

WALES SCREENING COMMITTEE
21 July 2020
14:00 – 16:00
Welsh Government via Microsoft Teams

AGENDA

No.	Item	Owner
1	Welcome, apologies and introductions	Chair
2	Minutes, Actions and matters arising from meeting held on 14 November 2019	Chair
3	NIPEC Progress and HCWP	<redacted s40(2)> WG Officer 4
4	Temporary pause of screening due to COVID-19 and the approach to reinstatement of the paused programmes	<redacted s40(2)> PHW Officer 2
5	Cancer Screening <ul style="list-style-type: none"> • Cervical Screening Intervals • Self-referrals for Breast Test Wales • Self-referrals for AAA 	<redacted s40(2)> PHW Officer 2 & <redacted s40(2)> PHW Officer 3
6	BAME Screening Update	<redacted s40(2)> PHW Officer 2
7	AOB	Chair
8	Dates of Future Meetings	Chair

Dates of Future Meetings

2020 UK National Screening Committee
28 October

2020 Wales Screening Committee
5 November

Wales Screening Committee Meeting (WSC)
21 July 2020
14:00 – 16:00
Via Skype

Members in attendance

<redacted s40(2)> WG Officer (Chair)
<redacted s40(2)> BCUHB Officer 1
<redacted s40(2)> PHW Officer 2
<redacted s40(2)> PHW Officer 3
<redacted s40(2)> PHW Officer 1
<redacted s40(2)> HDUHB Officer 1
<redacted s40(2)> CHC Officer 1
<redacted s40(2)> C&VUHB Officer 1
<redacted s40(2)> WG Officer 2
<redacted s40(2)> WG Officer 3
<redacted s40(2)> WG Officer 4

1 Welcome, apologies and introductions

Apologies were noted from <redacted s40(2)> WG Officer 1, <redacted s40(2)> WG Officer 6, <redacted s40(2)> CTMUHB Officer 4, <redacted s40(2)> PTUHB Officer 2, <redacted s40(2)> WG Officer 1, <redacted s40(2)> PHW Officer 10, <redacted s40(2)> SBUHB Officer 1, <redacted s40(2)> Public Member 1 and <redacted s40(2)> PTUHB Officer 1.

2 Actions from meeting held on 21 November 2019

The minutes were agreed as a true record of the meeting. All actions were noted as completed, in progress or to be discussed on the agenda.

3 Maternal and child screening

3.1 Update of implementation of NIPEC and HCWP

<redacted s40(2)> WG Officer 4 updated the committee on the progress of Newborn and Infant Physical Examination Cymru as part of the Healthy Child Wales Programme. A meeting was held earlier this year with various work streams established to take forward aspects of the programme. The next meeting will be in August. The committee welcomed the programme but agreed that a robust failsafe was needed and retro-fitting standardised protocols and pathways would be challenging. Pulse oximetry has not yet been recommended

by the UK National Screening Committee (UKNSC) as although hypoxia is detected through screening, that in itself is not a condition and there are therefore a lot of false positive results.

4 Temporary pause of screening due to COVID-19 and the approach to reinstatement of the paused programmes

<redacted s40(2)> PHW Officer 2 reported that communications between Public Health Wales (PHW) and Welsh Government had been good. The newborn and children's programmes had continued but with some flexibility in timings with ASW inviting people as soon as possible in case of the need to self-isolate. There had been reduction in avoidable repeats for NBBS, fewer poor quality samples reported and the programme had kept within standards. NBHS screened in hospitals only rather than community clinics. PHW reported no issues with newborn and children's screening. <redacted s40(2)> CHC Officer 1 reported that some mothers had raised concerns via the CHC online questionnaire about not having the opportunity to bond with other mothers. The Chair agreed there had also been some dissatisfaction with partners not being able to attend screening appointments.

<redacted s40(2)> PHW Officer 2 outlined the phased approach taken to reinstate the paused screening programmes. CSW had stopped sending invitations for new appointments but was still testing samples during the pandemic and had re-started issuing invitations from end of June. PHW was working with health boards to reduce the backlog in colonoscopy and will be sending out kits for bowel screening from August. BTW is starting to send invitations to high-risk women from 21 July to be screened at one of the four static sites. Mobile units need to be adapted to cope with social distancing measures. The flow and number of people being screened will be lower than previously due to social distancing and disinfection between screens. AAA invitations for high-risk men under surveillance will resume from August but screening venues remains an issue as not all are currently available. Venues also remain an issue for DESW.

