Scottish Screening Committee: Minute of Meeting

Thursday 30 March 2017

Present:

Paul Hawkins – (Chair) Chief Executive, NHS Fife	Roger Black – Head of Service – Public Health Intelligence – National Services Scotland
[Redacted] – Screening Policy Lead - Scottish Government	Gareth Brown – Deputy Director- Health Protection – Scottish Government
Carol Colquhoun - National Screening Co-ordinator – National Services Division	Lesley Donovan – eHealth Lead – NHS Fife
Mike Winter – Medical Director – National Services Division	Roderick Harvey (VC) - Medical Director – NHS Highlands
[Redacted] – Programme Manager (Cervical Screening) – National Services Division	*[Redacted]* – Cancer Research UK
[Redacted] – Programme Manager - Healthcare Improvement Scotland	Emilia Crighton – Director of Public Health – NHS Greater Glasgow and Clyde
[Redacted] – Programme Manager - Healthcare Improvement Scotland	Robert Steele – Clinical Director – Scottish Bowel Screening Programme
[Redacted] – Immunisation and Screening Lead- Health Scotland	Allan Wilson – Scientific Manager – Cytology Laboratories
[Redacted] - Public Partner- Healthcare Improvement Scotland	James Hall – Director of IT Operations – National Services Scotland
[Redacted] – Programme Manager (Bowel Screening) – National Services Division	Sue Payne – Screening Co-ordinator – NHS Lothian
Hilary Dobson – UK National Screening Committee Member	Julie Cavanagh – Screening Co-ordinator – NHS Tayside
Annie Anderson – Professor of Public Health Nutrition – University of Dundee	Shaun Treweek – Professor of Health Services Research – University of Aberdeen

Secretariat: *[Redacted]*
[Redacted]

Apologies:

[Redacted] – Programme Manager (Pregnancy & Newborn) – National services Division	Fiona Murphy – Director – National Services Division
Katy Lewis – Director of Finance – NHS Dumfries and Galloway	*[Redacted]* – Public Partner – Healthcare Improvement Scotland
[Redacted] - Screening and Immunisation Team Leader – Scottish Government	*[Redacted]* – Mens Health Forum
Gregor McNie – Cancer Research UK	*[Redacted]* – Policy Lead – DRS Programme – Scottish Government

1. Welcome and apologies

Apologies were noted.

New members Dr Emilia Crighton, Dr Julie Cavanagh, James Hall and Dr Sue Payne were welcomed to the group.

2. Minutes and Action Points from previous meeting - 1 December 2016

There was some discussion around agenda item 3C of the previous minutes - External Quality Assurance (page 5).

The actions points were clarified. There were two different actions; one was to look at the scheduling and representation of the screening EQA reviews and the other was for a MoU to be developed between NSD and HIS on EQA.

HIS advised that a provisional date in July has been identified for the MoU meeting.

Action: NSD/ HIS

The action points from the previous meeting were outlined as follows:

(i) Screening Governance

A paper to clarify the links between this committee and National Specialist Services Committee (NSSC) and Public Health Portfolio Management Group (PHPMG) has been circulated.

(iii) Breast screening: escalation procedures and (iv) IT protocol

These actions have been paused in light of the work that NSD is doing following the HIS review of the Scottish Breast Screening Programme.

(iv) Screening Adverse Events Community of Practice

This action is on-going. There have been initial discussions with colleagues at HIS. A meeting with NES is now to be arranged to progress this.

(v) External Quality Assurance

HIS have now written to all Boards about planned work on clinical standards for screening.

(vi) Breast Screening Incident: role of PHPMG

A paper was circulated to the group about how the SSC links with PHPMG.

The action on management of IT issues and clinical sign off for changes are being picked up by the work NSD are doing following the HIS review. The Committee will be updated on progress and asked to approve the mechanism once developed.

Inequalities in Screening

A paper was circulated on screening uptake across all programmes. Any questions about the paper should be directed to the secretariat.

Officials in Scottish Government are setting up the Inequalities Network through the Cancer Strategy which will support targeted work on tackling inequalities in screening. It is intended that the network will be in place later this year.
Action: SG

Health Scotland gave an update on the inequalities event that they hosted on the 14th of March 2017. The event aimed to consider the policy levers, partnerships and evidence base that we can build on to improve reach of our Scottish screening programmes. The publication of the Cancer Plan in 2016 has a clear commitment to reduce inequalities in cancer screening and has committed up to £5m to initiatives that could help address barriers/issues for those less likely to engage. This event was designed to help plan the kinds of interventions that are likely to have greatest impact. It was an opportunity for NHS and Third sector partners to consider best practice models that could be considered at national and local level. It was positive to note that there was representation from all Health Boards at the event.
Scottish Government will be writing out to boards and third sector partners in the next few weeks, putting out a call for 17/18 bids under the Cancer Strategy
Action: SG

The group asked whether this might take into account primary care interventions such as the bowel screening initiative that was undertaken through Detect Cancer Early.

The Committee were advised that such initiatives would be open to testing on a wider scale through the cancer strategy fund and would be subject to rigorous evaluation.

The Committees attention was drawn to the challenge of imbedding inequalities projects into practice so as to bring about change. The hope is to start to develop, across all the boards, an agreement that inequalities become as important as overall uptake and that a systematic approach is developed for reducing inequalities.

The Committee were advised that England are seeing, for the first time in over a decade, an increase in uptake in the breast screening programme and it is because they are looking at the systemisation of these sorts of initiatives. SG to explore and see if there is any learning from England that can be incorporated into the inequalities work.

Action: SG

3. Matters to Report

A. UK National Screening Committee

The minutes of the last two meetings of the UK NSC are available on the UKNSC website and the link has been circulated to the group.

The key item for the Committee is the recent UKNSC recommendation on Group B Strep. There is not sufficient evidence on the balance of benefits and harms to recommend a programme at this stage.

The Department of Health co-ordinated some activities towards the end of last year and the beginning of this year to access what research might be useful in helping to reduce the burden of GBS in newborn babies. These workshops are now taking place and have identified some primary research questions.

The National Institute for Health Research (NIHR) is considering commissioning a clinical trial comparing universal screening for Group B Streptococcus (GBS) carriage in late pregnancy with usual risk-based care as part of its on-going commitment to consider high priority research questions to reduce the harms caused to babies and families by GBS. This research trial would aim to fill specific evidence gaps recognised by the UK National Screening Committee (NSC).

The group discussed collective understanding of how UKNSC policy is developed and what criteria are used. It was agreed that it would be valuable to reconnect with the theory and modelling around decision making in screening.

The Committee agreed that this could be part of an extraordinary meeting or workshop.

Update - The trial has now been commissioned. It will assess the clinical and cost-effectiveness of universal screening (and treatment) for GBS compared with current risk-based care. It will provide evidence on the balance of benefits and harms of universal screening for GBS, including: neonatal mortality and morbidity; adverse events; and the consequences of giving intrapartum antibiotic prophylaxis to women and babies who would not have become ill as a result of GBS carriage. It will also seek to assess maternal acceptability given the possible medicalisation of an otherwise healthy labour.

Action: Secretariat

B. Task and Finish Group – Informed Choice

Not discussed. Electronic update to be provided.

Action: Secretariat

C. External Quality Assurance/ Screening Clinical Standards

HIS gave an update on EQA and standards.

HIS have committed to updating the standards in the cervical and breast screening programmes. The update of breast screening standards is due to commence shortly and cervical will either follow after breast or after pregnancy and newborn.

Thereafter HIS colleagues are looking at a process by which this Committee can request that standards are updated. Rather than have a set work plan, the intention would be to operate in a similar way to SIGN where there would be submission of a pro-forma and a timetable of standards review would be provided to the Committee. This means that there will be parity across the suite of standards for all stakeholders. A further update on this process will be given once this has been agreed within HIS.

Action: HIS

With regards to EQA, HIS sent out a self-assessment template for AAA and received a response from every territorial board, NSS and Health Scotland by the deadline. The evidence will go to a programme review group on the 31st March. There is a significant volume of data, and variation on submissions received. HIS have now also issued guidelines on how to complete the self-assessment form.

A suggestion was made that the standards should have a validity period (e.g. 5 years). They may not always need to be revised after 5 years but should certainly be reviewed to see that they are still valid. It was highlighted that because the standards are well out of date for breast and cervical and out of date with the technology that is being used, national UK standards and KPIs are being used.

The group expressed concern about the acceptability of using national UK standards in place of clinical standards developed for the Scottish programmes.

The Group were advised that when screening programmes were set up there was a UK structure called the big 18 which represented every geographical region. The standards were clinically derived and can be measured against strict definitions. All UK countries contributed to the development of these standards. It's not likely that the service will want to radically go out with that as we want to be able to benchmark against the rest of the UK. There will however need to be some consideration of the standards in the context of NHSScotland.

The question was put to the group about whether it would be possible to start looking at having standards for inequalities for each programme so that there is a clear aim towards reducing inequalities.

HIS were asked whether a completed timetable for the review of screening standards was available.

The Committee were advised that the review process takes around one year (including 12 week consultation) but the idea is not to wait until one is finished to begin another – there will be some overlap.

There were concerns that the timescales seemed long and it was suggested that a risk assessment within the review protocols should be carried out; picking up on the risk points that the Committee may need to be advised on. It was agreed that the Chair will discuss the screening standards work with HIS in more detail.

Action: Secretariat/HIS

The way in which screening governance is embedded within the governance structures of Health Boards was discussed and the group recognised the importance of clarifying this for Boards.

Action: Chair/SG

D. Update on Programmes – NSD

A verbal update was given by NSD who advised that an update paper will be provided for future meetings.

An outline of the programmes was given as follows:

Pregnancy and Newborn –No issues are currently being managed within the pregnancy and newborn programme.

DRS – At the beginning of April a new IT system will be launched. There have been some minor issues in respect of the local IT system supports but it did not have any negative impact other than one week implementation delay in one Board.

Cervical- The major item for discussion later in the agenda is on HPV as a first line test.

Bowel – A discussion of qFIT implementation falls under a later agenda item.

There are two issues which are now closed but are being considered under lessons learned. One was in relation to participants over the age of 75 where an IT code change, which was undertaken by ATOS two years ago, impacted on the ability to call those who had gone over the age of 75. A meeting to explore the issue is scheduled for the beginning of April.

The second issue was where an IT code, that was generated for the Flexi Sig trial, led to some participants being omitted from recall. However, those people were identified and brought back into the programme. Some lessons are to be learnt from that and the Committee will be kept updated on progress.

AAA – The HIS EQA review has been a major aspect of the NSD AAA programme team's work. A substantial amount of information has been gathered and submitted to the review group.

There have been letters of assurance from all NHS Boards that action plans are in place for vascular surgery waiting times and this will continue to be tracked. NSD will provide a further update as they continue to monitor.

The internal quality assurance process identified an outlier and spoke to a health board about why they had such an extreme outlier, it led to an internal investigation within that board which showed that a number of images had clearly not been managed correctly. Work has gone on with that board to put in an externally supported review. A sample of cases indicated that there was a concern and a full review of all images is scheduled to start in April. As a result of that, NSD, through the existing quality assurance process, are doing a Scotland wide review to check that this is not impacting elsewhere in Scotland. This is also scheduled for later in April.

Breast – NSD are taking forward the work on fully embedding the new IT system. No significant issues to report. There have been a number of smaller user generated issues which are being addressed.

The primary area of work has been in relation to the HIS review of the programme which is on the agenda The most recent data on the women identified in the 36 month failsafe report arrived the day before the meeting so NSD unable to provide updated figures for uptake. NSD will circulate after the meeting.

Action: NSD

E. ActWELL

Professor Annie Anderson presented the ActWELL research study to the Committee. ActWELL is a randomised control trial to assess the impact of lifestyle intervention in women attending NHS breast screening clinics. The study is being funded by the Scottish Government Cancer Strategy with the involvement of the NHS, Breast Cancer Now and a number of universities with staff of different expertise.

The link between lifestyle factors and postmenopausal breast cancer was outlined, with an explanation that the evidence base is now so strong that the NHS needs to carefully consider some sort of intervention.

The 2014 feasibility study, concluded that the ActWELL intervention is: feasible to deliver, acceptable to screening attendees, has the potential to impact on key lifestyle factors, and should be tested in a fully powered trial.

The current study was outlined in terms of participation, the roles of screening staff, research staff and Breast Cancer now volunteers, the screening setting, and key intervention features.

The study began in January for a 6 month planning and preparation phase. The active trial will run for a further 26 months, followed by a 4 month analysis stage. Overall, it is a three year study. The Committee will be kept updated on progress.

Screening coordinators have been considering the impact of this from a health inequalities perspective. Clarification was also sought about the role of the Committee in looking at interventions in a population based screening programme screening.

