



HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
15 JUNE 2022

NATIONAL SCREENING PROGRAMMES

REPORT OF NHS ENGLAND AND NHS IMPROVEMENT –
MIDLANDS

Purpose of the Report

1. The purpose of this report is to inform the Committee of the impact of the Covid-19 Pandemic on the National Screening Programmes in Leicestershire and the steps that have been undertaken to support recovery.

Background

2. Since 2013 NHS England has been responsible for the commissioning of the National Screening Programmes via the Section 7A mandate from the Secretary of State. The Screening programmes are 3 for cancer – Breast, Bowel and Cervical and 3 for non-cancer – Diabetic Eye, Abdominal Aortic Aneurysm and Antenatal and Newborn. Screening services are commissioned against nationally written and agreed Service Specifications to ensure there is a consistent approach across England.
3. Within Leicestershire these programmes are mainly provided by the University Hospitals of Leicester NHS Trust, both within the trust's estate and within other settings across the County and City, mainly healthcare.
4. The Covid-19 Pandemic impacted on the Screening programmes to differing extents – from some continuing to be provided throughout the Pandemic to those where the services were paused for a number of months before recommencing once sufficient protections against Covid-19 for staff and patients were in place.
5. Two of the Programmes, Cervical screening and Antenatal and Newborn have continued to be provided throughout the Pandemic, despite the challenges that this has meant. There was some decline in activity numbers for cervical screening as some of the eligible population chose not to attend GP practices as well as some limitations on services that could be provided within primary care; however, activity levels have

continued to improve as the Pandemic has progressed. Antenatal and Newborn services have been maintained throughout the Pandemic, although some restrictions have been required to ensure safety and these may have an impact on the patient's overall experience.

6. For the remaining 4 services – Breast, Bowel, Diabetic Eye and Abdominal Aortic Aneurysm, all of these paused their services in March 2020 in response to the Pandemic. This decision ultimately created a backlog of patients who were unable to be screened for the period of the pause and had a knock-on effect to other patients. To enable the Programmes to re-commence screening, a series of guidance documents were produced nationally so that patients could be prioritised accordingly and during the summer of 2020 all the services began screening again.
7. Due to the requirements of social distancing screening services had to re-commence at a greatly reduced level to pre-Pandemic which added to the backlog the services already had and impacted on the timelines for recovery. For those services who were challenged pre-Pandemic, this made recovery an even greater challenge. The details of the challenges and recovery per Programme are captured below:

Breast Cancer Screening Programme

8. Leicestershire is a large Breast Cancer Screening Programme which has meant recovery has been very challenging for them. The ongoing requirement for social distancing has meant that screening appointments have taken longer than pre-Pandemic and throughput has been less. Over the course of the last 2 years the service has been gradually able to reduce the appointment times and increase capacity.
9. During the latter part of 2021 a national capacity and demand tool was implemented which could determine the position of each provider in relation to the likely recovery timeline. For Leicestershire the most recent iteration of the tool predicts them to be classed as recovered by July 2022.

Bowel Cancer Screening Programme

10. This service has had the double challenge of recovering from the Pandemic and introducing an additional cohort into the programme as part of one of the Long-Term Plan commitments to lower the eligibility age for Bowel Cancer Screening. This meant the introduction of screening for 56-year olds during the 21/22 financial year as part of a 4-year phased approach to enable screening from the age of 50 following a national decision to cease bowel scope screening.
11. The Leicestershire Programme were able to re-commence from early July 2020 after the pause in screening. Additional capacity to assist with

this was available to the service via the Spire Hospital as part of the national contract arrangements with the independent health sector in place at the time.

12. The good position of the Programme after the re-start meant they were able to offer some mutual aid to a neighbouring service who had greater challenges as well as being able to treat their own patients.
13. The national Key Performance Indicator (KPI) standards for bowel screening operates on a tolerance of – 6 weeks to +6 weeks from for invitations being sent out to patients when they are due to be screened. The national definition of recovery from the impact of the Pandemic was deemed to be back to the KPI definition of within - 6 weeks for invitations. Prior to Covid-19 impacting on the NHS all relevant KPI's were achieved by the Leicestershire Bowel Screening service.
14. The Leicestershire Programme achieved recovery in a timely manner, and they were also able to roll out age extension for the first cohort at the start of August 2021. The service retained the use of the Spire Hospital until the end of March 2022, which enabled them to maintain their recovered position. From April 2022 all activity is now undertaken on the hospital trust estate, predominantly from Glenfield Hospital.
15. The second phase of the roll out of age extension is to commence within a year of the first phase and therefore the Programme will be aiming to achieve this by August 2022. Waiting times for referrals to Specialist appointments and diagnostic interventions when required are consistently in line with the nationally derived Key Performance Indicators, which are defined as being seen by a Specialist Screening Practitioner (SSP) within 2 weeks of the results of the FIT test and then within a further 2 weeks for a diagnostic procedure to be carried out if deemed necessary.
16. The standards are set at 95% being the acceptable level and 98% the achievable. The Leicester programme has consistently been at 100% of achieving the SSP KPI over the last couple of years, including during recovery from the Pandemic. In fact, over that time the service has achieved an average mean time to the first offer of an appointment in under 7 days. For referral to a diagnostic test the acceptable standard is 90% with the achievable standard set at 95%. Achieving this has been a challenge for the Programme at times since 2019 and during the mid to latter part of that year an average achievement of 94.83% was reached by the programme – just short of the achievable target.
17. It should be noted that this does include 15 weeks where 100% was achieved. Unsurprisingly, for 2020 an average of 65.72% was achieved, which did include 12 weeks of 100% achievement despite the challenges being faced with Covid-19. 2021 has an improved picture of 72.15% with 30 weeks at 100% achievement. Since the start of 2022 to date an average of 99.35% has been achieved with all but 2 weeks being at

