GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 25 June 2020 **Agenda item:** 5.5.4

Reinstatement of the population-based screening programmes following response to COVID-19

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Approval/Scrutiny route:	Business Executive Team Welsh Government Wales Screening Committee

Purpose

This report provides an update on the population-based screening programmes provided by Public Health Wales and confirms the decision made by the Business Executive team to reinstatement programmes in the next phase of the response to COVID-19.

Please note the timescales have been updated since the paper was approved in section 3.5 and in line with public communications.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	NOTE
☐	☐	☐	☐	☒

The Board is asked to receive this report and **note** the approval from the Business Executive Team to reinstate the population-based screening programmes in response to COVID-19.

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:	
Strategic Priority	6 - Supporting the development of a sustainable health and care system focused on prevention and early intervention

Summary impact analysis	
Equality and Health Impact Assessment	The screening programme are offered in line with policy and eligibility criteria dependent on demographics.
Risk and Assurance	Issues around risk due to changes due to COVID-19 response have been identified on the Corporate Risk Register.
Health and Care Standards	Theme 2 - Safe Care
Financial implications	The financial implications of the changes have not yet been fully described.
People implications	COVID-19 has had significant implications on the population which have not yet been fully described. The temporary pause of five of the screening programme will cause a delay in diagnosis for those who would have attended during this period. The impact of COVID-19 on the workforce for screening division has not yet able to be fully described. Staff sickness due to COVID-19 or non attendance due to self-isolation is being monitored as per process within the organisation.

1. Purpose /situation

As Wales starts to move out of the 'lockdown' introduced in response to COVID-19 there is an urgent need to plan how the screening programmes can be reinstated following the necessary pause in the programmes.

This is important as not offering evidence-based screening will cause harm as early diagnosis of disease will be missed. The longer this temporary pause lasts then the larger the impact will be and the longer it will take to recover the position. This will impact primary care and health board service pathways as concerned or symptomatic participants will refer themselves via this route.

This paper outlines an approach to a phased, risk-assessed reinstatement of the population-based screening programmes. There is a need to reinstate the programmes as soon as possible. However, there is also a need to ensure that screening can be offered safely to participants and there is engagement with services to ensure we are able to promptly refer participants who would benefit from further investigation and treatment.

2. Background

Following the Welsh Government's announcement on 13 March 2020 of plans to suspend non-urgent outpatient appointments and non-urgent surgical admissions and procedures in order to redirect staff and resources to support the response to COVID-19, Welsh Government agreed the recommendations of Public Health Wales to temporarily pause some of the population based screening programmes. A recommendation was received at the Gold meeting on 18 March and approved by the Chief Medical Officer for Wales on 19 March. The CMO's approval was conditional on the situation being reviewed in eight weeks.

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. Public Health Wales screening division has now reviewed the situation and notes that the estimated impact of the temporary pause of three months (since 20 March) is as follows:

- **Breast screening** – delayed identification of 270 women with breast cancers.

- **Cervical screening** – delayed identification of 18 women with invasive cervical cancers and 400 women with high grade cellular changes.

- **Bowel screening** – delayed identification of 60 participants with bowel cancers and 360 participants with polyps.

- **Diabetic Eye Screening Wales** – 1,110 delayed referrals (routine and urgent) to hospital eye services for early review and potentially treatment.

- **Wales Abdominal Aortic Aneurysm Screening Wales** – delayed identification of 27 aneurysms (though not all will have required referral to vascular surgical services).

Other countries in the UK are also planning to reinstate their screening programmes. England have communicated that the cervical screening programme invitations will restart being sent from early June. Similarly breast screening invitation will restart late June or early July. Scotland and N Ireland are making plans to reinstate invitations "within a few weeks".

Internationally, there was a WHO recommendation that population-based screening programmes are paused during the COVID-19 pandemic. A recent survey of 155 countries conducted by the WHO in May (WHO.int 1 June 2020) reported that the postponement of public screening programmes was widespread, reported by more than 50% of countries.