Concerns have been raised that this type of intervention may have a negative impact on uptake of breast screening.

The group agreed that one of the aims of the Committee is to consider new ways of looking at things in screening including interventions of this nature and to carefully consider and evaluate the potential for wider roll out. In in terms of reaching out and dealing with inequalities, the Screening Inequalities Network will be considering these types of issues.

ActWELL offers something different to all of the lifestyle messages that are out there already. It brings discussions of lifestyle into an environment where people have made the choice to attend for screening, and the women coming along to this initiative actually think it is a positive thing that they are given a strategy which they can adhere to. The feasibility study disproves that this will put people off coming for screening. However, it was recognised that long-term follow up is necessary.

The Committee thanked Professor Anderson for her presentation and look forward to hearing more about the trial once underway.

5. Matters to Discuss

A. Bowel Screening – Implementation of qFIT

The Committee was provided with an overview of the changes to the screening test which will be implemented in the bowel screening programme later this year.

The disadvantages of the current guaiac test were outlined as follows:

- It's not particularly accurate
- Three stool samples are required

In recent years immunochemical technology has developed a test which is specific to the human haemoglobin, moreover, it is quantitative so from analysing you will get a measure of the amount of haemoglobin in the stool. The other advantage of this test is that there is only one sample which is much simpler and much more hygienic.

A pilot was run in NHS Tayside and in NHS Ayrshire and Arran and the outcome of this pilot was that using a cut off of 80mg/g of faeces achieved a positivity rate of about 2.3% and a 5% increase in uptake. On the basis of this, a business case was put forward to Scottish Government and it was agreed that the programme should move from guaiac testing to qFIT.

For the Scottish programme it's important to find the optimal level of threshold which is manageable. The reason for choosing this initial threshold of 80mg/g is because it's analytically very similar and produces a positivity of roughly the same as the guaiac test. A Short life Working Group was set up to recommend a threshold for triggering colonoscopy. The solution that is recommended to the Committee is a cut-off of 80mg/g.

It may be that when the new test is introduced, the positivity is much lower or much higher than anticipated. When rolled out, the test will be introduced into a programme which is largely incidence screening and the people who are undergoing prevalence screening will be young.

The bowel screening programme wish to have a process where the positivity rate can be rapidly evaluated and adjusted if necessary. It is proposed that the threshold group should continue to monitor and make recommendations as to whether the threshold should be changed.

The Committee discussed the options paper and agreed that the Bowel Screening Governance reference group should make any necessary decision on this which would be ratified by the Chair of the Committee.

B. Cervical Screening – Introduction of HPV

An update on the actions from the previous meeting were set out in a paper which was distributed to the group before the meeting.

The Committee approved the business case to be taken forward to Scottish Ministers and the establishment of the necessary project structures for implementation

The group discussed the move from cervical cytology to HPV primary screening and the papers setting out contingency arrangements and a current snapshot of the laboratory service.

The active management of the laboratory service is being highlighted to all Boards.
It was noted that it is difficult to identify options that are going to take the service through to the implementation of the HPV test. There is a view that one of the options would be to link the transition to HPV implementation to the resilience that is built up for cytology.

The Committee agreed that this is a significant risk and identified the ongoing concern around the resilience of Boards providing this service . It was suggested that that there should be a resilience impact test on all Boards considering the cervical screening workloads.

The Committee agreed that a national view about the status of the cervical cytology laboratory service was required.

Once Scottish Ministers have made a decision on the introduction of HPV testing then a project team will be established. This will involve pulling together information on the workforce issues and putting in place measures required to ensure effective implementation of the changes.

It was agreed that a member of the Committee should be involved in that work and Dr Emilia Crighton was nominated.

Notwithstanding the introduction of HPV the group agreed that a national discussion on this issue was needed before the Committee meet again in August. Mr Wilson advised that the work on sustainability could be completed for the end of June. It was agreed that this would then be further considered by the Chair and Dr Crichton.

Action: Secretariat

C. Pregnancy Screening - Non-Invasive Pre-natal testing for down's Syndrome

An update was provided by NSD.

The Committee were directed to the paper which outlines the recommendation and issues which need to be considered for implementation in Scotland.
The Scottish Screening Committee agreed to proceed to an outline business case to endorse the UK NSC recommendation.

On the back of the UK NSC recommendation, the Department of Health are now moving to implementation. In England they are looking to roll out NIPT as an additional offer by April 2018. There are a number of individuals on the Committee who are also part of the PHE project group and associated work streams as observers so we can take any lessons learned and incorporate it into our implementation.

The Nuffield Council have recommended that there has to be a robust focus on communication and information and counselling given to women so there is quite a comprehensive educational training programme being developed along with a very focused communication strategy. There is a strong message that it is vital that effective counselling is offered before undertaking screening.

A question was raised around the potential of using this as a first line screening test. That was considered by the UK NSC but on the evidence that came through, the modelling was not robust enough to incorporate it as a primary test at this stage. There were concerns about false-positive and false-negative rates. It is something that the UK NSC will monitor going forward.

The group accepted the recommendation and approved the commission of an outline business case by NSD for Scottish Ministers. NSD to confirm the timescales and resource requirements.

Action: NSD

D. Review of the Scottish Breast Screening Programme

The HIS review of the Scottish Breast Screening Programme last year made five specific recommendations. The recommendations cover governance, incident and adverse event management, dealing with IT issues and improvements to risk management. The Committee has been asked to oversee the response to those recommendations and support the work that NSD are undertaking in response to the review.

NSD provided a progress report on work to date.

NSD advised the Committee that work continues on monitoring the response rate for women affected by the original incident. At the time of the most recent update to HIS on the 20th January, the response rate for the affected women was 63%. NSD are continuing until the end of April to monitor the response rate for these women.

The group who looked at whether these women had been given an adequate opportunity to respond to the invitation to attend has concluded that there was adequate and appropriate outcome of the process of invitation and that given the passage of time, any further specific interventions would be counterproductive but they did make some further quality improvement recommendations which have been incorporated into the other recommendation work.

The work looking at high level governance arrangements for the breast screening programme and clarity around roles and responsibilities should be completed for August.

Work on the adverse management process is expected to be concluded by the end of March with further consultation with stakeholders. NSS has also appointed an additional member of staff who will work on managing the process once it is implemented.

The group was informed that a new SBSS programme board has been established which met for the first time last week. It is co- chaired by Fiona Murphy (Director NSD) and James Hall (Director of IT Operations, NSS). The Board will strengthen governance arrangements around the breast screening IT system. Any IT issues arising will be included in the work on incident and adverse event management.

Work is already taking place on assessing all screening risks and making sure that there is a single electronic risk management system in place in NSD along with a refreshed process for sharing risks and escalation. That piece of work is due to conclude at the end of March.

There was discussion on the view that public health incident management may be the most effective way of dealing with these types of incidents and how that may differ from what's proposed for this.

The HIS report specifically directed use of the NSS incident management process. The group that is working on this has also looked at the HIS escalation process and incident management process which the NSS process is based on but they have also considered the methodology that is used in the rest of the UK on management of screening incidents.

The aim is to reach a pragmatic process which ensures that all relevant stakeholders are appropriately informed and that the incident is managed effectively.

It was confirmed that the only outstanding work is for recommendation two which is expected to conclude in August.

NSD will continue to keep the Committee updated on this work.

E. Review of National Screening Services

Scottish Ministers were interested in the breast screening review and have been briefed on progress. The Cabinet Secretary for Health and Sport has now asked this Committee to undertake a review of all national screening services.

The group discussed the options paper. There was recognition that screening programmes have not been systematically reviewed in some time. The screening programmes have emerged quite organically on a programme by programme basis. The group noted that discussions held at this and previous Committee meetings

reflects the number of complex issues involved in screening and agreed that it was the right time to look at how screening activity is organised and delivered.

The group accepted recommendation 3 and asked that work now to start to develop the approach and structures for this work.

Action: Secretariat

5. Any Other Business

The group were informed that the 17/18 work plan was now available and would be circulated electronically.

Action: Secretariat

Scottish Screening Committee: Minute of Meeting

Thursday 24 August 2017

Present:

Paul Hawkins – (Chair) Chief Executive, NHS Fife	**Roger Black** - NHS Public Health Intelligence
Dr Roderick Harvey Board Medical Director, NHS Highland	*[Redacted]* - Public Partner – Healthcare Improvement Scotland
Lesley Donovan – eHealth Lead, NHS Fife	*[Redacted]* - Public Partner – Healthcare Improvement Scotland
Carol Colquhoun - National Screening Co-ordinator – National Services Division	**Gregor McNie** - Cancer Research UK
Fiona Murphy – Director – National Services Division	*[Redacted]* – Senior Policy Manager - Scottish Government
Simon Hilton – Board Screening Coordinator, NHS Grampian	**Sue Payne** – Public Health Advisor for Screening – Scottish Government
[Redacted] – Senior Programme Manager – Healthcare Improvement Scotland	*[Redacted]* – Policy Officer – Scottish Government
[Redacted] - Head of Service Review – Healthcare Improvement Scotland	**Hilary Dobson** – Member of the UK National Screening Committee
[Redacted] - Organisational Lead - NHS Health Scotland	**David Steel** - Programme Director - National Services Division
[Redacted] - Senior Programme Manager – National Services Division	**Mike Winter** – Medical Director – National Services Division

1. Welcome and Apologies

Apologies were noted from Ms Katy Lewis, Dr Emilia Crighton and Mr Gareth Brown.

2. Minutes and Actions

The March minutes were confirmed as a true and accurate record.

3. Matters to Report

A. UK National Screening Committee

Dr Sue Payne updated the group on the last UK National Screening Committee (UK NSC) held in June. A link to the Minutes was shared with the Committee prior to the meeting.

The UK NSC reviewed the evidence for 5 conditions and Dr Payne outlined the recommendations.

B. Task and Finish Group – Informed Choice

The UK NSC consultation on guidance developed through the 4 nations working group is now out for consultation and the link has been circulated to the group. The Committee agreed it would be helpful for the consultation to be disseminated through services, third sector, and other appropriate networks.

Action: All

C. HIS Report

EQA

[Redacted] provided the Group with an update on the current review of the AAA screening programme. An embargoed copy of the final report will be shared with Scottish Government and the Committee 3 days prior to publication. HIS will undertake an exercise after completion of the review to identify lessons learned, benefits and improvements to the process, which will be reported to the Committee and may influence the future EQA workplan.

There was discussion about the EQA process for screening programmes whilst the Review of Screening is being undertaken. It was agreed that the screening programmes will need to consider risks in terms of their own monitoring and governance arrangements during this time and that the Committee and HIS should agree an interim EQA process for the period of the Review. The group requested a paper from HIS for the next meeting laying out the plan for EQA. The Committee needs assurance that any process is robust and provides sufficient information.

Action: Secretariat/HIS

Clinical Standards

The breast screening and pregnancy and new-born screening standards are now under review and the paper from HIS outlined progress to date and key timescales. It is anticipated that work on cervical screening standards will follow as next for review with an anticipated start in Jan 2018. This work will need to consider the implementation of HPV screening in the cervical screening programme.

The group agreed that a protocol should be developed across all the screening programmes allowing requests for standards to be reviewed.

HIS were asked to develop a plan covering screening standards for all the national screening programmes. The Committee agreed that it would be useful to get an integrated timetable around EQA and standards.

Action: HIS

D. Publications

[Redacted] drew the Committee's attention to the latest ISD publication reports: the key summary for bowel screening published on the 8th August and key summary for breast screening published on the 25th April.

The group discussed the recent re-launch of Detect Cancer Early bowel campaign. *[Redacted]* outlined the process used to design and develop communication and information materials for the screening programmes. It was agreed that screening related marketing and communication activity would be shared with the Committee.

E. Review of Screening Services

Dr Dobson provided the Committee with an update.

On behalf of the Committee Dr Dobson and Dr Payne will lead the Review with support from Scottish Government and NSS. The review will consider the current structure of screening services in Scotland within the context of broader changing landscape around public health.

Dr Dobson emphasised that the world is changing around screening. There are major strategic changes in direction for the Scottish Health Service; Health and Social Care integration, The National Clinical Strategy and Public Health Reform.

The primary aim of the review is to provide recommendations on improving the effectiveness of the national screening programmes in Scotland, ensuring sustainability of services that meets the needs of the Scottish population and better contribute to improving population health.

The scope of the review will include consideration of effective commissioning models, governance and management of screening services and identifying internal and external pressures. Whilst there is no remit to look at the operational issues of treatment services, the review will consider interdependencies between screening and

other services, in particular symptomatic services. Screening policy and rationale will be out of scope.

