

03 April 2014

To: All Members of the Health and Wellbeing Board

Dear Member,

Health and Wellbeing Board - Tuesday, 8th April, 2014

I attach a copy of the following report for the above-mentioned meeting which was not available at the time of collation of the agenda:

10. NHS ENGLAND - PERFORMANCE OF IMMUNISATION AND SCREENING PROGRAMMES IN HARINGEY (PAGES 1 - 14)

Report of NHS England to update the Health and Wellbeing Board on performance of Immunisation and Screening programmes in Haringey.

Yours sincerely,

Helen Chapman
Principal Committee Co-Ordinator

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Haringey Council

Report for:	Health and Wellbeing Board	Item Number:	
Title:	NHS England – Performance of Immunisation and Screening Programmes in Haringey		
Report Authorised by:	Jeanelle de Gruchy, Director of Public Health		
Lead Officer:	N/A		
Ward(s) affected: All	Report for Key/Non Key Decisions: N/A		

1. Describe the issue under consideration

- 1.1 NHS England has the responsibility for commissioning immunisation and screening programmes for Haringey's residents. This is the first report to the Health and Wellbeing Board from NHS England on the performance of these programmes.
- 1.2 Haringey's Director of Public Health (DPH) has a duty to '*provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements*'. In order to undertake this duty, and to provide appropriate advice as to the adequacy of local health protection arrangements, the DPH needs to be assured and satisfied that there are adequate health protection immunisation and screening plans in place in the Borough.

2. Recommendations

- 2.1 That the Health and Wellbeing Board:
 - (a) Note the new governance arrangements for immunisation and screening programmes across London aimed at providing assurance to the Directors of Public Health on the overall performance of these programmes;



Haringey Council

- (b) Note the progress on the screening and immunisation programmes in Haringey as set out in the attached NHSE report;
- (c) Note the slight decrease in childhood immunisation in Haringey in Q2 and a larger decrease in cervical screening coverage for women aged 25-49 (from 69% in Q1 to 63% in Q2);
- (d) Note that the DPH advises NHSE to provide further information on the arrangements they are putting in place to improve the performance referred to at (c) above.

3. Background information

- 3.1 The attached report from NHS England is a summary of the performance of their immunisation and screening programmes within Haringey.
- 3.2 The report provides evidence that performance is generally good, in particular performance in the 14-days turnaround time for cervical cytology and 2-days turnaround time for HPV testing provides reassurance that, despite laboratory reconfigurations and the new HPV triage service development implemented recently, these services continue to perform well.
- 3.3 The report details a slight decrease in childhood immunisation locally in Q2 and a larger decrease in cervical screening coverage for women aged 25-49 (from 69% in Q1 to 63% in Q2). The Director of Public Health (DPH) has a duty to provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements. In order to undertake this duty, and to provide appropriate advice as to the adequacy of local health protection arrangements, the DPH needs to be assured and satisfied that there are adequate health protection immunisation and screening plans in place in the Borough. Consequently, the DPH advises NHSE to provide further information on the arrangements they are putting in place to improve this performance.

4. Financial Implications and comments of the Chief Finance Officer

- 4.1 There are no financial implications arising from this paper.

5. Assistant Director Corporate Governance comments and legal implications

- 5.1 The Assistant Director of Corporate Governance has been consulted on this report. Under section 73A National Health Service Act 2006, the Director of Public Health is responsible for, inter alia, the exercise of local authority functions set out in Regulations made under section 6C(1) of the 2006 Act.



