

NHS Orkney

Public Health Report 2019 – 20



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Introduction

In 2020 WHO declared a pandemic due to the SARS-CoV-2 virus which causes an illness now known as COVID-19 (Table 0.1). Public health departments, the NHS and the whole of society have been impacted significantly by the pandemic. This year's annual report is curtailed as staff have been responding to the threat posed by COVID-19, and are now focusing on urgent preparations for the coming winter, including delivering the Test and Protect service, expanding the influenza vaccination programme and planning for delivery of a COVID-19 vaccine.

Table 0.1: Timeline of COVID-19

| | |
|------------|---|
| 31/12/2019 | 27 cases of pneumonia in Wuhan |
| 9/1/2020 | Preliminary reports of new coronavirus |
| 13/1/2020 | Report of case outwith of China |
| 25/1/2020 | First case in Europe France |
| 30/1/2020 | WHO declares Public Health Emergency of International Concern (PHEIC) |
| 31/1/2020 | First cases in England |
| 22/2/2020 | Coronavirus notifiable disease in Scotland |
| 1/3/2020 | First COVID case in Scotland |
| 11/3/2020 | WHO declares pandemic |
| 12/3/2020 | UK moves from contain strategy to delay |
| 23/3/2020 | UK social distancing – stay at home |
| 30/3/2020 | COVID case in Orkney |
| 6/4/2020 | Coronavirus (Scotland) Act 2020 |

The report focuses primarily on work carried out over the 2019-20 period and reflects only a small amount of the public health activity undertaken by staff in the NHS and community planning partners and other organisations. I hope you find it an interesting and useful report.

Dr Louise Wilson

Director of Public Health

NHS Orkney

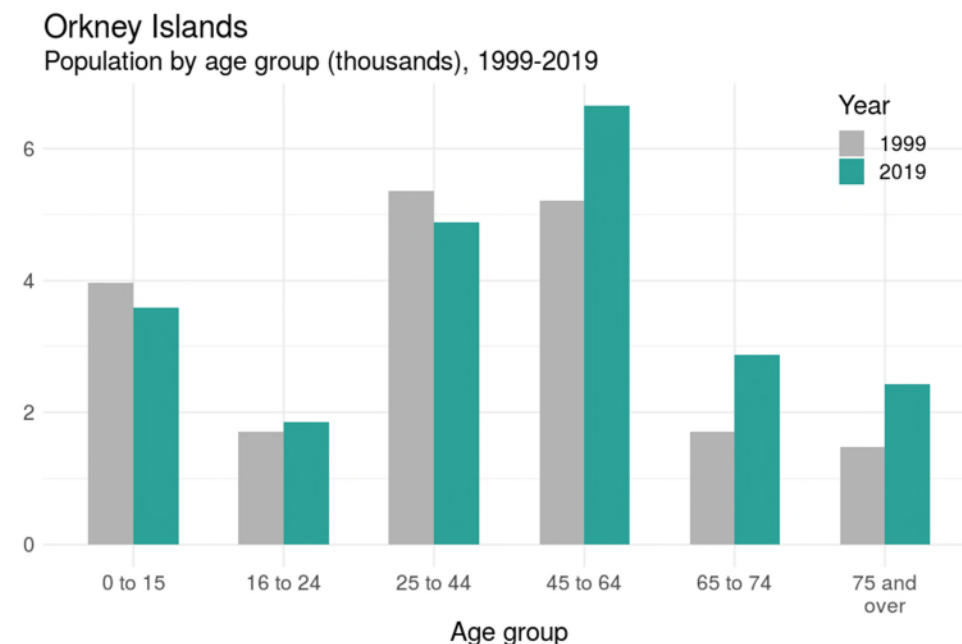
1. Health improvement

Priority 1 An Orkney where we live in vibrant, healthy, safe places and communities

Population demographics

Understanding population demographics helps aid planning of services. The population of Orkney as reported by National Records Scotland (www.nrscotland.gov.uk) was estimated to be 22,270 in 2019, an increase of 0.4% from 2018 (Figure 1.1). The trend, within Orkney as elsewhere in Scotland, is currently towards an ageing population with an estimated 24% of the Orkney population over the age of 65 (19% Scotland), and 16.0% under 16 (17% Scotland). In 2019, there were more females (50.2%) than males (49.8%) estimated to be living in Orkney.

Figure 1.1 Orkney Islands population (thousands) 1999-2019



Source: www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019

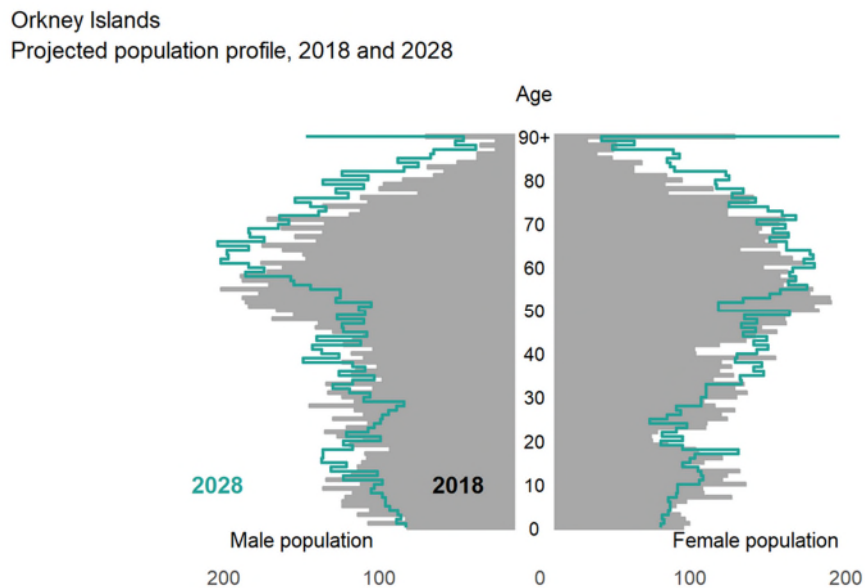
Migration to and from Orkney

The number of residents in Orkney is partially determined by the number of people who leave or move to the islands. The most recent figures on migration based on council areas for 2018-19 show 810 people migrated in to the islands and 660 migrated away from the islands.

Population projections

In the long-term the population of Orkney is projected to increase from 22,190 to 22,311 over the period 2018-2028. This is an increase of 0.5%, which compares to a projected increase of 1.8% for Scotland as a whole. Figure 1.2 shows the expected change in population by age from 2018 to 2028.

Figure 1.2 Population pyramid for Orkney Islands 2018 and 2028



Source: *National Records of Scotland 2020*

It can be seen that from mid 2018 to mid 2028 in general the percentage of children under 15 is projected to decrease by 11.5%, working age adults is projected to increase by 1% and the older population 75 and over is expected to increase by 37.4%. This shift in age distribution is well known locally and being factored in to how services will need to change for future health needs.

Births and deaths

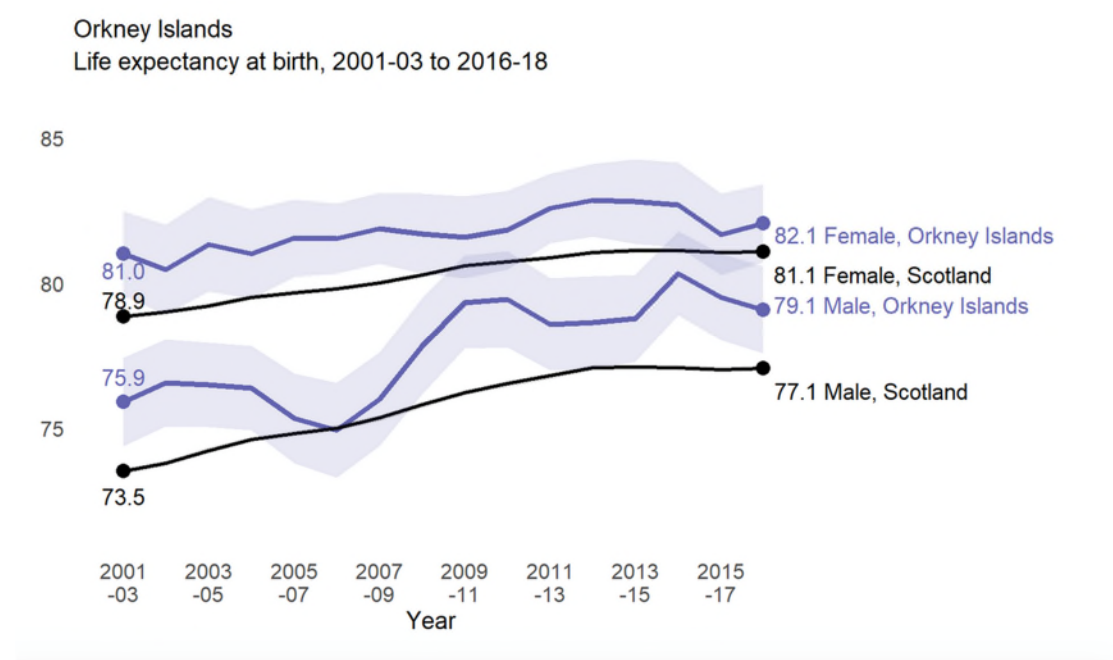
In 2019 there were 182 live births recorded for Orkney, a decrease of 2.2% from 2018. Of these 182 births, 81 (44.5%) were female and 101 (55.5%) were male. The standardized birth rate decreased from 10.3 per 1000 population in 2018 to 10.1. In comparison, the rate in Scotland overall decreased from 9.4 to 9.1 per 1000 population.

