

 <p data-bbox="359 206 470 340">GIG CYMRU NHS WALES</p> <p data-bbox="502 206 734 340">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="1161 197 1407 228">Name of Meeting</p> <p data-bbox="912 228 1407 295">Quality Safety and Improvement Committee</p> <p data-bbox="1177 295 1407 327">Date of Meeting</p> <p data-bbox="1152 327 1407 358">14 December 2022</p> <p data-bbox="1209 358 1407 389">Agenda item:</p> <p data-bbox="1359 389 1407 421">4.6</p>
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Update on Screening Programmes

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Approval/Scrutiny route:	Business Executive Team- 5 December 2022

Purpose

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; the focus on reducing inequity; the work underway to recover the timeliness of the screening programmes that remain delayed due the pandemic; the transformation work for the Diabetic Eye Screening Wales; and the work requested by Welsh Government to expand the screening programmes in Wales.

Recommendation:

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

- Receive this report and **take assurance** on the work underway within the Screening Division to deliver, recover and develop the screening programmes.

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

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

This report contributes to the following:

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

Equality and Health Impact Assessment	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.
Health and Care Standards	Theme 3 - Effective Care
Financial implications	The recovery requires additional funding to core budget to recover the remaining programmes into 23/24 financial year. Two business cases have been developed to outline initial costs to develop a targeted lung cancer screening programme and to bring Newborn Infant Physical Examination Screening into a governed programme. Funded would need to be confirmed for these to be taken forward.
People implications	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 on the recovery of the screening programmes from the impact of the pandemic at its meeting in May 2022. This paper provides an wider overview of the work that is being taken forward within the Screening Division and will outline the recent developments across the programmes; the focus on inequity; the work underway to recover the timeliness of the screening programmes that remain delayed due the pandemic; the transformation work for the Diabetic Eye Screening Wales; and the work requested by Welsh Government to expand the screening programmes in Wales.

2. Recent Developments

2.1 Continued Optimisation of the Bowel Screening Programme

The second stage of the 4-year plan to optimise the bowel screening programme commenced on Wednesday 5th October 2022, when participants aged 55-57 started to be invited for screening. This planned age expansion will be rolled out over a 12 month period.

The test used is the highly effective Faecal Immunochemical Test (FIT) kit, for people to use at home and send to laboratory for analysis. The test looks for tiny traces of blood in the sample, which are too small to be seen but can be an indicator of bowel cancer. Early detection of bowel cancer increases chances of survival with evidence that 9 out of 10 people detected through screening survive.

Demand modelling indicates that the total number of screening colonoscopy procedures will rise from 4,600 (58-74 year olds) to 6,950 per annum when those aged 55-74 are screened by the end of September 2023. Modelling suggests that the number of cancers detected by screening will increase from 330 to 510 when those aged from 55 are screened. The change has been funded by Welsh Government and the programme has worked closely with Health Board colleagues to plan and fund these changes.

2.2 Implementation of Cervical Screening Information Management System

The Cervical Screening Information Management System (CSIMS) for the Cervical Screening programme in Wales went live successfully on the 20 September. The development has been required as the current legacy

system (NHAIS/Exeter system) used by CSW since 1986 is due to be decommissioned by England.

Cervical Screening Information Management System (CSIMS) is the pathway management system that is now used by the cervical screening programme to manage the call/recall, issuing of results letters and failsafe of people eligible for cervical screening in Wales. It is a modern adaptable system that can interface with other NHS databases. This has been a large and complex programme of work that has been undertaken with IT team in PHW and cervical screening who have designed, developed, tested and implemented the new system and is a major achievement.

CSIMS will be able to hold the records of people with a cervix registered with their GP as male once they (or their GP on their behalf) have made themselves known to the programme, and will be able to issue them a result letter following a test and invite them automatically for their next screening invitation.

2.3 Opening of Screening Centre in Rhos House, Mountain Ash, Rhondda Cynon Taf

The dedicated screening centre is part of a brand new approach to help boost accessibility and uptake of screening, post Covid-19 and houses multiple screening services all under one roof. Based in Mountain Ash, the centre is the result of a person centred, partnership approach supported by Rhondda Cynon Taf CBC, and has been designed with public accessibility as a priority, making it easier for people to attend screening appointments.

It is the first time that the trust has leased and rejuvenated a building specifically to offer multiple screening programmes under one roof, in the heart of the community. It brings together services for three national programmes: diabetic eye, abdominal aortic aneurysm (AAA) and newborn hearing screening. Just under 8,000 people will be invited to screening at the centre in its first year.

By taking screening onto the high street, the aim is to make it easier for people to attend appointments. With easy transport links nearby, the centre also offers more flexible appointments. It will provide increased screening capacity to the local authority areas of Rhondda Cynon Taff, Merthyr and Caerphilly.

The Minister for Health and Social Services official opened the centre on 18 August 2022

The second Screening Centre is being progressed and this will be in Llanishen in Cardiff which will improve offer of screening for the three screening programmes of diabetic eye, abdominal aortic aneurysm and newborn hearing screening. Providing an accessible and dedicated screening in Cardiff will improve capacity within area and reduce backlogs in screening. This is currently due to open Q1 22/23.

Both of these developments have been enabled by close working between facilities and the programmes.

2.4 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. The business case was agreed at the BET team on 18 November 2019 and at PHW Board at 28 November 2019.

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 has been undertaken and the work has progressed in line with the agreed plan.

All of the equipment has been replaced at the four static sites as planned and the disruption to the service has been as minimal as feasible. The replacement mobile specification has been agreed, provider appointed and the schedule of mobile deliveries agreed. The mobiles are starting to be received by the service and working well. The two first mobiles have been received, are operational and working well; two more will be received by end of 2022 and the remaining six mobiles will be received on a phased delivery by the end of the financial year to ensure as minimum impact on service delivery. The new mobiles are hybrid with solar panels to recharge the battery so their reliance on the generator and environmental impact is reduced and they will have a shorter maintenance requirement. The replacement of the mobile is key to recovery as the previous mobiles have limited recovery due to frequent breakdown due to their age.

2.5 Symptomatic FIT test

The symptomatic FIT test can identify possible signs of bowel disease by detecting small amounts of blood in faeces, more specifically the globin component of human haemoglobin. The laboratory utilises the recommended threshold of 10 micrograms per gram of faeces above which investigations should be triggered. The result is returned to the requesting clinician to enable the risk stratification of patients and

effective management of referrals to colonoscopy, with the potential to reduce the 'Numbers needed to scope' (NNS) in order to detect one CRC. This is in line with the National Endoscopy Programme's [National Framework](#) and NICE guidance documents ([NG12](#) and [DG30](#))

The Laboratory currently provides Symptomatic FIT testing to primary care services across five of the seven Health Boards (Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Powys and Swansea Bay) in Wales. This provides coverage to approximately 75% of the population. Uptake has risen over this time as population coverage has increased, and the laboratory is now testing around 5,000 samples per month. The service is based on electronic referrals made by the requesting clinician, which are received by the laboratory each day. A test kit is then sent to the patient via Royal Mail, the patient takes the sample, and returns it to the laboratory in the post. This model is demand-led and is scalable to meet the needs of primary care. It is intended to be readily accessible to clinicians without the need for them to manage test kit stock, and for the patient it provides an easy-access service. The commissioning Health Boards are responsible for the follow up of the patient result, and the subsequent risk stratification. The laboratory provides safety netting data to local service coordinators to facilitate this.

