UK National Screening Committee

UK National Screening Committee (UK NSC) – Meeting Minutes

Date: Wednesday 15 July 2020

Time: 11:00am to 2:00pm

Location: Microsoft Teams Virtual Meeting

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Matters Arising

Fetal maternal and child health (FMCH) conditions

- Repeat screening for syphilis in pregnancy

Adult conditions

- Permanent discontinuation of bowel scope in England
- Screening for bladder cancer
- Screening for depression
- Programme modification proposals on thoracic aortic aneurysm (TAA)

Attendees

Members

- Professor Bob Steele – Chair
- Professor Roger Brownsword – School of Law, Kings College London
- Eleanor Cozens – Patient and Public Voice (PPV)
- Dr Paul Cross – Consultant Cellular Pathologist, Queen Elizabeth Hospital Gateshead Health NHS Foundation Trust
- Professor Stephen Duffy – Director of the Policy Research Unit in Cancer Awareness, Screening and Early diagnosis and Professor of Cancer Screening, Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine
- Professor Gareth Evans – Consultant in Genetics Medicine, St Mary's Hospital, Manchester
- Jane Fisher – Patient and Public Voice (PPV)
- Hilary Goodman – Midwife, Hampshire Hospitals NHS Foundation

- Professor Alastair Gray – Director at the Health Economics Research Centre, Nuffield Department of Population Health and Professor of Health Economics at the University of Oxford
- Dr John Holden – Joint Head of Medical Division, Medical and Dental Defence Union of Scotland
- Professor Chris Hyde – Public Health Specialist, University of Exeter
- Dr Jim McMorran – GP, Coventry
- Margaret Ann Powell – Patient and Public Voice
- Dr Graham Shortland – Consultant Paediatrician, Cardiff and Vale University Health Board, Noah's Ark Children's Hospital for Wales (Vice-Chair)
- Dr Anne-Marie Slowther – Reader in Ethics, University of Warwick

Observers

- Nimisha De Souza – Department of Health and Social Care, Screening Policy Team, Global and Public Health Group
- Tanya Scanlon – Head of Screening Policy, Department of Health and Social Care
- Dr Heather Payne – Senior Medical Officer for Maternal and Child Health, Welsh Government
- Caspian Richards – Scottish Government
- Dr Carol Beattie – Northern Ireland
- Professor Niall O'Higgins – Chair of the National Screening Advisory Committee, Ireland

Invitees

- Dr David Elliman – Clinical lead for Newborn Infant Physical Examination and Newborn Blood Spot, PHE
- Catherine Joynson – Nuffield Bioethics on secondment to the UK NSC/PHE
- Nick Hicks – National Co-ordinating Centre for HTA
- Dr Ros Given-Wilson – Chair of the Adult Reference Group (ARG)
- Tasmin Sommerfield – NHS Scotland
- Dr Sharon Hillier – Chair of the Fetal Maternal and Child Health Group (FMCH)
- Billie Moores – Public Health England (PHE)
- Karen Emery-Downing – Public Health England (PHE)
- Caroline Vass – Public Health Consultant
- Sandra Anglin – NHS England & Improvement (NHSEI)
- Alison Cowie – NHS England & Improvement (NHSEI)

Secretariat

- Professor Anne Mackie – Director of Programmes - UK National Screening Committee
- John Marshall – UK NSC Evidence Lead
- Dr Farah Seedat – UK NSC Evidence Review Manager
- Dr Cristina Visintin – UK NSC Evidence Review Manager
- Paula Coles – UK NSC Evidence Review Manager
- Silvia Lombardo – UK NSC Evidence Review Manager

- Goda Kijauskaite – UK NSC Evidence Review Manager
- Zeenat Mauthoor – Secretariat
- Fabrice Lafronte – UK NSC Secretariat officer
- Joanne Harcombe – National Lead for Stakeholder Information and Professional Education and Training

Apologies from members

- Claire Bailey – Lead Clinical Nurse Specialist in breast screening, SW London
- Professor Louise Bryant – Associate Professor in Medical Psychology, University of Leeds
- Prof Alan Cameron – Consultant Obstetrician, The Queen Mother's Hospital, Glasgow

Apologies

- Dr Alan Smith – Deputy CMO, Department of Health – Ireland

Meeting Minutes

1. Welcome and Introductions

1.1. The Chair, Professor Steele, welcomed all to the UK NSC's first virtual meeting. An extended welcome was offered to the new Scottish UK Health Departments representatives; Caspian Richards, Joanna Swanson

1.2. Members were asked to provide an update on any new declarations of interest which may be relevant to this meeting. No new conflicts were raised.

