



Immunisation &
Screening National
Delivery Framework &
Local Operating Model



Immunisation and Screening National Delivery Framework & Local Operating Model

23 May 2013

ABBREVIATIONS

AAA	Abdominal Aortic Aneurysm
AT(s)	Area Team(s)
CCG	Clinical Commissioning Group
CHIS	Child Health Information System
CHRD	Child Health Record Department
CMO	Chief Medical Officer
CPD	Continuous Professional Development
DES	Directly Enhanced Service
DESP	Diabetic Eye Screening Programme
DsPH	Directors of Public Health
DH	Department of Health
FASP	Foetal Anomaly Screening Programme
IT	Information Technology
JCVI	Joint Committee of Vaccination and Immunisation
K&IT	Knowledge and Intelligence Teams
LA	Local Authority
LES	Locally Enhanced Services
LGA	Local Government Association
NES	Nationally Enhanced Services
NHS England	NHS England
NHIC	National Health Information Centre
NHSP	National Hearing Screening Programme
OBS	Output Based Specification
PCT	Primary Care Trust
PGD	Patient Group Directions
PHE	Public Health England
PHEC	Public Health England Centres
PHOF	Public Health Outcomes Framework
PQ	Parliamentary Question
QA	Quality Assurance
QARC	Quality Assurance Reference Centre
SCT	Sickle Cell and Thalassemia
SI	Serious Incident
SIC	Screening and Immunisation Coordinator
SIM	Screening and Immunisation Manager
SIL	Screening and Immunisation Lead
SIT	Screening and Immunisation Team
SNS	School Nursing Service
SR	Spending Review
UK NSC	UK National Screening Committee
VESPA	Vaccine Efficiency Savings Programme Audit

Contents

Executive Summary

1. Introduction
2. Purpose
3. Scope

National Delivery Framework

1. The Programmes

- National Immunisations Programmes
- National Screening Programmes
 - Non Cancer Screening Programmes
 - Cancer Screening Programmes

2. National roles of the different partners

- High Level Overview
- Expert Advisory Committees
 - Joint Committee on Vaccination & Immunisation (JCVI)
 - UK National Screening Committee (UKNSC)
 - Screening Advisory Groups
- Department of Health
 - Director of Immunisation
 - Immunisation Policy
 - Cancer and non-Cancer Policy
 - Public Health Policy and Strategy Unit (PHPSU)
- Public Health England
 - Health Protection Directorate
 - Health and Wellbeing Directorate
 - Operations Directorate
 - Knowledge and Information Directorate
- National Health Service England
 - Operations Directorate
 - Regional Teams

- Area Teams
- Links to other directorates

3. National Governance Arrangements

- Overview
- NHS Contribution to Public Health Senior Oversight Group
- NHS Contribution to Public Health Executive Group
- Programme Boards
- Project Boards

4. Piloting of New Programmes and Changes to Existing Provision

5. National rollout of Immunisation and Screening Programmes

Local Operating Model

1. Role/responsibilities

- NHS England Area Teams
- Local Authorities and DsPH
- PHE Centres
- PHE Specialist National Teams
- Commissioning Support Groups (CCGs)
- Quality Assurance (QA)

2. NHS England Area Team: Organisational structure for Screening and Immunisation programmes

- Head of Public Health Commissioning
- Screening and Immunisation Team
- London

3. Leadership and Governance

- Regional Governance Arrangements
- Local Governance Arrangements
- Public Health Leadership to Primary Care
- Leadership for Programme Boards

4. Delivering High Quality Programmes & Addressing Inequalities

- Addressing Inequalities
- Improving Quality and addressing poor performance
- Serious incidents and outbreaks

5. Commissioning of Screening and Immunisation Programmes

- Approach to Commissioning in Area Teams
- Commissioning and Contracting
- Commissioning of new programmes or extensions / changes to existing programmes
- **Commissioning Screening Programmes**
- Maintaining the integrity of the pathway into treatment services
- Role of Quality Assurance in procurement
- Lead Area Commissioning Arrangements
- Interface with prescribed specialised commissioning
- ANNB & Maternity Pathways
- AAA Screening
- **Commissioning and Procurement of local immunisation services**
- Commissioning of Surge Capacity
- Commissioning of Child Health Records Department and Child Health Information Systems

6. System Management

- **Immunisation**
- Advice to professionals and public
- Failsafe
- PGD's
- **Screening**
- Failsafe

7. Information and Performance Monitoring

- **Immunisation**
- Key Deliverables
- **Screening**
- Key Deliverables

8. The Screening and Immunisation Team

- Head of Public Health Commissioning
- Screening and Immunisation Lead
- Screening and Immunisation Manager
- Screening and Immunisation Coordinator
- Support to the team
- Regional and National Networks
- Professional Development and Oversight

Executive Summary

The Health and Social Care Act 2012 creates a new set of responsibilities for the delivery of public health services. In England, although the local leadership for improving and protecting the public's health will sit with local government, the reforms provide specific roles for the National Health Service England (NHS England) and Public Health England (PHE) for the commissioning and system leadership of the national screening and immunisation programmes.

NHS England's Area Teams will commission these services. Specialist public health staff employed by PHE are embedded in these teams to provide accountability and leadership for the commissioning of the programmes and to provide system leadership.

All the arrangements in the Immunisation and Screening National Delivery Framework and local operating framework are set in the context of accountability to Ministers and Parliament. This is set out in the agreements between the Department of Health (DH) and NHS England, especially the section 7A agreement on public health functions to be exercised the NHS England, and the partnership agreement between the NHS England and PHE.

The national delivery framework and local operating model have been agreed jointly by DH, NHS England, local government and PHE. They set out how, after 1 April 2013, national, regional, and local operational and governance arrangements for national screening and immunisation programmes in England will be coordinated.

Each of the partners (DH, NHS England, Local Government and PHE) has its own responsibilities for which it is accountable. The national delivery framework and local operating model sets out how effective co-ordination for national screening and immunisation programmes will operate, addressing coordination at all stages along the delivery chain – formulation of policy, implementation, delivery, monitoring, reporting and review

The national delivery framework operationalises these agreements in relation to the roles of DH, NHS England, and PHE for national immunisation and screening programmes in England.

The local operating model is a parallel document and sets out the local arrangements by which the NHS England, PHE and local government will work together to commission and provide system leadership for screening and immunisation services.

1. Introduction

- 1.1 The Health and Social Care Act 2012 creates a new set of responsibilities for the delivery of public health services. In England, although the local leadership for improving and protecting the public's health will sit with local government, the reforms provide specific roles for the National Health Service England (NHS England) and Public Health England (PHE) for the commissioning and system leadership of the national screening and immunisation programmes.
- 1.2 The NHS England's Area Teams will commission these services, and specialist PH staff employed by PHE will be embedded in these teams to provide accountability and leadership for the commissioning of the programmes and to provide system leadership.
- 1.3 All the arrangements in this framework are set in the context of accountability to Ministers and Parliament as set out in the agreements between the Department of Health (DH) and NHS England especially the section 7A agreement on public health functions to be exercised the NHS England and the partnership agreement between the NHS England and PHE.
- 1.4 The national delivery framework operationalises these agreements in relation to the national roles of DH, NHS England, and PHE for national immunisation and screening programmes in England.
- 1.5 The local operating model is a parallel document and sets out the local arrangements by which the NHS England, PHE and local government will work together to commission and provide system leadership for screening and immunisation services.

2. Purpose

- 2.1 The national delivery framework and local operating model have been agreed jointly by DH, NHS England, local government and PHE to set out how, after 1 April 2013, national, regional, and local operational and governance arrangements for national screening and immunisation programmes in England will be coordinated.

3. Scope

3.1 Each of the partners (DH, NHS England, Local Government and PHE) has its own responsibilities for which it is accountable. In outline, these are:

- DH is responsible for national strategic oversight, policy and finance for the national screening and immunisation programmes which includes overall system stewardship, based in part on information provided by PHE, and for holding NHS England and PHE to account through their respective framework agreements, the Mandate and the Section 7A agreement.
- NHS England is responsible for the routine commissioning of national screening and immunisation programmes under the terms of the section 7A agreement and the national service specifications that support it, and the collection of information on disease and coverage.
- PHE is responsible for supporting both DH and NHS England, with system leadership, national planning and implementation of immunisation programmes (including the procurement of vaccines and immunoglobulins) and specialist advice and information to ensure consistency in efficacy and safety across the country. PHE will also support the Directors of Public Health in local authorities in their role as leaders of health locally.
- Local Government is the leader of the local public health system and is responsible for improving and protecting the health of local people and communities
- Providers of immunisation and screening services will continue to deliver programmes under the same contractual arrangements as in 2012-13.

3.2 The national delivery framework and local operating model sets out how effective co-ordination for national screening and immunisation programmes will operate in respect of:

- delivering national screening and immunisation services (to achieve key deliverables as stated in the service specifications for individual programmes under the section 7A agreement)
- development and implementation of new programmes and changes to existing programmes
- commissioning of programmes, local system management and coordination, continuous improvement in services, reducing inequalities, promoting research and innovation

- relationships between the national partners and between national and local functions
- Incident management, quality assurance, safety and performance management.

3.3 The national framework and local operating model therefore addresses coordination at all stages along the delivery chain – formulation of policy, implementation, delivery, monitoring, reporting and review.

National Delivery Framework

1. The National Programmes

1.1 National Immunisation Programmes

1.1.1 Each year approximately 18 million children, adolescents and adults will be offered at least one immunisation under one or more of the following programmes.