2.6 Digital First in Antenatal and Newborn Screening Programmes

The Screening Division of Public Health Wales (PHW) previously provided information about antenatal and newborn screening in hard copy for Health Boards and Newborn Hearing Screeners to give out to parents to enable informed decision making. There has been a drive to improve the digital access to this information which has been accelerated by the Covid pandemic, the reduction in face-to-face appointments and by some Health Boards having to direct women to access the information digitally to ensure that it is available and accessed in a timely manner.

The benefits of digital first include:

- Meeting the needs of majority of users who expect digital solutions.
- Maximising digital opportunities, including more engaging, interactive and video/animation content.
- Supporting informed choice by providing information in multiple formats. (written, video, BSL and audio and availability of web translation function)
- Reduces environmental impact as a result of reduced printing and leaflet transport requirements.

User engagement with both service users and health professionals has been carried out throughout the process. Roll-out commenced across health board maternity services from July to September, with implementation strategies locally developed to reflect their needs (e.g.

site by site vs 'big bang' implementation). Roll-out resources such as posters, QR codes, scripts and user training were developed for maternity colleagues and NBHSW Screeners. Full roll-out will be completed in December 2022, covering babies in Special Care Baby Units. Paper copies of pre-test information will still be available where required – our aim is to ensure that individuals are provided with the format that best suits their needs so this is digital first but not digital only.

Maternity colleagues have embraced the change and been positive about the impact on their workflow. We are very grateful for their hard work and support in adapting to digital first. The digital resources have been well received by service users, with positive comments received about the ability to access the information in multiple languages.

2.7 Developments taken forward by Screening Engagement

Screening Awareness Training: team has developed a new way of delivering training to community partners that maximises reach and impact and makes better use of the digital facilities available to us. Since January around 300 Community Health Workers and Champions have attended the sessions. An evaluation will shortly be made available which will look at a number of aspects including impact of training at a community level, improving DNA's, Welsh Language.

Screening Division Websites –team have been leading on work with the programmes and PHW communication team to improve the programme websites, looking at consistency across the sites, making them engaging and user friendly, with a particular focus of accessibility both for the general public and for those with specific communication needs. There is an ongoing process of user engagement including with specific community groups, to ensure that the website meets their needs.

Transgender resources –team have a well established relationship with members of the transgender community and support organisations. A resource specifically for use by health care providers has been developed based on identification of that need, and is being revised in light of feedback from users and community members. This supports the resources available directly for members of the transgender community. There is work ongoing to make this available in Easy Read.

Learning Disability - team has worked collaboratively with Health board partners and community groups to develop a video for people with a learning disability. The short video aims to help break-down barriers to participating in screening for people with a learning disability. This film is available on the screening websites in English, Welsh and BSL. The team are working with the bowel screening programme on recommendations to improve accessibility following a review commissioned by Learning Disability Wales

3. Focus on equity

The vision, across the national screening programmes in Wales, is that everyone eligible for screening has equitable access and opportunity to take up their screening offer using reliable information to make a personal informed choice.

As part of our delivery of the programmes, Screening Division has developed a Screening Equity Strategy to address health inequities. Health inequities can exist across a range of characteristics or dimensions. This includes wider determinants of health such as the conditions in which we work, live and play as well as individual factors including unhealthy behaviours that increases risk. Access and experience of services due to discrimination can also lead to different health outcomes. Consideration needs to be given to people who have protection under equality legislation, individuals from the most deprived areas of Wales and individuals from under-served & inclusion groups.

The action plan within the strategy identifies five key areas of focus – Communication, Community and Engagement, Collaboration, Service Delivery and Data and Monitoring. The plan contains actions for within the division, some that are being considered at an organisational level, and some that can only be achieved with partners including Local Public Health Teams, third sector groups, and service user engagement. Building and maintaining networks and sharing good practice is core to this work. The division have published our first [data report](#) specifically focused on inequity and will be building on this following feedback from stakeholders.

Work was undertaken with colleagues within the Knowledge Directorate to explore the inequities in bowel screening and cervical screening in the first three months of invitations following the temporary suspension during the first wave of the pandemic. This was to explore if inequities were different due to the pandemic and to explore ethnicity demographics as completeness of the data had improved. The work on bowel screening showed that inequalities did not worsen during period 2020/21. Uptake continued to be lower in males, younger individuals, people living in the most income deprived areas and those of Asian and unknown ethnic backgrounds.

A rapid systematic literature review was carried out in partnership between PHW and Cardiff University as part of the Wales COVID-19 evidence centre. This looked at Barriers and facilitators to cancer screening uptake (breast, cervical and bowel) in underserved populations. The review identified three primary studies (two published and one ongoing trial) conducted during the pandemic. Five systematic reviews of pre-pandemic evidence were also included. The review identified key barriers to uptake

of screening including fear, embarrassment, cultural and language barriers. There did not appear to be marked differences in the barriers and facilitators for screening uptake before and during the COVID-19 pandemic in underserved populations. However, it was unclear whether this is because these genuinely remain unchanged or reflects the lack of available evidence. The findings were used to inform work by PHW communications team and the Screening Engagement team to support groups to access screening during the post-pandemic recovery, with the barriers and enablers used to shape our messaging and our approach.

4. Recovery

Pandemic impact on Screening Programmes.

Phase of Screening Response to the pandemic	Date	Summary
Pause	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.
Reinstatement	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.
Continuation	August to March 2020	Continual review against agreed criteria undertaken. All screening programmes continued through lockdowns.
Recovery	March 2021 onwards Bowel Screening recovered Oct 2021 Cervical Screening recovered Dec 2021	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.

The recovery planning started in March 2021 when each programme put together action plans to mitigate the service backlog. This involved increasing current work volumes to pre covid levels and beyond in order to recover for those participants who were delayed during the covid pause or by the slower than normal running levels since the restart.

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

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

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

Screening Programmes have faced a number of capacity constraints since reinstatement including covid safe pathways; limitations in availability of clinic locations; and reduction in staff availability due to pandemic. Bowel Screening Programme recovered Sept 2021, Cervical Screening Programme recovered Dec 2021.

Breast Test Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening Programme remain in recovery.

The Screening Division Senior Management team receive regular updates on recovery from business manager and the templates against expected recovery are monitored and scrutinised and progress discussed and good practices shared. Each of the programme that remain in recovery have work streams established to progress recovery and information team have enabled improved information to ensure screening activity is focused on backlog participants.

4.1 Breast Screening Programme:

Current Position

- Programme delivering 10,100 screens per month over past 6 months. Up from 9,548 previously.
- Average round length slightly decreased from 44 months to 43.8 months
- However, backlog increased from 48,126 to 70,476 (42,000 delay is longer than 3 years and 3 months which was tolerance before covid)
- Backlog increase mainly as result of increase in August, staffing issues (vacancies and sickness) and maintenance & servicing requirements of aging mobile fleet.