Haringey Council

- 5.2 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 are made under section 6C(1) of the 2006 Act. Regulation 8 requires the Director of Public Health to *“provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority’s area, with a view to promoting the preparation of appropriate local health protection arrangements...”*
- 5.3 In discharging this duty the Director of Public Health shall consider what information and advice is necessary effectively to promote the preparation of the health protection arrangements by NHS England (Reg 8 (5)(a)). The Director of Public Health shall determine which information and advice that they should provide to NHS England, having regard to the needs of individuals in the borough. Such advice may include advising on the effective testing by NHS England of the health protection arrangements they have in place (Reg8(7)(b)).
- 5.4 Local authorities – and the Director of Public Health acting on the LA’s behalf – have a critical role in protecting the health of their population. The work done by the Director of Public Health to prevent health threats emerging, or reducing their impact, will be driven by the health risks of the area; understanding and responding to these health risks needs to be informed by the JSNA and the Health and Wellbeing Strategy.
- 5.5 In practice (and as recognised by the guidance on the regulations issued jointly by DH, PHE and the LGA entitled *‘Protecting the Health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013’*) this means that the Director of Public Health will, under the Regulation 8 duty, provide information, advice, challenge and advocacy on behalf of the local authority, to promote the preparation of health protection arrangements in the area. It is recognised by this guidance that to effectively perform this duty, the DPH should be *‘absolutely assured that the arrangements to protect the health of the communities they serve are robust and are implemented appropriately to local health needs. They also need the opportunity to escalate concerns as necessary, when they believe local needs are not being fully met. They should expect a highly responsive service from PHE and others in this respect.’*
- 5.6 Under section 73A National Health Service Act 2006, the Director of Public Health is also responsible for the exercise of local authority functions under section 2B of the 2006 Act, that is, the duty to improve public health. Section 2B provides that the Director of Public Health must take such steps as they considers appropriate for improving the health of the people in its area. Such steps include providing information and advice.
- 5.7 The Health and Wellbeing Board is asked to note that the Director of Public Health, in exercising their duty under regulation 8 of the 2013 Regulations and under section 2B of the 2006 Act as referred to above, is advising NHS England to provide further information on the arrangements it is putting in place to improve the



Haringey Council

performance of its health protection arrangements relating to (i) childhood immunisation and (ii) cervical screening of women aged 25-49, in the Borough.

6. Equalities and Community Cohesion Comments

N/A

7. Policy Implication

The Health and wellbeing strategy, informed by the Joint Strategic Needs Assessment (JSNA) aims to improve the health and wellbeing of children and adults in our borough and reduce health inequalities between the east and west of the borough. Effective immunisation and screening programmes contribute to the delivery of this aim, especially Outcome 1: 'giving every child the best start in life' and Outcome 2: 'reducing the life expectancy gap'.

8. Use of Appendices

Appendix: NHS England Immunisation and Screening Performance Report

9. Local Government (Access to Information) Act 1985

N/A

HARINGEY HEALTH and WELLBEING BOARD

Meeting Date: 8th April 2014

Title: Immunisation and Screening Performance Report

Purpose of paper: To update the Health & Wellbeing Board on performance of Immunisation and Screening programmes in Haringey.

Authors:

Amanda Goulden, Population Health Practitioner Manager for Immunisations (North East and Central London)

Maggie Luck, Population Health Practitioner Lead, North Central & East London, NHS England (London Region)

Key Issues:

1. To improve the childhood immunisation rates within Haringey and to achieve the World Health Organisation (WHO)'s recommended levels of 95% coverage.
2. To improve uptake and coverage for NHS population screening programmes within the borough to achieve nationally agreed targets

Recommendation:

1. To protect our community from the effects of vaccine preventable diseases by aiming to immunise all those that are eligible for vaccination.
2. To reduce morbidity from diabetic retinopathy, bowel cancer and cervical cancer and mortality from breast cancer and aortic aneurism, through the delivery of effective population screening programmes.
3. To ensure optimum uptake of immunisation and screening programmes by the eligible population of Haringey.

Actions required by Board members:

This paper is to inform the Haringey Health and Wellbeing Board of the performance of NHS screening programmes within the borough.

Board members are asked to note the actions being taken by NHS England and other stakeholders to address issues of underperformance

1. Immunisations

Immunisation is described by the World Health Organisation as one of the most effective things we can do to protect individuals and the community from serious diseases.

The effectiveness of our national childhood routine immunisation programme is carefully monitored by the Department of Health (DH) through COVER (Cover of Vaccination Evaluated Rapidly) i.e. the percentage of the population who has received vaccination by age 1, age 2 and age 5 within certain timeframes (i.e. quarter and annual). The proportion of 12-13 year old girls who receive the 3 doses of HPV is also monitored via Immform.

