

<b>DECISION-MAKER:</b>	SOUTHAMPTON HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	SCREENING AND IMMUNISATION UPDATE		
<b>DATE OF DECISION:</b>	1 OCTOBER 2014		
<b>REPORT OF:</b>	DIRECTOR OF PUBLIC HEALTH		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
N/A			

### **BRIEF SUMMARY**

This report outlines organisational roles and responsibilities in relation to commissioning of screening and immunisation programmes. It also provides an update on the performance of screening and immunisation programmes in Southampton including progress on the local roll out of national developments and new programmes.

### **RECOMMENDATIONS:**

- (i) The Health and Wellbeing Board notes the update provided.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. The report was requested by Health and Wellbeing Board and is consistent with the Board's purpose.

### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. Not applicable.

### **DETAIL**

3. NHS England (Wessex) - SCREENING AND IMMUNISATION PROGRAMME UPDATE

This paper outlines organisational roles and responsibilities in relation to commissioning of screening and immunisation programmes. It also provides an update on the performance of screening and immunisation programmes in Southampton including progress on the local roll out of national developments and new programmes.

### **Roles and responsibilities in relation to screening and immunisation programmes**

From April 2013, the Health and Social Care Act 2012 created new organisational responsibilities in relation to screening and immunisation programmes. Under Section 7A of the Act, NHS England is mandated to commission agreed screening and immunisation programmes on behalf of the Secretary of State. Specialist Public Health staff are employed by Public Health England and embedded in NHS

England Area Teams to provide accountability and leadership for the commissioning of the programmes and to provide system leadership.

Partner organisations have specific responsibilities for which they are accountable. These are detailed in the 'Immunisation and Screening National Delivery Framework and Local Operating Model'<sup>1</sup> In outline, these are:

- Department of Health, with advice from expert committees, is responsible for national strategic oversight, policy and finance for the national screening and immunisation programmes which includes overall system stewardship and for holding NHS England and PHE to account through their respective framework agreements.
- NHS England is responsible for the routine commissioning and performance of national screening and immunisation programmes under the terms of the section 7A agreement and national service specifications that support it.

Public Health England (PHE) is responsible for:

- Supporting both DH and NHS England with national system leadership
- Planning and implementation of national immunisation programmes; the supply, financial contract management and procurement of vaccines for the national programmes and for specialist advice and information to ensure consistency in efficacy and safety across the country.
- Providing specialist public health advice and evidence to ministers, DH, and expert advisory groups; Planning and programme management; coordinating and managing data reporting systems and reports;
- Providing Quality Assurance advice to ensure screening programmes operate within programme, professional and policy guidance to minimise harm to the population
- Providing professional support and supporting professional networks for PHE embedded staff in Area Teams to include access to CPD, professional appraisal and revalidation.
- Leading the response to outbreaks of vaccine preventable disease and providing expert advice to PH Commissioning Teams in cases of immunisation incidents

Local Authorities are responsible for:

- Providing independent scrutiny and challenge of the arrangements of NHS England, PHE and providers.
- Commissioning sexual health services where cervical sample taking will be carried out and School Nursing Services which undertake immunisations. The Local Authority and the Area Team need to work closely when commissioning these services.
- Agreeing arrangements with NHS England Area Teams for the NHS response to the need for surge capacity in cases of outbreaks.

Clinical Commissioning Groups (CCGs)

- Have a duty of quality improvement and this extends to primary medical care services delivered by GP practices such as immunisation and screening services
- As commissioners of treatment services that receive screen positive patients, CCGs have a crucial role in commissioning pathways of care that effectively

interface with screening services, have adequate capacity to treat screen positive patients and meet quality standards. CCGs also hold the contracts and pay for maternity services and the payment includes the antenatal and new-born screening programmes.

