



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

April 2020

Agenda item:

4.2.300420

Screening Programmes in Wales during the COVID-19 enhanced response period

Executive lead:	Dr Quentin Sandifer, Executive Director Public Health Services
------------------------	--

Author:	Dr Ardiana Gjini, Consultant in Public Health Heather Lewis, Consultant in Public Health Dr Sikha De Souza, Consultant in Public Health Dr Sharon Hillier, Director Screening Division
----------------	---

Approval/Scrutiny route:	Business Executive Team Gold meeting Public Health Wales Board
---------------------------------	--

Purpose	This report provides an update to the Board of Public Health Wales on the current position of the screening programmes in Wales. It sets out how the team has worked to reduce impact of changes and realigned to support COVID-19 response.
----------------	--

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	NOTE <input checked="" type="checkbox"/>

The Board is asked to: Receive this report and note the current position of the screening programmes and how the Screening Division has worked to reduce impacts and realigned itself to support the COVID-19 response.
--

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. T
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. Although five of the eight screening programmes have been paused, a robust recovery plan will be needed within the financial year; this will include an increased rate of participants offered screening to reduce impact of delay in diagnosis. Staff costs will remain unchanged over this period.
People implications	<p>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.</p> <p>The impact of COVID-19 on the workforce for the Screening Division has not yet been fully assessed. Staff sickness due to COVID-19 or non attendance due to self-isolation is being monitored as per process within the organisation.</p>

1. Purpose

This report provides an update to the Board on the current position of the screening programmes in Wales and how the team has worked to reduce impact of changes and realigned to support COVID-19 response.

2. Background

The population-based screening programmes invite eligible participants at population risk, offering them a screening test to identify individuals who are likely to benefit from further tests or treatment to reduce the risk of disease or its complications.

As the Novel Coronavirus (COVID-19) pandemic has progressed in Wales, careful consideration has been given to balancing the benefits and risks of continuing to offer the screening programmes, in line with government advice for the population and measures health boards have taken to prioritise their response to COVID-19.

During the containment phase of the pandemic, the Screening Division maintained service continuity of all of the screening programmes and released staff to support the organisational response to COVID-19, supporting the call advice provision.

On 10 March, the Screening Management Team met and considered its response if Wales entered the delay phase of the outbreak. The team considered if screening programmes could be undertaken within social distance parameters and made recommendations for consideration if required.

On 12 March, Welsh Government announced that the country had moved to the delay phase. On 13 March, the Minister for Health and Social Services announced measures including the suspension of non-urgent outpatient appointments, to ensure the prioritisation of urgent appointments. The Minister also suspended non-urgent surgical admissions and procedures, but maintained access for emergency and urgent surgery.

From 13 March, primary care began triaging patients attending, to ensure that they were not possible cases of COVID-19; community clinics, booked for screening clinics, began to cancel the bookings as primary care services were prioritised.

Guidance issued on the 16 March by the UK Government on stopping all non-essential travel and non-essential contact made it difficult to continue with some of the screening programmes.

3. Situation

3.1 Recommendations

Following the announcement from the UK Government on 16 March, which advised against non-essential social contact and non-essential travel, the Screening Division undertook a risk assessment on the ability and safety of delivering screening programmes. This was submitted to the Executive Director, Public Health Wales Board and Welsh Government and agreement reached. The recommendations included:

- The suspension of all invitations and cancellation of screening clinics from 18 March 2020 for Diabetic Eye Screening Wales, Wales Abdominal Aortic Aneurysm Screening Programme, Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales.
- The completion of all screening pathways for those participants who had been screened.
- The continuation with surveillance for the Wales Abdominal Aortic Aneurysm Screening Programme.
- The continuation of Antenatal Screening Wales, Newborn Bloodspot Screening and Newborn Hearing Screening programmes, as all have short windows of intervention. Failure to identify conditions can result in severe and life-threatening complications and/ or part of routine antenatal and post-natal care.

