 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Quality, Safety and Improvement Committee </p> <p> Date of Meeting 29 September 2025 </p> <p> Agenda item: 4.5 </p>
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Screening Programmes Update	
Executive lead:	Professor Fu-Meng Khaw National Director Health Protection and Screening Services and Executive Medical Director
Author:	Sharon Hillier, Director Screening Division, Public Health Wales on behalf of Screening Division Senior Management Team

Approval/Scrutiny route:	HPSS DMT – 09/09/25
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Purpose
<p> To provide an overview and assurance of the screening services focused on the domains of quality following the discussion held at a 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>

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> Take assurance 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. 				

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:

Strategic Priority/Well-being Objective	4 - Delivering excellent public health services
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Summary impact analysis

Equality and Health Impact Assessment	Not applicable within scope of the paper.
Risk and Assurance	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.
Health and Social Care (Quality and Engagement) (Wales) Act	Paper aligned to the Duty of Quality as using domains of quality to highlight key aspects of the screening programmes performance and improvement plan.
Financial implications	No specific financial implications within the scope of the paper. To note there are financial constraints for some of the workstreams that would have been taken forward to improve timeliness.
People implications	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 currently 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

Table 1 Screening Colonoscopy Waits

Percentage of participants with for Index Colonoscopy/Flexi-Sig Procedure Within 4 weeks of Booking SSP Appointment. Standard 90%								
2024/25	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
All Wales	32.3	19.7	15.2	20.9	8.4	6.8	3.9	4.9

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) in line with evidence based recommendations has resulted as expected in increased demand on colonoscopy services. This has been in line with expectations and funding provided based on modelling that was shared with Health Boards in advance of the first phase.

Whilst the expected increase demand from screening has been funded for Health Boards, there has also been an increase in demand from other sources and colonoscopy capacity has not kept pace. Colonoscopy Insourcing and Waiting Time List are being used across many Health Boards to support increased demand, but these do not provide a long-term solution.

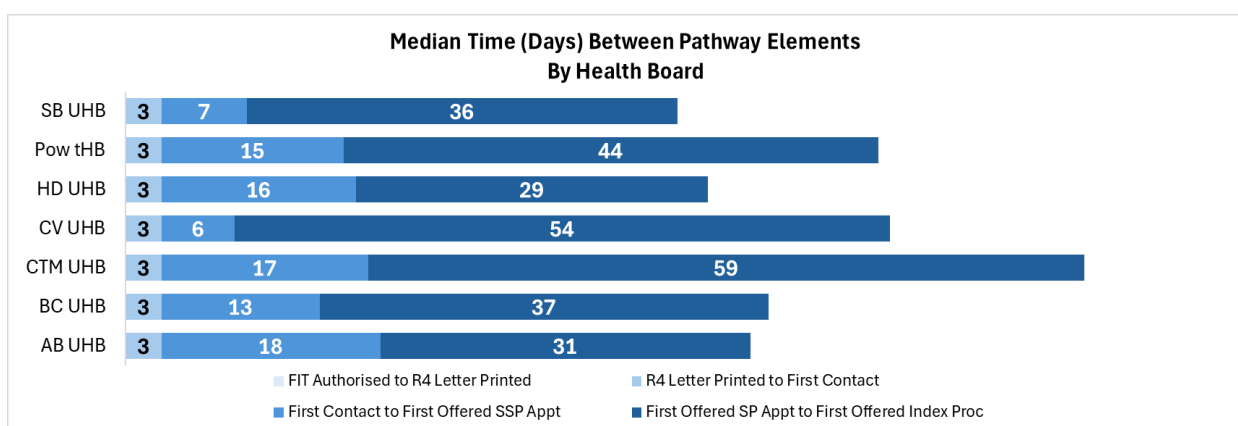
Waiting times for screening colonoscopy remain outside the Bowel Screening Wales 4-week standard across Wales. The latest waits as of 29 August range from 6-17 weeks with average total wait of 9 weeks and 5 days.

Figure 1 Waiting time for Bowel Screening Colonoscopy for each Local Assessment Centre - 29 August 2025

Local Assessment Centre	Waiting time SSP assessment	Waiting time colonoscopy	Total waiting time
1	0 weeks 4 days	8 weeks 6 days	9 weeks 3 days
2	0 weeks 4 days	11 weeks 2 days	11 weeks 6 days
3	1 weeks 5 days	10 weeks 5 days	12 weeks 3 days
4	0 weeks 6 days	6 weeks 4 days	7 weeks 3 days
5	1 weeks 3 days	7 weeks 0 days	8 weeks 3 days
6	0 weeks 5 days	7 weeks 3 days	8 weeks 1 days
7	1 weeks 0 days	5 weeks 4 days	6 weeks 4 days
8	5 weeks 6 days	11 weeks 4 days	17 weeks 3 days
9	5 weeks 6 days	10 weeks 0 days	15 weeks 6 days
10	0 weeks 4 days	5 weeks 5 days	6 weeks 2 days
11	0 weeks 4 days	8 weeks 3 days	9 weeks 0 days
12	0 weeks 6 days	6 weeks 0 days	6 weeks 6 days
13	0 weeks 4 days	6 weeks 5 days	7 weeks 2 days

Reviewing the waiting time component waits from October 2024 to July 2025 show that the waiting times are consistently outside the standard.

Figure 2. Median Time in Days of waiting time component waits for Health Boards for Bowel Screening Colonoscopy from October 2024 to July 2025



Actions in place:

Bowel Screening Wales 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.
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The screening programme works with Health Boards when there are delays in the Specialist Screening Practitioner timeliness to provide direct support or facilitate other Health Boards supporting.
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BSW works closely with the Health Boards to enable quality assured insourcing colonoscopy.
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The Business Team routinely meet with the health boards to monitor activity aligned to commissioned capacity via the Long-Term Agreements.
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As a results of sustained performance outside of the stated waiting times there has been escalation to CE level and joint meetings have taken place with all Health Boards at CE level. These meetings have taken place over the summer period and have been well attended with an open, constructive and solution focused discussion.