- [Neonatal hepatitis B immunisation programme;](#)
- [Neonatal BCG immunisation programme;](#)
- [Respiratory syncytial virus \(RSV\) immunisation programme;](#)
- [Immunisation against diphtheria, tetanus, poliomyelitis, pertussis, and Hib;](#)
- [Meningitis C \(MenC\) immunisation programme;](#)
- [Hib/MenC immunisation programme;](#)
- [pneumococcal immunisation programme;](#)
- [DTaP/IPV and dTaP/IPV immunisation programme;](#)
- [Measles, mumps and rubella \(MMR\) immunisation programme;](#)
- [Human papillomavirus \(HPV\) immunisation;](#)
- [Td/IPV \(teenage booster\) immunisation programme;](#)
- [Seasonal influenza immunisation programme.](#)

1.1.2 New programmes that will be introduced are:

- Rota virus
- Shingles
- Childhood influenza programme
- Continuation of the temporary pertussis programme for pregnant women

1.2. Screening Programmes

1.2.1 Each year approximately 11 million newborns and adults will be invited to participate in a screening programme

Non-Cancer Screening Programmes:

- [NHS Abdominal Aortic Aneurysm Screening Programme](#)
- [NHS Diabetic Eye Screening Programme](#)
- [NHS Fetal Anomaly Screening Programme](#)
- [NHS Infectious Diseases in Pregnancy Screening Programme](#)
- [NHS Newborn and Infant Physical Examination Programme](#)
- [NHS Newborn Blood Spot Screening Programme](#)
- [NHS Newborn Hearing Screening Programme](#)
- [NHS Sickle Cell and Thalassaemia Screening Programme](#)

Cancer Screening Programmes:

- [NHS Cervical Screening Programme](#)
- [NHS Breast Screening Programme](#)
- [NHS Bowel Cancer Screening Programme](#)

2. The national roles of the different bodies

2.1 The diagram below illustrates at a high level the respective roles and responsibilities at a national level

	Policy Development	Service Design / Pilot	Service Delivery	Programme Assurance and Reporting
Expert Committees	<ul style="list-style-type: none"> Identify sources of evidence Identify research needs Consider available evidence Recommend new / changes to existing programmes Independent policy review 			
Department of Health	<ul style="list-style-type: none"> Commission research through DH Policy Research Programme & NIHR Policy ownership Advice to Ministers Secure SR funding for new / expanded programmes Policy announcements 	<ul style="list-style-type: none"> Secure pilot funding Strategic oversight of pilot activity and implementation Development and revision of national service specifications 	<ul style="list-style-type: none"> Ownership of Sec7a and national Service Specifications Negotiate & agree Sec 7a revisions 	<ul style="list-style-type: none"> Strategic oversight of programme performance Reporting to Ministers on PHOF indicators
Public Health England	<ul style="list-style-type: none"> Secretariat for expert committees Evaluation of programmes Data management and reporting of surveillance data Service impact and advice on policy implementation approach Input to business case Advice on development of Sec 7a ambition 	<ul style="list-style-type: none"> Responsibility for pilot design and implementation Development and revision of national service specifications Pilot evaluation 	<ul style="list-style-type: none"> Development of operational guidance and national communications National standard development Vaccine procurement and supply systems Expert clinical advice Leadership, management & expert advice on SUI and Outbreak Provide expert resource to NHS CB 	<ul style="list-style-type: none"> Monitor PHOF indicators / Sec 7a ket deliverables Surveillance systems and data analysis Setting and advice on quality standards Quality Assurance of providers Facilitation of national professional networks
NHS Commissioning Board	<ul style="list-style-type: none"> Consideration of operations impact on policy development Service impact and advice on policy implementation approach 	<ul style="list-style-type: none"> Work in partnership with PHE to commission providers during pilot phase Development and revision of national service specifications Pilot evaluation 	<ul style="list-style-type: none"> Acceptance of national service specifications Commissioning of national programmes in line with service specs 	<ul style="list-style-type: none"> Accountable for programme performance Hold Providers to account QIPP

2.2 Independent Expert Advisory Committees

2.2.1 Policy for screening and immunisations programmes is informed by advice and recommendations from independent expert advisory committees.

2.2.2 Joint Committee on Vaccination and Immunisation (JCVI)

The JCVI:

- Advises UK health departments on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies.

- In response to specific requests, makes recommendations to the Secretary of State for Health(England) on new, or changes to existing, immunisation programmes provided certain criteria are met
- Considers and identifies factors for the successful and effective implementation of immunisation strategies.
- Identifies important knowledge gaps relating to immunisations or immunisation programmes.
- Identifies and advises where further research and / or surveillance should be considered.

2.2.3 UK National Screening Committee (UKNSC)

The UK NSC:

- Advises Ministers and the NHS in the four UK countries about all aspects of screening across all clinical areas including cancer (see NHS Constitution).
- Advises, through DH, the devolved administrations.
- Reviews and maintains the policies on screening in the UK making the case for maintaining, modifying or withdrawing existing population screening programmes where there is questionable effectiveness.
- Ensures that appropriate sources of sound evidence from within and outside the NHS and from reports from advisory groups or committees for specific programmes, inform decisions
- Agrees key research needs with the DH Policy Research Programme and NIHR.
- Reviews all policy recommendations on a rolling 3 year basis and adds several new conditions each year.
- Advises on the standards of screening services to inform the decisions as to whether or not the recommendation can be implemented.

2.2.4 Advisory Groups (Screening)

There are a number of multi-disciplinary screening advisory groups that:

- Advise Ministers and UK NSC on the development and improvements of the respective screening service
- identify research needs
- monitor its effectiveness and its efficiency
- advise on research concerned with the provision of the service
- consider available evidence

2.3 Department of Health

2.3.1 The DH has a range of responsibilities in relation to immunisation and screening programmes

2.3.2 The Director of Immunisation is responsible for:

- **strategic oversight of the immunisation system, including advice to NHS England and PHE, and** advice to Ministers on policy development and recommendations relating to new provision for vaccination under a national vaccination programme or changes to existing provision;
- **engaging with national and international partners to increase knowledge and understanding of vaccine-preventable diseases, vaccines and vaccination procedures.**

Immunisation Policy Team

2.3.3 The Director is supported by the Immunisation Policy Team of the Public Health Directorate which, working in partnership with PHE, NHS England and others, is responsible for:

- **ownership of immunisation sections of the S7A agreements and service specifications**, agreeing any changes with PHE and with the NHS Sponsorship Team for implementation by the NHS England;
- **in light of information, expert analysis, advice and recommendations from JCVI, advising Ministers on** strategy and policy for immunisation services, including policy on the response to outbreaks and, through a rolling quarterly forward look maintained by PHE, monitoring the forward schedule of JCVI's work;
- **in light of information, expert analysis and advice from PHE/NHS England, advising Ministers on the impact of national immunisation programmes**, including achievements against S7A deliverables and the Public Health Outcomes Framework and in terms of action to reduce health inequalities;
- **partnership working with PHE/NHS England to ensure the timely and effective implementation of Ministerial decisions**, including through Project Boards led by PHE/NHS England;
- **in light of information from PHE/NHS England, developing business cases, monitoring actual and forecast expenditure against the allocated budgets for vaccine supply and securing**

funding, including through Spending Reviews, for the implementation of new immunisation programmes or changes to existing programmes and, as necessary, for any pilots

- **partnership working with partners in the Devolved Administrations** to share thinking on national immunisation policies, the implementation of decisions to introduce or vary immunisation programmes and the delivery of immunisation services;
- **enabling Ministers to be held to account by the public and Parliament**, including providing the response to enquiries and briefings and, as appropriate working with PHE and NHS England on casework in line with the relevant Protocol;
- working with DWP on policy regarding the vaccine damage payments scheme;
- working with PHE in relation to the appointment of the chair and membership of JCVI
- **liaising with DH Press Office on media enquiries** regarding national immunisation policy, including liaison as necessary with NHS England and PHE.

2.3.4 Screening Policy Team

2.3.5 The Deputy Director for Screening will be responsible for:

- the strategic oversight and direction of national policy on cancer and non-cancer screening including advice to Ministers on policy development and implementation
- processing recommendations from UK NSC and Cancer Advisory Committees for agreement with Ministers
- the strategic oversight of the implementation of Ministerial decisions to introduce new screening programmes or existing ones in line with advice from UK NSC
- monitoring of delivery against agreed deliverables by PHE and NHS England.

2.3.6 The Deputy Director is supported by the cancer and non-cancer screening policy team of the Public Health Directorate which, working in partnership with PHE, NHS England and others, and is responsible for:

- as DH policy customer, shaping and agreeing work plans and specific deliverables of the Directors of English Screening Programmes (cancer & non cancer) in partnership with PHE as part of the assurance framework between DH and PHE
- shaping the UK NSC and Cancer Advisory Groups' quarterly agendas and work plans in partnership with PHE and Devolved Administrations
- the ownership of screening sections of the 7A agreements and service specifications; agreeing updates with PHE and the NHS Sponsorship team for implementation by the NHS England
- enabling Ministers to be held to account by the public and Parliament by handling any screening policy and any cross system parliamentary and briefing work that does not fall directly to NHS England or PHE, receiving advice as appropriate from PHE
- securing Spending Review (SR) funding for any new programmes or expansion of existing programmes, and agree piloting and roll out arrangements with PHE and NHS England, including, monitoring delivery against SR and agree with Ministers any suggested changes to use of funding over the SR period, agreeing carry-over of funding or the re-allocation of underspends
- receive advice on the spend by the NHS England of the PH ring fence budget on screening and respond to any issues;
- responding to reports from PHE on the implementation of screening programmes and achievement of relevant Public Health Outcomes Framework (PHOF) indicators; including serious incidents
- the overview of, and reporting to Ministers on, PHE / NHS England performance on key deliverables
- assuring the robustness of PHE Quality Assurance (QA) Plans
- assuring screening programmes are smoothly integrated in broader clinical pathways (for both PHE and NHS England)
- work with PHE to ensure inequalities are reduced within screening programmes
- liaising with Press Office and PHE / NHS England (as appropriate) on any media stories

2.3.7 Public Health Policy and Strategy Unit (PHPSU)

2.3.8 The Public Health Policy and Strategy Unit (PHPSU) has responsibility in DH for the public health interface with the NHS England and the sponsorship of PHE as an executive agency. Within DH, PHPSU

coordinates with the NHS Commissioning Policy and Sponsorship team, which has responsibility for NHS England sponsorship and the mandate. Jointly with the partnerships team in NHS England, PHPSU provides the secretariat for the governance arrangements that provide oversight of the NHS contribution to public health, including the section 7A agreement.

2.3.9 All policy developments likely to lead to a new service specification under the Section 7A agreement or changes to an existing one must be discussed with PHPSU at the earliest opportunity to ensure effective engagement with the NHS England to ensure effective and timely negotiation of any additional asks in to the section 7A agreement. This will help to maintain a strategic “global” picture of public health, and support DH, PHE and the NHS England in having a single conversation on public health.

2.3.10 Any proposed changes to programmes must be raised at the earliest opportunity to enable open conversations and ensure a culture of “no surprises” is created. This means engaging PHPSU as ideas are being developed to enable operational impact to be considered.

