 <p>GIG CYMRU NHS WALES   Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality Safety and Improvement Committee <b>Date of Meeting</b> 20 May 2024 <b>Agenda item:</b> 3.1</p>
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<h2 style="text-align: center;">Update Report on Recovery of Screening Programmes</h2>	
<p><b>Executive lead:</b></p>	<p>Meng Khaw- National Director, Health Protection and Screening Services, Executive Medical Director</p>
<p><b>Author:</b></p>	<p>Sharon Hillier, Director Screening Division, Public Health Wales on behalf of the Screening Division Senior Management Team</p>

<p><b>Purpose</b></p>
<p>The paper provides an update on the two screening programmes that have not yet recovered from the impact of the pandemic. This format takes on board feedback from the workshop undertaken at the Committee in December 2023 and template approved at Committee meeting in March 2024.</p>

<p><b>Recommendation:</b></p>				
<p style="text-align: center;">APPROVE</p>	<p style="text-align: center;">CONSIDER X</p>	<p style="text-align: center;">RECOMMEND <input type="checkbox"/></p>	<p style="text-align: center;">ADOPT <input type="checkbox"/></p>	<p style="text-align: center;">ASSURANCE X</p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Consider</b> progress on the recovery of Breast Test Wales (BTW) and Diabetic Eye Screening Wales (DESW)</li> <li>• <b>Consider</b> the revised format of reporting on performance</li> <li>• Take <b>assurance</b> on the continued recovery of BTW and plans to improve recovery of, and transformation of DESW</li> <li>• Note the intention that the Committee will receive confirmation at the next QSIC meeting that the Breast Screening Programme has recovered in line with projections and a report by exception.</li> </ul>				



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

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

This report contributes to the following:

Strategic Priority	Delivering excellent public health services to protect the public and maximise population health outcomes.
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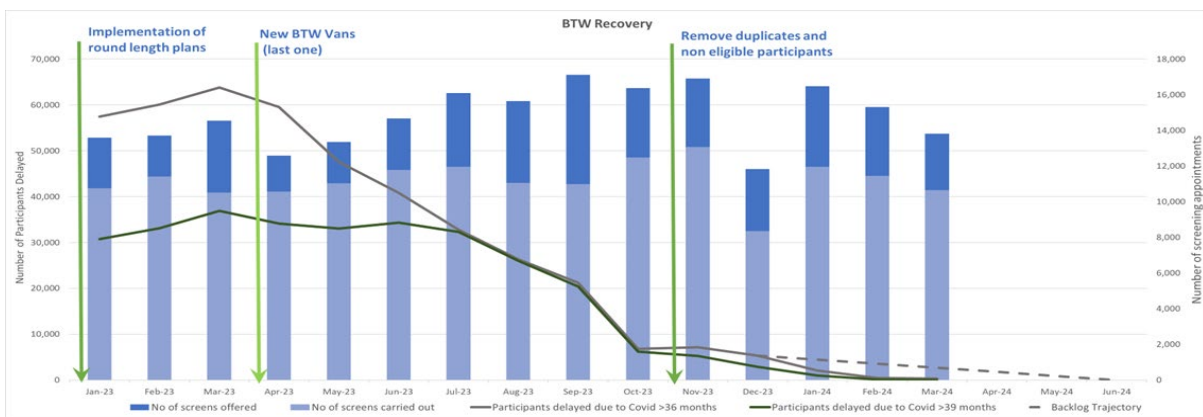
**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	The programmes continue towards recovery as soon as possible to reduce impact of pandemic.
Risk and Assurance	The main risks are: clinical impact of delay to offer screening, reputational risk and potential legal action. The paper describes the recovery plan to enable recovery of remaining programmes as promptly as possible, to reduce impact of pandemic.
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	This report supports and/or takes into account the <u>Health and Care Quality Standards for NHS Wales Quality Themes</u> .
Financial implications	Additional funding to core budget was received from WG for 23/24 financial year. This has supported additional screening workforce to support recovery. No additional funding is expected for 24/25
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.

