

	<u>Agenda Item: 14</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	21 September 2021
TITLE:	HEALTH AND WELLBEING FORUM UPDATES
Organisation	Birmingham City Council
Presenting Officer	Dr Andrew Dalton, Screening & Immunisation Lead, NHS England & Improvement

Report Type:	Presentation
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1. Purpose:
1.1 To update the Board on screening and immunisation across Birmingham, with specific reference to childhood immunisations;
1.2 To summarise ground lost during the Covid pandemic, the recovery plans, and if this has been caught up;
1.3 To highlight progress on and plans to reduce the inequalities to access and improve uptake.

2. Implications:		
BHWP Strategy Priorities	Childhood Obesity	
	Health Inequalities	x
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		x

3. Recommendation
3.1

4. Report Body

Background

- 4.1 During the Covid-19 pandemic, especially in the 'first peak from mid-March 2020, many aspects of healthcare were affected, with pauses or reduced activity. Even upon resumption, services were not at pre-Covid capacity (due to infection control) and services had 'backlog' of patients to manage. The same was true, to differing degrees across the national screening and immunisation programmes.

Since then service, commissioners and other stakeholders have been working to fully restore the programmes – clearing backlogs and returning to the nationally specified intervals and timings (of the immunisation or screening episode).

Programmes

4.2 Aortic abdominal aneurysm screening

The service run by University Hospital Birmingham stopped screening soon after the first lockdown as men were not attending their appointments. The national screening team developed guidance on who should be prioritised for screening first once the service resumed and the service produced a restoration plan which was approved locally. This plan has been followed and restoration is well under way with a target of catching up all invitation for screening by April 2022. The service is due to achieve this if no further barriers are encountered.

4.3 Diabetic eye screening

This is currently provided by University Hospitals Birmingham and is due to be re-procured soon. NHS E&I have undertaken a patient and public involvement exercise to gain more insight into the needs of the population around this programme in readiness for re-procurement.

The service made the decision to suspend screening during the first lockdown as people were not attending their appointments and many opticians closed. Cohorts of people to be screened were split into 2 phases on a risk basis by the National Team, the service produced a restoration plan which was approved locally, reflecting national guidance and have been following this plan since. Phase 2 of the national advice delayed some less high-risk cohorts screening by 12 months, meaning that all Programmes should have caught up by April 2022 if capacity allowed. The service does still have capacity issues and are not currently able to achieve the April 2022 deadline, this means that some of the cohort will have waited more than 2 years to be invited back for screening.

NHS E&I are supporting the service to identify, staff, equip and open 2 community hubs (one in the Black Country and one in Birmingham), this will deliver very flexible appointments and help the service to address some of the inherent health inequalities.

4.4 Breast screening

The two screening programmes in the Birmingham area suspended routine screening in March 2020 for approximately 3 months. Further, when screening resumed due to the impacts of the infection control guidance, screening was not at the same rate as pre-Covid therefore a backlog due screening continued to accrue. The initial restart was

sequenced based on national clinical guidance: services are now though the group delayed a screening invitation.

Nationally, NHS England and Improvement have set breast screening providers a requirement to clear screening backlogs (and be back to screening subjects at the three-yearly interval) by 31st March 2022. Additional monies were allocated to services, via the regions, to meet this target. As part of this allocation, the NHSEI region approved restoration plans for the services.

Both screening programmes are set to meet this deadline, with some of the areas within their wider catchment already back to be offered screening at the 3-yearly interval. This has been the result of a huge effort from services, working significantly extended hours, at addition sites, and others.

As part of the restoration of the programme, there was a significant change in the invitation process. Where subjects were previously sent an appointment for a set time, they are now sent open invites to contact the service (and book their own appointment). This was done to use the capacity available more efficiently (fewer 'do not attend' when making their own appointment), but uptake may fall (although no published data show this yet). A national review of the invitation process is underway.

To address inequalities, one screening services made an application which was approved by the NHSEI region to still offer some timed appointments to those least likely to attend screening (based on past screening history). The services also work with general practices to promote and remind subjects to attend screening, with the promotional offer tailored to the type of invite received.

4.5 Bowel cancer screening

The two bowel screening centres in the Birmingham area both paused activity from mid-March 2020. They paused doing assessments for people with a positive screening test, therefore the postal screening test kits were also paused.

The NHSEI region set services the target to recover backlogs in screening by mid-August 2021 – and specifically to be inviting people within six weeks of their two-yearly due date for screening (the national expectation in the programme). Both services are now back with the programme standard, with the services having invited significantly more people per week into the screening programme and offering more colonoscopy assessments for abnormal results. Both programmes now are working to recover another programme metric and return to offering a screening assessment (colonoscopy or CT colonoscopy) to those suitable within 14 days of the first clinical appointment with the screening centre. Once reached, both services will begin the extension of the age range of the screening programme by starting to invite 56-year-old (with the remaining 50-58 years olds started to be invited over the next four years.)

There are currently no published data to indicate screening uptake following the Covid pause.

