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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 20 June 2023

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Agatha Mary Akyigyina OBE (Chair)
Jenifer Gould (Vice-Chair)
Laxmi Attawar
Max Austin
Caroline Charles
Eleanor Cox
Joan Henry
Simon McGrath
Slawek Szczepanski

Co-opted Representatives

Substitute Members:

Sheri-Ann Bhim
Jil Hall
Linda Kirby MBE
Michael Paterson
Tony Reiss

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Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

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- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

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Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

14 MARCH 2023

(7.15 pm - 8.50 pm)

PRESENT: Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Max Austin, Councillor Caroline Charles, Councillor Slawek Szczepanski, Councillor Simon McGrath, Councillor Michael Paterson, Councillor Martin Whelton

ALSO PRESENT: Councillor Peter McCabe (Cabinet Member for Health and Social Care)

Elizabeth Muscat – Director of Breast Screening, SW London Breast Screening Service, St George's University Hospital NHS Foundation Trust. (online)

Claire Bailey - Lead CNS Breast Screening – SW London Breast Screening Service, St George's University Hospital NHS Foundation Trust. (online)

Stella Akintan (Scrutiny Officer), John Morgan (Executive Director, Adult Social Care, Integrated Care and Public Health) and Dr Dagmar Zeuner (Director, Public Health)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

The Chair announced that Diane Griffin, Co-opted Member has stepped down from the Panel with immediate effect. Cllr Akyigyina thanked Di Griffin for her work on the Panel over many years.

Councillor Ellie Cox sent apologies and Michael Paterson attended as a substitute.

Simon McGrath sent apologies and Councillor Tony Reiss attended as a substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed as a true and accurate record.

4 NHS BREAST SCREENING PROGRAMME (Agenda Item 4)

NHS colleagues gave an overview of the report saying it had been a challenging three years regarding capacity challenges in services, decline in uptake rates, steep decline in London even before pandemic. However, the backlog has been cleared and there are positive updates including more mammograms than pre-pandemic levels.

Panel members expressed concern that there is no breast screening clinic in Merton. It was reported that sites need to be the right size and secure and have links to transport. Town centre-based sites increase uptake. The current sites cover the Merton area in relation to time journeys. This is reflected in the higher uptake rate in Merton.

A panel member thanked colleagues for the report and welcomed the improvement. The panel member said It is important we have a screening site in Merton. The Wilson hospital or a mobile van could be potential sites, travelling out of borough is unacceptable as we need to consider sustainable travel. There is no wheelchair access at Robinhood centre.

It was reported there is now a wheelchair access at Sutton site. Mobile units can lead to delays in screening and delays in Network connectivity for transferring information.

NHS Colleagues said we need clarity on whether a Merton site is required. Improved uptake is not necessarily linked to local sites. Havering has a higher uptake rate, high before the pandemic, recovered screening backlog much quicker, less workforce issues due to smaller service. A number of factors have contributed to the Havering uptake.

A panel member said communication is needed to help improve immunisation uptake. Councillors can reach out to local communities and should be provided with key immunisations messages which can be shared in public forums.

-

The Young Inspector asked for clarification on the screening age and support for care leavers. NHS colleagues reported that research shows main risk is female and increases with age, rare in young women screening is for 50 to 71 years. Younger women are offered the screening if they at risk. Breast care should be taught to all women, the NHS try to support schools and share messages.

RESOLVED

The chair thanked NHS colleagues for their report and asked them to give further consideration to a breast screening unit in Merton.

NHS Colleagues will provide short message for councillors to share at meetings.

5 ANNUAL PUBLIC HEALTH REPORT (Agenda Item 5)

The Director of Public Health gave an overview the report, which looks at health improvement and health promotion and action on climate change.

A panel member welcomed the Beat the Streets Initiative.

A panel member thanked officers for the report and asked about the targets and actions to scrutinise and how the report will work across the council to make a difference. The Director of Public Health said the aim of the report was to raise awareness and start a discussion. The HWBB and existing infrastructure will be used for creative thinking and councillors can be real advocates.

A panel member said the report is very high level, there is a climate emergency which requires immediate action and a radical approach. The Director of Public Health said the purpose of the report is to look for opportunities such as within the new Integrated Care Partnership. The NHS has declared an emergency and the context has improved.

The Cabinet Member said the council recognise the climate emergency and are working to address it.

A panel member said walking and cycling can be quite hostile, lorries and skips and waiting to cross the road. The Director of Public Health said there are three super zones around schools to make them safer.

6 REPORT OF THE HEALTH AND WELLBEING BOARD 2022 (Agenda Item 6)

The Director of Public Health gave an overview of the report.

It was reported that the Executive Director of Environment Civic Pride and Climate will also join the Health and Well Being Board.

The Chair thanked the Director of Public Health for her report.

7 PLANNING THE PANEL'S 2023-24 WORK PROGRAMME (Agenda Item 7)

Panel Members recommended the following topics for future meetings:
Update on St Helier Hospital and lack of capital investment over a long period of time.

Respite care and adult learning difficulties

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Report on Immunisation Services in the Borough of Merton

Prepared by: NHS England (London) Immunisation Commissioning Team

Presented to: Merton Health Scrutiny Committee

June 2023

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Aims

This paper provides an overview of Section 7a immunisation programmes in the London Borough of Merton. This paper focuses on adult immunisations.

It covers the vaccine uptake for each programme and an account of what NHS England (NHSE) London Region is doing to improve uptake.

Members of the Merton Health Scrutiny Committee are asked to note and support the work that system partners across London, including NHSE (London), the local authority, and the Integrated Care Board (ICB) are doing to increase vaccination uptake in Merton.

Background

The World Health Organization (WHO) states that vaccinations are one of the public health interventions that have had the greatest impact on the world's health. Vaccination is also one of the most cost-effective public health interventions. High immunisation rates are key to preventing the spread of infectious disease, protecting from complications and deaths.

Section 7a immunisation programmes are population-based, publicly funded immunisation programmes that cover the life course and include:

- Routine childhood immunisation programme for 0-5 years
- School-age immunisation programme
- Adult vaccination programme
- COVID-19 vaccination programme

Adult Vaccination Programme

| Adult Immunisation Programme | | | |
|--|--------------------------------------|---|---|
| Age | Disease Protected Against | Vaccine | Trade name |
| 65 years old and those with long-term conditions | Pneumococcal (23 serotypes) | Pneumococcal Polysaccharide Vaccine (PPV) | Pneumovax 23 |
| 65 years of age and older and those <65 years with underlying medical conditions (includes pregnant women) | Influenza (each year from September) | Inactivated influenza vaccine | Multiple |
| 70 to 79 years of age | Shingles | Shingles | Zostavax3 (or Shingrix if Zostavax contraindicated) |

The full immunisation schedule can be found in the [Green Book](#). Changes to this schedule are regularly reviewed and recommendations are made at the UK Joint Committee on Vaccination and Immunisation (JCVI).

While flu is unpleasant for most people, it can be dangerous and even life-threatening for some people, particularly those with certain health conditions. The flu vaccine is given free to those aged 65 years and over, people with long-term health conditions, pregnant women, people in long-term residential care, and those living with immunocompromised people. It is an annual vaccine. The vaccine protects against catching the flu and it also reduces the disease severity.

The pneumococcal vaccine (PPV) protects against serious and potentially fatal pneumococcal infections. It's also known as the pneumonia vaccine. Infections can lead to pneumonia, blood poisoning (sepsis), and meningitis. It is recommended for babies, adults aged 65 or over, and those with certain long-term health conditions,

such as a serious heart or kidney condition. For adults, it is usually a single dose. It is 50 - 70% effective at preventing pneumococcal disease.

Shingles, also known as herpes zoster, is a painful skin rash caused by the reactivation of the chickenpox virus (varicella-zoster virus) in people who have previously had chickenpox. It begins with a burning sensation in the skin, followed by a rash of very painful fluid-filled blisters that can then burst and turn into sores before healing. Shingles can also be fatal for around 1 in 1,000 over-70s who develop it. A single dose is recommended for adults between 70 to 79 years old. The vaccine reduces the risk of getting shingles and also reduces the severity if it does occur.

The pneumococcal vaccine is usually a single dose. From September 2023 the shingles vaccination programme will change from a one-dose to two-dose schedule. Vaccines are offered by GP practices, usually when the patient attends for general reasons, or the patient can book a direct appointment.

The flu vaccine is required annually and can be booked directly with the GP practice or a pharmacy. There is also a national invite and reminder system.

Roles and responsibilities

The Department of Health and Social Care (DHSC) provides national strategic oversight of vaccination policy in England, with advice from the JCVI and the Commission on Human Medicines (CHM). They also set performance targets.

NHSE is responsible for commissioning national immunisation programmes in England under the terms of the Section 7a agreement, National Health Service Act 2006. NHSE is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHSE is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

The UK Health Security Agency (UKHSA) undertakes surveillance of vaccine-preventable diseases and leads the response to outbreaks of vaccine-preventable disease. They provide expert advice to NHSE immunisation teams in cases of immunisation incidents.

Integrated Care Systems (ICSs) have a duty of quality improvement, and this extends to primary medical care services. ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and

community sector partners to improve immunisation uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, will work to progress delegated commissioning for vaccination and screening. It is anticipated that the first wave of delegation of the commissioning of immunisation services will be in spring 2024.

Local authority public health teams deliver population health initiatives including improving access to health and engagement and promotion of immunisations overall.

Pre-school and adult vaccinations are usually delivered by GP surgeries. They are commissioned through the NHS GP contract. Five core GP contractual standards have been introduced to underpin the delivery of immunisation services: a named lead for vaccination service, provision of sufficient convenient appointments, standards for call/recall programmes and opportunistic vaccination offers, participation in nationally agreed catch-up campaigns, and standards for record-keeping and reporting. One of the five Quality and Outcomes Framework (QOF) domains is childhood vaccinations and shingles vaccination, rewarding GP practices for good practice.

School-age immunisations are commissioned by the seven regional NHSE teams and delivered through School Age Immunisation Services (SAIS).

Vaccinations are also provided by maternity services, some outreach services, and community pharmacies.

Inclusion and Equity

The problem is not just overall coverage but the variation in coverage across groups, which can increase the likelihood of preventable outbreaks locally. Groups with lower coverage include migrants, urban communities, more deprived communities, and certain ethnic groups.

People migrating to the UK can have different vaccination schedules or lower vaccination rates overall. This may be due to different national vaccination schedules, missed vaccinations in the country of origin, or missed opportunities for vaccination after arrival to the UK. In many locations across the world, adult vaccination programmes are not routinely provided.

Geographic vaccine coverage varies, with lower coverage in urban areas and London, compared to England as a whole.

At a national level, there are some small inequalities by socioeconomic status, with coverage being slightly lower in lower socio-economic groups.

For the routine vaccinations, there is no simple relationship between ethnicity and coverage. The relationship varies by immunisation programme and by area. However, coverage does appear to be more consistently lower than White-British children in certain ethnic groups, for example, Black Caribbean, Somali, White Irish, and White Polish populations. Some ethnic groups, notably South Asian ethnicities, tended to enjoy similar or higher vaccination coverage than White children.

NHSE-L Commissioning Team have implemented additional changes to improve inclusion and equity within London communities. Some examples include:

- A language audit for materials for flu, COVID-19, and polio. Working with Integrated Care Boards, this identified gaps in the content of translated materials. Recommendations were provided to UKHSA for future improvements.
- Regional trust and pharmacy Service Level Agreements (SLAs) were improved to incorporate inclusion groups with clear eligibility criteria. This aims to clarify, broaden and promote eligibility and uptake for COVID-19 and flu in underserved communities.
- NHSE-L team supported ICBs to promote access to vaccines through their websites and other communication platforms. This was used to reduce barriers to vaccination and clarified that ID/proof of address or registration was not a requirement for some seasonal vaccinations.
- Specialist outreach teams were provided as a roving team to improve uptake. The commissioned Find & Treat regional service – Find & Treat delivered flu, PPV, and shingles to communities across SWL.
- Fed back on Nation Service Specifications for MSM HPV, BCG and teenage booster programmes.

Targets

Programmatically there are targets for vaccine uptake:

- 65% for shingles
- 75% for PPV
- 85% for flu

Data Regionally

Historically and currently, London performs lower than the national (England) average across all the immunisation programmes.

London has a highly mobile population, a large migrant population, and areas of high deprivation. In London, vaccine uptake is lower in areas of higher deprivation compared with areas of low deprivation across all ethnicities.

In 2022-23 flu vaccine uptake in those aged 65 and over was 68% in London compared to 80% in England.

In 2021-22, the PPV uptake was 72% in England compared to 67% in London. For shingles, uptake was 41% in England compared to 38% in London.

Data for Merton

Flu

| 2022/23 | 65+ | At risk (under 65s) | 50-65-year-olds |
|----------------|-------|---------------------|-----------------|
| Merton | 67.1% | 43.2% | 39.6% |
| London | 68.3% | 40.9% | 40.0% |
| England | 79.9% | 49.1% | 51.7% |

Merton had a similar uptake of the flu vaccine in 2022-23 compared to London as a whole.

| 65+ | 2020/21 | 2021/22 | 2022/23 |
|-------------------|--------------|--------------|--------------|
| SWL | 73.8% | 73.4% | 71.0% |
| Merton | 71.6% | 69.8% | 67.1% |
| Croydon | 71.9% | 71.9% | 68.9% |
| Kingston | 75.6% | 78.0% | 75.1% |
| Richmond | 76.0% | 76.6% | 76.5% |
| Sutton | 78.7% | 76.2% | 75.4% |
| Wandsworth | 70.1% | 69.8% | 66.2% |

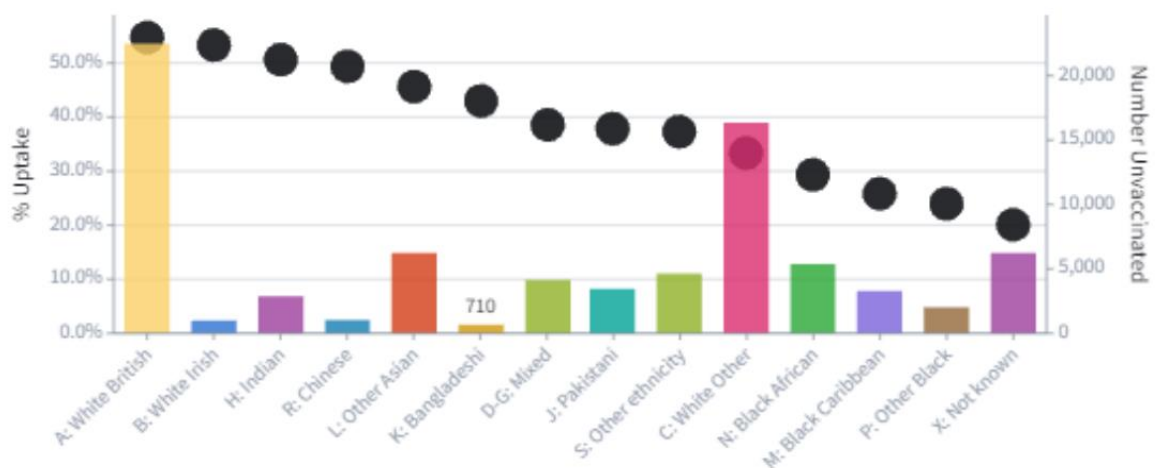
Merton has a lower uptake of flu vaccination in people aged 65 and over compared to South West London (SWL). In line with other boroughs in South West London, uptake has decreased over the last 3 years.

| At risk (under 65s) | 2020/21 | 2021/22 | 2022/23 |
|---------------------|---------|---------|---------|
| SWL | 46.0% | 45.6% | 43.9% |
| Merton | 48.9% | 45.0% | 43.2% |
| Croydon | 43.7% | 42.0% | 40.0% |
| Kingston | 54.2% | 53.4% | 50.7% |
| Richmond | 37.2% | 48.8% | 48.6% |
| Sutton | 52.9% | 47.6% | 47.9% |
| Wandsworth | 44.5% | 44.3% | 41.3% |

Merton has a similar flu vaccination uptake in people under 65 with long-term conditions. In line with other boroughs in SWL, uptake has decreased over the last 3 years.

