

## NHS ENGLAND AREA TEAM DERBYSHIRE AND NOTTINGHAMSHIRE

### SCREENING AND IMMUNISATIONS PROGRAMMES UPDATE TO

#### DERBY CITY HEALTH AND WELLBEING BOARD

17 July 2014

### 1. Introduction

This paper describes the commissioning arrangements and key public health quality and performance issues in the screening and immunisation programmes commissioned by NHS England Area Team Derbyshire Nottinghamshire.

### 2. Commissioning Arrangements and Responsibilities

Under Section 7a of the National Health Service Act 2006 and the Health and Social Care Act 2012, NHS England are responsible for the commissioning of national screening and immunisation programmes. This responsibility is transacted locally through NHS England Area Teams since 1 April 2013. Each NHS England Area Team has an 'embedded' Public Health England Screening and Immunisation Team to provide public health expertise and support to the commissioning process. These programmes are commissioned against 28 nationally determined services specifications <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2014-to-2015> to ensure consistency of service provision across England.

The Area Team commissions screening and immunisation services from a range of providers on behalf of the local population (1.96 million). The providers include four acute hospital Trusts, primary care, school nursing and health visiting service providers. Appendix A is a list of the commissioned screening and immunisation programmes.

The quality and performance of these programmes are monitored through quarterly Area Team led Derbyshire and Nottinghamshire Programme Boards chaired by the Screening and Immunisation Lead. Assurance is provided to the Directors of Public Health by the Lead through the Derbyshire County & Derby City Health Protection Board.

On an annual basis, local rates of uptake for these programmes are included in the health protection section of the Public Health Outcomes Framework.

### 3. Importance of Immunisation Programmes in Improving Public Health

After the provision of clean drinking water, immunisation programmes are the most cost effective health protection interventions and a cornerstone of public health practice. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals.

Immunisation programmes aim to protect the population health through both individual and herd immunity (also known as community immunity). Herd immunity is achieved when a sufficient proportion of the target population are immunised to suppress the spread of disease to non-immune or unimmunised individuals. For most infectious diseases in the national programmes, official estimates are that an uptake of 95% of the population is required to

ensure herd immunity. This constitutes a target level for the population<sup>1</sup>. High immunisation uptake rates prevent illness, hospital admissions, disability and sometimes death. High uptake rates also support good school attendance and educational attainment, reduced inequalities, and healthy independent living in later years.

## **4. Immunisation Programme Key Issues**

### **4.1 New national immunisation programmes**

A number of new immunisation programmes were introduced during 2013/14. These include:-

- Change in the Meningitis C schedule from infant to teenage
- Introduction of rotavirus vaccine to babies aged two and three months old
- Introduction of shingles vaccine to people aged 70 years with catch up programme for people aged 79 years
- Introduction of seasonal flu vaccination to all two and three year olds

Each of these programmes are delivered by primary care and have been successfully implemented. Preliminary data from Public Health England nationally has shown a good uptake of these vaccines during their first year – particularly for rotavirus which has also shown a reduction in the number of laboratory reports for rotavirus.

### **4.2 Core immunisation programmes**

The pre-existing NHS immunisation schedule has continued to be delivered. The uptake of the childhood immunisation programme in Derby City continues to improve on 2011/12 and 2012/13 performance. Uptake for the primary diphtheria, tetanus, polio and pertussis immunisation course at one year has now reached 95%.

However the overall uptake masks local variations between practices populations and there has been the sustained joint working throughout 2013/14 with Derby City Practices and the Area Team Screening and Immunisation Coordinator to improve immunisation uptake. All practices have received a least one visit to focus on immunisation local procedure, practice and concerns.

In addition the Area Team have been supported by Derby City Senior Public Health Analyst to provide each practice with a detailed bespoke immunisation report outlining their performance, trends and number of unvaccinated children.

### **4.3 Human Papilloma Virus (HPV) vaccine programme.**

The national Human Papilloma Virus (HPV) vaccine programme (a three dose schedule) is administered routinely to all girls in Year 8 age 12-13 years in Derby City by the Derbyshire Healthcare Foundation Trust HPV vaccination team. Uptake has exceeded the 90.0% target for dose 3 for academic years 2012- 2013 – 93.5% and 2011-12 93.1% and is on track to exceed the target for academic year 2013-14.