Actions to date:

- Additional activity undertaken at weekends and mobile breast screening unit site length extended.
- Additional mobile in South East
- Additional screening staff and pathway staff appointed.
- A bank staff process has been established with suitably trained and experienced staff.
- Clinical staff undertaking additional reading and assessment clinics and working across regions
- Open appointment invitations were implemented in prevalent round women to maximise the appointment utilisation when capacity was limited. As capacity has improved this has changed back to closed appointments.
- Appointment slots have reduced in time as the flow of women through screening has been safely increased in line with IPC guidance
- Recovery impacted by Omicron wave Winter 2021

Next Steps:

- Recruitment to screening posts to maintain staffing levels.
- Established bank of previous staff to support capacity to continue
- Will maintain one of previous mobiles in equipment replacement to improve capacity in South East
- Replacement of mobiles will improve reliability and reduction in clinic cancellations due to mobile breakdowns
- New mobile have shorter maintenance period so more availability
- 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.
- Working with health boards so have capacity for increase in screen detected breast cancer

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.

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.

Funding for Recovery :

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

Additional screening office pathway staff recruited to support the Centre Coordinators and Regional Radiography Managers in the planning and administration of the round length plan and open invitation work.

Staff have been recruited substantially due to timescales required for recovery and training period for staff to be able to deliver roles.

Dependencies:

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

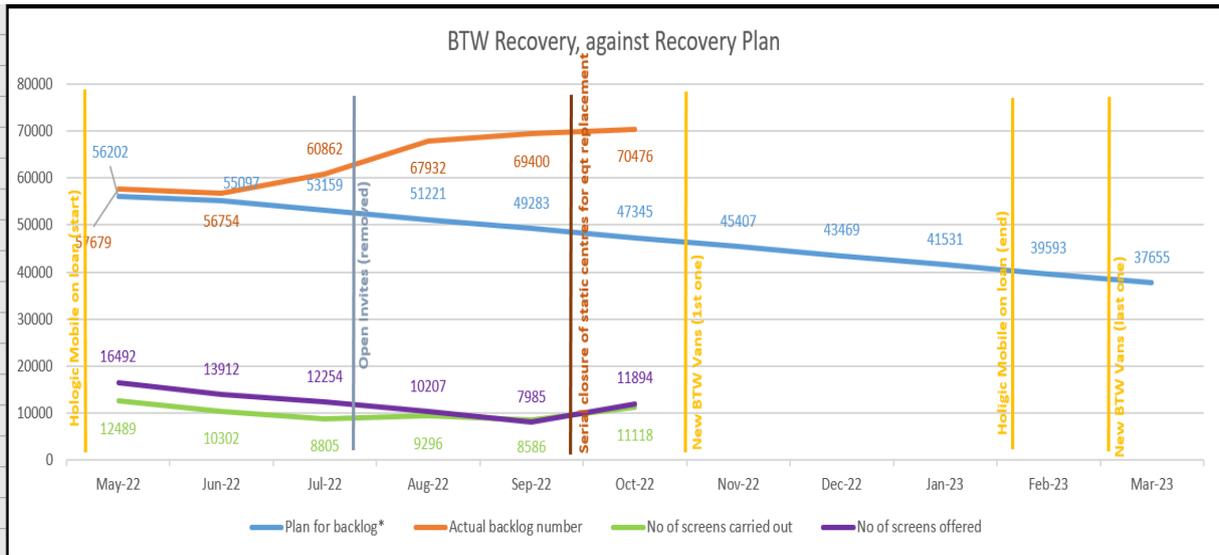
Risks Associated with current delay:

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

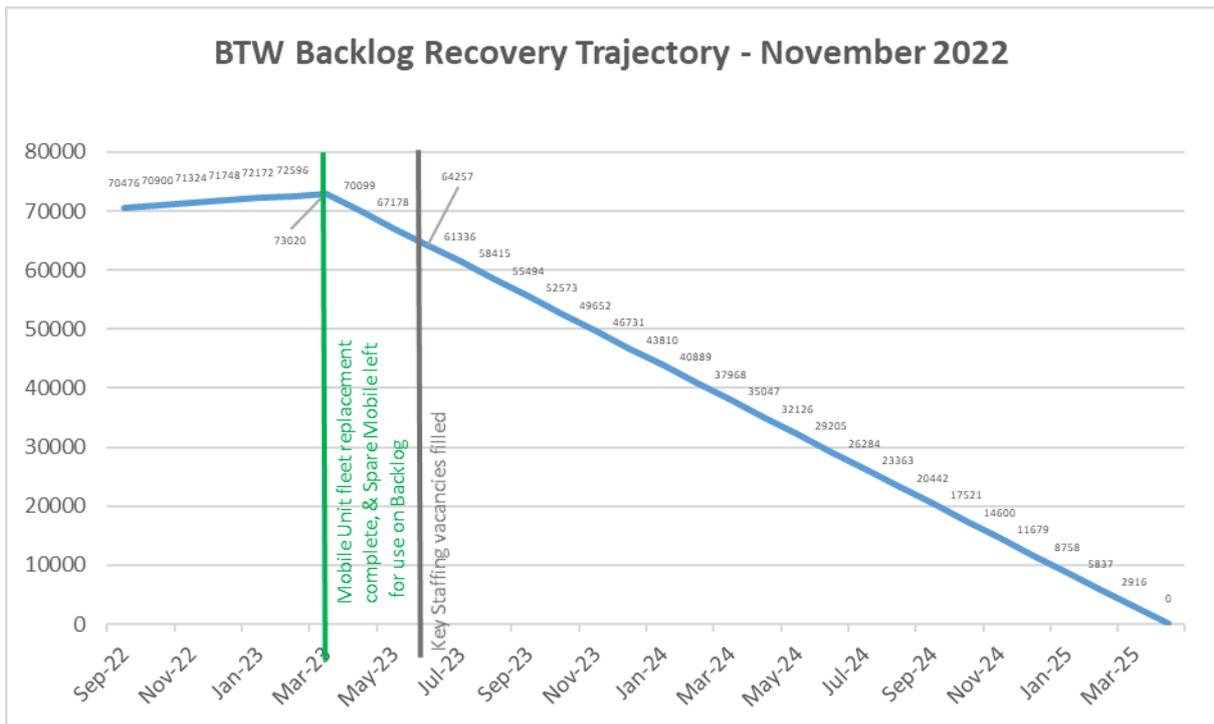
Reputational – There is the risk of adverse publicity around the service provision round length.

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

Monthly BTW Backlog Monitoring Report



Current BTW Recovery Trajectory



BTW Backlog Recovery Trajectory, Year by Year											
2022/2023											
					Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
					70476	70900	71324	71748	72172	72596	73020
2023/2024											
Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
70099	67178	64257	61336	58415	55494	52573	49652	46731	43810	40889	37968
2024/2025											
Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
35047	32126	29205	26284	23363	20442	17521	14600	11679	8758	5837	2916
2025											
Apr-25											
0											

4.2 Wales Abdominal Aortic Aneurysm Screening Programme:

Current Position

- WAAASP has averaged 1,683 screens per month over the last 6 months. The previous 6 months' average was 1,380.
- Recovery backlog reduced from 1,316 to 572 in 6 months
- The average waiting days for participants has reduced from 287 at the start of this review period, to a current figure of 236.

Actions to date:

- Recruited additional screening staff to support recovery once trained.
- Ensuring that longest waiting participants are given appointments as a priority.
- Identify regions where the longest waiting participants are based and work to increase venue capacity.
- Use of Tenovus mobiles and Welsh Blood vans in areas where locations most limited in order to reduce waits.
- New screening specific venue established in Mountain Ash
- Continue triage to reduce DNA of clinics and improve use of available slots.
- Change from closed to open invitations for men who DNA first appointment.

