

SUMMARY REPORT			ABM University Health Board		
Health Board			Date of Meeting: 30 th March 2017 Agenda item: 2 (iv)		
Report Title	Screening Division of Public Health Wales Report for Directors of Public Health February 2017 - The annual report on screening for ABMU HB				
Prepared, approved and presented by	Sara Hayes, Executive Director of Public Health				
Purpose					
The purpose of this attached report is to present the latest data available on the performance of the national screening programmes for ABMU HB residents, covering the financial year 2015/2016.				Decision	
				Approval	
				Information	X
				Other	
Corporate Objectives					
Healthier Communities	Excellent patient Outcomes & Experiences	Sustainable & Accessible Services	Strong Partnerships	Fully Engaged & Skilled Workforce	Effective Governance
X	X	X	X	X	X
Executive Summary					
This report presents performance in ABMU HB for the seven national screening programmes managed by Public Health Wales.					
Bowel screening uptake has shown a marked increase in all local authority areas in ABMU, reflecting an increase seen across the whole of Wales.					
Breast screening uptake is higher in ABMU than the Wales average, and shows a very similar picture to 2014/15.					
Cervical screening coverage is also very similar to 2014/15.					
Uptake of Newborn Hearing Screening remains very high across the whole of ABMU.					
The uptake/coverage for all of the adult screening programmes is lower in Swansea than the other local authority areas, as it was last year.					
Regarding inequalities, bowel screening uptake has increased in both the most and least deprived quintiles from 2014/15, but the gap between the most and least deprived groups has increased. For breast and cervical screening the inequity gap has also increased as uptake overall and in the least deprived groups has remained static but in the most deprived it seen a small decrease.					
Information on performance across Wales is available in the Public Health Wales All Wales Annual Screening Report.					

Key Recommendations
The Board is asked to note this paper.
Assurance Framework
This paper provides the Health Board information on performance of the national screening programmes delivered in partnership between the Health Board and Public Health Wales.
Next Steps
There is a series of changes in screening techniques being planned across the screening programmes to support improved performance.
The 2017 Screening For Life community engagement campaign will focus on working with partners in primary care.



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Public Health
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All-Wales Annual Report Screening Division Public Health Wales

(Presenting data from 2015/16)

December 2016



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



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**



Rhaglen Sgrinio
Ymlediadau Aortig
Abdomenol **Cymru**



Wales Abdominal
Aortic Aneurysm
Screening Programme



Sgrinio Llygaid Diabetig **Cymru**
Diabetic Eye Screening **Wales**

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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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 information, 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 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. We play a particular role in two of the organisation's key commitments:



Improved health and wellbeing and reduced health inequalities



Improved quality, equity and effectiveness of healthcare services

The division also has a particular role in delivering **strategic priority 6**:

Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver.

This report presents the latest data available about the screening programmes over the financial year 2015/2016. 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. The report builds on previous reports relating to 2014/15 data. All data in the report has been provided by the Informatics Division, Public Health Wales.

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 (see later).

Summary Table

Table: Uptake/coverage figures for Wales, 2015/16

	Number eligible/ invited	Number tested	Uptake/ coverage	Change from 2014/15
Breast Screening Uptake - min. standard 70%	144,529	102,815	72.5%	+0.1%
Bowel Screening Uptake - Target 60%	281,082	152,794	54.4%	+3.6%
Cervical Screening Coverage - Target 80%	264,705	190,614	77.8%	-0.2%
Aneurysm Screening Uptake - Target 80%	17,087	13,509	79.1%	+4.7%
Newborn Hearing Screening - Target 95%	33,787	33,622	99.5%	0.0%

Produced by the Informatics Division, Public Health Wales

* The numbers presented for Cervical screening and Breast screening are the number of women invited and tested in 2014/15. They 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.

Uptake of Newborn Hearing screening remains very high. The uptake for Bowel screening has shown a considerable increase compared to the previous year (3.6%), and breast screening uptake rates have slightly increased (0.1%). This is the third consecutive year in which we have seen an increase in uptake of breast screening in Wales. Although there appears to have been a rise in uptake of Abdominal Aortic Aneurysm (AAA) screening, it is not possible to compare the uptake in 2015-16 with previous years as the method of calculation has changed. The cervical screening coverage shows a small decrease compared to 2014-15.