2.4 Public Health England

2.4.1 Health Protection Directorate

- The National Immunisation Team sits within the Health Protection Directorate of PHE. The national team has five core areas of responsibility in relation to Immunisation Programmes:
 - a) planning and implementation of national immunisation programmes
 - b) Supply, financial contract management and procurement of vaccines,
 - c) Scientific Policy Development,
 - d) Surveillance, Analysis and Research; and
 - e) Secretariat for JCVI

2.4.2 Implementation of national immunisation programmes involves:

- Working with NHS England, providing leadership and coordination to sustain and improve the successful delivery of existing programmes, including the seasonal flu programme;

- Monitoring progress on immunisation formulation and follow-up of JCVI advice and recommendations;
- Working with NHS England, undertaking planning and coordinating all aspects of the implementation of Ministerial decisions to introduce or change an immunisation programme, including setting up Project Boards and, as required, setting up and evaluating pilots, as for the Children's Seasonal Flu vaccination programme;
- Maintaining a forward schedule of future developments likely to lead to ministerial decisions to introduce or change an immunisation programme and sharing with DH PHPSU and NHS England;
- Providing clinical and operational advice to the NHS, Local Authorities and all parts of the health sector with respect to immunisation programmes;
- Advising NHS England at a national level and keeping Area Teams informed of key developments, including upcoming announcements and the detail of any national campaigns;
- Leading the development and revision of service specifications for the Section 7A agreement
- Maintaining and coordinating the national networks of key immunisation staff working in the NHS, Local authorities and the PHE Centres, for example by hosting annual national conferences and regular network meetings.
- Providing national communications, including Vaccine Update, information leaflets, factsheets, and Q&A etc., and the planning and implementation of new communication strategies in partnership with NHS England
- Maintaining and updating relevant pages on PHE's website
- Supporting health promotion, including by commissioning behavioural and attitudinal work in partnership with NHS England, for example an annual survey of parental attitudes and other work in relation to consideration of the case for new programmes.
- National standard development and setting for immunisation providers and commissioners, including input into NICE quality standards and guidance that involve immunisation.
- Parliamentary and public accountability in line with the Protocol agreed between the Department and PHE;
- Briefing, correspondence and other administrative work on operational matters.
- Coordinating operational issues with the Devolved Administrations.
- Leading the Vaccine Efficiency Savings Programme Audit (VESPA)
- Supporting the NHS and Local Authorities with assessment of needs and the commissioning of services;

- Stakeholder liaison (including with patient groups, charities, Royal Colleges, professional societies)
- Providing high level training for immunisation trainers and leaders, including supporting the development of the 'National Minimum Standards for Immunisation Training'.
- Maintaining operational links with colleagues in devolved administrations

2.4.3 Supply, financial contract management and procurement of vaccines involves

- Ensuring efficient and cost effective procurement, storage and distribution of existing and new vaccines, immunoglobulins, and antitoxins and antisera;
- Providing active stock management of centrally procured vaccines to support the delivery of national immunisation programmes.
- Monitoring vaccine usage and stock control in local practices and liaison with the operations team to ensure outliers are acted on (VESPA)
- Accurate and timely budget reporting and budget forecasting in-year, providing information on the stockpiles for financial accounting, and financial and operational planning over a five-year horizon.
- Emergency issue of immunoglobulin and other rarely used products for cases and outbreaks of certain diseases
- Managing business case requirements for procurements to be undertaken
- Performance management of contracts with suppliers
- Managing links with Devolved Administrations on all vaccine and pandemic flu stocks and distribution issues
- Contract Management, commissioning and steering the Immform platform that provides infrastructure to support vaccine ordering by immunisation providers and collects data on certain programmes;
- Managing other contracts

2.4.4 Scientific policy and clinical guidance involves:

- Providing scientific secretariat for Joint Committee on Vaccination and Immunisation (JCVI) and its subcommittees and the national panel to take forward World Health Organisation disease eradication targets;
- Liaison with other expert scientific committees, e.g. the Advisory Group on Hepatitis;
- Developing immunisation science, such as literature reviews, and horizon scanning for new vaccines and other interventions

- Maintaining and updating Immunisation Against Infectious Diseases (the Green Book) in conjunction with scientific and clinical teams
- Responsibility for the development of clinical guidance for the Green Book
- Providing expert advice on case management and outbreak control and; ensuring widespread access to, and consistent adoption of evidence based guidance and specific expertise on outbreak control and case management

2.4.5 Surveillance, Analysis and Research involves:

- Data management and processing, analysis, interpretation and regular reporting of surveillance data on vaccine preventable diseases
- Applying statistical and mathematical modelling approaches to inform and evaluate vaccine programmes
- Undertaking applied research into vaccine preventable disease including vaccine trials, often in collaboration with academic centres and other parts of PHE
- Undertaking rapid assessment of putative associations between vaccines and adverse events in response safety signals in collaboration with MHRA, and undertaking clinical follow up of women inadvertently vaccinated in pregnancy
- Liaison with other PHE departments to ensure surveillance data and modelling is available to inform vaccine policy in other areas (e.g. STI department for HPV, gastro-intestinal department for rotavirus etc).
- Working with the NHS Information Centre and ImmForm and working with and providing guidance to Area teams to ensure the accurate collection and reporting of routine coverage data, including population vaccine coverage, Public Health Outcomes Framework Indicators
- Undertaking secondary analysis and interpretation of vaccine coverage data, including using disaggregate data from local child health systems to answer specific questions about disease control, or factors associated with low coverage
- Providing scientific input to the work of the Vaccines, Pandemic Influenza and Countermeasures Implementation Programme Department (in relation to the implementation of national immunisation programmes and the supply, financial contract management and procurement of vaccines);
- Development and management the administrative functions to support research and surveillance in the department (kit ordering and distribution)

- Providing administrative support to surveillance including case follow up, running regular data imports, database cleaning and validation etc

2.4.6 Health and Wellbeing Directorate

2.4.7 The UK NSC, English National Screening Programmes and the NHS Cancer Screening Programmes sit within the Health and Wellbeing Directorate of PHE. The functions they undertake include:

2.4.8 Public Health Advice:

- Managing the secretariat services for the independent expert committees (including cancer advisory groups) relating to the programmes
- Supporting the work of the UK NSC through a rolling programme of evidence reviews, working with key stakeholders and experts.
- Working in partnership with other organisations both statutory and non-statutory (for example NICE and the voluntary sector) to ensure the provision of high quality public health advice.
- Working closely with DH policy to enable it to provide national policy advice to Ministers and DAs on all aspects of screening including the introduction, extensions and cessation of all screening programmes in England.
- Advising DH policy to develop the business case and secure funding to implement the recommendations of the UKNSC where agreed by Ministers.
- Providing advice to DH on priorities and outcomes for section 7A agreement, and to lead on detailed provisions, in particular the development of the service specifications;
- Providing advice to DH on the setting and reviewing of national service specifications to ensure clear links with diagnostic care, and enabling the Department to hold NHS England to account for delivery;
- Managing specific expert clinical advice, and interested stakeholder groups in relation to cancer and non-cancer screening programmes and feed in to the UK NSC for recommendations
- Maintaining a forward schedule of future developments likely to lead to ministerial decision on screening programmes
- Providing evidence based public health and population healthcare advice to the NHS England at a national level and through PHE regions and centres
- Assessing the impact of screening programmes against long term outcomes

2.4.9 Programme Management activities:

- Piloting and evaluating all extensions to existing and new programmes
- Setting national quality assurance standards based on clinical advice
- Setting and reviewing programme standards;
- Providing information as required to DH PH policy, so that they can effectively perform their responsibilities, including proactively providing and information which meets the “no surprises” approach agreed between DH and PHE
- Budgetary responsibility and management of the roll out of new programmes to agreed national standards, commissioning providers directly in partnership with NHS England Area Teams (AT’s) until such a time that handover to NHS England is agreed
- Management of Quality Assurance Reference Centre (QARC) Division (cancer screening programmes)
- Management of Quality Assurance teams (non cancer screening programmes)
- Developing education and training strategies – Identifying requirements for professional development in screening and ensuring that training for providers is commissioned.
- Providing in house and commissioned services such as communications activity in support of cancer and non-cancer screening in conjunction with partners;
- Developing information materials for the public, patients and professionals which is informed by evidence, public input and expert advice including management of web content and public facing information.
- Providing national communication functions to UK NSC, English National Screening Programmes and NHS Cancer Screening Programmes.
- Monitoring and analysing implementation of NHS commissioned screening services and flagging issues/areas of concern to DH via the Programme Board
- Identifying requirements for professional development in screening and commission appropriate training frameworks for practitioners
- Providing operational support activities to the front line for example helpdesk function for users of screening IT systems
- Providing expert input into PQs and briefings
- Reporting through the programme board on progress on implementation, and in particular performance of all immunisation and screening programmes against the PHOF indicators.

2.4.10 Data and Systems:

- Determining datasets and management of data, for example KPIs are collected;
- Setting clear specifications for IT and data
- Coordinate the design for all of the major IT systems supporting the cancer and non-cancer screening programmes, approving all changes and enhancements in response to changes in policy or the scope of the programmes themselves.
- Ensuring systems support and monitor programmes.
- Commissioning and managing the IT systems required to support and monitor UK screening programmes;
- Collecting, collating and quality assuring data for screening programmes;

2.4.11 National Quality Assurance functions:

2.4.12 QA's role is to ensure screening programmes operate within programme, professional and policy guidance because of their potential to do harm as well as to be of benefit to the populations offered screening. Both cancer and non-cancer screening programmes have national and regional QA functions that are part of the national office. They have a specific role in:

- Responding to serious incidents,
- Setting and monitoring quality standards through routine data sources,
- Assessing the performance of the test through established QA procedures and
- Undertaking QA visits to providers to ensure the quality of local programmes and the integrity of the screening pathway including those aspects of the service that cannot be assessed by data.
- Keeping providers up to date on developments in screening programmes through support to regional networks for local commissioners and providers.
- Ensuring that learning from incidents is shared
- Providing training in screening incident management

2.4.13 Operations Directorate

2.4.14 The National Operations Directorate through PHE Centres will:

- Provide professional leadership and workforce development to PHE employed staff embedded in the NHS England ATs
- Act in support of Local Authority Directors of Public Health (DsPH) in their challenge and scrutiny role through the dissemination of evidence and intelligence
- Ensure the continued provision of health protection services, expertise and response.
- Provide leadership in response to outbreaks and work closely with Quality Assurance teams for screening SUIs in accordance with the national incident guidance.
- Respond to clinical queries on immunisations for professionals

2.4.15 Knowledge and Intelligence

2.4.16 Effective information management is an important component in development, delivery and evaluation of immunisation and screening services.

2.4.17 The Chief Knowledge Officer's Directorate will support delivery of immunisation and screening functions in a range of ways, including:

- Supporting development and delivery of the child health dataset, including sponsorship of the Child Health Information Systems element of the Section 7A agreement with the NHS England,
- Liaising with the Health and Social Care Information Centre, and analysis of the data to provide outcome indicators within the Outcome Frameworks - this relates to newborn and childhood screening and immunisation programmes
- Collaborating with Quality Assurance, in the first instance for cancer screening programmes but ultimately across all screening programmes, on linking data from these QA functions with other sources, such as cancer registration, to provide whole picture analyses of programme effectiveness
- Providing the latest evidence, through effective knowledge management and intelligence generation, about delivery of programmes enabling effective evaluation and development of delivery and QA functions - in some cases, this will include

through collaborative health intelligence networks, e.g. for maternity, children and young people (links to newborn and childhood screening and immunisation programmes), for cancer (relates to cancer screening programmes)

2.5 NHS England

2.5.1 Our vision is that everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving.

2.5.2 Operations Directorate

2.5.3 The Operations Directorate is NHS England's presence in the NHS at local and regional levels, with co-ordinating functions in the national support centre. It is the single communications portal with the NHS on delivery. The functions in this directorate include the direct commissioning of primary care services, specialised NHS services, military, offender and public health services.

