

 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality Safety and Improvement Committee</p> <p><b>Date of Meeting</b> 18 May 2022</p> <p><b>Agenda item:</b> 4.7</p>
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## Update on recovery of the screening programmes due to impact of the pandemic

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Approval/Scrutiny route:	<p>Dr Fu Meng Khaw- National Director Health Protection and Screening Services, Executive Medical Director</p> <p>Screening Division Senior Management Team, Directorate Leadership Meeting</p>
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### Purpose

The paper provides an update to the Committee on the work underway to recover the timeliness of the screening programmes that remain delayed due the pandemic. The three remaining programmes are Breast Test Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening. The paper describes the actions that are in progress and those planned, to provide assurance to the Committee that the timeliness of the programmes are being recovered as promptly as possible.

### Recommendation:

ASSURANCE X	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	NOTE <input type="checkbox"/>
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The Committee is asked to:

- Receive **assurance** that the recovery of the screening programmes is progressing as promptly as possible.
- **Support** the approach outlined to recover the remaining programmes.

**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

<b>Strategic Priority</b>	6 - Supporting the development of a sustainable health and care system focused on prevention and early intervention
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**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	The programmes were restarted in a risk based way for participants known to be at increased risk to reduce impact of the pause. The programmes continue towards recovery as soon as possible to reduce impact of pandemic.
Risk and Assurance	The main risks are: clinical impact of delay to offer screening, reputational risk and potential legal action. The paper describes the recovery plan to enable recovery of remaining programmes as promptly as possible, to reduce impact of pandemic.
<b>Health and Care Standards</b>	Theme 3 - Effective Care
<b>Financial implications</b>	The recovery requires additional funding to core budget. This has been requested from Welsh Government but not yet confirmed.
<b>People implications</b>	Screening programmes are evidence based population interventions, to either detect disease early or prevent disease occurring. They are offered at intervals in line with evidence and therefore for best effect and benefit the programmes need to recover the timeliness of offer.

## **1. Background**

Following the Welsh Government's announcement on 13 March 2020 of plans to suspend non-urgent outpatient appointments, Welsh Government agreed the recommendations of Public Health Wales to temporarily pause some of the population based screening programmes.

The temporary pause affected the following screening programmes: Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening. The Newborn Hearing Screening, Newborn Bloodspot Screening and the Antenatal Screening programmes have continued throughout the pandemic and were not paused at any point.

As the numbers of Covid-19 cases started to reduce the approach taken was to set out the conditions required to restart screening; to take a risk assessed approach to prioritise the cohort of participants requiring their offer and to safely phase the programmes restart so that the screening could be offered safely to participants. Programmes were reinstated in the following order: Cervical Screening (June 2020); Bowel Screening, Breast Screening (July 2020); Aneurysm Screening (August 2020) and Diabetic Eye Screening (September 2020).

The programmes have continued to be offered since their reinstatement but there are constraints to recover the programmes. These have included the reduced numbers of participants being able to be offered screening in each clinic due to covid safe pathways; limitations in availability of clinic locations; and reduction in staff availability.

A recovery plan has been developed, costed and agreed. The plan identified any forecast underspend within Screening revenue budgets for costs not expected to be incurred in 2021/22 due for example to reductions in spend due to lower than normal running costs. Additional funding was required to be able to support the plan for 21/22 finance year (£1.1 million) and request went into the Welsh Government in June 2021, who confirmed that supported in September 2021. This funding was used as planned during the financial year 21/22. Funding for 2022/23 (1.158 million) and 23/24 is not yet been confirmed but has been requested to be included in budget and is necessary to be able to action the recovery plan.

## 2. Recovery Plan

The recovery planning started in March 2021 when each programme put together action plans 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.

Services needed to operate at over 100% of their pre covid run rate to recover the programmes. The approaches of increasing activity include:

- Additional staffing.
- Additional hours undertaken by existing staff.
- Increasing number of clinic venues and efficiency with existing venues.
- Increased invitation numbers with associated in-year increase in consumables.
- Improving practices to increase efficiency of appointment availability e.g. telephone triage and open invitations.

