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 six national screening programmes in Wales:
- Breast Test Wales
- Bowel Screening Wales
- Cervical Screening Wales
- Newborn Bloodspot Screening Wales
- Newborn Hearing 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.

As part of Public Health Wales, we are committed to working towards the aim of a healthier, happier and fairer Wales. We play a particular role in two of the organisation’s key commitments:
- to improve health and wellbeing and reduce inequalities
- to improve the quality, equity and effectiveness of healthcare services.

The report of the inquiry into the implementation of the Cancer Delivery Plan includes a recommendation for screening to increase awareness and uptake, particularly in hard to reach groups.

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 2013/2014. The narrative contains information that relates to the programmes. This information is up to date at the time of publishing.
Summary

Screening Division of Public Health Wales manages the six 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.

<table>
<thead>
<tr>
<th>Table: Uptake/coverage figures for Wales, 2013/14</th>
<th>Number eligible/ invited</th>
<th>Number tested</th>
<th>Uptake/ coverage</th>
<th>Change from 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Screening Uptake</td>
<td>144,411</td>
<td>104,104</td>
<td>72.1%</td>
<td>+ 0.6%</td>
</tr>
<tr>
<td>- min. standard 70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel Screening Uptake</td>
<td>277,493</td>
<td>145,906</td>
<td>52.6%</td>
<td>+ 4.4%</td>
</tr>
<tr>
<td>- Target 60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Screening Coverage*</td>
<td>258,186</td>
<td>184,661</td>
<td>78.4%</td>
<td>- 0.9%</td>
</tr>
<tr>
<td>- Target 80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aneurysm Screening Uptake</td>
<td>22,729</td>
<td>16,852</td>
<td>74.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>- Target 80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn Hearing Screening</td>
<td>32,302</td>
<td>32,104</td>
<td>99.4%</td>
<td>- 0.1%</td>
</tr>
<tr>
<td>- Target 95%</td>
<td></td>
<td></td>
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</tbody>
</table>

Produced by the Screening Division Informatics Team

Uptake of Breast Screening in Wales meets the minimum standard of 70%. Bowel screening uptake does not meet the 60% target but has increased by over 4% from 2012/13.

*The numbers presented for Cervical screening are the number of women invited and tested in 2013/14. The percentage is cervical screening coverage, and shows the proportion of women aged 25-64 who have been tested in the last 5 years. Although this does not meet the 80% target it is very close and means that nearly eight out of ten women in Wales attend for their smear.

The Wales Abdominal Aortic Aneurysm Screening Programme was launched in May 2013 so there has not been one complete financial year of data to analyse yet. The figures presented here are from May 2013 when the programme started and include men invited up until the end of the financial year in March 2014. This shows an overall uptake of 74.1% which is good for a new programme. The target is 80%.

Uptake of Newborn Hearing Screening remains very high.

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. However, 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.

Bus advert from campaign in North Wales in partnership with Wrexham LSB.
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.

**Key changes in Screening Division**

- The age range and frequency of Cervical Screening was changed in September 2013
- HPV test of cure was implemented in September 2014 as part of the Cervical Modernisation Programme
- The Wales Abdominal Aortic Aneurysm Screening Programme was implemented in May 2013
- A new screening test for Down’s syndrome is being implemented in a phased approach across Wales. Three health boards have already implemented with the rest to follow over the next year.
- Newborn Bloodspot Screening Wales was established as a programme in April 2014
- Sickle cell newborn bloodspot testing was implemented in June 2013
- Four additional tests for inherited metabolic conditions are planned to be included as part of Newborn Bloodspot Screening in early 2015.

**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 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 limits capacity and has 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.
Inequities in uptake

Reducing inequity is a key priority for us in Screening Division. Our data clearly shows that uptake is highest in the least deprived areas and lowest in the areas that are most deprived. 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 cultural factors.

Differences in uptake by deprivation have been clearly demonstrated for all of the cancer screening programmes, and this year for Aneurysm screening too. The graph here shows uptake for the bowel screening programme by deprivation and gender. This shows that uptake of screening decreases as groups become more deprived, with a clear linear relationship. It also shows that, across all levels of deprivation, women are more likely to take part in screening than men.

