

Uptake of screening by diverse communities in Wales

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Ethnic Minority Women in Wales Healthcare
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Purpose of session

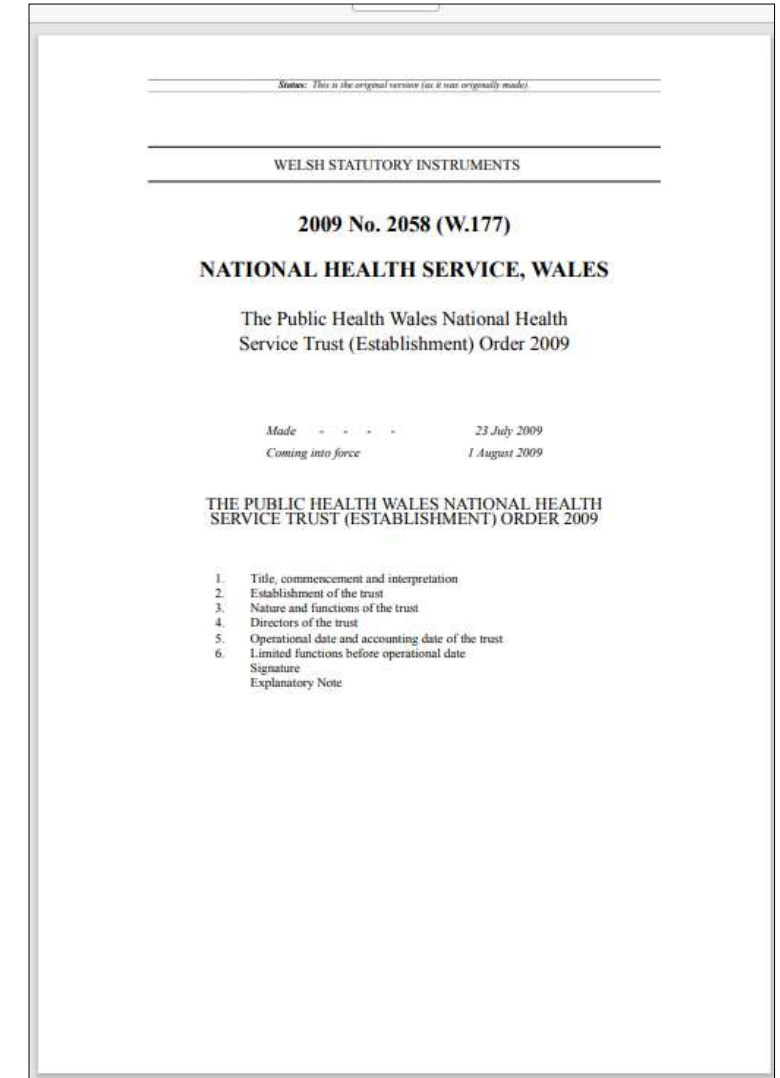
Objectives

- Overview of population health-screening
- PHW Strategic Objectives
- Inequalities - Uptake of screening by diverse communities
- What should we be doing?

Population health-screening

PHW Mandate – establishment order 2009

- to provide to or in relation to the health service in Wales and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases
- to develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public in Wales; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters
- to undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies
- to provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health-related matters.



Population health-screening

PHW role

- Deliver excellent population health screening programme services in line with Welsh Government policy
- Implement evidence-based recommendations from the UK National Screening Committee, and considered by the Wales Screening Committee
- The aims are either to **reduce incidence** of disease (e.g., cervical screening) or **improve early diagnosis** to reduce the impact of the disease (e.g. breast screening)



Population health-screening

Activity – annual figures (Wales)

- Deliver, monitor, and evaluate seven population-based screening programmes, coordinate clinical network for antenatal screening.

