REPORT FOR:	**HEALTH AND WELLBEING BOARD**
Date of Meeting:	30 June 2016
Subject:	INFORMATION REPORT - NHS England's Annual Update on the delivery of national Immunisation and Screening Programmes in Harrow
Responsible Officer:	Joanne Murfitt Director of Public Health Commissioning and Health in the Justice System and Military Health, NHS England London
Public:	Yes
Wards affected:	All wards
Enclosures:	None

Section 1 – Summary

This report provides an update to the Harrow Health and Well Being Board on progress in the delivery of national immunisation and screening programmes. It updates members on performance and actions that NHSE is taking where performance does not meet national targets.

The report enables the Board to note the actions that NHSE is taking to improve performance and Harrow's performance in key national programmes

FOR INFORMATION

Section 2 – Report

Introduction to NHS England commissioned immunisation and screening services in Harrow

The purpose of this paper is to provide an overview of Section 7a immunisation and screening programmes in the London Borough of Harrow for 2015/16. The paper covers the coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region is doing to improve uptake and coverage in the Harrow population.

Section 7a immunisation programmes are universally provided immunisation and screening programmes that cover all ages and comprise of:

- Antenatal and targeted new-born vaccinations
- Routine Childhood Immunisation Programme for 0-5 years
- School age vaccinations
- Adult vaccinations such as the annual seasonal 'flu vaccination
- Cancer Screening Programmes (bowel, cervical and breast)
- Non cancer screening programmes for Diabetic Eye screening and Aortic Abdominal Aneurysm (AAA or Triple A) screening

Members of the Health and Well-Being Board are asked to note the work NHSE (London) and its partners such as Public Health England (PHE) are doing to increase vaccination and screening coverage and uptake in Harrow.

2.1 Antenatal and Newborn Screening Programmes

2.1.1 Introduction to Antenatal and New-born Screening

Screening tests are used to find women & babies at higher risk of a health problem. Early intervention can reduce:

- Mortality
- Morbidity
- Economic cost of life long treatment and support from health, education and social services.

Diagnosing a condition before birth, or identifying that the fetus is at greater risk of having a condition, can reduce illness or severity of illness in childhood and later life. The screening tests can help in decision making about care or treatment during pregnancy or after the baby is born. Some screening tests need to be offered early in pregnancy and some are offered within a matter of hours after the baby born, so timeliness of antenatal and newborn screening is crucial.

There are six Antenatal and New-born (ANNB) screening programmes, screening for

a total of 30 conditions:

 **Foetal Anomaly Screening Programme** (includes Down's Syndrome, Edwards' & Patau's Syndrome screening; congenital anomaly scan at 20 weeks)

 **Infectious Diseases in Pregnancy Screening Programme** (Hepatitis B, HIV, Syphilis)

 **New-born & Infant Physical Examination Screening Programme** (Hips, heart, eyes, testes)

 **New-born Bloodspot Screening Programme** *(CHT, SCD, CF, PKU, MCADD, MSUD, IVA, GA1, HCU)

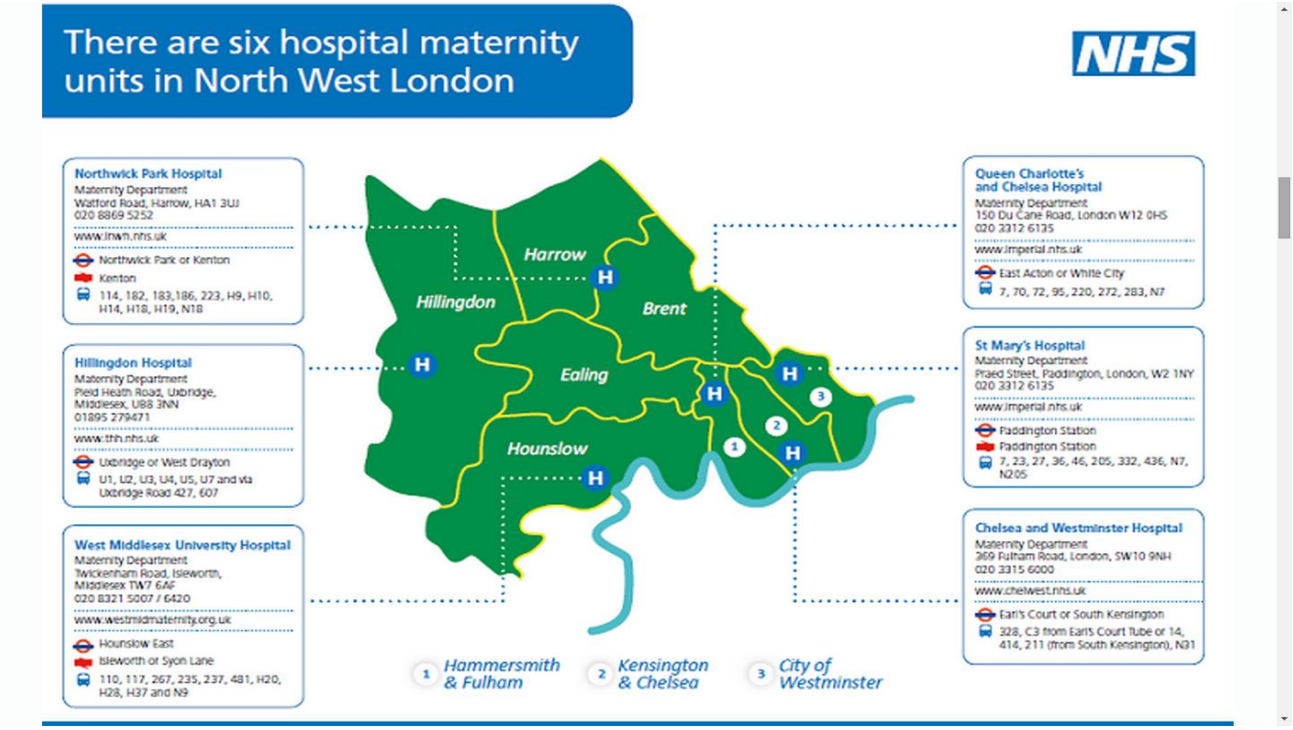
 **New-born Hearing Screening Programme**

 **Sickle Cell and Thalassaemia Screening Programme**

* Conditions screened for in the new-born bloodspot programme are Congenital Hypothyroidism (CHT), Sickle Cell Disease (SCD), Cystic Fibrosis (CF), Phenylketonuria(PKU), Medium-Chain Acyl-CoA dehydrogenase Deficiency (MCADD), Maple Syrup Urine Disease (MSUD), Isovaleric Acidaemia (IVA), Glutaric Aciduria Type 1(GA1), Homocystinuria (HCU).

2.1.2 Maternity Providers for Harrow

Antenatal screening usually starts at the booking appointment, when women are given information about the conditions screened for and informed consent is taken for the tests. *Early booking is crucial* for ensuring that there is sufficient time to screen women and explain the results. Women have a choice of maternity provider. There are six maternity units in North West London, so information on ANNB screening performance across all these units is presented here.



2.1.3 Commissioning for ANNB Screening

Commissioning arrangements for antenatal and new-born screening are complex. NHSE (London) commission screening services as part of the Section 7a arrangements, however, funding for maternity is through a tariff arrangement. The majority of the funding for antenatal screening included within the antenatal tariff, and postnatal screening within the postnatal tariff. CCGs set the contract and commission maternity services from trusts.

NHSE London retains overall responsibility for ANNB screening commissioning, and leads on performance management, implementation of new developments, incident management, and pathway co-ordination.

The ANNB Screening Commissioning Team links to CCGs through the NWL ANNB Screening Performance and Quality Board, and London Maternity Strategic Clinical Network Commissioning Advisory Group. Links to Local Authority Public Health Directorates are via the NWL ANNB Screening Performance & Quality Board and through regular assurance reports to Directors of Public Health.

2.1.4 Key Performance Indicators for ANNB Screening

There are several KPIs for each screening programme. Full data from these is available online at https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting. The most recent data published is from Quarter 3 2015/16, (appendix 2) for London by maternity provider.

Some areas of performance for KPIs in Harrow need further support. These include:

- Timeliness of sickle cell and thalassaemia screening,

- Timely referral to hepatology services for women who screen positive for Hepatitis B,
- Completion of laboratory request forms for Down's, Edwards and Patau's Syndromes.

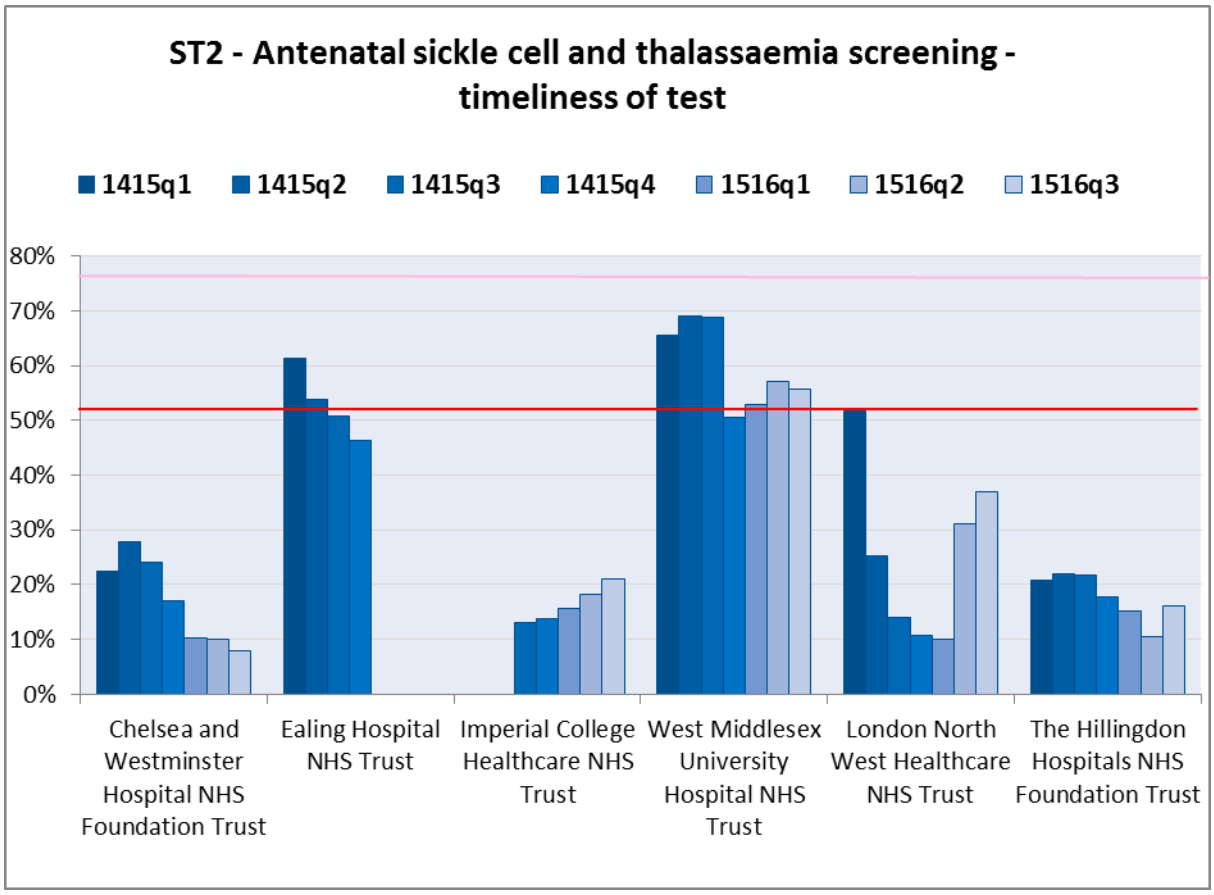
Performance for the newly established KPI for Newborn Infant Physical Examination also appears poor; however the requirement for this indicator is that maternity units should be able to report data by Q1 2016/17, i.e. from April 2016 forward. All NWL maternity units have plans in place to be able to do this.

Sickle Cell & Thalassaemia

KPI ST2 : **Proportion of women with an SCT screening result by 10 weeks gestation.**

This KPI target is set to allow time for those women who screen positive (i.e. are carriers of sickle cell disease or thalassaemia) to have their partner tested, and then if both parents screen positive to consider an invasive diagnostic test on the baby. If the baby tests positive for either sickle cell disease or thalassaemia, parents may then wish to consider termination of the pregnancy, and this option should be available to them before 12 weeks gestation.

