 <p>GIG CYMRU NHS WALES   Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality, Safety and Improvement Committee</p> <p><b>Date of Meeting</b> 04 February 2025</p> <p><b>Agenda item:</b> 5.3</p>
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<b>Screening Programmes Update</b>	
<b>Executive lead:</b>	Fu Meng Khaw National Director, Health Protection and Screening Services and Executive Medical Director
<b>Author:</b>	Sharon Hillier, Director Screening Division, Public Health Wales

<b>Approval/Scrutiny route:</b>	Fu Meng Khaw
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<b>Purpose</b>
<p>To provide an overview and assurance of the screening services focused on the domains of quality following the discussion held at previous Committee Workshop. These are focused on the main issues within the programmes performance that are not in line with the standards set. The paper also outlines key quality improvement, policy implementation and project work to further improve health of population in Wales.</p>

<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE X
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>Receive <b>assurance</b> that there is a focus on working to deliver quality screening programmes in line with delivery of excellent public health services to the population in Wales</li> </ul>				



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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	4 - Delivering excellent public health services
<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.

**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	Not applicable within scope of the paper
<b>Risk and Assurance</b>	Paper outlines the focus on the main performance issues that are being addressed in the programmes that are being delivered and provides assurance on the plans in place to improve. The paper also outlines improvement and project work to improve health of population.
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	Paper aligned to the Duty of Quality as using domains of quality to highlight key aspects of the screening programmes performance and improvement plan.
<b>Financial implications</b>	No specific financial implications within the scope of the paper. To note that the lung screening project only has fixed term funding to deliver objectives of the defined project.
<b>People implications</b>	Paper outlines the focus on the main performance issues that are being addressed in the programmes that are being delivered to the population in Wales and provides assurance on the plans in place to improve. The paper also outlines improvement and project work to improve health of population.

## 1. Purpose

To provide an overview and assurance of the screening services focused on the domains of quality following the discussion held at previous Committee Workshop. These are focused on the main issues within the programmes performance that are not in line with the standards set. The paper also outlines key quality improvement, policy implementation and project work to further improve health of population in Wales.

## 2. Assessment: Programme Performance

### 2.1 Bowel Screening Programme: Quality Domain Timely

#### Screening Colonoscopy Waits

Percentage of participants with for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment. Standard 90%											
2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
All Wales	23.2	25.4	31.3	14.6	16.6	14.8	16.5	14.6	20.6	30.2	32.5

Bowel Screening Wales (BSW) invites eligible individuals for bowel cancer screening every two years using the faecal immunochemical test (FIT) and commissions further investigations (endoscopy) and diagnostics (pathology/radiology) from the seven Welsh Health Boards. Screening Colonoscopy, performed by an accredited Screening Colonoscopist, is the recognised definitive investigation of a positive bowel cancer screening test.

Colonoscopy capacity across Wales is challenged, with insufficient Colonoscopists, theatre space and nursing staff to meet demand and reduce existing backlogs. Optimisation of bowel screening (in a phased approach since 2021) has resulted in increased demand on colonoscopy services. This has been in line with expectations based on modelling that was shared with Health Boards well in advance of the first phase.

Whilst the expected increase demand from screening has been funded (via Bowel Screening Wales) for Health Boards, there has also been an increase in demand from other sources and colonoscopy capacity has not kept pace.

Despite the almost 300% increase in demand resulting from optimisation of the screening programme, the average waiting time for screening colonoscopy has reduced over this 4-year period. The average wait was 11 weeks in April 2023 reducing to 7 weeks by August 2024 which has maintained.

Waiting times for screening colonoscopy remain outside the BSW 4-week standard in a number of local assessment centres in Wales and range from 1-12 weeks (average of 7.0 weeks).

The total waiting time includes the time taken for a Specialist Screening Practitioner (SSP) assessment which is undertaken by the Health Board. As a consequence of Christmas leave, Bank Holidays and staff sickness in some Health Boards, just six of the thirteen centres were offering SSP assessments within the BSW 14 day standard the week ending 10 January 2025. Pre-colonoscopy assessment waiting times ranged from 3 to 32 days, with average waits of 17 days. The Regional Nurses in Bowel Screening are in discussion with affected centres and additional assessment clinics are being scheduled in those experiencing the longest waits. Bowel Screening Wales will continue to monitor the waiting times for pre-colonoscopy assessment and will explore all practical options to reduce the waits if timely progress is not made.

Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	2 weeks 3 days	4 weeks 1 day	6 weeks 4 days
2	1 week 4 days	1 week 6 days	3 weeks 3 days
3	0 weeks 6 days	0 weeks 5 days	1 week 4 days
4	2 weeks 4 days	8 weeks 3 days	11 weeks 0 days
5	1 week 5 days	4 weeks 4 days	6 weeks 2 days
6	1 week 6 days	5 weeks 2 days	7 weeks 1 day
7	0 weeks 3 days	5 weeks 0 days	5 weeks 3 days
8	2 weeks 6 days	9 weeks 4 days	12 weeks 3 days
9	2 weeks 6 days	9 weeks 0 days	11 weeks 6 days
10	3 weeks 0 days	2 weeks 5 days	5 weeks 5 days
11	4 weeks 4 days	1 week 6 days	6 weeks 3 days
12	3 weeks 3 days	6 weeks 5 days	10 weeks 1 day
13	0 weeks 3 days	3 weeks 1 day	3 weeks 4 days

**Actions:**

- BSW meets monthly with all the endoscopy teams to discuss screening waiting times and screening capacity
- The screening programme is expanding the pool of accredited Screening Colonoscopists and has increased Specialist Screening Practitioner resource to help meet the screening demand
- BSW works closely with the Health Boards to enable quality assured insourcing colonoscopy
- The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.

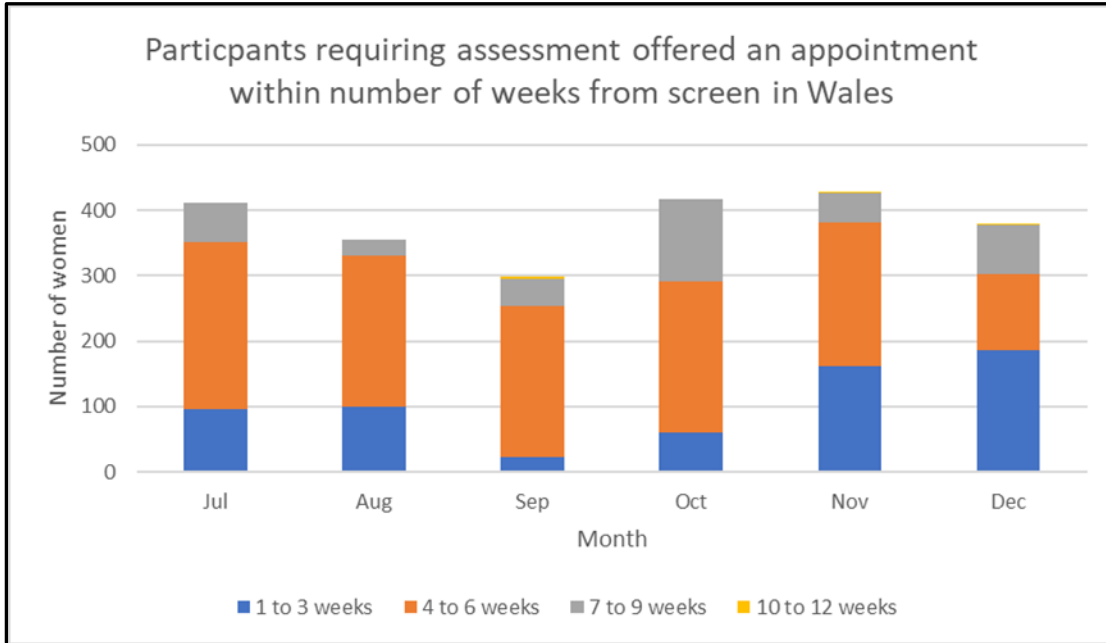
**2.2 Breast Screening Programme: Quality Domain Timely**

**Breast screening assessment waits**

Percentage of Assessment Invitations Given Within 3 Weeks of Screen. Standard 90%												
2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Wales	38.3	29.9	30.2	30.8	11.6	20.1	21.4	23.9	4.4	7.7	28.3	37.8

Breast Screening Programme has been inviting more than usual numbers to recover the backlog and impact from the pandemic. This peak of activity has not fully completed through the assessment pathway. There are national shortages of skilled clinical staff to undertake reading, arbitration and assessment clinics and this is most marked in North Wales.