We can compare screening uptake with cancer incidence presented by deprivation quintile. Colorectal Cancer incidence increases with deprivation and is highest in males in the most deprived group. This is exactly opposite to the pattern for screening uptake – so the males in the most deprived group who are least likely to go for screening, are the same group that are most likely to get cancer. This means that those who could potentially benefit the most from early diagnosis and intervention are the least likely to uptake screening.

Based on evidence from local evaluations and the published literature, a strategy has been developed to tackle inequity in uptake across the programmes.

There are three main points to the strategy.

### Strategy to Tackle Inequity in Uptake of the National Screening Programmes

1. **Having clear, consistent messaging**
   
   Key messages have been developed, described in the next section.

2. **Delivering the messages in the most appropriate way for the audience.**
   
   The Engagement Team work closely with community groups and others and are utilising a train the trainer approach wherever appropriate.

3. **Having a partnership approach throughout.**
   
   The division are working to engage with partners including primary care and the health boards, to embed screening onto their prevention agendas and share ownership of screening uptake. Also, an important part of engagement work is working with service users, using a co-production approach.

Each of the programmes are considering uptake and inequities as part of their core work, and the Screening Engagement Team are working across the division.
Key messages

We have developed a set of key messages for each of the adult screening programmes. These set out the most important facts about each programme using a layered approach, based on the format used in Making Every Contact Count (MECC). (Ctrl and click pictures for links or see resources p14)

The key messages were developed by the Screening Engagement Team, agreed with each of the programmes, and had service user input into their content and design. The top line of each is “Don’t ignore your screening invitation, it could save your life.” The layered approach means that each section builds upon the last, adding up to give a complete picture in increasing detail. The final layer of information incorporates the wider public health and prevention messages around healthy lifestyle choices and symptom recognition.

Using one defined set of key messages:
- will ensure consistency wherever screening messages are presented for each of the programmes
- will mean that messages for the different programmes are presented in a consistent format
- means that simple and clear messages can be given with confidence to others for them to deliver, facilitating a partnership approach.

We launched the key messages in April 2014 and they have been a valuable tool for engaging with partners and the public. Measures of success include consistent use of the key messages across the division, increased partnership working, enabling partners to deliver screening messages to their own communities, and ultimately with an increase in uptake and decrease in inequities in uptake.

We will review the messages a year after the launch, with a plan to integrate wider public health messages.

Service User Experience

We are working across the division to gather, analyse and use feedback from service users about their experience of screening. This is invaluable in helping us to improve the service which should in turn help to improve uptake. Feedback given formally in questionnaires is gathered, as well as compliments and complaints given via other routes, and patient stories are collected. Patient stories are useful for the programmes to learn from, and help with engagement with other service users and partners.

We are working towards a consistent approach across the division, which fits with the organisational and all-Wales approach.
Screening Engagement Team

Screening Engagement is a specialist team that works across the programmes in Screening Division. Their role is to raise awareness of the screening programmes, promote informed choice by informing the eligible population about the benefits and harms, and encourage people to make an active decision about taking part in screening. The Screening Engagement Team work at both a strategic level, engaging with partners and the programmes and providing direction and guidance, but also on an operational level with members going out to communities and delivering training to the public and health professionals.

There are team members based in North, South East and South West Wales. Screening Engagement Team work across the whole population, but particularly with groups or communities where uptake of screening is known to be low.

Project work

Screening Engagement Team lead and support a number of pieces of discrete project work looking at engaging with particular groups. Some key examples from this year are described below.

Work with the Transgender community.

We are working in partnership with representatives from the trans community and organisations including Transgender in Wales (TiW), Female to Male (FTM) Wales and the NHS Centre for Equality and Human Rights. We developed quality standards using a co-production approach, setting out the care which transgender men and women should expect to receive. Together, we also developed resources including an information leaflet, frequently asked questions, and YouTube videos. Staff training was identified as important, raising awareness of issues that transgender service users face.

Development of information for Carers

We have developed a resource for care homes and people who care for men and women eligible to take part in bowel screening. This provides information about the test, and help with making decisions about capacity and informed consent.

Work with Gypsy and Traveller Groups

Following work with traveller communities and community key workers to identify needs and barriers to screening, we have developed an action plan. Working with the Welsh Government Policy lead for Gypsy travellers, we will take forward a wider consultation in the New Year.
Sensory Loss
We held a workshop with service users with sight and hearing loss. The resulting report contains a number of recommendations about the way in which we can support service users with Sensory Loss. We have shared the report with a number of groups at Division and Trust level and we hope it will form the start of a continuing partnership with representatives of the sensory loss community.