Uptake & Unvaccinated by Ethnicity

Season: 2022-2023, ICB: SWL, Borough: Merton



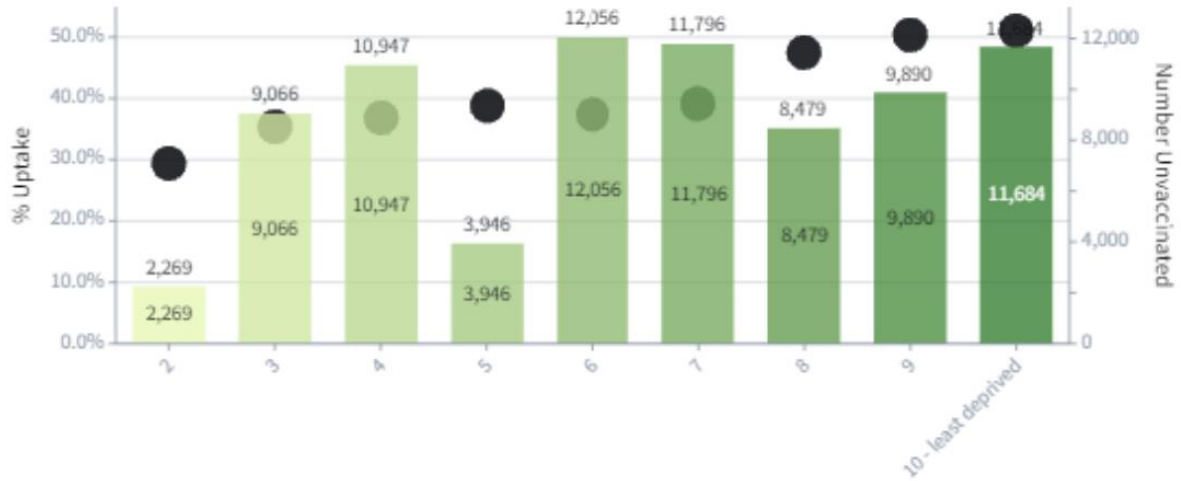
Source: Foundry data

[Coloured bars represent absolute numbers vaccinated, circles represent % of ethnicity vaccinated]

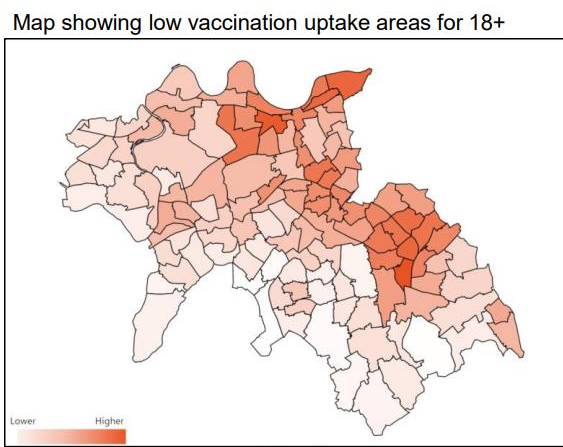
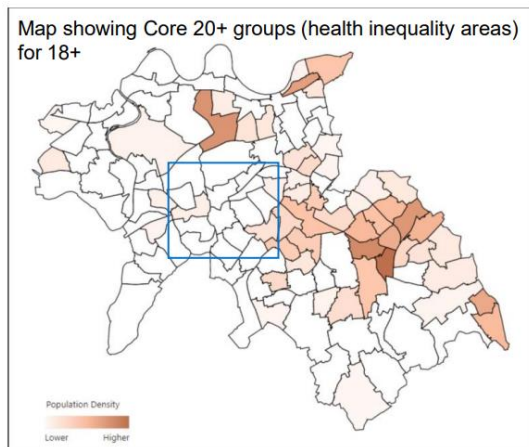
Merton residents with recorded ethnicity categorised as Black and White Other have the lowest flu vaccination uptake.

Uptake & Unvaccinated by LSOA IMD Deprivation Decile

Season: 2022-2023, ICB: SWL, Borough: Merton

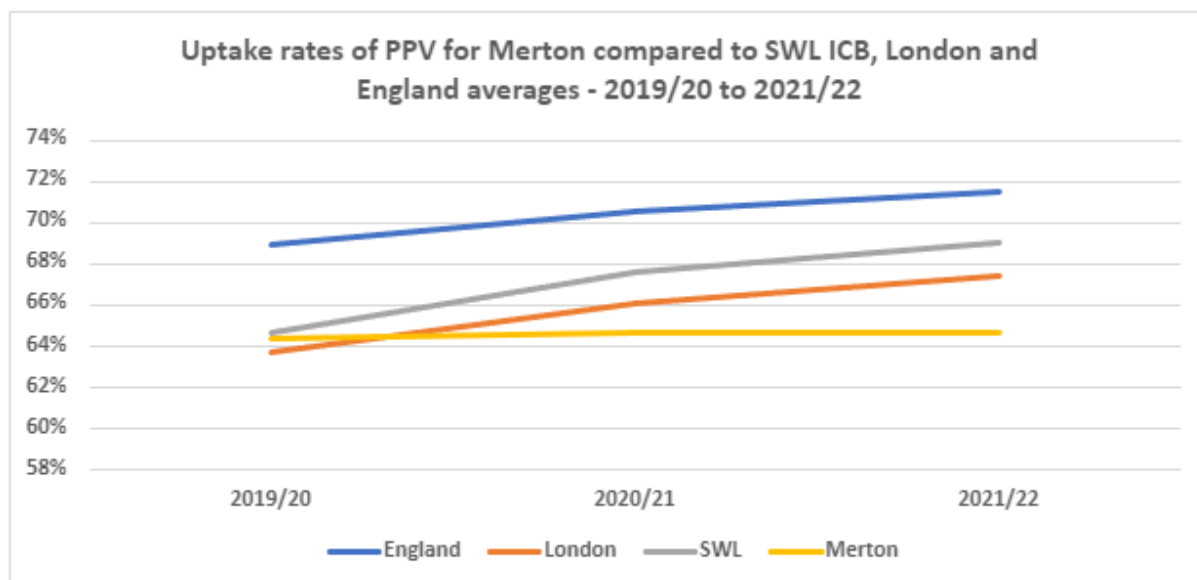


Those residing in the most deprived areas of Merton have the lowest uptake of flu vaccination.



Vaccination uptake in Merton is lower in the east of the borough, correlating with areas of greater deprivation.

Pneumococcal (PPV)



Pneumococcal vaccination uptake in Merton (65%) is slightly lower than in London (67%) and SWL (69%). It has remained static for the past 3 years.

Shingles

| 2021/22 | Number eligible | % Vaccinated* |
|------------|-----------------|---------------|
| England | 488,621 | 41.0% |
| London | 55,208 | 38.1% |
| SWL | 10,652 | 42.3% |
| Merton | 1,470 | 33.1% |
| Croydon | 2,838 | 41.6% |
| Kingston | 1,467 | 39.2% |
| Richmond | 1,557 | 52.2% |
| Sutton | 1,416 | 48.6% |
| Wandsworth | 1,904 | 40.0% |

Shingles uptake in Merton (33%) is lower than the London average (38%) and the average for SWL (42%).

Challenges

System

- COVID-19: pausing some programmes, redeployment of workforce and introduction of the COVID-19 vaccination programme.
- Complexities in data collection: some data is not recorded, not uploaded, not correctly cleansed, or the denominator population may be inaccurate.
- Access to appointments: wider pressures on GP services and limited workforce.
- Inconsistent reminder systems - call/ recall.

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Community

- London's high population mobility affects data collection and accuracy. Large numbers of underserved populations who are associated with lower uptake of vaccinations than the wider population.
- Large migrant population who may not be registered with primary care services or have their past immunisation history accurately recorded.

Individual

- Lack of trust or confidence in vaccines on health interventions and complacency.
- Saturation of vaccine offer post the COVID-19 pandemic and COVID-19 vaccination programme.
- Increasing disinformation.
- Lack of awareness of the immunisation schedule.

Actions

Increasing vaccination uptake is complex and requires a suite of interventions. Work is ongoing at a national, regional, system, and place level to increase uptake in Merton.

National and Regional

- A London Immunisation Strategy is currently being developed to both improve vaccination uptake and reduce inequalities. The first draft of the London Immunisation Strategy will be reviewed by the London Immunisations Board in late June 2023.
- NHSE-London funds local Immunisation Coordinators across the region. These coordinators provide a critical interface between GP practices, ICBs and NHSE-L to ensure that immunisation strategic plans get delivered through services on the ground.
- NHSE-L has commissioned UKHSA to deliver immunisation training to all vaccinators in London. Confident and competent staff are crucial to building and maintaining trust and delivering a high-quality service. This includes listening to parental concerns or reservations and preventing any vaccine incidents.
- Vaccinations have been added to the Making Every Contact Count London [resource hub](#), to facilitate using every available opportunity to engage with the public to increase vaccination.
- NHSE has established a centralised service for the management of the seasonal flu vaccination programme. Invites and reminders are sent to eligible patients via letter, text, and NHS app notifications. The system sends daily updates to GP systems to allow them to update their local record and monitor the progress of their patients.
- The London Immunisation Board, The Mayors Health Board, and SWLICB have all agreed on the 10 principles for London vaccination. Action will now focus on developing this into a comprehensive delivery approach tailored to community needs and building on borough-led health initiatives.

10 Principles for London Vaccination Programmes



These principles were developed for the London Health Board building on existing work and evidence and with a focus on reducing inequalities. They have been collectively written and agreed by UKHSA, London Councils, ADHP London, GLA, OHID and NHS to identify areas for collaborative working and system leadership and to underpin the next phase of partnership and delivery of all London Vaccination.

Diversity and Inclusion



1. Focus on equity at all stages of the programme (design, delivery, monitoring and evaluation) focusing on hyper-local models with equality as central to the mission as volume



2. Building strength through diversity bringing diversity and community voices around the table, including the workforce as they cannot and should not be separated from the communities they are a part of.

Community centered: Population Health approach



3. Committing to Community First and Community Driven approaches: putting communities into the core of programmes, particularly marginalised groups, hearing their voices, engaging with them, co-producing activities and building culturally competent campaigns.



4. Placing people at the centre of delivery: improving access for those targeted for vaccinations as well as thinking more holistically around vaccination messaging and engaging with communities around their health and health services more generally.

Spotlight on the early years



5. A focus on improving childhood immunisation uptake: acting early in the life course and with a partnership commitment to emphasise promotion of childhood vaccinations making every contact count across all settings and opportunities and identifying children with missed immunisations or those who are unregistered.

Ways of working: Embedding sustainability and leveraging opportunities



6. Ensure immunisations as part of every conversation on health, being integral to health and well-being and not a standalone agenda for our residents and their families.



7. Working to one goal with one voice: a multi-system pan London approach working with partners across organisational boundaries and in collaboration with the clear beat that we all need to work together to increase vaccination rates for London.



8. Permission for and encouragement of innovation and creativity: to continue working in new ways and thinking more holistically about vaccination for whole communities.



9. Freedom and funding to explore different hyper-local approaches: This might include, for example, vaccines in new spaces, models of delivery for the school-aged population or the household.



10. Amplifying impact through an evidence approach: a commitment to continue to collect, evaluate and share outputs, to ensure, and be able to evidence equitable access of uptake, value for money and best use of our skilled workforce.

System and Place

- For the flu 2023-24 season, system and local planning is currently underway. Information will go out to Merton practices in June and vaccines have been ordered by practices.
- Shingles: nurse forums in SWL have been updated on shingles vaccines and further training is planned for September when two doses of vaccine will be used.
- The pneumococcal vaccine is promoted to all at-risk patients and those that turn 65 years in Merton. Practices have an ongoing process of targeting those outstanding during the year and during the flu season.
- Merton Winter Engagement Fund and Street Engagement Activity ran from October 2022 to February 2023. Blue pins highlight the areas covered by on-street engagement teams on multiple occasions. These areas align with low uptake areas.



- Purple pins highlight the locations of our Winter Engagement Fund activities, which reached Merton local communities. In Merton, 11 grants were administered to the Attic Theatre Company, Vision of Love, Merton Music Foundation (MMF), Merton Vision, South Mitcham Community Association, Five A Side Theatre, Ethnic Minority Centre, (EMC) Age UK Merton, The Open Table, Home-Start Merton, and Happy Family Day Club. Vaccination was promoted at these events.
- The Merton roving vaccination team targets those with low uptake in Merton. During the recent flu season, they attended 38 flu events, administering 221 flu vaccines to people from the 20% most deprived areas in Merton, those experiencing homelessness, and faith groups.

Findings from London Flu Evaluation Report 2023

- 2022-23 was a very busy flu season. It is disappointing to note the drop in uptake this year compared to last. However, it should be noted that uptake rates we have seen in recent years are a marked improvement from the years preceding the pandemic.
- Actions from all systems to improve flu uptake were well organised and enhanced. There have been challenges with delivery to some of the cohorts, alongside dealing with the impact of the COVID-19 programme, and other vaccination priorities in London such as Phase 1 of the Polio booster

campaign, and catch up on MMR; however there are some great learning points to work on and take into consideration for next season's planning

- Learning from the COVID-19 vaccination programme, and the work on health inequalities in particular, has supported improvements for the flu vaccination programme, particularly in the outreach activities undertaken by Systems, and the opportunity of coadministration and a broader health and well being offer under MECC; we need to build on this for next Autumn/Winter season
- The level and availability of data has improved significantly since last year and this has made a huge difference in monitoring delivery, shaping local communication campaigns, organising outreach activities and supporting operational decision-making. The national Vaccination Digital Services Strategy will aim to further develop data provision and tackle some of the interoperable barriers between the different data management systems, such as CHIS/NIVS/GPIS
- Planning is now underway for next season. We await the annual flu letter outlining the eligible cohorts, reimbursable vaccines and operational delivery of the programme. The COVID-19 and Flu Operational Delivery Group is continuing to meet weekly; this will support planning discussions between regional team, ICB Leads and partners. Systems are working through their planning on coadministration in relation to delivery models, outreach activity and workforce models.
- We will continue to ensure alignment across COVID-19 and flu immunisation programmes, where national guidance, vaccine supply and resources enable this approach during this next season, encouraging coadministration of vaccines wherever this is possible.
- A regional COVID-19 and Flu planning event is taking place on 15th June 2023, with ICBs, regional, national and key partner representation; there will be further bespoke planning events (by cohort) following this, during June and July.

Appendix 1: Immunisation schedule

| Adult Immunisation Programme | | | |
|------------------------------|---|---|---|
| 65 years old | Pneumococcal (23 serotypes) | Pneumococcal Polysaccharide Vaccine (PPV) | Pneumovax 23 |
| 65 years of age and older | Influenza (each year from September) | Inactivated influenza vaccine | Multiple |
| 70 to 79 years of age | Shingles | Shingles | Zostavax3 (or Shingrix if Zostavax contraindicated) |
| Pregnant women | At any stage of pregnancy during flu season | Influenza | Inactivated flu vaccine |
| Pregnant women | From 16 weeks gestation | Pertussis | dTaP/IPV (Boostrix-IPV) |

Appendix 2: Contacts

| Name, role | Contact |
|---|---|
| <p>Dawn Hollis, Head of ANNB Screening, Immunisations, CHIS, CARS & Digital Transformation</p> <p>NHS England - London Region</p> | <p>dawn.hollis@nhs.net</p> |
| <p>Rehana Ahmed, Senior Immunisation Commissioning Manager</p> <p>NHS England – London Region</p> | <p>rehanaahmed@nhs.net</p> |
| <p>Susan Elden, Public Health Consultant – Immunisations</p> <p>NHS England – London Region</p> | <p>susan.elden1@nhs.net</p> |
| <p>Eleanor Walker-Todd, Immunisation Commissioning Manager</p> <p>NHS England – London Region</p> | <p>eleanor.walkertodd@nhs.net</p> |
| <p>Katie Craig, Immunisation Commissioning Officer</p> <p>NHS England – London Region</p> | <p>katie.craig2@nhs.net</p> |
| <p>Ryan Grocock, Specialty Registrar</p> <p>Report author</p> <p>NHS England -London</p> | <p>Ryan.grocock@nhs.net</p> |

NHS England
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This publication can be made available in a number of alternative formats on request.

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Merton Overview & Scrutiny Committee

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Cervical & Bowel Cancer Screening Update

NHS England (London Region)
South West London Bowel Screening Centre
RMP Cancer Alliance
June 2023

NHS England and NHS Improvement

Agenda Item 5



Contents

- **NHS London Screening & Immunisation strategic priorities**
- **Bowel Cancer Screening overview**
- **Cervical Cancer Screening overview**
- **Reducing inequalities**
 - **Overview and insights**
 - **NHS London**
 - **South West London Bowel Cancer Screening Centre**
 - **RMP Cancer Alliance**
- **Appendix 1: Bowel cancer screening performance**
- **Appendix 2: Cervical cancer screening performance**
- **Appendix 3: Cervical Screening Marketing Campaign**
- **Appendix 4: Bowel Screening Marketing Campaign**

Screening & Immunisation Priorities



Our mission is to improve health outcomes and reduce health inequalities through commissioning high-quality screening and immunisation programmes across London region.

We will do this by setting the strategic direction for screening and immunisation across London, striving to deliver equitable, high-quality services that improve population health outcomes.

Our priorities are:

- **Transforming** screening and immunisation programmes in London through implementation of programme changes, service reconfigurations and pathway redesign.
- Developing and delivering **London Immunisation and Screening Strategies**
- Greater focus health outcomes through the developing a regional **London Cervical Cancer Elimination Strategy** and delivery plan
- **Developing a population-centred approach to reducing inequalities**
- **Performance improvement** ensuring all services meet or exceed national standards.
- Improving resilience and sustainability of services particularly focussing on **workforce development** and **demand & capacity planning**

The **key enablers** to the delivery of these priorities are:

- **Public health leadership and expertise** to maximise the population benefits of our programmes and effectiveness in reducing inequalities.
- **Effective communication, community engagement, social marketing and health promotion** targeting hardly reached groups.
- **Data and analytics** to improve population insights, monitoring and evaluation.
- **Digital innovation** to improve access, participation, operational efficiency and service delivery.
- Embedding a continuous **quality improvement** approach and culture at all levels of the system
- **System partnerships** to support outcomes and place-based approaches to addressing inequalities and the integration of screening and immunisation into wider PH agendas.