100%. The mean number of days to be seen is currently at 6.4, so well within the 2 weeks standard.

Diabetic Eye Screening Programme

18. This service operates very much on a community-based model to enable patients to access screening as closely as possible to where they live. In addition, there are clinics provided at the hospital sites for those who can attend at those venues. GP surgeries are utilised greatly to deliver this programme and the restrictions imposed during the early part of the Pandemic and continue to be in place to a lesser degree have had an impact on the speed of recovery of the screening programme.
19. The other main factor that has been a challenge has been social distancing which has reduced capacity significantly. This is because patients require eye drops for dilation before screening and must wait for 20-30 minutes after these have been administered. Prior to Covid-19 the service saw 3 patients within a 30 minutes period per screener which reduced to 1 patient every 30 minutes when the recovery commenced to accommodate the necessary protections of the staff and patients.
20. For some venues the service was able to increase this to 2 patients per 30 minutes from January 2021, but this only covered about 50% of clinics. Pre-pandemic capacity saw the programme had an average of 4,500 slots per month as opposed to only an average of 2,700 per month in early 2021 after the capacity had been increased slightly. When the service first re-commenced after the pause, they were seeing significantly less patients than this. Additionally, reductions in waiting room capacity have meant that fewer patients can be invited, and Personal Protective Equipment requirements has added to the length of time for each appointment, thereby reducing capacity further.
21. Social distancing requirements have recently been relaxed in some parts of the hospital estate, the Diabetic Eye service have been included within this, which has enabled a re-planning of capacity so there is a greater throughput of patients. This has enabled the programme to create additional capacity which will enable them to see all their 21/22 cohort by the end of June 2022. This is outside of the national target for recovery which was set at the end of March 2022 plus 6 weeks but is improved on the original estimated completion of the cohort which was going to be mid to end of July 2022. The service are risk stratifying patients to ensure that those at greatest need are seen as a priority by the programme within the additional capacity that has been generated as a result of the social distancing changes.

Abdominal Aortic Aneurysm Screening Programme

22. This service was able to re-commence screening from the end of the second week in June 2020 after its pause. The Leicestershire service

have managed to meet all the required deadlines and has been regarded as fully recovered for several months.

Additional Support

23. For both the 2020/21 and 2021/22 financial years all NHS Contracts were operating as block payments, which meant providers got a fixed amount each month with no adjustments for activity, implemented to ensure financial security during the Pandemic. For Public Health Services additional funding was able to be made available from October 2020 and where this was requested each service received further funding to assist with their recovery. This has continued into the 22/23 financial year where this is needed as part of the agreed contract on both a recurrent and non-recurrent basis.

Continuing impact of Covid-19

24. Now we are operating in a 'living with Covid-19' approach in England this does bring challenges for all the screening services. Most teams are regarded as niche and relatively small when it comes to numbers of staff who support the Programmes and despite restrictions being relaxed in wider society, stricter controls are still in place for NHS services and settings. The potential impact of this is staff members being off from work which in turn means clinics and appointments having to be cancelled. When services are working particularly hard to recover their positions any absence for any length of time can have a big impact on the achievement of this. High case rates make absence more likely and this will be an ongoing theme for Screening Programmes for as long as Covid-19 is with us.

Conclusions

25. The screening programmes in England have had some significant challenges over the last couple of years against the backdrop of a global Pandemic. Some of these challenges remain, however the services in Leicestershire have worked tirelessly for their patients to try and get them seen as soon as possible. The lessons that have been learnt about Covid-19 and the increased level of understanding has enabled the programmes to become more resilient and they will be able to build on this to ensure services improve further. NHS England and Improvement will continue to provide support to the programmes and monitor performance to ensure standards are maintained.

Background papers

26. Not Applicable

Circulation under the Local Issues Alert Procedure

27. Not applicable.

Equality and Human Rights Implications –

28. Not Applicable

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