

Screening & Immunisation Team (SIT) Update w/c 20 April 2020

Please cascade to ALL staff, including GPs, Practice Nurses & Reception Staff

COVID-19 Guidance:

Current COVID-19 guidance for clinical and non-clinical environments is available here:

- <https://www.gov.uk/government/collections/wuhan-novel-coronavirus>
- <https://www.gov.uk/coronavirus>

Screening Programme Update:

- The routine Diabetic Eye Screening (DES) programme has paused, but high risk and pregnant women are still being called for appointments.
- The Antenatal and Newborn (ANNB) screening programme continues as normal.
- The routine Breast Cancer Screening programme has paused, but Trusts have been guided to ensure screening of high risk women continues.
- The Cervical Screening programme continues. Colp clinics continue, but at a reduced capacity with High risk referrals seen as usual and low risk referrals contacted by the individual colposcopy clinics.
- The Bowel Cancer Screening programme has paused.
- The Abdominal Aortic Aneurysm (AAA) programme has paused.

Immunisation Information

Vaccine Update: Issue 306

[Vaccine update: issue 306, March 2020](#)

March 2020's edition features:

- Keep calm and carry on vaccinating
- updates on the PPV23 and PCV13 availability and programmes
- vaccines for the 2019 to 2020 children's flu programme
- providing a second dose of flu vaccine after all Fluenz® Tetra has expired
- expiry dates for Fluenz® Tetra issued in 2019 to 2020
- all influenza vaccines for the 2019 to 2020 season
- maternal Pertussis programme – change to dTaP/IPV vaccine
- update to Bexsero Patient Information Leaflet
- MMR vaccine ordering
- the EU Falsified Medicines Directive (FMD) and Delegated Regulation as applicable to PHE supplied vaccines for the national immunisation programme
- early notice: Easter and spring back holiday delivery and order cut-off changes
- National Immunisation Network (NIN) meeting 2020 is cancelled

Ordering Shingles Vaccine - Zostavax

Practices are routinely advised not to order more than 2 weeks of stock to avoid wastage in the event of a cold chain failure. Please note that Zostavax ordered through ImmForm is currently being issued with an expiry date of 30 June 2020. Please take account of this in considering how much to order.



<https://portal.immform.dh.gov.uk/VaccineSupply/VaccineSupply/News/ORDERING-SHINGLES-VACCINE-ZOSTAVAX.aspx>

Statement from the Joint Committee on Vaccination and Immunisation (JCVI) on Immunisation Prioritisation

Maintain immunisation services to reduce the serious risk of vaccine-preventable disease.

We know that many of you will be involved in providing health services to known or suspected cases of COVID-19 infection while maintaining essential services.

During this time it is very important to maintain our national immunisation programme. This will avoid outbreaks of vaccine-preventable diseases and allow us to provide important protection to children and other vulnerable groups. It will also avoid increasing further the numbers of patients requiring health services because of vaccine-preventable diseases.

The national immunisation programme is highly successful in reducing the incidence of serious and sometimes life-threatening diseases such as pneumococcal and meningococcal infections, whooping cough, diphtheria and measles. It is important to maintain the best possible vaccine uptake to prevent a resurgence of these infections.

The routine immunisation programme should be maintained. Where practices experience high demand on services, it is important to prioritise time sensitive vaccines for babies, children and pregnant women:

1. routine childhood immunisations (to include targeted neonatal hepatitis B and BCG), from birth up to and including vaccines offered to babies, infants and pre-school children including first and second MMR doses;
2. pertussis vaccination in pregnancy;
3. pneumococcal vaccination for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation).

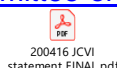
If people present for any other scheduled vaccination, the opportunity to provide this should not be missed.

Providing those attending for vaccination (including parents of babies) are well, are not displaying symptoms of COVID-19 or other infections and are not self-isolating because they are contacts of suspected COVID-19 cases, immunisation should proceed.

Most children suffer from a very minor illness with COVID19. If immunisation services lapse, there will be consequential substantially increased risk to health from vaccine-preventable diseases. It is vital that we sustain services.

We ask that you continue to offer these vaccinations, maintaining the highest uptake possible and providing this important protection to our population.

<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>



Managing locally held Vaccine Stock in Primary Care and the use of Patient Group Directions in Primary Care Networks

Immunisation services have not been identified as activities that can be suspended within the GP contract and it is important to ensure the continued delivery of vital NHS services.

While there are no central supply issues of vaccine stock, it may be necessary for CCGs and/or Primary Care Networks to facilitate the transfer of locally held vaccine stock from one provider to another to ensure



the continued delivery of immunisation programmes. To support this, the Medicines and Healthcare Products Regulatory Agency (MHRA) has now confirmed that it would not prevent the transfer of locally held vaccine stock from the NHS routine immunisation services during COVID-19, provided that:

- the CCG, PCN or General Practice believes the transfer of vaccine(s) is necessary to support the continued delivery of routine immunisations in primary care during the COVID-19 response and will ensure the effective use of available resource;
- the CCG, PCN or General Practice that is holding the vaccine stock has assurance that the vaccine has been stored in the correct temperature-controlled conditions;
- confirmed daily record keeping of temperature monitoring is available;
- the CCG, PCN or General Practice that requires locally held vaccine supply can verify the assurances given; and
- the vaccine(s) can be transported appropriately under the right cold chain conditions.