**Screening and Immunisation Programmes included within the Section 7A agreement**

Within the Section 7A agreement, NHS England is responsible for commissioning the following national screening and immunisation programmes:

Immunisation programmes	Screening programmes
<ul style="list-style-type: none"> <li>• Neonatal hepatitis B</li> <li>• Neonatal BCG</li> <li>• Respiratory syncytial virus (RSV)</li> <li>• Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib</li> <li>• Meningitis C (Men C)</li> <li>• Hib/Men C</li> <li>• Pneumococcal</li> <li>• DTaP/IPV and dTaP/IPV (pre-school booster immunising against diphtheria, tetanus, polio and pertussis)</li> <li>• Measles, mumps and rubella (MMR)</li> <li>• Human Papillomavirus (HPV)</li> <li>• Td/IPV (teenage booster) (immunising against tetanus, diphtheria and polio)</li> <li>• Seasonal influenza including childhood immunisation programme</li> <li>• Rotavirus</li> <li>• Shingles</li> <li>• Pertussis for pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm</li> <li>• Diabetic Eye</li> <li>• Fetal Anomaly</li> <li>• Sickle Cell and Thalassemia</li> <li>• Infectious Diseases in Pregnancy</li> <li>• Newborn and Infant Physical Examination</li> <li>• Newborn Blood Spot</li> <li>• Newborn Hearing</li> <li>• Cervical</li> <li>• Breast</li> <li>• Bowel cancer</li> </ul>

PHE is responsible for providing advice relating to immunisations which are outside of the Section 7A agreement, including travel and occupational health vaccines and are also the system leaders in managing outbreaks.

**Governance arrangements**

Governance of screening and immunisation programmes in Wessex is set out in a Governance Framework which is currently being updated to reflect national structures. In outline:

- Immunisation programmes are predominantly delivered by GP practices, school nursing services or specialist hospital services. Performance on immunisation programmes is monitored by provider on a monthly / quarterly basis depending on the frequency with which data is available. Underperforming GP practices are contacted and supported by the Area Team and / or CCGs are alerted so

they can support practices in line with their role to reduce variation in quality between practices. Contractual measures can be used if required through the Primary Care Contracting Team.

- Screening programmes are primarily commissioned from acute or community trusts and delivered in hospital or community settings. Screening programmes and immunisation programmes which are commissioned from school nursing services or specialist hospital services are performance managed in the same way. Performance management includes performance against outcome and quality indicators. Each provider manages a Local Programme Board per screening programme which enables a joined up approach across all parts of the service and ensures that the screening programme is integrated within and supported by the provider organisation. The local Programme Boards support the operational management of the programmes.
- Each Programme Manager and Clinical Lead meets with their peers from programmes across Wessex and the PH Team Commissioners on a quarterly basis. This enables shared learning and provides a resource to Programme Managers whilst ensuring a degree of consistency across the Wessex population which helps to improve quality of service delivery.
- Monthly and / or quarterly performance and quality data is reported to the commissioners and action taken with individual providers as per local policy to address any performance issues. This includes liaison with contracting team members and where necessary invokes formal contractual procedures and penalties.
- Screening programmes undergo an external quality assurance assessment every 2-3 years. Recommendations for actions are linked back into the contract ensuring actions are completed by providers.
- NHS England Area Team Directors and the Director of Public Health England Centre meet quarterly to oversee the implementation of screening and immunisation programmes and manage risks to programme delivery or patient safety.
- There is an assurance structure within NHS England where the Area Teams report to regional groups which in turn feed into the national Immunisation Board and national Screening Board. These report to the NHS Public Health Steering Group, which in turn reports to the NHS Public Health Group and ultimately directly to the Secretary of State. PHE is represented at both regional and national levels.

