

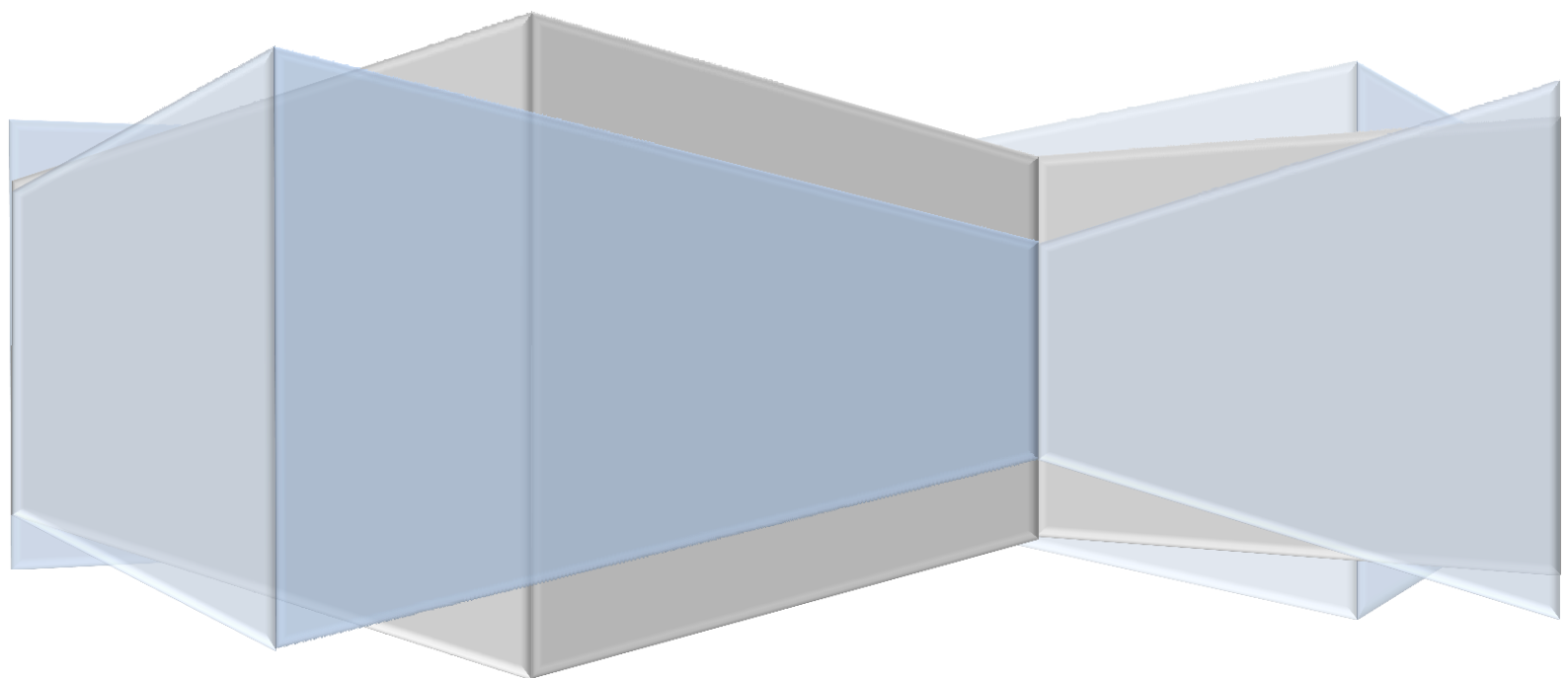
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National Screening and immunisation



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National Screening and immunisation: July 2013

Bulletins

Vaccination newsletter for health professionals and immunisation practitioners

[Vaccine update: issue 202 May/June 2013](#)

May/June 2013 newsletter for immunisation practitioners, with the latest developments in vaccines, and vaccination policies and procedures.

Archived issues:

<https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update>

Public Health England

[PHE Bulletin](#) provides public health news and information to local authorities, public health professionals and anyone interested in the work of Public Health England.

Highlights of the first issue include Public Health England's marketing plans, public health responsibilities in the NHS Constitution, PHE's annual conference and the new service level agreement between PHE and the Care Quality Commission, plus PHE's organisational structure, centres and regions.

Screening Matters

[Screening Matters](#) is the bimonthly online newsletter of the UK National Screening Committee. It is aimed at everyone involved in screening - policy makers, commissioners, providers and those in quality assurance. It covers policy development and the NHS Screening Programmes in England.

