

TITLE: Immunisation and Screening Programmes- an update for Slough

DATE: December 2018

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Purpose of Report:

- To provide a summary of the current commissioning and provider arrangements for immunisations and screening programmes and the organisations involved
- Provide an update on immunisation and screening programme coverage in Slough
- Highlight recent successes and key opportunities to maximise programme coverage and uptake with a view to reducing health inequalities in this area.

Executive Summary

NHS England has continued to commission the services set out under the Section 7A agreement to a high standard, offering continued protection to the public. Data and evidence demonstrates that public health protection remains world class and we have achieved real success. Increasing access to screening and immunisation programmes, contributes to the wider prevention agenda and the implementation of the Five Year Forward View.

Some of the recent successes that have benefitted the local population include programmes to increase uptake and improvements to data quality for closer monitoring of progress. Examples include the development of a GP toolkit with tips and advice for primary care colleagues to improve immunisation uptake for their patients. The toolkit is implemented in many practices across Slough. In addition, data on immunisations delivered in primary care are now auto-extracted from the clinical record and entered electronically on the Child Health Information System (CHIS) which is not only more efficient but has also improved the accuracy of the data. The LA, the school immunisation provider and NHS England have worked together to agree how they will address cultural and language barriers to further improve uptake in groups with lower historic vaccination rates. As part of the Thames Valley Cancer Alliance GP Quality Improvement Scheme, there are initiatives in place to improve cancer screening coverage as well as the safe mobilisation of the Diabetic Eye Screening programme following a contract review.

Successful collaborative working has enabled improvements in some outcomes, however there is still opportunity to improve uptake of cancer screening programmes and childrens immunisations, particularly PCV (pneumococcal) booster, second dose MMR, and the Hib/MenC booster. It is important to have a thorough understanding of opportunities and challenges that need to be considered in Slough to be able to support families take up the offer for vaccination and to work collaboratively with stakeholders to improve vaccine uptake.

There are several new opportunities ahead to implement and embed changes that will further improve screening and immunisation services locally. These include the introduction of a new screening test in the bowel screening programme, incorporating HPV primary screening into the cervical screening programme and a new booster seasonal flu immunisation for people aged 65 and over.

Governance and reporting arrangements are also being tightened, The Shared Public Health Team is scoping an annual Health Protection Report, drawing together key metrics and issues. The Terms of Reference of the Berkshire Health Protection Committee is also under review to ensure the committee fulfils its system assurance role, with partners providing assurance to the Strategic DPH and holding each other to account. In addition, NHS England is revising the quarterly Berkshire screening and immunisation dashboard to improve clarity and enable access for public health consultants in each Local Authority.

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Background

Current commissioning and provider arrangements

- NHS England is responsible for commissioning screening & immunisation programmes in England. Locally this is co-ordinated and managed across Thames Valley by the Public Health Commissioning team at NHS England, South East under an agreement known as Section 7a – see
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- Figure 1 and Figure 2.
- GP Practices are the main providers of childhood immunisation for children under 5 years of age commissioned by NHS England and with a quality duty in CCGs.
- NHS Trusts are the main providers of NHS Screening Programmes
- Currently, the Berkshire Healthcare Foundation Trust School Immunisations Team is commissioned by NHSE to provide school aged immunisations in Berkshire. This is a different service than the School Nursing Services commissioned by Slough Borough Council
- Public Health England South East Health Protection Team is responsible for functions related to health protection reactive work, outbreak management etc. in which immunisations may be offered to protect healthy people who have been exposed to a particular infection.

