

Subject:	Adult Vaccinations and Population Screening
Reason for briefing note:	To set out commissioning arrangements and performance of adult screening and immunisations programmes together with actions being taken to improve uptake in order to protect the health of local residents.
Responsible officer(s):	Teresa Salami-Oru, Head of Public Health Jo Jefferies, Consultant in Public Health
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy & Commissioning
Date:	13 th November 2018

www.rbwm.gov.uk



SUMMARY

The most recent Joint Strategic Needs Assessment (JSNA) for the borough identified uptake of shingles vaccine and flu vaccine in adults as areas for improvement. Uptake of cervical screening to identify cervical cancer at an early stage was also identified as an improvement opportunity. In 2017-18 uptake of flu vaccination among adults aged 65 and above was 70.9%. This was slightly lower than the England value of 72.6.5% and the South East region of 74%, this was a 2.2% improvement from 2016 -17 uptake of 68.7%, but was still below the national ambition of 75%.

The latest available data illustrates that the number of people aged 70 who have received a dose of shingles vaccine in RBWM has been declining, from 63.8% in 2014/15 to 47.0% in 2016/17, this is in line with the national picture. In 2016/17, the coverage of shingles vaccine in people aged 70 in the Royal Borough was 47%. This was lower than the least deprived decile comparator group (50.4%) and was similar to the England (48.3%) average.

<https://www.gov.uk/government/collections/vaccine-uptake#shingles-vaccine-uptake>

As of 31 March 2017, the cervical screening coverage for eligible women in RBWM was 73.5%. Although the coverage rate has continued to decrease, RBWM's coverage continues to be significantly better than the England figure of 72.0% and is similar to the comparator group's figure of 73.8%. RBWM's coverage level met the minimum standard of 70%.

<https://fingertips.phe.org.uk>

This paper sets out the rationale for adult screening and immunisation programmes and describes commissioning arrangements. Recent uptake and coverage data for adult immunisations and screening is presented together with actions being taken to improve uptake in order to protect the health of local residents.

1 BACKGROUND

- 1.1. Immunisations and screening are commissioned by NHS England, under The NHS Public Health Functions Agreement (Section 7A or s.7A) of the NHS Act 2006, as amended by the Health and Social Care Act 2012. This agreement outlines specific responsibilities for the National Health Service England (NHS England) for the commissioning of certain public health services as part of the wider system design to drive improvements in population health.

1.2. The agreement is based on a shared commitment to protect and improve the public's health – the Department of Health, NHS England and Public Health England share the vision of working in partnership to achieve the benefits of this agreement for the people of England. Objectives of the agreement are as follows;

Objective 1: commission high-quality, public health services with efficient use of resources, seeking to achieve positive health outcomes and reduce inequalities.

- contracts agreed with CQC-registered providers and include national service specs
- contracts managed effectively to deliver the required performance/ quality
- performance improved or at least maintained (s7a indicators)
- variation in local levels reduced
- providers have a suitably-qualified workforce
- quality of patient experience assessed as both satisfactory and improving

Objective 2: deliver planned changes in s.7a services in a safe and sustainable manner, promptly and thoroughly. Achieving this objective for 2018/19 involves:

- Rolling out childhood flu to school year 5
- Rolling out HPV vaccination to men who have sex with men
- Continuing to roll out bowel scope to the agreed trajectory
- Rolling out FIT in bowel screening
- Implementation of HPV primary testing in the cervical screening programme

Population screening

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

1.4. Screening differs from the individual diagnostic tests used on people who have symptoms and who are suspected of having a disease. Screening programmes aim to detect signs that a disease might develop in people who otherwise feel healthy and well so that the disease or condition can be prevented from progressing to a further stage when treatment is more unpleasant or less likely to succeed, when damage may be permanent or symptoms distressing.

1.5. Each screening programme is directed towards a specified disease or condition and a target population (people without symptoms but who are in a group where the disease is known to be more common). For example, people with diabetes are offered screening for diabetic eye disease (retinopathy) and women over 50 are screened for breast cancer.

1.6. In the UK there are three national cancer screening programmes and seven non-cancer screening programmes, see table 1.