Programme	Annual screens (x1,000)
Bowel Screening	329
Breast Screening	135
Cervical Screening	141
Newborn Hearing	27
Newborn Bloodspot	27
Diabetic Eye screening	80
Abdominal aortic aneurysm	18

Population health-screening

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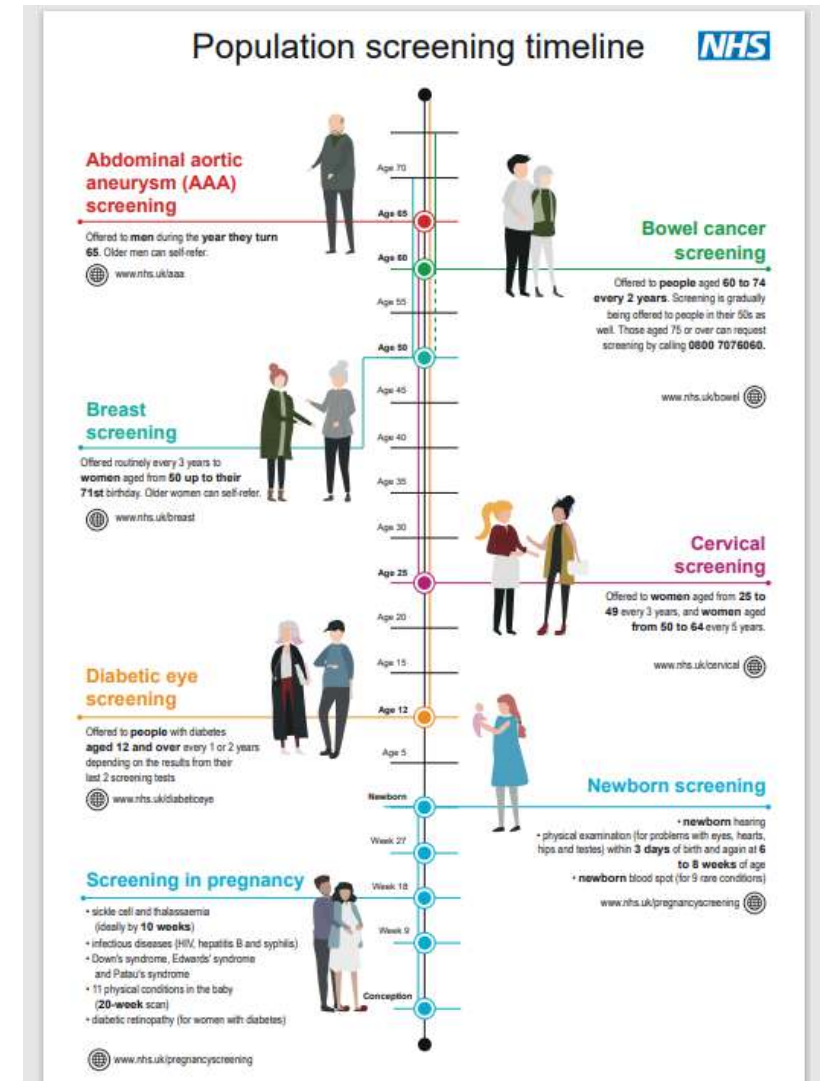
750K screens annually

Appox. 37K from ethnic minority groups

Population health-screening

Why do we do it?

- Saves lives (per year, UK)
 - Breast screening (1,300)
 - Cervical screening (5,000)
 - Bowel screening (2,400)
- Improves quality of life through early identification
- Reduces chance of developing serious complications
- Enables reproductive choice



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Inequalities

How can they arise?

- Can occur at any point along the screening pathway
 - Cohort identification
 - Provision of information about screening
 - Access to screening
 - Access to treatment and onward referral
 - Outcomes
- Often unintended consequence
- Pro-active approach
- Undertake Equality impact assessment