There were a total of 232 deaths in Orkney in 2019. This is a 2.7% increase from 226 deaths in 2018. Of these 232 deaths, 116 (50.0%) were female and 116 (50.0%) were male. Information on premature mortality (deaths under 75) has not been updated nationally yet for Orkney.

Life Expectancy

The latest local life expectancy data is from 2018. Life expectancy at birth in Orkney is greater for females (82.1 years) than males (79.1 years), and both were greater than the Scottish average (females 81.1 males 77.1 years) (Figure 1.3). Life expectancy in Orkney at age 65 is greater for females (20.5 years) than males (19.5 years).

Figure 1.3 Life expectancy at birth in Orkney 2001-3 to 2016-18



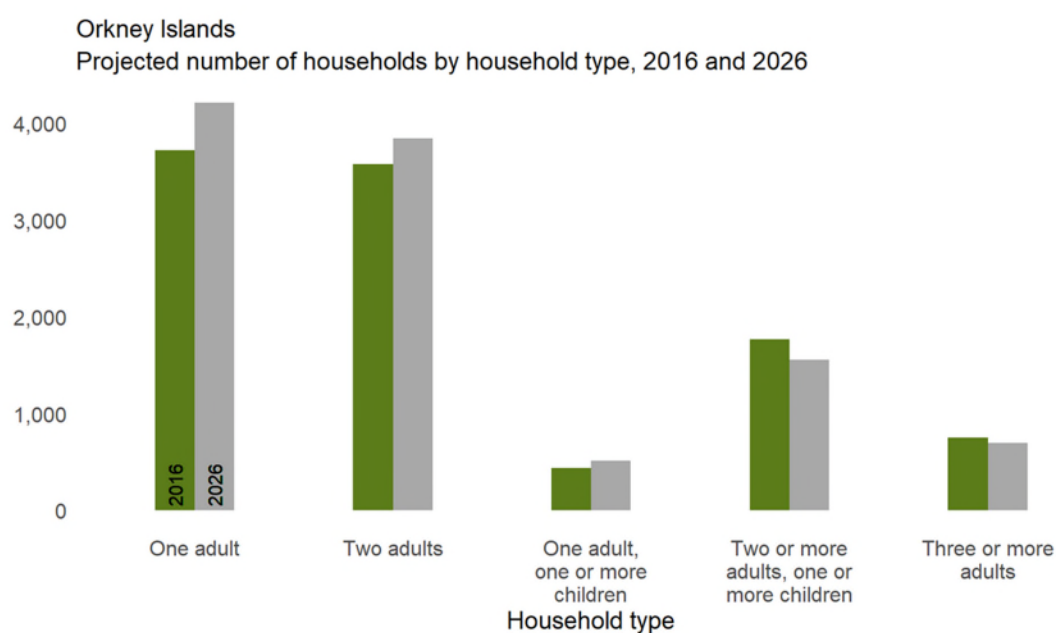
Source: National Records of Scotland 2020

Household Estimates

In 2019, the number of households in Orkney Islands was 10,589. This is a 0.8% increase from 10,506 households in 2018. In comparison, the number of households in Scotland overall increased by 0.7%.

Between 2016 and 2026, the number of households in Orkney Islands is projected to increase from 10,256 to 10,821. This is a 5.5% increase, which compares to a projected increase of 6.4% for Scotland as a whole. In 2026 “one adult” household types are projected to remain the most common (38.9%) (Figure 1.4).

Figure 1.4 Households by household type, 2016 and projected 2026.



Source: *National Records of Scotland 2020*

The community planning partnership Living Well subgroup is using a logic model to co-ordinate activity across partners focused around two medium term outcomes:

- (1) People live in safe, warm, homely settings;

(2) People have the support they need to adopt healthy lifestyles throughout their lives, and take responsibility for their wellbeing.

The Public Health department have been actively involved in a range of multiorganisational activities including the development of the Violence against Women Partnership Action Plan and commissioning of the artwork for the Balfour hospital.

Early in the COVID-19 pandemic, a 'Caring for People' group was set up through OIC to draw together statutory and voluntary partners in the community to implement and establish caring for people in Orkney who are affected by the COVID-19 outbreak. NHS Orkney Public health team has been a partner in this group since its creation.

Priority 2 An Orkney where we flourish in early years

Ensuring children have a healthy start in life is a key focus for joint working across the community. One key action is the promotion of breast feeding. The benefits of breast feeding are well known both for mother and infant.

In Orkney the percentage of babies who have ever been breast feed as reported at the first visit is high (Figures 1.5 and 1.6). The benefits of breast feeding are well known both for mother and infant (Figure 1.7) and the drop off in breast feeding as reported at the first visit is low (Figures 1.8 and 1.9).

Figure 1.5 Breastfeeding Initiation

Percentage of babies who have ever been breastfed (reported at First Visit) 2019/20

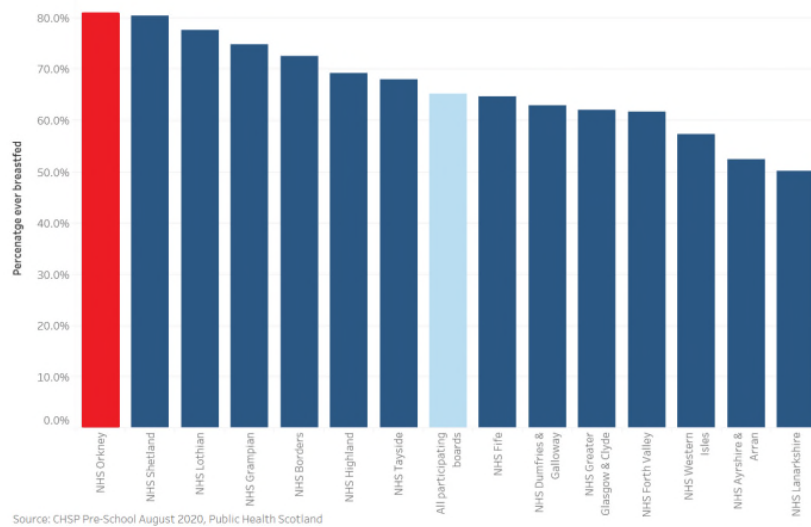
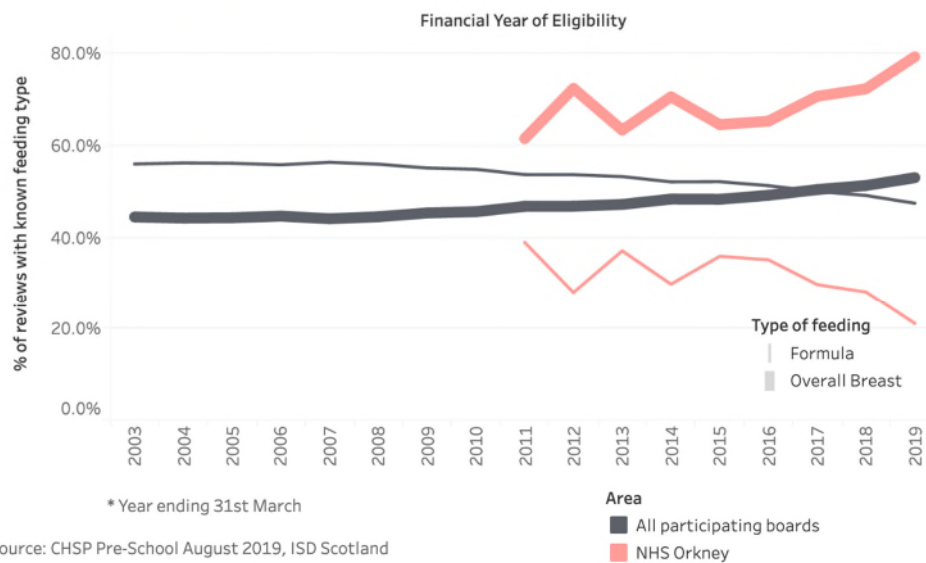


