Public Health England

NHS England

Lancashire Screening and Immunisation Programmes

2013/14 annual report

Contents

Introduction

The following report provides an overview of the performance and quality of the national screening and immunisation programmes delivered across Lancashire during 2013-4.

Context

Each year the screening and immunisation programmes commissioned by NHS England Lancashire Area Team issue approximately 1.5 million letters to people of all ages inviting their participation in the various programmes (appendices 1 & 2).

All of the programmes are evidence based and each carries enormous potential for good. However, if they are not delivered to their required national quality standards, they also have the potential to cause unintended harm.

Changes following the Health & Social Care Act 2012

On 1st April 2013 responsibility for the commissioning and oversight of all national screening and immunisation programmes transferred from Primary Care Trusts to a number of new organisations including NHS England Area Teams and Clinical Commissioning Groups, Public Health England and Local Authorities.

Legitimate concerns were raised at the time that this fragmentation of responsibility would lead to a reduction in programme quality, safety and performance. These concerns led to the publication of a 'National Delivery Framework and Local Operating Model for Screening and Immunisation Programmes' which attempted to set out more clearly the roles of all parties:

NHS England – would commission the national programmes and, via its embedded Screening and Immunisation Team (SIT), provide local system leadership to ensure national specifications were in place for current and new programmes. The SIT would support the delivery of quality improvement and any required programme change. It would oversee the investigation of serious incidents and contribute to the investigation of vaccine preventable disease outbreaks.

Public Health England – would employ the screening & immunisation staff working in NHS England and provide them with professional support. Via its regional quality assurance teams it would provide external oversight and assurance of the quality and standards of individual screening programmes and via its health protection teams, maintain the surveillance of infectious disease incidents and provide expert advice in the investigation of immunisation (cold chain) incidents.

Local Authorities via Directors of Public Health – would provide independent scrutiny and challenge to the arrangements of NHS England, PHE and service providers in the delivery of screening and immunisation. Directors of Public Health would advocate within the local authority and with clinical commissioning groups and other key stakeholders to improve programme access and uptake. They would take a lead in public-facing promotional campaigns and their teams would work closely with the SIT to ensure local population needs were understood and addressed.

Clinical Commissioning Groups (CCGs) would commission those elements of the screening pathways that had remained 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 would promote immunisation programmes by routinely including staff flu targets within their contracts.

The CCGs would also work with NHS England Lancashire Area Team Nursing & Quality directorate and the SIT 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.

Service Providers – would ensure that all staff directly involved in immunisation or screening programmes had the required knowledge and skills to undertake their role. They would work to national programme specifications or, for GPs, to standards outlined in national contracts, and deliver their elements of the pathways to the required standards. They would report and investigate any incidents promptly in line with national guidance.

Programme Governance

At 1st April 2013 local governance of the screening and immunisation programmes was provided through fourteen multi-agency boards and six or more operational groups, each accountable to NHS England Lancashire Area Team. Initially all of these groups met and reported quarterly to the senior management team but, in February 2014, arrangements were streamlined with the setting up of a single multiagency Screening and Immunisation Oversight Group (SIOG), chaired by the area team director of commissioning and linked to the Lancashire Quality Surveillance Group.

The purpose of the SIOG was to receive summarised feedback from the fourteen programme boards and oversee a collaborative approach to the delivery of quality assured screening and immunisation programmes for the local population. By sharing data and intelligence it would be able to provide a rounded view of the performance of all programmes; an early warning of any risks developing across the programme pathways; and an opportunity to coordinate actions to drive improvement.

Further work is now underway to reduce the number of screening programme board meetings to one per programme across Lancashire, supported where necessary by operational groups at service provider level. (A map of the revised structure is included at appendix 3)

Incidents and Significant Events

The screening and immunisation team has put in place a robust mechanism to deal with any incidents and significant events that occur within the Lancashire programmes.

Screening and immunisation incidents require specific attention and management as:

- they have the potential to affect a large number of individuals:
- seemingly minor incidents in one organisation or department often have a knock-on effect along the whole programme pathway
- local incidents can adversely affect public confidence in a national programme beyond the immediate area involved
- as individuals respond to an offer of screening or immunisation in the expectation that it will be beneficial, there is an added ethical imperative to prevent and respond effectively to quality problems
- dissemination of learning from local screening incidents should be shared with the rest of the national programme in order to help prevent incidents elsewhere

During 2013/14 there were 24 incidents and significant events notified to the screening & immunisation team, the largest number of which were in the cervical screening programme. Ten of these met the threshold for reporting onto STEIS (the Strategic Executive Information System used by the NHS to report and record serious incidents) and were investigated according to national guidance with a look back if required and a full root cause analysis.

	Serious Incidents	**Significant Events**
Bowel	2	1
Breast	2	
Cervical	5	4
Diabetic Eye	1	1
Abdominal Aortic aneurysm		1
Antenatal & Newborn	3	2
Immunisation	1	1

For all incidents the completion of any recommended actions was overseen by the lead provider organisation and also by the relevant programme board. Any lessons learned were shared with other programmes and practitioners as required.

A report on all incidents is made quarterly to the Screening & Immunisation Oversight Group.

Screening Programmes Performance

Bowel Screening

Cancer Detection

The aim of bowel cancer screening is to detect bowel cancer in its earliest stages as well as pre-cancerous adenomas which may develop into cancer if not removed. The earlier the cancer is diagnosed the more effective treatment is likely to be.

In 2013/14 100 cancers were detected by the Lancashire programme (table 1). 75% were early stage (Dukes stages A and B) and only 6% were only suitable for palliative care (Dukes stage D). With a maximum response rate of 58%, the implication is that there were potentially a further 80 people with undiagnosed and mostly treatable bowel cancers who did not accept the offer of screening.

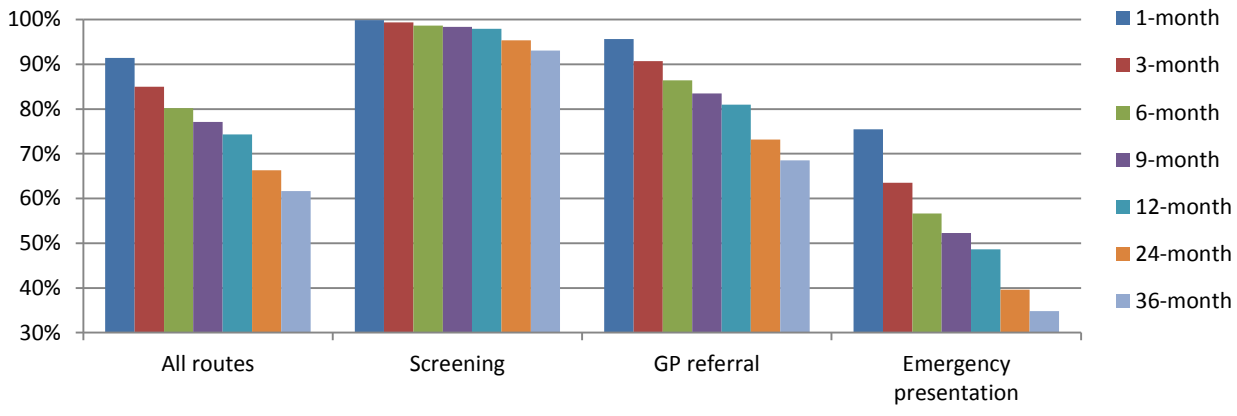
Table 1: Screen detected bowel cancer by CCG (2013/14)

CCG	Uptake	Cancers detected	Estimate cancers undiagnosed	Patients with polyps (high risk polyps)
Blackburn with Darwen	49%	6	6	56 (10)
Blackpool	48%	11	11	78 (15)
Chorley & South Ribble	54%	16	13	68 (11)
East Lancashire	55%	23	18	149 (42)
Greater Preston	54%	8	6	74 (16)
Lancashire North	57%	10	7	57 (12)
West Lancashire	53%	7	6	44 (6)
Fylde and Wyre	58%	19	13	75 (16)
Lancashire		100	80	601 (128)

Source Bowel Cancer Screening System (OBIEE)

When bowel cancer is detected early, treatment effectiveness and survival rates improve dramatically. Figure 1 shows comparative 1-36 month survival rates by route of diagnosis.

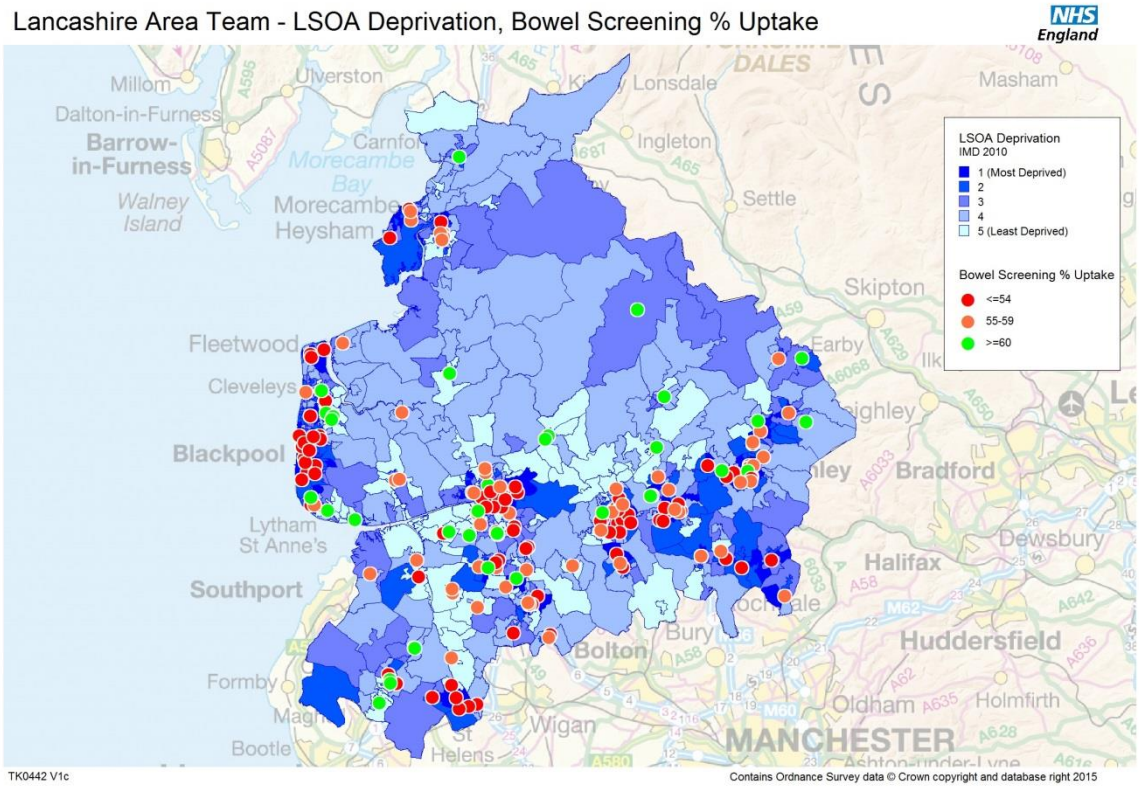
Figure 1. Relative survival estimates by route of diagnosis for colerectal cancer 2006-2010



Screening uptake

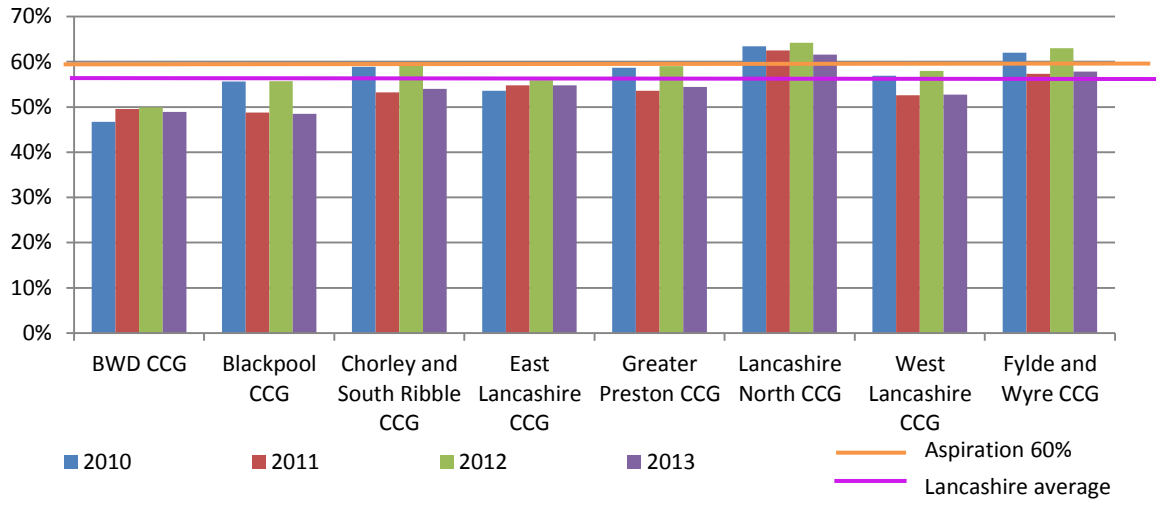
Figure 2 maps uptake by practice and confirms that, while many practices reach >55%, lower uptake rates tend to be linked to populations in the more deprived areas of Lancashire namely Blackpool, Preston, Skelmersdale, Blackburn and Burnley.