Bowel Cancer Screening Programme

NHS Bowel Cancer Screening Programme



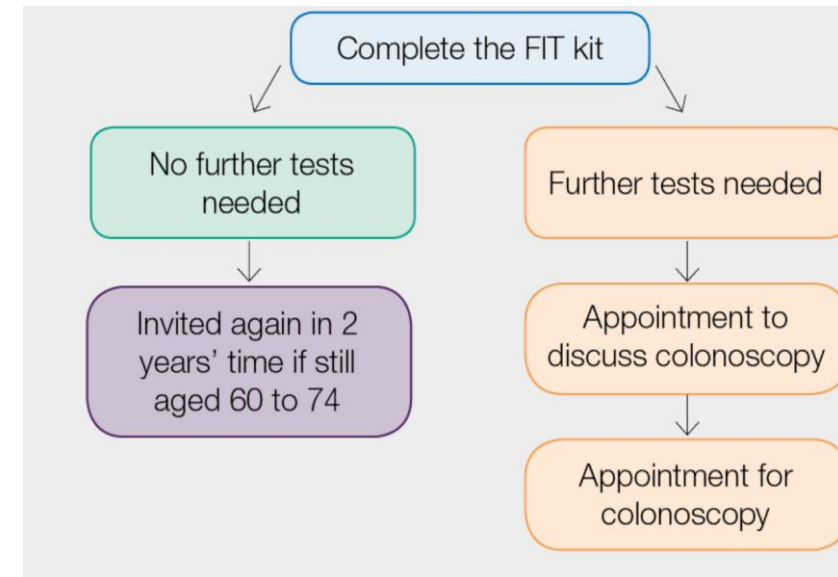
- **Benefits of screening:** We offer screening to detect bowel cancer when it is at an early stage in people with no symptoms. This is when treatment is more likely to be effective. Screening can also find polyps. These are abnormal clumps of cells in the bowel. Polyps are not cancers, but may develop into cancers over time. Polyps can be easily removed, which reduces the risk of bowel cancer developing.
- Regular bowel cancer screening reduces the risk of dying from bowel cancer.
- **Who we invite:** We offer bowel cancer screening using a home testing kit to everyone in England from the age of 56. We offer screening every 2 years between the ages of 56 and 74. We are gradually extending this age range, and people aged 54 are now being invited as part of this process. If you are over 74, you can ask for a kit every 2 years by calling our free helpline on 0800 707 60 60.
- **The pathway:** We send you an invitation letter with information about bowel cancer screening. The information is to help you decide whether to take part. Then we send you a faecal immunochemical home test, or 'FIT kit' for short. It detects blood in your poo (blood you would not notice by eye). We look for blood because polyps and bowel cancers sometimes bleed. Finding blood does not diagnose bowel cancer but it means you need further tests (usually a bowel examination).

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From summer 2023, people with Lynch syndrome* will be offered two-yearly colonoscopies as part of NHS bowel screening programme

How is screening organised

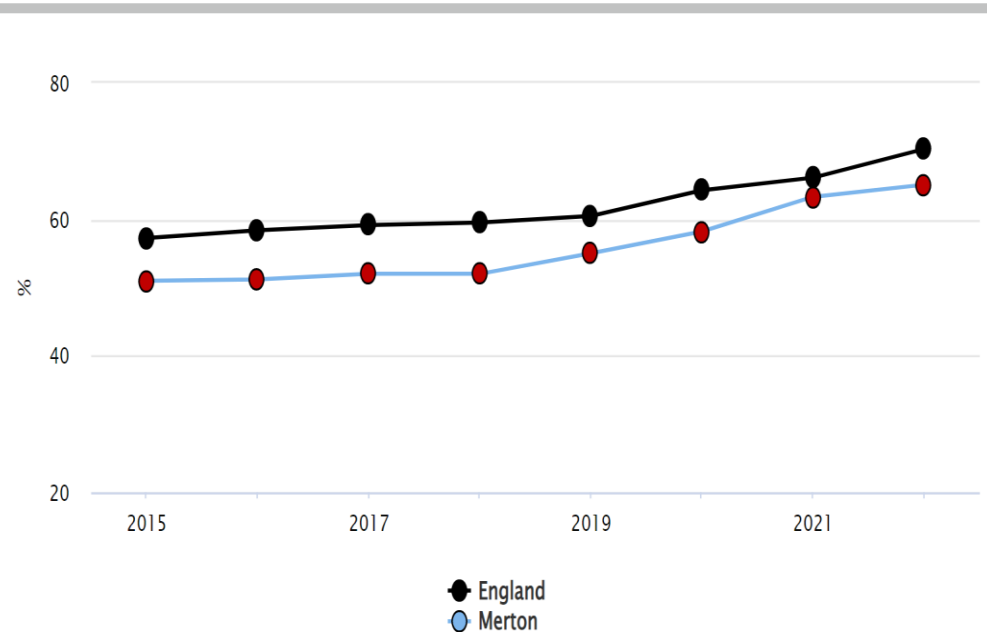
- NHS England commissions the bowel cancer screening services; from invitation to initial diagnosis
- SWL ICB commission further diagnosis (to support staging) and treatment of screen-detected cancers
- GPs provide the identifiable information (name, address, sex, age) used to invite people for screening and are responsible for supporting participation across the pathway (from screening to treatment)
- RMP Cancer Alliance brings together system partners and providers to transform and improve early diagnosis of cancer, including cancer screening uptake
- The London Bowel Screening Hub (hosted by London North West University NHS Trust) sends out invitation/reminder/results letters and kits, tests the kits and provides a call centre
- St Georges NHS Trust hosts the SWL Bowel Screening centre which offer specialist screening practitioner pre-colonoscopy assessment, colonoscopy and health promotion



*Lynch syndrome is an inherited genetic condition which increases the risk of developing cancers such as bowel cancer, endometrial cancer and other cancers

Bowel screening coverage: 60-74 year

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Recent trend: ↑ Increasing & getting better

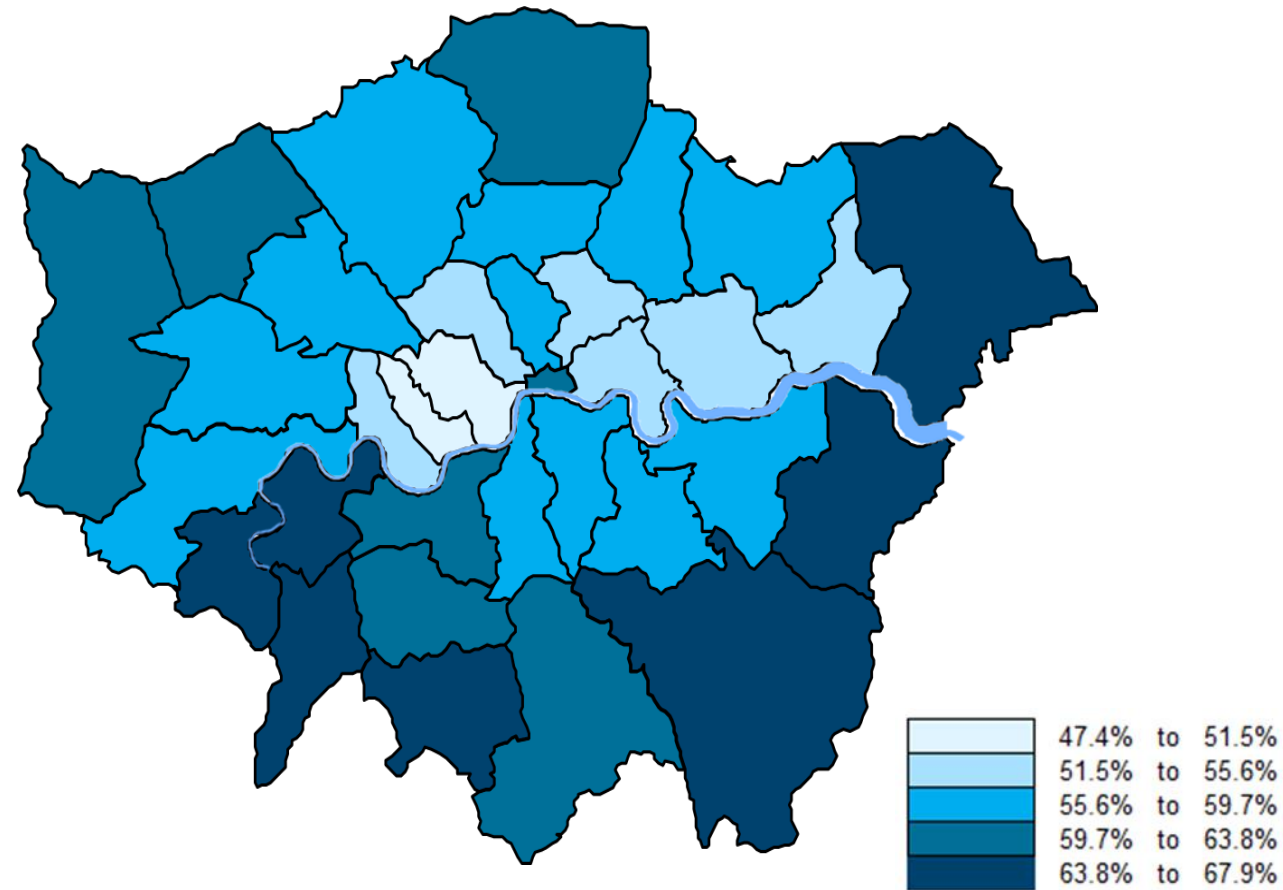
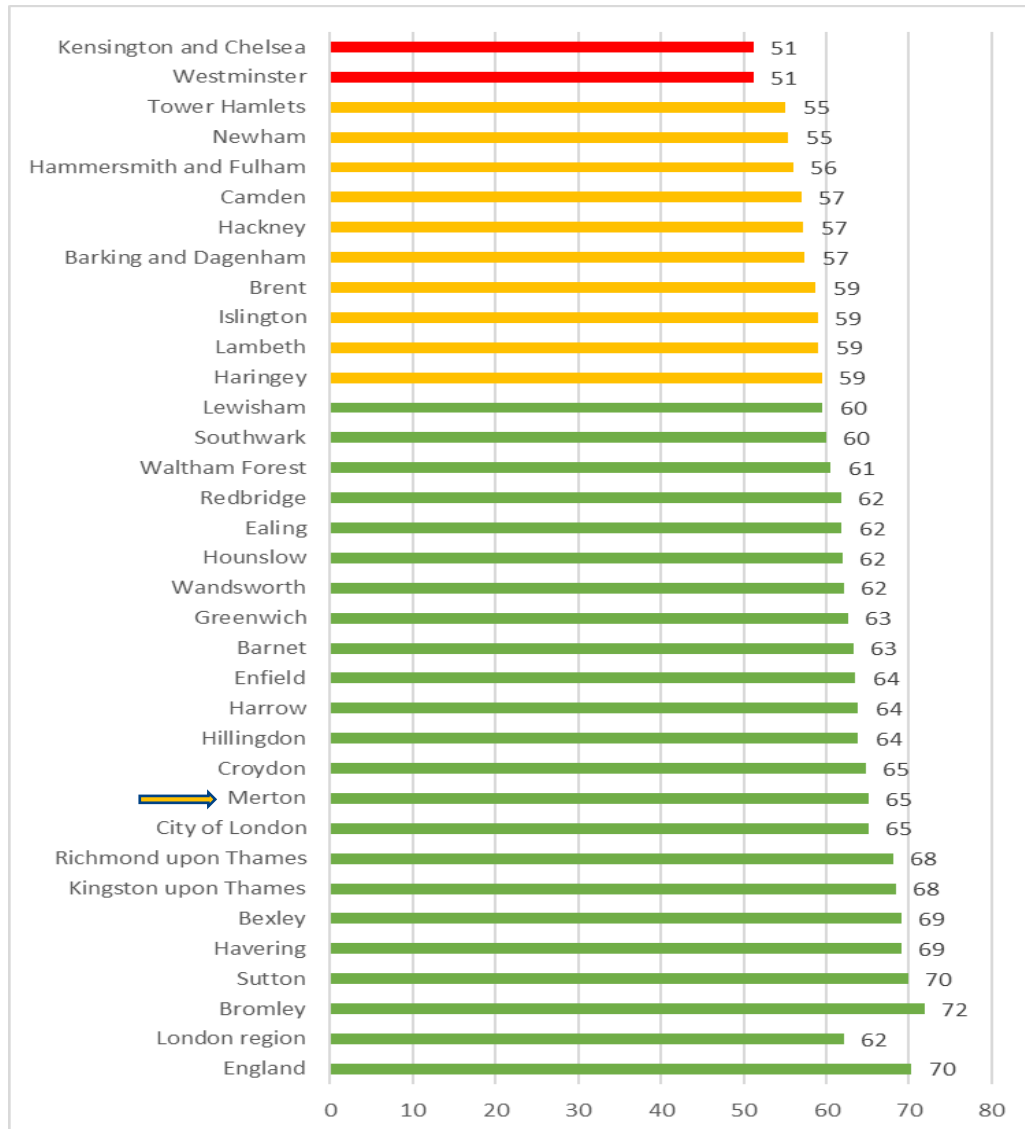
| Period | Merton | | London | England |
|--------|--------|-------|--------|---------|
| | Count | Value | | |
| 2015 | 11,962 | 51.0% | 47.5%* | 57.3%* |
| 2016 | 12,282 | 51.2% | 48.8%* | 58.4%* |
| 2017 | 12,882 | 52.0% | 49.5%* | 59.2%* |
| 2018 | 13,254 | 52.0% | 50.1%* | 59.5%* |
| 2019 | 14,439 | 55.0% | 51.3%* | 60.5%* |
| 2020 | 15,795 | 58.2% | 56.0%* | 64.3%* |
| 2021 | 17,661 | 63.3% | 59.9%* | 66.1%* |
| 2022 | 18,557 | 65.1% | 62.1%* | 70.3%* |

Source: NHS Digital data not in the public domain, from the Bowel Screening Programme

Between 2021 and 2022, bowel cancer screening coverage in Merton increased from 63.3% to 65.1%, and by 10% since 2019 (55%)

In 2022, coverage in Merton was above the London average of 62% but below England (70.3%)

Bowel screening coverage (60-74yr) 2022



Definitions

Uptake: The proportion of men and women aged 60 to 74 invited to participate in bowel cancer screening who adequately participate.

Coverage: The proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBT) screening result in the previous 30 months.

Cervical Screening Programme

NHS England and NHS Improvement



NHS Cervical Cancer Screening Programme



Benefits of cervical screening: NHS cervical screening helps prevent cervical cancer. It saves thousands of lives from cervical cancer each year in the UK. In England cervical screening currently prevents 70% of cervical cancer deaths. If everyone attended screening regularly, 83% could be prevented

Who we invite: Cervical screening is for women and people with a cervix. We offer screening every 3 years from age 25 to 49 and every 5 years from age 50 to 64. This is because most cervical cancers develop between these ages. First invitations arrive a few months before people turn 25.

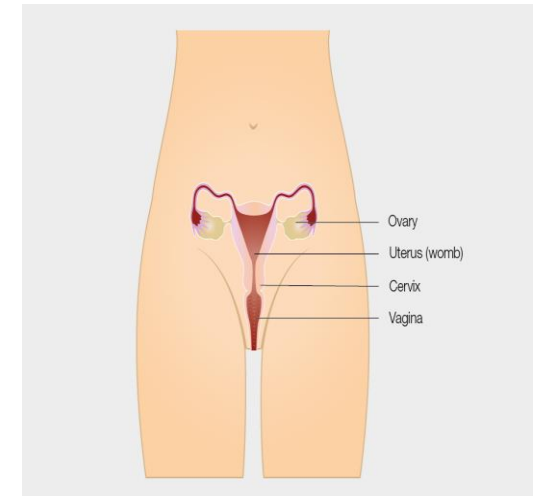
- Cervical cancer: Cervical cancer happens when cells in the cervix grow in an uncontrolled way and build up to form a lump (also called a tumour). As the tumour grows, cells can eventually spread to other parts of the body and become life-threatening. Your cervix is the lowest part of the uterus (or womb), and it is found at the top of the vagina. Nearly all cervical cancers are caused by HPV- Human Papilloma Virus
- Cervical screening is not a test for cancer. It looks for abnormal cells in the cervix. Abnormal cells can develop into cancer if left untreated.

The test involves using a soft brush to take a small sample of cells from the surface of your cervix. The sample is put into a small plastic container and sent to a laboratory. It is tested for the types of HPV that can cause cervical cancer. If you have a negative result for the most common types of HPV that cause cervical cancer, your risk of cervical cancer is very low and there is no need to check for abnormal cells even if you have had these in the past.

- If you have a positive result for HPV we will check the sample for abnormal cells. Abnormal cells are not cancer, but they could develop into cancer if left untreated.
- As a next step we may offer you another examination (called a colposcopy) to look at your cervix more closely. If we find abnormal cells during colposcopy we may suggest you have the cells removed. This is how screening can prevent cervical cancer.

