NHS England

Update on Section 7a Screening and Immunisation Programmes

Health in the Justice System Team

December 2017

Update to ADPH on Section 7a Screening and Immunisation Programmes in London August 2017

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Classification: External

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Contents

1 Aim

- This update is our quarterly update primarily intended for Directors of Public Health and CCGs in London by the joint NHSE (London) and PHE Public Health Commissioning Team.
- These updates comprise of news on the latest developments, new programmes or initiatives, challenges and progress made on improving uptake and delivery of screening and immunisation programmes in London.

2 Immunisations

2.1 Maternal & Targeted Neonatal Vaccinations

- Since September 2016, London has continued to report that over 60% of pregnant women have been vaccinated with pertussis vaccine (this continues to be below the national average by ~10%). NHSE Immunisation Commissioning Team have been continuing their pilot of maternity units offering pertussis vaccination to pregnant women.
- In relation to BCG, only a few London maternity units remain that do not offer universal BCG. We continue to work on finding alternative solutions for those units and we continue to work with our community providers to provide adequate provision for those who are at risk and aged up to 12 months and who have missed the vaccination in maternity. The BCG protocol is being redrafted and will be reissued on 1st December 2017. We have also established BCG performance data from the maternity units and continue to establish the data flow to GP practices and to CHIS.
- Two 'deep dives' have occurred internally on the neonatal Hep B process for London. This has explored all elements of the pathway from the results of the ANNB screening programme through to the ordering and taking of dried blood spot tests (DBS). We focused on the early alerts and escalation processes of the CHIS failsafe in working with GP practices and the immunisation commissioning team on ensuring that the course is completed for every at risk baby. Each of the four CHIS Hubs have named Hep B leads and processes are in place to register babies before the one month (2nd dose) vaccine, which is given outside the routine childhood immunisation programme. The London protocol has been updated and is currently being presented and discussed at the ANNB and Immunisation Quality and Performance Boards for North West, North East, North Central, South East and South West London.

2.2 Childhood Immunisations

- We continue to work with our CHIS Hubs to ensure that we have data from all GP practices uploaded for COVER production and that processes are in place to facilitate timely removals and movers information. London currently has a churn of 33% of its 0-1s.
- We are working with our national colleagues on a project exploring the factors affecting the timing of receipt of vaccinations in London and to update previous vaccine coverage by ethnicity analysis.

- We are also about to commence work with our PHE field epidemiology colleagues (and members of our London Evaluation, Analytics and Research Group) in quantitative analysis of factors associated with variation in uptake rates by GP practice and the setting up of an evaluation of our call/recall best practice guidance, which has been announced in the December edition of the GP Bulletin. We continue to support our research partners on projects on understanding and improving knowledge, attitudes and behaviours around immunisation such as the London Councils' funded project on use of behavioural insights to improve uptake of MMR2 in Croydon.

2.3 School Age Vaccinations

- We've validated the end of the academic year 2016/17 for PHE and while we've slightly decreased percentage wise across our school age programmes, the numbers vaccinated increased between 2015/16 and 2016/17. However, our denominators have equally increased. To combat this effect, we have switched from monthly to bi-weekly performance monitoring and we've set trajectories. We've noticed that providers have responded positively to these trajectories, particularly around child 'flu.

2.4 'Flu and Adult Vaccinations

- The 2017/18 'Flu season has commenced. Update of vaccinations as of week ending 19/11/17 are summarised in Table 2.4.1 and school delivery for October 2017 in Table 2.4.2 below. An ongoing risk to the collection is that only 67.2% of London GP practice returns are being uploaded compared to the 92% return this time last year. This IT issue is being handled at a national level. Uptake so far is similar to that of last year in London. Table 2.4.1 does not reflect the bulk of activity in schools and Table 2.4.2 does not reflect the 212,500 vaccinations given in community pharmacy.

Table 2.4.1 Vaccination uptake of Child 'flu vaccine by School Aged Providers in London October 2017/18 compared to England average and October last year

	Child 'flu Reception	Child 'flu Year 1	Child 'flu Year 2	Child 'flu Year 3	Child 'flu Year 4
London 2017/18	13.8%	13.9%	13.4%	12.7%	11.9%
London 2016/17	13.2%	16.1%	10.6%	10.1%	n/a
England 2017/18	18.1%	17.9%	17.5%	17%	16.2%

Source: PHE (2017)

Table 2.4.2 Vaccination uptake of 'flu vaccine for the prioritised groups recorded by GP practice or HCW trust London 2017/18 compared to England average and last year for week ending 19/11/17

	Child 'flu 2 years	Child 'flu 3 years	Pregnant women	Clinical at risk groups (6 months – 64 years)	HCW
London 2017/18	22.6%	22.4%	34.2%	37%	36.5%
London 2016/17	23.1%	24.4%	34%	38.8%	28.5%
England 2017/18	32%	32.2%	40.6%	40.9%	40.4%

Source: PHE (2017)

As outlined in the last report, we are piloting delivery of Men ACWY vaccine to 18-25 year olds through community pharmacies throughout London. By September over 1,300 pharmacies signed up to deliver the vaccine and were trained. Vaccinations can be booked through www.londonflu.co.uk and pharmacies have been commissioned to do 'pop up' clinics when requested by third level institutions. A 'pop up' clinic can get an average of 200 vaccinated but there has been a delay in the provision of university contact details to the relevant pharmacies. Promotional material was also slow to arrive but campaign work commenced in early November, including liaising with Meningitis UK. As of 29th November 880 vaccines have been given in London and the majority of vaccinations were given in North Central London and North East London (mostly in Camden and Tower Hamlets). The uptake is slower than projected but we are continuing to implement and monitor. A formative evaluation is planned to take place in January 2018.

Our joint promotional project with the Office of CCGs for improving uptake of Shingles vaccine uptake has not been as successful as envisioned. In June 2017, we sent a London shingles vaccine kit to every general practice in London and encouraged calling eligible patients in for vaccination over the summer (Shingles vaccination is opportunistic under the enhanced service). The aim was to improve the overall uptake of shingles vaccine (as measured by age 70 and age 78) in London by vaccinating people during the summer months. However, our rates have continued to drop since 2013/14, we are now 41.3% for age 70 for 2016/17, down from 47.1% in 2015/16. We vaccinated 91 more 70 year olds this year and so despite the falling rates, we have stabilised the numbers vaccinated. The rates have been affected by changes in the eligibility criteria which means that the data collection for 2016/17 does not include 69 year olds who became eligible under

the new 2017/18 Shingles eligibility. We have started a summative evaluation to identify the barriers to why this campaign was not as effective as expected. This will include practice visits and interviews and a piece of research into the patients' viewpoints and acceptability of the vaccine in London. We are also looking into whether the campaign has seen increases in the non-recorded cohorts i.e. 71-75 year olds. We are continuing to work with the Office of CCGs to promote shingles vaccine.

2.5 London Immunisation Board

- Following the review of the London Immunisation Board earlier this year, subsequent discussions and the evaluation of local immunisation plans and partnerships, the London Immunisation Board is being restructured to better reflect the requirements of commissioning and strategically leading immunisation programmes for London today and in the future. The London Immunisation Partnership will replace the London Immunisation Board and will comprise of three groups:
    1. Quarterly Forum Meetings [Plan it]
        - These consist of one 'intentions setting meeting' and three 'deep dives'/hackathons into specific immunisation programmes or aspects of programmes
        - This will involve inviting all relevant people including service users and industry to find solutions to common issues for Section 7a immunisations. These solutions should be ones that all participants present are enabled to progress.
        - Crowdsourcing can also be considered.
        - Accountability can include pledges to support NHSE's work
        - There will be a core membership – PHE, NHSE, ADPH, LMC, CCG and SAV/maternity/pharmacy provider representatives - who will preside over the intentions setting and who will meet virtually if regional consensus is required for decision making
        - Patient/public involvement will be virtual via a public panel
    2. London Immunisation Business Group [Do it]
        - This group of PHE HPT and NHSE PH commissioning will continue to work together to achieve the joint objectives of improving coverage and uptake of immunisation programmes in London such as managing Imms01, immunisation training and other operational matters
    3. London Evaluation, Analytics and Research Group [Review it]
        - Continuation of this Advisory group which provides access to a relevant evidence base and highlights gaps in this in order to support the commissioning and delivery of Section 7a immunisation programmes and inform policy and practice in London. This group is also keen to lead on the development of a strategy to reduce health inequities and inequalities in immunisations.
- The partnership, like the STP ANNB and Immunisation Programme Boards will be accountable to Internal PH and HIJ Quality Assurance Group.

