

Oxfordshire Health Improvement Board – Screening and Immunisation Update

May 2022

NHS England and NHS Improvement



- Introduction to screening and immunisation programmes
- The impact of Covid-19 on the delivery of screening and immunisation services, including performance with a focus on:
 - Measles, Mumps and Rubella vaccination
 - Flu vaccination
 - Cervical screening
 - Breast screening
 - Bowel screening
- Opportunities for partnership working

Section 7a programme overview

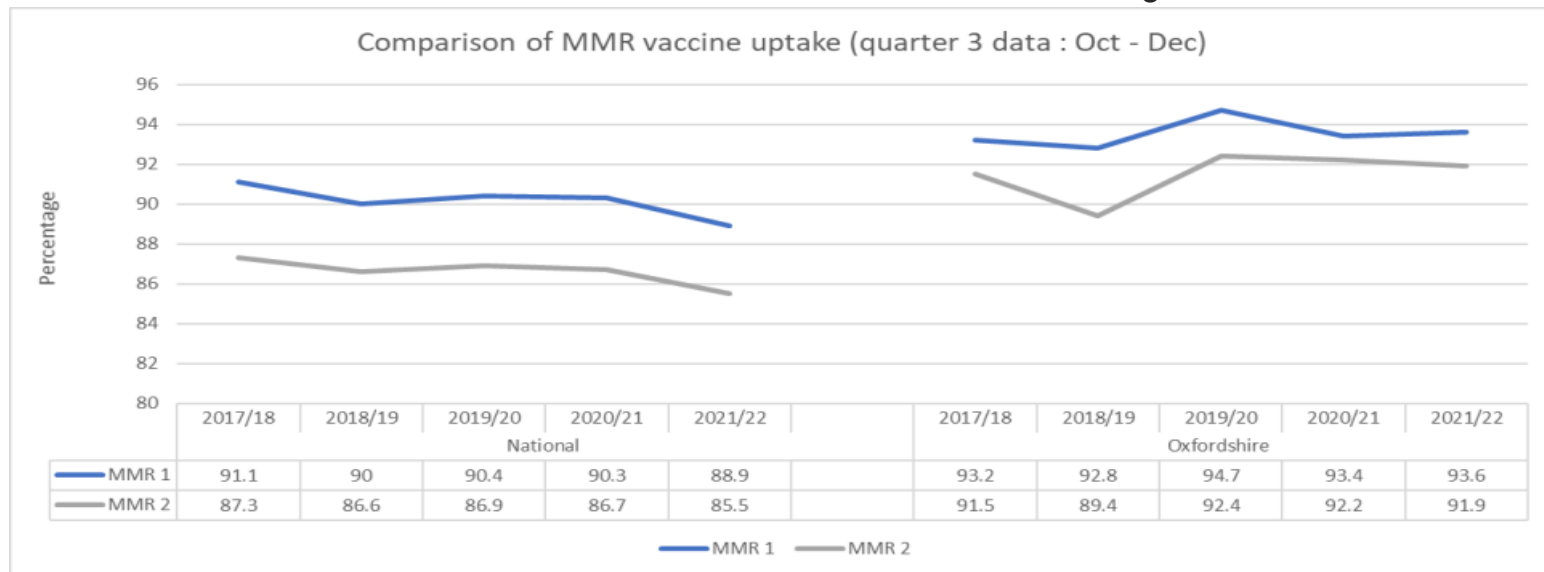


- Immunisation programmes across the lifecourse
- Breast Cancer Screening
- Bowel Cancer Screening
- Cervical Screening
- AAA (Abdominal Aortic Aneurysm) Screening
- Diabetic Eye Screening
- Antenatal and Newborn Screening:
 - NHS fetal anomaly screening programme (FASP)
 - NHS infectious diseases in pregnancy screening (IDPS) programme
 - NHS sickle cell and thalassaemia (SCT) screening programme
 - NHS newborn and infant physical examination (NIPE) screening programme
 - NHS newborn blood spot (NBS) screening programme
 - NHS newborn hearing screening programme (NHSP)

