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England

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Cheshire, Warrington and Wirral

Screening and Immunisation Annual Report 2013/14

October 2014



**Cheshire, Warrington and Wirral
Screening and Immunisation
Annual Report**

October 2014

Version number: 1.0

First published: October 2014

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Abbreviations summary

Abbreviation	Meaning
AAA	Abdominal Aortic Aneurysm
ABC3	Guidelines for terminology, classification and management of cytology in England
ANNB	Antenatal and Newborn
AT	Area Team, NHS England
BCSP	Bowel Cancer Screening Programme
BISG	Business Intelligence Systems Group
BSP	Breast Screening Programme
CCG	Clinical Commissioning Group
CEC	Central and Eastern Cheshire
CF	Cystic Fibrosis
CHT	Congenital Hypothyroidism
CoCH	Countess of Chester Hospital
CQUIN	Commissioning for Quality and Innovation
CSIP	Continuous Service Improvement Plan
CSPB	Cervical Screening Programme Board
CT	Computerised Tomography
CWW	Cheshire, Warrington and Wirral
DCAF	Direct Commissioning Assurance Framework
DES	Diabetic Eye Screening
ECHT	East Cheshire Hospital Trust (Macclesfield Hospital)
EQA	External Quality Assurance
FASP	Fetal Anomaly Screening Programme
FIT	Faecal Immunological Test
GMC	General Medical Council
GP	General Practitioner
HPV	Human Papilloma Virus
IDSP	Infectious Diseases Screening Programme
JCVI	Joint Committee for Vaccination and Immunisation
KIT	Knowledge and Intelligence Team
KPI	Key Performance Indicator
LA	Local Authority
MCADD	Medium Chain Acyl-CoA Dehydrogenase Deficiency
MCHT	Mid Cheshire Hospital Trust (Leighton Hospital)
MRI	Magnetic Resonance Imaging
NBS	Newborn bloodspot programme
NBSS	National Breast Screening System
NHIC	National Health Information Centre
NHSCSP	National Health Service Cervical Screening Programme
NHSP	Newborn hearing screening programme
NICU	Neonatal Intensive Care Unit
NIPE	Newborn and Infant Physical Examination
NMC	Nursing and Midwifery Council
NW	North West
OBIEE	Oracle Business Intelligence Enterprise Edition
PCIS	Primary Care Information Support
PHE	Public Health England

PHOF	Public Health Outcomes Framework
PKU	Phenylketonuria
QA	Quality Assurance
QARC	Quality Assurance Reference Centre
QOF	Quality and Outcomes Framework
QSG	Quality and Surveillance Group
RLUHT	Royal Liverpool Universities Hospital Trust
RSV	Respiratory Syncytial Virus
SCD	Sickle cell disorders
SCT	Sickle Cell and Thalassemia
SIC	Screening and Immunisation Co-ordinator
SIL	Screening and Immunisation Lead
SIT	Screening and Immunisation Team
SOP	Standardised Operating Procedure
SSP	Screening Specialist Practitioner
STEIS	Strategic Executive Information System
TAT	Turn Around Time
ToC	Test of Cure
UHNS	University Hospital of North Staffordshire
UKNSC	United Kingdom National Screening Committee
WUTH	Wirral University Teaching Hospital

Contents

Abbreviations summary	3
Contents	5
Introduction.....	8
Executive summary	9
Introduction	9
Immunisation.....	9
Cancer Screening	10
Antenatal, Newborn, Young Persons and Adult Screening Programmes	12
Key Successes.....	12
Workplan 2014-15.....	12
Background	13
1 Organisational arrangements and geography	13
2 National Screening and Immunisation Programmes	14
3 Screening and Immunisation Governance.....	15
3.1 Immunisation	15
3.2 Cancer Screening.....	15
3.2.1 Breast Screening Programme Boards	15
3.2.2 Cervical Screening.....	15
3.2.3 Bowel Cancer Screening	16
3.3 Antenatal, Newborn , Young People and Adult Screening Programme Boards.....	16
3.3.1 Antenatal and Newborn Screening (ANNB)	16
3.3.2 Diabetic Eye Screening (DES)	16
3.3.3 Abdominal Aortic Aneurysm (AAA)	16
4 Assurance of screening and immunisation to key stakeholders	18
5 Provision of clinical advice.....	19
6 Training	20
7 Management of screening and immunisation incidents	21
7.1 Definitions.....	21
7.2 Incident notification, reporting and governance	21
7.3 Communication	22
8 Immunisation	23
8.1 National Immunisation Schedules	23
8.2 Coverage and performance.....	24
8.2.1 Immunisation performance monitoring.....	24
8.2.2 Routine childhood immunisation	25
8.2.3 Human Papilloma Virus (HPV) Programme	31
8.2.4 KC50 Data Collection.....	32
8.2.5 Prenatal Pertussis.....	32
8.2.6 Adult Pneumococcal	32
8.2.7 Shingles vaccination	33

8.3	Seasonal Flu Programme 2013 -14.....	34
8.3.1	Influenza vaccination targets 2013/14.....	34
8.3.2	Local influenza vaccination programme aims	34
8.3.3	Flu immunisation performance.....	35
8.4	Immunisation - successes and challenges	39
8.5	Plans for 2014/15	40
	Cancer Screening.....	41
9	Breast Cancer Screening	41
9.1	NHS BSP performance reporting	42
9.1.1	Finalised programme statistics 2012/13.....	44
9.1.2	Round length.....	45
9.2	CWW Breast Screening Review	47
9.3	Continuous Service Improvement Plan for Breast Screening.....	47
9.4	Work planned for 2014/15	48
10	Bowel Cancer Screening	49
10.1	NHS BCSP Performance reporting	49
10.2	Programme Board Arrangements	51
10.3	Cheshire Bowel Cancer Screening Programme.....	51
10.3.1	Health promotion in the Cheshire Bowel Screening Programme.....	52
10.4	Aintree Bowel Cancer Screening Programme.....	53
10.5	Liverpool Cancer Screening Programme	54
11	NHS Cervical Screening Programme	55
11.1	NHS CSP Performance reporting.....	56
11.1.1	KC53 Cervical Screening Coverage	56
11.1.2	KC65 Colposcopy Unit Activity and Performance	56
11.1.3	KC61 Laboratory Activity and Performance.....	56
11.1.4	Vital Signs 14 TAT	56
11.1.5	Quality and Outcomes Framework	57
11.1.6	Inadequate rates.....	57
11.2	Cervical Screening Work Programme – CWW 2013/14.....	57
11.3	Work plan 2014/15	57
	Programme Board Level Reports	58
11.4	Central and Eastern Cheshire Cervical Screening Programme Board	58
	Performance Summary	59
11.4.1	KC53 Coverage	59
11.4.2	Practice level KC53 performance	59
11.4.3	KC65 Colposcopy Performance	60
11.4.4	Vital signs 14 TAT sample to results.....	60
11.5	Chester and Wirral Cervical Screening Programme Board	61
	Performance Summary	61
11.5.1	KC53 Coverage	61
11.5.2	KC 53 Practice level coverage.....	61
11.5.3	KC65 Colposcopy Performance	62
11.5.4	Vital signs 14 TAT sample to results.....	62
11.6	Warrington, Halton, St Helens and Knowsley Cervical Screening Tactical Group	63
	Performance Summary	63
11.6.1	KC53 Coverage	63

11.6.2	KC 53 Practice level coverage.....	63
11.6.3	KC65 Colposcopy Performance	64
11.6.4	Vital signs 14 TAT sample to results.....	64
	Antenatal, Newborn, Young Person and Adult Screening	65
	Performance reporting	65
12	Antenatal Screening Programmes	66
12.1	Infectious diseases in pregnancy	66
12.1.1	Key messages - Infectious diseases in pregnancy	67
12.2	Fetal Anomaly Screening	67
12.2.1	Key messages – Fetal anomaly screening for Down’s syndrome.....	68
12.3	Haemoglobinopathy Screening	69
12.3.1	Key messages – antenatal Sickle Cell and Thalassaemia.....	71
13	Newborn Screening	72
13.1	Newborn Bloodspot (NBS)	72
13.1.1	Key Messages- newborn blood spot.....	73
13.2	Newborn Hearing Screening Programme (NHSP)	74
13.2.1	Key Messages – newborn hearing	75
13.3	Newborn Infant Physical Examination (NIPE)	76
13.4	Antenatal & Newborn Screening Programme Successes in 2013-14	76
13.5	Antenatal & Newborn Screening Programme Challenges in 2013-14.....	77
13.6	Future plans for Antenatal & Newborn Screening Programmes 2014-15.....	77
14	Adult and Young Person Screening Programmes	78
14.1	Diabetic Eye Screening (DES)	78
14.2	Key Messages - DES	79
14.3	Diabetic Eye Screening Successes 2013-14.....	80
14.4	Diabetic Eye Screening Challenges 2013-14	80
14.5	Future plans for Diabetic Eye Screening 2014-15.....	80
15	Abdominal Aortic Aneurysm (AAA) Screening.....	81
15.1	Key Messages.....	82
15.2	Abdominal Aortic Aneurysm Successes in 2013-14.....	82
15.3	Abdominal Aortic Aneurysm Challenges in 2013-14	82
15.4	Future plans for Abdominal Aortic Aneurysm 2014-15.....	83

Introduction

This is the first annual report from the Cheshire, Warrington and Wirral Screening and Immunisation Team. As a team we wanted to summarise the work that we have completed this year to allow us to benchmark our performance and identify the priorities for the year ahead. The report describes the governance and working arrangements that has been put in place to support the commissioning of and oversight of the delivery of the national screening and immunisation programmes. It includes a summary of the most recent annual screening and immunisation performance results together with links to sources of further information. A summary of the key work areas for 2014/15 is also provided. This has been an exciting and challenging but also enjoyable year for a new team working in and with new organisations. I hope that you find the report helpful and interesting. As a team we look forward to continuing our work to improve outcomes in screening and immunisation in the year ahead.

Dr Helen Lewis-Parmar
PHE Consultant in Screening and Immunisation
Screening and Immunisation Lead, Cheshire Warrington and Wirral

Executive summary

Introduction

This report provides a summary of all the key performance indicators for the national screening and immunisation programmes for Cheshire, Warrington and Wirral for 2013/14. It describes the work that has been taken by the screening and immunisation team together with the wider public health commissioning team in NHS England and describes key features of the work plan for 2014/15.

Immunisation

Key Successes

- Systems leadership for immunisation with establishment of local authority footprint Immunisation Steering Groups to oversee local pathway implementation in each locality with key partners.
- Establishment of new immuniser training and immunisation updates to professional groups including primary care, midwives and dentists.
- Development of new working relationships with GP practices across CWW with provision of clinical advice and targeted support including sharing of best practice to achieve improved immunisation performance.
- Successful implementation of the new immunisation programmes in 2013/14 including:
 - Rotavirus vaccination
 - Changes in the Meningococcal C vaccination schedule for young children
 - Adolescent Meningococcal C vaccination in the school based programme
 - Flu vaccination for all two and three year olds exceeding national average uptake
 - Shingles vaccination
- Immunisation performance delivery exceeding the national 95% target for childhood immunisation in the 12 and 24 month cohorts at CCG level.
- Human papilloma virus vaccine uptake is moving towards the 90% target for completed doses across all areas.
- Maintenance of safe systems for targeted childhood immunisation with achievement of 100% Neonatal Hepatitis B uptake in both 12 and 24 months.
- Cheshire, Warrington and Wirral exceeded the national 75% flu immunisation target for over 65 years cohort. (benchmarked as second highest AT performance).
- Cheshire, Warrington and Wirral had the highest uptake in the two and three year old cohorts across all AT's.
- Improvement in under 65 at risk flu uptake in five out of six CCG areas.
- Successful implementation of maternity flu immunisation delivery all maternity units.

Challenges have included the provision of practice level data by Child Information Systems (CHIS) this has been resolved in all areas aside from Wirral.

Immunisation Work plan 2014/15

- Continued work to build relationships, working in partnership with primary care and other immunisation providers
- Maintenance of existing excellent coverage across all children's vaccinations

- Actions to improve coverage in vaccinations below the national target:
 - MMR vaccination
 - Pre-school booster
- Implementation of changes to the HPV schedule from three to two doses
- Implementation of the extension of the children's flu programme to include all four year old children
- Planning for the implementation of the primary school (Years 0, 1, & 2) flu programme within schools for flu season 2015/16.
- Continued work with practices to improve uptake of flu in all at risk groups in particularly, pregnant women, chronic liver disease, neurological disease and those with learning difficulties
- Implementation of a pharmacy flu immunisation programme improving access to increase uptake within at risk groups
- Work with providers with low uptake in health care workers to improve uptake of the flu vaccination.
- More than 1300 women were vaccinated by midwives, the plan for 2014/15 is to work with Maternity units to improve uptake by 10%
- Scoping of a maternity prenatal pertussis programme to improve access and uptake of the prenatal pertussis vaccination in pregnant women with implementation in 2014/15.
- Complete scoping exercise and ensure there is a robust pathway/system in place for the neonatal Hepatitis B programme and neonatal BCG programme.
- Provide a comprehensive immunisation programme for primary care immunisers and midwives.
- Continue to provide and monitor clinical immunisation advice line.

Cancer Screening

Key successes

- Review of screening programme board configuration and establishment of governance within post transition organisations
- Establishment of performance monitoring arrangement with active management of performance breeches to achieve recovery
- Development of continuous service improvement plans (CSIP) to achieve compliance against the national service specification, provide oversight of progress against regional quality assurance recommendations and improve overall quality within local screening programmes
- Establishment of robust systems for the management of screening incidents
- Provision of screening information to support local authority public health overview and scrutiny of local screening programmes

Bowel Cancer Screening

- Commissioning support to the Cheshire Bowel Screening Programme's successful bid for Wave 2 implementation of Bowel Scope screening

Breast Screening

- Completion of the CWW Breast Screening Review with recommendations for future sustainable programme configuration.

Cervical Screening

- Establishment of new and maintenance of existing cervical sample taker databases linked with update training
- Audit of failsafe processes
- Participation within regional quality assurance visit with completion of commissioning recommendations and oversight of progress against recommendations for other pathway elements within local programme boards
- Development of sample taker training plan with provision of local cervical screening updates for sample takers
- Maintenance of provision of cervical screening in other settings

Cancer Screening Coverage Summary

- **Bowel Cancer Screening**

Bowel cancer screening uptake reaches the 52% target for all areas in CWW. The highest levels of coverage and uptake are seen in Wirral where 53% of practices do not meet the 52% uptake target.

- **Breast Screening**

There are good levels of coverage for all CWW local authority areas ranging between 77.7 and 79% for eligible women aged 53-70 which is higher than NW and national averages (PHOF 2014). Programmes are working towards reaching the 80% achievable uptake target. Practice level data require careful interpretation but demonstrate variation as seen in other cancer screening programmes.

- **Cervical Screening**

Coverage in most areas is higher than NW average. The lowest level of coverage is seen in Wirral which is below the NW and national average. In Wirral alone, more than 2600 women would need to be screened to reach the 80% coverage target. This target is not reached in any area when measured by 3.5/5.5year coverage (PHOF 2014). Cervical Screening coverage is falling in all age groups with lowest levels of coverage seen in the youngest (age 25-29) and older women. This will become an increasing challenge with the first HPV vaccinated cohort reaching the eligible age for screening in 2015. There is wide variation in screening coverage at GP practice level at CCG level. Even in CCGs that reach the national target overall more than a third of practices are less than NW and national averages.

Cancer Screening Work Plan 2014/15

In 2014/15 there will be a focus on addressing health inequalities in screening. CWW SIT is working on a health inequalities strategy to improve outcomes in screening. This will include work to improve pathways for and screening uptake within vulnerable groups. Two key pieces of work support this strategy:

- **Health inequalities CQUIN**

All screening providers are required to benchmark current and improve services to support improved screening coverage in all vulnerable groups including socio-economic deprivation, BME communities, physical disability, learning disability etc.

- **Practice level dashboard**

Scorecard of screening and immunisation performance to be used with key partners (primary care commissioners, CCGs, Cancer GP Leads, Primary Care Engagement facilitators, local authority public health teams) to support reducing variation in practice level coverage.

Bowel Cancer Screening

- Support for the roll-out of Bowel Scope in all local programmes

Breast Screening

- Implementation of the findings from the CWW Breast Screening Review.

Cervical Screening

- Detailed audit of cervical screening processes in primary care
- Development of sample taker databases in line with national recommendation
- Development of systematic standardised reporting from laboratories and, application of the sample taker database
- Review of current laboratory configuration to achieving national service specification minimum level of activity
- Incorporation of screening for the armed forces within the national screening programme commissioning arrangements

Antenatal, Newborn, Young Persons and Adult Screening

Programmes

Key Successes

- Establishment of programme boards and governance structure to support providers to improve quality
- Development of communication networks and engagement with key stakeholders to support delivery of non cancer screening programmes
- Standardisation of service specifications has allowed providers to be consistent in delivery of programmes
- Implementation of Common Pathway for Diabetic Eye Screening
- Implementation of AAA screening across Cheshire Warrington and Wirral
- Improvements in Key Performance Indicators throughout the year
- Development of action plans to promote continuous improvements across non cancer screening
- Consistency in reporting and managing of non cancer screening incidents

Workplan 2014-15

- Implementation of Extended Screening for newborn bloodspot
- Establishment of bigger footprint quality groups and development of a quality assurance framework that monitors quality standards
- Centralise grading for Cheshire DES Programme
- Develop a strategy to commission DES consistently across CWW
- Support to health inequalities strategy to target and improve uptake for vulnerable groups across Cheshire, Warrington and Wirral
- Implement screening to the prison population

Background

The Health and Social Care Act 2012 created a new set of responsibilities for the delivery of public health services including specific roles for the National Health Service England (NHS England as commissioner and Public Health England (PHE) as specialist public health expertise for the commissioning and system leadership of the national screening and immunisation programmes. The new roles and responsibilities were described within the Immunisation and Screening National Delivery Framework and Local Operating Model implemented from 1st April 2013.

The key responsibilities of the Screening and Immunisation Team are to:

- Provide assurance that commissioned services meet the national service specifications set out as part of the Section 7a Agreement
- Drive quality improvement and address any concerns of patient safety.
- Work with other key stakeholders including Local Authorities and CCG's to reduce health inequalities and ensure access to screening for disadvantaged groups.
- Maintain the integrity of the pathway into treatment services
- Agree cross-boundary programmes commissioning arrangements and interface with specialised commissioning
- Provide system management for immunisation and screening programmes including:
 - Training for primary care providers
 - Provide clinical advice to health professionals
 - Failsafe – robust call and recall, cross-organisational boundaries
- Information and performance monitoring – working closely with Quality Assurance, Knowledge and Intelligence Centres, the UKNSC and NHIC to analyse and present information to understand local performance of primary care, providers and geographical areas.
- Investigate service failures, managing incidents in screening and immunisation.

1 Organisational arrangements and geography

The CWW SIT is PHE employed and are part of the Cheshire and Merseyside Public Health England Centre team. The team is embedded within the Cheshire, Warrington and Wirral Area Team in NHS England.

CWW Area team commissions screening and immunisation programmes for a population of 1.2 million within:

- Four local authority areas – Cheshire East, Cheshire West and Chester, Warrington and Wirral
- Six CCG's - Eastern Cheshire, South Cheshire, Vale Royal, West Cheshire, Warrington and Wirral

2 National Screening and Immunisation Programmes

Section 7a of the National Health Service Act 2006 sets out the arrangements for the Secretary of State to delegate to NHS England the responsibility for the commissioning of certain aspects of public function. This includes the national screening and immunisation programmes as well as children’s public health 0-5 years (until transfer to Local Authority in 2015), Child Health Information Systems, Offender Health, Public Health and Sexual Assault Services. This agreement is updated annually to include any change in the scope of the Section 7a and changes within the individual programmes. All the national screening and immunisation programmes have nationally agreed service specifications that are updated annually. The full remit of the Section 7a is commissioned by the Public Health Commissioning Team in NHS England which includes the embedded PHE Screening and Immunisation Team, (SIT). Table 1 below summarises the national screening and immunisation programmes.

Table 1: National Screening and Immunisation Programmes

Screening programmes:	Three cancer programmes: <ul style="list-style-type: none"> • Breast • Cervical • Bowel 	Six ante natal and newborn: <ul style="list-style-type: none"> • Infectious Disease • Fetal Anomaly • Sickle cell and thalassaemia • Newborn physical exam • Newborn hearing • Newborn blood spot 	Two adult: <ul style="list-style-type: none"> • Diabetic eye screening (DES) • Abdominal Aortic Aneurysm (AAA)
Immunisation programmes:	Childhood universal: <ul style="list-style-type: none"> • Primary • Secondary/school age • University entrants 	Childhood risk based: <ul style="list-style-type: none"> • Newborn BCG • Newborn hepatitis B • Influenza at risk groups • RSV 	Adult risk based <ul style="list-style-type: none"> • Shingles • Influenza • Pneumococcal • Prenatal Pertussis

3 Screening and Immunisation Governance

To support the delivery of their key responsibilities, the CWW SIT has convened multi-agency groups bringing together key stakeholders from across the each local screening and immunisation pathway. The Immunisation Steering Groups and Screening Programme Boards report into an assurance group which is accountable to the AT Directors.

3.1 Immunisation

A CWW Immunisation Steering Group has provided strategic oversight of the new and established immunisation programmes. Each Local Authority area has an Immunisation Steering Group convened and Chaired by the Immunisation Lead (Lynn Simpson) to oversee the local co-ordination of the delivery of the immunisation programmes.

- Warrington Immunisation Steering Group (Support: Tracie Duffy)
- Eastern Cheshire Immunisation Steering Group (Support: Jacqueline Coulton)
- Western Cheshire & Vale Royal Immunisation Steering Group (Support: Antoinette Doyle/Eleanor Ennis)
- Wirral Immunisation Steering Group (Support: Stacy Evans)

3.2 Cancer Screening

3.2.1 Breast Screening Programme Boards

There are five breast screening programme boards that meet six monthly hosted by provider and Chaired by the Screening and Immunisation Lead (Helen Lewis-Parmar)

- Crewe Breast Screening Programme Board
- Chester Breast Screening Programme Board
- East Cheshire and Stockport Breast Screening Programme Board (GM LAT associate commissioner)
- Warrington, St Helens, Halton and Knowsley Breast Screening Programme Board (Merseyside LAT associate commissioner)
- Wirral Breast Screening Programme Board

3.2.2 Cervical Screening

Cervical Screening Programme Boards are configured on a laboratory-based footprint. They meet quarterly, are hosted by provider and Chaired by the Screening and Immunisation Lead.

