

# **Public Health Section 7A**

**Commissioning Intentions 2017-18**



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## Public Health Section 7A

### Commissioning Intentions 2017-18

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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## 1 Purpose

This document sets out for commissioners and healthcare providers notice of NHS England's commissioning intentions for certain Public Health services for 2017/18, commissioned as part of the NHS Public Health Functions Agreement under s.7A of the NHS Act 2006<sup>1</sup>.

All commissioning intentions are subject to completion of the s.7A Agreement 2017/18.

The document supports NHS England's ambitions to improve health outcomes, tackle inequalities and secure the best value for money. It builds on the 2016/17 commissioning intentions and reflects the Five Year Forward View's vision and focus on prevention and public health.

## 2 Introduction

NHS England has continued to commission the services set out under the s.7A agreement to a high standard, offering continued protection to the public. Data and evidence demonstrates that public health protection remains world class and we have achieved real success. By implementing the ambitions in the s.7A agreement, approximately 30 million children, adolescents and adults have access to screening and immunisation programmes each year, which contributes significantly to wider prevention agenda and implementation of the Five Year Forward View (FYFV). Implementation of the Health and Justice Indicators of Performance (HJIPs), which include indicators piloting of Sexual Assault Referral Centres (SARCS) indicators of performance, has made a step change in the ability to measure service delivery and effectiveness, enabling better informed commissioning decisions, which will, in turn, lead to improved outcomes.

However, variation in performance across England remains a challenge across the public health services portfolio. The focus on improving access, quality, effective delivery and value needs to be relentless, supported by better business intelligence data and an improved understanding of the roles and responsibilities of commissioners and partners at all levels in the system.

The s.7A agreement is based on a shared commitment and a requirement to work in partnership with the Department of Health (DH), NHS England and Public Health England (PHE), to achieve the benefits of this agreement for the people of England to protect and improve the public's health. The s.7A is delivered in the context of the Five Year Forward View and the 2015 Spending Review.

In line with this requirement and the Five Year Forward View, we aim to:

- improve public health outcomes and reduce health inequalities, and
- contribute to a more sustainable public health, health and care system

In order to achieve this NHS England under the NHS Public Health Functions Agreement in 2017/ 2018 (s.7A) has two objectives:

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<sup>1</sup> Exercise of Secretary of State's public health functions inserted by s. 22 of the Health and Social Care Act 2012

- 1) commission high quality public health services in England, with efficient use of s.7A resources, seeking to achieve positive health outcomes and reducing inequalities in health.
- 2) implement planned changes in s.7A services in a safe and sustainable manner, promptly and thoroughly.

### 3 Operating Model for Public Health Section 7A

Within the system for the delivery of public health services, partners including the DH, NHS England, PHE, local authorities (LAs), clinical commissioning groups (CCGs) and providers, will work together to deliver patient outcomes.

The Section 7A agreement for 2017/18 will describe the services that will be commissioned by NHS England in 2017/18 subject to agreement by the NHS England Board and Secretary of State for Health. The services are:

- Immunisation programmes
- Screening Programmes – cancer and non-cancer,
- Quality improvement to the Child Health Information Services (CHIS), including Child Health Records Department (CHRDs) and IT Systems according to the updated output based specification published in 2015;
- Public health services for people in prison and other places of detention, including those held in the Children & Young People's Secure Estate
- Sexual Assault Referral Centres (SARCs)

The programmes are underpinned by a set of service specifications, and national standards to support commissioning and contracting.

Outside of scope of the 2017/18 s.7A, PHE is working closely with NHS England to pilot services that may become part of the s.7A in future years subject to negotiation.

### 4 Improving Coverage and Uptake

The cancer strategy published in 2015, sets clear ambitions for improvement, with particular focus on presentation and early diagnosis. Due consideration and action is required to reverse the trend of declining uptake and coverage of the cancer screening programmes - in particular, the cervical screening programme and breast cancer screening programmes for vulnerable groups.