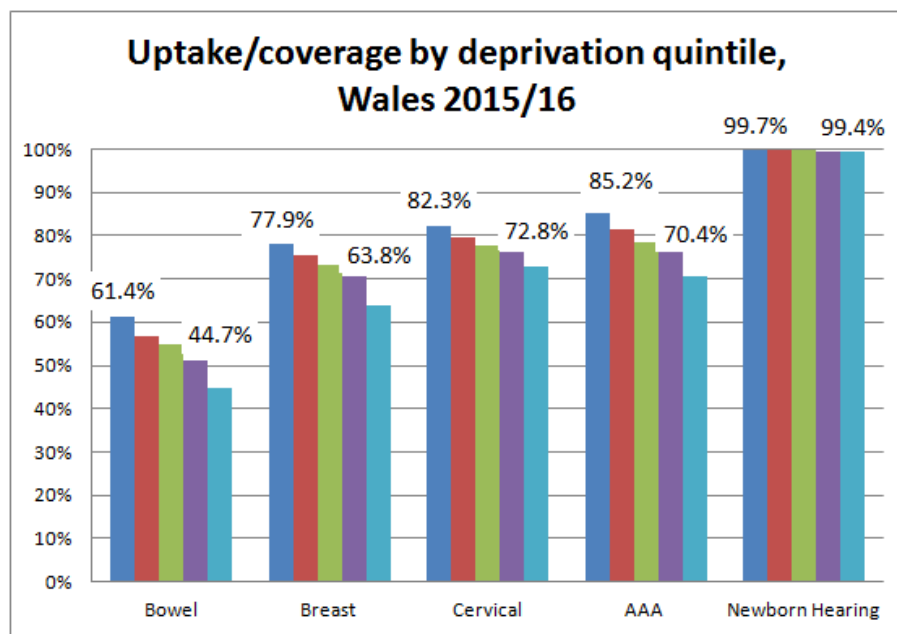
Key Achievements in 2016

- The Pilot Complex Polypectomy Service is reducing the need for surgery for benign disease detected by Bowel Screening Wales.
- Pilot studies have shown that primary care outreach can increase uptake in bowel cancer screening non-responders.
- Routine screening information is being sent to GPs via GP One.
- Audits of breast screening centres for people with sensory impairments are revealing important feedback on how to improve service provision.
- Service improvement work carried through into 2016 has increased the number and efficiency of breast assessment clinics.
- Cervical Screening Wales is continuing with the expansion of HPV testing in Wales. In October 2015, we completed the roll out of HPV test of cure, and in May 2016, HPV Triage for women with borderline/low grade was introduced.
- In February 2016, the Wales Abdominal Aortic Aneurysm Screening Programme started screening men in Parc prison.
- Diabetic Eye Screening Wales joined PHW on April 2016 and became an important service provided by the Screening Division.

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 interesting to note that there is no marked difference in uptake by deprivation for the Newborn Hearing screening programme. In this programme uptake is high across all the groups.

Data from Informatics Division, Public Health Wales



Compared to 2014/15, the uptake rates for the lowest deprivation quintile for Bowel screening have increased in 2015/16. In addition, the difference in the uptake rates between the highest and lowest quintiles is narrowing. The opposite trend is seen for breast and cervical screening where the uptake rates in the lowest deprivation quintiles have fallen this year and the gap between the highest and lowest quintiles has also widened slightly. There is no difference in New Born Screening Hearing uptake rates.

It is not possible to compare AAA screening uptake and inequities in uptake with previous years as there has been a change in the method of calculating uptake rates over the last year.

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 is expanded on later in the report.

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, laboratory 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.

Engaging with others about screening

Engaging with the eligible population about screening

Public Information



This year, responding to demand from stakeholders, the Screening Engagement Team developed a new screening leaflet which combines core information on each national screening programme, along with signposting details to further information. The leaflet also includes wider public health lifestyle key messages to help reduce the risk of disease and encourages the engagement in 'healthy chats'.

The leaflet was disseminated to a wide range of stakeholders during this year's Screening for Life campaign and is available on our Screening for Life website in both word and audio versions (<http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/Generic%20Leaflet%20English.pdf>).

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.

Much work is done to address inequities at community level, with partners including third sector organisations and Communities First. Examples of projects undertaken in the last year include:

Links to Key messages:

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

Breast First Timer Project

In recent years Breast Test Wales has witnessed a decline in uptake in women invited for the first time with no clear evidence of the reasons behind it. Breast Test Wales 'First Timer's' project was undertaken to identify potential factors that may influence women's decisions to take part in screening. Service evaluation was carried out across Wales to identify influencing factors on attendance or non-attendance of women in the prevalent round of screening.

The study adopted a qualitative approach using semi structured interviews of 29 women aged 48-52 years old across Wales. Potential barriers for attendance included: fear of the test, fear of the unknown, embarrassment, and lack of confidence on reliability of results. While brand recognition and general awareness about the service was high, knowledge of the screening pathway and process was very limited.



AAA Poster and Coaster Campaign

The Team worked with the Wales AAA Screening Programme to develop a Poster and Coaster Campaign, which was run with the backing of the Welsh Rugby Union (WRU) during the Six Nations Championship.

Former Welsh rugby international and Lions player, JJ Williams worked with SET to create a film, whilst current Wales international rugby player, Dr Jamie Roberts lent his support via a separate film, by endorsing the programme and encouraged men to go for scan. (See image)



The films were posted on the Screening for Life Facebook page during the Wales vs Scotland Six Nations Match and then throughout the tournament. The films have also been embedded on the AAA screening website as a long term feature. As part of the campaign, posters and coasters carrying important information on AAA screening were sent to 320 rugby clubs across Wales. Staff from screening engagement team also joined AAA staff at the Wales vs Scotland Six Nations match at The Principality Stadium in Cardiff in February.

Screening for Life.

Throughout the month of July, the Screening Engagement team ran its fourth annual Screening for Life campaign.

#S4L2016

Sgrinio am oes

Screening for life

www.screeningforlife.wales.nhs.uk

Dewch i wybod sut y gallwch **chi** gael eich sgrinio am ddim gan y GIG

Find out how **you can get free NHS screening**

Over 4,000 stakeholders across Wales were sent a campaign pack, over 1,000 people attended events and over 400,000 people were reached through the social media campaign. To support this year's theme 'breaking down barriers' a series of Facebook question and answer posts were developed and uploaded throughout the month. Case studies were also developed to showcase the importance of going for screening. Members of the public who had had personally overcome barriers and had benefitted from screening shared their stories and were shared via social media.

Screening for Life

Iechyd Cyhoeddus Cymru
Public Health Wales

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Your Experience

You said, we did

What you said we did well

Your Stories

Home > Your Experience > You said, we did

You said, we did

Bowel Screening Wales

<p>You Said: You didn't fully understand the instructions for completing the test kit.</p>	<p>We Did: We changed the wording in our invitation pack to make this clearer and easier to follow. We have used photographs to help to explain what to do.</p>
<p>You Said: You were unsure if you were speaking to a</p>	<p>We Did: The helpline staff now</p>

Search [Go](#)

This page in Welsh/Y dudalen hon yn Gymraeg

Fe ddywedoch chi, fe wnaethom ni.

<http://www.screeningforlife.wales.nhs.uk/home>

Engaging with people who have used the service

We are keen to gather, analyse and use feedback from service users about their experience of screening. This helps us to improve the service, which should in turn help to improve uptake. 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. A number of web based resources are available to provide information on screening to specific groups of service users include people with learning disabilities, carers, and people with hearing impairment. The following image is taken from a "Youtube" film on our website which uses British Sign Language to inform people with hearing impairment about the bowel screening programme. The image is taken from our Youtube video on Bowel Screening for people with hearing impairment (<http://www.bowelscreening.wales.nhs.uk/accessible-information>)



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 2015 -2018 to work with our communities and partners to improve the health of the population.

