

**Report To:** Inverclyde Integration Joint Board    **Date:** 8 November 2016

**Report By:** Brian Moore  
Corporate Director (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:**  
IJB/56/2016/HW

**Contact Officer:** Helen Watson  
Head of Service  
Planning, Health Improvement &  
Commissioning    **Contact  
No:** 01475 715285

**Subject:** IMMUNISATIONS AND SCREENING REPORT

---

## **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:

- diphtheria,
- tetanus,
- whooping cough,
- polio and
- influenzae (type b).

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 No data is currently available on the shingles vaccination; however this will be included in future reports once the data are published.

2.4 Data on screening programme uptake is provided for:

- Cervical Screening;
- Bowel Screening and
- Breast Screening.

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.

**Brian Moore**  
**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 5 commissioning themes, one of which is "Early intervention and prevention." 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
Diphtheria, tetanus, whooping cough, polio and influenzae (type b).	0-12 months	<b>97.7%</b>	96.9%	97.2%
	13-24 months	97.7%	97.5%	<b>97.9%</b>
	5 years	<b>98.8%</b>	97.7%	98.0%
Men C	0-12 months	<b>98.1%</b>	97.1%	97.5%
	13-24 months	<b>96.1%</b>	95.2%	95.3%
	5 years	<b>97.6%</b>	94.9%	95.7%
MMR	13-24 months	<b>95.5%</b>	95.3%	95.4%
	5 years	<b>98.5%</b>	96.9%	97.0%

- 5.2 With regard to HPV immunisation, full protection is attained through completing the course of 3 doses. Inverclyde achieved well above the Scottish average in 2012/13 and 2013/14, with 94.0% and 90.3% of eligible girls completing the course. The Scotland rates were 82.0% and 81.4% 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.
- 5.4 Breast screening rates for Inverclyde women are better than the NHSGGC average, but fall slightly short of the Scottish average.
- 5.5 Flu vaccinations for the over 65s are showing at approximately 3 out of 4 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 about 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.

## 5.0 IMPLICATIONS

### FINANCE- None

#### 5.1 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

5.2 There are no legal issues within this report.

### HUMAN RESOURCES

5.3 There are no human resources issues within this report.

### EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
	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.

5.4.1 How does this report address our Equality Outcomes?

5.4.1.1 **People, including individuals from the 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.

5.4.1.2 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

N/A

5.4.1.3 **People with protected characteristics feel safe within their communities.**

N/A

- 5.4.1.4 **People with protected characteristics feel included in the planning and developing of services.**

N/A

- 5.4.1.5 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

N/A

- 5.4.1.6 **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

N/A

- 5.4.1.7 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

N/A

## **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

- 5.5 There are no governance issues within this report.

## **5.6 NATIONAL WELLBEING OUTCOMES**

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

- 5.6.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Immunisations, vaccinations and all 3 screening programmes support early intervention and prevention of disease.

- 5.6.2 **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.

- 5.6.3 **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.

- 5.6.4 **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.

- 5.6.5 **Health and social care services contribute to reducing health inequalities.**

Having a national approach to early detection of cervical, bowel and breast cancer

assists with this outcome. For bowel screening, in Inverclyde the most deprived quintile has higher uptake rates than elsewhere.

**5.6.6 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.**

**5.6.7 People using Health & Social Care Services are free 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.

**5.6.8 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.

## **6.0 CONSULTATION**

6.1 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.

## **7.0 LIST OF BACKGROUND PAPERS**

7.1 None



**Inverclyde Health and Social Care Partnership  
Annual Immunisations and Screening Report  
2015/16**

Produced by the IHSCP Performance and Information Team

## 1. INTRODUCTION

- 1.1 This report describes the position of Inverclyde Health and Social Care Partnership (IHSCP) in respect of the uptake of immunisations and vaccinations, and the national cancer screening programmes.
- 1.2 This report is produced annually and contains data on immunisation to support protection against diphtheria, tetanus, whooping cough, polio and influenzae type b. 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.
- 1.3 It should be noted that the shingles vaccination would be included in this suite but due to its relatively recent introduction to the immunisation programme no data are available. It will be included in future reports.
- 1.4 Data on screening programme uptake is provided for Cervical Screening; Bowel Screening and Breast Screening.

## 2. IMMUNISATIONS AND VACCINATIONS

- 2.1 The charts in this document show the rates of uptake for immunisations and vaccinations in Inverclyde compared to NHS Greater Glasgow & Clyde and Scotland.
- 2.2 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 latest stages of development immunisations and vaccinations are used to continue to prevent disease and improve health at key life stages or when it is more clinically appropriate (e.g. at puberty).
- 2.3 Child Health Immunisations

The charts below demonstrate the immunisation statistics for different cohorts of children. The first chart is for those born between 1 January 2014 and 31 December 2014, the second those born between 1 January 2013 and 31 December 2013. These show the percentage of children who completed the routine childhood immunisation schedule<sup>1</sup>. The charts show that the uptake for immunisations in Inverclyde is high throughout childhood. In 2015 the uptake for the pneumococcal vaccine (PCV) for babies aged up to 12 months was 98% and 96% of infants aged between 12 and 24 months completed the booster vaccine.<sup>2</sup>

---

<sup>1</sup> <http://www.immunisationscotland.org.uk/when-to-immunise/immunisation-schedule.aspx>