All health boards are committed to provide high quality and timely screening colonoscopy and pre-assessment services for their eligible screening population. Challenges meeting the core screening demand were acknowledged in all meetings and all are currently providing screening colonoscopy outside the Bowel Screening Wales 28-day standard, with some, but not all, using insourcing to increase screening capacity. The levels of delivered commissioned index colonoscopies were below expectation in most health boards.

The following common themes emerged from the discussions:

- **Insufficient number of planned sustainable lists in place**

The is a capacity gap in each Health Board between the number of colonoscopy planned list that were in place compared to the number of colonoscopy lists funded and required for the demand. This is across Wales and a key factor for backlogs and requires solution to enable a sustainable service.

- **Clinical Nurse Endoscopists**

The employment of Clinical Nurse Endoscopists (CNE's) for screening is limited in Wales, with just two individuals currently undertaking screening colonoscopy. Most health boards want to train CNEs for screening in the future, but few have plans in place. HEIW have a developed training programme for CNE's, but the training commitment required to support candidates limits the number of candidates, with very few cohorts fully subscribed. All Health Board recognised the need to support this workforce development for a sustainable service and this is a key for them to take forward.

- **Bowel Screening Accreditation**

It was acknowledged that the screening programme cannot lower the standard for Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation and that only JAG accredited colonoscopists can undertake screening colonoscopy. There was a general consensus that the current accreditation process in Wales is protracted and would benefit from further refinement to ensure candidates are able to progress to formal assessment in a timely manner. The following points were also raised by some health boards in relation to the accreditation:

- Whilst the current process is designed to be supportive to ensure candidates are in the best possible position to meet the JAG standards at the first attempt, the approach is proving to be a deterrent and leading to long timescales
- Bowel Screening Wales should survey candidates to gain an understanding of their experience of the accreditation process
- Bowel Screening Wales and the health boards should develop processes to promote the role of the Screening Colonoscopist and the benefits of screening to encourage more candidates to become accredited
- Options to improve the capacity for existing Screening Colonoscopist to provide local mentorship need to be considered. E.g. possibility of using screening lists for mentorship, the use of peripatetic Screening Colonoscopist trainers)

- **Regional Working and Mutual Aid**

Several health boards expressed a need to utilise regional working arrangements to provide additional screening capacity (particularly additional theatre space) and to provide regional service resilience between two or more health boards. The ability to provide cross-health board mutual aid, with those having capacity assisting others with prolonged waits was also highlighted during some of the meetings. Participant choice was also discussed as being key as participants keen to travel to a location nearer to their home.

- **Innovation and shared learning**

Opportunities to share learning between health boards and innovative ideas. For example, it was suggested surveillance and repeat colonoscopies to be referred to the symptomatic service to prioritise the Screening Colonoscopist to undertake the index (first) screening colonoscopy.

2.2 Breast Screening Programme: Quality Domain Timely

Breast screening assessment waits

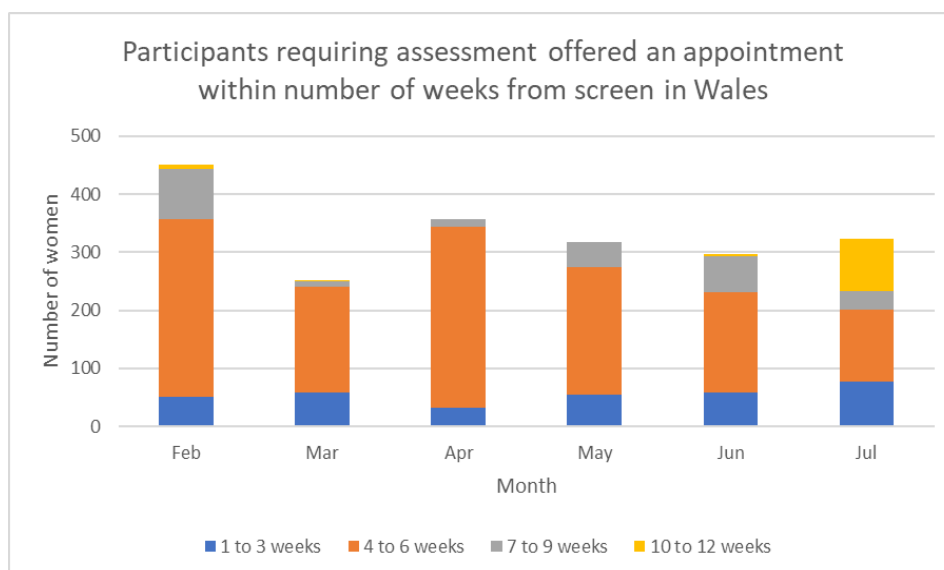
Timeliness of the assessment appointments has not met the standard of within three weeks of screening mammogram since the programme has worked to recover the timeliness of the round length due to the impact of the Covid pandemic.

Table 2 Breast Screening Assessment Waits

Percentage of Assessment Invitations Given Within 3 Weeks of Screen. Standard 90%									
2024/25	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Wales	28.3	37.8	26.3	11.1	23.1	8.8	16.7	19.6	24.1

All regions had a marked reduction in timeliness of reading since February which was due to the implementation of new PACs system and issues with monitors supplied by the company. Slow speed of system continues to impact on reading in Wrexham.

Figure 4 Number of weeks participants waited for assessment



There are two other standards that the programme monitors which are key to understand this pathway:

- Timeliness of reading mammograms which is measured in normal results sent within 2 weeks of screen
- Assessment date offered within 2 weeks of abnormal results (arbitration). The date of suspicion as part of the Single Cancer Pathway is the date of arbitration.

Timeliness of reading is consistently met in West and is improved in South region but not improved in North.

South and West regions consistently meet standard for women having assessment date within 2 weeks of abnormal result. North is not meeting this standard.

West region was close to meeting the standard for assessment waits in July with all women being offered assessment within 4 weeks. South were offering all women assessment within 6 weeks in July. North Region were not able to offer within standard due to constraints for assessment clinics.