1.1. Plans to increase COVER rates

NHS England has set up a London Immunisation Board which will be responsible for setting the strategic direction for immunisations including childhood immunisations for London.

In London, NHS England’s immunisation and screening workforce comprises of a central team and 3 patch teams - North East and Central London, North West London and South London. These teams (which comprise of immunisation and screening commissioners) have geographical responsibilities and the North East and Central Team cover Haringey. These teams oversee and implement the commissioning of immunisations including that of vulnerable groups, monitor provision of immunisations and work closely with providers and other partners including the local authority in promoting immunisations and vaccinations.

1.2. Performance

Figures for Q2 showed a slight decrease but this was mirrored across the majority of London boroughs. Q3 data has not altered significantly but as yet is unpublished so cannot be disclosed in this report.

Q1 13/14 & Q2 13/14	VSB 10_Q3 - % of children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)-3Doses		Variance increase or decrease between Q1 and Q2		Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV booster)		Variance increase or decrease between Q1 and Q2		Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C		Variance increase or decrease between Q1 and Q2		Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis		Variance increase or decrease between Q1 and Q2		Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR2)		Variance increase or decrease between Q1 and Q2	
		91.60%	92.20%	0.60%	88.70%	85.90%	2.80%	92.50%	88.60%	3.90%	89.90%	88.10%	1.80%	85.40%	84.10%	1.30%	86.50%	84.20%	2.30%	

1.2.1. HPV vaccination

A workshop is being arranged pan London in June to bring providers together and produce an outcome based action plan for September 2014.

COHORT 11 (Routine Vaccination - 12-13 YEAR OLDS - SCHOOL YEAR 8)								
Total No. in Cohort 11	Doses given since 1 September 2013							
	Dose 1		Dose 1 & 2		All 3 Doses		Total No. of doses given	
	Nb	%	Nb	%	Nb	%		
1185	943	79.6	886	74.8	0	0.0	1829	

1.2.2. Seasonal flu

Throughout the flu season action tracker meetings were held weekly to discuss performance and tackle outlying providers. Sit rep meetings were also conducted with the CCG flu leads who offered support with underperforming practices.

Org Code	Org Name	Response Summary			Summary of Flu Vaccine Uptake %											
		No. of practices	No. of forms completed	% of practices responding	65 and over	Under 65 (all Patients)	Under 65 (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women	Aged 2 and NOT IN a clinical risk group	Aged 2 and IN a clinical risk group	All Aged 2	Aged 3 and NOT IN a clinical risk group	Aged 3 and IN a clinical risk group	All
08D	NHS HARINGEY	51	50	98	69.8	7.3	50.9	31.3	50	32.3	28.7	40.5	29	24.6	40.2	24.9

1.3. Improving uptake and coverage

The first Immunisation Quality Improvement Group for NEL is set to take place on March 24th 2014. This group aims to work with commissioners to look at ways of improving performance and tackling issues of low coverage. To address practices with low immunisation activity they will be requested to complete an action plan to give details of how they aim to improve outcomes for Q4.

NHS England is also working closely with CHIS departments to improve efficiency of data flows. Haringey's contract with CDRIntell has now been extended until March 2015 to enable data to be resourcefully and safely extracted from GP practices.

2. Screening Services

2.1. Cervical Screening

The cytology service, supporting the NHS cervical screening programme (NHSCSP), is now provided through the NCL Cytology Service. In 2012, NHS NCL cancer commissioners and constituent PCT Public Health directorates developed plans to ensure that cytology laboratories complied with the requirement to report a minimum of 35,000 samples annually. The former cytology services at the North Middlesex University Hospital Trust (NMH) reported an average of only 21,000 samples per year whilst the laboratory at the Whittington Hospital (WH) reported c24, 000 samples; the new service which went live in March 2014 will report in excess of 71,000 samples.