Screening for Life
Screening for life is a national campaign month run by the Screening Engagement Team in July of each year. 2014 was the second year of the campaign. In 2014 we focused on low uptake areas, raising awareness and promoting the key messages in both public and professional circles. The campaign plan covered a number of areas, including promotion in the national media and work with community pharmacies. Other areas included:

- **Training**
  We developed a training package covering all the adult screening programmes in Wales. As well as increasing awareness and knowledge in those people who attended the training, the training also included how to set up local events and training sessions. Campaign evaluation showed that using the Train the Trainer approach meant that 43 additional training sessions were held in communities, beyond those organised by the engagement team themselves.

- **Website**
  We launched our new public facing website: [www.screeningforlife.wales.nhs.uk](http://www.screeningforlife.wales.nhs.uk). The website covers all of the screening programmes in Wales. It provides a platform for general information and has proven to be a great place to share patient stories and details of how people can get involved.

- **Community Events**
  We held events with different groups and partners including Communities First and the Farmers Union of Wales. We recruited volunteers from across Wales to help with stands and events.

- **Social Media**
  This year, we put more of a focus on the use of social media to promote the campaign. We used the hashtag #S4L14 to keep track of activity on Facebook and Twitter, with regular content being uploaded by the team. The graphic here is made up of some of the pledges that were uploaded to the facebook page by members of staff from across Public Health Wales and other supporters including charity teams and the Minister for Health.
Breast Test Wales

In 2014, Breast Test Wales celebrates its 25th birthday. The Programme has been running since 1989. This year we launched a new website with easier navigation and updated content. There is a section where women can share their stories, and information on other ways that women can engage with the programme, like volunteering.

Uptake across Wales does meet the minimum standard of 70% and shows an improvement on the figure from 2013/14. However, it does not meet the target of 80%.

Digital Mammography has been now implemented across the whole of Breast Test Wales, making it the first service in the UK to be fully digitalized. The process of implementation did mean that screening had to be slowed down for a while, and the round length for women (time between invitations) increased beyond three years. We are working hard to bring the round length back to 36 months. To do this we have greatly increased the number of women being screened each week. The number of women going for assessment has therefore increased as well.

Since digital implementation the number of cancers detected has also increased. This is because of a combination of the fact that more women are being screened, and also that there is a higher cancer detection rate with the use of digital mammography. The increase in cancer diagnoses has caused strain in some health boards. There has also been some difficulty with assessment clinic capacity and we have carried out process mapping to establish the most appropriate care pathways.

This follows on from work we did in 2013/14 when we looked in detail at processes around issuing results. The increased screening workload after the digital implementation meant that some women had long waits for their results. We carried out process mapping working with 1000 Lives+, changing pathways and looking at film reading. We are now able to issue over 95% of results within two weeks of screening across Wales. This is important since, as well as meeting targets, reducing waiting time for results decreases anxiety and improves service user experience. This may in turn mean that more women make use of the service.

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%.

Uptake

Wales Uptake: 72.1%
(Wales 2012/13 – 71.5%)
Bowel Screening Wales

Uptake of bowel screening does not meet the 60% target in Wales, although there has been an increase from previous years. As with the other cancer screening programmes, the more deprived groups in society are less likely to attend for screening. This is particularly important for the Bowel Screening programme as the absolute gap is the biggest, and there is a demonstrable relationship showing that colorectal cancer incidence increases with deprivation.

The bowel screening programme has established an uptake group to look at interventions to increase uptake and decrease inequity in uptake at operational and strategic level. The objectives are to increase awareness and promote informed choice across the population and particularly in groups where we know that uptake is low. Learning from successful interventions is shared across all the programmes in Screening Division.

Turnaround time for samples in the laboratories has improved and is now within standard. This is due to investment in laboratory staff made by the programme.

Welsh Government has set targets for cancer waiting times, and screen detected cancers are included. The starting point is at the first serious suspicion of cancer, taken to be when the participant phones for a Specialist Screening Practitioner (SSP) appointment after they are informed of a positive result.

Colonoscopy waiting times have been improving across the whole of Wales, and currently about 80% of colonoscopies are carried out within the target time. This year a major effort is being put into this, working collaboratively with health boards to find solutions.