Figure 5 Timeliness of normal results being sent

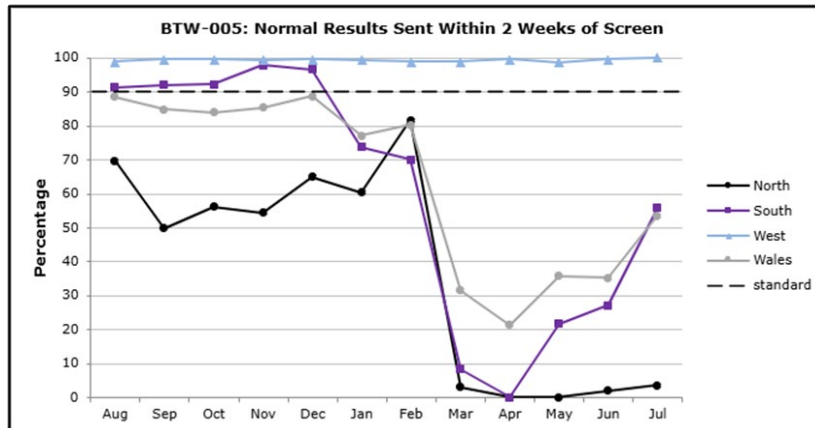


Figure 6 Timeliness of assessment offered within 2 weeks of abnormal result (point of suspicion)

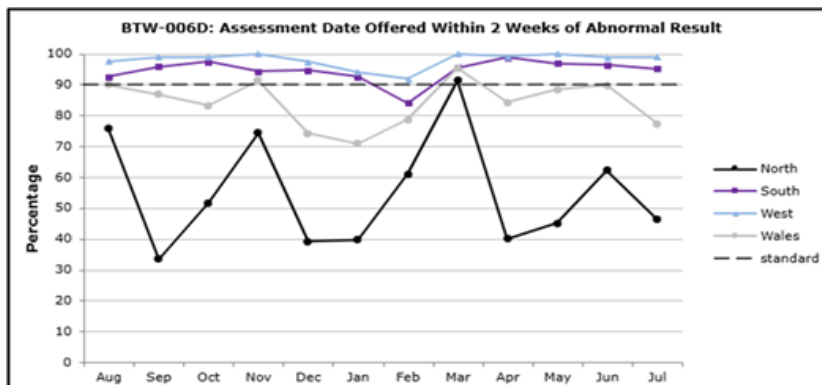
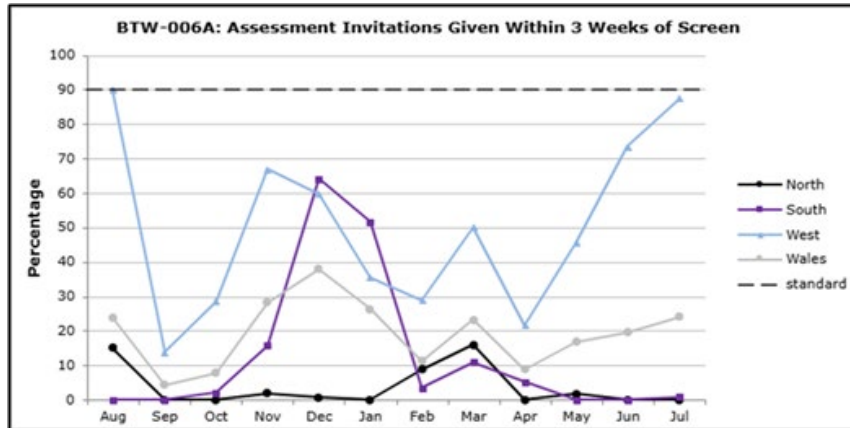


Figure 7 Timeliness of assessment offered within 3 weeks of screening appointment



Significant shortages in the medical workforce at the breast screening north centre has limited capacity for image reading, result reporting, and clinic assessments. Reduced surgical workforce availability, has led to delays in the pathway. Due to surgical staffing constraints there was 6 months when no assessment clinics took place in Wrexham centre. Participants were attending Llandudno centre with two consultant surgeons undertaking all surgical workload. Assessment clinics have been reinstated in Wrexham from middle of July.

Constraints in how assessment clinics are able to be staffed in North Wales with no radiology lead assessment clinics been able to be taken forward in Llandudno (in contrast to other regions) has impacted recovery and this has been urgently raised at Medical Director level directly with BCU Medical Director.

Actions underway:
North Wales:
West Wales is supporting North Wales with reading capacity.
Participants requiring assessment in Wrexham were booked into Llandudno clinics. Since July the Wrexham assessment clinics have been reinstated.
Additional evening clinics were held in Wrexham as out of hours.
Radiological lead clinics were run for women at low risk of having cancer, but this stopped due to difficulty with referral pathway for treatment.
The rate of screening in the Betsi Cadwaladr UHB area has been safely reduced slightly.
In discussion with Betsi Cadwaladr UHB (MD level) about reducing backlog for assessment and addressing sustainable surgical service in North Wales.
Film readers are in training in the north region. There is a Breast Clinician in training in North Wales and a Radiologist Fellow in training both will be able to undertake reading and assessment clinics when trained. A radiologist in from the south region is providing virtual support to North for assessment clinics.

South Wales:

Prioritising staff who are qualified film readers to undertake reading over other work activities.

Across Programme:

NHS Exec Performance and Assurance Team scoping out tracker for breast screening taking similar approach to bowel screening.

A review of the BTW programme to be undertaken to identify other areas of improvement in line with delivering excellent services.

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, Swansea, on 8 and 9 April 2025.

The inspection focused on the following areas:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership

This was a full re-inspection of the service following an inspection at Breast Test Wales Llandudno in August 2024 which had a detailed improvement plan that the service took forward at pace.

The inspection in Swansea was a very positive experience and the [report](#) was published on 10 July 2025. The report detailed the improvement plan to further improve the service in line with the recommendations from the inspection. This is being taken forward and an update sent to HIW on 27 August 2025.

The summary of the Health Inspectorate Wales’s findings from the inspection April 2025:

Quality of Patient Experience

Clients provided positive feedback about their experiences of attending Breast Test Wales, Swansea. We found staff provided individualised care and treated clients with courtesy, respect and kindness. We also found staff provided care in a way that protected and promoted client’s rights.