A press release, which included Ministerial support for the decision, was released on 20 March

<https://phw.nhs.wales/news/novel-coronavirus-covid-19-temporarily-pauses-some-of-the-screening-programmes-in-wales/>

Appendix 1 details the considerations for the recommendations.

3.2 UK position:

The recommendations taken in Wales mirror decisions taken in Scotland and Northern Ireland.

<https://www.gov.scot/news/health-screening-programmes-paused/>
<https://www.health-ni.gov.uk/news/temporary-pause-routine-screening-programmes>

Although to date we are not aware that England has released a country level position; commissioners have taken decisions at a more local level, although we understand that the position is similar to decisions taken by other UK countries.

3.3 Outline of the current position and the changes undergone by each of the PHW's screening programmes:

- **Wales Abdominal Aortic Aneurism screening Programme (WAAASP)**

As of 18th March 2020, AAA screening appointments were paused. All men who had screening appointments booked were either contacted by phone or letter to explain the cancellation of the appointment, due to COVID-19. A message was put onto the WAAASP website for information.

All men identified as having an aneurysm, who met the requirements for referral have been referred to the relevant health board and are under their care for follow up.

Surveillance invitations for participants

The agreement on the 18 March that those men who were at higher risk of potential rupture than the population risk, and identified with a small or medium aneurysm would continue with AAA surveillance appointments.

The continuation of AAA surveillance appointments action plan was submitted to the WAAASP Programme Board on 24th March 2020. The plan took account of the updated situation, with reference to the ability to offer screening for surveillance men based on the following:

- UK and Welsh Government announcements especially instructions to stay at home and requirement for social distancing, self-isolation advice, and no unnecessary travel.
 - Health Board Vascular services COVID-19 plans for referrals accepted
 - Vascular Society of Great Britain and Ireland VSGBI Guidance published on 20th March 2020 regarding referrals that should be accepted during COVID-19 response, i.e. repair of AAA measurements changed from ≥ 5.5 cm to ≥ 7 cm
 - Availability of community screening venues and screening staff
- Programme Board members agreed to pause the AAA surveillance programme.
- On the 25th March 2020 the proposal to pause AAA surveillance appointments until end of July 2020 was discussed with Executive Director and a paper submitted to Welsh Government for consideration

- On the 26th March 2020: email received to state that Welsh Government was content with this approach, subject to a review after two months, which should include risks of harm being quantified as far as possible.
- Bilingual letters have been sent to all surveillance men (due appointment between mid-March – 31st July 2020) completed on Thursday 9th April.
- Bilingual Website information and FAQs updated on Tuesday 14th April reflected the pause in surveillance programme and signposted men to ring 999 if sudden onset of symptoms (this reflects the pause in surveillance letter)

Diabetic Eye Screening Wales (DESW)

Invitations for routine appointments were paused from 17th March. All participants who had appointments booked for screening were contacted by telephone, followed up with a letter of advice that the appointments would be postponed.

All retinal images from screening appointments that had been undertaken were graded and results letters issued to both participants and their GPs. This was completed on the Friday 3rd April.

Participants not on routine recall

On Monday 6th April, all of the DESW participants on 3 and 6 month recall pathways were written to, to advise them of the temporary pause in the screening programme. The letter was agreed following discussion with Welsh Government and Optometry leads, and advised participants on the pathway that they could access if they had any visual problems and the need to access urgent eye care during the coming weeks and while the programme was paused.

Bowel Screening Wales (BSW)

The decision made to pause Bowel Screening invitations from 20th March was in response to the UK Government's announcement to restrict unnecessary travel and introduce social distancing. As screening invitations are sent weekly, this was the soonest that this change could safely be put in place.

This decision included:

- not to issue replacement kits to any participants who had received a rejected kit result from BSW until such time as the programme resumed

- to suspend issuing reminder letters for non-completed kits until such times as the programme resumed
- to suspend check site, repeat and surveillance screening colonoscopy procedures for 3 months.