Next Steps:

- Recruited staff have completed training and are independent screeners and will contribute to activity delivery to enable recovery.
- Implementation plans agreed for a screening venue site in Cardiff (April 2023)
- Focus on areas of additional screening clinics to reduce backlog underway
- Weekend clinics in Breast Test Wales Cardiff to reduce backlog
- Working with charity Tenovus and using vans to site clinics in key areas to reduce backlog.
- Continued discussions with health boards to enable returning to venues used prior to pandemic or new venues. Additional venues being established in some areas.
- The purchase of 3 new ultrasound machines and probes are enabling increased clinics and additional resilience to the equipment pool across the whole of Wales.

Timescale for Recovery:

WAAASP is on target to recover by the end of **March 2023**. This is assuming that a level/average of 1,612 screens per month can be maintained.

Funding for Recovery :

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

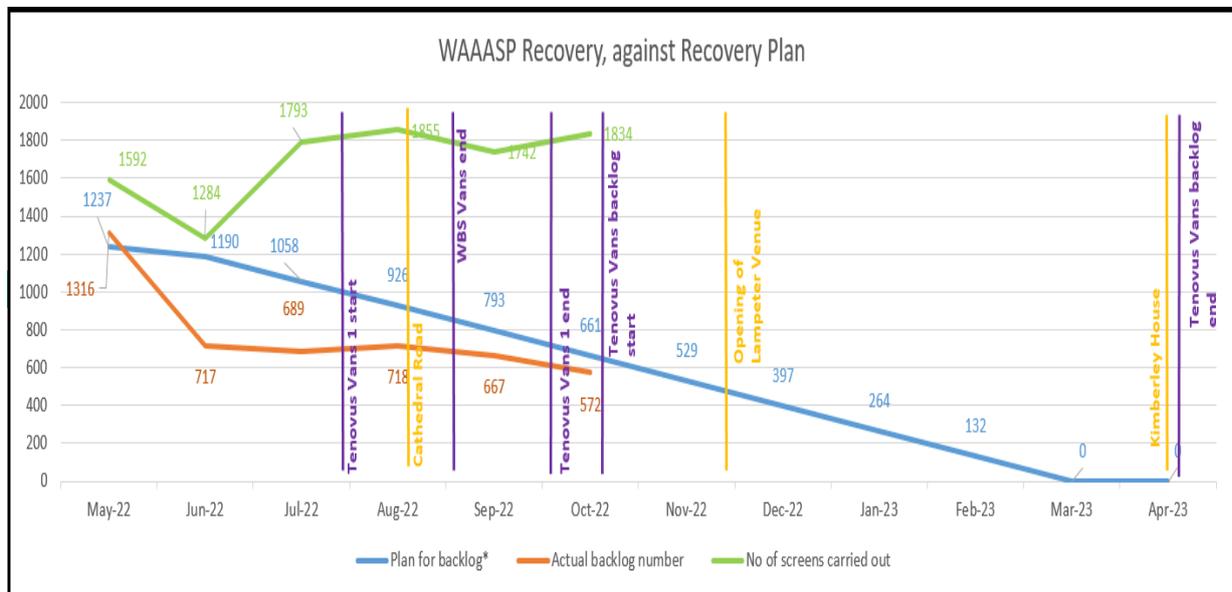
Dependencies:

- Current staff still willing to work additional hours.
- That there isn't a further phase of the pandemic with variant of concern that causes high prevalence of covid cases that require further restrictions and impacts programme delivery

Risks Associated with current delay:

- **Clinical** – Potential harm to men with an aneurysm who should have been screened when they were aged 65 years. This potential harm is reducing as the programme recovers. 1% expected detection rate of aneurysm in screened population- but this is any aneurysm and small and medium would be kept under surveillance so no harm.
- **Reputational** – There is the risk of adverse publicity around the delay.
- **Legal Challenge** – There is the risk of litigation secondary to delayed diagnosis.

Monthly WAAASP Monitoring Report/Backlog Trajectory



4.3 Diabetic Eye Screening Wales:

Current Position

- DESW has averaged 5,073 screens per month over the last 6 months. The previous 6 months' average rate of screening was 3,780/month.
- This activity has seen the recovery backlog move from 99,872 to 96,310 in 6 months. The recovery has stagnated, in spite of an upturn in screening activity. About 1000 new registrations are received each month

Actions to date:

- Additional Screeners recruited to provide extra clinic resource. Recruitment of additional pathway staff progressed to support additional invitations and managing appointments and results.
- Work to expand the volume of screening venues continued using cost-neutral venues and the Screening Division recovery monies to secure suitable additional accommodation.
- New screening specific venue established in Mountain Ash which is running daily clinics
- Engagement with optometry colleagues and establishment of outsourcing of retinal reviews for low risk participants implemented from November 2021 to March 2022 with over 28,000 invitations sent.
- Recovery impacted by Omicron due to staffing constraints and a reduction in uptake of screening appointment.

Next Steps:

- Continue recruitment to maintain increased staffing.
- New screening template implemented to increase capacity within clinics
- Contract signed and plans for a screening venue site in Cardiff (April 2023)
- 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.
- Ensuring that longest waiting participants are given appointments as a priority.
- Wales Screening Committee agreed with policy to implement low risk recall pathway – could move 40% of participants from one year to two year interval. Proposed implementation plan agreed WSC November 2022 to be implemented April 2023
- Upgrade of IT system implemented to enable low risk pathway and planned outsourcing of letters by end Q4 22/23.
- Transformation Programme progressing. Discovery completed, procuring next stage (alpha) and proposal for future service model being developed.

Timescale for Recovery:

- 1,000 new referrals per month reducing the impact of recovery actions.
- Planned actions not sufficient to fully recover programme.
- Transformation is key to recovery and providing a sustainable service and this work underway

Funding for Recovery :

The programme has recruited additional Screeners to provide extra clinic resource.

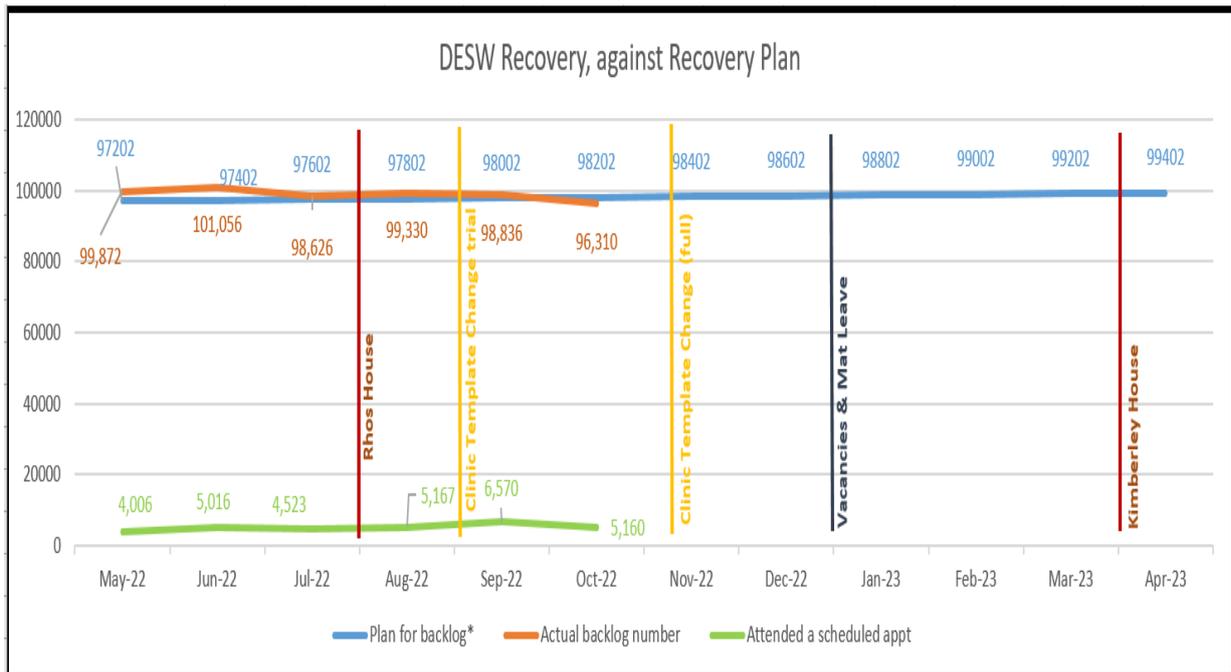
Dependencies:

