 <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> 16 May 2023</p> <p><b>Agenda item:</b> 4.5</p>
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<h2>Update on Recovery of Screening Programmes</h2>	
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<p><b>Purpose</b></p>
<p>The paper provides an update to the Committee on the Screening Programmes. The paper highlights the developments that have been undertaken recently across the programmes; and focuses on the work underway to recover the timeliness of the screening programmes that remain delayed due the pandemic.</p>

<p><b>Recommendation:</b></p>				
<p>APPROVE <input type="checkbox"/></p>	<p>CONSIDER <input type="checkbox"/></p>	<p>RECOMMEND <input type="checkbox"/></p>	<p>ADOPT <input type="checkbox"/></p>	<p>ASSURANCE X</p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>Consider the report and take <b>assurance</b> on the work underway within the Screening Division to recover the two screening programmes that remain impacted from the pandemic.</li> </ul>				

**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 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 to recover the remaining programmes into 23/24 financial year. This has been requested from Welsh Government but has not yet been 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

The Committee received an update paper on the recovery of the screening programmes from the impact of the pandemic at its meeting in December 2022. The paper also outlined recent developments, the focus on inequity, transformation of diabetic eye screening programme and work requested to expand the screening programmes in Wales. This update paper focuses on the continued recovery work that is underway.

## 2. Pandemic impact on Screening Programmes.

**Table 1. Summary of phase of pandemic**

Phase of Screening Response to the pandemic	Date	Summary
<b>Pause</b>	March to May 2020	Following WG announcement on 13 March to suspend non urgent outpatients appointment and admissions. Recommendation to WG accepted to pause the adult screening programmes. Antenatal and Newborn programmes continued.
<b>Reinstatement</b>	June to August 2020	As covid cases started to reduce from May 2020 plans to reinstate covid safe screening pathways against agreed criteria implemented. Risk based and phased implementation of programmes.
<b>Continuation</b>	August to March 2020	Continual review against agreed criteria undertaken. All screening programmes continued through lockdowns.
<b>Recovery</b>	March 2021 onwards	Plans to recover programmes put in place to address both impact of pause and also the reduced activity following reinstatement due to covid safe pathways. Activity needed to be increased over usual to recover the screening programmes which required additional resource. <ul style="list-style-type: none"><li>• <b>Bowel Screening recovered Oct 2021</b></li><li>• <b>Cervical Screening recovered Dec 2021</b></li><li>• <b>Wales Abdominal Aortic Aneurysm recovered March 2023</b></li></ul>

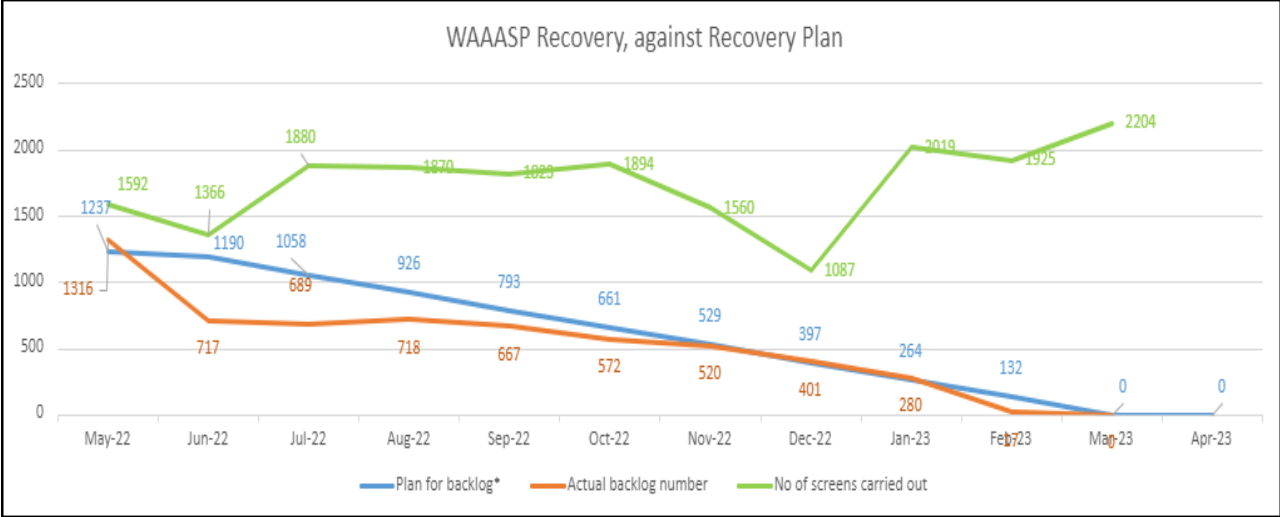
## **2.1 Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP): Recovered March 2023**

At the start of the pandemic in March 2020, WAAASP paused screening. When screening restarted in July 2020, capacity was restricted as the programme was unable to return to all of the clinic venues (which in most cases are provided by Health Boards). During this pause and the reduced clinic capacity due to social distancing requirements and covid safe pathways when service restarted, a backlog built up. These were men waiting outside the WAAASP standard of receiving an appointment within a year of their 65th birthday. Immediately upon restart, some new venues were sourced that were different to the traditional clinical settings, and these included Coleg Gwent, Wales Millennium Centre, Parc y Scarlets and Rodney Parade.