- Public Health s7A commissioning and programme management is one of 5 direct commissioning functions carried out by NHSEI (alongside primary care, specialised, health and justice and armed forces). The function sits within the primary care and public health commissioning directorate in the wider regional commissioning directorate.
- Each sub-regional Public Health Commissioning Team (regional PHCT) has two embedded place-based screening and immunisation teams (SITs) each led by a Consultant in Public Health – Screening and Immunisation Lead (CinPH-SIL). Each sub-regional team also has a team of commissioning and contracts managers, led by a Senior Commissioning Manager
- Professional public health leadership for the function is provided by the regional public health director's team / regional Office of Health Improvement and Disparities
- Whilst commissioning of some services such as dentistry, pharmacy and optometry is in the process of transferring to Integrated Care Systems, planning for screening and immunisation services is in its infancy and commissioning is not expected to transfer before 2024

Measles, Mumps and Rubella (MMR) vaccination

- Oxfordshire **uptake for both 1st and 2nd doses of MMR vaccine has plateaued** at similar levels to pre pandemic uptake.
- Uptake in Oxfordshire for the **second MMR vaccine**, offered at 3 years 4 months, is lower than uptake of the first vaccine at 13 months.
- Since 2017/18 there has been a **decline in MMR uptake nationally**.
- Measles is a highly infectious disease and even small declines in uptake can lead to a rise in cases, with **sustained coverage of 95% necessary to prevent outbreaks**.
- WHO measles elimination status was retraced for the UK in 2018 following an increase in cases.



Source: Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): October to December 2021, 2020, 2019, 2018, 2017

Measles, Mumps and Rubella (MMR) vaccination



Actions and recommendations

- NHSEI **commissions the Improving Immunisation Uptake team** (IIU) to work with GP practices across Oxfordshire with a particular focus on improving uptake of the 2nd MMR vaccine and 4-in-1 preschool booster
- The Thames Valley Screening and Immunisation Team are **working with partners** to develop and implement an immunisation strategy to reduce to reduce inequalities and improve uptake for 0-5 year imms
- **BOB ICS** is currently considering the inclusion of a **health inequalities target** to increase uptake of the MMR second dose and 4-in-1 preschool booster, particularly in groups with a lower uptake
- A planned **national call/recall** of all partially or unvaccinated children is scheduled for Summer 2022
- A **national campaign to raise awareness** of measles and the MMR vaccine launched in Feb 22



**Don't let Measles,
Mumps and Rubella
into your child's world**

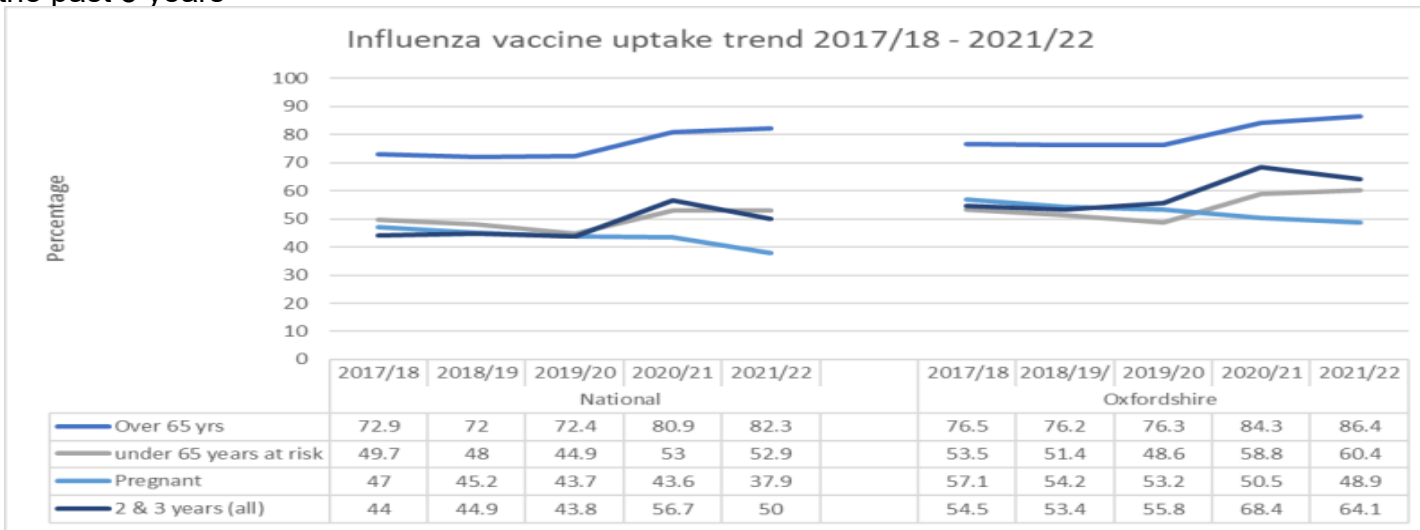
Protect your child with both doses of the MMR vaccine. Book with your GP or find out more at nhs.uk/MMR