- Additional funding to be confirmed for recovery 22/23 and 23/24
- Current staff still willing to work additional hours.
- Support from NEC, and PHW IT support to enable an upgrade of Optomize system and move to outsourced printing
- That there isn't a further phase of the pandemic with variant of concern that causes high prevalence of covid cases that require further restrictions and impacts programme delivery.

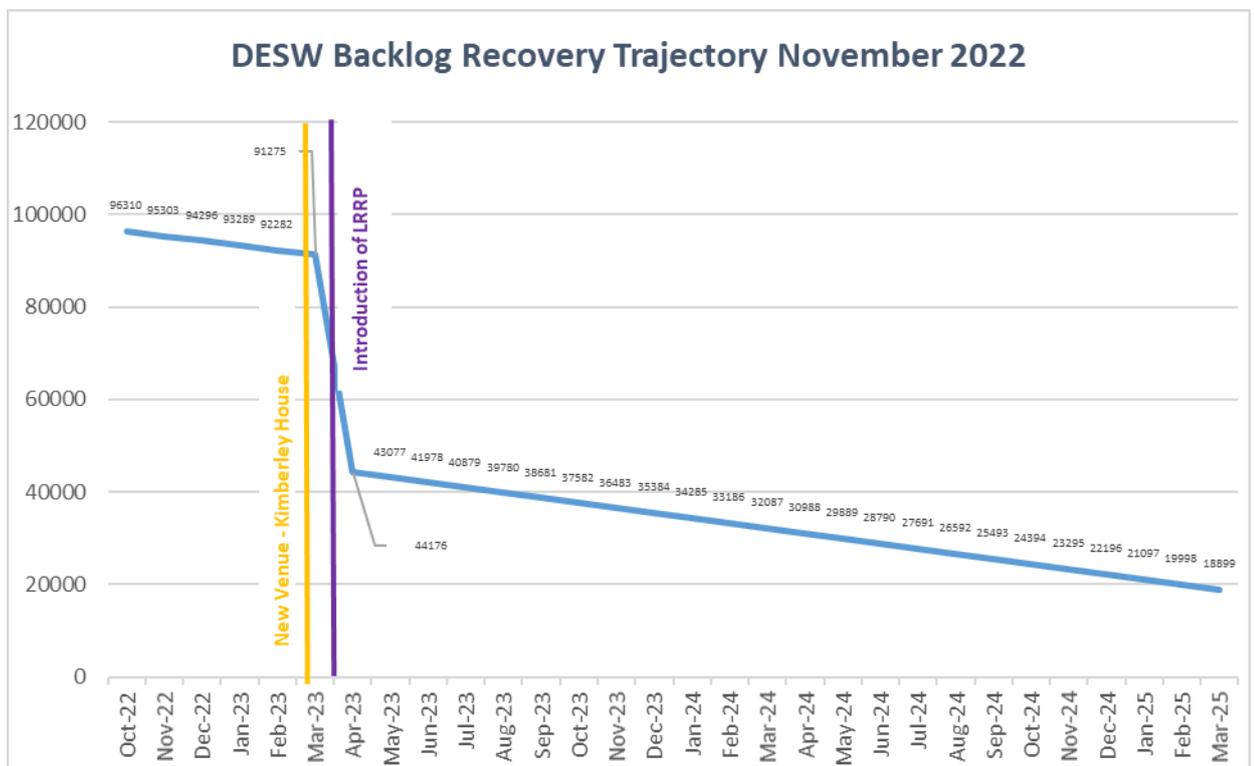
Risks Associated with current delay:

- **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 has been mitigated by screening those at higher risk when service was reinstated. A greater number of people with diabetes will present with symptomatic diabetic retinopathy
- **Reputational** – There is the risk of adverse publicity around the service provision.
- **Legal Challenge** – There is the risk of litigation secondary to delayed diagnosis

Monthly DESW Backlog Monitoring Report



Current DESW Recovery Trajectory



DESW Backlog Recovery Trajectory, Year by Year											
2022/2023											
						Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
						96310	95303	94296	93289	92282	91275
2023/2024											
Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
44176	43077	41978	40879	39780	38681	37582	36483	35384	34285	33186	32087
2024/2025											
Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
30988	29889	28790	27691	26592	25493	24394	23295	22196	21097	19998	18899

5. Transformation of Diabetic Eye Screening Programme

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 increasing diabetic population and the constrained capacity of the current service model of Diabetic Eye Screening Wales (DESW) 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.

This situation is unlikely to improve to an extent that steady state will be achieved i.e., capacity is able to meet demand. The pandemic has had a major impact on the service both with the necessary pause during the first wave and then significantly reduced capacity when the service was restarted in September 2020. When the increasing eligible population is also factored in (approx. 1,000 new referrals per month), the capacity shortage is further exacerbated.

The DESW Transformation Programme was initiated in early 2022 with two main deliverable projects to be delivered by end March 2023:

- 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 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. 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. The learning from the alpha testing undertaken by the Programme to date will inform and underpin the specialist work however it is not permanently binding as testing and trialling in the alpha and then beta phases may supersede some of the work already progressed as more is understood about the needs of an excellent service and what this means to service users. The advert for the specialist resource is now closed and scoring and assessment of the bids is being undertaken

The paper in Appendix 1 was taken to Business Executive Team on 15 November to provide an update of the progress of the DESW Transformation Programme. Key updates of the work included the upgrade of the DESW IT system to enable a two year screening interval for identified low risk participants (Low Risk Recall Pathway). Wales Screening Committee confirmed approval in June 2022 of implementing this policy in Wales in line with UK NSC recommendation and in November 2022 confirmed approval of the recommended implementation plan.

The agreed set criteria for participants to be eligible for conversion to a Low Risk Recall Pathway (2-year interval), with the requirement of meeting all of the following:

- At least two previous completed screenings
- The last two consecutive screenings being graded as R0M0 in both eyes
- At least 12 months between those two consecutive R0M0 screenings
- Both of the previous screenings will need to have occurred after 01/04/2019
- Not identified as on the pregnant pathway
- Retinal reviews conducted in Optometry practices as part of the Covid-19 recovery scheme are excluded from being considered as a previous screen

- Those not attending their appointment would be invited annually as there would not be two ROMO outcome grades making them eligible for the Low Risk Recall Pathway.