In summer 2021, funding was provided by Welsh Government to PHW Screening Division to aid recovery. This was used to recruit three additional screener posts to improve workforce capacity and resilience. The biggest constraint then became the availability of suitable venues, this was mitigated by the development of partnerships with Welsh Blood and Tenovus Cancer Care who provided mobile units and logistics support to allow screening to be undertaken in areas without a clinic venue. In summer 2022, capital funding was provided to enable the purchase of additional ultrasound machines, which further improved capacity and provided resilience to the delivery of screening. The new dedicated screening venue in Mountain Ash, Rhondda Cynon Taf which opened in Summer 2022 was a key factor to supporting recovery in this geographical area.

By the spring of 2022, the number of men screened on a monthly basis was exceeding the level seen prior to the pandemic. By autumn 2022, the number of clinics that had men waiting for their appointment over the age of 66 were reduced. Careful targeted planning was then undertaken to target these remaining clinics and ensure that all men who were waiting beyond their 66th birthday would have their scan by the end of March 2023. Additional new venues were found, such as community halls and education centres, some of these were proposed by screeners. Recovery was achieved at the start of March 2023 as planned. The screening activity undertaken in January, February and March was the highest that the programme had ever undertaken and this was achieved with screening using Tenovus vans; using BTW site in Cardiff at weekends and having the established staff and equipment. Figure 1 details the progress against the recovery plan.

**Figure 1. WAAASP Recovery plan and progress.**



**2.2 Breast Screening Programme: Still Recovering from Impact of Pandemic.**

At the start of the pandemic in March 2020, Breast Test Wales paused sending screening invitations. Women who had not had their screening pathway completed had their screening results and invited to assessment if this was required. Mutual aid was offered to Health Boards symptomatic breast screening services with symptomatic screening assessments undertaken in BTW premises with Health Board and PHW staff working together.

When screening restarted in August 2020, a risk based approach was taken with known higher risk women prioritised initially and women who had not taken up their offer to complete their screening pathway. Screening was offered at the static sites only from August to October. This was because the mobile breast screening fleet needed to be modified and adapted to ensure screening could be offered with covid safe pathways. When screening was first restarted there was reduced clinic capacity due to social distancing requirements and covid safe pathways.

In summer 2021, funding was provided by Welsh Government to PHW Screening Division to aid recovery. This was used to recruit additional posts across the three regions to improve workforce capacity and resilience which included 7 radiographers, 3 assistant practitioners and 3 pathway staff. A bank staff process was established with suitably trained and experience staff to support capacity. To support capacity an additional mobile was used in South East. Additional screening activity was undertaken at weekends across the regions.

There have been constraints to recover of the breast screening programme and 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. In addition the programme is a very large programme with over 115,000 women attending for screening each year and therefore any impact on timelines will result in large volumes of women having their screening delayed.

### **2.2.1 The main constraints to recovery:**

- **Covid safe pathways with social distancing.**

Covid safe pathways have impacted the number of women who were able to be offered screening and therefore capacity has been reduced with has impacted recovery. To illustrate in May 2021, 38 women were able to be invited per clinic compared to 58 before covid (34% reduction). This significant reduction affected ability to recover from the pause as screening activity was less than before the pandemic. This was the same situation with assessment clinics with less women been able to be seen in each assessment clinic. The time taken to undertake screening has reduced in line with IPC guidance and maintaining safe pathways and these have returned to previous levels of activity as soon as has been possible. This constraint has been resolved now with the removal of requirement for social distancing in May 2022 but has impacted on the recovery that has been possible.

- **Workforce capacity**

Although all steps were taken to increase screening workforce capacity to support recovery this has remained a key constraint. This is because staff have been affected by the covid pandemic themselves, they have had to self-isolate and not attend work if symptomatic, and recruiting to new roles has taken time due to difficulty in recruitment. This was particular impactful during winter 2021 with the Omicron variant.

There has been difficulty in recruiting to specialist clinical staff within the establishment which has affected the timeliness of reading, arbitration and assessment clinics. Several key staff have retired or have been on long term sick leave over this period and there is a shortage of radiologists across Wales and indeed UK to recruit. Staff has worked additional hours and worked across the regions. This has been enabled by staff 8a and above using the planned additional activity which is in place to support recovery from pandemic. Clinical staffing is an improving situation in South East with recent recruitment to substantive radiologist post and plans for further recruitment in medium term. North Wales is at significant risk as substantive radiologist has retired and there is difficulty recruiting to the role due to lack of candidates. A breast clinician is being recruited

to as medium term approach working with the Manchester Radiology Academy and working with Health Boards to explore potential joint roles.

All steps within the breast screening programme rely on trained clinical staff from undertaking breast mammogram, double reading of the digital mammograms, arbitration and then undertaking the assessment clinic. Therefore any constraints in workforce capacity directly impact capacity and the end to end screening pathway.

This is in contrast with other programmes such as bowel screening as the screening test is undertaken by participants themselves and the initial screening test analysis undertaken by laboratory analysis with high throughput and low percentage of screen positive that then require clinical staff to complete screening pathway. Although Artificial Intelligence is likely to be part of the breast screening pathway in the future this is not yet an approved method and therefore not available to support recovery.

- **Breast Screening Equipment Replacement**

In November 2019 Public Health Wales submitted a programme business case to Welsh Government seeking investment to replace the imaging equipment and mobile screening units to support the continued delivery of the breast screening programme in Wales. Following a period of delay caused by the covid disruption, BTW had confirmation in 2021 that there was Ministerial approval of the business case and equipment replacement schedule over 2021/22 and 2022/23.