To become a Screening Champion, individuals need to undertake screening awareness training which is delivered 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.

Some of our screening champions have been recruited from BAWSO (Black Association of Women Stepping Out), SBREC (Swansea Bay Race Equality Council), WEN (Welsh Ethnic Network), Swansea Housing Association and SCVS Carer's Project (Swansea Council for Voluntary Services), Cardiff People First and Her Majesty's Courts and Tribunals Service.

Engaging with Professionals about screening

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 still an important role in raising awareness and answering questions. We are working to strengthen our links with primary care clusters, working with our partners in the Local Public Health Teams as they have local knowledge and local contacts.

As part of its efforts to strengthen links with Primary Care, SET has developed a detailed Factsheet, designed to keep Primary Care Clusters informed and up-to-date with news and developments from Screening Division. The bulletin is sent out on a quarterly basis to local public health teams for distribution and discussion at local Cluster meetings.

Breast Test Wales

Breast Test Wales continues to build on strong performance achieved in 2015. Following the implementation of digital mammography in 2013, round length has improved significantly. This has been achieved through careful planning and ensuring all appointments slots are used efficiently. An 11th mobile breast screening unit will be become operational in 2017, further supporting the 36 month round length target and adding greater resilience to the service.



We have consistently delivered the two week target for results over the last 12 months. Waiting for results can be an extremely worrying time and we aim to issues results as quickly as possible to decrease any further anxiety associated with undergoing screening mammography. The outcome of service improvement work looking at waiting times for assessment undertaken in 2015 has been carried through into 2016. We have increased the number and efficiency of assessment clinics that we provide; this means women have shorter waits to be seen if they require further tests following an abnormal mammogram.

Uptake for screening mammography remains steady. Wales exceeds the minimum standard of 70% and the latest figures show a slight increase in the percentage of eligible women being screened (72.5%) compared to previous years. 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 ongoing work looking at the barriers women face when invited for their first breast screen in an effort to improve uptake in first invites.

Key Facts

Aim: The aim of the breast screening programme is to reduce morbidity and mortality from breast cancer.

Eligible Population: Women aged 50-70 who are resident in Wales and registered with a GP

Test: Eligible women are invited for a mammogram (X-ray of the breasts) every three years.

Target: The minimum standard is for 70% of women who are invited to attend for screening and the target is 80%.

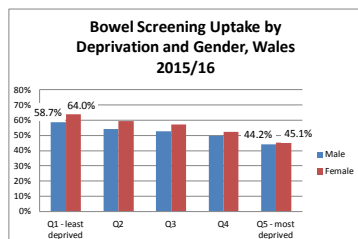
Wales Uptake (2015/16) : 72.5%
(Wales 2014/15 – 72.4%)



One of the biggest challenges the service faces is the age profile of the workforce. Workforce planning for breast services should be prioritised across Health Boards as extremely experienced staff approach retirement age.

Bowel Screening Wales

Uptake of bowel screening does not meet the 60% target in Wales, and interventions to tackle this have been a key priority for the programme this year. We have worked with primary care cluster teams in three Welsh Health Boards to pilot ways of encouraging people who haven't returned their test kit. These pilots have produced valuable data which will inform future development of interventions.



The graph shows bowel screening uptake for 2015/16 by deprivation and also by gender. It demonstrates that uptake is lower the more deprived people are, but also amongst men in all groups.

We have introduced an introductory letter for men, which is sent before the first invitation for bowel screening. This was informed by a randomised controlled trial undertaken in partnership with Cancer Research UK which showed a significant improvement in uptake in men when a letter was sent in advance of the screening invitation.

Colonoscopy waiting times have been another key focus area and the BSW team have worked closely with Local Assessment Centre teams to reduce the time participants are waiting for colonoscopy to comply with the BSW standard of 28 days from the time a participant contacts BSW to arrange an assessment appointment following a positive screening test result to the time of their screening colonoscopy. Waiting times for colonoscopy have improved significantly over the last twelve months.

BSW are also working with the Welsh Government Endoscopy Implementation Group to increase capacity for endoscopy across Wales. A project team has been established to develop plans for implementation of a new first line Faecal Immunochemical Test (FIT), and we have been asked by Welsh Government to move to implement as soon as practicable. This is an exciting new development which will enable BSW to improve cancer and polyp detection rates. This test has been shown to significantly improve uptake and BSW have engaged with Local Health Board teams to assist in planning to improve further on colonoscopy capacity with implementation in mind. A rapid participatory Health Impact Assessment has been undertaken to assess the impact of implementing a new test on various cohorts within our population. We aim to be able to implement the new test during 2018-19.

The Complex Polypectomy Service pilot has successfully reduced the need for surgery for benign disease detected by the screening programme while offering participants an equitable service across Wales. This service will soon become integrated into the programme and become subject to performance management and quality assurance in line with BSW frameworks. The programme research and evaluation group continues to meet and is developing plans for research and evaluation studies. Many are ongoing and more are planned this year.



Cervical Screening Wales

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



Cervical Screening Wales
Sgrinio Serfigol Cymru



Wales Uptake (2015/16) : 54.4%

(Wales 2014/15 – 50.8%)

Key Facts

Aim: The aim of the bowel screening programme is to reduce morbidity and mortality from bowel cancer.

Eligible Population: Men and Women aged 60-74 who are resident in Wales and registered with a GP

Test: Eligible men and women are sent a test kit to complete at home, every two years.

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

Coverage of Cervical Screening across Wales is very 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 there has been a slight drop, in line with the trend seen in other countries. The Programme is working closely with the Health & Wellbeing coordinators in the local Health Boards to explore opportunities to work through GP clusters and individual practices to increase awareness and access in the local population and improve the number of women attending for cervical screening.