## Purpose / Situation

The report provides the Committee with an update on the two screening programmes that have not yet recovered from the impact of the pandemic. This format takes on board feedback from the workshop undertaken at the Committee in December 2023 and template approved at Committee meeting in March 2024.

### 1. Recovery of the Breast Screening Programme:



Excellent progress is being made in line with the trajectory for recovery. Detailed round length activity plan in place for all regions. The trajectory is detailed to reflect a zero-backlog position by the end of June 2024

#### 1.1 Reduction in backlog

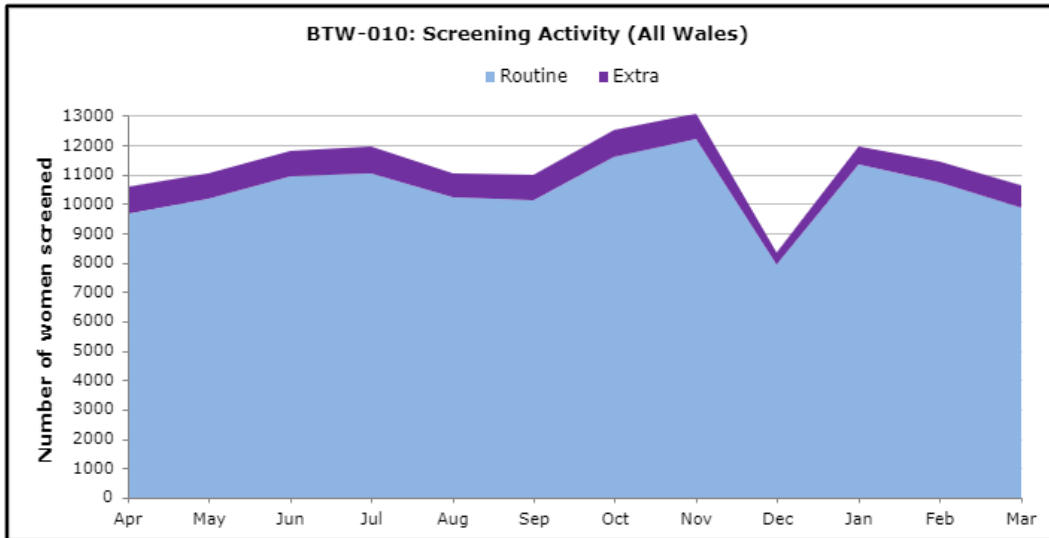
In March 2024 backlog has further reduced to 352 participants waiting longer than 36 months for their breast screening of which 50 are waiting longer than 39 months.

This compares to December 2023 when backlog was 5,323 participants waiting longer than 36 months and 2,911 waiting longer than 39 months.

#### 1.2 Screening Activity

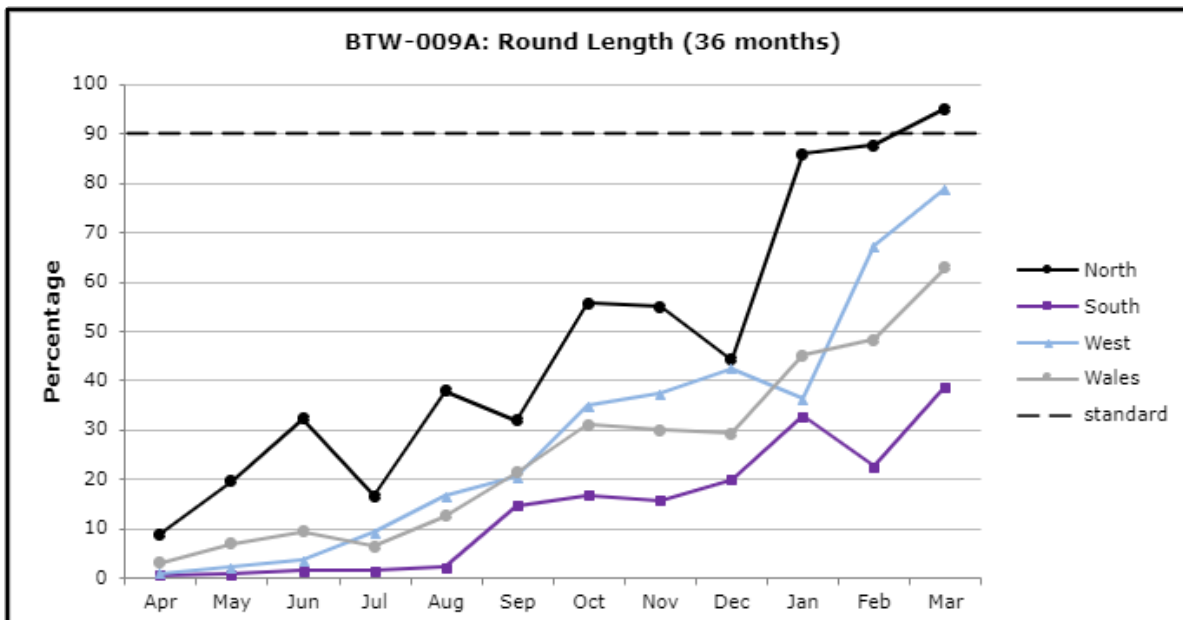
Recovery plan undertaken is to increase the screening activity above pre-COVID levels and maintain these to fully recover. Screening activity is being maintained in line with plan.