Performance indicators show that there has been a decline in uptake for some programmes and there is variation in performance. NHS England commissioners, PHE and local providers will be required to work together to reduce variation and bring all areas up to the performance of the best. Three programmes; cervical screening, breast screening and childhood immunisations (MMR) have been the focus of a tripartite spotlight. The tripartite spotlight brings NHS England, PHE, the DH and other stakeholders together to consider a programme in more detail and to recommend actions. NHS England local teams will be asked to act upon spotlight recommendations.

The delivery of s.7A services for armed forces personnel and their mobile families (registered with both NHS and Ministry of Defence GPs) are part of our

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responsibilities for s.7A; and as part of the Armed Forces Covenant it is important that the armed forces community suffer no disadvantage from their service. Building on the developments and pathway changes delivered for cervical screening across Defence Medical Services (DMS) and NHS, there will be a focus on increasing access and integration for Bowel Cancer, Breast Cancer, Abdominal Aortic Aneurysm and Diabetic Retinopathy Screening Programmes. The exact way that this will be done will be jointly agreed due to the unusual demographics of this population (mainly young and male) that is also widely dispersed, mobile and has different security and IT interface issues.

The provision of the sexual assault referral centres (SARC) service were enhanced in 2016/17 including by the rollout of the Sexual Assault Referral Centres Indicators of Performance (SARCIPS). Services will be further enhanced by the amendments to include sign-posting enquiries for child sexual assault and or exploitation (CSA/ CSE), via collaborative relationships between NHS England, PHE, the police, Police and Crime Commissioners (PCCs), clinical commissioning groups (CCGs) and local authorities.

## 4.1 Equality and Health Inequalities

The objectives of screening and immunisation programmes should include:

Help to promote equality and reduce health inequalities through the delivery of the programme.

Key deliverables:

- Screening and immunisations should be delivered in a way which addresses local health inequalities, tailoring and targeting interventions when necessary.
- An [Equality and Health Inequalities Analysis](#) should be undertaken as part of both the commissioning and review of programmes, including equality characteristics, socio-economic factors and local vulnerable populations.
- Services should be delivered in a culturally sensitive way to meet the needs of local diverse populations so far as is lawful and reasonably practicable.
- User involvement should include representation from service users with equality characteristics reflecting the local community, including those with protected characteristics and inclusion health groups – homeless people & rough sleepers, gypsy and traveller groups, vulnerable migrants and sex workers.
- Providers should act reasonably and lawfully, and exercise high levels of diligence when considering excluding people with protected characteristics in their population from the programme and follow both equality, health inequality and screening guidance when making such decisions, ensuring any potential adverse or positive impact is appropriately recorded.

The provider will be able to demonstrate what systems are in place to address health inequalities and ensure equity of access to screening, subsequent diagnostic testing and outcomes. This will include, for example, how the services are designed to ensure that there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010.

Guidance on the Equality Act 2010 can be found here: <https://www.gov.uk/equality-act-2010-guidance>

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The provider will have procedures in place to identify and support those persons who are considered vulnerable/ find services hard-to-reach, including but not limited to, those who are not registered with a GP; homeless people and rough sleepers, asylum seekers, gypsy traveller groups and sex workers; those in prison; those with mental health problems; those with drug or alcohol harm issues; those with learning disabilities, physical disabilities or communications difficulties.

The provider will comply with safeguarding policies and good practice recommendations.

Providers are expected to meet the public sector Equality Duty which means considering all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

It also requires that public bodies:

- have due regard to the need to eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

## 5 Patient and Public Involvement

In upholding the NHS Constitution, NHS England is committed to ensuring that patients are at the centre of every decision that NHS England makes. Putting patients first needs to be a shared principle in all that we do. NHS England, through the local teams, will ensure that this is demonstrated in the way care is commissioned and provided and will monitor it through our formal contracting process with providers. It will be working to develop and improve the impact of patient and public involvement by implementing a new soon to be published framework for participation in commissioning of s.7a services.

It is essential that all providers of public health s.7A services demonstrate the principles of transparency and participation and offer their patients the right information at the right time to support informed decision making about their treatment and care.

