

WALES SCREENING COMMITTEE
21 March 2022
11:00 – 13:00
AGENDA

No.	Item	Owner
1	Welcome, apologies and introductions	Chair
2	Minutes, Actions and matters arising from meeting held on 8 November 2021	Chair
3	Cervical Screening update & lessons learnt from interval change announcement	<redacted S40(2)> PHW Officer 2
4	Update on the recovery of screening programmes	<redacted S40(2)> PHW Officer 2
5	Bowel screening optimisation and colonoscopy timelines	<redacted S40(2)> PHW Officer 2
6	Maternal and child screening update	<redacted S40(2)> PHW Officer 1
7	Diabetic eye screening update	<redacted S40(2)> PHW Officer 4
8	Lung cancer screening – update on pilot	
9		Chair
10	Update from UK NSC	Chair

Wales Screening Committee Meeting (WSC)
21 March 2022
11:00 – 13:00
Via Skype

Members in attendance

<redacted s40(2)> WG Officer (Chair)
<redacted s40(2)> PHW Officer 2
<redacted s40(2)> PHW Officer 1
<redacted s40(2)> WG Officer 2
<redacted s40(2)> Public Member 2
<redacted s40(2)> C&VUHB Officer 1
<redacted s40(2)> WG Officer 5
<redacted s40(2)> WG Officer 6
<redacted s40(2)> SBUHB Officer 2
<redacted s40(2)> ABUHB Officer 2
<redacted s40(2)> CTMUHB Officer 1
<redacted s40(2)> CTMUHB Officer 2

1 Welcome, apologies and introductions

Apologies were noted from <redacted s40(2)> WG Officer 1, <redacted s40(2)> CTMUHB Officer 4, <redacted s40(2)> PHW Officer 9, <redacted s40(2)> PHW Officer 4, <redacted s40(2)> BCUHB Officer 1, <redacted s40(2)> Public Member 1 and <redacted s40(2)> CHC Officer 2.

2 Actions from meeting held on 8 November 2021

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.

8 Lung Cancer screening – update on pilot in Cwm Taf UHB

The Chair introduced <redacted s40(2)> CTMUHB Officer 2, a respiratory physician in Royal Glamorgan Hospital who was scoping a lung cancer screening pilot on behalf of the Cancer Network. The Chair stated that lung cancer screening was likely to be the first of the targeted screening programmes under discussion by the newly reformed UK National Screening Committee under the chairmanship of <redacted s40(2)> UKNScreen CM.

<redacted s40(2)> CTMUHB Officer 2 updated the Committee on the lung cancer pilot in Cwm Taf. He reported that he was seeking additional financial resource to take the pilot forward. He noted that lung cancer screening had been in limbo for a while but was pleased that the UKNSC were soon to be considering a targeted programme. He stated that such a programme could achieve a 20% reduction in

lung cancer mortality and was confident that the cost effective analysis of such a programme would point to favourable cancer outcomes. Implementation of such a programme however, would be challenging, particularly in respect of radiology capacity and downstream capacity in thoracic surgery.

<redacted s40(2)> CTMUHB Officer 2 felt that an early decision was required as to where the governance of this programme should sit. He stated that the programme would need to be appropriately resourced to achieve its capability.

The following points were noted in discussion:

- Equity of access was likely to be a major issue, with potentially the people at highest risk being the hardest to reach. It was likely that there would be learning opportunities from the lung health check pilots initiated in England which began in areas of deprivation and were showing wide variations in uptake.
- There was agreement that the invitation strategy was crucial. Identifying past and present smokers through GP records was likely to be the most effective invitation strategy, though the incompleteness of these records was a potential stumbling block, and some measure of self-referral might be required.
- It was noted that some hard to reach groups and underserved communities are not always registered with GPs. Local community interventions would have to be explored and had the potential to spread at scale particularly with accelerated cluster development and the potential for an enhanced role for pan-cluster planning groups.
- Members agreed that any national targeted programme should be streamlined and integrated with local smoking cessation programmes.
- Phased implementation might give the NHS the head space to build up radiology capacity in the interim; the continued development of AI might also help mitigate this issue.
- Thoracic surgery capacity was also flagged as an issue particularly in North Wales, and that capacity needed to be strengthened for the whole pathway.

ACTION: Welsh Government' screening and cancer leads to discuss where the governance of a targeted lung cancer screening programme should lie.

3 Cervical screening programme update and lessons learnt from interval change announcement

<redacted s40(2)> PHW Officer 2 updated the Committee. The WSC had recently endorsed an NSC recommendation to extend cervical cancer screening intervals from three to five years for those who were HPV negative. PHW implemented this change in January 2022 and communicated with stakeholders and the main charities prior to the Christmas break. Unfortunately the media campaign, in particular the social media campaign, attracted a very negative response and triggered an online petition which generated over a million online signatories. Questions were also asked of WG Ministers and a debate was held in the Senedd. Given that this was a

UKNSC recommendation that had already been implemented in Scotland and had the support of the main cancer charities, it was difficult to foresee such a widespread backlash.