DTP/Pol/Hib - Diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b

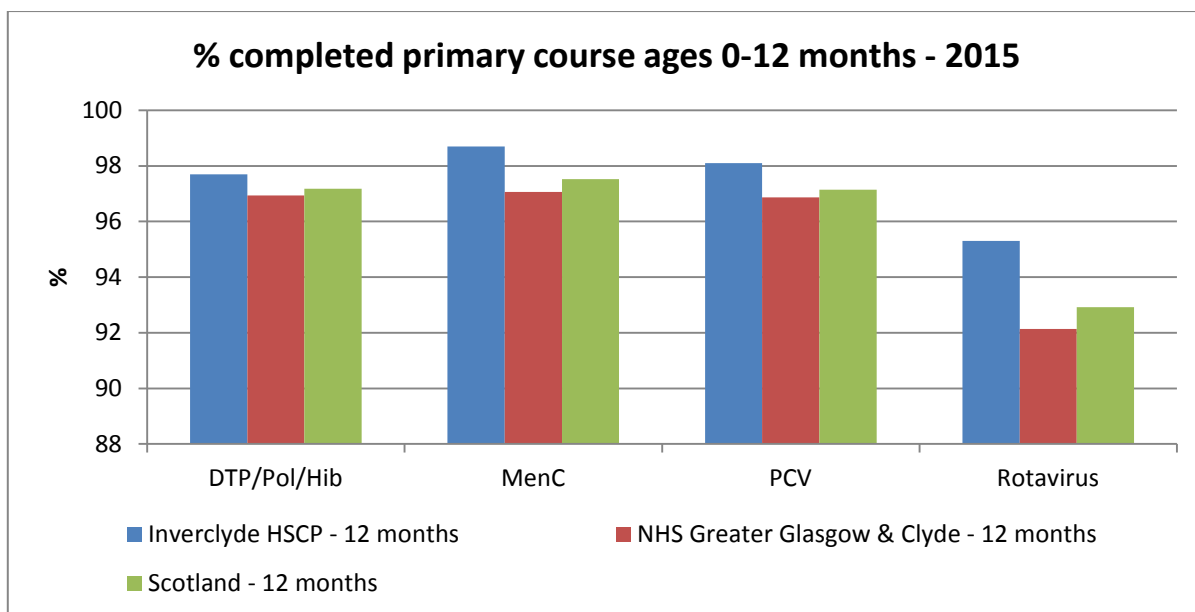
MenC - Meningococcal type C

PCV(B) – Pneumococcal vaccine (booster)

MMR1 – Measles, mumps and rubella

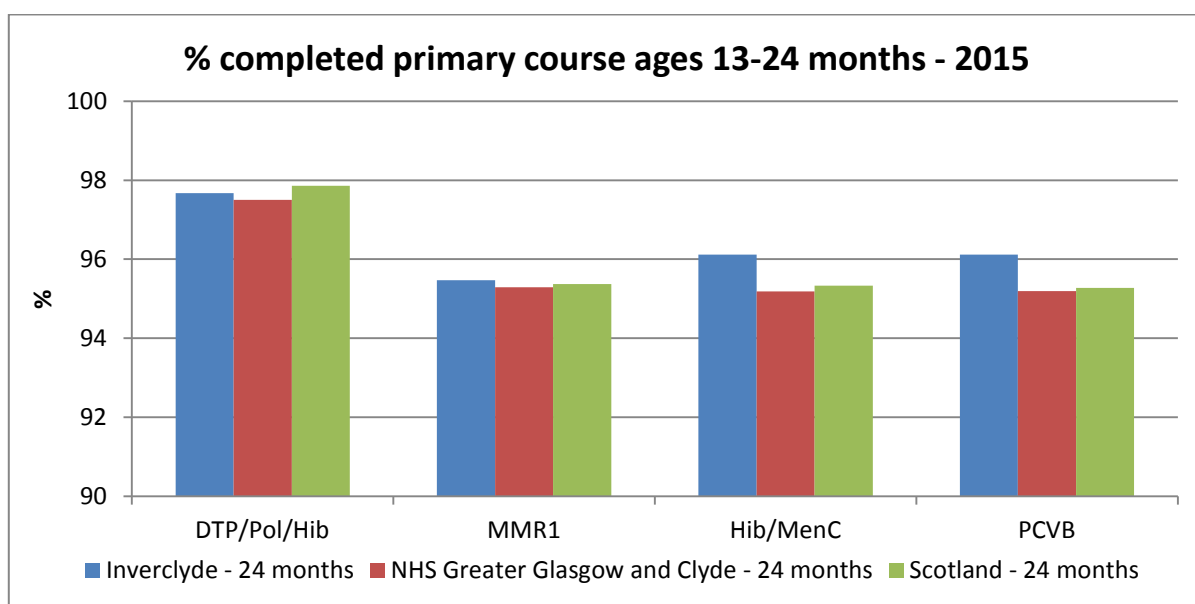
<sup>2</sup> Please note that these are different cohorts of children.





Source: ISD Scotland

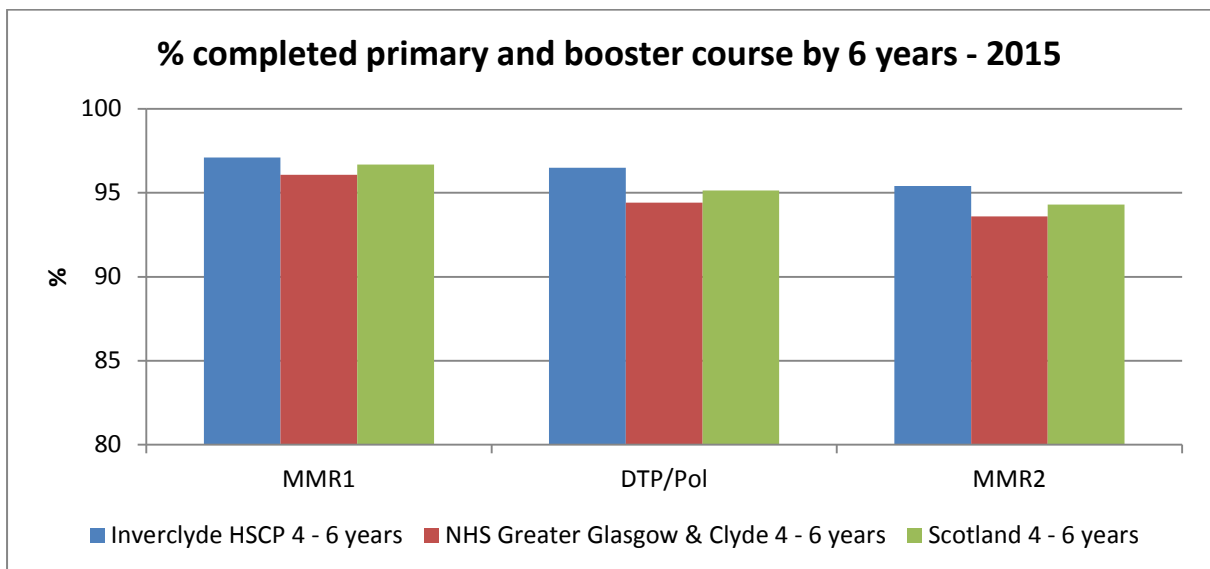
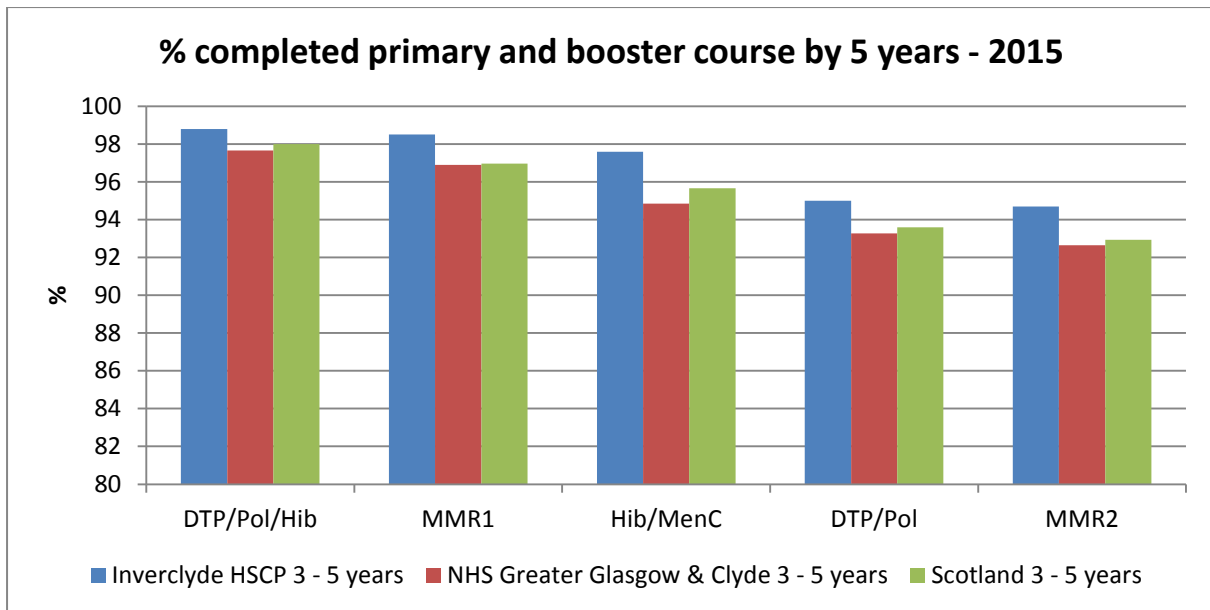
In both the 0-12 months and 13-24 months age groups in Inverclyde 97.7% of children completed the Diphtheria, Tetanus, Whooping Cough, Polio and Influenza course. This indicates a consistent approach to immunisation.