Commissioners and providers are required to demonstrate real and effective patient participation, by working with local communities and groups including the voluntary and community sector, particularly in areas such as service improvement and redesign. Providers should commission and/ or deliver in house assessment of the quality of the patient experience, with expectations that this will be at least satisfactory with improvement plans in place as appropriate.

Providers of public health s.7A services should look to provide accessible means for patients to be able to express their views about, and their experiences of, services, making best use of the latest available technology and social media as well as conventional methods.

As well as capturing patient experience feedback from a range of insight sources, providers should demonstrate robust systems for analysing and responding to that feedback.

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Specifically providers should report outcomes of the Friends and Family Test for services specific to s.7A to identify levels of satisfaction every quarter and areas for potential improvement.

## 6 Training

Providers have the responsibility to ensure that service provision:

- is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised ongoing training and development for example, as per PHE National Minimum Standards for Immunisation Training;
- is supported by regular and accurate data collection using the appropriate returns.

Providers must make provision to ensure all staff training is current and covers competencies required, and evidence to give assurance to commissioners of this as appropriate, allowing for appropriate annual CPD in line with s.7A programme requirements, such as study day or completion of e-learning as appropriate.

Providers are asked to promote engagement with the Level 3 Diploma for Health Screeners. The qualification is for non-professionally regulated screening staff in the NHS Diabetic Eye Screening Programme, NHS Abdominal Aortic Aneurysm Screening Programme and NHS Newborn Hearing Screening Programme.

## 7 Data Collection - Business Intelligence

Arden and Greater East Midlands Commissioning Support Unit (Arden & GEM CSU), as part of its contract with NHS England to deliver commissioning support for directly commissioned services, will lead the collection of business intelligence data for s.7A programmes. There is an expectation that there will be a consistent approach to data collection, with data flowing into centralised repositories.

To support the collection of business intelligence data for s.7A programmes as part of the contract for all directly commissioned services, we expect commissioner and providers to use the national information schedules for the following programmes;

- Breast Cancer Screening
- Diabetic Eye Screening
- Abdominal Aortic Aneurysm Screening

## 8 Data Collection – Screening Uptake and Coverage

PHE and NHS England have developed a Memorandum of Understanding (MOU) to describe the working relationship between the two organisations for the purpose of data sharing. The data allows identification of local good practice or areas to be improved, comparison with appropriate areas, assessment of improvement activities and active management of provider performance at a range of levels eg PHE centre footprint, NHS England local teams, and local authorities.

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## 9 Planned Programme Changes 2017/18

The key planned additions to the existing s.7A programmes are:

- Influenza immunisation will continue to be offered to all children aged 2, 3 and 4; and to all children of appropriate age for school years 1, 2, 3 and 4.
- NHS England will continue to commission bowel scope screening centres to an agreed trajectory as part of the new NHS Bowel Cancer Screening Programme.
- NHS England will take responsibility for commissioning wave 3 bowel scope screening centres as at 1 April 2017 as part of the new NHS Bowel Cancer Screening Programme .

The majority of the existing s.7A programmes have a number of clarifications relating to the agreed models of delivery, quality assurance processes, training, and the equality responsibilities of providers. Details will be found in the s.7A service specifications to be published late in 2016

### Key Programme Change Deliverables

<b>Key deliverables (shown in bold)</b>
<p>NHS Newborn Blood Spot Screening Programme</p> <p><b>In 2017-18, NHS England will introduce Saturday morning checking of results and appropriate action for Medium-chain acyl-CoA dehydrogenase deficiency (MCADD), isovaleric acidaemia (IVA) and maple syrup urine disease (MSUD).</b></p>
<p>NHS Cervical Screening Programme</p> <p><b>In 2017/18 NHS England will:</b></p> <ul style="list-style-type: none"> <li>• <b>work with PHE to develop mitigation plans to ensure local service delivery during the development of planning to introduce HPV primary screening.</b></li> </ul>
<p>NHS Fetal Anomaly Screening Programme</p> <p><b>In 2017-18 NHS England will work with PHE to pilot a KPI to measure coverage of the screening for Down's, Edwards' and Patau's syndromes in order to improve the safety and quality of the programme so that women who have accepted the offer of screening do not miss screening.</b></p> <p><b>In 2017 – 18 NHS England will drive quality and improvement by implementing a change to the Down's Syndrome Screening Quality Assurance Service sonography flag allocation.</b></p> <p><b>In 2017/18 NHS England will work with PHE to develop education and training resources, standards and information development to prepare for the possible introduction of an additional test to the current screening pathway.</b></p>
<p>NHS Diabetic Eye Screening programme</p> <p><b>In 2017-18 NHS England will work with PHE on a framework around improvements in the quality of grading to support moving to extended intervals. Routine measures using available data will be needed to pro-actively support services and individual graders to improve the quality of their grading in preparation for moving to extended intervals.</b></p>

