

TITLE: Immunisation and Screening Programmes- an update for Slough

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Purpose of Report:

- To provide an update on the national screening and immunisation programmes in Slough following a presentation to Slough Health Scrutiny Panel in January 2019.
- Provide an update on current commissioning arrangements and immunisation and screening programme coverage in Slough
- Highlight recent successes and key opportunities to maximise programme coverage and uptake with a view to reducing health inequalities in this area.

Executive Summary

NHS England (NHS E) has continued to commission the services set out under the Section 7A agreement to a high standard, offering continued protection to the public. Data and evidence demonstrate that public health protection remains world class and we have achieved real success. Increasing access to screening and immunisation programmes, contributes to the wider prevention agenda and the implementation of the Five Year Forward View.

Some of the recent successes that have benefitted the local population include programmes to increase uptake and improvements to data quality for closer monitoring of progress. Examples include the development of a GP toolkit with tips and advice for primary care colleagues to improve immunisation uptake for their patients. The toolkit is implemented in many practices across Slough. In addition, data on immunisations delivered in primary care are now auto-extracted from the clinical record and entered electronically on the Child Health Information System (CHIS) which is not only more efficient but has also improved the accuracy of the data. The Slough Borough Council ('the LA'), the school immunisation provider and NHS England have worked together to agree how they will address cultural and language barriers to improve uptake further in groups with lower historic vaccination rates. As part of the Thames Valley Cancer Alliance GP Quality Improvement Scheme, there are initiatives in place to improve cancer screening coverage.

Successful collaborative working has enabled improvements in some outcomes; however, there is still opportunity to improve uptake of cancer screening programmes and children's immunisations, particularly PCV (pneumococcal) booster, second dose MMR, and the Hib/MenC booster. It is important to have a thorough understanding of opportunities and challenges that need to be considered in Slough to be able to support families take up the offer for vaccination and to work collaboratively with stakeholders to improve vaccine uptake.

Recent nationally-driven quality improvements will further improve screening and immunisation services locally. These include the introduction of a new screening test in the bowel screening programme, incorporating HPV primary screening into the cervical screening programme, more effective seasonal flu vaccination programme and the extension of the HPV vaccination programme to all children aged 12 and 13 years of age by rolling the programme to offer boys the vaccination.

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Background

Current commissioning and provider arrangements

- NHS England is responsible for commissioning screening & immunisation programmes in England. Locally this is co-ordinated and managed across Thames Valley by the Public Health Commissioning team at NHS England & NHS Improvement- South East under an agreement known as Section 7a – see
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- Figure 1 and Figure 2.
- GP Practices are the main providers of childhood immunisation for children under 5 years of age commissioned by NHS England and with a quality duty in CCGs.
- NHS Screening Programmes are provided by Frimley Hospitals Trust and Health Intelligence.
- Berkshire Healthcare Foundation Trust School Immunisations Team is commissioned by NHSE to provide school aged immunisations in Berkshire. This is a different service than the School Nursing Services commissioned by Slough Borough Council.
- Child Health Information System (CHIS) is commissioned by NHS England from NHS South, Central and West Commissioning Support Unit.
- Public Health England (PHE) South East Health Protection Team is responsible for functions related to health protection reactive work, outbreak management etc. in which immunisations may be offered to protect healthy people who have been exposed to a particular infection.