- Central and Eastern Cheshire Cervical Screening Programme Board (UHNS Laboratory)
- Western Cheshire and Wirral cervical Screening programme Board (WUTH Laboratory)

The Mersey AT is the lead commissioner for Whiston laboratory which serves the Warrington population. CWW Chair a Tactical Cervical Group for the Warrington, Halton, St Helens and Knowsley areas that reports into the Merseyside Cervical Screening Group arrangements

3.2.3 Bowel Cancer Screening

The Cheshire Programme Board meets quarterly and is hosted and Chaired by provider with representation from the Screening and Immunisation Lead.

- Cheshire Bowel Screening Programme Board (Western, Central and Eastern Cheshire areas)

The Mersey AT is the lead commissioner for the Aintree and Liverpool Bowel Screening Programmes and they support the North Mersey and North Mersey and Cheshire Programme Board (Wirral and Warrington areas).

3.3 Antenatal, Newborn , Young People and Adult Screening Programme Boards

3.3.1 Antenatal and Newborn Screening (ANNB)

Local Programme Boards have been established within each provider to oversee all six antenatal and newborn screening programmes. These are currently Chaired by the Antenatal, Newborn, Young Person and Adult Screening Lead (Michele Young) and supported by identified Co-ordinator Leads.

- Chester
- Macclesfield (ECHT)
- Warrington
- Crewe (MCHT)
- Wirral

3.3.2 Diabetic Eye Screening (DES)

Programme Boards have been established for each of the programmes. These are Chaired by the Antenatal, Newborn, Young People and Adult Screening Lead (Michele Young) and supported by identified Co-ordinator Leads.

- Cheshire
- Wirral

DES for the Warrington population is part of the Merseyside programme and links to programme board arrangements for Merseyside.

3.3.3 Abdominal Aortic Aneurysm (AAA)

CWW LAT is an associate commissioner for the AAA Programme. The Screening and Immunisation Team link with the relevant programme boards convened by the relevant lead commissioner.

- Cheshire and Mersey
- Greater Manchester and East Cheshire
- Stafford and South Cheshire

Table 2 : Summary of programme board / steering groups by LA/CCG footprint

Programme	Local Authority Area			
	Cheshire East	Cheshire West	Warrington	Wirral
Immunisation	Cheshire East Immunisation Steering Group	Cheshire West and Chester Immunisation Steering Group	Warrington Immunisation Steering Group	Wirral Immunisation Steering Group
Breast Screening	East Cheshire and Stockport BSP (Eastern Cheshire CCG) Crewe BSP (South Cheshire)	Chester BSP Crewe BSP (Vale Royal CCG) Warrington BSP (Helsby and Frodsham areas)	Warrington, ST Helens, Knowsley and Halton BSP	Wirral BSP
Bowel Cancer Screening	Cheshire Bowel Cancer Screening PB	Cheshire Bowel Cancer Screening PB	Mersey and North Cheshire Bowel Cancer Screening Programme	Liverpool and Wirral Bowel Cancer Screening Programme
Cervical Screening	Central and Eastern Cheshire CSPB	West Cheshire and Wirral CSPB Central and Eastern Cheshire CSPB (Vale Royal CCG)	Warrington, Halton, St Helens and Knowsley Tactical Group (reporting to Mersey PB)	West Cheshire and Wirral CSPB
ANNB	Crewe ANNB PB Macclesfield ANNB PB	Chester ANNB	Warrington ANNB	Wirral ANNB
AAA	Greater Manchester and East Cheshire Stafford and South Cheshire	Cheshire and Mersey AAA	Cheshire and Mersey AAA	Cheshire and Mersey AAA PB
DES	Cheshire DES PB	Cheshire DES PB	Mersey DES PB	Wirral DES PB

4 Assurance of screening and immunisation to key stakeholders

The official assurance report for screening and immunisation is the Public Health Outcomes Framework (PHOF) produced by the Knowledge and Intelligence Team (KIT) within PHE. These data report final approved programme statistics and have an extended timeline to production. Nationally NHS England is continuing to progress the systematic production of data reports for screening and immunisation but this work remains ongoing.

Within the national service specifications, providers report on key performance indicators at programme level, these together with live data such that from Open Exeter, ImmForm and Cover are available to the SIT to monitor screening and immunisation performance at programme level and/or GP practice level. These data are provided into the programme boards and are summarised quarterly in the Section 7a Assurance Report. This report is shared with key partners as well as within the governance arrangements within NHS England and Public Health England.

The Screening and Immunisation Lead and Head of Public Health Commissioning have met quarterly with each Cheshire DPH to discuss public health commissioning. These meetings have included discussion of key performance indicators in screening and immunisation. The SIT has also produced comprehensive reports on influenza vaccination uptake at local authority, CCG and practice level. Screening and immunisation also forms part of the business of the Cheshire and Mersey Public Health Liaison Group.

5 Provision of clinical advice

The provision of clinical advice primarily concerning immunisation but also about screening to primary care and other health professionals is a key function of the screening and immunisation team. Health professionals are advised to use the 'Green Book' as the first line resource for all immunisation queries, however the SIT provide additional first line support when this is needed. Queries are submitted via a generic email address with a response provided within two working days. Although this is a non-urgent service, during working hours Monday to Friday the SIT are available to advise on urgent matters if necessary. All calls and responses are logged by area, practice, caller and date. This record enables the Screening and Immunisation Team to identify issues within practices which require update training or additional support. The responses are recorded to enable audit of appropriateness of response and to identify any training needs within the Screening and Immunisation Coordinators.

The provision of clinical advice directly by the SIT has enabled a consistency of approach across CWW and close linking of issues raised with training and update provision. If the SIT is unable to answer particular issues, they liaise with the PHEC Health Protection Team and also with the national immunisation team for further advice. The provision of clinical advice by the SIT supports the PHE priority to 'develop our own capacity and capability to provide professional, scientific and delivery expertise to our partners'. This service has also enabled the Screening and Immunisation Co-ordinators to quickly build relationships with local general practices.

The SIT took over this function for the whole of the CWW area fully from July 2013. 217 queries were logged between July 2013 and March 2014.

6 Training

As part of the systems management for screening and immunisation the SIT have responsibility for ensuring that primary care providers have access to training especially regarding updates in immunisation and for cervical screening sample takers. Whilst the future arrangements for training provision is to be determined following national review, CWW SIT have been providing various elements of screening and immunisation training for primary care and other health professionals. All training has been provide free of charge to providers in local venues.

In 2013/14 this included:

- Basic immunisation training (theory and practical)
- Immunisations update training for primary care including general practice and dentists.
- Immunisation update training for midwives
- Cervical Sample Taker update training

Table 3: Immunisation Training Sessions 2013/14

Training	Locations
New immuniser	The Knoll Surgery, April 2014 1829 Building, October 2014
Primary care update sessions	South Cheshire - Ashfields & Eaglebridge HC Eastern Cheshire - Waters Green Vale Royal – Watling Street Surgery Western Cheshire – The Knoll, Great Sutton MC Wirral – Thornton Hall, Bebington Civic MC, Albert Lodge Warrington – Jubilee Suite.
Midwife update training	MCHT three sessions, ECHT three sessions Warrington five sessions, WUTH three sessions CoCH four sessions
Dentist update	CWW wide October/November 2013

The SIT also support the Train the Trainer Model for cascade training within provider settings. These sessions have been organised by the PHEC supported by the SIT.

Table 4: Cervical Sample Taker update training

Location	Date
Wirral	May 2014
Cheshire West & Chester	June 2014
Vale Royal	November 2014
East Cheshire	May 2014
Central Cheshire	October 2014
Warrington	November 2014.

New sample takers training will continue at Liverpool University as currently done. The SIT also support the Train the Trainer model for cascade training within provider settings. These sessions have been organised by the PHEC supported by the SIT. The screening and immunisation training plan is in place for 2014/15 following a similar model of provision to that in 2013/14.

7 Management of screening and immunisation incidents

7.1 Definitions

An incident is defined by UKNSC as

“Any unintended or unexpected incident(s) that could have or did lead to harm to one or more persons who are eligible for NHS screening; or to staff working in the screening programme.”

A serious incident is described as

“An incident that occurred during NHS funded healthcare (including in the community), which resulted in one or more of the following:

- Unexpected or avoidable death or severe harm of one or more patients, staff or members of the public
- A never event - all never events are defined as serious incidents although not all never events necessarily result in severe harm or death
- A scenario that prevents, or threatens to prevent, an organisation’s ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation may extend to a larger population
- Allegations, or incidents, of physical abuse and sexual assault or abuse
- Loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation”

The aims of any incident investigation are to establish the facts and to determine what, if any harm has occurred to service user(s) and to work with providers using a no blame culture approach. The objective of the investigation is to ensure that the integrity of the programme is maintained whilst ensuring a rigorous and robust investigation to identify if an ongoing risk is present and to support providers to identify and use reflection to move forward in a positive way. The lessons learnt from incidents are used to prevent future occurrence within individual providers and are shared via regional quality assurance to prevent similar incidents arising in other areas.

7.2 Incident notification, reporting and governance

Incidents can occur in many guises and can be notified from providers at any stage of the screening or immunisation pathway. The CWW SIT encourages providers to make early contact with the team about screening and immunisation issues so that we can work with them to determine if there is an incident. We liaise closely with regional screening quality assurance, ensure that their notification procedures are followed and access their advice in the determination of the level of severity of the incidents. All screening incidents are managed according to the Interim National Guidance for the Management of Screening Incidents. The process of escalation of screening incidents is outlined nationally. A similar approach is taken with immunisation incidents with specialist advice sought from the Health Protection Team at PHEC where necessary. There is a clear escalation process into the PHEC for public health advice and support to incidents in the absence of the SIL. The SIT play a key role in the co-ordination of the response to incidents in screening and immunisation and dependent on the situation may Chair the Incident Group, lead the

investigation, undertake root cause analysis and produce final incident report. The level of response to an incident is situational and dependent on its severity and complexity. Some incidents require the convening of an incident team even if they are not declared as Serious Untoward Incidents.

Individual providers will report incidents on their individual reporting systems e.g. Datix. STEIS notification is also completed for incidents of sufficient severity. The SIT report share information concerning all incidents with Quality and Nursing in the Area Team. The SIT maintain an incident log and monthly report is provided into the Business Intelligence Systems Group (BISG) to provide an overview of incidents and identify individual GP practices that require additional governance or support. The BISG in turn reports to the Quality Surveillance Group (QSG) for CWW.

7.3 Communication

The SIL directly notifies key stakeholders concerning incidents. This is either within the quarterly report or at the time of the incident dependent on the severity of the issue and the potential for media interest. The usual communication process would include the Public Health England Centre Director and the relevant Director of Public Health and CCG Quality Leads. The communications response to screening and immunisation incidents is provided jointly from NHS England and PHE regional communications support.

8 Immunisation

The National Immunisation Programmes in England continue to be highly effective in reducing vaccine preventable diseases. It is therefore paramount that every effort is made to continue to improve not only coverage but the quality of service provided ensuring all individuals in particular the most vulnerable and hard to reach group have access to services to be offered and receive all required vaccinations.

The NHS Constitution¹ states that it is the right of individuals to receive the vaccinations recommended by the Joint Committee on Vaccination and Immunisations (JCVI). All vaccinations included within the programmes are based on clinical evidence together with cost effectiveness.

8.1 National Immunisation Schedules

Table 5: Routine childhood immunisation 0-16 years

Disease Protection	Age of Immunisation
Diphtheria, Tetanus, Pertussis, Polio, Hib (DTaP-Hib/IPV), Meningitis C (Men C), Rotavirus, Pneumococcal (PCV)	Two months
Diphtheria, Tetanus, Pertussis, Polio, Hib Meningitis C, Rotavirus	Three months
Diphtheria, Tetanus, Pertussis, Polio, Hib Meningitis C, Pneumococcal	Four months
Hib Meningitis, Meningitis C (Hib/Men C), Measles, Mumps, Rubella (MMR), Pneumococcal	12-13 months
Diphtheria, Tetanus, Pertussis, Polio (dTAP/IPV or DTaP/IPV), Measles, Mumps, Rubella	Three years and four months
Human Papilloma Virus (HPV)	12-13 year girls
Tetanus, Diphtheria, Polio (Td/IPV), Meningitis C	13-14 years
Influenza	2, 3 year olds (2013/14) 2,3,4 year olds (2014/2015)

Table 6: Selective Immunisation 0-5 years

Diseases protection	Age of Immunisation
Hepatitis B	At birth
Hepatitis B	One month after first dose
Hepatitis B	One month after second dose
Hepatitis B	At 12 months
Hepatitis B	Three years and four months (with Pre-School Booster)
BCG	At Birth or as soon as possible after birth: North West standard within 14 days
Respiratory Syncytial Virus (RSV)	Under 2 years

Table 7: Adult immunisation programmes

Diseases protection	Age of Immunisation
Flu	Over 65 years & under 65 years in clinical at risk groups (as per GB)
Pneumococcal	Over 65 years & under 65 years in clinical at risk groups (as per GB)
Shingles	70 years of age (current catch up programme in place)
Prenatal Pertussis	Pregnant women with gestation at 28 to 38 weeks
Meningitis C University Entrants	Adults – Freshers starting university

8.2 Coverage and performance

8.2.1 Immunisation performance monitoring

Immunisation data is gathered and collated from various systems in various formats.

KC51 Cover of Vaccinations Evaluated Rapidly (COVER):

This data set is based on both a quarterly and annual basis for all childhood immunisations aged 0 to 5 years. The data is collated from child health systems and reported to NHS England. The data is currently published on both a Local Authority (LA) and previous Primary Care Trust (PCT) foot print until 2016, this allows comparative data to be analysed.

Selective immunisation programmes i.e. BCG and Neonatal Hepatitis B are also recorded within COVER. It has to be noted that BCG has recently been included within the KC 51 COVER data set, however, it is recognised that there are current issues with regards to recording a baseline number of all eligible babies for BCG on CHIS, therefore reporting for the uptake/coverage for BCG is not reliable.

ImmForm – Web based monitoring system:

This data set is based on several timescales depending on the immunisation programme; this can be on a monthly, quarterly and annual basis. This is an online monitoring system where data collated in various ways:

For Shingles/Pneumococcal/Prenatal Pertussis programmes data are uploaded automatically to ImmForm from GP practice systems that have the capability to do so this includes EMIS, INPS, Microtest and TPP, there are approximately 10% of practices that do not have this capability and so monitoring of the these programmes are mainly based on the reporting of 90% of practices.

The reporting for influenza is a combination of automatic and manual submission for practices to enable the monitoring of all eligible patients. Community and Acute Trusts enter health care worker data manually. The Area Team also enter GP practice staff uptake manually.

HPV data is school based currently by both LA and PCT areas; the data is collated and uploaded manually onto ImmForm by CHIS. This is currently a quarterly and annual based collection.

Adolescent boosters: Due to historical difficulties in collating meaningful comparative data, there is currently a national review underway. This has resulted in no data being available for 2013/14.

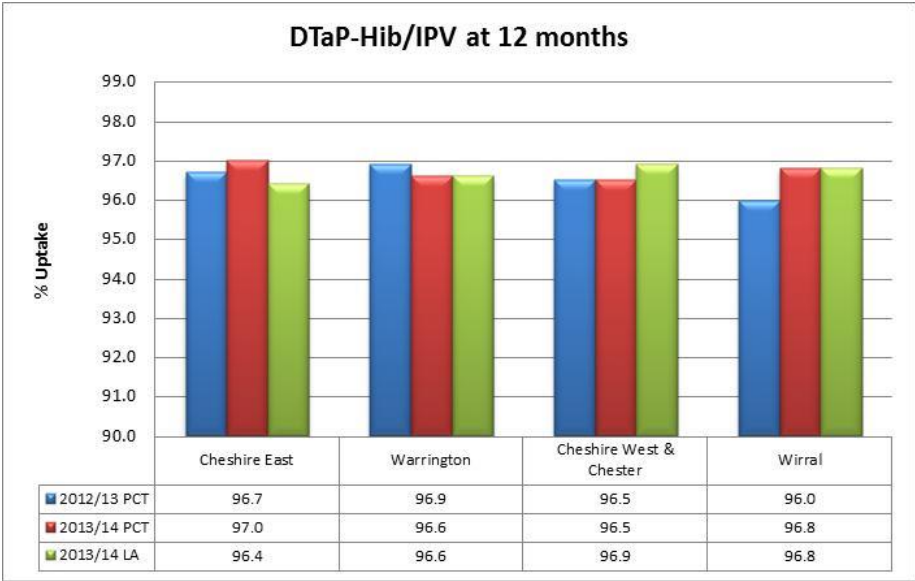
8.2.2 Routine childhood immunisation

The national uptake target for all routine childhood immunisations is 95%. The uptake target for HPV vaccination in 12 -13 year old girls is 90%.

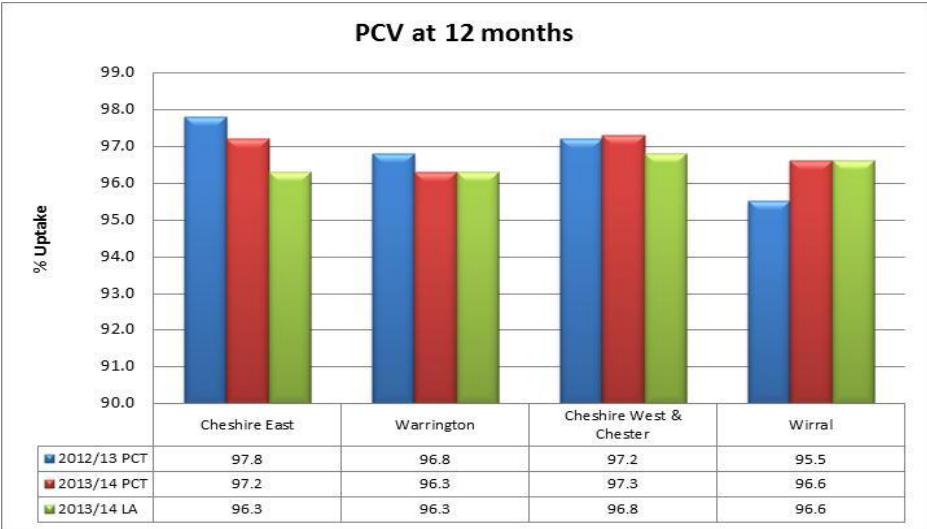
COVER data for the 0 -5 year olds has previously been presented on a PCT responsible basis, where available, data will also be presented on a local authority footprint. It needs to be noted that using this format will affect Cheshire East and Cheshire West & Chester localities as there are configuration differences between the previous PCT and current Local Authority areas. For the purpose of this annual report to enable some comparison and future comparisons two sets of data has been reported on.

Completed Primary Courses at 1st Birthday

Graph 1: DTaP-Hib/IPV at 12 months

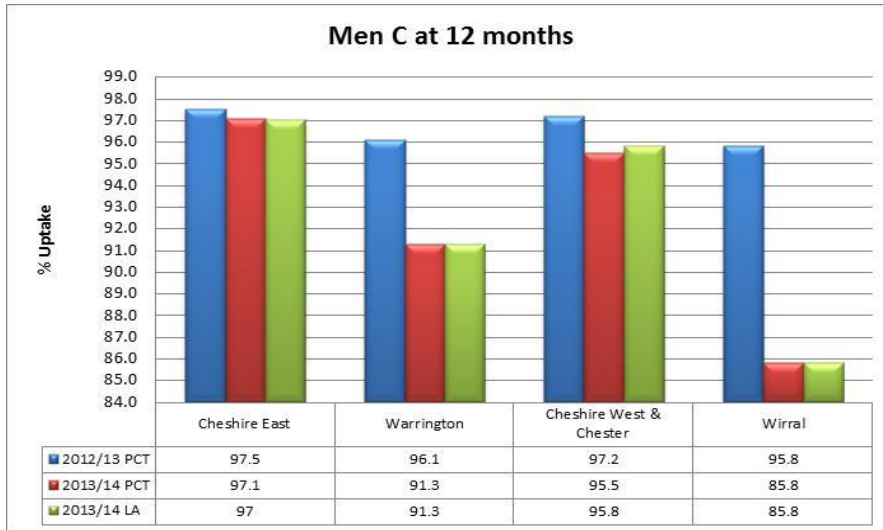


Graph 2: PCV at 12 months



All areas have exceeded the national target in both the DTaP-Hib/IPV and PCV vaccinations at 12 months of age. The differences between PCT and LA datasets reflect the boundary changes with the switch for the Vale Royal area from the historic Central and Eastern Cheshire PCT to alignment within Cheshire West and Cheshire Local Authority configuration.

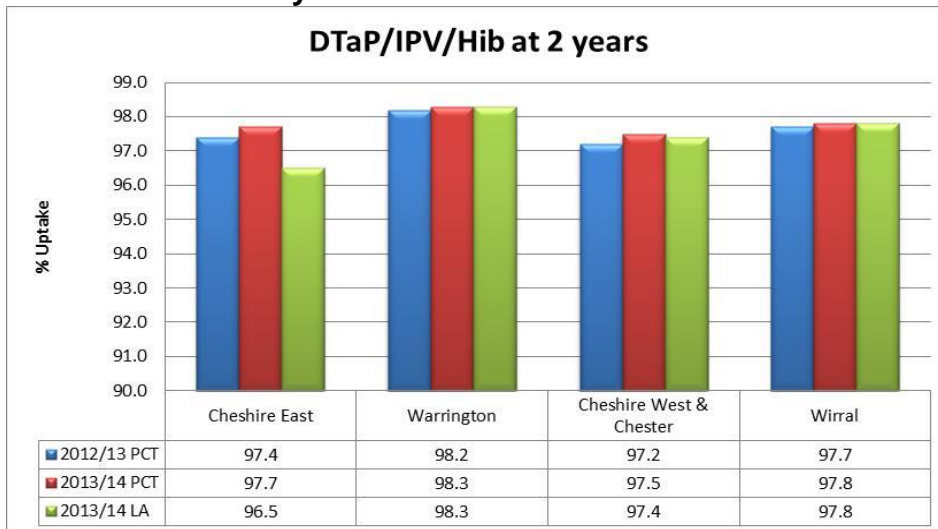
Graph 3: Men C at 12 months



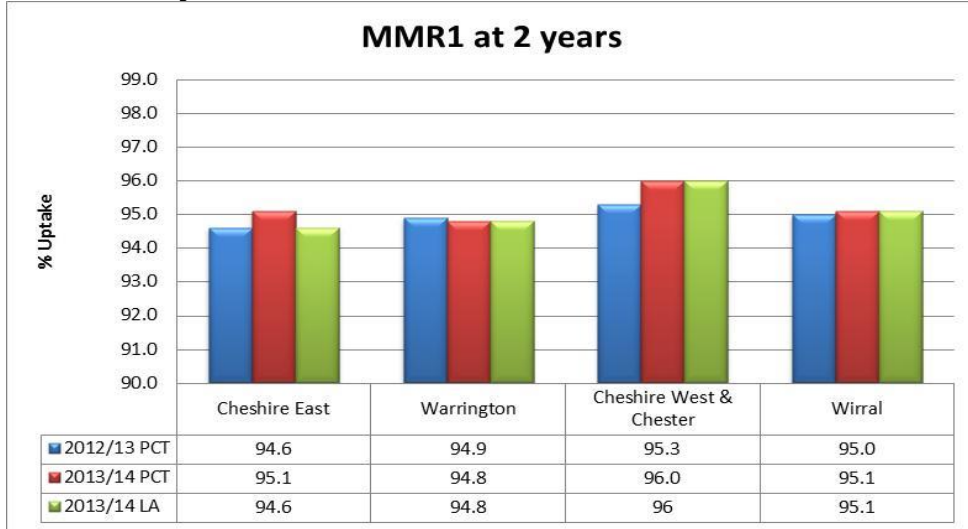
Following the changes to the primary Men C programme with a change from a two dose to a single dose schedule, there have been reporting issues with some CHIS systems which have affected the Warrington and Wirral areas. This has resulted in a low level of reported uptake which does not reflect the true coverage. This reporting issue has been recognised nationally. It is expected to resolve over the first two quarters in 2014/15.