A recent informal survey of the western countries with a population-based bowel cancer screening programme conducted continuously by Professor Halloran reports that a number of these countries, including also those most impacted by COVID-19 (including Spain and Italy) have either on a regional or country-wide basis restarted faecal immunochemical testing (FIT) screening and most countries reported that colonoscopy was also being reinstated to routine from prioritising urgent cases only.

3. Assessment

3.1 Key conditions

Drawing on evidence from other countries and following internal discussion Public Health Wales believes that certain key conditions should be met before reinstating screening programmes.

- The balance of the risk of infection with SARS-CoV-2 should be lower than the risk of benefit from attending screening. This will be a different balance for different participants considering personal risk from the virus as well as risk of having the condition of interest being screened. For routine population screening the community risk of infection needs to be minimal or attending screening no more risky than other routine acceptable activity in the community.

- Welsh Government guidelines on travel and contact will be key to enable participants who are invited to attend for screening. Careful consideration will need to be taken if the guidelines are specific for age or condition or shielding.

- The screening environment and processes should enable screening to be undertaken in a way that minimises the risks from COVID-19 for both screening participants and screening staff.

- Screening positive participants should be able to be referred for ongoing diagnosis or treatment to the health boards as their referral services have or are reinstated.

- There are sufficient screening staff to ensure screening can be undertaken safely and to the set quality standards. This condition includes bringing staff back from COVID-19 response work that they are currently undertaking and should take account of any staff who are shielding or have other overriding domestic considerations, for example, child and elder caring responsibilities.

- There should be available a sustainable supply of personal protective equipment (PPE) for staff to use during the screening episode.

3.2 Risk based approach for reinstating the Population Based Screening Programmes.

We have discussed with UK colleagues approach for reinstating population-based screening programmes. The general approach is identifying defined populations within the eligible population who should have their screening invitation prioritised following the COVID-19 response to reduce potential harm from delay.

Appendix 1 details our screening programmes against risk based categories and outlines an approach for prioritisation. This enables us to prioritise the reinstatement to ensure that we are quickly reducing the most potential harm.

We will need to mitigate against the creation of peaks and troughs going forward for the screening programme, as well as further along the diagnostic and treatment pathway. The screening programme will have been paused for at least three months and it will take at least 12 months for each programme to recover fully, and some will take longer.

There is a significant time lag between a decision to reinstate a screening programme and activity seen in clinical practice. Therefore, given we have already paused programmes for three months, even if we plan to restart as

soon as possible we will have more than a quarter of an annual eligible population of a programme with a delayed invitation. It will not be possible to absorb those outstanding cohorts and individuals within the remainder of the financial year 2020-21. Previous experience of pausing the breast screening programmes on a regional basis during the digitalisation programme has shown that a pause of several months affected the round length for more than 12 months.

3.3 Guidance for Safe Service provision during COVID-19 pandemic and post pandemic phase

The Society and College of Radiographers, in collaboration with the Royal College of Radiologists, has released guidance for safe service provision during this time (https://www.sor.org/sites/default/files/document-versions/screening_restart_guidance.pdf).

This short document provides very clear and sensible advise, which we can use to determine an approach to the restarting of the screening programmes in Wales.

The guidance sets out three broad areas to guide local policy action:

1. Reducing the risk of infection;
2. Management considerations before restarting;
3. Actions to take when screening.

On 3 June Welsh Government released an operational guide for the safe return of healthcare environments to routine arrangements following the initial COVID-19 response. This will inform the risk assessment of the environment that screening is offered in.

We will put in place triage for all screening participants invited to attend appointments and make contact with them shortly before their appointment to check if they are going to attend and if they have any symptoms of COVID-19 or if they have been advised to self-isolate because they are a contact of a person COVID Covid-19. If this is the case they will be advised to phone back when they are able to attend in line with guidance.