Figure 1: Public Health and NHS England: Section 7a Operating Model

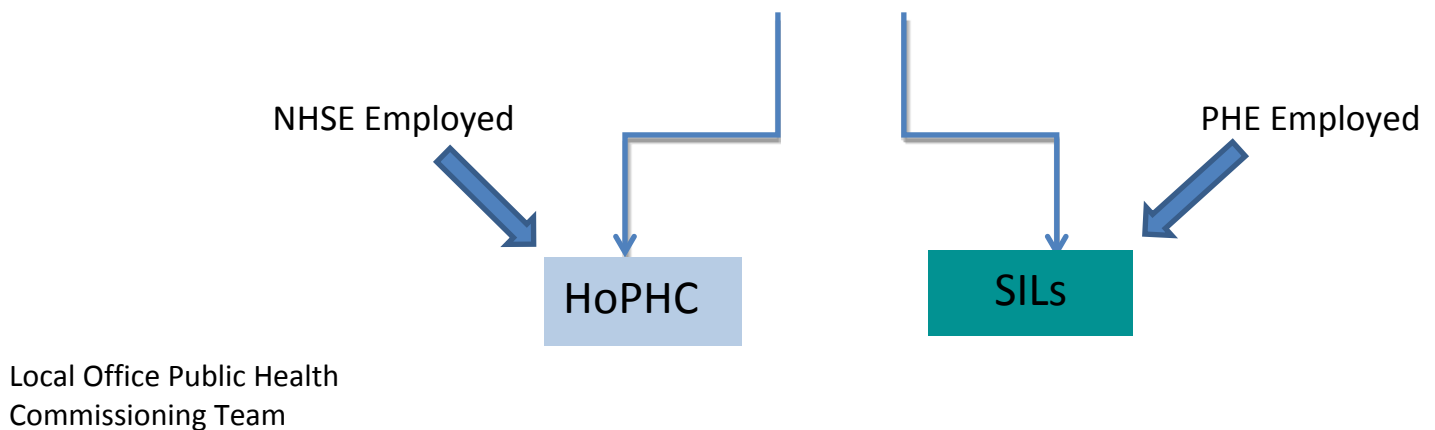
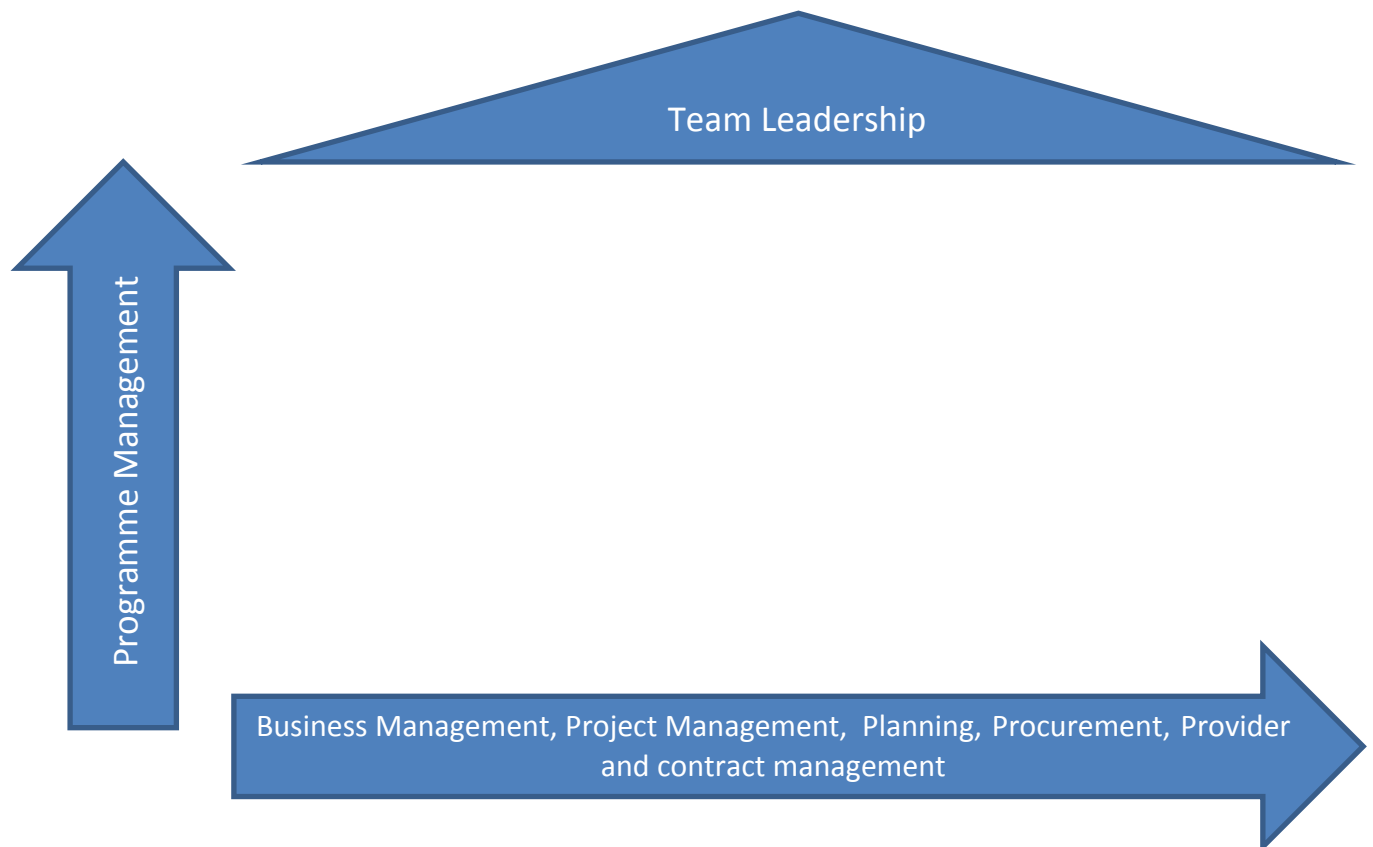


