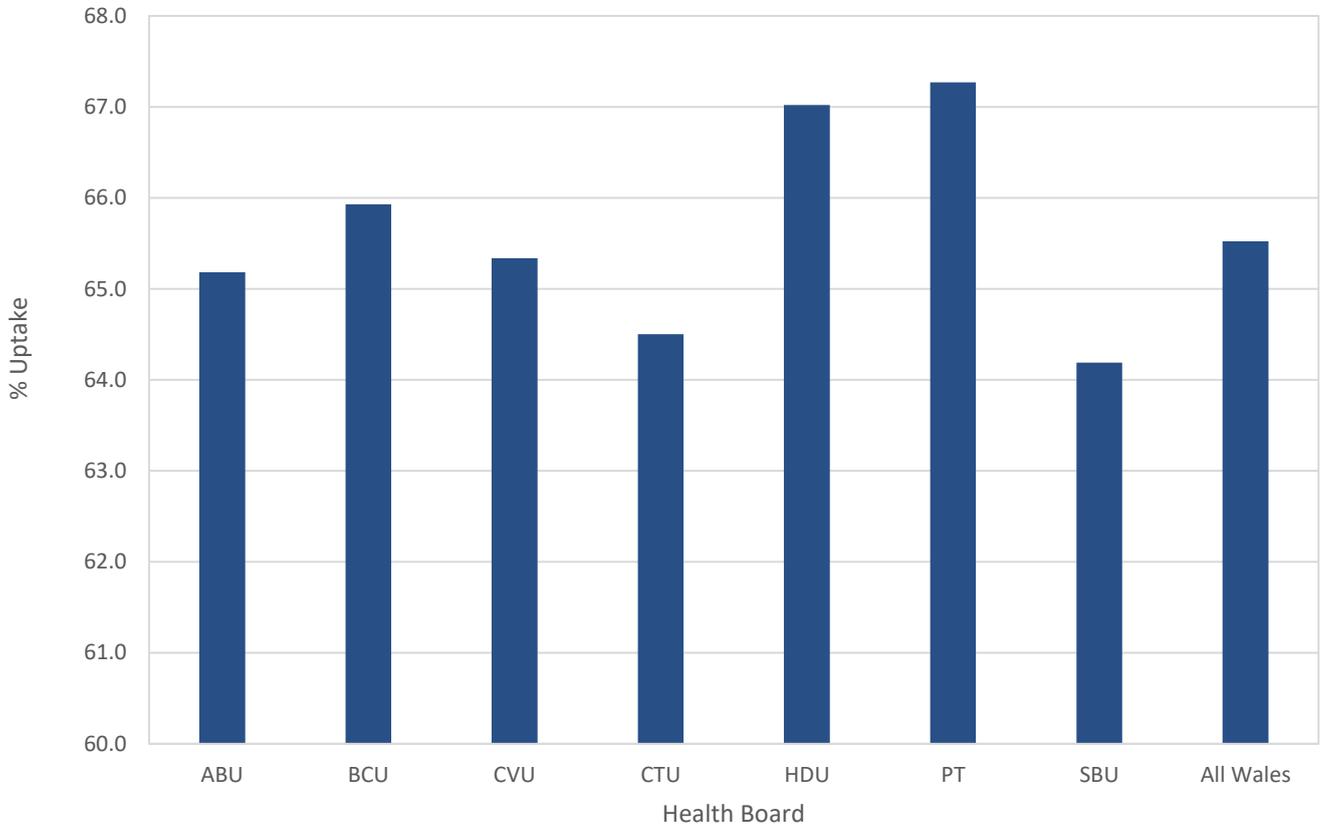


Figure 4 Bowel Screening Uptake by health board of residence, 2023-24



Table 5: Bowel Screening Uptake, %, by deprivation quintile and health board of residence, 2023-24