- Sign off of policies and immunisation plans will be done via the PH and HIJ Quality Assurance Group (after discussion at the EAR and Immunisation Business Groups).
- Quality assurance to local authorities will continue via NHSE reports to HSOCs and HWBBs.
- Additional assurance to DPHs will continue via quarterly London Immunisation Partnership Reports (formerly the Board reports); quarterly updates to ADPH (i.e. this report) and attendance at ADPH meetings.

3 Antenatal & Newborn Screening

3.1 London ANNB Screening P&Q Boards

The London ANNB Screening Performance and Quality Boards are aligned to the Local Maternity Systems. LA Public Health and CCG maternity commissioners are included in the membership of the Boards, and meeting papers are circulated prior to the meetings. Please contact the ANNB screening team in NHSEL if you are able to attend or send a representative to the meeting.

These boards have recently been reviewed and now include maternity and neonatal immunisations in addition to ANNB screening. This reduces supplication of meetings for external members, and allows pathway flows across maternity and community children's services to be followed. The most recent board meetings were in late November, and dates for 2018 will be distributed when they are available.

3.2 Foetal anomaly screening (FASP, includes Down's Syndrome, Edwards' Syndrome and Patau's Syndrome)

Non-invasive Pre-natal Testing (NIPT) is being introduced as an evaluative roll-out from 2018. Several national groups have been established to plan this. The test will be available for women who have a primary screening risk calculation of 1 in 150 or higher. Maternity units have been asked to identify 3 leads per unit to attend national training from September, and to then cascade this training through their local maternity units. All maternity units should now have attended training, and be disseminating this locally.

NIPT laboratories will be procured as part of the national genomics procurement. It is envisaged there will be 6-8 genomics laboratory hubs. For NIPT, it is likely that there will be 2-3 laboratories nationally, to balance throughput of tests with resilience. The national Invitation to Tender will go out in early December, with contracts awarded in March/April 2018. Once the laboratories are known, London work to establish NIPT ready to roll out in October 2018 will begin.

PHE Screening have published a report on the annual standards information for fetal anomaly screening, for 2015/16. This report shows information by region for each of the nine standards in the programme, and makes recommendations for the screening programme, commissioners, maternity units and laboratories. NHSEL will be discussing these individually with each maternity unit to ensure they are included in their action plans. The full report is available at

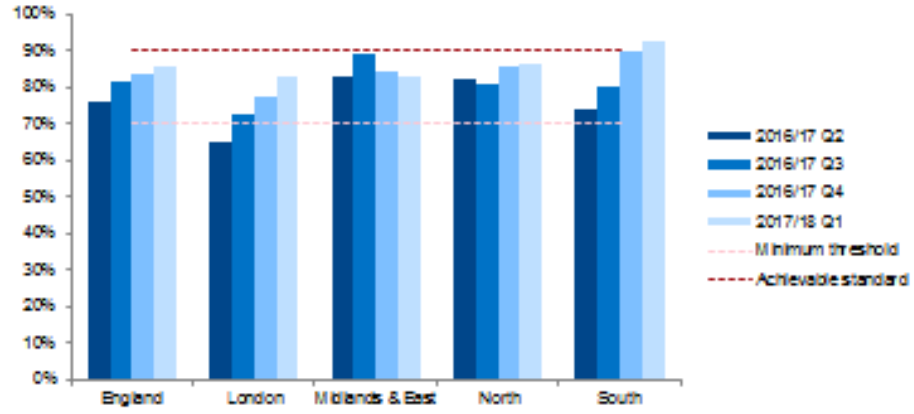
https://www.gov.uk/government/publications/fetal-anomaly-screening-programme-standards-data-report In general, London performs in line with other regions, and the overall recommendations are all relevant. However, data completeness was an issue for some indicators, and NHSEL are also in discussion with PHE Screening to clarify specific areas of concern.

In line with the report recommendations, a new KPI was introduced from April 2016, and data collection is now being rolled out. This indicator looks at coverage of the fetal anomaly scan, which is carried out at 18 to 20 weeks gestation. The FA2 indicator measures the proportion of pregnant women eligible for fetal anomaly screening for whom a conclusive screening result is available within the designated timescale. This KPI is collected and presented 2 quarters in arrears. As a new KPI in the first year of collection, FA2 was being used by healthcare professionals and quality assurance services as an experimental indicator. In this period data quality and completeness were improved, with the planned formal publication of data from 2017/18. Preliminary reporting across London shows 18 of the 25 (72%) maternity units were able to report on the KPI, compared to 67.6% of maternity units in England. This is a small improvement on Q2, where 16 units were able to report.

3.3 Infectious Disease Screening

Timely referral of hepatitis B positive women for specialist assessment
Women found to be Hep B positive should be referred to a liver disease specialist within 6 weeks, for full assessment, treatment if indicated, and to plan for the birth of the baby. This is a KPI, with the acceptable standard that 70% of women seen within 6 weeks and the achievable standard 90%. Due to small numbers, quarterly KPI data is not published for this indicator below regional level.

ID2: Antenatal infectious disease screening – timely assessment of women with hepatitis B



	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1
England	76.4%	81.5%	83.5%	85.5%
London	65.0%	72.5%	77.7%	83.1%
Midlands & East	82.5%	89.0%	84.5%	83.3%
North	82.4%	80.9%	85.5%	86.7%
South	74.1%	80.0%	89.5%	92.9%

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Performance on this KPI has improved markedly over the past year, and most women are now seen within the required timescale.

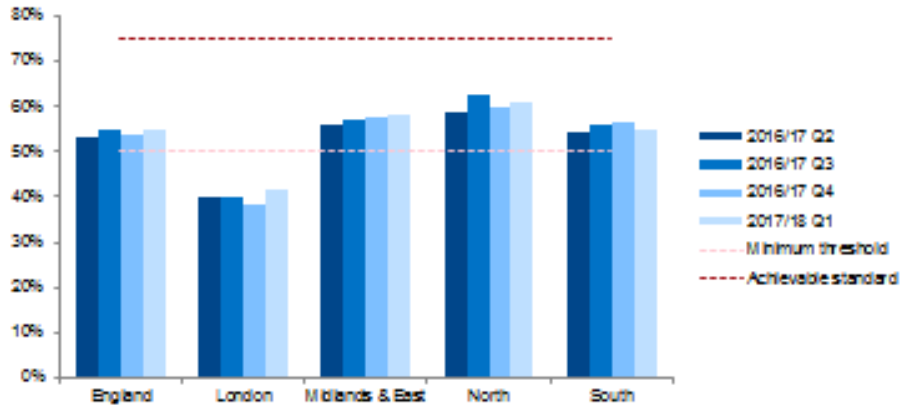
The inclusion of maternity and neonatal immunisations in the LMS-aligned ANNB Screening Performance and Quality Boards allows a greater focus on the pathway for mothers and babies from the initial test antenatally to the final serology on the baby at one year of age. One of the points in the pathway to be strengthened is the transfer of information from maternity to child health and primary care. Letters were developed by NHSEL to be sent to GPs and CHIS, and use of these has recently been audited. The letters have been updated in light of the audit results, and the new versions will be in use from the New Year.