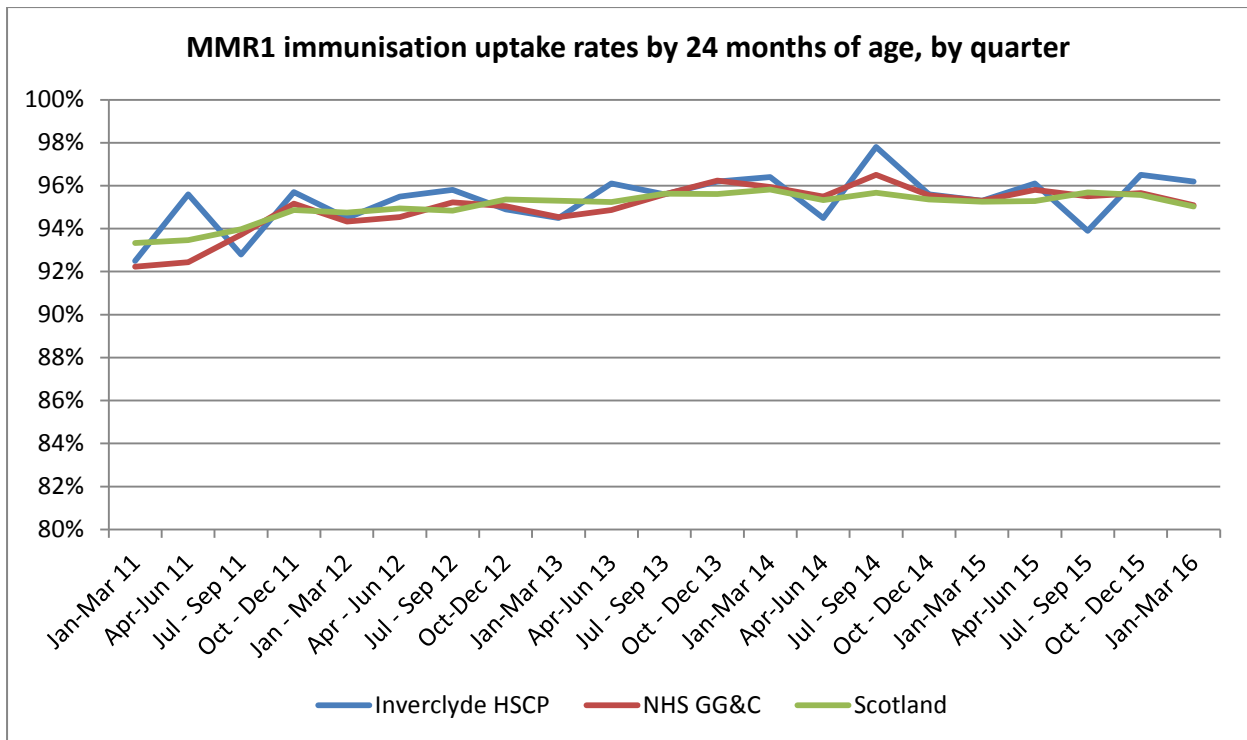
Source: ISD Scotland

Inverclyde has higher completion percentages at 12 months compared to NHS Greater Glasgow & Clyde, and Scotland. There is performance below Scotland for percentage completion at 24 months for Diphtheria, Tetanus, Whooping Cough, Polio and Influenza (type b) although it is only marginally lower and not significant.