## NHS Newborn and Infant Physical Examination Programme

**In 2017-18, NHS England will work with PHE 2017/18 to plan and develop the standards/ pilot stages of an agreed model for delivering the 6-8 weeks examination.**

## NHS Bowel Cancer Screening Programme

**In 2017-18, NHS England will**

- **commission all bowel scope services from 1 April 2017 so each centre delivers an agreed level of activity and thus roll-out to include more general practices in the programme**
- **make efforts to improve uptake in bowel scope and FOBt in line with the recommendation of the independent Cancer Taskforce**
- **work closely with PHE to prepare for the implementation of the Faecal Immunochemical Test (FIT) to replace FOBt**

## MenACWY immunisation programme

**In 2017/18, NHS England will:**

- **continue to provide the MenACWY vaccine as part of the routine adolescent schools programme (school year 9 or 10).**
- **carry out a catch-up campaign for those students in school years 10-12 [Note: this will mainly be done throughout academic year 16/17 but some might be done in the summer term of 17 i.e. at the start of 17/18 financial year]**
- **carry out a catch-up campaign for those students in school years 13**
- **continue to offer immunisation to all first time university entrants ("freshers") up to 25 years of age**

*The MenACWY programme was introduced in August 2015 as an emergency programme to control a national outbreak of MenW disease. It will need to continue in 2017/18. The main aim of the programme is to control the rapid increase in MenW cases by interrupting transmission of MenW within the population. This is being done by targeting the teenage population, where the rates of transmission are highest, with vaccination. This will prevent onward transmission to susceptible children and adults, as well as providing direct protection to the teenagers themselves.*

## Improving MMR vaccination uptake

**In 2017/18 NHS England will:**

- **continue to ensure opportunities to improve MMR uptake**
- **ensure that local action plans are developed in response to the spotlight session on MMR uptake held in June 2016 and that progress is made in implementing these plans.**
- **improve MMR vaccination coverage for one dose (5 year olds) and for two doses (5 year olds).**

*Improvement of MMR vaccination coverage for one dose (5 year olds) and for two doses (5 year olds) will support the UK government's commitment to the WHO European regional target to eliminate both measles and rubella infections by 2020. An increase in MMR uptake could result in treatment savings elsewhere in the NHS system by reducing the risk of morbidity from measles, mumps and rubella and the risk of onward transmission.*

## Shingles immunisation programme

**In 2017/18, NHS England will:**

- **continue the rollout of the shingles vaccination programme. From 1 September 2017 shingles vaccine should be offered:**
  - **to patients who are aged 70 years on or after 1 September 2013 and they remain eligible until 80<sup>th</sup> birthday**
  - **as a catch up to those patients aged 78 years and they remain eligible until 80<sup>th</sup> birthday**

*Shingles immunisation was introduced into the national immunisation programme in September 2013. The first years of the programme are being run with a phased catch-up alongside a routine programme for 70 year-olds. The aim of the programme is to reduce the incidence and severity of shingles disease in older people.*

## Maternal pertussis programme

**In 2017/18, NHS England will:**

- **review the commissioning arrangements for maternal pertussis vaccination to consider extending the provision through maternity units, in order to improve coverage and timeliness of vaccination**