This is what the service did well:

- Delivering a flexible service for women and providing additional screening capacity within the department when mobile screening vans were out of action.
- Clients provided positive feedback and comments about the attitude and approach of the staff looking after them.
- Commitment to Welsh language information and provision of Welsh language care.
- Provision of a wide range of health promotion information.

Delivery of Safe and Effective Care

Arrangements in place to provide people with safe and effective care. We reviewed extensive documentation including Employer's Procedures that had been reviewed, updated, ratified and disseminated to staff.

The setting was clean, tidy and free from clutter. Rooms were modern, well appointed and equipment was in good working order.

This is what is recommended the service can improve:

- Continue to refine and update Employer's Procedures in line with recommendations from the inspection, best practice, staff feedback and IR(ME)R amendments.
- Review and update clinical and IR(ME)R audit planning and processes to include an audit schedule, appropriate compliance targets and standardised reporting, learning and re-audit processes.

This is what the service did well:

- Updated Employer's Procedures that were document controlled and available to all staff, including staff working on mobile screening units.
- IR(ME)R training videos have been developed by medical physics for all staff
- Communication of benefits and risks of mammography exposures for users of the service.
- Staff understanding of IR(ME)R and continued training around the regulations.
- Commissioning and testing of new equipment.
- Quality assurance programme for equipment.
- Well maintained, clean, modern and welcoming environment free from obvious hazards to those visiting the setting.
- Safeguarding arrangements.

Quality of Management and Leadership

The Chief Executive of Public Health Wales was the designated employer under IR(ME)R. The trust was able to demonstrate improved structure for lines of reporting and accountability under IR(ME)R during the inspection.

We met with a dedicated management team who have worked hard in a short period of time to update documents and processes appropriately, to ensure IR(ME)R compliance in Breast Test Wales was in place and consistent across the three Breast Test Wales sites.

This is what the service did well:

- Passionate, engaged and dedicated team of staff that cared about the clients and Breast Test Wales service.
- Policies, procedures and documentation were detailed and well written, ratified, version controlled and accessible to staff.

- IR(ME)R awareness training for all duty holders.
- Training compliance for mandatory training.

2.4 Diabetic Eye Screening Wales: Quality Domain Timely

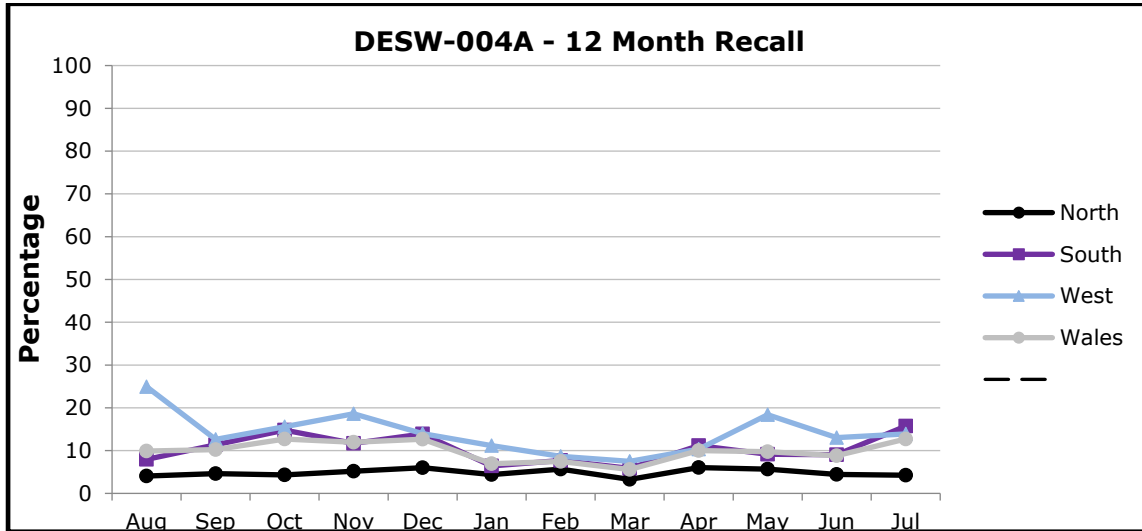
Recovery of timeliness for eye screening is improving but not in line with standards. As of July 2025, there are 199,543 participants registered with DESW who are eligible for screening. There were 48,099 participants currently overdue their eye screening appointment with the length of time a participant is delayed reduced to 10 months. 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.

To improve timeliness, the priority for the programme is to increase appointment capacity to meet both current and future anticipated demand due to an increasing prevalence of diabetes. An overarching clinic capacity project has been established to review the number of participants seen within each clinic. Four separate service improvement initiatives are being tested to see if improvements in numbers seen can be increased without compromising quality of the appointment and the images captured. This includes using a 2 screener to 1 photographer template model; shorter appointments for low-risk recall participants; drop in clinic model and an evaluation into the safety and effectiveness of using the new TopCon cameras to capture images without the use of tropicamide drops.

The low risk recall pathway (LRRP) was implemented in June 2023 with the aim of increasing capacity within the programme and reducing the inconvenience of annual screening for participants who are low-risk of diabetic retinopathy. Nearly 37000 participants were moved to the LRRP in June 2023 reduced demand by 9.6% however, this was lower than pre-implementation modelling. At time of implementation of the LRRP, approximately 19% of all eligible active participants in DESW were on the LRRP, this has increased to 32% by December 2024. There are currently 63,097 participants on the low-risk recall pathway with coverage in December 2024 at 78.3% (standard 80%). There is no evidence that extending screening intervals has resulted in poor attendance or reduced motivation of participants to attend eye screening with uptake of 91% for those on the LRRP.