This replacement has been completed as planned with full implementation completed in March 2023. This two year project has remained on time and within budget and has been undertaken while keeping disruption to service provision as minimal as possible. The programme now has completed the equipment replacement at four static sites and completed the specification, appointing provider and schedule of mobile deliveries. The programme has had ten mobiles replaced and maintaining two mobiles that were in service already (one mobile was purchased a few years ago so was planned to be kept in service). Maintaining one of the older mobiles will hopefully support South East in their recovery plan but this will be dependent on this old mobile remaining in working order.

There has been an impact on undertaking this replacement while recovering the programme as although disruption has been kept to a minimum this has been a significant and complex replacement to undertake and some capacity has been reduced. However the main impact is that the replacement has been delayed and therefore the equipment has been at risk of breakdown and repairs. This has been the situation with the mobiles which have needed repairs and this has resulted in screening appointment having to be cancelled at short notice.

Going forward having mobile that are not at risk of breakdowns will improve the efficiency of the service and enable recovery. Also the new mobiles require shorter routine maintenance and therefore screening capacity is increased. The new mobiles have hybrid power sources with less reliance on generator and this is expected to both improve environmental impact and also continuity of service.

### **2.2.2 Current position (April 2023)**

- Programme delivering on average 10,727 screens per month over past 6 months.
- Average round length remaining unchanged at 44.4 months
- Backlog which is defined as any eligible woman who has not had screening mammography within 36 months and 1 day of previous screen or invitation is 63,815.
  - Of which 36,899 women have not had screening mammography within 39 months and 1 day of previous screen.

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

**Clinical** – An extended round length will increase the number of interval breast cancers. Breast cancers detected at a later stage are associated with greater morbidity and mortality, published [evidence](#) of expected impact of delay. The clinical impact of a delay in identifying a cancer in asymptomatic woman is uncertain to quantify. About 1% of women screened are diagnosed with breast cancer.

The paper referenced [is](#) a national estimation projected impact of the COVID-19 lockdown on breast cancer deaths in England published in 2022. The three estimated routes of expected impact were asymptomatic tumours progressing to symptomatically diagnosed disease, invasive tumours which remain screen-detected but at a later date, and ductal carcinoma in situ (DCIS) progressing to invasive disease. Estimates were made taking into account progression rates, prognostic characteristics and survival rates from published sources and estimated that the additional breast cancer death within 10 year period in England are expected within the range 148 to 687. Further work is needed to fully understand the impact of the pandemic on the breast screening programme and the expected impact on breast cancer mortality outcomes in Wales.

**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.



The mitigation of the risk is to continue progressing the recovery plan to recover the timeliness of screening offer and return to round length.

#### **2.2.4 Recovery Plan**

The recovery plan is underway for the programme to increase the screening activity above pre covid levels using the screening round planning tool to prioritise the areas that will enable the round length to recover. Detailed round length activity plan in place for all regions.

Specific actions include

- Recruitment to screening posts to maintain staffing levels.
- Established bank of previous staff to support capacity to continue
- Continued support from clinical staff across regions and enabling overtime in line with PAAR
- Maintain one of previous mobiles in equipment replacement to improve capacity in South East
- Screening mobiles located in areas of longest waits to focus activity to reduce round length
- Workforce plans to recruit to vacant medical positions working with Health Boards for joint posts to support timeliness of reading and assessment
- Failsafe lists for longest waits to focus on reducing round length.
- BTW continues to work with Health Boards to inform capacity planning assumptions across Surgery, Pathology and Oncology to support the whole patient pathway

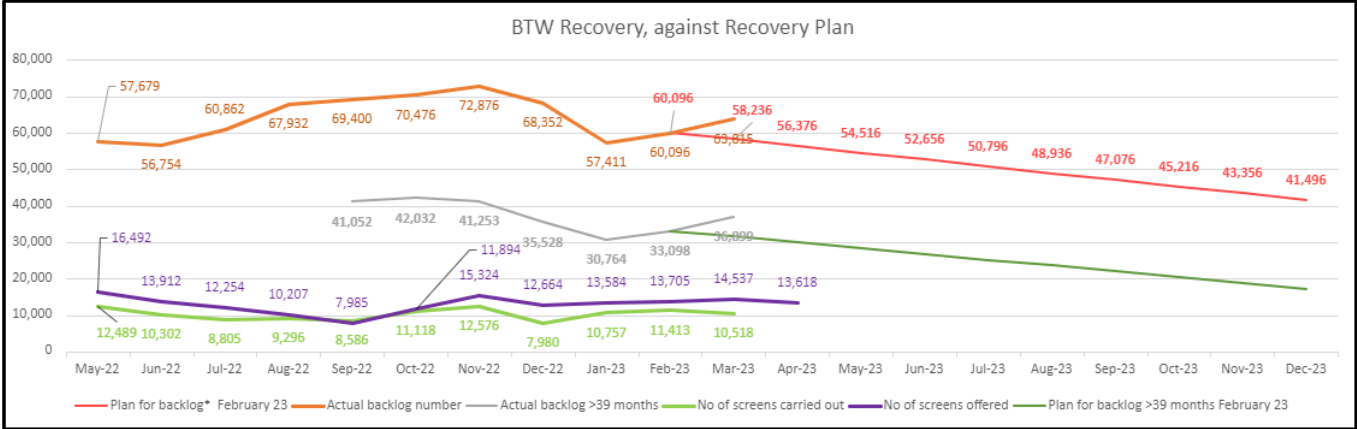
#### **Timescale for Recovery:**

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.