Figure 2 Bowel screening uptake by general practice (2013/14)



Source: Office for National Statistics (ONS) and national bowel screening systems (OBIEE)

Figure 3 Trends in Bowel cancer screening uptake by CCG (2010-2013)



When it was set up, the bowel screening programme aimed to achieve an uptake rate of 60%. Figure 3 above shows that in 2013/14 only Lancashire North CCG achieved this.

The screening process involves self-completion of a fairly complicated test kit in the home and the national programme office is aware of problems with the current kit's acceptability. In 2014/15 a simpler test kit is being piloted which it is hoped will increase acceptance and uptake rates.

Bowel Scope screening

The Lancashire bowel scope screening programme is a new programme offering a flexible sigmoidoscopy examination of the lower bowel to men and women at 55years of age.

It is being offered in addition to the existing bowel screening programme and has a similar aim to detect and treat polyps early before they can develop into cancer.

Bowel scope is currently offered as a single examination providing a level of reassurance for the next 5 years. All participants, when they reach the age of 60, are then automatically invited to participate in the regular bi-annual screening programme using the home testing kits.

The bowel scope programme is being slowly rolled out across England and commenced in Blackpool in December 2013. Initial uptake looks promising and a phased roll out across Lancashire is planned for completion by 2016.

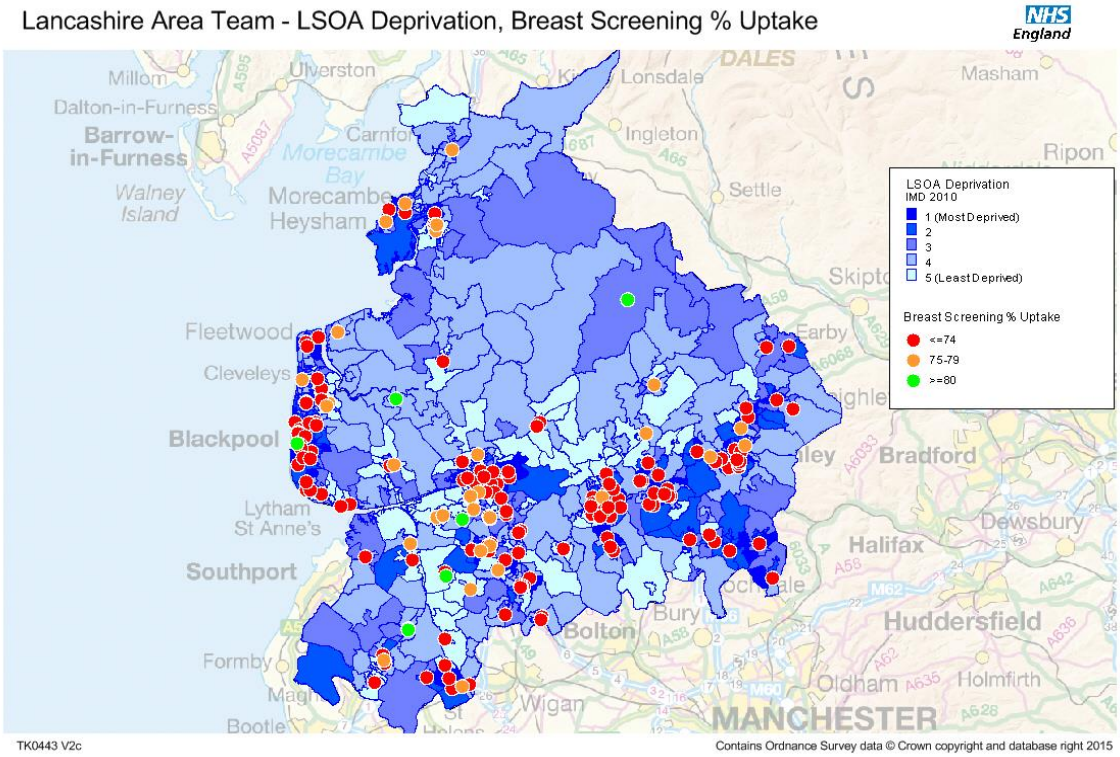
Breast Screening

Coverage

Breast Screening coverage is defined as the proportion of resident, eligible women who have had a mammogram with a recorded result at least once in the previous 3 years.

Figure 4 maps uptake by practice and shows that very few practices reach the target of 80%. As expected, lowest uptake tends to be linked to populations in the more deprived areas of Lancashire.

Figure 4 Breast screening coverage by General Practice (September2013)



Source: Office for National Statistics (ONS) and Primary care support services (PCSS)

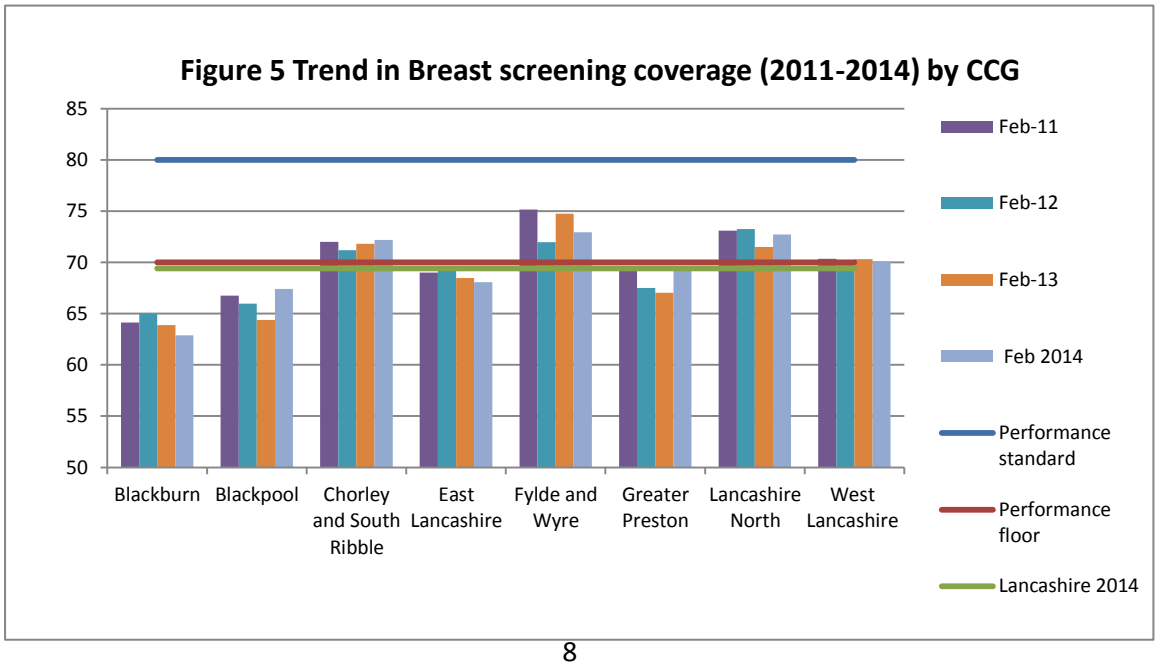
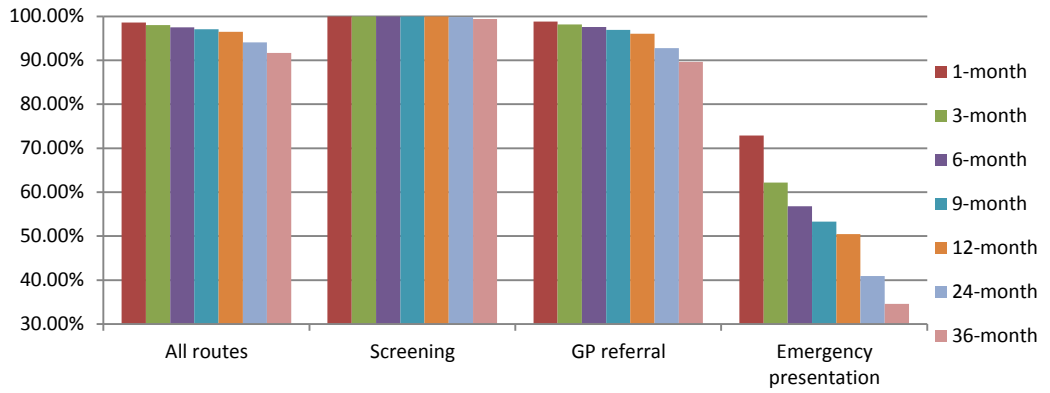


Figure 5 shows that coverage has decreased or remained almost static in most Lancashire CCGs since 2011, the exceptions being Blackpool and Chorley & South Ribble.
Coverage is lowest in Blackburn with Darwen and Blackpool CCGs, but while the rate is showing signs of recovery in Blackpool, there is a continued decline in Blackburn with Darwen and East Lancashire.
The decreasing trend in coverage mirrors the national picture and addressing falling local rates is a priority for NHS England Lancashire Area Team. Screening and immunisation co-ordinators are working with the screening programmes and general practices in lower uptake areas on ways to improve acceptability and attendance.

Survival

When breast cancer is detected early, treatment effectiveness and survival rates are high. Figure 6 shows the positive impact of screen detected cancers on overall breast cancer survival rates

Figure 6 Relative survival estimates by route of diagnosis for breast cancer 2006-2010



Screen to assessment

A key performance indicator (KPI) for the programme is that all women with abnormal mammograms should attend an assessment clinic within 3 weeks. Many northwest programmes struggle with this KPI, including South Lancashire, who failed to achieve it throughout 2013/14 (Table 2). Concerns were raised by the Northwest Breast Screening Quality Assurance team and NHS England Lancashire Area Team and a service improvement plan was agreed with the providers for completion by September 2014.

Table 2 Screen to assessment - The percentage of women who attend an assessment centre within three weeks of an abnormal screening mammogram.

	July to Sept 2013		Sept to Dec 2013		Jan to March 2014	
	≤ 3 wks	>3 wks	≤ 3 wks	>3 wks	≤ 3 wks	>3 wks
East Lancashire BSP	99	1	97	3	98	2
North Lancashire BSP	90	10	86	13	90	9
South Lancashire BSP	89	10	83	16	79	20
Northwest	87.5	11.6	87.8	11.5	89.4	11.6
Minimum standard –≥ 90% Achievable- 100%						