Figure 1.6 Trends in breast versus formula feeding at first visit

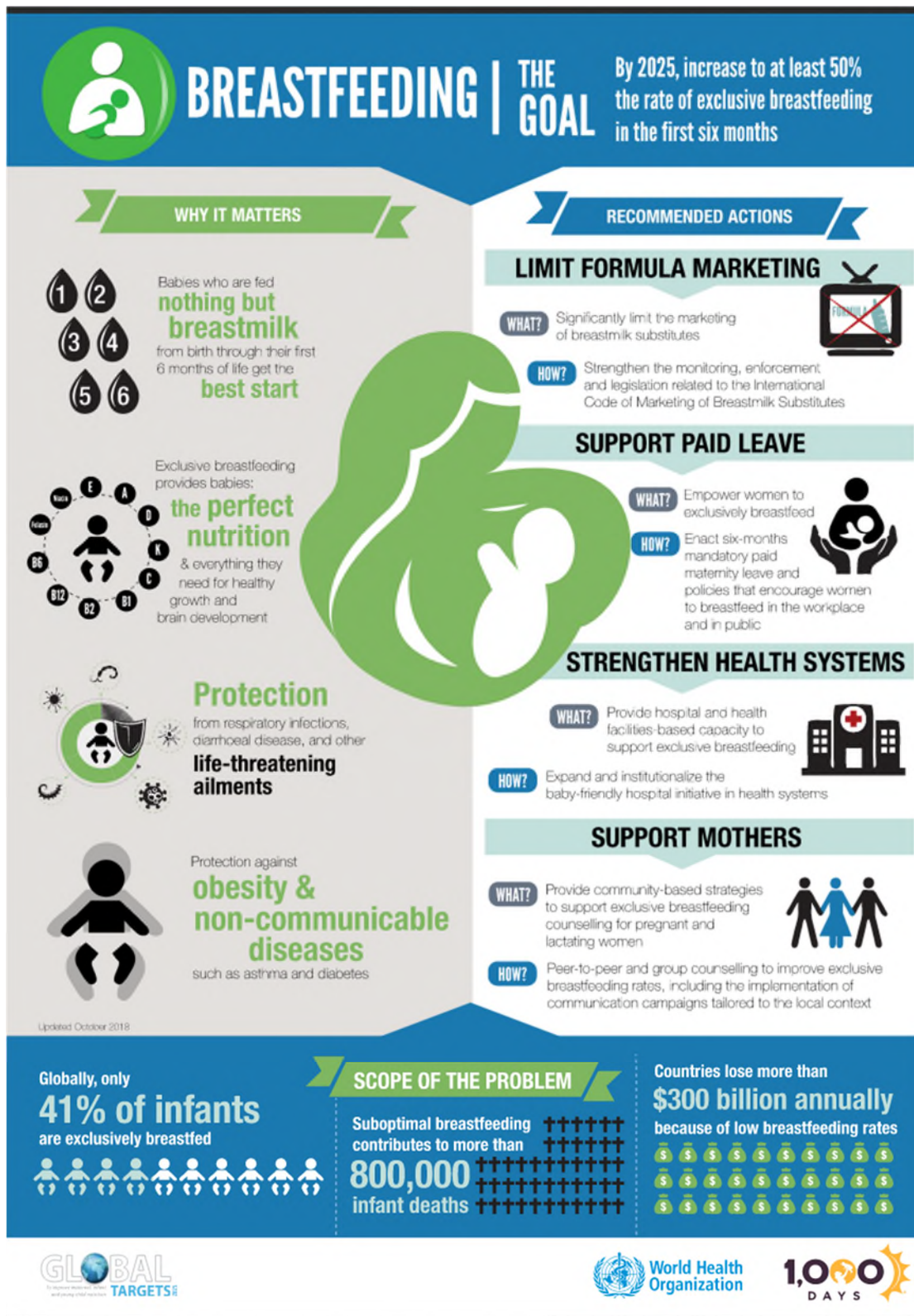
Overall Breast vs Formula feeding at **First Visit** in **All participating boards & NHS Orkney**



Source: CHSP Pre-School August 2019, ISD Scotland

Please note overall breast feeding includes 'exclusive breast' and 'mixed breast & formula' feeding

Figure 1.7 Why Breastfeeding matters



https://www.who.int/docs/default-source/infographics-pdf/breastfeeding/infographic-breastfeeding.pdf?sfvrsn=b3c98863_8

Figure 1.8 Number of babies who have been exclusively breastfed at 6-8 weeks 2019/20

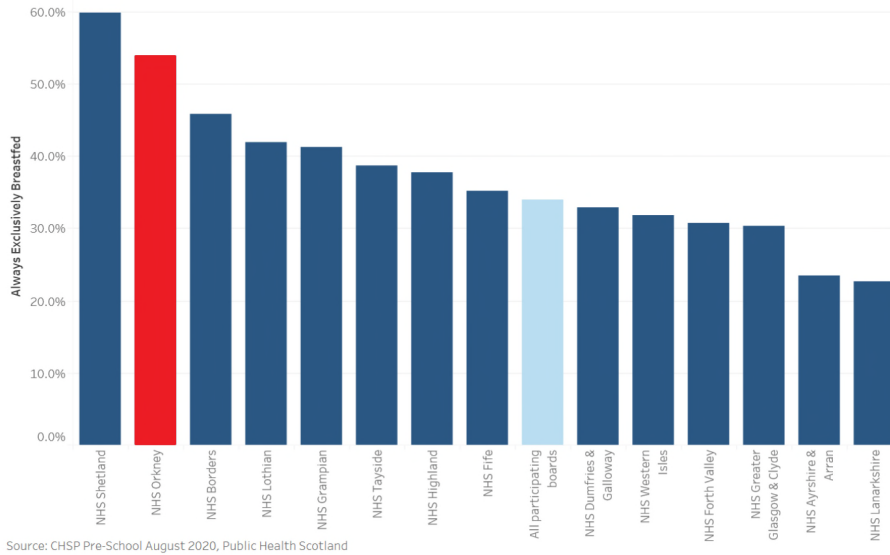


Figure 1.9 Drop off in breast feeding by first visit by health board in 2019/20

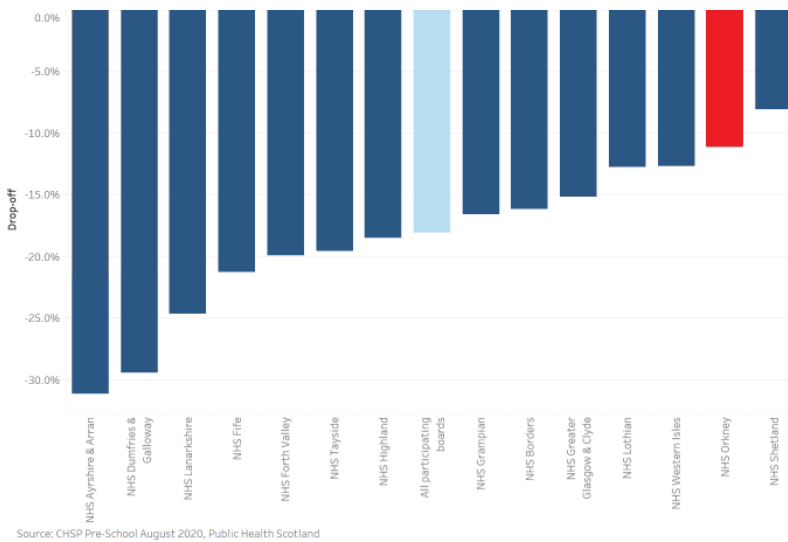
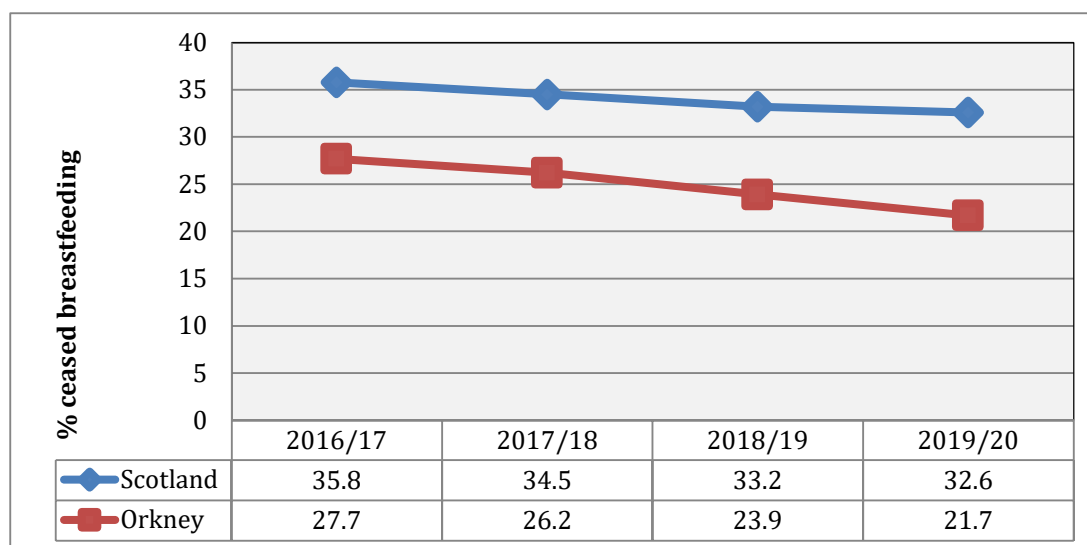