Figure 2: Public Health and NHS England: Section 7a Programme Management



Immunisation programmes

Immunisation is one of the most effective public health interventions. The UK has a well-established and successful immunisation programme offered through the NHS. There is a need to ensure that as many people as possible are taking up the offer of vaccination to protect against disease. With high levels of uptake herd immunity can be achieved which 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.

Childhood immunisation programmes

The UK Childhood Immunisation Schedule covers the recommended immunisations for children and young people aged 0 to 18 years. The schedule comprises the recommended universal or routine immunisations which are offered to all children and young people, as well as selective immunisations which are targeted to children at higher risk from certain diseases. The complete routine immunisation schedule is published online (available at- <https://www.gov.uk/government/publications/the-complete->

[routine-immunisation-schedule](#)). The schedule is updated based on scientific evidence reviewed by the Joint Committee for Vaccinations and Immunisation. For example, from September 2019, the human papillomavirus (HPV) immunisation programme was extended. The programme is now offered to boys and girls aged twelve to thirteen years of age. Another new development is that all infants born on or after 1 January 2020 will be offered the updated schedule, (referred to as a 1 + 1 PCV schedule).

Local immunisation providers continue to participate in the COVER (Cover of Vaccination Evaluated Rapidly) programme which evaluates childhood immunisation in England. PHE in collaboration with other agencies collates UK immunisation coverage data from child health information systems for children aged one, two and five years of age. COVER monitors immunisation coverage data for children in the United Kingdom who reach their first, second or fifth birthday during each evaluation quarter. This information is promptly fed back to local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly.

Immunisation programmes for young people and adults

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 young people and adults in order to protect them against infection, these are also set out in the complete routine immunisation schedule.

Population Screening

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

Table 1: NHS National Screening Programmes

Screening Programme	Population offered the screen	Aim of programme
Bowel Cancer (Faecal Immunochemical Test (FIT)) 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
Breast Cancer	Women aged 50 -70 Some women between the ages of 47-50 and 70-73 will also be invited as part of a national age extension trial. This does not affect their invites between the ages of 50-70	Reduce illness and deaths from breast cancer in women aged 50 to 70
Cervical	Women aged 25 to 64	Reduce illness and deaths from cervical cancer in women through identifying pre-cancerous changes
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
Antenatal screening	Screening for infectious diseases (hepatitis B, HIV and syphilis) Screening for inherited conditions (sickle cell, thalassaemia and other haemoglobin disorders) Screening for Down's syndrome, Edwards' syndrome and Patau's syndrome Screening for 11 physical	Screening tests are offered during pregnancy to try to find any health conditions that could affect the woman or her baby/ babies. For the woman, the tests can help make choices about further tests and care or treatment during pregnancy or after baby is born.

	conditions (20-week scan) Eye problems in women with diabetes	
Newborn screening	Newborn physical examination Newborn hearing Newborn Blood spot	Screening offered so that baby can be given appropriate treatment as quickly as possible if needed

Current Performance- national immunisation programmes

Childhood immunisation programmes

Annual immunisation uptake statistics for children aged up to five years in Slough, compared England uptake from 2016-17 and 2018-19 is shown in Table 2. In Slough, across all indicators except DTaP/IPV booster, there have been improvements from 2016/17 to 2017/18. However, uptake of MMR1, Hib/MenC and the PCV booster remains lower than the England figure and below 90%. Uptake of all vaccines by five years has improved in 2017-18 compared with the previous year but remains substantially below target for MMR2, meaning that around 1 in 5 children in Slough are not adequately protected against measles at a time when incidence has increased in England¹. Some of the improvements are directly due to data quality improvements both at GP practices and within Child Health Information System. As part of the data quality improvement activity, the reporting for DTaP/IPV booster in 2017/18 was standardised to align to national COVER reporting criteria which means only children who received the vaccination between age 3 years and 4 months and 5 years is included.