Data source: NWBSP QA quarterly report

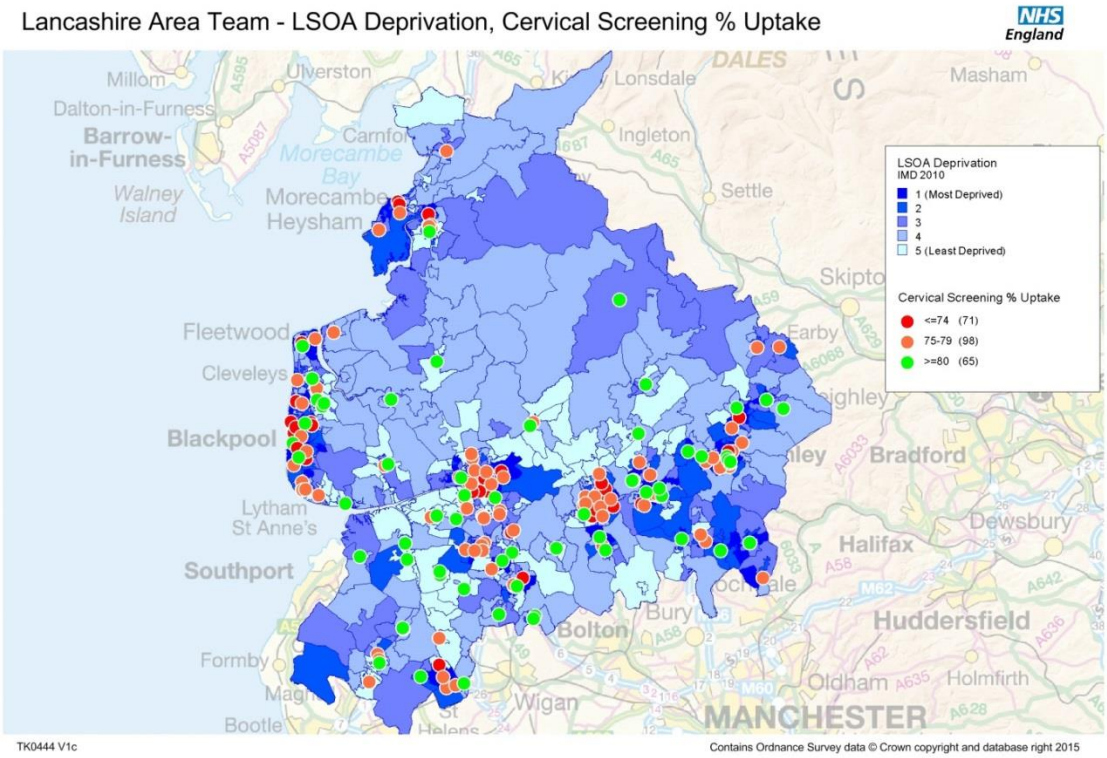
Cervical Screening

Coverage

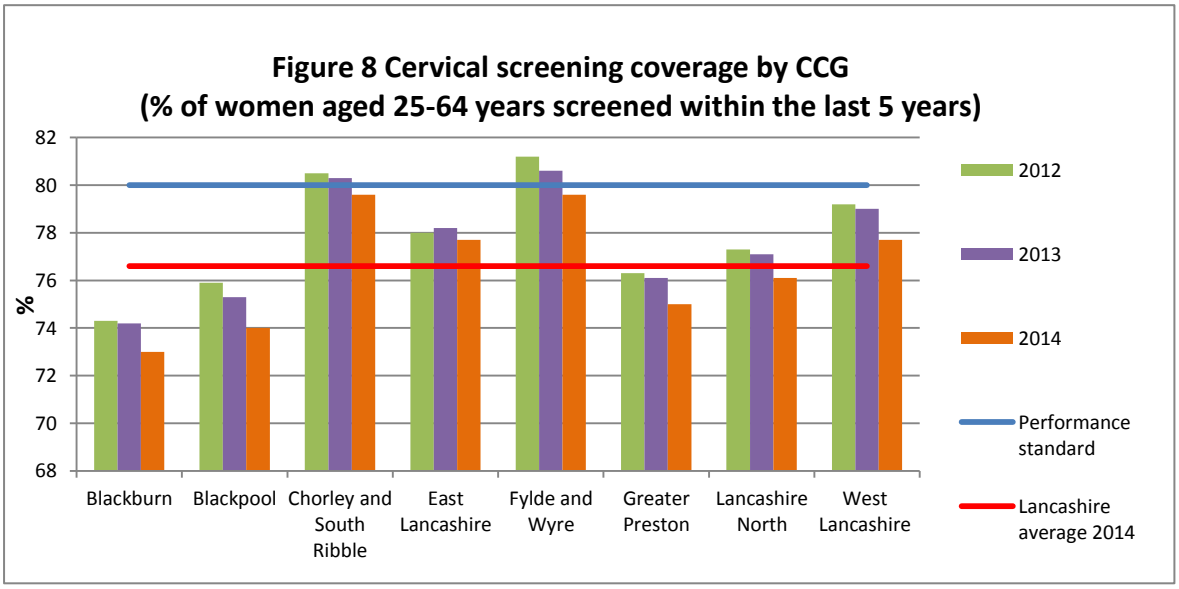
Cervical Screening programme coverage is defined as the percentage of eligible women (25-64yrs) who have a recorded, adequate test result within the last 5 years.

Figure 7 maps uptake by general practice and confirms that, while many reach the target of 80%, as expected, lowest uptake tends to be linked to populations in the more deprived areas of Lancashire

Figure 7 Cervical screening coverage by General Practice (December 2013)



Source: Primary care support services (PCSS)



Coverage across the northwest, and nationally, has shown a persistent downward trend for the past few years and this is now evident in CCG coverage (figure 8). In 2013/14 no CCG achieved the national target of 80% coverage for women aged 25-64 years.

However we are also aware that the fall in coverage has been greatest amongst younger women age 25-49 years. To make the information more meaningful for practices, table 3 provides an estimate of the number of additional smears that would be needed per practice per month to achieve the required 80% coverage. This data, together with advice on improving uptake, will be shared with practice staff during the individual practice visits planned for 2014/15.

Table 3

CCG	25-49years (screened over the last 3 years)				50-64years old (screened over that last 5 years)			
	Additional screens required to reach 80%				**Additional screens required to reach 80%**			
	Coverage (%)	**CCG per year**	**CCG per month**	**Practice per month**	Coverage (%)	**CCG per year**	**CCG per month**	**Practice per month**
Blackburn with Darwen	60.4	1847	**153**	**6**	73.0	823	**68.5**	**2**
Blackpool	64.4	1372	**114**	**5**	71.4	1193	**94.9**	**4**
Chorley and South Ribble	70.1	954	**79**	**3**	76.9	458	**38**	**1**
East Lancashire	67.2	2529	**210**	**4**	76.5	1031	**86**	**1**
Fylde and Wyre	70.1	700	**59**	**3**	77.5	345	**29**	**1**
Greater Preston	64.4	1766	**147**	**5**	74.8	827	**69**	**2**
Lancashire North	66.5	1045	**87**	**7**	75.1	592	**49**	**4**
West Lancashire	67.9	670	**56**	**3**	75.9	388	**32**	**1**

Improving cancer screening coverage

Improving coverage for all cancer screening programmes is a key priority for NHS England Lancashire Area Team. The Screening & Immunisation team are working with the programme providers, general practices, the Lancashire & South Cumbria Cancer Network and local health inequalities groups on ways to encourage more men and women to accept their screening offer.

Diabetic Eye Screening

The aim of the diabetic eye screening (DES) programme is to reduce the risk of sight loss amongst eligible people with diabetes by early identification and successful treatment.

All diabetic patients over 12 years of age are eligible for screening unless they:

- Have made an informed choice that they no longer wished to be invited for screening
- Do not have perception of light in either eye
- Are terminally ill or have a physical or mental disability preventing either screening or treatment
- Are currently under the care of an ophthalmologist for the treatment and follow-up management of diabetic retinopathy

Uptake is the percentage of invited patients that attend for an annual screen (Figure 9). The apparent variation in uptake between the three programmes is more likely to be due to software recording issues than actual differences in uptake. During 2013/14 the programmes all used different software systems but these are currently being rationalised to a national specification.

Figure 9 Diabetic eye screening uptake 2013/14

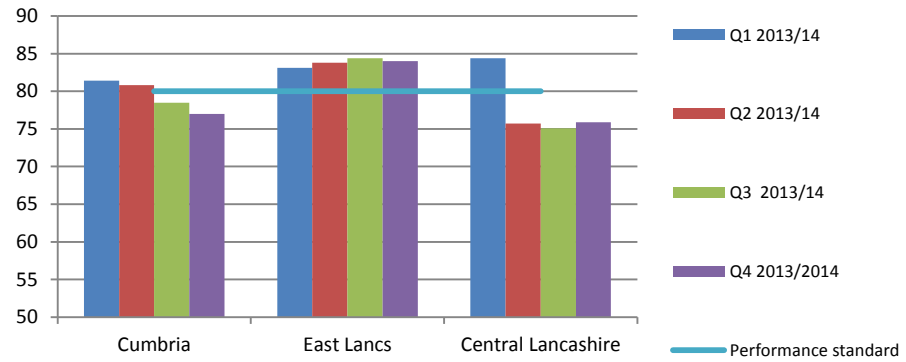
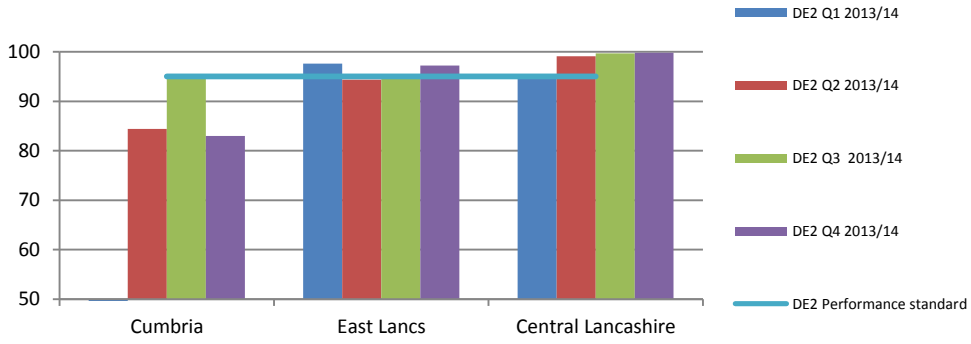


Figure 10 Diabetic eye screening results issued within 3 weeks 2013/14



Source: KPI returns 2013/14

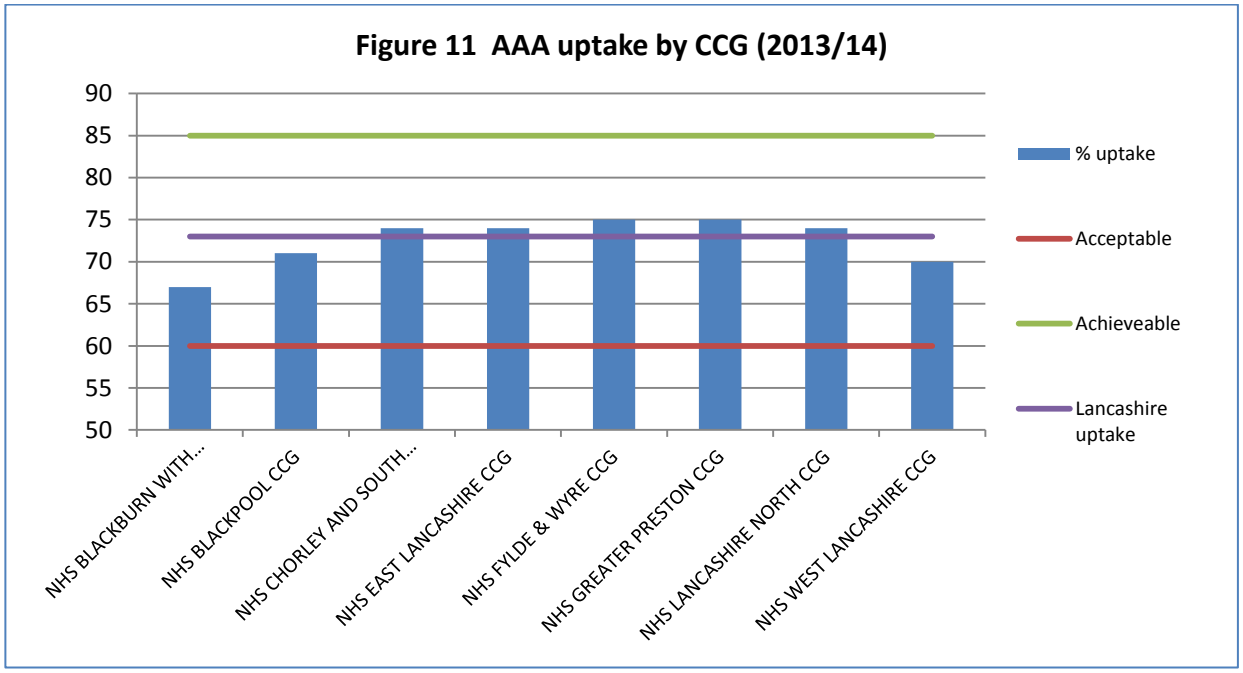
Results should be issued to 95% of patients within 3 weeks of their screen. The Cumbria programme had difficulty meeting this target during 2013/14 (figure 10) due to staffing issues which are now being addressed.

Abdominal Aortic Aneurysm (AAA) Screening

Prior to the introduction of the abdominal aortic aneurysm screening programme many men were at risk of dying from rupture of an undiagnosed aortic aneurysm. AAA screening aims to reduce this risk by detecting earlier, smaller aneurysms in younger and fitter men better able to withstand aneurysm surgery.

Uptake

AAA uptake is defined as the percentage of those offered screening who accept the initial offer (figure 11).



Source- AAA Screening programme data

Programme Outcomes

In its first year the programme offered screening to 13000 men in Cumbria and Lancashire.

In Lancashire (table 4) 7098 men accepted the offer of a screen (>70% acceptance) and an additional 389 were seen as self-referrals.
92 men were found to have an aortic aneurysm >= 3cm on initial screen

Table 4				
Measurement of Abdominal Aorta	<3.0cm	3.0-4.4cm	4.5-5.4cm	>5.5cm referred to vascular surgeon
Lancashire	**7006**	**68**	**8**	**16**

Source: C&L AAA screening programme data

The mortality rate among patients identified by the screening programme and operated on across the county in 2013 was only three in a thousand.

Antenatal & Newborn Screening

The collection of quality and performance data for the antenatal and new born screening programmes continues to develop and most trusts are now able to submit data from their maternity systems.