Figure 1.10 Trends in 6-8 week attrition rates in breastfeeding

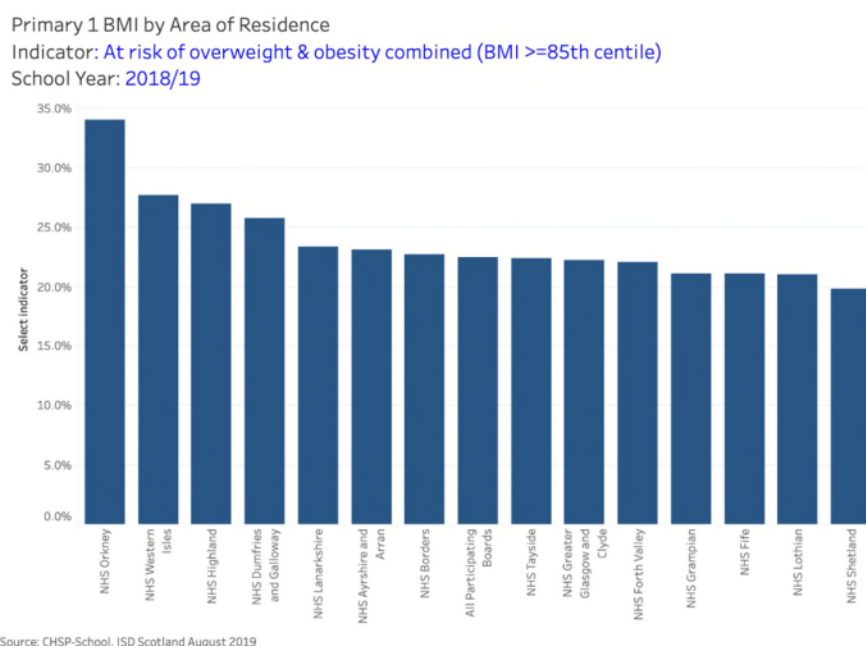


In Scotland the stretch aim target is to improve and sustain our breastfeeding rates and reduce drop off at 6-8 weeks by 5% by 2020/21 and by 10% by 2024/5. NHS Orkney has achieved the 2020/21 target (Figure 1.10). The successful reestablishment of the breastfeeding support group, and continued progress to achieve the UNICEF Baby Friendly Gold award shows commitment across the organisation.

Scottish Government launched the Breastfeeding Friendly Scotland scheme on 1st June 2019. The scheme aims to raise awareness of the Breastfeeding etc. (Scotland) Act 2005 and the Equality Act 2010 to ensure that businesses and organisations are aware of their responsibilities under the legislation. It aims to ensure mothers have a positive experience of breastfeeding when out and about, allowing them to feel confident and supported. NHS Orkney Public Health undertook work with local businesses to help implement the scheme. In August 2019 Scottish Government announced free Vitamin D for children under one year and breastfeeding mothers. NHS Orkney Public Health are working in partnership nationally and locally with midwives and health visitors to implement and monitor the new scheme.

Maintaining a healthy weight throughout childhood is associated with many health benefits. 34% of Primary One children in 2018/19 were at risk of being overweight or obese (BMI>85th centile) (Figure 1.11).

Figure 1.11 Percentage of primary one children at risk of being overweight or obese

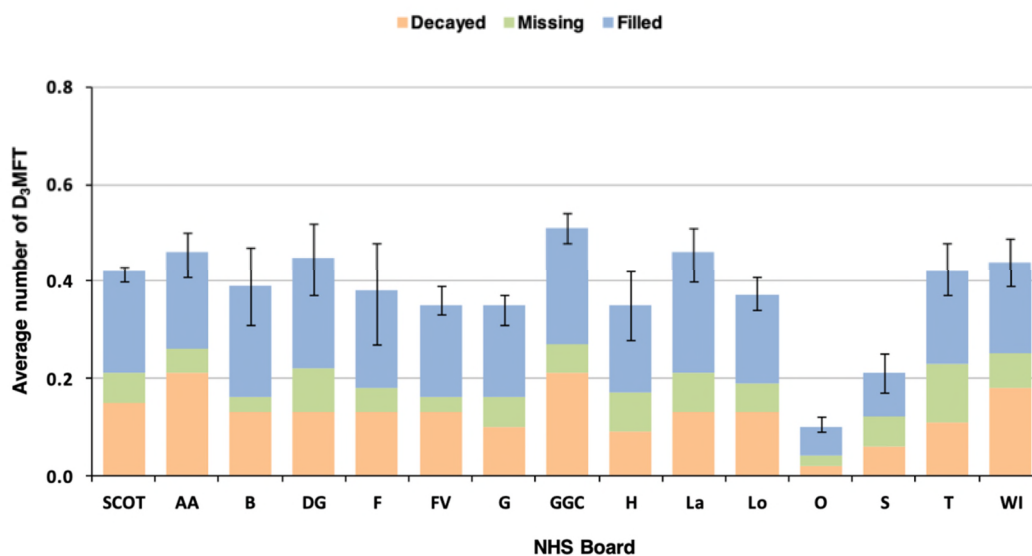


Source: www.isdscotland.org/Health-Topics/Child-Health/Publications/2019-12-10/visualisation.asp

A gap analysis has been undertaken jointly by dietetics and public health to inform the development of an outcomes focused plan to ensure NHS Orkney is meeting the Child Healthy Weight Standards. NHS Orkney Public Health will work in partnership with Dietetics to develop, implement and evaluate the plan. Preparation work has been completed for a rapid training needs analysis of NHS Orkney staff in relation to raising the issue of weight and an engagement project aimed at parents in the local community to identify reasons for lower levels of referrals into support services for weight. These pieces of work have not progressed past initial planning due to the COVID-19 outbreak.

The dental health of the children of Orkney is good as reported in the National Dental Inspection Programme report of 2019. Orkney had the highest percentage of P7 children (94.2%) with no obvious decay experience. The average number of obvious decayed, missing and filled teeth (D3MFT) across all P7 children inspected in Scotland was 0.42 with the lowest value of 0.10 in NHS Orkney (Figure 1.12).

Figure 1.12 Mean number of obvious decayed, missing and filled permanent teeth (D3MFT) of P7 children in 2019 in Scotland; by NHS Board



Source www.isdscotland.org/Health-Topics/Dental-Care/Publications/2019-10-22/2019-10-22-NDIP-Report.pdf

Maintaining a focus on child health throughout the COVID-19 pandemic will be important.

Priority 3 An Orkney where we have good mental wellbeing

The importance of good mental wellbeing is increasingly recognised. Throughout 2019/20, the work in NHS Orkney's public health team in relation to mental health has primarily focused on training.

Training delivered by the health improvement team has included the 'Scottish Mental Health First Aid' course which has been delivered twice in two workplace environments, one of which was the NHS. This course aims to remove stigma and fear in relation to mental health difficulties and to give the participant confidence in approaching a person in distress. The benefits identified by the course participants were improved knowledge, skills, confidence and new ideas.

'Sound of Mind' was a course locally developed in partnership with VAO and the Blide Trust to improve understanding of mental wellbeing and develop the participant's confidence to engage with those who might be having suicidal thoughts. Due to low uptake this course is currently not running.

The Well Programme, with its health coaching element continued during 2019/20. The programme considered the physical and psychological health of the individual and then supported them to set their own goals, allowing individuals to build on their own strengths and capabilities. Physical health checks were carried out and clients signposted to other services for support.

Health coaching was completed by trained health coaches who aimed to support improvement of health and well being, including both mental health such as stress and low mood and physical health such as healthy weight and physical activity.

Four workshops were delivered in August/September 2019 for the Connect project (a project for young people aged between 15 and 25 to support young people to move to training or employment) on a variety of health topics

including 'Living life to the Full' covering some of the concepts of from the materials utilised in health coaching.

In August 2019, Scottish Government released a new Suicide Prevention Action Plan to continue the work from the 2013-16 suicide prevention strategy. NHS Orkney supported the National Suicide Awareness Week by publicising the materials locally.

NHS Orkney Public Health staff were involved in the Mental Health Improvement and Suicide Prevention Framework short term working group; which aimed improve mental health awareness and wellbeing within NHS Orkney and its employees by reviewing and implementing the Mental Health Improvement and Suicide Prevention Framework NES resource.

The COVID-19 pandemic is a significant event which is likely to negatively impact mental health in Orkney. Whilst timely messages around mental health care during the COVID-19 pandemic have been publicised, more public health action in relation to mental health care, early intervention and equity of service and health in Orkney should be considered a high priority for 2020/21. Currently work promoting access to a range of services is occurring through the multi-agency care for people group.

Priority 4 An Orkney where we reduce the use of and harm from alcohol, tobacco and other drugs

Stopping smoking is a key action people who smoke can take to improve their health. The national aim is to reduce population smoking rates to 5% or less by 2034. It is a Scottish Government priority to encourage children and young people to choose not to smoke with the ambition to create a tobacco-free generation of Scots by 2034.

The Scottish Tobacco Control Strategy identified that priority groups for smoking cessation services are:

- young people
- pregnant women
- those living in disadvantaged areas
- people with mental health problems.
- prisoners

The local service Quit Your Way has continued to develop. Staff have undertaken training to deliver 'Impact' training for smoking cessation for those with mental health issues and training on supporting the raising the issue of smoking through financial services.