Figure 1.2 Screening Activity – Number of Breast Screening appointment undertaken.



### 1.3 Round length

Figure 3.4 Round Length. The percentage of eligible women whose first offered appointment is within 36 months of their previous screen.



Round length is improving in timeliness in line with expectations. The average round length in March 2024 was 37 months which was an improvement from 40.4 months in December 2023.

North Wales region is overachieving standard for round length and there have been improvements in West and South East regions. These are in line with expectations following the regional round length plans.

#### 1.4 Update on actions underway for recovery

	Action	Update March 24	
1	Staffing levels – maintaining increased establishment of screening posts ; continue established bank of previous staff to support capacity; screening at weekend; continued support from clinical staff working across the regions including enabling overtime in line with covid recovery; and recruitment of vacant medical positions (joint posts with Health Boards).	To note that there is no funding for recovery posts in 24/25 and therefore recovery post that are vacated will not be backfilled going forward.	Action underway
2	Screening mobiles located in areas of longest waits to focus activity to reduce round length	Mobiles location optimised	Action completed
3	Work with Digital team and Improvement Cymru colleagues has reviewed backlog in detail to check all those in backlog are still eligible and remove duplicates and to check that round length plan is optimised.	Work completed to check eligibility. Backlog has significantly reduced.	Action completed
4	Failsafe lists for longest waits to focus on reducing round length.	Failsafe lists in place	Action completed
5	Continue to work with Health Boards to inform capacity planning assumptions across Surgery, Pathology and Oncology to support the whole patient pathway.	Discussed at key meetings – cancer site specific groups, SE MDT specific meeting and Cancer board meeting where held in HB.	Action underway



## 1.5 Management of risks of delayed invitation for screening

	Risk	Mitigation of risk	Update
1	<p><b>Clinical</b> – An extended round length will increase the number of interval breast cancers. Breast cancers detected at a later stage are associated with greater morbidity and mortality, published evidence of expected impact of delay. The three estimated routes of expected impact were asymptomatic tumours progressing to symptomatically diagnosed disease, invasive tumours which remain screen-detected but at a later date, and ductal carcinoma in situ (DCIS) progressing to invasive disease. The clinical impact of a delay in identifying a cancer in asymptomatic woman is uncertain to quantify. About 1% of women screened are diagnosed with breast cancer.</p>	<p>Risks are mitigated by screening those at higher risk from when service was reinstated and ensuring new eligible participants are invited before age 53 years.</p> <p>Continue to progress the recovery plan to recover the timeliness of screening offer and return to round length.</p>	<p>Plan progressing well and backlog reducing significantly. Very small numbers of people waiting over 3 years and risk reduced.</p> <p>Number of breast cancer diagnosed through screening has returned to usual numbers since 21/22.</p> <p>21/22 108,191 screened and 1,123 diagnosed breast cancer</p> <p>22/23 122,189 screened and 1,167 diagnosed breast cancer</p> <p>Compared to 19/20 when 120,662 screened and 1,050 diagnosed breast cancer.</p>
2	<p><b>Reputational</b> – There is the risk of adverse publicity around the service provision round length.</p>	<p>Continue to progress the recovery plan to recover the timeliness of screening offer and return to round length.</p>	<p>Plan progressing well and backlog reducing significantly. Very small numbers of people waiting over 3 years and risk reduced.</p>