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<sup>1</sup> When there is sufficient immunity to slow down the spread of a disease in a population, this is referred to as community immunity (sometimes called 'herd immunity'). It is critical to note that although this results in slowing down the spread of the disease within the overall group, it does not provide protection to the small number of unimmunised individuals who may still come into contact with someone who is infected. These individuals still need to be immunised to be protected; without this, they remain at risk.

#### **4.4 Local Authority Looked After Children immunisation uptake**

The recently published Public Health England March 2014 Child Health Profile<sup>2</sup>, shows that immunisation uptake for children in care in Derby City is 87.0% which is significantly better than the England of 83.2 %, although are not close to the herd immunity target of 95%.

#### **4.5 Implications for the extension of seasonal flu programme to all children and its impact on the future of adolescent immunisation programmes: Area Team Vision and Procurement Plans**

As well as the national extension of seasonal flu vaccination in winter 2014-15 to all four year old children (in addition to two and three year olds), pilots are underway across other Area Teams to test models for the extension of programme to children aged 4 – 10 years and age 11 – 13 years. This is in advance of a phased roll out to all children aged 1 – 17 years over the next three years.

In preparation for the full rollout of the seasonal flu programme and accounting for other NHS commissioned school age immunisations the Area Team has developed a strategic vision for the delivery of all school age vaccinations across the Area Team – HPV vaccination for girls, teenage booster and MenC as well seasonal flu (as above) a single provider or providers. The vision is:-

***To commission a dynamic, high performing and dedicated immunisation service(s), that will encompass all routine and reactive immunisation programmes for school aged children. The new service will engage all children and young people and their parents and will be well known to the communities they serve. They will demonstrate expertise in the field of immunisations and above all be committed and passionate about achieving high uptake rates and reducing health inequalities.***

This vision has been shared widely and well received by stakeholders. The Area Team is now working with other Midlands and East Area Teams and Greater East Midlands (GEM) Commissioning Support Unit (CSU) to procure this service(s).

As part of this vision, the Area Team has consulted with Derby City Council Public Health leads for school health. It wishes to maintain and extend its links to the council through engaging with local authority education and children's services leads as well engaging in opportunities to engage the views of parents, children and young people including local authority and Academy Head Teachers.

#### **4.6 Understanding vaccine uptake in the emerging migrant communities in Derby City**

The population of Derby City has grown significantly in recent years, with an increase in population of around 7.8% (18,000) between 2001 and 2011 (Derby City Council, 2013). In 2011, 24.7% of Derby's population were from Black and Minority Ethnic (BME) communities, with the largest proportion being Asian/Asian British (12.6%). The "Other White" ethnic group, which includes migrants from Eastern Europe, made up 3.9% of Derby's population in 2011, making it the third largest BME group in the city (City Council, 2013).

In order to understand the demographics of new registrations within the City, a large Derby City general practice with around 20,000 patients, agreed to undertake an audit of registrations over a three month period across its two sites. The practice has around 250 children eligible for childhood vaccination each Quarter within the main surgery site and a further 30 at the branch surgery site. The main inner city practice covers Normanton, Abbey

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<sup>2</sup>[http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES\\_STATIC\\_RES&SEARCH=D\\*](http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=D*)

and Arboretum wards and the branch practice covers Derwent, Oakwood and Chaddesden wards.

Registrations were divided into registrations from inside the UK, new births and registrations from outside the UK. In the inner city practice registrations from outside the UK represented 33% of the total registrations (106) compared to 4% in the branch practice (5). Breakdown of registrations from outside England and Wales for the inner city practice shown the largest proportion of registrations came from Slovakia (42%), followed by Pakistan (14%) and India (13%).

The changing demographics, create challenges including incomplete or uncertain immunisation history, language barriers, lack of awareness of UK infectious disease risks and vaccination schedules, lack of awareness of UK health systems and processes, potential mobility of population. In particular, migrant workers or those living in temporary housing, creates challenges for both practice call and recall systems and maintaining an accurate practice denominator. There are also cultural differences in health beliefs and attitudes to vaccination.