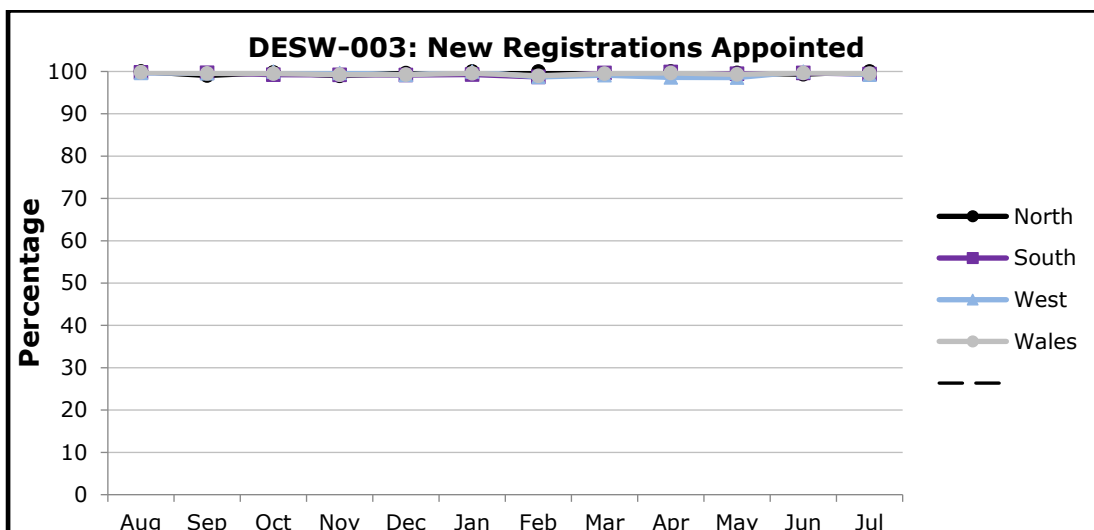
The standard for participants to be offered a recall appointment at 12 months has not been met though has improved from 6.9% in January 2025 to 12.7% in July 2025. Participants who have been waiting the longest are prioritised for recall and it will be expected to see an improvement in this standard as the round length for participants decreases. Recall at 24 months for participants on the 12 month recall pathway is now at 97% reflecting staged improvements in timeliness.

Figure 8 Percentage of Participants recalled at 12 months



The total number of new registration referrals received is on average 1400 a month which the programme has to absorb without additional resources. 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. 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 with 99.7% of new registrations receiving an appointment offer within 90 days.

Figure 9 Percentage of New Registrations invited within 90 days



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 September 25
Implementation of Low-risk recall pathway from June 2023.	Approximately 1/3 of total eligible participants now on LRRP. Coverage at 74% therefore just below standard of 80%. Cohort will continue to increase as participants become eligible for LRRP following two negative retinopathy screens.
Staff workforce – new recruitment to increase capacity and develop resilient and flexible workforce.	Mid-Wales screening team recruited, trained and now deployed to support additional appointment capacity within Mid Wales and free up appointment capacity in North and South as no longer required to cover clinics.
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. Service improvement plan to consider new clinic template models including LRRP clinic (shorter appointment times), 2:1 workforce model and drop in clinic model.
Provide mobile clinics in areas where there is longest wait and no suitable community venues to increase screening appointment capacity.	Mobile clinics have provided increased capacity and flexibility to target longest wait areas. However, has been highlighted that no further funding stream currently identified post 25/26. Options appraisal in progress for future service delivery model that includes longer term option of mobile clinic delivery model however will require capital investment from WG and new additional revenue from PHW.
Introduction of new cameras across Wales to improve quality of image capture and reduce proportion of	Inadequate image rate declined since introduction of camera. Aim to undertake evaluation of use of image capture

inadequate images requiring repeat attendance or hospital eye service referral.	without tropicamide drops in Q3 2025/26 which likely to improve efficiency and person centred approach.
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 used 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. Backfilling is prioritised for mobile clinic venues as these are situated in longest wait areas.

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. Evaluation of the extended hours clinics has demonstrated that participant feedback from those who have attended is very positive regarding the provision however, non-attendance rates for Saturday and evening clinics are equivalent or higher than for working day clinic appointments. Due to the increased cost of delivering services on Saturdays and financial constraints a temporary change has been implemented to reduce the frequency of Saturday clinics to monthly from every 2 weeks. This will still provide an accessible clinic model for participants who can only attend on a Saturday but will enable a more efficient and cost-effective service to be delivered during regular working hours.

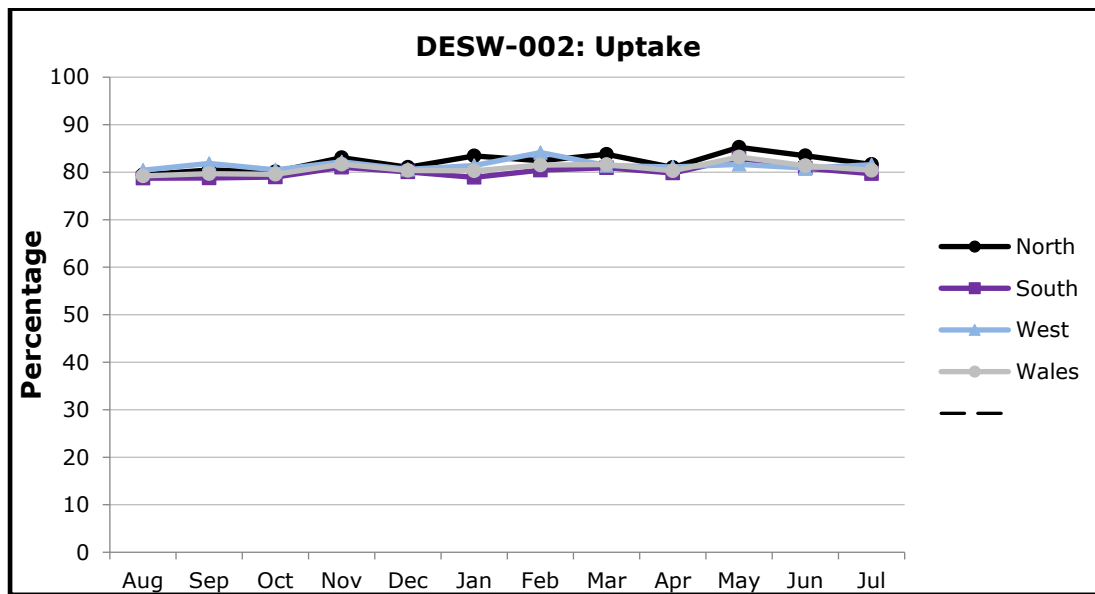
Excluding extended hours clinics, non-attendance at DESW clinics across Wales from January 2025 to July 2025 for people with a booked clinic appointment is 18%. There is variation in non-attendance by venue location with the lowest non-attendance of 7% ranging to highest non-attendance of 34%.