Completed Primary & Booster Courses at 2nd Birthday:

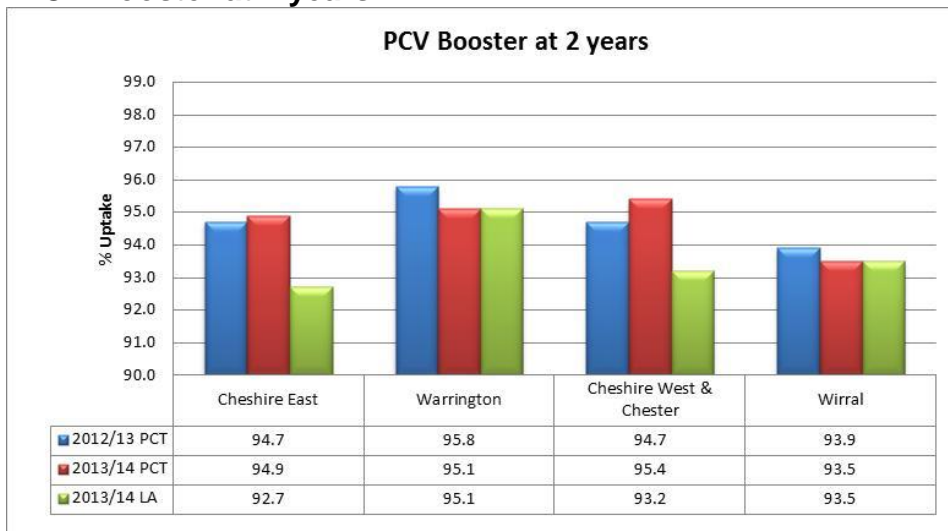
Graph 4: DTaP/IPV/Hib at 2 years



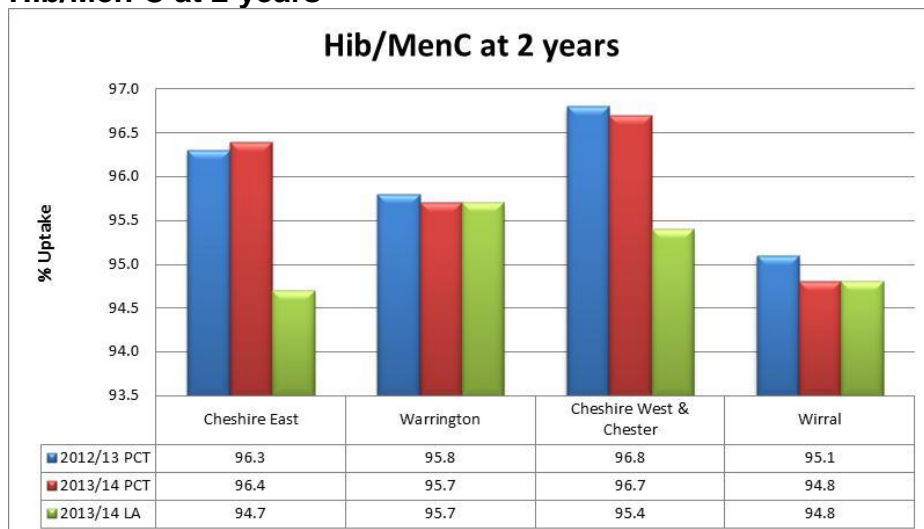
Graph 5: MMR at 2 years



Graph 6: PCV Booster at 2 years



Graph 7: Hib/Men C at 2 years

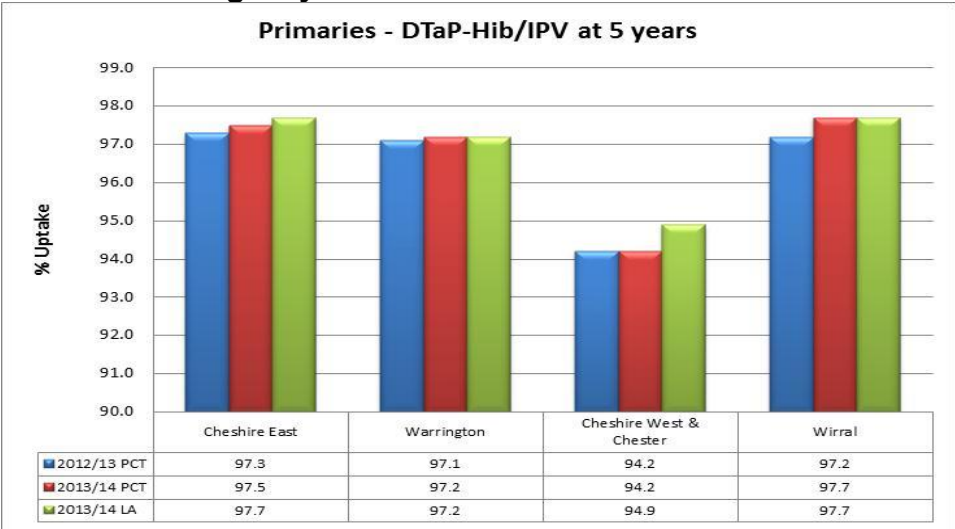


The same effect with respect to PCT compared to Local Authority area footprints is seen within the uptake of routine childhood immunisations aged two years. Using the PCT reporting footprint it can be seen that immunisation uptake levels have remained stable in 2013/14 compared to the previous year with all areas exceeding the 95% target.

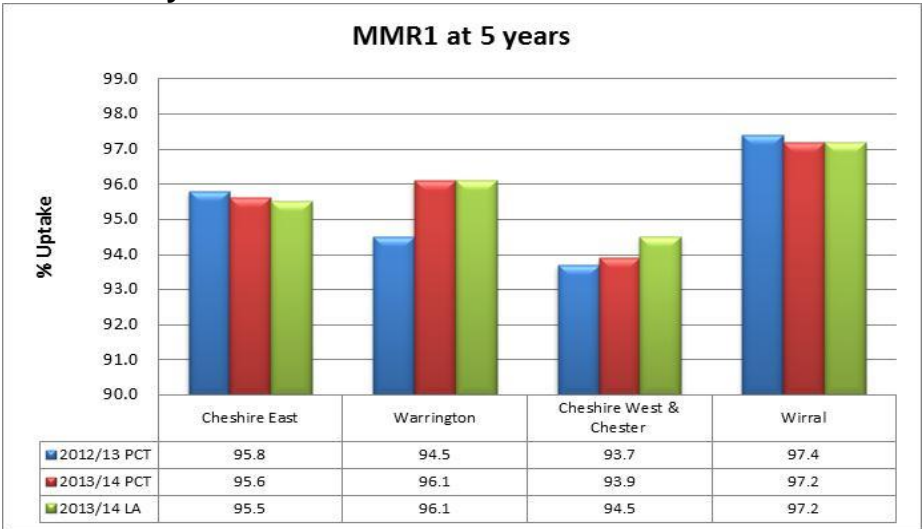
On a local authority footprint areas of concern have been highlighted with PCV in all areas except Warrington, resulting in uptake ranging between 92.7% and 95.1%. The Screening and Immunisation Team are working with both practices and CHIS looking at why there is a reported low uptake and develop plans to improve uptake.

Primaries, Pre-School booster & MMR 1 & 2 by the 5th Birthday

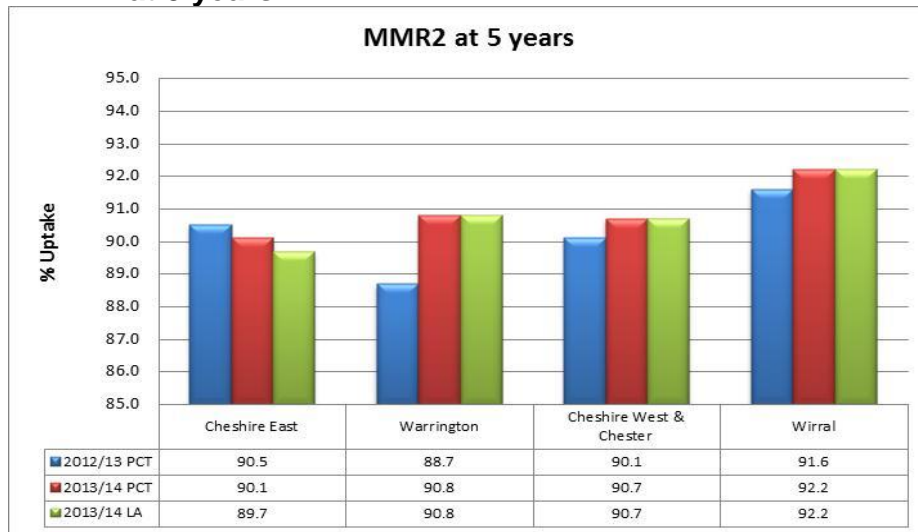
Graph 8: Primaries at age 5 years



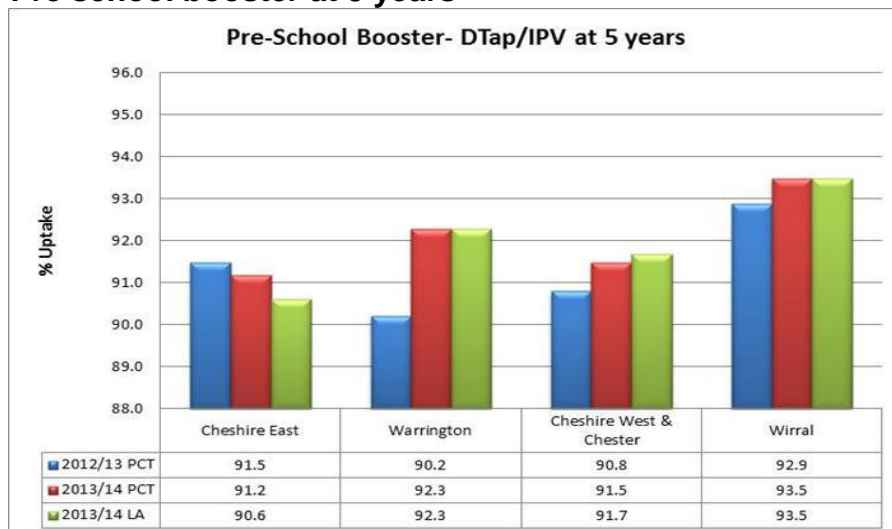
Graph 9: MMR1 at 5 years



Graph 10: MMR2 at 5 years



Graph 11: Pre school booster at 5 years



Pre-school booster and MMR2 immunisation uptake targets have always been a more challenging target to reach. There has been some improvement in the MMR2 in Warrington, West Cheshire and Wirral but a fall was seen in Cheshire East using comparable PCT populations. This is further compounded when the LA footprint is used for reporting. Preschool booster shows a similar pattern with improvements in three areas but a fall is seen again for Cheshire East. This improvement uptake of MMR2 vaccination needs to continue to ensure high coverage for MMR1 and MMR2 doses to support herd immunity to prevent the spread of measles within school aged children and subsequent transmission to the younger children including those too young to be immunised.

Hepatitis B

Numbers of babies eligible for the neonatal hepatitis B vaccination are extremely small and vary within localities averaging between two and 13 babies a year. All localities reported uptake of 100% for completed courses at 12 and 21 months in 2013/14..

8.2.3 Human Papilloma Virus (HPV) Programme

HPV is a school based programme timed within the school year i.e. from September to August. Data is collected on quarterly and annual return via ImmForm. Each school area will run their vaccination sessions at different times within the year which means that comparable data are not available until the finalised annual return. Quarterly data are used to monitor trend and identify potential issues before the end of each annual school programme. In 2013/14 a three dose HPV schedule was in place (Doses at 0, 1-2 months, 6 months). This will change to a two dose schedule from 1st September 2014. The national target for HPV is 90% for complete course of three (2013/14). For the purpose of this report annual data for 2012 -13 and current available data available for the 2013 -14 up to the 30 June 2014 (from ImmForm) are reported. These data (Table 8) are provisional and are dependent on the stage of progress in the local school programmes. There are currently data issues with Wirral in relation to the denominator because of some schools within the local area being vaccinated by a school nursing service in another locality; this will be rectified for the annual data and subsequent data submissions to reflect an accurate uptake figure.

Graph 12: HPV Annual Data 1st September 2012 – 31st August 2013

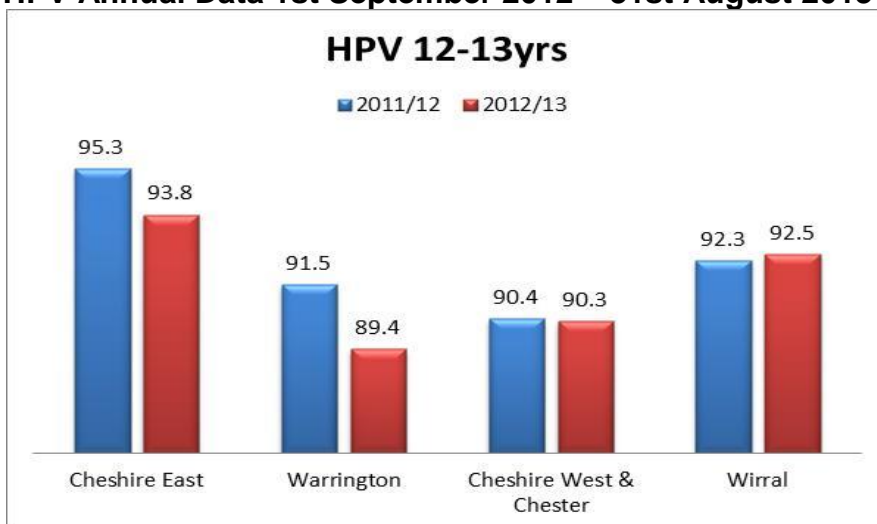


Table 8: HPV 2013 – 2014 programme (Annual uptake reported by 31st August 2014)

	31/08/2014	1st dose	2nd dose	3rd dose
Cheshire East		95.6	95.1	94.3
Warrington		98.8	93.9	88.6
Cheshire West & Chester		96.1	95.3	92.9
Wirral		94	93.3	90.4

Data Source: ImmForm accessed by SIT 6/10/14

The footprint configuration of the data is by historic PCT area. For 2014/15 (September 2014 to August 2015) HPV data will be provided on a local authority footprint. Historically all areas have achieved the national target and all localities are working towards continued high uptake.

8.2.4 KC50 Data Collection

Neonatal BCG, School Leaver Booster (Td/IPV) and Adolescent Meningitis C:

The Health and Social Care Information Centre continues to undertake a review of KC50 data collection process. Historically there have been data supply and data quality issues with these datasets. The review is intended to examine future information needs. No data are available for 2012/13. In 2013/14 Area Team were asked to produce adolescent immunisation coverage estimates. Data for LAs where MenC and/or Td/IPV is delivered in schools have been requested. These data are experimental and are not available for this report.

8.2.5 Prenatal Pertussis

The collation of prenatal pertussis has recently changed to an automatic upload from GP systems to ImmForm. Previous prenatal pertussis data has been inconsistent due to data recording issues with usually only half of practices submitting data. Reported uptake has fluctuated between 50% and 62%. An anonymous comparison provided by ImmForm shows CWW to have been the 4th highest uptake out of 13 other area teams (highest uptake 64%).

8.2.6 Adult Pneumococcal

The collection of adult pneumococcal runs from 1st April 2013 to 31st March 2014.

Table 9: Adult pneumococcal 2013-2014

CCG	Response Summary			Aged 65 and over		
	No. of practices	No. of forms completed	% of practices responding	No. of Patients registered on day of extraction	Received the pneumococcal vaccine anytime up until the 31st March 2014	
					No. of patients	% of patients
Eastern Cheshire	22	10	45.5	21019	14764	70.2
South Cheshire	18	4	22.2	6870	4552	66.3
Vale Royal	12	3	25.0	2734	1846	67.5
Warrington	26	21	80.8	29180	19934	68.3
West Cheshire	34	11	32.4	15573	10674	68.5
Wirral	57	26	45.6	31426	20739	66.0
Total	169	75	44.4	106802	72509	67.9

Source ImmForm Monitoring website

The adult pneumococcal programme runs throughout the year and data is produced on an annual basis. The 2013-14 data is based on a CCG footprint. Previous years the data has been on a PCT footprint. The uptake across all CCGs is slightly lower than reported in 2012 – 13 (PCT area), also there are less numbers of practices with uploaded data, which make it difficult to compare on a consistent basis.

8.2.7 Shingles vaccination

The shingles data is collected on a monthly basis; data below is taken from 31st May 2014.

Table 10: Shingles (May 2014)

Org Name	Response Summary			Vaccine uptake for routine Cohort		
	No. of practices	No. of forms completed	% of practices responding	Registered Patients aged 70	Received the Shingles vaccine	
					No of patients	% of patients
Eastern Cheshire	22	21	95.5	2126	1307	61.5
South Cheshire	18	18	100.0	1858	1149	61.8
Vale Royal	12	12	100.0	957	530	55.4
Warrington	26	26	100.0	1841	1059	57.5
West Cheshire	34	31	91.2	2383	1469	61.6
Wirral	57	49	86.0	2742	1550	56.5
Total	169	157	92.9	11907	7064	59.3

Source Immform Monitoring website

There were considerable vaccine supply issues throughout most of 2013/14 restricting the vaccine orders for all practices, this consequently had an impact on the uptake of the shingles immunisation, however, despite this the uptake at 31 May 2014 was 59.3%, which is a good achievement. Those individuals within the first cohort will have the opportunity to catch up with their vaccination during the second year of the programme.

8.3 Seasonal Flu Programme 2013 -14

8.3.1 Influenza vaccination targets 2013/14

The targets for the 2013/14 influenza programme were:

- Actively offering the flu vaccination to 100% to all eligible individuals, including health care workers
- Vaccinating at 75% of individuals in the following groups:
 - Over 65 years
 - Those under 65 years in a clinical risk groups.
 - Pregnant women
- Under 65 years in clinical risk groups- 10% increase on 2012/13 performance (local target).
- Children aged 2 and 3 years (no national target set)
- Continue to improve uptake in health care workers

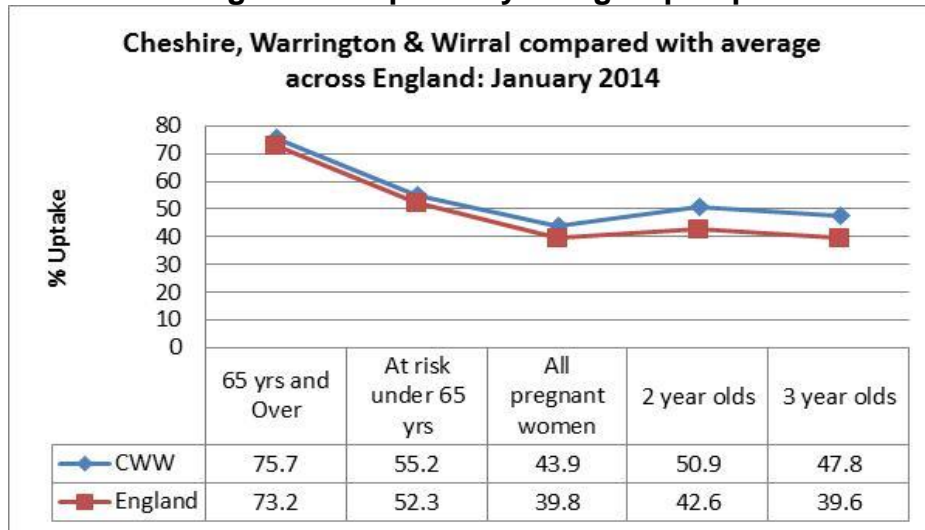
8.3.2 Local influenza vaccination programme aims

The local aims of the influenza programme are:

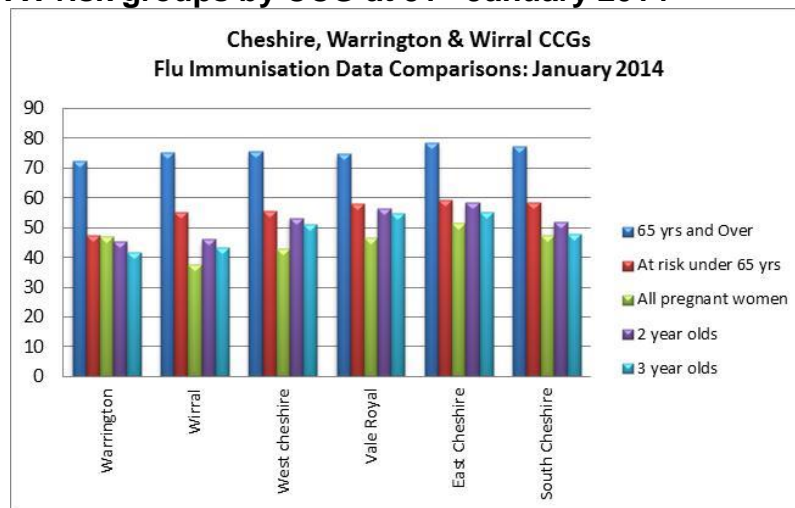
- To achieve to a high coverage of the flu vaccination with all clinical at risk groups will provide a high level of protection and prevent spread of influenza infection to vulnerable individuals.
- Significantly improve coverage and uptake in the under 65 years in clinical at risk groups.
- Successfully implement the flu programme extension to children aged two and three years of age.
- To protect all at risk individuals from developing influenza infection, complications of the infection and prevent unnecessary winter respiratory related deaths.
- Improve service delivery ensuring individuals receive a high standard of care by ensuring accessibility to the vaccination, thereby reducing inequalities of health.
- Ensuring there is adequate and consistent information made available to patients with regards to risks and benefits of vaccinating or not vaccinating.
- Link with local winter planning, reducing demand on local service, including reducing GP consultations and hospital admissions.
- To deliver best value for money by using our resources effectively by ensuring high coverage of protection against influenza in the local population of which would incur high cost implications.