1.3. Apologies were noted from three members. The Chair confirmed that the meeting was quorate with 14 members in attendance.

2. Minutes and Matters Arising

2.1. The Committee approved the minutes from the 26 February 2020 meeting as a true and accurate record of the meeting.

2.2. Five action points were identified from the February meeting all actions were in hand and/or completed.

2.3. From the February Meeting:

2.3.1. *Directors Update; Genetic Alliance UK (GAUK) report on newborn blood spot conditions* – Zeenat M circulated the UK NSC's response to the GAUK report to the Committee – *completed*

2.3.2. *Directors Update; Lung Cancer; publications of the NELSON Trial* – UK NSC members wishing to be involved in the lung cancer review and supplementary work to email Zeenat to express an interest – *ongoing*

2.3.3. *Directors Update; HBV and HCV Screening* – Hepatitis B and C among ethnic minorities to be removed from the UK NSC's list and decision to be shared with the submitter – *in hand*

2.3.4. *Directors Update; HBV and HCV Screening* – Hepatitis B and C among ethnic minorities to be added to a potential list of targeted screening candidates – *completed*

2.3.5. *2019 Annual Call for Topic Submissions* – UK NSC secretariat have issued outcome letter on the five-annual call for topic proposals and to commission evidence maps for the three agree conditions (Fetal presentation, dyslexia and pressure reducing carotid stenosis; vascular dementia; regional cerebral hypotension – *completed*

3. Matters Arising

3.1. Director's Update - Professor Mackie gave a verbal update on the following:

3.1.1. COVID-19

3.1.1.1. In England there was no formal pause of the Young Person and Adult (YPA) Screening programmes but there had been disruption at regional levels where service providers had ceased issuing screening invitations. Screening service was maintained for those with existing screen positive results and high-risk individuals during the pandemic. Antenatal and Newborn (ANNB) screening programmes were maintained though with some alterations to support staff and parents.

3.1.1.2. Public Health England (PHE) was supporting NHS England and Improvement (NHSEI) public health commissioning team to develop robust plans to restore screening programmes including to plan for and work through the clinical back log.

3.1.1.3. The UK Health Departments were also working closely to ensure the four countries were kept informed of developments in each respective region and confirmed that they were all in similar positions looking to prepare and restore screening.

3.1.1.4. Professor Mackie informed the Committee that there were active discussions around the possibility of doing research/evaluation to use new techniques to support the restoration.

3.1.1.5. Alongside this there were also various COVID related - streams of work that the UK NSC was involved in, which included;

3.1.1.5.1. Looking at the health effects of pausing the 5 YPA programmes

3.1.1.5.2. Undertaking an evidence map on mass testing

3.1.1.5.3. ANNB programme led; impact of COVID changes to the ANNB pathway

3.1.1.5.4. Tyrosinemia workshop

3.1.1.6. Professor Mackie informed the Committee that an expert workshop was due to be held in the coming week to discuss the cost effectiveness modelling work and its assumptions and to decide if further work was needed.

3.1.2. Lung Cancer

3.1.2.1. Work on lung cancer had been significantly impacted due to the pandemic however the UK NSC was planning to set up an expert workshop to discuss and work through the cost effectiveness work which had been undertaken before this could be shared publicly.

3.1.3. Pulse Oximetry

3.1.3.1. At the November 2019 UK NSC meeting, the Committee carefully considered all the evidence and consultation responses and stated that it was unable to recommend the use of pulse oximetry (PO) as an additional screening test in the newborn and infant physical screening programme (NIPE). Recognising the high level of interest and time invested in exploring the use of PO as a population screening test the UK NSC recommended that further research be carried out to ascertain the effect it had on all babies. At the meeting in 2019, the UK NSC was informed that funding had been made available for research on screening for critical congenital heart disease (CCHD) and other significant conditions using PO. The UK NSC waits to hear about submissions once the call closes.