4.6 Cervical screening

Cervical screening appointments did pause from March 2020 but resumed in primary care from May. Screening resumed according to national guidance on the prioritisation due to clinical risk. The national call-recall service set a trajectory of weekly invites to the

programme that meant the invites were back to the expected interval by mid-May 2021. General practice then offered appointments to patients responding to the national invite.

Immediately following the resumption of screening there were 'backlogs' of screen positive subjects waiting for colposcopy appointment, although those at highest risk were seen throughout the pandemic. These were cleared though summer 2020.

There are currently no published data to indicate screening uptake following the Covid pause.

4.7 Antenatal and newborn screening

Due to the time sensitive nature of the antenatal and newborn screening programmes, there was limited impact in the screening offered through the Covid pandemic – with maternity services working exceptionally hard to maintain the offer. Some programme had changes to the timelines of the screening offer, whilst a backlog did develop in the Newborn Hearing Screening programme in Birmingham (and elsewhere). This backlog was cleared by quarter 2 2020/21, with the Birmingham providers received recognition in the national media for their innovative efforts to clear the backlog, using community venues including local football groups.

4.8 Immunisations

Programme	
Childhood immunisations	<ul style="list-style-type: none"> • Invitations continued during the Covid pandemic but evidence that the DNA rate increased; • NHSE currently reviewing data to assess the impact, and the need for action to address this at a local level (general practice) • Nationally, may be actions to address this • Coverage (see below) • Groups at risk of being under-vaccinated remain unregistered children, younger children from large families, children with learning disabilities and those from non-English speaking families. • A 2020/21 West Midlands GP scheme paid practices to follow-up the parents of children who persistently fail to attend immunisation appointments – evaluation under way • Birmingham and Coventry are the only areas in the Midlands to recently have had a CHIS (Child Health Information Service) service commissioned where the parents of under-immunised children approaching 1,2 and 5 years of age are contacted by telephone and immunisation appointments arranged. • The Birmingham and Solihull Integrated Care System is expanding the remit of its Covid vaccine steering group into an overarching system vaccination and immunisation programme board, with an SRO named. This group aims to meet from September, taking wider leadership of

	<p>immunisations in the geography. This group will likely develop a system immunisation strategy.</p> <ul style="list-style-type: none"> The steering group for this board expressed a desire to quickly pilot some ICS projects to improve uptake and reduce inequity in childhood immunisations, with effort to reduce any Covid immunisation deficits and a project to reduce immunisation queues potential options. BSol CCG is substantively recruiting to roles to support the delivery of all Vaccinations and Immunisations, which will not only support general practice delivery but will support the wider system in our future ICS strategy
School	<ul style="list-style-type: none"> Target to clear backlog by the end of 2020/21 academic year May be impacted by Flu and COVID requirements Data to be reviewed in October 2021 and catch-up options explored
Flu	<ul style="list-style-type: none"> 2021/22 flu planning well underway, with programme closely linked to the next phase of the Covid vaccination programme <ul style="list-style-type: none"> Includes 50+, SCWs, all school-children, non-porcine offer Flu planning now largely lead by ICS, as per Covid programme and 2020/21 flu programme

COVER Immunisation data from January to March 2021 – data shows coverage of the respective childhood vaccines in the cohorts who turned 12 months, 24 months and 5 years within the reporting period.

Area	12m DTaP/IPV/Hib %	12m PCV1%	12m Rota%	12m MenB%	
Birmingham	86.6	89.1	82.5	86.8	
WM	91.6	93.0	89.0	91.7	
England	91.6	93.4	90.0	91.8	
Area	24m DtaP/IPV/Hib%	24m PCV Booster%	24m Hib/MenC%	24m MMR1%	24m MenB Booster%
Birmingham	90.8	81.8	81.9	82.3	80.6
WM	94.3	89.1	89.2	89.2	88.2
England	94.0	89.1	89.2	89.3	88.5

Area	5y DtaP/IPV/Hib%	5y MMR1%	5y MMR2%	5y DTaPIPv%	5y Hib/MenC%
Birmingham	92.8	91.5	77.3	76.1	89.6
WM	95.5	94.7	85.7	84.9	93.2
England	95.3	94.3	86.4	85.1	92.5

4.9 *Inequalities*

- Services have had a significant focus on recovering the provision of a services over the last 12 months, but now services, NHSEI and other stakeholders are focusing on a full return to address poor uptake and inequalities.
- Partner organisations a key part of this:
 - CCG – enhanced scheme in primary to support uptake of cancer screening
 - ICS work, described above, will work to address uptake and inequity in immunisations, notably learning from the Covid vaccinations programme (such as the community engagement)
- Regional work with learning disabilities team, who have a priority workstream focused on cancer mortality, will have projects to address poor uptake of screening in this group
- Regional NHSE inequalities strategy, highlights roles and responsibilities in addressing inequalities, and sets out our ambitions and projects for the next year

The following people have been involved in the preparation of this board paper:
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