Table 2: Childhood Immunisation (0-5 years) Uptake 2016-17 and 2018-19

			2018-19 England	2016-17 Slough	2017-18 Slough	2018-19 Slough
Age 1	DTaP/IPV/Hib	% immunised	92.1%	90.8%	93.7%	91.8%
	PCV	% immunised	92.85	90.8%	93.8%	92.8%
	Rotavirus (1)	% immunised	89.7%	87.9%	91.2%	87.8%
Age 2	DTaP/IPV/Hib primary	% immunised	94.2%	94.1%	95.2%	94.3%
	MMR 1st dose	% immunised	90.3%	84.8%	87.1%	88.4%
	Hib/ MenC	% immunised	90.4%	85.6%	87.2%	88.9%
	PCV booster	% immunised	90.2%	84.6%	87.3%	88.7%
Age 5	DTaP/IPV/Hib primary	% immunised	95%	93.3%	97.7%	95.3%
	DTaP/IPV booster	% immunised	84.8%	77.7%	75.1%	75.8%
	MMR 1st dose	% immunised	94.5%	91.1%	94%	93.9%
	MMR 1st and 2nd dose	% immunised	86.4%	79.0%	81.1%	83.7%
	Hib/ MenC booster	% immunised	92.2%	90.3%	91.4%	91.6%

Data Source: NHS Digital (2017 and 2019): Childhood Vaccination Coverage Statistics, England

Prior to Q2 of 2017-18, children who received the vaccination for DTaP/IPV booster from 3 years of age were included in the COVER data. The dip in performance for the DTaP/IPV booster at age 5 years may be explained by the fact NHS England changed the 5 year COVER parameters for DTaP/IPV as of Q2 2017-18 to standardise reporting parameters with national guidance and to align with local practice. To address this, the CHIS Provider is now sending invitations at age 3 years and 4 months to ensure timely vaccination.

¹ Laboratory confirmed cases of measles, rubella and mumps, England: April to June 2018, PHE

Schools-aged immunisation programme

Girls aged twelve to thirteen years have been offered HPV vaccination from September 2014. The vaccine is now being offered to boys, in addition to girls, as part of the routine school aged schedule in England as of 1st September 2019. The majority of the vaccinations occur in the Spring term alongside the HPV girls vaccination programme.

The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases. The Berkshire Healthcare Foundation Trust School Immunisations Team delivers Td/IPV tetanus and diphtheria and polio combined vaccine and (since January 2018) also deliver the MenACWY (meningitis vaccine) to students in school Year 9.

The School Immunisation Team have also been offering a catch up MMR programme to all year 9 students who missed one or more doses as an infant. The catch up programme is being run alongside the delivery of MenACWY and Td/IPV in secondary schools. This reduces the time students are absent from education and minimises disruption to lessons while improving efficiency and maintaining high uptake. From April 2018, a check is taking place in school year 2 to identify children with incomplete or missing MMR and this will be offered in school.

Table 3: HPV, Men/ACWY and Td/IPV vaccine uptake in school-aged children 2017-18

			England 2017-18	South East 2017-18	Slough 2017-18
Girls aged 12 to 13 (Year 8)	HPV 1st dose	Cohort	306,940	22,866	1,030
		Number of children immunised	266,785	20,826	884
		% immunised	86.9%	91.1%	85.8%
Girls aged 13 to 14 (Year 9)	HPV 2 nd dose	Cohort	300,464	22,615	1,177
		Number of children immunised	251,919	20,402	1,044
		% immunised	83.8%	90.2%	88.7%
School Year 9 in 2017/18 (13-14 year olds) born between 1 September 2003 - 31 August 2004	Td/IPV and Men/ACWY	Number of 13-14 year olds	567,140	46,148	2,005
	Td/IPV	Number of children immunised	484,943	40,953	1,805
		% immunised	85.5%	88.7%	90.0%
	Men/ACWY	Number of children immunised	489,071	41,405	1,816
		% immunised	86.2%	89.7%	90.6%

Data source: <https://www.gov.uk/government/statistics/hpv-vaccine-coverage-annual-report-for-2017-to-2018>; <https://www.gov.uk/government/publications/school-leaver-booster-tdipv-vaccine-coverage-estimates>; <https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates>

NHS England continue to work with stakeholders to improve uptake. The school immunisation team has reported a number of instances of anti-vaccine information being circulated among parents across Berkshire LA areas, primarily through social media. This has the potential to undermine the performance of the service and has been recognised as an area of action by commissioners and local stakeholders as well as nationally by NHS England.