Figure 1: Public Health and NHS England: Section 7a Operating Model

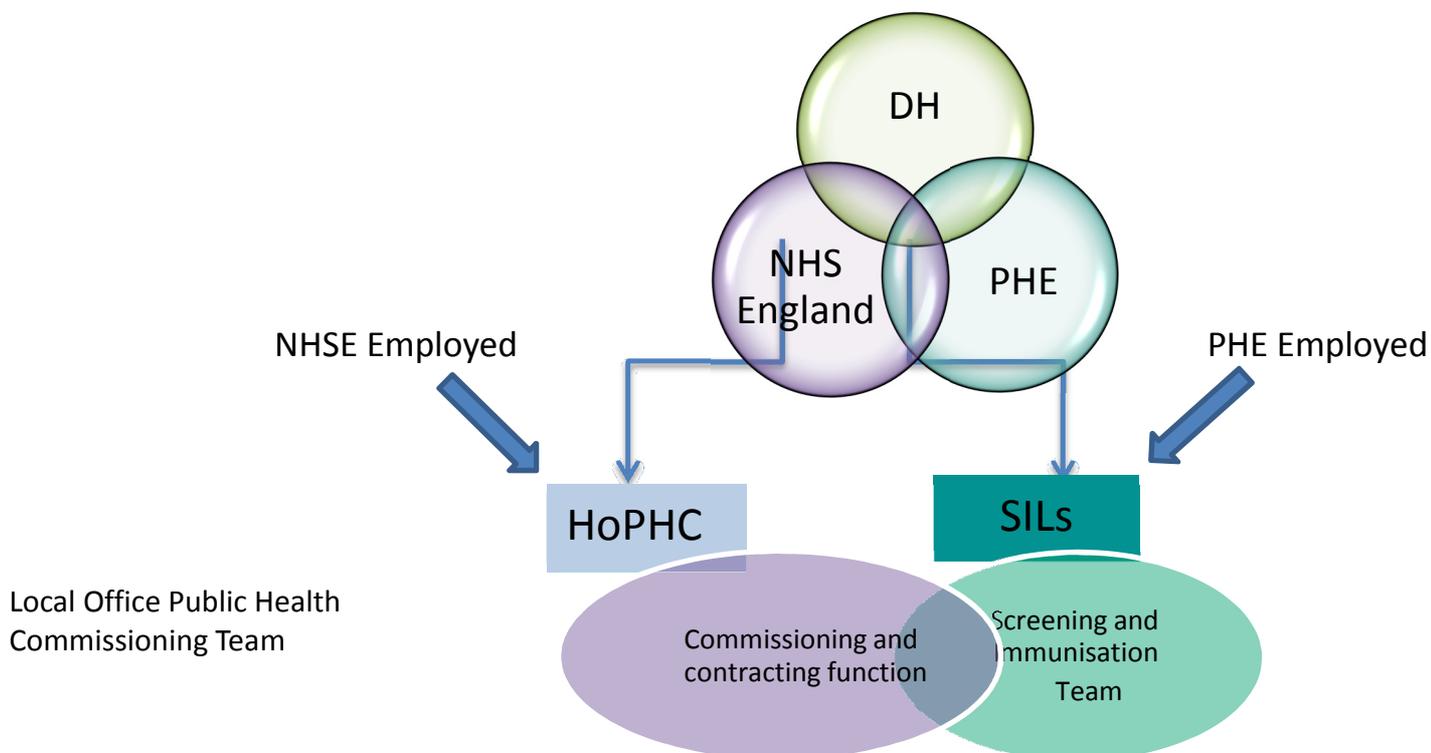
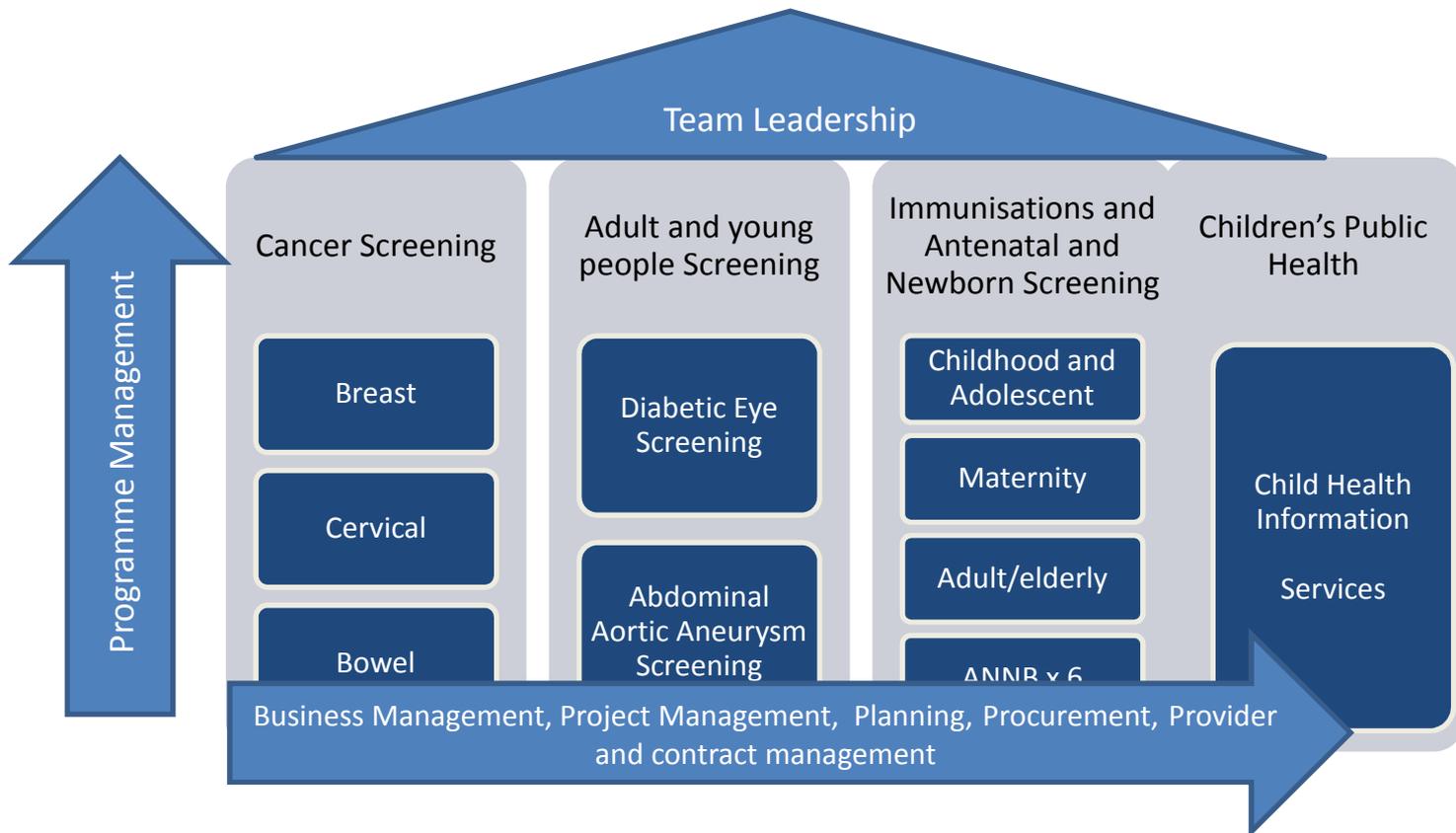