Flu vaccination



- Flu vaccine **uptake in Oxfordshire** across all eligible cohorts has been **consistently above the national average** for the past 5 years



Source: Seasonal flu vaccine uptake in GP patients: monthly data, 2021 to 2022 , 2020/21, 2019/20, 2018/19, 2017/18

- Oxfordshire County Council has been a key partner during the campaign
- School aged children are offered their flu vaccination within school settings by the Oxford Health NHS Foundation Trust
- Settings including general practice, community pharmacy and acute trusts are available to facilitate delivery to all other cohorts.
- In 2021/22 all school aged children from reception to year 11 along with all of those aged 50-64 years became eligible for a flu vaccine due to an expansion to the programme, which was aimed at reducing the risk of co-circulating waves of infection of both COVID and Flu
- Children who miss their appointment at school and home-schooled children can access their flu vaccine via community clinics also offered by the school-aged immunisation service
- During the 2021/22 flu season secondary school pupils were also offered their COVID-19 vaccination in school settings

Actions and recommendations

NHSEI Public Health Commissioning Team is **working with partners to produce a flu programme evaluation** for the 2021/22 seasonal influenza season to inform delivery and improve uptake and for the forthcoming flu season.

Recommendations from the flu programme evaluation include:

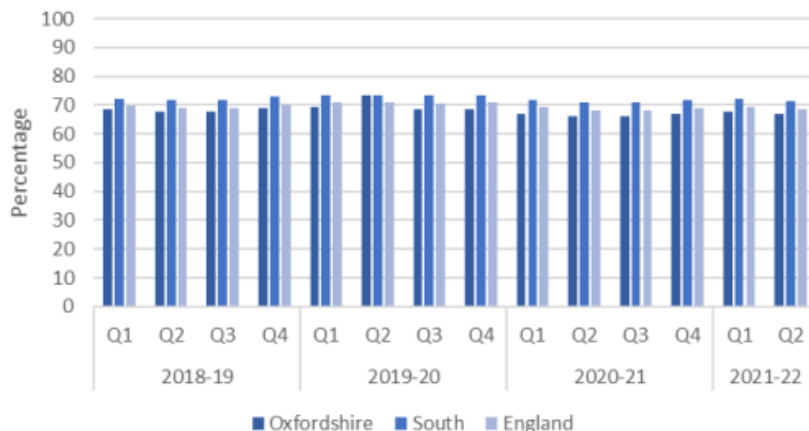
- **Targeting of 'high risk'** patient groups and geographical areas of low uptake from the start of the 2022/23 programme;
- **Use of mobile vaccine units** such as 'Health on the Move' vans to target areas of low vaccine uptake;
- Continued collaboration between PCNs and community pharmacies to give **greater patient choice** and maximize availability of vaccine and vaccinators;
- **Text messaging** to patients in clinical risk groups to ensure awareness of eligibility for the flu vaccine;
- To continue to administer the **alternative intramuscular flu vaccine** to children in the school setting where LAIV* is not acceptable due to porcine gelatine.

*LAIV: *Live Attenuated Influenza Vaccine (nasal vaccine)*

Cervical Screening



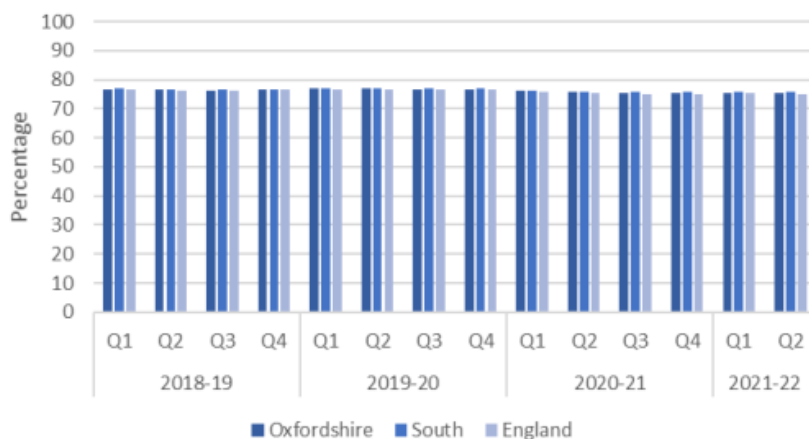
Cervical Cancer Screening - Coverage 25-49



Cervical screening coverage by CCG (25-49 years) - The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years.
Performance thresholds
Acceptable $\geq 80.0\%$

The coverage in Oxfordshire for those aged 25-49 is slightly lower than the rates achieved for the whole of the South and England. The achievement for Oxfordshire has remained relatively stable over the past few years, dipping slightly during the pandemic. The target remains challenging Oxfordshire is below the regional and national achievements.