Wales Screening Committee agreed the option to move all eligible onto Low Risk Recall Pathway and that the preferred timescale to implement during quarter 1 2023/24. An initial engagement & communication strategy and training materials for participants, other stakeholders and staff has been drafted and will need to be further developed.

Implementation of this change will reduce the demand and ensure that participants are offered screening in line the recommendations. Any continued gap between demand and capacity will be reviewed as part of a project to scope what the future service model could look like as part of the DESW Transformation Programme.

6. Request from Welsh Government to develop and submit two business cases for additional screening programmes. The two Business Cases have been submitted to BET on 5 Dec for approval.

Following discussion at BET on 5 Dec further work will be undertaken on the business cases before submission to take on board comments.

- **Targeted Screening for Lung Cancer Screening**

Lung cancer is the leading cause of cancer death in Wales. Lung cancer has a 52% annual mortality rate in Wales with 68% of lung cancers identified at stage 3 or 4. In 2021 1,737 people died of lung cancer in Wales. Large-scale randomised controlled trials have demonstrated about a 20% reduction in lung cancer mortality with targeted low-dose CT (LDCT) screening.

On 29th September 2022, following a public consultation, the UK National Screening (UK NSC) published their updated recommendations in relation to lung cancer screening, as follows-

Targeted screening for lung cancer is recommended for people aged 55 to 74 identified as being at high risk of lung cancer. Evidence shows that screening with low-dose computed tomography:

- reduces lung cancer mortality
- is acceptable to patients and professionals if adequately resourced and quality assured

The UK NSC recommended that the 4 nations move towards implementation of targeted lung cancer screening with integrated

smoking cessation service provision. The Targeted Lung Health Checks (TLHC) programme provides a feasible and effective starting point for implementation in England.

The committee asked for there to be more modelling work to help:

- refine its recommendation
- address implementation challenges
- determine the optimum protocols and pathway for screening across the UK'

At the Wales Screening Committee on 14 November 2022 a paper was considered and accepted which asked the Wales Screening Committee to consider and accept the UK NSC recommendation that a targeted screening programme for lung cancer should be introduced to people aged 55 to 74 identified as being at high risk of lung cancer.

The Wales Screening Committee was asked and agreed to support that work to be taken forward to establish a national targeted lung cancer programme in Wales. The Wales Screening Committee was asked and agreed support the recommendation that a UK lung task group should be established to help oversee the details of further modelling work and feasibility considerations.

The purpose of the business case is to set out the scope and processes to take forward the setting up of a resourced project to establish a quality assured and sustainable Lung Cancer screening programme in Wales.

Three options on how this could be taken forward are considered and the **recommended option was to take work forward with sufficient resource substantive team.**

This is the option that can support delivery of the key objectives for this programme of work. As targeted lung cancer screening represents the implementation of a new and complex all Wales service, this option is the minimum required in order to deliver.

However if there isn't funding available then the other **possible option was to take work forward with minimal identified resource for 24 months.**

This has significant risks for implementation as the full business case will not be as developed, this will effect implementation timescales and key necessary items such as IT system way forward will not be progressed adequately. As these will be fixed term role they may be difficult to attract candidates to apply and staff in the roles may leave towards end

of the term and their knowledge and experience will be lost to inform the programme going forward.

- **Newborn Infant Physical Screening Cymru**

Routine examination of the neonate and then again when infant 6-8 weeks old has been carried out by NHS Health care professionals for many decades.

Babies should be examined 'top to toe' within 72 hrs of birth, and again at the 6-8 week check-up. Four components of the examination, (eyes, heart, hips and testes in boys) have been approved by the UK National Screening Committee (UKNSC) as meeting its criteria for a screening programme

Arrangements differ in each health boards with regards to who undertakes the examination. There is no formal programme management, standards for training and competence, written parental information, quality assurance, unified care pathway or clinical governance framework in place.

The business case set out the options for how to establish NIPEC as a quality assured and sustainably delivered service in Wales. The focus of the proposals is delivery of the newborn examination. The Infant component is complex and requires further exploration and is out of scope of this business case. .

This paper sets out options for how the ongoing governance for NIPEC could be managed in Wales, as there is currently no national oversight outside of the time limited Quality Improvement project that is currently underway under Welsh Government governance.

The options are: to continue as it currently is, with individual health boards retaining responsibility; to follow the same model as Antenatal Screening Wales where PHW takes on responsibility for guidance and standards but delivery remains the responsibility of the health boards (option 2); or to follow the Newborn Bloodspot model where PHW also has responsibility for delivery (option 3). Option 2 will ensure that guidance and standards are kept up to date and kept consistent across Wales but would not ensure that the standards are adhered to. Option 3 would be more comprehensive and the responsibility for delivery would sit with PHW, including failsafe of babies being offered screening.

Both option 2 and 3 would require significant resource to enable them to be safe and effective. It is recommended that a national IT system is in place for either model to allow for data collection and monitoring processes and outcomes. The recommendation is for Option 3.

7. Summary

The Screening Division is managing a large and complex workplan and is: delivering the screening programmes; recovering the screening programmes that remain impacted from the pandemic; transforming the DESW programme; continuing to develop the current screening programmes with significant improvement such as optimisation of bowel screening; and preparing business cases for additional screening programmes.

The Committee is asked to:

- Receive this report and **take assurance** on the work underway within the Screening Division to deliver, recover and develop the screening programmes.

**QSIC 14.12.22 – Agenda item 4.6 Screening Service Update-
Appendix 1**

 <p data-bbox="379 210 491 340">GIG CYMRU NHS WALES</p> <p data-bbox="520 210 751 340">Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p data-bbox="978 197 1385 309">Name of Meeting Business Executive Team Meeting</p> <p data-bbox="1075 315 1385 387">Date of Meeting 15 November 2022</p> <p data-bbox="1145 394 1385 427">Agenda item:</p>
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Diabetic Eye Screening Wales Transformation Programme Update

Executive lead:	Dr Fu-Meng Khaw National Director of Screening and Health Protection Services and Executive Medical Director
Author:	<p>Sharon Hillier, Director of Screening</p> <p>Heather Lewis, Consultant in Public Health and lead for Diabetic Eye Screening Wales</p> <p>Colette Mason, Transformation Manager Diabetic Eye Screening Wales</p> <p>Kate Morgan, Optimisation Manager Diabetic Eye Screening Wales</p>

Approval/Scrutiny route:	Business Executive Team
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Purpose

To provide an update on the progress of the Diabetic Eye Screening Wales Transformation Programme

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	NOTE X
The Business Executive is asked to note for information the update on the progress of the Diabetic Eye Screening Wales Transformation Programme				

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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
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Summary impact analysis

Equality and Health Impact Assessment	The health impact of the DESW Transformation Programme is to reduce the risk of unavoidable sight loss if DESW cannot screen in a safe and timely way
Risk and Assurance	The risk is that the eligible population in Wales are not able to be offered evidence-based screening in a timely way leading to the clinical impact of delay to offer screening, reputational risk and potential legal action
Health and Care Standards	Theme 3 - Effective Care
Financial implications	There is a temporary DESW management structure in place which has allowed time to be devoted to Transformation, this was funded by a Public Health Consultant vacancy due to secondment. There is no recurring funding for Transformation work
People implications	At the end of the Transformation Programme the temporary management structure will revert back to previous structure. Externally, 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 programme needs transformation to enable it to deliver in a safe and timely way

QSIC 14.12.22 – Agenda item 4.6 Screening Service Update- Appendix 1

1. Purpose

To provide an update on the progress of the DESW Transformation Programme

2. Background

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 increasing diabetic population and the constrained capacity of the current service model of Diabetic Eye Screening Wales (DESW) 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.

