

Report of the West Yorkshire Screening and Immunisation Team to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 7 December 2017

Subject: NHS Screening and Immunisation Programmes

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Summary statement: This report is a further update to the Health and Social Care Overview & Scrutiny Committee (HSCOSC) from the West Yorkshire Screening and Immunisation Team regarding the progress with regard to the uptake and coverage of screening and immunisation programmes in the Bradford locality through partnership working. This follows attendance to the committee in 2014 and 2015.

Portfolio:

Health and Wellbeing

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1. Summary

The West Yorkshire Screening and Immunisation Team (SIT) were asked to attend HSCOSC in 2014 and 2015 to provide information regarding the uptake and coverage of the screening and immunisation programmes in the Bradford locality. The SIT is a team of Public Health professionals employed by Public Health England and embedded in NHS England who work alongside the commissioners within NHS England Yorkshire and Humber - West Yorkshire. This report provides an update since the last 2015 report and provides an overview of the quality assurance arrangements and partnership working between Bradford Council, Bradford CCGs and third sector organisations to ensure a co-ordinated approach to improve uptake, coverage and address local inequalities in relation to the commissioned screening and immunisation programmes. High level local data for cancer uptake and coverage in relation to bowel, breast and cervical is described for a 2 year period 2014-2016. Some examples of local initiatives are summarised to evidence the partnership work being led by the team to tackle local inequalities.

2. Background

2.1 NHS Screening and Immunisation programmes reduce illness and death from vaccine preventable and screen detectable conditions.

2.2 NHS England Yorkshire and Humber - West Yorkshire is responsible for commissioning all the NHS Screening and Immunisation programmes under a Section 7a agreement between Public Health England and NHS England and are delivered in a variety of settings, acute, community settings and Primary Care

2.3 The relevant programmes are;

Immunisation programmes

- Neonatal Hepatitis B immunisation programme
- Neonatal BCG immunisation programme
- Maternal Pertussis
- Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus Influenza B (Hib)
- Rotavirus immunisation programme
- Meningitis C (MenC) immunisation programme
- Haemophilus Influenza B and Meningitis C (Hib/MenC) immunisation programme
- Pneumococcal immunisation programme
- DTaP/IPV and dTaP/IPV (Diphtheria, tetanus and polio) immunisation programme
- Measles, mumps and rubella (MMR) immunisation programme
- Human papillomavirus (HPV) immunisation programme
- Tetanus, diphtheria and polio (Td/IPV) teenage booster immunisation programme
- Seasonal influenza immunisation programme
- Seasonal influenza immunisation programme for children
- Shingles immunisation programme

Screening programmes

- NHS Infectious Diseases in Pregnancy Screening Programme
- NHS Down's Syndrome Screening Programme

NHS Fetal Anomaly Screening Programme
NHS Sickle Cell and Thalassaemia Screening Programme
NHS Newborn Blood Spot Screening Programme
NHS Newborn Hearing Screening Programme
NHS Newborn and Infant Physical Examination Screening Programme
NHS Diabetic Eye Screening Programme
NHS Abdominal Aortic Aneurysm Screening Programme
NHS Breast Screening Programme
NHS Cervical Screening Programme
NHS Bowel Cancer Screening Programme
NHS Bowel Scope Screening Programme

2.4 The West Yorkshire Screening and Immunisation team have adopted a place based approach to their work and two Screening and Immunisation Co-ordinators (SICs) lead on all aspects of improving access, uptake and coverage of the programmes in the Bradford locality with a view to tackling local health inequalities

2.5 Since the last 2015 HSCOSC report, The SICs have had a key role in developing a local health improvement plan for Bradford. This was developed in partnership with Bradford Council, the CCG, programme providers and third sector. The updated Health Improvement Plan is included as part of section 8 and examples of agreed local initiatives as part of the action plan are detailed in 3 “Report Issues”. The SICs have worked hard to build strengthened relationships with and between all Bradford stakeholders involved in the care pathways. This approach has resulted in the development of initiatives and demonstrated some actions in progressing tackling inequalities.

2.6 Governance of the screening and immunisation programmes is the responsibility of NHS England and is managed through programme specific boards. Membership includes providers, commissioners, SIT representatives, Quality Assurance. The programme boards provide a forum to provide quality assurance, programme management and facilitate discussions to address inequalities and improve the access, uptake, and coverage to programmes. All programmes and local place based working initiatives are shared with Directors of Public Health including the Bradford DPH via the West Yorkshire Screening and Immunisation Oversight Group (WYSIOG). The purpose of the oversight group is to provide an assurance to the Directors of Public Health. This is where scrutiny takes place and in most cases the performance of the programmes is not unusual compared to the rest of the country. Any particular issues are addressed through contracting mechanisms with the providers.