4. Ethics and Engagement at the UK NSC

4.1. Dr Anne-Marie Slowther introduced this item.

4.2. Catherine Joynson is on secondment with the UK NSC from the Nuffield Council on Bioethics from April 2020 to April 2021. Her work will explore how the UK NSC considers ethical issues and how it engages with stakeholders and the wider public. As part of this, Dr Anne-Marie Slowther, Prof Roger

Brownsword and Catherine Joynson had hosted four workshops for a number of UK NSC and Reference Group members in June and July. The workshops had explored member's views on embedding ethics at the UK NSC, ethics in screening decision making, and stakeholder and public engagement.

4.3. The meetings had been helpful in highlighting areas where further work was needed. Workshop participants had agreed that the UK NSC needs a process that enables it to consider ethical and social issues consistently, openly and transparently. There was also support for reviewing how stakeholder engagement currently takes place, and how the UK NSC's work is communicated. Catherine will be initiating a number of activities to take these issues forward over the coming months.

4.4. Dr Slowther added that the workshops had been well supported and that the UK NSC would be updated on developments at the next meeting. If any members of the committee would like to get involved, they should contact Catherine Joynson.

Action 1A

- UK NSC members who wished to be involved in the ethics work to contact Catherine Joynson

Action 1B

- Ethics to be added to the October UK NSC agenda as an update

5. NHS Bowel Cancer Screening Programme – Bowel Scope

This Item was presented by:

- Dr Sandra Anglin – Assistant Head of Public Health Commissioning
- Alison Cowie – Head of Public Health Commissioning and Operations

5.1. The Chair welcomed Dr Sandra Anglin and Alison Cowie to the meeting and provided some background to the NHS England and Improvements (NHSEI)

request for the UK NSC to recommend to the Secretary of State that Bowel Scope be permanently discontinued In England and to note that the UK NSC's 2018 June recommendation (ratified in October 2018) recommendation to undertake research into combinations of FIT and flexible sigmoidoscopy for screening cannot be supported in England by NHSEI.

5.2. The Chair also confirmed to the Committee that alongside this submission he had also received a formal letter from Professor Stephen Powis, National Medical Director for NHSEI supporting the request for the UK NSC to consider this request. This letter had also been shared with the Committee.

5.3. In the UK the NHS Bowel Cancer Screening Programme (NHS BCSP) invites men and women aged 60-74 years to complete FIT test every two years. In England only, Bowel Scope Screening (BSS) is also offered to people in their 55th year.

5.4. Bowel Scope Screening (BSS) is a one-off test where a thin flexible tube with a camera at the end is used to look inside the bowel to detect small growths, polys, and to remove these. The test is called flexible sigmoidoscopy but is referred to as Bowel Scope for the purposes of the screening programme.

5.5. In 2011 the UK NSC made a recommendation that BSS met the UK NSC criteria for a screening test following the results from the randomised controlled trial published paper 'Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial' which was funded by Cancer Research UK, the Medical Research Council and NHS R&D and took place in 14 UK centres. Evidence from the trial indicated that men and women aged 55-64 attending a one-off BSS test for bowel cancer could reduce their individual mortality from the disease by 43% and reduce their individual incidence of bowel cancer by 33% (23% on a whole population basis)[1]. The study concluded that BSS is a safe and practical test. BSS was introduced into the NHS BCSP in England only from

[1] The Lancet, Volume 375, Issue 9726, Pages 1624 - 1633, 8 May 2010

2013, alongside the existing primary screen test of guaiac faecal occult blood test (gFOBt).

5.6. Following the 2011 recommendation for BSS the UK NSC made a further recommendation in 2015 that faecal immunochemical testing (FIT) should replace gFOBt as the primary screening test for bowel cancer screening in the UK for 60-74-year olds, as it was cost effective and found to be more sensitive, specific and more acceptable amongst the screening cohort.

5.7. Additional ScHARR modelling work was then undertaken to look at how to optimise the offer of bowel screening in England. In particular to see how BSS and FIT performed in combination, what sensitivity FIT should be set at and whether bowel screening should be offered to younger people This model suggested that FIT was a more cost-effective screening test than BSS and that once FIT was rolled out to the population at a sensitivity just below 100ng/ml then BSS ceased to be a cost -effective part of the programme. This model was tested with a range of expert stakeholders in workshops and in consultation and was robust to reasonable assumptions. However, as the work relied on modelled data, the conclusions were associated with a degree of uncertainty.