Figure 2: Public Health and NHS England: Section 7a Programme Management



Immunisation programmes

Immunisation is one of the most effective public health interventions, the World Health Organisation states that “Only clean water (a human right) ranks as highly as vaccination in terms of the greatest impact on health globally”. The UK has a well-established and successful immunisation programme offered through the NHS. There is a need to ensure that as many people as possible are taking up the offer of vaccination to protect against disease.

Immunisation is more than the sum of its parts, as increasing the number of immunised people in a population reduces the opportunity for infection to pass from one person to another through the phenomenon known as ‘herd immunity’. When an immunisation programme against a disease begins, the number of people catching the disease goes down. As the threat decreases, it's important to keep vaccinating; otherwise the disease can start to spread again. If enough people in a community are vaccinated, it's harder for a disease to pass between people who have not been vaccinated. Herd immunity is particularly important for protecting people who can't get vaccinated because they're too ill or because they're having treatment that damages their immune system.

Childhood immunisation programmes

The UK Childhood Immunisation Schedule covers the recommended immunisations for children and young people aged 0 to 18 years. The schedule comprises the recommended universal or routine immunisations which are offered to all children and young people, as well as selective immunisations which are targeted to children at higher risk from certain diseases. The target of the national immunisation programme is for 95% of children to complete courses of the routine childhood immunisations at appropriate ages.