Fig 1: Timeliness of antenatal sickle cell & thalassaemia screening North West London 2014 – 15

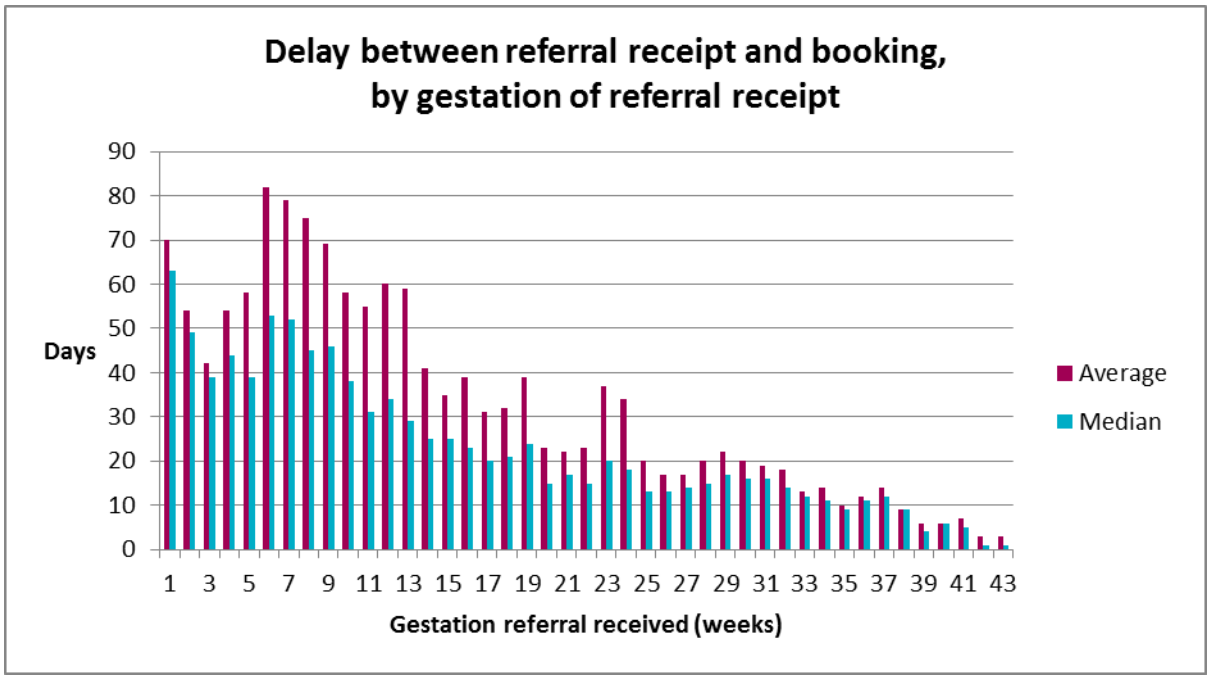


The acceptable level for this KPI is 50% and the achievable level is 75%. *London is the worst performing region* for this measure, and within NWL there is wide variation between hospitals. West Middlesex is the only hospital to consistently meet the acceptable standard, and performance in Chelsea and Westminster, Hillingdon and Imperial College is consistently poor.

Promoting early access to maternity services in Harrow should be a priority.

NHSE has recently carried out a Health Equity Audit of early bookings in London, however only three maternity units from NWL returned data. Only one was able to give data on the gestation the referral was received as well as the gestation when the woman was seen. Across London the audit has shown considerable delay between referrals being received by maternity units and the first booking appointment, with both average and median delays of over a month for referrals received in the first trimester. *Improving processing of referrals within hospitals could greatly improve the proportion of women able to access timely screening*, in addition to having other benefits in improving maternal and child health.

Fig 2: Delays between referral receipt and booking in London 2013/14



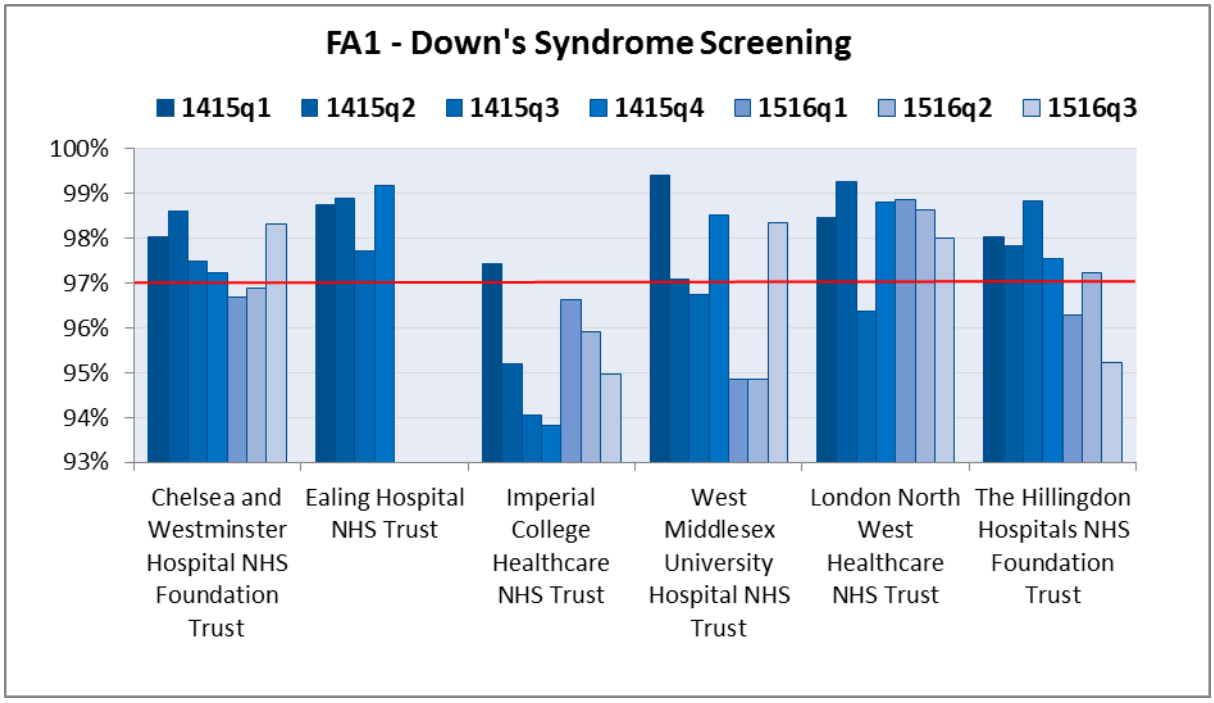
Source: NHSE Health Equity Audit of Early Booking

Foetal Anomaly Screening Programme

KPI FA1: Down's syndrome screening - completion of laboratory request forms

This indicator relates to the completeness of information sent to the Down's Syndrome Screening Laboratory. This information is needed in order for the laboratory to produce an estimate of the risk of the pregnancy being affected by Down's Syndrome, Edwards Syndrome and Patau's Syndrome. Incomplete information on the form will lead to a delay in calculating the risk estimate, and so will reduce the time available for women to have an early invasive diagnostic procedure if this is their choice. The acceptable level for this indicator is 97% and the achievable level is 100%.

Fig 3: Down's syndrome screening - completion of laboratory request forms 2014 -15



Use of electronic forms in some hosptials has greatly reduced the errors in completing forms, and NHSEL are encouraging all maternity units to negotiate with the laboratories that they sub-contract with to introduce the use of electronic forms.

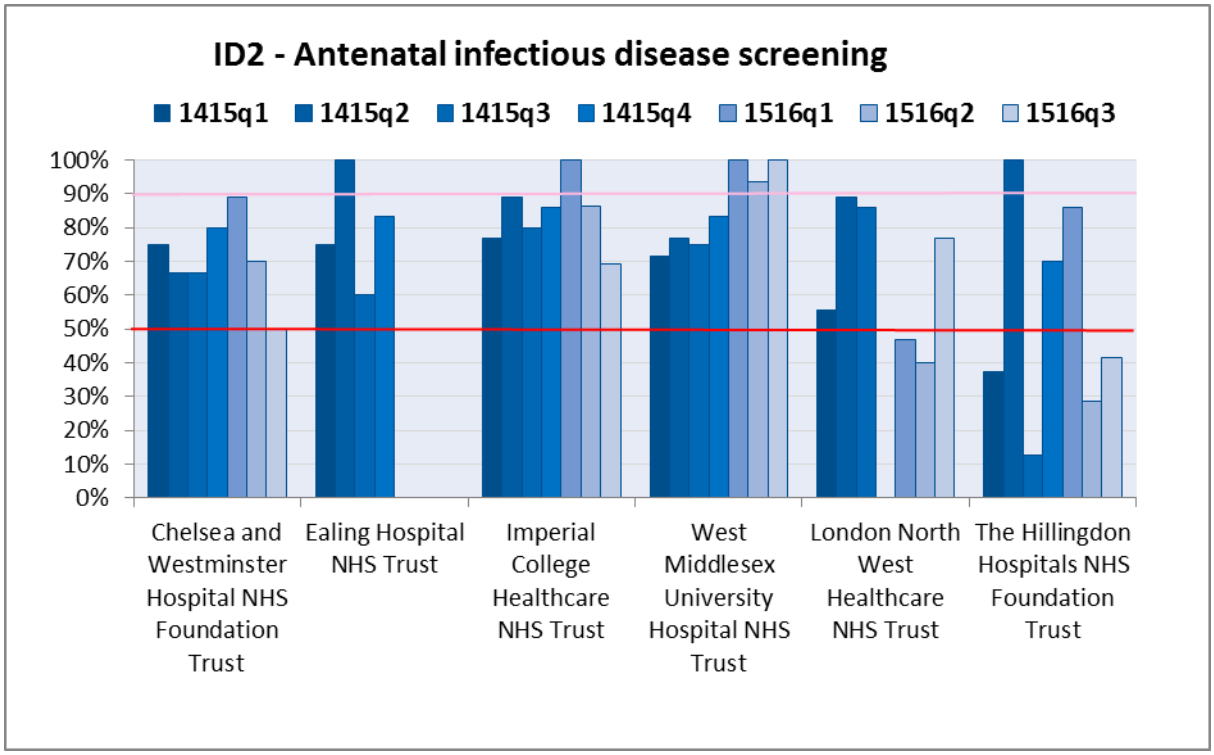
Infectious Diseases in Pregnancy Screening Programme

KPI ID2: Timely referral of women to hepatology

Women who are found to be Hepatitis B positive need to be referred to specialist services for full assessment and further management in order to prevent transmission of Hepatitis B to the baby. Reducing the viral load of women during pregnancy is an important component in reducing the transmission risk, as well as also improving the mother's health. Timely referral is important even for those women who are known to be Hepatitis B positive and are already under specialist care, since pregnancy impacts on the mother's immune system.

The acceptable KPI standard is that 70% of Hepatitis B positive women are seen by a specialist within 6 weeks, and the achievable target is 90%. In Q3 2015/16 (the latest data available) there were 299 women who screened positive for Hepatitis B and only 195 of these had a specialist assessment within 6 weeks (65.2%), meaning that 104 women did *not receive optimum care*. For *North West London maternity units, there were 54 women who were Hepatitis B positive and 36 of these were assessed within 6 weeks (66.7%).* Performance in most hospitals is not yet consistent. West Middlesex is the only unit which has been able to meet the achievable target.