Detailed round length activity plan in place for all regions. Detailed plans indicate screening sites across Wales will start to come into standard late spring/ early summer 2023, this recovery is expected to continue throughout 2023/24.

If screening rates are maintained at the current level the backlog will be removed by **April 2025** at current estimate. Aim to increase activity to reduce backlog quicker.

**Figure 2. BTW Recovery plan and progress.**



**2.3 Diabetic Eye Screening Programme: Still Recovering from Impact of Pandemic.**

At the start of the pandemic in March 2020, Diabetic Eye Screening paused sending screening invitations. People who had not had their screening pathway completed had their screening results and referred to hospital eye service if this was required. The programme staff in South East realigned work and undertook the covid testing in Cardiff City Stadium and the booking process for key workers testing and other regions supported wider services with mutual aid.

When screening restarted in September 2020, a risk based approach was taken with known higher risk people of sight threatening retinopathy prioritised based on their previous screening result. Screening was offered at the sites that were available for the programme to use which was greatly reduced compared to before pandemic. Alternative venues were sought which included arts centres, stadiums, scout huts and theatres to increase the venue capacity.

In summer 2021, funding was provided by Welsh Government to PHW Screening Division to aid recovery. This was used to recruit additional posts across the three regions to improve workforce capacity and resilience which included 6 WTE photographers and 3 pathway staff (fixed term).

There have been constraints to recovery of the diabetic eye screening programme such as detailed below. In addition, the programme is a very large programme with over 190,366 eligible for screening each year and therefore any impact on timelines will result in large volumes of participants having their screening delayed.

The Programme also receives on average 1,000 new referrals every month. This is significant as participants remain eligible for screening for life and therefore this continual flow of new referrals creates significant increase in future demand.

### **2.3.1 The main constraints to recovery:**

- **Covid safe pathways with social distancing.**

Covid safe pathways have impacted the number of people who were able to be offered screening and therefore capacity has been reduced which has impacted recovery. To illustrate in May 2021, 19 people were able to be invited per clinic compared to 39 before covid (51% reduction). This significant reduction affected the ability to recovery from the pause as screening activity was less than before the pandemic. The time taken to undertake screening has reduced in line with IPC guidance and maintaining safe pathways and these have returned to previous levels of activity as soon as has been possible. This constraint has been resolved now with removal of requirement for social distancing in May 2022 but has impacted on the recovery that has been possible.

- **Venue capacity**

Venue capacity has been a significant limiting factor within the recovery as before the pandemic there were 140 clinic venues available across Wales and this was reduced to 40 when the service was reinstated. This impacted the number of monthly clinic appointments available each month with 2,186 fewer clinic appointments per week (1,207 compared to 3,393). Continued close working with Health Boards and raising issues at Executive level has been undertaken over this period and venues have come back on board. Alternative venues have been found to continue provision of services which have been paid for and have included stadiums, art venues, and scout huts. However there are still some geographical areas where venue capacity is not sufficient to screen those eligible.

To address constraints in venue capacity engagement with optometry colleagues and establishment of outsourcing of retinal reviews for low risk participants was implemented from November 2021 to March 2022 with over 28,000 invitations sent.

In summer of 2022 PHW opened a screening dedicated venue was opened in Mountain Ash, Rhonda Cynon Taff which enabled significant increase in availability in this area.

Venue capacity remains the most significant impact to recovery as areas that have good venue availability have recovered whereas areas that remain limited have the longest waits.

- **Workforce capacity**

Although all steps were taken to increase screening workforce capacity to support recovery this has remained a key constraint. This is because staff have been affected by the covid pandemic themselves, they have had to self-isolate and not attend work if symptomatic, and recruiting to new roles has taken time due to difficulty in recruitment. This was particular impactful during winter 2021 with the Omicron variant. Sick leave absence has remained high within the services throughout the pandemic with main reasons being respiratory illness and stress and anxiety.

### **2.3.2 Current position (April 2023)**

- Over past 6 months, the programme offered on average 7,610 appointments per month with 6,185 appointments on average attended per month
- 31.5% of eligible participants (59,882/190,366) have a reported screening results within the last 12 months.
- 99% of newly registered participants are offered an appointment within 90 days
- Participant who are delayed their appointment, defined as any eligible participant who has not had their offer of screening within 12 months and 1 day of previous screen or last invitation, is 109,496.
- Of which 29,092 people have not had screening offered since the programme was reinstated in September 2020
- Longest round length: 45 months (33-month delay)

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

**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. 3.6% of those screened are identified with potential sight threatening diabetic retinopathy. This risk was mitigated. A greater number of people with diabetes will present with symptomatic diabetic retinopathy.

Risks are mitigated by screening those at higher risk when service was reinstated; ensuring new registrants are invited within standard; pregnant

women are invited in line with increased surveillance pathway; and surveillance participants invited in line with pathway. In addition healthcare staff who have concerns of their patient's diabetic control are able to contact programme and the participant's screening appointment will be expedited.

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

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

### **2.3.4 Recovery Plan**

The recovery plan is underway for the programme and this is by taking forward two strategic approaches which is to optimise the current service provision to support recovery and transform the service to put in place a sustainable service model.