*The maternal pertussis programme was introduced in October 2012 in response to an increase in pertussis in infants too young to be protected by the routine programme. The programme has been highly effective with deaths and cases in infants reduced. Coverage in the programme is around 60% and of the 16 deaths in infants since 2012 only two have been born to vaccinated women - both were vaccinated late in pregnancy. In April 2016, based on new evidence, JCVI advised that recommended window for vaccination was changed to be at any stage after 16 weeks gestation, which offers more opportunity for undertaking this at the same time as other obstetric visits. The importance of maternity units communicating with primary care remains.*

## Childhood flu immunisation programme

**In 2017-18, NHS England will:**

- a) arrange provision of flu vaccination for all children 2, 3 and 4 years of age at 31 Aug 2017;**
- b) arrange provision for flu vaccination for all children eligible for schooling in years 1, 2, 3 and 4 (i.e. 5, 6, 7 and 8 year olds, including those who turn 9 on or after 1 September 2017); and**
- c) Continue to arrange provision for all primary school aged children in those areas included in the 2016-17 pilots for primary school aged children.**

*The best uptake of vaccination among 5 to less than 17 year olds is likely to be achieved through a predominantly school-based programme, with a limited provision and second opportunity sessions in other community settings in some localities.*

- *Ensure access for all children, including those not in mainstream school, or attending schools which do not participate in the programme*

## 10 Service Developments

NHS England commissioners will engage the national PHE Screening Division in discussions on local screening programme reconfigurations. This is to ensure that Quality Assurance and IT change issues are adequately considered and timescales are managed effectively.

### 10.1 Bowel Cancer Screening Programme

NHS England will continue to commission bowel scope screening centres to an agreed trajectory as part of the NHS Bowel Cancer Screening Programme.

To ensure operational deliverability and the continued affordability of the programme, commissioners are requested to work with bowel scope providers to review the existing roll-out plan for each provider. Commissioners and providers should consider the roll-out plan in the light of the provider's delivery of the first six months of the existing 2016/17 plan.

In addition, NHS England will take responsibility for commissioning wave three bowel scope screening centres as at 1 April 2017.

### 10.2 Diabetic Eye Screening - Centralised IT system

There is a requirement to embed national policy and consistently high standards of performance and safety within the local delivery of diabetic eye screening. Evidence suggests that the most cost-effective method is to implement a common national software solution. NHS England will support PHE in the implementation of the national software, to achieve standardised local programme operation through common IT system design and core functionality.

### 10.3 CHIS and the Children's Digital Health Strategy

NHS England commissioners of Child Health Information Services (CHIS) will work collaboratively with the team delivering the paperless 2020 vision; in order to realise the recommendations from the National Incident Report, and to assess and support future service redesign and the development of a five year roadmap. Contracts will be required to have specific break clause to accommodate the expected change.

NHS England will continue to commission CHIS in an affordable and operationally robust way, continuing support for the health visiting data flows to CHIS to meet service requirements outlined in S7a Service Specification 28, particularly during any period of transition where local authorities have procured health visiting services from new providers.

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## 11 PHE Pilots and Developments

NHS England will support the development and delivery of the following screening and immunisation pilots programmes and developments, some of which are not currently part of s.7A but could be transferred into future s.7A agreements subject to negotiation and agreement on funding. This will ensure that planning and delivery fits with routine commissioning and development protocols within NHS England.

### 11.1 Breast Cancer Screening

The breast cancer screening 6 year age extension trial will continue until end 2020. Transfer and continuation is subject to favourable outcomes from the trial and policy agreement with commissioners.

### 11.2 Diabetic Eye Screening

The NHS DES programme is working on a framework around improvements in the quality of grading to support moving to extended intervals. Routine measures using available data will be needed to pro-actively support services and individual graders to improve the quality of their grading in preparation for moving to extended intervals. This work will require providers to undertake some performance improvement tasks based on factors identified through the development work.