Fig 4: Timely referral of hepatitis B positive women for specialist assessment 2014-15



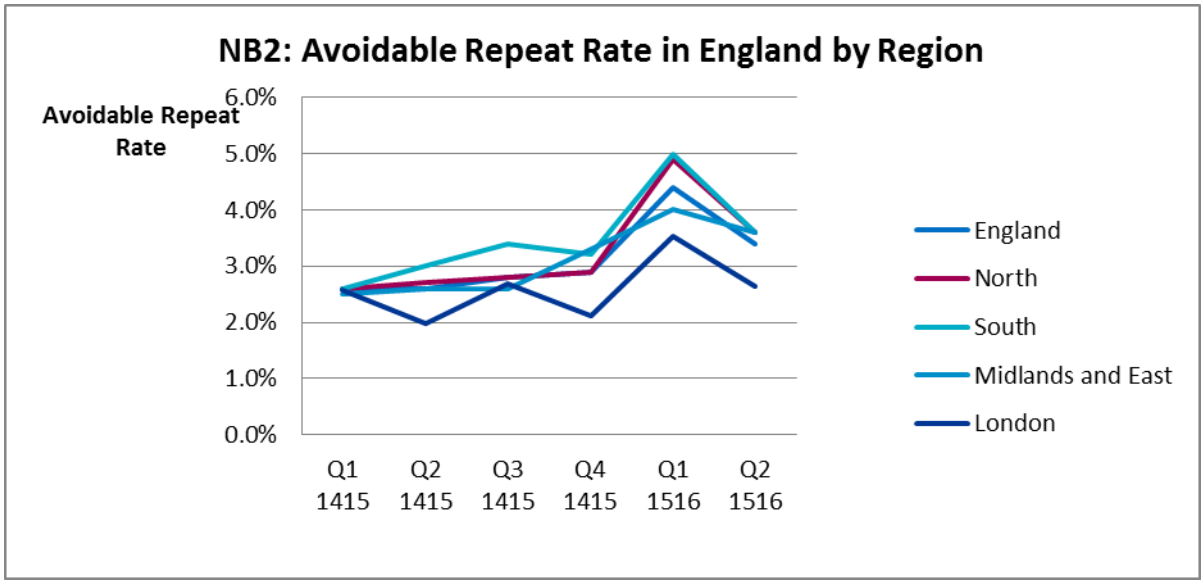
Newborn Bloodspot Screening Programme

KPI NB2: Avoidable Bloodspot repeats

NHSE London has focused strongly in 2015/16 on reducing the proportion of babies having an avoidable repeat bloodspot sample taken. The rate has financial and workforce capacity implications and more importantly can cause anxiety and distress to parents and babies. Information on the reasons behind the avoidable repeats has been fed back to each provider, and a trajectory agreed with each aiming to meet the acceptable standard of 2.0% by the end of 2015/16. North West London Hospital Trust has been set a challenging trajectory of 1.5% driving towards the achievable standard of 0.5%. The work towards this started in mid-2015, and the impact can be

seen on the performance of London compared to other regions from Q4 2014/15 onwards.

Fig 5: Avoidable bloodspot repeat rate by Region 2014/15 to 2015/16



This work has mitigated the impact of the more stringent new standards introduced in April 2015 and London has a smaller percentage of babies requiring an avoidable repeat test than any other region. Nevertheless, in Q3 2015-16 there were 932 babies who did require an avoidable blood sample, causing distress to the baby and family and cost to maternity services. This will continue to be a focus for 2016-17, and trajectories will aim for the achievable standard of 0.5%.

Fig 6: London Region avoidable bloodspot repeats, trajectory and actual 2015 -16

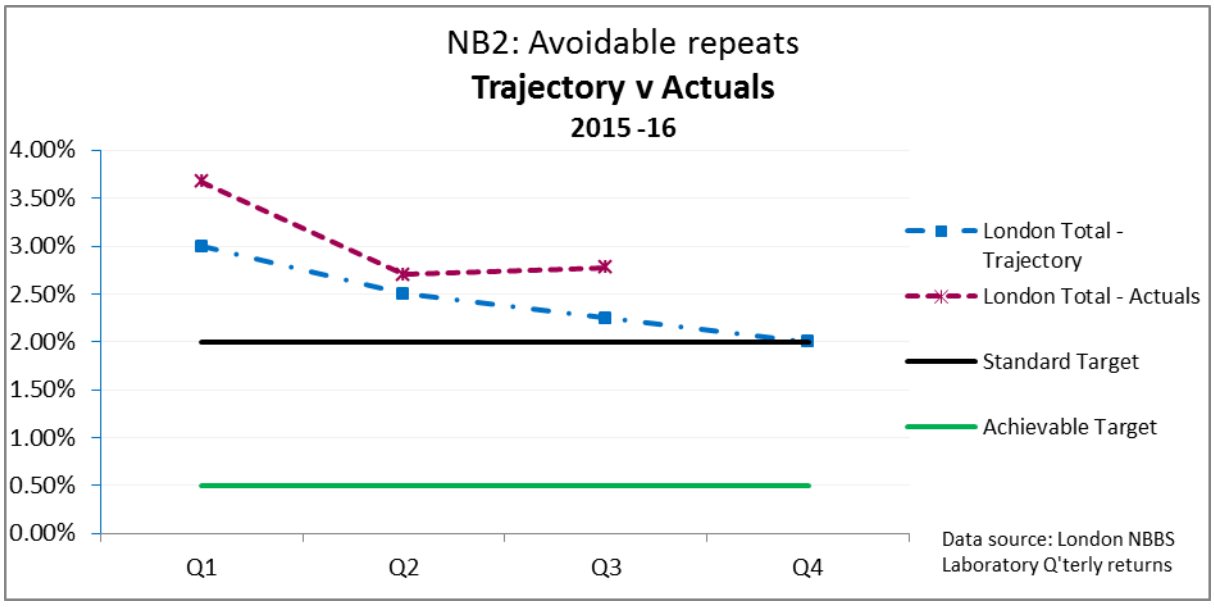
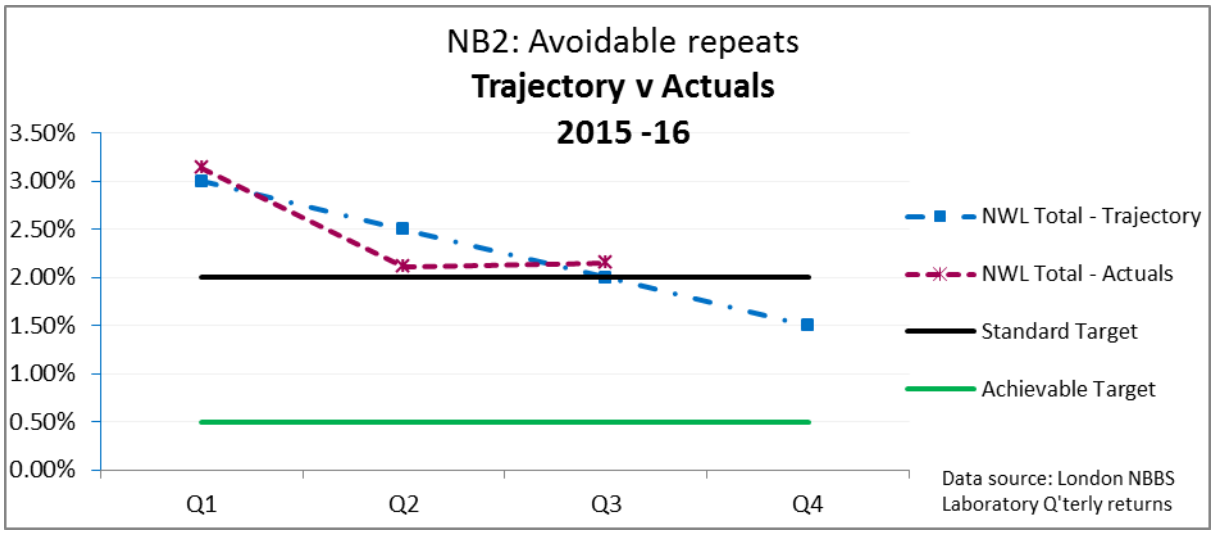


Fig 7: North West London avoidable bloodspot repeats, trajectory and actual



North West London maternity units are achieving close to the acceptable target, and compare well to London as a whole.

NHSE have also been working with the health visiting service in Harrow to strengthen the pathway for older babies, who arrive in the borough without having had a new-born bloodspot completed.

Newborn Hearing Screening Programme

NH1: Newborn Hearing Screening by 28 days (95%acceptable)

In Q3, newborn hearing coverage (NH1) remained high at 98% with the exception of the Kensington Chelsea and Westminster (KCW) programme at 89%. The inclusion of babies born at The Portland Private Maternity Hospital in the KCW data reduces the performance overall. NHS England London have been working collaboratively with the National Programme to include the organisation within NHS reporting data to ensure a failsafe system is in place to track screening for babies born in the private hospital. The programme reporting from all NHS services provides a detailed exception report accounting for 100% of babies.

NH2: Referral to Audiology within 4 weeks /5 weeks NICU babies (90%)

Timely assessment for screen referrals (NH2) remained just below the acceptable threshold at 86.9% but was slightly higher than the 2014 to 2015 England baseline. NH2 is a small number KPI and should be interpreted with caution.

Exceptions are generally due to patient breaches such as DNA and cancellation of appointments by parents. Again all programmes provide an account of 100% of babies to NHS E. Screening services undertake annual patient/user surveys and NHS E London monitor findings and implementation of recommendations. Providers

are keen to undertake detailed breakdown of non-attendance at appointments to ascertain if service improvements could be made to improve attendance

All screening programmes provide exception reports for 100% of babies to NHS England London.

2.1.5 Challenges for Harrow for ANNB screening programmes:

- Supporting early bookings for pregnant women.

  The current target of booking women by 10 weeks (NICE, National Screening Committee). An NHSE (London) Health Equity Audit has identified specific groups at risk of late presentation to maternity services. Local Authorities are asked to ensure all women are aware of the importance of early booking.

- **Tracking of babies moving around London.**

  Ensuring that babies are not lost to follow-up, including key times such as discharge to post-natal care discharge from maternity services to health visiting. Ensuring data returns account for 100% of eligible women.

- Ensuring babies with screen detected conditions requiring follow-up are linked in to health visiting services.

  This includes babies with Hep B positive mothers, who need Hepatitis B immunisations and a blood test at 1 year.

2.1.6 Requests to Harrow for ANNB screening programmes

For Local Authority:

- Support local and London-wide work to increase the proportion of women booking early for ante-natal care, and in particular promote early access for women in vulnerable groups.
- Ensure that LA commissioned services for vulnerable women are able to support these groups to access maternity care early
- Ensure health visiting commissioning arrangements include the provision of bloodspot screening to babies between one month and one year of age, who have not previously had newborn bloodspot screening.

For Harrow Clinical Commissioning Group:

- Support maternity units to improve processing of referrals for maternity care, to reduce delays before the booking appointment.
- Support maternity units in sub-contracting for services to support ANNB screening, e.g. Down's Syndrome laboratories and haematology and virology laboratories.

- Support maternity services to improve IT linkage between different systems within the hospital, and across the screening pathways. Promote electronic data transfer and elimination of hard copy transfers e.g. faxes
- Ensure local acute services have sufficient capacity to be able to offer all pregnant women who are positive for Hepatitis B are able to be seen within 6 weeks.

2.2 Immunisation Headlines

- London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing workforce.
- Under the London Immunisation Board, NHSE and PHE seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.
- The London Borough of Harrow (Harrow) on average performs well across the vaccination programmes.

2.2.1 Antenatal and New-born Vaccinations

Pertussis (Whooping Cough) vaccination for Pregnant Women

- In 2012, a national outbreak of pertussis (whooping cough) was declared by the Health Protection Agency. In 2012, pertussis activity increased beyond levels reported in the previous 20 years and extended into all age groups, including infants less than three months of age. This young infant group is disproportionately affected and the primary aim of the pertussis vaccination programme is to minimise disease, hospitalisation and death in young infants. In September 2012 The Chief Medical Officer (CMO) announced the establishment of the *Temporary programme of pertussis (whooping cough) vaccination of pregnant women* to halt in the increase of confirmed pertussis (whooping cough) cases. This programme was extended for another 5 years by the Department of Health (DH) in 2014. Since its introduction, Pertussis disease incidence in infants has dropped to pre2012 levels.
- There are seasonal patterns with the winter months of November and December each year reporting the highest proportion vaccinated whilst there is a drop between April and July

- Difference attributed to pertussis given with seasonal 'flu vaccination during November and December
- The latest available annual data for whooping cough vaccine uptake in pregnant women is for 2014/15. London achieved an average uptake rate of 46%, 10% lower than the England rate. This included a decline rate of 0.3% on 2013/14.
- Whooping cough vaccine uptake is reported monthly by PHE. The latest available data for Harrow is for December 2015. Harrow achieved 49.5% uptake, which was lower than London's 52% and the England average of 61.4% for that month. Harrow has consistently performed below England averages every month since the start of the programme.

What are we doing to improve uptake?