Table 1: UK Childhood Immunisation Programme as of November 2018

Age	Vaccines offered	Diseases protected against
Eight weeks old	Hexavalent vaccine (DtaP/IPV/Hib/HepB)	Diphtheria, tetanus, pertussis (whooping cough) polio, <i>Haemophilus influenzae</i> type B infections and hepatitis B
	MenB	Meningococcal group B infections
	Rotavirus	Rotavirus gastroenteritis
	PCV13	Pneumococcal infections (13 serotypes)
Twelve weeks old	Hexavalent vaccine (DtaP/IPV/Hib/HepB) – dose 2	Diphtheria, tetanus, pertussis (whooping cough) polio, <i>Haemophilus influenzae</i> type B infections and hepatitis B
	Rotavirus – dose 2	Rotavirus gastroenteritis
Sixteen weeks old	Hexavalent vaccine (DtaP/IPV/Hib/HepB) – dose 3	Diphtheria, tetanus, pertussis (whooping cough) polio, <i>Haemophilus influenzae</i> type B infections and hepatitis B
	MenB – dose 2	Meningococcal group B infections
	PCV13	Pneumococcal infections (13 serotypes)
One year old (on or after the child's first birthday)	Hib/MenC	<i>Haemophilus influenzae</i> type B infections and meningococcal group C infections
	PCV13 booster	Pneumococcal infections (13 serotypes)
	MMR	Measles, mumps and Rubella (German measles)
	Men B booster	Meningococcal group B infections
Children aged 2 and 3 and those in schools years reception to year 5*	Nasal flu vaccine (each year from September)	Seasonal influenza
Three years four months old or soon after	DtaP/IPV	Diphtheria, tetanus, pertussis and polio
	MMR – dose 2 (check first dose given)	Measles, mumps and Rubella (German measles)
Girls aged 12 to 13 years old	HPV (two doses, 6 to 24 months apart)	Cervical cancer caused by humans papillomavirus (HPV) types 16 and 18 and genital warts caused by types 6 and 11
Fourteen years old (school year 9)	Td/IPV (check MMR status)	Tetanus, diphtheria and polio
	Men ACWY	Meningococcal groups A, C, W and Y infections

All babies born on or after 1 August 2017 are offered protection against hepatitis B as part of the universal childhood immunisation programme in addition to continued protection against diphtheria, tetanus, pertussis, polio and Hib. The 6-in-1 vaccine (Dtap/IPV/Hib/HepB) is offered at 8, 12 and 16 weeks old. Babies are also vaccinated to protect against rotavirus (a common cause of diarrhoea and sickness, sometimes requiring hospitalisation) and Meningitis B (to protect from infection by meningococcal group B bacteria, which are responsible for more than 90% of meningococcal infections in young children).

Vaccines are offered at age 12-13 months and in the pre-school years including MMR (measles, mumps and rubella) and the pre-school booster. From 1st July 2016, the schedule for MenC vaccination changed. Babies have their first dose of the MenC vaccine at 12-13 months of age through the combination Hib/MenC vaccine. They then receive a booster dose at 13-14 years of age, as part of the MenACWY vaccine. From 1st August 2017 the combined infant vaccination (DTaP/IPV/Hib) changed to include Hepatitis B (DTaP/IPV/Hib/HepB) at 8 weeks, 16 weeks and at the pre-school booster given at 3 years 4 months.

The school-aged immunisation programme is primarily delivered in schools offering HPV to Year 8 or 9 girls as well as the fifth and final dose of tetanus, diphtheria and polio (Td/IPV) vaccine. Teenagers are offered the MenACWY vaccine to protect them against four different causes of meningitis and septicaemia. There is provision made to offer the full immunisation schedule to children who are home schooled or otherwise not in full-time education.

The COVER (Cover of Vaccination Evaluated Rapidly) programme evaluates childhood immunisation in England. PHE in collaboration with other agencies collates UK immunisation coverage data from child health information systems for children aged one, two and five years of age. COVER monitors immunisation coverage data for children in the United Kingdom who reach their first, second or fifth birthday during each evaluation quarter. This information is promptly fed back to local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly.

Immunisation programmes for young people and adults

Although the majority of vaccines in the immunisations programme are offered in childhood with the aim of conferring long lasting immunity, a number of vaccines are offered to young people and adults in order to protect them against infection, these are set out in Table 2.

Table 2: Immunisation programmes for young people and adults

Vaccine	Population offered the vaccine	Infection vaccine aims to prevent
Pneumococcal vaccine	All people aged 65 and over	Pneumococcal disease.
Annual flu vaccine	<ul style="list-style-type: none"> • People aged 65 and over • People aged under 65 in a clinical risk group • Pregnant women • Carers and household contacts of immunocompromised individuals <ul style="list-style-type: none"> • Social Care and hospice staff • people living in long-stay residential care homes or other long-stay care facilities • School aged children in reception to year 5 • 2 and 3 year old children 	Seasonal influenza
Shingles vaccine	<p>Routine cohort people aged 70 (see details below)</p> <p>The shingles vaccination programme started on 1st September 2013. The programme offers routine vaccinations to people aged 70 years old along with a catch-up immunisation programme for people aged 79 years. Anyone who has previously been eligible remains eligible until their 80th birthday.</p> <p>The link attached shows eligibility for 2018/19: https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster</p>	<p>Shingles (caused by the varicella-zoster virus which also causes chicken pox)</p> <p>https://www.gov.uk/government/collections/shingles-vaccination-programme</p>
Pertussis Vaccine	All pregnant women	Whooping cough in newborn infants

Additional vaccines are also recommended for people with specific health conditions (see [The Routine Immunisation Schedule](#)).