The principle is that attending a screening appointment will not result in someone being classed as a close contact if either a member of staff or other participant is confirmed as having COVID-19 whilst attending for screening. This means that we will apply social distancing between participants and ensure infection control measures are in place between participants and staff who will wear appropriate PPE.

Guidance will be followed if there are requirements for antigen testing for participants referred for diagnostic procedures such as colonoscopy.

Currently it is not anticipated that there will be requirement for antigen testing prior to screening as screening interventions are not aerosol generating.

Implementing these actions will result in the following effects:

1. The throughput of the screening clinics will be greatly reduced and as a consequence it is unlikely that timeliness standards will be attained.
2. Necessary adaptations will be required to the breast screening mobile units and this will have a financial cost and possible flow and timeliness implications.
3. Two programmes (diabetic eye and aortic aneurysm screening) will experience difficulty in accessing suitable accommodation that would ensure safe service provision.
4. Structural and flow changes in the screening sites (for example, no waiting in enclosed areas, in/out one-way flows, shields for reception, and use of appropriate PPE) will be necessary in order to meet social distancing rules and provide a safe environment for staff and participants.

Considerable planning work will be needed to reconfigure the screening processes to align with these guidance documents and to source suitable locations to support the delivery model for the diabetic eye and aortic aneurysm screening programmes.

The diabetic eye screening programme represents the biggest challenge because screening participants will need assistance with transport if they travel by car, or convenient access to public transport, current locations use shared waiting areas, there are several points of direct contact with screening staff, and the population are at increased risk of complications from COVID-19 both because they are diabetics and because many are elderly. It is anticipated that at least 3 months preparatory service redesign work will be necessary.

3.4 Informed consent and information provision to participants

It is recognised that communication with and information for participants is going to be very important and this is both to update the public on plans to reinstate the services and also to ensure that the public understands the measures that have been put in place to mitigate risks.

An information sheet will be prepared with the key messages on measures that we will have in place to mitigate risk from COVID-19 and this will be sent out with the invitation letters. This will make clear that screening is the person's choice to attend and enable them to be informed as much as possible to enable them to make an informed choice.

3.5 Timescales of reinstatement of the programmes

Almost three months have passed since the screening programmes were paused and the NHS in Wales, in addition to providing a high standard of care to patients with COVID-19, is moving to provide a variety of other routine services, including planned surgery and routine diagnostic procedures

It is important to start the screening programmes as soon as we are practically able to and this will be undertaken as a cohesive approach and in a staged manner. The high-level start dates are as follows for programmes with the intention that work to reinstate all programmes will be underway during the month of July at the latest.

Newborn Hearing Screening Wales will re-establish community clinics to offer screening to babies that missed screening when they were in hospital from June 2020

Bowel Screening Wales will start to test any kits that are received into the laboratory from 28 May 2020 as all health boards have plans to reinstate their colonoscopy service. Participants that have not completed their screening pathway will start to be actioned from June 2020 with those who sent in a kit that couldn't be tested sent a replacement kit from July 2020.

Cervical Screening Wales will start to send out invitations to women who have been delayed an early repeat invitation from the end of June 2020.

Breast Test Wales will start to send out screening invitations to women at higher risk from July 2020.

Wales Abdominal Aortic Aneurysm Screening will start to send out invitations for surveillance for appointment in August (venue will need to be identified and screeners trained on new ultrasound machines).

Diabetic Eye Screening Wales has since May identified high risk participants and they have been offered a pathway for retinal review by optometry colleagues to reduce potential harm. Service redesign including venue adaptation will need to be undertaken from June and anticipated screening invitations sent on a risk based prioritisation from late August.

A high-level Gantt chart has been developed setting out the plan and more detailed plans are being developed for each programme.