- NHSE (London) has been implementing a service level agreement with maternity units across London which will enable women to be vaccinated by maternity staff. This will increase patient choice and access to the vaccine. We are waiting for London North West to decide if they wish to participate in this agreement.
- NHSE (London) has recently undertaken a study of women's experiences of being offered the whooping cough vaccine. The results of this study, along with work being done by research partners in London School of Hygiene and Tropical Medicine, is being used to help plan the future commissioning of maternity vaccination services and to improve the information and advice received by pregnant women about the vaccine.

2.2.2 Universal BCG vaccination

- Since April 2013, NHSE (London) has been rolling out a 100% offer of BCG vaccine to all babies up to the age of one year across London. This action had been recommended by the London TB Board and the London Immunisation Board in 2014. This offer is commissioned to be given in all maternity unites in London with a community offer for those parents who missed out on the vaccine in maternity hospitals or who have recently moved into London.
- Since April 2015, a global shortage of the BCG vaccine resulted in vaccine supply issues within Europe. As a result, the roll-out of the universal offer of BCG was temporarily stalled in London. Once stock was made available again in October 2015, NHSE (London) continued to work with providers across London to deliver the universal offer. A catch up programme was also implemented for those infants who missed out on a vaccine due to the shortage. As per PHE guidance, infants most at risk were prioritised.

- Another stock shortage has since occurred with BCG ordering suspended until further notice. PHE (National) have managed to procure BCG stocks from an alternative provider and a plan to reinstate routine vaccination of neonates is being developed.
- BCG vaccine uptake has been reported for London boroughs to COVER since Q1 2015/16. It is envisioned that by Q4 2015/16, NHSE (London) will be able to make a report on the BCG uptake across London. These rates will reflect the babies turning one year within that quarter and so will not be affected by the vaccine shortages that occurred from April 2015 onwards. Figures for Harrow for Quarters 1-3 2015/16 were 44%, 40.4% and 37.7%.

2.2.3 Neonatal Hep B vaccination

- Babies born to mother who are Hepatitis B positive should receive a course of 4 doses of Hepatitis B vaccine and a serology/dried blood test by 12 months of age. Mothers are identified through the antenatal screening programme and babies are followed up through primary care in Harrow.
- Numbers for babies born to mothers who are Hepatitis B positive are small so annual figures are more robust. The latest annual data available is for 2014/15 (year ending March 31st 2015). Harrow had no data returns on vaccinations given to at risk 12 month old children for that year or for the proceeding years since 2010/11. This was due to very small numbers which cannot be published for reasons of confidentiality.

What are we doing to ensure protection?

- NHSE (London) will be implementing a new integrated care pathway for Hep B at risk babies. This will contain one model of delivery across London – i.e. first vaccine given at birth with the remaining 3 doses and dried blood test done by general practice. Failsafe mechanisms to track infants, including the unregistered, and to ensure completion of the course will be commissioned to support this model of delivery. The new pathway and model is in line with national guidance and directives.

2.2.4 Routine Childhood Immunisation Programme (0-5 years)

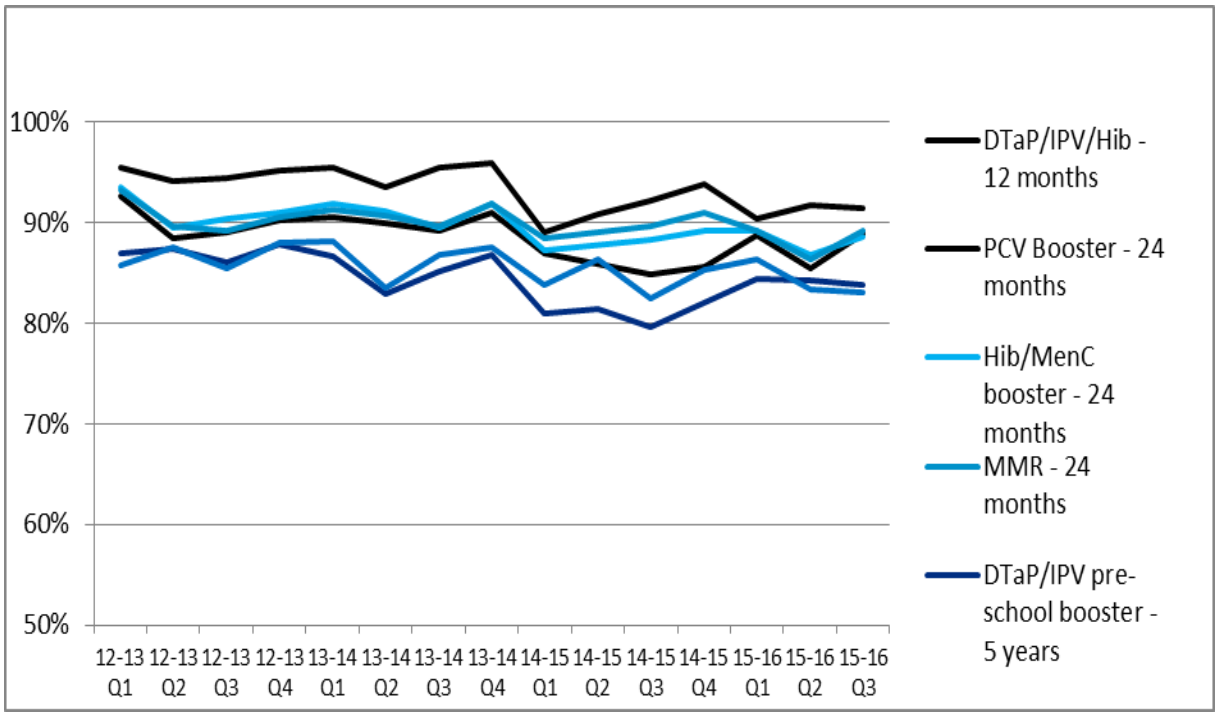
COVER

- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have

been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.

- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided for the low coverage include the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices, London's high population mobility, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a approx. 20% annual turnover on many GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Harrow's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Harrow has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).
- Figure 8 illustrates the quarterly COVER statistics for the uptake of the six COVER indicators for uptake. The primaries (i.e. completed three doses of DTaP/IPV/Hib) are used to indicate age one immunisations, PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2 and preschool booster and second dose of MMR for age 5. Quarterly rates vary considerably more than annual rates but are used here so that Quarter 3 data from 2015/16 (the latest available data) could be included.
- Harrow consistently performs above 90% for the Age 1 vaccinations, making it one of the top performers in London.
- Similar to the general pattern across London where coverage rates decrease as age increases, Harrow's rates decrease as the age cohort goes from age 1 to 2 and to age 5. This decrease in coverage rates is affected by data information systems not capturing movements in population (i.e. transfers in and movers out of borough) and also reflects inadequacies in call/recall systems to bring children in for the remaining vaccinations on the Routine Childhood Immunisation Schedule (i.e. calling parents/guardians for appointments and chasing those who do not attend). This is not unique to Harrow and is common across London boroughs.
- The rates for Harrow dipped when the NHS underway change in 2013 but since then there has been a steady improvement. Moreover, the gap between age 2 and age 5 cohorts is closing.

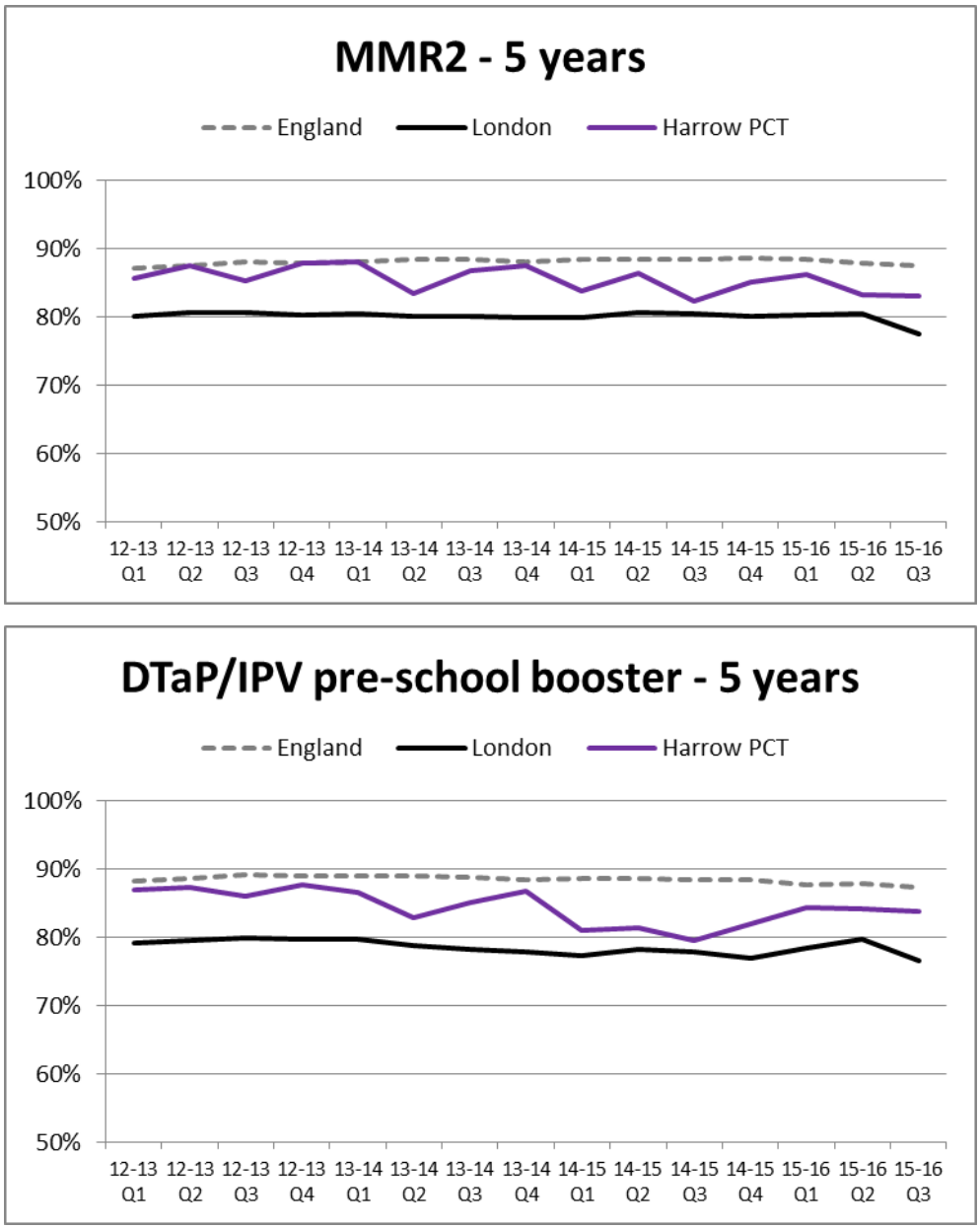
Figure 8 COVER rates for Age 1, Age 2 and Age 5 cohorts in Harrow (2011-2015)



Source: PHE (2016)

- Throughout 2011/12 to 2015/16, London has consistently performed below national on all COVER indicators by ~4% for the age 1 vaccinations, ~6% for age 2 vaccinations and ~10% for the age 5 vaccinations. Similar to Harrow, the rates dipped at the start of 2013/14 but have since increased to the pre-dip levels.
- Figure 9 compares Harrow to the London and England averages for the 2nd dose of MMR and the preschool booster, which are indicators of completed routine childhood immunisation schedule. Harrow consistently performs above London averages and just below England averages.

Figure 9 Comparison of Harrow with London and England averages for MMR2 and Preschool booster for Q1 2013/14 – Q3 2015/16 (the latest available data)



Source: PHE (2016)

What are we doing to increase uptake?

- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling

community) and to work together to improve public acceptability and access and thereby increase vaccine uptake.

Rotavirus

- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and is measured monthly. Since June 2014 both London and England averages have been 90% or over.
- The programme has been very successful in reducing incidences of rotavirus with laboratory reports of rotavirus for July 2013 – June 2014 being 67% lower than the ten season average for the same period in the seasons 2003/04 to 2012/13.
- The latest available data for Harrow CCG is for January 2016, whereby 90.2% of babies received first dose of rotavirus and 80.7% received the two doses. Harrow has consistently performed well each month. London averages were 90.4% and 83.2% whilst England had averages of 93.8% and 88.6% for the first and second dose.