		Address any concerns or complaints received	Concerns raised are responded to as part of usual complaints process.
3	<b>Legal Challenge</b> – There is the risk of litigation secondary to delayed diagnosis.	Continue to progress the recovery plan to recover the timeliness of screening offer and return to round length. Plan progressing well and backlog reducing significantly	Plan progressing well and backlog reducing significantly. Very small numbers of people waiting over 3 years and risk reduced.  No legal challenge received

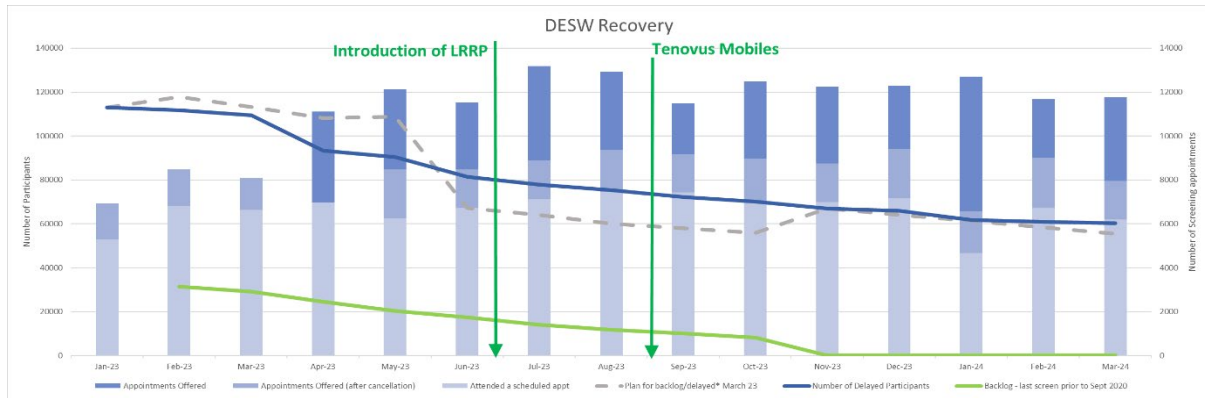
## 1.6 Conclusion

The Committee is asked to be assured that the breast screening programme has nearly recovered the round length and overachieving in line with the plan.

It is likely that committee will receive confirmation at the next meeting that breast screening programme has recovered in line with projections and a report by exception.



## 2. Recovery of the Diabetic Eye Screening Programme:



The backlog position has fully recovered with all eligible participants offered screening since the pandemic. This was achieved in November 2023. Recovery of timeliness for current screening is improving but not in line with standards.

The recovery plan is underway for the programme and is taken forward with two strategic approaches: optimise the current service provision to support recovery and transform the service to put in place a sustainable service model.