5.8. Some consultees noted this fact and suggested that such a significant change in screening policy recommendations should use empirical data.

5.9. Hence in 2018, the UK NSC recommended that the bowel screening programme in the UK move to using sensitive FIT from the age of 50 and this was announced. At its meeting on 18th October 2018 the Committee clarified its recommendations in relation to BSS and reaffirmed implementing sensitive FIT from the age of 50. It also recommended the maintenance of BSS service in those areas where it was already rolled out until FIT was available to 55-year olds and to carry out research on FIT and BSS using existing BS capacity to provide empirical data to enter into the model which would establish whether or not any combination of FIT and BSS would be cost-effective.

5.10. The UK NSC noted the following points raised by NHSEI:

5.10.1. A move to FIT for 50 to 74 year olds was a key priority as laid out in the NHS Long Term Plan.

5.10.2. FIT at 120 has been implemented and used within the NHS BCSP in England since June 2019

5.10.3. BSS had been rolled out to 60% of GP Practices in England.

5.10.4. Services, having rolled out FIT, had experienced uptake and positivity rates much higher than had been planned for and this, as well as a significant improvement in the sensitivity at which a screen positive was defined, had resulted in increases in demand for screening colonoscopy (some of the details of which were shared with the UK NSC members). NHSEI reported to the UK NSC that the increases in uptake and positivity in the programme, following the implementation of FIT, had impacted on waiting times, diagnostic testing and consequently overall capacity, putting pressure on services. In response to the increase in demand, prior to the COVID-19 pandemic, NHSEI had set out in its national operational mitigation measures, in consultation with all English NHS Bowel Screening Programme Directors, the proposal to either pause or reduce BSS activity in order to alleviate the demand on pressured services. This enabled clinics, staff and facilities to be used for screening colonoscopy rather than BSS.

5.10.5. During the COVID-19 pandemic, local decisions were made by all NHS service providers to pause all BSS activity including routine invitations in order to support the NHSEI bowel screening FIT test response to COVID-19, by releasing capacity (working in tandem with symptomatic colonoscopy services) to manage those with FIT positive test results or awaiting specialist screening practitioner(SSP) review already in the pathway.

5.11. The impact of COVID-19 on NHS provider endoscopy units (both symptomatic and screening colonoscopies and BSS sigmoidoscopies) resulted from closure of those units due to redeployment of workforce, infection prevention control (IPC) and use of endoscopy as high dependency units (HDUs). The pause in diagnostic assessment facilities meant diagnostic services had to reschedule appointments and a backlog of people requiring a colonoscopy with a FIT positive test and awaiting a BS S was created. Those with a FIT positive are at much higher risk of cancer than the average population so their colonoscopies have been prioritised along with two weeks wait symptomatic referrals. Endoscopy units were not running at usual capacity levels due to infection control requirements. Catching up with the backlog of FIT positives requires significant extra colonoscopy capacity and NHSEI require the BSS capacity, including workforce, to support screening colonoscopy to meet current demand and commitments in the Long-Term Plan. Thus, NHSEI requests to stop BSS entirely in England and as it cannot support capacity for BSS for research purposes at this time. The capacity that would be released is required to support the restoration of the FIT programme from the impact of COVID whilst continuing with the age extension. NHSEI stated that success of FIT in England and the COVID-19 impact on the NHS, means that the viability, effectiveness and appropriateness of BSS as a screen test in the current climate does not meet the UK NSC's criterion 18 i.e. that: "adequate staffing and facilities for testing, diagnosis, treatment and programme management should be available […….for] the screening programme". The Chair noted that uptake of BSS was less than optimal (40%) compared to 70% in the trial in addition to not being fully rolled out across England and this did not meet UK NSC's criterion 12.

5.12. The UK NSC noted that BSS accounts for around 10,000 colonoscopies per year which would significantly benefit the restoration and expansion of bowel screening for the years ahead. It was stated by NHSEI that if BSS was to be stopped then the 10,000 colonoscopies released would be used to assist and expand the FIT programme. It had been indicated in the

ScHARR report that the optimal starting age for a repeated FIT screening strategy is 50 or 51 at a two-year interval. The optimal threshold will be dependable on available capacity for screening referral colonoscopies.