Meningococcal B

- Since September 2015, all infants are offered a course of meningococcal B vaccine as part of the Routine Childhood Schedule. Eligible infants were those babies born on or after 1st July 2015 with a small catch up programme for babies born on or after 1st May 2015.
- There are preliminary data for babies aged 26 weeks in January 2016. In Harrow, 90.4% of those infants had received their first dose of Men B with 75.8% having received two doses. This is similar to the London averages of 89.4% and 78.5% respectively and lower than the England averages of 94% and 84.8%.

2.2.5 School Age Vaccinations

HPV vaccination

- Human papillomavirus (HPV) vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 is that two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers did not offer the second dose until the next academic year. As a result a national average could not be computed for 2014/15. London's average was 79.2%, a little lower than the previous year's 80%.

- Like many other London boroughs, Harrow had a decrease in uptake with the move from a three dose schedule to a two dose schedule. For 2014/15, Harrow had a 77.6% uptake, down from the previous year's 83.2%. Only Newham achieved the 90% target. (See Table 1)
- Surveillance data from Public Health England (PHE) already suggest that the programme is achieving its aims. Reductions in the prevalence of HPV 16 and 18 infections (HPV strains 16 and 18 cause 70% of cervical cancers and precancerous cervical lesions) are consistent with very high vaccine effectiveness among those vaccinated and suggest that herd-protection is also lowering prevalence among those who are not vaccinated. These early findings support confidence in the programme delivering its expected impact on cervical cancer and other HPV-related diseases in due course. It is anticipated that, with the new two-dose schedule, higher coverage of the completed course should be achievable, thus increasing the potential impact of the programme

What are we doing to improve uptake?

- NHSE (London) has implemented a contract variation whereby all providers of school age vaccinations must deliver the two dose schedule within one academic year.
- Since September 2015, NHSE (London) has commissioned community health services providers to deliver school age vaccinations in school settings and alternative venues to ensure that every school age child is offered the recommended vaccines irrespective of where they receive their education, including home schooled children.

Other school age vaccinations

- To date, data is not routinely collected and published for Meningococcal C (Men C) vaccination programme and for the teenage booster.
- Following a rise in Meningococcal W (Men W) cases in England, a Men ACWY vaccination programme was introduced to replace the Men C programme in schools and to offer a 'catch up' programme for 18 year olds and university entrants in the summer of 2015 with a catch up offered to year 11 and 12 students. The vaccine offer is also available to eligible cohorts in prisons. Delivery of these programmes are underway.
- Preliminary data is available for the catch up delivered in 2015 (i.e. those aged 18 years). National uptake is estimated to be 33.7% (PHE, January 2016). Uptake in schools will be captured in an annual survey in September 2016 and published by PHE later this year.

2.2.6 Adult Vaccinations

Shingles

- The Shingles vaccination programme commenced in September 2013. Shingles vaccine is offered to people who are 70 years or 79 years old on 1st September in the given year. Data on vaccine coverage is collected between 1st September and 31st August. London has excellent reporting rates with 95.8% of GP practices submitting data returns for 2014/15 (Harrow CCG had returns of 94.3%).
- London and England performed lower for 2014/15 compared to 2013/14 despite the national trend projecting an increase on last year. London's average for uptake amongst the 70 year old cohort was 48.8% (lower than England's 59% and lower than 2013/14 when it was 51.3%). For the same period, London's average for uptake amongst the 79 year old cohort was 49.7% (lower than England's 58.5% and last year's 50.9%).
- The table at the end of this paper (Table 2) illustrates the percentage uptake by CCG in London for both years of the Shingles programme for the two age cohorts. It can be seen that Harrow CCG reports uptake rates are higher than London averages but lower than England averages for 2014/15 – 50.8% of 70 year olds and 53.2% of 79 year olds had the shingles vaccine compared to 48.8% and 49.7% for London. These rates are lower than in 2013/14.
- Nationally and within London, there is no difference between ethnic groups in terms of uptake.

What are we doing to increase uptake?

- Following the success of a London Shingles Vaccine Awareness Week in July 2015 which brought about an increase of 5% to the overall London rate, a pan-London project group consisting of partnership work between PHE (London), NHSE (London), London Councils and the pharmaceutical company responsible for providing the national shingles programme with the vaccine has been working on a campaign to improve shingles vaccine uptake for 2016/17.

PPV

- Pneumococcal Polysachride Vaccine (PPV) is offered to all those aged 65 and older to protect against 23 strains of pneumococcal bacterium. It is a one off vaccine which protects for life.
- Vaccine uptake and reporting coverage is published cumulatively. The latest published data is for 2014/15. Up to and including 31st March 2015, 66.7% of those aged 65 years and older were vaccinated with PPV in Harrow. This is slightly higher than London's average of 65% and lower than England's average

of 69.8%. Reporting coverage rates are good – 98.1% for London and 96.7% for England but only 87.9% in Harrow.

Seasonal 'Flu

- Provisional data for the seasonal 'flu season 2015/16 is available. Figure 10 illustrates the uptake of seasonal 'flu vaccine for each of the identified 'at risk' groups for Harrow CCG compared to London and England averages for the winter 2015 (September 1st 2015 to January 31st 2016). It can be seen that London performs lower than England across the groups. In relation to Harrow CCG, it performs similarly to London averages for the over 65s, the clinically at risk group and the school based programme for years 1 and 2 but performs lower than London for pregnant women and the 2-4 year olds. As it is provisional data, comparisons with the previous winter will not be made at this stage.
- London, England and Harrow all performed below the recommended 75% uptake level for all at risk groups – i.e. over 65s, clinically at risk and pregnant women. All three performed lower than the 40-60% national target for uptake for child 'flu vaccine (Fluenz) programme for 2-4 year olds, given in general practice.
- In relation to the delivery of child 'flu vaccine programme in the school years of Year 1 and 2, both Harrow and London hovers at the 40% uptake mark.

Figure 10 Provisional Data on Uptake of the 'at risk' Groups of Seasonal 'flu for Harrow CCG compared to London and England for Winter 2014 (September 1st 2014 – January 31st 2015)

	Uptake 65 years and over	Uptake 6 months – 65 years 'Clinically at risk'	Uptake pregnant women	Uptake all 2 year olds	Uptake all 3 year olds	Uptake all 4 year olds	Uptake Child Flu School Year 1	Uptake Child Flu School Year 2
Harrow CCG	68.8%	45.7%	34.7%	21.8%	23.7%	18.3%	43.3%	39.5%
London	66.2%	43.6%	38.5%	26.5%	28.8%	21.8%	42.4%	39.9%
England	71%	45.1%	42.3%	35.4%	37.3%	30.1%	55.6%	54.3%

Source: PHE (2016)

2.2.7 Next Steps for Improving Immunisation Uptake

- For 2015/16, each London borough was assigned an immunisation commissioner who worked with local partners, such as the public health team at the London

Borough of Harrow and the CCG in developing a borough specific action plan which is agreed and delivered under local governance arrangements.

- The aim of each plan is to increase uptake and vaccination coverage within the boroughs, which in turn will increase London averages. The plans also address health equities in access to immunisations and health inequalities in uptake.
- A borough specific plan for 2016/17 is currently being developed for Harrow which will be delivered by the newly formed immunisation steering group.

2.3 Cancer Screening Programmes

Screening is effective in either preventing or detecting early stages of disease at a time when there is an intervention that is effective in reducing the impact of the disease in terms of mortality or morbidity. Cancer screening is currently delivered through 3 programmes;

- Cervical cancer screening
- Breast cancer screening
- Bowel cancer screening.

All national screening programmes are agreed by PHE's National Screening Committee. PHE is responsible for the implementation of new programmes. A current example of this is the Bowel scope programme, which offers flexible sigmoidoscopy to all people aged 55 years. Established programmes are commissioned by NHSE with support from PHE embedded staff.

2.3.2 Breast screening

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves an x-ray of each breast - a mammogram. The mammogram can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor.

The NHS Breast Screening Programme provides free breast screening every three years for all women aged 50 and over. Because the programme is a rolling one which invites women from GP practices in turn, not every woman receives an invitation as soon as she is 50. But she will receive her first invitation before her 53rd birthday. Once women reach the upper age limit for routine invitations for breast screening, they are encouraged to make their own appointments. Women in Harrow are screened by the North London Breast Screening Service hosted by the Royal Free. On 1 April 2016, the Royal Free launched the London Breast Screening Hub, which provides the following administrative services for all breast screening services: call-recall, sending of invitation and results letter, setting appointments and routine

reporting. The Hub currently provides administrative services for the North, Central and North East London Breast screening services. The Hub will roll out to the remaining services (West London, South East and South West London) in 2016/17.

2.3.3 Bowel Screening

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year.

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent[2].

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective.

Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. People over 70 can request a screening kit by calling the freephone helpline 0800 707 6060.

2.3.4 Cervical Cytology Screening

After the NHS Cervical Screening Programme started in the UK in the late 1980s, cervical cancer incidence rates decreased considerably. In Great Britain, the age-standardised incidence rate almost halved (from 16 per 100,000 women in 1986-1988 to 8.5 per 100,000 women in 2006 - 2008).

Cervical cancer is the 11th most common cancer among women in the UK, and the most common cancer in women under 35.

Between 2008 and 2009, incidence rates increased by more than 20 per cent in women aged 25 to 34 (22 per cent for women aged 25-29 and 21 per cent for those aged 30-34).

Cervical screening is **not** a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix (the neck of the womb). The first stage in cervical screening is taking a sample using liquid based cytology (LBC).

Early detection and treatment can prevent 75 per cent of cancers developing but like other screening tests, it is not perfect. It may not always detect early cell changes that could lead to cancer.

All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years.

In the light of evidence published in 2003[1] the NHS Cervical Screening Programme offers screening at different intervals depending on age. This means that women are provided with a more targeted and effective screening programme.

The screening intervals are:

Age group (years)	Frequency of screening
25	First invitation
25 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have not been screened since age 50 or have had recent abnormal tests

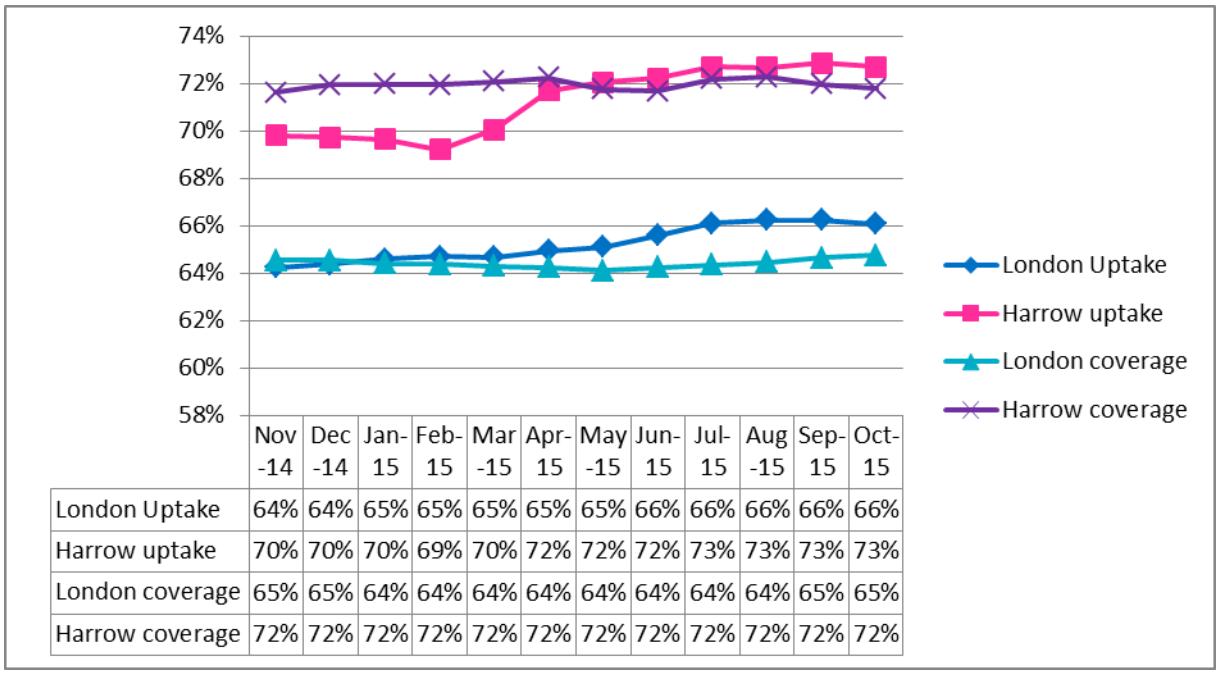
The NHS call and recall system invites women who are registered with a GP. It also keeps track of any follow-up investigation, and, if all is well, recalls the woman for screening in three or five years' time. It is therefore important that all women ensure their GP has their correct name and address details and inform them if these change. Local Authorities as part of their role in supporting the work of NHS E can help by including information on GP registration when sending out information to new residents etc.

