

Breast Cancer Now response to Cabinet Secretary letter to Senedd Petitions Committee

What are our thoughts on the Cabinet Secretary's response?

We welcome the response by the Cabinet Secretary, which acknowledges many of the key issues facing breast screening in Wales, along with the actions in place by Public Health Wales and Breast Test Wales to address this. However, the Cabinet Secretary's response highlights that the 70% minimum standard is still not being met in Wales, and actions and future plans need to be more ambitious so Wales can meet this standard and aim for the 80% target. Further clarity is needed from Welsh Government about how it will support BTW and PHW to achieve this.

Does the Cabinet Secretary's response adequately address the issues that were raised?

The response from the Cabinet Secretary addresses many of the issues outlined in the petition, including the work being undertaken by BTW and PHW. However, the Cabinet Secretary's response underscores the need for further work to be undertaken to improve uptake and address inequalities, and for the calls outlined in the petition to be actioned. We believe the Petitions Committee has a valuable role to play in achieving this.

Performance

In Wales, as with other UK nations, the minimum standard for breast screening uptake is 70%, with the target set at 80%. In 2022/2023 uptake was 69.5%. This shows that the current uptake in Wales has still not reached the 70% minimum standard. The minimum standard is achievable, the latest uptake data across the UK nations shows England at 70%, Northern Ireland at 74.3% and Scotland at 75.6%.

Pandemic

The Cabinet Secretary noted the impact of the pandemic on breast screening services. However, breast screening has recovered, for example round length, the screening invitations issued within 36 months of previous appointments, returned to pre-pandemic levels in 2022-23.

However, breast screening uptake, the percentage of eligible women who attend their routine mammogram invitation within six months, was declining before the pandemic. In 2011/12 the uptake was 73.2% but there has been an overall decline since, and it has not reached the minimum standard since 2016/17, apart from 2021/22, when many fewer women were invited for screening due to the pandemic.

Deliver a breast screening awareness campaign, focusing on low-uptake areas and communities

The Cabinet Secretary rightly identified that work needs to address concerns from participants who are attending screening for the first time and are anxious about what will happen during their appointment.

As the Cabinet Secretary outlines, BTW and PHW have developed online tools including a breast screening pathway video, *Breast Screening – What to Expect*, in addition to social media posts during breast cancer awareness month. These resources are welcome; however, they are not equivalent to a national breast screening awareness campaign. These resources are only being shared during one awareness month and otherwise are hosted on BTW website, meaning they are not utilised to target low-uptake areas and communities and reach underserved groups.

[Earlier this year, NHS England launched its screening awareness campaign](#). Wales could build on the learning from this campaign, including how best to reach low-uptake areas and communities. A breast screening campaign would be in line with PHW's current Screening Equity Strategy, which outlines that it would "develop and support evidence-based national awareness campaigns such as #LoveYourCervix".

Provide more convenient, flexible routes into breast screening services, including multiple options to arrange appointments

We welcome the Cabinet Secretary outlining how Wales' breast screening programme is working to improve accessibility, with 11 mobile units, supported with interpreters, ability to rearrange the appointment, with early and Saturday appointments. However, the inability of screening services to access data on communication needs at the point that the first invitations are sent out via post presents a barrier to first time invitees who may have additional communication needs.

Wales' breast screening programme needs to be more ambitious to create more convenient, flexible routes, such as piloting providing multiple options to arrange appointments, such as walk in clinics and same day booking. Our [Building a truly accessible, equal, and fair breast screening programme – A consensus statement on health inequalities within breast screening](#), sets out 12 recommendations that would remove barriers to entry for screening and improve access across all underserved groups. The Cabinet Secretary outlined that it is not currently possible to offer online appointment booking, but noted the opportunity to offer this in the future. For this to be achieved, BTW will need investment in its IT systems to be able to handle appointment booking, and share information with screening units.