The standard is 90% of participants requiring assessment have their first offered assessment date within 3 weeks of their initial screening appointment. In December 37.8% participants met this standard with average wait across Wales of 4.5 weeks.



**Actions:**

<b>BTW North</b>
<ul style="list-style-type: none"> <li>• Additional Saturday clinic planned</li> <li>• Clinic bookings are optimised to ensure all slots are booked and short notice appointments are offered.</li> <li>• Single handed clinics are taken forward if no surgeon is available to prevent cancellations.</li> <li>• The rate of screening in BTW North can be safely reduced slightly which will enable the timeliness of assessment to improve. This will not impact on the 36 month round length target for the region.</li> <li>• Waiting times for assessment are improving.</li> </ul>
<b>BTW South</b>
<ul style="list-style-type: none"> <li>• Further Radiologist appointment in the New Year.</li> <li>• Waiting times for assessment in BTW South improving</li> </ul>
<b>BTW West</b>
<ul style="list-style-type: none"> <li>• no significant concerns with this region.</li> <li>• Clinics have had to be cancelled due to planned building work in reception and entrance</li> <li>• Timeliness will improve once this delay is recovered from</li> </ul>

### 2.3 Breast Screening Programme: Quality Domain Safety

Healthcare Inspectorate Wales (HIW) conducted an announced Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales, Llandudno, on 28 and 29 August 2024.

The inspection focused on the following areas:

- Quality of patient experience
- Delivery of safe and effective care, with an emphasis on compliance with IR(ME)R legislation
- Quality of management and leadership

The report acknowledges positive aspects regarding the service, and recognises that participants are satisfied with their experience at Breast Test Wales, with respondents rating the service as 'good' or very good'.

Following the inspection, HIW identified that the service was not fully compliant with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) at the time of their inspection. An improvement notice was issued, highlighting the need for urgent updates to our procedure guidance and its implementation in practice.

The programme takes the responsibilities around the regulations very seriously, and staff have fully taken on board the learning from the inspection. Staff have worked quickly and effectively as a team to address all concerns raised in the report.

The programme has reviewed, approved, and implemented new Employer's Procedures document, 12 detailed Employer Procedures, and the accompanying Work Instructions. Staff with IR(ME)R responsibilities have confirmed that they have read and understood the documents and have attended training sessions and these have been implemented. .

All actions that were set out in the immediate action plan have been addressed, in line with the timescales set out in the plan.

Healthcare Inspectorate Wales has confirmed that the Improvement Notice on the IR(ME)R regulations was lifted on 10 December 2024. HIW was assured of the actions PHW has taken to ensure compliance with the regulations.

Health Inspectorate Wales published the [report](#) on Friday 13 December 2024 and this contained the detail on the improvement plan and the actions taken by the programme.

HIW is planning to conduct a full re-inspection in the first quarter of 2025/26 to gain further assurance that our Employers Procedures are continually reviewed and clinical practice is in accordance with them. The task and finish group established is continuing to meet every two weeks to ensure prepared for the re-inspection including audits and ensure complying the recently updated IR(ME)R regulations.

## 2.4 Diabetic Eye Screening Wales: Quality Domain Timely

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.