2.5.3 It is NHS England's responsibility to commission a number of public health services as specified in the Section 7A agreement: public health functions to be exercised by NHS England. This is the agreement with the Department of Health that is built into the Government's Mandate to the NHS and the NHS Outcomes Framework.

2.5.4 Under the 7A agreement NHS England will commission services under six programmes:

- Immunisation Programmes
- Screening Programmes
- Cancer screening programmes
- Other programmes
- Public health services for people in prison and other places of detention including those held in Young People's Secure Estate
- Sexual assault services.

2.5.5 Service specifications have been developed for each project within the programme. These will be implemented locally at Area Team level, in collaboration with Clinical Commissioning Groups (CCG) and local authorities (LAs) to reflect local need. By providing this nationally the

NHS England will be an exemplar in commissioning by driving out variation and establishing standardisation across England.

2.5.6 Regional Teams

2.5.7 NHS England has four regional teams providing clinical and professional leadership, coordinating planning, operational management and emergency preparedness and undertaking direct commissioning functions and processes within a single operating model. The four regions, which are entirely consistent with PHE's regions, are:

- North
- Midlands and East
- London
- South

2.5.7 Area Teams

2.5.8 NHS England's 27 area teams are co-terminus with one or more local authorities. Each area team has a public health commissioning team, which is responsible for the commissioning of screening, immunisation and other public health functions. These teams comprise NHS England's own staff and also 'embedded' specialist PHE staff.

2.5.9 Representatives from the area teams will be present on new Health and Wellbeing Boards. These will be a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to improve the health and wellbeing outcomes of the people in their area. The area teams operate to a common model.

2.5.10 Our ways of working: links to other directorates

2.5.11 NHS England has a relatively flat and fluid structure which enables us to pull staff together and harness the skills, capabilities and experience of staff across the organisation, and to work in project teams to deliver core objectives and improve outcomes for patients as outlined in the NHS Outcomes Framework.

2.5.12 This way of working is called matrix working and requires all of us to take a flexible and co-operative approach, ensuring resources are allocated to where they are needed most. This means working as 'one

team' and pulling together as a single organisation, focussed around our common purpose.

2.5.13 The NHS England Operations Directorate will work across the organisation to ensure the delivery of the Public Health programme.

Our key relationships will be with:

- the primary care and specialised commissioning functions of the directorate;
- the medical and nursing directorates to ensure appropriate clinical support
- the finance directorate to ensure oversight of spend under the Section 7A agreement;
- the policy directorate to develop close working partnerships with PHE, DH and local government
- the commissioning development directorate to support the development of tools and resources for commissioners; and
- the patients and information directorate to ensure that the patient voice is at the heart of what we do and we have clear information about how we perform.

2.5.14 In working in this way NHS England will seek to exploit its influence in the wider contribution to public health to support the delivery of the NHS and Public Health Outcomes Frameworks.

3. National Governance Arrangements and Groups

3.1.1 The aim of the national governance arrangements is to ensure:

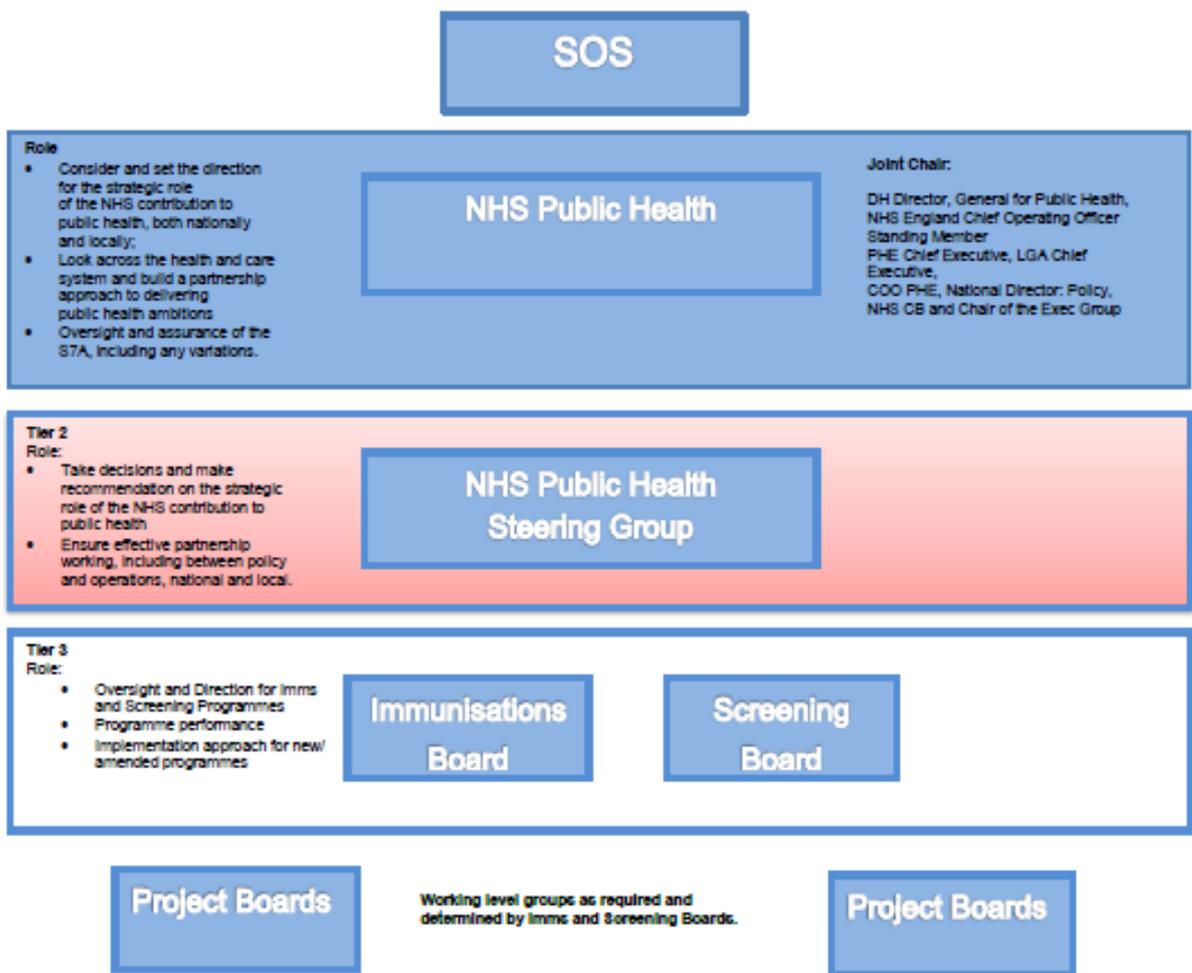
- The development of a strategic approach to the NHS contribution to public health
- An approach that looks across the health and care system and builds a partnership approach to delivering public health ambitions
- effective and efficient co-ordination between DH, PHE, NHS England and local government in the development of policy, implementation of new programmes or extensions to / cessation of existing programmes agreed by Ministers (in response to recommendations from independent expert advisory committees);
- that existing programmes are meeting nationally agreed outcomes (this includes amending s7A agreements, see below)
- strategic alignment and common purpose so that all elements of the system work together through strong, open and collaborative

relationships among partners at every level, enshrining the principle of “no surprises”.

3.1.2 The section 7A agreement commits that DH, PHE and the NHS England will share information to enable effective joint planning of future section 7A agreements, including prospective changes in services or new services that may be commissioned under a future section 7A agreement.

3.1.3 The agreement sets out that information should be shared when plans are at a formative stage. Each of the partners should share information informally so that all papers and recommendations going for decision have been informed by effective partnership working.

3.1.4 There are 3 tiers of governance (supported by project groups) as outlined in the diagram below:



3.2 NHS Public Health Senior Oversight Group

3.2.1 The NHS Public Health Senior Oversight Group is the upper tier of partnership working to set the strategic direction for the role of the NHS contribution to public health. It also has the power to take decisions to vary the terms of the section 7A agreement in year and will play a vital role in overseeing the delivery of the agreement. It will also steer the development of future section 7A agreements.

3.2.2 Membership of the oversight group will include the Director General for Public Health at DH, the Chief Operating Officer of NHS England, the PHE Chief Executive and the LGA Chief Executive, the National Director of Policy for NHS England and the Chief Operating Officer for PHE. The Chair of the Executive Group will also be invited to provide an effective link across the work of the two groups. Meetings of the oversight group will take place quarterly, starting in early 2013

3.2.3 In relation to the Section 7A Agreement, the oversight group:

- Will review delivery of services and make reports and recommendations to the Secretary of State and NHS England
- May jointly agree to revise the provisions of the key deliverables for a specific service in relation to baselines,
- May jointly agree to revise the key deliverables for implementing change, for example in response to an assessment of operational implications and
- May jointly agree to update the provisions of service specifications on behalf of the Secretary of State and NHS England

3.2.4 Other operational matters may require recommendations to Ministers and the Board of NHS England.

3.3 NHS Public Health Steering Group

3.3.1 The steering group is the 2nd tier of partnership decision making. It will take decisions on the detailed issues and make recommendations to the Senior Oversight Group on the strategic role of the NHS contribution to public health and will have a key role in ensuring

effective partnership working. It will oversee the development of the section 7A agreement, including early consideration of any new proposals so that operational impact can be reflected to any proposed in-year variations. This will include for example **recommendations** on the implementation of Ministerial decisions to introduce or change an immunisation or screening programme.

3.3.2 Membership of the steering group includes from the NHS England, the Director of Partnerships, Head of Partnerships, Director of Commissioning, Head of Public, Offender and Military Health Commissioning. From PHE, the Chief Operating Officer, the Director of Health and Wellbeing, the Director of Health Protection, the Director of Strategy and the Regional Director for Public Health: North. From DH, the Director of Public and International Health, the Deputy Director for Public Health, the Director of Health Protection and Emergency Response and the Director of Health and Wellbeing. From the LGA, the Head of Programmes.

3.3.3 It is anticipated that, in light of advice from the relevant Programme Board, the executive group will consider matters arising in relation to policy, implementation or delivery for immunisation and screening programmes in order to form a joint position and, as appropriate make joint recommendations to the NHS Public Health Senior Oversight Group.

3.3.4 Such recommendations are likely to focus on:

- Strategic approach to development of future section 7A agreements
- Proposals to vary the section 7A agreement or any service specification for example to take account of expert advice for the planned introduction of new or amended service, or a change of evidence or advice, or baselines for key deliverables
- Proposals to change expectations of performance in the delivery of other services while actions are implemented in relation to a specific threat or opportunity arising in relation to immunisation or screening services.

3.3.5 PHPSU and the NHS England Partnerships team will be responsible in their shared secretariat function for quality assuring papers, including impact assessments, going to the steering group and the Senior Oversight Group.

3.4 Programme Level Governance

3.4.1 Separate Boards are being established for Immunisation and for Screening and will cover both cancer and non-cancer screening programmes).