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Inequalities

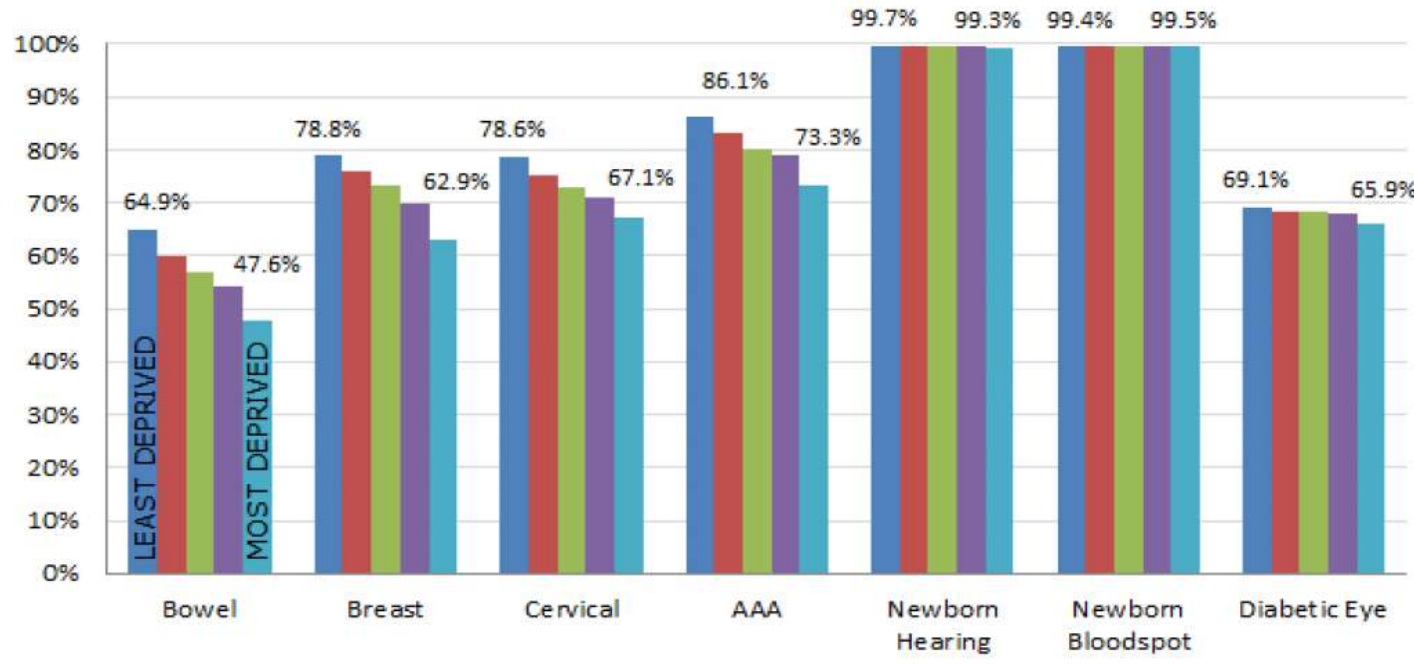
Which characteristics are associated with inequalities?

- 9 Protected by legislation, including ethnicity
- Socioeconomic factors
- Socially excluded and vulnerable groups
- Geographical variation (population density)

