

Living Well

Non-Cancer Screening

Revised: 30/08/2017

Introduction

Screening is a process whereby people who may be at increased risk of a disease or particular condition are identified. The aim is to offer screening to the people who would most likely benefit from it. As a result, people may be offered information, further tests and appropriate treatment to reduce their risk or any further complications arising from the disease or condition.

The [UK National Screening Committee](#) (UK NSC) advises ministers and the NHS in the 4 countries about all aspects of population screening and supports implementation of screening programmes. Conditions are reviewed against evidence review criteria according to the UK NSC's evidence review process.

Diabetic Retinopathy Screening: [Diabetic retinopathy](#), also known as diabetic eye disease, is when damage occurs to the retina due to diabetes. It is the most common cause of blindness in patients of working age in the UK and affects up to 80% of all patients who have had diabetes for 20 years or more. The risk of developing diabetic retinopathy can be reduced by good management of blood pressure and glycaemia control.

The [NHS Diabetic Eye Screening Programme](#) (NDESP) is one of the youth and adult NHS population screening programmes that allows for early identification and warnings to take preventative action to stop serious retinopathy developing. The eligible population for NDESP is all people with type 1 and type 2 diabetes aged 12 or over. The programme offers pregnant women with type 1 or type 2 diabetes additional tests because of the risk developing retinopathy. An annual report by the UK National Screening Committee (UK NSC) suggested that the programme introduce variable screening intervals according to patient risk. This would in turn release capacity and resources to implement local projects to improve uptake amongst patients who are not engaged with screening and are at highest risk.

Abnormal Aortic Aneurysm (AAA) Screening: Screening for [abdominal aortic aneurysm \(AAA\)](#) is important to prevent or diagnose swelling of the vessel that leads from the heart to the rest of the body, via the abdomen. The dangerous swelling (aneurysm), if not detected can lead to death. Screening involves a simple ultrasound scan of the stomach, which takes approximately 10-15 minutes. AAA is more prevalent in men over 65 than it is in younger men or women and usually causes no symptoms, but if it bursts, it's extremely dangerous and usually fatal. Research has demonstrated that offering men ultrasound screening in their 65th year could reduce the rate of premature deaths from ruptured AAA by up to 50%.

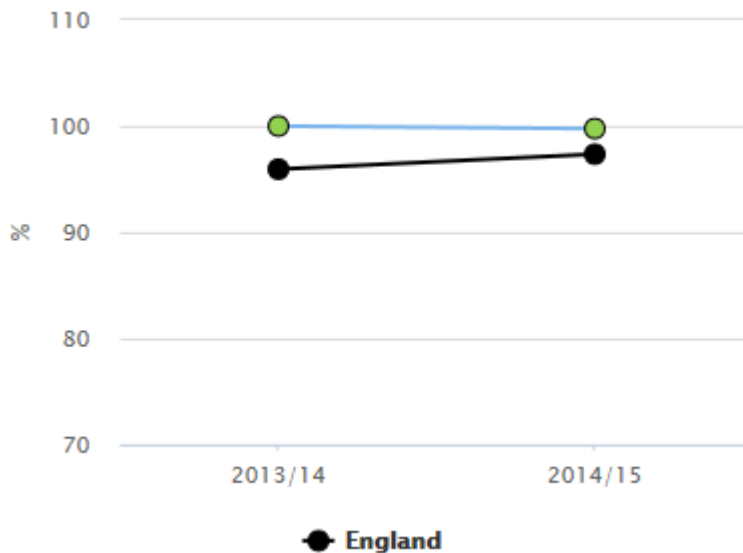
The NHS AAA Screening Programme (NAAASP) was set up in England in 2009 and has been offered throughout the UK since the end of 2013. A simple ultrasound test is performed to detect AAA which is quick, painless, and non-invasive and the results are provided straight away. A result letter is also sent to all patients' GPs.

What do we know?

AAA Screening: The prevalence of aneurysms among men invited for screening was 1.19%, down from 1.4% in 2012/13. Between April 2013 and March 2014, all men in England who turned 65 were invited for a scan, this was the first year for full national coverage. Ruptured AAA deaths account for 2.1% of all deaths in men aged 65 and over. This compares with 0.8% in women of the same age group. Of those who undergo AAA emergency surgery, the post-operative mortality rate is around 50%, making the case fatality after rupture around 80%.

[Additional data](#) from the AAA screening programme is available at a CCG level for 2014/15. This shows that in Newbury and District CCG, 53 additional men self-referred into the AAA screening programme. 8 men from the eligible cohort had an aneurysm detected (1.87%). For North & West Reading CCG, 35 additional men self-referred into the AAA screening programme. 5 men from the eligible cohort has an aneurysm detected (1.18%). None of the men who self-referred had an aneurysm detected in either CCG.