2.1.2. Performance

i) 14-day turnaround

The NHSCSP requires that at least 98% of women receive their result, in writing, within 14 days of having the test taken. Haringey did not achieve the target in November 2013 due to the relocation of the laboratory, but has achieved the target in both December 2013, January and February 2014:

% Turn around times (Within 14 days)					
CCG	November 2013	December 2013	January 2014	February 2014	National target
Haringey	96.5%	98.7%	98.90%	98.60%	98%

Source: Open Exeter Statistical Reports

ii) Coverage

The target for the NHSCSP is that 80% of eligible women aged 25 – 64 years, will be adequately screened within the previous 5 years. There are additional targets for coverage depending on age and screening interval:

- 80% of women aged 25 – 49 to be screened every 3 years
- 80% of women aged 50 – 64 to be screened every 5 years

In Q1 of 2013/14, coverage in 25 – 64 year old women in Haringey was 74%, while in Q2 there was a slight improvement to 74.27%; this was slightly higher than the London average of 73.5%. Coverage for Q1 and Q2 of 2013/14 by age group is shown on the table below

Quarter	Age	Eligible	Screened in last 3 years	Screened in last 5 years	% coverage
Q1	25 - 49	43729	30170		68.99
	50 - 64	20740		16186	78.04
	25 - 64	64469		51284	74.0
Q2	25 - 49	68646	43161		62.87
	50 - 64	20626		15959	77.37
	25 - 64	89272		66305	74.27

Source: KC53 returns

There is considerable variation in coverage between practices in Haringey ranging from 51.55% up to 84.08%. Twelve of the 51 practices in the borough are achieving the 80% coverage target for women aged 25 – 64 years with a further 13 achieving between 75 and 80%. Two practices are not achieving 60% coverage.

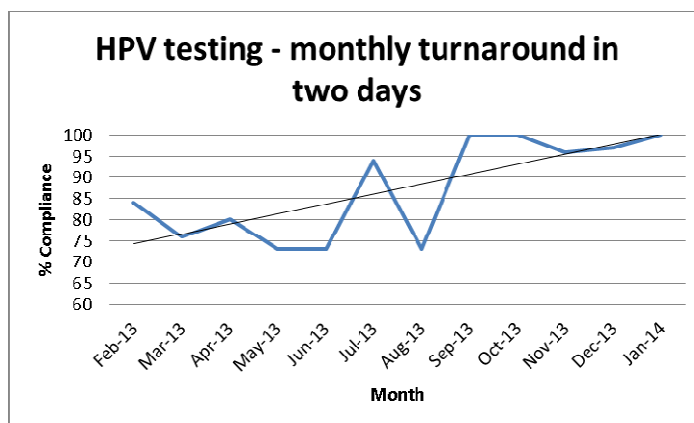
In 2012/13 the laboratory at NMH reported an inadequate rate of 2% while the laboratory at WH reported a rate of 1.9%. This is in line with national inadequate reporting rates of 2.2%. Inadequate samples are not included in coverage calculations.

iii) HPV testing

Human Papilloma Virus (HPV) has been found to be a causative factor of cervical cancer; with 13 high risk serotypes identified. The NHSCSP has introduced High Risk HPV testing for women with low grade cytological abnormalities (triage); women identified as positive for high risk serotypes are referred for further investigation by colposcopy without the need for repeat testing.

Women are also tested for High Risk serotypes, through the colposcopy service, six months after treatment for cytological abnormalities (test of cure). In November 2012, HPV triage and test of cure was introduced for Haringey women screened as part of the NHSCSP.

Bart's Health has been commissioned to undertake HPV testing for all laboratories in North Central and East London. In January 2014, 1677 samples were received from Spoke laboratories, 1297 on Monday to Thursdays and 379 on Fridays. 99.9% of tests received on Monday to Thursday were reported in two working days and 100% of tests received on a Friday were reported in two working days. In total 99.95 % of results were available within two working days. Turnaround for HPV tests is shown in the graph below:



Source: HPV Performance Report, Bart's Health, January 2014

Issues with HPV turnaround between February and August 2013 were due to quality control within the testing platform causing delays in processing tests. These issues were successfully resolved after replacing the platform with a higher specification machine and the consumables with higher specification products.

iv) Colposcopy services

Colposcopy services are provided, for Haringey women, at either the North Middlesex Hospital or Whittington Hospital; a system of direct referral is in operation at both centres.