5.13. NHSEI presented the below table as modelling work done before COVID-19, to illustrate how released BSS capacity would support the expansion of FIT and release capacity needs.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
FIT	58385	60704	71,859	91,830	103,922	113,218
Following Bowel Scope	10178	10231	0	0	0	0
Total	**68563**	**70935**	**71859**	**91830**	**103922**	**113218**
Annual Increase		3%	1%	28%	13%	9%

Figure 1: An image of a table showing modelling work done before COVID-19

5.14. NHSEI informed the Committee that the 55,000 people who have already received an invitation for BSS but who have not yet been provided with a date for sigmoidoscopy, would instead be offered a FIT test given they are expecting a screening test already.

5.15. The Chair thanked NHSEI colleagues for providing an insight into the current situation faced by NHSEI and providers as they restore NHS bowel cancer screening whilst expanding FIT screening in England.

5.16. The Committee referred to the ScHARR modelling work, that had been commissioned by the UK NSC. The base case analysis suggested BSS was very unlikely to be a cost-effective addition to a more sensitive FIT programme. While the NHSEI proposal was in keeping with this conclusion, some of the model's sensitivity analyses had created some uncertainty about it. Because of this, and in response to stakeholder concerns, the UK NSC had recommended research to address the uncertainty.

5.17. Raising a patient and public perspective, Mrs Powell stated that in her experience as a PPV representative it was plausible that many people

would prefer to opt for FIT rather than an invasive screen test such as bowel scope. However, a concern Mrs Powell posed to NHSEI was should BSS cease what could the 55,000 people expect to receive in its place, as people would want to know why such an offer had been stopped and whether they would now need to wait up to another five years to be screened for bowel cancer. NHSEI stated that this group would be offered F IT as an alternative screening test.

5.18. NHSEI confirmed to the UK NSC that capacity, and the need to focus on a model of delivery with the best outcome was the reason for wishing to stop BSS and focus on FIT alone. Members of Committee said that there are always capacity pressures which all programmes and services would suffer, but that to stop bowel scope screening for 55-year olds based on this reason might set a precedent.

5.19. The Committee questioned how stopping BSS would release colonoscopy capacity. NHSEI replied that plans to reuse clinic and admin space and retrain and retain staff were in development, and staff could work within symptomatic services to further release further capacity for screening colonoscopies which in England are subject to specific to JAG (Joint Advisory Group for GI Endoscopy) accredited quality standards.

5.20. The Chair summarised the discussion saying that members had understood the reasons (NHS operational capacity and need to press ahead with age extension) that NHSEI had requested support from the UK NSC that BSS be ceased permanently in England (and that this would also preclude research). Assessing the delivery of BSS in England against the UK NSC criteria for appraising the viability, effectiveness and appropriateness of a screening programme, the conclusion is that Criterion 18 cannot be met.

5.21. The members were sympathetic to NHSEI's need for a swift decision to support the restoration of programmes post COVID but were very concerned that the evidence to demonstrate this lack of capacity and how

its reuse would be needed to expand FIT should be shared for consultation purposes. Otherwise, this could lead to a sense that the Committee had not been transparent or open in its considerations and provide more impetus to poor precedents. PPV Eleanor Cozen, noted that NHSEI were in fact speeding up a change in the screening programme that was scheduled to happen with FIT age extension. Some members also expressed regret that the proposed research to populate the model recommendation was not likely to be carried and it was noted that this was not the intention of the original recommendation.

5.22. NHSEI were asked to share the data that were presented on age extension planning and share detail on the NHS capacity issues. That being provided the UK NSC (following agreement with DHSC) would carry out a truncated consultation with English stakeholders. It was agreed that a 2-week consultation period would be offered, and a final recommendation would be agreed via Chair's Action in order to advise the Minister.

