

Update on the Population based Screening Programmes in Wales: Focus on Bowel Screening

Quality, Safety and Experience Committee Hywel Dda University Health Board (HDdUHB)

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Impact of the Pandemic on the Population Based Screening Programmes

Phase of Screening Response during the pandemic	Date	Summary
Pause	March to May 2020	Following Welsh Government (WG) announcement on 13 March 2021 to suspend non urgent outpatients appointments and admissions. Recommendation to WG accepted to pause the adult screening programmes. Antenatal and Newborn programmes not paused.
Reinstatement	June to September 2020	As Covid-19 cases started to reduce from May 2020, plans to reinstate Covid-19 safe screening pathways against agreed criteria implemented. Risk based and phased implementation of programmes. Capacity in programmes reduced due to necessary Covid-19 safe pathways
Continuation	September to March 2020	Continual review against agreed criteria undertaken. All screening programmes continued through local lockdowns, firebreak and national lockdowns.
Recovery	March 2021 onwards	Plans to recover programmes prepared, costed and actioned. Additional funding confirmed from WG Sept 2021.

Current Situation for Screening Programmes Paused

Programme	Update
Bowel Screening Wales	<ul style="list-style-type: none"> • Programme recovered delay in invitations in October 2021
Cervical Screening Wales	<ul style="list-style-type: none"> • Programme will recover delay in invitations in December 2021
Breast Screening Wales	<ul style="list-style-type: none"> • Programme still has delay due to affect of covid safe pathways on capacity. • Screening activity has recovered to pre-covid levels. • Recovery plan to increase staffing levels to enable sustained increased activity.
Wales Aneurysm Screening Wales.	<ul style="list-style-type: none"> • Programme still has delay due to affect of covid safe pathways on capacity and limitation on venues. • Screening activity has recovered to pre-covid levels. • Recovery plan to increase staffing levels to enable sustained increased activity and improve venue availability.
Diabetic Eye Screening Wales	<ul style="list-style-type: none"> • Programme still has delay due to affect of covid safe pathways on capacity and limitation on venues. • Screening activity has not recovered to pre-covid levels. • Recovery plan to increase staffing levels to enable sustained increased activity, and improve venue availability. • Optometry supporting recovery with participants at low risk offered retinal review.

- Bowel Screening Pathway – early identification of bowel cancer

Screening Offer

Bowel screening FIT test sent to 58-74 year old every 2 years.

65% people take up offer.

22-24,000 kits received each month

Screening Test – FIT

98% of people have negative screening result. Invited again in 2 years.

2% of people have positive screening result. Referred for assessment. 400-420 referred each month

100% people sent screening result sent within **7 days**

Assessment (Colonoscopy by accredited Colonoscopist)

12% of people have bowel cancer diagnosed

75% have polyp/s diagnosed (these are removed). 58% are adenoma

Screening colonoscopy should be offered within 28 days of their screening positive test

Longest current wait in Hywel Dda **100 days**

- Bowel Screening Programme responsible until diagnosis of bowel cancer. Programme commission colonoscopy, pathology and radiology from Health Boards.

Challenges from pandemic

- Invitation backlog (110,000)
- Screening colonoscopy backlog (& symptomatic colonoscopy backlog)
- Staff absence (redeployment, sickness, self-isolation, childcare)
- Reduced throughput (PPE, cleaning, social distancing)
- Participants declined colonoscopy/CTC
- Improved screening uptake after restart

Improving Outcomes

Bowel cancer is currently the second most common cause of cancer death in Wales: about 900 deaths from bowel cancer each year

Source of Referral

Screening

• 9 in 10 likely to be cured

GP referral

• 7 in 10 likely to be cured

As Emergency

• 5 in 10 likely to be cured

<https://www.nboca.org.uk/content/uploads/2020/12/NBOCA-2020-Annual-Report.pdf>



Optimisation of the Bowel Cancer Screening Programme in Wales



UK National
Screening Committee

phescreening.blog.gov.uk
@PHE_Screening

August 2018

UK NSC recommendation on bowel cancer screening

Following a review of the evidence the UK NSC recommends:

- FIT (faecal immunochemical testing) offered at 50 to 74 years at as low a threshold as possible (down to FIT20); this will need to start at a manageable threshold but the aspiration would be to drive the threshold down with time

Optimisation of the Bowel Cancer Screening Programme in Wales – Road Map with funding confirmed



- ✓ 2019 (end September 2019) – Introduction of FIT. **Implemented as planned in 2019**
- ✓ April 2020 – Start of age expansion (from 55) – **Suspended March 2020, plan revised (impact of COVID)**
- ✓ 2021 (end of October) – Starting age for screening from 58 years with FIT sensitivity of 150µg/g. **Implemented – invitations to include 58 and 59 years from 11 October. - expect diagnose 400 cancers**
- 2022 (end of October) – Starting age for screening from 55 years (sensitivity 150µg/g)- **expect diagnose 570 cancers**
- 2023 (end of October) – Starting age for screening from 52 years (sensitivity 120µg/g)- **expect diagnose 680 cancers**
- 2024 (end of October) – Starting age for screening from 50 years (sensitivity 80µg/g)- **expect diagnose 1,030 cancers**

• Screening laboratory tested 34,000 symptomatic FITs since June 2020

Web Referral Form: Symptomatic FIT Service

This form is intended for requesting Faecal Immunochemical Tests (qFIT/FIT) for **low risk (DG30)** and **high risk (NG12)** symptomatic patients according to local arrangements made with participating Health Boards.

Please note all sections of this referral form are mandatory.

- It is the responsibility of the referring clinical to follow up the patient's test results.
- Results can be accessed via Welsh Clinical Portal (WCP) or GP Links. No paper copies of results will be issued.
- Results will be available within two working days of sample receipt.