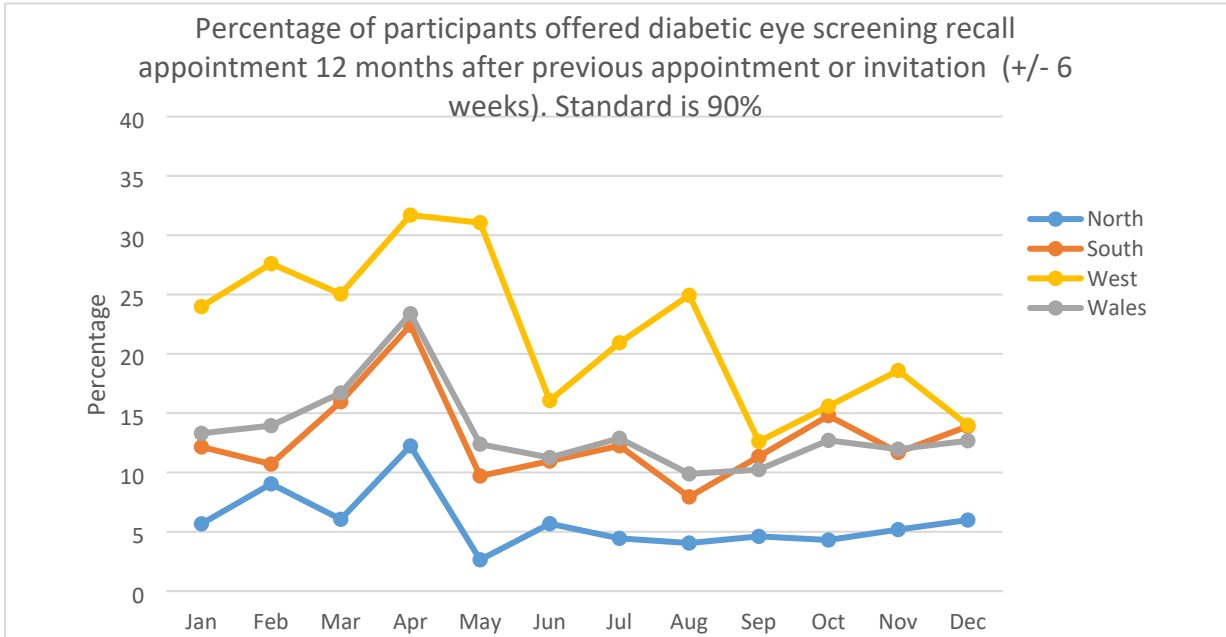
Recovery of timeliness for current screening is improving but not in line with standards. There are currently 197,712 participants registered with DESW who are eligible for screening. As of January 2025 there were 47,918 participants not on the low-risk pathway waiting longer than 12 months and 1 day from their previous screening or invitation. This compares to 60,213 participants delayed in March 2024.

The service has progressed demand and capacity modelling which has highlighted the need for increased capacity to meet current and future anticipated demand. The programme are utilising modelling tools that provide a high-level strategic overview of demand and capacity and clinic level modelling to inform how clinics could be delivered in the future to ensure maximum efficiency and staff role utilisation.

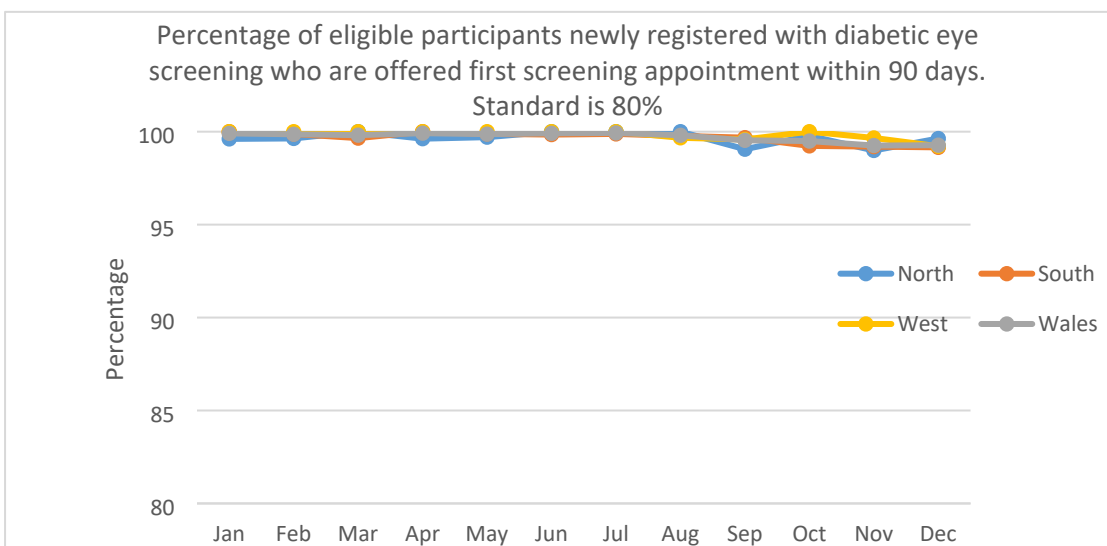
The low risk recall pathway was implemented in June 2023 with the programme undertaking an evaluation of the impact of this change on achieving the objectives of increasing capacity within the programme and reducing the inconvenience of annual screening for participants who are low-risk of disease. There are currently 63,097 participants on the low-risk recall pathway with coverage in December 2024 at 78.3% (standard 80%).