3.4.2 The purpose of the Board(s) is:

- **to provide collective strategic leadership, direction and oversight for the immunisation / screening system** and ensure that the partners share broadly common assumptions about the future, while respecting their proper independence;
- **to ensure strategic alignment of all the various elements of the immunisation / screening system**, including between local and national functions and from policy/strategy development to local implementation and delivery;
- **to gain assurance that the elements of the immunisation / screening system are working together well**, that the immunisation / screening system as a whole is doing what government and the public want it to be doing and that any temporary failings or tensions are quickly dealt with for the good of the system as a whole;
- **to enable the partners to plan their future work programmes effectively; and**
- **To ensure a rapid, coordinated response by the partners to unexpected developments.**

3.4.3 The Boards will also provide co-ordination between DH, PHE and NHS England in the development of policy, implementation of Ministerial decisions to introduce or change a programme (in light of advice or recommendations from expert committees) and the delivery and performance of services in line with service specifications under the s7A agreement.

3.4.4 The Boards will report to the NHS Public Health Steering Group and will comprise the senior leads for the respective area within PHE (immunisation, non cancer screening, cancer screening), and NHS England and DH representation, The role of the Board is to:

- oversee the embedding of the new arrangements and identifying and addressing any post-transition issues affecting the ability of the partners to fulfil their respective responsibilities, for example any common barriers to implementation or delivery;

- oversee progress on implementation, including the progress of any pilots and managing interdependencies, for example by prioritising or reprioritising Projects so that ministerial decisions are implemented as planned;
- oversee service delivery and performance in line with the key deliverables for immunisation and screening set out in the Section 7A agreement, including the relevant indicators in the Public Health Outcomes Framework¹ (i.e. population vaccination / access to screening) and, as necessary, agree any action required at national level (eg enhanced provision, reinforced communications or other action to address potential inequalities in provision);
- maintain a forward schedule of future policy developments likely to lead to the implementation and delivery of a new programme or changes to an existing programme (eg matters under consideration by the relevant expert advisory committee), actions required (eg the setting up of a Project Board) and any matters affecting the deliverability of such decisions;
- convene as necessary to consider and coordinate action in light of unexpected developments, such as the outbreak of a vaccine preventable disease, pending consideration by expert committees of whether or not there is a case for new provision or changes to existing provision;
- Oversee risks to the immunisation / screening system and risk mitigation actions, as captured in a Risk Register drawing in part on the Risk Registers maintained for individual projects.

3.4.5 The intention is to review the working of the Board(s) after one year to determine if it remains of value and whether it should continue to exist.

3.5 Project Boards

3.5.1 PHE / NHS England will establish Project Boards to implement ministerial decisions on immunisation and screening programmes will be established as appropriate. The Boards will be integrated within the governance arrangements for the Section 7A Agreement through the appropriate Programme Board

3.5.2 The Project Boards are responsible for ensuring the timely and effective implementation of decisions and that implementation takes account of the expertise and concerns of stakeholders and subject

matter experts, and for ensuring that the following have been considered:

- Funding Availability
- Effectiveness and health gain
- VFM
- Cost Effectiveness
- Operational Impact – achievability, practicability, and hazards
- Delivery Method and if appropriate the design and implementation of pilots – time horizons and phasing effects of introduction, population and technology changes

3.5.3 PHE and NHS England will jointly assume responsibility for:

- all extant Project Boards for immunisation and screening programmes, whose membership should continue to include DH as appropriate;
- setting up new Project Groups to implement all ministerial decisions on immunisation and screening programmes (i.e. the introduction of a new vaccination or implementation of a change to an existing screening programme);

3.5.4 Screening and Immunisation Leads in the NHS England Area Teams will be identified to take lead “portfolio” responsibility for specific immunisation and screening programmes and be expected to have lead national responsibility from an operations perspective on the relevant Project Board.

4.1 Piloting of New Programmes / Extensions

4.1.1 Where it is decided that there should be one or more pilots for a new programme or changes to an existing programme, these will be managed by PHE.

4.1.2 It will not always be necessary to pilot new programmes, but they are sometimes appropriate when a new service is being introduced. In such circumstances pilots may be run in one part of the country or in a small number of locations around the country. Typically, the objectives of a pilot will include:

- testing the proposed delivery model;

- ensuring associated services (e.g. treatment services) are in place to deliver the results that research has demonstrated are possible;
- ensuring there is capacity and capability in place to deliver the new service;
- identifying any training needs;
- testing uptake levels;
- identifying any potential difficulties in national rollout;
- refining the funding model;
- developing quality assurance controls and;
- developing resources and tools required for national implementation.

4.1.3 The introduction of the new organisations presents the opportunity to increase the effectiveness, efficiency and speed of the piloting process and set out how best to manage pilots under the new arrangements.

4.2 Role of DH

4.2.1 The role of the DH will be to take decisions on policy in relation to implementation options and pilot phases, with appropriate funding provision, and to agree with PHE and NHS England via the senior oversight group and the section 7A agreement when national rollout should begin.

4.3 Role of PHE

4.3.1 To lead the pilot and establish a project board group to manage the design, implementation and evaluation of the pilots, overseeing the details and escalating any problems if necessary. The project board will work with stakeholders to plan the pilot, set standards, develop QA controls and ensure monitoring is in place as well as set up training courses, develop IT systems and produce patient and public information materials. This project board will also be responsible for directing the roll-out of the pilots.

4.3.2 The project board will report in to the relevant programmes board. Where a Board is discussing a pilot, other key stakeholders may be invited to participate, for example commissioners & providers as well as clinical, scientific and technical expertise.

4.4 Role of NHS England

4.4.1 In accordance with the Section 7A agreement DH, PHE and the NHS England will discuss plans before a decision is taken on whether or not to pilot new provision or changes to existing provision. They will also

be key partners in the pilot phase, supporting PHE to facilitate pilots e.g. commissioning of providers during pilot and early roll out stage as appropriate.

4.4.2 NHS England will also assess capacity and capability to support any new provision or changes to an existing provision. This will take into account deliverability and financial impact.

4.4.3 Once NHS England has ascertained a high level of assurance in respect of the proposed changes or introduction of new changes, this will be discussed with DH and PHE to ensure a cross-organisation perspective and buy-in with reference to the best way forward before any roll-out.

5.1 National Roll Out of Immunisation and Screening Programmes

5.1.1 Following completion and evaluation of any pilots, and the transfer of associated funds from DH, PHE will roll-out new or expansions to existing, programmes.

5.1.2 This arrangement will continue until PHE and the NHS England are in agreement that sufficient learning and sufficient roll-out has taken place for both organisations to be confident that the new activity can be safely added to the relevant specification at Part C of the Section 7A agreement.

5.1.3 NHS England will be responsible for commissioning the national programme when provisions of the section 7A agreement take effect. Funding considerations will be negotiated as part of the section 7A agreement.

5.1.4 The steering group will formally agree the introduction of new or changed programmes based on the advice of the relevant Programme Board and submit its recommendations to Senior Oversight Group for formal sign off and NHS England Board and Ministerial approval.

5.1.5 After introduction, depending on the nature of the programme PHE at a national level will continue to play a critical role in the implementation. For example, for screening programmes, regional QA teams will work closely with the Consultants in Screening and Immunisation and Heads of Public Health Commissioning to provide standard questions to go

into tender and suggested scoring framework. They will also publish results of QA activity on existing providers to commissioners.

Immunisation and Screening Local Operating Model

1 Role/responsibilities

1.1.1 The following organisations are key players in the local health economy. Further detail on their roles and responsibilities in relation to specific functions for screening and immunisation services is described under the relevant sections.

1.2 NHS Commissioning Board Area Teams:

1.2.1 NHS England, through its Area Teams will be responsible for the commissioning of all National Immunisation and Screening Programmes described in Section 7A of the Mandate. In this capacity, NHS England will be accountable for ensuring that local providers of services will deliver against the national service specifications and meet agreed population uptake & coverage levels as specified in Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

1.2.2 NHS England's role as commissioners of primary care and of prescribed specialised services will interface with their role as commissioners of public health services.

1.2.3 The SIT will provide the local system leadership for screening and immunisation services. The Consultant in Screening and Immunisation (SIL) will lead on behalf of the AT for screening & immunisation serious incidents.

1.2.4 The NHS England Area Teams have a responsibility for Emergency Planning Response and Resilience (EPRR) and at times may play a role where this involves vaccine preventable diseases.

1.3 Public Health England:

1.3.1 PHE Specialist National Teams, in addition to the national role as has been described in the national framework, will support national professional networks for PHE embedded staff in Area Team Screening and Immunisation Teams.

1.3.2 PHE Centres will lead the response to outbreaks of vaccine preventable disease and provide expert advice to SITs in cases of immunisation incidents. They will provide access to national expertise on vaccination and immunisation queries.

- 1.3.3 PHE Centres will provide professional support to the PHE Staff embedded in the Area Teams including access to CPD and professional appraisal and revalidation system.
- 1.3.4 Regional Quality Assurance (QA) Teams for cancer and non-cancer screening programmes will be based in PHE's network teams. The role of QA will be to ensure local screening services operate within programme, professional and policy guidance. Local services should adhere to these because of their potential to do harm as well as to be of benefit to the populations offered screening. QA will have a pivotal role in responding to serious incidents. QA will monitor data in order to identify trends in performance and meeting of quality standards. QA will undertake peer led QA visits to providers to ensure the quality of local programmes and the integrity of the screening pathway. They will assess the performance of the test through established QA procedures. They will also have an important role in supporting regional networks for local commissioners and providers.
- 1.3.5 Regional QA Teams will contribute to the work of Regional Quality Surveillance Groups.
- 1.3.6 PHE Knowledge and Intelligence Teams (KIT) will provide information to support the monitoring of screening and immunisation programmes such as the collection of outcome data by cancer registries.

1.4 Local Authorities:

- 1.4.1 Local authorities have a responsibility to provide information and advice to relevant bodies within its area to protect the population's health.² Although not included in the regulations this can reasonably be assumed to include screening and immunisation.
- 1.4.2 Local Authorities will provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers. This function may be carried out through agreed local mechanisms e.g. local programme boards for screening and immunisation programmes or using established health protection sub-committees of the Health and Wellbeing Boards.

² Draft Regulations laid before Parliament under section 272(6) of the National Health Service Act 2006 and section 240(6) of the Local Government and Public Involvement in Health Act 2007, for approval by resolution of each House of Parliament.