Population Screening

Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. Screening aims to identify the individuals most at risk of a disease so that they can be offered information, further tests and early treatment.

Table 3: NHS National Screening Programmes

Screening Programme	Population offered the screen	Aim of programme
Bowel Cancer (faecal occult blood test (FOBT) checks for occult (hidden) blood in the stool. Bowel Scope	Men and women aged 60 to 74 One off test offered at age 55. This programme is currently being rolled out and is not yet available to the entire population	Reduce illness and deaths from bowel cancer Prevent the development of bowel cancer by removing pre-cancerous polyps
Breast Cancer	Women aged 50 -70	Reduce illness and deaths from breast cancer in women aged 50 to 70
Cervical	Women aged 25 to 64	Reduce illness and deaths from cervical cancer in women through identifying pre-cancerous changes
Abdominal Aortic Aneurysm (AAA)	One off test for men in their 65 th year	Reduce AAA related deaths among men aged 65 to 74
Diabetic eye screening	All people with type 1 and type 2 diabetes aged 12 or over who are not already under the care of an ophthalmologist for diabetic retinopathy	Reduce sight loss due to diabetic retinopathy
Antenatal screening	All pregnant women- Infectious Diseases in Pregnancy screening Sickle cell and thalassaemia Down's, Edwards' and Patau's syndromes Physical abnormalities (mid-pregnancy scan) Eye problems in women with diabetes	Screening tests are offered during pregnancy to try to find any health problems that could affect the woman or the baby. The tests – ultrasound scans, blood tests and a questionnaire – can help make choices about care or treatment during pregnancy or after baby is born. A dating ultrasound scan, offered at around 8 to 14 weeks' pregnancy, is the most accurate way to work out the baby's due date. A mid-pregnancy ultrasound scan, offered around 18 to 21 weeks' pregnancy, looks for physical abnormalities in the baby.
Newborn screening	All Heart, eyes, hips and testes (physical examination) Hearing loss Blood spot	Screening offered so that baby can be given appropriate treatment as quickly as possible if needed

Current Performance- national immunisation programmes

Childhood immunisation programmes

Annual immunisation uptake statistics for children aged up to five years in Slough, compared England uptake for 2016-17 and 2017-18 is shown in Table 4. In Slough, across all indicators except DTaP/IPV booster, there have been improvements from 2016/17 to 2017/18. However uptake of MMR1, Hib/MenC and the PCV booster remains lower than the England figure and below 90%. Uptake of all vaccines by five years has improved in 2017-18 compared with the previous year but remains substantially below target for MMR2, meaning that around 1 in 5 children in Slough are not adequately protected against measles at a time when incidence has increased in England¹. Some of the improvements are directly due to data quality improvements both at GP practices and within Child Health Information System. As part of the data quality improvement activity, the reporting for DTaP/IPV booster in 2017/18 was standardised to align to national COVER reporting criteria which means only children who received the vaccination between age 3 years and 4 months and 5 years is included.

Table 4: Childhood Immunisation (0-5 years) Uptake 2016-17 and 2017-18

			2016-17 England	2017-18 England	2016-17 Slough	2017-18 Slough
Age 1	DTaP/IPV/Hib	% immunised	93.4	93.1	90.8%	93.7%
	PCV	% immunised	93.5	93.1	90.8%	93.8%
	Rotavirus (1)	% immunised	89.6	90.1	87.9%	91.2%
Age 2	DTaP/IPV/Hib primary	% immunised	95.1	95.1	94.1%	95.2%
	MMR 1st dose	% immunised	91.6	91.2	84.8%	87.1%
	Hib/ MenC	% immunised	91.5	91.2	85.6%	87.2%
	PCV booster	% immunised	91.5	91	84.6%	87.3%
Age 5	DTaP/IPV/Hib primary	% immunised	95.6	95.6	93.3%	97.7%
	DTaP/IPV booster	% immunised	86.2	85.6	77.7%	75.1%
	MMR 1st dose	% immunised	95	94.9	91.1%	94%
	MMR 1st and 2nd dose	% immunised	87.6	87.2	79.0%	81.1%
	Hib/ MenC booster	% immunised	92.6	92.4	90.3%	91.4%