Smoking cessation service awareness raising included local promotion of 'No Smoking day' and a New Year drive for quitting on the NHS Orkney Public Health Facebook page. In June 2019, NHS Orkney moved to a new health care facility, The Balfour and during this time, drop in sessions were offered for staff who wanted to quit.

To increase the service capacity to manage an increased referral rate, two members of staff attended the national smoking cessation advisor training course and departmental training to develop them as advisors. To support the process of in-house training for advisors and ensure professional standards within the service, a competency based training plan has been developed and a third member of staff is training this way. This training has been disrupted by

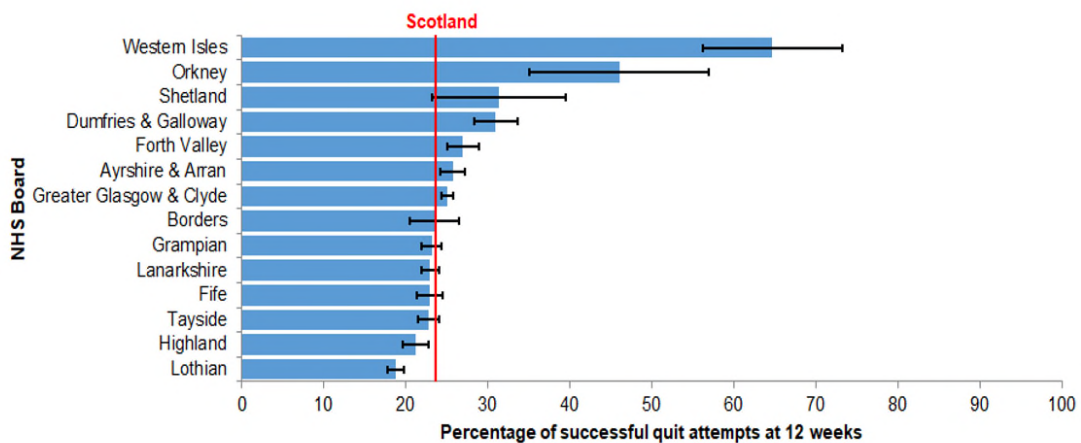
the actions required to manage the COVID-19 situation but is to continue in 2020/21.

Smoking cessation prevention work was undertaken through a session delivered to secondary one students at Stromness Academy. This session provided information on aspects relating to smoking such as health and financial implications.

COVID-19 related inequalities are likely to be exacerbated by the increased risk to smokers of COVID-19, already a group known to experience inequalities. The work to re-invigorate this service, with a clear focus on disadvantaged groups, will be an important priority in the recovery phase of the COVID-19 pandemic.

Orkney's Quit Your Way service received over 80 referrals in 2019/20 and of the 76 clients who made quit attempts, 35 (46.1%) achieved a twelve week quit (Figure 1:13).

Figure 1.13 Percentage of successful quit attempts at twelve weeks (95% confidence intervals) by NHS Board; 2019/20



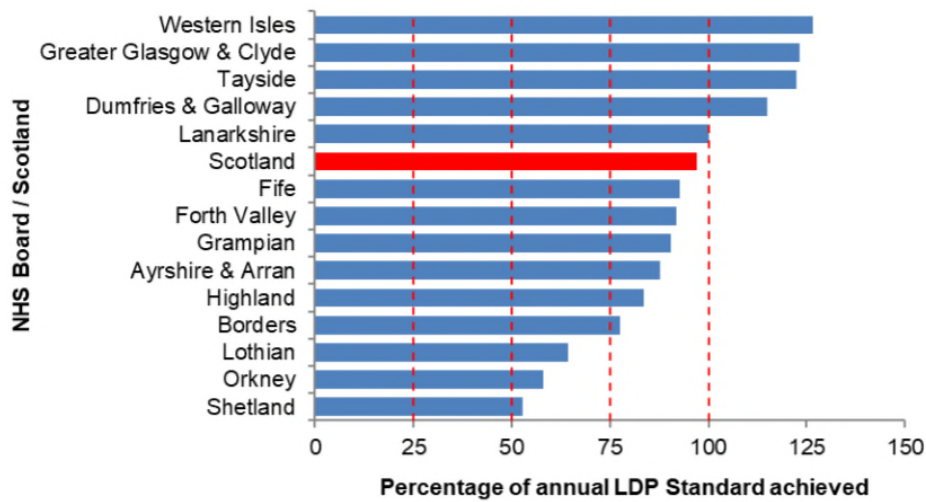
There are clear links in Scotland between tobacco use and inequality, and therefore with health inequalities.

- Smoking rates are still highest in the most deprived areas; in 2018 smoking prevalence was 32% among those in the most deprived areas, compared to 9% in the least deprived areas; and
- 26.6% of pregnant women in the most deprived areas are current smokers at their first antenatal appointment, compared to 3.3% in the least deprived areas.

Scottish Government sets each NHS Board an annual local delivery plan (LDP) standard. In Orkney the performance target is linked to those residing in the 60% least affluent areas. In previous years, targets had been set which reflected not only a board's historic performance against targets but also the performance of other similar boards.

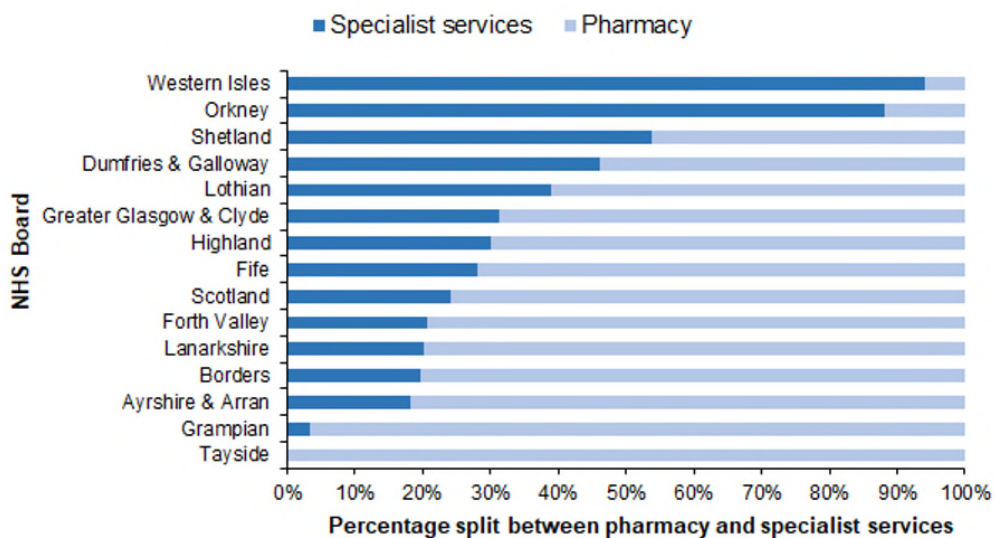
A new system was introduced for 2019/20 which set each board a target percentage to achieve. This was to support 1.5% of the estimated 16-plus smoking population in areas of multiple deprivation (MD) within the board's territory to successful 12-week quits. For Orkney this equated to 31 quits in the 60% most deprived areas. This was a considerable increase on the 2018/19 target. For the Quit Your Way service there were 46 quit attempts in the 60% most deprived areas and 18 individuals achieved a 12 week quit (Figure 1.14).

Figure 1.14 Scotland and NHS Board performance against the 2019/20 LDP Standard



Outwith the specialist services pharmacies also offer a stop smoking service. The split of pharmacy and specialist services to support quit attempts varies across NHS Boards (Figure 1.15). It can be seen that in the island health boards quit attempts are primarily through the NHS specialist services.

Figure 1.15 Distribution of quit attempts via pharmacy/specialist services: NHS Board; 2019/20



In 2019 as part of complying with legislation and the Tobacco Control Strategy NHS Orkney implemented smoke-free NHS grounds policies. There will be an ongoing focus on smoking cessation services and their performance in 2020/21.

Work on alcohol and drug services has been progressed under the Alcohol and Drugs Partnership and a new local strategy is awaited. Alcohol Brief interventions are carried out by the Quit Your Way service and in the Well Programme.

Chronic Pain and Gabapentinoids project

During 2019/20, with funding awarded from the CORRA Foundation, a member of the NHS Orkney Public Health department undertook a project to explore chronic pain management and the use of prescribed medicines called gabapentinoids within Orkney. The aim was to identify gaps in service provision and provide recommendations that could create a platform for change.

Chronic pain is broadly considered to be pain that has lasted 3 months or more and can be attributed to a variety of medical, surgical or psychological root causes. Chronic pain is, therefore, varied and complex; it can be a stand-alone medical condition or secondary to a medical condition. In Scotland it is estimated that chronic pain affects 1 in 5 people (NHS Inform, 2020). Chronic pain is often associated with other conditions and can be experienced for lengthy and indefinite periods of time.