There are currently six antenatal and neonatal screening programmes:

- Infectious Diseases in Pregnancy
- Sickle Cell and Thalassaemia
- Fetal Anomaly including Downs Syndrome
- Newborn Bloodspot
- Newborn Infant Physical Examination
- Newborn Hearing

Each programme has specific key performance indicators (KPIs) and performance against these in 2013/14 is shown in table 5.

Infectious Diseases in Pregnancy Screening
This programme tests for infection with HIV, Hepatitis B or Syphilis and also assesses Rubella susceptibility.

KPI - ID1 HIV Coverage
This indicator measures the proportion of eligible women tested for HIV for whom a conclusive screening result was available at the day of report. The acceptable performance is >=90% and this was achieved by all Lancashire providers.

KPI - ID2 Timely referral of Hep B positive women
ID2 looks at the proportion of pregnant women with a positive screen for Hepatitis B, or who are already known to be Hepatitis B positive, who are referred and seen for specialist assessment within 6 weeks. The acceptable level of performance is >=70%.
Achievement of this indicator is affected by fluctuations in the small numbers involved and the fact that many women are already under the care of a consultant and may have been recently seen.

Sickle Cell & Thalassaemia Screening
KPI - ST1 Coverage
Coverage is defined as the proportion of eligible women for whom a conclusive screening result is available at the day of report. The acceptable performance is >=95% and has been achieved by all Lancashire Trusts

KPI - ST2 Timeliness of test
ST2 looks at the proportion of women having antenatal sickle cell and thalassaemia screening for whom a conclusive result was available by 10+0 weeks gestation. The acceptable performance threshold is >=50% but some trusts continue to struggle with this KPI. To achieve it, work needs to be done to encourage women to book early for antenatal care. The Board and operational groups are looking into the reasons for the delay in some areas.

KPI - ST3 Completion of Family Origin Questionnaire (FOQ)
This indicator looks at the proportion of samples submitted to the laboratory which are supported by a completed FOQ. The acceptable performance is >=90% and this is achieved by all trusts.

Fetal Anomaly and Downs screening
KPI - FA1 Downs Syndrome Screening - Completion of laboratory request forms

This KPI is based on the proportion of completed laboratory request forms submitted within the recommended timeframe of 10+0 to 20+0 weeks gestation. The acceptable performance threshold is >=97%.
All trusts made good progress with this KPI and only one had not yet achieved the target by the end of the year. Plans are in place to share best practice at the Antenatal and Newborn Programme Board and local operational groups

Newborn Bloodspot Screening (NBBS)
The Newborn Bloodspot programme offers universal screening for five conditions:

Condition	Potential consequences if untreated
Congenital hypothyroidism (CHT)	serious, permanent, physical and mental disability
Phenylketonuria (PKU)	serious, irreversible, mental disability
Cystic fibrosis (CF)	serious adverse effects on digestion and lung function
Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)	seizures, coma and sudden unexpected death in infancy (SUDI)
Sickle cell disorders (SCD)	anaemia, obstructed blood flow and organ damage

Testing for a further four conditions is being piloted at Central Manchester laboratory, which serves the Lancashire population.

KPI - NB1 Coverage
Coverage is defined as the proportion of registered babies who are eligible for screening and who have a conclusive result recorded on the Child Health Information System by 17 days of age. PKU is used as a proxy for all tests. The acceptable level of performance has been set at >=95% and all trusts achieved this by quarter 4.

KPI – NB2 Avoidable repeats tests
Defined as the percentage of babies from whom it is necessary to take a repeat blood sample due to an avoidable failure in the sampling process
Although some blood spot tests will always need to be repeated, the minimum standard is that there should be no more than 2% avoidable repeats with a developmental standard of no more than 0.5%.

Most maternity units have made improvements in their avoidable repeat rates over the past 2 years. Further work is underway with midwives, including focused education for neonatal units.

KPI – NB3 Timeliness of result
This indicator looks at the proportion of results which are screen negative for all five conditions, available on the Child Health Information System for communication to parents within 6 weeks of birth. The acceptable threshold has been set at >=95% and is being met by all Trusts.

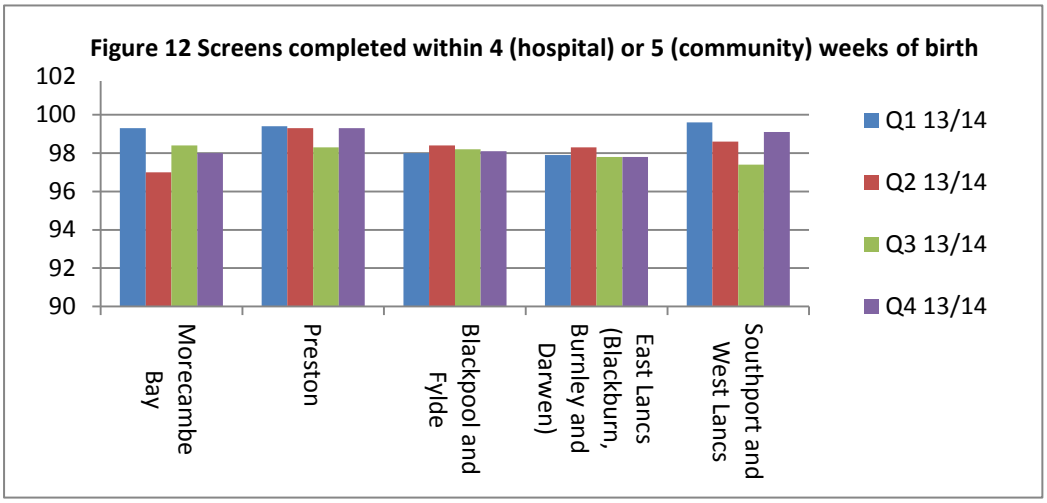
Newborn Infant Physical Examination Screening (NIPE)
Newborn Infant Physical Examination screening is a relatively new programme that includes a general overall physical examination of the infant as well as a more specific examination of the eyes, heart, hips and (in boys) testes. It is offered to all newborns and should be carried out within 72 hours of birth and again at 6-8 weeks of age.
While screening is being carried out in all units, recording and reporting is still being developed. All maternity units are required to have systems in place to record NIPE outcomes by April 2015..

Newborn hearing screening
The Newborn Hearing Screening Programme (NHSP) aims to identify, within 4-5 weeks of birth, all children born with moderate to profound permanent bilateral deafness. Infants

screening positive on initial testing are referred for treatment and should be seen within four weeks of the decision to refer.

KPI – NH1 Coverage

Coverage is the percentage of eligible babies in the birth cohort for whom the screening process is complete by 4 weeks corrected age (hospital programmes) or 5 weeks corrected age (community programmes). The target is 95% and is achieved by all programmes in Lancashire (figure 12).



Data source- KPI submissions

KPI - NH2 Timely Assessment for Screen Referrals

All referred babies should receive an audiological assessment within 4 weeks of the decision to refer or by 44 weeks gestational age. The target is 90% (achievable target 100%) but performance remains poor against this indicator (figure 13). The programme board has requested exception reporting on all children breaching the 4 week target to better understand the underlying issues. Screening programme leads have been asked to share best practice where improvement has been achieved.

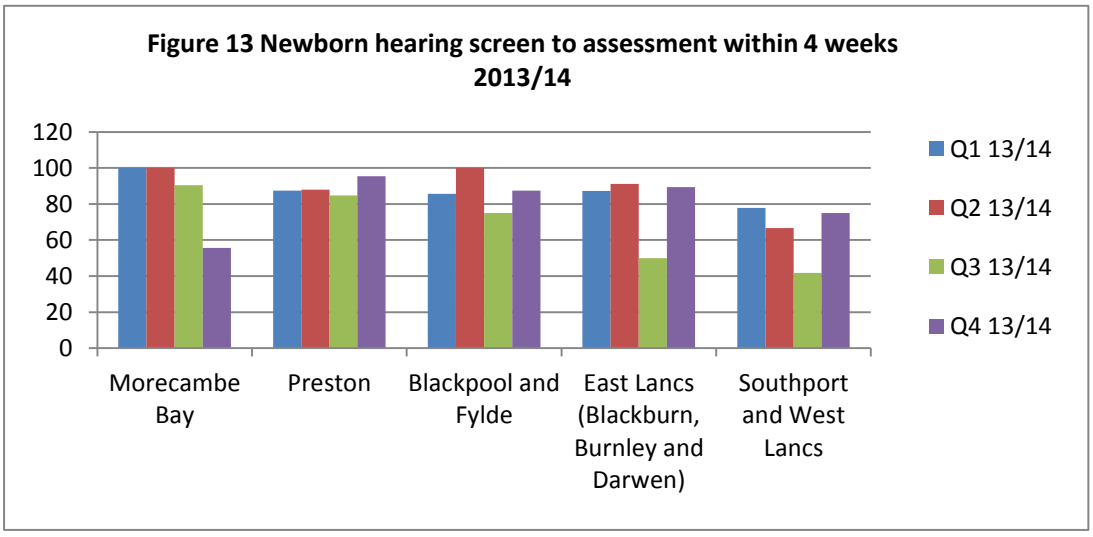


Table 5 Antenatal & Newborn Screening Programme KPI Performance 2013/14

Provider		ID1 ≥ 95%	ID2 (below standard ≤ 70%, acceptable 70-89.9%, achievable ≥ 90%)	FA1 (below standard <97%, acceptable 97% -99.9%. Achievable 100%)	STI (below standard <95%, acceptable 95% - 98.9%. Achievable 99% and over)	ST2 (below standard <50%, acceptable 50-74%, achievable over 74%)	ST3 (below standard <90%, acceptable 90-94.9%, achievable over 95)	NB2 (below standard > 2.0, acceptable 2.0-0.5, achievable < 0.5)	NP1 (Below standard <95%, acceptable 95-99%, achievable 100%)	NP2 (Below standard <95%, acceptable 95-99%, achievable 100%)
Blackpool	Q1 13/14	96	100	100	95	60.2	98.6	1.6		
	Q2 13/14	No submission	No submission	No submission	No submission	No submission	No submission	No submission		
	Q3 13/14	93		94.7	94.8	52.1	98.1	2		
	Q4 13/14	96.2		95.9	96.8	52.9	98.9	3.6		
East Lancashire	Q1 13/14	96.6	66.7	95	95.5	59.1	100	1		
	Q2 13/14	96.9	66.7	95	97	63	100	0.8		
	Q3 13/14	96.9	50	97.5	97.3	67.8	100	0.5		
	Q4 13/14	96.9	60	95	97.6	60	100	0.9	96.1	
Lancashire Teaching Hospital	Q1 13/14	99.2	no cases	98.4	99.1	56.9	99.2	0.8		
	Q2 13/14	98.9		99.3	99.1	54.5	99	1.5		
	Q3 13/14	98.9	100	98.8	98.9	50.3	99.3	2.1	90.3	
	Q4 13/14	99.4	50	99.7	99.5	40.5	97.7	2.2	91.7 (97 well babies)	66.7
Southport and Ormskirk	Q1 13/14	97	no cases	100	96.30%	28.2	97.6	2.7		
	Q2 13/14	99.4		96.7	98.5	15	97.2	2.4		
	Q3 13/14	98.5		94.6	98.5		99	2.9	97.8	100%
	Q4 13/14	98.1		98.9	97.6	32	94.6	2.4		
University Hospital of Morecambe Bay	Q1 13/14	99.4		84	100		100	3.0		
	Q2 13/14	100		94.2	100		99.3	2.3		
	Q3 13/14	99.9		91.7	100	48.7	100	1.2		
	Q4 13/14	100		94.5	98	47.8	98	2.1		

Table 4: Antenatal and Newborn screening KPI data submissions Date Source: Trust data

Immunisation Programmes Performance

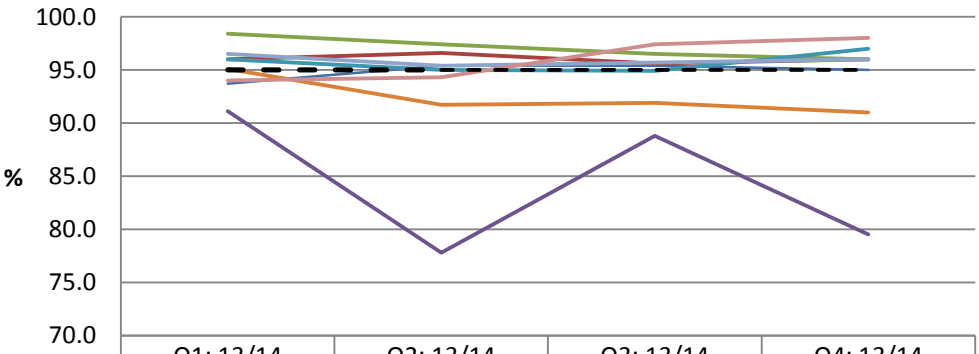
CHILDHOOD PROGRAMMES

The 0-5 immunisation figures are based on quarterly COVER data (Coverage of Vaccine Evaluated Rapidly) produced and published by Public Health England. COVER data is extracted from the Child Health Information Systems (CHIS) and so any errors in CHIS data are reflected in national coverage rates
Although immunisation uptake in 2013/14 was generally good, the following issues were noted:

- During 2013/14 NHS England Lancashire Area Team became aware of on-going data reporting and recording problems in East Lancashire. This was reflected in the apparently low coverage rates shown in figures 14-18 and in national COVER statistics. Investigation at the time provided reassurance that children were being vaccinated and a task group was subsequently set up, with membership from CHIS, the Clinical Commissioning Group, Commissioning Support Unit and Lancashire Area Team, to plan to resolve the data issues.