There will be a small focused group led by Dr Dobson, Dr Payne and supported by a full time project team. The review will take approximately 18 months will report to the Committee. To maximise this opportunity the review approach will be inclusive, consultative and far-reaching.

Two stakeholder engagement events have taken place so far, with an audience of around 45-50. The last stakeholder event will take place in Perth on the 28th August. Following these events the review brief will be finalised and supporting documentation produced including; terms of reference, project plan and a communications strategy. The intention is to provide these to the Committee for the November meeting.

Action: Review Team

F. SSC Development Day

[Redacted] gave an update on the first SSC development day which took place on the 25th July. The day was extremely well attended and well received. Feedback also provided some useful suggestions for future events, including:

- Tackling inequalities
- Ethics of population based screening
- Managing incidents
- Informed choice

Presentations from the day will be circulated to the group. The next event scheduled for November is in the early stages of planning.

Action: Secretariat

4. Matters to Discuss

A. Programme updates

The Chair thanked NSD for submitting the various programme reports and risk registers which would be taken for information. The Committee agreed that whilst it was useful to see the broad spectrum across the programmes an executive summary followed by a risk profile, would be more appropriate. It was agreed that the summary review should include the rationale for any change to risk status.

Mr Steel gave an outline of the approach used by NSD to identify, assess and manage risks. The Committee agreed to having time at the next meeting to go through the methodology and executive summary to gain clarity about how the risk profile will work.

The Committee received an update on risks identified across the programmes. A number of general areas of risk across the screening programmes were highlighted:

- Staffing recruitment and retention
- Sustainability of the programme in terms of service changes going on particularly in cervical screening
- The balance between uptake and informed choice
- Tackling inequalities of access to screening

Staffing in the breast screening programme was discussed. A number of initiatives, were outlined and this issue has been raised with the providing NHS Boards to support workforce planning. There is some confusion in the providing Boards about the breast screening service and it was recognised that there is a need for more engagement. The Committee agreed that the Chair and Ms Colquhoun attend the next Human Resource Directors meeting to highlight this issue.

Action: NSD/Secretariat

In terms of support for breast screening sustainability, NSD asked the Committee to raise the risk of the shortage of radiologists, at a national level.

Dr Dobson welcomed the formal approach to this Committee and explained that she is currently co-chairing a taskforce which is looking at, amongst other things, radiologist staffing issues. Although this is primarily focused on symptomatic workforce the work will challenge current working methods and could inform the wider discussion of breast imaging workforce. Dr Dobson agreed to provide a presentation for the Committee at the next meeting.

Action: Dr Dobson

The Committee recognised the need to look at innovative ways of doing things in breast screening to avoid further deterioration in the service. It was agreed that the programme should consider all available options that may help. It may also be useful to consider this with other UK administrations.
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Action: NSD/SG

Mr Steel raised a final point about Diabetic Eye Screening highlighting the 5% increase population of diabetes per annum. There is UK NSC approval of change to the screening intervals for those who have normal screening results and a business case on should be developed for the Committee to consider.

B. Cervical Screening

[Redacted] circulated the HPV project documentation prior to the meeting and provided an update on progress. The HPV implementation board and the 6 implementation sub groups are in the process of being established.

The Committee's attention was drawn to work going on in terms of regionalisation and lab working in NHS Scotland with recognition that both pieces of work should be appropriately linked . It was suggested that the lab shared services be involved in the HPV lab selection work stream.

Action: NSD

[Redacted] advised the Committee of a national risk assessment and contingency plan included in the papers which outlined the risk status of each lab providing screening services along with a number of contingency options open for Boards to consider. An

application for a variation to Agenda for Change overtime rates is being developed to assist. Ms Colquhoun is also writing to all NHS Chief Executives on HPV implementation and transitional arrangements to support the current screening service. Cross board working is already happening but further work is required to consider how the workload may be shifted across the laboratories if needed. However, the Committee recognised the potential limitations of this and that a more innovative option, may ultimately be required until full implementation of HPV testing is achieved.

C. Pregnancy Screening

An outline business case will be brought to the next Committee meeting in November. The move to NIPT is in line with UK NSC advice. England will commence an evaluative roll out in April 2018 and Wales have recently announced rolling out NIPT in 2018 and the Committee recognised the need to avoid any unnecessary delay to progress in Scotland.

D. HIS Review of SBSP

Ms Colquhoun provided an update on progress for the Committee. A new adverse management process for screening has been developed with detailed policy including clear definitions of adverse events and a supporting adverse management workbook.

The policy and workbook have been tested with a number of worked scenarios in collaboration with key stakeholders. It is a live document which will be regularly reviewed.

The Chair suggested that Committee members take time to consider the policy and workbook and it was agreed to defer approval to next meeting. NSD need to report back to HIS by the middle of September and will advise on progress made to date subject to review by the Committee.

Members should feedback any substantive comments by end September.

Action: Secretariat/All

NSD has also reviewed the existing governance groups within the breast screening programme working to define roles and responsibilities. A short life working group was convened and has now developed: definitions of the roles and responsibilities, a description of the current quality assurance process, and a proposed governance structure.

[Redacted] reminded the Committee of the 2012 review of the decision making structures in screening which recommended changes to some of the programme governance structures. These changes were due to be considered by the Committee however this needs to be considered in view of the Review of Screening.

Ms Colquhoun advised that the short life working group looking at the governance arrangements for breast screening considered the 2012 recommended structure but

felt that the model did not fully satisfy governance and delivery arrangements within NHS boards.

The Committee considered whether the breast screening programme should move to the recommended structure before the Review reports and what this means for other screening programmes. It was identified that this decision could only be taken in the knowledge of what gaps currently exist within programme governance structures and careful assessment of any risks which may exist in the current model.

The Chair of the Committee recently contacted NHS Board Chief Executives on their governance arrangements for screening. From responses received a number of issues have been identified for consideration including understanding of the roles and responsibilities of organisations involved in the delivery of screening .

The fundamental question is whether to pursue an interim model. The Committee agreed that they could not reach a solution at today's meeting and that further consideration was required. The Secretariat agreed to develop a discussion paper to be circulated electronically for feedback.

Action: Secretariat, NSD

For the purposes of reporting back to HIS the Committee agreed that NSD should advise that this is under the consideration of the Committee, and that a supporting paragraph could be provided if helpful.

5. AOB/ Date of next meeting

[Redacted] As part of the HIS project team she was closely involved in the AAA screening review and the Committee would like to recognise her dedication and commitment to this work.

The Committee's attention was also drawn to the rapid review underway considering the remit and membership of the Committee following its first year of operation which will report back for the next meeting..

Action: Secretariat

[Redacted] was congratulated on her new role as Head of Screening and Vaccination Programmes in Scottish Government.

Next meeting 30 Nov 2017

Scottish Screening Committee: Minute of Meeting

Thursday 30 November 2017

Present:

Paul Hawkins – (Chair) Chief Executive, NHS Fife	**Roger Black** - NHS Public Health Intelligence
Emilia Crighton – Directors of Public Health	*[Redacted]* - Public Partner – Healthcare Improvement Scotland
Lesley Donovan – eHealth Lead	*[Redacted]* - Public Partner – Healthcare Improvement Scotland
Carol Colquhoun - National Screening Co-ordinator – National Services Division	**Gregor McNie** - Cancer Research UK
Fiona Murphy – Director – National Services Division	*[Redacted]* – Senior Policy Manager - Scottish Government
Julie Cavanagh – Board Screening Coordinators	**Sue Payne** – Public Health Advisor for Screening – Scottish Government
[Redacted] – Senior Programme Manager – Healthcare Improvement Scotland	*[Redacted]* – Policy Officer – Scottish Government
[Redacted] - Head of Service Review – Healthcare Improvement Scotland	**Hilary Dobson** – Member of the UK National Screening Committee
[Redacted] - Organisational Lead - NHS Health Scotland	*[Redacted]* - Programme Manager - National Services Division
[Redacted] **–** Project Manager – National Services Division	*[Redacted]* **–** Policy Manager – Scottish Government
[Redacted] **-** Director of IT Operations, National Services Scotland	*[Redacted]* **–** Programme Manager – National Services Division
Gareth Brown - Deputy Director - Health Protection – Scottish Government	

1. Welcome and Apologies

Chair welcomed the group to the 6th meeting of the Committee and noted apologies from Ms Katy Lewis.

[Redacted] were welcomed to the group to present on specific agenda items.

2. Minutes and Actions

The August Minutes were confirmed as a true and accurate record.

[Redacted] reviewed the action points and provided the following updates:

Breast Screening: Escalation Procedures
This should now be closed as an action as this is covered by NSD work streams.

Screening Community Of Practice
Contact has been made with NES and discussions have started about the possibility of having a screening community of practice.

Inequalities Network
Work deferred to early 2018. Update will be provided at the next meeting.

Duty of Candour and Informed Choice
These should be merged as one action. Guidance on the Duty of Candour will be available early next year along with a series of engagement events. The consultation on the guidance for informed choice is now closed and the report will be presented to the UK NSC in February and will come back to the SSC for discussion in March. SLWG to be established to look at this work.

Increased risk of breast cancer for radiotherapy patients
This should now be closed as an action for this Committee. There are discussions in the Scottish Government about where to place this work.

External Quality Assurance
On the agenda.

Review of Screening
On the agenda.

SSC Development Day
On the agenda

Review on Remit and Membership
On the agenda.

Updates on Programmes
Dr Dobson provided an update for the group.

In January 2016, the Royal College of Radiologists (RCR) published a detailed census on workforce in the UK with a specific focus on breast imaging; co-sponsored by the Department of Health, The British Society of Breast Radiologists (BSBR), RCR and the NHS England Breast Screening Programme. The rising workload in breast imaging is as a result of a variety of factors: there are more people coming through symptomatic services, an increased number of interventions and more complex multi-disciplinary meetings which take longer to prepare and deliver.

In Summary:

- We are hitting a particular demographic challenge because those appointed under the Forrest implementation of screening will hit retiral age around the same time.
- In the next 5 years it is expected that across England 21% of the breast radiologist workforce will be lost –the highest rate of any speciality.
- At the moment there are significant vacancy rates for this workforce with great regional variation.
- In the next 10 years nearly 40% of the breast imaging workforce will be lost rising to over 50% in the next 15 years.

The BSBR and the Association of Breast Surgeons (ABS) combined to form a taskforce to produce guidance on how to tackle workforce challenges in the long term. A survey has now been completed by all breast units throughout the UK and the taskforce is currently collating this wealth of information. The aim is to produce a document by the middle of next year (2018).

HPV Full Business Case lab shared services
Action now complete.

HIS Review of SBSP
Adverse management policy and workbook has been updated. **Revised copy to be circulated to the group.**

Discussion paper on governance structures to be picked up under the HIS agenda items on EQA.

Review of Remit and Membership of SSC
On the agenda.

3. Matters to Report

A. UK National Screening Committee

Dr Payne updated the group on the last UK National Screening Committee meeting held on 25th October 2017 drawing the Committee's attention to *Paper 1*which covered;

- Subaneurysmal aortas in AAA
- SCID
- Iron Deficiency Anaemia
- CMV
- HTLV and;
- Biliary Atresia .

Dr Payne outlined the recommendations and also gave an update on the Ethics Task Group, the Moratorium on the use of newborn screening blood spot cards for research and an update on NIPT implementation in England and Wales.

B. Task and Finish Group – Informed Choice

Consultation on informed choice guidance documents closed on 16 November. A report will be brought to the UK NSC meeting in February and the SSC meeting in March 2018.

Pregnancy Screening – Non Invasive Prenatal Testing and Edwards' and Patau's syndrome testing

In January 2016 the UK NSC recommended an evaluative implementation of NIPT as an additional test into the pregnancy screening programme. Edwards' Syndrome (Trisomy 18) and Patau's syndrome (Trisomy 13) are rare but very serious conditions which affect a small number of babies every year. In June 2014 the UK NSC recommended that screening for both Edwards' and Patau's syndrome should be offered in the first trimester as an extension of the Down's syndrome screening programme.

[Redacted] presented the Outline Business case on NIPT. The implementation of NIPT and T13/T18 testing is dependent on three key areas:
- Optimal laboratory setup to minimise costs and ensure standards
- Training and support available to staff and associated supporting documentation
- Data capture and analysis in support of all implementation activity

Costs of the change to the programme were presented. Implementation costs were estimated at around £794,000. Recurring costs of around £350,000 would remain around the labs and data capture/analysis work. Offset costs will come from the reduction in CVS and amniocentesis and release of resource time albeit these will not be cash releasing.

The indicative implementation plan was outlined with go-live anticipated to be around March 2019. The need for extensive and wide-ranging stakeholder engagement was also recognised as being fundamental to implementation.