Waiting times for screening test results have improved across Wales in the last twelve months

Cervical Screening Wales is continuing with the expansion of HPV testing in Wales. In May 2016, high risk (HR) HPV Triage for women with borderline/low grade was introduced. We will introduce a pilot of HPV primary testing across Wales in April 2017. This will provide information to inform the planning for full HPV primary testing across Wales. The pilot is intended to cover 20% of women invited in the year 2017/18. This is around 28,000 women.

General Practices have been invited to make an expression of interest to participate in the pilot. The pilot will look to include practices from across the three regions in Wales: south east; mid and west; and north Wales. This model will take into account different demographics across Wales and will also ensure that each Colposcopy unit is involved in the pilot.

Key Facts

Aim: The aim of the cervical screening programme is to reduce the incidence of and mortality from cervical cancer.

Eligible Population: women aged 25-49 are invited every 3 years and women aged 50-64 are invited every 5 years.

Test: Eligible women are invited to make an appointment for cervical screening at their GP surgery or cervical health clinic.

Wales Coverage (2015/16) : 77.8%

(Wales 2014/15 – 78.0%)



Following the UK National Screening Committee's approval of HPV as the primary cervical screening test, we have been asked by Welsh Government to plan for its implementation in Wales. This is expected to take place in 2018-19.

The image is taken from our youtube video on Cervical Screening (<http://www.cervicalscreening.wales.wales.nhs.uk/accessible-information>)

Wales Abdominal Aortic Aneurysm Screening Programme

The Wales Abdominal Aortic Aneurysm Screening Programme was launched in May 2013 and is the newest of the adult programmes. This report presents the second full year of data that has been collected and analysed. The uptake for 2015/16 was 79.1%. The figure is calculated using a similar definition to the National AAA Screening Programme (England), i.e. one screening year plus three months. The uptake target is 80%. Work is ongoing to improve uptake, which includes events by the Screening Engagement Team and AAA Screening staff. It should be noted that the method of calculation of uptake rates has changed since the previous year, to allow benchmarking against other UK programmes, so it is not possible to directly compare the uptake data from 2015-16 with that from the previous year.

Wales Uptake (2015/16) : 79.1%

(Wales 2014/15 – 74.4%)*

*NB calculation methods differ so year on year comparison is not possible

The programme worked in partnership with the Welsh Rugby Union during the Six Nations Rugby Tournament to raise awareness of AAA screening. The awareness raising campaign included ITV News feature, articles in local papers, promotional videos on the Screening for Life website and distribution of posters and coasters throughout all the Rugby Clubs in Wales. Awareness of AAA screening increased by 8.9% after the campaign.



In May 2015, the programme opened up to self referrals. This means that men over the age of 65 who have not been screened before can call their local screening office and arrange to be screened.

Key Facts

Aim: The aim of the Abdominal aortic aneurysm screening programme is to reduce morbidity associated with Abdominal Aortic Aneurysms.

Eligible Population: Men aged 65 who are resident in Wales and registered with a GP

Test: Eligible men are invited for a one-off ultrasound scan.

Target: The target is for 80% of men who are invited to take part in screening.

In February 2016, the programme started screening men in Parc prison. Implementation of screening in other prisons across Wales is anticipated by end of 2016/17.

One of the key parts of the 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 recommends that elective vascular services are organized in networks with a hub and spoke model, and the Wales Abdominal Aortic Aneurysm Screening Programme supports this model. 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. Although no network is yet fully established, progress varies across Wales with some networks regions being more mature than others.

Work ongoing in the programme includes:

- Quality assurance of the three regional elective vascular networks to include completion of self-assessment questionnaire and site visits.
- Offering screening to men in long-term care
- Community work with the Screening Engagement Team to raise awareness of AAA screening and self referrals

Maternal and Child Programmes

Sgrinio Cyn Geni Cymru
Antenatal Screening Wales

The three Maternal and Child screening programmes are now managed as one unit. There has been a great deal of sharing of good practice and cross learning and working as the target population is the same. An example of this is the service user experience and seeking how women wish to feed back their views and experiences into the service to one point of contact.

Antenatal Screening Wales

Antenatal Screening is undertaken as part of routine antenatal care delivered by the Health Boards. Antenatal Screening Wales hosts the Antenatal Screening Clinical Network and is responsible for establishing policies standards and protocols, and Health Boards are responsible for delivering the service. There are published policies, standards and protocols to support the provision of antenatal screening in Wales. There is also guidance for different aspects of antenatal care that is updated and available at <http://www.antenatascreening.wales.nhs.uk/professional/document/272915>.

All women resident in Wales should be offered the following antenatal screening in every pregnancy; blood group and antibodies, hepatitis B, syphilis, human immunodeficiency virus, Down's syndrome, early pregnancy ultrasound scan (dating) and fetal anomaly ultrasound scan. Antenatal screening for sickle cell disease and thalassaemia should be offered to all pregnant women at increased risk of having a child affected by either condition. All women who have a higher chance Down's syndrome screening results should be offered a diagnostic test appropriate to their gestation.

Screening for rubella susceptibility in pregnancy ceased in October 2016, after Screening Division was asked by Welsh Government to implement the National Screening Committee's recommendations. A Welsh Health circular was released on the 11th August detailing that antenatal rubella screening was to be discontinued. This work was undertaken in partnership with Public Health Wales Vaccination and Immunisation team. A multi professional group was convened to implement the cessation of the screening programme, and we worked closely with Public Health England to produce information for women about vaccination and rashes in pregnancy. This project has been successful in its multidisciplinary approach.

Welsh Government has asked Antenatal Screening Wales to consider implementation of free Fetal DNA testing for Down's syndrome, Edwards, and Patau Syndromes (T16 and 18) Screening..

Key Facts

Antenatal screening is undertaken to detect defined serious conditions present in either the mother or baby that are likely to have an adverse effect on the health of either, and for which an effective intervention is available and warranted.

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.