2.7 Whilst members of the HSCOSC have previously been particularly interested in the cancer screening programmes, it is important to acknowledge that the SIT is constantly monitoring all programmes as described in 2.3 and has agreed priorities within the local health improvement plan that are specific to Bradford for example the annual flu campaign.

2.8 Data is shared with the SITs from a National source and takes time to be processed, cleansed and validated nationally. This is of particular interest as the SIT does not receive this data until this has happened and may in the case of annual data be almost a year later. The SIT shares the data with local authorities, CCGs and uses this data to target the work being carried out. The data below is an example of the data received for the cancer

screening programmes on an annual basis. Nationally there is a decline in uptake in breast screening in the first time round of being invited for screening and in the younger age group for cervical screening. Table 2.9 describes uptake, coverage rates for the three cancer screening programmes in WY respectively; bowel, breast and cervical cancer. Bowel screening uptake has decreased slightly in two CCGs but an increase in Bradford City CCG shows a promising picture given the targeted work over the last 2 years e.g. bus shelter advertising and helper kits to enable people to participate more easily in the programme. A new kit to take part in the programme will be progressing nationally from April 2018.

Breast screening is showing at an acceptable level in relation to the target. The local programme has a health promotion specialist employed who work closely with the SICs. Cervical screening has been declining over many years particularly in the younger age group. An example of actual figures would be that in Bradford 135,000 women are eligible for cervical screening. 95,850 women access cervical screening currently and in order to even gain a 1% increase approximately 1,350 women would need to attend. This is the work that the SICs are progressing with General Practices and all stakeholders with an interest.

In appendix 9.1 (screening data) and 9.2 (immunisation data) further data is shown for screening and immunisation key performance indicators for coverage and uptake, these are working examples and documents used by the SIT. They can be found with brief commentary where the standards are not meeting the National target or a comment is given if there is something of interest. It is this data that contributes to the health improvement plan locally and the actions that the stakeholders all take to address these.

2.9 Annual Bowel Screening Uptake 60-74 years

Financial Year	Period	Airedale, Wharfdale and Craven CCG	Bradford Districts CCG	Calderdale CCG	Leeds North CCG	Bradford City CCG	Greater Huddersfield CCG	Leeds West CCG	Leeds South & East CCG	North Kirklees CCG	Wakefield CCG
2014/15	Annual	63.48%	54.14%	59.55%	56.54%	31.89%	61.98%	54.57%	54.03%	53.54%	56.76%
2015/16	Annual	62.17%	54.13%	57.38%	58.80%	33.71%	60.99%	58.37%	53.90%	52.80%	56.45%
2016/17	Annual										
Target		60%									

Annual Breast Screening Coverage 53-70 years

Financial Year	Period	Bradford LA	Calderdale LA	Kirklees LA	Leeds LA	Wakefield LA	England
2014/15	Annual	69.93%	71.89%	73.60%	72.27%	73.45%	75.40%
2015/16	Annual	70.81%	71.86%	74.12%	72.20%	73.95%	75.50%
2016/17	Annual						
Threshold							
Acceptable		70%					
Achievable		80%					

Annual Cervical Screening Coverage 25-64 years

Financial Year	Period	Calderdale Service	Kirklees Service	Bradford and Airedale Service	Leeds Service	Wakefield District Service	England
2014/15	Annual	77.80%	76.80%	71.90%	74.50%	75.40%	73.5%
2015/16	Annual	77.70%	76.50%	71.00%	74.10%	75.10%	72.8%
2016/17	Annual						
Target		80%					

3. Report issues

3.1 The Screening and Immunisation Co-ordinators have lead pieces of work in line with the priorities within the locally agreed health improvement plan. Prioritisation is based on supporting data and work is targeted on this basis. These have included but are not limited to, the establishment of the following local operational groups in which are based on need of the area:

- Screening group
- Immunisation group
- Flu group
- BME group

The SICs completed mapping of all stakeholders for the locality and invited all the providers and community and voluntary sector to meet up, engage and influence a common agenda through the operational groups. These meetings are very successful for both providers and SICs as this supports the long-term professional relationships, supports, resources and attains the common agenda which was to increase uptake. The positive relationships between providers, community and voluntary sector and SICs are demonstrated through attendance together at meetings, minutes, actions and the flow of communication between all. The communication is very strong from operational groups to programme boards, and then to WYSIOG and national team, this then filters back to operational groups. Also all stakeholders feel very comfortable and safe to express any concerns outside of these meetings via email, phone call or one off meetings.

3.2 The SICs chair the groups and members include the providers of the local programmes, CCG representation and LA representation. Third sector organisations have joined the screening and BME groups with great success in that the SICs have been able to support local initiatives such as a roadshow with Jo's Trust and a pilot project run by Yorkshire Cancer Research (YCR). Each group meet quarterly with the flu group convening more frequently in the run up to and during flu season.