Health Board	Uptake %					Total uptake
	Q1 - most deprived	Q2	Q3	Q4	Q5 - least deprived	
Aneurin Bevan UHB	55.8	63.4	66.1	70.0	73.6	65.9
Betsi Cadwaladr UHB	54.7	60.3	65.7	68.4	72.2	69.1
Cardiff and Vale UHB	53.1	58.9	62.0	66.9	73.5	61.7
Cwm Taf Morgannwg UHB	58.3	62.7	65.0	68.5	72.5	80.4
Hywel Dda UHB	57.4	64.2	67.2	70.2	70.6	77.6
Powys Teaching HB	56.7	61.6	66.4	68.7	71.9	80.8
Swansea Bay UHB	55.6	62.0	63.3	68.5	71.9	71.4
Unknown	N/A	N/A	N/A	N/A	N/A	62.4
<b>All Wales</b>	<b>55.8</b>	<b>62.1</b>	<b>65.7</b>	<b>68.9</b>	<b>72.7</b>	<b>65.8</b>

Where a residence postcode is unknown it is not possible for it to be linked to a quintile or health board. It is therefore categorised as unknown.

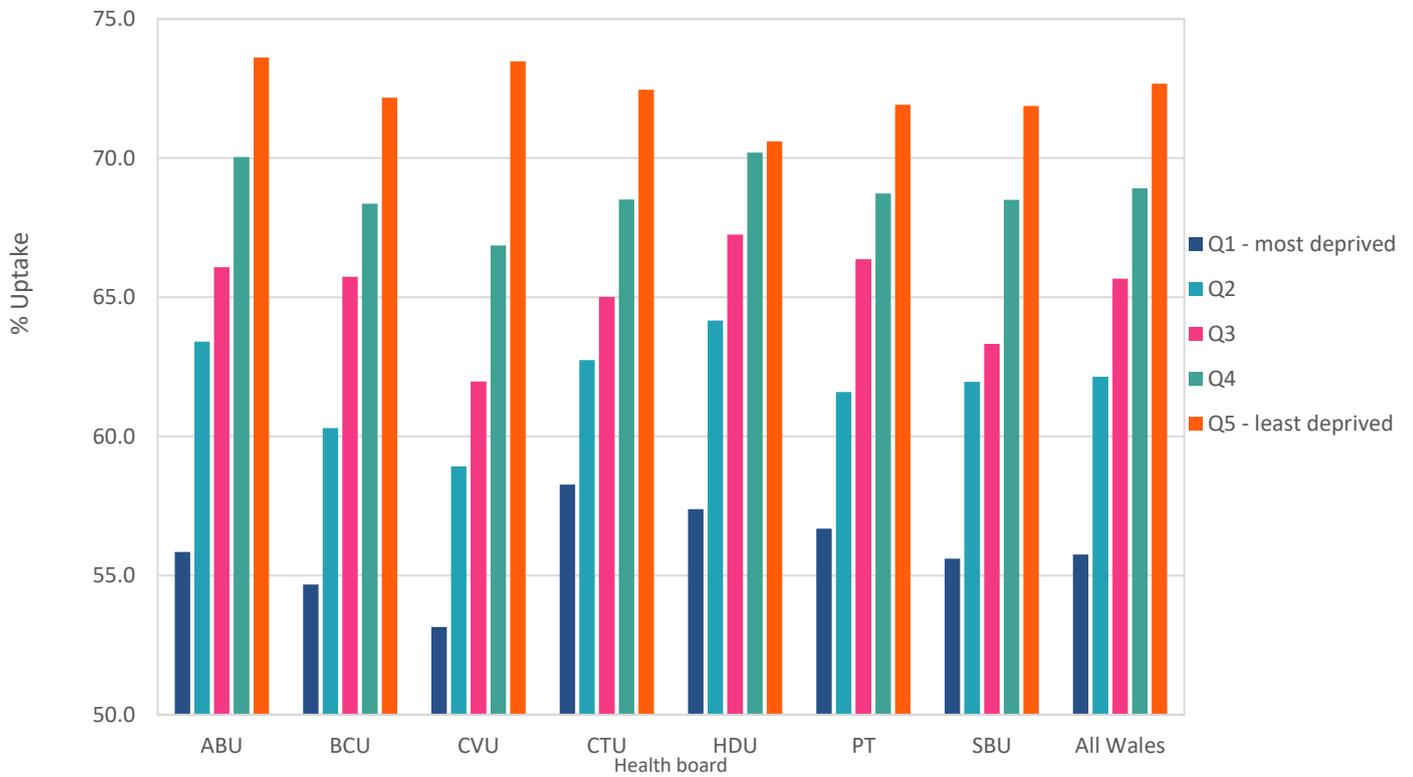


Figure 5: Bowel Screening Uptake (%) by deprivation quintile and health board of residence, 2023-24



Table 6: All Wales Bowel Screening Uptake - Historical Comparison

Year	Eligible	Tested	% Uptake
2015-16	281,082	152,794	54.4
2016-17	274,738	146,592	53.4
2017-18	283,106	157,594	55.7
2018-19	280,556	160,652	57.3
2019-20	273,045	167,986	61.5
2020-21	223,667	150,161	67.1
2021-22	354,131	238,065	67.2
2022-23	414,032	272,928	65.9
2023-24	490,374	321,300	65.5



Table 7: All Wales Bowel Screening Uptake (%) by month of invite, 2023-24

Invite Year	Invite Month	Eligible	Tested	Uptake %
2023	Apr	37,547	24,986	66.5
2023	May	46,821	31,802	67.9
2023	Jun	37,636	25,490	67.7
2023	Jul	37,197	25,194	67.7
2023	Aug	46,879	30,861	65.8
2023	Sep	37,760	24,435	64.7
2023	Oct	38,054	25,864	68.0
2023	Nov	47,563	31,039	65.3
2023	Dec	37,709	23,258	61.7
2024	Jan	47,389	30,302	63.9
2024	Feb	37,882	24,184	63.8
2024	Mar	37,937	23,885	63.0
Total		490,374	321,300	65.5

## Uptake by type of recall

### Definition and standard

For uptake calculations, eligible participants are those that were resident in Wales (not deducted on NHAIS in the six months following invitation) and invited for bowel screening during the reporting period date range. Participants that were ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement out of Wales or death, within six months following invitation were excluded, unless they had returned a used test.