The current average round length in December 2024 for participants not on the low-risk pathway is 19 months. This has reduced from 22 months in October 2023 and 30 months in October 2022.

The standard for participants to be offered a recall appointment at 12 months has not been met. Participants who have been waiting the longest are prioritised for recall and it will be expected to see an improvement in this standard as the round length for participants decreases. The reduction in round length to 19 months is reflected in an improvement in recall for participants at 24 months which has increased to 87.7% in December 24 compared to 36.5% in November 23.



New referrals are prioritised over recall participants as they have not had a diabetic eye screen previously and therefore their risk of sight threatening diabetic retinopathy is unknown. New referrals are called in a timely way with the standard overachieved on a monthly basis despite involving a considerable workload with on average 1,341 new referrals per month with 1,237 new referrals received in December 2024. The programme has to absorb the new referrals that are received each month and cannot anticipate the variation. This impacts on timeliness of recall for recall participants as new registrations require to be appointed within 90 days and so are prioritised over recall participants.



## Actions underway to improve timeliness

Action to ensure delivery of excellent screening services that meet standards for timeliness are addressed through optimisation of current service delivery, delivered through the service improvement plan, and transformation to develop, adopt and implement innovative approaches to service delivery and digital transformation within the transformation five year road map. Current actions:

	Action	Update Jan 25
1	Implementation of Low-risk recall pathway from June 2023	Implemented in June 2023 with evaluation of impact in progress
2	Staff workforce – new recruitment to increase capacity and develop resilient and flexible workforce	All transformation posts have been recruited to including workforce and development team, quality support officers and an additional 4 screeners and 1 grader to increase capacity to offer screening within Mid-Wales and ensure geographical equity
3	Clinic templates adjusted to increase screening appointments	Ten minute templates undertaken in fixed sites and Tenovus Mobile units Roll out across further clinic sites across Wales as appropriate to venue. New Mid-Wales model for screening will result in increased screening capacity due to reduced travel time.
4	Provide mobile clinics in areas where there is longest wait and no suitable community venues to increase screening appointment capacity. Test feasibility and impact of model with procurement of Tenovus mobile clinics.	Mobile clinics have provided increased capacity and flexibility to target longest wait areas. Business case for continued use of mobile clinics for service delivery model for 25/26  Options appraisal in progress for future service delivery model that includes longer term option of mobile clinic delivery model
5	Transformation plan reviewed with refresh of vision and objectives with focus on sustainable service delivery model and digital transformation.	Implementation of five year road map with completion of Year 1 in 2024/25
6	Introduction of new cameras across Wales to improve quality of image capture and reduce proportion of inadequate images requiring repeat attendance or hospital eye service referral.	Roll-out of cameras complete with planning underway for evaluation
7	Understand participant user requirements and preferences to ensure provision of person-centred service and increase attendance	Pilot of gathering user preferences by photographer during appointment. Data will be use to inform digital requirements for management of user preferences