In order to address these challenges a number of actions have been undertaken including encouraging new registration appointments, improved practice links with emerging Communities Health Team, ensuring access to promotion in alternative languages, supporting practices to ensure accurate summarising and vaccination offer, supporting practices around the deregistration processes for individuals no longer resident in the UK.

#### **4.7 Health Direct 2 You**

The Screening and Immunisation Team have had close links with the Health Direct 2 You team commissioned by Derby City Council, including supporting promotion of the pilot, engaging primary care, and supporting data collection. Findings from the pilot have kindly been shared with the Area Team to inform future commissioning.

The HD2U project has been well received by both the primary care practices that have been involved, as well as the families with whom the HD2U team has had contact. Planned and opportunistic home visits were performed by the Community Nursery Nurse (CNN) to ascertain whether families were still living in the area. 19.25 % of the total referrals were found to have moved out of area. Liaison with Middleton House School Admissions was also an important resource used by the HD2U team to clarify registration at a Derby City or County school. Middleton House was also helpful in being able to give the team details of when children had left the Country and where they had gone.

Advice and support were given by the CNN about the outstanding vaccinations and the positive outcomes for vaccination discussed. The team identified various reasons for non attendance including, vaccination received in another country, hectic and busy lifestyles and difficulties making appointments. The HD2U team proactively supported families to make appointments, arranging mutually convenient appointments with practices at short notice. Families were supported to make appointments and advised that the team would review attendance. This resulted in 37.2% of children going on to be immunised in primary care.

As part of the pilot the HD2U team reviewed the health records of those referred. This highlighted many "lost opportunities" where outstanding immunisations had not been discussed or addressed by health professionals. Regularly "no unmet health needs" had been recorded on SystmOne when immunisations were clearly outstanding.

It has shown that with targeted support from health practitioners, previously difficult to engage families who are offered health and social education, advice and support, in turn access their respective primary care services to bring outstanding vaccinations up to date. All

health practitioners therefore have a duty of care and a responsibility to ensure that they make “every contacts count”.

#### **4.8 Shingles vaccination uptake**

The latest preliminary national data was published on 30 May 2014 regarding the uptake of the shingles vaccination programme that commenced in September 2013 for all people aged 70 years with a catch-up programme for people aged 79 years. Performance across the Derbyshire and Nottinghamshire Area Team is the highest uptake in England for people aged 70 years (62%) compared to the rest of England (54.8%) and the second highest (59.1%) for people aged 79 years compared to the English average of 53.1%. Uptake to date in Southern Derbyshire CCG which includes Derby City at 30.6.14 shows an uptake of 68.1% for people aged 70 years and 66.7% for people aged 79 years.

### **5. Importance of Population Screening in Improving Public Health**

Screening is a process of identifying apparently healthy people/populations who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or conditions<sup>3</sup>. Thus screening has the potential to save lives or improve quality of life through early diagnosis of serious conditions. NHS England commissions programmes that have been recommended by the National Screening Committee (NSC). This committee assesses the evidence for and against the introduction of a particular population screening programme using set criteria in order to ensure programmes do more good than harm.

### **6. Background to Screening Programmes:**

#### **6.1 Antenatal and Newborn Screening**

The Antenatal and Newborn screening programmes are complex and technical clinical programmes requiring expertise hospital Trust maternity services (locally Derby Hospitals Foundation Trust (DHFT)) and with supporting local and regional laboratory services as well as Child Health Records Departments. See Appendix A for list of the seven antenatal and newborn screening programmes.

The antenatal programmes include offering screening to all pregnant women for four infections, detection for risk of Down's syndrome and major structural or physical anomalies of the unborn baby and sickle cell disease and thalassaemia. The newborn screening programme offers screening for sickle cell disease, identifying hearing impairment in newborn babies as well as a general physical examination including a specific examination of the baby's eyes, heart, hips and testes in boys. The newborn bloodspot programme screens for five diseases.

Performance for this programme is monitored quarterly through eleven Key Performance Indicators which are monitored through the Area Team led Derby City and Derbyshire Antenatal and Newborn Screening Programme Board.