This situation is unlikely to improve to an extent that steady state will be achieved i.e., capacity is able to meet demand. The pandemic has had a major impact on the service both with the necessary pause during the first wave and then significantly reduced capacity when the service was restarted in September 2020. When the increasing eligible population is also factored in (approx. 1,000 new referrals per month), the capacity shortage is further exacerbated.

DESW has the highest sickness absence rate within Public Health Wales and also receives the most complaints of all the Screening Programmes. The complaints have two main themes;

- inaccessibility due to geographical distance, operating times and the structural access of the building itself
- the screening experience at the clinic which is sometimes related to the attitude of screening staff.

The DESW Transformation Programme was initiated in early 2022 with two main deliverable projects to be delivered by end March 2023:

- 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 to aid in informing the future service model delivery options.

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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. 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.

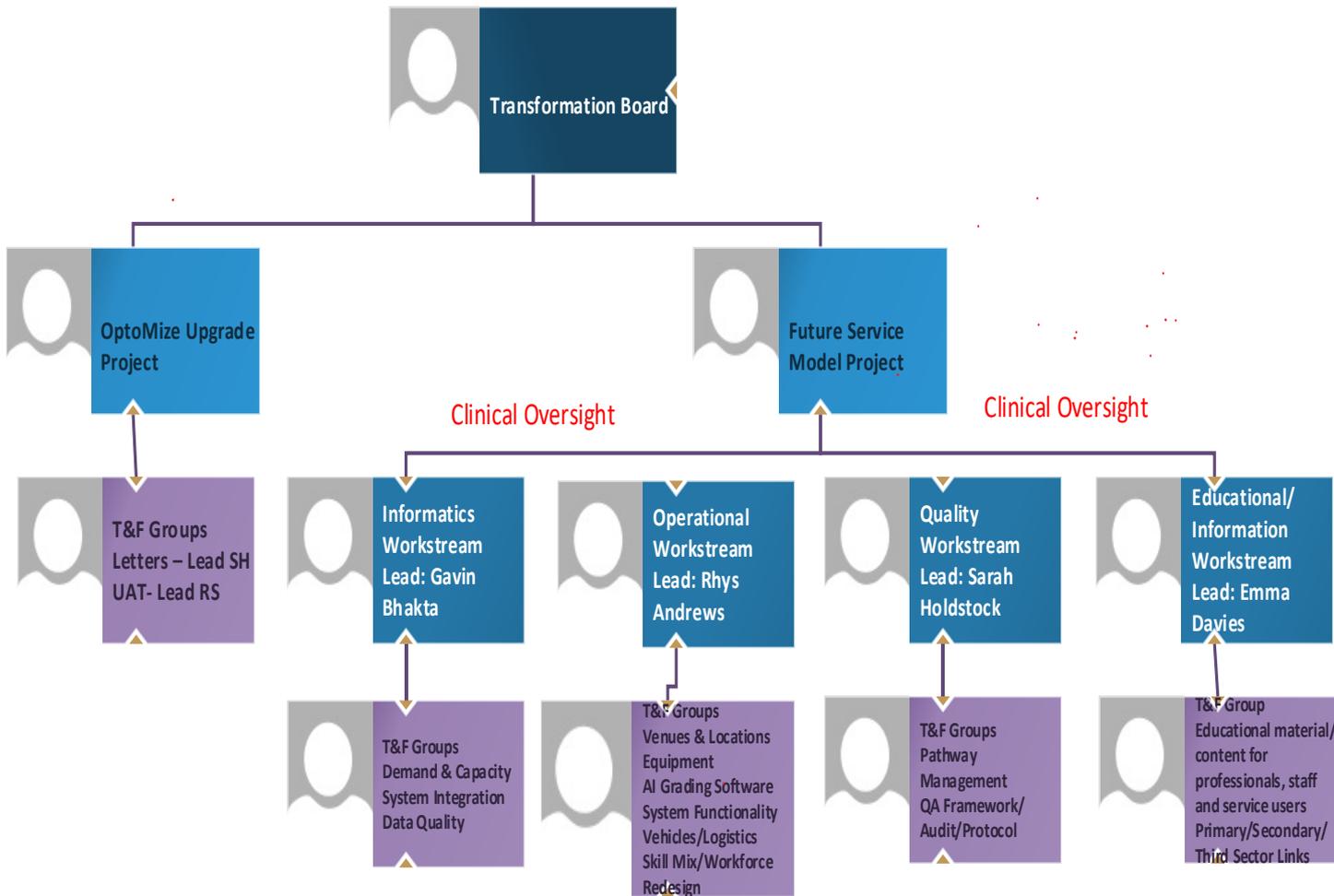
In addition to the alpha work being undertaken within the Programme, in October 2022, funding was identified to buy in specialist expertise to assist specifically with the digital integration of DESW to other NHS systems in Wales and to progress with the recommendations of Discovery. The learning from the alpha testing undertaken by the Programme to date will inform and underpin the specialist work however it is not permanently binding as testing and trialling in the alpha and then beta phases may supersede some of the work already progressed as more is understood about the needs of an excellent service and what this means to service users. The advert for the specialist resource is now closed and scoring and assessment of the bids will shortly be undertaken

3. Description

The DESW Transformation Programme is made up of two primary projects, see figure 1 below. The Transformation Programme Board is chaired by Heather Lewis, Consultant in Public Health who is SRO for the Programme. The Board has broad membership of stakeholders as detailed in Appendix 1. The Transformation Board feeds into the Screening Division Senior Management Team and Directorate Management Structure.

Figure 1: Transformation Programme Structure

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1) Upgrade of the DESW IT system (Optomize):

There has been good progress on this project with tasks expected to be completed as planned. The DESW IT system, Optomize, was successfully upgraded in June 2022 as part of the Transformation Programme. The upgrade provides the DESW Programme with the functionality of a two year recall pathway that had not previously been available. This means that work can and has progressed on planning for the implementation of risk based interval screening, where those at lowest risk can be moved on to a two year recall pathway, a UKNSC recommendation since 2016.

The 2-year recall pathway was approved in principle by Welsh Screening Committee in July 2022, (included in accompanying papers for reference). An options appraisal with a preferred implementation plan along with a communication strategy will be submitted to the November meeting of the WSC for their approval as it requires policy approval, (included in

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accompanying papers for reference). Work has commenced on demand and capacity modelling which will inform options available to the Programme for implementation. As this will be a high-level piece of work, further modelling will be required at a more regional/local level to gain a better understand of the future demand and capacity requirements across all parts of Wales.