As bowel screening kits are sent to the participants' home for them to complete when they decide to, it is not possible to control the timing the kits coming into the laboratory. Those Bowel screening kits received were processed to complete the pathway.

On 26 March, following publication and active dissemination of BSG/JAG guidance to suspend all but emergency colonoscopy, the programme Board asked health boards to triage index screening colonoscopy based on alarm symptoms.

30th March – all health boards ceased performing screening colonoscopy procedures in response to guidance issued by BSG/JAG on 26th March that indicated the risk of infection of COVID-19 from faecal material.

In light of the cancellations of health board colonoscopy lists, the decision was taken to pause testing of FIT kits received from the 3rd April 2020. A proactive communication (PHW Twitter, Facebook, BSW website and our 3rd sector partners) was issued to ask the public to not return their FIT kits until further notice. All kits received in the laboratory from Monday 6th April have been rejected and the participants' informed; replacement kits will be reissued once the programme resumes. Between 23rd March to 3rd April, the laboratory tested 3906 FIT kits, of which 64 were reported as positive. From Monday 6th April, the laboratory has received and rejected 669 kits.

Screening positive participants

A manual count on BSIMS indicated that 203 screening colonoscopy appointments had been deferred during this time period (191 index procedures + 12 surveillance procedures) and 235 Screening Practitioner assessments have been deferred (224 index assessments + 11 surveillance assessments) during this time period. The programme has worked with the health boards to ensure that the participants have been contacted to explain the delay and provide advice.

To support urgent symptomatic bowel cancer referrals

A proposal to support health boards with an alternative pathway for investigation of urgent suspected bowel cancer is being agreed. This proposes the inclusion of screening referred participants with agreed

alarm signs. The pathway includes a symptomatic FIT test and the screening laboratory is able to support health boards with undertaking this test, to enable an alternative pathway during COVID-19 response. A separate paper has been prepared for approval to support reduction of harm in those in the population as having urgent suspected bowel cancer who are unable to access colonoscopy due to COVID-19.

Optimisation of Bowel Screening Programme

BSW was planning to commence second year of the 5 year optimisation plan, following the successful Yr 1 implementation of FIT test. The plan was for the first 5 year cohort age extension to start from April 2020, with individuals aged 55 to 59, inclusive, to be invited. This has been paused and we have informed health boards that the age extension has been paused for the foreseeable future. We will make a recommendation when optimisation can be re-planned, once we have clear understanding of how diagnostic services will manage backlogs and peaks in referrals once the emergency COVID-19 response period is over.

Breast Test Wales (BTW)

As of March 20th, we paused sending out invitations for breast screening and cancelled the appointments made for screening.

Women who have had screening and require their mammogram result or further assessment, have had their pathway progressed. They have either had their negative result and put onto routine recall or have been invited and completed further assessment. Breast screening MDTs were maintained until participants in the active pathway had been assessed. Women diagnosed with breast cancer have been referred to their local health boards.

A small number of women have deferred assessment as they are shielding for underlying health conditions, or are deferring by choice. These will be completed when the programme resumes.

On the advice of the QA and Leads within BTW, participants on early recall, high risk, family history and B3 pathways have been deferred until the programme resumes.

To support urgent symptomatic breast cancer referrals

Breast Test Wales offered to host symptomatic breast clinics for local health boards as a Mutual Aid agreement. Breast Test Wales (BTW) would provide a hub away from the acute hospital sites for urgent symptomatic breast cancer referrals. BTW would host the symptomatic clinics and use its highly trained staff to provide the service for the local Health Boards.

The administration of the clinics would sit with the respective health board. This offer has been taken up by health boards and assessment clinics for symptomatic urgent breast cancer referrals are planned to start imminently.

Cervical Screening Wales (CSW)

Invitations for routine screening as well as early repeat tests were paused on 23rd March. As cervical screening invitations are sent monthly, this was the soonest this pause could be actioned. Most GP practices stopped running cervical screening clinics as of 26th March.