The group asked how the numbers on CVS/ amniocentesis currently performed were produced and whether the assumption of a reduction in these diagnostic tests is correct. It was explained that lab costs are already available because genetic services are commissioned to do CVS/ amniocentesis. The remainder was modelled on the figures from the UK NSC rapid report which informed the recommendation.

Attention was drawn to the UK NSC economic model which concluded that the change to the programme was cost neutral. *[Redacted]* explained that the lab costs did have significant set up costs. Feedback from implementation in England showed that achieving the cost neutral findings in the rapid report was challenging.

The group highlighted that offset costs were not currently included in the business case and asked for this to be addressed. The Committee agreed that the business case required further work on benefits realisation and mitigating costs for on-going revenue costs. The group asked for the business case to go to Directors of Finance and Board Chief Executives for consideration.

Action: *[Redacted]* **/NSD**

C. Publication Reports

[Redacted] drew the Committee's attention to the latest ISD publication reports: the key summary for cervical cancer screening published on 5 September 2017 and Cancer Waiting Times published on the 26th September 2017.

[Redacted] advised the group that the 'Flower' cervical campaign, which has run a couple of times now, has evaluated very well and is up for a couple of marketing awards. It will be running again early next year to coincide with Cervical Cancer Awareness Week.

Paper 3 on Cancer Waiting Times for Screening Programmes contains some interesting stats – especially comparing screened only participants and screened excluded. The group welcomed the paper and agreed that it provides a helpful overview.

D. SSC Development Day

The next SSC development day is scheduled for the 21st December and the theme for the day will be social marketing. SG are working closely with colleagues in Marketing and Communications to work up an agenda with the aim to get this out within the next couple of weeks.

E. Beating Cancer: Ambition and Action 2016

The Committee were directed to *Paper 4* on screening inequalities which provided the group with an update on the current and proposed activity under the Cancer Strategy to tackle inequalities.

Ms Colquhoun raised concern over one of the proposed initiates around making changes to SCCRS as all of the resource for SCCRS is invested in implementing HPV. It would be extremely difficult to have any additional work to SCCRS.

[Redacted] explained that applicants are currently working up stage 2 proposals in more depth and would expect this issue will be explored further – i.e. whether there is an alternative and how that would impact the project going forward.

G. Programme Updates

The dashboard reporting model for providing the Committee with programme updates is still under development. It currently provides information on: KPI's, key developments, risks, issues and anything in relation to horizon scanning.

Abdominal Aortic Aneurysm Screening
Uptake in the programme is very good.

The group raised its concerns about the waiting times for surgery and requested sight of the most up to date data rather than the published data which is only up to the 31st March 2017.

NSD advised that the most current data shows considerable improvement but advised that further work was required. A number of Boards were still failing to meet the appropriate KPI's and the group asked whether further action was required. NSD suggested that Boards should be given another quarter to continue making improvements to KPI 3.2.

HIS advised that the current AAA review had considered data around waiting times. A publication date has now been set for the 20th December and the review report will go out with a covering letter to Boards, which will raise this issue up the agenda again. It was pointed out that the report will contain the published data from March 2017 and so will present a slightly out of date picture.

The group were concerned that they had not had a chance to discuss the report and asked that future reports were provided before publication. HIS will coordinate the distribution of the report to the Committee.

Action: HIS

The group asked whether the review had looked at individuals waiting longer than the standard. HIS advised that Boards had prioritised these individuals but acknowledged that there is further work required in some areas.

What is reflected in the HIS report is what the Boards have provided and identifying whether further work is necessary from the Boards to provide the evidence.

NSD advised that it is the responsibility of the Boards to identify individuals that have come to harm, and alert NSS if they think there is any harm being reached.

The Committee asked what monitoring processes are currently in place. NSD advised that there is a programme Monitoring and Evaluation Group which considers programme data and reports to the AAA Screening Governance and Quality Assurance Reference Group (SGQARG). This group is chaired by Dr Julie Cavanagh who was in attendance at the Committee and confirmed that, as Chair of SGQARG, she has written to Boards on this matter.

The Committee were advised that each Board has an action plan looking at delays, and what needs to be done to resolve this. Dr Cavanagh confirmed that Boards are reporting to the programme any individuals who die whilst waiting longer than the clinical standard so that they can be investigated.

Following discussion the Committee were content with the programme processes now in place, with reassurance on monitoring provided by Dr Cavanagh, Chair of SGQARG

The group discussed the governance arrangements and the responsibility of the Boards to monitor their data regularly and produce an action plan. It was agreed that HIS have a role when those action plans are not moving.

Discussion highlighted the need for the review of governance structures and it was agreed that the Committee should receive a monthly return from the Chair of the Quality Assurance and Governance group until appropriate structures are in place.

Action: NSD/Chair of SQUARG

Dr Cavanagh raised a further point on the essential threshold for uptake. Since AAA is a successful programme across deprivation quintiles, it has been suggested that the essential threshold be raised to 75%. Chair asked for a paper to come to the next meeting.

Action: NSD

Bowel Screening

FIT was introduced to the Scottish Bowel Screening Programme on 20th November. The new test requires just one sample rather than two samples from three separate bowel movements. It will also allow the Threshold Group, in the future, to make recommendations for different thresholds for cut-off that will help address issues of gender inequalities.

The new Heath Scotland Professional Packs were shared with the group. Ms Colquhoun drew the Committee's attention to *Paper 8* on Flexible Sigmoidoscopy for participants aged 60. The final report is scheduled for discussion at the March meeting.

Following discussion of the current programme risks the Committee agreed that only those risks which require additional support from the Group should be escalated.

Breast Screening

The latest cancer waiting time standards were not met in the last published quarter (June 2017). Uptake of 70% was achieved but there is significant variation amongst Boards. The invasive cancer detection rate standards are being achieved.

The Committee discussed the backlog of pathology and surgical data and agreed that the Chair would write to Medical Directors copied to Chief Executives requesting they direct the required data input on the system.

Action: Chair/Secretariat

NSD advised that the Breast Screening Quality Reference Committee and the Clinical Directors Group monitors programme slippage. The tolerance of three months was set by the previous Breast and Cervical National Advisory Group. Screening centres should alert NSD when they are breaching three months. There is monthly monitoring to NSD reviewed by the Senior Management Team. Action plans are discussed with Clinical Directors. If there is no sign of achievement it will be escalated to this Committee.

The Committee agreed that the focus going forward should be on hearing how these plans are progressing to avoid difficulties if timescales are breached.

Cervical Screening

The standard of 80% for uptake is not being met, and there is significant variation across NHS Boards. In terms of waiting times, neither the 31 day target or the 62 day target were met in the last quarter, although the 31 day was just missed at 94.8%.

The major focus of work is around the implementation of HPV and Ms Colquhoun drew the groups attention to *[Paper 12]* HPV Highlight Report. The first meeting of the HPV Implementation Board is planned for the 15th December. Project groups have been identifying and defining risks and these will be brought to the next meeting of this Committee.

Action: NSD

Diabetic Retinopathy Screening

Due to recent IT changes no KPIs were reported to this Committee but will be available for future Committee meetings. The validated report should be available in January, and will be circulated to the Committee before the next meeting.

In terms of risk, there are two red risks.

- The increasing number of people in Scotland who are diagnosed with diabetes.
- Insufficient resource to meet the requirements to screen everyone annually.

NSD sought approval from the Committee to develop an Outline Business Case, taking into account the recommendation by the UK NSC on revised interval screening.

The Committee agreed to move to Outline Business Case.

Action: Secretariat

Dr Payne highlighted that DRS crosses two policy areas (diabetes and screening) and sought clarity about where this sits.

[Redacted] explained that the Scottish Diabetes Group (SDG) has general oversight of diabetes care. Revised interval screening sits with this Committee however, the SDG would want to see the Business Case and provide a view.

Pregnancy and Newborn Screening

There are no definitive KPIs for pregnancy and newborn screening. NHS Boards are responsible for monitoring the programme against the standards. HIS are currently reviewing the standards for the pregnancy and newborn programme.

4. Matters to Discuss

(A) SSC Remit and Membership

This agenda item was deferred.

(B) Review of Screening Services

Dr Dobson drew the groups attention to *[Papers 17, 18, 19, 20, 21 and 22]* which sets out the framework of the review process and sought approval from the Committee to take this forward.

Four themes have been identified as key areas for the review:

- Commissioning and Planning
- Governance
- IT
- Roles and Responsibilities.

The team are currently gathering evidence for the review and aim to complete this by March 2018. Analysis of the evidence will happen simultaneously, with final evidence gathering and analysis completed by June/July 2018. Report preparations will follow after this. The first meeting of the Project Board is on the 11th December.

The Committee discussed the papers and agreed that the review is focused on overall management of the national screening programmes in the broadest sense; commissioning, planning and overall responsibilities for the operational delivery of a service. It is not what is delivered, but rather how that delivery is managed.

It was highlighted that the ToR referenced service delivery of the programme and that it should be clearer that the review is looking at commissioning and managing the outcomes of the programme effectively.

It was agreed that Board Coordinators, should be involved in the review and the review team agreed to consider the best way to achieve input from this group. The review team will also consider whether public partner representation is required.

It was confirmed that the review will not specifically look at the operational details of how screen detected abnormalities are managed. However, the review will be cognisant of the knock on effects from screening services.
Dr Dobson agreed to take emails on any other questions about the review.

(C) Pregnancy Screening – Non-Invasive Pre Natal testing for Downs Syndrome

Discussed under 'Matters to Report'.

(D) External Quality Assurance/ Screening Clinical Standards

HIS drew the Committee's attention to *[Paper 24]* describing the interim arrangements between now and when the screening review completes. A number of options were presented in the paper. HIS will shortly be publishing an approach and a framework on the way in which HIS works across Scotland to undertake assurance activity.

Within this context, the purpose of the questions are to understand what the interim arrangements could look like. HIS agreed to continue to work up the paper and bring it back to the next Committee meeting with an outline proposal.

It was suggested that a stock take of the current governance structures was necessary, and issues/concerns within those structures identified. It was highlighted that discussions on interim arrangements for EQA had not progressed much further. There was still a question to be resolved around whether the programme governance structures should be revised whilst the review was underway.

Scottish Government suggested a gap analysis was required to understanding the current arrangements, what is proposed, and having some support from HIS on a view on whether interim arrangements are necessary, or whether current arrangements are suitable.

Action: HIS/SG/NSD

5. AOB/ Date of next meeting

Chair thanked the members for their attendance and wished everyone a Merry Christmas.

Next meeting: 29th March 2018, 10am, Victoria Quay.

Scottish Screening Committee: Minute of Meeting

Thursday 29 March 2018

Present:

Paul Hawkins – (Chair) Chief Executive, NHS Fife	**Sue Payne** – Public Health Adviser for Screening – Scottish Government
[Redacted] – Senior Policy Manager - Scottish Government	*[Redacted]* – Policy Officer – Scottish Government
Lesley Donovan – eHealth Lead	*[Redacted]* – Policy Officer – Scottish Government
Carol Colquhoun - National Screening Co-ordinator – National Services Division	**Hilary Dobson** – Member of the UK National Screening Committee
Julie Cavanagh – Board Screening Coordinator Representative	**Roderick Harvey** – Medical Director – NHS Highland **(VC)**
Roger Black - NHS Public Health Intelligence	*[Redacted]* - Public Partner – Healthcare Improvement Scotland
[Redacted] - Head of Service Review – Healthcare Improvement Scotland	*[Redacted]* - Public Partner – Healthcare Improvement Scotland
[Redacted] – Head of Knowledge and Information – Healthcare Improvement Scotland	*[Redacted]* **–** Policy Manager –Scottish Government
David Steel – Programme Associate Director – National Services Division	**Gregor McNie** - Cancer Research UK
Bob Steele – Clinical Director of the Scottish Bowel Screening Programme	

1. Welcome and Apologies

1. Chair welcomed the group to the Committee's 7th meeting and introduced *[Redacted]* as new members of the Committee.

2. Chair also welcomed Professor Bob Steel to present on agenda item 11.

3. The following apologies were noted:

- Gareth Brown – Head of Health Protection, Scottish Government (Sarah Manson/Sue Payne in attendance)
- Katy Lewis – Directors of Finance (No deputy available)
- Dr Emilia Crichton - Directors of Public Health (No deputy available)
- *[Redacted]* – NHS Health Scotland (No deputy available)
- *[Redacted]*, Men's Health Forum (No deputy available)
- James Hall – Director of IT Operations NHSNSS (No deputy available)

2. Minutes and Actions

4. The Minutes from the 30 November 2017 meeting, were confirmed as a true and accurate record. The Committee's attention was drawn to the new action log, which will be issued with the Minutes following meetings. Members are asked to provide updates on actions to the new Secretariat mailbox - SSCSecretariat@gov.scot

5. Actions were reviewed as followed:

SSC(16)05 - Residual Bloodspot Consultation

6. Further to discussion with the Chief Medical Officer and Ministers it has been agreed that Scotland will go ahead with a public consultation. The first phase of stakeholder engagement will commence shortly to revise the 2014 consultation document which will now need to reflect the divergent UK positions.