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

**Prevalent Round - first invite:** The prevalent round first invitation is the first time a person is invited to take part in screening. They have not been screened before as they have not been invited previously.

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

**Incident Round:** The incident round is when people who have been invited previously, and taken up the offer, are subsequently re-invited for screening.

**Standard:** A minimum of 60% of invited participants returned a completed test within six months of invitation.

### Result for 2023-2024

Table 8: All Wales Bowel Screening Uptake by Type of Recall, 2023-24

Year	Prevalent Round - 1st Invite			Prevalent Round - Subsequent invite(s)			Incident Round		
	Eligible	Tested	% Uptake	Eligible	Tested	% Uptake	Eligible	Tested	% Uptake
2023-24	195,726	113,850	58.2	81,436	14,254	17.5	213,212	193,196	90.6



## Three-year trend

Table 9: All Wales Bowel Screening Uptake by Type of Recall, three-year trend

Year	Prevalent Round - 1st Invite			Prevalent Round - Subsequent invite(s)			Incident Round		
	Eligible	Tested	% Uptake	Eligible	Tested	% Uptake	Eligible	Tested	% Uptake
2023-24	195,726	113,850	58.2	81,436	14,254	17.5	213,212	193,196	90.6
2022-23	205,701	129,694	63.0	61,070	10,319	16.9	147,261	132,915	90.3
2021-22	68,961	44,283	64.2	94,478	20,809	22.0	190,692	172,973	90.7

## Comment

Screening uptake is highest in those who have participated in bowel cancer screening previously (incident round) and lowest in those who have been invited previously but have not participated (prevalent round- subsequent invite). This trend has been consistent over the past three-year period.