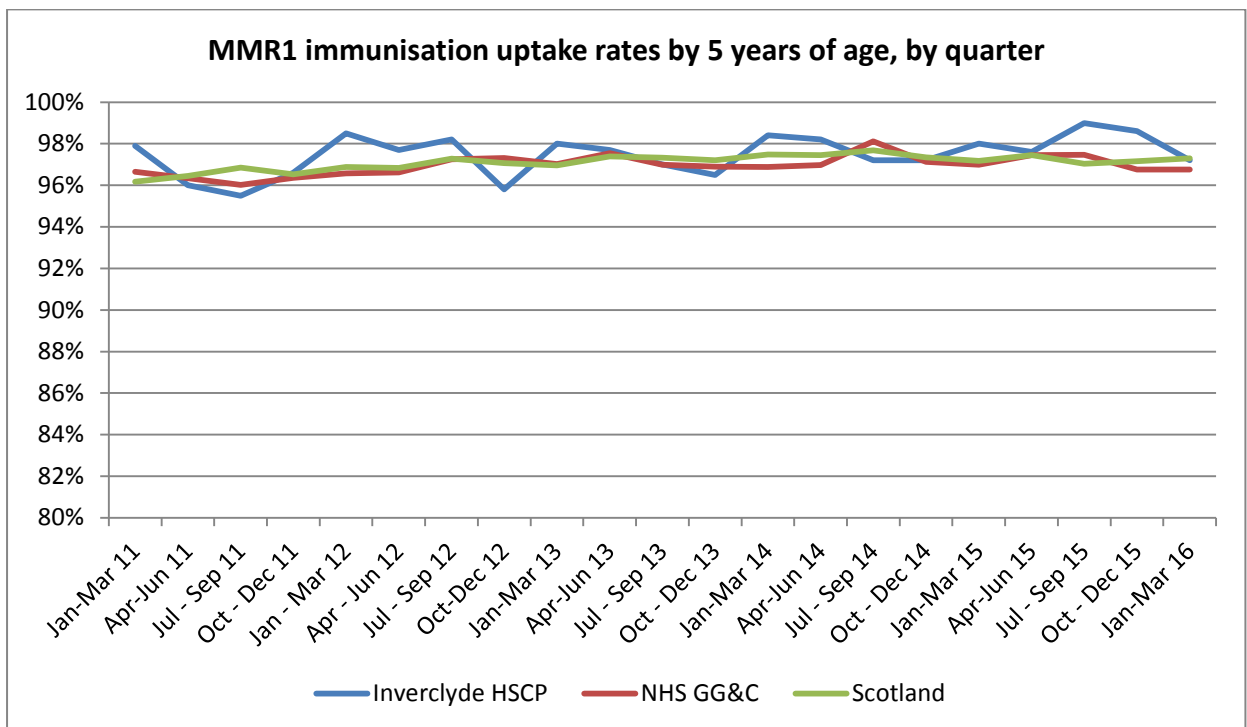
The tables below show the uptake percentages for children born between 1 January and 31 December 2010 for the 5 year olds, and between 1 January and 31 December 2009 for the 6 year olds. Inverclyde completion percentage is higher than NHS Greater Glasgow & Clyde and Scotland for all immunisations at 5 and 6 years.



The charts below demonstrate the quarterly trend in immunisation uptake for the measles, mumps and rubella vaccination for children aged 24 months and children aged 5 years. There was an increase in uptake between 2-3% from 2011 to 2016 for those aged 24 months in each area. For those aged 5 years, there was little variation between the areas from 2011 to 2016.



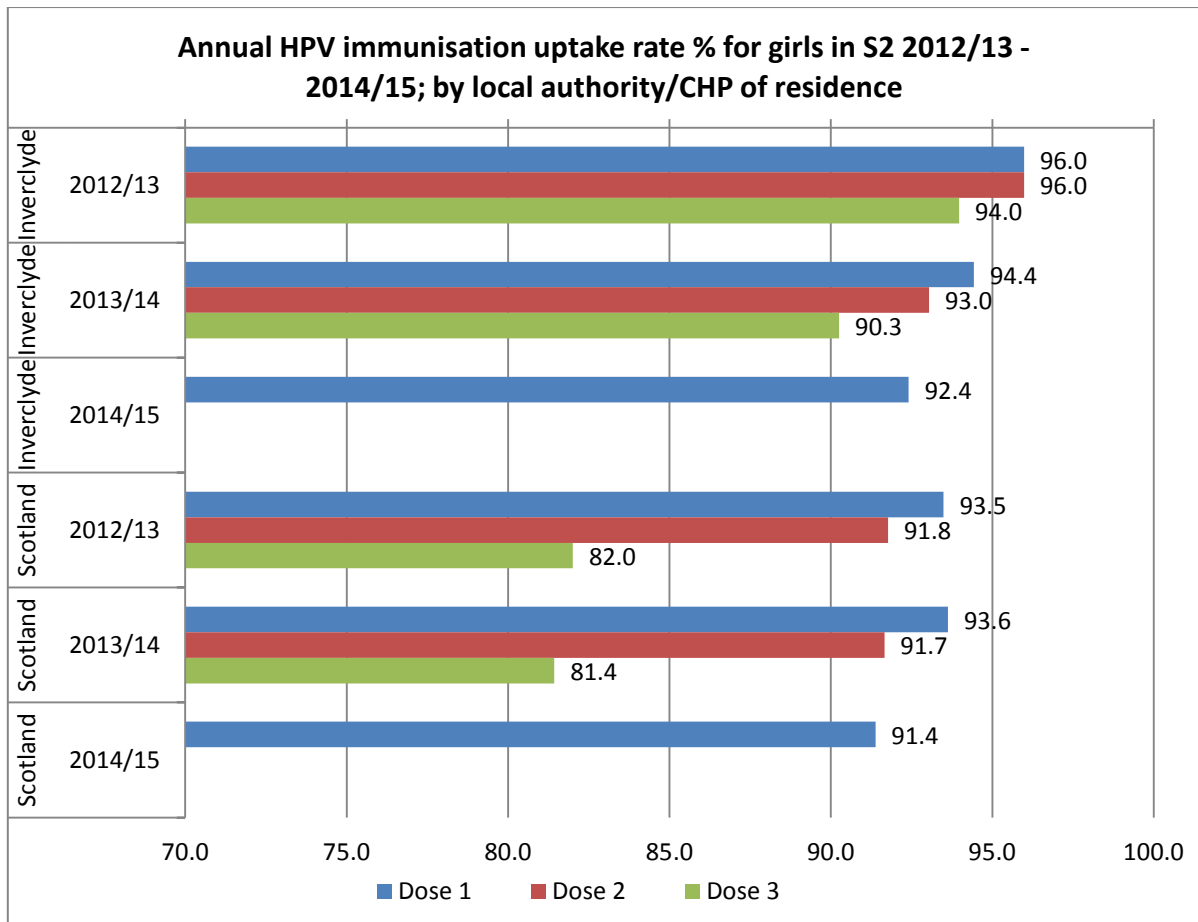
Source: ISD Scotland



Source: ISD Scotland

## 2.4 Human Papilloma Virus ( HPV) Immunisations

The HPV vaccination is important because its use can help prevent young women contracting the human papilloma virus which can affect future reproductive health in women, and can increase the chances of women developing cancer of the cervix.