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 people who are invited to take part

Uptake

Target: 60%

Wales Uptake: 52.6%
(Wales 2012/13 – 48.2%)

Maps showing uptake at Lower Super Output area will be published on the programme websites. The example shown here is Hywel Dda Health Board. These have been useful to illustrate geographical differences in uptake and help engage with community partners. These will be made available for all of the adult programmes on our websites.
Cervical Screening Wales

Uptake of Cervical Screening across Wales is generally good. The national figure is very close the target of 80%, meaning that nearly eight out of ten women in Wales attend regularly for their smear.

We are carrying out targeted work in areas where uptake is not so good, working with partners including community groups and individual GP practices.

The Cervical Modernisation Programme has been looking at a number of aspects of Cervical Screening.

September 2013 saw the implementation of the change in age range and frequency. The lower age limit was raised to 25 and the frequency of invitation for women over 50 was decreased to every 5 years in line with national policy and based on evidence of effectiveness. This change will have impacted on the number of women screened and the number of invitations sent out as there will be a decrease in the number of women invited.

HPV test of cure was implemented on September 15th 2014. Women who have had treatment for abnormal smear are tested for HPV when they have a follow up smear six months later. If the HPV test is negative then they will be called for a smear again in three years, rather than being invited back for colposcopy or annual follow up smears. This will result in fewer colposcopies and repeat smears being undertaken.

We are now planning our next steps in HPV testing.

We have installed updated colposcopy imaging equipment in clinics across Wales. This was funded by the Welsh Government Health Technology Fund.

In some areas of Wales, laboratory turnaround times do not meet standards. This means that women may need to wait longer for their results, which may cause additional anxiety. We are working hard to eliminate delay by streamlining laboratory and administration processes. Some of the delay in the process is getting samples to the laboratory, so we are looking at why these delays arise and how they can be avoided.

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 25-50 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 sexual health clinic.

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

Coverage

All Wales: 78.4%
(All Wales 2012/13 – 79.3%)
Wales Abdominal Aortic Aneurysm Screening Programme

The Wales Abdominal Aortic Aneurysm Screening Programme was launched in May 2013. It is the first screening programme in Wales to be aimed just at men.

The figures presented here cover from programme launch to the end of the financial year 2013/14, and show an uptake rate of 74.1%. Although this does not quite meet the 80% target, this is very promising for such a young programme and for a condition that is not as widely known about as the cancers that are screened for.

By agreement, screening locations are provided to the programme by health boards at no charge. The aim is to provide screening in local settings close to where men live.

The evidence for setting up the programme largely came from a British trial entitled MASS. The aneurysm detection rate in this trial was 4.9% which is significantly higher than the detection rate of 1.4% that has been seen in Wales. The Welsh rate is comparable to that seen in the rest of the UK, and there is evidence to show that the programme is still cost-effect at the lower detection rate.

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 it was agreed by all health boards 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. Fully developed networks have not been set up in any of the regions yet, and this remains a risk for the programme.

Project work being undertaken at the moment includes work with prisons across Wales to screen 65 year old men, and work looking at screening men with physical disabilities.

The screeners are working alongside the Screening Engagement Team so that, in times where they are not in clinic, they can do engagement work in their local communities.
Maternal and Child Programmes

As part of a new structure in Screening Division, the three maternal and child programmes have been brought together under one Head of Programme, to share learning across the programmes that share the same target population.

Antenatal Screening Wales

Antenatal Screening is undertaken as part of routine antenatal care delivered by the health boards. Although, Antenatal Screening Wales hosts the Antenatal Screening Clinical Network and is responsible for establishing policies standards and protocols, it is the Health Boards that have the responsibility for delivering the service. There are published policies, standards and protocols to support the provision of antenatal screening in Wales and these are currently being reviewed with stakeholders.

All women resident in Wales should be offered the following antenatal screening in every pregnancy; blood group and antibodies, rubella susceptibility, hepatitis B, syphilis, human immunodeficiency virus, Down’s syndrome; early pregnancy ultrasound scan (dating) and fetal anomaly ultrasound scan. Antenatal screening for sickle cell and thalassaemia should be offered to all pregnant women at an increase risk of having a child affected by a sickle cell disorder or thalassaemia major. There are no uptake targets for the programme. All women who have a higher chance Down’s syndrome screening results should be offered a diagnostic test appropriate to their gestation.