[Issue 13, March - April 2013](#)



UK National Screening Committee

Recent recommendations

At its meeting on 20 March 2013, the UK National Screening Committee recommended against introducing population-based screening programmes for the following conditions: [Severe Combined Immunodeficiency](#), [Osteoporosis](#), [Biliary Atresia](#), [Canavan's disease](#), [Familial Dysautonomia](#) and [Tay Sachs disease](#).

At its meeting on 6 June 2013, the UK National Screening Committee recommended against introducing population-based screening programmes for the following conditions:

- [Anal Cancer](#)
- [Biotidinase deficiency](#)
- [Iron deficiency anaemia in children less than 5 years of age](#)

View the [draft minutes and briefing note](#) from the March and June UK NSC meeting.

UK NSC policy database

<http://www.screening.nhs.uk/policydb.php>

This is a complete list of all the UK NSC's policies. Some policies say that screening should be provided for everyone or some people, other policies that screening is not currently recommended.

Note that just because screening is recommended, this does not mean that it is systematically provided across the whole of the UK.

When no good quality research evidence is available, or research has found that screening for a particular condition causes more harm than good, the UK NSC will recommend that routine screening should NOT take place.

All UK NSC policies are reviewed regularly, usually on a 3 year cycle.



NHS Screening programmes

NHS Linked Antenatal and Newborn Sickle Cell and Thalassaemia (SCT) Screening Programme

Counselling Competences

New NHS Sickle Cell and Thalassaemia Screening Programme Counselling Competences have been launched.

Competences have been organised into sections, so you only need to read and/or print out those sections that you want.

A limited number of hard copies have gone out to the SC&T Centres throughout England and copies were made available on recent counselling courses. Please note that these folders allow you to take out old materials and insert new updates, so hopefully the folders can last some time and be up to date.

The SC&T Screening Programme has always acknowledged that advances in genetic science have enabled families at risk of genetic conditions to have a wider range of choices regarding genetic testing. We also acknowledge how essential it is that technological developments are accompanied by healthcare services to ensure individuals can make an informed choice. Therefore, we recognise that giving accurate and comprehensive advice to patients and their families, while providing appropriate psychological support, is an essential component of genetic healthcare including screening.

The counselling competences build on the clinical nursing competences "Caring for people with sickle cell disease & thalassaemia syndromes: a framework for nursing staff", which were accredited by the Royal College of Nursing and published jointly by the RCN and the Screening Programme in March 2011.

View the competencies on the SCT website:

<http://sct.screening.nhs.uk/counselling-competences-training>



NHS Screening programmes

NHS Newborn Blood Spot Screening Programme

Newborn Blood Spot Failsafe Solution

The Newborn Blood Spot Failsafe Solution (NBSFS) is a national web-based solution which allows maternity units, child health record departments and laboratories to verify the location and blood spot screening status of any baby registered in England and to take action to ensure they are screened effectively.

Discussions began in February 2013 with all 13 blood spot screening laboratories to securely provide the screening test results electronically direct to a central repository; previously this was a mixed economy approach of fax, phone calls and letters to child health record departments which provided lots of challenges and issues. The response from the laboratories was very positive: four laboratories are already providing the information and the remaining nine are working with their information management suppliers and anticipate being able to provide it by the end of June. It is this national coverage of screening results information that enables the NBSFS to identify babies who have not been screened and provide alerts to the health care professionals responsible for their care.

The project team is now starting to work with maternity units and child health record departments that are associated with the laboratories that are providing the electronic results into the repository. We expect these services to be using the NBSFS by July.

Subsequent phases of the NBSFS project include extending the solution to all maternity units and child health record departments in England, and this is expected to be complete by October 2014.

For further information, please email bloodspot.screening@nhs.net

Expanded newborn blood spot screening newsletter

The expanded newborn screening pilot is looking at whether blood spot screening can be extended to a further 5 very rare but very serious conditions.

Its [May 2013 newsletter](#) has just been published. It provides an update on the data collected by the project and the project that is investigating the best approach to and timing of communication with parents.