### Achievements in 21/22:

The Bowel Screening Programme recovered as planned from September 2021 and the Cervical Screening Programme recovered as planned from December 2021. The three remaining programmes were not expected to recover by 2022 and the actions planned for their continued recovery are outlined below

### 2.1 Breast Screening Programme:

#### Reinstatement of the programme after pause.

When the programme restarted after the pause, due to the covid secure pathways, the programme was about 70% of usual capacity due to longer times needed to screen each woman. 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. This has resulted in reduced timeliness for assessment due to current staffing constraints in reading and arbitration.

#### Position at reinstatement of programme in July 2020

5 month delay in routine invitations being sent out to participants who have been screened previously.

#### Recovery plan undertaken April 2021 to March 2022

- Additional activity has been undertaken on weekends to increase the number of available slots to prevent further slippage and extending mobile breast screening unit site length.
- Static centre activity has been reviewed and optimised where

possible. Open appointment invitations have been implemented to maximise the slot utilisation and reduce wasted appointments in the prevalent round women.

- The appointment slots have reduced in time as the flow of women through screening has been safely increased in line with IPC.
- Note the Omicron wave of the pandemic affected recovery due to staffing constraints and a reduction in uptake of screening appointment.

### **Position at April 2022**

Breast Screening has averaged 9,548 screens per month over the last 6 months, and has achieved a return to pre-Covid screening levels. This includes an unusually low number of 6,956 screens in December 2021, which was due to Omicron peak. Discarding this outlier screening the averaged 10,067 screens per month.

The backlog has reduced by approximately 1,100 per month which is from 63,746 to 57,307 over last 6 months

Routine invitations are still delayed and the average round length is currently 44 months.

### **Recovery Plan April 2022 to 2024**

- **Additional Screening staff to improve capacity –**

Radiographers, APs & Pathway staffing has been increased with 7 additional radiographers and 4 practitioners. 5 radiographers and 4 practitioners have been recruited. 3.6 WTE additional pathway staff with 2.6 WTE recruited to and out to advert for remaining.

A bank staff process has been established with suitably trained and experienced staff.

- **Additional screening venue to improve capacity –**

### **Mobile Units**

22/23: Use of an additional mobile unit which will be located in SE Wales to improve capacity. This is expected to be available for 9 months from May 2022 and enable an additional 7,500 screens.

23/24 As part of planned mobile replacement scheme of the 11 mobiles, aim to retain 2 of the current mobiles on a STA to support sustained increase in venue capacity to support full recovery. This will enable service to have 13 mobiles and this additional capacity expected from April 2023.

## Screening Centres

Screening Centres will be enabled to improve capacity by screening women where possible to reduce round length.

- **Improve capacity within screening clinics.**

Screening and assessment clinics moved to 1 metre social distancing from March 2022 in line with IPC guidance and will move in line with guidance as it is updated. Screening timeslots have returned to 6 minutes which is the same as pre- pandemic.

- **Reduced DNA for screening clinics.**

To improve participant choice for appointments as screening restarted women invited for first time have been sent open invitation to reduce DNA. This approach is currently being evaluated to determine if this will continue or revert to closed invitations.

## Timescale for Recovery:

A whole screening round is required to measure the impact of any intervention on round length. The whole screening pathway needs to be taken into consideration with the rate of screening matching the available resource to report on images and subsequent assessment required.

**Expected screening activity in 2022/23:** the main increase in activity will be the additional mobile van with additional staffing to enable and there is an expected increase of 625 screens per month which will increase the number of monthly screens up to approximately 10,700. This is expected to reduce the backlog from the current amount of 57,307 to 37,655 by the end of March 2023.

**Expected screening activity in 2023/2024:** plans to retain two of the mobiles being replaced in this year's procurement workstream. The two additional mobiles will enable approximately 1,667 additional screens per month. Therefore, screening rates will be at a predicted level of approximately 11,700/month. This is expected to reduce the backlog from 37,655 to about 4,400 by the end of March 2024.

The two extra vehicles are currently not planned to be needed for 2024/25, but this will be kept under review and if recovery has not been achieved as planned this may be required. This will depend on whether the mobiles are still fit for use due to their age.