2.3.5 Breast Screening Coverage

Breast screening uptake and coverage in Harrow are significantly higher than the London average. (Figure 11) In the twelve months to August 2015, breast screening uptake increased by 3%. (Table 4) This increase is as a result of North London Breast Screening Service (Royal Free) sending appointment text reminders, pre-invitation letters and second-timed appointments to non-attendees in Q3 2014/15. Coverage remained relatively unchanged. This is because coverage is measured over three years, we therefore expect to see an improvement in coverage in 2017.

The consolidation of breast screening administrative functions into the London Breast Screening Administrative Hub and the development of single London-wide breast screening call centre and breast screening appointment and information website, in 2016/17, should improve access and result in further improvements in uptake and coverage for all women in Harrow and London.

Figure 11: Harrow Breast screening uptake and coverage, 50-70 years, November 2014-October 2015



	Nov -14	Dec -14	Jan-15	Feb-15	Mar -15	Apr-15	May -15	Jun-15	Jul-15	Aug -15	Sep-15	Oct-15
London Uptake	64%	64%	65%	65%	65%	65%	65%	66%	66%	66%	66%	66%
Harrow uptake	70%	70%	70%	69%	70%	72%	72%	72%	73%	73%	73%	73%
London coverage	65%	65%	64%	64%	64%	64%	64%	64%	64%	64%	65%	65%
Harrow coverage	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%

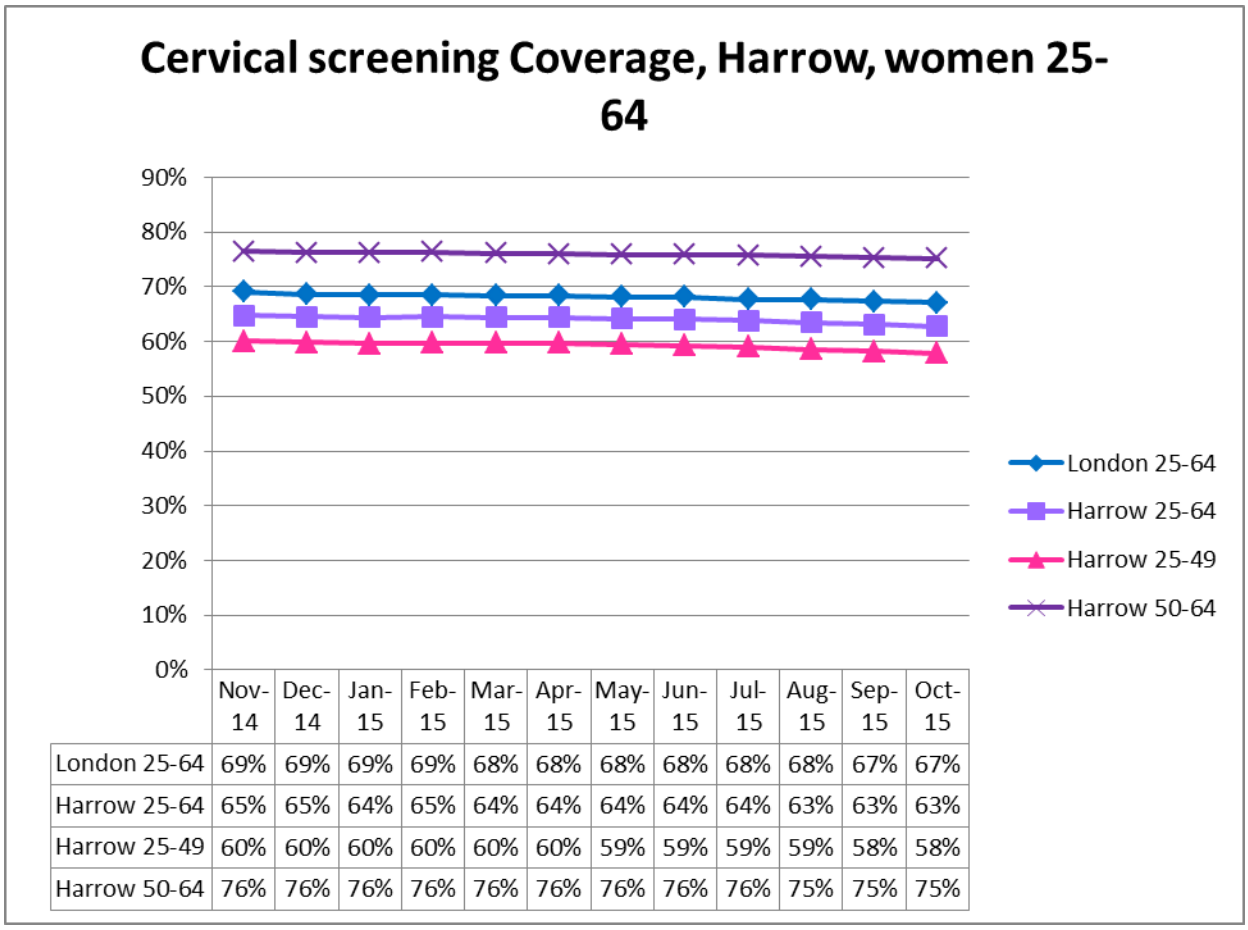
2.3.6 Cervical screening coverage

In the twelve months to October 2015, cervical screening coverage in Harrow declined by 2%. This decline was greater in younger women aged 25 to 49 years of age. (Figure 12) Coverage is lower than the London average, and within the borough, younger women (25-49) have considerably lower coverage rates than women aged 50-64.

There are several initiatives that will improve coverage in London:

- The PMS review currently underway across London, has included cervical screening coverage in the core specification
- Development and cascade of the cervical screening primary care best practice guide will improve uptake and coverage in practices that implement the key recommendations related to cervical screening
- Imperial Hospitals Trust is currently undertaking a randomised controlled trial of texting within the cervical screening in programme in Hillingdon.
- Queens University is designing an HPV self-sampling trial for London

Figure 12 Harrow Cervical screening coverage 25-64 years, November 2014-October 2015



	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
London 25-64	69%	69%	69%	69%	68%	68%	68%	68%	68%	68%	67%	67%
Harrow 25-64	65%	65%	64%	65%	64%	64%	64%	64%	64%	63%	63%	63%
Harrow 25-49	60%	60%	60%	60%	60%	60%	59%	59%	59%	59%	58%	58%
Harrow 50-64	76%	76%	76%	76%	76%	76%	76%	76%	76%	75%	75%	75%

2.3.7 Sample Handling Policy

NHS E London began collecting information on sample handling errors in June 2015 to monitor progress on the implementation of the *Sample Handling Guidance*, issued in March 2015. To support continuous improvement, laboratory staff has been asked to monitor errors and the late receipt of samples (samples sent to laboratory after 4 days)

The aim of collecting data on sample handling errors is helping us to identify individual sample takers, GP practices and clinics that require remedial support to improve the quality of cervical screening. Information late receipt of samples assists in the identification of practices, clinics or lab couriers that contribute to the breach of the NHS Cervical Screening Programme (CSP) standard that 98% of women should receive their test results within 14 days. The information gathered will help to inform plans to improve performance in the 14 day TAT (Turn-around Times). As we start to get a bank of data we are able to identify issues with providers and will be working with CCGs to support practices as part of their role in co- commissioning primary care.

Between July 2015 and March 2016, the error rate in London ranged from 1-7%, with an average of 4%. The Northwick Park laboratory, which serves practices in Harrow, Brent, Ealing and Hillingdon, had an error rate of 2%. This equates to 1,000 women who had their samples discarded and/or screen repeated. This causes unnecessary anxiety in women and reduces confidence in the screening programme. Given the current challenges with the uptake of cervical cytology this is an area where we can drive improvements.

A work plan has been agreed between the labs, NHSE and practices to support this work.

2.3.8 Sample Takers Data Base

As part of our work to improve standards NHSE London has set up a data base that contains details of sample takers who are given a unique PIN number. So far we have 3500 staff registered on the database currently rolling this out across London. Registration will commence in NW London in May 2016 and communication has been sent to all relevant organisations with samples takers in the sector

2.3.9 Colposcopy services

As part of it role in monitoring performance NHSE London monitor the following targets for colposcopy services;

- Waiting times to colposcopy appointment
- DNA rates
- Communication of results letters

- Performance has been steadily improving in London (Table 4)

Figure 13: London Colposcopy performance Q2-Q4 2015/16

Sector & Trust Name	Waiting Times						DNA Rates		Communication of Results	
	High Grade		Moderate Grade		Low Grade		New Patient	Follow up Patients	Results Received in 4 Weeks	Results Received in 8 Weeks
	Offered	Attend	Offered	Attend	Offered	Attend				
	≥90%	≥90%	≥90%	≥90%	≥99%	≥90%	<15%	<15%	≥90%	100%
London Q4	99%	88%	97%	89%	97%	90%	9%	12%	90%	100%
Q3	98%	82%	96%	89%	96%	87%	9%	13%	91%	100%
Q2	90%	68%	89%	64%	92%	72%	10%	14%	89%	100%

We have also signalled in our commissioning intentions that we planned a review of the current configuration of colposcopy services. Our plan for 2016 is to undertake this review and to consider, in discussion with CCGs and Local Authorities if we

should move to a smaller number of providers that can better manage the volume and standards that we expect.

2.3.10 62 Day Cancer Screening Performance

Achieving the overall 62 day cancer waiting target is a key priority for NHSE London. We have been contributing to this by supporting work to reduce and then eliminate any breaches of people identified through screening programmes being admitting to the relevant treatment pathway within 62 days of the referral being made

Performance Q4 2014/15 –Q3 2015/16

In the last four quarters:

- ***Breast screening performance against target has improved***. This is as a result of NHSE working with breast screening units to develop Cancer Waiting Times (CWT) guidance and patient trackers lists. With the support of the London Cancer Alliance, NHSE and units now routinely monitor all breaches and audit the pathway of all screen-detected breast cancers on a quarterly basis.
- ***Bowel screening performance remains variable***. The first 28 days of the 62d pathway are within the screening programme. There are very few breaches across London during this period. The bottleneck appear to occur post-colonoscopy and after referral to treatment services. The PH commissioning team is working with the delivery team to identify the reasons and consider joint actions to support improvement
- ***Cervical screening performance is good but incomplete***. Approximately 70% of women with screen-detected cervical cancers are not put on the urgent 62 day pathway. NHSE convened a Task and Finish Group which undertook a baseline assessment of current cervical cancer CWT pathways across London. Using the responses from providers, the Group has developed guidance and an FAQ which be circulated to all trusts in March.

Figure 14: 62 day wait, screen detected cancers London

	Q3 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16
Breast	**93.0%**	**89.4%**	**95.5%**	**94.5%**
Bowel	**90.0%**	**75.2%**	**89.2%**	**79.5%**
Cervical	**100.0%**	**93.8%**	**100.0%**	**100.0%**

Screening services and screen detected cancers are not incorporated in many trusts' cancer governance arrangements. The pathway to treatment and general performance and quality have not benefited from the rigorous internal and external monitoring that other urgently referred cancers. NHSE London team are working

with providers and systems resilience fora to support the integration of cancer screening quality and performance with broader cancer governance structures within London trusts. In addition the PH team have instigated a number of practical steps to help Trusts including;

- Implementation of an explicit performance improvement framework with the use of contract levers and joint working with CCGs and PHE Screening QA
- Clinically led pathway redesign and improvement e.g. 62 day waits guidance
- Development of polices, guidelines and protocols
- Improvements in reporting and join up of system e.g. with sample handler error reporting
- Supporting Trusts in terms of integrate governance structures

Our aim for 2016/7 is to minimise if not eliminate 62 day screening cancer breaches.