8.3.3 Flu immunisation performance

Graph 13: CWW and England flu uptake by risk group Sept 13-Jan 14

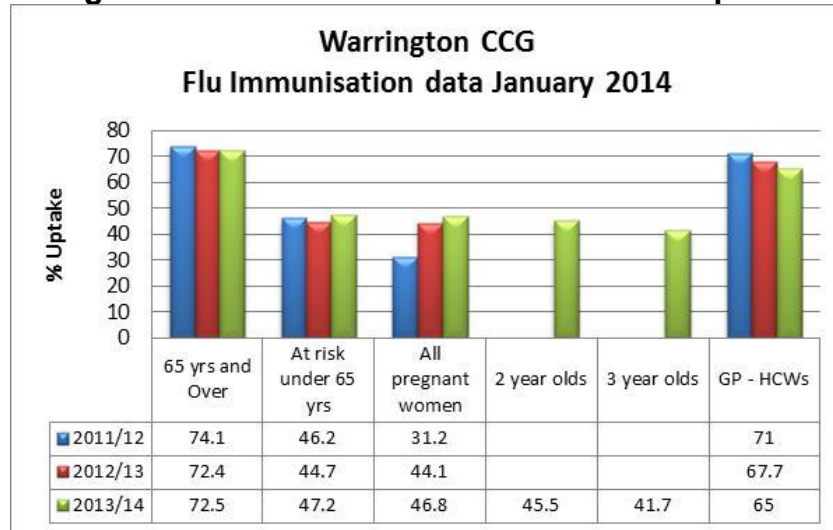


Graph 14: CWW risk groups by CCG at 31st January 2014

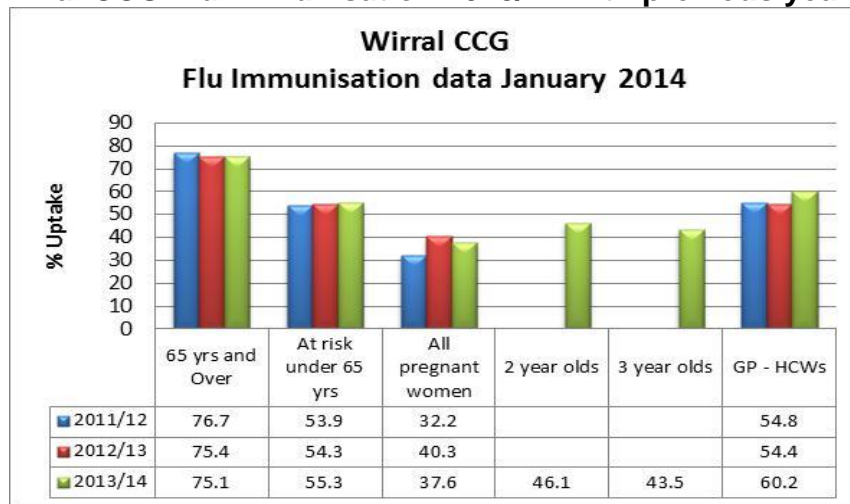


A breakdown of performance compared to previous flu season by CCG is shown in Graphs 15-20.

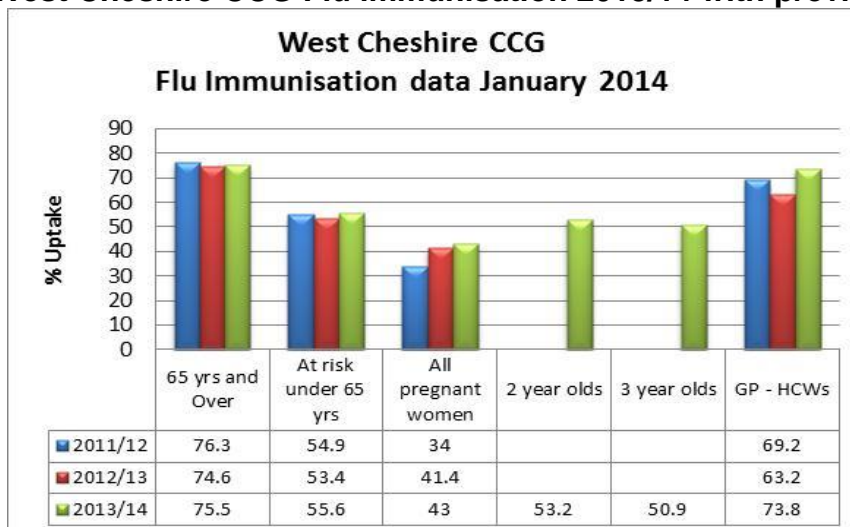
Graph 15: Warrington CCG Flu immunisation 2013/14 with previous years



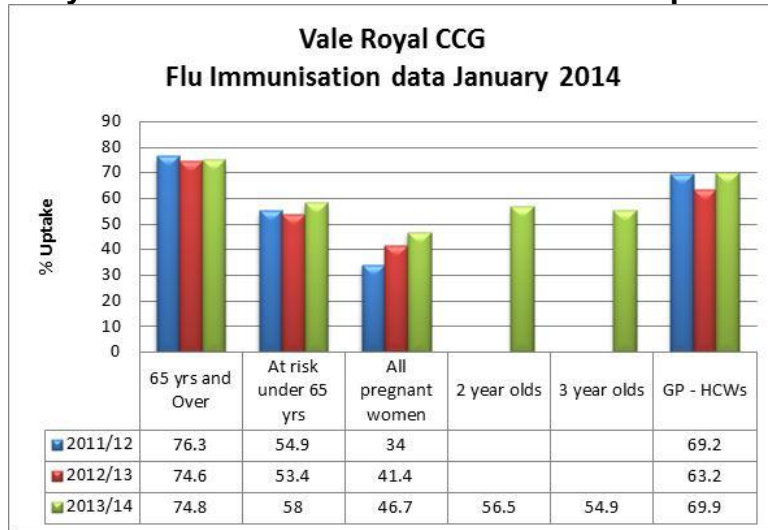
Graph 16: Wirral CCG Flu immunisation 2013/14 with previous years



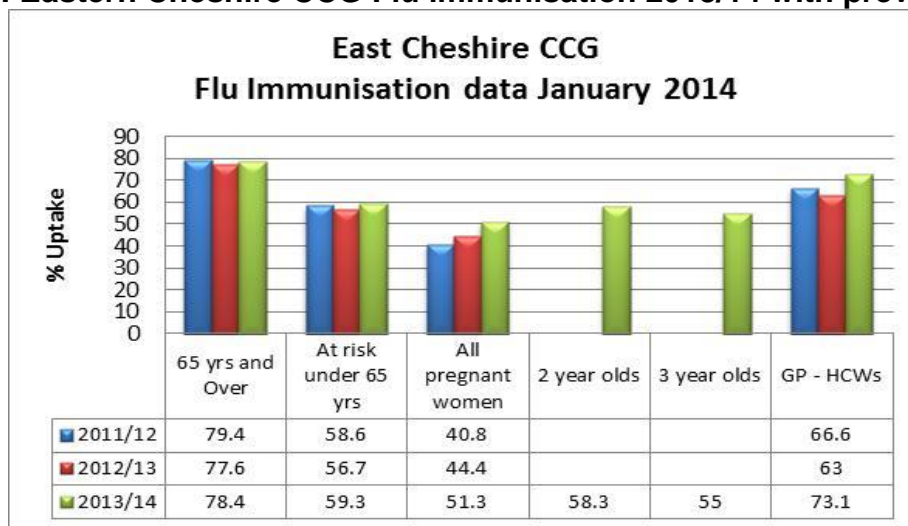
Graph 17: West Cheshire CCG Flu immunisation 2013/14 with previous years



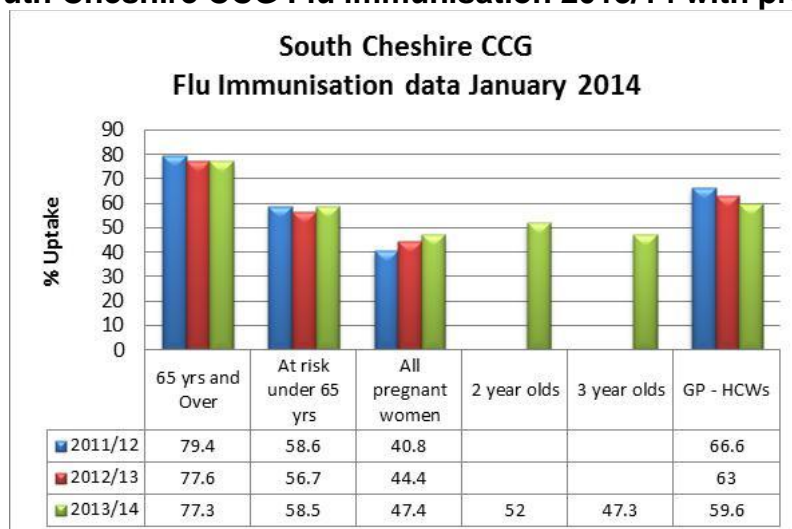
Graph 18: Vale Royal CCG Flu immunisation 2013/14 with previous years



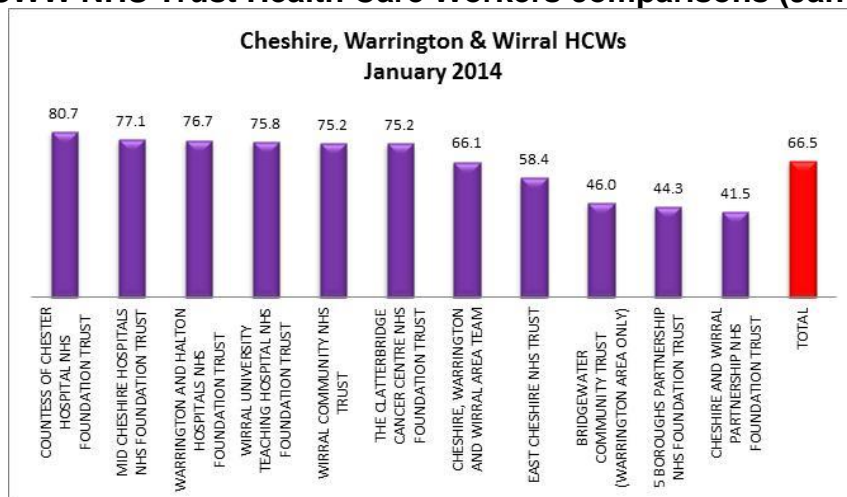
Graph 19: Eastern Cheshire CCG Flu immunisation 2013/14 with previous years



Graph 20: South Cheshire CCG Flu immunisation 2013/14 with previous years



Graph 21: CWW NHS Trust Health Care Workers comparisons (Jan 2014)



The key messages from this data are:

- Cheshire, Warrington and Wirral Area Team exceeded the national target for the over 65 years age group by attaining 75.7%
- Cheshire, Warrington and Wirral achieved the second highest uptake in the over 65 years age group compared with all the 25 Area Teams across England.
- Cheshire, Warrington and Wirral Area Team did not reach the national target of 75% in the under 65 years 'at risk' and pregnant women cohorts, however, when compared with the 25 Area Teams across England were ranked 6th and 5th respectively.
- There was no national target for the 2 and 3 year olds cohort however, the final uptake was 50.9% and 47.8% respectively and when compared the 25 area teams across England, Cheshire, Warrington and Wirral attained the highest uptake in both age groups which is an excellent achievement.
- Four out of five CCGs exceeded the national target in the over 65 years age group ranging from 72.5% to 78.4%.
- There were no CCGs or individual practices that attained 75% in the under 65 years 'at risks' groups and pregnant women, however there was an increase in uptake in all but one CCG when compared with 2012/13.
- The maternity flu programme across all Cheshire, Warrington and Wirral has proved successful, considering the late start of the programme due to re-organisation; 1318 pregnant women recorded as having been vaccinated by midwives.
- There continues to be low numbers of practices providing staff flu data, which leads to difficulties with interpreting data.
- There has been an improvement in staff flu uptake across all trusts however, figures range between 41.5% and 80.7%.

8.4 Immunisation - successes and challenges

The key successes in immunisation for CWW Area Team included:

Systems leadership for immunisation with establishment of local authority footprint Immunisation Steering Groups to oversee local pathway implementation in each locality with key partners.

Establishment of new immuniser training and immunisation updates to professional groups including primary care, midwives and dentists.

Development of new working relationships with GP practices across CWW with provision of clinical advice and targeted support including sharing of best practice to achieve improved immunisation performance.

Successful implementation of the new immunisation programmes in 2013/14 including:

- Rotavirus vaccination
- Changes in the Meningococcal C vaccination schedule for young children
- Adolescent Meningococcal C vaccination in the school based programme
- Flu vaccination for all two and three year olds exceeding national average uptake

Immunisation performance delivery exceeding the national 95% target for childhood immunisation in the 12 and 24 month cohorts at CCG level.

Human papilloma virus vaccine uptake is moving towards the 90% target for completed doses across all areas.

Maintenance of safe systems for targeted childhood immunisation with achievement of 100% Neonatal Hepatitis B uptake in both 12 and 24 months.

Cheshire, Warrington and Wirral exceeded the national 75% flu immunisation target for over 65 years cohort. (benchmarked as second highest AT performance).

Improvement in under 65 at risk flu uptake in five out of six CCG areas.

Successful implementation of maternity flu immunisation delivery all maternity units.

One major challenge has included the ability to obtain practice level COVER data from the CHIS providers. This issue has been addressed by NHS England and practice level data has just been made available for Warrington, East Cheshire and Cheshire West. This has not yet been resolved for Wirral due to the known issues with the local CHIS with intended re-procurement for a new system. Queue lists produced by CHIS have been used by the screening and immunisation coordinators to identify practices with high numbers of children with outstanding immunisations to help improve coverage and uptake. In 2014/14 the practice level information will be used to support improvements in uptake.

The targeted neonatal immunisation programmes cover Hepatitis B, BCG and SRV vaccinations for identified at risk newborns. Area Team staff are currently identifying and checking arrangements in each locality to ensure that at-risk babies are appropriately identified, that the vaccination is offered, uptake rates are as high as possible and that robust systems are in place to enable monitoring of the Neonatal Hepatitis B and BCG

8.5 Plans for 2014/15

The work plan for immunisation in 2014/15 includes:

- Continued work to build relationships, working in partnership with primary care and other immunisation providers
- Maintenance of existing excellent coverage across all children's vaccinations
- Actions to improve coverage in vaccinations below the national target:
 - MMR vaccination
 - Pre-school booster
- Implementation of changes to the HPV schedule from three to two doses
- Implementation of the extension of the children's flu programme to include all four year old children
- Planning for the implementation of the primary school (Years 0,1,& 2) flu programme within schools for flu season 2015/16.
- Continued work with practices to improve uptake of flu in all at risk groups in particularly, pregnant women, chronic liver disease, neurological disease and those with learning difficulties
- Implementation of a pharmacy flu immunisation improving access to improve uptake at risk groups
- Work with providers with low uptake in health care workers to improve uptake of the flu vaccination.
- Implementation of a maternity prenatal pertussis programme to improve access and uptake of the prenatal pertussis vaccination in pregnant women with more than 1300 women vaccinated by midwives,
- Complete scoping exercise and ensure there is a robust pathway/system in place for the neonatal Hepatitis B programme and neonatal BCG programme.
- Provide a comprehensive immunisation programme for primary care immunisers and midwives.
- Continue to provide and monitor clinical immunisation advice line.

Cancer Screening

9 Breast Cancer Screening

The NHS Breast Screening Programme offers free breast screening by mammogram every three years for women between the ages of 50-70. Women aged over 70 years can opt in for screening. Opt in for those aged over 70 years. Partial age extension is in place. This is a 50% randomisation of women aged 47-49 and 71-73 being implemented 2010-2016. High risk women meeting defined criteria some of whom require annual MRI now also fall under the remit of the NHS Breast Screening Programme.

CWW is the lead commissioner for five breast screening programmes. The initial work on breast screening included the continuation of existing and establishment of new programme boards for all five breast screening programmes. These were convened on a six monthly basis, Chaired by the SIL with representation from across the screening pathway including regional breast screening quality performance.

Table 11: CWW commissioned Breast Screening Programme Boards population size

NHS Breast Screening Programme Board	Number of women Age 50 to 70 ¹	Partial age extension ¹	Full age extension Age 47 to 73 ¹	Estimated population ²
Chester	25,236	29,118	33,000	190,473
Crewe	41,700	49,550	57,400	294,540
East Cheshire and Stockport ³	63,973	94,014	84,000	474,930
Warrington, Halton, St Helens and Knowsley ⁴	76,500	88250	100,000	607,143
Wirral	47,395	57.697	62,000	351,429

¹ Information provided by Breast Screening programmes based on eligible population from call/recall agency

² Registered population for practices linked to the BSP from Open Exeter

³ Mid-2011 CCG population estimate (ONS Census) for Stockport CCG

⁴ Mid-2011 CCG population estimates (ONS Census) for Halton, St Helens and 50% of the Knowsley population.

The partial age extension pilot has been extended until 2016 and it is not yet known if full age extension will be implemented. The recommended programme size within the national service specification is between 500,000 to 1 million. Three breast screening programmes commissioned by CWW are below the minimum size. This has been looked at in detail within the CWW Breast Services Review and recommendations have been made in respect to the future programme configuration. Further detail is available within the CWW Breast Screening Review Final Report.

9.1 NHS BSP performance reporting

KC62 is the standardised return for the NHS Breast Screening Programme. Programme based statistics are collated and verified annually. The most recent finalised programme data is for April 2012-March 2013 which was published in February 2014. This information is used to populate the Public Health Outcomes Framework (PHOF) which is the formal data source for screening assurance. PHOF information is also available from the National Cancer Screening Programme Statistics via Open Exeter to which the SIT have access. NHS England monitors breast screening performance outcomes on an Area Team basis within the Direct Commissioning Assurance Framework (DCAF). This report is currently developmental and combines a mixture of finalised programme information and National Screening Programme Statistics on Open Exeter. At the time of producing this report the time period reported within the PHOF in the National Cancer Screening Statistics on Open Exeter was January 2014.

Table 12: PHOF January 2014 Breast Screening

Area	Eligible women aged 53-70		Eligible women aged 50-73	
	Uptake %	Coverage % (36 month)	Uptake %	Coverage % (36 months)
Cheshire East	76.1	78.8	75.3	74.9
Cheshire West and Chester	77.8	79	77.6	73.6
Warrington	76.3	77.8	75.7	72.0
Wirral	73.7	77.7	73.2	69.6
North West	70.8	74	70.2	68.3
National	73.6	76	73.2	70.2

Source: National Cancer Screening Statistics Open Exeter

Breast screening uptake and coverage for the Local Authority Areas aligned with the CWW Area Team all have uptake and coverage above the North West and National average values. Coverage in eligible women excluding age extension cohorts meet the 70% minimum target in all areas.

Uptake and coverage in breast screening down to practice level is available from the National Cancer Screening Statistics on Open Exeter. This dataset is different from the PHOF as it reports for age 50-70 compared to that of 53-70 which allows for the invite within three years from age 50 for first offer of screening. Breast screening offer of invite at practice level is on a three yearly cycle so this can mean than uptake can be low (as seen in Vale Royal above) which is due to the timing of the invite cycle rather than a fall in uptake. Coverage is measured at 36 months and this can be impacted if programmes are failing to meet their round length target. At the Breast Screening programme Boards uptake for the current screening round is used as an early indicator with coverage monitored provisionally until final programme statistics are available in the annual cycle.

There are good levels of breast screening coverage across CWW. All programmes meet the minimum 70% uptake target and are working towards the 80% achievable target.

Table 13: Breast Screening Programme uptake/coverage by CCG January 2014

CCG	Age 50-70		Age 47-73	
	Uptake %	Coverage % (36 months)	Uptake	Coverage % (36 months)
Eastern Cheshire	75.0	76.7	74.0	68.2
South Cheshire	76.2	78.2	75.9	69.2
Vale Royal	59.1	72.4	59.4	62.5
Warrington	76.8	73.8	76.1	64.1
West Cheshire	77.8	76.6	77.2	68.1
Wirral	73.5	72.7	72.8	62.1

Source: National Cancer Screening Statistics Open Exeter

To allow timely performance monitoring within the breast screening programme board all breast screening programmes provide provisional quarterly information to the commissioner. These include key areas of KC62 performance (uptake, round length, screen to routine recall, screen to assessment) as well as a summary of complaints, complements and any cancellations of clinics. If there are issues with any element of performance, extended monthly performance reports can be requested from the NBSS system to monitor performance recovery. A North West Quarterly Round Length performance summary is provided to the commissioners from regional breast screening quality assurance. The individual screening programmes also provide information on uptake based by screening round.

Breast Screening coverage information is available at GP practice level within the National Cancer Screening Programmes Cancer Statistics on Open Exeter although this needs to be interpreted with caution as it uses a different eligible cohort (age 50 to 70) compared to the PHOF (age 53 to 70) which does not allow for the three yearly invite round. If a programme has had issues with maintenance of round length this will impact upon coverage. These data demonstrate that despite the overall high levels of coverage across CWW there remains variation at practice level. These data will inform the health inequalities work for the SIT in 2014/15.