Screening Division was working closely with PHW's communications team to review communications policy on changes to screening programmes, and to identify learning opportunities. PHW was also working on a cervical screening communications campaign which would go live in the summer.

4 Update on the recovery of the screening programmes

<redacted s40(2)> PHW Officer 2 updated the Committee that additional funding had been provided by the Welsh Government to aid the recovery of the screening programmes. To develop the recovery plan each programme had action plans in place to mitigate the service backlog. This involved increasing current work volumes to pre-covid levels and beyond in order to recover for those participants who were delayed during the covid pause or by the slower than normal running levels since the restart.

CSW was recovered by December 2020 and was receiving higher than usual number of cervical screening samples into our laboratory for testing; the turnaround for results within standards remained challenging due to numbers and cytology staffing constraints, but the service was coping.

The Bowel screening programme had recovered as planned in October 2021 with invitations sent out within 6 weeks in sending out a kit to a participant who has been screened previously; all new participants joining the programme were sent their first kit on time.

In respect of Breast Test Wales when the programme restarted in August, due to the covid secure pathways, the programme was about 70% of usual capacity due to longer times needed to screen each woman. The timeliness of the screening results and assessment clinics have been good. The number of women been able to be screened has increased over time due to improvements to the flow of the clinics and increased number of screening clinics. The recovery plan was split into two phases with the first phase ending in March 2022, focusing on additional capacity to prevent the round length from further increasing. Additional activity has been undertaken on weekends to increase the number of available slots to prevent further slippage.

In respect of Abdominal Aortic Aneurysm Screening, when the programme restarted in August and due to the covid secure pathways the programme was about 60% of usual capacity due to longer times needed to screen each man and a reduction in availability of screening venues. The number of men been able to be screened has increased since the reinstatement. Routine invitations are still delayed with the estimated time for recovery around 18 months.

For Diabetic Eye Screening Wales, when the programme restarted in September it was at about 35% of its usual capacity due to longer times needed to screen each

person and a reduction in availability of screening venues. A 2-phase recovery programme is in place which will run until April 2024. The number of screens undertaken during the recovery period has been lower than pre-Covid activity due to the reduced number of appointments being able to be undertaken with Covid safe pathways.

<redacted s40(2)> PHW Officer 2 also reported that governance and risk procedures were in all place around all programmes and that the risks were held by PHW at board level. The recovery of programmes was also a key component of the screening section within PHW's Integrated Medium Term Plan (IMTP).

5 Bowel screening optimisation and colonoscopy timeliness

The Committee noted the update paper provided by PHW. <redacted s40(2)> PHW Officer 2 highlighted the fact that the bowel screening uptake had increased significantly since the introduction of the FIT test and now stood at around 65%. Optimisation for the programme was proceeding and would include 55-58 year olds from October '22. The Committee thanked PHW colleagues for the paper, in particular for the transparency of the data around colonoscopy waiting times, which might be shared with health boards to further drive up standards

6 Maternal and child screening uptake

The Committee noted the update paper provided by PHW and in particular that coverage and uptake in the Newborn Bloodspot and Newborn Hearing programmes remained above standard.

7 Diabetic Eye Screening Wales update

<redacted s40(2)> PHW Officer 2 updated the Committee on DESW. There was a significant backlog of people waiting to be screened due to less capacity in the programme and an increasing population of people with diabetes. Community optometrists were helping to reduce the backlog by conducting retinal reviews for those who were long waiters and categorised as low risk. Funding had been received from Welsh Government to support recruitment. Initial analysis of 5744 approved claims showed that the vast majority of outcomes (99%) haven't required referral to Ophthalmology, with 90% of all results being no retinopathy in both eyes. The Committee noted the considerable amount of innovative work being undertaken with optometry colleagues but felt that further discussions were needed around optometry collaboratives as part of ongoing cluster development.

9 Update on UK NSC

The Committee discussed the newly reconstituted UK NSC under the chairmanship of Prof Sir Mike Richards. The committee was likely to have a more strategic approach to screening, with particular focus on targeted and stratified screening. Discussion centred around the potential topic candidates for this screening

approach. As discussed in item 3, a decision on targeted lung cancer screening was likely to be made at the next UK NSC meeting; other potential candidates down the line might include prostate cancer, ovarian cancer, atrial fibrillation/cardiac screening. The Committee agreed that a seminar or workshop should be arranged to discuss the implications and challenges that targeted screening will have for Wales. Members felt it was important to have a NICE presence at such an event.

Action: WG and PHW to arrange a seminar/workshop in the late summer/early autumn to discuss targeted and stratified screening.

10 AOB

No business was raised.

11 Date of next meeting

To be arranged for the summer.