Table 1: NHS National Screening Programmes

Screening Programme	Population offered the screen	Aim of programme
Bowel Cancer (fecal occult blood test) (FOBT) checks for occult (hidden) blood in the stool.	Men and women aged 60 to 74	Reduce illness and deaths from bowel cancer
Bowel Scope	One off test offered at age 55. This programme is currently being rolled out and is not yet available to the entire population	Prevent the development of bowel cancer by removing pre-cancerous polyps

Screening Programme	Population offered the screen	Aim of programme
Breast Cancer	Women aged 50 -70	Reduce illness and deaths from breast cancer in women aged 50 to 70
Cervical Cancer	Women aged 25 to 64	Reduce illness and deaths from cervical cancer in women
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

Immunisations for adults

- 1.7. 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 [immunisations programme](#) offered through the NHS. There is a need to ensure that as many people as possible are taking up their chance of protection against disease.
- 1.8. 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.
- 1.9. 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.
- 1.10. 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 adults in order to protect them against infection, these are set out in Table 2.

Table 2: Adult Immunisation Programmes

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 	Seasonal influenza

Vaccine	Population offered the vaccine	Infection vaccine aims to prevent
	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 	
Shingles vaccine	Routine cohort people aged 70 (see details below) The shingles vaccination programme started on 1 st 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 80 th birthday. The link attached shows eligibility for 2018/19: https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster	Shingles (caused by the varicella-zoster virus which also causes chicken pox) https://www.gov.uk/government/collections/shingles-vaccination-programme
Pertussis Vaccine	All pregnant women	Whooping cough in newborn infants

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

2 KEY IMPLICATIONS

2.1. The JSNA for RBWM identified uptake of shingles vaccine and flu vaccine as areas for improvement. Uptake of cervical screening to identify cervical cancer at an early stage was also identified as an improvement opportunity. There are implications for the health of residents and use of health and care services if uptake of screening and immunisation is inadequate.

- Implications for residents if uptake is not adequate are an increased risk of infection for individuals and of increased spread of infection to people who are protected within the community.
- Implications of an inadequate uptake of cancer screening and other adult screening programmes are that individuals at risk of cancer, diabetic retinopathy or Aortic aneurysm will not be identified and offered further testing, treatment and advice at a stage of their condition where treatment may be most effective. Lower uptake of screening may result in preventable deaths from these conditions.

3 DETAILS

Commissioning arrangements

- 3.1. NHS England is responsible for commissioning the immunisation programme in England. Locally this is co-ordinated and managed across Thames Valley by the Public Health Commissioning Team at NHS England, South East.
- 3.2. Public Health England along with NHS England is responsible for surveillance and monitoring of the immunisation programme in England.
- 3.3. GP Practices are the main providers of routine immunisations for adults commissioned by NHS England and with a quality duty in CCGs.
- 3.4. Public Health England South East Thames Valley Health Protection Team is responsible for functions related to health protection reactive work, outbreak management etc.
- 3.5. This information is promptly fed back to local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly. Current coverage levels for screenings and immunisations are set out in tables 3 to 8.

Table 3: Cancer Screening Coverage Windsor Ascot & Maidenhead CCG

Outcome	National Targets		2016	2017
	Minimum	Target		
BREAST: % of the eligible population (50-70) have been screened in the last 3 years	70%	80%	79.0%	78.8%
BOWEL: % of the eligible population (60-74) have been screened in the last 2.5 years	52%	60%	57.4%	58.3%
CERVICAL: % of the eligible population (25-64) have been screened in the last 3.5 years	75%	80%	73.9%	73.5%

Source: Public Health England (2016); Public Health Outcomes Framework, Released: February 2018

Table 4: Adult Screening Coverage, Berkshire Healthcare Trust and Thames Valley AAA Programme:

Outcome	National Target	2017-18			
	Minimum	Q1	Q2	Q3	Q4
Diabetic Eye Screening: Uptake of Routine Screening	75%	74.1%	73.7%	74.2%	74.3
AAA Screening: Proportion of eligible men offered screening who accept the offer	Q1: 18% Q2: 38% Q3: 56% Q4: 75%	13.6%	31.6%	52.2%	76.7%