#### **2.3.4.1 Optimise the current service provision to support recovery**

Specific actions include:

- Ensuring that longest waiting participants are given appointments as a priority
- Screening activity returned to pre-covid levels
- Clinic templates adjusted to increase screening appointment
- Recruitment to screening posts to maintain staffing levels with focus on increasing photographer roles to enable flexibility and improved capacity
- Leasing a mobile unit in Feb and March 2023 to provide screening in locations that venue are not possible to locate
- A second screening dedicated venue is near completion in Llanishen, Cardiff which will enable improved venue provision for Cardiff and local area
- Discussions with health boards continue to enable returning to venues used prior to pandemic with a number of venues now being able to be used
- Outsourcing of screening invitations letters and main result letters to realign pathway team workload to more value added tasks

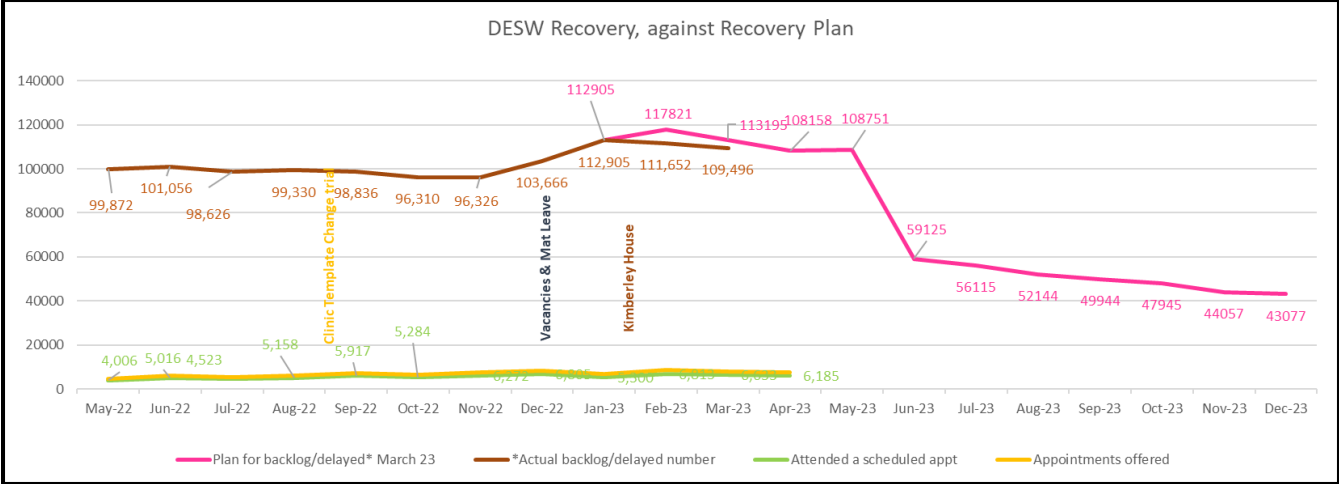
#### **Timescale for Recovery:**

Planned actions not sufficient to fully recover programme. 1,000 new referrals per month reducing the impact of recovery action.

Transformation is key to recovery and providing a sustainable service and this work underway. Note figure 3 includes impact of one of the key

transformation of implementing the low risk recall pathway which is outlined below.

**Figure 3 DESW Recovery Plan and Progress**



**2.3.4.2 Transformation of Diabetic Eye Screening Programme**

The increasing diabetic population and the constrained capacity of the current service model of Diabetic Eye Screening Wales means that the service cannot currently be provided in a timely and effective way in accordance with the recommendations of the UK National Screening Committee. The prevalence of type 2 diabetes in Wales is 7.4% of the adult population; and it is estimated that this will increase to 11% by 2030. This estimate was made prior to the Covid-19 pandemic; it is anticipated that the lock downs and sedentary times during the pandemic will increase the estimated prevalence. The prevalence of type 1 diabetes is estimated to be 0.32% in Wales.

The DESW Transformation Programme was initiated in early 2022 with two main workstreams

- 1) Upgrade of the DESW IT System - To provide additional functionality including functionality to implement a two year screening pathway and the outsourcing of letters.
- 2) Future Service Model - To provide clear proposals for a future proof and sustainable service model that will deliver the diabetic eye screening programme in Wales including an outline trajectory, resources and realistic timescale for implementation. Using the outputs from the 'Discovery' project and Alpha to aid in informing the future service model delivery options.

The Transformation Manager was appointed in February 2022 with the Transformation Board forming in March. The Discovery, which underpins

elements of the work of the Transformation Programme, took place in March and April 2022. Work has been ongoing within the Programme to trial and test some of the Discovery recommendations, known as the alpha phase, and to action the feedback received from the team during staff roadshows.

In addition to the alpha work being undertaken within the Programme, in October 2022, funding was identified to buy in specialist expertise to assist specifically with the digital integration of DESW to other NHS systems in Wales and to progress with the recommendations of Discovery. This has been taken forward as an alpha phase with external company and show and tell was shared on 27 April. The main recommendation of the work was that there were improvements in the automation that could be made to improved efficiency of the programme. These included an electronic solution could be taken to beta stage to improve registration process of new participants; discovery to identify a solution for automating demographic feed; alpha for exploring using NHS app for participants to book their own appointments; and implementing modules on Optimise IT system to improve the automation of processes. PHW has confirmed funding from the investment fund has been identified to take forward the findings from the alpha phase which will be progressed in line with the overall transformational work of the programme.

A significant aspect of the transformation work was the upgrade of the DESW IT system to enable a two year screening interval for identified low risk participants (Low Risk Recall Pathway) which has been completed.

