FROM: **Gerard Collins** Trim Ref:HE1/20/93462
Health Protection Branch

DATE: **20 March 2020**

TO: **1. Dr Michael McBride √ MMcB 20/3**
2. Minister Swann

HSC PROPOSAL TO PAUSE SCREENING PROGRAMMES TO ASSIST WITH COVID-19 RESPONSE

ISSUE:	Decision required on pausing population screening programmes to assist with COVID-19 response
TIMING:	Urgent – Wales announced today its decision to pause some major screening programmes and an announcement from England is imminent.
PRESENTATIONAL ISSUES	Potentially significant media and health charitable sector interest in the cessation of screening programmes. PHA would be expected to develop a communications plan and work closely with press office to agree this plan. Cleared by Press Office – PMcC – 20/3/2020.
FOI IMPLICATIONS	Policy in development but fully disclosable when decision made on way forward.
EXECUTIVE REFFERAL	Not required.
FINANCIAL IMPLICATIONS	Temporary cessation of certain screening programmes would likely generate some savings in consumables. Main costs relate to staffing and the intention is to redeploy staff to the COVID-19 response. Potential longer term increase in costs associated with the need to treat illnesses that may have progressed to a more advanced stage in the absence of earlier detection through screening.
LEGISLATION IMPLICATIONS	None.

SPECIAL ADVISOR'S VIEWS

EQUALITY/HUMAN RIGHTS/RURAL NEEDS IMPLICATIONS	Some screening programmes proposed for temporary cessation are gender specific while others are focussed on specific, mainly older, age groups.
RECOMMENDATION:	That you: - Approve PHA's recommendation to pause some screening programmes in order to assist in the COVID-19 surge; and - Announce this decision via a DoH press release (currently being drafted).

Detail

1. In consultation with HSCB, the PHA has produced proposals in relation to the population screening programmes in Northern Ireland, in response to the current Covid-19 outbreak. This comes in light of your decision and statement last week about scaling back and curtailing health service activity such as non-urgent outpatient appointments, day cases, and diagnostic work as resources are diverted to care for coronavirus patients and to plan ahead for increased sick leave amongst staff. However, it is recognised that this was a high level statement and that screening programmes were not specifically mentioned.

2. In summary, the PHA proposals are to pause most screening programmes for a defined period (3 month initially) to release staff to undertake other duties related to the COVID-19 surge, but to complete screening investigations and ongoing surveillance monitoring for those currently under investigation for a potentially adverse screening result.

3. PHA has advised that these proposals have been made in the context of the following environment:

   - urgent need to release capacity in primary and secondary care to respond to the expected surge in demand;

- anticipated significant levels of sickness absence among staff undertaking screening and all other professional and support services involved in the screening pathway;
- uptake of screening services during the peak of the COVID-19 outbreak is likely to markedly reduce, services are already reporting an increase in patient cancellations;
- attendance at screening appointments could potentially place screening participants at risk of exposure to coronavirus with particular concern in programmes aimed at those aged 60+ or with conditions such as diabetes who are a vulnerable population for infection and where social distancing is being recommended; and
- without an agreed regional approach, local decision making on delivery of screening will be ad hoc and inequitable. Some Trusts are already stopping certain screening services due to operational constraints such as closure of council premises where screening facilities are located.

4. As an initial response to addressing these issues PHA is proposing to defer all routine operational and quality assurance meetings, cancel planned conferences and training, and defer planning on new service and quality developments - including primary HPV in cervical screening and new service model for the Diabetic Eye Screening Programme. However, PHA advises that whilst these actions will reduce some workload among Trust staff this will not be sufficient to address the above issues. Broader proposals on the temporary cessation of population screening programmes have therefore been put forward for consideration and decision.

Background – screening programmes

5. The screening programmes within the overall NI Screening Programme are grouped into: (i) ***cancer screening programmes*** – cervical, breast, and bowel; (ii) ***non-cancer*** – diabetic retinopathy to prevent sight loss in those with diabetes, and abdominal aortic aneurysm (AAA) screening in men aged 65 and over to prevent this life-threatening aneurysm (around 8 in every ten people

who have a burst AAA die as a result); (iii) ***antenatal*** – routine blood test screening for all pregnant women to check for hepatitis B, HIV, and syphilis infection and for rubella virus (german measles) susceptibility; and (iv) ***newborn*** - which includes blood spot screening for a range of conditions which can cause severe disability and death, and screening for hearing impairment.

6. There is a large cohort of HSC staff involved in screening and in the investigation, diagnosis, treatment and ongoing surveillance steps that follow the initial screening. This activity is spread over the primary and secondary care sectors and involves a wide range of professions and administrative staff including GPs, practice nurses, radiologists, radiographers, sonographers, laboratory staff (biomedical and medical), pathologists, nurse consultants and nurse assessors.