Table 14: Breast Screening Practice Level Coverage by CCG January 2014

CCG	Coverage age 50-70		Practices <70%	Practices >80%
	Lowest	Highest		
Eastern Cheshire	64.3	81.5	17%	17%
South Cheshire	69.5	83.5	6%	50%
Vale Royal	61.9	78.2	5%	None
Warrington	55.9	82.3	31%	22%
Western Cheshire	50.0	82.6	8%	22%
Wirral	50.8	83.3	43%	3%

9.1.1 Finalised programme statistics 2012/13

Table 15: KC62 summary outcomes 2010-2013

Standard	Regional (NW)	Chester	Crewe	East Cheshire	Warrington	Wirral	Min	Ach stand
% eligible women who attend for screening – Overall	71.11	76.62	75.92	72.12	74.21	75.76	70	80
% eligible women who attend for screening- Prevalent	67.71	74.71	73.05	68.85	71.81	74.59		
% eligible women who attend for screening – Incident	80.34	84.12	82.39	80.53	82.79	83.53		
Rate of invasive cancers - Prevalent Screen	5.69	6.19	6.11	3.59	4.93	7.01	3.6	5.1
Rate of invasive cancers - Incident Screen	6.36	6.21	6.24	6.82	6.99	6.23	4.1	5.7
Rate of in situ carcinoma detected - Prevalent Screen	1.90	1.94	0.49	2.12	2.13	1.27	0.5	
Rate of in situ carcinoma detected - Incident Screen	1.49	1.46	1.21	1.40	1.20	1.58	0.6	
Standardised Detection Ratio - Prevalent Screen	1.54	1.97	1.80	1.18	1.36	1.89	1	1.4
Standardised Detection Ratio - Incident Screen	1.52	1.47	1.46	1.63	1.65	1.48		
Rate of invasive cancers < 15mm diameter - Prevalent Screen	2.53	2.32	2.44	2.12	2.40	3.40	2	2.8
Rate of invasive cancers < 15mm diameter - Incident Screen	3.28	2.72	2.85	3.63	2.58	2.92	2.3	3.1
% women referred for assessment - Prevalent Screen	8.94	7.59	8.11	7.92	9.42	11.38	10	7
% women referred for assessment - Incident Screen	3.26	2.77	3.10	3.24	3.32	3.51	7	5
% women on short term recall	0.05	0.00	0.07	0.09	0.10	0.12	0.25	0.12
% women who have a non-operative diagnosis - Invasive	98.81	100.00	98.43	99.08	97.72	99.18	90	95
% women who have a non-operative diagnosis - Non Invasive	89.32	96.67	88.89	93.59	87.32	84.48	85	90
Rate of benign biopsies - Prevalent Screen	1.69	1.55	1.47	1.63	2.00	2.55	1.5	1
Rate of benign biopsies - Incident Screen	0.45	0.35	0.42	0.28	0.61	0.81	1	0.75

Source KC62

Three year KC62 compliance against the minimum and achievable quality assurance standards are summarised within Table 15. The three year average figure is used to allow for variation due to small sample size. Within the RAG rating amber is used for compliance against the minimum standard with green for compliance against the achievable standard. The screening round is described as ‘prevalent’ if the woman has never attended screening before and ‘incident’ if the woman has previously attended screening. Compliance against these standards is vital in assuring the quality of the breast screening programme. For example, low in-situ carcinoma detection rates may indicate that cases may be being missed (although this may be the result of small population sample size). A high proportion of women being referred to assessment may mean that they are being unnecessarily referred with resultant anxiety and additional testing. It can be seen that there is a critical balance between different indicators as a lower clinical threshold for biopsy could potentially increase both cancer detection rate and benign biopsy rate. Given the risk benefit balance within the breast screening programme it is essential that programmes work

towards compliance of the minimum standards and aim to comply with the achievable standard.

In general there is good compliance against the minimum standard with compliance against the achievable standard in many areas. Where minimum standards have been breeches the value is very close to that needed. The Wirral programme has a high proportion of women referred for assessment within the prevalent screening round and all programmes aside from Crewe have a higher rate of benign biopsy in the prevalent round. Work towards achieving and maintaining these standards is complex and programmes review their performance and give formal feedback to regional breast screening quality assurance on the actions to be taken within their annual report. Any further necessary action is highlighted within the three yearly external quality assurance assessment visits. Compliance against the recommendations from this visiting cycle is monitored by regional quality assurance with oversight at the Breast Screening Programme Board.

Analysis of the annual KC62 summary shows that in line with that seen across the North West there has been a fall in the overall proportion of eligible women attending for screening in most breast screening programmes. In contract Wirral BSP had an increase of 3.2% overall, 3.4% in the prevalent and 1.5% in the incident round. The new Wirral Breast Centre was functional from November 2012 which may have impacted on attendance but these data for a time period mainly before the opening of the second screening site at St Catherine's Hospital in Birkenhead in March 2013.

Table 16: Eligible women attending for screening incident and prevalent round trend

Unit	2011/2012			2012/2013			Trend Overall
	Overall	Prevalent	Incident	Overall	Prevalent	Incident	
Chester	77.1	75.8	84.4	74.3	72.8	82.8	↓
Crewe	75.4	72.4	81.8	75.6	72.3	81.7	↑
East Cheshire	74.3	71.0	81.8	69.9	66.0	79.4	↓
Warrington	73.7	70.0	82.3	73.5	71.2	82.0	↓
Wirral	74.6	73.1	83.0	77.8	76.5	84.5	↑
Regional	71.5	67.9	80.6	70.0	66.7	79.4	↓

9.1.2 Round length

Round length is the interval between the previous screening date and the date of first offered appointment for screening. The national target is for 90% of women to be offered screening within 36 months. The performance by quarter is summarised in Tables 17-20. In Quarters 1-2 2013/14 the East Cheshire and Stockport programme failed to meet the round length target. The breeches were the result of delays in the implementation of digital mammography for the Stockport population which did not impact upon round length for women from East Cheshire. Performance was back on track by Quarter 3. The Warrington programme reported slippage in round length performance in Quarter 4 2013/14. A full recovery plan was instigated with monthly reporting. Full information concerning performance breeches and recovery plans are provided within the quarterly Public Health Integrated Commissioning and Assurance Report.

Table 17: Quarter 1 2013/14 Round Length performance

North West Round Length Quarterly Report April-June 2013 (50-70)					
Unit	Total No. invited	≤36 months		≤38 months	
		No. ≤36 months	% ≤36 months	No. ≤38 months	% ≤38 months
Chester	1492	1460	97.86	1481	99.26
Crewe	2804	2641	94.19	2799	99.82
EC and Stockport	3864	2337	60.48	3846	99.53
Warrington	4621	4397	95.15	4574	98.98
Wirral	3385	3316	97.96	3368	99.50

Source KC62 provided by regional breast screening quality assurance

Table 18: Quarter 2 2013/14 Round Length performance

North West Round Length Quarterly Report July-September 2013 (50-70)					
Unit	Total No. invited	≤36 months		≤38 months	
		No. ≤36 months	% ≤36 months	No. ≤38 months	% ≤38 months
Chester	1612	1563	96.96	1608	99.75
Crewe	2641	2562	97.01	2627	99.47
EC and Stockport	4967	3025	60.90	4951	99.68
Warrington	4530	4337	95.74	4470	98.68
Wirral	3191	3154	98.84	3184	99.78

Source KC62 provided by regional breast screening quality assurance

Table 19: Quarter 3 2013/14 Round Length performance

North West Round Length Quarterly Report October-December 2013 (50-70)					
Unit	Total No. invited	≤36 months		≤38 months	
		No. ≤36 months	% ≤36 months	No. ≤38 months	% ≤38 months
Chester	1688	1575	93.31	1669	98.87
Crewe	2827	2761	97.67	2811	99.43
EC and Stockport	4488	4229	94.23	4470	99.60
Warrington	5776	5662	98.03	5728	99.17
Wirral	2689	2605	96.88	2677	99.55

Source KC62 provided by regional breast screening quality assurance

Table 20: Quarter 4 2013/14 Round Length performance

North West Quarterly Report January - March 2014 (50-70)					
Unit	Total No. invited	≤36 months		≤38 months	
		No. ≤36 months	% ≤36 months	No. ≤38 months	% ≤38 months
Chester	1921	1735	90.32	1907	99.27
Crewe	2782	2753	98.96	2769	99.53
EC and Stockport	4658	4530	97.25	4649	99.81
Warrington	6321	5397	85.38	6274	99.26
Wirral	3048	2997	98.33	3042	99.80

Source KC62 provided by regional breast screening quality assurance

The new information leaflet 'NHS Breast Screening Programme Helping You Decide' was issued in September 2013. The leaflet gives increased information concerning the quantification of the balance of risk and benefit in breast screening in order to support informed choice in women. There is anecdotal evidence that this has impacted negatively on breast screening coverage. Regional quality assurance has asked services to record if women state that this has influenced their decision if they

contact to cancel screening appointments. Media interest during 2013 concerning the risk and benefits of breast screening may further have influenced women's views.

9.2 CWW Breast Screening Review

The review was established due to a QA finding that the Chester Breast Screening Programme (BSP) size was below recommended levels. It was decided that the review should cover all BSPs in Cheshire Warrington and Wirral because other BSPs were also below the nationally specified size.

The size of BSPs is considered important because sufficient size can provide:

- Economies of scale to make efficient use of NHS resources
- Robust statistical analysis of programme performance and quality
- Professional peer support and challenge to clinical practice within a team environment
- A more attractive recruitment and retention offer to clinical staff
- Flexibility of service delivery
- Greater choice to women of service offer

The recommendations from final report from this review included:

- Progression of a merger between the Wirral and Chester BSPs.
- Alignment of the screening service within the federated breast service to be established across Mid Cheshire and North Staffordshire (Crewe BSP)
- Review of the East Cheshire and Stockport BSP in line with the South Sector Review.

9.3 Continuous Service Improvement Plan for Breast Screening

The work plan for the Breast Screening Programme Boards forms the Continuous Service Improvement Plan (CSIP) for each BSP. The key elements of these plans in 2013/14 included:

- **Compliance against regional QA recommendations**

The local breast screening programme board has oversight of the progress against the regional quality assurance recommendations. In 2013/14 the East Cheshire and Stockport and Wirral Breast Screening Programmes had external quality assurance visits.

- **Review of compliance against the national service specification**

All BSPs were requested to comment against their compliance against the national service specification within their annual report and to the breast screening programme board. The two main areas of non-compliance were the routine issue of second timed appointments for women failing to attend their first appointment (all programmes aside Wirral) and the inclusion on the NBSS of women defined as high risk for breast meeting the eligibility criteria for screening. These were new areas within the national service specification and many programmes across the North West reported non-compliance. Implementation plans were developed although the implementation of second timed appointments was suspended in programmes with round length breeches. The work to identify the full eligible cohort of high risk women is ongoing. This is being looked at a regional level. In 2014/15 the CWW Area Team has instigated a more formalised approach to service specification compliance.

- **Be Clear on Cancer Campaign**

A national campaign to raise awareness of breast cancer in women aged over 70 ran between February and March 2014. This resulted in a higher than usual number of 'opt ins' for screening particularly for older women. Full information is being collated on the impact of this campaign upon breast screening services.

9.4 Work planned for 2014/15

In 2014/15 there will be a focus on improving outcomes and addressing health inequalities in screening. The SIT are working with all the CWW commissioned breast screening programmes to support them within the implementation of the Health Inequalities CQUIN. The Health inequalities Strategy for Screening and Immunisation will benchmarking of breast screening coverage in vulnerable group. This together with a GP practice dashboard of all cancer screening will be used to develop an targeted action plan with key partners to increase overall and reduce variation in coverage.

10 Bowel Cancer Screening

The NHS Bowel Cancer Screening Programme offers screening by FOBt testing using a postal testing kit every two years for men and women aged 60-69 years. Age extension offering screening to age 75 years is also implemented in all programmes serving the population of CWW.

Bowel screening call and recall with issue of postal test kits and allocation of Specialist Screening Practitioner (SSP) appointments within the local screening programme is organised on a regional hub basis. The Bowel Screening Hub provided by University Hospitals of Coventry and Warwick is commissioned by the Arden, Herefordshire and Worcestershire Area Team. The hub is part of the national six month pilot of Faecal Immunological Tests (FIT) which commenced in 1st April 2014. This uses immunological testing on every 28h kit sent out from the Hub. This is expected to be a more sensitive test. The results from the pilot are expected January 2015.

Bowel scope is flexible sigmoidoscopy offered to men and women at age 55. It is commissioned nationally by Public Health England (national cancer screening programmes) with an implementation for roll-out from 2014 to 2016. All programmes serving the CWW population are part of this Second Wave of national implementation.

CWW Area Team is the lead commissioner for the Cheshire Bowel Screening Programme which covers East Cheshire, South Cheshire and Vale Royal CCGs. Mersey Area Team is the lead commissioner for the North Mersey and Cheshire which covers the Wirral and Warrington CCG populations. This programme split in February 2014 to accommodate the additional activity required for Bowel scope implementation. One programme is based at Aintree (Warrington population) and the other at Royal Liverpool Hospital (Wirral population). This is a hub and spoke delivery model with primary screening by flexible sigmoidoscopy available at either Warrington or Halton Hospital sites (Aintree Programme) and Arrowe Park (Liverpool Programme). Colonoscopy provision remains at the Aintree and Royal Liverpool sites.

10.1 NHS BCSP Performance reporting

The NHS Bowel Cancer Screening programme collates all programme information on the OBIEE system. Regular performance reports are provided to the commissioner by the regional quality assurance team as well as by the provider to the programme boards. Bowel cancer screening indicators do not currently form part of the PHOF but coverage is reported within the National Cancer Screening Programme Statistics on Open Exeter.

Uptake and coverage for bowel cancer screening within the main and age extension cohorts meet the 52% target in all CWW CCG areas. Warrington, Vale Royal and Wirral CCGs have the highest proportion of practices failing to meet the 52% minimum uptake target. In Eastern Cheshire 45% of practices meet the 60% local stretch target for uptake.

Table 21: Bowel cancer screening programme January 2014

CCG	Age 60-69		Age 60-74	
	Uptake %	2.5 yr coverage %	Uptake %	2.5 yr coverage %
Eastern Cheshire	59.5	62.7	59.4	57.4
South Cheshire	56.2	59.5	56.1	54.1
Vale Royal	54.2	57.9	53.9	52.8
Warrington	55.0	57.9	54.4	58.1
West Cheshire	57.7	60.4	57.8	55.0
Wirral	52.3	55.9	52.7	56.5

Source: National Cancer Screening Statistics Open Exeter

Table 22: Bowel cancer screening practice level coverage by CCG Jan 2014

CCG	Eligible population age 60-74- Uptake		Eligible population age 60-74 - Coverage		Practices <52%	Practices >60%
	Lowest	Highest	Lowest	Highest		
	Eastern Cheshire	52.7	67.1	50.7		
South Cheshire	44.7	61.8	44.8	60.0	17%	22%
Vale Royal	43.0	59.0	44.8	57.7	45%	None
Warrington	36.8	61.3	41.4	66.6	42%	12%
Western Cheshire	38.5	66.5	37.1	60.1	35%	32%
Wirral	28.8	71.3	36.7	72.6	53%	12%

Source: National Cancer Screening Statistics Open Exeter

The key performance indicators in the NHS Bowel Cancer Screening Programme are presented in Table 23. These are reported at individual BCSP level.

Table 23: Key Performance Indicators in the NHS Bowel Cancer Screening Programme

KPI Name	KPI Description	Min Standard
Uptake	Percentage of people adequately screened out of those invited for FOBt screening.	52%
Coverage (KC 73) (Awaited)	Percentage of people adequately screened in the last 2.5 years out of those who are eligible for FOBt screening.	Awaited
SSP Waiting Times	Booked date for FOBt to first offered SSP colonoscopy appointment	100% <= 14 days
Diagnostic waiting time	SSP assessment date to first offered diagnostic test date	100% <= 14 days
Colonoscopy Uptake	Percentage of people attending at least one screening colonoscopy out of those with a definitive abnormal FOBt test	81%

10.2 Programme Board Arrangements

The Cheshire Bowel Cancer Screening Programme has a provider Chaired programme board with representation from commissioner and regional quality assurance which meets quarterly. The Mersey Area Team Chair a six monthly programme board for the Liverpool and Wirral and North Mersey and Cheshire Programmes. These programmes have monthly operational groups that report to the programme board.

10.3 Cheshire Bowel Cancer Screening Programme

The Cheshire Bowel Cancer Screening Programme is based at Mid Cheshire Hospital Trust. It covers the population of East Cheshire, South Cheshire, West Cheshire and Vale Royal CCGs. Specialist Screening Practitioner (SSP) appointments are provided at Leighton Hospital (Mid Cheshire Hospital Trust), Countess of Chester and Macclesfield Hospital (East Cheshire Hospital Trust) with colonoscopy provision at the Leighton and Chester sites. Accreditation for provision of colonoscopy and flexible sigmoidoscopy screening is underway for the Macclesfield site.

Table 24: Uptake and positivity April 2013- March 2014

CCG	Invited	Adequately screened	Definitive abnormalities	Uptake %	Positivity %
East Cheshire CCG	17602	10398	97	59.1	0.93
South Cheshire CCG	14402	8038	103	55.8	1.28
Vale Royal CCG	8157	4448	55	54.5	1.24
Western Cheshire CCG	20762	11972	168	57.6	1.40

Data provided by NW BCSP QARC Data source: OBIEE

At CCG level the Cheshire Bowel Cancer Screening programme exceeds the 52% minimum uptake target. There is a stretch target in place for 60% uptake which East Cheshire CCG is the closest at 59.1%. At individual GP practice level the uptake ranges from 38.8% to 66.2%. One Practice serving the homeless population in Chester reported 17% uptake. 14 of 90 practices did not reach the 52% minimum target with 22 practices exceeding the 60% stretch target.

There have been some compliance issues against diagnostic wait targets in 2013/14. In most months one or two individuals breach the 100% within 14 day target. These are reviewed by the programme monthly with detailed information on all breaches provided to the programme board. In the majority of cases the breaches relate to individual factors including co-morbidity with people requiring additional work-up on GP advice, patient choice, need for language interpretation and specific complex investigation e.g. use of CT colon. Clinic capacity is being actively managed by the programme and assurance has been given that the additional capacity required for bowel scope will not further impact. The adenoma detection rate was higher than that seen across the national programme as a whole which reflects the level of disease within the local population and individual clinician detection rates. Higher detection rates are also seen within older people and men.

Table 25: Cheshire BCSP Waiting time target compliance

Month	SSP Wait (Persons) (100% <= 14 days)	Diagnostic Wait (Persons) (100% <= 14 days)
April 2013	100	100
May 2013	100	93.3 (2)
June 2013	100	96.6 (1)
July 2013	100	97.3 (1)
August 2013	97.7 (1)	87.8 (5)
September 2013	100	96.7 (1)
October 2013	100	100
November 2013	100	100
December 2013	100	92.86 (2)
January 2014	100	97.4 (1)
February 2014	100	90.0 (2)
March 2014	100	92.0 (2)

Data provided by Cheshire BCSP Data source: OBIEE

Table 26: Cheshire BSP Adenoma detection results

Month	Index colonoscopy	IC adenoma detected	Adenoma detection (%)	Adenoma count	Adenoma rate (%)
April 2013	19	9	47.4	19	1.0
May 2013	20	13	50	58	2.23
June 2013	27	14	51.9	40	1.48
July 2013	30	18	60	31	1.03
August 2013	26	19	73.1	59	2.27
Sept 2013	21	12	57.1	33	1.57
October 2013	23	12	51	38	1.65
Nov 2013	45	19	41.3	46	1.00
Dec 2013	25	11	44	18	0.72
January 2014	30	15	50	31	1.03
February 2014	25	10	40	31	1.24
March 2014	18	9	50	26	1.44
Apr13- Mar14	25.75	13.42	51.32	35.83	1.39
National			46.6		1.14

Data provided by Cheshire BCSP Data source: OBIEE

10.3.1 Health promotion in the Cheshire Bowel Cancer Screening Programme

There is an ongoing health promotion programme run by the Cheshire Bowel Cancer Screening Programme. This includes use of promotional materials within GP practices, health centres and hospital foyers on an ongoing basis with events to support Bowel Cancer Awareness Month each April. Bowel screening is promoted in many community settings including local football grounds, over 60's clubs, rambling clubs, classic car rallies, bingo, supermarkets, car boot sales and cricket clubs. Information is also presented at health professional meetings such as junior doctors and lead nurse sessions. Where possible the team engage with other health promotion initiatives such as Winter Awareness and health and well-being sessions. The Screening and Immunisation Team will be working with the programme to ensure that resources are targeted for the greatest impact. This benchmarking work

to be undertaken for service compliance with the health inequalities CQUIN should highlight population groups requiring additional targeting and there will be a focus on practice populations with the lowest uptake.

10.4 Mersey and North Cheshire Bowel Cancer Screening Programme

The current configuration of the Mersey and North Cheshire Bowel Cancer Screening Programme was formed in February 2014 from the split of the previous configuration of the Mersey and North Cheshire Bowel Cancer Screening Programme which also included the Liverpool and Wirral areas. It is based at Aintree Hospital covers areas in Merseyside in addition to Warrington CCG Areas. This is a hub and spoke delivery model. Bowel scope primary screening by flexible sigmoidoscopy will be available at Warrington and Halton Hospital sites. Colonoscopy is provided at Aintree.

Table 27: Uptake and positivity April 2013- March 2014

CCG	Invited	Adequately screened	Definitive abnormalities	Uptake %	Positivity %
Warrington	15716	8598	128	54.71	1.49

Data provided by NW BCSP QARC Data source: OBIEE

Overall uptake for bowel cancer screening for Warrington CCG practices met the 52% minimum target and was reported as 54.7% in 2013-2014. Uptake at GP practice level for Warrington ranged between 35.5% and 62.1%. 11 of 26 practices had uptake below the 52% minimum and four met or exceeded the 60% stretch target. Due to transition funding issues the health promotion element is not fully funded for this programme. The Screening and Immunisation Team will be working with the programme, the local authority public health team and the Cancer Network Macmillan Practice Facilitators to improve uptake of bowel cancer screening in practices in Warrington.

Table 28: Mersey and North Cheshire BCSP Waiting time target compliance

Month	SSP Wait (Persons) (100% <= 14 days)	Diagnostic Wait (Persons) (100% <= 14 days)
January 2014	100	100
February 2014	100	100
March 2014	100	100

Data provided by Aintree BSCP from OBIEE

10.5 Liverpool and Wirral Cancer Screening Programme

The Liverpool and Wirral Bowel Cancer Screening Programme was formed in February 2014 from the split of the North Mersey and Cheshire Bowel Cancer Screening Programme. It is based at the Royal Liverpool University Hospital and covers areas in Merseyside in addition to Wirral CCG Areas. This is a hub and spoke delivery model. Bowel scope primary screening by flexible sigmoidoscopy will be available at Arrowe Park and Liverpool Hospital sites. Colonoscopy is provided at Liverpool..

