

## **Briefing note: Status of screening and Immunisation programmes in the East of England Region during the COVID-19 pandemic.**

*NHS England and NHS Improvement, East of England Region*

### ***Background***

This paper provides an update on the status of the S7a screening and immunisation programmes commissioned by NHSE I. These programmes include the following:

- Immunisations in primary care and those delivered to school aged children
- Antenatal and Newborn screening
- Abdominal Aortic Aneurysm
- Diabetic eye screening
- Cervical screening
- Bowel screening
- Breast screening

The COVID-19 pandemic has impacted the operation and management of these routine screening and immunisation programmes at a national and local level. As the situation evolved, many of these programmes took decisions to make changes to services or to pause them in the face of operational challenges and safety concerns. For many, it became necessary to take service decisions in mid/late March 2020. Technical guidance from the national team at NHS England and NHS Improvement (NHSEI) followed in late March/ early April. In many cases, the technical guidance confirmed the position which had been adopted but for some there was the need to reinstate some of their services in order to meet guidance.

Programmes are now in the process of recovery and restoration. There is a lot of activity focussed on planning for and implementing safe reinstatement of programmes which had been paused and bringing services back to full delivery. It is therefore a timely opportunity to provide an update for partners across the system on the status and future plans of programmes. This briefing note summarises the current situation for screening and immunisation programmes in the region.

### ***Immunisation***

- Primary care continues to deliver immunisation where possible. For those general practices struggling with capacity to deliver immunisations, additional support has been provided via immunisation clinics staffed by school age immunisation service (SAIS) teams. The school aged immunisation programme stopped when schools were closed, but all providers have now created recovery plans. Programme providers have accurate records of how many children need to be caught up and will prioritise based on clinical risk of vaccine preventable disease on resumption of the programme. The option of community clinics for school-age immunisation is being explored to allow catch-up of immunisation in advance of full school reopening.

### ***Cancer Screening***

- Breast screening: services in the region were paused across a range of dates, mostly around the 23<sup>rd</sup> March 2020 which was in advance of the receipt of national guidance. All services in the East of England are now offering screening to high risk women apart from Norfolk and Norwich University Hospitals Trust. Many services have experienced reduced patient attendance/ higher DNA rate. Restoration guidance has been shared



and readiness templates are being worked through with every provider of breast screening services, screening and immunisation team staff and Quality assurance team staff to assess whether routine breast screening programmes are ready to be re-started safely.

- Cervical screening: sample taking in primary care has continued on a smaller scale across the region; national technical guidance on prioritisation has been shared to assist any practices struggling with capacity. Colposcopy units are open and have continued to provide services for high-risk referrals throughout, units are prioritising work based on clinical severity in line with national guidance. The laboratory continues to provide capacity for HPV testing and is reporting results within 14 days. Readiness assessments are being completed by all colposcopy services to review whether they are ready to return to a normal service offer; the lab has also completed an assessment. The Cervical Screening Administration Service (CSAS) temporarily paused invitations. When invitations recommence, there will be a process of gradually catching up to protect capacity in the health system and invitations will be sent at a reduced interval of a week before a test is due (rather than the previous 6 weeks). Reminder letters will continue to be sent by the service but at an extended interval to take account of changes in timings. Women on early recall will now be invited from 6<sup>th</sup> June and routine invites will start from July.
- Bowel screening: services paused invitations, colonoscopies and diagnostic tests over a range of dates from mid-March to early-April. Specialist screening practitioner (SSP) appointments have continued by phone to ensure that patients that had already tested positive were contacted by the service. Guidance from the British Society of Gastroenterology on restarting endoscopy has been shared and services are reviewing what they are able to provide within COVID safe settings. Readiness assessments are being completed and services have received patient lists from the Quality Assurance service to facilitate prioritisation. Services will see all those patients awaiting appointments and colonoscopies before FIT kits start to be sent out again. Some services are already seeing patients based on this order.

#### *Non cancer screening*

- Antenatal and newborn screening programme: services continue to screen pregnant women and babies, with some minor changes to services. Technical guidance was issued to provide support and guidance on optimal service delivery as the COVID-19 pandemic evolved. There have been some challenges for services in light of the situation; challenges with staffing and venues, and the lack of outpatient services in some areas has resulted in increased numbers of babies awaiting audiological assessment. However, in a number of Trusts, COVID-19 has resulted in beneficial changes such as greater numbers of babies being screened prior to discharge from hospital, use of children's centres for postnatal care and newborn blood spots, and establishment of seven-day services for newborn hearing screening and physical examination. Wherever possible, services are now working to revert back to National Service Specifications, whilst retaining some of the new good practice.
- Diabetic eye screening (DES): services paused routine screening on or around the 23<sup>rd</sup> March 2020. Some continued to screen high risk patients throughout and some temporarily paused, but all are now screening high risk patients including pregnant women, in line with technical guidance. All DES programmes have completed restoration readiness templates to assess whether services are ready to be re-started safely for additional groups of patients according to national guidance on prioritisation. Some services have issues with venue availability, which is being addressed.



- Abdominal Aortic Aneurysm (AAA): screening has ceased across the region. Screening was paused by all services on the 23<sup>rd</sup> or 24<sup>th</sup> March 2020. National technical guidance was issued on 8<sup>th</sup> April 2020. There were no men with a large AAA (>7cm) within the region for whom urgent surgery would have been required. Further technical guidance has now been issued around restarting screening for those who were in surveillance and a national risk assessment is awaited in relation to restarting primary AAA screening. Providers of AAA services have been working with screening and immunisation teams and PHE's Quality Assurance team staff to complete restoration assessments.

### ***Conclusions and next steps***

The screening and immunisation programmes in the region have implemented various alterations to their services throughout the COVID-19 pandemic which has included the pause of several adult screening programmes and alterations to other service provision and delivery. These changes have been summarised in this briefing note alongside relevant updates and the current status of programmes.

The process of restoration of services is now underway throughout all these programmes. Restoration guidance has been shared with service providers as it has become available from the national team. Programmes are working through readiness assessment templates and recovery plans with screening and immunisation teams and quality assurance teams. A weekly regional panel is being held to assess recovery plans and provide governance of the process throughout the coming weeks.

For further information or any questions about this briefing, please contact:

Chris Ingram  
Head of Public Health  
NHS England and NHS Improvement, East of England Region  
Email: [christopher.ingram2@nhs.net](mailto:christopher.ingram2@nhs.net)