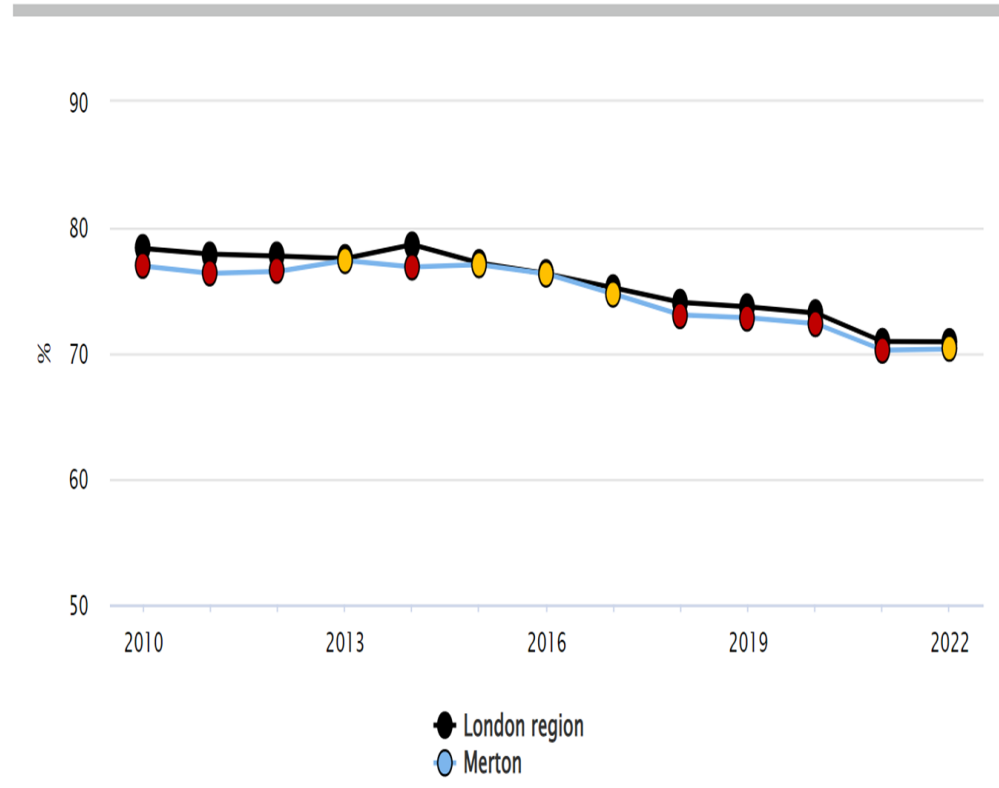
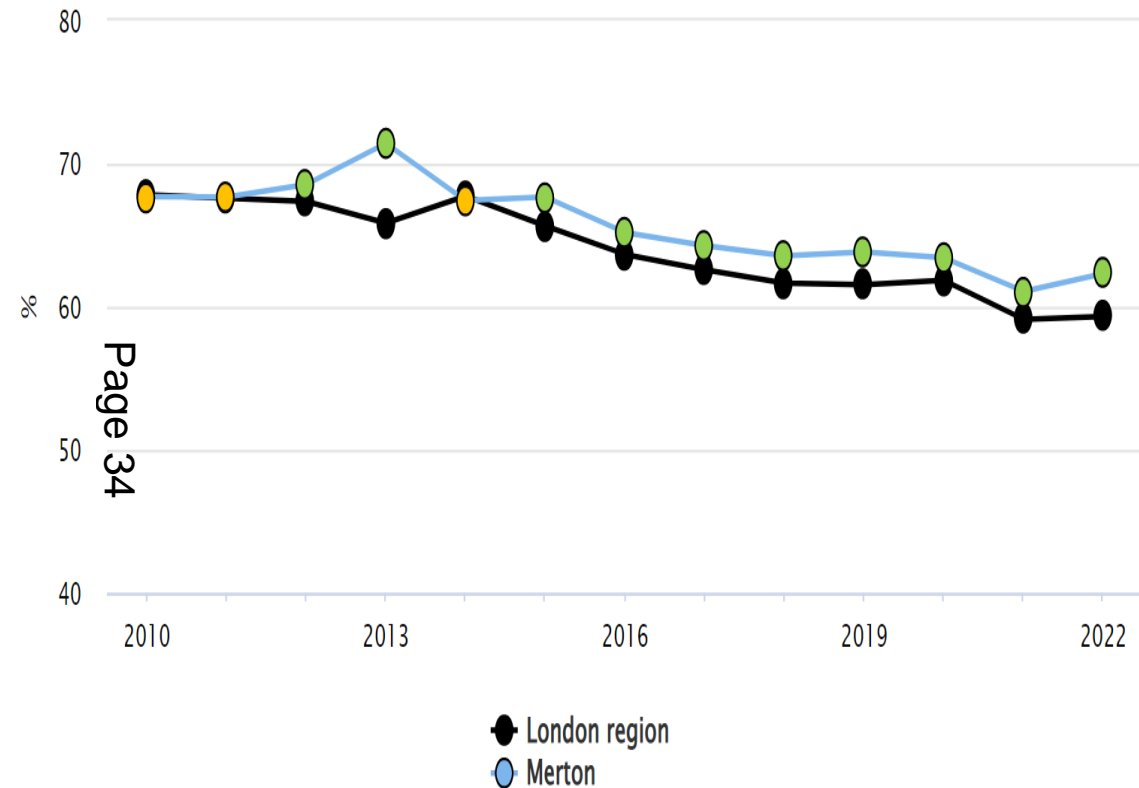
How is screening organised

- The Cervical Screening Administration Service (CSAS) sends invitation and results letter to all eligible individuals in England
- Cervical screening is undertaken in primary care and commissioned by ICBs. A small proportion of screening is undertaken in sexual health clinics and this commissioned by NHSE
- Cervical Screening London Lab (CSL) tests all cervical screening samples in London and is commissioned by NHS England
- Women with a cervical screening abnormality who required further investigation and treatment are referred for colposcopy which is a specialist gynaecology service. St Helier provides colposcopy services to Merton and this is commissioned by SWL ICB
- RMP Cancer Alliance brings together system partners and providers to transform and improve early diagnosis of cancer, including cancer screening uptake



Cervical screening coverage 25-49

Cervical screening coverage 50-64



In 2022, coverage (25-49 year) in Merton was 61% which was higher than regional average (59.3%) but lower than England (67.6%).

Between 2021 and 2022, Merton coverage increased by 1.2%, which was higher than the 0.2% increase across the region. During this period, coverage in England declined from 68 to 67.6% in this age group.

In 2022, Merton coverage (50-64) was 70.3% which is lower than the London (70.9%) and national (74.6%) rates of 70.9% and national Merton 70.3 unchanged,

<https://fingertips.phe.org.uk/search/cancer%20coverage>

Cervical screening coverage 25-49, 2021/22

| Area | Value |
|------------------------|-------|
| England | 67.6* |
| London region | 59.3* |
| Havering | 72.2 |
| Bromley | 72.0 |
| Bexley | 71.7 |
| Sutton | 70.9 |
| Richmond upon Thames | 66.7 |
| Croydon | 65.9 |
| Lewisham | 64.3 |
| Enfield | 63.9 |
| Kingston upon Thames | 63.3 |
| Hillingdon | 63.0 |
| Waltham Forest | 62.6 |
| Merton | 62.3 |
| Barking and Dagenham | 62.0 |
| Greenwich | 61.9 |
| Wandsworth | 61.9 |
| Lambeth | 60.5 |
| Hackney | 60.4 |
| Islington | 60.3 |
| Hounslow | 59.9 |
| Haringey | 59.4 |
| Southwark | 59.1 |
| Barnet | 58.7 |
| Redbridge | 58.2 |
| Newham | 57.6 |
| Harrow | 56.6 |
| Brent | 53.8 |
| Islington | 52.8 |
| Hammersmith and Fulham | 50.7 |
| Tower Hamlets | 50.3 |
| Camden | 46.2 |
| Westminster | 43.8 |
| Kensington and Chelsea | 42.6 |
| City of London | 42.1 |



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Cervical screening coverage 50-64, 2021/22

| Area | Value |
|------------------------|-------|
| England | 74.6* |
| London region | 70.9* |
| Havering | 76.9 |
| Bromley | 75.8 |
| Bexley | 75.6 |
| Sutton | 74.9 |
| Croydon | 74.3 |
| Enfield | 74.0 |
| Hillingdon | 73.8 |
| Waltham Forest | 73.2 |
| Lewisham | 72.7 |
| Richmond upon Thames | 72.3 |
| Newham | 72.2 |
| Redbridge | 71.9 |
| Kingston upon Thames | 71.7 |
| Ealing | 71.6 |
| Hackney | 71.5 |
| Hounslow | 71.4 |
| Haringey | 71.2 |
| Greenwich | 71.1 |
| Southwark | 70.9 |
| Islington | 70.8 |
| Barking and Dagenham | 70.6 |
| Harrow | 70.4 |
| Merton | 70.3 |
| Barnet | 70.3 |
| Brent | 70.0 |
| Lambeth | 69.9 |
| Tower Hamlets | 68.8 |
| Wandsworth | 68.7 |
| City of London | 64.1 |
| Camden | 64.1 |
| Hammersmith and Fulham | 63.4 |
| Westminster | 57.6 |
| Kensington and Chelsea | 53.7 |



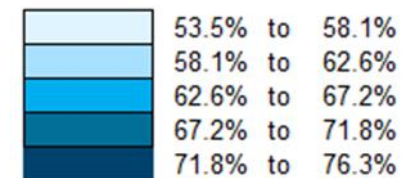
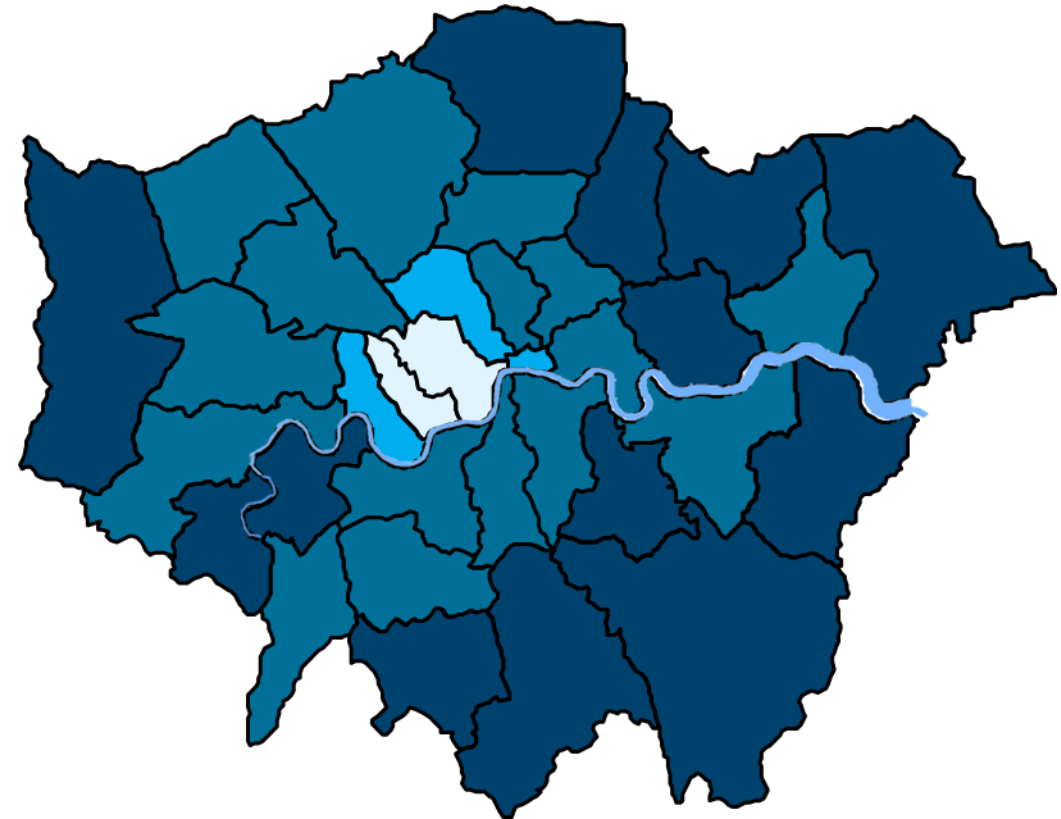
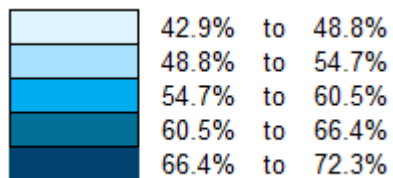
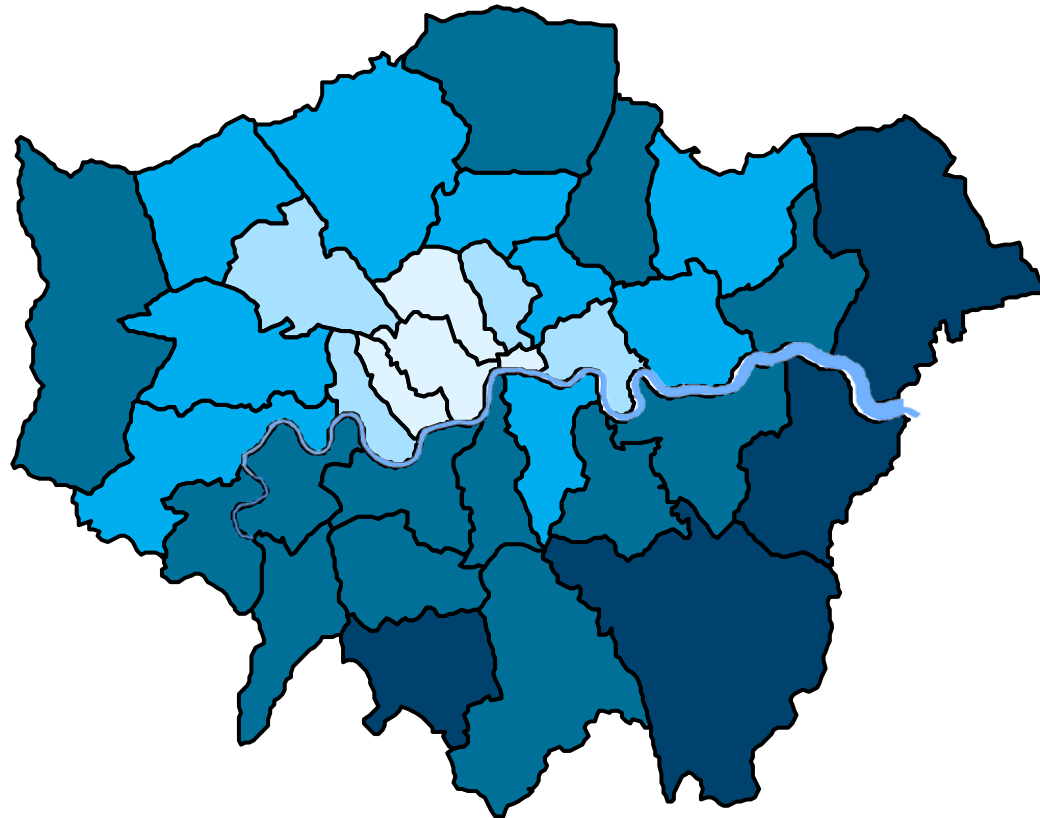
Cervical screening coverage 2022



25 – 49, 3.5 year

50-64, 5.5 year

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IMPROVING UPTAKE & REDUCING INEQUALITIES

- SWL Bowel Cancer Screening Centre
- RMP Cancer Alliance
- NHS London

Inequalities

Cervical screening

Behavioural barriers

- Fear, embarrassment, previous negative experience, test acceptability, inconvenience, lack of time, lack of awareness, not prioritising screening attendance

Structural barriers

- Access- requirement to make a telephone appointment, appointment venue, appointment
- Paper-based letters and information materials in English language
- Postal communication

Social, economic and demographic factors

- Lower coverage in women aged 25-34, followed by 60-64
- Lower coverage in White Other (White Irish, Polish, Romanian) and Middle Eastern ethnic groups
- Similar coverage between white British, Black Caribbean/African and all Asian ethnic groups
- No association between coverage and deprivation in London

Under-served groups

- People with learning disabilities, severe mental illness, LGBTQI+, non binary, transmen with a cervix, people experiencing homelessness, victims of sexual violence, travellers,



Bowel cancer screening

Behavioural barriers

- Fear of cancer diagnosis, test acceptability, lack of awareness

Structural barriers

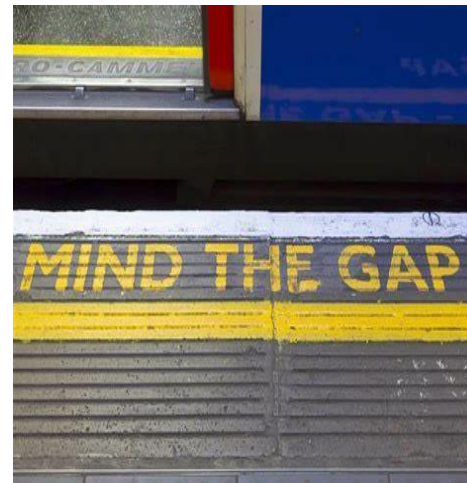
- Paper-based letters and information materials in English language
- Postal communication

Social, economic and demographic factors

- Younger people (54-60),
- Lower coverage in ethnic minority groups
- Lower coverage associated with deprivation

Under-served groups

- People with learning disabilities, severe mental illness,, people experiencing homelessness, travellers, people in detained estates (inmates in prison)
- People with visual impairment