Data Source: NHS Digital (2017 and 2018): Childhood Vaccination Coverage Statistics, England

Prior to Q2 of 2017-18, children who received the vaccination for DTaP/IPV booster from 3 years of age were included in the COVER data. The dip in performance for the DTaP/IPV booster at age 5 years may be explained by the fact NHS England changed the 5 year COVER parameters for DTaP/IPV as of Q2 2017-18 to standardise reporting parameters with national guidance and to align with local practice. The

¹ Laboratory confirmed cases of measles, rubella and mumps, England: April to June 2018, PHE

impact of this change was a perceived difference in performance as there were 270 children in Slough who received the vaccination aged between 3 years and 3 years 4 months which would not be included in the COVER parameters. To address this, the CHIS Provider is now sending invitations at age 3 years and 4 months to ensure timely vaccination.

Schools-aged immunisation programme

In England, the recommendation from September 2014 was to offer the first (priming) HPV vaccine dose to females in Year 8 and the second dose 12 months later in Year 9 (aged 13 to 14 years), as this would reduce the number of immunisation sessions required in schools. In Berkshire, the school immunisation Provider, Berkshire Healthcare NHS Foundation Trust, with effect from September 2017- autumn term deliver to this model to facilitate expanded delivery of the seasonal childhood flu programme across most of the autumn term.

The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases. The Berkshire Healthcare Foundation Trust School Immunisations Team delivers Td/IPV tetanus and diphtheria and polio combined vaccine and (since January 2018) also deliver the MenACWY (meningitis vaccine) to students in school Year 9.

The School Immunisation Team have also been offering a catch up MMR programme to all year 9 students who missed one or more doses as an infant, during 2017-18, 979 students were vaccinated with MMR as part of this programme. The catch up programme is being run alongside the delivery of MenACWY and Td/IPV in secondary schools. This reduces the time students are absent from education and minimise disruption to lessons while improving efficiency and maintaining high uptake. From April 2018, a check is taking place in school year 2 to identify children with incomplete or missing MMR and this will be offered in school.

Table 5: HPV, Men/ACWY and Td/IPV vaccine uptake in school-aged children 2016-17

			England 2016-17	South East 2016-17	Slough 2016-17
Girls aged 12 to 13 (Year 8)	HPV 1st dose	Cohort	299,198	26,290	1,177
		Number of children immunised	260,959	21,288	1,046
		% immunised	87.2%	81%	88.9%
Girls aged 13 to 14 (Year 9)	HPV 2 nd dose	Cohort	289,499	25,697	916
		Number of children immunised	240,590	20,120	834
		% immunised	83.1%	78.3%	91.0%
School Year 9 in 2016/17 (13-14 year olds) born between 1 September 2002 - 31 August 2003)	Td/IPV and Men/ACWY	Number of 13-14 year olds	463,477	52,805	1,976
	Td/IPV	Number of children immunised	384,564	42,751	1,804
		% immunised	83%	81%	91.3%
	Men/ACWY	Number of children immunised	402,942	43,225	1,789
		% immunised	83.6%	81.9%	90.5%

Data source: NHS Digital (2017)

The school-aged immunisation programme for HPV performs similarly or better than England in Slough. In 2017-18 uptake of HPV is approaching the 90% objective in Year 8 and achieved the objective in year 9, comparing well with 83% nationally.

The Trust is changing HPV vaccination delivery schedule to 12 months/ 2 academic terms, HPV 1 was delivered to Year 8 students during summer 2018 and HPV 2 will be delivered to Year 9 students in summer 2019. A few schools will remain on the 6 month schedule, including pupil referral units.

Over the past year, the school nursing team has reported a number of instances of anti-vaccine information being circulated among parents across Berkshire LA areas, primarily through social media. This has the potential to undermine the performance of the service and has been recognised as an area of action by commissioners and local stakeholders.