Action being taken in other jurisdictions

7. I understand the work leading to the proposal to pause most routine screening has been coordinated across the 4 UK countries, led by Public Health Wales, with the aim of aligning as much as possible at policy level.

8. The current position in England is that DHSC is drafting a paper on screening services for review and approval by a group led by the CMO for England which is assessing clinical priorities. The draft proposals broadly align with those for NI but with a couple of differences in relation to diabetic eye screening and AAA screening. The draft proposal is to pause all screening work on the former, including surveillance and to pause all AAA screening (including surveillance) but continuing to refer, into vascular services, those men already at the referral threshold. A decision and announcement are imminent.

9. Wales has announced its decision to pause the following screening programmes: breast, bowel, cervical, diabetic eye, and AAA. It is to continue with antenatal, newborn bloodspot, newborn hearing and AAA surveillance screening. The position in Wales will be formally reviewed and risk assessed in 8 weeks time.

Options considered by PHA and HSCB

Option 1: Do nothing: continue all programmes and developments as per current services

10. A wide range of HSC staff would continue to be engaged in screening and the necessary associated follow-up activity; consequently they would not be available for release to provide additional skilled resource for the COVID-19 surge response. In addition, maintaining delivery of programmes across the complete screening pathways to *minimum quality standards* during the COVID-19 surge period would be extremely challenging, with an associated increased risk of patient safety incidents, false negative results, and loss to follow up.

11. This has been evidenced already in the SHSCT where some breast screening services were discontinued on 17 March because the location used is Council owned and that location closed on 18 March in response to the COVID-19 outbreak. There have also been reports that the NHSCT intends stopping some its screening services due to staffing levels.

12. A further concern is that within particular screening programmes, screening is offered to those in older age groups and to those with underlying health conditions such as diabetes and cardiovascular disease, placing them in vulnerable groups for Covid-19 for whom attendance at clinics or hospital sites is not recommended at the current time.

Option 2: Maintain only time-critical programmes,

13. This entails maintaining newborn bloodspot and antenatal infection screening, and pausing all other non-time critical screening programmes (including cancer programmes) for a defined period. As with option 3, under this approach those who have already commenced a screening pathway and/or are under investigation for a potentially adverse screening result would be facilitated to complete that pathway.

14. The PHA view is that it would not be appropriate to pause higher risk breast screening at the NHSCT Higher Risk unit because women within this programme have 8 times the normal risk of breast cancer. This is a relatively small group numerically, around 8000 women are screened annually and the cancer detection rate for this population group is higher than that in the general population eligible for breast screening.

15. The Agency is also of the view that surveillance programme for patients with known (large) AAA must continue as they are at risk of rupture if ongoing monitoring is not maintained and acted on. In relation to diabetic eye screening, routine screening is already deferred by default as GPs will not facilitate screening sessions on their premises in the present circumstances. However, the Agency's view is that newly diagnosed patients and those under increased surveillance are at higher risk of eye disease and should continue to be screened.

Option 3: Maintain only time-critical programmes along with elements of other programmes

16. This entails maintaining the antenatal infection and newborn screening programmes along with higher risk breast screening and surveillance pathways in diabetic eye screening and AAA screening. This is the PHA's ***preferred and recommended option*** on the basis that it would maximise the release of staff capacity within Trusts to support the Covid-19 response, and would maintain time critical and high risk screening pathways to minimise adverse patient outcomes.

17. Within this option it is also proposed that a small number of high priority areas of work continue to be progressed by the PHA as far as possible during the Covid-19 period. This includes the development work on IT systems for the introduction of FIT in bowel screening, and requires minimal input from front line staff.

18. Pausing the identified screening programmes would result in 75,000 screenings not going ahead over the next three months.

19. PHA estimates that given the work in the system it would take from one to two months to free up those involved in the later steps in the screening pathway, as existing tests will have to be processed and reported. The timescale for release of capacity depended largely on the occupation, eg radiologist capacity could be released within two weeks following cancellation of screening, those providing recall assessment appointments in breast screening could be released after 3 weeks, whereas some endoscopy services would require 6 to 10 weeks. Primary care resources in the main could be released immediately.

20. A summary of the risks and impact on each programme is attached at **TAB A**.

DoH view on the proposals

21. Slowing screening programmes by continuing to send invites at a reduced rate, would release limited capacity, as a core level of service would still need to be maintained, the same complement of staff across the various disciplines would still be required. Furthermore, the issues relating to uptake and risk of exposure to infection would not be addressed. In light of this the choice is realistically limited to the 3 options considered by PHA.

22. Option 1 (the "do nothing" option) is not viable for the reasons outlined by PHA. The virology laboratory is already making plans to use staff from other labs to help increase its COVID-19 testing capacity.