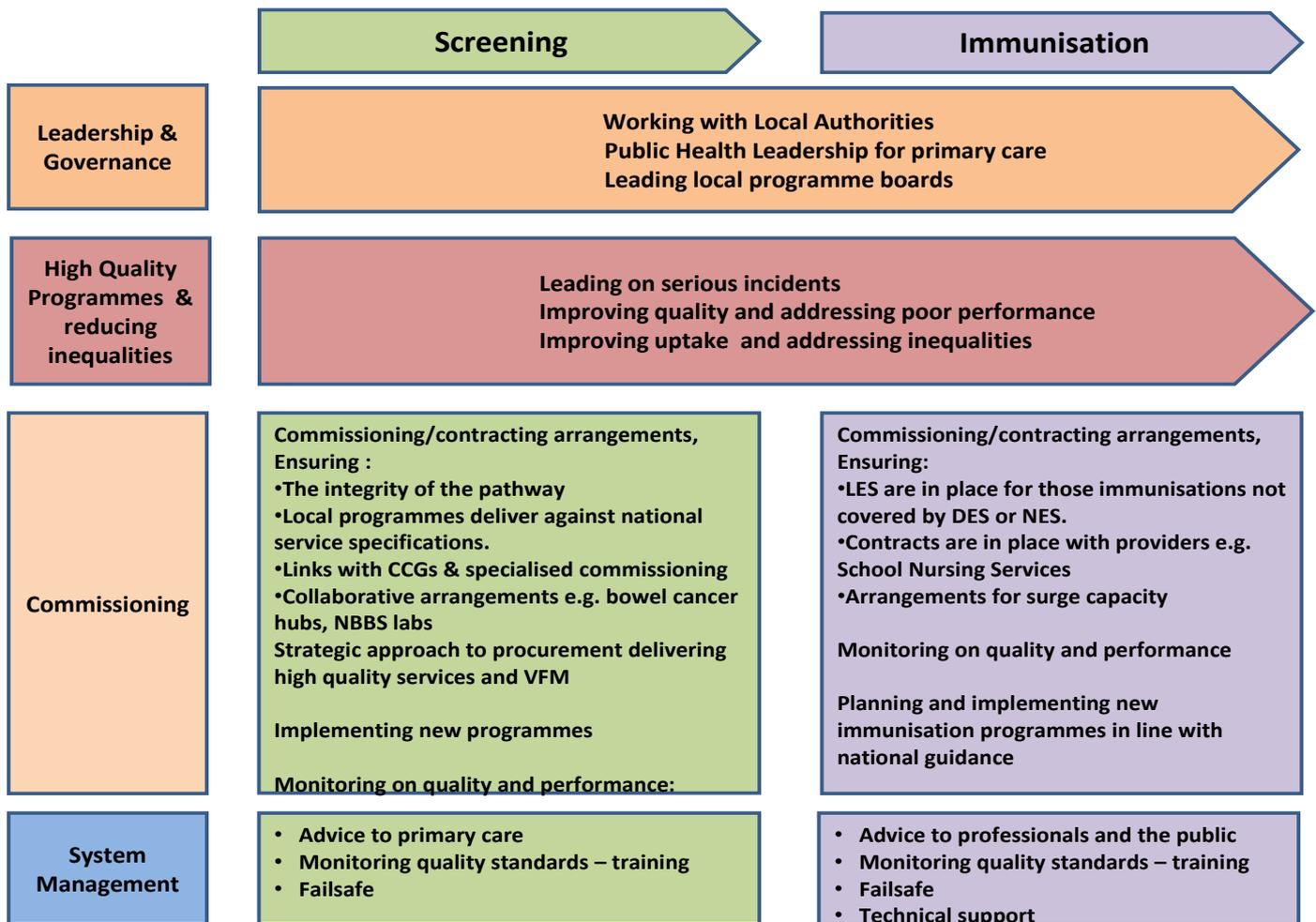
1.4.3 Local authorities will be commissioners of sexual health services where cervical sample taking will be carried out and School Nursing Services which will undertake immunisations. In these cases, the Local Authority will need to work closely with Area Teams who are responsible for the commissioning of these aspects of care. Local authorities will also need to agree arrangements with NHS England ATs for the NHS response to the need for surge capacity in cases of outbreaks.

1.5 Clinical Commissioning Groups (CCGs):

1.5.1 CCGs will have a duty of quality improvement and this extends to primary medical care services delivered by GP practices such as immunisation and screening services.

1.5.2 As commissioners of treatment services that receive screen positive patients, CCGs will have a crucial role in commissioning pathways of care that effectively interface with screening services, have adequate capacity to treat screen positive patients and meet quality standards. CCGs will also hold the contracts for maternity services, which are providers of antenatal & newborn screening.

Overview of functions delivered within the Area Team Screening and Immunisation Teams



2 NHS England Area Team: Organisational structure for Screening and Immunisation programmes

2.1 Head of Public Health Commissioning:

2.1.1 The Head of Public Health Commissioning is employed by NHS England and has responsibility for the overall strategic commissioning of all public health services by the NHS England for the population of the Area Team.

2.2 Screening and Immunisation Team

2.2.1 The Screening and Immunisation Team are public health specialists that are employed by PHE and embedded in the NHS England Area Team. They are led by a Consultant in Screening and Immunisation, supported by Screening and Immunisation Managers and Coordinators. Roles and managerial arrangements are described in Appendix A

2.3 London

2.3.1 Although the organisational design in London differs to the rest of the country, the integrated team across London also has commissioners and embedded Public Health Specialists.

Governance and Leadership

2.4 Governance

2.4.1 Regional governance structures

2.4.2 NHS England and PHE Centres may wish to establish regional structures with membership from PHE Centres, QA, NHS England and CCGs. Their remit could include:

- Leadership for the roll out of new programmes & initiatives
- Leadership for major re-configuration of services
- Review of performance of regionally or collaboratively commissioned services e.g. bowel hubs & laboratories.
- Leadership in case of major service failures and serious incidents
- Support to Regional Quality Initiatives and links to Regional Quality Surveillance Groups.
- Escalation of performance issues of concern from QA/NHS England/PHE Centres/DsPH/CCGs
- Underperformance of PHE staff and working relationship of PHE and NHS England

2.4.3 Local governance

2.4.4 The Head of PH and Screening and Immunisation Lead in discussion with local DsPH, CCGs, PHECs, providers, QA and other key stakeholders should agree local arrangements to develop multi-agency approaches to improving outcomes from screening and immunisation services. The local arrangement should consider:

- Increasing uptake
- Addressing inequalities and improving access to disadvantaged groups
- Roll out of new programmes & initiatives
- Re-configuration of services
- Service failures, outbreaks and serious incidents
- Initiatives to improve quality
- Reports on quality such as QA reports
- Programme performance, increasing uptake
- links with other LA PH functions eg Drug and alcohol services, special schools and immunisation uptake
- Interface with diagnostic and treatment services
- Collection of immunisation and screening coverage data for local monitoring and central collections (e.g. for PHOF indicators)

- 2.4.5 The NHS England AT and DsPH should build close working relationships to ensure that local population needs are understood and addressed by local immunisation and screening services. When requested, the NHS England AT should provide reports to the Health & Well Being Boards. The DPH would be expected to provide appropriate challenge to arrangements and also to advocate within the Local Authority and with key stakeholders to improve access & uptake to both screening and immunisation programmes.
- 2.4.6 NHS England through its Head of PH commissioning and SIT should provide regular reports to Local Authority DsPH on performance of local screening and immunisation programmes as described through Public Health Outcome Indicators, KPIs and use of outcome indicators where available. DsPH should be informed of any relevant serious incident or patient safety issues.

2.5 Leadership

2.5.1 Public Health Leadership for primary care

- 2.5.2 The SIT should work closely with CCGs to support GP practices to carry out their clinical responsibilities in relation to immunisation and screening programmes.

2.5.3 Leadership for programme boards

- 2.5.4 It is the responsibility of the Consultant in Screening and Immunisation to review local governance arrangements such as immunisation and screening programme boards and to ensure that these are covered efficiently in the new structures.

3 Delivering high quality programmes and addressing inequalities

3.1 Addressing inequalities.

- 3.1.1 The SIT will be responsible for ensuring accurate and timely data are available for monitoring uptake and coverage for immunisation and screening programmes. The SIT should analyse data to identify areas of inequalities and should work closely with providers, local authorities and primary care to address inequalities in uptake & coverage across communities.
- 3.1.2 The SIT should work closely with Local Authority public health colleagues, and CCGs to identify strategies to increase access, information and choice, in particular for disadvantaged communities. The resource for increasing uptake rests with the commissioner.
- 3.1.3 The SIT will be responsible for working with providers and Local Authority public health to ensure that local screening and immunisation programmes meet the requirements of the 2010 Equality Act – “the public sector duty”. This includes public health programmes that cross organisational boundaries, such as screening and immunisation. SITs should note that to support the NHS in doing this, the Equality Delivery System was issued by the NHS Equality and Diversity Council and updated in January 2012. This provides a methodology to identify priorities for action as an alternative to equity impact audit. It emphasises the need to engage with communities and service users.

3.2 Improving quality and addressing poor performance:

- 3.2.1 The SIT should ensure that they regularly monitor performance of providers and primary care. The SIT should work with their local practices or other providers (e.g. school nursing services or health visitors) to drive up quality in immunisation and screening programmes. CCGs will be expected to support the SITs, as they have a role to seek to ensure continuous quality improvement in GP Practices.

- 3.2.2 In cases of poor performance or concerns over quality in primary care the SIT should work closely with CCGs and other colleagues within the NHS England Area Team. CCGs may provide support to practices through training or other development support where they consider it appropriate. CCGs do not have a contractual responsibility or duty to assure practices are meeting their contractual duties to employ appropriately qualified staff to carry out services commissioned from them; this responsibility sits with the primary care contracting team in NHS England Area Teams.
- 3.2.3 Concerns regarding patient safety in primary care should be referred to the Patient Safety Team in the NHS England Area Team.
- 3.2.4 For screening providers, the SIT should work closely with QA teams. The SIT should support reviews of quality carried out by Regional QA Teams such as QA visits, data returns and any regular assessment of the screening test as specified in the service specification. The SIT should work with providers to ensure that screening services meet national agreed quality standards. NHS England AT is responsible for ensuring that providers respond to QA reports and address concerns over quality and safety in a timely manner.

3.3 Serious Incidents in Screening and Immunisation Programmes

- 3.3.1 Serious incidents for screening and immunisation will be dealt with in line with the National Framework on Serious Incidents. Further detailed guidance on the management of serious incidents in screening programmes will be published shortly.
- 3.3.2 The definition of serious incidents in screening and immunisation reflect that incidents that affect population programmes such as immunisation or screening can cause harm or potential harm to a large population.
- 3.3.3 Responsibilities for the management of serious incidents reflect past approaches, however they need to take account of the new commissioning landscape. This means that existing provider responsibilities remain unchanged. As commissioners, the NHS England Area Teams will performance manage providers' responses to serious incidents and the commissioning mechanism is the route through which providers will be held to account for Serious Incident management.