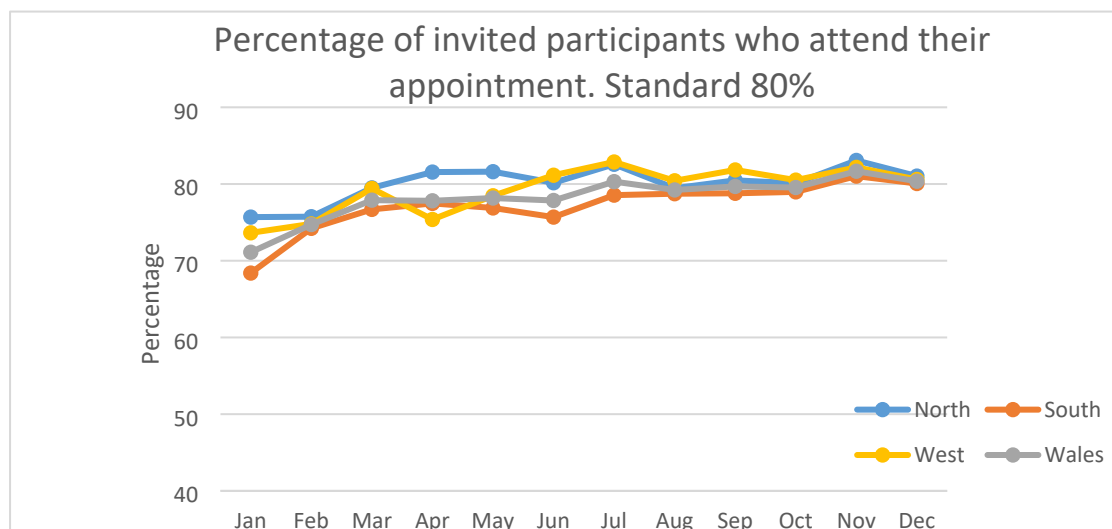
## 2.5 Diabetic Eye Screening Programme Quality domain: Efficiency

To provide an efficient screening service the programme are working to maximise clinic utilisation. This includes active backfilling of any cancelled appointment. To decrease cancellations and non-attendance the Programme implemented an organisational change process in September 2024 to enable the service to regularly run clinics during evenings and on a weekend. This is a response to participant user feedback that people were not able to attend appointments during working hours demonstrated by the highest non-attendance rate in working age adults. Provision of extended hour clinics improves efficiency for the programme but also demonstrates the programme taking a person-centred approach and flexing appointment availability to participants needs. An evaluation of the first 3 months of the service change is underway and will include clinic utilisation data in addition to participant and staff feedback.

The programme has implemented an electronic referral process for new referrals. This is expected to make the referral process safer, more accurate and more efficient for both GP practices and the service. Since implementation in July 2024 there have been over 6000 e-referrals received with an average of 42 per day. This has increased data quality as has removed the need for manual data processing with a 48% reduction in paper referrals and 47% reduction in email referrals. Uptake from GP practices across Wales has been good with 68% of GP practices using the e-referral form.

## 2.6 Diabetic Eye Screening Programme: Quality domain Person-centred

Uptake of the diabetic eye screening offer has improved and is above the standard of 80%. The team has implemented evening and weekend offers of screening; are offering screening from mobile sites to offer more local screening; and improving process of backfilling clinics to offer more person-centred approach. Figure 3 shows the proportion of invited participants who attended their appointment (uptake) has steadily improved and is meeting the standard of 80%.



### 3. Assessment: Programme Improvement/ Development

#### 3.1 Optimisation of Bowel Screening Programme:

##### Quality domains: Effectiveness; Person-Centred; Equitable

Bowel Screening Wales implemented the fourth and final stage of the agreed Optimisation plan as scheduled from October 2024

- **Screening FIT Sensitivity**

On 7th October 2024, Bowel Screening Wales further increased the sensitivity of the screening test by lowering the 'positive cut-off' of the FIT from 120 to 80µg of haemoglobin/g of faecal material.

- **Age Expansion**

In line with all the previous age expansions, the extension of the eligible screening population to include all those aged 50 will be gradually rolled out across Wales to ease the immediate demand on endoscopy and diagnostic services.

Screen detected cancers have doubled since the start of optimisation, with over 400 cancers detected by screening per annum currently. The number of participants who have had at least one polyp detected by screening has trebled since 2020, with 3,694 cases diagnosed following a positive screening test over the latest 12-month period.