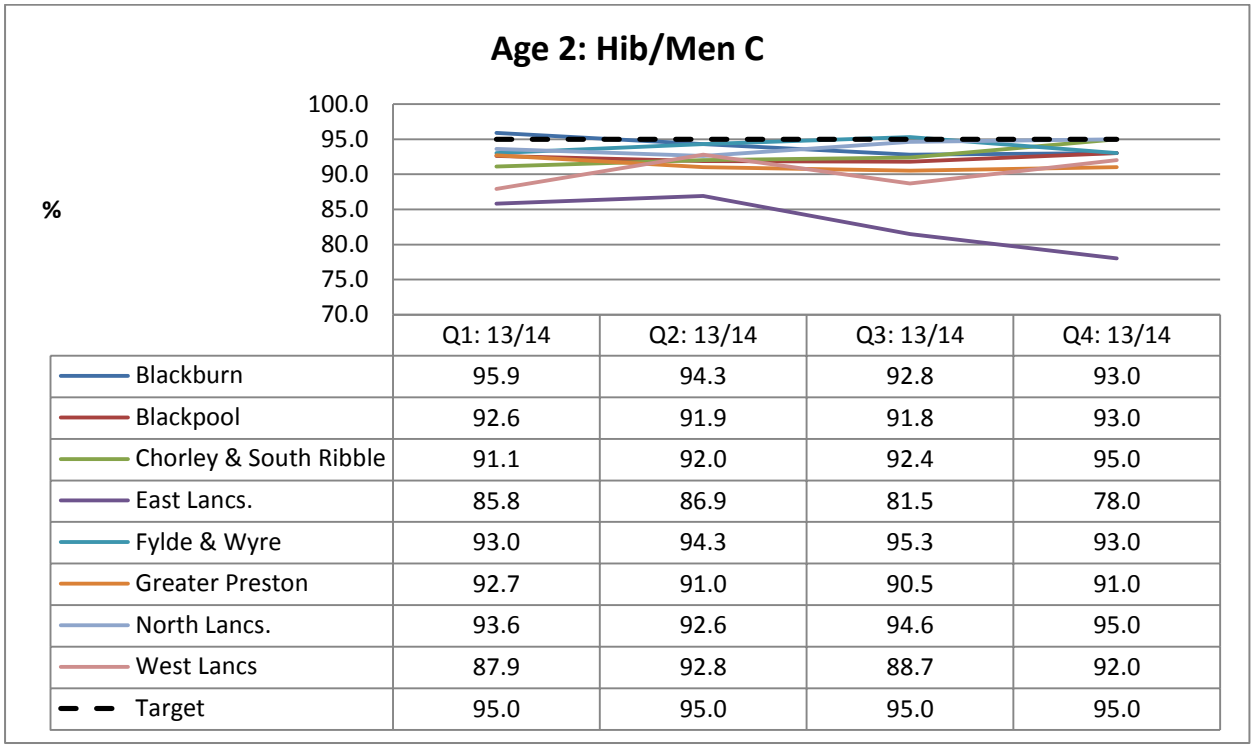
- Pre-school booster and 2nd MMR coverage rates remain a concern across all areas. For children to be fully protected against measles, mumps and rubella they require two doses of MMR before starting school. Figures 18 & 19 show that between 10% and 20% of children are starting school with incomplete protection. More reassurance is available from figure 20 which indicates that the majority of children have had at least one MMR dose by the age of 5 years.

Figure 14: Children with 3 doses of Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib) by 12 months - 2013/2014



	Q1: 13/14	Q2: 13/14	Q3: 13/14	Q4: 13/14
Blackburn	93.7	95.4	95.4	95.0
Blackpool	96.0	96.6	95.6	96.0
Chorley & South Ribble	98.4	97.4	96.5	96.0
East Lancs.	91.1	77.8	88.8	79.5
Fylde & Wyre	96.0	95.0	94.9	97.0
Greater Preston	95.1	91.7	91.9	91.0
North Lancs.	96.5	95.4	95.7	96.0
West Lancs	94.0	94.3	97.4	98.0
Target	95.0	95.0	95.0	95.0

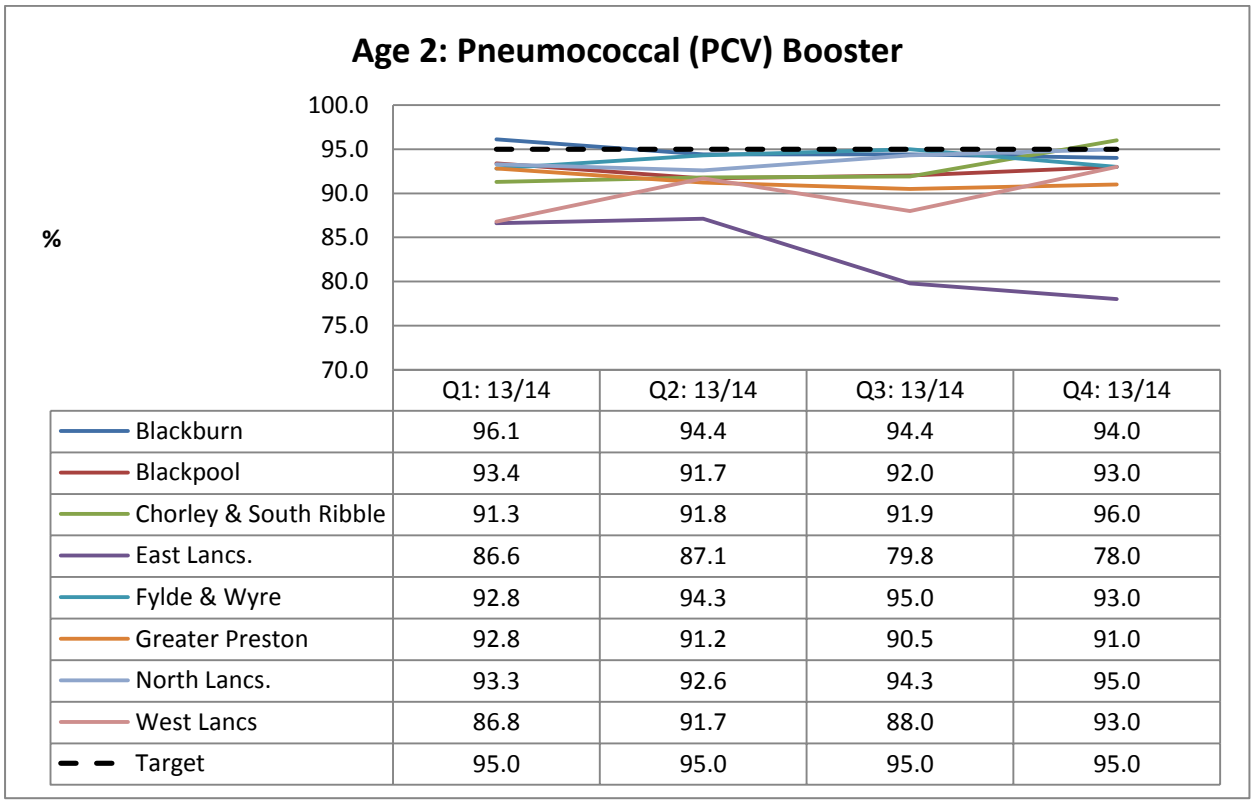
Figure 15: Children with Hib/ Men C Booster by 2 years - 2013/2014



	Q1: 13/14	Q2: 13/14	Q3: 13/14	Q4: 13/14
Blackburn	95.9	94.3	92.8	93.0
Blackpool	92.6	91.9	91.8	93.0
Chorley & South Ribble	91.1	92.0	92.4	95.0
East Lancs.	85.8	86.9	81.5	78.0
Fylde & Wyre	93.0	94.3	95.3	93.0
Greater Preston	92.7	91.0	90.5	91.0
North Lancs.	93.6	92.6	94.6	95.0
West Lancs	87.9	92.8	88.7	92.0
Target	95.0	95.0	95.0	95.0

The Hib/Men C booster should be given when children are 12 months old

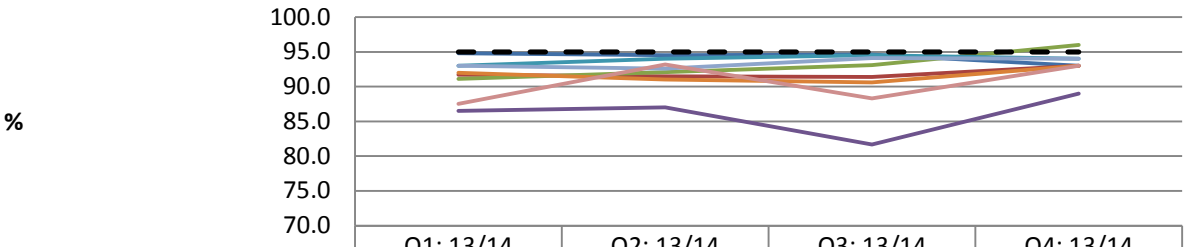
Figure 16: Children with Pneumococcal (PCV) Booster by 2 years - 2013/2014



	Q1: 13/14	Q2: 13/14	Q3: 13/14	Q4: 13/14
Blackburn	96.1	94.4	94.4	94.0
Blackpool	93.4	91.7	92.0	93.0
Chorley & South Ribble	91.3	91.8	91.9	96.0
East Lancs.	86.6	87.1	79.8	78.0
Fylde & Wyre	92.8	94.3	95.0	93.0
Greater Preston	92.8	91.2	90.5	91.0
North Lancs.	93.3	92.6	94.3	95.0
West Lancs	86.8	91.7	88.0	93.0
Target	95.0	95.0	95.0	95.0

The PCV booster is between 12 and 18 months old.

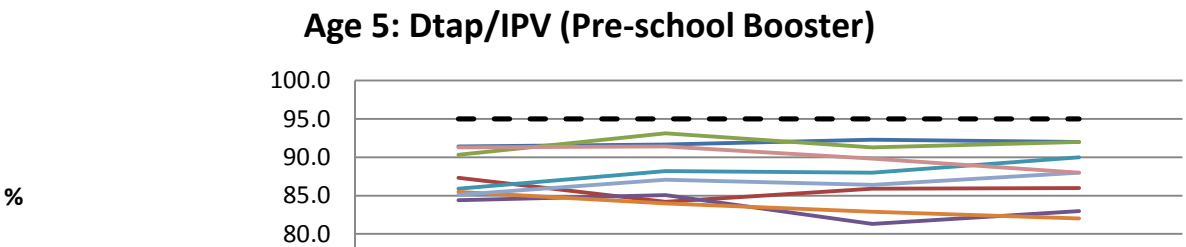
Figure 17: Children with 1st dose Measles, Mumps & Rubella (MMR) by 2 years - 2013/2014



	Q1: 13/14	Q2: 13/14	Q3: 13/14	Q4: 13/14
Blackburn	94.8	94.5	94.6	93.0
Blackpool	91.7	91.5	91.4	93.0
Chorley & South Ribble	91.1	92.1	93.1	96.0
East Lancs.	86.5	87.0	81.7	89.0
Fylde & Wyre	93.0	94.0	94.5	94.0
Greater Preston	92.0	91.0	90.6	93.0
North Lancs.	93.0	92.6	94.1	94.0
West Lancs	87.5	93.2	88.3	93.0
Target	95.0	95.0	95.0	95.0

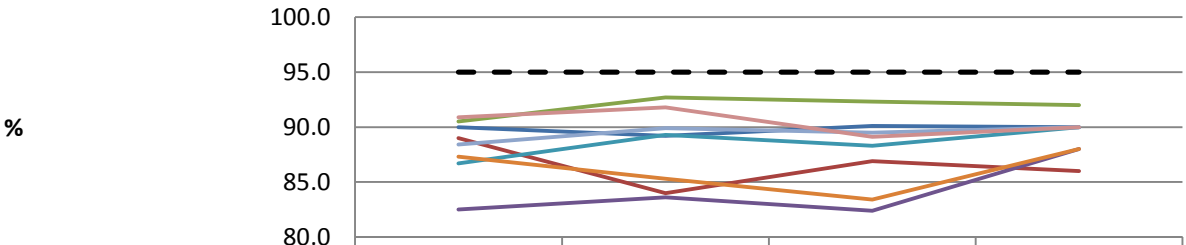
The first MMR dose should ideally be given at 12 months but, if missed, it can be given at any time (see graph 6 below).