Inequalities

Socioeconomic status, Ethnicity

Uptake by deprivation quintile by screening programme 2018-19



Produced by the Informatics Division of Public Health Wales

Ethnicity

Overall uptake

White 60.2%

Asian 50.8%

Unknown 47.5%

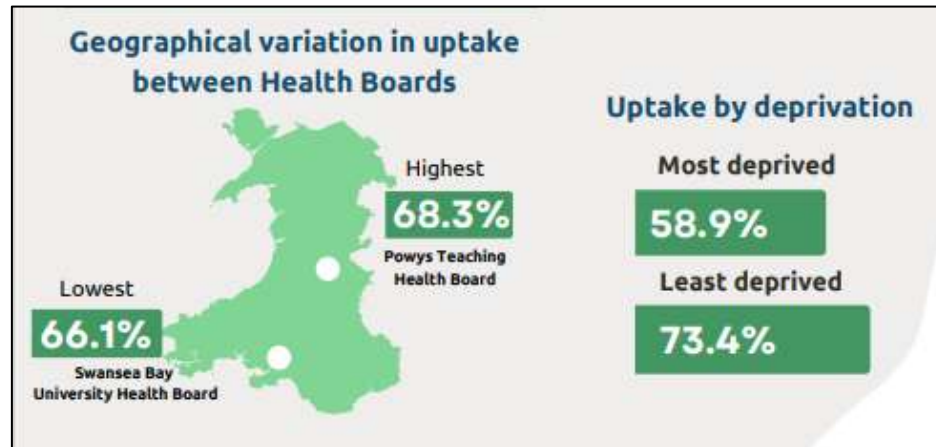


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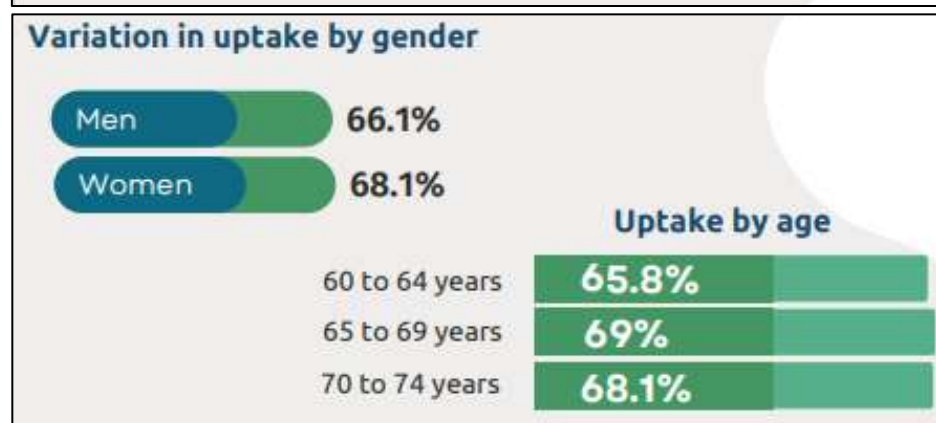
Inequalities

Bowel cancer screening (Wales, 2020/21)



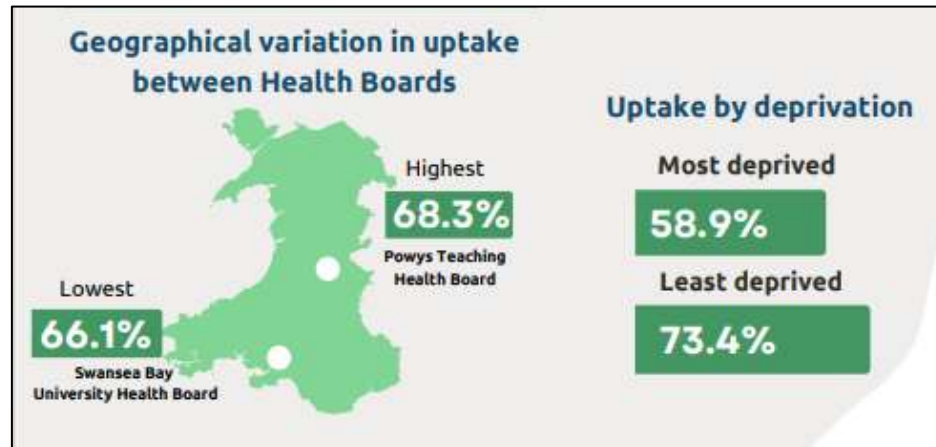
People taking part for the **first time** had a lower uptake compared with those who had **previously** taken part in screening.

Uptake of screening was lowest in those who had previously not responded to their invite.



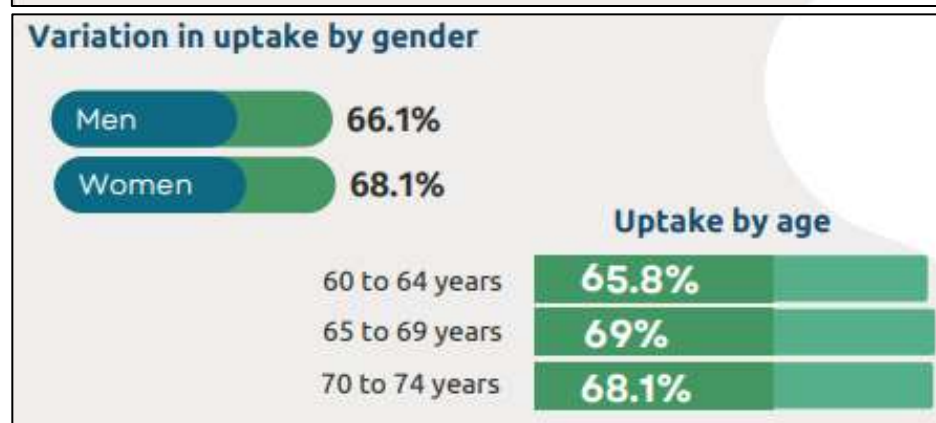
Inequalities

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Ethnicity

150K (5%) non-white in Wales

Denominator data not available
Data not routinely collected
Completion rate low

Inequalities by ethnicity

Evidence

- Greater London (n=1013)
- 50% BAME
- Symptom awareness lower (All groups)
- Risk factor awareness lower (Afro-Caribbean, Somali)
- Screening awareness lower (Afro-Caribbean, Somali)

> BMC Public Health. 2021 Mar 16;21(1):513. doi: 10.1186/s12889-021-10536-y.