23. This leaves options 2 and 3 which propose pausing programmes to slightly different extents. However, it should be noted that a decision to pause screening programmes carries risk and that restarting screening programmes after a pause will not be straightforward. Upon resumption of screening, failsafe processes will need to be in place to ensure that no individual misses an invitation as a result of the pause (eg. if now outside eligible age range when the programme restarts). Significant effort will be required to restart screening,

with support and investment to pull back individual programmes to expected standards within an agreed and reasonable timescale (in the wider context of HSC recovery post Covid-19).

24. Option 2 would release the maximum capacity for staff to undertake other duties relating to the COVID-19 surge. However, the risk of adverse health outcomes to those eligible for higher risk breast screening, diabetic eye screening and AAA surveillance is high.

25. Officials and medical advisors therefore support the PHA preferred option (option 3) as outlined above. However, we would emphasise the importance of the HSC developing an effective communications plan for this option, PHA/HSCB developing and leading on an implementation plan for the redeployment of staff to assist with COVID-19 surge and to make the most effective and efficient use of the staff time released, and pre-planning to ensure an effective restart of the programmes once the pause period is over. It will also be necessary to obtain PHA assurance that contingency plans to maintain the priority screening services in option 3 are robust.

Recommendation

26. It is recommended that you:
    - Approve the PHA recommended option (option 3) for pausing certain screening programmes while maintaining those that are time critical and/or focussed on high risk occupations; and
    - Agree to the Department announcing this decision via a press release (currently being drafted).

27. Subject to your agreement to the above, it is also recommended that the CMO writes to HSCB/PHA conveying this approval and specifying the requirements set out above at paragraph 25.

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Option 3: considerations by screening programmes

Programme	Recommendation	Programme specific risks/issues
Cervical screening	DEFER screening invitations for 3 months - Samples received by the labs should continue to be processed and reported. - Women identified as requiring colposcopy following an abnormal screening result should continue to be seen and managed as appropriate.	Delayed diagnosis of cancer. However, as CSP largely picks up pre-cancerous changes the impact is expected to be minimal. Restarting issues: - It is estimated that pausing activity for 3 months will take at least 6 months to be recovered. - Laboratory, Colposcopy and Primary Care services may experience increased activity during recovery.
Breast screening (routine)	DEFER routine screening invitations - Women who have been screened and recalled to assessment should still receive assessment appointments, as they are the equivalent of 'red flag' referrals and require urgent investigation.	**Trusts are making the decision to stop screening on an individual Trust basis. One Trust cannot screen at one site, because the council facility at which they are based has closed.** Not detecting or delay in detecting breast cancers in eligible women. Women will not be invited/ screened at the appropriate interval. A catch up exercise may take months to a year, with resulting persisting impact on screening coverage. Services will need to develop a recovery plan and adjust their screening round plan.
Higher risk breast screening	CONTINUE to screen with all women being screened within the NHSCT Higher Risk unit.	Women within this programme are identified as having 8 times the normal risk of breast cancer. These women are usually screened at an earlier age, and annually. This is small group numerically, only around 8000 women annually. The cancer detection rate for this population group is higher than that in the general population eligible for breast screening.
Bowel cancer screening	DEFER invitations for 3 months	Delay in diagnosis of cancer. On restart, need to ensure the deferral does not exclude an individual from an

Programme	Recommendation	Programme specific risks/issues
	- All test kits returned to the lab should continue to be tested and reported. - All participants with a positive screening result should continue to be followed up (ie pre-assessment, colonoscopy, CTC)	invite if they are now outside the screening age range.
Abdominal Aortic Aneurysm screening	DEFER new invites and self-referrals - Participants on any referral pathway should complete that pathway CONTINUE surveillance programme for patients with known (large) AAA	Delayed diagnosis of abdominal aortic aneurysms Surveillance patients with a known AAA are at risk of rupture if ongoing monitoring is not maintained and acted on.
Diabetic eye screening	DEFER routine screening CONTINUE to screen newly diagnosed and surveillance patients -all reporting of images should be completed - all patients on a referral pathway should complete this.	This is happening already by default as GP practices will not facilitate screening sessions on their premises and patient cancellations are increasing. Those who are newly diagnosed or under increased surveillance are at higher risk of eye disease and should be prioritised.
Newborn bloodspot screening	CONTINUE	Critical time sensitive screening programme and must continue. Failure to deliver this programme could result in delayed diagnosis of rare but serious conditions that could result in loss of life or serious morbidity if not treated promptly. Under the PHA Corporate Business Continuity Plan the newborn blood spot screening programme is a priority 2 service (i.e. maximum acceptable outage 2-7 days).
Newborn hearing screening	CONTINUE	Maintain as a diagnostic delay is associated with poor development of communication skills for children with sensorineural hearing loss. There is a

Programme	Recommendation	Programme specific risks/issues
		known reduction in uptake when babies are not screened in hospital
Antenatal infections screening	CONTINUE	Critical time sensitive screening programme and must continue. Failure to deliver this programme could result in undiagnosed cases of Hep B, HIV etc in newborn babies.