Table 28: Uptake and positivity April 2013- March 2014

CCG	Invited	Adequately screened	Definitive abnormalities	Uptake %	Positivity %
Wirral	28954	15483	248	53.47	1.60

Data provided by NW BCSP QARC Data source: OBIEE

Overall uptake for bowel cancer screening for Wirral CCG practices met the 52% minimum target and was reported as 53.5% in 2013-2014. The greatest variation in practice level uptake was seen in Wirral reflecting the differences in socio-economic deprivation and affluence seen within the different communities. Uptake at GP practice level for Wirral ranged between 38.8%% and 68.8%. More than half (31 out of 57) practices had uptake below the 52% minimum and eight met or exceeded the 60% stretch target. Due to transition funding issues the health promotion element is not fully funded for this programme. The Screening and Immunisation Team will be working with the programme, the local authority public health team, Wirral Cancer QUIPP and the Cancer Network Macmillan Practice Facilitators to improve uptake of bowel cancer screening in practices in Wirral.

Table 29: Liverpool and Wirral BCSP Waiting time target compliance

Month	SSP Wait (Persons) (100% <= 14 days)	Diagnostic Wait (Persons) (100% <= 14 days)
February 2014	100	92.3
March 2014	100	100

Data provided by Liverpool BSCP from OBIEE

Table 30: Liverpool and Wirral BCSP (CCG) adenoma detection results

Month	Index colonoscopy	IC adenoma detected	Adenoma detection (%)	Adenoma count	Adenoma rate (%)
February 2014	15	9	60	15	1.0
March 2014	25	18	72	39	1.56
National			46.6		1.14

Data provided by Liverpool BSCP from OBIEE

11 NHS Cervical Screening Programme

The NHS Cervical Screening Programme offers cervical cytology with HPV (Human Papilloma Virus) triage. The invite schedule is as listed in Table 31 below:

Table 31: Invite schedule NHS Cervical Screening Programme

Age range	Invite schedule
Age 25	First invite
Age 25-49	Three yearly
Age 50-64	Five yearly
65+	No sample since age 50 / recent abnormal

The initial work on cervical screening included mapping of service provision and benchmarking of performance including progress against regional quality assurance recommendations. Programme board arrangements within the post transition organisations were reviewed and it was decided to reconfigure them on a laboratory footprint with the merger of the Chester and Wirral Cervical Screening Groups. A cross-boundary group reporting to the Mersey Cervical Programme Board was agreed for the Warrington area. This Tactical Group provides programme board function for the Warrington programme element and operational support for the Mersey programme elements. Membership was reviewed for all programme boards with terms of reference agreed including the governance and reporting arrangements. Standardised agendas were developed to outline a Continuous Service Improvement Plan (CSIP) including work required for each board. The key elements in each CSIP were progress against regional quality assurance recommendations, work necessary for compliance against the national service specification and further areas of work identified for improving the quality of the local programme.

Table 32: Reconfigured Cervical Screening programme Boards for CWW

Programme Board	Laboratory	Colposcopy Units	Populations served
Central and Eastern Cheshire CSPB	UHNS (merger from MCHT)	Macclesfield (ECHT) Leighton (MCHT) Waters Green	East Cheshire and South Cheshire CCG's, Vale Royal CCG
Western Cheshire and Wirral CSPB	WUTH (Arrow Park Hospital)	Chester (CoCH) Arrow Park (WUTH)	Cheshire West CCG Wirral CCG
Warrington, Halton, St Helens and Knowsley	Whiston / RLUHT (HPV pathway)	Warrington Whiston St Helens	Warrington Halton St Helens and Knowsley

11.1 NHS CSP Performance reporting

As with breast screening the official dataset for the monitoring of cervical screening are the indicators reported within the Public Health Outcomes Framework. Current reporting is for January 2014. Coverage is reported by Local Authority Area, benchmarking national and North West comparators are also presented.

The following performance measures are also overseen within each Cervical Screening Programme Board

11.1.1 KC53 Cervical Screening Coverage

KC53 provisional data downloaded from Open Exeter are provided on a rolling quarterly basis by regional quality assurance based on historic PCT boundaries. It is reported as 5 year coverage (percentage eligible women with adequate sample in 5 years) and broken down into age bands. The SIT also have access to Open Exeter PCIS information which reports five year coverage at practice level that can be aggregated to CCG/ local authority. These data are live and provide provisional information. Finalised coverage data from the NHS Cervical Screening Programme is provided within the PHOF. PHOF data can be accessed by the SIT from Open Exeter.

11.1.2 KC65 Colposcopy Unit Activity and Performance

The KC65 return describes a number of parameters to quantify performance within colposcopy units. The data are collated by the colposcopy units and submitted to regional quality assurance with quarterly reports provided to the commissioner (NHS England) and oversight at the local programme board. Current performance measures include a mixture of standards from cancer waiting times (two week criteria) and national colposcopy standards (four and eight week standards). These are being revised in 2014 to reflect the changes under ABC3 and within the national service specification.

11.1.3 KC61 Laboratory Activity and Performance

Annual data collation of laboratory activity and outcome. Interim quarterly activity reports provided to programme boards.

11.1.4 Vital Signs 14 TAT

14 TAT is the recommended time (98% compliance) between a sample being taken and a women receiving her cervical screening result. It is a proxy measure based on the date of sample and date of issue of screening result letter by the screening agency plus an allowance for postage (currently sent by 1st class post). 14 TAT can be impacted by delays at any stage in the sampling journey, from the time taken for samples to reach to laboratory to delays in sample processing including HPV testing. The way the target is measured means that if laboratory sample turnaround time increases it can result in a failure of 14 TAT even if all women receive results at day 15. 14 TAT is provided monthly on a CCG basis.

11.1.5 Quality and Outcomes Framework

Cervical screening forms part of the Quality and Outcomes Framework for primary care. Finalised compliance against QOF indicators are provided annually including the level of exception reporting at practice level.

11.1.6 Inadequate rates

The inadequate rate at individual sample taker and practice level are provided quarterly by the laboratory. Individual sample takers can register with regional quality assurance to get feedback on their own inadequate rate. Inadequate rates can be compared against the laboratory average to identify outliers.

11.2 Cervical Screening Work Programme – CWW 2013/14

Work areas that were progressed on a CWW basis in cervical screening included:

- Development of governance and performance management systems and reporting within new organisational footprint.
- Review of Programme Board configuration and membership.
- Development of CWW Cervical Screening Training Plan including provision of update training for cervical sample takers
- Review and refresh of cervical sample taker registers with implementation of processes for allocation of validated GMC/NMC sample taker codes
- QOF uptake versus coverage and exception reporting feedback to practices and review of rationale for higher than average exception reporting rate
- Review of failsafe– audit against national guidance of screening agency, colposcopy and laboratory failsafe elements.
- Review of compliance against regional quality assurance recommendations for commissioner, with provision of evidence and closure of outstanding actions.
- Assurance of continued provision of cervical screening within sexual health services

11.3 Work plan 2014/15

The overall work plan for cervical screening across CWW includes the following:

Health inequalities strategy for screening and immunisation

- Benchmarking of cervical screening coverage in vulnerable groups
- Practice dashboard profile of cervical screening at practice level to direct targeted support
- Targeted action plan with key partners to increase overall and reduce variation in coverage

Detailed audit of cervical screening processes in primary care

Further development of sample taker databases in line with national direction of travel

Provision of sample taker uptake training with scoping of potential for alternative forms of update including e-learning packages with additional local programme information supplements.

Work with the laboratories to develop systematic standardised reporting, application of the sample taker database to acceptance policy and implementation of expected revised regional acceptance policy for samples.

Review of current laboratory configuration and implementation of recommendations to work towards achieving national service specification minimum level of activity

Incorporation of screening for the armed forces within the national screening programme commissioning arrangements.

Work areas specific to individual programme areas are included in the programme board level reports.

Programme Board Level Reports

11.4 Central and Eastern Cheshire Cervical Screening Programme

Board

The PHE SIT took over the responsibility for the well -established programme board following the organisation changes in April 2013. The programme board follows the configuration for laboratory services, which transferred from Leighton Hospital (MCHT) to University Hospital North Staffordshire (UHNS) in 2013. The initial oversight work included the assurance of systems and processes within the laboratory and the recovery of turnaround time following the initial transfer of service and subsequent mergers within UHNS. In addition to the CWW wide work in cervical screening as listed above key elements of the local work plan included:

- **Implementation of UHNS reporting and audit processes**

Examples include acceptance policy implementation (see below), three day TAT sample to laboratory receipt, inadequate reporting, validation of sample taker register between SIT and UHNS so that samples are only processed for approved sample takers on the register.

- **Implementation of acceptance policy**

In the North West cervical samples are processed according to the regional quality assurance 'zero tolerance' policy which defines acceptability criteria for the samples to be processed. These criteria include elements such as correct labelling together with the rejection of unscheduled samples. The laboratory at UHNS uses the West Midlands acceptance policy rather than the NW zero tolerance policy. The main difference between the two policies are that in the West Midlands acceptance policy samples are rejected if they do not have a validated sample taker code. The release of the national approved acceptance policy is expected and it is believed to be in line with the West Midlands policy. It was therefore decided that the West Midlands acceptance policy would be implemented for all practices sending samples to UHNS. This was progressed following work with the individual practices to improve compliance against the acceptance criteria including use of validated sample taker code, improved labelling and check against Open Exeter to ensure that samples were not unscheduled.

- **Update on Direct referral progress for East Cheshire CCG practices**

Direct referral in cervical screening describes the process by which women are referred directly to an allocated colposcopy clinic by the laboratory on the basis of the cervical sample result rather than relying on the GP to refer to colposcopy services. There has been a long standing area of non-compliance against the recommended pathway despite extensive local work in East Cheshire. The initial task was to liaise with the CCG commissioner for colposcopy services to determine the sustainability of current colposcopy provision. This stage is now almost complete and the work to progress direct referral implementation will be progressed in 2014.

Performance Summary

11.4.1 KC53 Coverage

In line with that seen nationally and within the north west as a whole there has been a reduction in five year coverage (measured by KC53 aged 25-64) in 2013/14 compared to the previous 12 months. Coverage has fallen in all but the youngest 25-29 and eldest 60-64 eligible age groups. Coverage was less than the 80% target in the age 25-29 and 55-64 year age groups.

Table 33: KC53 01/04/13-31/03/14 Central and Eastern Cheshire CSPB

Age Group	North West	2013	2014	Trend	NNS
25 - 29	68.3	70.4	70.9	↑	1223
30 - 34	79.3	81.9	81.1	↓	
35 - 39	80.7	84.5	83.0	↓	
40 - 44	81.5	85.5	84.2	↓	
45 - 49	81.1	84.9	83.4	↓	
50 - 54	79.8	83.0	82.2	↓	
55 - 59	73.0	75.9	75.3	↓	615
60 - 64	71.9	73.3	74.0	↑	704
25 - 64	77.2	80.5	79.8%	↓	2542

*Information provided by regional cervical screening quality assurance
Date source: KC53 Open Exeter.*

11.4.2 Practice level KC53 performance

In the 41 practices in South Cheshire and East Cheshire CCG's (Cheshire East local authority) KC5 2013/14 five year coverage ranged from 69.5% to 90.3%. Seven practices had coverage less than 75% with nine further between 75-80%. The practices with the lowest levels of coverage were in central Crewe which has large Polish and Slovakian communities. The Screening and Immunisation Team are working with the local authority public health team to ensure that these populations are appropriately targeted.

In the 12 Vale Royal (Cheshire West and Cheshire local authority) practice level coverage ranged between 76.3 and 82.4%. No practices were below 75%, seven practices are between 75-80% and five practices are 80% and over.

11.4.3 KC65 Colposcopy Performance

The Leighton and Waters Green Units met the offered appointments targets in 2013/14 and there were some breeches seen at the Macclesfield site. There had been increased activity in colposcopy in all the these units resulting from the West Midlands interpretation of the HPV Test of Cure Protocol which impacted upon performance in the early quarters with and improvement in compliance in Quarter 4. The reported breach in biopsy results target for MCHT was due to a data entry process issue that has now been rectified.

Table 34: KC65 Annual return 01/04/13 – 31/03/14 CEC CSPB Units

Offered appointments (Part A)	Leighton MCHT	Waters Green Macclesfield	Macclesfield ECHT
Invasive/glandular 90% within 2 weeks	100%	N/A	83%
Moderate/severe 90% in 4 weeks	98%	98%	83%
Borderline/mild 90% 8 weeks	99%	100%	90%
Biopsy results (Part D)			
Best practice target 90% 4 weeks	58%	100%	98%
Standard practice 100% 8 weeks	91%	100%	100%
DNA Rate (Part B)			
Target less than 15%	7%	5%	4%

Information provided by regional cervical screening quality assurance
Data Source: KC65 submission from colposcopy units

11.4.4 Vital signs 14 TAT sample to results

The ongoing merger programme to centralise Staffordshire cervical screening laboratory services at the UHNS has resulted in breeches in 14 TAT. Full recovery plans with active monitoring have been implemented in each instance which has resulted in performance recovery. Only a small proportion of women would have received results outside of the 21 day limit and sample takers were informed of the prolonged turnaround time (three weeks rather than two weeks). There was no detectable clinical impact resulting from the breeches and recovery is ongoing. Vital signs performance has been available by CCG from October 2013.

Table 35: Vital signs performance by CCG – Central and Eastern CSPB

Month	Within 14 days as % of total (98% Target)		
	East Cheshire CCG	South Cheshire CCG	Vale Royal CCG
October 2013	99.8	99.3	99.8
Nov2013	99.0	99.7	99.0
Dec2013	97.5	98.7	97.6
January 2014	94.5	95.8	92.5
Feb 2014	27.8	19.3	17.0
March 2014	2.0	1.7	2.2
April 2014	0.9	0.7	1.0
May 2014	58.9	60.8	52.6
June 2014	96.1	96.7	97.2

Information provided by regional cervical screening quality assurance
Data Source: Open Exeter National Cancer Screening programme Statistics Vital Signs

11.5 Chester and Wirral Cervical Screening Programme Board

The SIT combined the two existing cervical screening groups, Wirral and Chester to form the Chester and Wirral Cervical Screening Programme Board aligned with the footprint of the cervical screening laboratory at Arrowe Park Hospital (WUTH). As in other areas the initial work included transfer of responsibility for the Cervical Sample taker database and implementation of update training. The main of focus of local area specific work has been to develop the reporting processes to the SIT with the laboratory. The continued provision of cervical screening in sexual health services and mentoring update requirements were also an area of focus within this programme board. There was significant media interest following the sad death from invasive cervical cancer of a 19 girl from the Wirral area. Supporting information outlining the correct pathway for symptomatic women and the rationale for first invite to the cervical screening programme at age 25 was sent to all sample takers.

Performance Summary

11.5.1 KC53 Coverage

Cervical screening coverage has fallen within the historic Western Cheshire PCT footprint 80.2 to 79.9. Coverage increased in the age 25-29 and 60-64 year age groups and remained below the 80% target in 25-29, 55-64 year age groups. In Wirral a similar declined was seen with fall in overall coverage to 77.1 from 77.7 and increases in the 25-29 and 60-64 age groups. Coverage was below 80% target in all groups except for the 30-44 year age groups.

Table 36: KC53 01/04/13-31/03/14 by PCT footprint – Chester and Wirral CSPB

Age Group	NW	Western Cheshire PCT				Wirral PCT			
		2013	2014	Trend	NNS	2013	2014	Trend	NNS
25 - 29	68.3	70.7	71.6	↑	647	70.5	72.9	↑	736
30 - 34	79.3	82.4	81.6	↓		82.2	80.9	↓	
35 - 39	80.7	82.8	82.3	↓		82.4	81.8	↓	
40 - 44	81.5	84.6	83.7	↓		81.6	80.4	↓	
45 - 49	81.1	84.7	84.3	↓		80.5	78.5	↓	172
50 - 54	79.8	83.2	82.7	↓		79.3	78.3	↓	187
55 - 59	73.0	77.3	75.2	↓	318	72.7	71.0	↓	831
60 - 64	71.9	72.5	74.8	↑	315	69.9	71.2	↑	739
25 - 64	77.2	80.2	79.9	↓	1280	77.7	77.1	↓	2665

*Information provided by regional cervical screening quality assurance
Date source: KC53 Open Exeter.*

11.5.2 KC 53 Practice level coverage

In Western Cheshire CCG five year coverage ranged between 72 to 86% in 2013/14. Two of 37 practices had coverage between 70-74.95%, 17 at 75-79.9% and 18 at 80% or more.

In Wirral CCG five year coverage ranged between 66.8% to 84.2%. Seven practices had 5 year coverage at less than 70%, 44 between 70 and 79% with nine reaching the 80% target.

11.5.3 KC65 Colposcopy Performance

The colposcopy unit at Arrowe Park Hospital has maintained KC65 performance. The Countess of Chester Colposcopy Unit has reported breaches in compliance in both the timing of offered appointments and the issue of biopsy results. These are currently under investigation to ensure that necessary actions are being taken.

Table 37; KC65 Annual return 01/04/13 – 31/03/14 C&WI CSPB Units

Offered appointments (Part A)	Chester Countess of Chester	Wirral Arrowe Park
Invasive/glandular 90% within 2 weeks	83%	95%
Moderate/severe 90% in 4 weeks	86%	98%
Borderline/mild 90% 8 weeks	94%	100%
Biopsy results (Part D)		
Best practice target 90% 4 weeks	89%	97%
Standard practice 100% 8 weeks	100%	100%
DNA Rate (Part B)		
Target less than 15%	11%	7%

*Information provided by regional cervical screening quality assurance
Data Source: KC65 submission from colposcopy units*

11.5.4 Vital signs 14 TAT sample to results

There were initial issues with 14 TAT compliance in 2013/14 following the installation of a new software system within the laboratory these were resolved. CCG level reporting was available from October 2013 and it can be seen that performance was maintained from October to April. There was a time limited software upgrade issue which together with bank holidays impacted on TAT in April and May. This has now been resolved. As differential impact upon TAT for West Cheshire CCG is seen because of the longer time it takes for samples to be received by the laboratory.

Table 38: Vital signs performance by CCG – Chester and Wirral CSPB

Month	Within 14 days as % of total	
	West Cheshire CCG	Wirral CCG
October 2013	99.4	99.7
November 2013	99.7	99.7
December 2013	99.9	99.5
January 2014	99.2	99.7
February 2014	98.1	99.8
March 2014	98.1	99.7
April 2014	96.1	98.8
May 2014	97.7	99.3

*Information provided by regional cervical screening quality assurance
Data Source: Open Exeter National Cancer Screening programme Statistics Vital Signs*

11.6 Warrington, Halton, St Helens and Knowsley Cervical Screening Tactical Group

The cross area team boundary is configured against the Whiston laboratory footprint. It serves as the programme board for the Warrington element of the programme and the tactical group for the Halton, St Helens and Knowsley areas reporting to the Merseyside Cervical Screening Programme Board. The Mersey Area Team are the lead commissioners for the Whiston laboratory.

The main focus of work within this locality has been the preparation of evidence with respect to the regional cervical screening quality assurance visit to the Warrington Colposcopy Unit in December 2013. This necessitated extensive work on the sample taker register as well as work with local GP practices.

Performance Summary

11.6.1 KC53 Coverage

Cervical screening coverage has fallen overall in Warrington (historic PCT footprint) from 80.6 to 79.5 in 2013 compared to 2014. Coverage decreased in all but the 60-64 year age group. Coverage was below 80% target in all the 25-29 and 55-64 year age groups. Similar falls in coverage were seen in the Knowsley and Halton and St Helens areas.

Table 39: KC53 01/04/13-31/03/14 – St Helens and Knowsley, Warrington and Halton TSG

Age Group	NW 2014	Warrington				Knowsley				Halton and St Helens			
		2013	2014		NNS	2013	2014		NNS	2013	2014		NNS
25 - 29	68.3	72.0	71.3	↓	593	70.9	72.7	↑	433	71.1	72.1	↑	831
30 - 34	79.3	81.9	81.0	↓		83.8	82.3	↓		82.9	81.4	↓	
35 - 39	80.7	84.3	83.4	↓		82.8	80.0	↓		82.6	81.6	↓	
40 - 44	81.5	85.3	83.5	↓		82.0	80.5	↓		82.1	81.1	↓	
45 - 49	81.1	83.5	82.5	↓		80.1	79.1	↓	53	81.1	79.8	↓	24
50 - 54	79.8	82.9	81.7	↓		79.0	78.0	↓	107	79.6	78.6	↓	145
55 - 59	73.0	76.2	74.7	↓	283	72.2	70.4	↓	425	74.7	73.8	↓	532
60 – 64	71.9	74.5	74.6	↑	249	69.3	69.6	↑	366	71.4	72.6	↑	579
25 - 64	77.2	80.6	79.5	↓	112 5	77.9	76.9	↓	138 4	78.5	77.9	↓	211 1

Information provided by regional cervical screening quality assurance
Date source: KC53 Open Exeter.

11.6.2 KC 53 Practice level coverage

Five year coverage ranged between 67.3 to 84.7% in the 26 Warrington CCG practices in 2013/14. Fourteen practices had coverage less than the 80% target, two of these had coverage less than 70%. Twelve practices met or exceeded the 80% coverage target.

11.6.3 KC65 Colposcopy Performance

The colposcopy unit at Whiston has maintained KC65 performance. Warrington Colposcopy Unit has marginally breached the offered appointment target of 90% within two weeks for Invasive/glandular results. There have been long standing issues with the appointment of a Hospital Based Programme Co-ordinator for the Warrington Hospital site. This was a recommendation that was still outstanding from the third round quality assurance visit.

Table 40: KC65 Annual return 01/04/13 – 31/03/14 St Helens and Knowsley, Warrington and Halton Tactical Group Units

Offered appointments (Part A)	Whiston	Warrington
Invasive/glandular 90% within 2 weeks	100%	89%
Moderate/severe 90% in 4 weeks	100%	97%
Borderline/mild 90% 8 weeks	100%	100%
Biopsy results (Part D)		
Best practice target 90% 4 weeks	100%	97%
Standard practice 100% 8 weeks	100%	100%
DNA Rate (Part B)		
Target less than 15%	14%	12%

Information provided by regional cervical screening quality assurance
Data Source: KC65 submission from colposcopy units

11.6.4 Vital signs 14 TAT sample to results

Overall there has been reasonable compliance against the 14 TAT target. There have been minor breaches during time periods with bank holidays that have a differential impact dependent on the CCG location. Assurance has been provided that all samples taking more than 21 days are actively tracked and managed.