Young people and adult Immunisation Coverage

Table 4: Shingles Vaccination Coverage, Slough LA June 2019

	Percent coverage	
	Slough	England
Shingles: coverage for routine cohort since 2013	32.7%	31.9%
Shingles: coverage for the catch up cohort since 2013	36%	32.8%

Data Source: ImmForm website: Registered Patient GP practice data. Shingles Immunisation Vaccine Uptake Monitoring Programme Public Health England. Date of latest data extraction 09/07/2019 available at <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-provisional-vaccine-coverage-data>

Table 5: Pneumococcal Vaccination Coverage, all GP registered patients aged 65 and over Slough CCG

	2016-17	2017-18	2018-19
Slough	69.5%	67.6%	67%
England	69.8%	69.5%	69.2%

Data Source: <https://www.gov.uk/government/publications/pneumococcal-polysaccharide-vaccine-ppv-vaccine-coverage-estimates>

Table 6: Annual pre-natal Pertussis Vaccination Coverage, Slough CCG between 2016-17 and 2018-19

	2016-2017	2017-2018	2018-2019
Slough	51.3%*	49.1%*	49.3%
England	66%*	71.9%*	69.8%

Data Source: Immform /Prenatal Pertussis Vaccine Coverage monitoring programme.
APRIL-JUNE 2017- No data received nationally from IT supplier

Table 7: Seasonal Flu Vaccination Coverage, Slough CCG 2018-19

Eligible group	National Ambition	% Uptake Slough	% uptake England
2yr olds	48%	34.5%	43.8%
3yr olds	48%	37.9%	45.9%
Pregnant women	55%	38.2%	45.2
Under 65s at risk	55%	46.9%	48.0
65 and over	75%	68.0%	72.0
School based programme			
Reception	65%	47.1 %	64.3%
Year 1	65%	46.7%	63.6%
Year 2	65%	45.2%	61.5%
Year 3	65%	44.9%	60.4%
Year 4	65%	42.9%	58,3%
Year 5	65%	42.1%	56.5%

Data source:

<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2018-to-2019>

[Seasonal influenza vaccine uptake in children of primary school age: winter season 2018 to 2019](#)

Current Performance- national screening programmes

Screening data is subject to a time lag as invitees are given a period of time to respond to an invitation in order to improve participation in the programme and maximise uptake. Episodes therefore close some time after an invitation is issued and data is not available until this period has ended, which varies for each programme.

Coverage of screening programmes for young people and adults

Table 8: Cancer Screening Coverage 2018-19

Programme	National Targets		Latest published data		
			Slough	South East	England
BREAST (31st March 2018): % Coverage , women aged 53-70 screened within 3 years	70%	80%	68%	76%	75%
BOWEL: % of the eligible population (60-74) have been screened in the last 2.5 years	52%	60%	44.1%	60.8%	59
CERVICAL: (31st March 2019) % of the eligible population (25-64) have been screened in the last 3.5 /5.5 years	75%	80%	66%	73%	72%

Data source: Public Health England; Public Health Outcomes Framework
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Table 9: Non-Cancer Screening Uptake

Programme: Diabetic Eye Screening: Uptake of Routine Screening	2018-19			
	Q1	Q2	Q3	Q4
National	83	83	83.1	81.9
Berkshire Diabetic Eye Screening:	76.6	81.9	83.9	No data

Data Source:

<https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>

Table 10: Abdominal Aortic Aneurysm Screening Uptake

	2018	
	National	Slough
Thames Valley AAA Screening: Proportion of eligible men offered screening who accept the offer	80.8%	75.9%

Data Source:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Coverage of antenatal and newborn screening programmes

Table 11: Antenatal and newborn screening programmes delivered at Wexham Park (Frimley Hospitals Trust) 2018/19 Q2- 2019/20 Q1