SSC(16)08 - Routine IT Changes within programmes

7. This was an action from 9 September 2016 to develop a protocol for clinical sign-off for routine IT changes.

8. Ms Colquhoun advised that all National User Groups have a clinical Chair so that if IT changes are being discussed there is clinical input.

9. It was agreed that the issue is not with *new* IT changes but whether a protocol should be developed with ATOS for routine/maintenance fixes. Ms Colquhoun advised that this has already been put in place, and agreed that this should be documented for clarification.

ACTION: NSD

SSC(16)09 - Adverse Event learning communities of practice

10. Initial discussions with HIS and NES have taken place. Now that the Adverse Event Management Policy is in place, a practical framework for a community of practice can be developed this year.

SSC(17)03 - Inequalities Network

11. The Network's establishment was postponed to accommodate the review of screening. However, work is now underway to identify a Chair and seek members for a steering group. A wider electronic network will also be developed. Committee Members were invited to contact the secretariat if interested in being involved in this work.

ACTION: SECRETARIAT

SSC(17)11 - NIPT – Outline Business Case

12. On the Agenda.

SSC (17)15 – Director's HR Meeting

13. Ms Colquhoun advised that she had been working to secure a slot on the HR Director's agenda for the next meeting to discuss workforce issues across screening programmes. Ms Colquhoun agreed to work with *[Redacted]* on what to include and to put together a comprehensive presentation.

ACTION: MS COLQUHOUN *[Redacted]*

SSC(17)21 - Membership of Committee

14. Not discussed at previous meetings due to time constraints. This will now be covered under Programme Governance later in agenda.

SSC(17)22 - Duty of Candour

15. The Short Life Working Group that the Committee agreed upon was paused to await National Guidance. As the National Guidance will be available imminently, the Secretariat will now approach DPH and MD Representatives to identify a Chair.

ACTION: SECRETARIAT

SSC(17)24 – Monthly Return from Chair of AAA SQUARG

16. Ongoing action. Dr Cavanagh highlighted an issue with the amount of confidential data required to put a return together and advised that some changes are being worked through.

SSC(17)25 - AAA Uptake Threshold

17. Paper to be received at the November meeting.

SSC(17)27 - HPV Implementation Project Groups - Risks

18. Each of the project groups have identified risks but these have not been considered or ratified by the Implementation Board yet. This will be brought back to the SSC August meeting once they have been ratified.

Matters to Report

3. UK National Screening Committee

19. Dr Payne updated the group on the last UK National Screening Committee meeting held on 28 February 2018. The UK NSC considered screening for the following conditions but made no recommendation to introduce:
    - Biotinidase Deficiency in Newborns
    - Elevated Blood Lead Levels in Children Aged 1-5 years.
    - Screening for Chlamydia in Pregnancy
    - Screening for Thyroid Dysfunction

20. The UKNSC opened up public consultation on bowel screening optimisation on 7 January which will run to 7 April 2018. Scotland has a lot of information as a result of introducing FIT, which the other three nations are interested to hear.

21. The Annual Call for Topics, saw a proposal for an additional hearing condition to be added to the newborn hearing screening programme. Work will be carried out by the UK NSC and a report will be available for consideration in around 9 months' time.

22. The UK NSC Task & Finish Group have spent a lot of time considering the implications of using the words 'personal' or 'personalised', views were taken from legal experts and patient groups about how this will be taken forward for screening.

23. Other topical issues:
    A. Prostate cancer screening: The CAP study - one of the biggest prostate studies in the world- reported in February. It looked at a one off prostate test for men aged 50-69 with 10 years follow up, it showed no difference between the group of men offered the test and the control group.

    B. Lung cancer screening: the evidence is clear that this is not something that can be supported at the moment. However, there is a lot of interest in detecting lung cancer early. A lot of work/ initiatives are being done to look at how we can develop pathways and tests to identify individuals who may be at high risk.

4.Task and Finish Group – Informed Choice

24. Following the change in terminology by the Task & Finish group, there is now a piece of work to be done in Scotland, looking at protocols for opting out and documenting the process we use.

ACTION: SECRETARIAT/NSD/HEALTH SCOTLAND

5. Publication Reports

25. The Chair drew the Committee's attention to the latest ISD publication reports for information.

6. SSC Development Day

26. Planning is underway for two further events this year, these will focus on governance, risk and adverse event management. Committee agreed that these events are useful, and members were encouraged to contact the secretariat with any suggestions for 2019.

7. Beating Cancer: Ambition and Action 2016

27. Paper SSC(18)09 was highlighted to Committee for information on actions taken under the cancer strategy and includes a helpful outline of projects currently being supported. With the exception of the Inequalities Network, most of the actions under the cancer strategy have been closed off. The next round of call for bids will be issued at the end of April.

[Dr Roderick Harvey joined the meeting after having difficulties connecting by VC]

Programme Updates

8a. Abdominal Aortic Aneurysm Screening

28. The main risks for the programme remains around waiting times for vascular assessment and vascular treatment. This is evidenced in current KPI reporting. KPI 3.1 (assessment), shows evidence of significant progress but KPI 3.2 (treatment) remains a challenge. There has been some progress but this is still well below the essential criteria of 60%. NSD gave assurance that the programme continues to monitor and support improvement.

29. Chair sought clarity on whether all deaths, including the patient who died whilst on the waiting list for treatment, will be reviewed. Mr Steel assured the group that all deaths will be reviewed. In this particular case, a full incident report was carried out.

30. The Adverse Event Management Policy and its practical application was highlighted and Ms Manson raised concerns that the full SQUARG had not yet been informed about the incident. Mr Steel advised that the group will be briefed on the issue and actions taken.

31. Ms Colquhoun added that a small group is going to be looking at the Adverse Events Management Policy, to clarify its application
32. , how best to document an investigation, actions taken and lessons learned, this work will be submitted to the relevant programme and governance group. An addenda will be added to the Adverse Events Management Policy for such instances.

33. *[Redacted]* highlighted the need for an agreed definition of 'adverse event'. This will be explored further under the on-going discussions on governance structures between SG, HIS, NSD and Chairs of the Governance Groups. The development days will also be utilised as a forum for discussion with stakeholders.

34. Dr Payne made the group aware of the Duty of Candour legislation and the piece of work that will need to be done regarding a trigger for a duty of candour investigation. Any work going forward needs to be set against the backdrop of the legislation.

35. Chair asked whether the Committee were content with waiting times generally or whether this now needs to be escalated, with Medical Directors taking a greater role. Mr Steel added that there are particular problems in NHS A&A and NHS Tayside.

36. NHS Boards were given a quarter to improve treatment performance, the Committee agreed the improvements were unsatisfactory and escalation is now required. Chair agreed to write to Chief Executives and Medical Directors

ACTION: SECRETARIAT

8b. Bowel Screening

37. Uptake figures are for FOBT. There is no validated uptake data for FIT, as of yet, but uptake seems to have increased.

38. NSD noted that a small proportion of FIT test kits are being damaged in the post (around 1.5%). The Incident Management Team are working closely with the kit supplier and the Royal Mail to find a solution.

ACTION: NSD

8c. Breast Screening

39. The Committee were updated on waiting times. The statistics for February shows improvement with all 5 centres meeting the essential turnaround time for routine results and only one centre not meeting the 3 week standard of screening to assessment.

40. There are various initiatives to improve waiting times such as additional assessment clinics. The bad weather in March has hindered some of the initiatives as women could not get to the additional clinics but this continues to be monitored.

41. The backlog of surgical and pathology forms, highlighted previously to the SSC, has seen improvements being made. The 2016/17 backlog has been eradicated and although there is still a backlog for 2017/18 it's now around 900 forms across Scotland, Boards continue to reduce this.

42. A discussion on slippage then followed. The group was advised that some of the mobile units are working with delays, for example, in the South East. Some of the slippage was due to two practices merging which resulted in some people in the practice being screened early and some being screened late.

43. Chair questioned the governance arrangements around slippage and asked for clarity about who is responsible for deciding thresholds

44. Ms Colquhoun advised that a three month period of slippage was previously agreed by the Cervical and Breast National Advisory Group. Any slippage which is over 3 years and 3 months is reportable to NSD. NSD then ask for action plans as part of performance management monitoring from each of the screening centres. It is then discussed at the breast QARC.

45. Chair raised the point that there is currently no Chair for the breast QARC and asked when that group last met. Ms Colquhoun advised that the group met near the end of last year and the Medical Advisor of NSD chaired the meeting. Chair emphasised the importance of finding a temporary Chair for QARC, until a permanent Chair is found and asked NSD to progress this as a matter of urgency.

ACTION: NSD

8d. Cervical Screening

46. No red risks were reported. The majority of work in cervical screening is around the implementation of Hr-HPV testing. A highlight report was circulated to the group which identifies the different groups which are involved in implementation, everything is on schedule for implementation in 2020.

47. The standard of 80% uptake is not being met. On the declining trend in uptake, *[Redacted]* advised the Committee that the Scottish Government will be running another national awareness campaign specifically aimed at the older age range. SG Marketing Colleagues to be invited to a Committee meeting, to present on upcoming campaigns.

ACTION: SECRETARIAT

8e. Diabetic Retinopathy Screening

48. The new IT system Vector is fully implemented, and is now into business as usual. Reporting on the new system will not be in place until the end of the 17/18 period. No major risks were reported to the SSC.

8f. Pregnancy and Newborn Screening

49. The screening leaflets ‘You’re Pregnant’ and ‘Your Baby’ were among the winners in the Plain English Campaign Awards.

50. Risk remains around the lack of national data which is partly addressed in the NIPT Business Case. Another potential risk, raised at the pregnancy steering group, is a drift in CRL measurements in the DQASS reports. A bit more work needs to be done to determine whether this is a real risk and will be brought back to the Committee if required.

ACTION: NSD

51. *[Redacted]* raised concerns about the lack of KPIs, which are necessary to be able to understand the performance of the programme. Ms Manson highlighted the PHE/UK NSC KPIs which the programme could review, assess and adapt as necessary.

52. Mr Steel advised that a Pregnancy and Newborn Governance Committee is being set up and the Chair emphasised that setting this group up should be a key objective for this year.

ACTION: NSD

Matters to Discuss

9.Non-Invasive Pre Natal Testing

53. At the last SSC meeting, Committee Members were principally in favour of the NIPT Business Case but agreed that the financial implications should be discussed with Directors of Finance (DoF) and Board Chief Executives (BCE). Both DoF and BCE groups are principally in favour of the Business Case but a number of issues were raised.

- DoF and BCE wanted to ensure that the most cost effective solution is being considered and whether a revenue option for funding the equipment for the laboratory should be explored. NSD will take this forward with the genetics consortium to consider the most cost effective way.

- Data analysis costs, need to be reviewed. Some preliminary work has taken place with Public Health Intelligence in analysing the requirements of the programme. Instead of having twice yearly reporting, an annual report could be considered. More work is necessary to determine whether this is the best solution.

54. *[Redacted]* explained that colleagues in SG Health Finance have been informed but that the costs presented in the business case need to be robust. *[Redacted]* suggested that more detail is required around some aspects of the costings.

55. The Committee agreed to move forward with the Business Case subject to further checking and testing of the costs to be discussed in a further meeting outside this Committee.

ACTION: SG/NSD

10. DRS Business Case

56. Project Manager *[Redacted]*, who is leading on the DRS Business Case, was not available to attend the meeting. *[Redacted]* provided the group with an overview.

57. At the last meeting, the Committee agreed to move towards a Business Case for the changes to the DRS screening programme. Scoping work has been undertaken to ascertain the scale, complexity and approximate level of investment.
58. The Committee were asked if they were content to proceed with the business case and the revised process. The group discussed concerns that DoF and BCE would be considering a proposal which had not yet been agreed in principle by the SSC. Chair emphasised the difference between a strategic outline case (i.e. a proposal) and the actual business case. The SSC will always mandate and commission the business case by taking UK NSC advice and commissioning the work.

59. Mr Steel advised that the DRS executive group has overarching governance and that a Chair for the group had been identified.

60. Committee agreed that the dates and timelines in Appendix 2 may need to be reviewed and updated by *[Redacted]*, to reflect any slippage in setting up the SLWG.