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<sup>3</sup><http://www.screening.nhs.uk/uknsc>



## **6.2 NHS Cancer & Non Cancer/Young people Screening**

All the NSC recommended programmes are commissioned for the population of Derbyshire as follows:

- NHS Breast Screening Programme (BSP) - age cohort 47-74 years
- NHS Bowel Cancer Screening Programme (BCSP) – age cohort 60-75 years
- NHS Cervical Screening Programmes - age cohort 24 ½ - 64 years
- NHS Abdominal Aortic Aneurysm (AAA) Screening Programme - one off screen age 65 years
- NHS Diabetic Eye Screening Programme (DES) – annual screen from age 12 years

## **7. Screening Programme Key Issues:**

### **7.1 Antenatal and Newborn Screening - factors influencing uptake of audiology assessments**

Performance for this programme is monitored quarterly through two Key Performance Indicators which are monitored through the Antenatal and Newborn Screening Programme Board. Uptake of the initial test is very high. However a small proportion of parents choose not to attend further assessments appointments if indicated. The Screening and Immunisation Team has initiated a Newborn Hearing Screening Programme (NHSP) inequalities project to understand more fully reasons for the late or non-attendance of families with their babies for audiological assessment despite the efforts of Trust NHSP programmes to encourage attendance. It is hoped that the learning from this project can be applied to increase attendance for these assessments. The report is due at the end of July.

### **7.2 Cervical Cancer Screening - Improving Uptake in Derby City**

Uptake of cervical screening across the Area Team geography is amongst the best in the country at 78.9 % compared with 74.2% for England as a whole. NHS Southern Derbyshire CCG has an uptake of 77.3% but unacceptable variations do exist within CCG population groups and within the different screening age cohorts. Programme Boards have an annual work plan to address issues of on-going further quality improvements, and actions to address screening health inequalities experienced by some women especially those with enduring mental health problems or learning disabilities.

### **7.3 Bowel Cancer Screening - local health improvement strategy**

The Derbyshire Bowel Cancer Screening Centre has a high uptake that exceeds the national average but has not yet met the national target of 60%. Fluctuations exist within and between years and for 2013/14 range from Quarter 1 61.39% to 55% in Quarter 3. The programme is already very successful and over the last 24 months, 145 cancers detected and around eight times as many prevented through the removal of non-cancerous polyps and low risk adenomas.

Uptake is closely correlated with deprivation and so the screening and Immunisation Team have been working with stakeholders to develop the Derbyshire & Nottinghamshire NHS England Area Team Bowel Cancer Screening Strategy 2014-2016. The aim of the strategy is to:

*‘Improve bowel cancer screening uptake and reduce inequalities in uptake between defined communities and practice populations across Derbyshire & Nottinghamshire’*

The strategic objectives are to:

- Increase healthcare professionals awareness of the bowel cancer screening programme and benefits to population health



- Increase community awareness of the bowel cancer screening programmes especially in socioeconomically deprived communities
- Develop key partnerships across the primary care, local authority and voluntary sector
- Develop and implement good practice protocols which can be used to increase the uptake of the BCSP offer across Derbyshire and Nottinghamshire

The strategy will target:

- Individuals aged 60 to 74 years and their families and carers (the eligible screening cohorts) and in particular eligible screening cohorts living in disadvantaged socioeconomic communities including communities experiencing rural deprivation.
- Eligible screening populations who belong to defined cultural or ethnic groups who may be at increased risk of social exclusion or inequities of access
- Primary and secondary health care professionals and others responsible for delivering effective evidenced base health and social care
- Community and cultural groups that can promote a self-empowerment approach to health

The strategy gives a framework for delivering health improvement and will be an interactive document which will be jointly owned with stakeholders such as the Local Authority, Age UK, CCGs and local community groups. For example, the Local Authority Public Health team are currently assessing the viability of a project to work with 50 Health Champions signed up from BME communities in Derby to promote bowel cancer screening within their local communities.

### **7.5 Implementation of Abdominal Aortic Aneurysm Screening in Derby City**

The AAA screening programme is a relatively new screening programme which began operation in Derby in 2012. Royal Derby Hospitals Foundation Trust is the provider of the screening programme and 2012-2013 was the first full year of operation. Screening takes place at a range of locations across the City and County to ensure good access across a wide geographical area as per below.

