

**WALES SCREENING COMMITTEE**  
**18 March 2021**  
**09:30 – 11:30**  
**AGENDA**

<b>No.</b>	<b>Item</b>	<b>Owner</b>
<b>1</b>	Welcome, apologies and introductions	Chair
<b>2</b>	Minutes, Actions and matters arising from meeting held on 5 November 2020	Chair
<b>3</b>	Maternal and Child Screening Update	<redacted s40(2)> PHW Officer 1
<b>4</b>	General Update on Screening during Pandemic	<redacted s40(2)> PHW Officer 2 / <redacted s40(2)> PHW Officer 1
<b>5</b>	Self-referrals for Breast Screening	<redacted s40(2)> PHW Officer 2
<b>6</b>	Self-referrals for AAA	<redacted s40(2)> PHW Officer 2
<b>7</b>	Bowel Screening Optimisation	<redacted s40(2)> PHW Officer 3
<b>8</b>	Update on Cervical Screening	<redacted s40(2)> PHW Officer 3
<b>9</b>	Incident Management Process	<redacted s40(2)> PHW Officer 2
<b>10</b>	Screening Programmes for Maternal and Child Wellbeing	Chair
<b>11</b>	AOB	Chair
<b>12</b>	Dates of Future Meetings	Chair

**Dates of Future Meetings**

2021 UK National Screening Committee

25 June

4 November

2021 Wales Screening Committee

8 July

8 November

**Wales Screening Committee Meeting (WSC)**  
**18 March 2021**  
**09:30 – 11:30**  
**Via Skype**

**Members in attendance**

<redacted s40(2)> WG Officer ( <b>Chair</b> )
<redacted s40(2)> PHW Officer 2
<redacted s40(2)> PHW Officer 3
<redacted s40(2)> PHW Officer 1
<redacted s40(2)> WG Officer 3
<redacted s40(2)> PTUHB Officer 1
<redacted s40(2)> HDUHB Officer 2
<redacted s40(2)> Public Member 2

**1 Welcome, apologies and introductions**

Apologies were noted from <redacted s40(2)> WG Officer 1, <redacted s40(2)> WG Officer 6, <redacted s40(2)> C&VUHB Officer 1, <redacted s40(2)> BCUHB Officer 1, <redacted s40(2)> CTMUHB Officer 4, <redacted s40(2)> PHW Officer 9, <redacted s40(2)> PHW Officer 10, <redacted s40(2)> Public Member 1, <redacted s40(2)> C&VUHB Officer 2, <redacted s40(2)> WG Officer 5, <redacted s40(2)> WG Officer 2, and <redacted s40(2)> CHC Officer 1.

**2 Actions from meeting held on 5 November 2020**

The minutes were agreed as a true record of the meeting. All actions were noted as completed, in progress or to be discussed on the agenda.

**3 Bowel Screening Optimisation**

<redacted s40(2)> PHW Officer 3 updated the Committee on updated plans for the optimisation of the bowel screening programme which had to be reconsidered due to the impact of the pandemic. At its meeting in December 2020, the Optimisation Advisory Board reviewed the plans and recommended that due to backlogs in colonoscopy the optimisation would not be able to commence until July 2021 at earliest. It was also recommended that reducing the age range should be done in smaller increments to 58 years-of-age in the first instance. There is currently a waiting time of 18 weeks for colonoscopy, although there is variation across health boards. The Board recommended that a wait of 15 weeks would be acceptable to commence reducing the age range. All health boards have plans in place which they are starting to implement.

**Action 1: PHW to provide the estimated difference in numbers of possible cancers detected between the new optimisation plan and previous plan to optimise in April 2020.**

#### **4 Cervical Screening**

<redacted s40(2)> PHW Officer 3 updated the Committee on the extension of the screening interval for women who test HPV negative. Clinical protocols being developed, numbers of referrals being modelled and CSIMS development are all key to enable the interval change. The development of CSIMS had been delayed due to pandemic but is expected to be ready in the summer. Resources are being developed to inform women of the interval change.

#### **5 Uptake of screening**

<redacted s40(2)> PHW Officer 2 updated the Committee that the programmes were regularly reviewed against agreed criteria to decide whether they continue to provide screening. PHW is working to recover all of the screening programmes which will take considerable time. CSW currently has a four month delay in invitations to screening but early repeat invitations are on time. GPCW has agreed a recovery plan. BSW has an 18 week delay for kits for people who have previously been screened but there is no delay for people entering the programme at age 60. BTW has a 4 month delay and is screening women at highest risk first. The programme still only has 70% of its pre-pandemic capacity so a backlog is building. This is likely to remain until Covid measures are relaxed. AAA venue issue is improving. DESW was paused for 5 months and is running at 35% of its pre-pandemic capacity due to lack of venues and Covid procedures. Those at highest risk are being screened first. There is still some reticence to taking up offer of screening during the pandemic, particularly for DESW. Looking at new ways to measure uptake as previous standards do not provide an accurate picture.

#### **6 Maternal and Child Screening**

<redacted s40(2)> PHW Officer 1 updated the Committee. NBHS was not paused but could only be carried out in community venues during pandemic. There is a backlog but all babies have been provided with two opportunities to be screened. Letters are sent to both GP and health visitor if screening is not taken up. In ASW, NIPT for twin pregnancies will commence in June and training is taking place in midwifery. NBBS coverage continues to meet standards and poor quality repeats have reduced.

#### **7 Self-referral for breast and AAA screening**

<redacted s40(2)> PHW Officer 2 requested the Committee agree to the breast screening programme backfilling screening appointments by primarily offering them to over-70s self-referrals until usual activity and programme-planning is re-

established. Appointments are offered to women in the eligible age-range first and if cannot be attended will be offered to women outside of age-range on a waiting list. All women have access to clinical pathway so no-one is disadvantaged. The Chair emphasised the need to consider inequalities and strong social-economic divide in those accessing screening.

**Action 2: PHW to provide uptake figures for women over 70 vs age 69.**

<redacted s40(2)> PHW Officer 2 requested the Committee agree that for AAA screening, self-referral men are offered appointments that have been cancelled by men in the core cohort.

The Committee agreed that due to low attendance, both papers would be circulated to members to be agreed outside of the meeting.

**Action 3: Evaluation to be added to papers on self-referral for BTW and WAAASP which will then be circulated to members for agreement.**

**8 Incident Management**

<redacted s40(2)> PHW Officer 2 presented a paper on current incident management processes. PHW has taken a proactive approach to failsafes and learning from incidents. There is a low threshold for what constitutes a SI in screening, usually systematic issues that may affect a lot of people. System errors in screening are not usually a direct harm as most people are asymptomatic, however, the possibility of harm warrants a SI to be reported.

**Action 4: WG and PHW to discuss and clarify terminology.**

**9 Screening Programmes for Maternal and Child Wellbeing**

The Chair requested that the Committee consider the paper outside of the meeting.

**Action 5: The Committee to consider the paper on Screening Programmes for Maternal and Child Wellbeing and provide comments via the Secretariat.**

**10 AOB**

No business was raised.

**11 Date of next meeting**

8 July 2021