NHS Screening programmes

NHS Newborn Hearing Screening Programme (NHSP)

Data

For new staff working within Area Team Screening and Immunisation Teams, screening data for local NHSP sites can be viewed at NHSP Trends, which provides easy access to performance monitoring information to support effective programme management. A log-in is required to access the site – details are available at: <http://hearing.screening.nhs.uk/getdata.php?id=21840>

NHSP Education and Training

Mind The Gaps: Minimising risk across the Newborn Hearing Screening Programme (NHSP). The benefits of screening must outweigh any potential harms. NHS screening programmes are pathways, not just screening tests. Standards are set, and QA applies, across the whole of that pathway. Errors or omissions in the screening process are more likely to occur at points of transition, or transfer of responsibility, between staff and between different departments or organisations.

To support a pro-active approach to risk management, a new NHSP eResource was launched in March 2013 which identifies points along the NHSP pathway where risks are most likely to occur. This NHSP resource compliments the UK NSC cross-programme Screening Incident resource by providing a more in-depth study of the Hearing Screening pathway.

This resource details the failsafes and best practice at each step along the pathway with the aim of reducing errors and improving quality. To foster a culture where all staff thinks about risk reduction, the resource is open to all NHSP extranet users.

Access or register via the NHSP website <http://hearing.screening.nhs.uk/nhspelearning>



NHS Screening programmes

NHS Abdominal Aortic Aneurysm (AAA) Screening Programme

National Implementation

The national implementation of the AAA screening programme in England is now complete. Every one of the 41 local programmes has now 'gone live' on the national IT system. This means that every man in England who turns 65 on or after 1 April 2013 should be automatically invited for aneurysm screening. We are planning national publicity this summer to celebrate the completion of its national implementation, which began in spring 2009.

IT

Testing of our national image storage solution is nearly complete. This software will enable images captured during screening clinics to be uploaded and viewed directly to support local image quality assurance processes. The image storage solution will be rolled out to all local AAA screening programmes, starting in May.

Training

Work is continuing on our new e-learning module for trainee AAA screening technicians. The module, which is being developed in conjunction with training and education provider the University of Salford, will be rolled out later this year to new trainees.

Update to Immunisation against infectious disease: the green book

The [Green Book](#) produced by Public Health England has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK.

Updated: 30 April 2013



Recent research

Towards the eradication of HPV infection through universal specific vaccination

BMC Public Health July 2013

Background

The Human Papillomavirus (HPV) is generally recognized to be the direct cause of cervical cancer. The development of effective anti-HPV vaccines, included in the portfolio of recommended vaccinations for any given community, led to the consolidation in many countries of immunization programs to prevent HPV-related cervical cancers. In recent years, increasing evidence in epidemiology and molecular biology have supported the oncogenic role of HPV in the development of other neoplasm including condylomas and penile, anal, vulvar, vaginal, and oro-pharyngeal cancers. Men play a key role in the paradigm of HPV infection: both as patients and as part of the mechanisms of transmission. Data show they are affected almost as often as women. Moreover, no screening procedures for HPV-related disease prevention are applied in men, who fail to undergo routine medical testing by any medical specialist at all. They also do not benefit from government prevention strategies.

Discussion

A panel of experts convened to focus on scientific, medical, and economic studies, and on the achievements from health organizations' intervention programs on the matter. One of the goals was to discuss on the critical issues emerging from the ongoing global implementation of HPV vaccination. A second goal was to identify contributions which could overcome the barriers that impede or delay effective vaccination programs whose purpose is to eradicate the HPV infection both in women and men.

Summary

The reviewed studies on the natural history of HPV infection and related diseases in women and men, the increasing experience of HPV vaccination in women, the analysis of clinical effectiveness vs economic efficacy of HPV vaccination, are even more supportive of the economic sustainability of vaccination programs both in women and men. Those achievements address increasing and needed attention to the issue of social equity in healthcare for both genders.

Full text available [here](#).



Recent research

Vaccines for the common cold

Cochrane Reviews, 06/14/2013

Simancas–Racines D et al. – The common cold is a spontaneously remitting infection of the upper respiratory tract, characterised by a runny nose, nasal congestion, sneezing, cough, malaise, sore throat and fever (usually < 37.8°C). The widespread morbidity it causes worldwide is related to its ubiquitousness rather than its severity. The development of vaccines for the common cold has been difficult because of antigenic variability of the common cold virus and the indistinguishable multiple other viruses and even bacteria acting as infective agents. There is uncertainty regarding the efficacy and safety of interventions for preventing the common cold in healthy people. To assess the clinical effectiveness and safety of vaccines for preventing the common cold in healthy people. This Cochrane review has found a lack of evidence on the effects of vaccines for the common cold in healthy people. Only one RCT was found and this did not show differences between comparison groups; it also had a high risk of bias. There are no conclusive data to support the use of vaccines for preventing the common cold in healthy people. Authors identified the need for well–designed, adequately powered RCTs to investigate vaccines for the common cold in healthy people. Unless RCTs provide evidence of a treatment effect and the trade–off between potential benefits and harms is established, policy–makers, clinicians and academics should not recommend the use of vaccines for preventing the common cold in healthy people. Any future trials on medical treatments for preventing the common cold should assess a variety of virus vaccines for this condition. Outcome measures should include common cold incidence, vaccine safety and mortality related to the vaccine.