An SBAR (*Diabetic Eye Screening Wales: Proposed introduction of a Low Risk Recall Pathway (LRRP) of 2-year interval*) was prepared outlining the rationale behind introducing a LRRP of 2-year intervals to the DESW service, based on available evidence, service requirements, and work completed by the Diabetic Eye Screening services in Scotland and England.

The proposal was presented to the Wales Screening Committee in July 2022 where it was agreed to introduce the policy change in Wales, i.e. to introduce a low risk recall pathway. The Welsh Government [announced the forthcoming implementation of the LRRP](#) on 6 December 2022. **The LRRP will be introduced in Wales from 19 June 2023.**

The LRRP has already been implemented in Scotland and Northern Ireland. It is expected to be implemented in England as well.

Eligibility for a person moving to the LRRP will be based on them meeting **all** of the following criteria:

- At least two previous screenings

- The last two consecutive screenings being graded as ROM0 in both eyes
- At least 12 months between those two consecutive ROM0 screenings
- Both of the previous screenings will need to have occurred after 01/04/2019
- Not identified as currently pregnant

To note: Retinal reviews conducted in Optometry practices as part of the COVID-19 recovery scheme are not included as a screening result and therefore excluded from the criteria.

In January 2022 Cervical Screening Wales (CSW) shared a proactive press release with the media and social media posts regarding changes to their screening intervals, which received considerable negative feedback, including a change.org petition receiving over 1.3M signatures. Public Health Wales acknowledged that the change could have been better communicated.

A communications strategy has been developed to make sure both service users and staff aware of the introduction of the LRRP. Communications will need to commence in advance of any changes being made and continue throughout the change period, learning from the lessons of the CSW interval changes in 2022.

The objectives for communications activity during this period are:

- To undertake a 12 week engagement programme to finalise key messages and communication methods with stakeholders
- Inform the public and relevant stakeholders about the introduction of a low-risk recall pathway for diabetic eye screening in Wales, including:
  - what the LRRP is
  - who it affects
  - when and how it is being implemented
  - the reasons for its introduction
- To reassure the public and stakeholders that the introduction of the LRRP is evidence-based and safe
- To encourage uptake of diabetic eye screening among the eligible screening population

Appendix 1 Details the Communication Plan for the introduction of a Low Risk Recall Pathway (LRRP).



### **3. Summary**

The Screening Division is managing a large and complex workplan and recovering the screening programmes that remain impacted from the pandemic; which includes transforming the DESW programme. It is noted that recovery funding has been requested from Welsh Government but this has not yet been confirmed for 23/24.

#### **The Committee is asked to:**

- Consider the report and take **assurance** on the work underway within the Screening Division to recover the two screening programmes that remain impacted from the pandemic.

## Appendix 1



# Diabetic Eye Screening Wales: communications plan for the introduction of a Low Risk Recall Pathway (LRRP)

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### Publication/ Distribution:

Diabetic Eye Screening Wales

PHW Communications Team

Screening SMT

Welsh Government communications team

### Purpose and Summary of Document:

This document uses the OASIS framework to set out a plan for informing people in Wales who are living with diabetes about the introduction of a low risk recall pathway (LRRP) for people defined as low risk.

# 1. Introduction and context

The Diabetic Eye Screening Wales (DESW) team is part of the Screening Division of the Public Health Services Directorate at Public Health Wales.

If someone is newly diagnosed with diabetes, or moves to live in Wales and registers with a Welsh GP, the GP/healthcare provider will inform the DESW service so that they can be added to their register. Anyone in Wales diagnosed with diabetes, aged 12 or over, with a Welsh GP, is invited to attend a screening appointment.

Currently, DESW invites eligible participants to attend eye screening annually. Pregnant women will be invited more often. Invites are sent via a letter to the participant's home, either offering them a fixed appointment, or inviting them to contact DESW to book an appointment. If a participant does not attend (DNA) an appointment, they are sent a letter reminding them to book another appointment, and informing them that if they do not make contact they will receive their next appointment in another 12 months.

Diabetic eye screening results are graded based on retinopathy (R) and maculopathy (M). R can be graded as R0 (no retinopathy; no action needed), R1 (background minor changes; no action needed at this time), R2 (pre-proliferative retinopathy; referral to specialist needed), or R3 (proliferative retinopathy; referral to specialist needed). M can be graded as M0 (no maculopathy; no action needed) or M1 (maculopathy detected; specialist assessment required). Those participants with neither retinopathy nor maculopathy are graded as ROM0 and are at low risk of developing sight threatening retinopathy within the next 12 months.

The National Screening Committee (NSC) recommended revised screening intervals for participants within diabetic retinopathy screening services in 2016 (UK National Screening Committee, 2016). The recommendation was that those participants screened as low risk (2x consecutive ROM0 outcomes at least 1 year apart) could convert to screening every two years. This recommendation came as a result of a large study showing that it was safe to invite people in low risk groups every 2 years rather than annually; this will assist in releasing capacity in the NHS and reduce the inconvenience for this group of attending appointments every year.

Due to the coronavirus pandemic, normal delivery of the DESW service was paused in March 2020, restarting in September 2020. The pausing caused an increased backlog of people awaiting screening, with demand for the service in excess of service capacity.

An SBAR (*Diabetic Eye Screening Wales: Proposed introduction of a Low Risk Recall Pathway (LRRP) of 2-year interval*) was produced outlining the

rationale behind introducing a LRRP of 2-year intervals to the DESW service, based on available evidence, service requirements, and work completed by the Diabetic Eye Screening services in Scotland and England.