Approximately 5% of filled appointments are cancelled by participants. High numbers of cancellations reduce clinic utilisation. Following cancellation at present a participant can cancel their screening appointment an unlimited number of times. This impacts upon the longest wait as participants remain open and awaiting appointment despite multiple allocated appointments provided by the service. New business rules are due to be introduced to enable closure of screening rounds for participants who have cancelled multiple appointments.

2.6 Diabetic Eye Screening Programme: Quality domain Person-centred

Uptake of the diabetic eye screening offer is consistently achieving the standard of 80% at an All-Wales level and across all three regions in Wales.

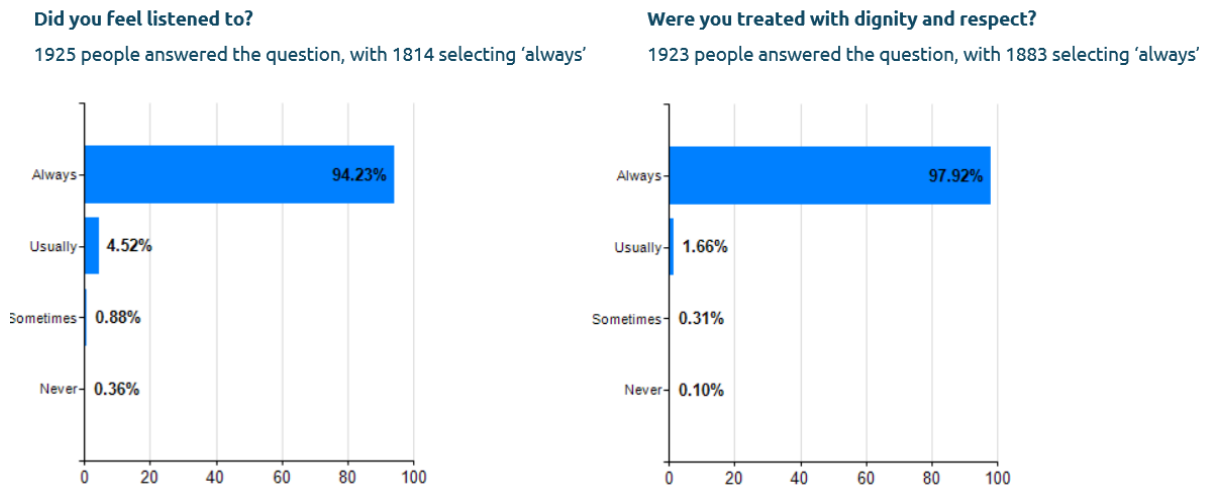
Figure 10: Uptake: Percentage of participants who attended their eye screening appointment



DESW have been working with Service User Experience colleagues within NQIG as part of a SMS Quality improvement project to gather Service User Experience survey data using SMS (text message) feedback. Due to the high completeness of telephone numbers held by DESW within their information system nearly 2000 people have provided feedback on the service they received across eight different clinics location from February to June 2025.

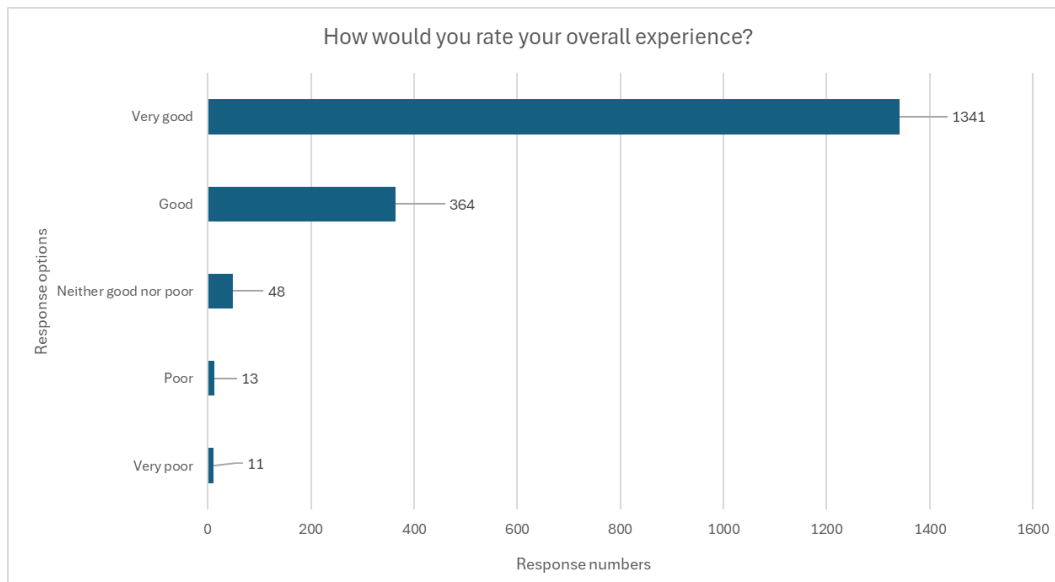
When asked if they felt listened to, 94% of people (1814 of the 1925 people who answered the question) selected always. Nearly 98% of people (1883 of the 1923 people who answered the question) responded that they were always treated with dignity and respect.

Figure 11: SMS (Text message) feedback



When asked to rate their overall experience, nearly 96% (1705 out of 1777 people) rated their overall experience as Good or Very Good.

Figure 12: SMS (text) message feedback



Issues raised within the survey related to parking and standard of clinic facilities within non-PHW run screening centres.