NHS London

NHS England and NHS Improvement



NHS London Region: Bowel Cancer Screening Health Inequalities – 6 priorities

Health promotion

Strengthening health promotion delivery model in London through development of best practice, joint working and professional development

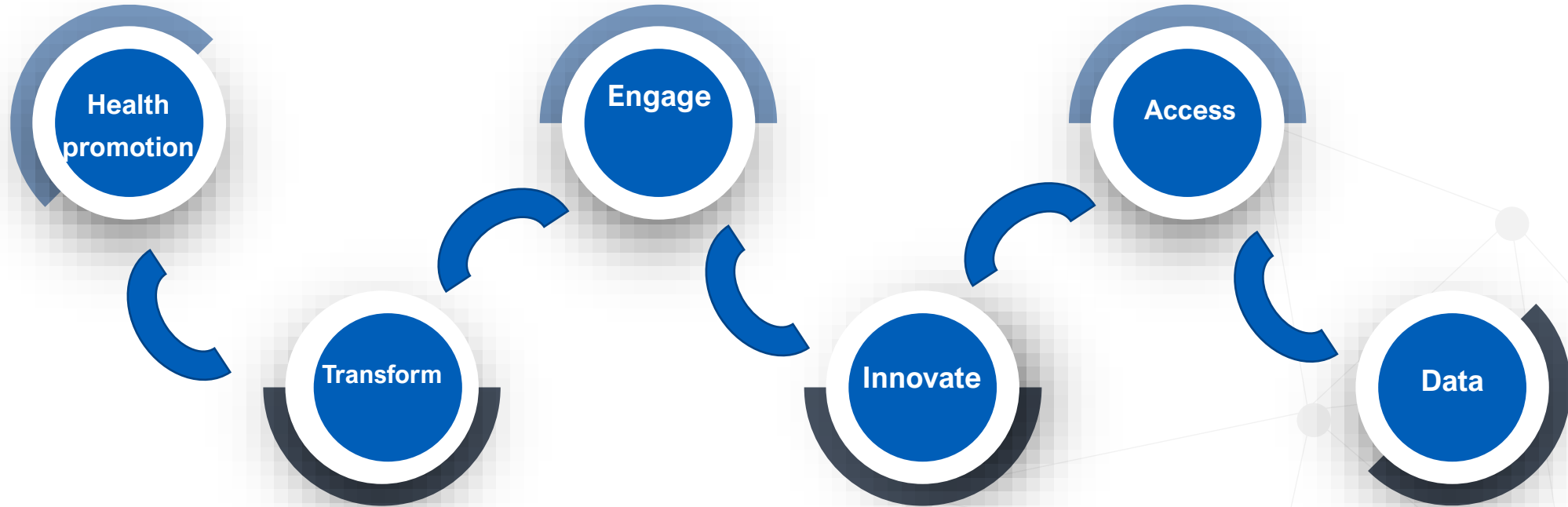
Marketing and communication

- PR campaign and community engagement
- SMS evaluation and improvement

Improving access to underserved groups

- Developing pathways to homeless, PWLD, SMI
- Improve colonoscopy uptake

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Transform

- Extend bowel screening to 50-54-year-olds
- Integrate Lynch surveillance in bowel screening programme

Research and innovation

Research trial on patient navigation vs. SMS (UCL/Surrey Universities)

Data

- Health equity audit & social marketing campaign insights inform future planning

NHS London Region: Cervical Cancer Screening Health Inequalities – 6 priorities



Improving access to underserved groups

- Screening in sexual health services
- Developing pathways to homeless, PWLD, SMI
- Screening HIV +ve
- Self-sampling for non-responders

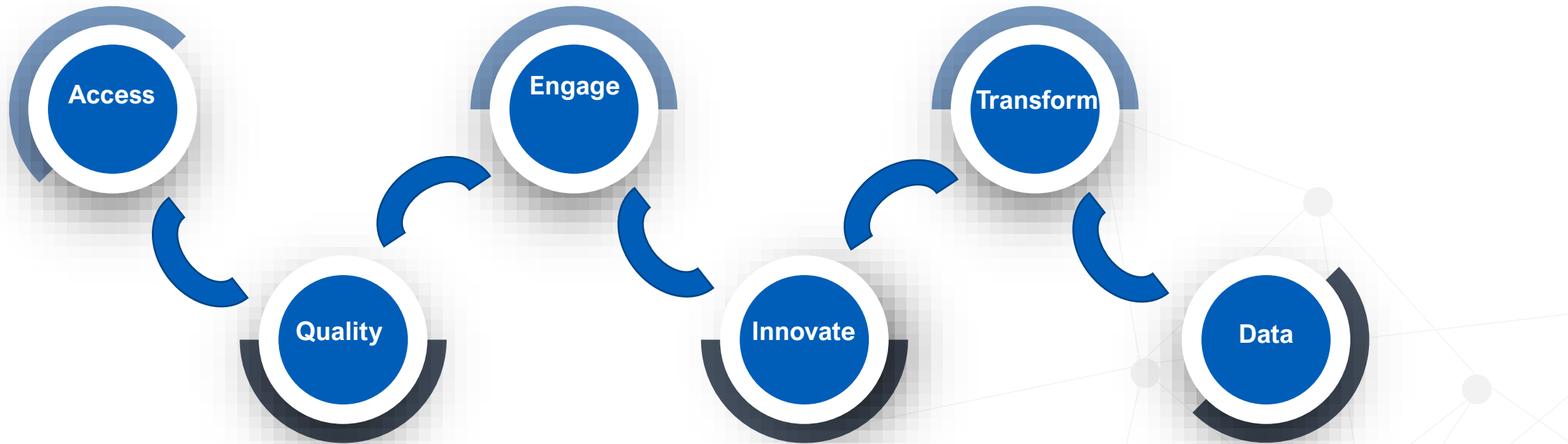
Marketing and communication

- PR campaign and community engagement
- SMS evaluation and improvement

Service transformation/improvement

- Colposcopy review
- Digital-online booking, cervical screening management system, colposcopy digital solution
- Extended intervals

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Quality

- Expanding colposcopy capacity
- Sample taker training, sample handling improvement

Research & innovation

- Pilot HPV Self-sampling for non-responders
- National HPVvalidate study - self-sampling as primary screening test

Data

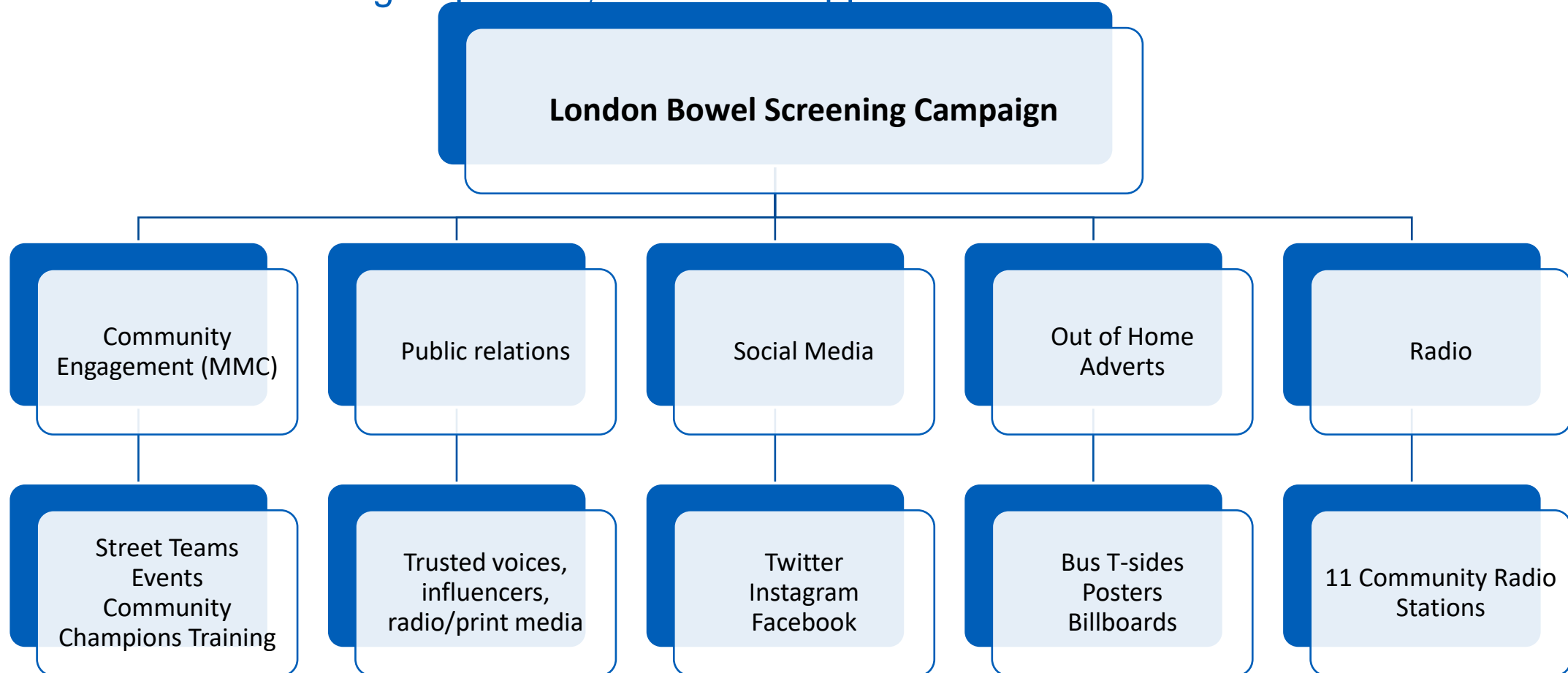
- Health equity audit & social marketing campaign insights inform future planning

London Bowel Cancer Screening Campaign



Aug-Sept 2022, Feb23 see Appendix 4

London Bowel Screening Campaign



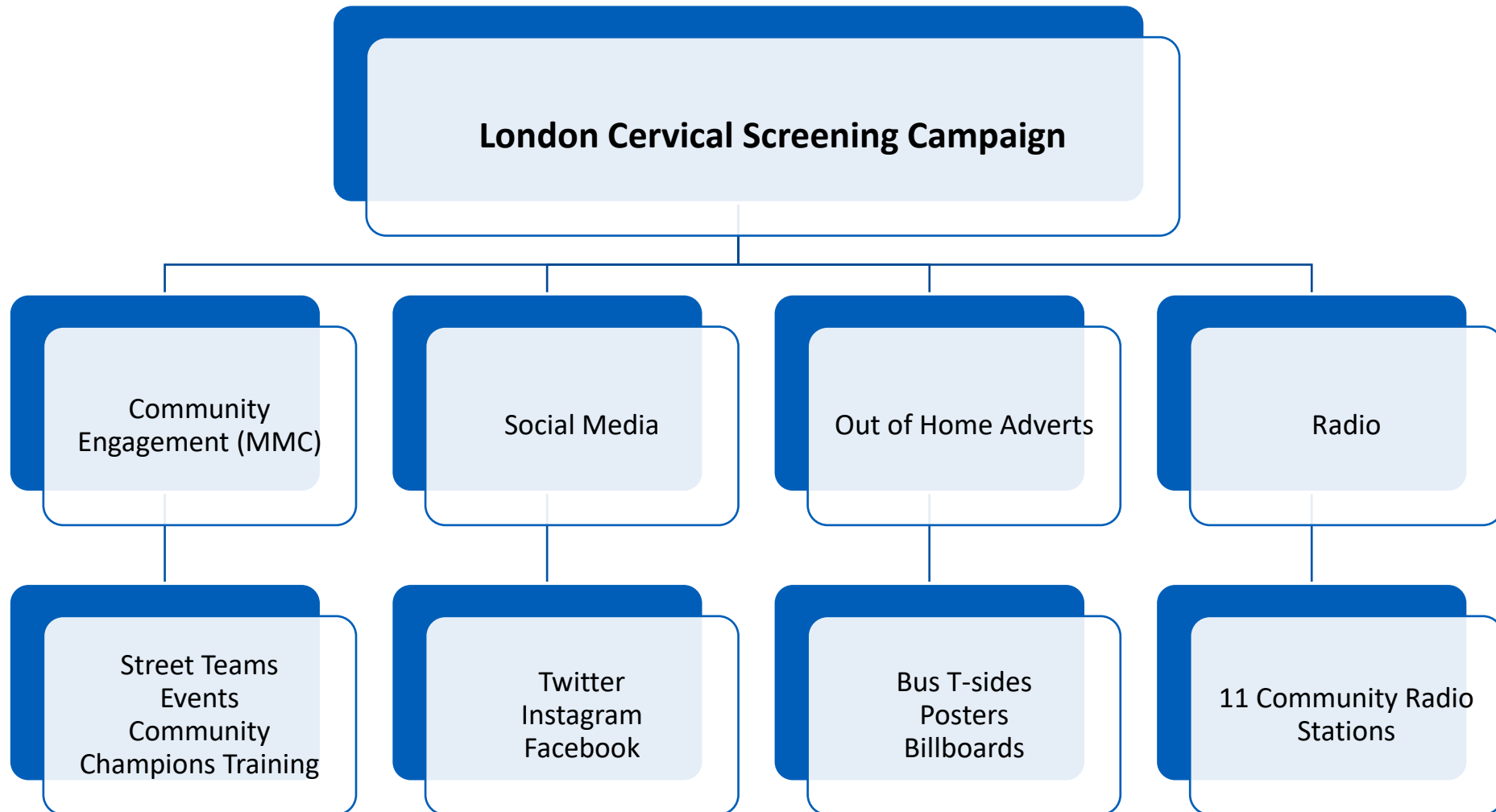
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London Cervical Screening Campaign

Feb-April 2022 - see Appendix 3



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Targeting under-served

- Cancer screening for people with severe mental illness in forensic secure units
- Bowel screening in detained estates
- My Body Back- specialist cervical screening services for victims of sexual violence
- Screening for people experiencing homelessness (led by NCL Cancer Alliance)
- Cervical screening in sexual health clinics

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I have a right to register and receive treatment from a GP practice

Healthy London Partnership

www.healthy london.org

Groundswell



Public Health England

Guidance

NHS population screening: improving access for people with severe mental illness

Published 15 March 2019

SWL Bowel Screening Centre: Merton Update

By Lisa-Lyna Ofosu-Asare

Lisa-Lyna Ofosu-Asare
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Health Improvement Specialist
BCSC, St George's University Hospital

NHS England and NHS Improvement



Bowel Cancer Screening Programme OVERVIEW

Bowel Cancer Screening in South West London (SWL) is delivered by the Bowel Cancer Screening Centre (BCSC) based in St George's Hospital. The BCSC has a dedicated Health Improvement Specialist called Lisa-Lyna Ofoosu-Asare (myself), that supports the uptake of Bowel Cancer Screening across SWL. This is done in 2 main parts, community engagement and practice support.

Practice & PCN Support

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- ▶ Bowel Cancer Training for both Clinical and Non-Clinical Staff covering:
 - Bowel Cancer - Signs & Symptoms
 - The Role of the Bowel Cancer Screening Centre
 - Bowel Cancer Screening Programmes
 - Prevention of cancer
- ★ **All staff will receive a training certificate upon completion.** ★
- ▶ Individually tailored practice/PCN support to look at increasing uptake
- ▶ Provide practices/PCNs with their real-time data for Bowel screening uptake
- ▶ Arrange community awareness events in practices
- ▶ Provide practices with Bowel Cancer Resources
- ▶ N.B. All support highlighted can now be done virtually, if preferred

Community Engagement

- Dedicated Bowel Cancer Awareness Talks
- Holding Stalls with resources and information's
- 1:1 support
- The option for virtual or face to face engagement

Merton Specific Updates

- Currently providing Health Awareness Days in GP practices across Merton. These days involve dedicated sessions for bowel cancer awareness amongst their patients. Text invites are sent ahead of the selected day to invite patients to come in and speak about Bowel Cancer with me.
- I am closely linked in with Merton Public Health Team/ Merton Council to continue community engagement in the area. So far we have held 2 health and wellbeing days (January and February), I have supported at Pollard Hill community Day by holding a stall and I have continued to hold awareness sessions across various community groups.
- I attend regular update meetings with the Merton Public Health Principal to review my current community work across the patch and discuss further ways of engagement with the various Community Organisations across the patch.
- I have linked in with the Libraries across Merton to deliver Bowel Cancer Awareness Sessions across all 7 libraries in the borough. Heavy promotion took place in March and I delivered the awareness sessions across all the libraries during Bowel Cancer Awareness Month in April.
- I have been involved with working with the Croydon LD Community nursing team to introduce a new LD Pathway in Croydon to support LD Bowel Screening non responders. Off the back of much interest with this new pathway, I have now linked in with the Merton LD Nursing team work on introducing a similar pathway in the borough.
- I continue to provide Bowel Cancer Training sessions to both clinical and non clinical staff across the GP Practices in Merton. The sessions take place either face to face or via MS Teams depending on the preferred choice of the practice.
- I have been working closely with practices in Merton to encourage them to make use of their social media platforms and raise awareness for Bowel Cancer Screening this way. I provide practices with website links for CRUK, Macmillan and Bowel Cancer UK where they can download publications material for free and use them across their social media platforms opt websites
- I work with GP practices on increasing their screening uptake. As a result, I have put together a dedicated “Bowel Cancer Screening script pack” to help support practices to contact their bowel cancer screening non responders which I have been sharing widely at every practice engagement I have.