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## Participants invited

### Definition and standard

No definition or standard

### Result for 2023-2024

494,051 participants, 51 to 74 years old, were invited.

### Three-year trend

494,051 participants, 51 to 74 years old, were invited in 2023-24.

417,683 participants, 55 to 74 years old, were invited in 2022-23.

356,851 participants, 58 to 74 years old, were invited in 2021-22.



## Figures and tables

Table 10: Number of female participants invited for bowel screening by age and health board of residence, 2023-24

Health Board	Female Participants						Total Invited
	51-54 years	55-57 years	58-59 years	60-64 years	65-69 years	70-74 years	
Aneurin Bevan UHB	8786	9,730	65	9,975	8,199	9,767	46,522
Betsi Cadwaladr UHB	10564	11,440	188	12,507	10,744	13,130	58,573
Cardiff and Vale UHB	6520	6,716	59	7,302	5,979	6,887	33,463
Cwm Taf Morgannwg UHB	6504	6,911	46	7,385	6,027	7,399	34,272
Hywel Dda UHB	5776	6,536	101	7,446	6,592	7,834	34,285
Powys Teaching Health Board	1999	2,333	56	2,730	2,474	2,959	12,551
Swansea Bay UHB	5296	5,783	39	6,340	5,471	6,312	29,241
Unknown	63	51	10	70	51	33	278
<b>All Wales</b>	<b>45,508</b>	<b>49,500</b>	<b>564</b>	<b>53,755</b>	<b>45,537</b>	<b>54,321</b>	<b>249,185</b>



Table 11: Number of male participants invited for bowel screening by age and health board of residence, 2023-24

Male Participants							
Health Board	51-54 years	55-57 years	58-59 years	60-64 years	65-69 years	70-74 years	Total Invited
Aneurin Bevan UHB	9,069	9,717	79	10,138	7,859	8,999	45,861
Betsi Cadwaladr UHB	10,731	11,605	203	12,490	10,183	12,047	57,259
Cardiff and Vale UHB	7,015	7,103	49	7,461	5,823	6,400	33,851
Cwm Taf Morgannwg UHB	6,584	7,109	51	7,364	5,741	6,892	33,741
Hywel Dda UHB	5,470	6,341	102	7,257	6,469	7,371	33,010
Powys Teaching Health Board	1,990	2,263	54	2,713	2,333	2,872	12,225
Swansea Bay UHB	5,560	6,027	38	6,222	5,016	5,785	28,648
Unknown	72	43	11	67	51	26	270
<b>All Wales</b>	<b>46,491</b>	<b>50,208</b>	<b>587</b>	<b>53,712</b>	<b>43,475</b>	<b>50,392</b>	<b>244,865</b>



Table 12: Total participants invited for bowel screening by age and health board of residence, 2023-24

Health Board	Participants						Total Invited
	51-54 years	55-57 years	58-59 years	60-64 years	65-69 years	70-74 years	
Aneurin Bevan UHB	17,855	19,447	144	20,113	16,058	18,766	92,383
Betsi Cadwaladr UHB	21,295	23,045	391	24,997	20,927	25,177	115,832
Cardiff and Vale UHB	13,535	13,819	109	14,763	11,802	13,287	67,315
Cwm Taf Morgannwg UHB	13,088	14,020	97	14,749	11,768	14,291	68,013
Hywel Dda UHB	11,246	12,877	203	14,703	13,061	15,205	67,295
Powys Teaching Health Board	3,989	4,596	110	5,443	4,807	5,831	24,776
Swansea Bay UHB	10,856	11,810	77	12,562	10,487	12,097	57,889
Unknown	135	94	21	137	102	59	548
<b>All Wales</b>	<b>91,999</b>	<b>99,708</b>	<b>1,152</b>	<b>107,467</b>	<b>89,012</b>	<b>104,713</b>	<b>494,051</b>

## Laboratory reporting rates

### Definition and standard

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

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

Rejected rates are calculated as a percentage of all the results (negative, positive and rejected).