3. Assessment: Programme Improvement/ Development

3.1 Cervical Screening Self Sampling

Quality domains: Effectiveness; Person-Centred; Equitable

In June 2025, the UK National Screening Committee (UKNSC) made the permissive recommendation for the UK cervical screening programmes to introduce a cervical self-test option to women and people with a cervix who do not routinely or never attend cervical screening appointments. This allows for the use of self-sampling as a strategy to improve uptake.

Cervical self-sampling differs to traditional cervical screening as it uses a sample collected by the individual (usually with a swab or brush), instead of a sample taken by a healthcare professional. Like primary cervical screening, HPV self-sampling is used to detect high risk strains of HPV. Where the self-sampled test finds high-risk HPV, further investigation is required to check for any cell changes or early signs of disease. This approach makes cervical screening more convenient and less intrusive, particularly for individuals who may find it difficult to attend clinic-based appointments.

Whilst self-sampling offers an alternative means of undergoing screening, it does have limitations. A clinician taken sample is still required if cytology is indicated due to the need to visualise the cervix, therefore HPV positive self-samples will need a modified screening pathway. The recommendation at present is therefore to offer self-sampling to those who rarely or never engage with screening, i.e. it is a better option than no test for these individuals.

In June 2025 Cervical Screening Wales has set up a self-sampling project with the primary objectives:

- Improve cervical screening coverage to a minimum of 70% to meet the goals set out in the WHO Cervical Cancer Elimination Initiative.
- Improve access to cervical screening for the under screened population.
- Improve equity and equality for cervical screening.
- Meet the recommendation for self-sampling set out by the UKNSC.
- Deliver a cost effective solution.
- Timely introduction (2026).

In addition, Cervical Screening Wales are also involved in further work as part of an in-service evaluation to explore self-sampling as a universal offer. This work is anticipated to begin in late 2026/early 2027 subject to successful application for NIHR funding.

3.2: Implementation of recommended conditions for Newborn Bloodspot Screening

Quality domains. Safe, Effective, Equitable, Person-centred

In November 2022, the UK National Screening Committee (UKNSC) recommended the introduction of screening for an additional condition, Hereditary Tyrosinemia type 1 (HT1), into the newborn bloodspot screening programmes.

A UK Tyrosinemia Task Group was established, working across the four UK nations to look at requirements for implementation. Detailed recommendations were presented to the UKNSC Fetal, Maternal and Child Health Group in September 2024. Following this, the Wales Implementation Group was established. Membership of the group included representatives from relevant specialist services and groups across NHS Wales, the third sector, and the NBSW programme.

Implementation in Wales will be at a different time to England, with their current estimate of implementation being Late September 2025.

There are two main barriers to implementing sooner in Wales which are our IT system and the lab infrastructure. Phase 1 of the work to make the IT system suitable is complete and the system is now re-platformed. The development phase is planned to start soon once contract details have been finalised.

Cross border issues associated with the differential start date have been challenging but good to identify as affect other conditions screened for.

The proposal is for the implementation of HT1 to be a step change for the programme and the laboratory. This will set up Newborn Bloodspot Screening in Wales in a strong position for not only the implementation of HT1 but also the two other conditions likely to be recommended soon (SCID and SMA), and further evaluations and new conditions being included at scale and pace leading from building the evidence base in an innovative way within service evaluation.

3.3: Implementation of Both Ears Clear model for Well Babies in Newborn Hearing Screening

Quality domains. Safe, Effective, Equitable, Person-centred

The Newborn Hearing Screening Wales (NBHSW) programme aims to identify newborn babies with permanent childhood hearing impairment as early as possible to allow for early support to mitigate the impact of hearing loss on language, communication, educational and social outcomes. Currently, NBHSW operates a well baby service model that is focussed on identifying hearing loss in both ears which is different to other areas of the UK. Babies that have no clear result in both ears are referred on to audiology for diagnostic testing. Babies that receive a one

ear clear result in Wales are offered a follow up with audiology, but this offer is not well taken up and that there is inequity in access further tests.

The Wales Screening Committee have approved the proposal in principle for a change to a service model that requires a clear result from both ears for discharge, bringing us in line with the rest of the UK.

A key aim of any new service model is to minimise unnecessary referrals to audiology. An outline service model proposal has been developed, and a number of service developments have been progressed already to help refine our current model and inform what a future model could look like, including more accurately predicting future referral volumes to audiology.

Developments that have happened already:

- Expansion of Well baby Automated Auditory Brainstem Response (AABR) Testing into the clinic setting. This development standardises the screening pathway for babies irrespective of screen location (hospital or clinic) and ensures equitable service provision.
- Following a consultation with Audiology services, the NBHSW Programme Board approved proposals to align NBHSW diagnostic protocols with British Society of Audiology (BSA) guidance. This supports discharge of babies where clear responses from both ears are recorded (using OAE which is simpler and shorter) without full AABR assessment. This aligns with the rest of the UK.
- Changes have been made to recruitment for Screeners to improve recruitment and retention of staff. This will strengthen the workforce to deal with the additional capacity required to meet timely Both Ear Clear service delivery. Senior Screener posts have been redesigned, increasing dedicated time for training and support for Screener colleagues and quality assurance tasks.

Further developments planned an ongoing include:

- NBHSW are working with Audiology services to benchmark current provision for babies diagnosed with unilateral hearing loss, with the aim of agreeing an evidence-based all-Wales approach prior to service model change.
- Development of AWNBHS Clinical IT System. A phased approach to improvement of the IT system is underway with the replatforming, phase 1, recently completed which mitigates the stability and cyber risks and allows for development work to start.
- NBHSW are working with the National Deaf Children's Society to explore service user engagement regarding planned changes to the service model.