3.6 Further service disruption due to resurgence in prevalence of Covid-19

It is recognised that there may be a second peak of infection and services in health boards will have to be realigned to COVID-19 response again. We will monitor the situation carefully and make recommendations again to pause the invitations if either the risk to participants from community spread has increased and lockdown measures are reinstated or if services are not able to accept screening referrals. As screening invitations are made on a weekly or monthly basis we will be able to amend the reinstatement of the screening programmes but will maintain the proposed risk-based approach and work to complete screening pathways for those who have started their screening episode.

4. Recommendation

The Business Executive team approved the paper to work to reinstate the screening programmes and all programmes are actively working to commence reinstatement of the screening programmes. The screening division will work closely with Health Boards to plan the reinstatement to manage the pathway of referrals from screening positive results.

The Board is asked to receive this report and note the proposed recommendation to reinstate the population-based screening programmes in response to COVID-19.

Appendix 1 Risk based approach to reinstating the Screening Programmes

Screening Programme	Categorisation	Tolerance	Proposed priority within programme for starting	Overall priority within division
Cervical Screening	High Risk Group: Symptomatic women	Not part of the programme as symptomatic women presenting to primary care should be referred to colposcopy for review.		
	Screen Positives in the pathway: To include 'Test of Cures' and any women on early repeat due to HPV positive or follow up after colposcopy assessment or treatment. NB colposcopy samples have continued to be processed throughout.	To be completed within 1 month of full restart of screening. Would include invitations March –May, and reminders for invitations sent Dec 19 – Feb 20.	**Priority 1** Could be achieved within first month 24,000 letters (inc ToC)	1
	Screening Results not processed:	All processed so none in this category		
	People invited but not screened:	Will issue overdue reminders in month 2, for invitations issued Oct – Dec 19.	**Priority 2** 30,000 letters	2
	People delayed an invitation:	Issue from month **3** onwards, number depending on sample taker ' Lab/ CSAD availability	**Priority 3** Three months overdue- Early repeat: 16,000 per month	3

			Routine recall: 23,000 per month	
Breast Screening	High Risk Group: Invited but not screened Screening and Assessment if indicated Family history: • Gene risk • High risk • Moderate risk B3 Hodgkin's Early recall to assessment		**Priority 2** **Priority 2**	2
	Screen Positives in the pathway: Assessment of women who deferred appointments		**Priority 1**	1
	Screening Results not processed	All processed so none in this category		
	People invited but not screened: • National programme • Special access		**Priority 3**	3
	People delayed an invitation: • National programme ○ Prevalent round		**Priority 4**	4

	• High risk: Family history Gene risk High risk Mod. risk • B3 • Hodgkin's • Women self-referring (over the age of 70) who were offered screening paused.			
	Individuals over the screening programme age eligibility, self-referring who were not appointed.	Once the rest of outstanding screening cohorts screened	**Priority 5**	
Bowel Screening	High Risk Group:	Within first month of the restart of screening colonoscopy	**Priority 1** FIT +ve participants with alarm symptoms awaiting SP assessment and/or an index colonoscopy or CT scan (expect those who have had a CT abdomen iv)	1
	Screening results not processed:	Replacement test kits issued within first month of the restart of the programme	**Priority 1** Rejected FIT kits returned to the laboratory for testing	1
	Screen positives in the pathway:	Invite within 2 months of the restart of screening colonoscopy	**Priority 2** All other FIT +ve participants awaiting SP assessment and/or an index colonoscopy or CT	2

			scan, including those due for a reminder. Participants awaiting a procedure at the NRC if choosing to have the procedure at Local HB.	
	Screening results not processed:	Start to invite within the second month of the restart of the programme	**Priority 3** Participants awaiting a surveillance, repeat or check site procedure. Participants who have had a CT abdomen iv because of alert symptoms. Participants awaiting a procedure at the NRC (if not had procedure locally).	3
	People invited but not screened:	Start to issue reminder letters within the second month of the restart of the programme	**Priority 3** Participants due a reminder letter for a non-returned kit or missed procedure	3
	People delayed an invitation:	Start to invite within the second month of the restart of the programme	**Priority 3** Participants due an invitation since restart of programme (missed call and recall, from pause of programme)	3