The biggest development in Antenatal Screening Wales this year has been the implementation of a different screening test for Down’s syndrome, the combined test. This test can be undertaken earlier in the pregnancy and gives more reliable results. A lot of time and effort has been put into the development of this work by Antenatal Screening Wales and colleagues in the Health Boards.

Implementation is phased across Wales, with Betsi Cadwaladr University Health Board, Abertawe Bro Morgannwg and Cardiff and Vale already having implemented, and the other health boards to follow over the next year. Public information is being updated to reflect these changes.

Newborn Bloodspot Screening Wales

Newborn bloodspot screening is when a small sample of blood is taken from the baby’s heel at day 5 to 8 of life, ideally on day 5 (counting day of birth as day 0). The blood sample is screened for rare but serious diseases that 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 (CHT), cystic fibrosis (CF), medium chain acyl-CoA dehydrogenase deficiency (MCADD), phenylketonuria (PKU) and sickle cell disorders (SCD).
In June 2013 a new screening test for Sickle Cell disorders in newborn babies was introduced in Wales. The aim of the sickle cell screening in Wales is to identify babies who have a sickle cell disorder and is not to identify babies who are carriers of a sickle cell disorder who do not require any treatment or other intervention.

Following recommendations made by the UK National Screening Committee and the Wales Screening Committee, four additional tests will be screened for as part of the bloodspot testing programme from early 2015. Planning the introduction of the new tests has been possible as a result of close working between Public Health Wales and Cardiff and Vale University Health Board.

Newborn Hearing Screening Wales

In October 2014 Newborn Hearing Screening Wales celebrates its 10th anniversary. This was marked with a series of events involving the National Deaf Children’s Society and families of children identified with hearing loss identified by the programme. Since the start of the programme more than 400 children have been diagnosed with hearing loss across Wales.

Over the last financial year, all the testing equipment has been renewed. The service model used has also been changed. Most tests are carried out whilst the baby is still in hospital. Babies that are not seen before they go home are brought into community clinics to be screened, whereas home visits used to be carried out.

Across Wales, succession planning is needed for the professional leads for the programme, as the pool of paediatric audiologists has diminished. The Professional leads are doctors based in the hospitals who get referrals and who co-ordinate the package of habilitation for babies who are found to have hearing loss.

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.

Uptake

All Wales: 99.4%

(All Wales 2012/13 – 99.5%)
Forward Look

Key Developments and plans for the following year include:
- A continued focus on uptake, particularly on decreasing inequity in uptake across all of the screening programmes.
- Working towards continued integration of HPV testing into cervical screening as part of the Cervical Modernisation Programme.
- Exploration of the use of digital communication, including investigating the use of technology such as email and smart phones where appropriate, for communicating with service users.

More Information

More information and resources are available via the websites and from the key contacts listed.
- Screening for Life Website: [www.screeningforlife.wales.nhs.uk](http://www.screeningforlife.wales.nhs.uk)
- Programme Websites:
  - Antenatal Screening Wales [www.antenatalscreening.wales.nhs.uk](http://www.antenatalscreening.wales.nhs.uk)
  - Breast Test Wales [www.breasttestwales.wales.nhs.uk](http://www.breasttestwales.wales.nhs.uk)
  - Bowel Screening Wales [www.bowelscreeningwales.org.uk](http://www.bowelscreeningwales.org.uk)
  - Cervical Screening Wales [www.cervicalscreeningwales.wales.nhs.uk](http://www.cervicalscreeningwales.wales.nhs.uk)
  - Newborn Bloodspot Screening Wales [www.newbornbloodspotscreening.wales.nhs.uk](http://www.newbornbloodspotscreening.wales.nhs.uk)
  - Newborn Hearing Screening Wales [www.newbornhearingscreening.wales.nhs.uk](http://www.newbornhearingscreening.wales.nhs.uk)
  - Wales Abdominal Aortic Aneurysm Screening Programme [www.aaascreening.wales.nhs.uk](http://www.aaascreening.wales.nhs.uk)

Key messages are available on the websites or via these links: Breast Bowel Cervical AAA

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, including uptake/coverage at GP cluster level and maps showing uptake/coverage at LSOA level for each of the health boards.

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

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Email: screening.feedback@wales.nhs.uk
Link to website contact page: [http://www.screeningforlife.wales.nhs.uk/contact-us](http://www.screeningforlife.wales.nhs.uk/contact-us)

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- Thompson et al, Multicentre Aneurysm Screening Study Group. BMJ 2009; 338