Source: ISD Scotland

NHS Greater Glasgow & Clyde figures are not available, thus a comparison cannot be presented with the Board average. Work is underway at Board level to resolve this issue.

There are higher rates for each dose in Inverclyde each year compared to Scotland, although the rates for first dose are falling year on year.

There are also higher rates for girls in Inverclyde to complete dose 2 and dose 3 compared to Scotland. Additionally, there is less of a drop off from dose 2 to dose 3.

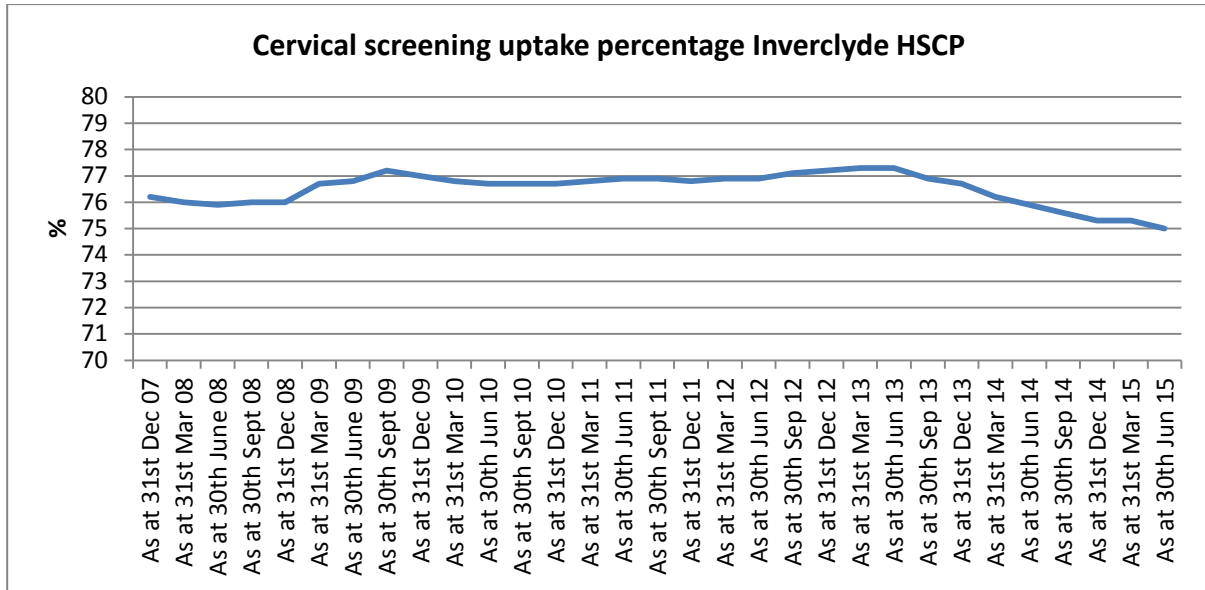
Notes on HPV schedule

Routine HPV immunisation schedule	
September 2008 to August 2014	Three doses of vaccine: second dose given at least one month after the first dose, and third dose given at least three months after the second dose
From September 2014	Two doses of vaccine: second dose given no sooner than six months and no later than two years after the first dose

### 3. CANCER SCREENING

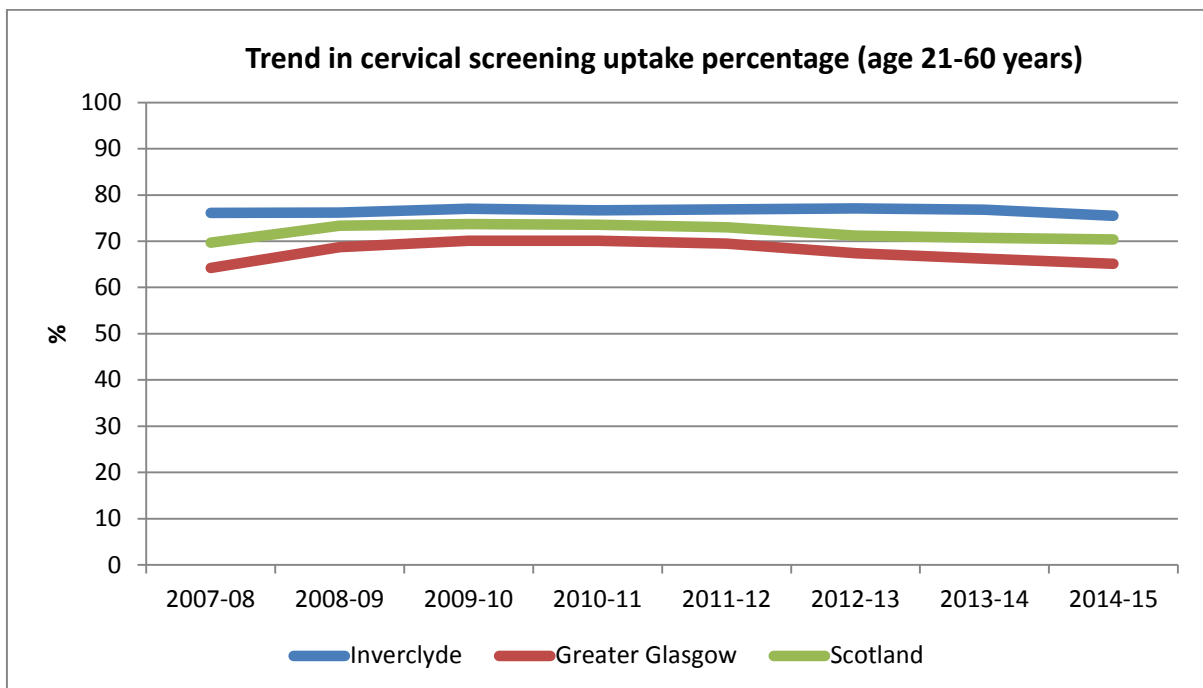
There are three national cancer screening programmes in place in Scotland, these are screening for cervical cancer, bowel cancer and breast cancer.

