

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5 (a)
		PUBLIC REPORT
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SCREENING AND IMMUNISATION REPORT

R E C O M M E N D A T I O N S	
FROM : NHS England East Anglia Area Team Public Health Screening and Immunisation Team	Deadline date : N/A
<p>1) For the Board and individual member organisations to work collaboratively with NHS England and Public Health England to promote screening and immunisation in Peterborough.</p> <p>2) For the Board and individual member organisations to work in partnership with NHS England and Public Health England to address the lower uptake by particular groups, including those from deprived and ethnic communities, of:</p> <ol style="list-style-type: none"> a. cervical screening in younger women b. bowel screening c. childhood Immunisation, to achieve 95% d. flu vaccination for 'at risk' groups and pregnant women, to achieve 75% <p>3) To agree the setting up of a task and finish group with multi-agency membership to implement recommendations 1 and 2 above.</p>	

1. ORIGIN OF REPORT

This report is submitted to the Board following a request by the chair of the Health and Wellbeing Board

2. PURPOSE AND REASON FOR REPORT

The purpose of this report is to update the Peterborough Health and Wellbeing Board (HWB) on the current performance of screening and immunisation programmes in Peterborough. This will enable the board to review the performance indicators for the screening and immunisation programmes commissioned by NHS England with the support of Public Health England and seek assurance on the delivery of quality programmes that meet the nationally agreed specifications.

This report has been circulated for pre-reading. There will be a short PowerPoint presentation and a question and answer session at the meeting on the 17th July.

3. Background

Since April 2013, Screening and Immunisation programmes have been commissioned by NHS England as per Public Health agreement under section 7A of the 2006 Act as inserted by the Health and Social Care Act 2012.

NHS England East Anglia Area Team leads on commissioning of the following programmes for the population of Peterborough

- 3 cancer screening programmes: Breast, Cervical and Bowel
- 2 adult and young people screening programmes: Abdominal Aortic Aneurysm (AAA) and Diabetic Eye Screening (DES),
- 7 antenatal and new-born screening programmes,
- 15 immunisation programmes: neonatal and childhood, school age and adult immunisations

4. Areas of Discussion

The Key performance indicators (KPIs) for the Screening programmes are given below. All the programmes are meeting the national standards or have actions in place to meet the standards. The monitoring and governance of the screening programmes is through the quarterly programme board meetings organised and led by the Screening and Immunisation team for East Anglia, which feed into the NHS England Area Team performance and quality processes.

Breast Screening Programme (Peterborough Breast Screening Unit provided by Peterborough and Stamford Hospital Trust):

Korner return KC63 - Percentage uptake of screening by age (The definition of uptake is the percentage of women who, having been sent an invitation for screening, attend a screening unit and undergo mammography in response to that invitation). National target is > or equal to 70%. Peterborough is achieving this KPI at all age brackets.

Table 1 Breast Screening

Age at first offered appointment	Number of women invited	Number screened	Percentage uptake
<= 44	0	0	N/A
45-49	2438	1743	71.50%
50-52	2332	1706	73.20%
53-54	1908	1418	74.30%
55-59	3108	2297	74%
60-64	2518	1902	75.50%
65-69	1804	1341	74.30%
70	240	217	90.40%
71-74 self referral	0	375	N/A
>=75 self referral	0	391	N/A
All ages	14348	11390	79.40%

The screen to assessment standards are being met by the Peterborough Screening Unit. The only issue of concern is the implementation of the high risk screening - in addition to the routine 3 yearly screen of women between 47 and 73 years, women are eligible for high-risk screening if they are referred from Genetics or Oncology services, and meet agreed criteria. At the moment there is an action plan in place and this is being monitored via the programme board.

Cervical Screening Programme: Cervical Cytology Service provided by Peterborough and Stamford Hospital Trust:

The test, mainly undertaken in general practice, involves taking a sample of cells from the neck of the womb every 3 years for women aged 20 to 49 and every 5 years for women aged 50 to 64. Women aged 65+ are invited only if they have not been screened since age 50 or have had recent abnormal results. This programme has led to significant reductions in deaths from cervical cancer. The introduction of the HPV vaccination programme is also aimed at reducing the risk of cervical cancer.

Women with abnormal cervical screening tests are referred for colposcopy, a specialist test to further assess and treat the abnormalities detected. As with the other screening programmes aimed at early detection, the programme is monitored on uptake, the speed of getting results to the women tested and the speed of getting women in for assessment and treatment.