Positivity rate standard: is between 1% and 2.5% of all test kits returned with definitive results have a positive result.

Rejected rate standard: is less than 2% of all authorised test kits returned have a rejected result.

### Result for 2023-2024

In 2023-24, the all-Wales negative rate was 98.1%, positive 1.9% and rejected was 1.8%.

### Three-year trend

In 2023-24, the all-Wales negative rate was 98.1%, positive 1.9% and rejected was 2.1%.

In 2022-23, the all-Wales negative rate was 98.1%, positive 1.9% and rejected was 2.1%.

In 2021-22, the all-Wales negative rate was 98.0%, positive 2.0% and rejected was 3.7%.

## Figures and tables

Table 13: Number of Bowel Screening kits authorised by result and health board of residence

Health Board	Number of tests authorised – Liquid FIT				Percentage - Liquid FIT		
	Rejected	Negative	Positive	Total	Rejected	Negative	Positive
Aneurin Bevan UHB	1,077	58,617	1,157	<b>60,851</b>	1.8%	98.1%	1.9%
Betsi Cadwaladr UHB	1,326	74,944	1,435	<b>77,705</b>	1.7%	98.1%	1.9%
Cardiff and Vale UHB	882	42,860	756	<b>44,498</b>	2.0%	98.3%	1.7%
Cwm Taf Morgannwg UHB	817	42,686	892	<b>44,395</b>	1.8%	98.0%	2.0%
Hywel Dda UHB	753	43,976	823	<b>45,552</b>	1.7%	98.2%	1.8%
Powys Teaching Health Board	276	16,330	266	<b>16,872</b>	1.6%	98.4%	1.6%
Swansea Bay UHB	800	36,011	748	<b>37,559</b>	2.1%	98.0%	2.0%
Unknown	4	268	10	<b>282</b>	1.4%	96.4%	3.6%
<b>All Wales</b>	<b>5,935</b>	<b>315,692</b>	<b>6,087</b>	<b>327,714</b>	<b>1.8%</b>	<b>98.1%</b>	<b>1.9%</b>

Negative and positive rates are calculated as a percentage of the sum of the negative and positive results only. Rejected rates are calculated as a percentage of all the results (negative, positive and rejected.)



## Waiting times for screening results

### Definition and standard

The interval between the receipt of a screening test kit in the Bowel Screening Wales laboratory to the result letter being issued to the participant.

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

### Result for 2023-2024

In 2023-24, 100% of participants were sent their screening test result within seven days of receipt of screening test kit in laboratory.

### Three-year trend

100% of participants were sent their screening test result within seven days of receipt of the screening test kit in laboratory in 2023-24, 2022-23 and 2021-22.

### Comment

The majority of screening test kits are analysed the day the kit is received in the laboratory, with all screening participants over the past three-year period sent their result letter within 7 calendar days of receipt of the screening kit in the laboratory.



## Figures and tables

Table 14: Waiting time for screening test results, from receipt of test to authorised result, 2023-24

Days from receipt to authorised	Number authorised	Percentage of total authorised
Same day	322,268	98.3%
1	4,999	1.5%
2	3	0.0%
3	189	0.1%
4	254	0.1%
5	0	0.0%
6	1	0.0%
7-13 days	0	0.0%
14 days +	0	0.0%
<b>Total</b>	<b>327,714</b>	<b>100.0%</b>

## Attendance at colonoscopy

### Definition and standard

Attendance uses index colonoscopy or flexible sigmoidoscopy procedures that are booked in the reporting period.

Standard: none.

### Result for 2023-2024

In 2023-24, at an all-Wales level, 95% of participants attended their index procedure.

### Three-year trend

At an all-Wales level, 95% of participants attended their index procedure in 2023-24, 95.0% in 2022-23, and 94.4% in 2021-22.