Cervical Cancer Screening - Coverage 50-65



Cervical screening coverage by CCG (50 years and above)- The proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of reported period who were screened adequately within the previous 5.5 years
Performance thresholds
Acceptable $\geq 80.0\%$

The coverage in Oxfordshire for those aged 50-65 is similar to the average for the whole of the South and England and is higher than that achieved for the younger age group. Whilst coverage remains stable it does not meet the 80% target.

Data sources:

[NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2021-to-2022)

[NHS screening programmes: KPI reports 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2020-to-2021)

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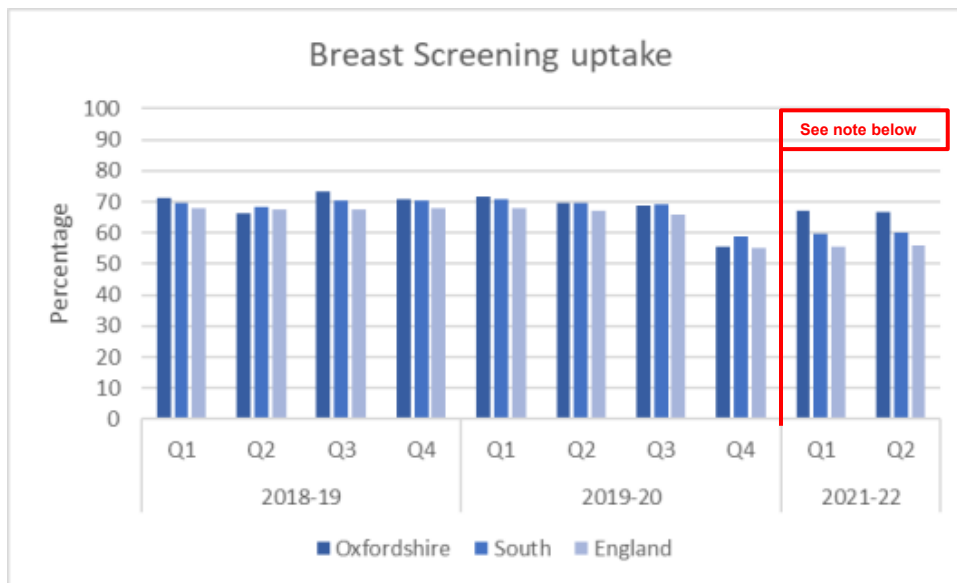
Impact of the pandemic on cervical screening

- During the spring of 2020 intervals for cervical screening invitations were extended briefly to relieve some of the pressure faced in primary care. Normal invitations were resumed in summer 2020. During this time primary care provision of cervical screening samples taken continued and NHSE screening and immunisation teams worked closely with General Practice to ensure women were able to continue to access cervical screening.
- Women with low grade referrals attending colposcopy appointments experienced short delays in 2020 but these were within normal waiting times by January 2021. Women with high grade referrals continued to be offered appointments within national standards throughout the pandemic.