3.4 Sickle Cell and Thalassaemia Screening

Timeliness of Sickle Cell and Thalassaemia (SCT) testing
Timeliness of Sickle Cell and Thalassaemia screening is an ongoing issue across London.

The quarterly KPI for timeliness shows improvement in performance across some trusts.

ST2: Antenatal sickle cell and thalassaemia screening – timeliness of test



	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1
England	53.1%	54.0%	53.9%	54.0%
London	40.1%	39.9%	38.1%	41.7%
Midlands & East	56.0%	57.3%	57.7%	58.4%
North	58.9%	62.3%	59.7%	61.0%
South	54.4%	56.0%	56.6%	54.9%

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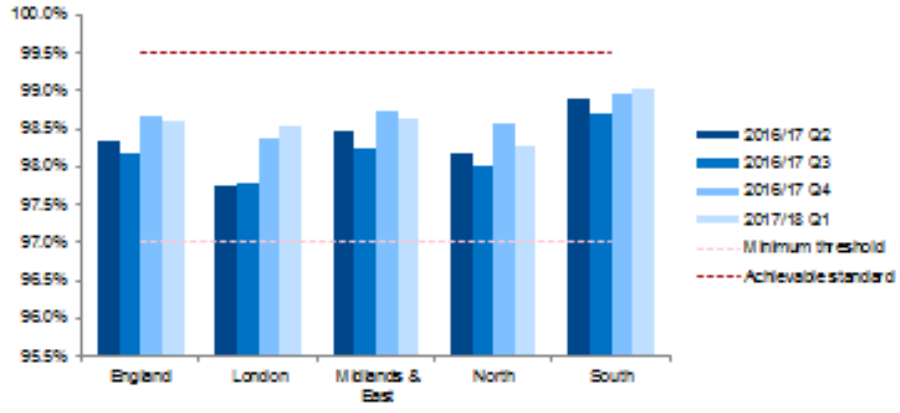
London performs very poorly for this indicator compared to the other three regions, all of which are consistently able to meet the acceptable standard. The implication for couples of late diagnosis of affected pregnancies is shown in a report of patient experiences of Sickle Cell and Thalassaemia screening, available at http://www.sicklecellsociety.org/parents-stories/ . These stories also highlight that delays in the screening pathway may continue even when parents are in services, and PHE Screening nationally have developed an audit tool which NHSEL are asking all maternity units to complete.

Nationally, a new KPI will be introduced from next year which will measure the proportion of couples able to access diagnostic testing by 12 weeks gestation.

3.5 Newborn Hearing Screening

One KPI for newborn hearing screening is published quarterly by provider, KPI NH1, which measures the proportion of babies who receive a hearing screen within 4 weeks of birth. This KPI is collected by screening provider, and there have been several changes of provider sites across London.

NH1: Newborn hearing screening – coverage



	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1
England	98.3%	98.2%	98.7%	98.6%
London	97.7%	97.8%	98.4%	98.5%
Midlands & East	98.5%	98.2%	98.7%	98.6%
North	98.2%	98.0%	98.6%	98.3%
South	98.9%	98.7%	99.0%	99.0%

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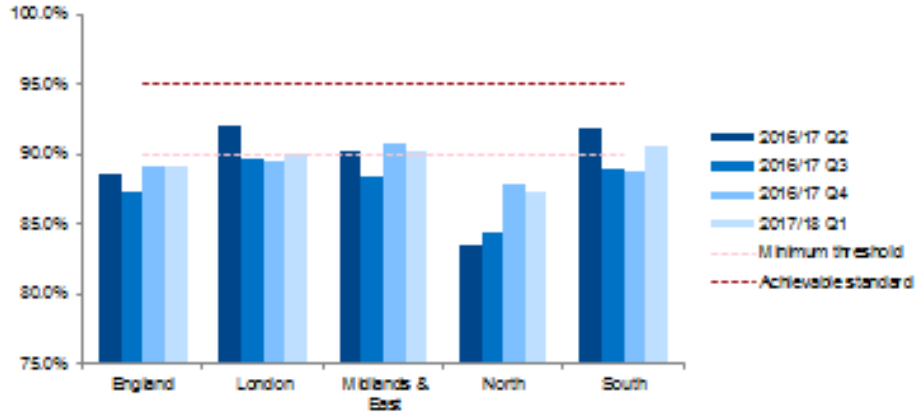
Coverage in London has improved and is now comparable with other regions, since babies born within the Portland Hospital (a private facility, but with babies eligible for NHS screening services) are now screened by one of the NHS hearing screening providers. Since establishing a hub and spoke model of service across South East London, coverage across the area covered by that service has improved, and for the past four quarters has been above the acceptable threshold. This has had an appreciable impact on coverage across London as a whole. Discussions are now underway on establishing a similar hub and spoke model in North West London.

KPI NH2 measures the timely assessment for screen referrals, with a requirement that babies receive audiological assessment either within 4 weeks of the decision that referral for assessment is required or by 44 weeks gestational age. This is reported quarterly by region but only annually by provider unit because of small numbers.

NH2: Newborn hearing – timely assessment for screen referrals



	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1
England	88.5%	87.3%	89.2%	89.2%
London	92.0%	89.6%	89.5%	90.0%
Midlands & East	90.5%	88.4%	90.7%	90.2%
North	83.6%	84.4%	87.9%	87.4%
South	91.9%	89.0%	88.7%	90.6%

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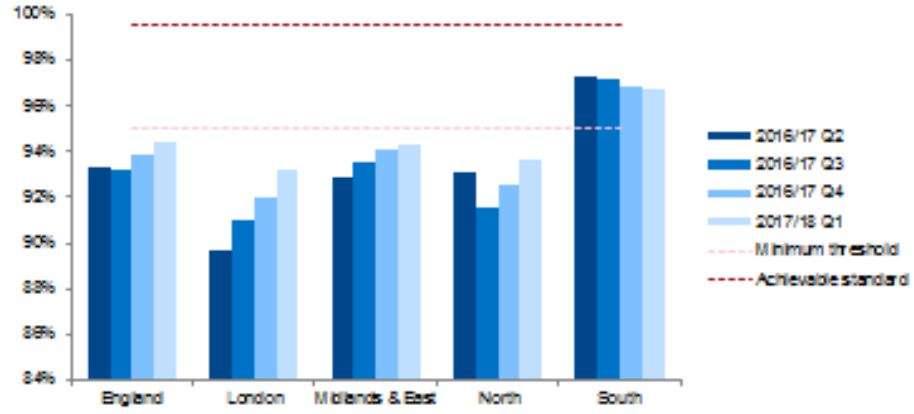
3.6 Newborn Infant Physical Examination

The national NIPE screening programme covers the 72 hour examination of hips, heart, eyes and testes. Many maternity units also include other clinical examinations, but these are not a formal part of the NIPE screen. The NIPE handbook includes guidance on the 6-8 week NIPE examination, which GPs can work to, but this is not yet part of the screening programme. The handbook is available at https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook

Reporting the NIPE KPIs is now mandatory, and overall for England there is now 93.8% completeness of reporting. NHSE is now beginning to focus on the performance of those units able to report as well as on whether or not units are able to report, since many of the units reporting are not meeting acceptable standard for timely coverage of NIPE. The main difficulties for most unites are completeness of data capture rather than underlying performance, since different groups of staff carry out the NIPE examination, and action plans are in place.