Alfreton Primary Care Centre	Arden House Medical Practice	Bakewell Medical Practice
Brooklyn Medical Practice	Cavendish Hospital	Chesterfield Royal Hospital
Derby NHS Walk-In Centre	Gosforth Valley Medical Practice	Hannage Brook Medical Centre
Hathersage Branch Surgery	Ivy Grove Surgery	Lime Grove Medical Centre
Littlewick Medical Centre	Long Eaton Health Centre	Park Medical Practice
Shirebrook Health Centre	Springs Health Centre	St Oswalds Hospital
Swadlincote Clinic	Village Community Medical Centre	Welbeck Road Health Centre
Wellbrook Medical Centre	Whitemoor Medical Centre	Whittington Moor Surgery

There has also been an increase in self referrals to the AAA screening programme as a result of national and local media in July 2013 on the NHS's 65<sup>th</sup> birthday. In 2013-2014 Derbyshire AAA programme had a Screening Cohort of 8147 eligible subject and 75% (6,142) had been offered a screen by the end of December 2013. Uptake for completed cohort is currently 88%. A priority 2014/15 is the extension of screening to the Sudbury prison population as per section 7.7 below.

### **7.6 Diabetic Eye Screening; Addressing Inequalities of Access in Derby City**

All people with diabetes aged 12 years and over are eligible for diabetic eye screening. The aim of screening is to detect sight threatening retinopathy. This was until very recently thought to be the commonest cause of blindness amongst people of working age but recent research had shown that this is no longer the case suggesting that screening has been successful in preventing blindness. The programme serves the population of Derby City and Derbyshire County and has an eligible population of 52,452. For the last quarter 78.7% of people with diabetes accepted an invitation for screening but we are seeking to improve upon through the following range of initiatives.

#### *Improving uptake by strengthening engagement with primary care*

At present newly diagnosed and diabetic patients who have registered with a new GP are notified to the programme by the GP via email and fax. As a safety net a new very simple electronic process for checking that all eligible patients are notified to the programme has been put in place. To date 90% of practices are using this system but further work is now required to engage the remaining 10% and the Screening and Immunisation Team are looking to work closely with the CCG resolve this.

#### *Engaging people who repeatedly disregard their invitation letter*

The Derby Programme has recently undertaken a specific project to engage repeated non-attenders. A purpose written letter was sent to 845 people who had not attended for screening in the past 18 months, and a dedicated Saturday clinics made available. Of these 131 attended of which 22 were found to have significant eye disease. It is very likely this could have been prevented had they attended earlier. Only 2 patients chose to attend on Saturday suggesting the time and venues of exiting clinics are accessible and acceptable.

#### *Online booking project*

A local diabetic eye screening (DES) health equity audit (Orton et al 2012) reported significant proportion of the screened population would like improved access to booking appointments<sup>4</sup>. The audit findings also showed that uptake amongst younger people with diabetes might be improved through online booking. The Screening and Immunisation Team has commissioned and facilitated the development of an online booking software package from Digital Healthcare (the software provider). Currently no other DES services in the country offer this facility and it is anticipated that this will improve accessibility by enabling patients to book their own appointments. Online booking is likely to be launched by the Derbyshire Diabetic Eye Screening Programme in the summer 2014.

#### *Text message reminders*

A recent software upgrade has given the programme access to a 'text message reminder' facility. The programme hopes to initiate use of this in the coming months which will automatically remind patients at a specified time before their appointment. The patient gives permission for the programme to use their mobile number for this use when calling to book an appointment.

#### *Improving access to hospital eye services for people with diabetic retinopathy*

Improving eye health and reducing sight loss is now the subject of a recent call to action<sup>5</sup> exercise and NHS England has launched a [call to action](#) to stimulate debate about the particular needs of specific communities, including better integration across hospital and community eye health services.

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<sup>4</sup><http://authors.elsevier.com/sd/article/S0033350613001303>

<sup>5</sup>Publications Gateway Ref No. 01731



The Screening Programme under the leadership of Mr Chen and NHS Southern Derbyshire CCG are working together with the Area Team to investigate a new way of monitoring people with stable eye conditions that will reduce the need to attend ophthalmology out patients clinics and be replaced with surveillance through local screening clinics where additional detailed photographs are taken of the eye that can be reviewed virtually by the ophthalmologist at a later date.