- 3.3.4 The key organisational accountability for serious incident management is therefore from the provider in which the incident took place to the commissioner of the service.
- 3.3.5 There are circumstances when a serious incident may involve a number of providers, this is particularly common in screening incidents. If more than one provider is involved in a serious incident, the relevant commissioners should take a decision on who will act as the lead provider for the purposes of reporting, investigation and incident management.
- 3.3.6 In the case of a serious incident in a screening programme, the NHS England Area Team Screening and Immunisation Lead is responsible for ensuring that the provider(s) respond to a serious incident in an appropriate and timely manner and take all necessary steps to mitigate any on-going risks. The Regional Quality Assurance Director (for NHS Cancer Screening Programmes) or the Regional Quality Assurance Lead (for NHS Screening Programmes) must be fully involved in the incident management process.
- 3.3.7 The provider organisation must report all potential incidents and serious incidents in screening programmes to the Regional QA Director / RQA Lead. The Quality Assurance team will undertake initial fact finding with the screening provider and advise on next steps.
- 3.3.8 In the case of an immunisation serious incident, the PHE Centre Health protection team must be fully involved as soon as an incident is identified and will provide specialist advice to ensure that there is an adequate risk assessment done of the extent of risk to the population's health.
- 3.3.9 If an outbreak occurs of a vaccine preventable condition as a result of a serious incident, PHE Health Protection Team will manage the incident.
- 3.3.10 Reporting and escalation of serious incidents in the NHS England will be through the Patient Safety Teams in Area and Regional Teams.
- 3.3.11 In the case of a serious incident the Screening and Immunisation Lead should inform the DPH in line with the Local Authority's role in health protection.

3.4 Approach to commissioning in NHS England Area Teams

- 3.4.1 The Screening and Immunisation Team will be responsible for ensuring that screening and immunisation services that are commissioned by the NHS England Area Team meet the national service specifications as set out as part of the Section 7A agreement:
[http://www.dh.gov.uk/health/2012/11/sector-7a/Section 7a](http://www.dh.gov.uk/health/2012/11/sector-7a/Section%207a). In some cases where providers cannot meet the national service specification, for examples in cases where the programme is new or in a development phase, the commissioners will agree a pace of change with providers.
- 3.4.2 National service specifications cannot be changed or amended, however commissioners may choose to add local requirements to contracts to cover specific details, such as access for particular groups e.g. prisoners.
- 3.4.3 The NHS England AT, as the commissioner, will need to drive quality improvement, and address any concerns of patient safety that have been identified through QA assessments, outbreaks or serious incidents in providers. This will include mobilisation of resources and support. They will be responsible for supporting providers to develop actions plans, overseeing progress and using contractual routes to address any issues around provision.
- 3.4.4 The NHS England AT, as the commissioner working with other key stakeholders such as Local Authorities and CCGs, will need to take steps to reduce health inequalities and ensure that disadvantaged groups can access screening and immunisation programmes.

3.5 Commissioning and contracting:

3.5.1 Commissioning of all National immunisation and screening programmes will be undertaken by Area Teams (AT). This includes leading the commissioning; i.e assessing population needs, prioritising health outcomes, specifying requirements, securing services (procurement) and monitoring quality of services. However, certain elements of immunisation and screening programmes e.g. antenatal and newborn screening services will be included in contracts that will be led by primary care contracting, CCGs, specialised commissioners and in some cases Local Authorities –(e.g. sexual health service contracts.) In these cases, the AT commissioners, will remain responsible for the effective commissioning of these services and will need to build strong links with these contract leads to ensure the strategic commissioning requirements of immunisation and screening programmes can be addressed through these contractual routes.

3.5.2 Commissioning of new programmes or extensions/changes to existing programmes:

3.5.3 Where new programmes have been agreed through Section 7A amendments, the SIT will introduce the changes in line with guidance from and supported by the National Programme Teams in PHE.

3.6 Commissioning Screening programmes

3.6.1 Maintaining the integrity of the pathway into treatment services.

3.6.2 The NHS England AT will need to work closely with commissioners of treatment pathways e.g. paediatric services for children identified with Congenital Hip Dysplasia or Ophthalmology outpatients in the case of Diabetic Eye Screening Programme, to ensure that any planned changes through re-tendering of services does not adversely affect the referral pathway for screen positive patients.

3.6.3 Role of Quality Assurance in procurement

3.6.4 Providers that wish to tender for screening service contracts need to demonstrate their ability to meet national service specifications; this includes meeting national QA standards. Quality Assurance teams do not have a role in the tendering or procurement process. However, Regional QA teams will work closely with commissioners to ensure that providers identified during any re-procurement exercise meet the quality criteria to deliver the service and complete any agreed pre-implementation QA process before commencing service delivery.

3.6.5 Lead Area Team commissioning arrangements:

3.6.6 Some elements of screening programmes that cover large geographies will be better commissioned by just one Area Team on behalf of neighbouring areas. E.g. Bowel cancer hubs. The lead AT should put in place arrangements to ensure that collaborative arrangements work effectively.

3.6.7 Interface with prescribed specialised commissioning:

3.6.8 Some treatment services that receive screen positive patient are part of the prescribed specialised commissioning . These services will be commissioned by specialised commissioning teams. These teams will need to work closely with colleagues in AT to ensure integrity of the screening pathway

3.6.9 Antenatal and New-born & Maternity Pathway Payments:

3.6.10 The National guidance has been issued on maternity pathway payments (<http://www.dh.gov.uk/health/2012/04/guidance-maternity-services/>) This makes clear that the tariff includes the undertaking of all maternity ultrasounds, scans, maternity and newborn screening, and tests. Specialist diagnostic analysis for maternity screening by specialist laboratories is excluded from the maternity pathway payments and will be funded directly by the NHS England (Appendix B).

3.6.11 It is recognised that this method of payment may represent a new funding flow for some providers. Although there is a need to align all contracting of antenatal & newborn screening programmes to the correct funding stream as described above, this should not be done at a pace that will de-stabilise providers. Therefore NHS England AT commissioners should operate a steady state approach for 13/14. Where a laboratory or NHSP service was directed commissioned and paid for by a PCT or specialised commissioning in 12/13, the contract should be transferred to the Area Team that inherits the PCTs contracts and the AT should pick up the cost of this contract for 13/14.

3.6.12 During the first quarter of 13/14, commissioners will work with maternity providers, laboratories and NHSP providers which have been directly commissioned by the AT and which in the future will be paid for under MPP, to reconcile positions so that all financial flows and costs are correctly aligned with the MPP.

3.6.13 There remains some detailed work to determine the exact cut off point between MPP and treatment pathway and this will be issued in early 13/14

3.6.14 Although the funding flow and contract is via CCGs, the NHS England remains the commissioning body. Any changes to maternity service commissioning instigated by CCGs that could have an impact on ANNB screening pathways will need to be discussed and agreed with the NHS England Area Team.

3.6.15 Abdominal Aortic Aneurysm Screening:

3.6.16 The arrangements for the commissioning of AAA are yet to be finalised. There may be some benefit in the future for having commissioning of AAA led by those Area Teams with responsibility for specialised commissioning of vascular networks to ensure effective integration of this pathway.

3.6.17 However, for 13/14 to ensure safety in transition and to maintain provider commissioner relationships, arrangements that have operated in 12/13 should continue into 13/14. This may require one NHS England AT leading on behalf of neighbouring areas and may require a flexible approach to the transfer of contracts. These arrangements will be reviewed during 13/14.

3.7 Commissioning and procurement of local immunisation services:

3.7.1 Routine childhood and adult programmes delivered in primary care.

3.7.2 These are delivered through Directly Enhanced Services (DES) as part of the GP contract, Nationally Enhanced Services (NES) or Locally Enhanced Services (LES) which should be held by the Area Teams. The SIT will be responsible for ensuring that the national service specifications are adhered to in their locality and pathways for specific programmes (including the neonatal hepatitis B programme) are in place. They will also need to ensure that contracting mechanisms in particular LES's are equitable and deliver value for money across the Area Team geography.

3.7.3 Routine childhood and programmes not delivered in primary care.

3.7.4 This includes the HPV and other adolescent programmes and additional immunisation services e.g. in special schools, offender services or disadvantaged groups such as traveller sites. This may involve the use of Local Enhanced Services in primary care and will need additional contracting arrangements for School Nursing Services (SNS), which will be commissioned by Local Authorities. The SIT will need to work closely with LA colleagues to develop appropriate contracting mechanisms for immunisations delivered by SNS. The SIT should commission the best pathways / model of delivery to achieve high uptake and to reduce inequalities. They will need to continually monitor provision and recommend improvements.

3.7.5 The SIT will monitor uptake and quality in GP practices and other providers, including follow-up of poor performance and remedial action. This work will be led by Screening and Immunisation Coordinators who will work closely with GP practices and other providers.

3.7.6 Payment of GP practices for services that are not covered through the global sum (GP contract) will be paid through LES or Nationally Enhanced Services through the Family Health Services Division of NHS England.

3.7.7 Providers such as School Nursing Services will be paid through normal contracting routes, these will need to be negotiated locally.

3.7.8 Commissioning of surge capacity:

3.7.9 Area Teams and PHE Centres will need to ensure that there are arrangements in place to deliver NHS staff and resources to manage large and small scale public health incidents. Some of which will be of vaccine preventable diseases and may require an urgent need to identify individuals at risk and to provide vaccines in response. Locally, the Area Team should ensure that their contracts with providers cover such emergency response capacity and capability as set out in the standard NHS contract. In most cases the AT SIT will need to work through the commissioner and contract holder for these services e.g. CCGs for community services or Local Authorities for SNS. The local NHS will be responsible for meeting the costs of any contracts/resources required to deliver the NHS response to surge capacity.

3.8 Commissioning Child Health Record Departments and Child Health Information Systems

3.8.1 CHIS and CHRD service provision will be commissioned using the NHS England public health budget through the appropriate and agreed contractual frameworks.

3.8.2 The IT operating model for CHIS is described in 'Securing Excellence in Child Health Information Services IT operating model' published in March 2013.

3.8.3 The AT Head of Public Health Commissioning will be responsible for commissioning of CHIS and associated Child Health Records Department (CHRD) activities. The AT lead for child health/public health will lead this activity and work closely with the screening and immunisations teams. As part of the commissioning directorate of the AT, the SIT is in an ideal position to work with the Head of PH Commissioning to ensure that CHIS data is accurate and provides the appropriate outputs for managing performance and for maximising protection of the population and the reduction in inequalities.

- 3.8.4 CHIS data, information and technical standards development will be the responsibility of functions within the NHS England Patients and information (P&I) Directorate. It is anticipated that some of this responsibility will be managed within geographical clusters through regionally based P&I teams; regional P&I team members will liaise with ATs within a regional office footprint to provide information and technical guidance and support.
- 3.8.5 CHIS technical standards are defined in the published Output Based Specification (OBS), document reference, and will be subject to periodic review in order to incorporate new and emergent needs; it is anticipated that an annual technical review cycle will be implemented.
- 3.8.6 CHIS development roadmaps will be created by each supplier of CHIS systems. The roadmaps will describe how the systems development activities will improve over an agreed time period and will demonstrate how CHIS functionality will meet minimum and Gold standards when compared with requirements defined in the CHIS OBS.