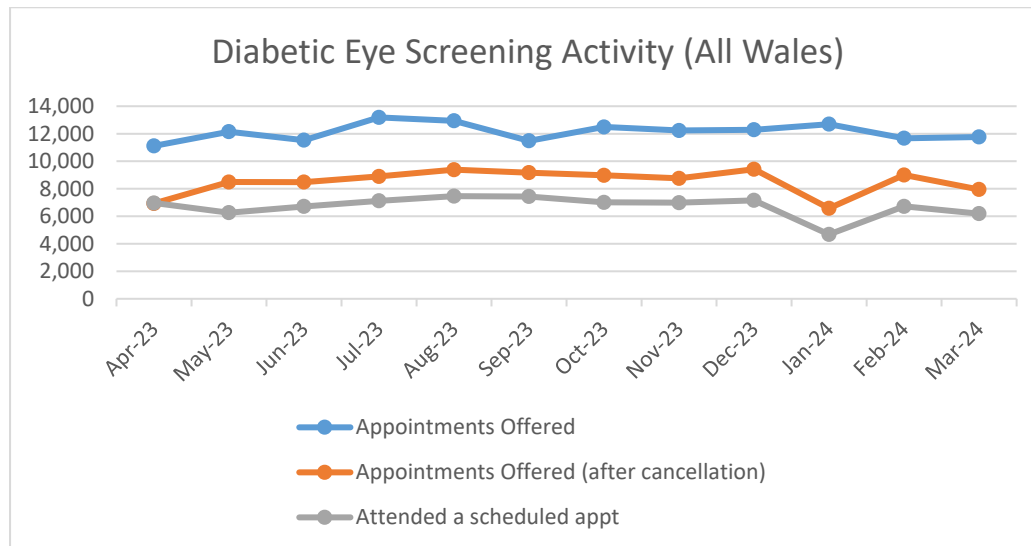
### 2.1 Reduction in backlog

There is no backlog of participants whose last screening offer was prior to September 2020 when the programme restarted after the temporary pause due to the pandemic.

Recovery of timeliness for current screening is improving but not in line with standards. In March 2024 there were 60,213 participants waiting longer than 12 months and 1 day of their previous screening or invitation. This compares to 72,188 participants delayed in September 2023. The service is progressing plans to introduce demand and capacity processes which will better inform modelling going forward.

## 2.2 Screening Activity

Figure 2.2 shows the number of appointment offered to participants each month, the number of appointment offered after taking into account those that have been cancelled, and the number of appointments attended.



On average 12,129 screening appointments are offered each month and this level is consistently maintained. However on average 3,626 offered appointments are cancelled each month and appointments rearranged. Of those appointments not cancelled on average 6,726 appointment are attended each month.

In order to utilise the cancelled appointments, staff work to backfill the slots. This is currently not undertaken to full capacity due to staff capacity but the programme is committed to improving this. The Programme try to backfill all of appointments where the cancellation occurs two weeks or more prior to the appointment. If the cancellation occurs within two weeks then attempts are made to phone and backfill as many as possible. The priority is ensuring that the TENOVUS mobile vans are fully booked and then other longest wait geographical areas are prioritised.

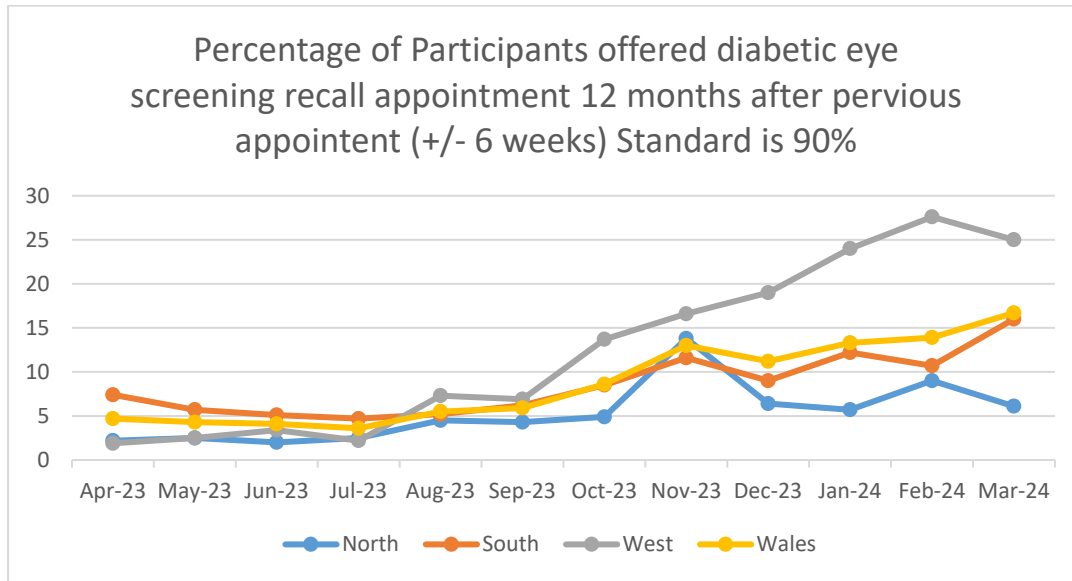
It is not currently possible on the DESW IT system to close a screening round due to repeated cancellations of offered appointments. Participants can cancel an unlimited amount of appointments and new appointments are sent. One of the developments that the Programme have requested capital funding for is to re-configure the IT system in order to enable business rules to allow two cancelled appointments within one screening round.