### **Assurance Arrangements**

Directors of Public Health, as leaders of the local health care system, need to be assured that the NHS England Area Team's commissioning of the screening and immunisation programmes is safe and equitable for the population. This is achieved by having agreed systems and processes in place to share information, discuss issues, influence planning and priorities. These arrangements are continuing to evolve in discussion with Directors of Public Health and include:

- Quarterly meetings with the Directors of Public Health;
- Production of a quarterly report including a dataset and performance commentary

- A fortnightly email on current issues and policy changes
- Immediate alert to serious incidents as they occur, with details of final report due date
- Sharing of minutes from the Screening and Immunisation Overview Group
- Reports from QA visits

### **Partnership working**

The Consultants in Public Health who lead the Screening and Immunisation programmes work as a single network across England. They have

- fortnightly teleconferences with the national Immunisation Lead
- quarterly national meetings with the national Director for Screening Programmes, Director of Cancer Screening Programmes, Deputy Chief Executive PHE, Director of Operations PHE.
- quarterly meetings with QA teams.

Within Wessex the Public Health Commissioning team is represented at numerous Wessex wide partnerships including Primary Care Quality Review Meetings, Quality Surveillance Groups.

### **Key Achievements Since April 2013**

The Public Health Commissioning Team includes PHE specialist public health staff and NHS England staff who work together to commission screening and immunisation programmes and the other parts of the Section 7A agreement such as 0 to 5 children's services. From a screening and immunisation perspective, some of the key achievements since April 2013, when NHS England was formed, are:

- **Public Health Commissioning Team recruited and established.** As most staff who were previously involved in commissioning and contracting for screening and immunisation programmes transferred into local authorities or other organisations, recruiting and training staff and establishing the team has been a key focus.
- **Maintained and improved performance at Wessex level compared to regional and national average.** Despite the capacity challenges, performance of immunisation programmes has been maintained across Wessex
- **Implemented 4 new immunisation programmes** with above England uptake in each programme
  - Shingles
  - Childhood flu vaccination for 2, 3 and 4 year olds
  - Rotavirus
  - Pertussis
- **Implemented an MMR catch up campaign** and achieved >95% uptake
- All 4 **bowel cancer screening programmes** have submitted bids to the national programme for funding to provide bowel scope screening. 3 programmes have been approved to date, 1 has commenced delivery.
- **Patient Group Directions** (the mechanism by which nurses are authorised to vaccinate) have been updated and reissued for all primary care

vaccinations in the Section 7A Agreement.

## **Local performance, and wider issues / developments impacting on Southampton**

### **Vaccination 0 to 5 years**

- The latest COVER data showing performance from January to March 2014 for immunisations in 0 to 5 years against diphtheria, tetanus, polio, pertussis, pneumococcal disease, measles, mumps, rubella, and Haemophilus Influenza Type B (Hib) shows that uptake in Southampton is good and consistently equivalent to or greater than the average for England.
- There is variation in uptake between practices. Where individual practices have lower uptake, data has been shared with CCGs and discussions taken place between PH Commissioning Team to agree how practices will be supported to improve uptake. Work is ongoing, but initial feedback suggests that practices with a low uptake have recently had an IT system change and there may be a data coding issue which is being resolved.
- Uptake of Rotavirus vaccination is based on Sentinel data from a sample of GP practices. Data has yet to be published but is being used with care in the interim to support and increase uptake. This is a new programme and early indications are that the rotavirus immunisation programme is having an impact on reducing hospital admissions across England. Rotavirus is expected to be included in future COVER returns which will enable a more comprehensive assessment of the uptake in Southampton.

### **Adolescent / university vaccinations**

- Men C vaccination is currently being rolled out to university 'Freshers'. This is the first year of this programme.
- A national policy change in dosage from 3 doses to 2 doses of the HPV vaccine is currently being rolled out.
- As a result of the reprocurement of the School Nursing Service for Southampton City, NHS England will also be procuring a schools based immunisation service and are developing a business case to include all school age immunisations. Evidence shows that vaccination programmes delivered via schools have greater uptake in this age group.

