

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Director of Public Health
DATE:	30 June 2015

SUBJECT: Lancashire NHS Screening and Immunisation Programmes Annual Report 2013/14

1. PURPOSE: To provide an overview of the national screening and immunisation programmes across Lancashire.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

To note the contents of the Annual Report and the local arrangements in place to monitor the performance, quality and safety of screening and immunisation programmes

It is recommended that the Health and Wellbeing Board request from the Director of Public Health and NHS England an annual report on the performance of national screening and immunisation programmes for its residents.

3. BACKGROUND

The 2012 Health and Social Care Act introduced substantial changes to the way national screening and immunisation programmes are commissioned and assured.

Screening and immunisation programmes exist to protect against a range of important infectious diseases and promote early diagnosis of a number of serious health conditions. Their effectiveness and cost effectiveness depend on a systematic approach, strict adherence to quality standards, and co-ordinated multidisciplinary working.

Effective delivery of the national screening and immunisation programmes will contribute to the objectives of the Blackburn with Darwen Joint Health and Wellbeing Strategy, across the life course - Start Well, Live Well and Age Well. It is therefore important for the Health and Wellbeing Board to seek regular assurance on the local performance and safe delivery of these national programmes.

4. RATIONALE

This Annual Report provides an overview of screening and immunisation programmes locally in 2013/14.

NHS Screening Programmes

The NHS screening programmes (figure 1) identify important conditions early enough to achieve better outcomes:

Figure 1. NHS SCREENING PROGRAMMES

Breast Screening
Cervical Screening
Bowel Cancer Screening
Abdominal Aortic Aneurysm Screening
Diabetic Eye Screening
Antenatal and Newborn Screening

NHS Immunisation Programmes

Immunisation is one of the most effective public health measures to protect individuals and the community from serious infectious diseases (figure 2).

National programmes are targeted to specific groups such as newborn babies, children, pregnant women, older people and people with long term conditions.

Figure 2. IMMUNISATIONS IN NHS NATIONAL PROGRAMMES

Diphtheria	Pertussis (whooping cough)
Haemophilus influenza type b	Pneumococcus
Hepatitis B	Polio
Human Papilloma Virus	Rotavirus
Influenza	Rubella
Measles	Shingles
Meningitis C	Tetanus
Mumps	Tuberculosis

The detailed immunisation schedule is available at:

<http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>

5. KEY ISSUES

a) Commissioning responsibilities

Since April 1st 2013, NHS England has been responsible for the commissioning of screening and immunisation programmes. In 2013/14, locally, this responsibility was discharged through NHS England's Lancashire Area Team. Public Health England also plays a key role by employing expert teams of public health specialists who are 'embedded' into the local NHS England teams to support the delivery of screening and immunisation programmes.

The Local Authority Director of Public Health provides independent scrutiny and challenge to the arrangements of NHS England, Public Health England, and service providers in the delivery of screening and immunisation and in ensuring that local population needs are understood and addressed. They also take a lead in public-facing promotional campaigns, which in 2013/14 included particular local initiatives to promote the national MMR catch-up and Be Clear on Cancer campaigns.

Clinical Commissioning Groups work with the NHS England as part of their duties to improve quality in primary medical care services delivered by GP practices and to reduce inequalities in access to health services and health service outcomes.

CCGs also commission those elements of the screening pathways that remain within their acute trust contracts e.g. colposcopy services within gynaecology contracts and antenatal and newborn screening services within midwifery contracts, as well as treatment services for referrals of screen-positive patients. They promote immunisation programmes e.g. by routinely including staff flu targets within their contracts.

b) Delivery

Much of the cervical screening programme and the majority of immunisation programmes, are delivered in primary care. The community service provider (Lancashire Care NHS Foundation Trust) employs an immunisation team to deliver school-based vaccination programmes (HPV, Meningitis C and the school-leavers' booster). Screening for bowel and breast cancer, diabetic retinopathy and abdominal aortic aneurysm, antenatal and newborn screening programmes and neonatal immunisation are delivered by a number of NHS Trusts, sometimes working together on different aspects of the programme.

c) Performance monitoring and oversight

Information on immunisation and screening performance is collected nationally by NHS England from the various providers on a quarterly basis. Comparative data is then published in the following quarter.

For Lancashire, NHS England established a multi-agency Lancashire Screening and Immunisation Oversight Group. This reports to the Lancashire Quality Surveillance Group and has oversight of local Programme Boards for all screening and immunisation programmes.

The Lancashire Screening and Immunisation Oversight Group meets quarterly to review and address issues relating to quality, performance, serious incidents and risks, and oversaw the production of this Annual Report for 2013/14 (background paper)

6. POLICY IMPLICATIONS

NHS England is a member of Blackburn with Darwen Health and Wellbeing Board and commissioning screening and immunisation is one of its key public health functions.

The Health and Wellbeing Board has a duty to promote local collaborative working, which is required to deliver effective screening and immunisation programmes.

7. FINANCIAL IMPLICATIONS

NHS England is funded directly by the Department of Health to commission National Screening and Immunisation programmes.

8. LEGAL IMPLICATIONS

None identified

9. RESOURCE IMPLICATIONS

No additional resource implications identified

10. EQUALITY AND HEALTH IMPLICATIONS

A key objective of the national screening and immunisations is the improvement of health and the reduction of health inequalities, while that of the commissioning and delivery of the programmes is to reduce inequalities in access and uptake.

11. CONSULTATIONS

Members of the Lancashire Screening and Immunisation Oversight Group have been consulted during the process of producing the document.

VERSION:	0.1
-----------------	------------

CONTACT OFFICER:	Dr Gifford Kerr, Consultant in Public Health
-------------------------	--

DATE:	12/06/2015
--------------	------------

BACKGROUND PAPER:	Lancashire Screening and Immunisation Programmes 2013/14 Annual Report
--------------------------	--