ANTENATAL AND NEWBORN SCREENING	STANDARDS AND BENCHMARKING							
	National Standards			2018-19				2019-20
	KPI	Acceptable	Achievable	Q1	Q2	Q3	Q4	Q1
Infectious Diseases Screening								
HIV testing coverage	ID1		≥ 90%	99.9	99.8	100.0	100.0	99.9
Timely referral of hepatitis B positive women for specialist assessment	ID2	>70%	≥ 90%	100.0	100.0	100.0	100.0	100.0
	ID2	D:	N:					
Hep B testing coverage	ID3	≥ 95%	≥ 99%	100.0	99.9	100.0	100.0	99.9
Syphilis testing coverage	ID4	≥ 95%	≥ 99%	100.0	99.9	100.0	100.0	99.9
Fetal Anomaly Screening								
Down's (anomaly) syndrome screening – completion of laboratory request forms	FA1	≥ 97%	100%	99.4	99.2	99.1	98.7	98.6
Fetal anomaly screening(18+0 to 20+6 fetal anomaly ultrasound)-Coverage	FA2	≥ 90%	≥ 95%	100.0	99.8	100.0	99.9	99.9
Down's ,Edwards and Patau's syndrome-Coverage	FA3							
Sickle Cell & Thalesaemia Screening								
Antenatal sickle cell and thalassaemia screening – coverage	ST1	>95%	≥ 99%	100.0	99.9	100.0	100.0	99.9
Antenatal sickle cell and thalassaemia screening – timeliness of test	ST2	>50%	≥ 75%	45.7	52.9		46.5	42.8
Antenatal sickle cell and thalassaemia screening – completion of FOQ	ST3	>90%	≥ 95%	100.0	100.0	100.0	99.0	100.0
Antenatal sickle cell and thalassaemia screening-timely offer of PND to at risk women	ST4a			100.0	No couples	50.0	0.0	100.0
Antenatal sickle cell and thalassaemia screening-timely offer of PND to at risk couples	ST4b			0 couples	50.0	100.0	No cases	0.0
Newborn Key Performance Indicators								
Newborn Bloodspot Screening								
Newborn blood spot screening – coverage	NB1	≥ 95%	≥ 99.9%	92.6	93.5	94.4	98.2	97.4
Newborn blood spot screening – avoidable repeat tests	NB2	>2.0%	≤ 1.0%	1.4	2.7	1.9	1.5	1.7
Newborn blood spot screening – coverage (Movers In)	NB4	≥ 95%	>99.9%	86.5	72.2	72.0	83.6	85.8
	NB4	D:	N:	109 of 126	109 of 151	116 of 161	133 of 159	109 of 127
Newborn Hearing Screening								
Newborn hearing screening – coverage	NH1	≥ 98%	≥ 99.5%	99.7	99.0	99.8	100.0	99.9
Newborn hearing – timely assessment for screen referrals	NH2	>90%	≥ 95%	85.7	75.0	100.0	100.0	100.0
	NH2	D:	N:	12 of 14	6 of 8	9 of 9	9 of 9	15 of 15
Newborn and Infant Physical Examination Screening								
Newborn and Infant Physical Examination – coverage (newborn)	NP1	≥ 95%	≥ 99.5%	99.5	99.1	99.2	99.1	99.3
Newborn and Infant Physical Examination – timely assessment of DDH	NP2	≥ 95%	≥ 99.5%	100.0	No cases	100.0	0.0	No cases

Data source: <https://www.gov.uk/government/collections/nhs-population-screening-programmes-kpi-reports>

Assurance arrangements

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.

The Public Health Consultant in Slough 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 Slough 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.

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.