Actions and recommendations

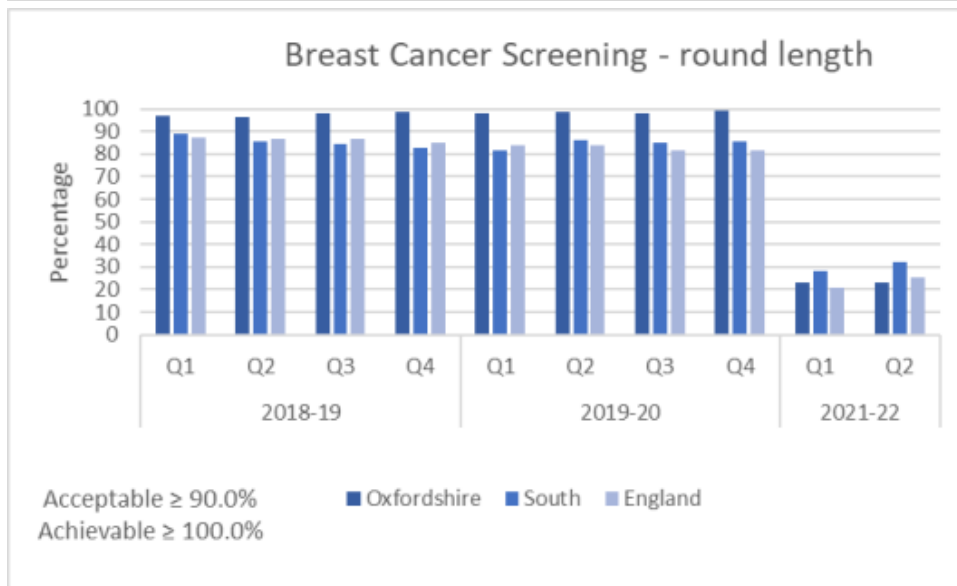
- The NHSE screening and immunisation teams are working closely with primary care networks and the Thames Valley Cancer Alliance to support the requirements of the primary care Direct Enhanced Service (DES) around Earlier Diagnosis of Cancer and Screening by agreeing the PCN's contribution to local efforts to improve uptake in screening programmes.
- Our priority is to reduce inequality and narrow the gap between the practices with the highest and lowest cervical screening coverage for 25-49-year-olds within the BOB ICS.
- We plan to adopt a targeted approach by working with an agreed cohort of GP practices with lower cervical screening coverage.
- We have identified younger women and those of an Asian ethnicity as our top priorities for targeted improvement. We plan to work with GP practices to ensure these groups are prioritised.

Breast Screening



Breast Screening uptake - The proportion of eligible women invited who attend for screening
 Performance thresholds
 Acceptable $\geq 70.0\%$
 Achievable = 80%

The uptake achieved in Oxfordshire is below the acceptable target but in Q1 and 2 it is higher than the average rates achieved for the South and England.



Breast screening – screening round length by service- The proportion of eligible women whose date of first offered appointment is within 36 months of their previous screen.
 Performance Thresholds
 Acceptable $\geq 90.0\%$
 Achievable = 100%

During Q1 the programme was paused in line with national guidance. The service is working through the backlog to return to national standards. Further information is presented on the following slide.

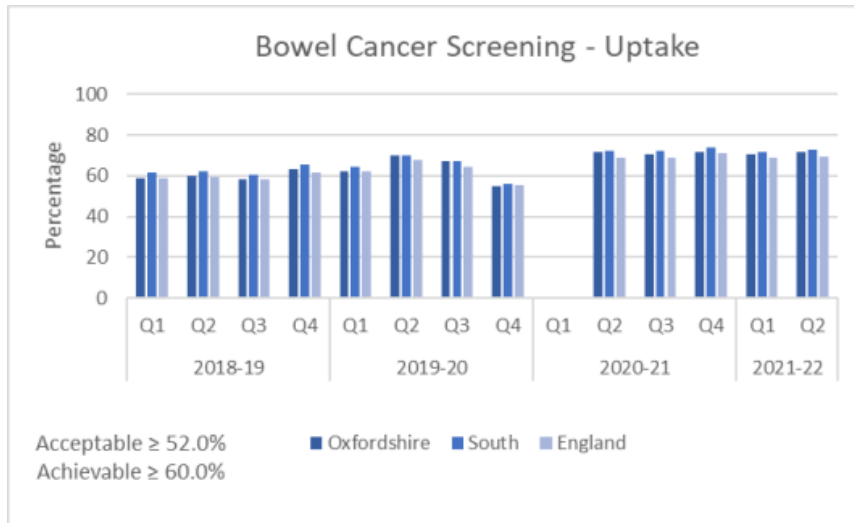
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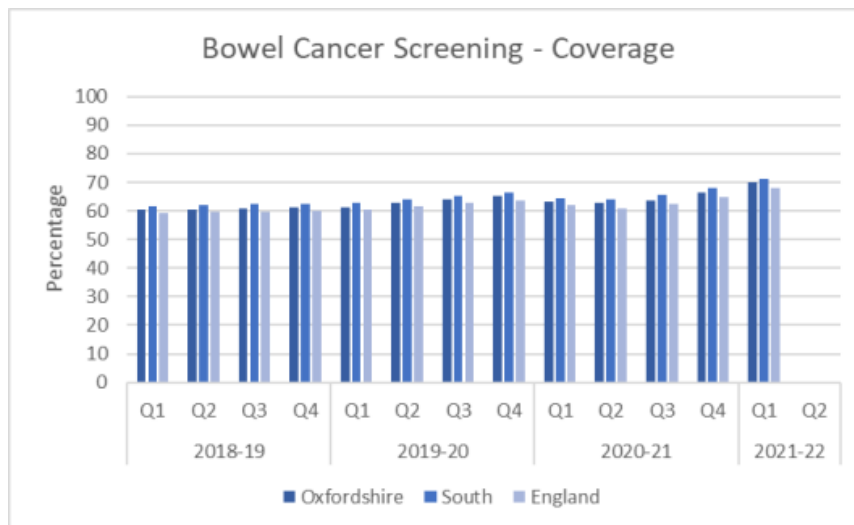
Actions and recommendations

