**Training in Screening and Immunisation with the Cheshire and Merseyside team**

**November 2015 (for review November 2016)**

**1 What this paper is**

This is the training offer for the North West School of Public Health, from the Cheshire and Merseyside Screening and Immunisation Team.

**2 What we do**

We make sure that the eleven NHS screening programmes and a similar number of NHS immunisation programmes are safe and effective for 2.3 million people. We do this by running strategic multi agency programme boards; monitoring performance; solving performance problems; recognising and learning from serious and other incidents; managing the market for training of screening or immunisation. We actively commission to a set of comprehensive national service specifications.

Over the last 3 years we have successfully introduced nearly ten new screening and immunisation programmes. For example, the infant rotavirus vaccination has almost eliminated hospital admissions for rotavirus gastroenteritis (from over 200 per season to below 20 in Merseyside); Primary HPV cervical screening is in place for the women of Sefton; and bowel scope screening is being offered to 55 year olds from treatment centres across Cheshire and Merseyside.

We make a difference to health inequalities by paying attention to marginalised groups and populations.

**3 Who we are**

We are fifteen Screening and Immunisation managers, co-ordinators and a specialist lead, part of the North West PHE Centre. Based with NHS England in two lovely locations Liverpool and Chester, we work alongside our public health commissioning colleagues in NHS England offices, and have excellent relations with Local Authorities, Clinical Commissioning Groups, NHS and independent provider organisations and Local Medical Committees. The PHE Screening Quality Assurance Service are our close partners. We also have strong links to national networks such as the National Screening Committee and the PHE national Immunisation Lead. The Screening and Immunisation Lead is an approved public health educational supervisor and trained coach. He is currently the North West England local board member for the Faculty of Public Health, and is an experienced examiner for the Faculty. Other members of the team have a range of training skills.

**4 What we offer**

This is a service placement, and so most learning is in the context of active public health practice to achieve organisational objectives. However, there are opportunities for participation in specific skills training ( such as Root Cause Analysis in the context for incident investigation), and time will be protected for one to one learning with public health colleagues and those form other disciplines. Formal assessment will use the four work based modalities of case based discussion, written reports, direct observation of practice and multi source feedback.

We will offer assessment, supervision and feedback in line with the 2015 FPH curriculum that is GMC approved. This will, as a minimum, include an initial appraisal; agreed learning objectives; regular appraisal/ supervision meetings; verbal and written feedback; and a close of placement handover with the next trainer.

We can accommodate a maximum of two Specialty Registrars at any one time, plus project based work by a Specialty Registrar based elsewhere.

**4.1 We offer training and experience in:**

* commissioning and delivery of screening or immunisation programmes;
* recognition of, response to and management of small and large adverse incidents, including their strategic oversight;
* large and small scale change management programmes such as performance turnaround; service redesign; procurement and tendering services;
* chairing multi agency and in house meetings;
* public health audits (for example, delivery of targeted infant Hepatitis B vaccinations and antibody testing; cold chain integrity in provider organisations; failsafe standards and delivery in cervical or diabetic eye screening)
* service reviews and health inequalities assessments;
* networking for a purpose with very senior clinicians and managers
* other parts of NHS England by agreement.

**4.2 We want to:**

* Get more of our work and data into the public domain through research and publication;
* Get involved in training non specialist public health practitioners, clinicians and managers.

**5 What we are looking for in a Specialty Registrar or other colleagues in training:**

Colleagues can work with us for four months or more, full time or part time. On an individual basis, we could offer training and experience for shorter periods to an individual based at another location, for them to do work on programmes that are important to both places.

We expect you to be enthusiastic, be punctual and professional in your behaviours, and to do stuff that is important to us and to your training. We will welcome you as a valued member of the team and give you a desk/ laptop etc. We will look out for you and support you in your training. You will get regular, specific feedback from your trainer.

**6 Learning Outcomes**

It is possible to work towards, and assess, a large range of learning outcomes, at every stage of training, during a placement with the screening and immunisation team. However, there are a few specific screening and immunisation learning outcomes for which the S&I Team is an ideal context, and which it would be less easy to meet in other settings. These are:

LO 2.6 **Assess the evidence for proposed or existing screening programmes, using established criteria.**

*Examples: Contribute to a literature review of the evidence for a potential screening programme. Carry out an analytic diagram of the outcomes for a thousand people screened. Write a briefing paper or respond to a local enquiry about an actual or potential screening programme.*

LO 6.3 **Identify, advise on and implement public health actions with reference to local, national and international policies and guidance to prevent, control and manage identified health protection hazards.**

*Example: Identify and manage close contacts associated with a case of bacterial meningitis, within*

*an appropriate timeframe. Respond to an immunisation query from a practice nurse for a child who has recently arrived in the UK with reference to the WHO country specific information on immunisation.*

LO 6.7 **Demonstrate an understanding of the steps involved in outbreak/incident investigation and management and be able to make a significant contribution to the health protection response.**

*Example: Active membership of an incident/outbreak control team including investigation, implementation of control measures, Write up of outbreak report and identification and response to*

*lessons learnt.*

**7 Some examples of the types of work that could be undertaken are:**

health needs assessments on behalf of NHS England (e.g. eye care needs assessment for local professional network, immunisation needs assessment for Merseyside) – Phases 1 to 3

reviews of screening services (e.g. Diabetic Retinopathy Programme review across Merseyside) – Phase 3

health improvement projects – e.g. increasing uptake in specific patient groups for vaccines, work to produce parent resources etc – Phase 1 or 2

data analysis, manipulation, presentation, discussion – Phases 1 to 3 depending (e.g. simple dashboards through to large reports with recommendations to presented to programme boards)

leadership of a programme area – Phase 3

literature review, research, e.g. uptake of screening, flu vaccine in vulnerable groups etc (Phase 1 and 2)

audit, e.g. of non-responders to screening, BCG vaccination in a large hospital (Phase 2)

**8 Advice from a previous specialty registrar**

*“The NHS England environment offers a good overview of current NHS and Local Authority Structures. There is opportunity to prepare material for Health and Wellbeing Boards, NHS Trust executives, PHE groups etc. There is opportunity for project work, report writing, analysis and presentation, shadow senior staff at meetings, develop an understanding of performance management processes. There would be involvement in, and possibly leadership of, forward planning, problem solving, negotiation and influencing for change. A more senior registrar who has passed both exams, is consolidating their core skills and is looking to develop specific interests to enhance their career opportunities would be given high level supported responsibility for quality improvement, performance management, change or remediation”*

**9 How to contact us:**

Dan Seddon is Lead trainer and Screening and Immunisation Lead. He or one of our managers can be contacted via our generic email mersey.scrimms@nhs.net, or via Karyn Wells at Karyn.wells1@nhs.net