ACTION: *[Redacted]*

61. Chair sought clarification about the benefit of going down the route of OBC rather than FBC.

62. . The key changes will be to IT and therefore recurring costs will be minimum. *[Redacted]* advised that the work done so far has indicated that a FBC is not required for this scale of change.

63. Chair suggested that a flowchart of the business case process, and what criteria is used to decide different routes, would be useful. Ms Donovan agreed to develop and circulate this to the group before the next meeting.

ACTION: MS DONOVAN

11. Flexible Sigmoidoscopy

64. Professor Bob Steele drew the groups attention to the flexible sigmoidoscopy (FS) papers and the accompanying hand-out and provided some background to FS and the UK trial which reported in 2010.

65. In England, where FS is offered to people at age 55, there have been significant difficulties in providing the service, resulting in long waiting times. Uptake is only in the region of around 40%, which is much lower than the initial trial suggested was possible. The UK NSC has commissioned a cost effectiveness analysis to look at the bowel screening options. The analysis concluded that the best form of screening in terms of cost effectiveness is FIT at as low a threshold as possible. FS was not considered a cost effective tool except under relatively unusual circumstances. In England, a consultation is now on-going to review next steps.

66. Consideration of the FS pilot is an action under the cancer strategy and the Scottish Cancer Task Force will be looking for advice from this Committee about whether FS should be taken forward. *[Redacted]* agreed to talk to Professor Steele, outside the meeting on how best to progress this.

ACTION: *[Redacted]* **AND PROFESSOR STEELE**

12. Programme Governance

67. When the Committee last met there was an action to carry out a gap analysis for Quality Assurance (QA) and current governance structures. A SLWG with colleagues from SG, NSD and HIS met at the beginning of March. The group considered:
    - Current governance structures
    - The work that NSD carried out following the 2016 HIS review of breast screening Information from the Bowel Screening Risk Workshop
    - Feedback for the current SSC review of screening particularly the meeting of the Chairs of the current governance groups.

68. A series of actions will be taken forward by the SLWG including a rapid review of each of the Terms of Reference (which are still in draft form) and a review of the membership of each group and to set the meetings out for 2018/19. Once ToR are agreed further actions include:
    - an escalation process
    - to write out to all organisations involved in the delivery of screening with the new ToR
    - to look at the guidance and support on the application of the adverse event framework
    - to consider the risk management policy and strategy

69. Following the Bowel Screening Risk Workshop, , each of the governance groups will be asked to do something similar. A programme of development and education for the governance groups was also thought to be required, to strengthen available support to Chairs of these groups..

70. The SLWG is due to meet monthly up until the next SSC meeting to progress this important work.

ACTION: SLWG (SG/HIS/NSD)

13. External Quality Assurance/ Screening Clinical Standards

71. *[Redacted]* advised that HIS will take an external view on programme QA arrangements and will sit on the SLWG discussed under Agenda Item 12. A discussion on adverse events and the need for relevant escalation occurred, paper SSC(18)25 offered a suggested first start. The plan to utilise development days to process through with stakeholders was confirmed as a practical way forward.

72. *[Redacted]* outlined the screening standards which are currently under reviewed. The draft of the breast screening standards went out for an eight week consultation last week. Standards are scheduled for publication in October 2018. Pregnancy and Newborn standards review are underway and will be out for consultation shortly. Scoping has been undertaken for cervical screening standards and final publication is scheduled for April 2019.

73. HIS were asked about slippage for breast screening standards and advised that the standards are on schedule to publish in October. There has been significant challenge in getting clinical input and HIS welcomed support in getting this engagement.

74. *[Redacted]* advised the group that UK NSC/ PHE standards are reviewed on a two yearly cycle. *[Redacted]* advised that a two year rolling review would be challenging for the small team within HIS in terms of capacity. Chair emphasised the importance of having clinical standards for the programmes and, if there is resource concerns that limit this that should be escalated internally..
75. For standards which could potentially be rolled forward, (i.e. affirmed as up to date) the Chair asked how that decision would be made. *[Redacted]* advised that some work would need to be done to understand changes. A process will be developed for the standards programme over the next few months.

76. Ms Colquhoun suggested that some of that work could be done with the assistance of the governance groups because they are the ones who are informed by the Monitoring and Evaluation Groups.

77. *[Redacted]* added that there is a real opportunity for HIS to link in with the review of screening. The PHE KPIs and standards are the standards used by the UK NSC by which policy is measured for programmes. The Committee needs to be assured that we are aligned with that process appropriately
.
78. HIS to link in with governance groups and to develop a programme of review and also to take a view on which standards HIS believe are up to date.

ACTION: HIS

14. Review of Screening Services

79. Significant progress has been made The Review kicked off in August 2017 for phase 1 which included setting the agenda and engaging with stakeholders. Five work streams have since been developed:

    - Commissioning approaches
    - Roles and responsibilities
    - IT and ehealth
    - Internal governance arrangements
    - Models for external quality assurance

80. In addition 5 cross-cutting themes have been identified:
    - accountability
    - executive responsibility

- risk management
- responsiveness to change
- leadership

81. Phase 2 (evidence gathering) has been taking place since November and the team are close to having all relevant information. The Project Board are looking to review a draft report in June

82. Good progress has been made with all workstreams with the exception of external quality assurance. Dr Payne emphasised that it is really important to understand the HIS view on base line assessments and standards and how these align with what is coming through from the other work streams. At the Project Board in April there is an opportunity to hear from HIS and how they see the future of external EQA in screening.

83. *[Redacted]* noted that HIS would expect modelling to follow the HIS Quality of Care Framework. HIS would consider the approach and methodology of taking that forward but not the actual model of QA. HIS will attend the meeting in April and will run through what they expect the approach to be and the framework on which it will be based on.

15. 2018 Workplan

84. The 2018 work plan is largely informed by the UK NSC work plan (which has not yet received formal approval by CMOs). The work plan is divided into three key areas for the Committee: development and review, oversight and engagement and advice and reporting.

85. The work plan was signed off.

16. AOB/ Date of next meeting

86. Chair thanked the members for their attendance

Key Dates: Development Day: 7th June 2018, Victoria Quay, Edinburgh
Meeting : 23rd August 2018, Victoria Quay, Edinburgh
Development Day: 4th October 2018, Victoria Quay, Edinburgh
Meeting : 15th November 2018, Victoria Quay, Edinburgh

Scottish Screening Committee: Minute of Meeting

Thursday 23 August 2018

Present:

Paul Hawkins – (Chair) Chief Executive, NHS Fife	**Sue Payne** – Public Health Advisor for Screening – Scottish Government
[Redacted] – Senior Policy Manager - Scottish Government	*[Redacted]* – Policy Officer – Scottish Government
Lesley Donovan – eHealth Lead	**Hilary Dobson** – Member of the UK National Screening Committee
Carol Colquhoun - National Screening Co-ordinator – National Services Division	**Roderick Harvey** – Medical Director – NHS Highland
Julie Cavanagh – Board Screening Coordinator Representative	*[Redacted]* - Public Partner – Healthcare Improvement Scotland
Roger Black - NHS Public Health Intelligence	*[Redacted]* – Head of Knowledge and Information – Healthcare Improvement Scotland
Gregor McNie - Cancer Research UK	**Gareth Brown** - Head of Health Protection Division, Scottish Government
Fiona Murphy – Director, National Services Division	**Emilia Crighton** - Director of Public Health – NHS Greater Glasgow and Clyde
[Redacted] - Programme Manager - Healthcare Improvement Scotland	**Annie Anderson** - Professor of Public Health Nutrition – University of Dundee
[Redacted] – Programme Manager DRS Business Case, National Services Division	*[Redacted]* - DRS Collaborative Co-ordinator
[Redacted] - Scottish Clinical Leadership Fellows (Observer)	

1. Welcome and Apologies

1. The group were welcomed to the Committee's 8th meeting.

2. The Chair welcomed Professor Annie Anderson to present on agenda item 4 and advised that *[Redacted]* would arrive at 11.30, for Agenda Item 9.

3. The following apologies were noted:

- *[Redacted]* – NHS Health Scotland
- *[Redacted]* – HIS Public Partner
- James Hall – Director of IT Operations, NSS (*[Redacted]* deputising)
- *[Redacted]* – HIS (*[Redacted]* deputising)
- Mike Winter – Medical Director NSD (Fiona Murphy is in attendance for NSD)

2. Minutes and Actions

4. The Minutes from the 29 March 2018 meeting, were confirmed as a true and accurate record.

5. Actions were reviewed as followed:

SSC(16)05 - Residual Bloodspot Consultation

6. *[Redacted]* to receive update in the next week and to circulate electronically to the group.

SSC(16)08 - Routine IT Changes within programmes

7. A further meeting is taking place with NSS IT and the documented process will be circulated electronically before the next meeting.

ACTION: NSD

SSC(16)09 - Adverse Event learning communities of practice

8. To be taken forward under the Duty of Candour SLWG, led by HIS. Action closed

SSC(17)03 - Inequalities Network

9. There have been some challenges in securing a Chair but secretariat are currently considering NHS Board non- executive Directors. Suggestions were welcomed from the group. The electronic Network is due to be up and running prior to the November meeting.

SSC(17)11 - NIPT – Outline Business Case

10. The Minister has approved the Business Case in principle and is keen to receive further advice on the communications and engagement approach. Meeting to be set up with NSD, and Health Scotland, to further advise ministers.

ACTION: SSC(18)13 - SECRETARIAT

SSC (17)15 – Director's HR Meeting

11. It was felt there was no need to present to the HR Directors as there are now links in place with key people on that group. Action closed

SSC(17)22 - Duty of Candour

12. HIS have agreed to Chair the SLWG which will meet for the first time on the 30th August 2018. If screening specific guidance is required the group are geared up to work over the next two months to be in the position to bring advice to the November meeting.

ACTION: HIS

SSC(17)24 – Monthly Return from Chair of AAA SQARG

13. On the agenda

SSC(17)25 - AAA Uptake Threshold

14. Paper to be received at the November meeting to allow for a considered proposal.

ACTION: NSD

SSC(17)27 - HPV Implementation Project Groups - Risks

15. On the agenda

SSC(18)06 – CRL measurements

16. A survey has been sent out by the pregnancy steering group looking at staffing numbers, training and competencies. Once that information is received they will be able to identify if there is a specific training need. A report will be brought back to the next meeting.

ACTION: NSD

17. All other items on the Agenda.

Matters to Report

3. Papers for information

18. Chair drew the group's attention to the papers for information. No questions were raised. LD added that she will update and resend the High level Business Case Lifecycle document.

4. ActWELL update

19. The group welcomed Professor Annie Anderson (AA) to present an update on the ActWELL study, which is funded under the Scottish Government's Cancer Strategy.

20. Notable points included:
    - Widespread interest in the intervention (3482 women)
    - Overall recruitment target met (within 12 months)
    - Retention in study has been better than expected (94% so far)
    - SIMD target not met (16%) and lower than in the pilot

21. The Committee discussed SIMD acknowledging the need to minimise the risk of increasing inequalities by offering an intervention that is disproportionately taken up by the more advantaged community. JC that Breast Screening already has a disproportionate uptake in more advantages groups and that there is a risk that projects such as ActWELL could have a multiplicative impact on the health inequalities associated with the screening programme. The Committee agreed to consider this when the retention figures were available.

5. UK National Screening Committee Update

22. Paper circulated for information. Members were advised to submit any queries to SSCSecretariat@gov.scot

6. Programme Updates

6a. Bowel Screening

23. Two adverse events are currently being actively managed within the programme. The first relates to postal damage to kits and the second concerns potential inappropriate exclusions. Solutions are under consideration and potential harm is being assessed.

24. The group discussed the FIT Threshold Group's paper. The test by all accounts has performed beyond original expectations, management information suggests the uptake of FIT has been 63% compared to 53% for FOBT and the positivity has been 3.0% compared to 1.9% for FOBT. The Committee recognised that these increases have placed some additional pressures on colonoscopy departments. Although it is possible to discern an increase since November 2017 when FIT was introduced into the screening programme, the trend could be in keeping with the established trajectory, and it is noteworthy that the numbers waiting more than 4 and 6 weeks seem to have plateaued since July 2017. The paper updated the Committee on the work of the Threshold group to date providing a recommendation at this time that the current thresholds of 80 ug/g should be maintained but revisited when data are available to evidence further advice. The Committee agreed.

25. In May 2018 the Scottish Government committed to developing a clinically led endoscopy action plan to address the current waiting time situation. There are several elements to the plan from clearing backlogs of those waiting longest, supporting the roll-out of qFIT in the symptomatic population and undertaking clerical and clinical validation of waiting lists.

26. It was also agreed that it would be useful for the Programme Clinical Lead to meet with Cancer Access and Screening Policy colleagues in SG along with the Chair, to consider the opportunities for closed integration between screening and symptomatic referrals.