Examples of the actions from these groups include:

- Third sector organisations have joined the screening and BME groups with great success in that the SICs have been able to support local initiatives such as a roadshow with Jo's Trust and a pilot project run by Yorkshire Cancer Research (YCR). The YCR pilot aims to increase the prevention and early diagnosis of cancer in BME women in Bradford.

The BME group is an excellent model that the SICs have found effective in furthering a focus on an area of need. This group is a model that is looked up to across Yorkshire and Humber. At the present moment this group is focusing on the 3 cancer screening programmes. The group has linked in with national campaigns for example a breast screening story in the Telegraph & Argus to support breast cancer awareness. See appendix 9.3. The group has linked in with local mosques to enable the SICs to provide training.

- Raising Awareness Training. These sessions have been delivered in City Hall, GP venues in inner city Bradford, Douglas Mill and a session is planned in Keighley in December. 4 more sessions are being planned for the 2018/19. Each session has approximately 30 people attend from the Bradford locality. These can be voluntary sector people who are doing work in the community, GP practice staff (non-clinical – such as reception staff) and those with a general interest in screening and

immunisation.

The SICs have delivered many Raising Awareness Training sessions; one model was in Bradford Teaching Hospitals Trust with providers having stalls with resources and promotional objects. Another model was at a large GP practice with reception staff, practice manager and GP lead. There were staff from three practices present. Even though these practices work hard to achieve targets they want to do more for their population. They have selected staff to support their patients with appropriate language for example a member of staff who speaks Punjabi, Urdu, or Pushto will support particular patients. Another member of staff who speaks eastern European languages will support another group of patients. The SICs were very impressed with these inner city practices but the staff were determined to achieve higher targets and wanted to do more. The SICs have supported them with data and expertise. They have been asked to go back next year to look at data and see how the practices have progressed. The SICs are proud to see how hard some of these practices are working to achieve targets.

- General Practice visits by SICs to build local relationships and support the practices in understanding screening and immunisation, and how they may be able to increase the people that attend their practice for appointments for these programmes. Nearly half of the practices in Bradford Airedale, Wharfedale and Craven have been offered an appointment but it is often difficult to agree a visit as the practices have many other priorities. The SICs discuss initiatives such as alerts for their systems, text messages and general communications with the relevant groups.

The visits are well received and the SICs report back into the operational groups any updates from the practice visits.

- Specific training for inner city medical practices with low uptake as above for General Practice visits with a focus on their own data for the programmes
- Practice health champions have been supported by the SICs to increase their knowledge when delivering messages as part as every contact counts.
- In partnership with Community Pharmacy West Yorkshire a public health campaign for the cancer screening programmes was run in 2016 across all pharmacies in West Yorkshire with evening training provided for all pharmacy staff to access in Bradford.
- Support to Jo's Trust for the 'Be Cervix Savvy' raising awareness roadshow in Bradford (photograph attached appendix 9.4).
- Supportive work with communication teams in both local authority and CCGs, particularly in relation to promoting flu and supporting initiatives such as Jo's Trust during cervical cancer awareness week flu.

3.3 Future Plans:

To continue to work with partners across Bradford to promote the screening programmes and support the people of Bradford to access these programmes in a timely way. Activity and results are being addressed over a longer 5-10 year period with all partners working together to address the issues and gaps that are identified.

The SICs share information on future activities and support each other and stakeholders through the operational groups.

The Health Improvement Plan (HIP) works really well to coordinate activities. Each provider has their own HIP which is shared in operational groups and programme boards.

CRUK are very supportive in all the groups and practice visits including resources
The Women's Network in Bradford is an excellent group to find information and resources and disseminate information to the heart of the community.
The health trainer team is also an excellent resource and support to the SICs and they will continue to build on this relationship.

4. **Options**

4.1 Members may wish to comment on the contents of the report.

5. **Contribution to corporate priorities**

5.1 NHS screening and immunisation services reduce mortality and morbidity related to screen detected and vaccine preventable conditions and so contribute to the delivering on the NHS and PH outcome frameworks specifically; reducing deaths in babies and young children, reducing deaths from cancer and cardiovascular disease, reducing preventable sight loss and reducing preventable hospital admissions.

6. **Recommendations**

6.1 That the Committee note this report and the ongoing work to support and promote The NHS England commissioned screening and immunisation programmes within the Bradford area.

6.2 That the Committee also note that Bradford MDC continues to engage and assurances are given to the Director of Public Health in relation to commissioned screening and immunisation programmes which are sought through local operational groups, programme boards and West Yorkshire Screening & Immunisation Oversight Group.

7. **Background documents**

7.1 None

8. **Not for publication documents**

8.1 None

9. **Appendices**

9.1 Screening data

9.2 Immunisation data

9.3 Telegraph and Argus Article

9.4 Photograph – supporting Jo's Trust