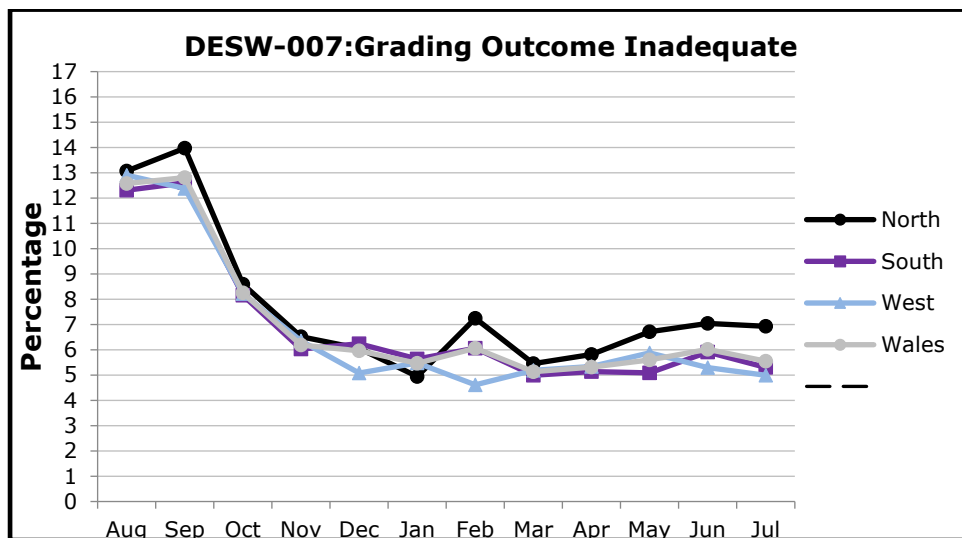
The next step is presentation of detailed and costed modelling work to internal groups and for consideration by Wales Screening Committee for approval of change to both ears clear model for the programme.

3.4 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).

Since the introduction of the cameras in September 2024 there has been a reduction in inadequate image capture from 12.8% to 5.5% in July 2025.



The cameras have reduced recall into the programme for repeat images and have reduced referrals into Hospital Eye Services for image capture. The programme is now looking at how to realise the potential benefit of the cameras to take adequate images without the need for pupil dilation with tropicamide eye drops. The camera utilises a new technology that makes use of the retina’s reflective properties and as such is capable of capturing colour fundus images without the need to dilate the pupils.

There could be significant benefits to both participants and the programme if tropicamide eye drops are not administered to all participants for pupil dilation and ciliary muscle fixation. From a participant’s perspective it would reduce the need for the administration of a medicine and potential side effects. From a programme perspective it could offer efficiencies in service delivery (increasing the number of participants seen per clinic due to shorter appointment times) and cost (reducing the amount of tropicamide used). There are also potential wider benefits to participants if tropicamide is not used as their vision will not be impacted and they can return to normal activities immediately.

The implementation of the new cameras provides an opportunity to consider a staged mydriatic approach to diabetic retinopathy screening where tropicamide eye drops are only administered to participants when image capture is not adequate with undilated pupils. DESW are developing with the PHW Evaluation Lead for the Tackling Diabetes Together programme an evaluation framework to determine the safety and effectiveness of image capture in undilated pupils in comparison with dilated pupils.

The evaluation will determine the feasibility, safety, and acceptability of implementing a staged mydriasis protocol in DESW, where retinal images are initially captured without dilation, and dilation is used only when necessary. The primary clinical objective is image quality, with additional secondary objectives to consider the behavioural and clinical implications of adopting a staged mydriatic approach. This service evaluation will inform the development of a standardised, staged mydriatic screening protocol for implementation across all DESW site types (fixed, mobile, outreach).

3.5 Lung Screening Programme Implementation:

Quality domains: Equitable, Effective. Person-centred

Public Health Wales was commissioned by Welsh Government to scope out a lung cancer screening pathway and to make recommendations as to how the programme could be delivered in Wales. It was initially agreed that an interim report would be provided in March 2025, with a final report in September 2025. Subsequent communications from Welsh Government requested that the interim report contain as much information as possible to inform an early decision on lung cancer screening in Wales.

An interim report was written and following approval from PHW Business Executive Team and Board, was submitted to Welsh Government at the end of March 2025. The interim report outlined the evidence and benefits of lung cancer screening and made a number of recommendations in relation to how a lung cancer screening programme could be delivered in Wales.

On 28th June 2025, Jeremy Miles MS, Cabinet Secretary for Health and Social Care published a written statement introducing a National Lung Screening Programme for Wales, with the first people to be invited in 2027.

‘Screening will involve a low dose computed tomography (LDCT) scan of the chest using mobile scanning units to support equitable access for communities in all parts of Wales. We will adopt a phased approach to implementation based on age, starting with the upper age range and gradually reducing it over time’. Implementation will take place in three stages to allow the NHS in Wales to increase capacity to report scans and follow up on the results promptly.’

Welsh Government has confirmed revenue and capital funding for 2025/26 and has detailed that additional capital requirements for 2026-27 onwards will require PHW to submit formal business case(s) to the Welsh Government for scrutiny and further advice to the Cabinet Secretary for Health and Social Care.'

A robust framework and plan with key steps and timelines have been developed to support completion of the business justification case ensuring that all relevant PHW functions have been included. The timescales outlined are for submission to the PHW Board for consideration at meeting on 27th November.

The requirement to complete a business justification case was not included in initial implementation timelines, since feedback from Welsh Government had indicated that approval of the interim report would include all required approvals. The lung screening programme will continue to progress work, but key procurement tasks cannot proceed until capital funding has been approved. Advice has been given to Welsh Government that an assessment of the impact on the implementation timelines will be made once the business justification case is approved by Welsh Government.

A Programme Assurance Plan has been agreed and sets out the assurance arrangements for the Lung Cancer Screening Programme Implementation Planning Phase. Assurance arrangements for the programme will be carried out in line with the three lines of defence model set out in the PHW Programme Assurance Framework.

The specific assurance objectives are:

- To provide assurance at a project level that products are being produced to a defined level of quality within agreed time and cost parameters (first-line assurance);
- To provide assurance at a programme level that outcomes and benefits are being achieved (second line); and
- To provide assurance at a portfolio level that the programme is delivering the full value and impact forecast set out in the investment case for the programme (third line).

4. Recommendation

The Committee is asked to:

- Take **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.