Figure 18: Children with Diphtheria, Tetanus, Polio, Pertussis, (Pre-school booster) by 5 years - 2013/2014



	Q1: 13/14	Q2: 13/14	Q3: 13/14	Q4: 13/14
Blackburn	91.4	91.7	92.3	92.0
Blackpool	87.3	84.2	85.9	86.0
Chorley & South Ribble	90.3	93.1	91.3	92.0
East Lancs.	84.4	85.0	81.3	83.0
Fylde & Wyre	85.9	88.2	88.0	90.0
Greater Preston	85.5	84.0	82.9	82.0
North Lancs.	85.1	87.1	86.4	88.0
West Lancs	91.3	91.4	89.8	88.0
Target	95.0	95.0	95.0	95.0

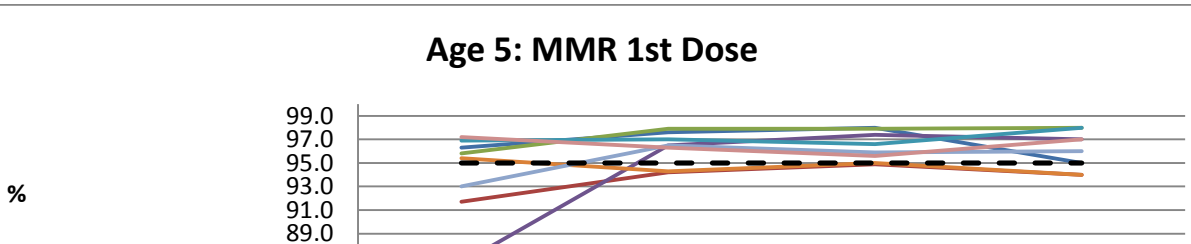
Figure 19: Children with MMR 2nd Dose by 5 years - 2013/2014



	Q1: 13/14	Q2: 13/14	Q3: 13/14	Q4: 13/14
Blackburn	90.0	89.2	90.1	90.0
Blackpool	89.0	84.0	86.9	86.0
Chorley & South Ribble	90.5	92.7	92.3	92.0
East Lancs.	82.5	83.6	82.4	88.0
Fylde & Wyre	86.7	89.3	88.3	90.0
Greater Preston	87.3	85.3	83.4	88.0
North Lancs.	88.4	89.9	89.5	90.0
West Lancs	90.9	91.8	89.1	90.0
Target	95.0	95.0	95.0	95.0

For children to be fully protected against measles, mumps and rubella they require two doses of MMR before starting school. The above graph shows that between 10% and 20% of children are starting school with incomplete protection. More reassurance is available from figure 20 which indicates that the majority of children have had at least one MMR dose by the age of 5 years.

Figure 20: Children with 1st dose of MMR by 5 years - 2013/2014



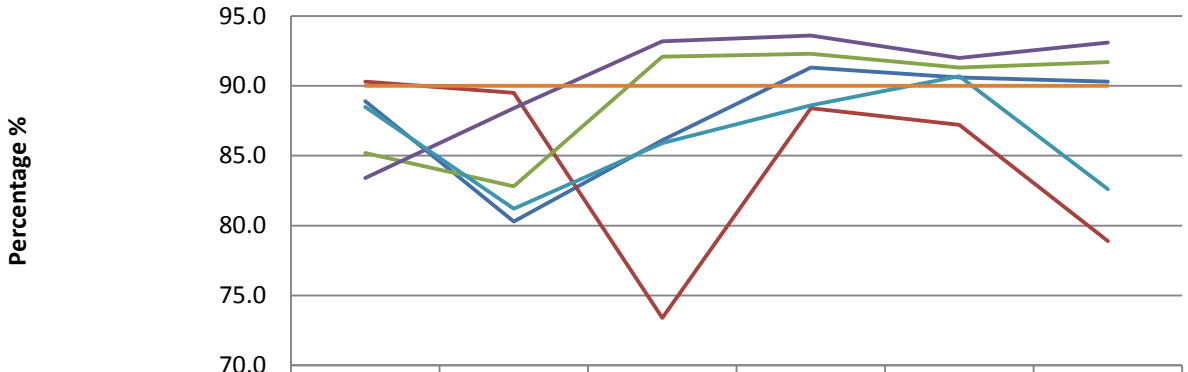
	Q1: 13/14	Q2: 13/14	Q3: 13/14	Q4: 13/14
Blackburn	96.3	97.6	98.0	95.0
Blackpool	91.7	94.2	94.9	94.0
Chorley & South Ribble	95.8	97.9	97.9	98.0
East Lancs.	86.5	96.5	97.4	97.0
Fylde & Wyre	96.9	97.0	96.6	98.0
Greater Preston	95.4	94.3	95.0	94.0
North Lancs.	93.0	96.5	95.9	96.0
West Lancs	97.2	96.3	95.6	97.0
Target	95.0	95.0	95.0	95.0

SCHOOL AGE PROGRAMMES

During 2013/14 there were three school age immunisation programmes in place, or being implemented, across Lancashire. They were the Human papillomavirus (HPV), School Leaver booster, and Adolescent Meningitis C.

Human papillomavirus (HPV)

Figure 21 Age 12-13: HPV All 3 Doses 2008-2014



	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
BWD	88.9	80.3	86.1	91.3	90.6	90.3
Blackpool	90.3	89.5	73.4	88.4	87.2	78.9
Central Lancashire.	85.2	82.8	92.1	92.3	91.3	91.7
East Lancashire	83.4	88.4	93.2	93.6	92.0	93.1
North Lancsashire	88.5	81.2	85.9	88.6	90.7	82.6
Target	90.0	90.0	90.0	90.0	90.0	90.0

The school HPV programme was set up in 2008 to provide HPV protection to girls aged 12-13 years before they become sexually active. The vaccine course consists of three doses within a twelve month period. Data on uptake is loaded onto the Department of Health Immform site by providers or commissioners, according to local arrangements, and this data is used to produce national comparative statistics.

Figure 21 shows that most CCGs across Lancashire have an uptake close to, or above, the national target of 90%. The downward trend in Blackpool in 2010/11 was due to negative media reporting of an incident that occurred in the Coventry programme. The more recent downward trend in Blackpool and North Lancashire is thought to be linked to capacity issues and is being investigated.

School Leaver Booster (Tetanus, diphtheria, polio)

The school leaver booster programme is offered to all Year 10 pupils with catch up programmes in Year 11-13. Rather surprisingly, the school leaver uptake figures are not nationally recorded.

The Department of Health, Public Health England and NHS England are currently working together to produce a national tool to record uptake figures for the school leaver booster. In the meantime we have developed a template for providers to use to record uptake across Lancashire.

Adolescent Meningitis C

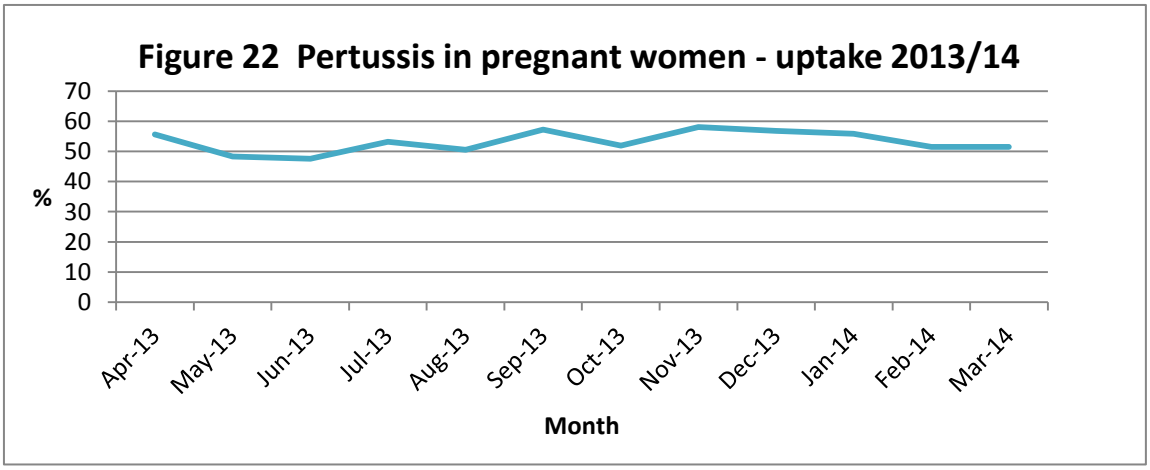
Changes to the childhood Meningitis C immunisation programme were announced in May 2013 with a proposal to move the second Men C dose from infancy to adolescence. The adolescent dose was to be given in year 9 or 10 and vaccinations were to begin in spring or autumn 2014. Unfortunately the savings in the primary care budget, from removal of the second dose in infancy, were not available to commission the adolescent programme as they had already been used to fund the new primary-care based Rotavirus immunisation programme. Implementation of the Men C adolescent programme was therefore an unfunded pressure on all Area Teams which was only resolved towards the end of 2013/14..
The programme began in spring 2014 in Blackpool and North Lancashire schools only, providing a single booster dose to Year 10 students.
From September 2014 the Men C booster will be offered in all schools across Lancashire. Due to the staggered start, there will also be a 2014/15 catch-up programme for any unvaccinated year 11 students.

ADULT PROGRAMMES

Pertussis (Whooping Cough) in pregnant women

The pertussis vaccination in pregnancy programme was introduced in October 2012 in response to a national pertussis outbreak affecting babies under two months of age i.e. before the age at which they could receive their primary immunisations.

It was hoped that offering a single pertussis immunisation to pregnant women in the last trimester (after the 28th week of their pregnancy) would provide protection for both mother and newborn infant, and this was shown to be the case. Although initial uptake of the programme was poor, its obvious success in reducing infant deaths led to a national decision to extend it for at least a further 5 years.



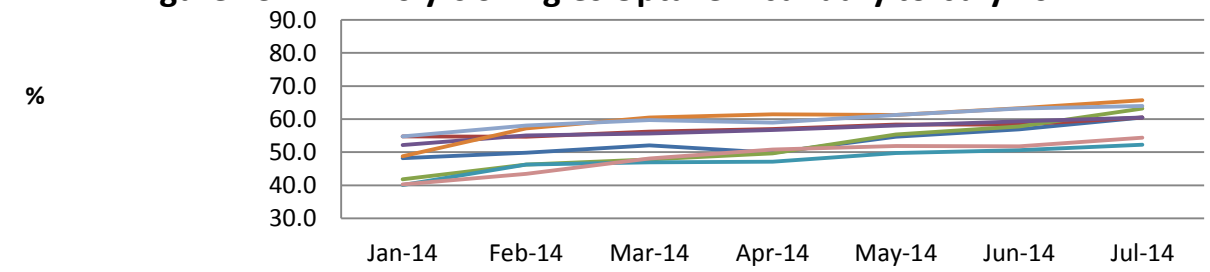
In the first months of the programme vaccination coverage was poor due to confusion about the appropriate timeframe in which to give the vaccine (any vaccine given before 28 weeks could not be counted) and clarity regarding responsibility for administration. There were also problems with data collection - the above Lancashire figures are based on data from only 50% of practices. From April 2014 more robust information will be collected quarterly.

During 2014/15 NHS England Lancashire Area Team plan to work with general practices and maternity services to more fully embed this programme into the maternity care pathway.

Shingles

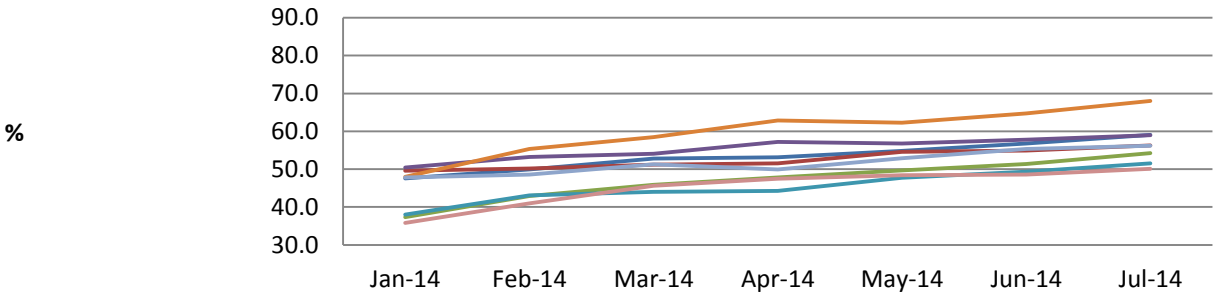
The new shingles vaccination programme was introduced in September 2013 but, due to restrictions on vaccine supply, was initially only offered to patients aged 70 years and 79 years as a single dose given in primary care.