Phase two of the Optomize replacement is receiving and testing the configured functionality to move to the outsourcing of DESW letters which was not part of the June 2022 upgrade. Outsourcing of letters will enable the pathway team to stop printing the large volume of letters in-house, which takes up valuable resource, and be able to focus on other key tasks. The development work required for outsourcing of letters is underway and was initially deployed to the test server week commencing 17th October. The Screening Pathway Admin team have planned three weeks for testing. The finer details for planning the 'Live' upgrade with NEC (Optomize provider), and the PHW Informatics team is underway. It is planned the outsourcing upgrade will take place on November 22 however, this comes with the caveat that there are no major bugs found during the testing period.

The DESW Programme team have taken the opportunity of the upgrade to test some additional functionality within Optomize. The testing has now been completed and the team have explored which functionality would be beneficial to the service. It is anticipated that any additional functionality adopted by the DESW Programme, will be switched on when the outsourcing development is ready to be deployed into the 'Live' system.

2) Future Service Model:

The programme is progressing well with the future service model. When options for the future service model are agreed by Transformation Board, they will be assessed against the Excellent Clinical Services criteria agreed by the Directorate.

Examples of progress under the four workstreams (see figure 1), are provided below:

- **Education/Information Workstream**

As part of the alpha phase testing, the current letters within DESW are being reviewed and compared against the letters used in other Diabetic Eye Screening Programme across the UK. This is being supported by a member of the PHW behavioural science team to help enhance the language being used to improve informed choice and uptake of offer.

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A task and finish (T&F) group are exploring the newly registered participant pathway by reviewing current information provided whilst seeking feedback from new service users to assist in the development of a suite of essential information and communications to support new registrants.

An application for Innovation and Improvement funding was successful. This is funding for bundles of text messages to be used for gaining bespoke service user feedback on testing new ideas during the Alpha phase. DESW cannot use the same method as other screening programmes for obtaining feedback at the time of the screening appointment due to the nature of the test where eye drops are administered to dilate the pupil leading to temporary blurring of vision.

- **Quality Workstream**

Hospital Eye Service (HES) Pathway T&F group have been mapping the current HES feedback and pathway and how they can make better use of the Ophthalmology module within Optomize.

The Quality Manual T&F group are progressing well with the review of the existing sections created and are in the process of updating the manual. The next step is to create a plan to develop the remainder of the sections required along with ensuring a robust internal audit plan of processes, including providing training to DESW staff to undertake these internal audits as required. An action plan and regular meetings have been scheduled to ensure all SOPs are reviewed, updated and approved.

Members of the DESW team have met with the Improvement and Innovation Hub to discuss the process mapping requirements within the DESW Programme. An engagement session with Screening Pathway Admin staff has been held to discuss the plan for the workshop. The workshop itself will take place in November with the intention of undertaking mapping to improve the current manual processes being undertaken throughout the pathway to improve, make more efficient and make safer. This was an observation during the Discovery project and the recommendation was made to review the multitude of manual processes in place.

- **Operational Workstream**

The Optometry T&F Group, which is working to explore whether optometrists could support in any future service model, have met a number of times since an initial meeting with procurement to discuss possible Optometry requirements to support DESW in the future. At the last meeting, several options were tabled and discussed with the optometric advisor to the group. The Transformation Project team has since discussed those options and will present a paper with a recommendation to the next Transformation

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Programme Board. This paper will solely cover the plausibility, including costs, of Optometry input in any future service model.

In August, DESW trialled the use of clinics specifically for our young participants, aged 12 – 18 years old. They ran three clinics across a week in mid-August for these participants only (Saturday 9am – 2pm, Wednesday daytime, usual clinic times, Thursday evening 4pm – 8pm). These clinics have given the Programme the opportunity to gain feedback on several different aspects including the offering of appointments outside of the usual clinic template, different booking mechanisms and age-specific pre-appointment information. Whilst the uptake rate was less than expected (44% across all three clinics), the qualitative feedback received to date has been very positive, with further work being completed to understand why those invited participants either declined, cancelled or did not attend. The next steps with this pilot are to evaluate and amend the model used to date and offer these clinics again in both south and north Wales.

The Equipment and Artificial Intelligence T&F group are currently scoping the use of hand-held cameras and have made contact with suppliers to undertake a trial supported by the DESW Clinical Lead. This is because some participants are not able to sit in the position required by the current fixed cameras and so could improve accessibility to screening. The group lead has contacted the assessment team in England to suggest putting forward some handheld cameras to test for the next round of approvals for the Diabetic Eye Screening approved camera list.

The Vehicles & Infrastructure T&F group have reviewed Electric Vehicle options to reduce environmental impact of the programme. The next step is to plan testing of those vehicles. Mapping has been undertaken for charging points regarding mileage and driving times. Options to be worked on and costed for aligning with decarbonisation requirements. Demos have been held with suppliers for Fleet Management solutions.

The Venues & Locations T&F group have held workshops to look at different options available for increasing capacity across Wales. Options are being worked up with relevant costs attached. One option being worked on is to create a Mid-Wales screening team, this will increase accessibility and capacity in the Mid-Wales area along with increasing capacity in all other regions that currently support Mid-Wales, more time will be spent screening rather than travelling. This option will also assist DESW in decreasing its carbon footprint as less mileage will be required. This option will require new recruits to reside in the mid Wales area to prevent the need for travel from one of the other bases.

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- **Informatics Workstream**

An initial meeting was held with the project manager involved in the WISDM (Welsh Informatics Solution for Diabetes Management) project at DHCW to pick back up on previous work undertaken with programme looking at transfer of results into an IT system that secondary care can access. Initial documentation has been reviewed, updated and the T&F group established. The group's objective is to identify the relevant systems across primary and secondary care for integration with the current DESW system and to create a roadmap with a timeline and costs. Once the Alpha phase has completed, this will inform the way forward for DESW's digital and system requirements.

A meeting was held, and a system demo provided by the National Architect for Eye Care Digitisation at Cardiff and Vale (C&V) and lead for Open Eyes. Open Eyes has been developed to allow better communication between Optometry and Ophthalmology using a one system approach to manage patient referrals. It is envisaged the system will be rolled out in C&V later this Autumn. Optometry Services will eventually use this system for referring all their patients into Hospital Eye Care Services (HES), the system will also be made available for GPs to refer directly into Ophthalmology. The Programme has met with the architect since the initial meeting took place and some development is being taken forward for DESW to test. This initial development would be an interim measure until full integration can be achieved but should still be of benefit for Programme to adopt.

In addition to scoping the integration of various primary and secondary care IT systems, DESW has identified a significant gap in the communications and engagement between primary and secondary care and work has been ongoing to build more effective working relationships with our colleagues in the Health Boards. This work has been led by a newly created Stakeholder Lead post as part of the new, temporary senior management structure.

3.1 Well-being of Future Generations (Wales) Act 2015

- Looking to the long term so that we do not compromise the ability of future generations to meet their own needs.

The current DESW service model is not sustainable; demand already exceeds capacity. The demand will continue to increase along with the prevalence of diabetes. The Transformation Programme is looking at alternate service models to make the Programme more flexible and sustainable so that it will meet the needs of future generations.

- Working with others in a collaborative way to find shared sustainable solutions.

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The DESW Transformation Programme is a collaborative piece of work, led by Public Health Wales, working with internal and external partners and stakeholders.

4. Recommendation

The Business Executive Team is asked to:

- Note for information the update on the progress of the DESW Transformation Programme

Appendix 1: Membership of Transformation Board



Transformation
Programme Board M