#### 3.1 Cervical Screening



Source: Cervical Screening IT system, Information Services - Public Health

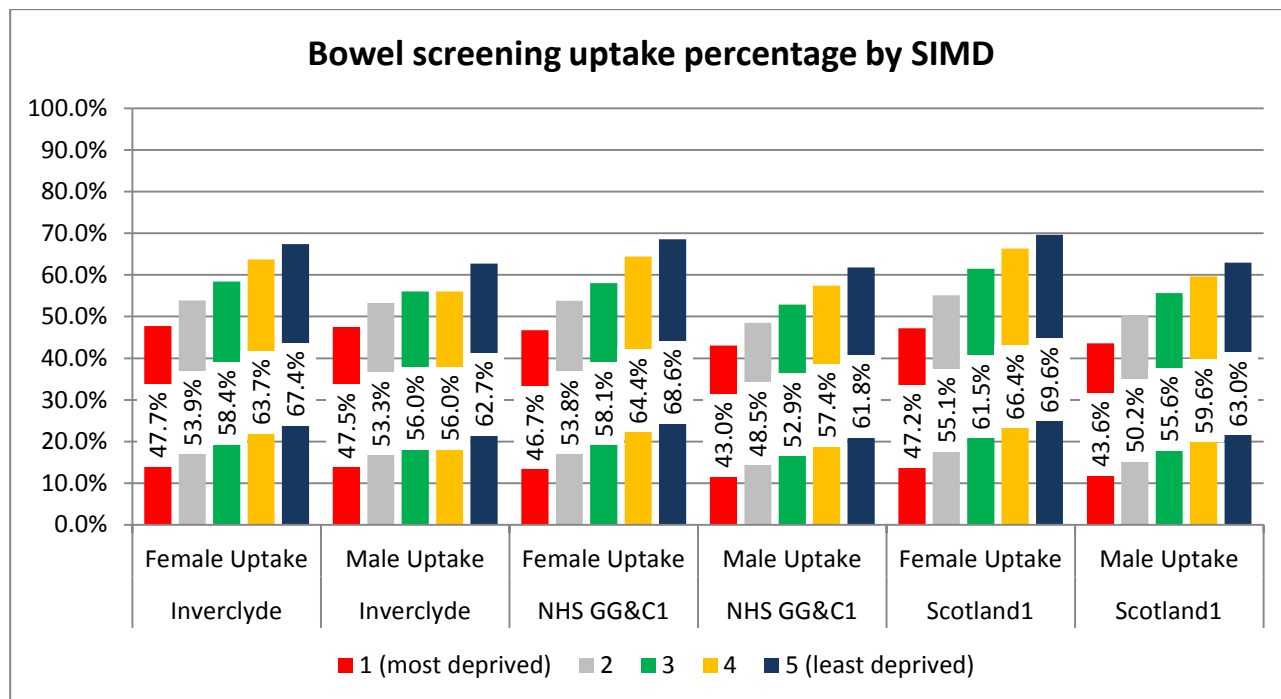
Currently data for cervical screening from NHS Greater Glasgow & Clyde is only published annually. The chart below shows a comparison between the average annual uptake in Inverclyde, Greater Glasgow, and Scotland. Inverclyde has a consistently higher uptake for the cervical screening programme than the other areas.



Source: Cervical Screening IT system, Information Services - Public Health

Information on cervical cancer incidence rates are not available at the level of health and social care partnership or local authority, therefore it is difficult to assess the impact of screening on incidence in Inverclyde. At the board level, NHS Greater Glasgow & Clyde had a crude incidence rate of 13 cases per 100,000 women in 2014. The Scottish average for the same time period was 14 cases per 100,000 women.<sup>3</sup>

### 3.2 Bowel Screening



Source: Bowel Screening IT system, Information Services - Public Health (date extracted October 2015)

Bowel screening statistics are from different time periods. Figures for Inverclyde are from April 2013 to March 2015. Figures for NHS Greater Glasgow & Clyde and Scotland are from 1 November 2012 to 31 October 2014.

Inverclyde follows the pattern for NHS Greater Glasgow & Clyde and Scotland. Female uptake is higher than male uptake with uptake higher for lower deprivation areas.

Information on bowel cancer incidence rates is not available at the level of health and social care partnerships or local authority. The table below shows the crude cancer incidence rates for colorectal, colon, and rectal cancer in NHS Greater Glasgow and Clyde and Scotland in 2014.

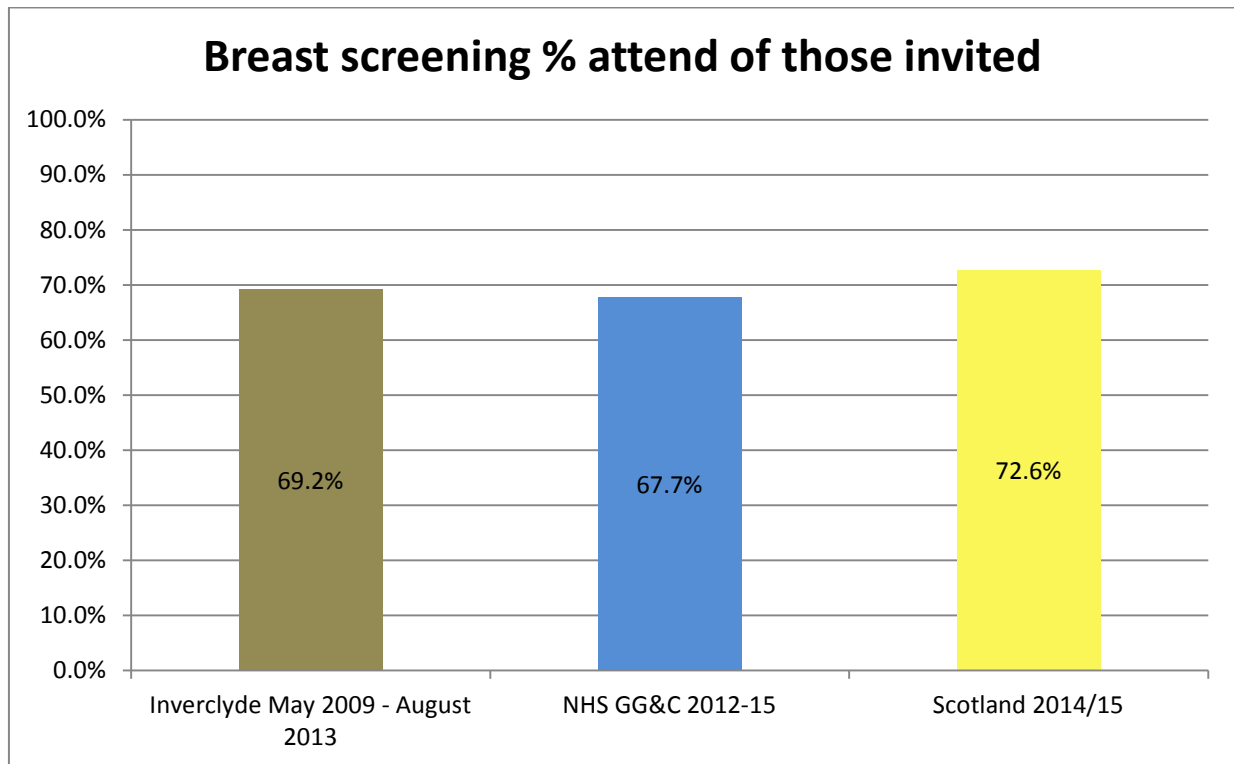
Cancer incidence rate per 100,000	NHS Greater Glasgow and Clyde	Scotland
Colorectal cancer	68.6	69.6
Colon	49.2	48.4
Rectum and rectosigmoid junction	19.4	21.2

