

Chief Executive Board Report

27 January 2022

1 Changes to the Cervical Cancer Screening Programme

Across Wales, we invite women and people with a cervix for a cervical screening test from the age of 25 to 64. Nearly all (99.8%) cases of cervical cancer are caused by infection with the Human Papillomavirus (HPV), a common virus that most people will come into contact with during their lives. Longer term or persistent infection with high risk types of HPV is linked to a risk of developing cell changes that can lead to cervical cancer. Along with the Human Papilloma Virus (HPV) vaccine, cervical screening is the best way to protect against cervical cancer and prevents over 7 in 10 diagnoses.

In 2018, we implemented an improved test (the HPV test) in the cervical screening programme which is better at identifying women at risk of developing cervical cancer and those who are at very low risk. We announced further changes to the cervical screening programme on the 4 January 2022, extending the routine screening interval from three to five years for women and people with a cervix who do not have high-risk HPV found at their next cervical screen.

This change, agreed by the Welsh Government's Welsh Screening Committee, is in line with the current recommendations from the UK National Screening Committee (UKNSC), which is an independent scientific committee that advises the UK government. This change has been implemented in Scotland since March 2020. The recommendation and evidence base underwent a UK public consultation in 2019, with many charities such as Cancer Research UK providing feedback. The recommendation was supported.

From the 4 January 2022, women with high-risk HPV identified will be followed up closely with screening in one year if they have no cell changes or referral to colposcopy if they have cell changes. Women with no HPV identified will be invited to attend for cervical screening in five years. This is because the evidence shows if no high-risk HPV is found in a woman's sample, the woman has a very low risk of developing cervical cancer within 5 years, given that it takes around 10 to 15 years to develop after infection with persistent high risk HPV. The change will only affect those aged 25 – 49 if HPV is not found in their next routine cervical screening sample. It will not affect those who are on treatment or early repeat pathways where their last test showed the presence of HPV. Women aged 50 to 64 years are already invited every five years if HPV is not identified.

This change is safe and women with high-risk HPV will be followed up more closely and more regularly than with the previous method of testing following these changes.

The announcement of the changes was met with anger and concern on social media from people passionately advocating for the importance of cervical screening. The strength and scale of the reaction is something we were not prepared for. We have apologised that not enough was done initially to explain these changes and have taken steps to ensure that the messaging is clear and provide reassurance that this change is in line with the current evidence and UK guidance as set out by independent scientific advice.

As a result of a petition to reinstate cervical screening to three years, a plenary debate took place on the 19 January. Prior to the debate, we circulated detailed information about the Cervical Screening Wales programme, and the recent changes, to all Members of the Senedd and the Members of Parliament in Wales to help inform the debate.

2 Meetings with the Minister for Health and Social Services and the Minister for Finance and Local Government

The Chairperson and I met with the Minister for Health and Social Services on the 17 January 2022, and again on the 20 January 2022, as part of our routine catch ups and we were joined on this occasion by Dr Fu-Meng Khaw, our National Director for Health Protection and Screening Services/Executive Medical Director. These were very constructive meetings which covered a wide range of areas including the latest COVID-19 situation, consideration of planning for living with COVID-19, the broader population health harms and Cervical Screening Wales. During the first meeting, the Minister expressed her gratitude to all of our staff for the exceptional work that everyone has done over the course of the pandemic and how important the work of the organisation has been to inform Ministers' decisions through the pandemic to date.

As part of our routine series of meeting with Cabinet Ministers, the Chairperson and I also met with the Minister for Finance and Local Government on the 8 December 2021. This was a very constructive meeting that included an update on our work, working with local authorities and the shift to prevention and social return on investment across Wales.

3 Meeting with the Chair of the Children, Young People and Education Senedd Committees

The Chairperson and I met with the Chair of the Children, Young People and Education Senedd Committee on the 29 November 2021. This was a helpful introductory meeting with the Chair and covered areas including an update on our work, the population health challenges and how we can support the Committee.