Improve data reporting and accountability by regularly publishing uptake data, including for minority ethnic and underserved groups

The Cabinet Secretary acknowledges the delay in data reporting, and the need for timely data. We welcome the upcoming 2023-24 annual report which is in preparation. However, Welsh Government previously stated, in answer to the Wales Cancer Alliance that this data would be published by the end of summer 2025. In addition, this annual report will be published a year after England's report covering the same time period, and around the same time as England's 2024-25 data is published. Timely annual statistical reporting, in line with the timescale of other UK nations, increases transparency, and accountability within Wales' breast screening programme, and supports evidence-based decision making and long-term planning.

We welcome that scoping work is in progress to include additional determinants of screening uptake, such as ethnicity, within future iterations of the Screening Inequity Report. This is vital as the 2022-25 Equity and Screening Strategy commitment to improve data collection to monitor uptake by minority ethnic communities and other underserved groups is currently unfulfilled. We recommend in addition to ethnicity other determinants included are disability, deprivation, religion, gender and sexual orientation. This data also needs to be included within the annual statistical reporting of the breast screening programme. These insights should be used to evaluate and capture the value of different interventions designed to reduce inequalities in uptake.

Further questions in response

- **Question:** How will Welsh Government support, resource and enable Breast Test Wales and Public Health Wales to meet the 70% minimum standard and the 80% target and deliver commitments within its new Screening Equity Strategy?
- **Question:** What engagement has Welsh Government had with Department of Health and Social Care and NHS England about England's breast screening campaign?
- **Question:** The Cabinet Secretary noted that the current Screening Equity Strategy is coming to an end, and developing the next version of the strategy:
 - When will the next Screening Equity Strategy be published?
 - How are women of screening age and underserved groups being involved in the development of the strategy?

Additional Information

In January 2025, Audit Wales' report, Cancer Services in Wales, noted opportunities to increase breast screening uptake, and recommended more data is published on waiting times for diagnosis and treatment for patients referred into the cancer pathway from breast screening.

Our blueprint for transforming breast screening in Wales (attached) outlines the challenges faced by Wales's breast screening programme. Services are understaffed and overstretched. Waiting times for screening results are long, and outdated, siloed IT systems mean that innovations to make screening more efficient struggle to get rolled out. The Blueprint recommends how breast screening can be prioritised to make sure that the breast screening programme can continue being a powerful, cost-effective tool for early diagnosis, by:

1. Providing convenient, flexible and equitable access to screening
2. Maximising the efficiency of the breast screening programme
3. Making sure the breast screening programme has the resources it needs to succeed
4. Increasing data reporting, transparency, and accountability within the screening programme
5. Preparing to adapt to future demands and implement new innovations

[Our consensus statement on health inequalities within breast screening](#) outlines our recommendations on how breast screening providers can build a truly accessible, equal, and fair breast screening programme. These include:

Listening

- Integrate relevant existing information within people's health records, including reasonable adjustments and communication needs,
- Establish a process of asking for and noting support needs, or reasonable adjustments as part of the booking process
- Proactively ask groups who do not engage with screening to share their concerns and work to counter any myths or misconceptions

Enabling

- Offer routes into screening that do not depend on primary care records for eligible groups that are frequently left off automatically generated screening lists
- Provide all screening information and resources in the full range of accessible formats and languages,
- Create more flexible ways for people who have been invited to get screened that fit with their lives and responsibilities
- Require robust collection and assessment of equity data by services, and use insights to evaluate and capture the value of different interventions.

Embedding

- Work with underserved groups to inform the design of screening processes and services, so the system is built with them and their needs in mind.
- Make breast screening a standard issue for relevant healthcare professionals to routinely raise when they come into contact with someone eligible
- Put in place clear expectations and standards for all services delivering breast screening to meet around inclusivity, and set out mechanisms for accountability to enforce these standards.
- Commit to a process of consistent, ongoing engagement with communities to establish breast screening as a visible and valuable routine service within underserved groups