Table 2

Cervical Screening	Q1 April - June 2013	Q2 July - Sept 2013	Q3 Oct - Dec 2013
KPI CS1 standard 80% coverage for 50-64 years	75.8	75.10	75.0
KPI CS2 standard 80% coverage for 25-49 years	69.10	68.8	68.6
KPI CS3 standard 80% coverage for 25-64 years	75.7	75.4	75.0
KPI CS4/SQU22 standard 98% 14 day TAT from date of test to receipt of result letter	99.9	100	99.6
KPI CS5 standard 100% colposcopy waiting times % women seen in less than 8 weeks	100	100	100

The coverage in younger women for the Peterborough population is significantly below the national target of 80%. Although this is not just an issue for Peterborough, recent evaluation of coverage by GP practice shows a close relationship between the cervical screening coverage by practice and the practice's deprivation score. The programme is meeting the 14 day turnaround time (TAT) in cytology which is the time it takes for a woman to receive her test results measured from the day the sample was taken and the colposcopy waiting times.

Bowel Cancer Screening Programme: Hinchingsbrooke and Peterborough Screening Unit-Jointly provided by Hinchingsbrooke Hospital Trust and Peterborough and Stamford Hospital Trust, led by the former):

Bowel cancer is the third most common cancer in the UK with up to 5% developing it during their lifetime. The screening programme aims to detect bowel cancer at early stages when treatment is more likely to be effective. The screening programme is open to all those aged 60 – 75, with testing offered at 60 and every two years after that to age 75. All those screened receive an introductory letter followed by a testing kit, the faecal occult blood test (FOBT) that they can complete at home, posting the completed kit to one of a number of approved laboratories when completed. The test looks for hidden blood in the bowel that may indicate an abnormality such as polyps or cancer which can bleed, but not sufficiently to be visible. For positive tests, an invitation is issued for an examination of the bowel using a colonoscopy, when the bowel can be viewed to ascertain the source of the blood and, if abnormalities are seen, for samples to be taken for testing. Approximately 10% of those having colonoscopy will be found to have cancer.

Table 3

Bowel Screening	Q1 April - June 2013	Q2 July - Sept 2013	Q3 Oct- Dec 2013
KPI BCS1 standard 52% uptake for completion of FOBT kit	54.34	54.34	54.34
KPI BCS2 standard 100% patients seen by Specialist Screening Practitioner within 2 weeks	100	100	NA
KPI BCS3 standard 100% patients undergo endoscopy within 2 weeks of being seen by SSP	90.91	97.96	NA

Screening uptake is above the national target, although there is significant variation in uptake performance across the Anglia area, with comparatively lower uptake in Peterborough than neighbouring areas. Analysis of uptake data for the period January to October 2013 shows that there are 12 GP practices with uptake of less than 50%.

Bowel scope screening (an examination called 'flexible sigmoidoscopy' which looks inside the lower bowel with the aim of finding any small growths called 'polyps', which may develop into cancer if left untreated) is an expansion to the existing programme using FOB testing. Bowel scope screening will be offered to all 55 year old people. The Peterborough programme is expected to start in 2015.

Adult and Young People Screening Programmes: Diabetic Eye Screening (DES) delivered by Cambridgeshire DES Service. The provider is Cambridge University Hospitals Foundation Trust

Diabetic retinopathy is one of the most common causes of sight loss in working age people and may cause no symptoms until it is quite advanced, which is why screening is important. It occurs as a result of damage, caused by diabetes, to the small blood vessels at the back of the eye. Screening is effective, but requires specialist equipment to take images of the retina (back of the eye) which enables the blood vessels to be assessed. It is an annual programme. As with other screening programmes, the speed of providing results and referring for further assessment and treatment is very important.

Table 4

Diabetic Eye Screening	Q1 April- June 2013	Q2 July- Sept 2013	Q3 Oct- Dec 2013	Q4 Jan- March 2013	Annual 2013/14
KPI DR1 standard 70% uptake	84.90	81.0	77.97	NA	NA
KPI DR2 standard 70% results received issued within 3 weeks of screening	99.9	100	95.50	96.7	98.8
KPI DR3 standard 80% treatment within 4 weeks of a R3 screen positive	65.0	73.7	76.47	90.0	84.6

There are concerns around the completeness of the cohort identified as eligible for screening. The national team are supporting a solution which will help to automatically extract the register of diabetic patients stored in the GP practice IT systems. This is still work in progress.

Abdominal Aortic Aneurysm (AAA) for Peterborough provided by Cambridge University Hospitals Foundation Trust

This programme aims to invite men for AAA screening during the year they turn 65. Men over 65 who have not been screened previously can arrange a screening appointment by contacting their local programme directly. This is a relatively new programme and began in 2013. The local service is functioning well. The current coverage is 97% and the 8 weeks referral to assessment and treatment is 100%.