### **Vaccinations older people and at risk groups**

- Estimated uptake for people aged 70 and 79 years on 1 September 2013 for GP practices in Southampton was > 60%, according to Sentinel data to the end of July 2014. 2013/14 was the first year of the shingles programme which ended in August 2014. Final year data is awaited. This is a high level of vaccination for the first year of a programme especially as there were national vaccine supply issues during the main period of vaccination.
- Pneumococcal vaccine is given at age 65 years (or subsequently if they have not previously had it). Unpublished data shows that uptake in Southampton during 13/14 was comparable to the previous year.

## **Flu vaccinations**

- Uptake of the flu vaccination in Southampton in 13/14 remained the same for adults over 65 years at 75%. Uptake amongst adults under 65 with clinical risks and health care workers employed by the acute trust, increased by 3% to 53% and by 8% to 52% respectively. Uptake by pregnant women decreased by 1% from 40.9% to 38.8%.
- NHS England (Wessex) has extended the pharmacy scheme to include Southampton for 14/15. This enables adults aged 18 to 64 year olds with clinical risks and pregnant women to access flu vaccination from either the GP practice or the pharmacy. The pharmacy is being evaluated to assess whether a choice of access to flu vaccination translates into increased coverage.
- PH Commissioning team are continuing to work in partnership with local authorities and CCGs to encourage and maximise flu vaccination of the population including local authority staff and social care staff, health care workers and vulnerable groups.

## **Immunisation Serious incidents in Southampton**

1. A serious incident occurred in a Southampton GP practice in which calibration of a fridge detected a discrepancy between the thermometer reading and the actual temperature of the fridge. All patients who have been vaccinated with vaccines from the fridge since the last calibration of the fridge were reviewed and recalled as appropriate in conjunction with expert clinical advice from PHE. Southampton Director of Public Health was informed.
2. A national serious incident affected GP practices across the country including GP practices in Southampton. A national change in vaccine product for the Men C immunisation programme coincided with a change in policy to reduce the dosage from 3 to 2 doses. Some practices continued to use the old product instead of the new one, but implemented the reduced dose. The old product was not as effective at 2 doses. In accordance with national PHE advice, all affected practices have identified the affected cohort and are ensuring individuals receive the usual 1 year booster promptly. This is being monitored by the PH Commissioning Team and managed through a serious incident group. The final 1 year vaccination is due in January 2015. All Directors of Public Health in Wessex were informed.

## **Antenatal and newborn screening**

- The Southampton provider is one of the second wave sites to roll out the new Newborn and Infant Physical Examination Smart System which is a failsafe system.
- The Newborn Blood Spot programme will be extended in all geographical areas in January 2015 to include testing for four additional conditions – Maple Syrup Urine Disease, Isovaleric Acidaemia, Glutaric aciduria type 1 and Homocystinuria. These are inherited metabolic disorders. The first three can lead to coma and permanent brain damage / loss of control of muscles in the first few days after birth and Homocystinuria can lead to learning disabilities, eye problems, osteoporosis and blood clots / strokes. Harm from each of these conditions can be avoided or minimised by early

detection through the blood spot test and an associated change in diet.

- The Newborn Hearing Screening Programme will be transferring from the current community provider to the acute hospital provider under a managed transition process.

### **Cancer screening**

#### **Cervical**

- A project is underway to reconfigure the pathway for processing cytology samples as the Southampton provider gave notice in May 2014. Women will continue to go to their own GP practice to have their sample taken and will not experience any difference in service.
- A national project is underway, led by NHS England, to review the provision of Primary Care Support (PCS) services as part of transition arrangements from April 2013. One of the functions of the PCS service is to invite women for cervical screening and support the breast screening service to invite women for breast screening. The Public Health Commissioning Team and PHE Quality Assurance teams are actively involved in ensuring risks to screening programmes and our populations are identified and mitigated during the transition. National screening programme leads are also involved at a national level.
- A procurement process is underway to secure continued access for sample takers to cervical screening training across Wessex in advance of the current trainer's planned retirement. New providers will be in place by January 2015. The Quality Assurance team have agreed to review training against national standards.
- In line with a national 10 year trend, cervical screening coverage for women aged 25-64 years in Southampton declined slightly in 13/14. Q4 data shows Southampton coverage as 74.8%. The Public Health Commissioning Team have been working with GP practices through educational events to highlight the downward trend and to prompt practices to be proactive in encouraging women to attend for screening when invited. Further work to address coverage rates is planned jointly with Local Authority Public Health teams. There are also national pilots underway to test the effect of different methods of communication on uptake.