The proposal was presented to the Wales Screening Committee in July 2022 where it was agreed in principle to introduce the policy change in Wales, i.e. to introduce a low risk recall pathway. The Welsh Government [announced the forthcoming implementation of the LRRP](#) on 6 December 2022. **The LRRP will be introduced in Wales from 19 June 2023.**

The LRRP has already been implemented in Scotland and Northern Ireland. It is expected to be implemented in England as well.

Eligibility for a person moving to the LRRP will be based on them meeting **all** of the following criteria:

- At least two previous screenings
- The last two consecutive screenings being graded as ROM0 in both eyes
- At least 12 months between those two consecutive ROM0 screenings
- Both of the previous screenings will need to have occurred after 01/04/2019
- Not identified as currently pregnant

To note: Retinal reviews conducted in Optometry practices as part of the COVID-19 recovery scheme are not included as a screening result and therefore excluded from the criteria.

In January 2022 Cervical Screening Wales (CSW) shared a proactive press release with the media and social media posts regarding changes to their screening intervals, which received considerable negative feedback, including a change.org petition receiving over 1.3M signatures. Public Health Wales acknowledged that the change could have been better communicated.

A communications strategy is therefore required to make both service users and staff aware of the introduction of the LRRP. Communications will need to commence in advance of any changes being made and continue throughout the change period, learning from the lessons of the CSW interval changes in 2022.

## **2.Objectives**

The objectives for communications activity during this period are:

- To undertake a 12 week engagement programme to finalise key messages and communication methods with stakeholders
- Inform the public and relevant stakeholders about the introduction of a low-risk recall pathway for diabetic eye screening in Wales, including:
  - what the LRRP is
  - who it affects
  - when and how it is being implemented
  - the reasons for its introduction
- To reassure the public and stakeholders that the introduction of the LRRP is evidence-based and safe
- To encourage uptake of diabetic eye screening among the eligible screening population

### 3.Audience/Insight

#### 3.1 The Public

Our primary audience is people in Wales aged 12 or over who have diabetes.

This audience can be segmented into the following groups based on their particular circumstances:

- **People whose last two screening tests, both taking place between 1 April 2019 and 19 June 2023, showed no sign of diabetic eye disease.** These people will be moved to screening every two years with immediate effect from June 2023. They've not yet been told that they'll be moved to the LRRP; at this stage, they'll be expecting to continue being screened annually.
- **Those whose last screening test, taking place before June 2023, showed no signs of diabetic eye disease.** These people may be screened every two years after their next screening appointment if it is their second ROMO result.
- **Those who are being screened for the first time or who have had a recent test that showed signs of diabetic eye disease.** These people won't be put onto the LRRP in the near future as they would need to consecutive ROMO screening results to be eligible.
- **People who are exempt from the change, including pregnant women.**

We will also make sure our communications are appropriate for a secondary audience of carers and influencers of people who are eligible for diabetic eye screening

### 3.2 Professional stakeholders

The following stakeholders will be informed about the implementation of the LRRP:

Audience	Breakdown	Focus	Owner	Channel/s
Stakeholders	Welsh Government	Welsh Government Communications team		
		Wales Screening Committee		
	Third Sector	Diabetes UK (Cymru)		
		Sight Cymru		
		RNIB		
	Patient reference groups	All Wales Diabetes Patient Reference Group		
		Llais (formerly the All Wales Community Health Council)		
	Internal	Public Health Wales	DESW staff	
Screening Division Staff				
Public Health Wales staff				
NHS Wales		NHS eye care providers (Ophthalmology and Optometry)		
		Health Board leads for primary care, secondary care, eye care and diabetes care		
		Optometry Wales		

		Health Board Communications teams		
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## 4. Key messages

Our primary messages are:

- Diabetic eye screening is changing for people who are at low risk of diabetic eye disease.
- If your last two diabetic eye screenings showed no sign of diabetic eye disease, you will now be safely screened every two years instead of every year.
- This change will be made in June 2023.
- Evidence shows that it is safe for people with no diabetic eye disease to wait longer between screenings.
- This change only applies to those at low risk of diabetic eye disease. Everyone else will be screened as usual.
- This change will help us see people at higher risk of diabetic eye disease sooner.
- If you notice any changes to your eyesight, contact your optician or doctor's surgery straight away. Don't wait for your next screening appointment.

Our secondary messages are:

- It is important that people aged 12 and over who are living with diabetes take up the offer of eye screening when invited.
- This is because diabetes can lead to eye problems, such as diabetic eye disease.
- Further information about diabetic eye screening, including some FAQs about the recent change to the programme, can be found here: <https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/>

## **5.Strategy**

The following communications and engagement activities will take place:

### **5.1 Stakeholder engagement**

The following engagement activities will take place over a 12 week period ahead of the implementation of the LRRP:

- 1 x engagement session with healthcare professionals, including eye health specialists from across NHS Wales
- 1 x engagement session with representatives from the All Wales Diabetes Patient Reference Group and third sector organisations that support people living with diabetes and poor eye health
- 1 x survey to test our key messages with our primary audiences, including people living with diabetes and eye health specialists
- 3-4 x online focus groups with people who are living with diabetes to test materials, including a leaflet and a web page

These activities will provide an opportunity for us to understand the strength of feeling around change among people living with diabetes and healthcare professionals. It will also allow us to test our key messages and materials, to understand which channels are most appropriate for their dissemination, and to develop a series of FAQs.