Antenatal and New-born Screening Programmes: Delivered by the maternity unit at the Peterborough and Stamford Hospital Trust

Ante-natal screening includes routine testing for a number of conditions that can adversely affect the baby as well as the mother including: HIV, Hepatitis B, Sickle Cell and Thalassaemia and Down's syndrome.

New-born screening includes a number of conditions that are not obvious at birth but would have serious consequences for the baby if not detected and treated early, including:

- New-born blood spot test which detects conditions such as congenital hypothyroidism; phenylketonuria; sickle cell disease; cystic fibrosis; and medium chain acetyl-CoA dehydrogenase deficiency
- Physical examination
- Hearing screening

Table 5 Antenatal and New-born Screening Programmes

	Q1 April-June 2013	Q2 July-Sept 2013	Q3 Oct-Dec 2013	Q4 Jan-March 2013	Q1 April-June 2014
KPI ID1 Standard >90% Infectious disease HIV coverage					
P'boro	98.2	99.1	98.6	98.6	
KPI ID2 Standard >70-90% Infectious disease timely referral of hep B + women for specialist treatment					
P'boro	66.7	100	80.0	100	
KPI FA1 Standard >97-100 Downs Syndrome completion of lab request form					
P'boro	98.3	98.4	98.9	98.8	
KPI ST1 Standard >95-99% Sickle Cell and Thalassaemia coverage					
P'boro	93.5	93.6	93.7	96.0	
KPI ST2 Standard 50-75% Sickle Cell and Thalassaemia avoidable repeat tests					
P'boro	65.1	68.0	67.8	68.4	
KPI ST3 Standard 90-95% Sickle Cell and Thalassaemia timeless of result					
P'boro	98.5	98.2	97.9	97.7	
KPI NB1 Standard 95-99% Newborn blood spot coverage					
CPFT	100	99.5	99.7	data not submitted in time	
KPI NB2 Standard 2-0.5% Newborn blood spot avoidable repeat tests					
P'boro	2.4	1.0	0.9	1.9	
KPI NB3 Standard 95-98% Newborn blood spot timeliness of result					
CPFT	100	100	100	Data not submitted in time	
KPI NP1 Standard 95-100% Newborn & Infant physical coverage					
P'boro	NA	99.9	100	99.3	
KPI NP2 Standard 95-100% Newborn & Infant physical timely assessment					
P'boro	NA	NA	0.0		
KPI NH1 standard 100% newborn hearing coverage					
P'boro	99.9	100	100	99.72	
KPI NH2 standard 100% newborn hearing timely referral					
P'boro	100	No data	75.0	100.00	

Immunisation Programmes:

Childhood and adult programmes are delivered by Primary Care, with seasonal flu for 'at risk' adults also available in community pharmacies. The school aged programmes are delivered by school immunisation teams and General Practices.

Table 6 Childhood Immunisations

Q3 and Q4 2013/14

12 months	DTaP/IPV/Hib	Men C	PCV	DTaP/IPV/Hib
Peterborough	94.5, 93.9	85.4*(Q3)	93.9, 93.6	94.5, 93.9
EOE	96.4, 95.9	93.1(Q3)	96.0, 95.6	96.4, 95.9
East Anglia	95.8, 95.2	92.0(Q3)	95.3, 94.8	95.8, 95.2
24 months	DTaP/IPV/Hib	PCV B	Hib/Men C	MMR1
Peterborough	96.4, 97.3	92.0, 93.5	92.0, 93.1	91.1, 93.1
EOE	96.9, 97.2	94.8, 95.0	95.3, 95.4	94.2, 94.4
East Anglia	96.3, 96.6	93.6, 94.0	94.1, 94.2	93.0, 93.5

* The data cannot be relied upon due to a change in schedule; the second dose at age 16 weeks was removed with effect from 1 June 2013 and the adolescent booster dose at around 14 years was introduced for the academic year 2013 -14. No data was published for Q4 until a better way of capturing the data is established.

5 years	DTaP/IPV	MMR1	MMR2	DTaP/IPV B	Hib/Men C B
Peterborough	94.8, 95.3	93.1, 92.8	84.5, 83.1	85.5, 84.1	89.1, 87.3
EOE	96.2, 96.1	94.6, 94.3	90.4, 90.1	91.7, 91.6	94.3, 94.0
East Anglia	95.8, 95.7	93.9, 93.8	88.3, 88.6	89.7, 90.1	92.8, 92.6

The pace of improvement in uptake rates has been slower in Peterborough than in other areas. Evidence from other programmes in Peterborough has indicated poor uptake linked to deprivation and the migrant population.

Targeted Vaccination programmes

Other childhood immunisation programmes include BCG and Hepatitis B vaccinations as targeted programmes for those identified as being at specific risk.