NP1: Newborn and Infant Physical Examination – coverage (newborn)



	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1
England	93.3%	93.2%	93.8%	94.3%
London	89.7%	91.0%	92.0%	93.2%
Midlands & East	92.9%	93.6%	94.0%	94.3%
North	93.1%	93.5%	93.6%	93.6%
South	97.3%	97.1%	96.9%	96.7%

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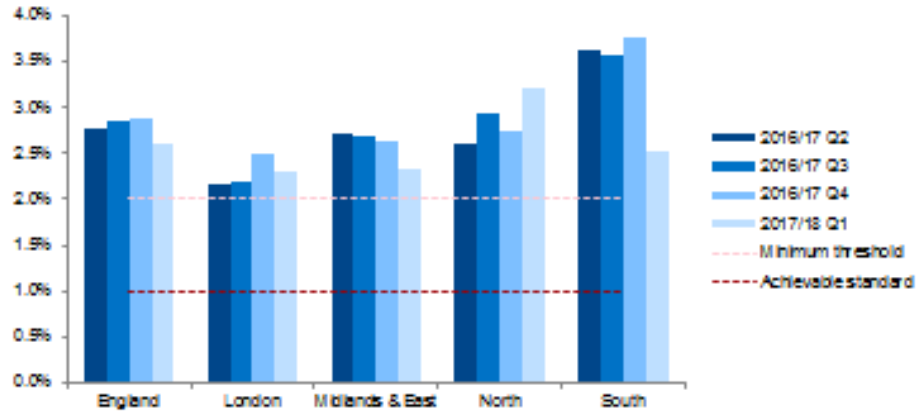
KPI NP2, timely assessment of developmental dysplasia of the hip, measures the proportion of babies who have a positive screening test on newborn physical examination and undergo assessment by specialist hip ultrasound within 2 weeks of age. Due to small numbers this KPI will be publically reported annually by provider. As a newly introduced indicator, this is still under development. Quality of data collected is improving but is not yet sufficiently robust to allow interpretation.

3.7 Newborn bloodspot screening

NHSEL has focused strongly on reducing the proportion of babies having an avoidable repeat bloodspot sample taken. Information on the reasons behind the avoidable repeats is fed back to each provider monthly, and revised trajectories were agreed for 2017/18 to continue progress towards the acceptable standard of 2.0% for London as a whole, and towards the achievable standard of 1.0% for those trusts which already meet the acceptable standard.

NB2: Newborn blood spot screening – avoidable repeat tests



	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1
England	2.8%	2.9%	2.9%	2.8%
London	2.1%	2.2%	2.5%	2.5%
Midlands & East	2.7%	2.7%	2.6%	2.5%
North	2.6%	2.9%	2.7%	3.2%
South	3.6%	3.6%	3.6%	2.5%

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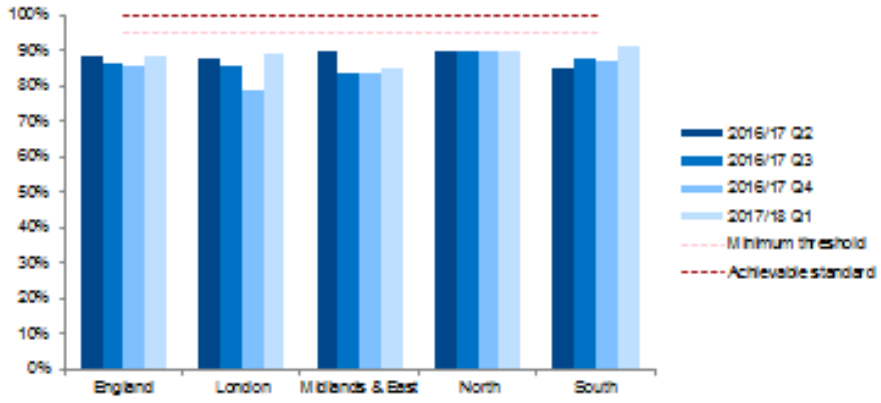
KPI NB4 measures the timeliness of newborn bloodspot screening for babies who have recently moved in to the area.

NB4: Newborn blood spot screening – coverage (movers in)



	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1
England	88.5%	88.5%	88.5%	88.5%
London	88.0%	88.5%	78.1%	89.2%
Midlands & East	89.8%	83.8%	83.9%	84.8%
North	90.0%	89.7%	89.9%	89.8%
South	84.8%	87.9%	87.0%	91.2%

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The management of newborn screening for older babies (aged 1 month to one year) is the responsibility of health visiting services, and NHSE have recently audited how this is carried out across London. A workshop will be arranged in early 2018 to progress this work.

3.8 Incidents and Serious Incidents

Repeat bloodspot tests on older babies have generated a few incident reports recently, with communication difficulties between the bloodspot laboratories, health visiting services and Child Health Information Systems.

Nationally the improved data collection for NIPE has led to recognition of several incidents which have required look-back exercises to check babies. Guidance on how to manage similar incidents in the future is being produced by PHE Screening.

Several incidents nationally in the newborn hearing screening programme, where equipment has been used to screen babies after failing the daily Quality Assurance test, have led to a national audit of how equipment is managed should the daily QA test fail. This audit includes programmes within London, but so far no babies screened within London programmes have needed to be recalled.

4 Cancer Screening

4.1 Cervical screening

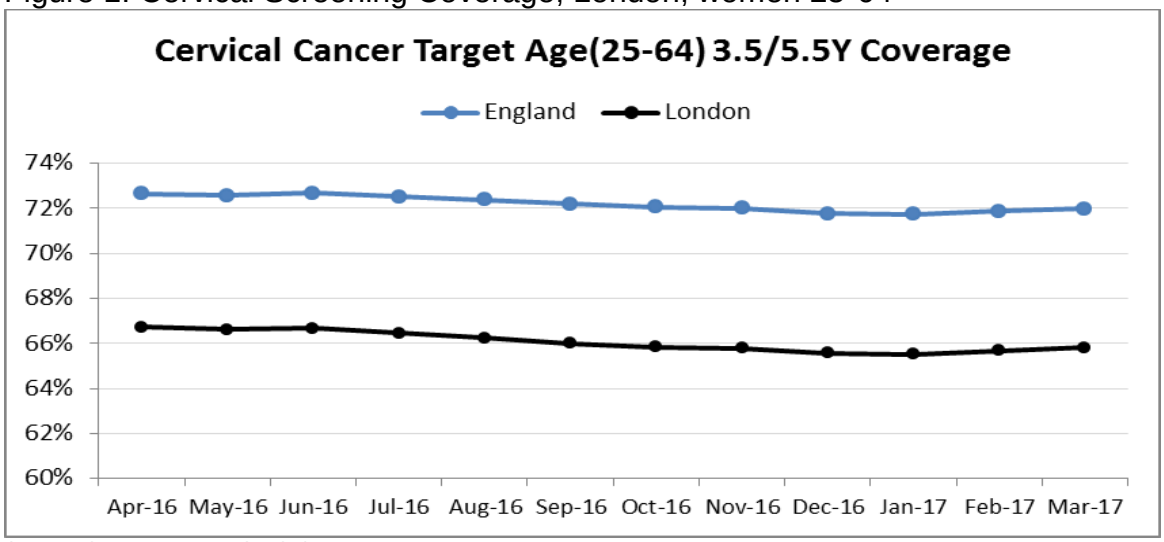
4.1.2 **Coverage**

Cervical screening coverage declined by 0.6% between May 2016 and April 2017 (66.6 to 65.8%) Figure 1. There was a 0.3% improvement in coverage between January and March 2017. London continues to have the lowest coverage in England (65.5 vs 71.7%). The gap is larger is women aged 25-49 years (62.7% vs 69.5%) than 50-64 (75.3% vs. 77.2).