Gabapentin is a drug initially licensed for the treatment of seizure disorders but has come to have wider therapeutic indications. Gabapentin is currently indicated for neuropathic pain and seizures. A related drug pregabalin is indicated for peripheral and central neuropathic pain, focal seizures and generalised anxiety disorders.

It is well evidenced that there has been increasing levels of gabapentinoids being prescribed in Scotland for the treatment of chronic pain. The British National Formulary (BNF) highlights the importance of monitoring patients who have been prescribed gabapentinoids for signs of abuse and dependence. Worryingly gabapentinoids are also being increasingly implicated in drug related deaths. In 2017 gabapentinoids were implicated in 27% of drug related deaths in Scotland (NRDD, 2018). This has therefore become a matter of concern and a case for urgent action for Scottish Health boards. As of April 2019, the Home Office placed gabapentin and pregabalin on Schedule 3 of the Misuse of Drug Regulations 2001.

This project was progressed over a 6-month period and involved a literature review, finding out patient and GP perspectives on pain and pain services and undertaking a mapping of pain services.

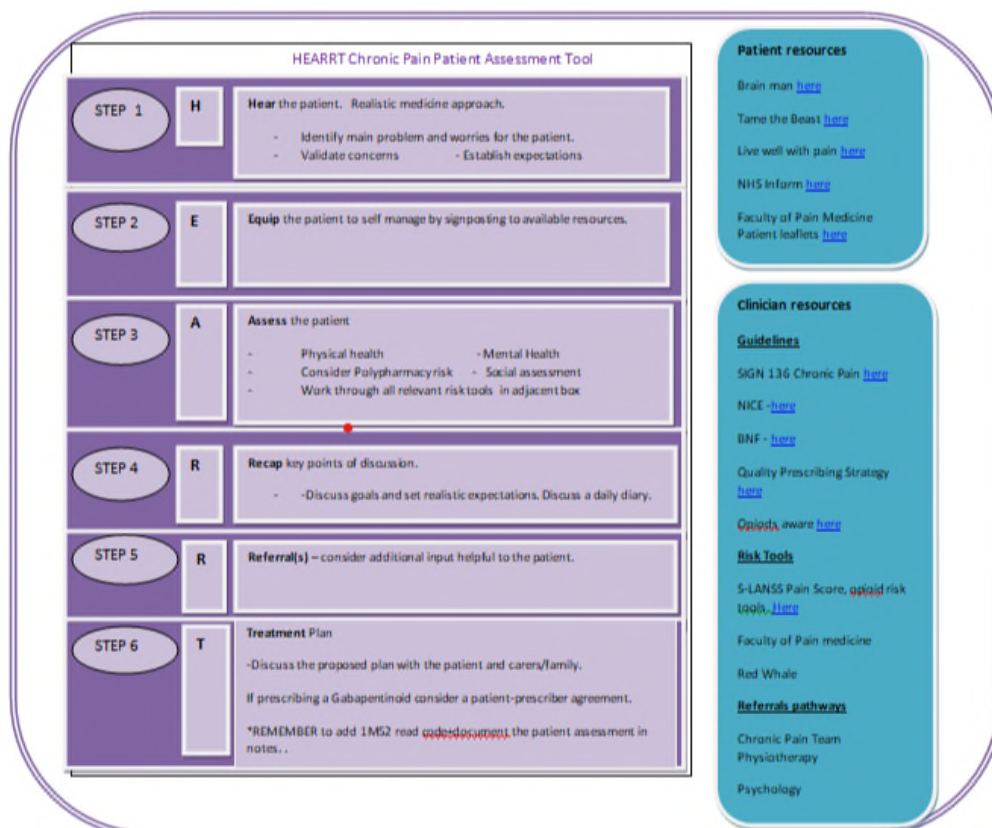
Based upon the project findings several proposals were made in order to enhance, and strengthen the Chronic Pain Service and develop alternatives to gabapentinoid prescribing within Orkney. The findings were shared with professionals and those who had taken part. Some of the key findings are shared below.

- Responses indicated largely positive experiences of chronic pain treatments and services.
- There was a high level of interest in seeing a chronic pain support group established in Orkney.
- Some survey respondents felt that they would like to see more awareness of chronic pain amongst members of the public, family members and, at times health professionals.
- Several people shared that they would like to see alternative treatments available on the NHS, including massage and acupuncture.

- Respondents thought there should be shorter waiting times or a shorter period of time from the onset of pain to receiving a diagnosis.

In particular a holistic approach involving both drug and non-drug treatment was felt to be required. As a result of the project a local assessment tool – the HEARRT chronic pain assessment tool was developed to support the primary care management of patients with chronic pain. The findings of the project were reported back to the funders and also at the European Isolated Practitioners meeting (EURIPA) 2020.

Figure 1.16 HEARRT chronic pain assessment tool



Priority 5 An Orkney where we have a sustainable, inclusive economy with equality of outcomes for all

Healthy Working Lives

The Healthy Working Lives team continued to provide free and confidential support and advice to employers with the aim of creating a healthier workforce. The advice and services offered support employers to implement health, safety and wellbeing policies and practices as well as helping employers to understand how is best to engage with their workforce in order to impact on protecting and improving their employee's health, safety and well-being.

Financial brief interventions are embedded and part of normal work within the wards and maternity service in the Balfour. During and after the COVID-19 outbreak, there is the potential for an increased burden of financial insecurity across Scotland. This may disproportionately affect Orkney with high numbers employed in customer service related occupations and skilled trades. Financial inclusion will be an important area for NHS Orkney's Public Health team's priorities in the 2020/21, particularly given the potential ongoing impact of the COVID-19 pandemic.

Health Behaviour Change

In 2019, health behaviour change training was delivered by the health improvement team on two occasions which was open to anyone working with people in Orkney. This was a blended learning course with the face to face element developed locally to complement the level 1 and 2 Health Behaviour Change modules available through Health Scotland. The training supports professionals to understand the principles of behaviour change as well as providing an opportunity to practice health behaviour change work in a safe environment and develop confidence and skills required to embed behaviour change principles into their everyday interactions with clients. Training healthcare professionals in health behaviour change is an important factor in

compliance with the 'Health Promoting Health Service' principles of 'Making Every Healthcare Count'.

Priority Six – An Orkney where we eat well, have a healthy weight and are physically active

In order to address complex challenges such as diet and weight, a collaborative approach is required, spanning decision makers from many sectors. The Orkney Health Weight Action Plan which was drafted during 2018/19 is now being implemented. This plan brings together partners from across Orkney to work collaboratively to achieve five outcomes:

Outcome 1 – Children have the best start in life – they eat well and have a healthy weight

Outcome 2 – The food environment supports healthier choices

Outcome 3 – People have access to effective weight management services

Outcome 4 – Leaders across all sectors promote healthy diet and weight

Outcome 5 – Diet-related health inequalities are reduced

A gap analysis has been undertaken jointly by dietetics and public health to inform the development of an outcomes focused plan to ensure NHS Orkney are meeting the Adult Healthy Weight Standards. NHS Orkney Public Health will work in partnership with Dietetics to develop, implement and evaluate the plan. The Public Health Department have been supporting maternity services to develop and implement an action plan to reduce gestational diabetes.

As outlined in A Healthier Future: type 2 Diabetes prevention, early detection and intervention framework: “Any individual should have access to a local comprehensive weight management service with a single point of entry”. This maps on to outcomes 3 and 5 of the Orkney Diet and Healthy Weight Delivery Plan and in line with this, service pathways and gap analysis have been drawn up to make changes where needed and improve upon the established pathways for those with Type 2 Diabetes.

Following on from the stakeholder surveys distributed in the previous year, Type 2 diabetes focus groups were held across Orkney mainland and the Islands in 19/20. In total 44 participants attended the groups. The aim of these

focus groups was to achieve a greater understanding of the experience people living with Type 2 diabetes from local services and to identify barriers to healthy lifestyles in Orkney. The intention of the survey and focus groups is to ensure that patient's experiences and perspectives are reflected in the service design.

In July 2019, Confidence to Cook training for trainers was delivered to voluntary sector partners. The delivery model of this training to partners aims to develop the capacity for this programme delivery within Orkney as well as target more vulnerable groups. To increase the department capacity to deliver 'Confidence to Cook' training, two members of the health improvement team attended training in Grampian.

In line with the national framework, the health improvement team worked with dietetics to develop social media messages in relation to a reduction in discretionary foods and improved diet in a time poor society. From this action, the idea of a weeklong test pilot was developed to test engagement and public reaction to this type of social media outreach. The outcomes of this initial test pilot were ultimately positive public reaction and engagement, which was determined mainly by post reach, reactions and clicks.

In February 2020 a Healthy Eating Seminar was delivered by members of the health improvement team to a group of young people from the local charity Restart Orkney. This seminar covered a wide range of health and wellbeing factors as they relate to healthy eating and included a variety of interactive activities. While an evaluation of the reception of the seminar was not taken, the verbal feedback from this seminar was positive.

During 2019/20, funding was provided to the Picky Centre to support the first six months set up of a Parkinson's specific exercise class. This class will follow a rehabilitation programme style, tailoring the exercise to the individuals exercise to their unique presentation and goals.