Table 41: Vital signs performance by CCG – St Helens and Knowsley, Warrington and Halton Tactical Group

Month	Within 14 days as % of total			
	Warrington CCG	Halton CCG	Knowsley CCG	St Helens CCG
October 2013	98.8	98.8	98.9	99.2
Nov 2013	98.0	98.7	99.5	99.4
Dec 2013	97.6	99.0	97.9	98.4
January 2014	99.4	99.8	98.8	99.8
February 2014	98.7	99.3	99.3	99.3
March 2014	99.6	99.2	98.0	99.3
April 2014	97.4	96.0	86.2	98.2
May 2014	97.7	97.6	96.2	98.5

Information provided by regional cervical screening quality assurance
Data Source: Open Exeter National Cancer Screening programme Statistics Vital Signs

Antenatal, Newborn, Young Person and Adult Screening

Performance reporting

Each antenatal, newborn, young person and adult screening programme (non cancer) has a set of nationally defined Key Performance Indicators (KPIs). The national screening programme directors have selected the performance measures to reflect areas where consistency and an understanding of regional and national variation are particularly important.

The KPIs do not provide a complete picture of performance but will introduce a basic level of assurance. Due to the limited range they are not sufficient to quality assure or performance manage non cancer screening programmes. Systems are still in development and in some cases not fit to accommodate the demands of robust data collection. Commissioning and delivery of these systems are currently under review.

12 Antenatal Screening Programmes

12.1 Infectious diseases in pregnancy

NHS infectious diseases in pregnancy screening offers blood tests for Hepatitis B; HIV; Rubella & Syphilis in early pregnancy. The programme is designed to help protect the health of the pregnant woman and the baby, including (for some conditions) minimising the risk of transfer of the condition and to identify women for whom postnatal MMR vaccination could protect future pregnancies

Table 42: KPI Antenatal Infectious Diseases – HIV Coverage

Performance Indicator	ID1: Antenatal infectious disease screening – HIV coverage
Measure	The proportion of pregnant women eligible for screening who are tested for HIV, leading to a conclusive result.
Target	Acceptable threshold $\geq 90.0\%$
Data Source	Maternity service – via NW QA team UK NSC

Graph 22: ID1 HIV coverage by provider 2013-14 with comparator

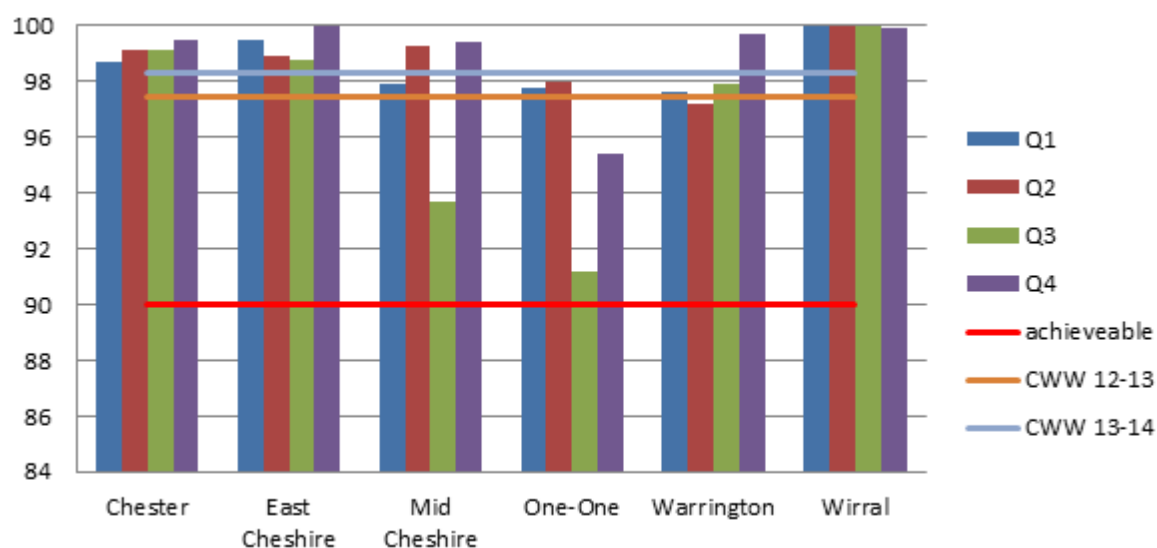
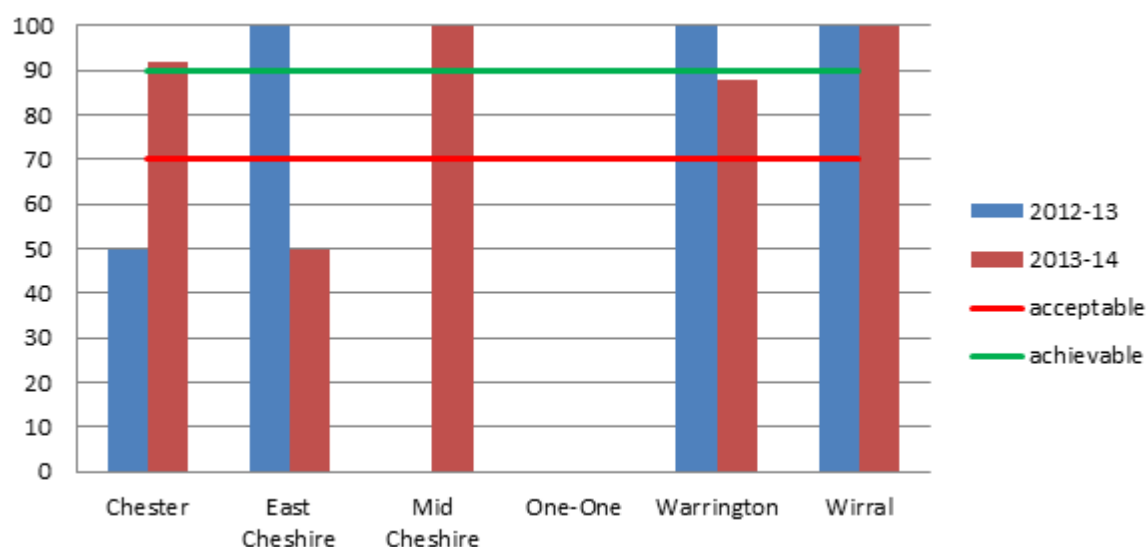


Table 42: KPI Antenatal Infectious Diseases – Hepatitis B

Performance Indicator	ID2: Antenatal infectious disease screening – Timely referral of hepatitis B positive women for specialist assessment
Measure	The proportion of pregnant women with known hepatitis B positive status who are referred to an appropriate specialist within 6 weeks from identification.
Target	Acceptable threshold $\geq 70.0\%$ Achievable level $\geq 90\%$
Data Source	Maternity service – via NW QA team UK NSC

Graph 22: ID2: Timely referral for Hepatitis B positive women



12.1.1 Key messages - Infectious diseases in pregnancy

- Cheshire, Warrington & Wirral have consistency met the target for coverage of HIV, there is also almost 1% increase in coverage from last year
- Caution is required when viewing timely referral for Hepatitis B positive women as numbers are very small (2012-2013 involves only 13 women, 2013-2014 involves 24 women)
- Exception reports are always provided if a women does not attend timely, a common reason is where a woman is already known to be Hepatitis B positive often chooses to keep pre arranged appointments

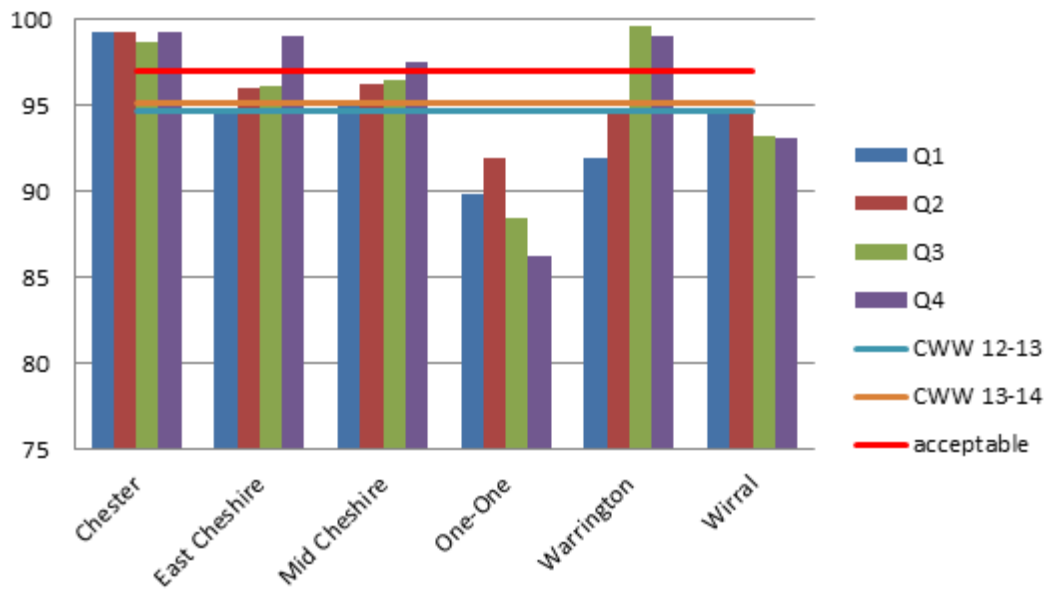
12.2 Fetal Anomaly Screening

The fetal anomaly screening programme offers antenatal screening tests to all pregnant women. There are two main components: screening tests for Down's syndrome and an ultrasound scan. These enable parents to make informed choices about their pregnancy outcome, offer further testing for their unborn baby, or getting the right support after the birth. NHS Down's syndrome screening model of best practice is to offer first trimester screening at 11⁺² – 14⁺¹ gestation. For those women who book later second trimester QUAD test can be offered.

Table 43: Fetal Anomaly Screening – Down's Syndrome

Performance Indicator	FA1: Down's syndrome screening – completion of laboratory request forms
Measure	Number of completed lab request forms / Number of request forms submitted to the lab X 100
Acceptable standard	>= 97.0%
Data Source	Antenatal Screening Laboratory - via NW QA team

Graph 23: FA2: Down's Syndrome request form completion



12.2.1 Key messages – Fetal anomaly screening for Down's syndrome

- This indicator is not met with consistency across Cheshire, Warrington and Wirral, many providers fail to reach the target.
- Continued improvement is generally visible throughout the year; Four providers met the target for Q4.
- Wirral and 1-1 consistently fail to meet this target, this is being monitored via screening programme board
- There is a 0.7% increase in the completion of laboratory request forms.
- From April 2014 an extra field is essential in the reporting system, this may impact on the current performance

18+0 - 20+6 week fetal anomaly screening scan – currently no national KPI exists for this programme; however, an extensive collection of quality standards are expected to be achieved by providers.

12.3 Haemoglobinopathy Screening

Antenatal Sickle Cell and Thalassemia Screening offers parents screening during pregnancy to find out if they are carriers of the disorders and ascertain if their baby is at risk of inheriting a disorder. This information supports parents to make informed choices about further testing for their unborn baby, or to get the right support after birth.

Table 43: Antenatal Sickle Cell and Thalassaemia Screening

Performance Indicator	ST1: Antenatal sickle cell and thalassaemia screening – coverage
Measure	The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report.
Acceptable standard	Acceptable level: $\geq 95.0\%$ Achievable level: $\geq 99.0\%$
Data Source	Maternity service - via NW QA team

Graph 24: STI- Antenatal Sickle cell and thalassaemia coverage

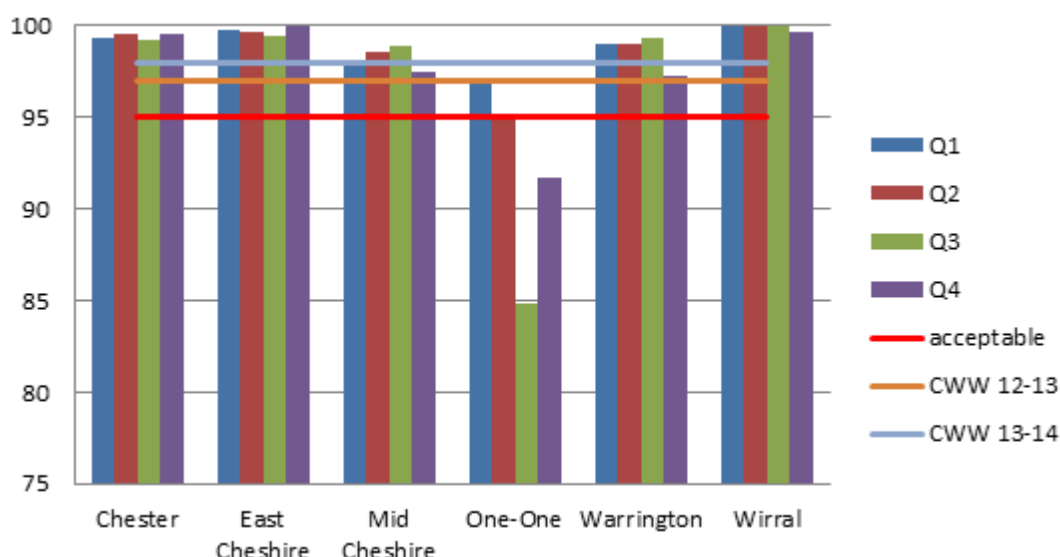


Table 44: Antenatal Sickle Cell and Thalassaemic – timeliness of test

Performance Indicator	ST2: Antenatal sickle cell and thalassaemia screening – timeliness of test
Measure	The proportion of women having antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available by 10 weeks' gestation.
Acceptable standard	Acceptable level: $\geq 50.0\%$ Achievable level: $\geq 75.0\%$
Data Source	Maternity service - via NW QA team

Graph 25: STI- Antenatal Sickle cell and thalassaemia timeliness of test

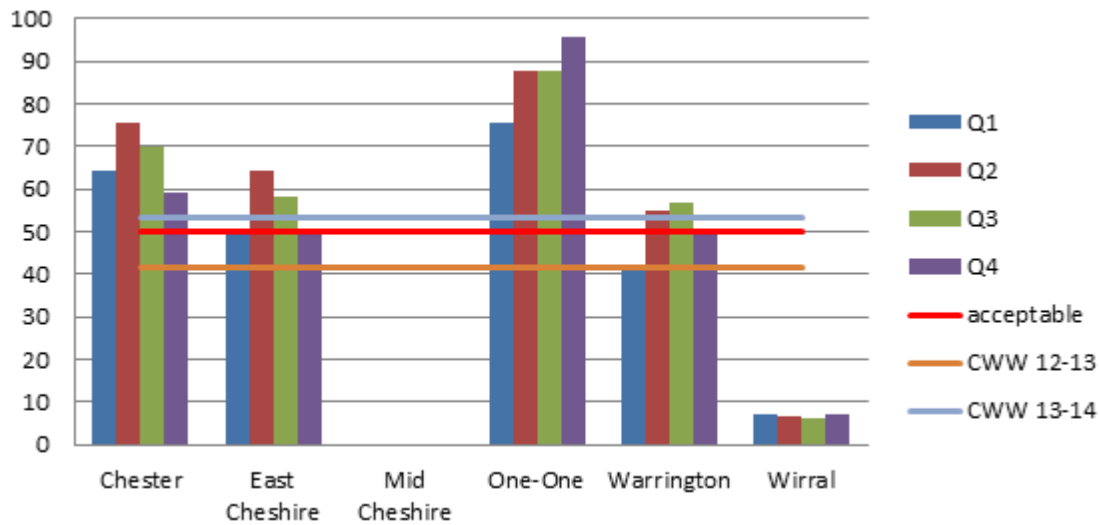
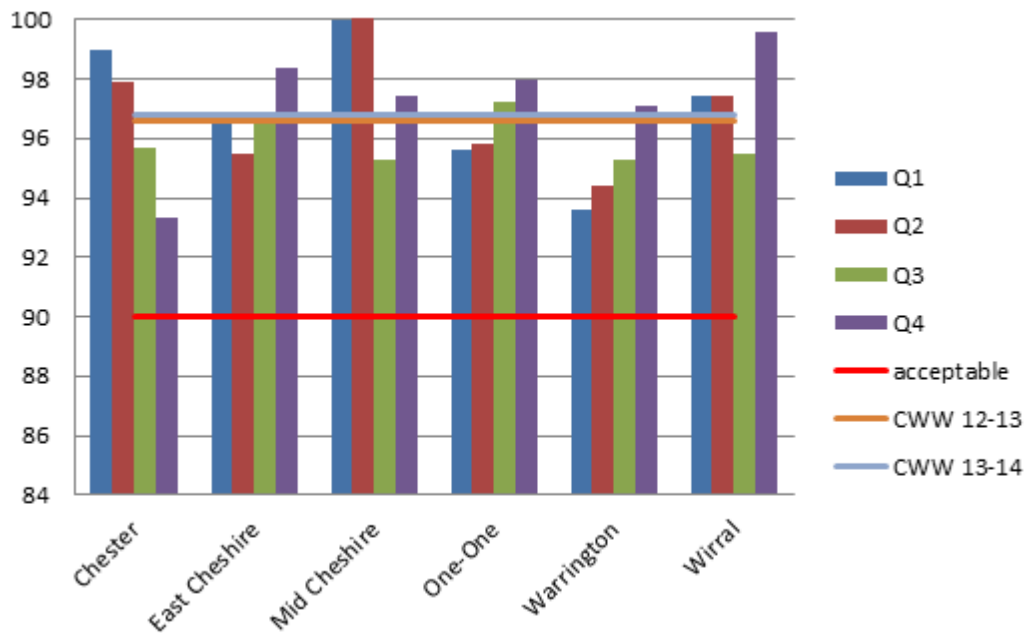


Table 45: Antenatal Sickle Cell and Thalassaemic – FOQ completion

Performance Indicator	ST2: Antenatal sickle cell and thalassaemia screening – completion of family origin questionnaire (FOQ)
Measure	The proportion of women having antenatal sickle cell and thalassaemia samples submitted to the laboratory which are supported by a completed Family Origin Questionnaire.
Acceptable standard	Acceptable level: $\geq 90.0\%$ Achievable level: $\geq 95.0\%$
Data Source	Maternity service - via NW QA team

Graph 26: STI- Antenatal Sickle cell and thalassaemia FOQ completion



12.3.1 Key messages – antenatal Sickle Cell and Thalassaemia

- Cheshire, Warrington & Wirral have consistency met the target for coverage of Sickle cell & thalassaemia, with the exception of 1-1 who report patient choice as the reason, assurance is provided that the screen is offered to all. There is a 1% increase in coverage from last year
- Continued improvement is visible throughout the year in the proportion of women having a conclusive screening result by 10 weeks' gestation. This has increased by a massive 12% from last year. Wirral & Mid Cheshire require a major pathway change to accommodate, in addition, Mid Cheshire are not able to report on this due to functionality of maternity system
- Cheshire, Warrington & Wirral have consistency met the target for completion of the family origin questionnaire.

13 Newborn Screening

13.1 Newborn Bloodspot (NBS)

The newborn bloodspot screen is a blood sample taken from a heel prick for newborn babies. The programme currently screens for five conditions:

- **Congenital hypothyroidism (CHT)** which if untreated can result in serious, permanent, physical and mental disability. Screening enables early identification and treatment with oral medication to prevent serious disability.
- **Phenylketonuria (PKU)** which if untreated, can result in babies developing serious, irreversible, mental disability. Severe disability can be prevented through a special diet.
- **Cystic fibrosis (CF)** is an inherited condition that can affect the digestion and lungs. Screening means that babies can be treated early with diet, medicines and physiotherapy preventing early onset of complications and improving quality of life and outcomes.
- **Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)** can lead to serious illness, or even death. Special attention to diet can prevent serious illness.
- **Sickle cell disorders (SCD)** affect the red blood cells causing pain and damage to the baby including serious infection, or even death. Screening means that babies can receive early treatment to help prevent serious illness.

Table 46: NBS Coverage

Performance Indicator	NB1: Newborn blood spot screening – coverage (previous PCT responsibility at birth)
Measure	The proportion of babies registered within the previous PCT both at birth and on the last day of the reporting period who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe. For this KPI, PKU is used as a proxy for all tests and the test must be completed by 17 days of age.
Acceptable standard	Acceptable level: $\geq 95.0\%$ Achievable level: $\geq 99.9\%$
Data Source	Child Health Information System

Table 48: NBS Avoidable repeats

Performance Indicator	NB2: Newborn blood spot screening – avoidable repeat tests
Measure	The percentage of babies from whom it is necessary to take a repeat blood sample due to an avoidable failure in the sampling process
Acceptable standard	Acceptable level: $\leq 2.0\%$ Achievable level: $\leq 0.5\%$
Data Source	Newborn screening laboratory

Graph 26: NB2: newborn bloodspot avoidable repeats

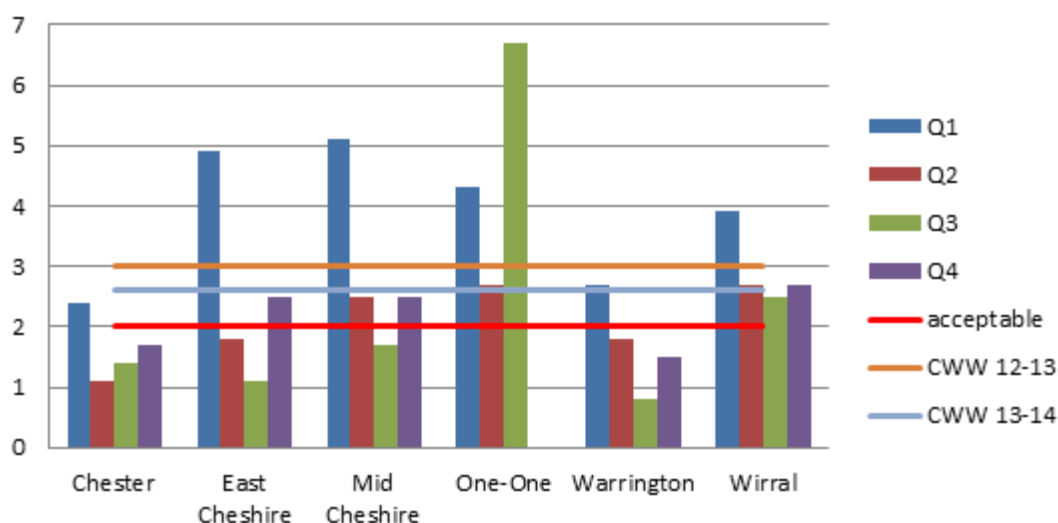


Table 48: NBS timeliness of results

Performance Indicator	NB3: Newborn blood spot screening – timeliness of result availability
Measure	The proportion of newborn blood spot screening results which are screen negative for all five conditions, available for communication to parents within six weeks of birth.
Acceptable standard	Acceptable level: 95.0% Achievable level: 98.0%
Data source	Child Health Information System

13.1.1 Key Messages- newborn blood spot

- Incomplete data submission for coverage and timeliness of result. This has been identified as a priority with complete data submission being pursued. Child Health Information Systems (CHIS) are not adequate to meet the national data recording requirements. A review and action plan for development is in progress
- Compliance with the revised threshold of compliance for avoidable repeats has been particularly challenging across the whole of the country.
- Communication and working relationships between organisations have been improved with the development of a strategic Cheshire & Merseyside quality group addressing compliance to quality standards..
- Good progress through the year is evidenced. CWW Average Q1 was 3.9% CWW Average Q4 was 1.8% this is reflective of the development work and action plans that have been progressed through the year

13.2 Newborn Hearing Screening Programme (NHSP)

The newborn hearing screening programme aims to identify all children born with moderate to profound permanent bilateral deafness within 4-5 weeks of birth by Automated Otoacoustic Emission (AOAE) screening test. (A non-invasive small soft tipped eardrum placed in the baby's ear).