a) North Middlesex Hospital

In Q3 2013 – 2014, a total of 449 women were referred for colposcopy; 58 women had high grade cytological abnormalities and all (100%) were seen within 4 weeks of referral (national standard >90% in 4 weeks); 217 women had low grade abnormalities and were all (100%) seen within 8 weeks of referral (national standard >90% in 8 weeks)

Non-attendance rates (DNA) at the colposcopy service for new appointments were 13.15% (national standard < 15%) while for follow up appointments the DNA rate was 24.46% (national standard < 15%). An action plan is in place to reduce the DNA rate, which includes the implementation of partial booking to reduce the period between making the appointment and the actual clinic date and text message reminders.

b) Whittington Hospital

In Q3 2013 – 2014, a total of 408 women were referred for colposcopy; 57 women were referred with high grade cytological abnormalities and 56 (98.25%) were seen within 4 weeks of referral (national standard >90% in 4 weeks); 208 had low grade abnormalities and were all (100%) seen within 8 weeks of referral (national standard >90% in 8 weeks)

The non-attendance rate (DNA) for new appointments was 10.58% (national standard < 15%) while for follow up appointments the DNA rate was 8.09% (national standard < 15%).

2.1.3. Improving coverage

NHS England, in conjunction with London Cancer, providers and CCG clinical representatives, is setting up a Screening Task Force to improve service delivery and uptake/coverage across all cancer screening programmes. This group will meet in April 2014.

A project to improve coverage in general practice is being planned by NHS England in conjunction with the Cancer Commissioning Team and Cancer Research UK (CRUK). The project will include the use of CRUK facilitators in general practice to improve systems to ensure women are appropriately ceased and that results of samples taken outside the NHS are reported.

2.2. Breast Screening

The North London Breast Screening Service (NLBSS), hosted by Barnet Chase Farm Hospital, serves Haringey's eligible breast screening population. Women aged 50 – 70 years are invited every three years, while women aged 47 – 49 and 71 – 73 years are invited as part of a national randomised age extension trial. The service is commissioned to manage and provide screening for women at high risk of developing breast cancer.

2.2.1. Coverage

The national standard for NHS breast screening programmes is that 70% of eligible women, aged 53 – 70 years are screened within the previous three years. In 2012/13 coverage amongst eligible women aged 53 – 70 years in Haringey was 64.8%, an increase of 0.8% over the previous year; coverage in London was reported as 68.7% and for England 76.4%. During the year, the eligible population had increased by 936 (4.58%) and the number of women screened had risen by 858 (6.50%). A breakdown of coverage for 2011/12 and 2012/13 is shown below

Year	Eligible population	Number screened in < 3 years	% Coverage
2011 - 2012	20,425	13,191	64.6%
2012 - 2013	21,361	14,049	65.8%

Source: Breast Screening Programme England: Statistics for 2012 – 13. Health & Social Care Information Centre

To support improvement in uptake and coverage, the screening service issue 2nd time DNA appointments to all women, four months after the date of the original non-attendance

2.2.2. Screening Locations

Screening for the Haringey population takes place on three sites:

1. St Ann's Hospital, St Ann's Road Tottenham. This is a mobile breast screening unit; screening is currently being undertaken from 10th June 2013 to May 2014.
2. Forest Primary Care Centre, 308A Hertford Road. This is a static site, has wheelchair access and is situated just off the A1010 in Edmonton, near the A10 and A406 (North Circular road).
3. Whittington Hospital, Magdala Avenue near to Archway station. This is a static site shared with the Central & East London Breast Screening Service and has wheelchair access.

Eligible woman registered in general practice in Haringey are invited to attend at one of these sites, however, the woman is free to change the location (date and time) of her screening appointment.

Although there have been no reported property/site issues within Haringey, there are concerns about the permanence of location for the mobile unit; a number of sites for mobile screening units have been lost due to terms and conditions for occupation of sites or refusal to accommodate the unit when the breast screening service returns for the next screening round.

The service is undergoing a complete mapping of all sites providing breast screening services to the population of the six boroughs screened by NLBSS in order to move to a static site model over the coming 3-5 years, which fits in with the life expectancy of the mobile units.