Source: ISD Scotland

The incidence rate for colon cancer was higher in Greater Glasgow in Clyde than in Scotland, but lower for colorectal cancer and rectal cancer.

<sup>3</sup> <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/>

### 3.3 Breast Screening



Source: West of Scotland Breast Screening Data, Information Services - Public Health

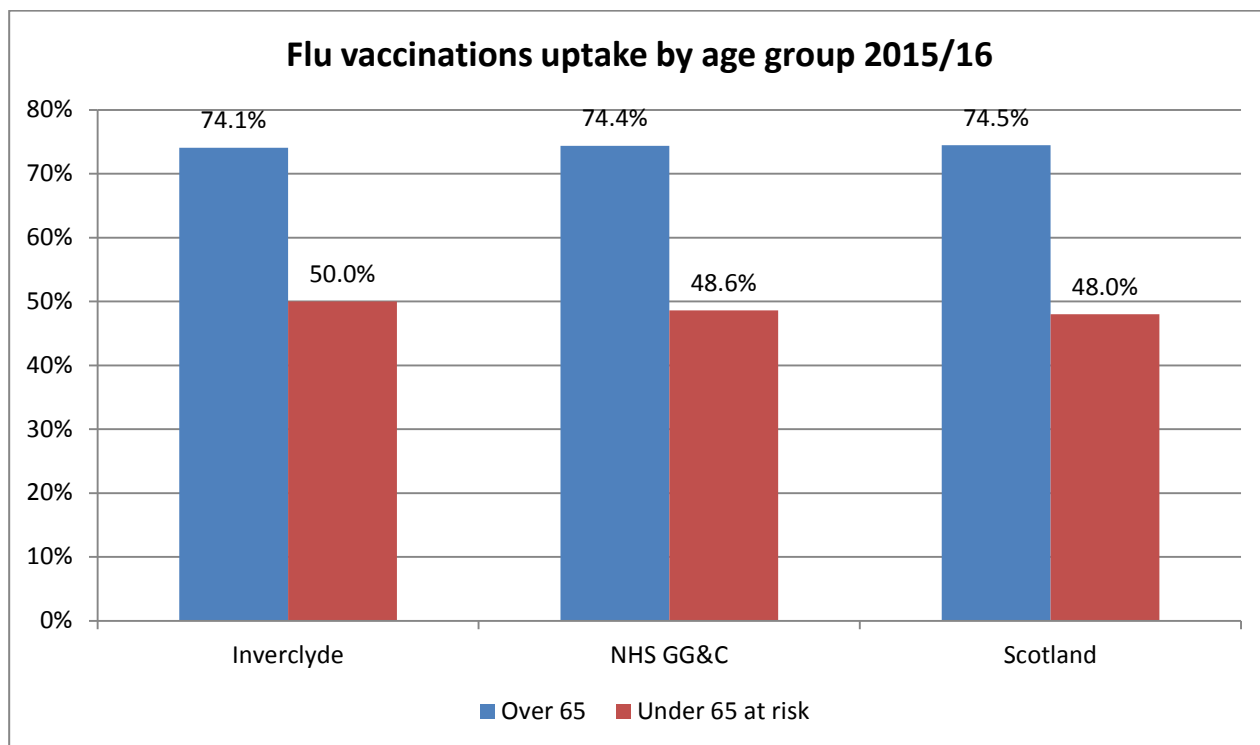
Please note the differences in the time periods for the data. Breast screening is a cyclical screening programme, and different local authorities/boards take part in screening at different times. Inverclyde performs well when compared with NHS Greater Glasgow & Clyde and Scotland comparisons.

Information on breast cancer incidence rates is not available at the level of health and social care partnerships or local authority. At the board level, NHS Greater Glasgow & Clyde had a crude incidence rate of 83.8 breast cancer cases per 100,000 people in 2014, slightly lower than the Scottish average of 86.2 cases per 100,000 people.<sup>4</sup>

<sup>4</sup> <http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/>

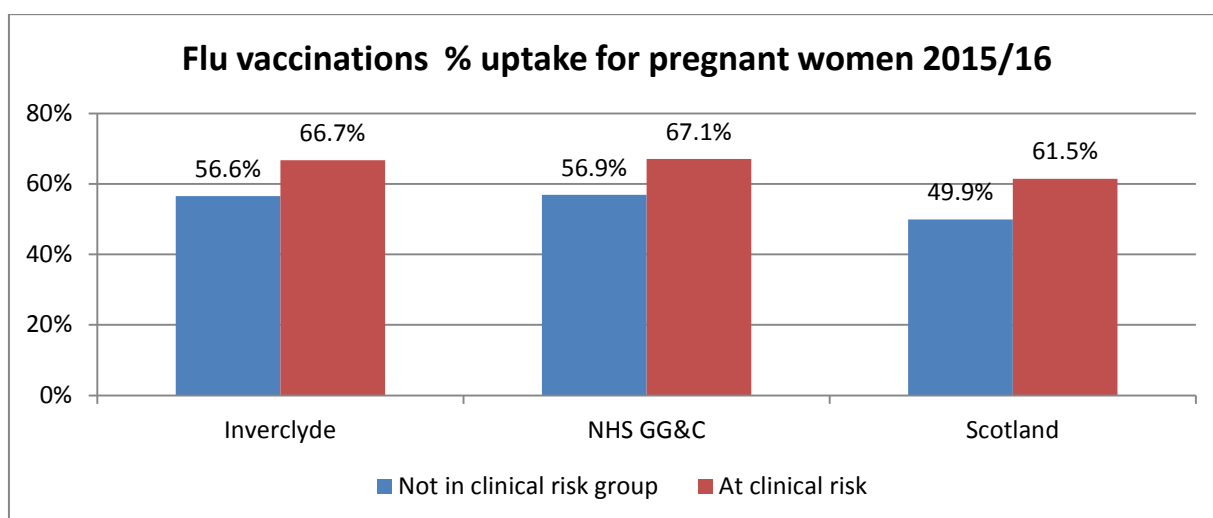
## 4. FLU VACCINATIONS

4.1 Seasonal influenza vaccination (the flu jag) is targeted via primary care delivery at people who are deemed to be at greater risk due to a number of factors. Performance in relation to the general population and those in the at risk groups is set out below.