- In 50-64 year age group, three CCGs have coverage rates below 70%: Camden (69.8%), Hammersmith and Fulham (68.3%) and Central London (63.6).
- In the 25-49 year age group, several CCGs have coverage rates below 60%: Barnet (58.7%), Camden (51.7%), Brent (59.5%), Central London (50.8%), Hammersmith and Fulham (54.4%), Harrow 57.8%), West London (52.6%)

All boroughs in London fall below the 80% coverage target but rates vary from 75.1% in Bexley to 55.1% in Camden.

Figure 1: Cervical Screening Coverage, London, women 25-64



Source: Open Exeter NHSE OIC

4.1.3 Improving cervical screening uptake

Improving access

- Royal Marsden Cancer Vanguard is working with GP Federations to explore the offering out of hours screening in Merton, Wandsworth and Hammersmith and Fulham
- The South East London Cancer Alliance is also exploring options to offer out of hours screening across all six boroughs
- NHSE will be contracting London Sexual Health providers to offer opportunistic screening to women who are overdue screening

Campaigns

NHSE is working with Jo's Cervical Cancer Trust to design campaigns targeting women aged 25-49 years in the boroughs with the lowest coverage (Camden, Hammersmith and Fulham, West London, Harrow, Brent, Hounslow, Central London, Barnet).

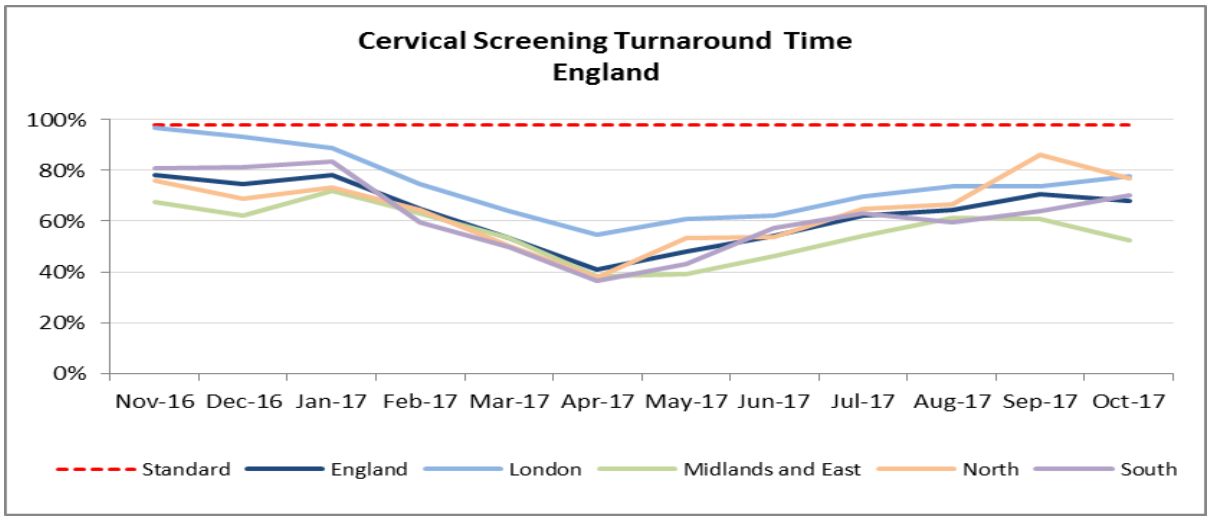
Survey
NHSE has funded Imperial University to undertake a survey to identify the barriers to attendance of cervical screening in London. The survey identified priority, Intention, and knowledge of the benefits of screening as the strongest predictors of screening behaviour. NHSE is working with Imperial to explore how this information can be used to improve uptake e.g. wording of text message reminders, promotion materials

Texting
NHSE will be sending text reminders to all women invited for cervical screening London from Q1 2018/19

4.1.4 Provider performance

Cytology performance- 14 day turnaround time vital signs
Ninety-eight percent (98%) of women should receive their results letter within 14 days of screening. Due to national shortage of cyto-screeners, cytology laboratories are struggling to process cervical samples in a timely manner resulting in large backlogs of samples. London has the best turnaround times in the country, but these fell to 55% in April but improved to 78% in October 2017. Barts (Royal London) and Barking, Havering Redbridge University Trust and Inner and Outer NE London CCGs have been most significantly affected. Both trusts have improvement plans in place so it is anticipated that the upward trajectory will continue and London will meet the 98% target in January 2018. (Figure 3)

Figure 3: Cervical Screening Turnaround Times England



Source: Open Exeter NHSE OIC

4.1.5 HPV Primary Screening

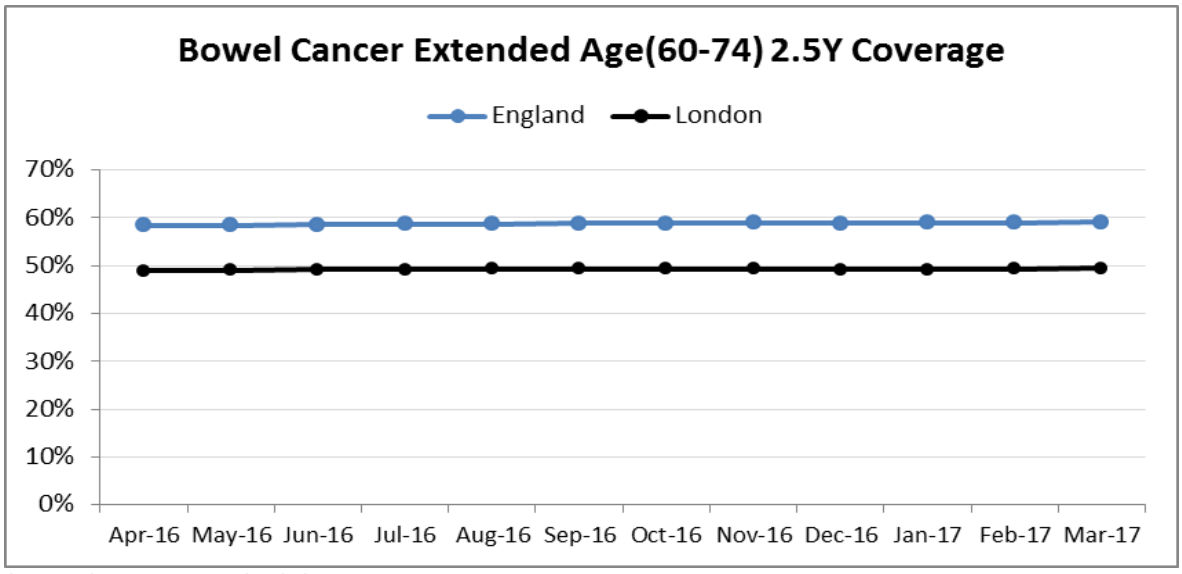
HPV testing will replace cytology as the cervical screening primary across England from 2018. An 80% reduction in cytology activity is anticipated. This will require a reduction in cytology labs in London from ten (currently) to one or two. This will also require procurement of HPV/cytology labs across England. NHSE London has convened cytology and colposcopy clinical reference groups to design future pathways and service configuration.

