KENT PUBLIC HEALTH OBSERVATORY

Kent Joint Strategic Needs Assessment (Kent JSNA)

Kent 'Screening and Immunisation' JSNA Chapter Summary Update '2014/15'

Contact: john.rodriguez@phe.gov.uk
Website: www.kpho.org.uk

Kent & Medway Public Health Observatory

Kent County Council kent.gov.uk

Kent Screening and Immunisation JSNA Chapter Update 2014

Since the reorganisation two years ago there has been concern over the availability and accessibility of data. The national model is that NHS England (NHSE) should provide contractual and performance data and that Public Health England (PHE) should satisfy itself that coverage and the quality of programmes are satisfactory. In practice, much data can be used for either purpose. Collection and processing of data is not always through the most obviously appropriate organisation, often as a result of historic practice.

There have been significant improvements over the past year as the NHS analytic service has become better staffed and organised but there remain difficulties in doing bespoke analyses or health equity audits. Various local solutions have filled this gap – in some localities Local Authority analysts have taken this on either to assist or as a core responsibility. Rarely, some service providers have been able to audit to a high standard. In the vast majority of areas there is no analysis of this type. Screening and Immunisation Leads have highlighted this as a major issue.

SCREENING

Cancer Screening

Breast screening

The Health and Social Care Information Centre (HSCIC) publish, in February, the previous financial year's three year coverage by old Primary Care Trust (PCT) and by Local Authority (LA) areas. Detailed provider performance statistics are available annually for each provider i.e. Körner returns.

Cervical screening

HSCIC publish, in October, the previous financial year's five year coverage by old PCT area, the intention is to move to LA area. Detailed statistics are available via screening QA on turnaround times for cervical samples, on result categories and on histology reporting times.

Historically, both these programmes were analysed further through special requests for data from the Primary Care Agency or from the providers' Breast Screening software. NHSE is now extracting data from Exeter for these programmes at a practice level. This can be aggregated and reported at LA level.

Bowel cancer screening

This uses a national database and reporting is via a tool, Oracle Business Intelligence Enterprise Edition "OBIEE". Screening QA provide detailed reports on uptake, including by Clinical Commissioning Group, and other programme metrics.

As with breast and cervical screening, NHSE is developing coverage reporting tools at practice level which can be aggregated flexibly i.e. including at LA level.

Non-cancer screening (antenatal and new born, abdominal aortic aneurysm, diabetic eye screening)
The main development in these programmes has been the introduction, through the national screening system (now in Public Health England - PHE) of Key Performance Indicators or “KPIs”. These have linked numerators and denominators and are generally very meaningful, both in public health and in programme management terms.

They in general cover

- coverage
- timeliness of result
- speed of access to initial assessment.

and number two - three KPIs for each programme. They are reported quarterly and are now published. Tools for comparing areas and programmes are in development.

Alongside these KPIs are numerous other reports and data items which help to monitor quality and performance.

IMMUNISATION

Childhood immunisation
The long-established system of general practice reporting to the local Child Health Information Systems (CHIS) and, based on this, a report quarterly from CHIS for each area for Cover of Vaccination Evaluated Rapidly (COVER) programme continues. CHIS used to report to the Primary Care Agency to enable GP payment but ceased from 1 April 2015. Payment is now determined by data put into the GP Extraction Service. PHE are monitoring to see if this affects reporting to CHIS as there is now no financial incentive to report.

NHSE requires each CHIS to supply a “UNIFY 2” collection for childhood immunisation data at practice level. There are tools in development to allow aggregation at CCG or LA level and reporting.

Influenza
There is automatic extraction from practices to ImmForm for adult and childhood vaccinations. A national dashboard was developed by NHSE for internal reporting (based on Kent and Medway one) for monthly reporting, for 2013-14. It uses scatter graphs, compares previous years and can report at CCG level. There are plans to link this to respiratory and influenza illness data from Hospital Episode Statistics (HES).

Adult immunisation (shingles and pneumococcal)
Data are collected via ImmForm and can be aggregated to CCG level.

School based (human papilloma virus (HPV), teenage booster Td/IPV, Men C)
Only HPV data are available, via ImmForm. Other collections are under suspension or review.

Summary and access to data from the LA perspective

Screening and Immunisation Teams can report key data for Directors of Public Health (DPHs) (though this has required permission to vary team skill mix - as sources are diverse and require processing and preparation). DPHs and their representatives are welcome at Programme Boards where more detailed data are available and discussed.

HSCIC is the standard national source but is quite delayed in reporting and often reports at a high geographical level.

ImmForm and UNIFY2 collections for immunisation and the extracts in screening are providing GP practice-based data (not postcode sector level unfortunately) and reporting tools are being developed. UNIFY2 is an online collection system used for collating, sharing and reporting NHS and social care data.

Currently this identifiable GP-level data cannot be shared routinely but it is important to share it on occasions e.g. with CCGs which can and do assist to varying degrees. There is a general desire to share data in the Public Health Family but concern that it should not be published or used for political purposes.

Overall the picture is one of marked improvements nationally in granularity of data and in reporting tools. The next phase will need to be on more sophisticated analyses e.g. standardisation, correlations with deprivation and better working with others across new boundaries, in particular with LAs.

Key Contact

John Rodriguez, Consultant in Public Health, Kent and Medway Screening and Immunisation Lead
john.rodriguez@phe.gov.uk