Figure 23 70 yrs Shingles Uptake : January to July 2014



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
BWD	48.2	49.8	52.1	49.8	54.7	56.9	60.5
Blackpool	54.8	54.7	56.2	57.0	58.4	58.4	60.5
Chorley & South Ribble	41.8	46.3	47.8	49.6	55.4	57.8	63.2
East Lancashire	52.2	55.1	55.6	56.7	58.1	59.3	60.5
Greater Preston	40.1	46.3	46.9	47.1	49.7	50.6	52.3
North Lancashire	48.8	57.2	60.5	61.5	61.3	63.3	65.7
West Lancashire	54.8	58.1	59.7	58.9	61.3	63.2	64.0
Fylde & Wyre	40.3	43.5	48.1	50.8	51.9	51.8	54.4

Figure 24 79 yrs Shingles Uptake : January to July 2014



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
BWD	47.6	49.9	52.8	53.1	54.8	56.8	59.1
Blackpool	49.6	50.2	51.2	51.5	54.6	54.9	56.3
Chorley &South Ribble	37.3	42.9	45.9	47.8	49.7	51.4	54.2
East Lancashire	50.4	53.2	54.1	57.2	56.8	57.8	59.0
Greater Preston	38.0	43.1	44.0	44.3	47.7	49.3	51.5
Lancashire North	48.0	55.3	58.5	62.9	62.3	64.7	68.0
West Lancashire	47.8	48.6	51.3	49.9	52.9	55.3	56.2
Fylde & Wyre	35.8	41.0	45.6	47.5	48.4	48.6	50.1

Uptake rates (figures 23 & 24) are based on data from 223 out of 232 sentinel practices and have shown a steady increase since the programme began.

In 2014/15 the programme is being further extended and will be offered to patients aged 70, 78 and 79 years old.

Seasonal Flu 2013/14

The 2013/2014 seasonal influenza programme was implemented during a period of significant change but, despite the challenges, it achieved some significant success (fig 25):

- Lancashire was ranked number 1 in the country for its performance in immunising both the over 65s, and people under 65 years in clinical risk groups.
- Seven of the eight CCGs met the 75% uptake target for the 65 years and over group.
- 100% of Lancashire practices returned their data

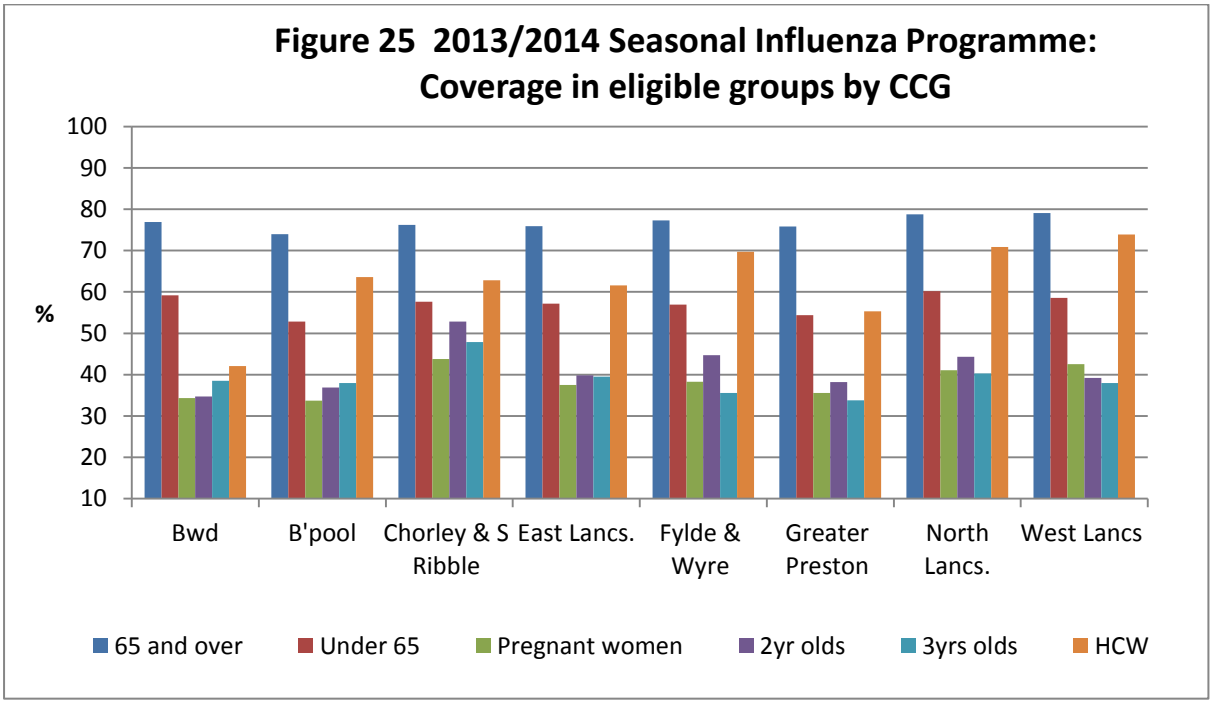


Table 6: 2013/14 Lancashire Area Team Uptake and national ranking for all eligible groups

	65 and over	Under 65	Pregnant women	2yrs	3yrs	HCW
Lancashire Area Team	76.5%	56.9%	37.8%	41.0%	39.0%	68.5%
National rank out of 25 Area Teams	1st	1st	20th	22nd	19th	3rd

However, despite the successes, performance and ranking was lower for children and pregnant women (Tables 6 & 7).

Table 7: Flu Immunisations (%) in Pregnant women 2010/2011-2013/2014

	Flu Immunisations (%) in Pregnant women			
PCTs	**2010/11**	**2011/12**	**2012/13**	**2013/14 (CCGs)**
Blackburn with Darwen	35.6	26	42.4	34.4
Blackpool	63	24	33.9	33.7
Central Lancashire	46.6	30	42.8	Chorley & South Ribble 43.8 Greater Preston 35.6 West Lancashire 42.5
East Lancashire	39.7	24.4	35.3	37.5
North Lancashire	50	29.1	38.5	Fylde and Wyre 38.3 Lancashire North 41.1

Table 8: Flu Immunisations (%) in Health Care Workers 2010/11-2013/14

	Flu Immunisations (%) in Health Care Workers			
PCTs	**2010/11**	**2011/12**	**2012/13**	**2013/14 (CCGs)**
Blackburn with Darwen	21	38	43.4	42.1
Blackpool	60	78.7	56.4	63.6
Central Lancashire	28.9	60.3	54.3	Chorley & South Ribble 62.8 Greater Preston 55.3 West Lancashire 73.9
East Lancashire	26.7	66.8	55.3	61.6
North Lancashire	36.1	43.8	53.9	Fylde and Wyre 69.7 Lancashire North 70.9

Immunisation in health care workers showed a steady increase between 2010/11 and 2013/14 (table 8).

A Lessons Learnt event was held in February 2014 and highlighted the need for a more co-ordinated approach to implementing future seasonal influenza programmes. It was agreed that:

- A Seasonal Influenza sub-group should meet monthly from April 2014 to offer commissioning advice and recommendations to the Immunisation Programme Board. Membership would be from all the stakeholders involved in the programme.
- Task and Finish groups would be established to deal with any urgent matters arising
- Regular flu updates and uptake data would be shared with stakeholders via the Screening and Immunisation Team
- The PGD subgroup would be requested to ensure that the seasonal influenza PGD is ready by September 2014
- A decision should be taken early on the role of pharmacies within the programme
- NHS England Lancashire Area Team would establish which trusts are already immunising pregnant women or are willing to offer this service
- A locally-applicable matrix of service provision, similar to that available via the Department of Health Vaccine Update, should be circulated before the start of the programme.

Achievements during 2013/14

Measles Outbreak and MMR catch up

In April 2013, at the creation of NHS England, the northwest region was experiencing a measles outbreak centred on Lancashire. There had been 341 reported cases in the first few months of 2013, compared with 92 confirmed cases in 2012. The distribution of cases in the outbreak crossed all ages but was showing a peak in the 10-16 year age group (the group who, as small children, had been most affected by the decline in MMR uptake due to parental concern at a suggested, but later disproved, link between the vaccine and autism.) Many of these unprotected children were in secondary school where the opportunity for the infection to spread rapidly was high due to school size and mixing patterns.

The northwest outbreak, together with larger outbreaks in the North East and South Wales, led to a joint decision by Public Health England, NHS England and the Department of Health to launch a national campaign to drive up demand for MMR among the 10-16 year group, while at the same time maintaining high coverage in the under-5s programme.
The campaign ran from April to the end of September 2013 and was co-ordinated by a joint MMR Working Group in each NHS England local area.

The Lancashire MMR Working Group was chaired by the Lancashire Screening and Immunisation lead and had representation from NHS England Lancashire Area Team; Public Health England; Lancashire, Blackpool and Blackburn with Darwen Councils; Regional and PHE communications leads.
The three components of the campaign were:

Awareness raising: used a combination of national, regional and local press releases and media interviews, digital media, flyers to children and parents through pupil post and school portals, posters and flyers to GP surgeries, children's centres, youth centres and all schools.

Identification of unvaccinated or partially vaccinated children: used baseline data from the Child Health Information System (CHIS) to estimate the vaccination status of children in the 10-16year age group at the start of the campaign. There were considerable difficulties in obtaining and interpreting this data due mainly to differences in the operating procedures of the different CHIS teams across Lancashire.

Operational: GPs were asked to contact the unvaccinated children aged 10-16yrs registered with their practice. Information was also gathered on children looked after and on potential numbers of children at traveller sites in case specific vaccination sessions were required for these groups.

<u>Monitoring</u>
Progress with the catch-up campaign was monitored nationally via the Immform data collection site. In April 2013, at the start of the campaign, only 86% of the 10-16year age group were recorded as having received at least one MMR dose. Four months later the figure had risen to 89%.

Due to major discrepancies between the information obtained from the child health system and from general practices, the MMR working group recommended a data cleansing exercise to gain a better understanding of vaccination levels in Lancashire. At the end of this process NHS England Lancashire Area Team commissioned a timed-limited project from providers who engage with marginalised and hard to reach groups. The project was to run over summer 2014 to develop and implement an action plan to improve immunisation uptake in these groups.

Training sessions for immunisers

Immunisation programmes had remained remarkably stable over many years but in 2013, at the point of wholesale re-organisation of the NHS, the Joint Committee on Vaccination and Immunisation (JCVI) announced six new or changed programmes. These included the introduction of Rotavirus vaccination to the infant programme; the introduction of an adolescent dose of Meningitis C in place of one of the infant doses; expansion of the Seasonal Flu programme to offer a new nasal vaccine to all 2 and 3 year olds; formalisation of a pilot Pertussis in Pregnancy programme; and the introduction of a Shingles programme for the elderly. On top of this a national measles outbreak was causing great concern and a catch up MMR programme for all unimmunised 10-16 year olds was also to take place.

The majority of this work was to fall on primary care and, as responsibility for immuniser training was unclear, the screening and immunisation staff in post at the time rapidly set up and ran a series of well attended immunisation training days across Lancashire.

Enquiry Line

Prior to April 2013, primary care staff had been able to telephone their local PCT and speak to an immunisation co-ordinator for advice on schedules, vaccine contraindications etc. In response to numerous requests for advice to the area team, the screening & immunisation team set up an enquiry line with a dedicated phone number and email address. The co-ordinators respond to numerous calls each week and, while most concern immunisations enquiries, there are also an increasing number on cervical screening issues.

With assistance from health protection staff in Public Health England, the team are in the process of setting up an interactive access database to record all calls. The intention is to analyse calls on a quarterly basis to discover any common themes. This will then inform the advice provided to practices via the regular local Screening & Immunisation Bulletin.

Diabetic Eye Screening in HM Prisons Garth and Wymott

In September 2013 NHS England Lancashire Area Team became aware that a large number of diabetic prisoners at HM Prisons Garth and Wymott had not had an annual Diabetic Eye Screen (DES) for periods of up to 4years. Initial attempts to resolve the problem were unsuccessful due mainly to complex IT issues, and a decision was taken to declare a serious incident. Fortunately no prisoner had been harmed by the delay and the resulting incident recommendations led to improved communication between prison healthcare and the DES programme administration; the purchase of a new retinal camera for use in both prisons; confirmation of IT support for the camera from Lancashire Care Foundation Trust; and the commissioning of extra regular community optometrist sessions into HMPs Garth and Wymott to prevent delays in the future.