2.2.3. Improving coverage and uptake

One of the Specialist Breast Care Nurses (BCN) providing health promotion activities for the screening service left NLBSS in December 2013. The service is currently devising a health promotion plan which will include the recruitment of a Health Promotion strategist (0.4 wte), to work with the BCNs to deliver health promotion activities.

NHS England, in conjunction with London Cancer, providers and CCG clinical representatives is setting up a Screening Task Force to improve service delivery and uptake/coverage across all cancer screening programmes. This group will meet in April 2014.

Breast screening providers have signed up to implement a coverage and uptake CQUIN as part of screening contracts for 2014/15. Services will be asked to develop action plans to support improvements in uptake during the year. A workshop will be held with providers in May to appropriate evidence based initiatives for inclusion in the action plans.

2.3. Bowel Cancer Screening

Individuals aged 60 – 75 are invited to participate in the NHS bowel cancer screening programme (NHSBCSP) every two years. The test involves individuals completing a Faecal Occult Blood test (FOBt) kit, in the privacy of their own home.

The call and recall and test analysis functions for the NHSBCSP in London are provided at the London Hub, hosted at St Marks Hospital. The Hub is also responsible for making assessment appointments for individuals with positive test results at the local screening centre.

The screening centre for NCL is hosted by University College London Hospital. The centre is responsible for assessing patients with positive test results at Specialist Screening Practitioner (SSP) clinics, where the consequences of the test result are discussed and fitness for further investigation is established. Patients are investigated by colonoscopy or alternative imaging depending on fitness, within one week of the SSP assessment.

2.3.1. Performance

A good, quality service is provided by the screening centre at UCLH. All quality standards and KPIs, with the exception of polyp removal and cancer detection rates, are being achieved. There is an on-going audit for the two KPIs which are not being met.

UCLH has recently been given approval for the roll-out of bowel scope screening, which will start in November 2014. A multi disciplinary steering group has been established incorporating UCLH, the London Hub, Whittington Health and Chase Farm as partner organisations, NHSE and LQARC.

A recent Quality Assurance Audit visit (February 2014) concluded that the service was of high quality, with the pathology service for polyps, biopsies and resections being especially commended. It was also noted that there was a world class radiology service. The main recommendations made related to clinical and information governance and the development of a Quality Management System. A right results audit will take place during 2014. There were also recommendations made around planning and processes which need to in place before bowel scope screening, by flexible Sigmoidoscopy for individuals aged 55 years, is implemented.

2.3.2. Uptake

Uptake for the NHSBCSP is defined as the proportion of individuals adequately screened within 13 weeks of invitation. There is an aspirational uptake target of 60%.

In Q2 2013/14 Haringey achieved uptake of 40.95% in individuals aged 60 – 69 years; amongst women uptake was 42.77%, while in men it was reported as 39.12%. Uptake in London, for the same period was reported as 41.93%

Uptake in people aged 70 – 74 years was reported as 43.70%, with 43.70% of women and 40.84% of men being adequately screened.

Uptake, by age group and gender for Haringey in Q1 and Q2 is shown in the table below

Uptake Q1 & Q2 2013/14 Ages 60 - 69 years

	Quarter	Invited	Adequately screened	% Uptake	National target
All	Q1	2,247	954	42.46	60%
Female		1,151	520	45.18	60%
Male		1,096	434	39.60	60%
All	Q2	3,084	1,263	40.95	60%
Female		1,604	686	42.77	60%
Male		1,475	577	39.12	60%

Source: BCSP Dashboard

Uptake Q1& Q2 2013/14 Ages 70 - 74 years

	Quarter	Invited	Adequately screened	% Uptake	National target
All	Q1	493	197	39.96	60%
Female		276	114	41.30	60%
Male		217	83	38.25	60%
All	Q2	682	298	43.70	60%
Female		371	171	46.09	60%
Male		311	127	40.84	60%

Source: BCSP Dashboard

2.3.3. Improving uptake

Included in the London Hub contract for 2014/15 is a CQUIN to improve uptake in the NHSBCSP in London by:

1. Implementation of an IT solution to enable pre-notification list (PNL) to GPs, and to send early notification of those who have not responded
2. Implementation of GP follow up letters, and
3. Sending of GP endorsement letter with screening invitations

NHS England, in conjunction with London Cancer, providers and CCG clinical representatives is setting up a Screening Task Force to improve service delivery and uptake/coverage across all cancer screening programmes. This group will meet in April 2014.