Full text available [here](#)



Recent publications

Quality criteria for an effective immunisation programme

This document defines the key elements for the implementation and delivery of a safe, equitable, high quality, efficient immunisation service which is responsive to the needs of vaccine recipients and/or their carers.

This document is intended for all those involved in immunisation programmes, including commissioners, providers and advisors. Every aspect of the immunisation programme is considered—from ensuring that vaccines are handled properly, staff are trained and vaccines readily accessible, to the administration of vaccines to all eligible individuals as recommended by JCVI. It is intended that these quality criteria are not context specific and can be applied to any setting in which vaccines are administered, for example, primary care, secondary care, schools, care homes, prisons, occupational health, travel clinics, independent immunisation clinics and domiciliary and traveller sites.

These quality criteria provide a useful framework for all staff involved in commissioning, designing, providing and auditing immunisation services. They are not designed to be used for performance management but should facilitate the development of consistent and realistic standards for such management.

This document is set out in the following sections—vaccine accessibility, assessment prior to immunisation, effective communication about vaccines, transport, storage and handling, documentation, adverse event/incident reporting, training and co-ordination.

Download full publication [here](#)

The flu immunisation programme 2013/14

This letter is the first of two letters about the flu immunisation programme for the 2013/14 winter. This one relates to planning for the existing flu programme. A second letter will follow with details about the extension of the flu immunisation programme to children in 2013/14.

Download full publication [here](#)

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Public health commissioning in the NHS

Updated May 2013

<https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-from-2013>

The agreement sets out how NHS England is accountable for the delivery of certain public health services and gives details of arrangements for expert support from Public Health England. The service specifications provide details of the public health evidence and advice needed to support effective commissioning.

Includes a comprehensive range of Immunisation service specifications (details below).

Service Specifications:

[Neonatal BCG Immunisation Programme](#)

[Respiratory Syncytial Virus \(RSV\) Immunisation Programme](#)

[Immunisation against Diphtheria, Tetanus, Poliomyelitis, Pertussis, and Hib](#)

[Meningitis C \(MenC\) Immunisation Programme](#)

[Hib/MenC Immunisation Programme](#)

[Pneumococcal Immunisation Programme](#)

[DTaP/IPV and dTaP/IPV Immunisation Programme](#)

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[Measles, Mumps and Rubella \(MMR\) Immunisation Programme](#)

[Human Papillomavirus \(HPV\) Immunisation](#)

[Td/IPV \(Teenage Booster\) Immunisation Programme](#)

[Seasonal Influenza Immunisation Programme](#)

[NHS Infectious Diseases in Pregnancy Screening Programme](#)

[NHS Down's Syndrome Screening \(Trisomy 21\) Programme](#)

[NHS Fetal Anomaly Screening Programme](#)

[NHS Sickle Cell and Thalassaemia Screening Programme](#)

[NHS Newborn Blood Spot Screening Programme](#)

[NHS Newborn Hearing Screening Programme](#)

[NHS Newborn and Infant Physical Examination Screening Programme](#)

[NHS Diabetic Eye Screening Programme](#)

[NHS Abdominal Aortic Aneurysm Screening Programme](#)

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[Breast Screening Programme](#)

[Cervical Screening](#)

[Bowel Cancer Screening Programme](#)

[Child Public Health Services \(From Pregnancy to Age 5\)](#)

[Child Health Information Systems \(CHIS\)](#)

[Public Health Services for People in Prison and Other Places of Detention, including those held in the Young People's Secure Estate](#)

[Sexual Assault Services](#)

[Pertussis Pregnant Women Immunisation Programme](#)

[Rotavirus Immunisation Programme](#)

[Seasonal Influenza Immunisation Programme for Children: Implementation of the Extended Programme for Children aged 2](#)

[Shingles Immunisation Programme](#)

[Neonatal Hepatitis B Immunisation Programme](#)