Action 2A

- UK NSC and NHSEI to develop a consultation document on BSS cessation

Action 2B

- UK NSC to run truncated consultation to targeted UK NSC England focused screening stakeholders

Action 2C

- UK NSC to review comments and to take Chairs Action on the final recommendation of BS

6. Adult Screening – ARG Report

6.1. Dr Given-Wilson's provided the Committee with a summary of developments following the ARG meeting held in June as well as providing an update on work in progress so far as undertaken by the UK NSC. The UK NSC had the

following two adult and young person's conditions out for public consultation; prostate cancer (consultation closes on 21 September 2020) and adolescent idiopathic scoliosis (consultation closes on 24 September 2020).

7. Adult Screening – Bladder Cancer

This Item was presented by:

- Goda Kijauskaite, alongside the below slide deck.


bladder cancer.pptx

7.1. Bladder cancer is where a growth of abnormal tissue, known as a tumour which develops in the bladder lining and can spread to the bladder muscle. If the cancerous cells are found contained in the lining of the bladder, which is the most common type of bladder cancer this can be treated, and most people do not die from this type of bladder cancer. Exposure to harmful substances over many years can lead to abnormal changes of the bladders cell, such as tobacco smoke.

7.2. The UK NSC last looked at the evidence to offer population screening for bladder cancer in adults in 2014/15 and recommended that screening should not be offered because there is no reliable screening marker that meets the UK NSC criterion to offer a safe, precise and valid test for this condition.

7.3. An evidence map was undertaken in 2019 to gauge the type and volume of published evidence available on bladder cancer, which focussed on two key questions; the accuracy of screening tests for bladder cancer and whether there was any national or international guidelines or recommendations on population screening for bladder cancer.

7.4. Ms Kijauskaite informed the Committee that the evidence map had identified different screening tests from the previous review. In total, 9 relevant or partially relevant publications were identified for 2 questions.

7.5. For question 1, 2 primary studies and 2 systematic reviews were identified. Primary studies were conducted in Germany and the United States. However, both studies were conducted in high risk populations and reported a high number of false positives test that had led to people having undergone unnecessary and expensive tests.

7.6. For question 2, 5 guidelines or consensus documents (2 International level, 2 European level and 1 from the US) that recommended against screening for bladder cancer in a general adult asymptomatic population were identified.

7.7. Following the UK NSC's three-month consultation where 22 stakeholders were contacted, three stakeholders commented on the evidence map, who concurred with the findings of the evidence map.

7.8. The UK NSC agreed that due to the limited published evidence base no further work should be commissioned at this time. It upholds the recommendation that a population screening programme for bladder cancer in adults should not be recommended. The UK NSC agreed that this would be revisited in three years' time.

8. Adult Screening – Thoracic Aortic Aneurysms (Programme Modification Proposal)

This Item was presented by:

- John Marshall

8.1. In 2019 the UK NSC received a proposal from a member of the public to consider the three programme modifications to the abdominal aortic aneurysms (AAA) screening programme.

8.2. Mr Marshall informed the Committee that only two of the proposals fell within the UK NSC's remit which were to; lower the screening age from 65 to 40 years old and to add thoracic aortic aneurysms to the existing programme from the age of 40.

8.3. The UK NSC undertook an evidence map for each respective proposal and found that no studies were identified in either proposal to justify further work being commissioned.

8.4. The UK NSC recommended that based on the findings of the evidence map that no further work should be commissioned to look at reducing the AAA screening aged to 40 or adding TAA to the current screening programme.

Action 3:

- The outcome of the TAA evidence map to be reported back to the submitter.

9. Adult Screening – Depression

This Item was presented by:

- Dr Cristina Visintin, alongside the below slide deck.


depression in adults.pptx

9.1. Depression is a common mental health condition. The condition affects people in different ways and can cause a wide variety of symptoms and can impact a person's life, particularly more severe depression.

9.2. The UK NSC last looked at screening for depression in 2015 and recommended that a population screening programme should not be offered because the test (questionnaire) showed poor positive predictive values which would lead to a high proportion of false positives. There were also concerns on the lack high quality evidence of evidence showing that early intervention of subthreshold depression could reduce the likelihood of the progression of the screen detected condition to severe depression. In 2015 the stakeholders that commented on the consultation agreed with the review conclusions. However, the stakeholders also suggested that screening could be more beneficial in groups where there is a higher prevalence of

depression (such as those with chronic illness etc) rather than in the whole population.