Waiting times for screening colonoscopy have improved slightly across Wales. The average waiting time for a screening colonoscopy in Wales is currently 7 weeks and 2 days weeks and waiting times range from 3 to 11 weeks with 4 centres within the 4 week standard (correct as of 6 Jan 2025).

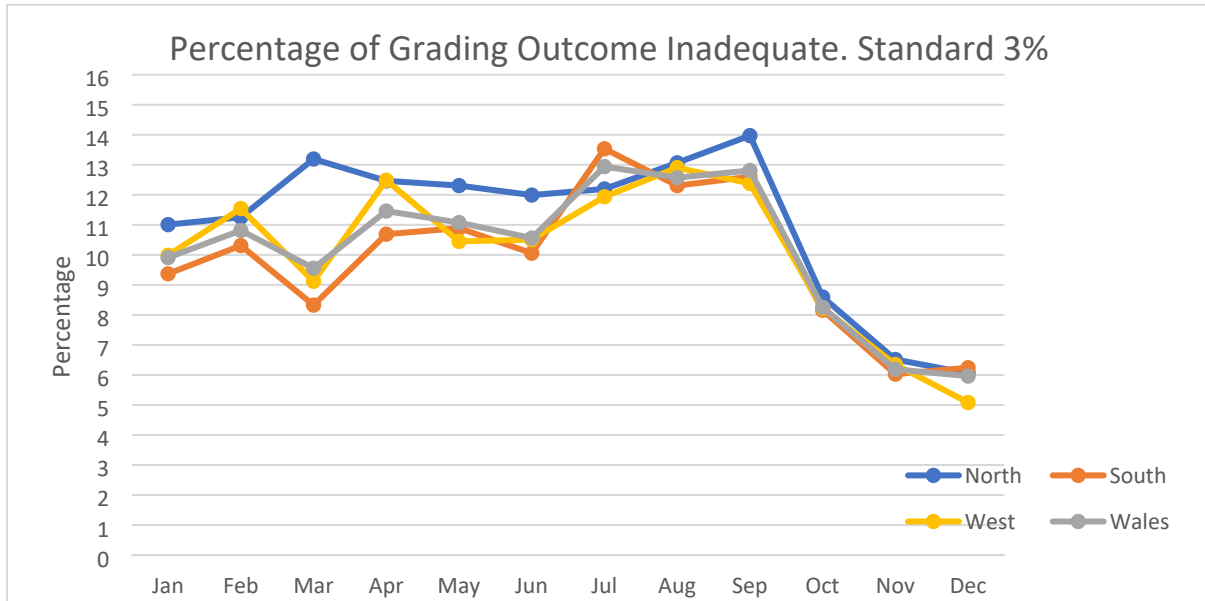
#### 3.2 Implementation of replacement cameras Diabetic Eye Screening:

##### Quality domains. Effective, Efficient, Person-centred

Diabetic Eye Screening Programme implemented an upgraded fundus image capture equipment into the programme on September 24. The aim of the new cameras is to reduce the rate of inadequate retinal images (effectiveness), improve operational efficiency (efficiency) and improve participant experience (person-centred).

If inadequate retinal images are captured during screening appointments these images cannot be graded, leading to additional participant recalls to the programme or referrals to Hospital Eye Services. As part of the implementation of the new cameras and trolleys the programme are working closely with PHW Health and Safety Team, Facilities and an external manual handling trainers to ensure safe manoeuvrability of the cameras between clinic sites.

Since the introduction of the cameras in September 2024 there has been a 6.8% reduction in inadequate image capture from 12.8% to 6.0% in December 2024



The cameras have reduced recall into the programme for repeat images and have reduced referrals into Hospital Eye Services for image capture. A cohort of 703 participants who had inadequate images from their screening episode using the old cameras (May 1 2024 to September 24 2024) were followed up to see the outcomes on their 3 month recall with the new cameras. Of the 703 participants recalled for repeat images due to previous inadequate images, 525 (75%) had adequate images reported. Of the 525 participants with adequate images, 499 (95%) had outcome of annual recall.