4.2 Bowel screening

4.2.1 Uptake and coverage

Between April 2016 and March 2017, uptake increased by 2.1% (46.6% to 48.7%) and coverage increased from 49% to 49.6% (Figure 4). Improvements in coverage have been consistent since 2014/15

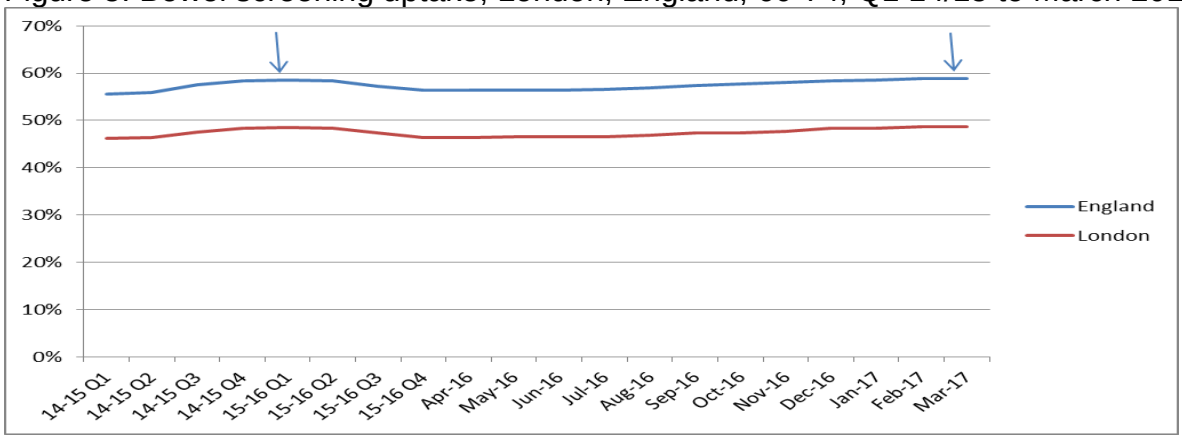
Figure 4 Bowel cancer screening coverage, London, 60-74



Source: Open Exeter NHSE OIC

Monthly fluctuations in uptake of are common in London and across the country. Larger peaks in uptake of approximately 2% occur in London and across country every two years (Figure 5). The reasons underlying this cohort effect are unclear.

Figure 5: Bowel screening uptake, London, England, 60-74, Q1 14/15 to March 2017



Source: Open Exeter NHSE OIC

4.2.2 Improving uptake

- In 2018/19, faecal immunochemical testing will replace faecal occult blood testing within the bowel screening programme across England. Pilot studies have shown that uptake will increase by up to 7%.
- The London Bowel Screening Hub will continue to implement GP Endorsed pre-invitation and enhanced reminders letters. An evaluation of these two interventions is planned. NHSE will also undertake an equity audit to assess variations across the bowel screening pathway.
- The London Bowel Screening Hub will be working with Lewisham CCG to pilot improving uptake of screening in people with learning disabilities working with practices and the community learning disabilities team.
- To reduce inequalities in uptake, bowel cancer screening is offered in prisons and secure mental health units in London (Table 1)

Table 1: Bowel screening in London prisons and secure units

Prison	Screening Centre	Go-Live date
HMP Belmarsh	South East London Bowel Cancer Screening Centre (BCS027)	11/04/2017
HMP Brixton	Kings Bowel Cancer Screening Centre (BCS065)	15/12/2016
North London Forensic Service	University College London Bowel Cancer Screening Centre (BCS016)	15/12/2016
HMP Pentonville	University College London Bowel Cancer Screening Centre (BCS016)	18/01/2017
HMP Wandsworth	St Georges Bowel Cancer Screening Centre (BCS006)	09/02/2017
HMP Wormwood Scrubs	West London Bowel Cancer Screening Centre (BCS019)	TBC

4.2.3 FIT

From April 2018, faecal immunochemical testing will replace the faecal occult blood test within the bowel screening programme. There is work underway across the country to determine the FIT threshold (the cut off for a positive test). This will be dependent on endoscopy capacity. NHSE is working with the Transforming Cancer Services Team (Healthy London Partnership) and partners to support the implementation of FIT as a primary care triage test for colonoscopy in patients with low risk symptoms of colorectal cancer. (NICE Guidance NG 30). Implementation of this guidance will release endoscopy capacity which may be channelled to meet demand from the screening programme.

4.2.4. Bowel scope screening

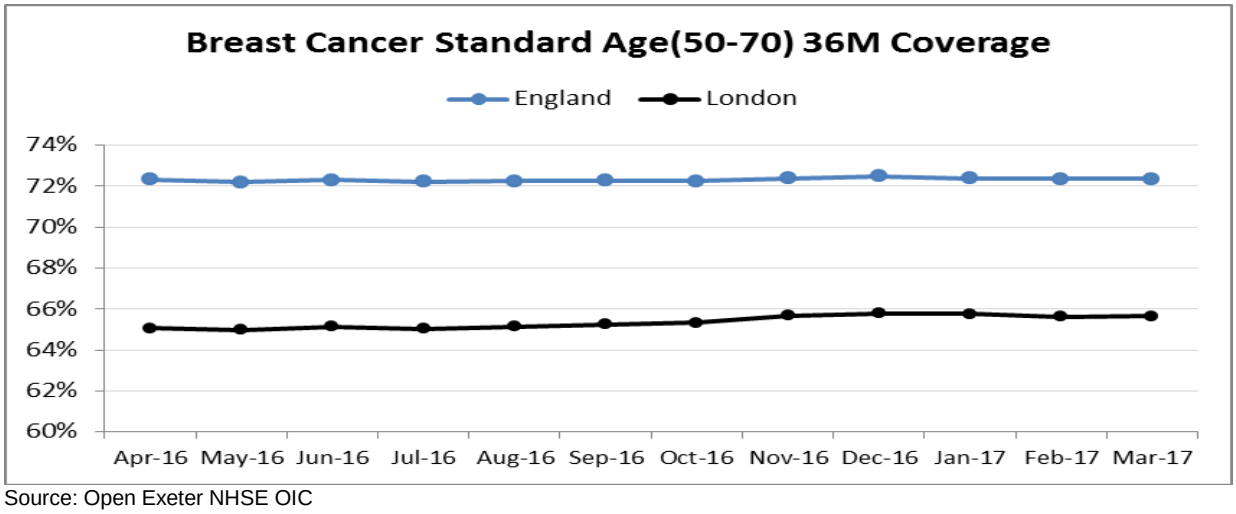
Bowel scope screening (BSS) is rolling out across London. It is currently being offered in 57% of CCGs. Thirty four percent (34%) of practices and 34% of eligible men and women have been invited for screening.
BSS has been fully rolled in Wandsworth, Sutton, Richmond, Brent, Harrow, Ealing and Hillingdon.
The roll-out across London has been slower than anticipated due to a shortage of screening endoscopists and JAG[1] accredited endoscopy units.

4.3 Breast Screening

4.3.1 Uptake and coverage

Between April 2016 and March 2017 breast screening coverage in London increased from 65% to 65.6%. Coverage ranged from 56% in West London CCG to 76% in Bromley. (Figure 6)

Figure 6: Breast screening coverage, London, women 50-70



Source: Open Exeter NHSE OIC

[1] Joint Advisory Group (JAG) on gastrointestinal endoscopy is a quality improvement and service accreditation programme for gastrointestinal endoscopy

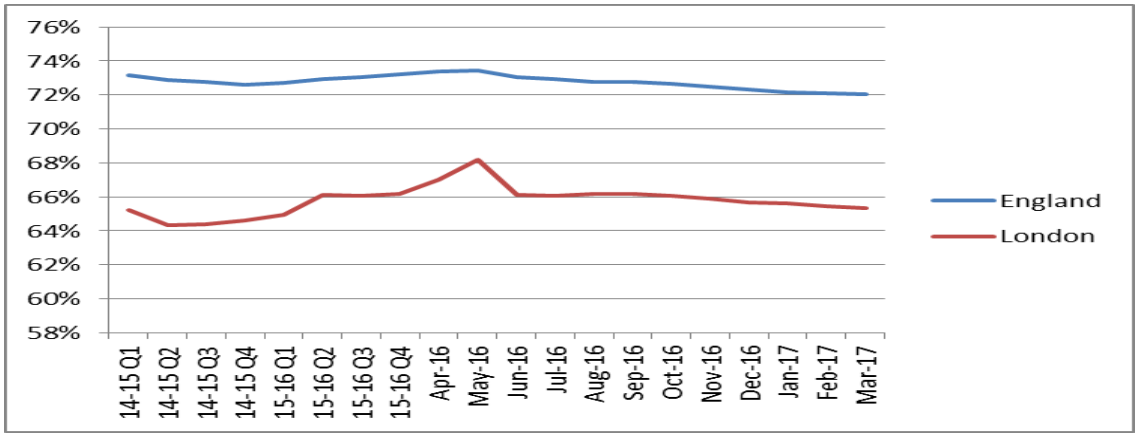
Between Q1 2014/15 and May 2016, uptake in London increased by 2%. Between June 2016 and March 2017, there was a 3% decline in uptake (Figure 7). The improvement was partially as a result of the use of text reminders sent at seven days and 48 hours prior to the breast screening appointment. A rapid review into the implementation of text reminders across London identified that these were not implemented uniformly across London and there was variation in the wording and the timing.