### **Funding for Recovery :**

Additional radiography and assistant practitioner staff post have been recruited to support increased activity required. Bank staff established to further support activity while ensure safe working levels for substantive staff.

Additional screening office pathway staff recruited to support the Centre Coordinators and Regional Radiography Managers in the planning and administration of the round length plan and open invitation work. Staff have been recruited substantially due to timescales required for recovery and training period for staff to be able to deliver roles. Funding not confirmed yet for 22/23.

### **Dependencies:**

- Additional funding to be confirmed for recovery 22/23 and 23/24
- Social distancing measures will need to be relaxed to at least 1 metre and this has been implemented in March 2022.
- Ability to recruit additional staff and current staff still willing to work additional hours.
- A large programme of equipment replacement has started in 2022 and will continue to 2024. This will cause some service disruption as new equipment is brought in and old equipment removed. This will be kept to minimal but will impact activity.
- That there isn't a further phase of the pandemic with variant of concern that causes high prevalence of covid cases that require further restrictions and impacts programme delivery

### **Risks Associated with current delay:**

**Clinical** – An extended round length will increase the number of interval cancers. Cancers detected at a later stage are associated with greater morbidity and mortality. A greater number of women will present with symptomatic breast cancer

**Reputational** – There is the risk of adverse publicity around the service provision round length.

**Legal Challenge** – There is the risk of litigation secondary to delayed diagnosis.

## 2.2 Wales Abdominal Aortic Aneurysm Screening Programme:

### **Reinstatement of the programme after pause.**

The programme restarted in August 2020 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.

### **Position at reinstatement of programme in August 2020**

5 month delay in routine invitations being sent out.

### **Recovery plan undertaken April 2021 to March 2022**

- Recruit additional screening staff which will support recovery once trained.
- Ensuring that longest waiting participants are given appointments as a priority.
- Identify regions where the longest waiting participants are based and work to increase venue capacity.
- Use of Tenovus mobiles and Welsh Blood vans in areas where locations most limited in order to reduce waits.
- Continue triage to reduce DNA of clinics and improve use of available slots.
- Change from closed to open invitations for men who DNA first appointment
- Note the Omicron wave of the pandemic affected recovery due to staffing constraints and a reduction in uptake of screening

### **Position at April 2022**

WAAASP has averaged 1,380 screens/month over the last 6 months. This represents a return to pre-Covid screening levels.

This rate has seen the recovery backlog reduce from 1,535 to 1,284 in 6 months by approximately 42 per month).

### **Recovery Plan April 2022 to 2023**

- **Additional Screening staff to improve capacity**

Screening staffing capacity increase - inc Screeners, Clinical Skills Trainers & Pathway with all roles recruited to (3 screeners, clinical skills, two pathway staff).

- **Additional Screening Venues to improve capacity**

New Screening Centres: Rhos House in Mountain Ash going live in May 2022 which is a screening specific venue within our control and will be able to offer screening throughout working week.



Plans are being scoped for screening specific site in Llanishen in Cardiff which would be key to reducing backlog in Cardiff area.

Continued discussions with health boards to enable returning to venues used prior to pandemic or new venues.

Establishing SLA with Welsh Blood to be able to use their vans in areas that have issues with providing venues. Welsh Blood continue to be very supportive.

Working with charity Tenovus and using vans to site clinics in key areas to reduce backlog.

Additional paid for venues in areas of need which are being paid for ; recovery budget not yet confirmed for 22-23.

- **Additional equipment**

3 new ultrasound machines and probes have been purchased to enable number of clinics to be increased and provide additional resilience to the equipment pool across the whole of Wales.

- **Improve capacity within screening clinics.**

Screening and assessment clinics moved to 1 metre social distancing from March 2022 in line with IPC guidance and will move in line with guidance as it is updated. To undertake clinic structure review, looking at staffing at each clinic and appointments efficiency.

- **Reduced DNA for screening clinics.**

Telephone triage to undertake triage ahead of clinics in line with Covid pathways has resulted in reduced DNA for screening clinics.

### **Timescale for Recovery:**

**Expected screening activity in 2022/23:** the main increase in activity will be the continued use of the WBS van along with the availability of the new Mountain Ash site, newly trained staff and additional equipment. The new site will look to structure clinics to improve efficiency and catchment area to maximise additional screens.