Regional NHSEI commissioners should be informed of any incidents including cold chain breaches during transfer of vaccines. CCGs, PCNs and Primary Care providers should refer to Public Health England's protocol for the [ordering, storing and management of vaccines](#).

Community Pharmacies are already able to transfer medicines to other healthcare providers without a wholesalers licence under specific circumstances, and should refer to the [relevant guidance](#).

The NHS Specialist Pharmacy Service has made available [guidance on the use of Patient Group Directions](#) in Primary Care Networks.

Screening Information

Cervical Screening

Sample takers Education Pathway – Updated 28th February 2020. Please refer to the updated guidance at: <https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway>

Eligibility of health professionals to train as sample takers:

The following UK registered healthcare professionals are eligible to train to undertake the role of cervical sample taker:

- registered nurses
- registered nursing associates*
- registered midwives
- physician associates who are registered on the Physician Associate Managed Voluntary Register (PAMVR)
- registered healthcare professionals working in integrated sexual health (ISH) clinics
- General Medical Council (GMC) registered medical doctors

Registered nurses, nursing associates, midwives and physician associates must complete a recognised theoretical course followed by a period of supervised training as described in this guidance.

All UK registered health professionals involved in cervical screening must keep up to date with developments in the programme and meet their professional obligations for continuing professional development. Additional guidance and information available at [standards and guidance](#) for healthcare



professionals and managers working in the NHS CSP. You can also keep up to date with information on new publications and guidance via the [PHE Screening blog](#), and [subscribe](#) for new content alerts.

Update Training Requirements: Sample takers must undertake a minimum of 3 hours update training every 3 years. The [national eLearning resource for sample takers](#) meets the programme requirements for update training.

Where face to face update training takes place, it must equate to a minimum of 3 hours of learning and fulfil the requirements of this guidance in addition to any local training requests. Training providers should link to their local screening and immunisation teams for the purposes of local update training.

Update training must cover:

- current developments in the NHS CSP (national and local)
- recent guidance updates relevant to cervical sample taking
- changes to screening policies and procedures (national and local)
- identification of personal learning needs to meet professional obligations for CPD and revalidation
- learning from incidents in the programme (common national and local themes)

Sample takers must be eligible to undertake the update course, and submit proof of their completed initial training to the training provider. All sample takers are required to share photocopies of update training certificates with the sample taker database uhdb.cytologystdatabase@nhs.net

Sample Taker Codes Alert: All sample takers MUST be registered on the database BEFORE they start taking samples. All nurses' sample taker codes are their NMC number but unless / until this is registered on the database it cannot be used as a sample taker code.

Alert: If a request form is received without a sample taker code or with an unregistered / unrecognised code then the practice will be contacted to verify the identity and competence of the sample taker. If this cannot be verified the sample will be deemed inadequate and the woman will need to be recalled in 3 months to repeat the screening.

Locum Sample takers Alert: It is the responsibility of the employing practice to check that any locum employed to take cervical samples has a sample taker code already registered on the database and if not must request this **before** taking any samples. Any samples received from locums not on the database will be also be deemed inadequate and need to be repeated in 3 months.

[Health Inequality](#)

Ensuring pregnant men get equal quality care: Pregnant trans men can face some unique challenges when accessing healthcare. Read the post: <https://phescreening.blog.gov.uk/2020/03/13/pregnant-men-best-care/>

Contact details for the Screening & Immunisation Team:

Name	Programme	e-mail	Telephone number
Sarah Mayfield (SIM)	ANNB Screening, DES, Child & Adolescent Immunisations	sarahmayfield@nhs.net	07918368418
Annie Tasker (SIM)	Bowel, AAA, Breast & Cervical Screening, Adult Immunisations & Seasonal Flu	annie.tasker@nhs.net	07860180484
Sarah Bolstridge (SIC)	Bowel & AAA Screening	sarah.bolstridge@nhs.net	07876 851804



Gemma Riley (SIC)	Breast Screening, Adult Immunisations & Seasonal Flu	gemma.riley4@nhs.net	07730371163
Alison Campbell (SIC)	Child & Adolescent Immunisations	alison.campbell@nhs.net	07721231702
Tania Murdoch (SIC)	Cervical Screening	tania.murdoch@nhs.net	07730391691
Hayley Billings (SIC)	ANNB (Derbys), Child & Adolescent Immunisations	hayley.billings@nhs.net	07860179039
Zoe Scott (SIC)	DES & SFHFT ANNB	zoe.scott@nhs.net	07713796041

Alternatively you can email the generic email account:

ENGLAND.SCRIMMS@nhs.net

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the NHS England & NHS Improvement - Midlands Screening and Immunisation Team by email to england.denoit@nhs.net