User research has demonstrated that people of working age that have the highest DNA rate. The Programme are currently going through an organisational change process with the aim to enable the service to regularly run clinics during evenings

and on a weekend to improve our offer to working age people and reduce DNA rate.

### 2.3 Round length

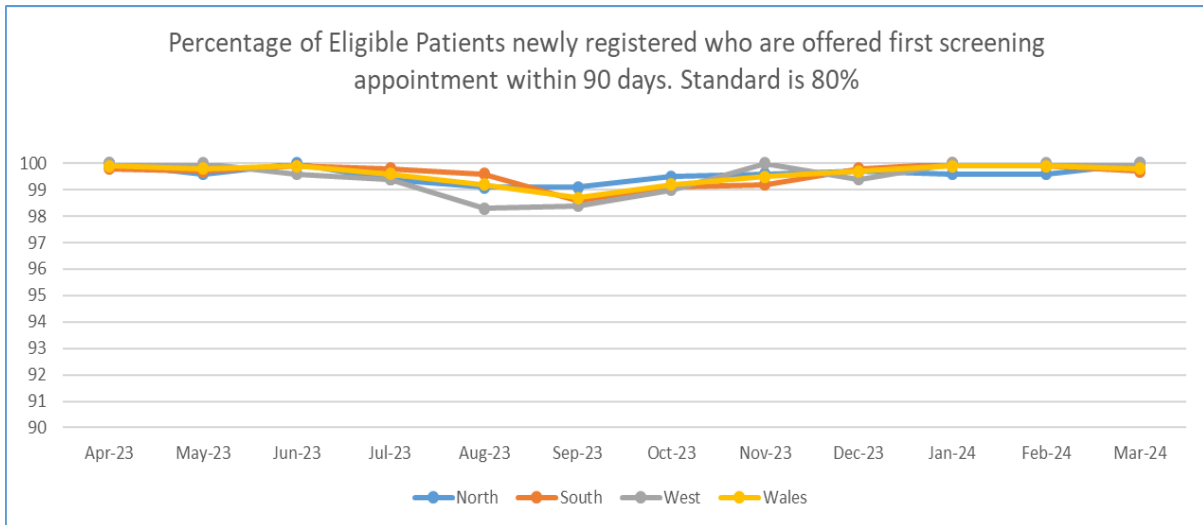
Figure 2.3 Percentage of participants offered diabetic eye screening recall appointment 12 months after previous appointment or invitation (+/- 6 weeks). Standard is 90%



This standard is not met and work is underway to improve timeliness of offer as detailed in the action plan

### 2.4 New referrals.

Figure 2.4 Percentage of eligible participants newly registered with diabetic eye screening who are offered first screening appointment within 90 days. Standard is 80%



New referrals are prioritised as they have not had a diabetic eye screen previously and therefore their risk of sight threatening diabetic retinopathy is unknown. The standard is overachieved for this group and this is a considerable workload with over 1300 new referrals per month and as high as 1800 in some months impacting recovery action. The programme has to absorb the new referrals that are received each month and cannot anticipate the variation. This impacts recovery as new registrations require to be appointed within 90 days and so are prioritised over recall participants.

### 2.5 Update on actions underway for recovery

	Action	Update March 24	
1	Implementation of Low-risk recall pathway from June 2023	Implemented in June 2023 and this pathway will reduce demand going forward as participants reach eligibility of low risk recall pathway	Completed – full impact still taking effect.
2	A second screening dedicated venue has been completed in Llanishen, Cardiff. Facilities leads exploring DESW clinics being included in the proposed Wellbeing Hwb in Carmarthen.	Implemented screening venue in Cardiff. Improved capacity. Work progressing with wellbeing hwb in Carmarthen estimated Summer 2025	Completed  Timescales Summer 2025
3	Staffing levels – Recruitment to screening posts to maintain staffing levels with focus	Recruitment 6 photographer	Completed