Due to the COVID-19 pandemic, work in relation to healthy weight and physical activity including the work on the Type 2 diabetes framework has been reduced and renewed focus will be required in 2021.

Sexual Health

The Nordhaven Clinic has continued to offer STI testing, access to contraception, including emergency contraception, pregnancy testing, sexual health related advice and information. Orkney's needle exchange service is also accessed through the Nordhaven Clinic, guaranteeing good access to health advice and testing through this service.

The condom by post service continues to be available through the Nordhaven Clinic website. When condoms are ordered through this service, they can be delivered free of charge to any Orkney residential address in a plain envelope with no NHS markings. This is to allow equitable access for condoms across Orkney in a discrete and confidential manner. The HIV Self testing kits by post, which runs in a similar manner allows access to HIV home testing.



NORDHAVEN CLINIC

The Balfour
Foreland Road
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2. Health Protection

Health protection is the area of public health that deals with external threats to health, such as infection and environmental issues. It involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health
- Immunisation

In order to be effective Health Protection is a multi-disciplinary activity and we work with Primary Care, The Balfour, Orkney Islands Council, Scottish Water, and other partner agencies to ensure that we maintain an integrated approach to the health of the public across Orkney.

Infectious Diseases

Public Health receives notifications for a number of notifiable diseases and organisms under the Public Health etc (Scotland) Act 2008. Notifiable diseases are any disease that is required by law to be reported to the health board. Many but not all notifiable diseases are infectious diseases. If a registered medical practitioner has a reasonable suspicion that a patient whom they are attending has a notifiable disease, he/she should not wait until laboratory confirmation of the suspected disease before notifying the health board. If a notifiable organism is identified by a laboratory the laboratory should notify the health board.

Diseases are notified so that the health board is aware of where in the community significant diseases are being found. Having this information lets

the public health department take steps to control the spread of infectious diseases and to protect the community.

During 2019/20 there were 121 individuals with notifiable infectious diseases reported to the public health team an increase on the 85 reported the year before (Table 2.1).

Table 2.1 Reported infections 2019/2020

| Diagnosis | Number of Reports |
|---|--------------------------|
| Acute Hepatitis E | 0 |
| Campylobacteriosis | 49 |
| Clostridium difficile associated disease (CDAD) | 6 |
| COVID-19 | 2 |
| Cryptosporidiosis | 0 |
| E.coli infection | 34 |
| E.coli VTEC O157 infection | 2 |
| Giardiasis | 1 |
| Hepatitis B | 2 |
| Hepatitis C | 1 |
| iGAS (invasive Group A streptococcus | 1 |
| Listeriosis | 0 |
| Measles | 1 |
| Mumps | 0 |
| Mycobacterium | 3 |
| Noroviral gastroenteritis | 3 |
| Pertussis | 12 |
| Psittacosis | 0 |
| Salmonellosis | 4 |
| Tuberculosis | 0 |
| Varicella (chickenpox) | 0 |
| Total | 121 |

Source: NHS Orkney PH Department

COVID-19

This report includes, for the first-time, information on Coronavirus (COVID-19). This is the illness caused by a new strain of coronavirus SARS-CoV-2 which was first identified in Wuhan city, China. It can cause a new continuous cough, fever or loss of, or change in, sense of smell or taste (anosmia).

People with COVID-19 can present with mild to moderate illness to pneumonia or severe acute respiratory infection. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However more severe symptoms can be seen in people with weakened immune symptoms, older people and those with long-term conditions like cardiovascular disease, diabetes, cancer and chronic lung disease.

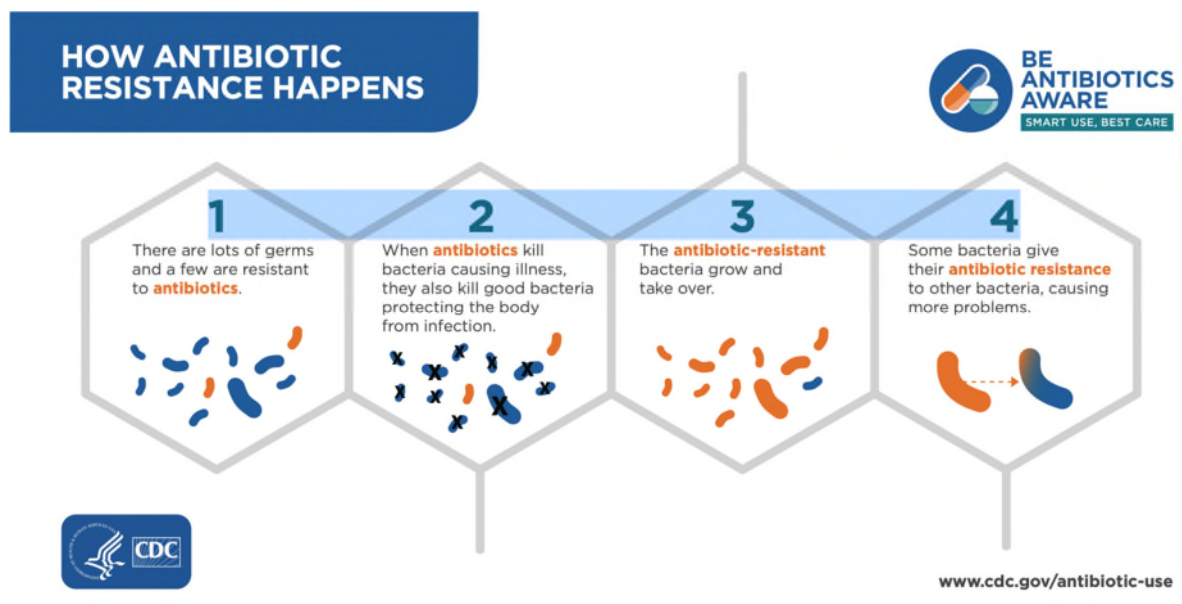
On 30th January 2020 the Director General of the World Health Organisation (WHO) declared the novel coronavirus outbreak a public health emergency of international concern, WHO's highest level of alarm. The first cases in the UK were detected on 31 January 2020, and in Scotland on 1st March 2020. The first reported case of community transmission in Scotland was on 11th March. COVID-19 was declared a pandemic by WHO on 11th March. Extensive measures were implemented across many countries to slow the spread of COVID-19. On March 23rd the UK entered lockdown, everyone was to stay at home as much as possible and severely restrict their interactions with others outside their household and only go outside for essential food, health and social care services.

NHS Orkney Public Health Department convened an initial Coronavirus Preparedness meeting on 28th January 2020 following which weekly Incident Management Team meetings were held until NHS Orkney moved into a Gold, Silver and Bronze command structure of which the first Tactical Group meeting was held on 10th March. The first test positive case in Orkney was confirmed on the 30th March.

Antimicrobial resistance

Escherichia coli (E. coli) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of E. coli live harmlessly in the gut, some types can make individuals feel unwell. Some E. coli bacteria can become resistant to certain antibiotics. When this happens with disease causing bacteria, these antibiotics remain ineffective if they are used to treat an illness caused by the bacteria. Important antimicrobials towards which increasing resistance has been observed include the group of aminopenicillins and cephalosporins. One of the causes of this antimicrobial resistance are enzymes designated as extended-spectrum beta-lactamases (ESBL) and ampC beta-lactamases (AmpC). Bacteria require a certain gene in order to produce these enzymes. The genes coding for ESBL and AmpC production can be spread between bacterial species (Figure 2.1).

Figure 2.1: Antibiotic resistance development



The most common types of ESBL-producing bacteria are Escherichia coli and Klebsiella species which cause infections including urinary tract infections, pneumonia and blood stream infections. Vulnerable groups at risk for colonisation or infection with ESBL-producing organisms include people who

are immunocompromised, elderly people, those with previous exposure to antibiotics and long durations of hospitalisation.

During 2019/20 33 incidences of resistant E. coli infection were reported to public health. The age range of the individuals affected ranged from three to 90 years. The level of infections and antibiotic resistant patterns are being closely monitored by the infection prevention and control team and public health.

Norovirus type infections

Norovirus is a common infection, and sometimes causes outbreaks in hospitals (which are dealt with primarily by colleagues in the Infection Control Team), care homes, schools and on cruise ships. In 2019-20 there were 11 (6 in 2018/19) gastroenteritis outbreaks reported; three in schools, four in nursery schools, two in elderly care establishments and two on cruise ships. All received full support from the public health department. It is important to follow the stay at home guidance for norovirus type infections in order to reduce their spread (Figure 2.2).

Figure 2.2: Norovirus guidance

STAY AT HOME
Until at least 48 hours after your symptoms have stopped.

Keep your hands clean.

LIQUID SOAP
Clean

What to do if you catch norovirus

Drink plenty of liquid, water is best.

If your symptoms last longer than a few days, call NHS Inform on 0800 22 44 88.