4 Submissions to the Health and Social Care Senedd Committee

On the 22 November 2021, we were asked by the Health and Social Care Senedd Committee to respond to their inquiry into *the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment*. Their particular areas of interest were 'the development and publication of a waiting times dashboard or similar tool and any other measures that would either help to manage the waiting times backlog, or improve communication with, or the information available to, people who are currently waiting for diagnosis or treatment'. Appendix 1 (paper 4.1b) is our response to the Committee that was sent in on the 13 January 2022.

Together with the Minister for Health and Social Services, we were also asked by the Committee to answer a series of questions in relation to the *Provisional Common Framework: Public Health Protection and Health Security*. This is being put in place as part of the European Union transition arrangements. In addition to their coordination in Wales, we have been actively involved in the Health Protection arrangements for the UK that will address the changes that have arisen as a result of leaving the European Union. Our submission can be seen in Appendix 2 (paper 4.1c).

5 Update on Pathogen Genomics

The Public Health Wales Pathogen Genomics Unit (PenGU) has played an exceptional and critical role in supporting the COVID-19 response. It is world-leading in its generation and sharing of sequence data to support the COVID-19 pandemic response, including the surveillance of variants to inform timely public health actions, and response to outbreaks in the community and closed settings, such as care homes and hospitals.

Since starting sequencing SARS-CoV-2 in March 2020, PenGU has processed over 150,000 SARS-CoV-2 samples, including for non-Welsh residents to support a UK-wide response. Globally, Wales ranks in the top ten of submitted genomes to GISAID, and only Denmark has sequenced more samples and captured a higher percentage of cases. PenGU provides an outbreak analysis service, which has supported over 100 outbreak investigations to date. Genomics data are shared with our network of Welsh healthcare epidemiologists, to support pandemic response within our health boards. Data are also shared with the Welsh Government and analysed in an agile manner to inform policy making. Sequence data generated are published in the public domain to enable and support research in Wales and globally. Alongside its support to the COVID-19 response, PenGU has continued to deliver existing services, as well as establishing a world-leading *Clostridium difficile* genomics service which is the only United Kingdom Accreditation Service (UKAS) accredited *Clostridium difficile* genomics service in the UK to date.

The system-wide use of SARS-CoV-2 genomic data demonstrates the value of genomics, not just for enabling precision medicine, but also for precision

healthcare. The COVID-19 response – alongside existing UKAS accredited services for other pathogens, such as HIV, Clostridium difficile, Influenza and Mycobacteria – is further evidence of a world class capability in Wales. The realisation of the benefits of genomics data requires involvement from staff across the organisation: Health Protection, Microbiology, Information Technology, Research and Innovation, Information Governance and Communications, amongst others. This, combined with the potential growth in genomics services provided, necessitates the evolution of Pathogen Genomics within Public Health Wales into a programme for Public Health Genomics.

The establishment of a Public Health Genomics Programme will open up new opportunities for the development of services and collaboration with partners, building on existing links through the Genomics Partnership Wales. Future opportunities include the development of new services based on current areas of excellence within Public Health Wales such as Cryptosporidium and Mycology, support for broader population health activities including considering the host and environment alongside pathogens as part of a ONE Health approach and the identification of the utility of human genomic sequence data to develop next-generation population screening services.

Genomics has enormous potential. Building on an already strong foundation of an extremely talented and dedicated genomics team, the evolution of genomics activity into a formal Public Health Genomics Programme will further support and enable the development of genomics within the organisation, and will help to translate the potential of genomics into real benefits for the people of Wales.

6 Healthy Working Wales Covid-19 Commendations Event and Follow-Up Report

The Public Health Wales Healthy Working Wales team held a successful COVID-19 Commendations Event on the 8 December 2021 to celebrate employers' efforts to protect and support their staff, clients and the wider community during the pandemic. The event showcased employer achievements in rising to the challenges of such a turbulent period and promoted best practice in relation to health and well-being initiatives.