Newborn Bloodspot Screening Wales

Newborn bloodspot screening uses a small sample of blood taken from the baby's heel on day 5 to 8 of life. The blood sample is screened for rare but serious diseases which



Newborn Bloodspot
Screening Wales

Sgrinio Smotyn Gwaed
Newydd-anedig Cymru

respond to early intervention to reduce mortality and/or morbidity. The screening test is part of routine postnatal care.

In Wales 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).

One of the biggest challenges for the programme is the quality of bloodspot samples received in the laboratory. We saw an initial improvement following the implementation of new UK Standards in 2015. However, this has not been maintained and we 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 need for rapid diagnosis and treatment of the conditions tested for to prevent serious consequences means that all samples need to be of a high quality to avoid delays caused by the need to repeat them



Across Wales, delays in receiving the bloodspot sample into the laboratory remains a concern. We continue to work with each of the Health Boards to reinforce the importance of the timely receipt into the laboratory of samples. The special envelopes used have been redesigned and now have wording on them to indicate the need to send in urgently, and we have provided training to a range of staff groups including the Royal Mail.

Newborn Hearing Screening Wales

Uptake of the programme remains very high. We published reports detailing the findings of Quality Assurance reviews carried out across Wales. A Quality Assurance Audit has taken place as part of the Paediatric



Uptake
All Wales: 99.5%

(All Wales 2013/14 – 99.5%)

Audiology Standards for Wales and it will be published in early 2017. There has been a very positive response to this work.

Development of new Education and Training continues. The BTEC previously available to screeners for the Screeners is no longer offered. Work on a Screening Diploma is in progress.

The service is currently working with Health Boards to benchmark services and renew Long Term Agreements ensuring equity across Wales is maintained.



Key Facts

Aim: 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 right from the start.

Eligibility: Screening is offered to all babies whose mother is resident in Wales within the first week of life.

Target : The target is for 95% of babies born in Wales to have newborn hearing screening.

Diabetic Eye Screening Wales



Diabetic Retinopathy is a complication of diabetes caused by damage to the tiny blood vessels in the retina - the 'seeing' part of the eye - as a result of high levels of sugar in the blood stream. The blood vessels can become

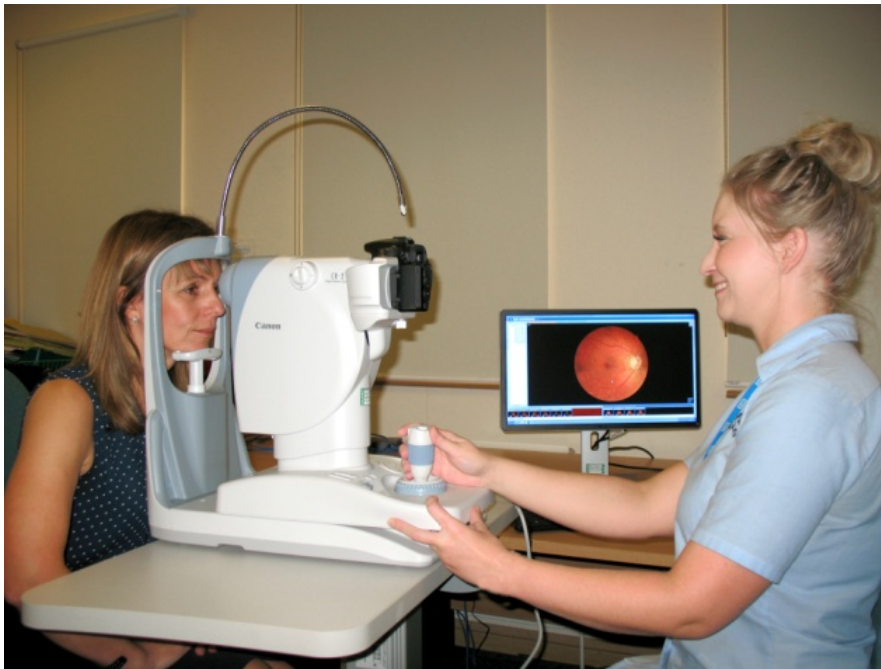
damaged and start to leak, which can lead to sight loss if left undetected and untreated. Diabetic retinopathy may have no obvious symptoms until it is well advanced and when treatment is likely to be less effective.

DESW is an all Wales Service designed to detect sight threatening diabetic retinopathy at an early stage before visual loss occurs, thereby ensuring early treatment and preventing sight loss. 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, the programme transferred to the Screening Division, Public Health Wales on April 1, 2016.

All persons who have a confirmed diagnosis of diabetes registered with a GP in Wales should be referred to the service. Patients meeting the screening criteria will be invited for retinopathy screening within 3 months of being registered by DESW. Following their initial screening, most patients will then be recalled on an annual basis. The service is community based, designed to give service users reasonable and equitable access across Wales.



Retinal screening is a straightforward procedure that takes approximately 40 minutes. Screening teams assess suitability for screening, and measure the patients visual acuity (see image below). Staff administer eye drops to dilate the pupils, that helps to ensure the production of high quality images. Digital photographs of the retina of both eyes are then captured using special cameras and transmitted to the national grading centre for assessment (see image on previous page). Patients who are suspected of having sight threatening diabetic retinopathy are referred to their nearest specialist hospital eye service. The screening process may also detect the presence of other non-diabetic eye disease that requires referral to specialist eye services. The patient, GP and other relevant health professionals will receive the results from screening on completion of the grading process. Retinal screening is a specialised process and does not replace the eye tests provided by the patients' optician (Optometrist) whom they should continue to see regularly for their general eye health .



Aim: The aim of the Diabetic Eye Screening programme is to reduce eye morbidity associated with Diabetes.

Eligible Population: Any person with a confirmed diagnosis of diabetes and registered with a GP

Test: Eligible patients are invited for an annual retinal screening examination.

Target: The target uptake rate is currently under review.

Since its inception, DESW has successfully screened 1,600,000 eyes, captured 8,000,000 digital retinal images and referred 37,000 patients, identified as being at risk of sight loss, to specialist eye services. During the last year the following have been achieved:

- Rebranding the service from the Diabetic Retinopathy Screening Service for Wales to Diabetes Eye Screening Wales.
- There is ongoing work to agree the definition of uptake rates and change screening interval in line with the UK National Screening Committee over the next few years.