Young people and adult Immunisation Coverage

Table 5: Shingles Vaccination Coverage, Slough CCG May 2018

	Percent coverage	
	Slough	England
Shingles: coverage for routine cohort since 2013	32.2%	41%
Shingles: coverage for the catch up cohort since 2013	35.9%	42%

Data Source: <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-provisional-vaccine-coverage-data>

Table 6: Pneumococcal Vaccination Coverage, all GP registered patients aged 65 and over Slough CCG

	Received the Pneumococcal (PPV) vaccine between 1st April 2017 and 31st March 2018 inclusive
Slough	67.6%
England	69.5%

Data Source: [Pneumococcal Vaccine Coverage Monitoring Programme England - data to end March 2018, PHE](#)

Table 7: Annual pre-natal Pertussis Vaccination Coverage, Slough CCG between 2015-16 and 2017-18

	2015-2016	2016-2017	2017-2018
Slough	43%	51.3%*	49.1%*
England	58.2%	66%*	71.9%*

Data Source: Immform /Prenatal Pertussis Vaccine Coverage monitoring programme.

*Please note NOV 2016- No data received from one large IT supplier for Thames Valley and APRIL-JUNE 2017- No data received nationally from IT supplier

Table 8: Seasonal Flu Vaccination Coverage, Slough CCG 2017-18

Eligible group	National Ambition	% uptake Slough	% uptake England
2yr olds	40%	26.3%	42.8 %
3yr olds	40%	28.1%	44.2%
Pregnant women	55%	35.9%	47.2 %
Under 65s at risk	55%	47.5%	48.9 %
65 and over	75%	69.9%	72.6 %
School based programme			
Reception	40%	53.5%	62.6%
Year 1	40%	45.2%	61%
Year 2	40%	46.8%	60.4%
Year 3	40%	43.2%	57.6%
Year 4	40%	42%	55.8%

Data source: Seasonal flu vaccine uptake in gp-patients winter 2017 to 2018 and Seasonal flu vaccine uptake in-children of primary school age winter 2017 to 2018

Current Performance- national screening programmes

Screening data is subject to a time lag as invitees are given a period of time to respond to an invitation in order to improve participation in the programme and maximise uptake. Episodes therefore close some time after an invitation is issued and data is not available until this period has ended, which varies for each programme.

Coverage of screening programmes for young people and adults

Table 9: Cancer Screening Coverage 2017

Definition	National Targets		Latest published data		
			Slough	South East	England
BREAST: % of the eligible population (50-70) have been screened in the last 3 years	70%	80%	68.7%	76.9%	75.4%
BOWEL: % of the eligible population (60-74) have been screened in the last 2.5 years	52%	60%	44%	61%	59.6
CERVICAL: % of the eligible population (25-64) have been screened in the last 3.5 /5.5 years	75%	80%	66.4%	73.2%	72%

Data source: Public Health England; Public Health Outcomes Framework
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Table 10: Non-Cancer Screening Uptake

Programme	2016/17	
	National	Local
Berkshire Diabetic Eye Screening: Uptake of Routine Screening	82.4%	74.4%
Thames Valley AAA Screening: Proportion of eligible men offered screening who accept the offer	81.1%	79.3%

Data Sources: <https://www.gov.uk/government/publications/diabetic-eye-screening-2016-to-2017-data>
<https://www.gov.uk/government/publications/abdominal-aortic-aneurysm-screening-2016-to-2017-data>

Coverage of antenatal and newborn screening programmes

Table 11: Antenatal and newborn screening programmes delivered at Wexham Park (Frimley Hospitals Trust) 2017/18 Q2- 2018/19 Q1

	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1
Infectious Diseases Screening				
HIV testing coverage	100.0	99.8	99.9	99.9
Hep B testing coverage	100.0	99.8	99.9	100.0
Syphilis testing coverage	100.0	99.8	99.9	100.0
Fetal Anomaly Screening				
Fetal anomaly screening(18+0 to 20+6 fetal anomaly ultrasound)-Coverage	100.0	101.4	99.8	100.0
Sickle Cell & Thalessaemia Screening				
Antenatal sickle cell and thalassaemia screening – coverage	100.0	99.8	99.9	100.0
Newborn Bloodspot Screening				
Newborn blood spot screening – coverage	97.9	98.9	98.9	92.6
Newborn blood spot screening – coverage (Movers In)	93.8	93.1	90.5	86.5
Newborn Hearing Screening				
Newborn hearing screening – coverage	99.5	99.3	99.7	99.7
Newborn and Infant Physical Examination Screening				
Newborn and Infant Physical Examination – coverage (newborn)	98.0	98.7	98.8	99.5

Data source: <https://www.gov.uk/government/collections/nhs-population-screening-programmes-kpi-reports>

Assurance arrangements

NHS England Public Health Commissioning Team provide assurance to the Strategic Director of Public Health through the quarterly Berkshire Health Protection Committee that work is progressing to maintain and improve uptake of immunisations and screening across Berkshire.