Figure 1: Percentage of eligible men for abdominal aortic aneurysm screening whom were made an initial offer of screening in West Berkshire 2014/15 (%).



Source: Public Health Outcomes Framework, 2015

In 2014/15, 99.8% of eligible men for abdominal aortic aneurysm screening were made an initial offer of screening in West Berkshire. This is significantly better than the England average (97.4%) and similar to the South East average (99.0%) (PHOF 2014/15).

Diabetic Retinopathy Screening: There were 84 local services providing diabetic eye screening (DES) across England in 2013/14. Nationally, 93% of those attending for screening had results issued within 3 weeks of the screening test. In 2014-15, over 2 million people attended a routine diabetic eye screen in England, which was 82.9% of eligible population. Of those who had a positive result, 76.7% attended an assessment within four weeks of the notification of their test. This was just below the target of 80%.

In 2014/15, the Berkshire Diabetic Eye Screening Programme invited 37,290 people to attend a routine DES appointment. 72.3% of eligible people attended their appointment and completed a digital eye scan. This is lower than the national figure of 82.9% and also below the target of 80%.

What is the data telling us?

Diabetic Retinopathy: What are the unmet needs/service gaps? The programme is preparing to introduce variable screening intervals according to patients' risk. [A study](#) into the review of screening results published by the Four Nations Diabetic Retinopathy Study Group was the largest of its kind and their analysis found that it would be both clinically and more cost effective to screen lowest risk patients – those who have no sign of retinopathy at their two most recent screening appointments – every two years rather than 12 months. Feedback suggests the change would reduce total demand, release capacity, and release resources to implement local projects to improve uptake amongst patients who are not engaged with screening and are at highest risk.

AAA Screening: What are the unmet needs/service gaps? There is a need for a better focus on targeting promotion of the programme to men in the most deprived wards. To ensure local data is utilised effectively to enhance targeted interventions in areas of inequality. Ensure efficient access to screening services across the district.

What are the key inequalities?: A national audit into the AAA screening data shows a direct correlation between deprivation and uptake of the AAA programme and that more deprived areas tend to have lower uptake but a higher incidence of aneurysms. White men, particularly white Irish men, have higher incidence rate compared to other ethnic groups across the country. Furthermore, uptake of screening in the most deprived tenth of the county was 65.1% compared to 84.1% in the least deprived.

Recommendations for consideration

Seek assurance from [Public Health England](#) (PHE) on the following:

- Support implementation, monitoring and evaluation of the programmes on the Public Health Outcomes Framework.
- A review of the non-cancer screening services with a view to understanding the needs of those who choose to (not) attend. Areas to cover include awareness of the programme, access and patient experience.
- Increase levels of uptake and referral to the appropriate services where necessary, especially groups at increased risk, reducing inequalities.

- Encourage all strategic developments are evidence based and support robust governance and data collection.

Other services and partner organisations

[NHS Abdominal Aortic Aneurysm Screening Programme – Dorset and Wiltshire](#)

NHS Foundation Trust
Salisbury District Hospital
Salisbury
Wiltshire
SP2 8BJ

[Berkshire Diabetic Eye Screening Programme - Berkshire Healthcare NHS Foundation Trust](#)

The Old Forge
1st Floor
45-47 Peach Street
Wokingham
Berkshire
RG40 1XJ

National and local strategies

Within the Public Health Outcomes Framework there are indicators which cover all three non-cancer screening programmes.

Specific programme documents are listed below:

- **Abdominal Aortic Aneurysm (AAA) screening**
UK National Screening Committee [policy](#) and [quality standards \(NICE, 2015\)](#)
Department of Health AAA screening [service specification](#)
- **Diabetic eye screening**
UK National Screening Committee [policy](#) and [quality assurance](#)
Department of Health Diabetic eye screening [service specification](#) and [responsibilities](#) within the Public Health system.

[NHS abdominal aortic aneurysm \(AAA\) programme.](#)

[Diabetic eye screening: programme overview.](#)

[NHS Screening Programmes in England 2013/14](#)

[NHS Screening Programmes in England 2014/15](#)

Other chapters you might be interested in

Access to Social Care

Alcohol Misuse (Adults)
Cancer
Communicable Diseases
Diabetes (Adult)
Drug Misuse (Adults)
Life Expectancy and Mortality
Liver Disease
Long-Term Neurological Conditions (LTNC)
Mental Health (Adults)
Musculoskeletal Conditions
Obesity (Adults)
Respiratory Disease (Asthma and Chronic Obstructive Pulmonary Disease (COPD))
Sexual health (incl. young people)
Smoking (Adults)
Suicide and Self harm

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437