This service is provided by the Public Health Wales Screening Division Laboratory for participating Health Boards only. Details of the laboratory can be found in the [Laboratory Handbook](#) with details of the test including methodology, rejection criteria, and turnaround times included.

Any queries from clinicians about the symptomatic FIT test can be sent to PHW.SymptomaticReferral@wales.nhs.uk. Please note the laboratory is unable to respond to queries from patients.

Copies of the patient information and instruction leaflets can be found [here](#).

Other Links

- [Suspected cancer: recognition and referral](#)
- [Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care](#)

Form

Referring clinician (please do not include your title as this will be auto added to the letter) *

Are you referring from? *

- Primary Care
 Secondary Care

Which health board are you making the referral from? *

- Aneurin Bevan
 Betsi Cadwaladr
 Cardiff and Vale - please use C&V ONLY link instead: <https://phw.nhs.wales/services-and-teams/screening/bowel-screening/cav-symptomatic-fit-pilot/>
 Cwm taf Morgannwg
 Hywel Dda
 Powys
 Swansea Bay

Please give the name of your hospital/GP surgery *



Test kit instructions

You will need...

- **Test Kit**
- **Pen**



Take the test kit out of the envelope.



Put the catcher provided over the toilet seat to catch the poo.



Unscrew the lid of the tube to remove the stick.



Dip the end of the stick into your poo sample.



Only fill the small grooves at the end of the stick, as shown above.



Place the stick back in the tube. Close the tube by screwing the lid back on.



Write the date you took the sample on the test kit.



Write your name and date of birth AND the date that the sample was taken on the green bag.

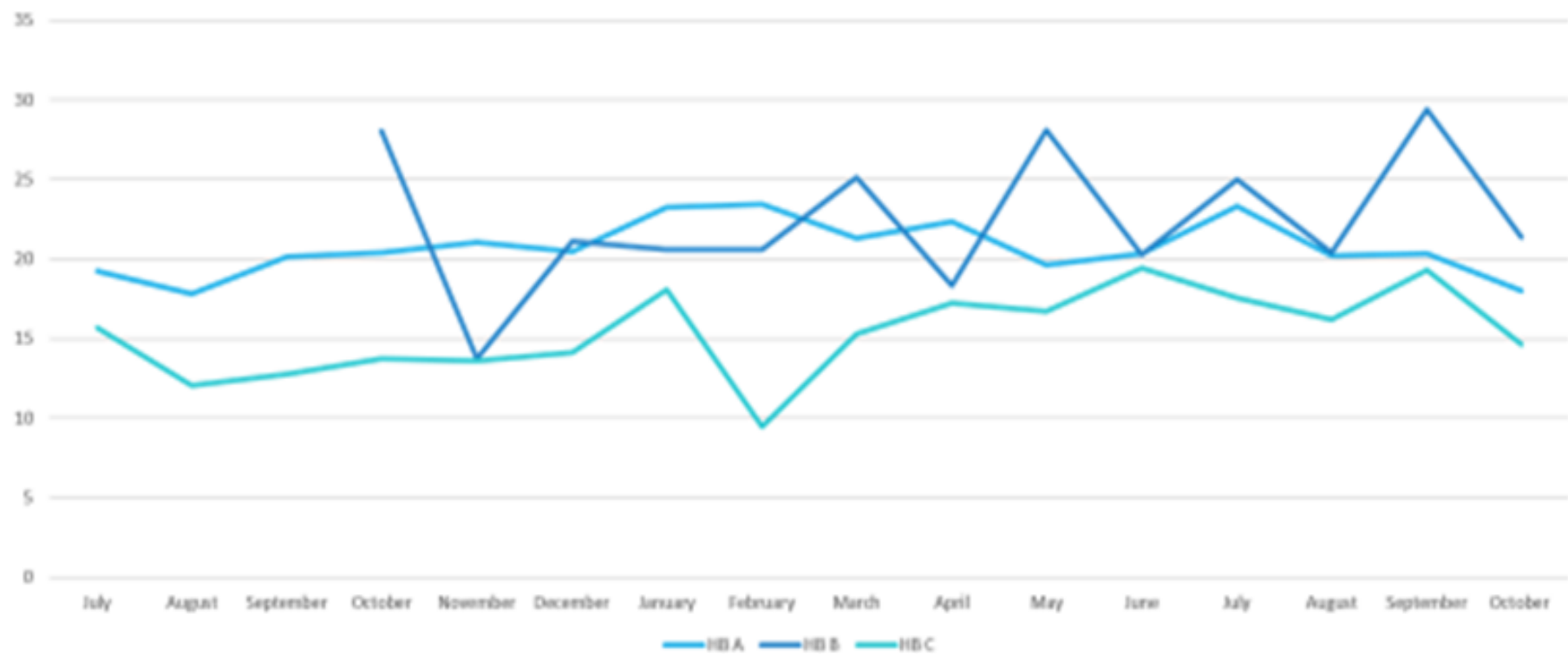


Place your sample tube into the green plastic bag and press along the seal.



Place the green sample bag into the pre-addressed purple envelope and seal the envelope.
Post immediately.

Positivity Rates





Summary

- Programme has recovered delay on screening invitations
- Uptake is improved, timeliness of screening test results excellent
- Pandemic has resulted in challenges which are mostly timeliness for colonoscopy
- Work underway to health boards to improve timeliness and reduce backlog
- Supporting wider system with offering testing FIT for symptomatic (NICE guidelines)
- Optimisation commenced – 4 year plan to enable over 1,000 cancers to be screen detected to improve outcomes.
- Funded optimisation plan stepped increase in colonoscopy demand – working with Health Boards and National Endoscopy Programme to enable this to be achieved in Wales.