	<p>on increasing photographer roles to enable flexibility and improved capacity. Recruitment to transformation posts progressing</p>	<p>roles completed and training cohort progressing well with expected independently screening from beginning of June 2024.</p> <p>Recruitment to transformation posts underway with 8 posts already recruited to, 4 in job evaluation and 3 out to advert. There are 3 posts where recruitment has not yet commenced.</p>	<p>Underway</p>
4	<p>Clinic templates adjusted to increase screening appointments</p>	<p>Pilot of 10 minute templates undertaken in Rhos House and on both Tenovus Mobile units Plan to roll out across 10 further clinic sites in South and West Wales from May 2024, with ongoing evaluation for North Wales</p>	<p>Underway</p>
5	<p>Ensuring that longest waiting participants are given appointments as a priority and directly contacting them to explore most convenient appointment</p>	<p>Detailed list of participants by longest waiting which informs appointments. Direct appointment booking via telephone calls and continuing,</p>	<p>Underway</p>

		backfilling empty clinic slots at short notice. Siting Tenovus mobile units in areas with longest waits	
6	Information included in screening invitation explaining why venue may be different from previous and encouraging attendance	Information included in invitations	Completed
7	Working with Tenovus to provide service in areas still difficult to offer due to venue availability with screening offered on two vans from October 2023	Screening offered on Tenovus vans in Powys which has difficulty with venue availability. Improved offer and capacity. To continue service agreed to end of Sept 2024	Underway
8	Outsourcing of screening invitations letters and main result letters to realign pathway team workload to more value-added tasks	Implemented and working well	Completed
9	Development of transformation plan and detailed roadmap which has been agreed and supported by Business Executive Team with finances identified within Health Protection and Screening	Funding available from April 2024 and plan being implemented	Underway

## 2.6 Management of risks of delayed invitation for screening

	Risk	Mitigation of risk	Update
1	<b>Clinical</b> – An extended round length will increase the number of cases where diabetic retinopathy is not identified at an early stage. Diabetic retinopathy detected at a later stage is associated with irreversible sight loss. A greater number of people with diabetes will present with symptomatic diabetic retinopathy	Risks are mitigated by screening those at higher risk from when service was reinstated and ensuring new eligible participants are invited within timeliness standards	Plan progressing well and backlog reducing



		<p>Continue to progress the recovery plan to recover the timeliness of screening offer</p> <p>Clinical expedite process remains in use for participants of greatest concern to primary and secondary care.</p>	
2	<p><b>Reputational</b> – There is the risk of adverse publicity around the service provision round length.</p>	<p>Continue to progress the recovery plan to recover the timeliness of screening offer and return to round length.</p> <p>Address any concerns or complaints received</p>	<p>Plan progressing well and backlog reducing. Concerns raised are responded to as part of usual complaints process.</p>
3	<p><b>Legal Challenge</b> – There is the risk of litigation secondary to delayed diagnosis.</p>	<p>Continue to progress the recovery plan to recover the timeliness of screening offer</p>	<p>Plan progressing well and backlog reducing</p> <p>No legal challenge received</p>

## 2.7 Conclusion and Recommendation

The backlog position has fully recovered with all eligible participants offered screening since the pandemic. New referrals are offered first appointment in line with standards and this is overachieved. Recall to programme is not in line with standards and is recovering steadily. The low risk recall pathway will continue to reduce demand going forward. The transformation work is required to deliver a timely sustainable programme and this work is being taken forward from April 2024.



To consider that progress of the transformation of the Diabetic Eye Screening Programme will be reported to the Business Executive Team using a dashboard that has been developed by the PMO to monitor progress of the roadmap.

### 3. Recommendation:

The Committee is asked to:

- **Consider** progress on the recovery of Breast Test Wales (BTW) and Diabetic Eye Screening Wales (DESW)
- **Consider** the revised format of reporting on performance
- Take **assurance** on the continued recovery of BTW and plans to improve recovery of, and transformation of DESW
- Note the intention that the Committee will receive confirmation at the next QSIC meeting that the Breast Screening Programme has recovered in line with projections and a report by exception.