NHSE is undertaking the following to address this:

- An evaluation and review of the uptake improvement initiatives implemented across London from 2014/15
- Re-Specification of the uptake improvement initiatives and monitoring of implementation by the London Breast Screening Hub.

It is anticipated that improved implementation of these evidence-based uptake interventions will halt the decline in uptake and result in further improvements from April 2018.

Figure7: Breast screening uptake, London 50-70, Q1 204/15 to March 2017



5 Adult Screening

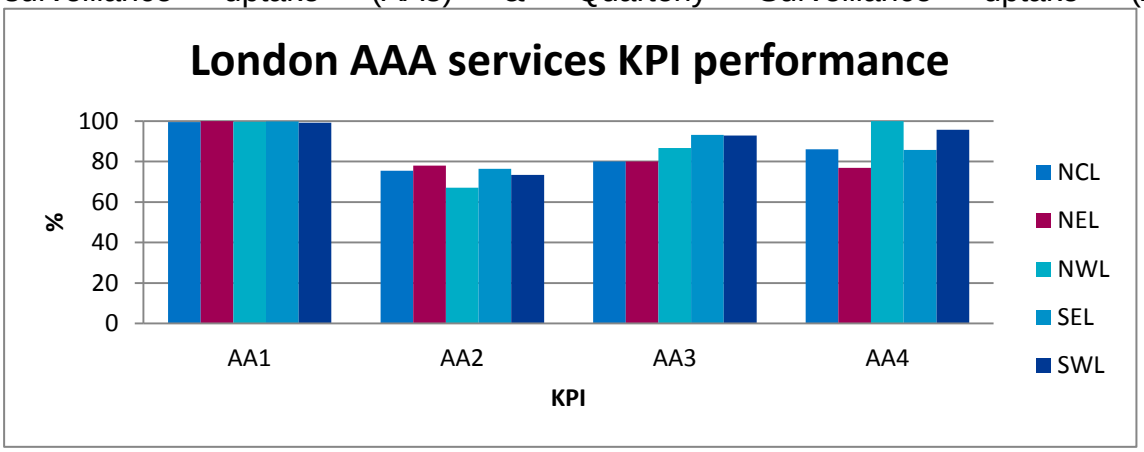
5.1 Abdominal Aortic Aneurysm Screening

5.1.1 Uptake and coverage

AAA is a one off screen for the majority of the population, as such uptake and coverage is measured cumulatively, throughout the year. Figure 6 shows the 2016/17 year end position against the four national KPIs.

Quarter 4 show uptake and coverage is comparable to 2015/16 with the exception of NWL. Uptake in NWL fell by approximately 10% for 2017/18. In 2016/17, significant gains were made due to a programme of promotional work that was deemed excessive and outside of the scope of the NAAASP, by the national team.

Figure 6: Q4 AAA Completeness of Offer (AA1), Coverage (AA2), Annual surveillance uptake (AA3) & Quarterly Surveillance uptake (AA4)



Source: PHE

5.1.2 Procurement

The five AAA services across London are aligned to STP borders (see Figure 7). NHSEL is currently procuring a single London-wide AAA service. Providers will be mobilised in December 2017 and the new service will commence in April 2018.

Figure 7: AAA Services in London

5.2 Diabetic Eye Screening Programme

5.2.1 The programme

There are five DESP providers across London (Figure 8). Q3 reporting showed 425,000 individuals were eligible to receive an invitation to screening in the previous 12 months with 350,000 attending.

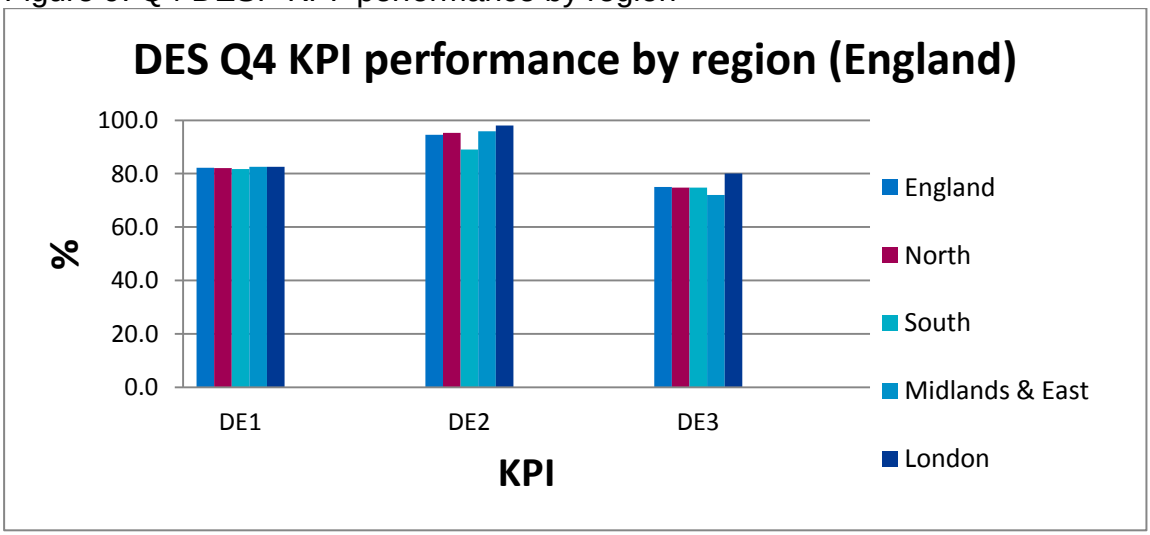
Figure 8: DESP Providers London

5.1.2 Provider performance

KPI	Description	Minimum Standard (%)	Achievable Standard (%)
DE1	Uptake of routine digital screening event	≥ 70.0%	≥ 80.0%
DE2	Results issued within 3 weeks of screening	≥ 70.0%	≥ 95.0%
DE3	Timely assessment for R3A screen positive		≥ 80.0%

Performance of London providers is equal to or greater than performance in other England regions across all KPIs.