RMP Cancer Alliance: Merton Update

By Claire Barry

NHS England and NHS Improvement



RMP works with all practices and screening centres across west London to improve screening uptake and coverage. These supports include:

1. Funding of a screening improvement facilitator to work with the practices in SWL with the lowest cervical and bowel screening performance. The facilitator supports practices to develop and implement action plans to improve their screening performance. Ongoing to March 24.

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7 Merton practices have already engaged with service with 2 more in next round of priorities

2. Funding for a third sector organisation to provide a multilingual call reminder service for the bowel screening programme. Project complete. 1,215 patients were contacted who had DNA'd their invitation or were due their first screen.

7 practices in Merton signed up to this service

Cervical Screening Improvement Initiatives

Cervical Screening via Extended Access Hubs

- RMP funded extended hours cervical screening via PCNs and GP Federations until end of **September 2022** - this then became part of the national PCN DES.

Merton GP Federation and 5 Merton PCNs participated in this project

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- The Federations were funded to develop a video for their borough so this could be sent via the text and promoted widely on all communication platforms available.
- All borough specific videos in SWL can be found on [RM Partners – YouTube](#)
- Additional videos in various languages were made available to all practices :

Ealing videos developed by Belmont Medical Practice:

[Why having a cervical smear test is important?](#) (Punjabi)

[The Importance of Smear Tests](#) (English)

[Cervical Screening Brent \(Somali\) – YouTube](#) (Somali)

[Have you had your cervical screening? – YouTube](#)

- Dedicated cervical screening clinics for trans men and non-binary people.

[The No Barriers Cervical Screening Project – RM Partners](#)

Cervical Screening Improvement Initiatives

Cervical Screening Sample-Taker Training

- Funding for training additional sample takers as well as mentors and assessors to support the newly trained sample takers.
- Anyone wishing to become an *external assessor (sign off trainee)* must meet the guidance criteria and contact Kat in NWL katarina.durisova@nhs.net and zehra.safdar@nhs.net in SWL (Merton Training Hub lead, SWL).
- **Further guidance on how to become a sample-taker, mentor and/or external assessor can be found here:** [Education pathway - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/education-pathway) (section 3)

• PCN Extended Access Guidance

As part of the new PCN Enhanced hours DES, from 1 October 2022, a PCN must provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays*.

RM Partners created the guidance documents to **support PCNs to deliver Cervical Screening** during enhanced hours. This was based on the learning from the PCN extended service originally funded by RMP.

Appendix 1: Bowel Cancer Screening Performance



Bowel screening KPI's- March 2023

South West London Bowel Screening Centre/St Georges meets or exceeds national performance standards

Page 53

| | Invitations Sent | Kits Sent | Kits Returned | Uptake (%) | Positivity (%) | Reaching SSP waiting time target (%) | Reaching diagnostic test waiting time target (%) |
|---------------|------------------|-----------|---------------|------------|----------------|--------------------------------------|--|
| Aug-22 | 10,201 | 11,459 | 6,478 | 63% | 1.7% | 100% | 100% |
| Sep-22 | 10,656 | 10,944 | 6,867 | 59% | 1.5% | 100% | 100% |
| Oct-22 | 11,597 | 11,197 | 6,972 | 54% | 1.5% | 100% | 100% |
| Nov-22 | 14,516 | 15,261 | 6,860 | 59% | 1.5% | 100% | 100% |
| Dec-22 | 11,258 | 14,031 | 6,248 | 58% | 1.7% | 100% | 100% |
| Jan-23 | 13,952 | 13,193 | 10,723 | 58% | 1.8% | 100% | 99% |
| Feb-23 | 13,300 | 14,110 | 8,157 | 60% | 1.5% | 100% | 99% |
| Mar-23 | 14,043 | 16,387 | 11,035 | 60% | 2.0% | 100% | 100% |

Bowel Screening KPIs, March 2023 (Source:OBIEE/NHS Future)

Appendix 2: Cervical Cancer Screening Performance

NHS England and NHS Improvement



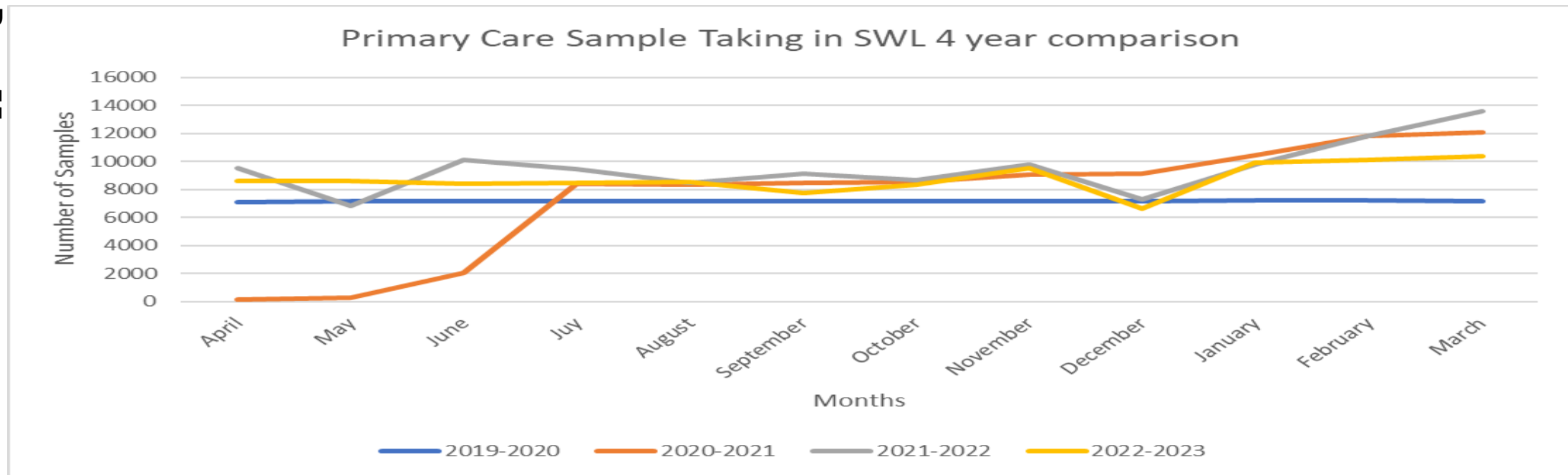
Cervical Screening – Primary Care



In 2019/20 a total of 86,170 cervical samples were taken in primary care. In 2020/21, there was a two to three month pause due to COVID-19. The following period of high activity was a push in Primary Care to not only provide screening to those due an appointment, but to get through the backlog generated by the pause. Recovery of the backlog was achieved in 2021. In the 12 months to March 2023, screening activity in primary care remains higher (+22.2%) than pre-covid/2019/20.

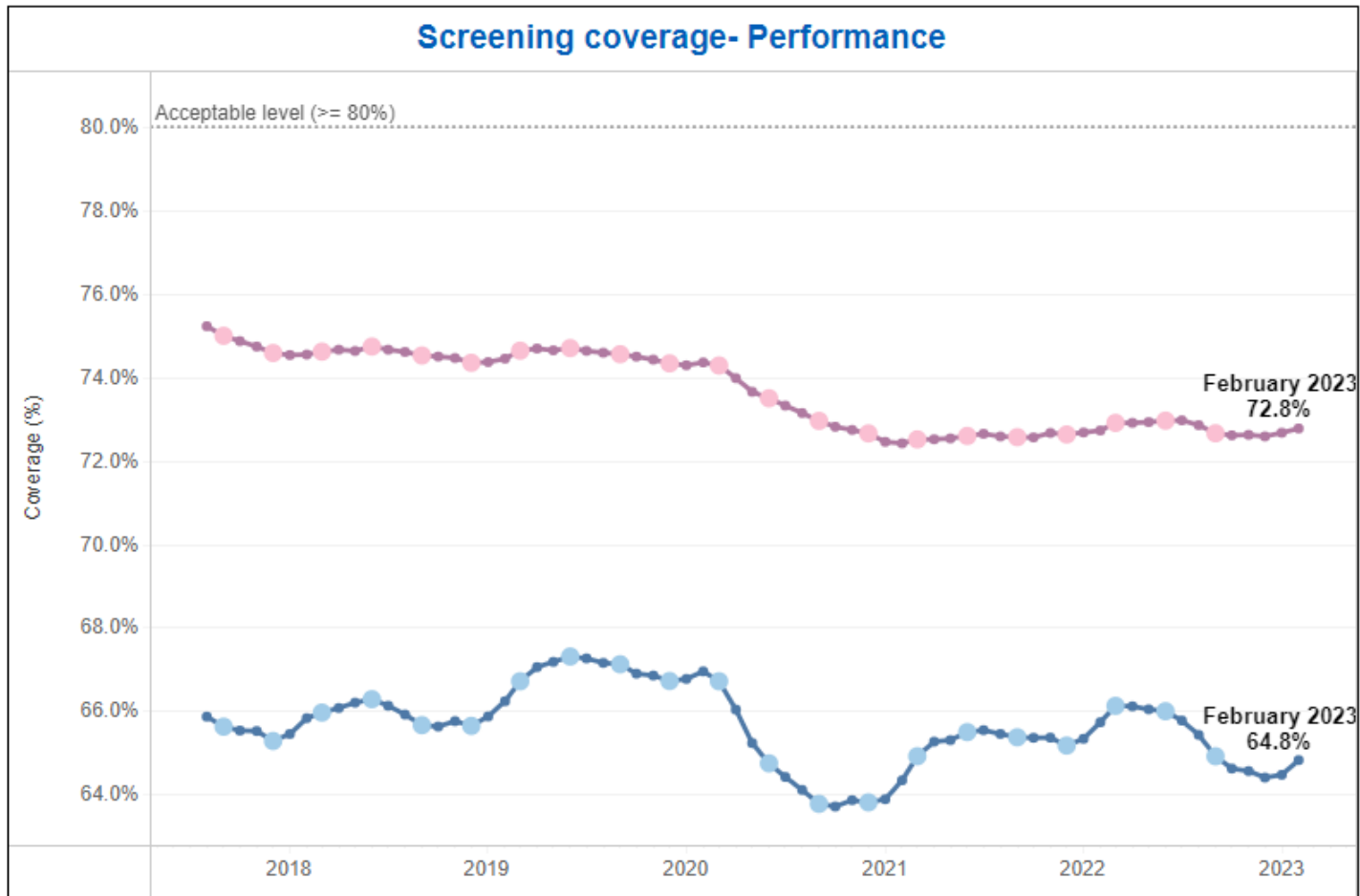
| Year | April | May | June | Juy | August | September | October | November | December | January | February | March | Total |
|-----------|-------|------|-------|------|--------|-----------|---------|----------|----------|---------|----------|-------|--------|
| 2019-2020 | 7121 | 7147 | 7172 | 7179 | 7178 | 7178 | 7182 | 7193 | 7192 | 7214 | 7241 | 7173 | 86170 |
| 2020-2021 | 150 | 298 | 2037 | 8417 | 8355 | 8455 | 8570 | 9069 | 9111 | 10455 | 11829 | 12078 | 88824 |
| 2021-2022 | 9505 | 6809 | 10084 | 9447 | 8459 | 9157 | 8644 | 9811 | 7326 | 9771 | 11827 | 13575 | 114415 |
| 2022-2023 | 8612 | 8612 | 8430 | 8455 | 8555 | 7737 | 8313 | 9506 | 6622 | 9922 | 10104 | 10405 | 105273 |

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Source: NHSE/I Screening GptoLab Data and NHSD coverage and uptake reports

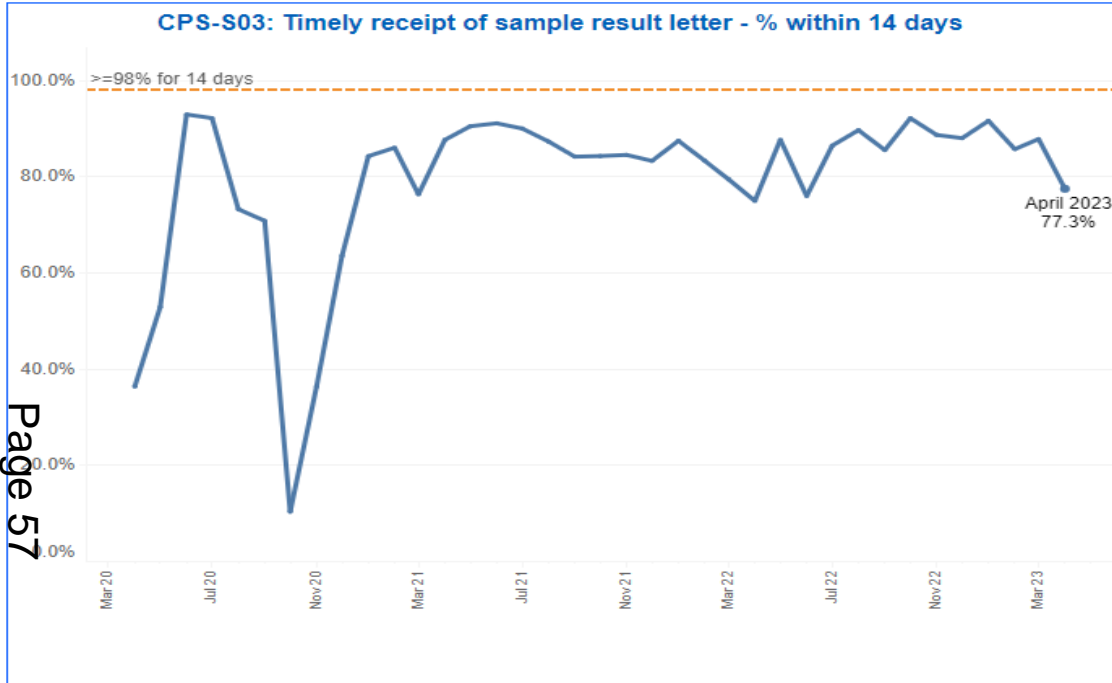
Cervical Screening SWL ICB– Coverage



Coverage in 25-49 year olds continue to be less than in 50-64 year old age group. Whilst there has been general decline in coverage since 2013, it has start to level off in the last two years. This can be attributed to increased access and initiatives, such as the London social media campaign in 2022.

- Aged 25-49, KPI Coverage (published)
- Aged 25-49, Monthly Coverage (%)
- Aged 50-64, KPI Coverage (published)
- Aged 50-64, Monthly Coverage (%)

Cervical Screening – Laboratory (CSL) Performance



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| | October-22 | November-22 | December-22 | Quarter 3 |
|--|------------|-------------|-------------|-----------|
| Activity | | | | |
| Received | 8241 | 9417 | 6551 | 24208 |
| Authorised | 8193 | 9221 | 7218 | 24632 |
| TAT's | | | | |
| 12 day (taken to Authorisation) | 94.02% | 91.47% | 84.98% | 91.63% |
| Cases reported within 10 days of receipt | 94.1% | 95.1% | 89.6% | 91.8% |

A key performance indicator for the cervical screening programme is that all women should receive their cervical screening test results within two weeks of the sample being taken. The acceptable standard is that 98% of letters should be delivered within 14 days.

In April 2023, performance for London was 77.3% compared to 66.3% across England. CSL are working towards improving performance by further automation in sample processing and recruiting more cytology staff

Colposcopy waiting times

London hospitals, Q4 2021/22 – Q3 2022/23

Source: SQAS



| Measure | Standard | Reporting timeframe | Kingston | Croydon | St George's | St Helier |
|--|------------------------|---------------------|----------|---------|-------------|-----------|
| Women offered appointment within 6 weeks of referral of low grade referral | Acceptable $\geq 99\%$ | Q3 2022/23 | 11.6 | 43.1 | 87.1 | 55.7 |
| | | Q2 2022/23 | 6.5 | 33.7 | 100.0 | 54.9 |
| | | Q1 2022/23 | 4.3 | 32.5 | 100.0 | 55.8 |
| | | Q4 2021/22 | 5.4 | 44.4 | 100.0 | 91.0 |
| Offered appointment within 6 weeks of invasive referral | Acceptable $\geq 93\%$ | Q3 2022/23 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q2 2022/23 | no data | 100.0 | 100.0 | 100.0 |
| | | Q1 2022/23 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q4 2021/22 | 100.0 | 100.0 | 100.0 | 100.0 |
| Offered appointment within 2 weeks of severe or worse referral | Acceptable $\geq 93\%$ | Q3 2022/23 | 100.0 | 100.0 | 100.0 | 100.0 |
| | | Q2 2022/23 | 89.3 | 100.0 | 100.0 | 95.2 |
| | | Q1 2022/23 | 100.0 | 100.0 | 96.2 | 100.0 |
| | | Q4 2021/22 | 91.3 | 96.2 | 100.0 | 100.0 |
| Offered appointment within 2 weeks of moderate referral | Acceptable $\geq 93\%$ | Q3 2022/23 | 93.2 | 100.0 | 100.0 | 100.0 |
| | | Q2 2022/23 | 95.2 | 100.0 | 100.0 | 97.7 |
| | | Q1 2022/23 | 92.9 | 100.0 | 98.4 | 98.3 |
| | | Q4 2021/22 | 87.3 | 100.0 | 100.0 | 100.0 |

Women are invited for colposcopy following the cervical screening test result, usually for one of 4 reasons, which are:

- abnormal cells in the cervix and an infection with human papillomavirus (HPV)
- an HPV infection which hasn't gone away
- The woman has had several screening tests but it was not possible give a result (it is likely there is nothing wrong, but a colposcopy can find out for sure)
- the nurse or doctor who carried out the screening test thought the cervix did not look as healthy as it should

The abnormal cells are either low grade (likely to resolve within 12 months) or high grade (high risk of developing into cancer). Women with low grade abnormal cells should be seen within colposcopy within 6 weeks and those with high grade within 2 weeks.