Table 49: Newborn hearing screening - coverage

Performance Indicator	NH1: Newborn hearing screening – coverage
Measure	The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks corrected age (hospital programmes-well babies, NICU babies) or by 5 weeks corrected age (community programmes-well babies).
Standard	Acceptable level: $\geq 95.0\%$ Achievable level: $\geq 99.5\%$
Data source	NHSP Trends National reports

Graph 27: NH1: Newborn hearing coverage

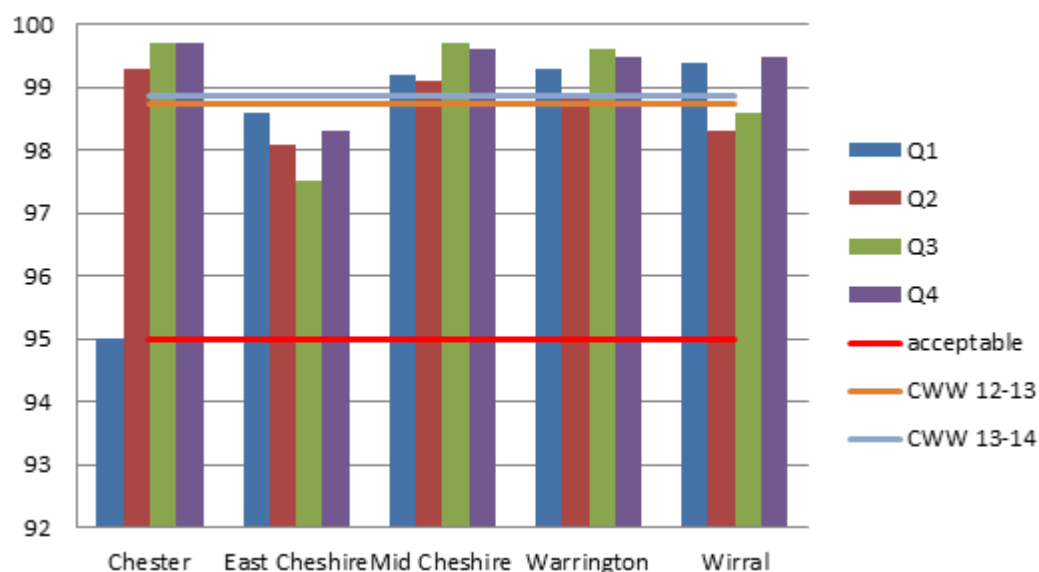


Table 50: Newborn hearing screening – timely assessment

Performance Indicator	NH2: Newborn hearing – timely assessment for screen referrals
Measure	The percentage of referred babies receiving audiological assessment within 4 weeks of the decision that referral for assessment is required or by 44 weeks gestational age.
Standard	Acceptable level: $\geq 90.0\%$ Achievable level: 100.0%
Data source	NHSP National Reports

Graph 27: NH2: Newborn hearing – timely assessment



13.2.1 Key Messages – newborn hearing

- KPI NH1 is met with consistency across CWW. Continued improvement is visible throughout the year. Target is to be above 95% CWW Average 2012-2013 98.7% CWW Average 2013-2014 98.9%
- KPI NH2 has been challenging due to capacity and availability of staff to conduct the hearing assessment timely. Recruitment and training of new staff has been a priority across the year.
- Q4 was the first time the 90% target was met by all providers. CWW Average 2012-2013 83.8% CWW Average 2013-2014 88.6%

13.3 Newborn Infant Physical Examination (NIPE)

The NHS Newborn and Infant Physical Examination Programme (NIPE) offer parents a physical examination for their baby to check for problems or abnormalities. The examination is carried out within 72 hours of birth and then again at 6 to 8 weeks of age. This is a long standing programme that it is now under new national leadership and scrutiny, which has resulted in a series of developments.

The NIPE programme aims to:

- improve the detection and management of congenital heart disease
- reduce the need for surgical intervention for developmental dysplasia of the hip
- enable early treatment for congenital eye conditions
- ensure early detection and management of undescended testes (in boys)

Table 51: Newborn and Infant Physical Examination Indicators

Performance Indicator	NP1: Newborn and Infant Physical Examination – coverage
Measure	The proportion of babies eligible for the newborn physical examination who were tested within 72 hours of birth.
Standard	Acceptable level: ≥ 95.0% Achievable level: ≥ 99.5%
Data source	SMART system (if available)

Performance Indicator	NP2: Newborn and Infant Physical Examination – timely assessment of DDH
Measure	The proportion of babies who, as a result of possible abnormality of the hips being detected at the newborn physical examination, undergo assessment by ultrasound within two weeks of birth.
Standard	Acceptable level: ≥ 95.0% Achievable level: 100.0%
Data source	SMART system (if available)

These data are expected to be reported from April 2014

13.4 Antenatal & Newborn Screening Programme Successes in

2013-14

- Well established antenatal and newborn programme boards which meet quarterly and report to NHS England
- Gone live with the failsafe for the blood tracker system for Newborn Blood spot screening, this has been established to reduce the number of infants who have delays in the screening process or miss the screening opportunity altogether.
- NIPE Smart has been implemented, reporting expected from April 2014
- Process for reporting and managing screening incidents is now well established

13.5 Antenatal & Newborn Screening Programme Challenges in

2013-14

- NHSP has had challenges with workforce, now has fully recruited team
- NHS number should be generated at birth; this will reduce risks within screening programmes. This challenge has not been completely resolved, the action plan will continue to be monitored via programme boards through 2014/15
- Avoidable repeat rate in NBS continues to be a key challenge; however, the continuous improvements must be celebrated. The acceptable target is 2% with an achievable target of 0.5%. At the time of transition CWW average for 2011/12 was 4.2% (excluding 1-1 midwifery) CWW average for 2012/13 was 2.9% and CWW average for 2013/14 was 2.6%. The target was reached in Q4 with a CWW average of 1.8%

13.6 Future plans for Antenatal & Newborn Screening Programmes

2014-15

- Establish larger footprint, programme specific improvement groups that will develop a comprehensive QA framework that will complement the national KPI reporting
 - Cheshire & Mersey Newborn Bloodspot Screening Quality Group
 - Cheshire, Warrington & Wirral FASP Quality Group
- Continuous improvement development action plans
- Extended Screening implementation plan
- Patient engagement initiatives
- Best Practice and shared learning across CWW
- Currently a national pilot is underway to assess the benefits of including pulse oximetry testing to the NIPE, this will support detection of congenital heart anomalies. Progress will be monitored and implemented when evidenced

14 Adult and Young Person Screening Programmes

14.1 Diabetic Eye Screening (DES)

Diabetic retinopathy screening (DES) aims to reduce the risk of sight loss amongst people with diabetes by prompt identification and effective treatment. Screening is offered annually to people aged 12 or over with diabetes and involves digital photography of the retina.

Table 52: Diabetic Eye Screening - uptake

Performance Indicator	DE1: Diabetic eye – uptake of digital screening encounter
Measure	The proportion of those offered diabetic eye screening who attend a digital screening event.
Standard	Acceptable level: $\geq 70.0\%$ Achievable level: $\geq 80.0\%$
Data source	Local Diabetic Eye Screening Programme

Graph 28: DE1 Diabetic Eye Screening – uptake

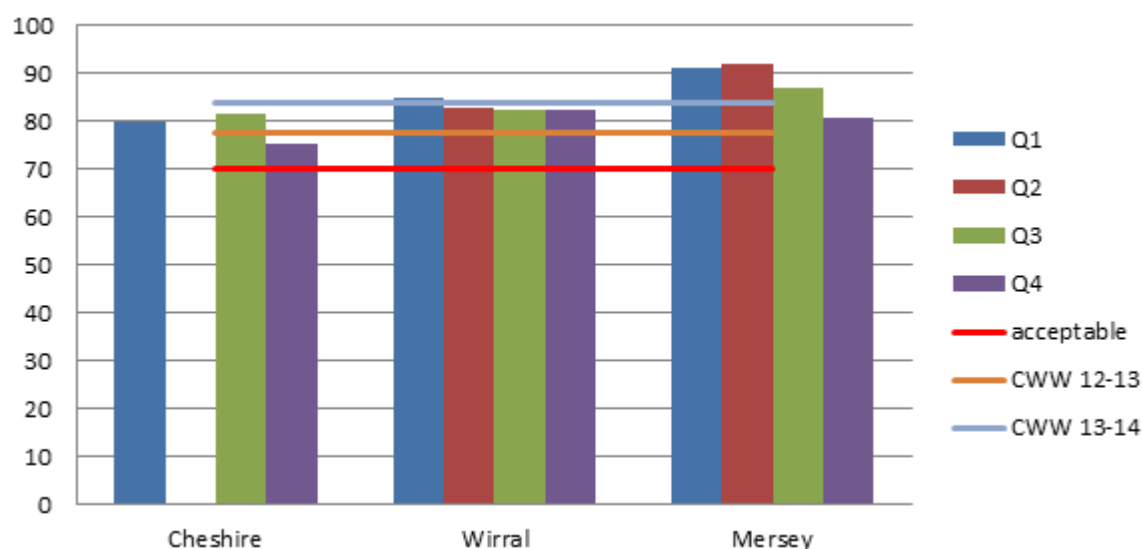


Table 52: Diabetic Eye Screening - uptake

Performance Indicator	DE2: Diabetic eye – results issued within 3 weeks of screening
Measure	The proportion of subjects attending for diabetic eye screening to which results were issued within 3 weeks of the screening encounter.
Standard	Acceptable level: $\geq 70.0\%$ Achievable level: $\geq 95.0\%$
Data source	Local Diabetic Eye Screening Programme

Graph 28: DE2 Diabetic Eye Screening – results issued

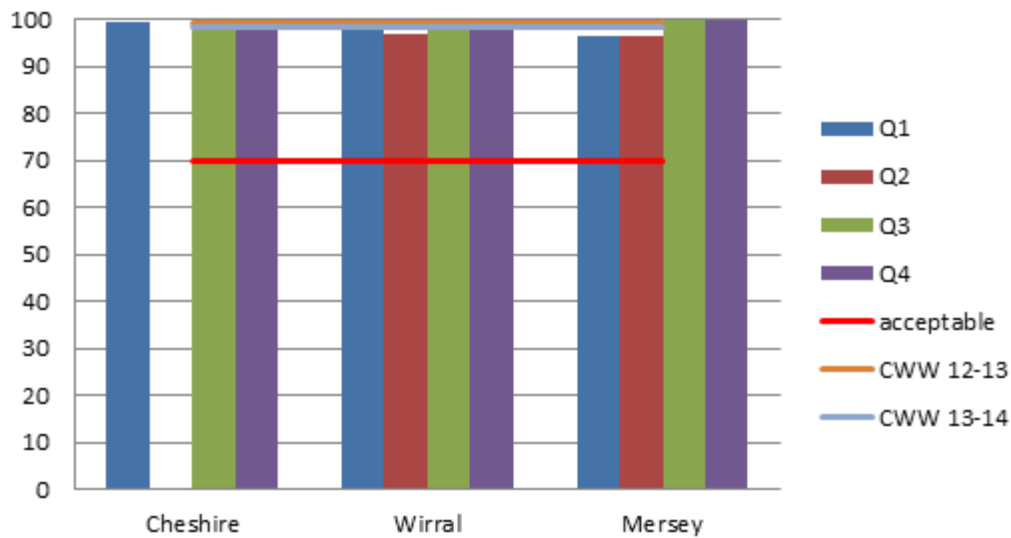
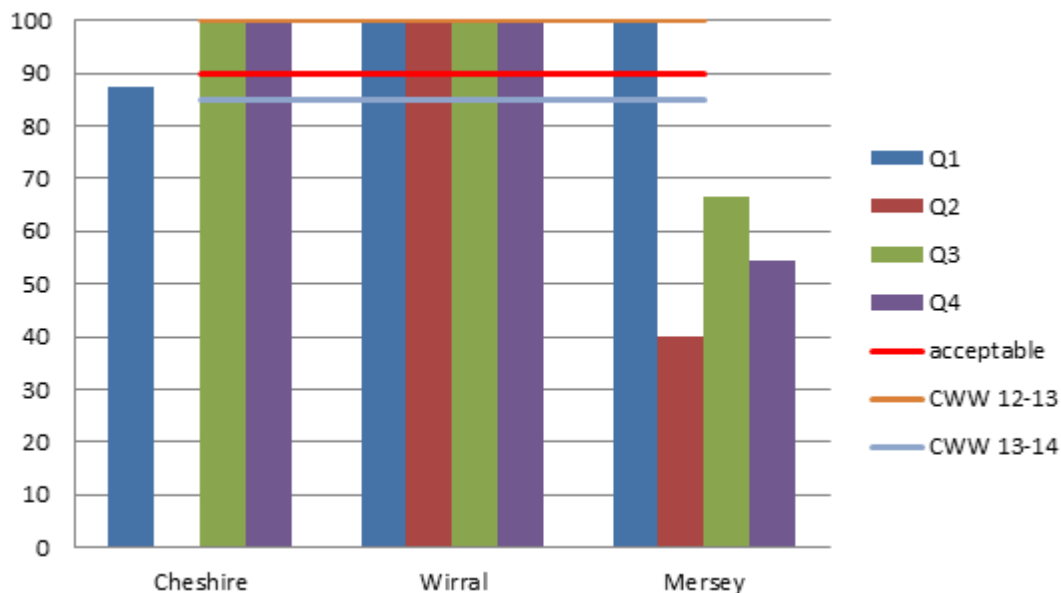


Table 52: Diabetic Eye Screening - uptake

Performance Indicator	DE3: Diabetic Eye Screening (DES) – timely consultation for R3 screen positive
Measure	The proportion of screen positive subjects with referred proliferative diabetic retinopathy receiving consultation within 4 weeks of notification of positive test.
Standard	Acceptable level: $\geq 80.0\%$
Data source	Local Diabetic Eye Screening Programme

Graph 29: DES – Timely consultation for R3 screen positive



14.2 Key Messages - DES

- Uptake target is met with consistency across CWW, a 6.5% increase in uptake has been celebrated from 2012-13 to 2013-14

- Timeliness of results being issued has also been met with consistency
- Caution is required when viewing DE3 as numbers are very small, generally this indicator is 100% with consistency
- Central Mersey programme have had difficulty reporting on DE3 as the data is no longer available on optimise and the programme is not routinely informed of lazer treatments, hence inaccurate report not necessarily breach in performance. Total of 26 referrals in the year, outcomes of 12 not available, not necessarily not completed within timescale.
- Cheshire were unable to report in Q2 due to software update

14.3 Diabetic Eye Screening Successes 2013-14

- For the first time in over 50 years diabetic eye disease is no longer the leading cause of blindness in adults of working age. With the prevalence of diabetes increasing during this period, a similar increase may have been expected in the rates of blindness caused by diabetic eye disease. Although other factors may have likely contributed to the results, it is safe to say that public health interventions such as screening have played a key role.
- Programme boards have been well established and function effectively
- Performance meets national standards. All programmes participate in external peer reviews and monitor the standards via programme boards
- Software for common pathway has been implemented

14.4 Diabetic Eye Screening Challenges 2013-14

- The governance arrangements inherited from previous organisations were extremely complex and have been very challenging to unravel. This is not completely resolved, the area team still hold some optometrist contracts and this situation is not sustainable. Plans are in place to transfer to the provider organisations.
- The eligible population was not known by the programmes, this was highlighted by a number of incidents. Engagement with GPs has been necessary to ensure the programmes have an accurate single collated list. 100% compliance still has not been accomplished however vast improvements have been visualised and the plans are being monitored and actioned.
- Attempts to deliver diabetic eye screening in prison have failed due to a number of issues; i.e. access, equipment, structure etc.

14.5 Future plans for Diabetic Eye Screening 2014-15

- Consistency in costs and commissioning arrangements for DESP will be pursued
- Implementation of surveillance as an element of screening will be fulfilled
- To identify any health inequalities that may exist across DESPs paying particular attention to access and coverage for vulnerable and deprived groups
- Implement diabetic eye screening in Prisons

15 Abdominal Aortic Aneurysm (AAA) Screening

The NHS Abdominal aortic aneurysm screening programme aims to reduce deaths from abdominal aortic aneurysms through early detection. Men in the year of their 65th birthday are offered an ultrasound screen.

There are three AAA Screening programmes across CWW, all have now undergone national rollout the last being Cheshire and Mersey programme that went live June 2013

Table 53: AAA screening KPI's

Performance Indicator	AA1: Abdominal Aortic Aneurysm screening – completeness of offer
Measure	The proportion of men eligible for abdominal aortic aneurysm screening to whom an initial offer of screening is made.
Standard	Acceptable level: $\geq 90.0\%$ Achievable level: 100.0%
Data source	National AAA Screening Programme

KPI AA1 describes the percentage of eligible men in the screening cohort who are invited by their local programme for screening. This is reported cumulatively on a quarterly basis. This will not be published until the 2014-15 screening year because several local programmes have only recently started screening. Currently the data reports this to be above 100% as it includes self referrals in the eligible population.

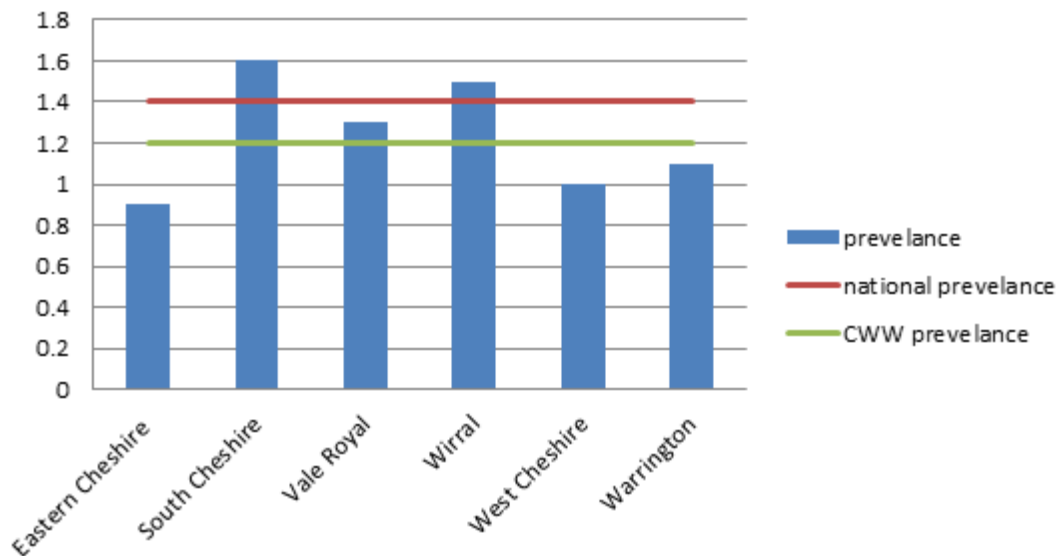
Initially, three KPIs were tested using the 2013-14 screening cohort, the other two KPIs have been withdrawn due to small numbers in the surveillance cohort.

It is estimated that around 1 in 25 men aged between 65 and 74 in England have an abdominal aortic aneurysm. This is 4% of men in the age group.

Table 54: AAA Screening Cohort outcomes 2013 by CCG

CCG	Number Tested	Number >3cm	Prevalence
Eastern Cheshire	1192	11	0.9
South Cheshire	977	16	1.6
Vale Royal	542	7	1.3
Wirral	1373	20	1.5
West Cheshire	830	8	1
Warrington	537	6	1.1
total	5451	68	1.2

Graph 30: AAA - Prevalence of AAA in screened 2013 cohort



15.1 Key Messages

- Actual prevalence is much lower than the estimated prevalence of 4% of men aged 65-74 years, however screening only occurs in the 65th year.
- CWW prevalence was 1.2% in screened population. 5451 people were screened and 68 aneurysms detected. This is lower than the national average of 1.4%; more than 3000 aneurysms were detected
- Outcomes for elective aneurysm repair continue to improve.
 - Elective postoperative mortality rate 2008-2010 was 2.4%
 - Elective postoperative mortality rate 2010-2012 was 1.8%
 - Elective postoperative mortality rate (for those screened by NAAASP) 2012-13 was 0.3%

15.2 Abdominal Aortic Aneurysm Successes in 2013-14

- Implementation of AAA screening programme is now complete across CWW
- Roll out plan to the prison population is in progress
- GM and East Cheshire programme piloted the first external quality assurance (EQA) visit at

15.3 Abdominal Aortic Aneurysm Challenges in 2013-14

- People with an aorta measuring 2.5cm - 2.9cm are often considered to be clinically significant. National guidance only suggests recall at 3.0cm which generates a conflict. Currently these are managed within the screening programme, however an alternative pathway needs to be designed. National discussions are underway to review the guidance documents.
- Timeframe from screen to surgery is 8 weeks, this is often breached due to medical complications. Often comorbidities require the men to have for example, cardiac assessment or follow a weight loss programme. Exception reporting is undertaken at programme board

15.4 Future plans for Abdominal Aortic Aneurysm 2014-15

- National review of quality standards and local implementation
- To identify any health inequalities that may exist across AAAs paying particular attention to access and coverage for vulnerable and deprived groups