9.3. The UK NSC undertook a review in 2020.

9.3.1. The 2020 review focused on three key questions;

9.3.1.1. Do interventions for mild or subthreshold depression reduce the likelihood of major depression in the longer term (beyond two years)?

9.3.1.2. Does screening adults for depression reduce mortality and morbidity?

9.3.1.3. Is clinical detection and management of depression currently well implemented in the UK?

9.3.2. The 2020 review found that:

9.3.2.1. There was a lack of evidence in relation to the longer-term impact (beyond 2 years) of treating milder forms of depression in reducing the likelihood of more severe depression. there was uncertainty about whether screening adults for depression reduces the risk of mortality and morbidity, and

9.3.2.2. There was uncertain how well depression is identified and managed in the UK at present

9.4. Following a three-month public consultation where 11 stakeholders had been contacted, only one response was received from the Royal College of General Practitioners (RCGP), which supported the conclusion of the evidence summary that population screening for depression should not be recommended. The RCGP also agreed that ‘screening for depression in the adult population’ should be removed from the UK NSC list of topics for regular review.

9.5. The UK NSC discussed the review and the comment submitted.

9.6. Although the comment from the RCGP supported the UK NSC's query to remove depression in adults from the UK NSC's list of regular reviews, the Committee was concerned that only one response had been received and that it may not represent the views of all stakeholders on this consultation question. Dr Visintin informed the Committee that the expert, who had overseen the development of the review had agreed that depression in adults as a population screening programme should not be recommended but did support screening in a targeted subset as being more beneficial.

9.7. Members of the Committee agreed that as a population screening programme depression should not currently be recommended in the UK. However, the Committee considered that the topic should be retained on the list of three-yearly updates and that an evidence map would be a proportionate approach at the next review date. The Committee also considered that an evidence map should focus on specific populations within the Committee's remit such as those defined by age. For example, this might focus on younger and / or older adults.

9.8. The UK NSC recommended that a systematic population screening programme for depression in adults should not be introduced and that when the UK NSC look at this in three years' time, consideration should be given to particular age groups.

Action 4A:

- Amendment to be made to the reference of prevalence for depression to be consistent

Action 4B:

- UK NSC to consider how to handle the next evidence work on depression, a proportionate approach should be taken to consider screening in populations such as over 65 or in young adults

10. FMCH – FMCH Report

10.1. Dr Sharon Hillier's provided the Committee with a brief summary of developments following the FMCH meeting in May as well as run though consultations opened and work in progress. Galactosaemia is currently open for consultation and will close on 3 September 2020.

11. FMCH – Repeat Screening for Syphilis in the Third Trimester

This Item was presented by:

- Dr Farah Seedat, alongside the below slide deck.


syphilis.pptx

11.1. In the UK, all pregnant women are offered a blood test to check for syphilis at their booking appointment, around 8-12 weeks of pregnancy, as part of the Infectious Disease in Pregnancy Screening Programme.

11.2. A syphilis infection during pregnancy can cause serious health problems for the mother and her baby, or cause miscarriage or stillbirth. The treatment for syphilis infection is a course of antibiotics. Screening can help to detect syphilis early so that treatment can be offered as soon as possible in order to help reduce the risk of passing the infection onto the baby and any associated health problems.

11.3. Following four isolated cases of congenital syphilis in 2016/17 in babies whose mothers had been given true negative screening results, the UK NSC commissioned a clinical and cost effectiveness model to see whether offering all pregnant women repeat screening for syphilis in the third trimester would be beneficial. A decision tree model was developed assessing the incremental costs and health benefits of the repeat screening strategy compared with current practice. The primary outcome was the cost per case of congenital syphilis prevented.

11.4. The base case results indicated that in one year, the repeat screening strategy would result in around 5.5 fewer cases of congenital syphilis, two preterm births, 0.3 intrauterine fetal deaths and 0.1 neonatal deaths, compared with current practice. The cost to prevent one case of congenital syphilis through repeat screening in the third trimester would be £1.8 million, compared with single screening. The UK NSC ran a three-month public consultation and contacted 18 stakeholders directly, of which four comments were received from professional bodies. Three of the comments supported the conclusions of the model and the fourth stated they had no comments. Dr Seedat drew the Committees' attention to the fact that stakeholders who were clinical and infectious disease screening programme experts were involved in the development of the model. Mr Marshall noted that it had been difficult to engage patient or public representatives in this field.