ACTION: SSC(18)14 - Secretariat - Set up meeting to consider the opportunities of closer integration between screening and symptomatic colonoscopy

ACTION: SSC(18)15 - Secretariat – Write to NHS Boards to outline the current position on FIT threshold

6b. Abdominal Aortic Aneurysm Screening

24. Uptake in the programme remains high at 84%. National Image QA processes have been developed for the programme and are being progressed. The continuing challenge relates to the time being for men with large aneurysm receiving surgery within 8 weeks of screening. The AAA SQARG have written to Boards about this matter.

25. There was discussion on what, if any, action Boards have taken action since the letter was sent. NSD advised than another letter had been sent in the last week to NHS A&A asking for more information about planned reorganisation of their vascular services. The letter from AAA SQARG had just issued to the Chief Executive and it was felt that a little more time was required for the Board to come back on timelines etc.

26. Attention was drawn to the Vascular Review which was conceived a number of years ago through the National Planning Forum. The fact that the screening pathway is being considered as part of reconfiguration is progress, however, considering this could take a further 2/3 years, the Committee asked whether Boards have been asked to provide an interim position and mitigation against clinical risk for screening participants.

27. It was confirmed that the Board does have an action plan in place, but that the key challenge is around timescales. The screening programme can question when patients

are not being dealt with in a timely manner but ultimately it is the responsibility of the NHS Board to deliver vascular services. It was considered to be worth going back to the Boards, asking for mitigation against risk.

6c. Breast Screening

28. A number of papers were circulated including: a Highlight report, the June Dashboard and overview slippage report. Main points were noted as follows:

    - There is variation between the static and mobile programmes. Some of the static programmes are ahead of schedule but there is one mobile unit which has 23 weeks of slippage
    - NSD has asked NHS A&A for an action plan which has been received However, there has not been a significant improvement in slippage over the past number of months.
    - There are a number of risks being overseen by the Programme Board including slippage and sustainability of the service due to workforce shortages.
    - There is a risk to delay in updating records due to a backlog of pathology and surgery data. SSC has written to Boards about previously. Currently there are still a significant number of records not updated from 2017/18 or 2018/19.

29. NSD further advised that slippage has cumulatively become worse. One of the biggest issues reported by screening centres is staffing numbers.

30. Comments were received from the Committee as follows:

    - There needs to be a formalised definition of slippage. For a long time there has been a three month tolerance for slippage but a decision needs to be taken about whether that is still acceptable.
    - The UK NSC is looking at age parameters and we should take forward advice on that.
    - The landscape has changed enough that either expectations are now wrong in terms of what we accept or there is not enough capacity in the system to screen the women we need to screen.
    - New Ministers need to be informed of these issues in some detail, so that they are aware of the risks. This may prompt some big policy questions about how the service is managed.
    - Recommendations/options for going forward are included in the slippage paper and should form part of the Ministerial Briefing.

ACTION: SSC(18)16 - Secretariat - Update new Ministers on the challenges around slippage in the Scottish Breast Screening service

6d. Cervical Screening

31. Implementation of Hr-HPV is on schedule to be delivered, however, there is concern about the sustainability of the current cytology service, particularly where a Health Board's work is outsourced to another Board cytology laboratory. Boards are responsible for developing their own contingency plans but this is a challenge for Boards which will not have a screening cytology service in future.

32. The programme is working very closely with the cytology consortia in order to look at different ways of bolstering the current service. Board Coordinators have expressed the

view that there needs to be national ownership and coordination of cytology services going forward to ensure equality of access across all screening participants in Scotland.

33. Chair enquired about next steps and it was suggested that we should look at solutions which link to the beginning of the new programme of HPV. The Consortia have presented a list of contingency options and the group thought it would be useful to strengthen links between Board Coordinators and the HPV implementation group. National Leads are being set up in each Board and could be brought together in a national meeting to build on national coordination and link efficiently into the Consortia.

ACTION: SSC(18)17 – SG/NSD - Regular meetings to be included going forward for National Implementation Leads and Consortia to improve co-ordination and communication

34. NSD drew attention to the paper on the hr-HPV Primary Screening Pathway Change which gives the Committee early sight of this proposed change. SG have provided funding for scoping. The UK NSC will further discuss HPV pathways in October. If no further advice comes from the UK NSC, a decision will need to be taken on whether to keep the current proposed pathway or await a recommendation from the UK NSC.

ACTION: SSC(18)18 Secretariat – Following UK NSC meeting in October, contact SSC electronically about hr-HPV Primary Screening Pathway Change

6e. Diabetic Retinopathy Screening

35. Paper taken for information.

Matters to Discuss

9. DRS Business Case

36. The DRS Business case was presented to the group outlining the background, the current process and the rationale for extending the screening interval.

37. Main points were noted as:

- In line with the UK NSC advice the preferred option is to revise interval screening to 2 year period for select patients, at a variable transition rate plus introduction of OCT surveillance within the DRS Programme
- Benefits include: more personalised, patient centred, streamlined and clinically appropriate pathways, reduction in unnecessary screening episodes that add no value, reduced anxiety and worry for patients as a result of a reduction in ophthalmology referrals, alignment with evidence based practice and national strategy and standardisation and consistency across Scotland
- The assumption is that there would be no additional staff costs and the OCT equipment change will be supported by Boards.
- Upfront investment required to implement the change is balanced against the overall £400k cost avoidance.

51. The group approved the recommendations, noting the high quality of business case.

10. External Quality Assurance/ Screening Clinical Standards

52. An update on the work Health Improvement Scotland are undertaking to update the Pregnancy and Newborn, Breast and Cervical screening programme standards was provided. The group sought clarity on whether the timescales for review is now available for each suite standards. HIS advised that work is ongoing to look at the feasibility of this, working to look at the work of PHE has undertaken with their programmes and that this will be considered as each set of standards is refreshed. The Chair reiterated the importance of having up to date standards to ensure accountability expectations are clear. HIS advised that current capacity meant this was a difficult ask to give a timescale to. HIS were asked to provide a further update at the November meeting.

Action: SSC(18)19 - HIS to provide update to November 2018 Committee on Standards and ongoing work to agree a review schedule for each programme.

11. Review of Screening – Update

53. An update was provided on the wide range of work the review team have completed to date noting that the project is now in the final stages. The review has focused on 4 key areas, Roles and Responsibilities, Commissioning, Quality Assurance, split into internal and external, and finally Information compliance and e-Health. The evidence gathering is now complete and the Project Board (PB) met last week discuss the initial themes of the report and agreed that they were happy for these to be consulted on, understanding that these are initial draft recommendations.

54. A number of gaps have been identified and the aim is these will be addressed by the review to strengthen the screening landscape. There are three stakeholder engagement events planned to support the best formulation of the recommendations.

56. The final report will be submitted in November

ACTION: SSC(18)20 – Review of Screening Final report on Agenda for Nov 2018 meeting

12. Digital Breast Tomosynthesis (DBT)

57. The paper was presented to the Committee. This request follows a Scottish Digital Health Technology review that concluded the SBSP should consider enabling DBT to support the 7% of women recalled for further investigation following their initial screen.

58. Looking to understand the benefits for the introduction of DBT, in light of the need for both Capital and Resource investment, an Australian trial evidenced a reduction in the need for biopsies following DBT imaging and a reduction in radiation exposure for women as this would reduce the number of repeat slides required for further investigation. It was suggested, although un-evidenced, that there could be a significant reduction in workloads and in time needed by radiologist as DBT would require less preparation for Radiologists than current methodologies.

59. It was noted that the paper offered no evidence to support the cost effectiveness of DBT and that of the eight studies sighted in the paper only two noted that it offered superior imaging

that that already available. There have been a number of studies carried out in the UK and it was agreed it would be advantageous to look at the commonality of the evidence from these

62. The Committee agreed that a more substantial business case offering economic benefit and cost effectiveness would be required before any decision on implementation could be considered. SG and NSD agreed to map out the timelines for this work and report back to the Committee.

ACTION: SSC(18)21 - SM and CC to map out timelines for this work.

8. Programme Governance

63. An update on the work undertaken by the SLWG to complete a rapid review of the internal programme governance was provided. The group has worked to revise and refresh the remit of these groups.

65. There was discussion on the process of reporting and whether the flow of information was correctly captured in the suggested structure, These groups are not new and the intention of the SLWG is to work with the Chairs of the current governance groups to strengthen their role and remit and to provide a clear steer to improve governance across all programmes.

66. In terms of next steps the SLWG will meet with chairs to discuss group membership and the development of programme workplans.

67. The Committee agreed that these interim arrangements should be implemented and that the SLWG should continue to support this work and report back at the next meeting.

ACTION: SSC(18)22 - Secretariat to add this to November agenda for update purposes.

7. Clinical Taskforce – Update on PHE Incident handling

68. An update on the work of the Scottish Clinical Taskforce (CT) was provided. The CT was set up at the request of the Chief Medical Officer (CMO) and Ministers, with membership from HIS, SBSP, NSD, SG, Board Co-ordinators, Clinical Directors and NHS IT. The CT has two objectives, the first being to support Public Health England in handling the recent incident where a significant number of women were not invited for their final screen and secondly to provide reassurance to Scottish Ministers and the CMO that the Scottish Breast Screening Programme is inviting women appropriately.

69. There are two cohorts of women being actively traced on behalf of PHE. Women under 72 years of age and women over 72. To date all women under 72 years of age currently living in Scotland, who missed their last screening invitation while in England have been offered an appointment to be screened. Those over 72 who have requested a screen have also been provided with an appointment.

70. To offer additional reassurance women over 68 who had moved to Scotland from England in the last 10 years were traced and confirmed as being correctly added into the SBSP. This work is now complete.

71. The Taskforce has also considered the failsafe reports currently in place. It has been agreed that a number of developments required to offer assurance that women, at the upper age range for screening are being appropriately invited.

72. PHE are currently working on their risk assessment mechanism and compensation scheme to offer women a defined pathway to participate in this. The CT is working with PHE to understand how to facilitate this for any affected women now living in Scotland.

73. The work of the taskforce has identified a number of women in the upper age range who, because of delay in the programme, have not been invited for their last screen. Additionally there is a risk that some women aged 53 and over may not yet have received an initial invitation to be screened.

74. The Chair asked what had happened to the women identified in the over 71 age range who had missed a screen. It was noted that to date there had been no contact with these women although the CT had approached QARC to resolve this.

75. It was noted that the intention was to contact these women shortly with the option to attend for screening should they wish to do so. Concerns were raised about the clinical risk for these women. HIS were asked for a view on the issue and delay in contact. HIS advised that the required manual work around was not ideal but appeared to be the only way this could be progressed. The Committee noted that the processes appear to be system driven rather than people driven, with system limitations holding back the need for action in many situations.

76. The Chair voiced concern that the affected women were still not aware of the issue noting that Ministers may also be unaware that these women had not yet been contacted, even after receiving reassurance that this was a priority incident. SG agreed to discuss this Ministers.

AOB/ Date of next meeting

No other business was raised at the meeting.

The Chair closed the meeting.

Key Dates: Development Day: 4th October 2018, Victoria Quay, Edinburgh
Meeting : 15th November 2018, Victoria Quay, Edinburgh

Scottish Screening Committee: Minute of Meeting

Thursday 15 November 2018

Present:

Paul Hawkins – (Chair) Chief Executive, NHS Fife	**Roger Black** - NHS Public Health Intelligence
Gareth Brown - Head of Health Protection Division, Scottish Government	**Julie Cavanagh** – Board Screening Coordinator Representative
Carol Colquhoun - National Screening Co-ordinator – National Services Division	**Emilia Crighton** - Director of Public Health – NHS Greater Glasgow and Clyde
Hilary Dobson – Member of the UK National Screening Committee	**Lesley Donovan** – eHealth Lead
James Hall - Director of IT Operations, NHS National Services Scotland	*[Redacted]* - Organisational Lead – Screening and Immunisation - NHS Health Scotland
[Redacted] - Programme Manager - Healthcare Improvement Scotland	*[Redacted]* – Policy Officer – Scottish Government
[Redacted] – Senior Policy Manager - Scottish Government	**Gregor McNie** - Cancer Research UK
[Redacted] – Screening Policy Officer, Scottish Government	**Fiona Murphy** – Director, National Services Division
Sue Payne – Public Health Advisor for Screening – Scottish Government	*[Redacted]* – Head of Knowledge and Information – Healthcare Improvement Scotland
[Redacted] - Public Partner – Healthcare Improvement Scotland	

1. Welcome and Apologies

1. The group were welcomed to the Committee's 9th meeting.

2. The following apologies were noted:

   - *[Redacted]* – HIS (*[Redacted]* and *[Redacted]* in attendance)
   - **Rod Harvey** – Medical directors (No deputy)
   - **Katy Lewis** – Director of Finance (DoF's unable to provide a deputy)
   - *[Redacted]* – Public Partner (*[Redacted]* in attendance)
   - **Mike Winter** – Medical Director NSD (Fiona Murphy in attendance for NSD)

2. Minutes and Actions

3. The group agreed that paragraph 21 of the Minutes from the 23 August 2018 on ActWELL should be amended to reflect the comments submitted by JC on inequalities.