Data Source: www.gov.uk: NHS screening programmes: KPI reports 2017 to 2018

Table 5: Shingles Vaccination Coverage, Windsor Ascot & Maidenhead CCG

	Percent coverage
Shingles: coverage for routine cohort since 2013	46.1

Shingles: coverage for the catch up cohort since 2013	41.3
---	------

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, Windsor Ascot & Maidenhead CCG

	Received the Pneumococcal (PPV) vaccine between 1st April 2017 and 31st March 2018 inclusive	Received at any time
Pneumococcal: coverage for all GP registered patients aged 65 and over	3.8%	71.5%

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

Table 7: Pre-natal Pertussis Vaccination Coverage, Windsor Ascot & Maidenhead CCG

Date	2015-2016	2016-2017	2017-2018
Annual Data	59.6%	70.2%	71.2%

Data Source: Imm form

Table 8: Seasonal Flu Vaccination Coverage, RBWM 2017-18,

	65 and over	Under 65 (at-risk)	All Pregnant Women
RBWM	70.9	47.9	49.8
England	72.6	48.9	47.2

Data source: [Seasonal influenza vaccine uptake in GP patients in England: winter season 2017 to 2018](#)

Assurance arrangements

- 3.6. 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. In addition the multi-agency Berkshire Immunisations Working Group and Thames Valley Immunisation Group also meet quarterly to enable commissioners, providers and other key stakeholders to share information, good practice and agree actions. The Immunisation Groups are routinely attended by the consultant in Public Health in the Shared Berkshire Public Health Team with the lead for health Protection across all Berkshire Unitary Authorities, however these meetings are open to RBWM public health staff.
- 3.7. The Thames Valley Cancer Network has recently developed a Cancer Toolkit for General Practice which includes links to published cancer screening and treatment metrics as well as links to evidence-based interventions for improving screening uptake. This toolkit has been developed to help GP practice teams to deliver the Thames Valley Cancer Alliance GP Quality Improvement Scheme for 2018-19.
- 3.8. The toolkit is a resource for all GP practice team members, both clinical and non-clinical, and the intention is to make relevant information easily accessible within your practice. The

toolkit includes best practice guidance and interventions which can be applied within your practice to help increase screening uptake (for breast, bowel and cervical) and support improvements in cancer diagnosis via the 2 week wait pathway. Cancer Research UK Facilitators have a programme in place to engage all practices in the use of the Toolkit.

- 3.9. The Public Health Consultant in RBWM 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 RBWM 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.
- 3.10. 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.

Actions being taken to improve cancer screening coverage in RBWM

- 3.11. The Bowel Cancer Screening Team is working towards implementing a new test (Faecal Immunochemical Test FIT testing). Pilot studies have shown that this test improves uptake and sensitivity in screening, particularly in deprived groups. This is likely to improve uptake of bowel cancer screening in RBWM. Additionally, approval has recently been obtained to begin bowel scope screening at Heatherwood Hospital, improving access for people living in RBWM.

Actions being taken to improve coverage of other screening programmes in RBWM

- 3.12. There has been a contract review of diabetic eye screening 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.

Actions being taken to improve adult vaccine uptake in RBWM

- 3.13. In addition to the fortnightly Thames-Valley teleconferences led by NHS England, the multiagency East Berkshire Flu Action Group, chaired by Berkshire East CCG Assistant Director of Nursing, meets fortnightly during **flu** season to monitor flu levels, vaccine uptake and progress with local actions. A successful multi-agency workshop was held in June 2018 to enable stakeholders in each locality to identify key actions for inclusion in their local 'Flu Action Plan', building on work done in the previous flu season. The RBWM flu action plan is available on request.
- 3.14. By the end of August 2017 just under half of eligible 70 and 78 year olds in England had been vaccinated against **shingles**. Nationally there has been a year on year decline in shingles vaccine uptake, however the steps taken in 2018 to simplify eligibility aims to assist in helping practices to identify eligible patients (including those who have missed out previously).

4 RISKS

- 4.1. There are no risks.

5 NEXT STEPS

- 5.1. The Shared Public Health Team will consider producing an annual Health Protection Report, drawing together key metrics and issues
- 5.2. The Terms of Reference of the Berkshire Health Protection Committee are being reviewed to ensure the committee continues to act in a system assurance role, with partners providing assurance to the Strategic DPH and holding each other to account
- 5.3. 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
- 5.4. This report will inform the work of the RBWM Aging Well Board