### Figures and tables

Table 15: Attendance at index colonoscopy/ flexible sigmoidoscopy by health board of residence, 2023-24

Health Board	Booked index procedure	Attended index procedure	% Attended
Aneurin Bevan UHB	994	916	92.2%
Betsi Cadwaladr UHB	1,223	1,171	95.7%
Cardiff and Vale UHB	696	665	95.5%
Cwm Taf Morgannwg UHB	905	873	96.5%
Hywel Dda UHB	724	699	96.5%
Powys Teaching HB	211	205	97.2%
Swansea Bay UHB	643	598	93.0%
<b>All Wales</b>	<b>5,396</b>	<b>5,127</b>	<b>95.0%</b>



## Detection rates

### Definition and standard

Detection rates are calculated as the percentage of participants that attend an index colonoscopy/flexible sigmoidoscopy procedure that have cancer/ polyp(s)/ adenoma(s) detected.

For polyp detection, one, or more, polyp(s) must also be removed during the procedure.

Standard for cancer detection: A minimum of 10% of participants undergoing index colonoscopy/flexible sigmoidoscopy have cancer detected.

Standard for polyp detection: A minimum of 50% of participants undergoing index colonoscopy/flexible sigmoidoscopy have polyps detected.

Standard for adenoma detection: A minimum of 35% of participants undergoing index colonoscopy/flexible sigmoidoscopy have adenomas detected.

### Result for 2023-2024

In 2023-24, the cancer detection rate was 8.9%, the polyp detection rate was 73.2% and the adenoma detection rate was 58.3%.

### Three-year trend

In 2023-24, the cancer detection rate was 8.9%, the polyp detection rate was 73.2% and the adenoma detection rate was 58.3%.

In 2022-23, the cancer detection rate was 10.1%, the polyp detection rate was 73.4% and the adenoma detection rate was 56.7%.

In 2021-22, the cancer detection rate was 10.4%, the polyp detection rate was 73.3% and the adenoma detection rate was 59.0%.



## Figures and tables

Table 16: Detection rates, three-year trend

	2023-24 (N=5,127) <sup>a</sup>		2022-23 (N=3,725) <sup>a</sup>		2021-22 (N=3,440) <sup>a</sup>	
	Number Detected	Percentage Detected	Number Detected	Percentage Detected	Number Detected	Percentage Detected
Cancer detection rate	457	8.9%	376	10.1%	357	10.4%
Polyp detection rate	3,752	73.2%	2,733	73.4%	2,522	73.3%
Adenoma detection rate	2,991	58.3%	2,112	56.7%	2,031	59.0%

Detection rates are calculated as the proportion of participants that attend an index colonoscopy/flexible sigmoidoscopy procedure. For polyp detection, one, or more, polyp(s) must also be removed during the procedure.

<sup>a</sup>N denotes total index procedures attended.



# Waiting times for index colonoscopy/ flexible sigmoidoscopy appointment

## Definition and standard

The interval between a participant telephoning to book a Screening Practitioner (SP) assessment and the first offered date of index colonoscopy/ flexible sigmoidoscopy.

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

Standard: 90% of participants found fit for colonoscopy/ flexible sigmoidoscopy are offered their index procedure appointment up to, and including, 28 calendar days from date they telephone to book an SP appointment.

## Result for 2023-2024

5,310 participants were offered an index procedure and 1098 (20.7%) of those were offered a procedure date within four weeks (28 days) of booking their SP assessment appointment.

## Three-year trend

In 2023-24, 1098 (20.7%) of 5,310 participants were offered a procedure date within four weeks (28 days).

In 2022-23, 591 (15.2%) of 3,883 participants were offered a procedure date within four weeks (28 days).

In 2021-22, 141 (3.8%) of 3,693 participants were offered a procedure date within four weeks (28 days).

## Comment

Of the 5,310 participants offered an index procedure in 2023-24, 2255 (42.5%) were offered a procedure date between four and eight weeks and 1957 (36.9%) were offered a procedure date more than eight weeks after booking their SP assessment appointment.