4. For a written update on actions, the Committee were directed to the action tracker and no questions were raised. Two actions did not have a written update on the tracker and a verbal update was provided as follows:

5. SSC(17)05 – The UK NSC workplan for 19/20 has an item on inequalities so this will be actioned through the UK NSC workplan.

6. SSC(18)(01) – the task and finish group on opt-outs and informed choice is still to be established, and will be done so after the duty of candour work is complete.

3. Papers for Information

7. Chair drew the groups attention to the papers for information and no questions were raised.

4. UK National Screening Committee Update

8. The UK NSC last met on the 31st October and no Minutes have yet been made available. An electronic update will be provided once these have been circulated. There are no impending items of business for the SSC at this time.

ACTION: Secretariat

5. AAA Screening

5a Programme Update

9. NSD provided an update on the AAA programme noting that uptake in the programme remains high, hence the proposal to increase the essential uptake threshold.

10. Boards continue to face challenges in meeting KPI 3.2 (men treated within 8 weeks of screening) although some improvement is being seen. The Chair of the SSC continues to receive monthly updates. There are plans for HIS, NSD, the Chair of AAA SQARG and the Vascular Surgery Clinical Advisor to meet with the Chief Executive of NHS Ayrshire and Arran to discuss local issues and explore potential solutions.

11. The Chair questioned the responsiveness of the Boards. NSD advised that the Boards are very engaged and committed and there is a proposal from SQARG to review the way that the monthly monitoring takes place to make it more meaningful and patient focussed. JC agreed and added that the KPI is challenging and can be easy to miss on the basis of very

small numbers. NHS Boards have provisions in place. The issue is with one Board in particular, NHS Ayrshire and Arran, which is undergoing a vascular service configuration.

12. The Chair questioned whether these patients are being referred to other Boards whilst this is being sorted out and *[Redacted]* advised that this appears to be the case.

13. *[Redacted]* questioned whether a date had been set for the meeting with the Chief Executive. *[Redacted]* advised that a date was being sought but confirmed that it would be before Christmas.

14. The Group consider whether it was necessary to have further communication with the Boards. Whilst the Committee continues to have concerns there are processes in place which are actively trying to address the issues and it was agreed to give Boards some time to progress and bring this back to the next meeting.

15. The Group considered whether it was necessary to have an impact assessment on the potential implications of not meeting the target and HIS advised that this has already been requested.

16. The Committee highlighted the need to push for a response on the impact assessment from NHS Ayrshire and Arran, and a documented process of what is being done.

ACTION: Secretariat to link with HIS following HIS meeting with Board

5b Proposal for revision of uptake target to 75**%**

17. NSD outlined the proposal to change the KPI essential threshold for uptake of AAA from 70% to 75%. The Committee were advised that the more deprived quintiles are less likely to reach the target so if the essential threshold is too high some areas would struggle to meet it just because of the composition of their populations. This change brings Scotland in line with England and Wales which would allow for wider benchmarking.

18. The Committee agreed the recommendation to change the AAA uptake KPI but thought it would be useful for the next meeting to have a one page paper on the methodology/process for amending the KPI. The Committee also agreed to reconsider this KPI in a year's time.

ACTION: NSD and Chair of SQARG

5c Update on A&A position and monthly reporting to committee

19. Discussed under programme update.

6. Bowel Screening

6a Programme update

20. NSD provided a programme update for bowel screening highlighting that the statistics are for FoBT rather than the new FIT test. The uptake figures are not yet validated.

21. Increased uptake and increased positivity from the introduction of FIT is leading to added pressure on existing endoscopy services. There is work ongoing in Scottish Government to develop an endoscopy action plan to support Boards manage increasing demand on services from both screening, symptomatic and surveillance routes.

22. The Chair advised that a clinical lead paper was presented on endoscopy at the Scottish Access Collaborative Programme Board which suggested that FIT could not be properly evaluated in a symptomatic non-screening environment. The Chair agreed to share with the group.

ACTION: Chair/Secretariat

23. The FIT Threshold Group is working with ISD looking at the next set of data and analysing the uptake of screening to understand the screening histories of individuals and to get more intelligence on where FIT has made a difference.

24. NSD advised that the increase in uptake, as well as the additional postage costs, is having a financial impact. An impact assessment will be necessary at some point in the next year or two if activity is sustained.

6b Adverse event update – GANA and damaged post

25. The pilot, involving the use of 200 padded envelopes, has been successful and there is a more rigorous trial planned for early in the new year which will test 420,000 envelopes over 5 months. If successful, the plan is to move permanently to the padded envelopes. It is not anticipated that there will be additional postage costs.

26. The Chair questioned how the financial impact of the new envelopes can be put on Scottish Government's radar. GB proposed two ways. Firstly, through conversations with the SG screening team in dealing with in-year pressures but if it were to become a more fundamental issue, there would need to be formal communication through escalation.

27. NSD were asked to provide some indicative figures for the new envelopes at the next meeting of the SSC.

ACTION: NSD

7. Breast Screening

7a - Programme Update

28. Slippage is a key factor in causing delays in the breast screening programme and monthly monitoring of slippage is undertaken in both mobile and static units. A lot of work has been undertaken to try to decrease slippage and there is an improving picture in the mobile programme. Two mobile units have slippage of 13+ weeks, ten mobiles are on/within 12 weeks and there is still one mobile unit with 23 weeks slippage. A sub-group of the QARC has been formed to look at different areas for improvement within the breast screening programme such as infrastructure, the mobile fleet, training/developments and remote reading. Some of these initiatives are short term and some will require more research. A workshop was held on the 1st December with all the Service Managers and Superintendent Radiographers in order to look at initiatives such as overbooking women for appointments based on anticipated uptake. This was successful in improving waiting times for the unit which has introduced this rigorously.

29. One of the key things which came out of the latest QARC meeting was the idea of more collaboration across breast screening centres, more joint working and resilience and perhaps shifting work around Scotland, preventing demand increasing in particular areas.

30. The Committee were advised that there remains an issue with the backlog of surgery forms. There are 294 outstanding forms from the previous financial year and 801 for the

current financial year. There are surgical teams working on this but it tends to fall to one or two surgeons.

31. It was agreed that the Chair would to write again to Boards highlighting the issue and requesting this be addressed.

ACTION: Secretariat

32. The Committee were advised that there is an action plan in place for the mobile unit, which currently has 23 weeks slippage, and it is hoped to have it back to under 12 weeks by February 2019.

7b Adverse Event – Final Invitation

33. All letters apologising to women affected by the final invitation issue have now been issued and 29% have so far requested an appointment. The number of women who have attended an appointment has increased from 345 (in monitoring report provided) to 478 which means only 77 women are now awaiting results.

34. There are a number of safeguarding reports which are currently being tested, including a fortnightly report for women who are about to go over 53 years without having been screened. Across Scotland there are approximately 200-300 women who are being invited because of this safeguarding process.

35. As a result of this, there is also an assessment of all screening programmes call/recall processes and the way patients have access screening.

7c QARC – Update on slippage

36. Discussed under programme update.

7d Clinical Taskforce – Update on PHE Incident Handling

37. The Taskforce identified and assessed all the women that were asked to be traced by PHE. For women under 72, uptake of screening was 45% and for women over 72 uptake was 55%. A series of actions have been completed and the action log is now closed. All of this information has been fed back to PHE and PHE have not asked for any further information to be taken forward by the Clinical Taskforce. The two outstanding issues which were flagged to the Committee in August around failsafes have been taken forward.

38. The PHE independent review will report in December and there may well be more actions for the Taskforce, hence why it is not being asked to stand down yet.

39. [Redacted]

8. Cervical Screening

8a Programme Update

40. Uptake of cervical screening is around about 73% - falling below the 80% target. Various initiatives are taking place across Boards, SG Marketing, NHS Health Scotland and DCE campaigns.

41. Work has now commenced to review the clinical standards, led by HIS, and draft standards have gone out to consultation this month. NSD will be carrying out a review of the Cervical Cytology Training School and how training is delivered in future.

42. The main concern remains around the sustainability of the current service. There have been two national briefing sessions held to date. This was discussed at the last Board Coordinators meeting where it was highlighted specifically because looking at the risk by each lab and Board, there is much more risk than would initially appear.

43. The Cytology Consortia did a Board by Board assessment that was brought to the Committee earlier this year and they are currently overseeing that. Each Board lead has an assessment of how far they are away from 'purple'.

44. The group recognised the need for clarity and that although the risk currently lies with each individual Board a degree of overall national oversight is required. The Chair, in his role as Chief Executive of NHS Fife, agreed to take a paper, to NHS Board Chief Executives Group.

45. The importance of pulling all strands of work together from the Consortia, and the implementation workstreams through an SG facilitated group to have a risk map across Scotland, to support Boards was discussed. That group would link in with the SSC and BCE.

46. The Committee agreed to move forward with SG coordinated group/workshop to establish a risk map, which the Chair will take SRO to BCEs

ACTION: SG

8b Hr-HPV Implementation Update

47. Discussed under Programme update.

8c Hr-HPV Primary Screening Pathway Change

48. The options to change the primary screening pathway for Hr-HPV cervical screening were outlined. This is a piece of work that has come out of the pilot for the implementation of Hr-HPV in England and has a positive impact on the number of referrals to colposcopy. Three options for delivery were presented.

49. The UK NSC did not discuss this at their meeting in October, it is currently out for consultation and will come back to the UK NSC on 28th February.

50. The change has been discussed at the HPV implementation Board and has been agreed in principle. The Committee were asked whether they wished to delay go-live for HPV primary testing, recognising the concern sustainability of current services, in order to make the pathway change to SCRRS, whilst acknowledging that the UK NSC has not yet made a decision to go ahead with this.

51. The Committee agreed with option 3, to go ahead with the change as proposed.

9. DRS Screening Update

52. At the last meeting the Committee signed off the DRS business case and a Programme Manager has now been appointed to lead implementation.

10. Pregnancy and Newborn Screening

10a – Programme update

53. Implementation of NIPT has received Ministerial approval and a Project Manager has been secured. The first steering group meeting is on the 19th December.

54. The Committee noted that in in England, implementation is at a standstill because of legal challenges to the procurement process.

55. At the last Committee meeting concerns were raised about drifts in the CRL measurements and translucency for Spina bifida. This has been discussed with DQASS and they have confirmed that they have no current concerns. A reminder has been sent to all sonographers in terms of reviewing the training information to ensure they are applying the measurement to the right quality standard.

11. Review of Screening – Final Report

56. The Committee received an update on the review of screening. A reminder was provided on the background, the drivers for the review and the timescales. The three stages of the review were described: Setting the agenda, evidence gathering and synthesis, alignment and recommendations.

57. The gaps and recommendations were presented, as set out in the report, and then discussed by the Group.

58. There are still major pieces of work that would need to be taken forward if these recommendations were accepted such as the creation of the Executive Function and the framework of responsibility. The recommendations, once signed off by the Committee, will be taken to Ministers for a decision, if the recommendations are accepted, they will set the pace for implementation.

59. The Chair commended the work of Dr Hilary Dobson and Dr Sue Payne in leading the review, and the wider Project Board for this fantastic piece of work. Screening has been put on the map and Scotland is in a much better place.

60. The Committee signed off the recommendations and agreed that this should be taken to Ministers for a decision.

ACTION: SG

12. EQA/ Screening Clinical Standards

61. The Committee were provided with a schedule for standards review and development, This was accompanied by a narrative explaining the differences in standards between Scotland and the rest of the UK.

62. It's important to think carefully about how clinical screening standards are produced and aligned with the KPIs used by the national programmes. HIS will undertake that piece of work but, in the meantime, there is a draft schedule for updating the screening standards. It was agreed that HIS should coordinate the scheduling dates with colleagues in light of intelligence around upcoming programme modifications.

ACTION: HIS/SG

63. There was concern raised about the proposed timescales, particularly the 5 year cycle. HIS advised this that is what can be accommodated with the current resources in HIS.

13. AOB/ Date of next meeting

64. No other business raised.

Key Dates: Development Day: 21 February 2019, Victoria Quay, Edinburgh
Meeting : 21 March 2019, Victoria Quay, Edinburgh