All cervical samples that have been sent for analysis have been processed by the screening laboratory. This continues for both HPV testing and cytology testing. Referrals to colposcopy have continued.

In the last 3 weeks (23 March to 9 April) we have received 657 samples – some from colposcopy, some from GPs surgeries. The number of cervical screening samples being received at the laboratory has now dropped substantively, with only a couple of dozen samples received in the week leading to the Easter Bank Holiday. This is a reflection of reduced routine clinics, including cervical screening clinics, in primary care.

Colposcopy clinics are still running in all Health Boards areas but many have reduced services:

MDTs are all also running in most HBs though at less frequent intervals due to fewer referrals and reduced surgical and oncology treatment capacity.

CSW has contacted all colposcopy units to advise that all urgent referrals and follow-up/treatment patients should still be seen.

There have been issues with guidance issued by the BSCCP which caused some confusion, as it didn't actually comply with PHE/PHW guidance on the use of PPE. It was advising that FFP3 masks should be used for all LLETZ treatments. However new guidance has been issued, advising that colposcopy is a low risk procedure, although it does still recommend the use of 'suitable masks'. Some colposcopists are very concerned about undertaking treatments and are not doing so, whilst others continue to treat. Treatments under general anaesthesia are only being done in exceptional circumstances.

Screening Division Laboratory

The work of the screening laboratory is detailed above. From 6 April, the Screening Division lab is supporting the testing of SARS-CoV-2 samples and is working with the virology division to prepare for scaling up testing.

The lab has also worked with cancer services to develop a pathway to undertake symptomatic FIT testing by health boards, for urgent symptomatic bowel cancer referrals identify by health boards to reduce harm in those that cannot access colonoscopy due to COVID-19 response. The gold meeting on 20 April approved the division to support this pathway during the COVID-19 response.

Maternal and Child screening Programmes (MAC)

Antenatal Screening Wales (ASW)

ASW has recommended that screening continues according to the normal protocols as much as possible, to allow some flexibility in the delivery of screening in response to COVID-19. The programme has produced and circulated comprehensive pathway information, indicating where there is a wider window of opportunity in the timings, being mindful that some of the tests have optimum gestation time. This work is in line with professional guidance. This work includes ultrasound scans and blood tests for infections, including HIV and Hepatitis B. This work has been shared across all health boards with maternity leads. The team is working closely with maternity colleagues to support and advise them as this response develops.

Newborn Bloodspot Screening Wales (NBSW)

Newborn Bloodspot Screening is a key priority to ensure that its continued delivery is in as timely a manner as possible. While it is still strongly recommended that newborn bloodspot samples are taken between days 5-8 of life, it is appreciated that this will not always be possible in some circumstances. Some flexibility has been introduced into the pathway to reduce the need for repeat visits if the midwifery team are visiting anyway (e.g. if they are visiting on day 4 the sample will be accepted) and to allow for later samples to still be tested if day 5-8 is not achievable due to staffing levels or the mother self-isolating.

We have worked closely with the Newborn Screening Laboratory which has put measures in place to work to maintain resilience. The programme leads work closely with maternity colleagues to support and advise them as this response develops.

Newborn Hearing Screening Wales

Newborn Hearing Screening is continuing. To reduce additional travel for mums and babies and attendance in a clinic environment and to accommodate staff shortages, screening is currently being undertaken on the wards only and not in community clinics. Screening is not being offered if babies or mothers are identified as symptomatic for COVID-19.

The screening pathway has been amended to ensure that it can be completed as promptly as possible with fewer repeat tests required, and reduced requirement for referral to audiology. It is recognised that some babies will not be offered screening, either due to mothers being symptomatic for COVID-19 or because they were discharged from hospital before screening being offered. There are discussions currently ongoing with health board colleagues looking at different models of service delivery, as discharges from hospital are becoming faster. There are failsafes in place to ensure that these babies are followed up and will be offered a targeted behavioural test at the next appropriate age, which is 9 months.