Action 1: PHW, WG and CHC to raise issue of using field hospitals as screening venues.

<redacted s40(2)> PHW Officer 1 said that a COVID-19 specific insert had been created for screening literature which had been developed in conjunction with the Behavioural Insights Team at PHW.

Action 2: PHW to share COVID-19 literature with WSC.

<redacted s40(2)> PHW Officer 3 updated the Committee on the optimisation of the bowel screening programme. This will now be delayed as the screening programme recovers. There is a lot of uncertainty going forward as we do not know what uptake rates will be

and will need to work with health boards on clearing endoscopy waiting lists.

Action 3: PHW to submit a revised plan for the optimisation of the bowel screening programme to next meeting.

The Chair thanked PHW for their work to adapt in order to continue with the programmes in the context of the COVID restrictions.

5 Adult screening

Cervical Screening: Programme modifications in relation to the screening interval

<redacted s40(2)> PHW Officer 3 presented a paper requesting the Committee to approve the recommendation to establish a workstream to progress planning the implementation of the extension of the routine screening interval to five years for women with a negative HPV routine screening result. This would bring the programme in line with the UKNSC recommendation. The development of call/recall system on CSIMS would allow five year recall from February 2021. The Committee agreed to the recommendation.

Action 4: <redacted s40(2)> CHC Officer 1 to send CHC protocol on significant service change to PHW for information.

Suspension of offering self-referral screening mammography for women aged over 70 as breast screening is reinstated after coronavirus pandemic

<redacted s40(2)> PHW Officer 2 presented a paper requesting the Committee to approve the following recommendation: to invite women who had self referred outside the criteria and whose invitation had to be cancelled due to coronavirus; and to suspend invitations to women who self-referred outside the criteria during the coronavirus pandemic, and those who self-refer outside the criteria for the next six months, when the situation will be reviewed. This is in line with England and Scotland and would enable the programme to recover by spring/summer 2021 by focusing on those who are at highest risk and within the UKNSC recommended criteria first. Women who turned 70 during pandemic would be included as still within the criteria. All others would be directed to see their GP if have any symptoms, so would not be left without an appropriate service. There are significant capacity issues with the programme only able to see about 50% of the women per day compared to before the pandemic so it is essential this is focussed on those who would benefit most. The Committee agreed the recommendation.

Suspension of offering men self-referring for an abdominal aortic aneurysm (AAA) screening appointment as the screening programme is reinstated after coronavirus pandemic

<redacted s40(2)> PHW Officer 2 presented a paper requesting the Committee to approve the following: that the screening programme invite men self-referring over the call age who had requested an AAA invitation which had to be cancelled due to coronavirus; men who have been registered on ASIMS but no appointment generated; and men who contacted WAAASP during the coronavirus pandemic to request an AAA screening appointment. The Committee was asked to agree to suspend any new self-referral men on ASIMS and review in six months' time. Men over age 65 will be asked to contact the programme in six months. This approach was evidence based and did not present a disproportionately increased risk to survival for the delayed population. Like BTW, this would enable the programme to recover as currently only has 50% capacity compared to before the pandemic. As numbers are fairly small, the programme can be consistent in offering appointments at other venues to provide choice. The Committee agreed the recommendation.

6 BAME screening uptake

The Committee agreed it was necessary to see data on how COVID-19 and the pause to screening programmes had impacted on disadvantaged groups as it is likely inequalities will increase.

<redacted s40(2)> PHW Officer 2 said that currently BAME data is inconsistently collected and data collected based on post code does not accurately describe inequality. The programmes can ask people attending screening for ethnicity etc. but is more important to know about those not attending for screening. PHW has a Screening Inequalities Group which is considering the necessary interventions such as different ways of inviting people for screening. <redacted s40(2)> HDUHB Officer 1 pointed out the importance of linking in with communities as not all view themselves as deprived and people use health services differently. The Chair informed the Committee the First Minister has an Advisory Group on Health Inequalities which has produced a socioeconomic conditions report which has considered structural and cultural inequalities.

Action 5: Socioeconomic report to be circulated to Committee.

7 AOB

<redacted s40(2)> HDUHB Officer 1 raised the issue of communications to the public to explain service changes due to COVID-19. <redacted s40(2)> CHC Officer 1 said the CHCs had raised this issue with Welsh Government communications. There is no national campaign but it was agreed health board communications could provide information providing it is bilingual and consistent.

Date of next meeting

5 November 2020, 2-4pm