Colposcopy is usually carried out in a hospital clinic. A specialist takes a close look at the cervix using a magnifying lens with a light (a 'colposcope') and may take a small tissue sample (a biopsy).

Women in Merton are referred to St Heliers.

All Colposcopy units South West London meet the 2 week waiting standard for high grade abnormalities. St Georges experienced a decline in waiting times for low-grade referrals in Q3 due loss of staff. More recent data (interim/unpublished) has shown improvement in performance.

St Heliers has focussed capacity on high grade referrals but has introduced weekend clinics to improve waiting times for low grade referrals

Appendix 3: Cervical Screening Campaign NHS London

NHS England and NHS Improvement



Social media: Twitter, Facebook and Instagram

Reach: 2 million



Reach is the total number of unique people who see your content. **Impressions:** number of times your content is displayed, no matter if it was clicked or not

BuzzFeed UK @BuzzFeedUK

British Women Share How Their Friendships Came Together 🤝

163.5K views 0:02 / 5:00

11:22 am · 1 Mar 2022 · Twitter Media Studio

BuzzFeed UK @BuzzFeedUK

Mindy Kaling And Emma Thompson Give Advice To Women

8:49 194K views

9:30 am · 4 Mar 2022 · Twitter Media Studio

NHS London Sponsored

Two women die every day from cervical cancer, but getting your screening can help stop it before it starts.

Don't ignore your cervical screening invite

nhs.uk/cervicalscreening
Contact your GP practice to book. [Learn More](#)

201 9 comments 52 shares

Impressions: 804,894
Link clicks: 2,655
CPC: £0.73

Two women die every day from cervical cancer, but getting your screening can help stop it before it starts.

Don't ignore your cervical screening invite

nhs.uk/cervicalscreening
Contact your GP practice to book. [Learn More](#)

572 25 comments 66 shares

Impressions: 1,289,218
Link clicks: 4,453
CPC: £0.76

NHS London Sponsored

Two women die every day from cervical cancer, but getting your screening can help stop it before it starts.

Don't ignore your cervical screening invite

nhs.uk/cervicalscreening
Contact your GP practice to book. [Learn More](#)

380 53 comments 104 shares

Impressions: 1,263,415
Link clicks: 3,746
CPC: £0.75

NHS London Sponsored

Two women die every day from cervical cancer, but getting your screening can help stop it before it starts.

Don't ignore your cervical screening invite

gov.uk/cervicalscreening
Contact your GP practice to book. [Learn More](#)

116 24 comments 13 shares

Impressions: 546,977
Link clicks: 1,509
CPC: £0.76

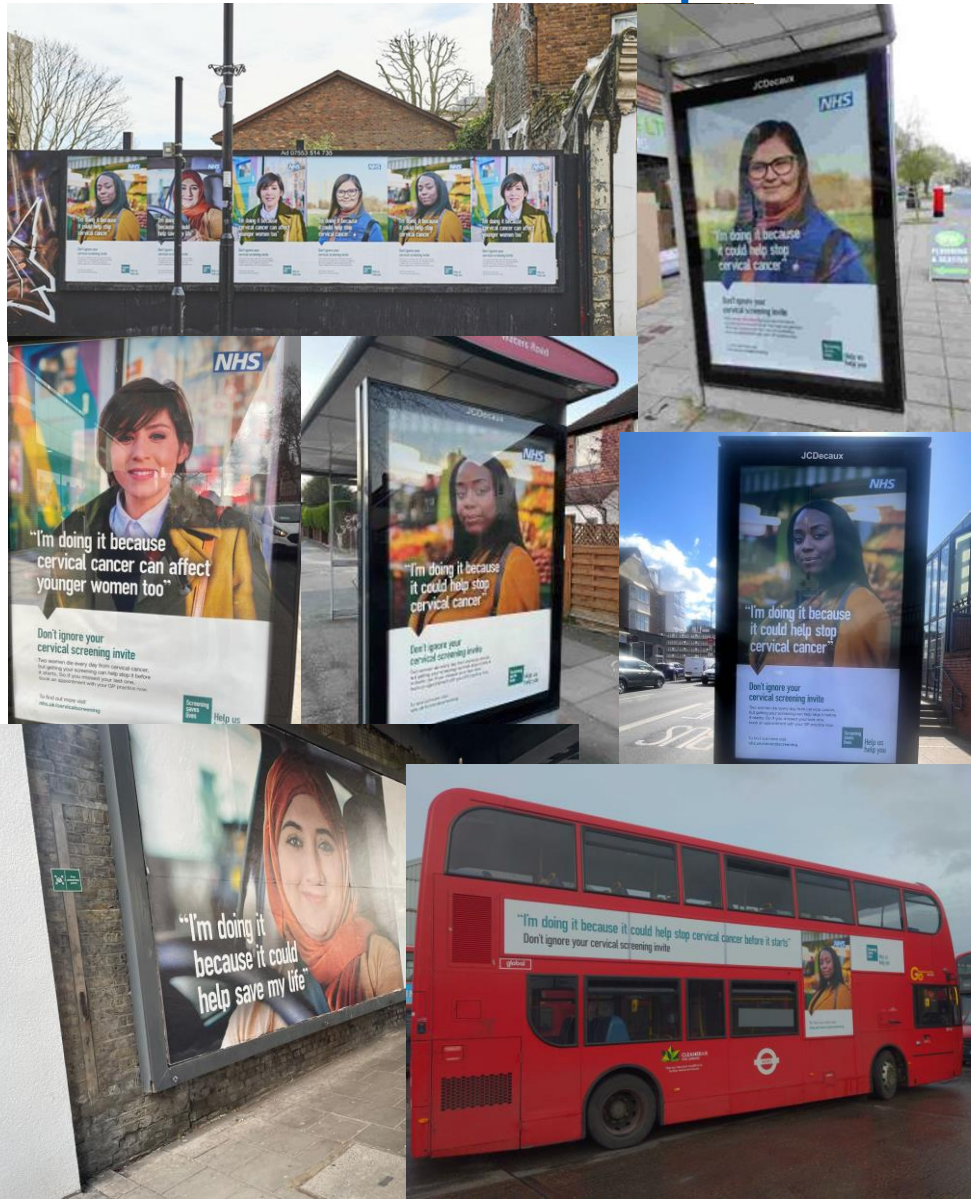
Out of Home

14th March – 17th April



A range of out-of-home assets were used to drive the campaign including:

- Bus T sides
- Digital posters
- Flyposting
- Billboards



Key Highlights:

- Reach of 2,189,000 people aged 25-64
- Frequency of 13.41
- Total Impact of 30,274,926

Community Radio

21st Feb – 17th April



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| Radio Station | Executed Live Read Spots |
|--------------------------|--------------------------|
| The BEAT | 100 |
| Westside Radio | 100 |
| GN Radio | 100 |
| Nomad Radio | 97 |
| Asian Star | 97 |
| Inspire FM | 100 |
| Sout Al-Khaleej Spectrum | 97 |
| Nu Sound Radio | 100 |
| Radio Bangla Net | 96 |
| Lyca Radio | 95 |
| Lyca Dilse | 96 |
| Total | 1078 |

Key Highlights:

- Somali, English, Arabic, Urdu
- Bengali, Hindi,
- 1078 live read spots over 11 stations
- Estimated reach **852k**
- Positive feedback from listeners about increased awareness of cervical screening

Community Engagement

Materials

- Poster and wallet cards used for community engagement only
- Gap amongst the National and London posters noted
- Wallet cards created to allow women discreetly review information on the campaign
- Both considered important to increase engagement with campaign

Street teams

Events

Training community champions



Don't ignore your cervical screening invite

Two women die every day from cervical cancer, but getting your screening can help stop it before it starts. So remember, if you missed your last one, book an appointment with your GP practice now.

To find out more visit nhs.uk/cervicalscreening



Help us help you

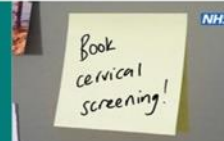
NHS London Cervical Screening Awareness Training for London Region Community Champions and Ambassadors

You are invited to a cervical screening awareness training session via Zoom for community champions and ambassadors working directly with Local Authorities.

The session forms part of the new NHS London region campaign, 'Help Us Help You - Cervical Screening', which aims to increase the uptake of cervical screening amongst those who are eligible - women and people with a cervix aged between 25 and 64.

During the session, you will receive support on how to:

- Effectively highlight the benefits of cervical screening
- Debunk some of the myths surrounding screening that can act as a barrier to people being tested
- Advise people where they can be screened if they are not registered with a GP



Wednesday 4 May 2022
15:00 - 16:30 GMT

To register for the event, please visit
<https://www.eventbrite.co.uk/e/nhs-london-cervical-screening-awareness-training-2022-tickets-32932057177>



Help us help you



What is cervical screening?

Cervical screening is a test to help prevent cancer. It checks for a virus called high-risk HPV which causes nearly all cervical cancers. This is the best way to find out who is at higher risk of developing the cervical cell changes which, if left untreated, could lead to cervical cancer.

The symptoms of cervical cancer are not always obvious, and it may not cause any symptoms at all until it's reached an advanced stage. That's why it's important that you attend all your cervical screening appointments.

Who is cervical screening for?

Women and people with a cervix aged between 25-64 are eligible for routine cervical screening.

- if you're aged 25-49, every 3 years
- if you're aged 50-64, every 5 years

Those registered as female with their GP practice will be automatically invited. Trans men and non-binary people with a cervix aged 25-64 are also eligible for cervical screening. They can arrange to be screened with their GP practice or a local sexual health clinic.

Don't ignore your cervical screening invite. If you missed your last one book an appointment with your GP practice now.



Help us help you

What will happen during my appointment?

A friendly, trained nurse will ask you to undress and lie down on a couch in a private room. You will have a paper sheet to cover yourself. The nurse will use a speculum and a small, soft brush to take a sample from your cervix. The cervix is the entrance to the womb from the vagina. Your sample is sent away and tested.

Cervical screening is usually carried out by a female nurse or doctor. If you want to make sure a woman carries out your test, you can ask for this when you make your appointment. Screening only lasts a few minutes. It's a few minutes that could save your life.



Events



- Wise Women Awards (Pan London)
- Mums Connect (Pan London)
- London Muslim Shopping Festival (Pan London)
- Women Wellness Sunday Event (Pan London)
- Polish Female Stand Up Comedy Show (Pan London)
- 'Speak with Dilys' (Pan London)
- Women's Community Awareness Talk (Tower Hamlets)
- Methodist Women's Sponsored Walk (Lambeth)
- Women's Community Iftar (Hammersmith and Fulham)
- Women's Community Iftar (Tower Hamlets)

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Appendix 4: Bowel Screening Campaign NHS London

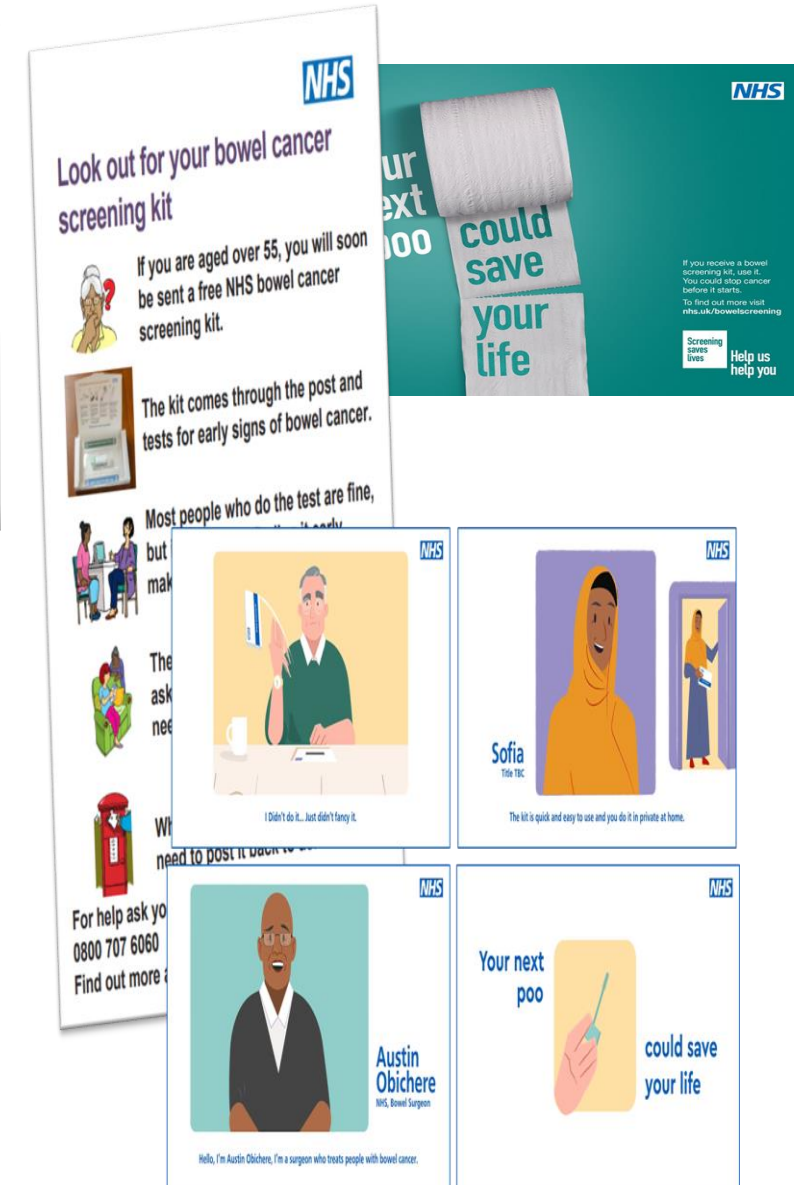
NHS England and NHS Improvement



Campaign Channels: Overarching Campaign

- **Out of Home:** 26th August - 11th September 2022
 - Bus T-sides.
 - Digital Roadside
- **Radio**
 - English Language London Radio ads 8th August - 18th September
 - Community radio 8 Aug - 3 October 2022
- **Social Media** 8th August - 18th September
 - Meta: Instagram and Facebook
 - Mixed of owned and paid for social media
- **Animation** Creation of animation to explain importance of bowel screening
- **PR** Working with partners e.g. football stadiums, employers etc.
- **Creation of NHSE London Bowel Screening Campaign Website**
 - To include case studies (from a range of backgrounds)
 - To include key campaign assets for use by partners
- **Paid search**

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Radio stations



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| Station | Community/Language/Region | Region/Language |
|--------------------------|---|---|
| The BEAT | London/Afro-carrbean | English Black |
| Colourful | London/African | English Black |
| GN Radio | Black African (Ghanaian community)/London | English |
| Nomad Radio | Somali community/West London | English |
| IBC Tamil | Tamil/SriLankan/English/London | Tamil or English |
| Asian FX | South Asian/London | English South Asian or Punjabi or Hindi |
| PRL | Polish/London | Polish |
| Premier Gospel | Black African/London | English |
| Chaumont Sout Al-Khaleej | Arabic/London | Arabic |
| Sanskar | Indian/South Asian/London | Hindi |
| London Turkish Radio | Turkish/London | Turkish |
| Westside | Afro Caribbean/English/Est London/Middlesex | English Black |
| Revive | South Asian/Urdu/East London | Urdu |
| Nu Sound | Indian/South Asian/London | Hindi |

| Station |
|---------------------|
| Classic FM |
| Gold |
| Heart |
| LBC |
| Smooth |
| Greatest Hits Radio |
| Time FM |
| Jazz FM |
| Magic |
| Dilse Radio |
| Lyca Radio |
| Panjab Radio |
| Sunrise |
| TalkSPORT |



Reach-paid media



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| Channel | Reach |
|-------------------------------|---|
| Radio (english language) | 2.137 million |
| OOH out of home (bus sides) | 2.023 million (freq 6.77 i.e. the number of times it will be seen by an individual) |
| Community Radio (non-english) | 1,096 million |
| Social | 1.035 million (freq. 6.5) |

Public Relations and community engagement

A consultative approach was required across the 10 target London boroughs to build on audience insights, learnings as well as identifying local infrastructures, channels and relationships that exist through staged processes:

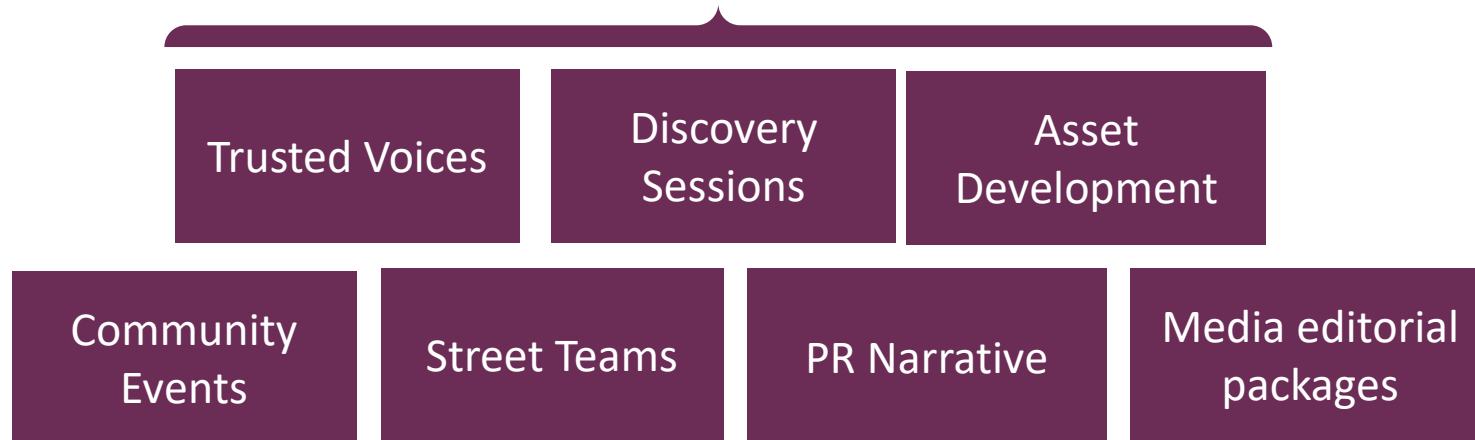


EDUCATE, RAISE AWARENESS & ENCOURAGE

To educate ethnic minority audiences that the NHS provides free tests whether you have symptoms or not. To raise awareness that the screening programme tests automatically, not by request and the FIT test is routine after age 56. Encouraging people that they should complete the test every 2 years, as early treatment increases their chances of a good outcome.