It must be noted that the newborn hearing screeners and team have had to cope especially during this difficult time with the uncertainty of working on the maternity wards and inconsistency of PPE advice and protocols in different health boards. The team are very short staffed due to staff being on sick leave or shielding and the members of the team screening the babies need recognition of their incredible work to continue to screen babies at this very difficult time.

4. Assessment

Population based Cancer Screening Programmes

The temporary pause of the three cancer programmes will result in delays in cancer diagnosis. The impact of pausing the programmes will also be felt in backlogs created down the pathway once the programmes resume. The diagnostic and treatment services will face a flux of referrals from the symptomatic services once the COVID-19 response starts scaling down. This will be particularly so for our colonoscopy services.

Bowel screening – Around 20 bowel cancers a month are diagnosed by a referral from the programme

Breast screening - Around 90 breast cancers a month are diagnosed by the programme

Cervical screening – Around 6 cervical cancer a month are diagnosed by a referral from the programme

We are working with the Cancer Network to design services that prioritise cancer referrals during the COVID-19 response period and in the recovery phase. Some progress made with regards to bowel cancer services.

Diabetic Eye Screening Wales there is a risk of delay in identification of sight threatening retinopathy, the consequence of which will mean a delay in referral into hospital eye care services and treatment. Around 370 referrals are made to hospital eye services are made each month.

Wales Abdominal Aortic Aneurysm Screening Wales there are risks of delay in identification of abdominal aortic aneurysm. Around 9 new aneurysms are detected each month by the programme. Large aneurysms may rupture leading to significant morbidity or mortality of men.

Newborn Hearing Screening Wales – although every effort has been made to continue the programme as far as possible, we know that babies have been missed, including those born to COVID suspected/positive mothers, those discharged from hospital very early and those born at home. This will present a challenge when large numbers are referred for TBT at 9 months of age. We are working with audiology colleagues to try and reduce impact of this.

The Newborn bloodspot and Antenatal screening programmes are very dependent on the midwifery workforce in order to be able to continue, and the laboratory for bloodspot. We will continue to work closely with colleagues to ensure the programmes are able to continue despite COVID-19 response.

Restarting the Programmes

We have started looking at developing plans for the recovery of the programmes once it is deemed safe to do so. The recovery will need to be carefully planned with robust failsafes' to account for the cohort of eligible individuals that who have not been invited during the pause period, those not assessed further in the pathway, in addition to the cohorts of eligible population who will need to be invited routinely in the remaining period of the financial year or therein. This will result in a significant extra activity which will need to be assessed around how it can be recovered safely. The restarting of the programmes will take considerable resource and planning.

Realignment to Support COVID-19 response.

The division has provided significant support to the organisational response to COVID-19 outside of the work detailed above, which has been supported by regular meetings of the Screening Division senior management team.

Several of key members of the senior management team have been realigned, to support COVID-19 response including consultant and general manager and business team and key programme staff.

Staff have supported the call centre response with call takers, call advisors, call advisor supervisor, call advisor plus, health protection consultant lead and professional leads.

The screening laboratory has been trained and able to support the COVID-19 analysis.

The division has produced and updated details on all staff to feed into the dashboard which informs workforce and mutual aid support.

On 7 April the division was asked to support the Cardiff City Stadium key worker testing drive through, taking on operational responsibility of the centre. Screening Division staff were trained from 8 April and the cohort trained has been expanded, thereby increasing the capacity of the centre. Staff have taken on this new role at a very fast pace. Work on 18 and 19 April was undertaken on the referral processes for key worker testing, so that the Screening Division pathway staff could improve the process. This new process was implemented successfully on the 20 April 2020.

5. Recommendation

The Board is asked to:

- **Receive** this report and **note** the current position of the screening programmes and how the Screening Division has worked to reduce impacts and realigned itself to support the COVID-19 response.