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**Report To:** Inverclyde Integration Joint Board    **Date:** 17 March 2020

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**Subject:** IMMUNISATIONS AND SCREENING REPORT

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## **1.0 PURPOSE**

1.1 The purpose of this report is to describe to the Integration Joint Board the position of Inverclyde Health & Social Care Partnership in respect of the uptake of immunisations, vaccinations and the national cancer screening programmes.

## **2.0 SUMMARY**

2.1 Immunisations and vaccinations are important protective and preventative interventions to eradicate disease and improve health. Intervening early in childhood is seen as being critical in giving children the best start towards a healthy life. At later stages of development, immunisations and vaccinations are used to continue to prevent disease, and improve health at key stages or when it is more clinically appropriate.

2.2 This report contains data on immunisation to support protection against:

- DTP/Polio/Hib – immunisations to support protection against diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib)
- Men C – immunisations to protect against Meningococcal C
- PCV – immunisations with the Pneumococcal Conjugate vaccine
- Rotavirus
- MMR – Measles, Mumps and Rubella
- Seasonal Influenza – the flu jab
- Herpes Zoster (Shingles)
- Flu Vaccinations

The report also includes data on immunisations to protect against:

- Meningococcal C;
- Immunisations with the Pneumococcal Conjugate vaccine;
- Rotavirus;
- Measles, Mumps and Rubella (MMR) and
- Seasonal Influenza.

2.3 The shingles vaccination; uptake: Inverclyde has a 51.56% uptake for age 70 year olds (series 1) for the shingles vaccination, in comparison to 36.92% for Greater Glasgow & Clyde (GG&C). Performance for aged 76 year olds (series 2) is more similar, with Inverclyde at 31.53% and GG&C at 33.85%.

2.4 Data on screening programme uptake is provided for:

- Cervical Screening;
- Bowel Screening;
- Breast Screening; and
- Abdominal Aortic Aneurysm Screening (AAA).

2.5 This report provides comparative information, gauging Inverclyde alongside the NHS Greater Glasgow & Clyde averages, and also gives a baseline from which we can measure uptake rates in respect of immunisations, vaccinations and key screening programmes in the future.

### **3.0 RECOMMENDATIONS**

3.1 The Integration Joint Board is asked to note the data contained within this report to measure uptake in respect of immunisations, vaccines and key screening programmes.

**Louise Long**  
**Corporate Director, (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 The Integration Joint Board has a central function in respect of reviewing how services are promoted and delivered and scrutinising achievement of key outcomes.
- 4.2 Inverclyde's Strategic Plan sets out the overall aim of 'Improving lives' and that this will be achieved by focusing on 6 Big Actions, one of which is "A Nurturing Inverclyde will give our children and YP the best start in life". Giving our children and young people the best start in life preventing disease from birth and at key stages in the life course of local people (and HSCP Staff) is a key element in achieving this desired outcome.

## 5.0 KEY FINDINGS

- 5.1 Some of the immunisation rates detailed in the report are summarised in the table below. The shaded cells with bold font show the best performance within the categories. As can be seen, in most categories Inverclyde's performance exceeds both the Scottish and Greater Glasgow & Clyde averages.

Disease	Age of Child	Inverclyde	NHSGGC	Scotland
6-in-1	0-12 months	<b>97.9%</b>	96.0%	95.8%
	13-24 months	<b>98.7%</b>	97.2%	97.2%
	5 years	<b>98.8%</b>	97.5%	97.8%
PCV	0-12 months	<b>98.1%</b>	96.7%	96.3%
	13-24 months	<b>97.7%</b>	94.6%	94.5%
Rotavirus	0-12 months	<b>96.7%</b>	92.0%	92.7%
Men B	0-12 months	<b>97.8%</b>	95.5%	95.4%
	12-24 months	<b>97.7%</b>	93.3%	93.6%
MMR1	12-24 months	<b>97.4%</b>	94.2%	94.0%
	5 years	<b>98.1%</b>	96.4%	96.8%
	6 years	<b>97.5%</b>	96.0%	96.4%
Hib/Men C	13-24 months	<b>98.3%</b>	94.4%	94.4%
	5 years	<b>98.2%</b>	95.4%	95.9%
4-in-1	5 years	<b>95.4%</b>	90.0%	91.9%
	6 years	<b>95.6%</b>	92.8%	93.8%
MMR 2	5 years	<b>95.1%</b>	89.9%	91.5%
	6 years	<b>95.1%</b>	92.4%	93.3%

- 5.2 With regard to HPV immunisation, full protection is attained through completing the course of 2 doses. Inverclyde achieved well above the Scottish average for S3 girls in 2017/18, with 95.4% (Dose 1) and 91.7% (Dose 2) of eligible girls completing the course. The Scotland rates were 91.8% and 86.6% respectively.
- 5.3 Cancer screening programmes are particularly important, particularly in Inverclyde as many avoidable cancers are correlated with deprivation. The report shows that when mapped against deprivation quintiles, bowel screening follows a fairly linear trajectory, with uptake being lower in more deprived areas. For the most deprived quintiles, Inverclyde uptake rates are marginally better than those at GG&C or Scotland levels. This is encouraging, but the difference in uptake between the most and least deprived areas is large. This represents a serious challenge in the bid to achieve more equal outcomes. **(The most recent Public Screening Reports only include screening data by deprivation at Board Level and not HSCP level. The 2016 data is the most recent).**
- 5.4 Breast screening rates for women in the NHS GG&C area fall below the Scottish average.
- 5.5 Flu vaccinations for the over 65s are showing at just above 7 out of 10 of those eligible

taking up the offer. The rates are very similar across the health board area and across Scotland. Likewise, the uptake rate for those eligible who are under 65 remains below half. This is worrying because those eligible under 65 are eligible usually because they have other health conditions and flu on top of these could be very dangerous.

## 6.0 IMPLICATIONS

### FINANCE- None

#### 6.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

6.2 There are no legal issues within this report.

### HUMAN RESOURCES

6.3 There are no human resources issues within this report.

### EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Children, local people and staff with protected characteristics are able to access immunisations, vaccines and key screening programmes.

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

## 6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Immunisations, vaccinations and all 4 screening programmes support early intervention and prevention of disease.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	For people with pre-existing conditions, such as bronchitis, emphysema, chronic heart disease, the flu vaccine assists in reducing the risk of possible admission to hospital.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Although the programmes have not included any reference to patient experience, higher take-up rates for a number of these programmes might be considered a reasonable proxy that if people continue to come back their experience has been positive. We will review this assumption in future reports as we begin to develop trend lines.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Preventing avoidable disease supports improving quality of life.

Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Having a national approach to early detection of cervical, bowel and breast cancer assists with this outcome. For bowel screening, in Inverclyde (54.8%) performs above GG&C (53.3%); however both are below the Scotland average (57.6%).
People using health and social care services are safe from harm.	Preventative programmes help to stem the spread of disease, thus improving patient safety. We also encourage front-line staff to ensure that their immunisations are up to date, thereby reducing the risk of cross-contamination from one service-user to another via the care worker or clinician.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	All staff within the HSCP have the opportunity to take the flu vaccination.
Resources are used effectively in the provision of health and social care services.	

## 7.0 DIRECTIONS

### 7.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 8.0 CONSULTATION

8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with clinical and public health staff.

## 9.0 LIST OF BACKGROUND PAPERS

9.1 None