#### **Breast**

- The Southampton provider has completed the transition from analogue to digital mammography screening and is participating in the national pilot to extend breast screening to 47-49 and 71-73 year olds.
- The breast screening programme is also supported by Primary Care Support Services and risks to the programme from the PCS transition are being identified and mitigated as above.
- The Southampton provider of breast screening experienced an increase in demand for breast symptomatic services in April and May 2014 as a result of a national campaign to raise awareness of breast symptoms amongst older women. This had an impact on breast screening service capacity as the staff work for both parts of the service and also impacted on the breast screening



programme performance against the round length target. Unpublished data shows that round length performance has improved and will soon be back at target (90%).

- An external Quality Assurance visit to the Southampton provider took place in July and the recommended actions are being addressed including improving performance against the 'screen to assessment (seen)' target. This is time between the woman being screened and attending for an assessment clinic where assessment is necessary. There is another target which requires women to be offered an assessment clinic appointment within two weeks of being screened and the provider is meeting this target. There were no significant safety concerns from the QA visit.

### **Bowel**

- The Hampshire Bowel Cancer Screening Programme covers the Southampton population. The programme has developed and submitted a bid to the national bowel cancer screening team to provide bowel scope screening (one off flexisigmoidoscopy for 55 year olds) in addition to current bowel cancer screening programme. The bid is subject to approval by the Quality Assurance team and the national screening programme and a decision is awaited. JAG accreditation has been secured for the Southampton site in order to meet the required criteria for the bid.

### **Adult and non-cancer screening**

#### **Diabetic Eye Screening (DES)**

- The Public Health Commissioning team is working closely with the Southampton provider to ensure progress towards full implementation of the national common pathway.
- An external QA visit in May 2014 identified a number of areas for improvement which are being taken forward and implementation is being monitored by the Public Health Commissioning Team and the QA team.
- List validation has been recommenced after ceasing in 2012 which will ensure that all patients with diabetes are known to the screening programme and can therefore be invited for screening appropriately.

#### **Abdominal Aortic Aneurysm (AAA)**

- Data for the AAA screening programme key performance indicators is difficult to extract as the national software system does not match the revised national key performance indicators.
- Annual data shows that the Hampshire programme, which covers the Southampton population, is inviting 100% of the eligible population for screening. Uptake is 78% which is above the minimum acceptable target. The detection rate for aortic aneurysms >3cms was 0.92% which is below the minimum standard of 2.5%. However, this is a national issue, as detection rates are lower than expected in all programmes and are comparable to those achieved by the Hampshire programme. Nationally work is underway to understand the reasons behind the low detection rate.
- NHS England will be introducing external quality assurance visits for AAA

programmes in 2014/15 and the Hampshire programme is likely to be one of the first visited in January 2015.

<sup>1</sup> Immunisation and Screening national Delivery Framework  
<http://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf>

**RESOURCE IMPLICATIONS**

4. No additional resources requested.

**LEGAL IMPLICATIONS**

5. N/A

**Statutory power to undertake proposals in the report:**

6. NHS England is mandated via the Health and Social care Act 2012 to commission screening and immunisation programmes within the Section 7A agreement

**POLICY FRAMEWORK IMPLICATIONS**

7. N/A

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	None
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**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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