### 11.3 Fetal Anomaly Screening

Fetal Anomaly Screening - Non-invasive pre-natal testing from anomalies in pregnancy (FASP) has an annual standard which measures coverage of the screening for Down's, Edwards' and Patau's syndromes. The data received from incidents in the NHS has identified that there is an on-going issue with women who have accepted the offer but miss screening, particularly at the interface between the first trimester combined screening and the Quadruple test. FASP will undertake a pilot process to ascertain the feasibility of this measure being reported quarterly as a Key Performance Indicator as a screening safety and quality issue.

To drive ongoing quality improvement, FASP and Down's syndrome quality assurance support service DQASS is consulting with sonographers regarding a change to the flag allocation to sonography datasets. The change will move the threshold for allocation of a red flag from the current 0.4mm to 0.3mm. The change would commence from the beginning of cycle 24 in 2017/18.

Non invasive pre-natal testing (NIPT). During 2017/18 PHE Screening Division will be developing education and training resources, standards and information development. The NHS will be asked to engage with the preparations for education and training, data and screening pathways.

### 11.4 HPV as Primary Screen

Following a review of results from the English HPV primary screening pilot sites and international evidence, the UK National Screening Committee recommended at its January 2016 meeting that HPV primary screening should be adopted by the



screening programme. Ministerial approval of HPV Primary Screening was announced by the minister in July 2016.

NHS England is working with PHE and an HPV primary screening implementation group has therefore been established with stakeholders. The group has representation from the various disciplines involved in the current cervical programme and sentinel (pilot) sites. HPV primary screening would affect all aspects of the programme pathway and would be a significant undertaking.

NHS England has been advised by PHE to take into consideration HPV primary screening when planning any cytology laboratory reconfigurations or procurements.

A full implementation plan has not yet been agreed; however, PHE and NHS England will continue to work in collaboration with clinical experts in the field. We are fully committed to working with the laboratory community and we look forward to continuing to receive clinical input and advice. Commissioners will continue to work with local laboratory providers during 2017/18 to mitigate any short term capacity issues.

## **11.5 Faecal Immunochemical Testing (FIT)**

The UK National Screening Committee recommended introducing faecal immunochemical testing (FIT) to replace the current (FOBt) test used in the bowel cancer screening programme. This is a more accurate test that should help identify and treat more cancers early in their development. Ministerial approval for the implementation of FIT has been announced. NHS England will work with PHE and other stakeholder during 2017/18 to develop plans for the implementation of FIT.

## **11.6 Newborn and Infant Physical Examination Programme**

In 2017/18 the PHE Screening Division will be planning and developing the standards / pilot stages of an agreed model and will need to engage with the NHS during this development phase. The PHE Screening Division will also be developing the work on IT Interoperability.

## **11.7 HPV vaccination for men who have sex with men (MSM)**

In 2016/17 NHS England will support PHE's pilot HPV vaccination programme for MSM. A pilot offering the human papillomavirus (HPV) vaccine to men who have sex with men (MSM) already attending participating sexual health clinics started in June 2016. It is being led by PHE. Up to 40,000 MSM will be offered the vaccine through the pilot and NHS England will use information from the pilot to inform future commissioning decisions related to this potential programme.

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## 12 Collaborative Commissioning

NHS England directly commissions programmes under s.7A. Some flexibility and innovation is required in order to address specific challenges faced by some communities, and to ensure consistency of standards within available resource; this will help reduce inequalities and improve services across England.

Commissioners within the local health economies (CCGs, PHE, local authorities (LAs), Defence Medical Services, and NHS England) will work together across the whole pathway to develop evidence based pathways, e.g. bowel cancer and bowel scope screening to diagnosis, ensuring clarity of access for the relevant cohort across the commissioning landscape. These pathways can be used in contracting with providers, aligning incentives and accountability for outcomes. The approach of engaging commissioners will be the basis of future whole pathway commissioning.

## 13 Commissioning Resources

NHS England will commission and fund public health services directly following agreement between DH and NHS England of the Section 7A agreement. NHS England will set budgets at a geographical level for all programmes undertaken by providers within the allocation for the s.7A agreement. NHS England and providers working together will effectively manage high quality Public Health s.7A services within this finite resource.