	People delayed an invitation:	Start to invite from month four of the restart date	**Priority 3** Participants due an invitation since restart of programme but delayed due to invitation missed call and recall from pause of programme (i.e. those due for screening from the restart date)	3
Abdominal Aortic Aneurysm Screening	High Risk Group: Men on quarterly surveillance (4.5 – 5.4 cm) Men identified as a MISS in failsafe review	To be completed within 1 month of full re-start. Initial re-start will require longer appointments due to staff training on new machines Dependent on vascular services/ clinic venues and staff availability (4/8 shielding in SE: 2/8 not semi-independent screening)	**Priority 1** However, as we screen geographically – we may need to include annual surveillance men and any men over 66 or approaching 66 or men with non-visualised results to ensure full capacity at clinic	1
	Screen Positives in the pathway: Men on annual surveillance (3 – 4.4 cm)	Completed within 2 – 3 months	**Priority 2** As above	2

	Screening Results not processed: Men with a non-visualised result, either due to not receiving a second scan in WAAASP or an MI referral not being completed Men recalled following QA	Completed within 2 – 3 months or possibly earlier if capacity with priority 1 men	**Priority 2**	2
	People invited but not screened: All men that were sent an invitation to attend prior to temporarily ceasing the programme (all men that received the COVID-19 letter)	within 6 months of invitation	**Priority 2**	2
	People delayed an invitation: The rest	within 6 months of invitation	**Priority 3**	3
Diabetic Eye Screening	High Risk Group:		**Priority 1**	1

	Pregnant Participants at <28 week gestation Newly referred participants	Alternate process developed. Time dependent pathway management based on pregnancy progression. Within 1 month of programme restart	Current cohort <2,000 (@ 11/5/20). Could be accommodated within < 1 month depending on venue availability.	
	Screen Positives in the pathway: Digital Surveillance participants	Within 3 months of programme restart	**Priority 2** Current cohort <1,500 (@ 11/5/20). Could be accommodated within < 2 months depending on venue availability.	2
	Screening Results not processed:	All processed so none in this category		
	People invited but not screened: All that were sent an invitation to attend prior to temporarily ceasing the programme (Longest waiting routine recalls by area)	Within 4 months of programme restart	**Priority 3**.	3

			Service capacity using revised clinic delivery presently unknown. Consider stratifying cohort based on last screening outcome.	
	People delayed an invitation: All remaining routine recall participants	Commence invitations within 6 months of programme restart	**Priority 4.** Service capacity using revised clinic delivery presently unknown. Consider stratifying cohort based on last screening outcome.	4
Newborn Hearing Screening	**High Risk Group:** The highest risk group of babies (due to new ways of working during the pandemic) are those babies that were unable to be screened in hospital. High risk babies as defined in our standards are those in SCBU.	There is a 12 week window where they can still be offered a screen using OAE and after that they need to wait until 9 months of age for a different test (TBT)	**Priority 1** High priority due to a limited time window for intervention. Work already underway. Offering screens for babies missed is a priority for the programme, working with audiology colleagues. This has to be alongside trying to screen as many babies as possible in the first week of life to ensure that	1

			the list of missed babies does not grow. SCBU babies remain a priority for screeners	
	Screen Positives in the pathway:	All are referred to audiology and continue to be being seen. No further action needed		
	Screening Results not processed:	All tests carried out are processed at the time and results given to the parents. No further action needed		
	People invited but not screened: Small group of babies who were due to come to audiology clinics that were cancelled	Those babies that were invited to a clinic but were cancelled due to our community clinics ceasing, were offered by letter the opportunity of a TBT at 9 months of age. No further action		
	People delayed an invitation:	This is the same as the initial high risk group, babies that were missed in the first week of life. Described above no further action		