By using trusted voices from across the target communities, who are willing to talk openly about bowel cancer. This was achieved through:



Community Messaging - Audio Content

As part of the mainstream media plan MMC created 'community messaging' for radio. MMC worked with the onboarded trusted medical experts to voice the audio recording.

The audio was recorded into 8 languages: English SA, English Black, Arabic, Urdu, Punjabi, Turkish, Hindi and Polish, featuring Dr Austin Obichere as well as a host of multicultural HCPs



Dr Austin Obichere - English



Dr Jyoti Sood - SA English & Hindi



Dr Pucek Polish



Dr Carter Singh - Punjabi



Dr Zein Toukan Arabic



Dr Sayyada Mawji Urdu



Dr Filiz Capar Turkish

Print Media Packages

| Editorial Media Packages | |
|----------------------------|------------|
| No. of media outlets | 14 |
| Total insertions | 23 |
| Reach | 8.7m |
| Added Value | |
| Additional free insertions | 25 |
| Additional reach | 7.3m |
| Total media reach | 16m |



Trusted Voices - Influencers

A key pillars of our campaign messaging is to reassure men and women about the importance of bowel screening and to encourage them to complete their FIT Kit when invited through the use of trusted voices. We successfully identified and onboarded 9 influencers who used their platform to supported the campaign. We selected them based on their strong links to the community, their expertise and authentic connection to the campaign and quality of existing content.

Medi Influencers

Creating content and hosting IG lives to engage their followers

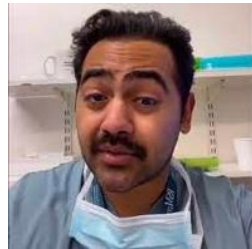
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Dr Sayyada Mawji



Dr Arora



Dr Karan Rajan



Dr Monika Widlak



Dr Emeka

Lifestyle Influencers

Supportive quotes featured in editorial and social support



Lady Anne Welsh



Ola Fiddler



Ivy Ekong



Lavina Metha MBE

Combined Reach:

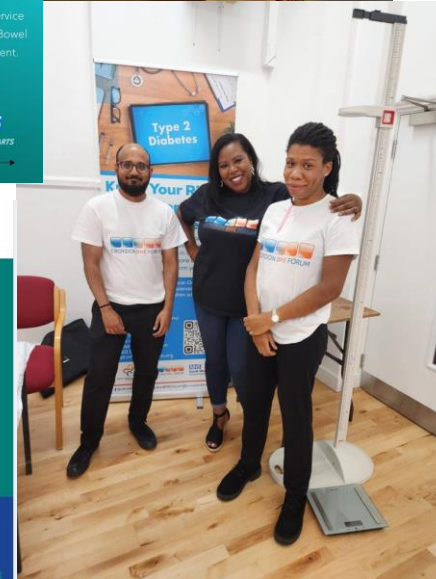
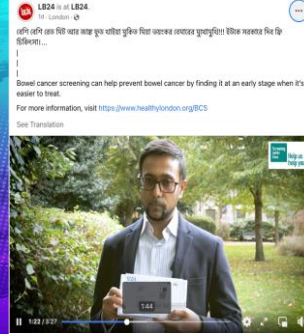
Street teams



Events



- Croydon BME Yoga Event
- House OF Rock
- Halal Food Festival
- Leanne Pero Foundation- IG live
- Dr Martina's IG
- Ola Fiddler Breakfast
- News Page 74
- Wellbeing Event 11-5 and Young at Heart Group 55+
- ACTS Christian Church Croydon
- Harmony Christian Projects, Dagenham
- Older People's Provider Network Kensington & Chelsea and Westminster
- LB24TV Bengali Comedy Show



Dr Monika Widlak
Gastroenterolog

Rak jelita jest jednym z najczęściej diagnozowanych nowotworów odpowiedzialnych za śmierć w wieku średnim. W Wielkiej Brytanii mamy możliwość badania pacjentów już od wieku 56 lat bezpłatnymi, niezależnymi testami, dzięki którym możemy wykryć polipy, które mogą przekształcić się w nowotwór i podjąć szybkie leczenie.

Aby dowiedzieć się więcej, odwiedź:
[healthylondon.org/BCS](https://www.healthylondon.org/BCS)

TOMORROW AT 12 PM
Conversation about Bowel Cancer Screening with Dr. Monika Widlak.

Acts Christian Church - NHS London Bowel Cancer Screening ft. Lisa-Lyna Ofosu-Asare
Acts Christian Church



Epsom and St Helier
University Hospitals
NHS Trust

OUR ESTATES CHALLENGES AT ST HELIER HOSPITAL

James Blythe, Managing Director for ESTH and
Andrew Asbury, Group Chief Infrastructure Officer

ABOUT ST HELIER HOSPITAL

- Building work started in 1938, with the first patients admitted in 1941.
- More than 90% of St Helier Hospital is older than the NHS itself.
- 98% of the St Helier estate is either in very poor or bad condition and requires capital investment or replacement (2019 6-facet survey).
- Only 24% of inpatients are cared for in single rooms with only a third of those rooms ensuite.
- Over 80% of our estate is not functionally suitable for delivery of modern patient care.
- The design of our buildings means beds are too close together and make infection prevention and control more difficult. The design also makes it difficult to reconfigure services to support integration with community care.



St Helier today



An artist's impression of what St Helier will look like

CHALLENGES WITH OUR OLD ESTATE

Due to the age of St Helier and the complexity of old equipment and systems, it is both difficult and expensive to maintain and improve. The cost and complexity of the work done to date to maintain and improve our estate should not be underestimated. However, decades of unmet promises through previous redevelopment schemes and lack of investment to bring the hospital up to 21st century healthcare standards, has contributed to the Trust's backlog maintenance problems.

Every year, we invest millions to rectify and improve the fabric of the buildings, major plant items, general operating equipment, and other estates challenges, as well as making improvements to the environment for our patients and staff. For example, in the last five years we have:

- Extended and reconfigured our Emergency Department and urgent treatment areas, creating a Same Day Emergency Care (SDEC) and improving flow
- Refurbished part of our intensive care unit (£7.6m)
- Completed a significant external refurbishment to the back of B and C blocks including roof, render and window replacement (£12.5m)
- Replaced our old steam-powered boilers with low-temperature hot water shell boilers (£15.1m) (this was a Trust-wide project)
- Opened a second CT scanner to support increased activity (£1.2m)
- Opened a new state-of-the-art Adult Audiology Unit (£893k) and Renal Dialysis Unit (£3m)
- Ward refurbishments and ward reconfiguration in the main block to improve patient flow from the current buildings, including moving renal inpatient wards into the main building.



Scaffolding during the external refurbishment of B and C blocks



ED extension and refurbishment

IMPACTS ON PATIENT SAFETY, EXPERIENCE AND STAFF

As recent media coverage has highlighted, our estates challenges can impact the patient experience, for example:

- During the heatwave last year, the conditions were stifling on our wards. Temperatures regularly sat stubbornly above 35 degrees Celsius - we did everything we could with portable fans and ice lollies but these are not conditions our patients and staff should have to tolerate
- In contrast, over the winter, we had floods, leaking roofs, and patients being cared for in the cold due to heating failures.

The design of our buildings and dated Nightingale wards mean beds are too close together and it make infection prevention and control more difficult. This was particularly evident during Covid, and was amplified by the fact only 24% of inpatients are cared for in single rooms, with only a third of these ensuite.

Our old estate also provides challenges for how staff work day-to-day. For example, they work in old, cramped and crumbling offices, with windows that don't close properly.

Despite these challenges, **our staff continue to provide safe and effective care to our patients.**

This is supported by our CQC Good rating.



OUR CASE FOR CHANGE ISN'T JUST ABOUT IMPROVING OUR ESTATE

Our case for change is not just about solving our estate issues. It **will improve quality, safeguard sustainability, and strengthen staffing** in the six 24/7 major acute services that we currently run on two sites.

In addition, it will mean staff at **Epsom and St Helier hospitals** can focus on delivering excellent planned care, rehabilitation, outpatient and diagnostic services, including 24/7 urgent treatment centres, to the majority of our patients – that **is 85% of people who need care and treatment with us**.

Changing our current model of care will help us **improve the patient journey and experience, and improve quality**. Our staff run duplicate services across two sites, which can impact on the levels of care we provide, and means our workforce is stretched. For example:

- We cannot meet the consultant workforce standards set for major acute services across two sites
- We have vacant consultant posts and gaps in the staff rota (reducing the quality of care and creating financial pressure)
- We have shortages of junior doctors and middle-grade doctors (so have to employ temporary staff to fill the gaps in the rotas)
- We have vacancies in nursing and specialist roles.

Changing our clinical model will also provide **new clinical roles which will help address current clinical workforce challenges**.

HOW WE ARE ADDRESSING OUR ESTATES CHALLENGES AT ST HELIER

We are commissioning a new 6-facet condition survey for Epsom and St Helier hospitals to help us shape our five year Estates Strategy, and ensure our assumptions are fully integrated with St George's University Hospitals NHS Foundation Trust. We will publish the outputs from this conditions survey once completed.

Becoming environmentally sustainable and having buildings that are fit for delivering 21st century healthcare are strategic priorities for St George's, Epsom and St Helier University Hospitals and Health Group as part of our new five year [group strategy](#). As the strategy details, we will do this by delivering our Building Your Future Hospitals programme, and continuing to develop, invest in and maintain our hospital and community sites across the group, including at St Helier.

We will continue to build on the work we have done to maintain and improve St Helier Hospital by prioritising the most critical estates risks. At the same time, we will undertake a programme of planned preventative maintenance, and improvements in line with the future district hospital model.

Capital investment

Our approach has been and continues to be to make incremental improvements within the financial resources available to us, focusing investment on improving infection prevention, safety, environmental performance and reducing running costs, as well as improving the experience of our patients.



CAPITAL INVESTMENT 2020-21

| Capital expenditure | Key projects |
|---------------------|---|
| £14.784m | <ul style="list-style-type: none"> • C block external ITU bed lift • D block new energy centre • New CT scanner • ED expansion • UEC/SDEC development • QMHC paediatrics work • 1st floor X-ray • Ward C5 refurbishment |



We installed a brand new **external emergency ITU bed lift** to all floors in C block

We received additional capital funding through emergency Covid funds, land disposal and other national initiatives which enabled us to deliver additional projects such as those pictured



New energy centre in D block – this included works to plantrooms along with installation of new heating mains across the site.

CAPITAL INVESTMENT 2021-22

| Capital expenditure | Key projects |
|---------------------|---|
| £8.897m | <ul style="list-style-type: none"> • A6 and B6 ward refurbishments • VIE new oxygen plant • New Maternity lift • SWL Pathology lab enabling • B1/C6 refurbishment • C1 refurbishment • Medical records reconfiguration and expansion • A6/B6 roof refurbishment • A&E Chiller replacement • Dental suite refurbishment and ventilation works • 1st floor X-ray • Ward C5 refurbishment • Car park lighting |



A6 and B6 ward refurbishments, converting the wards from standard medical wards to new specialist renal wards.



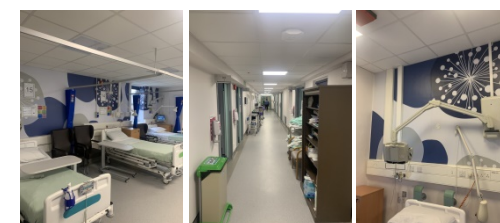
VIE Oxygen Plant - creation and installation of two new oxygen tanks and supplies to main ITU wards in C block.

CAPITAL INVESTMENT 2022-23

| Project | Description | Cost |
|---|---|-------------------|
| B4 - AHU | Install all steelwork to support new air handling units (FY 22/23). x1 AHU installation to B4 supporting theatres (FY 22/23). | £1,123,664 |
| Mortuary - AHU | Install all steelwork to support new AHUs (FY 22/23). Cost included in B4. x1 AHU installation to Mortuary (FY 23/24). | £17,394 |
| Central Station D-Block - Plant room upgrade | | £74,605 |
| St Helier Central Station - Safe water services | Full replacement of the biocide system to protect the domestic water pipework from Legionella and Pseudomonas Aeruginosa | £379,254 |
| St Helier site - D Block Boiler House Phase 2 | Fitting Fire suppression system to boiler house | £337,844 |
| Maternity delivery M-5 St Helier | | £447,748 |
| St Helier C3 & A5 - Nurse call systems | Upgrade to Wandsworth Ipin required - existing obsolete and or failing. | £59,855 |
| Boiler house goods lift | Reinstate this lift to allow safe transport of materials and consumables two floors below ground level. | £29,041 |
| General Roof repairs A6 & B6 | Replacement of fabric and upgrading of insulation to meet regulation, and address leakage in to the wards | £260,428 |
| St Helier Energy | | £64,843 |
| VIE Stage 3 | | £55,949 |
| Maternity lift | | £428,912 |
| Interventional Cath Lab St Helier | Equipment change out program has found the SHU serving this areas is no longer compliant | £424,261 |
| Richard Bright Ward PCN ward | Community ward | £373,344 |
| B1 Refurbishment | | £212,941 |
| Mortuary CAPA plan | Minor works project to replace flooring and install some white rock to the mortuary area. | £57,272 |
| CTU Refurb. | | £75,451 |
| ITU 3 Automated doors | | £28,160 |
| TOTAL | | £6,586,754 |



In 2022, we **opened a new state-of-the-art Pathology Lab**, converting old office spaces into new Pathology unit (SWL Pathology funding).



We **refurbished Richard Bright Ward**, creating a bright and airy new PCN-led community ward

CAPITAL INVESTMENT 2023-24

This year, we will continue to build on the work we have done to maintain and improve St Helier Hospital by prioritising the most critical estates risks, while also focusing investment on improving infection prevention, safety, environmental performance, reducing running costs, and improving the experience of our patients.

Improvement works planned for 2023-24 include:

- Window replacement in A3, A6, and maternity birthing rooms
- Complete B4 theatres work
- Continued refurbishment of ITU and installation of new air handling units
- Lift works in Queen Mary's Hospital for Children
- Roll out of cold water dispensers to all wards
- Renewal of hot and cold water services site wide
- Cath lab improvement works.

BUILDING YOUR FUTURE HOSPITALS PROGRAMME UPDATE

On 25 May 2023, the Government announced the next steps for the New Hospital Programme, including £20 billion ring-fenced, on top of wider investment to improve NHS infrastructure, for the New Hospital Programme.

In his statement to parliament, the Secretary of State Steve Barclay promised:

- Our Building Your Future Hospitals programme will “**now proceed and be fully funded**”
- It will be **delivered by 2030** using a Hospital 2.0 approach
 - Hospital 2.0 is the New Hospital Programme’s standardised blueprint for new hospitals. By developing a national approach to new hospitals, they can be built more quickly and at a reduced cost, providing value for taxpayers.
 - Our developments will be built using Hospital 2.0 principles, while ensuring they are tailored fully to local needs.
- We can now **proceed with our enabling works** – we have already started relocating services so we can clear the site for building works.
- The national programme will be working with trusts and ICBs over the coming months to confirm project plans are fully aligned with local commissioning intentions.



*Designs for illustrative purposes only

As part of our plans, St Helier Hospital will remain a busy district hospital in the heart of the community, where 85% of patients will still be seen and treated.

This includes district beds for patients 'stepping down' from the new hospital, 'stepping up' from the community and directly admitted via an urgent treatment centre.

The vision for Epsom Hospital and St Helier Hospital