Each region is responsible for ensuring the financial and quality performance of the contracts it holds for the whole population including relevant armed forces personnel based within England.

## 14 Contracts

### 14.1 NHS Standard Contract

NHS England mandates the NHS Standard Contract for use by commissioners for all contracts for healthcare services other than primary care.

National planning guidance to the NHS sets the expectation that commissioners will offer their high-value contracts with a term of at least two years with extension options in accordance with the [technical guidance](#).

### 14.2 Single Provider Contract

The intention for 2017/18 is that NHS England should normally only hold (or be party to) one NHS Standard Contract with any provider, which includes the five areas of direct commissioning with contract schedules.

### 14.3 Maternity Payment Pathway

The Aspects of the Maternity Pathway Payment for the Screening and Immunisations Programmes Guidance for Providers and Commissioners has been updated clarifying the payment mechanism for the new born blood spot programmes to

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reduce administrative burden and the delivery of the BCG immunisation and Hep B immunisation.

## 15 Quality Assurance

All providers will participate fully in national quality assurance processes and respond in a timely manner to recommendations made, as appropriate. This will include submitting the following data to PHE Screening Quality Assurance Service (SQAS) who work alongside commissioners:

- data and reports from external quality assurance schemes
- minimum data sets as required – these may be required to be submitted to national external bodies
- self-assessment questionnaires / tools and associated evidence
- audits or data relating to nationally agreed internal quality assurance processes

Providers are expected to participate fully in the SQAS visit process where required and cooperate in undertaking ad-hoc audits and reviews as requested. Providers will respond to SQAS recommendations by the submission of action plans agreed by commissioners to address identified areas for improvement and any non-conformities / deviations from recommended performance thresholds.

Where a SQAS team believe there is a significant risk of harm to the population, they may recommend to commissioners to suspend a service.

## 16 Serious Incidents

The NHS England National Serious Incident Framework has been developed in partnership with providers, commissioners, regulators, and experts was refreshed and published in March 2015 and integrates with the Screening Serious Incidence guidance produced by PHE. In light of the potential impact of incidents in screening programmes on a large number of people, and the reputation of the programme, it is important that providers' are aware of and embed this guidance in all commissioned screening programmes.

## Appendix 1 - Services to be provided 2017-18

Programme category or programme	Services
Immunisation programmes	Neonatal hepatitis B immunisation programme
	Pertussis pregnant women immunisation programme
	Neonatal BCG immunisation programme
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
	Rotavirus immunisation programme
	Meningitis B (MenB) immunisation programme
	Meningitis ACWY (MenACWY) immunisation programme
	Hib/MenC immunisation programme
	Pneumococcal immunisation programme
	DTaP/IPV and dTaP/IPV (pre-school booster) immunisation programme
	Measles, mumps and rubella (MMR) immunisation programme
	Human papillomavirus (HPV) immunisation programme
	Td/IPV (teenage booster) immunisation programme
	Seasonal influenza immunisation programme
	Seasonal influenza immunisation programme for children
	Shingles immunisation programme
Screening programmes	NHS Infectious Diseases in Pregnancy Screening Programme
	NHS Fetal Anomaly Screening Programme - Screening for Down's, Edwards' and Patau's Syndromes (Trisomy 21, 18 & 13)
	NHS Fetal Anomaly Screening Programme - 18+0 to 20+6 weeks fetal anomaly scan
	NHS Sickle Cell and Thalassaemia Screening Programme
	NHS Newborn Blood Spot Screening Programme
	NHS Newborn Hearing Screening Programme
	NHS Newborn and Infant Physical Examination Screening Programme
	NHS Diabetic Eye Screening Programme
	NHS Abdominal Aortic Aneurysm Screening Programme
Cancer screening programmes	NHS Breast Screening Programme
	NHS Cervical Screening
	NHS Bowel Cancer Screening Programme (including the Bowel Scope Screening Programme)
Child Health Information Systems	Child Health Information Systems
Public Health services for adults and children in secure & detained settings in England	Public Health Services for Children and Adults in Secure and Detained Settings in England
Sexual assault services	Sexual Assault Referral Centres