#### *Electronic Certificate of Vision Impairment.*

Certificates of Visual Impairment provides public health data on causes of sight loss. People who have a certificate are invited to register as such with their local social service department. The Derby programme is working with Moorfields Eye Hospital London to introduce electronic reporting (ECVI). This will improve communication between the social services department and the hospital as well the robustness of data. The Derby programme now has the appropriate software in place and will be seeking Derby City Council support to move to this electronic system.

### **7.7 Screening Prison Equity Audit**

Published evidence indicates that offenders have health needs that significantly exceed those of the general population but also to have reduced access to NSC recommended screening programmes.

An equity audit of access to screening amongst prison populations was conducted across the six prisons in the Derbyshire & Nottinghamshire Area by a Public Health Specialty Registrar on behalf of the Screening and Immunisation team. The audit encompassed access to all NSC screening programmes and the findings mirrored those of national published studies with uptake being below that of general population. Some programmes were not being delivered in secure settings but could be with appropriate national guidance and governance arrangements being put in place.

A stakeholder consultation and planning event was held on the 10<sup>th</sup> March and was attended by prison health care providers, officers, providers who deliver the screening programmes and commissioners to discuss findings of the report and develop action plans for improving systematic screening.

Within Derbyshire there are two prisons HMP Foston Hall and HMP Sudbury. HMP Foston Hall, a female closed prison for up to 310 women both adult and juvenile remand and convicted women including women sentenced to life imprisonment. Women under 40 years old make up over 70% of the prisoner population. At the time of the audit there were nine prisoners with diabetes and nine pregnant. There is an average of about six pregnant prisoners at any one time. There were 19 women eligible for breast screening. HMP Sudbury, a male open prison for up to 591 Category D prisoners. Men under 40 years old make up 65 % of the prisoner population. The number of prisoners with diabetes is 21.

In both secure settings, the numbers of people eligible for screening are comparatively small, and thus the offer of screening should be fully achievable. However, there will be challenges for some screening providers in delivering services in the most efficient and effective way to meet local prison health needs as well as security processes, transfers and prison routines. Plans are now being developed to implement changes during in 2014/15.

## **8. Summary**

This paper has:

- Summarised the commissioning arrangements for screening and immunisation programmes by Derbyshire and Nottinghamshire Area Team



- Described the range of initiatives being undertaken to improve uptake of screening programmes for the people of Derby City
- Noted the particular focus on improving access to diabetic eye screening services
- Noted the excellent uptake of HPV vaccination in Derby City and the future challenges ahead in commissioning the extended seasonal flu programme and other school age vaccinations

## **9. Recommendations**

The Health and Wellbeing Board is asked to:

- Note and comment on the contents of this report

Linda Syson-Nibbs Screening and Immunisation Lead

Caroline Jordan Screening and Immunisation Managers

Jane Careless and Lorraine Tunbridge Screening and Immunisation Coordinators

## Appendix A

### List of commissioned Screening and Immunisation programmes

<b>Antenatal and Newborn Screening Programmes</b>
NHS Infectious Diseases in Pregnancy
NHS Down's Syndrome Screening (Trisomy 21)
NHS Fetal Anomaly Screening
NHS Sickle Cell and Thalassaemia Screening
NHS Newborn Blood Spot Screening
NHS Newborn Hearing Screening
NHS Newborn and infant Physical Examination Screening
<b>Immunisation Programmes</b>
Neonatal hepatitis B immunisation
Pertussis pregnant women immunisation
Neonatal BCG immunisation
Respiratory syncytial virus (RSV)
Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
Rotavirus immunisation
Meningitis C immunisation
Hib/Men C vaccination
Pneumococcal immunisation
DTaP/IPV and dTaP/IPV immunisation
Measles, mumps and rubella (MMR) immunisation
Human papillomavirus (HPV)
Td/IPV (teenage booster) immunisation
Seasonal influenza immunisation – 2014-15
Seasonal influenza immunisation for children - 2014-15
Shingles immunisation programme
<b>Adult Non Cancer Screening Programmes</b>
NHS Diabetic Eye Screening
NHS Abdominal Aortic Aneurysm Screening
<b>Cancer Screening Programmes</b>
Breast Screening
Cervical Screening
Bowel Cancer Screening