4 System management for immunisation and screening programmes

4.1 Training for primary care providers

- 4.1.1 High quality training for staff in GP Practices as providers of immunisation and screening programmes is central to the provision of a high quality service. There is a commitment from both NHS England and PHE to ensure that all providers have access to training that meets nationally agreed standards.
- 4.1.2 Nationally a review of training for GP practice staff that undertake immunisation and/or screening will be carried out in 13/14. Until the review is completed, local arrangements should be put in place to ensure that training can continue.
- 4.1.3 SIT and PHE Centres staff may play a role in delivering training sessions.
- 4.1.4 The SIT will be responsible for seeking assurance from GP Practices and providers that staff undertaking immunisation and screening (e.g. taking cervical samples) meet national quality standards. GP practices, for example may demonstrate this through regular attendance at updates and training programmes. In circumstances, where NHS England AT commissioners have concerns regarding the quality of care provided by a GP practice, they will work with the CCG to provide support and address any additional training needs. Continued concerns will be addressed through primary care contracting.

4.2 Immunisation

- 4.2.1 **Answering queries on immunisation from professionals and the public:**
- 4.2.2 Most routine queries from the public about immunisations will be addressed by providers. Most providers will be able to work within the range of situations within the scope of *Immunisation against infectious diseases* ('the Green Book'). Providers should be encouraged to answer queries from the public within this remit. However, there will continue to be a need for a service that answers queries on immunisations from professionals and on occasions from the public.

- 4.2.3 Historically, answering queries from both the public and professionals has been carried out by in a different way in different parts of the country. The SIT will have a local arrangement to respond to questions involving all members of the team (SILs, SIMs and SICs) but in the first quarter of 2013/14, PHE and the NHS England will work together to review how these should be provided in the future, addressing whether there should be a single national model or a degree of local variation.
- 4.2.4 The SIT should seek assurance from providers that staff that provide advice to the public on immunisation have access to the appropriate and up to date advice (including the green book, vaccine update, tripartite and CMO letters and other official letters). This may include arrangements for access to local paediatricians or specialists for clinical assessment and correct diagnosis.
- 4.2.5 Queries that are more complex beyond the scope of the Green Book or advice to professionals on post-exposure vaccination should be referred to PHE Centres (where appropriate supported by national PHE).
- 4.2.6 Technical advice, support for immunisation errors and cold chain is the responsibility of the SIT, PHE Centres will provide advice and support.
- 4.2.7 **Failsafe:**
- 4.2.8 SIT will be responsible for seeking assurance from providers that robust call and recall processes are in place for all programmes and that defaulters can be identified to guarantee all eligible people are offered appropriate vaccinations.
- 4.2.9 **PGDs:**
- 4.2.10 NHS England Area Teams will be responsible for creating immunisation PGDs for use in primary care. They will be signed off by the AT Medical Director. If the PGD is for use in a provider then the provider will be responsible. Further guidance will be available shortly.

4.3 System Management – screening

4.3.1 Failsafe:

- 4.3.2 The SIT will be responsible for seeking assurance from providers that failsafe systems are in operation for all screening programmes, particularly where the pathway crosses organisational boundaries.

5 Information, Immunisation Governance and Performance Monitoring

5.1 NHS England and PHE are working together to ensure Area Teams have access to information to support the effective commissioning of screening and immunisation programmes and to ensure that the required information governance arrangements are in place

5.2 Information

5.2.1 Area Teams will be responsible for the management and commissioning of the collection of data for local monitoring of performance and for the submission of mandatory data returns (e.g. on immunisation coverage) as specified by PHE and/or NHS England and/or HSCIC. This includes quality assurance processes to ensure the data provided are accurate and timely and which may be undertaken from a range of delivery organisations.

5.2.2 NHS England regional analytic teams will provide routine reports for Screening and Immunisation Teams, the content of these reports are currently being worked up and will be the same across the country. It will pull together routine data sources for screening and immunisation and be presented in a format to support the effective commissioning of services. This will include analysis by different geographies, deprivation and by GP practices.

5.2.3 Further work is being undertaken to describe information needs and how these will best be met

- The Health and Social Care Information Centre (HSCIC) - population segmentation, profiling (including patient identifiable data) and aggregated level data.
- PHE Knowledge and Intelligence Units will provide epidemiological data to support needs assessment.

5.2.4 Immunisation - Key Deliverables:

5.2.5 The SIT should work closely with the CHIS providers, Immform and primary care to ensure that data is accurate and available at the appropriate levels for both performance monitoring, central data collections and to protect the population from infection. This will require data to be routinely produced (at least quarterly) at LA, PCT (for historical comparison) and AT level. Data should also be available at individual GP level and for certain programmes (e.g. those provided at school) at school level. It should also be possible to download and aggregate data to examine, for example, coverage by different age groups and inequalities, such as coverage in disadvantaged groups.

5.2.6 Screening - Key Deliverables:

5.2.7 The SIT should work closely with QA, Knowledge and Intelligence Centres, the UK NSC and NHIC. To collect analyse and present information to understand local performance of primary care, providers and geographical areas.

5.3 Data flows

5.3.1 Area teams are responsible for ensuring that that there are robust commissioning arrangements in place for GPs and other providers to return accurate and complete data returns

5.3.2 The NHS England and PHE will work together to review current immunisation data flows from primary care to CHIS and ImmForm.

Roles, responsibilities and management arrangements for Screening & Immunisation Teams

Screening and Immunisation Lead (SIL)

- i. The screening and Immunisation Team (SIT) will be led by a Consultant in Screening and Immunisation who will be the Screening and Immunisation Lead. The Consultant will be expected to have experience in leading the commissioning of screening and/ or immunisation services, underpinned by excellent understanding of the knowledge and theory of screening and immunisation programmes and an ability to apply this understanding to new and existing programmes.
- ii. The SIL will provide leadership for the embedded Public Health England staff within the team.
- iii. The SIL will provide public health leadership for the strategic procurement of new and existing services. This includes the collection of accurate and timely data for local monitoring of performance and for national data collections. They will ensure that commissioned services address inequalities and will work with their teams and their colleagues in Local Authorities to address areas or communities where there is poor uptake.
- iv. The SIL will ensure that there are effective networks and governance arrangements in place locally, working with Local Authority DsPH, Quality Assurance Teams, CCDCs, CCGs.
- v. They will lead on behalf of the Area Team for serious incidents, including handling the media.

Screening and Immunisation Manager (SIM):

- vi. The SIM will be responsible for the operational management of team. It is expected that SIMs will come from a variety of nursing, public health or other professional backgrounds.
- vii. They will have strong management skills, ensuring that the coordinators work effectively across the AT, so that each coordinator has an appropriate portfolio of work according to the demands of the AT and the local geography.

- viii. The SIM will ensure that there is regular monitoring of screening & immunisation performance and will lead negotiations with providers in cases of underperformance. They will support the SIL to implement new programmes, guidance and quality recommendations. Where appropriate they will deputise for the SIL at programme boards.

The Screening and Immunisation Coordinator (SIC):

- ix. The coordinators will be the frontline staff with detailed professional knowledge and credibility to enable them to work effectively with screening and immunisation clinicians and service providers. Each coordinator will agree a portfolio of work with the SIM. Although this might be either immunisation, cancer or antenatal new born screening programmes, there is flexibility for staff to combine areas such as childhood immunisations and antenatal and newborn screening programmes.
- x. The coordinators have a particular role in developing relationships with GPs and primary care as well as supporting training and professional advice. As ATs are large organisations, in some cases covering substantial geographical areas and large numbers of GP practices, each PH team will need to come up with an effective method to build relationships with their primary care patch. This may mean that each coordinator has both a portfolio (e.g. antenatal screening) as well as agreed number of GP practices that they will build a relationship with and will be able to engage with over a range of both screening and immunisation services.

Professional Registration:

- xi. All members of the team will be expected to maintain their registration with their relevant professional body and undertake regular CPD. As Public Health professionals, they will be supported to develop their public health role through appropriate education and training opportunities.

Training of Public Health Specialists

- xii. Consultants in Screening and Immunisation will be expected to be part of and contribute to training networks for Speciality Registrars in Public health and to be Educational Supervisors.
- xiii. NHS England Area Teams should support Consultants in Screening and Immunisation to undertake their role as Educational Supervisors.

Regional and National networks:

- xiv. There is an expectation that these PH professionals will be part of regional and national networks. This will provide resilience in cases of large scale incidents or demands on the service as well as providing a pool of professionals that can support national committees, peer reviews and act as local clinical experts to Quality Assurance Teams.

Support to the team:

- xv. Accommodation, infrastructure, IT and administrative support will be provided to the PHE embedded team by NHS England.

Management and development of Screening and Immunisation Leads and their team

- xvi. The Consultants in Screening and Immunisation will lead the Screening and Immunisation Managers (SIMs) and Screening and Immunisation Coordinators (SICs). PHE is their employer and the team is part of the Public Health England Centre but it is embedded in the NHS England's Area Team. The Area Team is the base of the team and the focus of their day-to-day working. NHS England and PHE will jointly support and enable the development of an effective screening and immunisation team and the individuals in it.
- xvii. The Consultant in Screening and Immunisation will be part of a number of public health networks where they will represent both the NHS England Area Team and the PHE Centre – these will include local networks with local authorities and providers, and national networks looking at specific issues in immunisation and screening programmes and their broader contribution to the public' health.
- xviii. The Consultant will
 - Have the PHE Centre Director as their 'appointing officer', Public Health Consultants are appointed through a AAC recruitment process and will follow the PHE human resources policies
 - Work to a set of team objectives that set out the expectations and deliverables for the team (both PHE and NHS England team members) that are produced through a process led by the NHS England Area Director with input from the PHE Centre Director.
 - Work to a set of personal objectives that set out the professional development for the individual and are produced through a

process led by the PHE Centre Director with input from the NHS England AT.

- Set objectives with the members of the team that identifies their individual contribution to the team objectives and relevant personal objectives.
- Have their performance reviewed jointly by the PHE Centre Director and the NHS England Area Team Director
- Review the performance of members of the AT screening and immunisation team who report to the SIL using the PHE staff appraisal framework.
- Agree with the Centre Director and their Continuous Professional Development programme and PHE will deliver the Responsible Officer function for revalidation

Appendix B

Funding arrangements for Antenatal and Newborn NHS Screening Programmes.

Screening test	Funding Stream
All maternity ultrasounds, scans, maternity and newborn screening, and tests.	Maternity Pathway Payment
Down's Syndrome Laboratory Testing	Maternity Pathway Payment
Infectious Diseases Laboratory Testing	Maternity Pathway Payment
Routine laboratory testing for SCT	Maternity Pathway Payment
New-born Hearing Screening Programme	Maternity Pathway Payment
New-born Blood Spot Laboratory Testing	NHS ENGLAND Public Health direct commissioning
Genetic testing (DNA) Testing for SCT	NHS ENGLAND Public Health direct commissioning