Ethnic inequalities in older adults bowel cancer awareness: findings from a community survey conducted in an ethnically diverse region in England

Robert S Kerrison ¹, Andrew Prentice ², Sarah Marshall ², Sameer Choglay ^{2 3}, Michael Levitan ⁴, Marsha Alter ⁴, Alex Ghanouni ⁵, Lesley McGregor ^{5 6}, Christian von Wagner ⁷

Inequalities by ethnicity

Evidence

- Bristol ++ (n=86,850)
- 51% non-white
- Absence of screening is significantly lower amongst:
 - Mixed and Black ethnic groups
 - Most deprived communities
 - Smokers

> [J Public Health \(Oxf\)](#). 2023 Nov 29;45(4):904-911. doi: 10.1093/pubmed/fdad179.

Inequality in uptake of bowel cancer screening by deprivation, ethnicity and smoking status: cross-sectional study in 86 850 citizens


Alexandra Creavin ^{1 2}, Sam Creavin ^{3 4}, Charlie Kenward ⁴, Jonathan Sterne ¹, Jo Williams ¹

Inequalities by ethnicity

Evidence

- Wales
- Review post-pandemic
- Reduction in uptake (60.4% vs 62.7%)
- Lower uptake amongst:
 - Males
 - Younger persons
 - People living in income-deprived areas
 - Asian and unknown ethnic backgrounds (small numbers)

Inequalities in colorectal cancer screening uptake in Wales: an examination of the impact of the temporary suspension of the screening programme during the COVID-19 pandemic

[Diana Bright](#) , [Sharon Hillier](#), [Jiao Song](#), [Dyfed W. Huws](#), [Giles Greene](#), [Karen Hodgson](#), [Ashley Akbari](#), [Rowena Griffiths](#), [Alisha R. Davies](#) & [Ardiana Gjini](#)

[BMC Public Health](#) 23, Article number: 546 (2023) | [Cite this article](#)

Inequalities by ethnicity

Evidence

- UK-wide (n=243,825)
- Review of Route to diagnosis of Screening for 10 cancer sites (inc. Breast, Bowel, Cervical)
- Fewer patients diagnosed via screening
 - Other (4.98%) (Breast)
 - Black (5.11%) (Breast, Colorectal)
 - White (8.27%)
 - Asian (10.9%) (Colorectal, Breast)
 - Mixed (9.49%) (Colorectal, Breast)

Epidemiology

[No Title]

Ethnic inequalities in routes to diagnosis of cancer: a population-based UK cohort study

[Tanimola Martins](#) , [Gary Abel](#), [Obioha C. Ukoumunne](#), [Luke T. A. Mounce](#), [Sarah Price](#), [Georgios Lyratzopoulos](#), [Frank Chinegwundoh](#) & [William Hamilton](#)

[British Journal of Cancer](#) 127, 863–871 (2022) | [Cite this article](#)

Inequalities by ethnicity

What should we do?

- Ethnic Minority Screening project (PHW, 2023)
- Screening Engagement Team
- Engage with ethnic minority groups (n=46)
 - Focus Groups
 - Interviews
 - 7 Organisations

Inequalities by ethnicity

What should we do?

Cervical screening isn't acceptable for some communities

Information should be in local churches/mosques, using the pastor/imam

People from ethnic minority communities do not access services because of negative experiences of not being respected or being treated well. Why would you?

We need more BAME workers within health care. Seeing that you are represented makes such a difference

We have not grown up with having our stools checked, you have blood tests or urine samples, but not your stools



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Inequalities by ethnicity

What should we do?

- Ethnic communities
 - Targeted awareness of screening
 - Ethnically accessible resources (letters, leaflets, videos)
 - Improve Read Aloud/Multilanguage function across websites
- Staff
 - Culturally-informed practice
 - Raise awareness of resources
 - Holistic approach to consider equality, diversity and inclusion
 - Capture and share good practice
- Service
 - Ethnically acceptable venues



Diolch, Thank You, شكریه, 謝謝

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