Source: Immunisations Annual Report 2015/16

There is very little difference between Inverclyde, NHS Greater Glasgow and Clyde, and Scotland. Three quarters of those over 65 offered the vaccination took part, and about half of those under 65 at risk took up the offer of a flu vaccination in the last year. Those at risk are patients who suffer from pre-existing health conditions, such as bronchitis, emphysema, cystic fibrosis, chronic heart disease or chronic kidney failure.

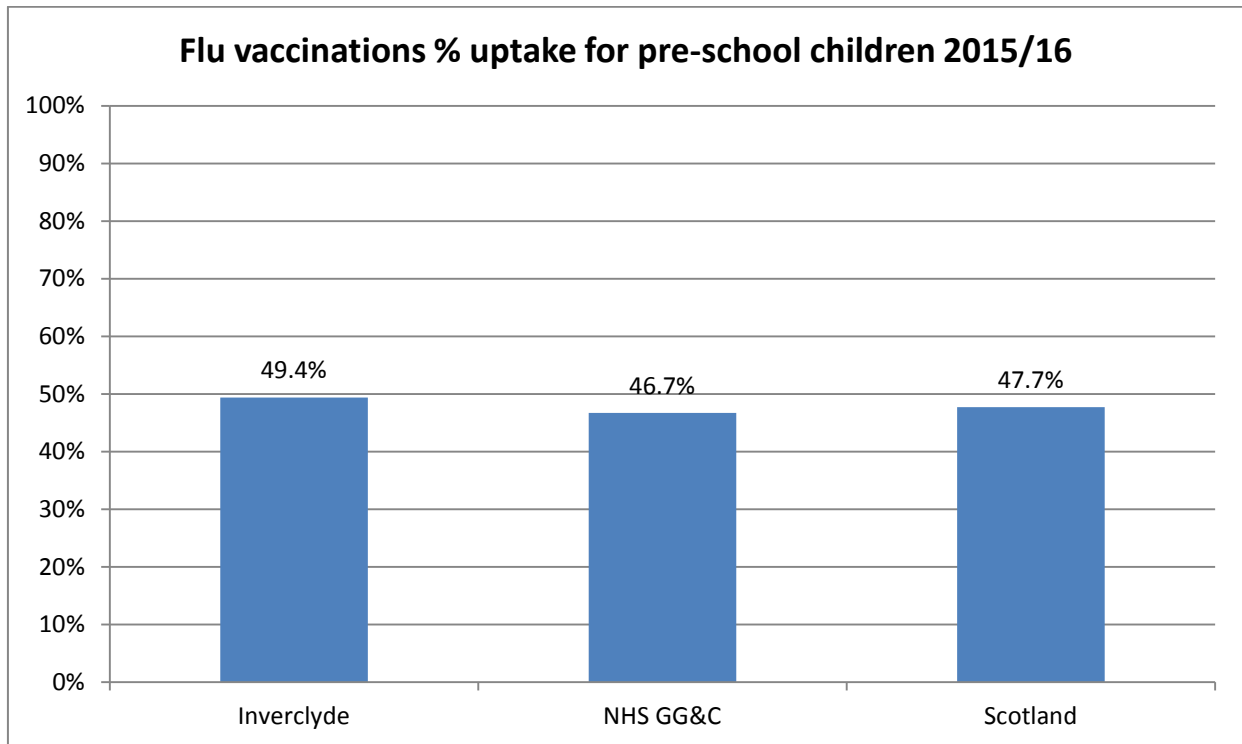


Source: Immunisations Annual Report 2015/16

Pregnant women are particularly at risk because their immune system is weakened. This means flu can have more of an impact, putting both the mother and the developing



baby at risk of complications such as stillbirth, low birth weight and early labour. Inverclyde has slightly higher uptake for those who are in the clinical risk group and those who are not at clinical risk in comparison with Scotland, but marginally lower than NHS GG&C as a whole. Those in the clinical risk group include mothers with a long-term condition such as asthma or diabetes.



Source: Immunisations Annual Report 2015/16

Inverclyde has a higher uptake for flu vaccinations in pre-school children compared to NHS GG&C and Scotland, but fewer than half of all eligible children are vaccinated.

## 4.2 STAFF

The flu vaccination is made available to HSCP staff and those working directly with service users – this group of people are deemed to be more at risk because of their frequent contact with potentially infected people. The risk of a large proportion of our staff being off sick with flu is a concern due to the impact this may have on our ability to deliver optimum services, thus staff are encouraged to take up the offer of a flu vaccination should they choose to. It is also important to try to prevent flu amongst this group of staff to in turn prevent flu amongst vulnerable patients and service users at clinical risk (e.g. older people and those with long term conditions). In 2015 352 members of staff took part in the immunisation programme. This is estimated to be just over one in five of the HSCP workforce in Inverclyde. (workforce figures under review). This performance is generally in line with the performance across the NHS Greater Glasgow and Clyde board area. It should be noted that staff may also receive the flu vaccination from their own GP practice rather than the staff vaccination programme, but we do not have data to demonstrate this.

## 5. CONCLUSION

As stated it is important to try and prevent disease from birth and at key stages in the life course of local people, and HSCP staff. This first report provides a baseline from which we can measure local take-up rates in respect of immunisations, vaccinations and key screening programmes. These programmes help progress our effort to

improve individual and population health, tackle unequal outcomes for different groups of local people and contribute to the meeting of the health and wellbeing outcomes as set out in the HSCP Strategic Plan 2016 – 2019.