These factors will enable WAAASP to plan to recover **by the end of March 2023.**

In order for this to be achieved an increase from the current 1,380 screen per month to approx 1,490/month will be required.

**Funding for recovery:**

Additional screening staff posts recruited to support the increased activity required. Bank staff established to further support activity while ensuring safe working levels for substantive staff.

Additional temporary staff to support triage of participants before attendance to support covid safe pathways and reduce DNA. Funding not yet confirmed for 2022/2023.

**Dependencies:**

- Additional funding to be confirmed for recovery 22/23 and 23/24
- Social distancing measures will need to be relaxed to at least 1 metre and this has been implemented in March 2022.
- Current staff still willing to work additional hours.
- Availability of screening locations to undertake screening.
- That there isn't a further phase of the pandemic with variant of concern that causes high prevalence of covid cases that require further restrictions and impacts programme delivery

**Risks associated with current service level:**

**Clinical** – Potential harm to men with an aneurysm who should have been screened when they were aged 65 years.

**Reputational** – There is the risk of adverse publicity around the delay.

**Legal Challenge** – There is the risk of litigation secondary to delayed diagnosis.

## 2.3 Diabetic Eye Screening Wales:

### **Reinstatement of the programme after pause.**

The programme restarted in September 2020 at 35% of usual capacity due to longer times needed to screen each person due to the covid secure pathways and a reduction in availability of screening venues.

### **Position at reinstatement of programme in September 2020**

6 month delay in routine invitations being sent out.

### **Recovery plan undertaken April 2021 to March 2022**

- The programme recruited 6 additional Screeners to provide extra clinic resource. Recruitment of additional pathway staff progressed to support additional invitations and managing appointments and results.
- Work to expand the volume of screening venues continued using cost-neutral venues and the Screening Division recovery monies to secure suitable additional accommodation.
- Engagement with optometry colleagues and establishment of outsourcing of retinal reviews for low risk participants implemented from November 2021 to March 2022 with over 28,000 invitations sent
- The Omicron wave of the pandemic affected recovery due to staffing constraints and a reduction in uptake of screening appointment.

### **Position at April 2022**

DESW has averaged 3,780 screens per month over the last 6 months. This rate has not returned to pre-covid screening levels (which were average of 9,876 per month, which was not sufficient to cope with increase in the eligible population which is approx. 1,000 per month).

This activity has reduced the recovery backlog from 129,400 to 96,202 in 6 months (reduced by approximately 5,533 per month).

### **Recovery Plan April 2022 to 2023**

- **Additional Screening staff to improve capacity**

Six additional photographers have been recruited to successfully and one band 5 pathway staff. Other pathway staff being recruited in a phased way due to limited with office space during pandemic.

- **Additional Screening Venues to improve capacity**

New Screening Centres: Rhos House in Mountain Ash going live in May

2022 which is a screening specific venue within our control and will be able to offer more flexible screening appointments throughout working week.

Plans are being scoped for a screening specific site in Llanishen , Cardiff which would be key to reducing backlog in Cardiff area.

Continued discussions with health boards to enable returning to venues used prior to pandemic – 9 venues will be able to start to be used between April and July 2022

Additional paid for venues in areas of need which are being paid for; recovery budget not yet agreed 22-23.

- **Improve capacity within screening clinics.**

Screening and assessment clinics moved to 1 metre social distancing from March 2022 in line with IPC guidance and will move in line with guidance as it is updated. To undertake clinic structure review, looking at staffing at each clinic and appointments efficiency.

Optimise Software will be upgraded June 2022 and expect to improve efficiency of tasks as not as manual. Outsourcing of invites and results letters is a strategic aim which would release staff time significantly and this is being progressed.

### **Transformational approach:**

#### **Commissioning of optometry retinal review –**

This took place between November 2021 and financial year end and enabled 28,000 extra invites, over 10,000 participants took up the offer. This requires significant additional funding and could be repeated in 22/23 if further funding was identified but would need to be within routine working arrangements.