BCG vaccine, for prevention of TB, is recommended for new-born babies who:

- Are born in an area with a high incidence of TB – high incidence is defined by the World Health Organisation as 40 or more new cases per 100,000 population per year
- Have one or more parents or grandparents who were born in countries with a high incidence of TB

Hepatitis B vaccination is given at birth with 3 further boosters up to 12 months for babies born to Hepatitis B positive mothers. Public Health England has launched the dried blood testing (DBS) for evidence of infection in children at 1 year of age. It is important to note that the DBS service is designed to increase testing in primary care of all at-risk infants aged 12 months who are born to hepatitis B positive mothers.

Table 7 School based programmes

HPV vaccination to Year 8 girls (12 to 13 years); Period since Sept 2013

	Dose 1 %	Dose 2 %	Dose 3
Peterborough	78.2	41.4	NA
EOE	85.0	69.8	NA
East Anglia	85.8	62.5	NA

Dose 2 figure is low due to incomplete data received in August 2014. For previous years, the percentage uptake is comparable to what we would expect in the area.

A change in the schedule for HPV vaccination will start from September 2014. The number of doses will reduce from three to two;

1st dose given in Year 8 (12-13 years)

2nd dose can be given 12 months after the first.

Influenza Vaccination

Influenza (Flu) vaccination is recommended for specific population groups and is given from October to January each year to protect those most vulnerable to Flu infection. For the 2013/14 season the recommended groups were:

- All those aged 65 or over
- Those aged 6 months to 65 years with long term medical conditions who are in the high risk groups for flu vaccination
- Pregnant women
- Those in long stay residential or nursing homes
- Carers of elderly or disabled people
- Health and social care staff who are in direct contact with patients/clients
- All children aged two and three

In 2014-15 the new childhood seasonal flu vaccination programme is being extended to 4 year olds. Peterborough is also part of the pilot site for secondary school flu immunisation to year 7 and 8 children.

Table 8 Flu Uptake in Recommended Groups

Period to Jan 2014			
	Influenza [target 75%]		
	Over 65yrs	Under 65yr at risk	Pregnant
Cambs&P'boro CCG	74.1	50.3	43.4
England	73.2	52.3	39.8

The use of alternative providers added to the proactive efforts by the screening and immunisation team with the maternity units and GP practices, as existing providers, played a major role in the area achieving a higher percentage uptake than the England average.

Table 9 Flu Uptake 2 and 3 years

Period to Jan 2014						
	Influenza					
	2yr olds not in clinical 'at risk' group	2yr olds in clinical 'at risk' group	All 2yr olds	3yr olds not in clinical 'at risk' group'	3yr olds in clinical 'at risk group'	All 3yr olds
Cambs&P'boro CCG	40.9	53.2	41.3	40.6	53.8	41.2
England	42.2	56.1	42.6	38.9	56.8	39.6

Shingles vaccination

This is a new programme to protect elderly people who are at greatest risk of Shingles and its adverse consequences:

2013/14 – Shingles vaccine (Zostavax) routinely offered to those aged 70 with catch-up to those 79 years on 1st September 2013 until 31st August 2014

2014/15 – Zostavax routinely offered to those aged 70 and catch-up to 78 and 79 years on 1st September 2014 until 31st August 2015

Table 10 Shingles

Shingles Sentinel						
	Feb 2104		March 2014		April 2014	
	Aged 70	Aged 79	Aged 70	Aged 79	Aged 70	Aged 79
CCG % uptake	56.2	54.0	59.8	57.0	61.8	58.5
CCG % coverage	99.1		99.1		97.2	
East Anglia Team % uptake	53.5	51.5	56.8	54.2	58.8	55.8
East Anglia Team % coverage	94.2		95.2		89.0	

5. REASONS FOR THE RECOMMENDATIONS

- 1) There is a statutory government requirement to improve uptake and reduce inequality.
- 2) High uptake of screening and immunisations programmes improves the health and wellbeing of populations and can therefore reduce the need for health and social care interventions. The number of days lost to illness and poor health for both children and adults can be reduced which has a positive effect on educational attainment and employer productivity.
- 3) Screening and Immunisations programmes in Peterborough are performing well, but some areas need improvement. These are:
 - a. cervical screening uptake in younger women
 - b. bowel screening uptake
 - c. childhood Immunisation uptake to achieve 95%
 - d. uptake in flu vaccination for 'at risk' groups and pregnant women to achieve 75%

6. BACKGROUND DOCUMENTS

Public Health England (PHE) COVER data
PHE Immform data
Department of Health Korner returns
National Screening Committee reports
NHS Screening Websites