# Attendance at Computed Tomography Colonography (CTC) scans

## Definition and standard

Definition: None

Standard: None

## Result for 2023-2024

In 2023-24, across Wales, 91.0% of the 377 booked CTC scans were attended; this varies between 84.2% and 97.1% across Health Boards.

## Three-year trend

In 2023-24, across Wales, 91.0% of the 377 booked CTC scans were attended; this varies between 84.2% and 97.1% across Health Boards.

In 2022-23, across Wales, 91.4% of the 349 booked CTC scans were attended; this varies between 80.6% and 100% across Health Boards.

In 2021-22, across Wales, 92.8% of the 375 booked CTC scans were attended; this varies between 88.7% and 97.5% across Health Boards.



# Definitions

## Eligible

For coverage calculations, eligible participants are those that are resident in Wales at the time of reporting, that are not currently ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement out of Wales or death and are between invite age range 51 to 74 years.

For uptake calculations, eligible participants are those that were resident in Wales (not deducted on NHAIS in the six months following invitation) and invited for bowel screening during the reporting period date range. Participants that were ceased or suspended from bowel screening invitation following notification of a diagnosed bowel condition, movement out of Wales or death, within six months following invitation were excluded, unless they had returned a used test.

## Uptake

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

## Coverage

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

## Deprivation

Deprivation quintiles were assigned using the Welsh Index of Multiple Deprivation (WIMD) 2019 measured at lower super output area (LSOA) level. LSOAs are ranked into quintiles at an all-Wales level so they can be compared between health boards. This means that there will not be an equal proportion of people in each quintile when you look at each health board e.g. in Monmouthshire, 40% of the population live in the least deprived quintile of Wales, but no areas fall into the Welsh most deprived quintile.

## Health board

This is health board of residence.

## Prevalent Round - first invite

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



## Prevalent round - subsequent invite

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

## Incident Round

The incident round is when people who have been invited previously, and taken up the offer, are subsequently re-invited for screening.

## Negative and positive test

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

## Rejected test

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

## Waiting times for screening results

The interval between the receipt of a screening test kit in the Bowel Screening Wales laboratory to the result letter being issued to the participant.

## Index procedure

An index procedure is the first procedure in the participants screening episode.

## Colonoscopy

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

## Flexible Sigmoidoscopy

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



## Attendance and detection rates

Attendance and detection rates report procedures that are booked in the reporting period.

### Detection rates

Detection rates are calculated as the percentage of participants that attend an index colonoscopy/flexible sigmoidoscopy procedure that have cancer/ polyp(s)/ adenoma(s) detected.

For polyp detection, one, or more, polyp(s) must also be removed during the procedure.

### Polyp

A polyp is a growth found on the lining of the colon or rectum.

### Adenoma

An adenoma is a benign growth which can develop into a cancer.

## Waiting times for index colonoscopy/ flexible sigmoidoscopy appointment

The interval between a participant phoning to book a Screening Practitioner (SP) assessment and the first offered date of index colonoscopy/ flexible sigmoidoscopy

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

## Computed Tomography Colonography (CTC) scan

A CTC scan is a specialised X-ray technique that produces detailed images of the large intestine.



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Wales

# Production team

Dr Graham Brown	Consultant in Public Health Medicine
Steve Court	Head of Programme - Bowel Screening Wales
Dr Sharon Hillier	Director of Screening Division
Dr Sikha de Souza	Consultant in Public Health Medicine
Dr Todd Smith	Consultant in Public Health Medicine
Dr Emma Richards	Public Health Researcher
Richard Wakely	Senior Informatics and Data Analyst
Guy Stevens	Interim Informatics & Data Services Manager
Diane Rawlings	Personal Assistant



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Cymru  
Public Health  
Wales

# Programme contact details

Bowel Screening Wales,

The Screening Centre,

Unit 6, Magden Park,

Llantrisant,

CF72 8XT

Email: [bowel-screening@wales.nhs.uk](mailto:bowel-screening@wales.nhs.uk)

Telephone: 0800 294 3370



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