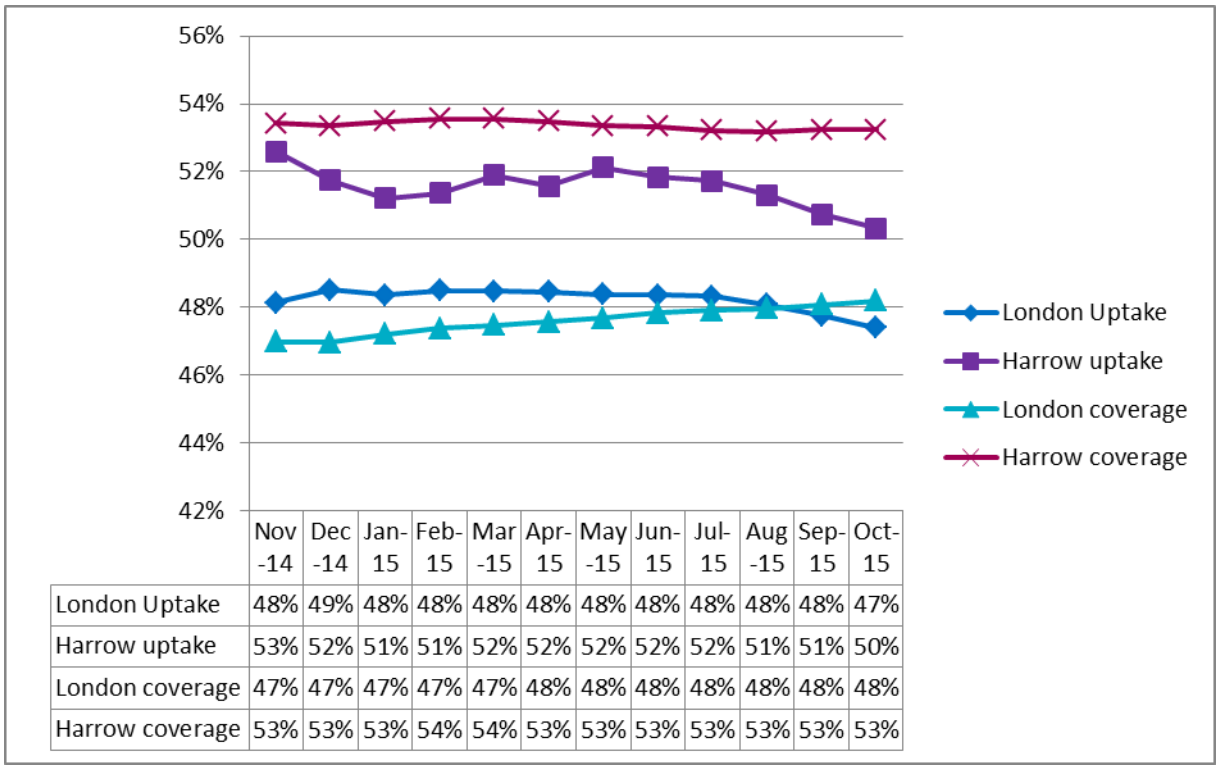
2.3.11 Bowel screening coverage

Between November 2014 and October 2015, Bowel screening coverage in Harrow remained unchanged at 53%. This is significantly higher than the London average of 48%. Uptake has declined by 3%. Monthly bowel screening uptake fluctuates considerably in London, and this is largely due to monthly variations in first time invitees (60 year olds).

London will introduce GP endorsement to the bowel screening invitation letters and enhanced reminder letters in 2016/17. These are highly effective interventions with a robust evidence base.

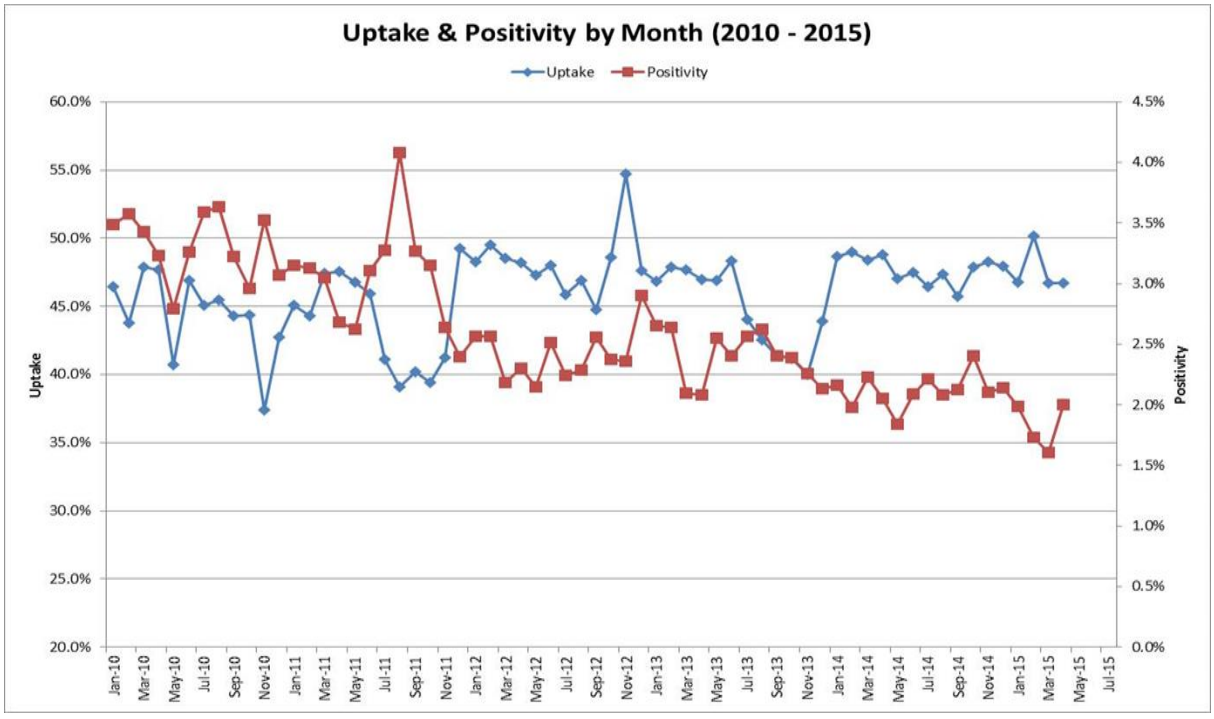
The current bowel screening FOB test will be replaced with faeco-immunochemical testing (FIT) in 2018 subject to agreement nationally. Pilots have shown that FIT has greater acceptability than the current FOB test and therefore results in greater uptake. The London Bowel screening Hub and UCL are undertaking a Randomised Control Trial to assess the impact of texting on uptake.

Figure 15: Bowel screening coverage, 60-74 years, November 2014-October 2015



	Nov -14	Dec -14	Jan-15	Feb-15	Mar -15	Apr-15	May -15	Jun-15	Jul-15	Aug -15	Sep-15	Oct-15
London Uptake	48%	49%	48%	48%	48%	48%	48%	48%	48%	48%	48%	47%
Harrow uptake	53%	52%	51%	51%	52%	52%	52%	52%	52%	51%	51%	50%
London coverage	47%	47%	47%	47%	47%	48%	48%	48%	48%	48%	48%	48%
Harrow coverage	53%	53%	53%	54%	54%	53%	53%	53%	53%	53%	53%	53%

Figure 16: London Bowel screening uptake and positivity, 60-74



2.3.12 Provider performance 2015/16

Royal London North London Breast Screening Service meets or exceeds breast screening performance standards. There was a slight decline in screen to

assessment times in Q1 and Q2 but this improved in Q3. The new breast screening Hub started operation on 1 April 2016 so performance is not available as of yet.

St Marks Bowel screening Service met or exceeded all key performance targets. The centres provides bowel scope screening to all 55 year olds in Harrow, Brent, part of Ealing and part of Hillingdon.

London North West Hospital Trust also hosts the London bowel screening hub.

London North West Hospital *cytology lab* screens cervical samples for Harrow and is one of two HPV testing hub laboratories in London. Laboratory performance is generally good. There was a decline in turnaround times in Q3 due to bank holidays and staff vacancies. This should improve in 2016/17 *Northwick Park colposcopy unit* has met all national performance standards

2.4 Non-Cancer Screening Programmes

NHSE is responsible for commissioning 2 non cancer screening programmes. One for Diabetic Eye Screening which is available to all diabetic patients aged 12 and above. All diabetic patients should be offered an annual eye screen as part of an annual check. The other programme Abdominal Aortic Aneurysm, NHSE commission this for all men aged 65. The programme aims to reduce abdominal aortic aneurysm (AAA) related mortality among men aged 65 to 74. A simple ultrasound test is performed to detect AAA and if an aneurysm over a certain size is found the patient is referred to a vascular service and offered surgery.

2.4.1 AAA Adult Screening

There are currently five AAA screening services in London. NHS England is currently looking at the configuration of these services with a view to procuring to a new model in 2017.

Provider- Imperial

Performance:

Screening uptake in Harrow improved between 2013/14 and 2014/15 and in Q3 of 2015/16 was 81% compared to the NWL sector AAA Programme average of 85%. Harrow is currently achieving the minimum national target of >75%, but remains lower than the achievable target of > 85%. Comparative performance between 2013/14 and Q3 2015/16 is shown in the table below:

Figure 17 Harrow Compared to NWL programme

	Harrow CCG	NWL AAA Programme
Q3 2015/16	81%	85%
2014/15	82%	73%
2013/14	74%	64%

There are two 2 screening venues in Harrow and 12 across the NWL AAA programme area. Men can request to attend any location.

As with all other NHS screening programmes there is a programme of external quality assurance from PHE; the visit protocol for AAA screening has recently been implemented nationally and as yet this programme has not received a formal QA visit.

Challenges for the programme include:

- Maintaining the year on year increase in uptake in 2016/17;
- Workforce recruitment and retention; these are part of the NWL AAA service improvement plan;
- Analysis of men who did not take up their screening offer is in progress;
- Engagement work with GP and Practice nurse and management forums; GP Packs are sent to all practices prior to screening rounds and there is promotional work with local authority health trainers.

2.4.2 Diabetic Eye Screening

NWL Diabetic Eye Screening Programme (DESP)

Following transition, NHSE (London) inherited 17 DES programmes across London. During 2015, NHSE London undertook a procurement exercise to reconfigure the 17 programmes to five, with new contracts starting on 1 November 2015.

The NWL DESP programme covers Hillingdon, Hounslow, Ealing, Harrow, Brent, Hammersmith & Fulham, Kensington Chelsea and Westminster and is provided by Health Intelligence Ltd.

Performance:

As yet, available data relates to the programme prior to its configuration. The data from Q4 for 2015/16 will relate to the reconfigured programme.

DES Programme in Harrow - Q2 2015/16 (prior to transition)

84% of new patients were offered screening within 3 months of referral to programme

Screening uptake was 73% during the quarter. The London minimum target, as defined in the London Service Specification for Diabetic Eye Screening Programmes, is currently 75%, rising to 80% in October 2016

100% of results were issued to patients and GPs within 3 weeks. For London DESP the minimum standard is 90% and the achievable target is 95%.

NWL DESP Q3 2015-16

Data for Q3 is incomplete, due to service transition November 2015; therefore no accurate performance data is available.

Published data shows that uptake across the NWL programme was 83% in Q3, with

99% of results issued to patients and GPs within 3 weeks

Full performance data will be available for Q4.

Challenges include:

Delays to patients' annual screening intervals became evident following transition, completion of data migration and validation. Contributing factors to this delay were:

- Delay data migration due to Information Governance concerns raised by exiting providers led to inherited backlog of patients awaiting screening at transition;
- Identification of 18,666 patients not invited for more than 13 months since their last screening episode , this included invited patients that had Not Attended (DNA) in 2014/15;
- Commencement of GP system data extraction has led to identification of more than 8000 newly identified patients across NWL that have never been screened;
- Data validation highlighted large numbers of patients, who were deceased, moved away or duplicates;
- Workforce training and recruitment required following TUPE of incumbent staff.