Forward Look

Key Developments and plans for the following year include:

- A continued focus on planning for major service changes to take place in 2018-19 including HPV primary testing in the cervical Screening Programme, FIT Testing in the Bowel Screening Programme, risk based screening intervals in Diabetic Eye Screening Wales and non-invasive prenatal testing in Antenatal Screening Wales
- Sustaining the achievement of timeliness standards within the programmes
- Improving service user experience, engagement and uptake.
- Improving fail safe for Diabetic Eye Screening Wales
- Providing electronic data transfer to GPs.

More Information

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

- Screening for Life Website: www.screeningforlife.wales.nhs.uk
- Programme Websites:
 - Antenatal Screening Wales www.antenatalscreening.wales.nhs.uk
 - Breast Test Wales www.breasttestwales.wales.nhs.uk
 - Bowel Screening Wales www.bowelscreeningwales.org.uk
 - Cervical Screening Wales www.cervicalscreeningwales.wales.nhs.uk
 - Newborn Bloodspot Screening Wales www.newbornbloodspotscreening.wales.nhs.uk
 - Newborn Hearing Screening Wales www.newbornhearingscreening.wales.nhs.uk
 - Wales Abdominal Aortic Aneurysm Screening Programme www.aaascreening.wales.nhs.uk
 - Diabetic Eye Screening Wales - www.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](#) [Bowel](#) [Cervical](#) [AAA](#) [Antenatal Screening](#) [Newborn bloodspot](#) [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 Rosemary Fox, Director of Screening Division
Dr Sharon Hillier, Deputy Director of Screening Division
Dr Sikha de Souza, Consultant in Public Health

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

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

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**Abertawe
Bro
Morgannwg
UHB**

Introduction

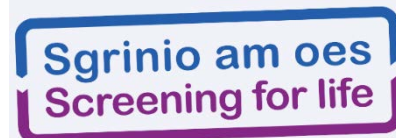
Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

Screening division delivers the seven national screening programmes in Wales:

- Breast Test Wales
- Bowel Screening Wales,
- Cervical Screening Wales
- Newborn Bloodspot Screening Wales
- Newborn Hearing Screening Wales
- Diabetic Eye Screening Wales
- Wales Abdominal Aortic Aneurysm Screening Programme

and manages the Antenatal Screening Wales clinical network.

Screening Division is part of the Public Health Services Directorate of Public Health Wales. Delivery of successful screening programmes in Wales is dependent on services in Health Boards. Screening programmes work in partnership with a host of health board services.



This report presents the latest data available about the screening programmes, which covers the financial year 2015/2016. The narrative contains information that relates to the programmes which is up to date at the time of publishing.

This report presents the information relating to Abertawe Bro Morgannwg University Health Board. More information about the individual programmes is included in the all Wales report which was published as official statistics on December 22nd and is available on our [website](#).

This report and the accompanying all-Wales report present a good news story overall. The data included demonstrates an improvement in timeliness and also uptake across much of the division. There is also good work and positive outcomes to present around equality. Although there are still challenges this is sustained positive change, and builds on improvements in previous years.

Key achievements in Screening Division in 2016

- Diabetic Eye Screening Wales joined Public Health Wales on April 2016 and is now an important service provided by the Screening Division.
- The Complex Polypectomy Service is reducing the need for surgery for benign disease detected by Bowel Screening Wales.
- Pilot studies have shown that primary care outreach can increase participation in bowel cancer screening non-responders.
- Audits of breast screening centres for people with sensory impairments have provided important feedback on how to improve service provision.

- Service improvement work carried through into 2016 has increased the number and efficiency of breast assessment clinics.
- Cervical Screening Wales is continuing with the expansion of HPV testing in Wales. In October 2015, we completed the roll out of HPV test of cure, and in May 2016, HPV Triage for women with borderline/low grade cytology was introduced.
- In February 2016, the Wales Abdominal Aortic Aneurysm Screening Programme started screening men in Parc prison.

Uptake/Coverage

The data below is the latest available for the screening programmes in Wales. It is 2015/16 data with a few exceptions:

- Cervical screening coverage is taken as a snapshot on 31st March 2016 and shows the proportion of women aged 25-64 that have been tested in the last 5 years on that date
- Breast screening by health board and local authority has been calculated at GP practice level, showing the results for the most recent completed screening round in that practice. The use of these Shells overcomes the problem of having a three year screening round but just looking at the figures for the latest year. There might have been small numbers screened during that time making the figures unrepresentative.

Table: Uptake/coverage figures for ABMU, 2015/16	Wales	ABMU	Bridgend	Neath Port Talbot	Swansea
Bowel Screening Uptake - Target 60%	54.4%	55.0%	56.4%	55.6%	53.8%
Breast Screening Uptake - min. standard 70%	72.5%	73.3%	74.3%	74.3%	72.1%
Cervical Screening Coverage - Target 80%	77.8%	77.2%	77.4%	77.0%	76.7%
Aneurysm Screening Uptake - Target 80%	79.1%	79.9%	81.1%	82.2%	77.4%
Newborn Hearing Screening - Target 95%	99.5%	99.5%	99.6%	99.3%	99.6%

Produced by the Public Health Wales Informatics Team

Bowel screening uptake has shown a marked increase in all local authority areas in ABMU, reflecting an increase seen across the whole of Wales.

Breast screening uptake is higher in ABMU than the Wales average, and shows a very similar picture to 2014/15.

Cervical screening coverage is also very similar to 2014/15.

A new calculation method has been used for Aneurysm Screening uptake this year. This means that, even though there appears to be an increase, the figures cannot be compared to last year. This change will now allow for benchmarking against the other UK programmes.

The uptake/coverage for all of the adult screening programmes is lower in Swansea than the other local authority areas, as it was last year.