2.4. Diabetic Eye Screening (DESP)

The Diabetic Eye Screening Programme is delivered across the five boroughs in North Central London (NCL) by the North Middlesex University Hospital Trust as commissioned by NHS England

2.4.1. Performance:

Uptake for DESP for Q3 in Haringey was reported at the Q3 Programme Board to be 77.1%. This was an improvement from the 72.8% reported at the same point in 2012/13. Haringey achieved 100% GP practice coverage in the list comparison exercise (DESP register against GP practice registers). Performance of the NCL DESP is shown below:

KPI	Acceptable	Achievable	NCL-DESP Actual
DE1 (Uptake)	70%	80%	80.1%
DE2 (Result within 3 Weeks)	70%	95%	97.1%
DE3 (Timely R3 Consultation)	80%		84.9%

*Data presented at the Q3 Programme board

2.4.2. Service Improvements:

The Programme in NCL is procuring a mobile screening van to help increase capacity and improve access in areas with poor uptake. It is anticipated that the mobile unit will be operational by summer 2014.

NHS England has implemented a CQUIN in the contract for 2014 /15, to support the service to deliver out of hour's clinics and enhance their engagement with clients who had repeatedly not attended. The service already delivers to set targets, finding significant numbers of referable retinopathy cases in those that attended following contact.

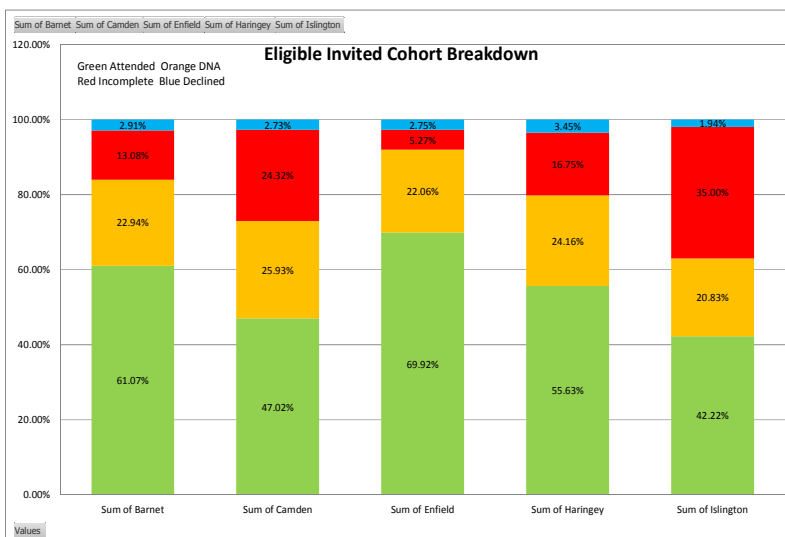
2.4.3. External Quality Assurance

The Regional Quality Assurance team carried out their 3 yearly audit visit on 23rd January 2014. The initial report makes no significant recommendations for improvement, and commends every part of the programme for the quality of service it delivers. Further information will be available following formal publication of the EQA report.

2.5. Abdominal Aortic Aneurysm (AAA)

Abdominal Aortic Aneurysm screening is delivered across NCL by the Royal Free Hospital NHS Foundation Trust

2.5.1. Performance



*Data presented at the Q3 NCL AAA Performance Board

To address inequalities in uptake, the NCL AAA programme, NHS England (London) local commissioning lead and the RFH Foundation Trust Public Health department have agreed to collaborate and deliver a Health Equity Audit (HEA), followed by an engagement strategy based on the evidence produced.

The service is currently looking at establishing links with the RFH smoking cessation programme, borough led smoking cessation programmes and the Health Check programmes operating within the five boroughs/CCG areas covered by the programme.

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