Challenges

Data Analysis

A continuing challenge to NHS England Lancashire Area Team is the difficulty in sharing data across organisational boundaries, for example between public health staff in NHS England, Public Health England, and Local Authorities. While work is underway at a regional and national level to address this, by the end of 2013/14 all area teams struggled to draw up plans to address health inequalities using out of date data and lack of analytical support.

Child Health Information System (CHIS)

Restrictions within the inherited CHIS system limit the ability of the Lancashire Area Team to provide accurate information on screening and immunisations coverage for under 5s and school age children. Although the Rotavirus programme is now in place, it cannot be scheduled or recorded on the current CHIS system. In the absence of a new system this problem will be compounded when the expected Meningitis B programme is also introduced.

Lack of Assurance of Sample Taker Competency

Prior to April 2013 Lancashire and Cumbria PCTs each held a register of all cervical screening sample takers in their locality. The register enabled the PCT to monitor and be assured of governance and quality in cervical sample taking in primary care and community services. This information was also shared with the laboratory to allow them to verify or query the name of the sample taker when processing samples.
During the period of transition, apart from in Pennine Lancashire where the register went to the two CCGs, the PCT sample taker registers were not transferred to a responsible organisation as planned. The Screening and Immunisation team are currently acting as temporary care-takers of the registers until a more suitable arrangement can be put in place.

Looking Ahead to 2014/15

Practice visits and dashboard

The screening & immunisation team have developed a data dashboard of practice performance against a range of key performance indicators. The screening and immunisation co-ordinators are planning a series of targeted visits to practices to engage with those demonstrating good practice and to offer support to those with poor performance. The visits will be followed by a series of ‘Sharing Best Practice’ events towards the end of the year.

Diabetic Eye Screening reprocurement

A lack of confidence in the ability of two programmes to provide assurance on pathway performance and/or affordability has led to a decision to move to re-procurement of diabetic eye screening services across East and Central Lancashire in 2014/15.

Antenatal & Newborn Screening Programmes

Pulse oximetry testing on all newborns will be introduced in pilot areas in 2015. (The pilot areas are yet to be determined)

Shingles

In 2014/15 the shingles programme will be extended to include patients aged 70, 78 and 79 years old.

Human Papillomavirus (HPV) Programme

In the light of new evidence on its efficacy, the HPV schedule will be changing from 3 to 2 doses from September 2014. In Lancashire schools it will be offered as one dose in Year 8 and a second dose in Year 9.

Seasonal Influenza Programme 2014/2015

NHS England Lancashire Area Team plan to commission a greater number of community pharmacies to offer greater choice of access to flu immunisation for pregnant women, adults in clinical risk groups and the over 65s. Consideration will also be given to commissioning midwives to offer flu immunisation.

As part of the national expansion of the seasonal flu programme, from September 2014 all children aged 2 to 4 years will be offered the nasal influenza vaccine.

The Area Team has applied to be a pilot site for the 2014/15 Year 7 and 8 school based flu programme. The purpose of the pilot will be to test different options of delivery so as to inform best practice when the programme is rolled out nationally.

Appendix 1 Screening Programmes by Gender and Target Age Group

Target Group	Programme	Approximate annual target population
All pregnant women during the antenatal period	Infectious Diseases in Pregnancy	17,700
All pregnant women during the antenatal period	Sickle Cell and Thalassaemia	17,700
All pregnant women during the antenatal period	Foetal Anomaly Screening & Downs	17,700
All Newborns	Newborn Bloodspot screening for nine conditions	18,900
All Newborns	Newborn Hearing Screening	18,900
All Newborns and Infants	Newborn and Infant Physical Examination	18,900
Patients with Diabetes Mellitus aged 12 years and over all invited annually	Diabetic Retinopathy screening	75,300
Women aged 25-64 years 25 – 49yrs - invited every 3 years 50-64yrs – invited every 5 years	Cervical Cancer Screening	106,600
Women aged 50-70 years (pilot 47-73yrs) all invited every 3 years	Breast Cancer Screening	63,990
Men and Women aged 60-74 years all invited every 2 years	Bowel Cancer Screening	124,900
Men aged 65 years a single invitation at 65 yrs	Abdominal Aortic Aneurysm Screening	9,500

(Based on 2013 projected population estimates taken from the mid year 2011 census)

Appendix 2 Immunisation Programmes by Target Age Group

Target Group	Programme	Approx annual target population
2 months	Diphtheria, tetanus, pertussis (whooping cough), polio Haemophilus influenzae type b	18,900
	Pneumococcal disease	
	Rotavirus	
3 months	Diphtheria, tetanus, pertussis, polio Haemophilus influenzae type b	18,900
	Meningococcal group C	
	Rotavirus	
4 months	Diphtheria, tetanus, pertussis, polio and Hib	18,900
	Pneumococcal disease	
12-13 months	Haemophilus influenzae type b/ Meningococcal group C	18,900
	Pneumococcal	
	Measles, mumps and rubella	
2-4 years annual	Influenza	52,800
3 years 4 months	Diphtheria, tetanus, pertussis and polio	17,600
	Measles, mumps and rubella	
Girls 12-13 years (2 doses)	Human papillomavirus	16,000
14 years	Tetanus, diphtheria and polio	17,300
	MenC	
65 years Single injection	Pneumococcal disease	19,400
65 years + annual	Influenza	275,000
70, 78 and 79 years	Shingles	35,000

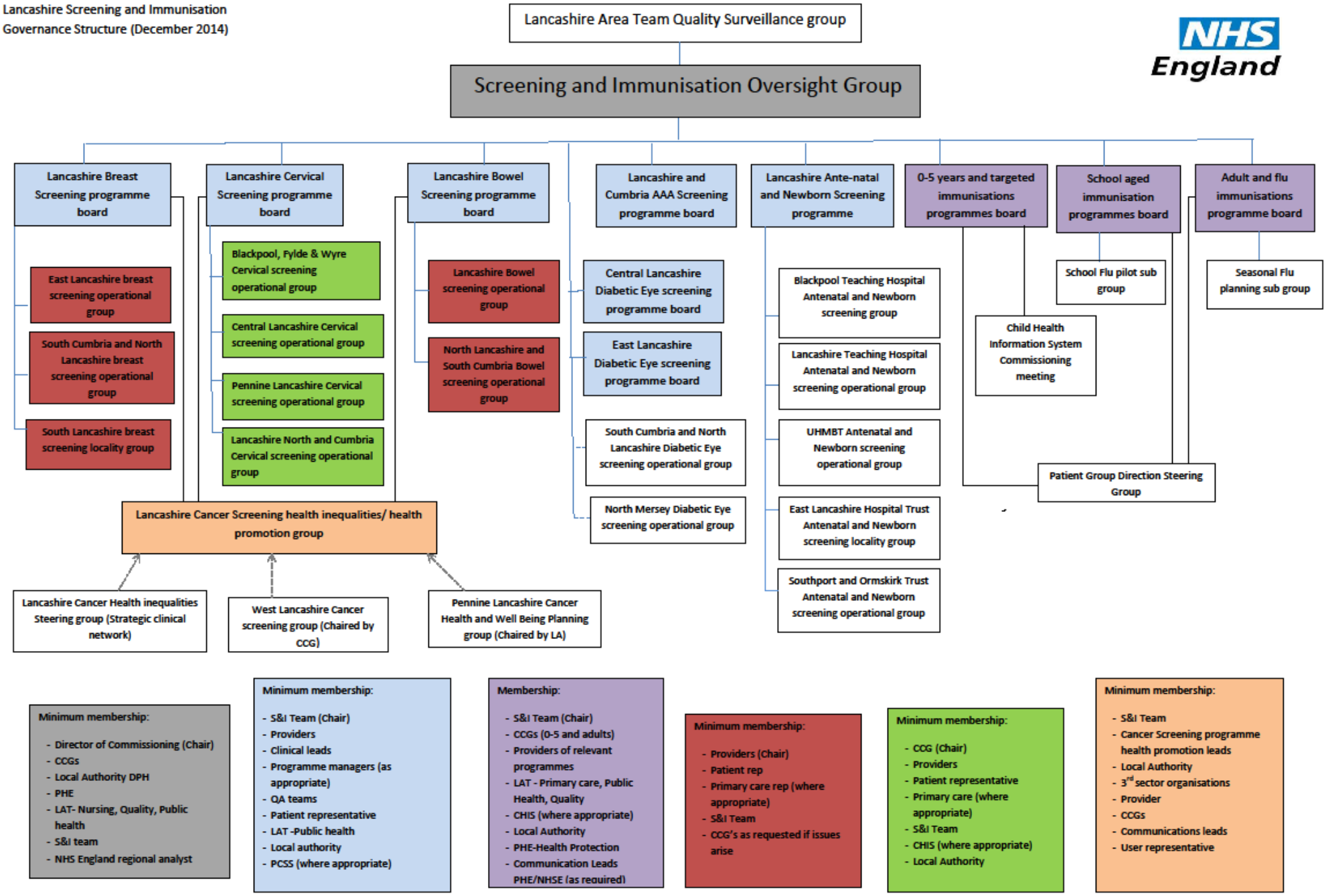
(Based on 2013 projected population estimates taken from the mid year 2011 census)

Immunisation programmes for defined <u>At Risk Groups</u>

At birth, 1 month, 2 months and 12 months	Hepatitis B
At birth	Tuberculosis – BCG
6 months - 2 years: annual	Influenza
1 month to 2 years: annual	Respiratory Syncytial Virus
2 years to 64 years: Single booster	Pneumococcal disease
5 to 65 years: annual	Influenza
All pregnant women from 28 weeks gestation	Pertussis
All pregnant women – anytime during pregnancy	Influenza

Appendix 3

Lancashire Screening and Immunisation Governance Structure (December 2014)



Appendix 4 Operational Groups, Lead Area Teams and Geographical Areas covered.

Programme Boards	Operational Groups	Lead Area Team for operational group	Areas Covered
Breast Screening	East Lancashire	Lancashire	Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley, Rossendale
	North Lancashire	Lancashire	Blackpool, Fylde, Lancaster, Preston, Wyre
	South Lancashire	Greater Manchester	Chorley, South Ribble, West Lancashire, Wigan
Cervical Screening	Lancashire North & Cumbria	Lancashire	Lancashire North & Cumbria
	Central Lancashire		Chorley, South Ribble, Preston, West Lancashire
	Blackpool, Fylde & Wyre		Blackpool, Fylde & Wyre
	Pennine Lancashire		Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley, Rossendale
Bowel Screening	Lancashire	Lancashire	All districts except population north of Garstang
	Cumbria	CNTW	Cumbria plus population north of Garstang
Diabetic Eye Screening	East Lancashire	Lancashire	Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley, Rossendale
	Central Lancashire	Lancashire	Chorley, Preston, South Ribble
	Cumbria & North Lancashire	CNTW	Blackpool, Cumbria, Fylde, Wyre, Lancaster
	North Mersey	Merseyside	Sefton, North Liverpool, West Lancashire
Abdominal Aortic Aneurysm screening		Lancashire	All districts in pan Lancashire plus Cumbria
Antenatal and Newborn Screening	University Hospitals of Morecambe Bay	Lancashire	Lancashire North & South Cumbria
	Lancashire Teaching Hospitals		Chorley, South Ribble, Preston
	East Lancashire Hospitals		Blackburn with Darwen, Burnley, Hyndburn, Pendle, Ribble Valley, Rossendale
	Southport & Ormskirk Hospitals		Sefton, West Lancashire
	Blackpool Teaching Hospital		Blackpool, Fylde & Wyre
Immunisations 0-5yrs and targeted			All districts in pan Lancashire
Immunisations school age children			All districts in pan Lancashire
Immunisation adult and seasonal flu			All districts in pan Lancashire

Appendix 5 Team Members

Screening & Immunisation Team	
Dr Shelagh Garnett	Screening & Immunisation Lead
Martin Samangaya	Screening & Immunisation Manager
Kerry Crooks	Screening & Immunisation Manager
Kathryn Lewis	Screening & Immunisation Co-ordinator
Wendy Allen	Screening & Immunisation Co-ordinator
Jacquelyn Phillips	Screening & Immunisation Co-ordinator
Jackie Bolton	Screening & Immunisation Co-ordinator
Kathryn Jones	Screening & Immunisation Co-ordinator
Lisa Vallente-Osborne	Screening & Immunisation Co-ordinator
Public Health Commissioning Team	
Jane Cass	Head of Public Health
Natalie Cross/Tricia Spedding	Public Health Commissioning Manager
Carol Ann McElhone	Public Health Programme Manager
Neil Swindlehurst	Public Health Contracts Manager
Chris Naish	Public Health Contract Support
Joanne Blackburn	Public Health Administrator