Recent key successes

- During 2019, we have had more opportunities to work together and identify more areas of work that can lead to improved uptake. This includes shared learning opportunities such as the immunisation conference that was hosted by Slough Borough Council Public Health team.
- Immunisation data delivered in primary care are now auto-extracted and entered electronically on Child Health Information System (CHIS), improving efficiency and accuracy of data. Improved accuracy of data means that CHIS can properly identify unimmunised/under-immunised children and target follow up invitations correctly. In addition to general commissioning of CHIS, local practices have received support from a dedicated clinical staff member from CHIS to help implement good practice specifically commissioned by the public health commissioning team.
- There is ongoing joint working between LA, school immunisation providers and NHS England to agree actions to address cultural and language barriers to improve uptake rates. For example, in 2018-19, there have been outreach immunisation clinics in conjunction with the local fire service in the local town centre increasing the opportunity to offer school aged children the flu vaccine.
- Thames Valley Cancer Alliance, a strategic partnership tasked with delivering the national cancer strategy in Thames Valley. A key deliverable of the alliance is to improve early diagnosis of cancer through increasing cancer screening uptake. East Berkshire CCG has played an important in development of working with working with the Screening and Immunisations Team on a GP Quality Improvement Scheme in primary care to improve cancer screening uptake. An additional initiative is now in place to target and improve uptake among people with a learning disability.
- Diabetic Eye Screening (DES): uptake of DES in Berkshire has steadily improved since April 2018. The programme is currently meeting all of its key performance indicators. The service analyses uptake data at GP practice level to identify variation and where uptake is suboptimal the programme manager will visit individual practices to discuss actions that they can take to improve uptake. A dedicated engagement officer (vacant post at time of writing) works with primary care and key stakeholders such as patient groups to promote the service and raise awareness of the importance of eye screening for people living with diabetes. Patient feedback on the service is overwhelmingly positive.
- The Thames Valley AAA has taken steps to improve access and uptake of AAA screening in Slough by working with local faith groups to understand the needs of populations who have historically been less likely to take up the offer of screening. As a result, the programme has recently revised its local screening clinics times to provide better access to men in the Muslim community

- Replacement of the Faecal Occult Blood Test (gFOBt) with the Faecal Immunochemical Test in the Bowel Screening Programme in June 2019 has resulted in increased uptake. This test is also more sensitive and easier to use. Trial data demonstrated that the greatest increase in uptake was seen in those groups previously less likely to participate and therefore contributes to a reduction in inequalities.
- The extension of HPV immunisation programme to enable boys aged 12 to 13 years of age to be vaccinated has been successfully implemented.
- Slough Borough Council Public Health Team launched the #IamVaccinated campaign in 2018. This is the new face of the team's drive to increase vaccination rates within the local community. The campaign focuses on the personal reasons people get vaccinated and aims to dispel myths. It is not vaccine specific, but initially focussed on Flu, HPV and MMR.

Key Opportunities

- From December 2019 all cervical smear tests will be tested using HPV primary testing following a national procurement process. Evidence shows that HPV testing is a better way to identify women at risk of developing cervical cancer than cytology (looking at cells under a microscope). The test will increase the number of women correctly identified as being at risk of developing cancer of the cervix. This new service will also alleviate the poor performance nationally to the 14 day turnaround time key performance indicator.
- In 2018, NHS E commissioned a pilot project from the South Central and West Commissioning Support Unit CHIS to send a letter to parents in Berkshire providing information about the benefits and practicalities about vaccinating their 2 and 3 year old children against flu. Uptake data indicate a marked improvement in uptake in this cohort and this was thus extended to incorporate the whole of the Thames Valley.
- Continue to work with local public health team from Slough Borough Council to understand population needs and work together to identify ways to empower decision to take up offer of screening and immunisation programmes.
- The 2019/20 seasonal flu programme included a new vaccine - a quadrivalent vaccine QIVc (cell-based cultured on mammalian cells). QIVc is suitable for use both in those aged 18 to 64 years and in those aged 65 years and over.
- The Screening and Immunisations team in Thames Valley has recently met with the Slough LA Public Health Team to discuss development of a local action plan to increase screening uptake and reduce local inequalities. This was informed by a briefing paper from the Screening and Immunisations Team which covered relevant national and local evidence and data, recent activity undertaken to increase uptake of cancer screening by East Berkshire CCG and recommendations for specific actions to be taken in Slough. The action plan will now be taken forward for finalisation by the Slough LA Public Health Team with implementation support from Screening and Immunisations team members.

Next Steps

- Key partners will work together to progress local action plans for Slough to improve uptake and reduce inequalities in screening and immunisation programmes building on recent successes.
- The Shared Public Health Team will scope production of an annual Health Protection Report, drawing together key metrics and issues
- The Terms of Reference of the Berkshire Health Protection Committee are under review reviewed to ensure the committee achieves its system assurance role, with partners providing assurance to the Strategic DPH and holding each other to account
- 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.
- NHS England will seek to work with the emerging Primary Care Networks to ensure that their work to improve access, engage better with local communities and work with the most vulnerable includes a focus on improving uptake of screening and immunisations