Employers submitted a total of 55 entries against six categories covering mental health and well-being, physical well-being, best internal and best external response to the pandemic, as well as approaches to sustainability and equality, diversity and inclusion. Entries were received from employers across the private, public and third sectors, and from employers of all sizes and in a wide range of industries. A judging panel made up of stakeholder organisations, including Wales TUC, CBI Wales and Mind Cymru, agreed the winners and runners up in each category.

More than 130 people attended the event with around 85 employers represented. Speakers included Sir Frank Atherton, Chief Medical Officer for Wales, and our Chair, Jan Williams. The Deputy Minister for Mental Health and Well-being, Lynne Neagle MS, announced the winners in each category.

The best practice and rich learning from the employer entries has been captured in a report summarising the main themes emerging and demonstrating the important role that employers can play in supporting and improving the health of the working age population of Wales.

7 Greener Primary Care

The Greener Primary Care initiative, a Framework of climate mitigating actions and award scheme for primary care contractors, is picking up pace and interest from a wide range of stakeholders. This will support the delivery of the NHS Wales Decarbonisation Strategic Delivery Plan (March 2021), the Welsh Government's national targets for a carbon neutral Wales, plus many of the goals of the Well-being of Future Generations Act (Wales) 2015.

An Expert Group Chaired by Kate Eden, Vice Chair of Public Health Wales, and consisting of Welsh Government policy leads, professional and contractor bodies, users and other stakeholders took place on the 13 October 2021. Over 40 actions were agreed for inclusion in the Framework and we are working with the charity Students Organising for Sustainability UK to develop a digital product which will support the assessment and award part of the scheme. A number of pilot sites have already been identified opportunistically through contact with enthusiastic users. It is anticipated the toolkit will be available from the 1 April 2022. This work has been accepted into the Bevan Exemplar programme this year and has the Prudent Healthcare Principles at its core.

8 First Report on the 'Cost of Inequality to the NHS in Wales' Published

Our first report on the '*Cost of Health Inequality to the NHS in Wales focusing on the 'Cost Associated with Inequalities in Hospital Service Utilisation to the NHS in Wales'*' was published on the 16 December 2021. The report estimates the cost associated with inequality in hospital service use to the NHS in Wales to help inform decision-making and investment prioritisation towards prevention and early intervention through an equity lens.

Together with further reports over 2022-25, we hope to help build the economic evidence to help address health inequalities in Wales, many of which have been exacerbated through the Coronavirus pandemic.

Some of the key messages from this work, and contained within the report, are as follows:

- The total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million, equivalent to 8.7% of the total hospital service expenses, in 2018/19
- Working age people (16 – 64 years old) experience the highest cost associated with inequality for all hospital service categories, except for elective inpatient admissions where older males (65 years and over) from the least deprived areas contribute to the majority of the cost
- Overall, there is no significant difference in the cost associated with inequality between male and female hospital service use (male: 46%; female: 54% from the total cost)
- Within each service category - A&E attendances, followed by emergency inpatient admissions, bear the highest proportional (%) cost attributable to inequality annually, 31% and 23% respectively
- In terms of social pattern of service use - there is a clear social gradient with a larger inequality gap for A&E attendances, followed by emergency and maternity hospital inpatient admissions
- The total cost associated with inequality vary considerably by age and hospital service category, including inpatient admissions, outpatient appointments and A&E attendances:
 - Emergency inpatient admissions are the largest contributor to the overall cost associated with inequality, with an additional cost of £247.4 million annually
 - Maternity inpatient admissions are the smallest contributor to the overall cost associated with inequality, with an additional cost of £1.8 million annually
- Deprivation affects the cost for maternity inpatient admissions differently according to age group – higher cost is attributed to women in their early reproductive age (15 – 29 years) from the more deprived areas; and to women in their later reproductive age (30 – 44 years) from the least deprived areas

The link to the report is: <https://phwwhocc.co.uk/resources/cost-of-health-inequality-to-the-nhs-in-wales-report-1-cost-associated-with-inequality-in-hospital-service-utilisation/>

The link to the interactive dashboard is: https://improvementcymru.shinyapps.io/chew_dashboard/

Recommendation

The Board is asked to **receive** this information.

Tracey Cooper
CHIEF EXECUTIVE