This has improved participant experience by reducing unnecessary screening and hospital eye appointments. The majority of participants who now had adequate images could be reassured of no/background diabetic retinopathy which did not require further assessment.

This has improved efficiency within the programme as participants are not required to be recalled for repeat appointments releasing capacity within the programme for participants who are overdue their appointments.

This also provides a benefit to the wider NHS system by reducing Hospital Eye Service appointments and releasing their capacity for urgent referrals.

### 3.3 Lung Screening Project:

#### Quality domains: Equitable, Effective. Person-centred

Public Health Wales have been commissioned by Welsh Government to undertake a scoping project reviewing how a national targeted lung cancer screening programme could be delivered in Wales in the future, and providing an options appraisal and recommendation in relation to this. This follows a positive recommendation from the UK National Screening Committee (NSC) in September 2022, recognising the impact that targeted lung cancer screening can have on increasing survival rates for lung cancer by diagnosing at an earlier stage when more treatment options are available. Lung cancer is the leading cause of deaths from cancer in Wales.

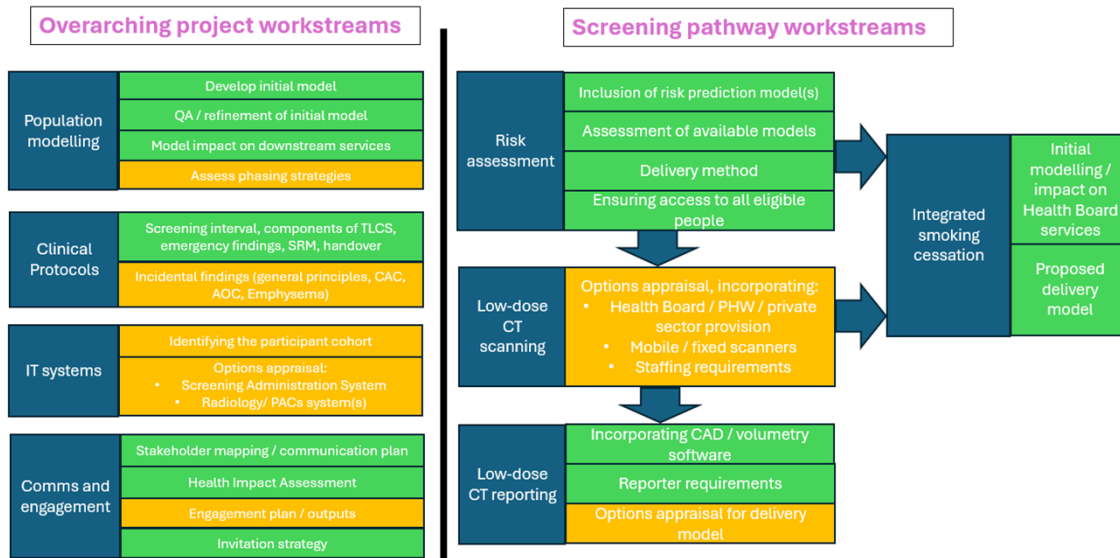
The project commenced in April 2024, with the following objectives:

- Outline the potential benefits and challenges of introducing a lung cancer screening programme in Wales
- Propose a pathway for a national service
- Assess the estimated costs to establish a programme and the expected annual running costs
- Consider the role and integration of smoking cessation service and anything else that is considered fundamental to a lung cancer screening programme.
- Assess how the programme could be phased, taking into consideration equity of access across Wales.
- Produce a report on findings and options for submission to WG (by end September 2025).

The Project structure is fully embedded and operational with learning from the successful pilot undertaken in Cwm Taf Morgannwg UHB. The outputs of the project work streams are outlined below. An interim report will be produced by end of March 2025 with a full report on findings and options for submission to Welsh Government by end September 2025. The team are working to be able to provide as much information as possible to provide Welsh Government with information to inform the national work in the interim report.



## Targeted Lung Cancer Screening Project expected outputs



### 4. Recommendation

The Committee is asked to:

Receive assurance that there is progress to working to deliver quality screening programmes in line with delivery of excellent public health services to the population in Wales.