- Impact of Covid on Breast Screening
 - Following a pause in the national programme, the Oxfordshire service recommenced screening at its static site in June 2020 and on mobile vans in July 2020.
 - Uptake was lower than pre-pandemic with the service experiencing high rates of DNA/cancellations
 - Social distancing and strict infection control procedures made women and the staff feel safe but reduced overall daily screening capacity
 - The service has faced challenges with mammography staffing levels which is mirrored nationally and this has hampered recovery efforts.
 - The service has retained the use of timed appointment letters to woman which seems to have resulted in a higher uptake than other programmes in the region where the invitation model was changed.
 - The service is utilising all staffing options to increase capacity across the service
 - The service is putting on additional weekend appointments to increase capacity
- There are national workforce challenges in Breast Screening services particularly with mammography staffing. We have been collaborating with our service, national colleagues and those in the education sector to explore possible solutions.
- We are supporting the service to work towards implementation of text message reminders for screening appointments. There is evidence to show that text reminders improve attendance for appointments.
- The screening and immunisation team are working with the ICS to improve uptake especially in underserved populations e.g. individuals with learning disabilities and areas of deprivation.
- The screening and immunisation team are undertaking some mapping work to identify any geographies that may require additional interventions to improve engagement in screening

Bowel Screening



- BCS1 - The proportion of eligible men and women aged 60 to 74 years invited to participate in bowel cancer screening who adequately participate.
- Oxfordshire has consistently been meeting the achievable target and performing better than the national average.
- *Publication of regional and provider level data for BCS1 was withdrawn for Q1 2020/21 due to impact of the COVID-19 pandemic on screening activity that occurred during this time period.



- BCS2 – The proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate foecal occult blood test (FOBT) screening result in the previous 30 months.
- Coverage in Oxfordshire has been comparable to the Southern region and better than the national average.
- *Coverage is available 6 months in arrears; The data is expected to be published for Q2 in May 2022.

BCS1 and BCS2 are the national bowel cancer screening key performance indicators

Data sources:

[NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2021-to-2022)

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Actions and recommendations

- Bowel cancer screening services nationally were paused during Q1 2020/21 due to the pandemic. When the service recommenced the invitation rate was increased to recover the backlog of patients not invited during the pause. In Oxfordshire the service fully restored and recovered their backlog in July 2021.
- The service is performing within national standards.
- Following UK National Screening Committee recommendations, NHSE/I discontinued bowel scope screening in 2020/21.
- All individuals whose bowel scope screening appointment was delayed due to the COVID-19 pandemic were offered a faecal immunochemical test (FIT) home testing kit from April 2021.
- The bowel cancer screening programme is being extended to include 50 - 59 year olds in a phased roll out starting with 56 year olds.
- 56 year olds in Oxfordshire were invited from 6th September and the service is currently planning to go live with 58 year olds in May with additional age cohorts being invited in subsequent years.
- Oxfordshire was one of the first programmes in the region to roll out age extension for 56 year olds.
- Joined-up efforts by the health and social care teams led to an increase in the rate of uptake of bowel cancer screening by men in Wantage. The targeted approach was supported by social prescribers and designed by various stakeholders including the BOB ICS.
- The screening and immunisation team are currently exploring opportunities to work with partners to improve uptake, especially in underserved populations e.g. individuals with learning disabilities.

Opportunities for partnership working

- Sharing of timely data to identify geographical areas or particular population groups with lower uptake and coverage
- Targeted community engagement with groups known to have lower uptake of screening and/or immunisations
- Leveraging to influence planning and delivery of ICS led population health initiatives aimed at improving uptake and coverage of screening and immunisations
- Amplification of communications including national, regional and local campaigns
- Working with partners to identify potential screening locations
- Effective working with relevant stakeholders to support families and communities to take up the 0-5 immunisation offer