### **5.2 Letters and SMS**

A letter and SMS relating specifically to the change will be sent people whose last two screening tests, both taking place between 1 April 2019 and 19 June 2023, showed no sign of diabetic eye disease. In order to manage the volume of enquiries coming into Diabetic Eye Screening Wales, these letters and text messages will be sent over a period of four months from 19 June 2023. The letter and SMS will link to more information on the Public Health Wales website.

A leaflet providing information about the change will be included with all Diabetic Eye Screening Wales invitation and results letters (more below).

### **5.3 Face to face communications**

The following touchpoints will be used to provide people living with diabetes with information about the implementation of the LRRP:

- Diabetic eye screening appointments
- Diabetes checkups
- Appointments with eye health specialists



In order to facilitate conversations about the implementation of the LRRP between healthcare professionals and people living with diabetes, the following activities will take place:

- Training sessions for screeners in the DESW team. These will inform DESW staff of the key messages, how to communicate them and how to respond to questions from participants
- An email to eye health specialists and healthcare professionals leading diabetes checkups, including details of the change and a link to website content
- Leaflet and poster (see below)

## **5.4 Leaflet and Poster**

A leaflet will be produced for distribution by screeners and other healthcare professionals. This will highlight the key messages, as well as answering the most important FAQs. The leaflet will be sent to Plain English to ensure it is written in accessible, easy to understand language. An Easy Read version of the leaflet will also be produced.

The leaflet will include a link to more comprehensive information available on the DESW website.

A printable A4 poster will also be produced, including a QR code with a link to information on the website.

Existing DESW leaflets and posters will be reviewed to ensure that they are up to date and reflect the implementation of the LRRP.

## **5.5 Website content**

A page on the DESW website will provide information about the implementation of the LRRP. As well as providing the key messages and FAQs included in the leaflet, the web page will also answer any other FAQs that are identified as a result of our engagement work.

A review of the existing content on the DESW website will take place to ensure information is up to date and reflects the implementation of the LRRP.

## **5.6 Reactive media lines and social media moderation**

There are no plans for proactive media engagement about the implementation of the LRRP. However, a series of reactive media lines will

be prepared based on insight from the response to implementation of the LRRP in Northern Ireland and Scotland, as well as insight from our engagement work. The will include but not be limited to:

- Is this a cost saving exercise?
- Why is the change being made now?
- Is it really just as safe to screen people every two years?
- Why hasn't this change been made in England?

There are no plans for proactive social media to announce the implementation of the LRRP. However, the social listening tool Brandwatch will be used to monitor the response among social media users. A series of prepared responses, based on the reactive media lines, will be developed in case it is necessary to engage directly with users.

## **5.7 Stakeholder email**

An email will be sent to stakeholders in the third sector, NHS Wales and Welsh Government with information about the implementation of the LRRP and links to website content and materials.

## **5.8 Stakeholder events**

Two stakeholder events will take place following the implementation of the change:

- An 'Update on Diabetic Eye Screening Wales' event for Optometry Wales
- A face to face event with the All Wales Diabetes Patient Reference Group

## **5.9 Intranet story**

An internal news story will be also be produced to inform PHW staff of the introduction of LRRP intervals at DESW.

This news story will be highlighted in the PHW staff bulletin and manager newsletter.

## 6. Implementation

Date	Action	Responsible	Date complete
16 April	Meeting with Community Health Council		
21 March	Engagement session: healthcare professionals		21 March
22 March	Engagement session: AWDPRG and third sector		22 March
17 April	Audit of existing DESW web pages		17 April
w/c 1 May	Communications plan sent to Sharon Hillier and Meng Khaw		
2 May	Survey to test key messages sent out		
12 May	Draft leaflet produced		
12 May	Draft leaflet sent to Plain English		
12 May	Draft poster produced		
12 May	Draft web page produced		
w/ac 22 May	Audit existing DESW letters to ensure none of the information they include will be inaccurate from 19 June		
w/c 22 and/or w/c 29 May	3-4 focus groups to test campaign materials, including leaflet, poster and web FAQs		
19 May	Letter drafted to people whose last two screening tests, both taking place between 1 April		

	2019 and 19 June 2023, showed no sign of diabetic eye disease		
26 May	Sign off on letter and SMS to people whose last two screening tests, both taking place between 1 April 2019 and 19 June 2023, showed no sign of diabetic eye disease		
26 May	Quantities of leaflets and distribution list finalised		
2 June	Sign off on final leaflet, poster and web page		
2 June	Leaflet sent to printers		
2 June	Leaflet sent for adaptation to Easy Read		
w/c 12 June	Printed leaflets delivered		
w/c 12 June	Stakeholder email drafted		
w/c 12 June	Intranet story drafted		
19 June	Stakeholder email sent out		
19 June	Intranet story live		
19 June	Direct letters and SMS to people moved to LRRP from 19 June begin being sent out		
TBC	Stakeholder event: Optometry Wales		
TBC	Stakeholder event: AWDPRG		

## 7. Evaluation

The campaign will be evaluated using the Government Communication Service (GCS) framework, which includes:

- Inputs: e.g. the number of hours worked, number of assets produced
- Outputs: e.g. number of stakeholders engaged
- Out-takes: e.g. opportunities to see (OTS), engagement rates
- Outcomes: e.g. increase in web visits, sentiment
- Impacts: e.g. an increase in knowledge