Uptake of Newborn Hearing Screening remains very high across Wales and the whole of ABMU. Coverage of Newborn Bloodspot was 93.5% for Wales for 2015/16, meaning the percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life.

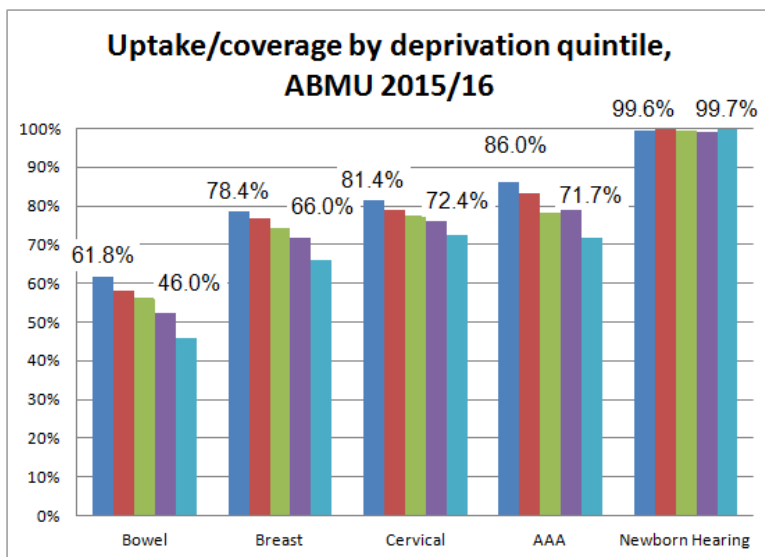
Inequities in uptake

Inequities in Screening uptake have been shown across Wales, with uptake for all of the adult screening programmes decreasing with increase in deprivation. We know that there is also inequity because of other factors – some that we can measure such as age and gender, and others that are more difficult to quantify like ethnicity. Tackling inequity is a key priority for us in Screening Division. We are addressing these unfair differences at both strategic and operational level, working with partners and service users.

Inequity is explored further in the All Wales report. It is great to note that, at an all-Wales level, bowel screening uptake in the most deprived quintile increased in 2015/16 as well as uptake for the population as a whole. Also, the difference in the uptake between the most and least deprived groups has reduced slightly, so we have demonstrated a measureable decrease in inequity.

Inequities in ABMU

Uptake/coverage data has been analysed by deprivation for ABMU and its constituent local authority areas. As shown in Wales as a whole, there is a marked difference in uptake between the most and least deprived groups for all the adult programmes. In general, the gap is bigger and participation lower, in Swansea out of the three local authority areas in ABMU.



The graph illustrates that, for the adult programmes, uptake generally decreases as deprivation increases. The graph also shows that there is little difference in uptake by deprivation for newborn hearing screening, so differences with deprivation are not inevitable.

In ABMU, Bowel screening uptake has increased in both the most and least deprived quintiles from 2014/15, but the gap between the most and least deprived groups has increased. For breast and cervical screening the inequity gap has also unfortunately increased as uptake overall and in the least deprived groups

has remained static but in the most deprived it seen a small decrease. We cannot compare the absolute numbers in AAA as the calculation has changed.

Uptake/coverage by Local Authority in the most and least deprived quintiles (%)

	Bridgend		Neath Port Talbot		Swansea	
	Least Dep.	Most Dep.	Least Dep.	Most Dep.	Least Dep.	Most Dep.
Bowel	63.7%	48.9%	63.9%	48.3%	60.7%	42.4%
Breast	78.8%	68.1%	81.6%	68.2%	77.4%	63.1%
Cervical	81.8%	73.4%	82.2%	72.8%	81.1%	71.7%
AAA	88.0%	76.2%	91.0%	74.0%	84.1%	66.2%
Newborn Hearing	99.5%	100.0%	100.0%	99.6%	99.5%	99.5%

Produced by the
Public Health
Wales Informatics
Team

Looking at participation by Local Authority area, we can see that the marked difference in uptake by deprivation persists at the local level. The group with the lowest uptake is consistently the most deprived quintile in Swansea. Even in the aneurysm screening programme, where uptake is generally very good, the most deprived quintile in Swansea has an uptake of only 66.2%. It is not presented here, but we have also demonstrated that, for bowel screening, uptake is lower in men than in women. This effect is seen consistently across all the deprivation groups.

Working in partnership

Screening Division and the 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 services depend upon. These services include breast radiology, colonoscopy and colposcopy services, laboratory 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. Funding is provided to the Health Boards to cover the services required.

In Screening Division, we work closely with our partners in the health boards to identify risks and issues. We work collaboratively to put action plans in place to improve and maintain services.

Bowel Screening Wales



The local Public Health Team have been working with Screening Division and local GP clusters to look at ways of increasing uptake of bowel screening. A pilot led by the health board was carried out where practices used different ways of contacting non-responders. The results of this have been combined with similar pilots carried out in Aneurin Bevan and Cwm Taf and show that GP endorsement does increase participation in bowel screening. Electronic links between the screening informatics system and GP practices will go live during 2017 which will provide non responder data to all practices and help to support the implementation of interventions by GP clusters.

There are some issues with the screening colonoscopy service provided in ABMU, including extended waiting times. A planned meeting in January between the Bowel Screening team and ABMU managers, was cancelled by the Health Board at short notice. This meeting was to discuss ongoing management and sustainability of the service, including one colonoscopy list a week provided by Hywel Dda for ABMU residents, and needs to be reinstated as soon as possible.

The introduction of a new first-line Faecal Immunochemical Test (FIT) has been approved, and the programme are hoping to implement this in 2019. This exciting development will improve cancer and polyp detection rates but there will be a big impact on colonoscopy. Health Boards need to build both colonoscopy and pathology capacity as part of service planning. Screening and the Health Boards will work closely in partnership to manage this change and avoid destabilising the service.

Breast Test Wales



Breast Test Wales receives excellent surgical support from ABMU.