#### **Implementation of Low Risk Recall Pathway:**

This is in line with UK NSC recommendation, participants with low risk of developing sight threatening retinopathy are invited every 2 years and not every year. This will improve timeliness of the Programme – this is subject to Wales Screening Committee approval and IT system upgrade to be able to implement.

#### **Discovery work:**

There is transformational work being undertaken to scope out how the service should be configured to provide a sustainable service where capacity can meet demand. The first part of the exploratory work is being completed.

### **Timescale for Recovery:**

**Expected screening activity in 2022/23:** the main increase in activity will be enabled by 10 additional venues one specific for screening and 9 health board venues that DESW can return to. This is expected to increase screening capacity by at least 833 screens per month. However this will not make significant reductions in backlog as expect about 1000 new referrals each month.

**Expected screening activity in 2023/2024:** Reduction in backlog will be made if able to move to implementation of low risk recall pathway. This is expected to reduce demand as approx 40% of participants will move to be screened every two years. This would be significant factor to reduce backlog but will not be sufficient to enable full recovery on its own and will take several years to have full impact. Further additional screening venues will further improve recovery.

Transformation is key to recovery plan and providing a sustainable service.

### **Funding for recovery :**

The programme has recruited 6 additional Screeners (2 per region) to provide extra clinic resource. Recruitment of additional pathway staff to support additional invitations and managing appointments and results was delayed due lack of space available to work in line with covid requirements in the office. Funding not confirmed yet for 22/23.

### **Dependencies:**

- Additional funding to be confirmed for recovery 22/23 and 23/24
- Social distancing measures will need to be relaxed to at least 1 metre and this has been implemented in March 2022.
- Current staff still willing to work additional hours.
- Support from NEC, and PHW IT support to enable an upgrade of Optomize system and move to outsourced printing
- That there isn't a further phase of the pandemic with variant of concern that causes high prevalence of covid cases that require further restrictions and impacts programme delivery.

### **Risks Associated with current service level:**

**Clinical** – An extended round length will increase the number of cases where diabetic retinopathy is not identified at an early stage. Diabetic retinopathy detected at a later stage is associated with irreversible sight loss. A greater number of people with diabetes will present with symptomatic diabetic retinopathy

**Reputational** – There is the risk of adverse publicity around the service provision.

**Legal Challenge** – There is the risk of litigation secondary to delayed diagnosis.

# Appendix 1

## Summary Screening Recovery Activity

Indicator	Baseline at restart	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
BSW - Participants Delayed	72,586	32,071	22,936	20,129	14,739	6,265	0	0	0	0	0	0	0
BSW - Number of Bowel Screening Kits Validated	15,257	21,383	22,956	23,066	21,187	20,942	23,911	21,704	19,711	15,261	21,053	17,507	18,942
BTW - Participants Delayed	47,939	70,569	72,501	70,060	61,565	70,707	63,342	63,746	64,562	63,343	57,665	59,988	57,307
BTW - Screening Activity	7,000	7,619	8,075	9,592	8,739	7,965	9,822	10,383	11,445	6,956	9,071	8,752	10,684
CSW - Participants Delayed	75,000	56,000	56,000	36,000	36,000	36,000	18,000	18,000	18,000	0	0	0	0
CSW - Number of Cytology Samples Authorised	15,581	16,830	17,637	14,629	17,896	14,653	15,622	17,007	18,191	15,413	12,552	16,092	17,450
DESW - Participants Delayed	138,401	148,448	142,035	135,348	132,515	132,122	129,379	129,400	124,459	118,630	100,990	95,659	96,202
DESW - Screening Activity Validated	10,500	2,946	3,276	4,778	4,498	4,296	5,161	4,148	4,032	3,919	2,339	3,818	4,422
WAAASP - Participants Delayed	2,000	1,847	1,327	1,208	1,246	1,434	1,428	1,535	1,501	1,440	1,232	1,217	1,284
WAAASP - Number Screened with a Definitive Result	1,166	1,121	1,180	1,345	1,432	1,251	995	1,105	1,452	1,177	1,445	1,607	1,529

Average of 12 months prior to Covid  
Includes new and ongoing delays  
Estimated

Unavailable  
Pending Release