Figure 9: Q4 DESP KPI performance by region



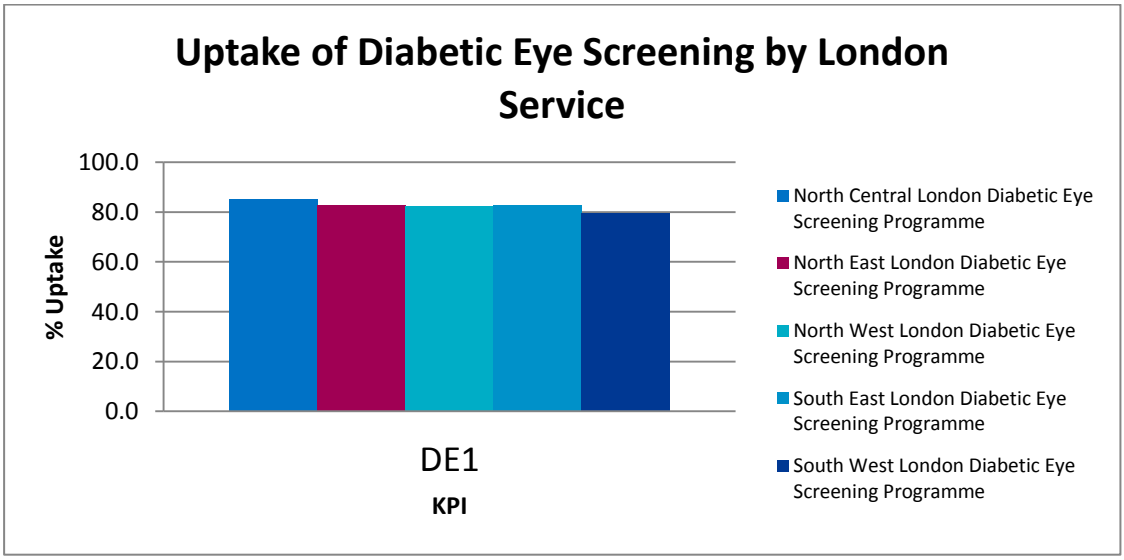
Source: PHE

5.2.3 Uptake

Uptake across all London programmes is equal to or greater than the achievable standard of 80% (Figure 10). Some services – i.e. SEL – have overseen a planned fall in uptake whilst the programme establishes its preferred infrastructure, to support ongoing service improvement and the capability to increase uptake further.

- DES is offered in Wormwood Scrubs, Pentonville and Wandsworth prisons
    - DES will be available in prisons in SEL from Q4 17/18

Figure 10: DESP Uptake London, Q4 2016/17



Source: Open Exeter NHSE OIC

5.2.4 Improving Uptake

Looking forward, the implementation of the pregnancy pathway, the monitoring of performance in secure settings and the delivery of the 2017/18 CQUIN (enhanced surveillance in DESP) are the priority areas on which we will report to this Board. Services are currently undertaking HEA to understand where the area of focus is required to continue uptake and performance improvement

5.2.5 Improving quality

- Pan-London oversight and risk management group has been established with agreed ToR. The Group HAS identified work streams to support project delivery.
- EMIS - Some progress achieved with organisational restructure and key new appointments. Monthly full performance review meetings planned
- AAA is offered in all prisons across London

6 Useful links

2017/18 NHSE Service Specifications are available at https://www.england.nhs.uk/commissioning/pub-hlth-res/

PHE Screening professional briefing with high level national commentary on KPIs. https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-and-briefings-2016-to-2017

The KPI data for each programme is published online at https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting

Background information on cervical screening coverage and its relationship with other health data is available as well as top tips for actions that increase attendance. Data is available on the PHE Screening website and through a new interactive dashboard

Breast screening programme annual statistics 2015-16
http://content.digital.nhs.uk/article/2021/Website-Search?productid=24457&q=breast+screening+&sort=Relevance&size=10&page=1&area=both#top

Cervical screening programme annual statistics 2016-17
https://digital.nhs.uk/catalogue/PUB30134

7. Health in the Justice System

7.1 BBV opt out programme

The BBV opt out programme was introduced in London prisons in April 2017. Each establishment was given additional investment in their contracts in order to recruit to a dedicated BBV nurse with the intention to develop appropriate local pathways in the boroughs with a prison.

London secure establishments

Prison	Current Prison Type	Operational Capacity	Average Monthly Reception Throughput	Sentenced /Remand Mix % (approx.)
Wandsworth	Cat B Local	1628	550*	70/30*
Pentonville	Cat B Local	1310	440	62/38
Wormwood Scrubs	Cat B Local	1275	450	65/35
Thameside	Cat B Local	1232	500*	51/49*
Belmarsh	Cat A and Cat B Local	906	170	72/18
Brixton	Cat C Sentenced	798	90	All sentenced
Isis	Cat C Sentenced	628	80	All sentenced
Feltham (YOI)	Young Offenders	555	80	All sentenced

Data on BBV roll out

	Data Q1 1/4/17 – 30/6/17		Data Q2 1/7/17 – 31/8/17	
	Number	**%**	**Number**	**%**
Q1 Receptions (All Prisons)	**7004**	**100%**	**7137**	**100%**
BBV Test Offered	**5164**	**74%**	**5115**	**72%**
BBV Test undertaken	**2594**	**50% (37%*)**	**2861**	**56% (40%*)**
Hep C +ve antibody	**116**	**4.5%**	**132**	**4.6%**
Hep B +ve antibody	**31**	**1.2%**	**43**	**1.5 %**
HIV +ve	**21**	**0.8%**	**14**	**0.5%**

Represents a % of all receptions *

7.2 Screening in London prisons

Outlined in section 4 and 5 above.

7.3 Drugs and alcohol service delivery

The drug and alcohol screening and treatment targets are part of the 7a programmes. Our providers report to NDTMS each quarter on the level of engagement and uptake of clinical and non-clinical treatment programmes.

Section 7A indicators – substance misuse indicators*	16/17	Q1	Q2	Q3	Q4	17/18
The proportion of individuals in secure environments that engage in structured drug and alcohol treatment interventions who at the point of departure from that establishment either:						
Successfully completed a treatment intervention in custody and did not represent to treatment (either in custody or the community) within 6 months of release;	28.0%	32.8%	30.2%			
Successfully engaged in community based drug and alcohol treatment interventions following release	16.3%	29.7%	25.8%			
Where they were transferred to another prison/C&YPSE, successfully engaged in structured drug and alcohol treatment interventions at the receiving establishment	33.5%	34.9%	34.9%			
% of new treatment entrants starting treatment in the establishment within 3 weeks of arrival (from community or another custodial setting)	99.0%	88.5%	90.6%			
% of the treatment population receiving clinical treatment who are also receiving concurrent psychosocial interventions to address substance misuse	Data Quality Issues	24.3%	20.6%			

* The numbers above are averages across all establishments/centres.

7.4 CAMHS transformation

National funding was made available to the London Health in the Justice System team to develop Collaborative Commissioning Networks between Health & Justice regional teams and CCGs.
This funding was transferred to CCGs within their STP areas and each area has included this justice pathway to CAMHS service in their local CAMHS transformation plans which will be assured by NHS England. The Health in the Justice System team will continue to support the CCGs/STP areas with their work in order to drive these improvements over the next year until it transfers to business as usual.

7.5 Sexual Assault Referral Centres (SARC)

The team is in a co-commissioning arrangement with the Mayor's Office for Policing and Crime for the delivery of SARC services in London – The Havens. King's College

Hospital NHS Foundation Trust provides the Havens as a single service model across London – currently from three sites. NHS England (London) and MOPAC are jointly undertaking a review of the wider model of sexual assault services for London – in close collaboration with the Havens and the four voluntary sector Rape Crisis Centres (RCCs). The intention is to deliver more integrated pathways for survivors of sexual abuse between the Havens and the Rape Crisis Centres across London. The various providers have begun this work and we will start to implement a Gateway framework for all survivors to be consistently supported through a single point of contact telephone number for assessment and engagement with an integrated independent sexual violence advisor (ISVA) service. The Havens will maintain their important work with the Metropolitan Police in supporting women, men and children through the criminal justice system as well as a therapeutic support structure and the Rape Crisis Centres will continue their work with women survivors to ensure they receive a longer term therapeutic service. The developments in this area will continue in 2018-19.

We continue to invest in the services available to children and young people who are victims of sexual abuse with increased advocacy, psychological support and paediatric input in the Children and Young People's Haven. The team is also working with MOPAC on the procurement of a two-year pilot Child House in the North central London STP area funded through NHS England and the Police Innovation Fund from the Home Office.