The NWL DESP Rectification Plan is on target to address all delays by August 2016, this includes**:**

- Prioritised invitation of newly identified patients and risk stratification according to last date screened;
- Maximisation of appointment slots within existing screening venue clinic location, days and times – with two screeners per clinic;
- Increased use of the existing screening venues clinic – additional days and times over and above those normally in place;

- Recruitment of suitable Optometrist practices to undertake digital retinal photographic screening including evening and weekend screening.

Following the implementation of reminder calls DNA rates have fallen to between 20 and 30% from 50% when the new service was established.

2.5 Conclusions

This report provides a summary on the performance of Section 7a Screening and immunisation programmers in London Borough of Harrow.

Members will note that despite the relatively good performance of Harrow, London in general is not performing well on any of its Section 7a programmers.

This report has set out a number of actions that NHSE, as the responsible commissioners, are taking to address Trust performance issues, problems with access and information etc.

NHSE welcomes the opportunity afforded by London Borough of Harrow and Harrow CCG to support its work to tackle areas of poor performance and to try and ensure that health inequalities and underserved population' s needs are addressed as part of this work.

Table 1 Percentage uptake of HPV for Year 8 girls who completed the HPV course in London for 2014/15 (2 doses) and 2013/14 (3 doses)

Name of Organisation	2014/15 %	2013/14 %
BARKING AND DAGENHAM	83.5	79.2
BARNET	72.6	69.5
BEXLEY	80.5	76.6
BRENT	81.0	81.1
BROMLEY	84.5	86.8
CAMDEN	73.5	77.0
CITY OF LONDON	85.1	85.4
CROYDON	79.2	76.4
EALING	81.3	77.0
ENFIELD	72.7	68.3
GREENWICH TEACHING	79.7	77.6
HACKNEY	64.1	68.2
HAMMERSMITH AND FULHAM	75.1	73.3
HARINGEY	80.5	76.4
HARROW	77.6	83.2
HAVERING	86.3	86.2
HILLINGDON	86.7	86.5
HOUNSLOW	83.5	86.2
ISLINGTON	84.1	87.1
KENSINGTON AND CHELSEA	62.6	78.9
KINGSTON	85.3	81.6
LAMBETH	78.9	80.9
LEWISHAM	73.4	82.9
MERTON	85.4	87.6
NEWHAM	90.9	92.3
REDBRIDGE	79.2	69.2
RICHMOND	76.0	81.8
SOUTHWARK	77.3	85.7
SUTTON	87.7	90.4
TOWER HAMLETS	74.1	75.6
WALTHAM FOREST	73.3	86.8
WANDSWORTH	82.7	79.1
WESTMINSTER	74.7	77.9

Source: PHE (2015)

Table 2 Uptake of Shingles Vaccine for the 70 and 79 age cohorts by London CCG for 2013/14 and 2014/15

CCG	% 70 year olds 2013/14	% 70 year olds 2014/15	% 79 year olds 2013/14	% 79 year olds 2014/15
Barking and Dagenham CCG	51.9	50.2	45.1	51
Barnet CCG	56.1	55.9	55.3	57.5
Bexley CCG	47	53.1	39.8	51.8
Brent	51.8	53.1	50.1	52.5
Bromley CCG	55.6	52.5	57.3	55.4
Camden CCG	50.3	47.6	52.6	47.3
Central London (Westminster) CCG	34.6	33.5	36.7	36.6
City and Hackney CCG	43	40.6	42.5	42.5
Croydon CCG	55.6	53.6	55.1	48.6
Ealing CCG	49.8	42.9	48.4	42.1
Enfield CCG	52	51.2	51.7	52.8
Greenwich CCG	51.4	46.2	48.7	49.7
Hammersmith & Fulham CCG	36.6	33	32.1	29.5
Haringey CCG	47.7	47.5	49.4	46.8
Harrow CCG	**51**	**50.8**	**53.3**	**53.2**
Havering CCG	54.6	50.8	55.1	51.7
Hilllingdon CCG	62	55.8	60.3	59.5
Hounslow CCG	44.6	43.2	44.6	43.8
Islington CCG	51.2	48	45.9	51.8
Kingston CCG	52.6	57.5	56.1	57.7
Lambeth CCG	51.2	42.7	50.1	47.1
Lewisham CCG	49	48	48.5	48.6
Merton CCG	51.1	48.8	54.3	51.2
Newham CCG	60.7	56	59.1	58.3
Redbridge CCG	51.2	47.6	49.4	46.5

CCG	% 70 year olds 2013/14	% 70 year olds 2014/15	% 79 year olds 2013/14	% 79 year olds 2014/15
Richmond CCG	61.8	53.7	59.8	50.9
Southwark CCG	45.5	40.7	46	41.2
Sutton CCG	56.2	58	60.1	59.1
Tower Hamlets CCG	50.9	49.9	56.3	46.9
Waltham Forrest CCG	48.7	46.4	45.5	44.7
Wandsworth CCG	52	51.1	50.5	51.6
West London (K&C & QPP) CCG	42.1	25.6	42	30.8
London	**51.3**	**48.8**	**50.9**	**49.7**
England	**61.8**	**59**	**59.6**	**58.5**

Source: PHE (2015)

Appendix 1: Harrow Cancer Screening practice coverage

Practice Name	Bowel screening Coverage 60-74 August 2015 %	Cervical screening Coverage 25-64 Oct 2015 %	Breast screening Coverage 50-70, Oct 2015 %
ASPRI MEDICAL CENTRE	49.02	65.96	71.50
BACON LANE SURGERY	54.50	66.94	73.10
BELMONT HEALTH CENTRE (E84069)	51.86	65.40	66.14
BRENT & HARROW SAFE HAVEN UNIT	0.00	100.00	0.00
ELLIOTT HALL MEDICAL CTR.	59.57	0.00	76.02
ENDERLEY ROAD MEDICAL CENTRE	55.67	71.42	70.42
GP DIRECT	45.37	64.98	63.46
HARNESS HARROW PRACTICE	49.90	58.64	79.80
HATCH END MEDICAL CENTRE	50.60	60.86	71.65
HEADSTONE LANE MEDICAL CENTRE	45.55	63.85	68.98
HEADSTONE ROAD SURGERY	48.71	57.56	71.35
HONEYPOT MEDICAL CENTRE	48.32	70.20	73.29
KENTON BRIDGE MEDICAL CENTRE DR GOLDEN	53.41	60.99	65.39
KENTON BRIDGE MEDICAL CENTRE DR LEVY	50.31	53.55	72.35
KENTON CLINIC	56.33	58.39	80.47
KINGS ROAD SURGERY	55.72	66.32	71.82
PINNER VIEW MEDICAL CENTRE	58.18	60.73	79.66
ROXBOURNE MEDICAL CENTRE	43.07	67.05	59.15
SAVITA MEDICAL CENTRE	46.05	54.86	58.99
SIMPSON HOUSE MEDICAL CENTRE	54.55	63.35	72.28
ST. PETER'S MEDICAL CENTRE	50.61	61.38	66.67
STREATFIELD HEALTH CENTRE	54.39	64.82	71.43
THE CIRCLE PRACTICE	51.16	57.51	74.39
THE CIVIC MEDICAL CENTRE	46.75	60.82	64.62
THE ENTERPRISE PRACTICE	55.62	63.77	67.92
THE NORTHWICK SURGERY	51.83	63.92	67.94
THE PINN MEDICAL CENTRE	61.84	56.24	78.27
THE PINNER ROAD SURGERY	49.05	69.32	64.68
THE RIDGEWAY SURGERY (E84068)	56.86	56.97	76.00
THE SHAFTESBURY MEDICAL CENTRE	45.55	63.67	69.03
THE STANMORE MEDICAL CENTRE	53.75	63.99	77.80
THE STANMORE SURGERY	51.52	65.41	70.30
THE STREATFIELD MEDICAL CENTRE	47.08	58.43	68.82
WASU MEDICAL CENTRE (Y05080)	38.85	64.61	62.24
ZAIN MEDICAL CENTRE	40.86	58.24	74.89

Appendix 2: KPIs for London by maternity unit Q3 2015/16

	ID1	ID2	FA1	ST1	ST2	ST3	NP1	NB2
	%	%	%	%	%	%	%	%
NC London	**99.8%**	**94.3%**	**98.4%**	**99.8%**	**46.4%**	**95.1%**	**96.4%**	**3.0%**
North Middlesex University Hospital NHS Trust	99.7%	85.7%	96.9%	99.7%	52.6%	89.2%		2.1%
The Whittington Hospital NHS Trust	99.7%	100.0%	97.7%	99.7%	41.2%	100.0%		3.6%
University College London Hospitals NHS Foundation Trust	100.0%	100.0%	99.7%	99.9%	36.1%	96.5%	98.0%	4.7%
Royal Free London NHS Foundation Trust	99.5%	100.0%	99.6%	99.8%	63.1%	99.4%	93.1%	4.1%
Royal Free London NHS Foundation Trust (Barnet)	99.9%	100.0%	98.0%	100.0%	47.9%	92.5%		2.2%
NE London	**99.5%**	**44.3%**	**95.5%**	**99.4%**	**23.1%**	**98.4%**	**90.0%**	**2.7%**
Barking, Havering and Redbridge University Hospitals NHS Trust	100.0%	47.6%	94.5%	100.0%	41.4%	99.1%		2.0%
Homerton University Hospital NHS Foundation Trust	99.5%	55.0%	98.8%	99.4%	14.1%	93.0%	90.0%	4.2%
Barts Health NHS Trust (Newham)	99.9%	15.4%	91.7%	99.6%	31.9%	100.0%		2.4%
Barts Health NHS Trust (Royal London)	98.2%	33.3%	99.0%	98.4%	11.2%	100.0%		4.6%
Barts Health NHS Trust (Whipps Cross)	99.5%	77.8%	95.7%	99.4%	16.6%	100.0%		1.3%
NW London	**99.9%**	**66.7%**	**97.0%**	**99.9%**	**27.0%**	**98.1%**	**95.8%**	**2.0%**
Chelsea and Westminster Hospital NHS Foundation Trust	99.8%	50.0%	98.3%	99.9%	8.0%	92.2%	94.0%	2.5%
Imperial College Healthcare NHS Trust	100.0%	69.2%	95.0%	99.9%	21.1%		96.5%	2.1%
West Middlesex University Hospital NHS Trust	99.8%	100.0%	98.3%	100.0%	55.7%	100.0%		1.3%
London North West Healthcare NHS Trust	99.9%	76.9%	98.0%	99.9%	36.9%	99.8%		2.3%
The Hillingdon Hospitals NHS Foundation Trust	100.0%	41.7%	95.2%	100.0%	16.2%	100.0%	96.8%	1.6%
SE London	**99.8%**	**63.5%**	**99.3%**	**99.9%**	**38.7%**	**97.7%**	**94.6%**	**3.7%**
Guy's and St Thomas' NHS Foundation Trust	99.8%	60.0%	99.5%	99.5%	34.7%	96.4%	91.8%	6.9%
King's College Hospital NHS Foundation Trust	99.9%	52.4%	99.7%	99.9%	37.8%	100.0%		3.1%
King's College Hospital NHS Foundation Trust (PRUH)	99.7%	85.7%	99.8%	99.9%	43.9%	99.9%	98.3%	1.6%
Lewisham and Greenwich NHS Trust (Lewisham)	99.8%	85.7%	98.1%	100.0%	35.0%	96.9%	95.4%	1.4%
Lewisham and Greenwich NHS Trust (QEH)	99.9%	64.3%	99.3%	100.0%	42.1%	95.2%		5.2%
SW London	**99.9%**	**90.5%**	**98.3%**	**99.9%**	**47.9%**	**91.7%**	**92.3%**	**2.5%**
Croydon Health Services NHS Trust	100.0%		99.6%	100.0%	51.6%	99.4%	95.1%	2.9%
Epsom and St Helier University Hospitals NHS Trust	99.9%	100.0%	96.5%	99.9%	51.0%	97.0%		2.9%
Kingston Hospital NHS Foundation Trust	99.9%	71.4%	99.5%	99.9%	53.2%	73.4%		2.1%
St George's University Hospitals NHS Foundation Trust	100.0%	100.0%	98.1%	100.0%	35.3%	99.4%	90.9%	1.7%
Grand Total	**99.8%**	**65.2%**	**97.6%**	**99.8%**	**35.2%**	**96.4%**	**94.5%**	**2.7%**

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

None Required

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Paper

Contact:

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Background Papers: None