The Breast Test Wales Quality Assurance Surgical Lead is an ABMU

Breast surgeon and there is a good working relationship between the two organisations. Breast Test

Wales would look to support the appointment of a further Breast Surgeon within ABMU should the opportunity arise.

Breast Test Wales also has a good, close relationship with Radiology in ABMU. We are working to see how we can support further appointments in breast radiology that would benefit both the screening and the symptomatic service.

Cervical Screening Wales



A pilot of HPV primary testing is due to start in April 2017 in a number of practices, which will inform the change to primary testing across Wales. The programme will ultimately move to just using one screening laboratory in Magden Park and are actively working with our cytology partners, health boards, union representatives etc and staff, to manage this change, and recently wrote to the Chief Executive of ABMU with options for sustaining the cytology service provided by the Health Board in the interim.

Specialist reporting of potentially abnormal screening samples, histology of colposcopy biopsies and support for MDT will continue to be required and commissioned post-HPV primary testing.

Since the extension of Test of Cure in December 2015 and the introduction of HPV triage in May 2016, all health boards have seen an increase in referrals to colposcopy. It has been a challenge for all colposcopists to learn new pathways and new ways of working. After the introduction of HPV primary testing, referral rates to colposcopy are expected to remain increased for a few years, although they are unlikely to exceed currently commissioned volumes.

In ABMU some women have had to wait longer than standard to be discussed at MDT. This appears to be because there are not enough MDTs being held to cope with the level of referrals.

Wales Abdominal Aortic Aneurysm Screening Programme

A review of clinic sessions and locations is ongoing to reduce backlog in some areas and to provide the optimum service. Extra and extended sessions have already reduced backlog in most areas. There are plans to stop screening in Bryn Cethin Health Centre as the centre is no longer fit for purpose. A planned relocation and merger of the two screening bases in the South West in 2017 will also require a review of clinics.

Screening is now provided in Parc Prison, Bridgend with two sessions successfully delivered and another session due early in the New Year.



The recent Quality Assurance visit to the South West elective vascular network identified a number of areas for improvement:

- Build hybrid theatre
- Improve IR recruitment
- Develop discharge care pathways
- Improve capacity at Morriston Hospital
- Improve timeliness of CT scans and Cpep testing

Maternal and Child Screening

Newborn Bloodspot and Antenatal Screening Wales work closely with governance leads in each health board. Having a good relationship with this key point of contact helps with ongoing work and new developments. One thing the governance leads are currently working on is the quality of samples in Newborn Bloodspot screening. These have been improving and there has been a decrease in the avoidable repeat rate, though it is still not within standard.

Sgrinio Cyn Geni Cymru
Antenatal Screening Wales



Newborn Bloodspot
Screening Wales

Sgrinio Smotyn Gwaed
Newydd-anedig Cymru

A Quality Assurance Audit of Newborn Hearing Screening Wales has taken place as part of the Paediatric Audiology Standards for Wales. Each health board has received a final summary report and the Children's Audiology departments are producing action plans.

Diabetic Eye Screening Wales



Originally hosted by Cardiff and Vale University Health Board, DESW joined Public Health Wales in April 2016. Since joining, the service has been rebranded from the Diabetic Retinopathy Screening Service for Wales. There is ongoing work to agree the definition of uptake rates and change screening interval in line with the UK National Screening Committee recommendations over the next few years.

Identifying people to invite for eye screening is a challenge. It is important that health board services ensure referral of eligible individuals through to the programme on diagnosis of diabetes. It is also important that the programme know when individuals have been discharged from hospital eye services so that screening can be recommenced.

To ensure good access to the service in ABMU, an alternative clinic site is needed in Gorseinon, to replace a mobile unit.

Screening Engagement Activity in ABMU

Screening Engagement is a specialist team that works across the programmes offered by the Screening Division. They raise awareness of the screening programmes and promote informed choice by informing the eligible population about the benefits and harms, encouraging people to make an active decision about taking part in screening.

This last year three new Screening Engagement Volunteers have been recruited within ABMU. They have been a great addition to the team and so far been able to attend and set up many events including a staff health and wellbeing day at the Land Registry, Swansea World Mental Health Day event and Swansea Bay Race Equality Council conference.

An example of community work in the area is links that are being built up with Swansea Mosque, focusing initially on awareness of bowel and AAA screening.

The engagement team is working to train community champions from low uptake areas and groups across Wales. The screening champion role involves actively raising awareness of the national screening programmes in Wales within local communities and workplaces. To date the team have trained champions from backgrounds including ethnic minority groups, people with a learning disability, carers and primary care staff. Helping to overcome barriers, screening champions can

support others to make informed choices about screening.



Every July is Screening for Life Month, a national campaign month run by the Screening Engagement Team. The theme for the 2016 campaign was Breaking down Barriers and the campaign focused on reasons that people do not attend for screening including fear, embarrassment and lack of understanding.

The 2017 campaign will focus on working with our partners in primary care.

Forward Look

Key Developments and plans for the following year include:

- A continued focus on planning for major service changes to take place in 2018-19. Planned changes include
 - HPV primary testing in the cervical Screening Programme,
 - FIT Testing in the Bowel Screening Programme,
 - Risk based screening intervals in Diabetic Eye Screening Wales
 - Non-invasive prenatal testing in Antenatal Screening Wales
- Sustaining the achievement of timeliness standards within the programmes
- Improving service user experience, engagement and uptake.
- Improving fail safe for Diabetic Eye Screening Wales
- Providing electronic data transfer to GPs.

More Information

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 - Newborn Bloodspot Screening Wales www.newbornbloodspotscreening.wales.nhs.uk
 - Newborn Hearing Screening Wales www.newbornhearingscreening.wales.nhs.uk
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- [Uptake/coverage at health board and local authority level](#)
- [uptake/coverage at GP cluster level](#)

Key contacts:

Dr Rosemary Fox, Director of Screening Division
Dr Sharon Hillier, Deputy Director of Screening Division
Dr Sikha de Souza, Consultant in Public Health
Heather Ramessur-Marsden, Lead Screening Engagement Specialist

Screening Division

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