11.5. The UK NSC were content with the findings of the model and the comments from the consultation. PPV member, Jane Fisher raised the possible ethical consideration in repeat testing, whereby detection of an infection in the third trimester may be as a result of infidelity and in turn could cause anxiety to the expectant mother and her partner.

11.6. The UK NSC agreed with the recommendation that repeat screening for syphilis in pregnancy should not be recommended as a systematic population screening programme in the UK

12. NIHR NETSCC Update

12.1. The UK NSC noted the document

13. AOB

13.1. The Chair informed the Committee that after the meeting an evidence map undertaken for the 2019 annual call for topic proposal on pressure reducing carotid stenosis, vascular dementia, regional cerebral hypotension would be circulated for comments and to ask the Committee whether it supports the findings of the evidence map. Comments on the document would then

be considered and a final recommendation would be taken forward under Chairs Action and included an addendum to the UK NSC July minutes. The outcome of the proposal would also be fed back to the submitter.

Next UK NSC Meeting

- Wednesday 28 October 2020

UK NSC – Chair's Action

Action Number 1 – NHS Bowel Cancer Screening Programme; Bowel Scope

Initial Status

NHSEI requested that the UK NSC consider the proposal to permanently discontinue the offer of bowel scope in England and note that research into combinations of FIT and bowel scope, as outlined in the UK NSC's 2018 June and October meetings, could not be supported at this time due to the pandemic.

As part of NHSEI's plan to restore the bowel cancer screening programme it was proposed that by stopping bowel scope it would release up to 10,000 colonoscopies per year which would significantly benefit the restoration and expansion of FIT.

Reason for Chair's Action

The UK NSC opened the truncated two-week consultation on 19 August which closed on the 2 September.

A total of 37 England -based UK NSC bowel stakeholders were contacted of which 7 responded to the consultation. (see coversheet)

The comments were circulated to the committee as an e-circular to inform members of the outcome of the consultation.

Comments from the consultation were all supportive of the proposal to cease the offer of bowel scope in England in order to restore the programme and support the recovery of endoscopy services, whilst concentrating efforts to actively expand FIT to include the younger cohort of 50-59 years.

Decision

Based on the evidence presented at the UK NSC meeting, and taking into account comments received, the UK NSC supports the proposal to permanently discontinue the offer of bowel scope in England and understands that its 2018 recommendation for research into the combinations of FIT and bowel scope

is currently not feasible. This is because the when assessing the real-time delivery of bowel scope against the UK NSC criteria, criterion 18 is not met.

The Committee urges that as the bowel screening programme is restored plans for the expansion of FIT should be prioritised as safe and efficient to do so.

The UK NSC recommends that bowel scope screening should be discontinued.

Action Number 2 - 2019 Annual call for topic proposal; an evidence map on screening for pressure reducing carotid stenosis, vascular dementia, regional cerebral hypotension

Initial Status

At the February 2020 meeting the UK NSC noted the decision by the evaluation group and supported by the reference group that this proposal fell within the UK NSC remit and that an evidence map should be commissioned to scope the volume, and type of published literature available to this specific topic and to make a decision as to whether or not the evidence is sufficient to justify commissioning a more sustained external review of the evidence.

Reason for Chair's Action

The Committee were informed at the meeting, under AOB, that the evidence map, undertaken by Solutions for Public Health, would be circulated in the coming week to provide members with two weeks to review and comment on the proposed recommendation.

Following a two-week timeframe, no comments were received from members or officers.

Decision

Based on the evidence provided the UK NSC supports the recommendation that no further work should be commissioned to look at screening for pressure reducing carotid, vascular dementia, regional cerebral hypotension.

No studies were identified that met the inclusion criteria for the single question covered by the evidence map.

The outcome of the evidence map would be shared with the submitter.

As this was an annual call for topic proposal this condition will not be added to the UK NSC's regular review list. Should new evidence be published stakeholders are invited to submit a new proposal for further consideration via the UK NSC's annual call for topic process.

Chair's Confirmation

I confirm that I have taken Chair's action in relation to the decisions recorded above.

Signed: 

Date: 07 September 2020