The Public Health Consultant in Slough is informed of performance and progress on all immunisation and screening programmes through the sharing of published key screening and immunisations indicators as part of the suite of JSNA data updates prepared by the Shared Public Health Team and of progress on regional initiatives via the monthly Shared Team Highlight Report presented at consultant meetings. The Slough consultant is a key stakeholder in local initiatives to improve uptake. An annual flu report collates data on flu activity and vaccine uptake is provided by the Berkshire Shared Public Health Team.

The Strategic Director of Public Health may seek additional assurance from NHS England or other stakeholders as regards the performance of local health protection programmes, including screening and immunisation.

Recent key Successes

- Immunisation data delivered in primary care are now auto-extracted and entered electronically on Child Health Information System (CHIS), improving efficiency and accuracy of data. NHS England procured a new larger CHIS system across the entirety of Thames valley to reduce variation and issues with children registered around county borders.
- Development of a GP toolkit to improve immunisation uptake with tips and advice for primary care colleagues. The toolkit is implemented in many practices across Slough.
- Joint working between LA, school immunisation providers and NHS England to agree actions to address cultural and language barriers to improve uptake rates.
- Thames Valley Cancer Alliance GP Quality Improvement Scheme; to improve cancer screening coverage.
- There has been a procurement of the diabetic eye screening programme in Berkshire, with the new contract awarded to Health Intelligence. The new provider began offering screening in Q1 2018-19 and patient feedback so far has been positive. Performance data for the new provider will be published next quarter.
- Slough Borough Council Public Health Team launched the #IamVaccinated campaign in 2018. This is the new face of the teams drive to increase vaccination rates within the local community. The campaign focuses on the personal reasons people get vaccinated and aims to dispel myths. It is not vaccine specific, but initially focussed on Flu, HPV and MMR.
- East Berkshire CCG has worked with Macmillan and other key partners to implement the Slough Bowel Cancer Screening Project. This aims to support GP practices to improve uptake and to raise awareness of bowel cancer and its signs and symptoms through community education. To date there have been 67 events and conversations with over 1800 people. 14 out of 16 practices have improved their screening uptake since the project began.

Key Opportunities

- A new test known as FIT (Faecal Immunochemical Test) is being introduced into the national bowel screening programme in April 2019. This test will replace the guaiac faecal occult blood test (gFOBt). The new test is more sensitive and because it is easier for participants to use improves uptake in screening, particularly in deprived groups. This is likely to improve uptake of bowel cancer screening in Slough.
- From December 2019 all cervical smear tests will be tested using HPV primary testing following a national procurement process. Evidence shows that HPV testing is a better way to identify women at risk of developing cervical cancer than cytology (looking at cells under a microscope). The test will increase the number of women correctly identified as being at risk of developing cancer of the cervix. This new service will also alleviate the poor performance nationally to the 14 day turnaround time key performance indicator.
- NHSE commissioned a pilot project from the South Central and West Commissioning Support Unit CHIS to send a letter to parents in Berkshire providing information about the benefits and practicalities about vaccinating their 2 and 3 year old children against flu. It is hoped that this will increase the uptake of the vaccine in this age cohort.

- The 2018/19 seasonal flu programme includes a new booster vaccine for people aged 65 and over. Research indicates that the new adjuvant vaccine (aTIV) is both more clinically and cost-effective than the non adjuvanted vaccines previously offered to this age group. It is anticipated that this will contribute towards reducing flu related morbidity and mortality among older people.

Next Steps

- Key partners will work together to develop a local action plan for Slough to improve uptake of screening and immunisation programmes
- The Shared Public Health Team will scope production of an annual Health Protection Report, drawing together key metrics and issues
- The Terms of Reference of the Berkshire Health Protection Committee are under review reviewed to ensure the committee fulfills its system assurance role, with partners providing assurance to the Strategic DPH and holding each other to account
- NHS England are reviewing the presentation of the quarterly Berkshire Screening and Immunisation Dashboard to improve clarity and enable wider sharing to public health consultants in each borough.