Don't spread it. If you get ill, stay at home.
#NoToNorovirus www.nhsinform.co.uk/norovirus

 **healthier scotland**
SCOTTISH GOVERNMENT

The infographic is a collection of panels with a blue border. The top-left panel shows a house icon with a person inside and the text 'STAY AT HOME' and 'Until at least 48 hours after your symptoms have stopped.' The top-right panel shows a yellow liquid soap bottle with bubbles and the text 'Keep your hands clean.' and 'LIQUID SOAP Clean'. The center panel has a white background with the title 'What to do if you catch norovirus'. The bottom-left panel shows several glasses of water and the text 'Drink plenty of liquid, water is best.' The bottom-right panel shows a blue stick figure on the left and a green stick figure on the right, with a blue squiggly line between them, and the text 'If your symptoms last longer than a few days, call NHS Inform on 0800 22 44 88.' At the bottom, there is a dark blue banner with white and green text, and the NHS Scotland and Healthier Scotland logos.

Influenza

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on

pneumonia, or other serious complications which can, in extreme cases, result in death. Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children.

The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus. To prevent infection people should follow good tissue etiquette and hand hygiene practices. During 2019-2020, there were 10 confirmed cases of influenza in Orkney residents reported to public health, and there were no related outbreaks.

Situations

During the time frame of this report 36 situations were managed by the health protection team. This work is undertaken in partnership with our Orkney Island Council and Scottish Water colleagues as required. The incidents consist of water issues, gastroenteritis outbreaks in various settings as discussed above, and single cases of infectious disease with the potential for high consequence such as measles and COVID-19.

Immunisation Programmes

The Scottish immunisation programme represents a key public health measure. The programme continues to evolve in order to meet the demand to improve the control of infectious diseases through vaccination.

The principal aims of immunisation are:

1. To protect the individual from infectious diseases, with associated mortality, morbidity and long term consequences
2. To prevent outbreaks of disease
3. Ultimately to eradicate infectious diseases world-wide, as in the case of smallpox

The Scottish Government announced a review of the delivery of vaccinations in Scotland in March 2017, the Vaccination Transformation Programme (VTP). The programme will review and transform vaccine delivery. Delivery will move away from the current position of General Practitioner (GP) practices being the preferred provider of vaccinations.

The VTP commenced 1st April 2018, from then and until March 2022 there will be a phased process of service change in which models of delivery will be developed, tested and implemented based on a locally agreed plan.

Within the VTP we will need to ensure any changes do not have a negative impact on health inequalities. The success of the programme will be based on the effective collaboration of many disciplines working with people of all ages in order to provide an appropriate offer of vaccination for all including the most vulnerable in our population. A multidisciplinary VTP Stakeholder group has been established to oversee the programme and to inform the development of options for service delivery moving forward.

Childhood Immunisation Programme

Children born in Scotland can expect to have 11 injections and 2 oral vaccinations in their first year of life. By the time they reach the age of 18 they will have had 17 separate injections. These injections protect children from a number of potentially life threatening illnesses including diphtheria, tetanus, Pertussis (whooping cough), polio, haemophilus influenza type B (Hib), pneumococcal disease, rotavirus, Meningococcal type C (Meningitis C), measles, mumps and rubella. In addition to the core immunisation programmes targeted vaccination - Bacillus Calmette-Guérin (BCG) and Hepatitis B - are offered to children in relevant at-risk groups.

From October 2017 all babies born on or after 1st August 2017 became eligible for a hexavalent vaccine which includes protection against hepatitis B

(HepB). The hexavalent vaccine (6 in 1) replaced the pentavalent infant vaccine (5 in 1). This means babies continue to receive protection against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib) as well as protection against Hepatitis B.

Uptake rates for childhood immunisation programmes for year ending 31st March 2019 in Orkney are available in Table 2.2 below compared with the Scottish average.

Table 2.2 Immunisation uptake rates

| Uptake by 12 months | Orkney | Scotland |
|---|--------|----------|
| Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB) 6-in-1* primary course | 94.5% | 96.2% |
| Pneumococcal (PVC) primary course | 94.5% | 96.6% |
| Rotavirus primary course | 89.9% | 93.4% |
| Meningococcal B (MenB) primary course | 93.5% | 95.8% |
| Uptake by 24 months | | |
| 6-in-1 primary course | 96.9% | 96.9% |
| Measles, mumps & rubella (MMR) 1 | 94.3% | 94.0% |
| Hib/MenC | 93.2% | 94.3% |
| PCV Booster | 92.7% | 94.4% |
| MenB booster | 93.2% | 93.6% |
| Uptake by 5 years | | |
| 6 in 1 | 99.0% | 97.8% |
| MMR 1 | 98.0% | 96.7% |
| Hib/MenC | 96.0% | 95.9% |
| Diphtheria, tetanus, pertussis (whooping cough), polio(4 in 1 Booster) | 96.0% | 91.9% |
| MMR2 | 96.0% | 91.5% |
| School immunisations (academic year 2018/19) | | |
| Human papillomavirus (HPV) (completed course S3) | 84.8% | 91.6% |
| Tetanus, diphtheria and polio | 84.6% | 84.1% |
| Meningococcal types ACWY | 84.1% | 86.6% |

**Children who reached 12 months of age in 2018 were scheduled to receive the 5 in 1 vaccine, (no Hepatitis B component) or the 6-in-1 vaccine, depending on when they were born*

Work continues to maintain and increase the uptake rate of vaccinations.

Human Papillomavirus Immunisation Programme

Cervical cancer is the most common cancer in women under 35 years of age in Scotland and human papillomavirus (HPV) is the main risk factor. The HPV vaccine helps to protect against the main cause of cervical cancer and has been offered to girls in secondary schools since 2008. Research undertaken by a collaboration of researchers from within NHS Scotland, and the Universities of Aberdeen, Edinburgh, Glasgow Caledonian and Strathclyde has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer by almost 90%.

The Joint Committee on Vaccination and Immunisation (JCVI) has advised on extending the programme to adolescent boys and this will be implemented during the next academic year. We have been preparing to implement the programme extension.

The school immunisation programme utilises a mixed model delivery approach with young people being invited to attend primary care for vaccinations in the isles practices and the programme being delivered in schools on the mainland. Work is to be undertaken to review service delivery as part of the vaccination transformation programme with a focus on continuing to offer vaccinations to pupils throughout their school career for those who miss the vaccination at the initial offer.

Adult Immunisations

Pertussis (Whooping Cough) Vaccination for pregnant women

Whooping cough is a highly contagious bacterial infection of the lungs and airways. It causes bouts of repeated coughing that can last for two or three months or more and can make babies and young children very ill. Whooping cough is spread in the droplets of the coughs and sneezes of someone with the infection.

A single dose of whooping cough vaccine is offered to all pregnant women during weeks 16 to 32 of pregnancy to maximise the likelihood that the baby will be protected from birth. Immunisation is timed to boost levels of protective antibodies passing from the pregnant woman to the baby. Women may still be immunised after week 32 of pregnancy but this may not offer as high a level of passive protection to the baby. Vaccination late in pregnancy may protect the mother against whooping cough and thereby reduce the risk of exposure to her infant. New mothers who have not been vaccinated against whooping cough during pregnancy are offered the vaccination up to when their child receives their first vaccinations at eight weeks of age.

This vaccination programme is administered by the NHS Orkney midwifery team. The uptake rate for 2018 was 71.43% above the Scottish average of 66.3%. The data for 2019/20 is incomplete but currently shows 101 of 142 individuals vaccinated (71.1%).

Herpes Zoster (Shingles) Immunisation Programme

The Herpes Zoster Immunisation Programme started in 2013. Shingles can be a severe condition. It occurs more frequently and tends to be more severe in older people. Around 7,000 people aged 70 years and above are affected in Scotland each year. Around 1,000 people develop a very painful and long lasting condition called post-herpetic neuralgia. Roughly 600 people are admitted to hospital each year, and there are around 5 deaths annually. The herpes zoster vaccine can reduce the risk of getting shingles or, if an individual does get shingles, it can make the symptoms milder.

The 2019/20 shingles vaccination programme which ran from 1st September 2019 to 31 August 2020 provided the offer of the vaccine (Zostavax®) to individuals aged 70 years (defined by the patients age at 1 September 2019) (routine) and those aged 71-79 years who had not previously been vaccinated (opportunistic) defined by the patient's age on 1st September 2019. The vaccine is not offered to anyone aged over 80, even if they have previously been eligible, as the vaccine effectiveness declines with age.

The uptake figures for 2019/20 campaign are incomplete, with data available up to March 2020. Currently the uptake figures for Orkney for those aged 70 years are 67.7% (Scottish average 39.3%).

During the COVID-19 pandemic the routine shingles vaccination programme was temporarily suspended in line with the COVID-19 advice for adults aged 70 years and over.

HPV Programme

The human papillomavirus (HPV) vaccine is available in Scotland for men who have sex with men (MSM) up to and including 45 years of age. The vaccination is offered to men who attend sexual health and HIV clinics. The HPV vaccine will help prevent infection that can cause genital warts and certain types of cancer. This programme is delivered through the Nordhaven clinic.

Seasonal Influenza Vaccination Campaign

There are 3 types of seasonal influenza viruses – A, B and C. The most effective way to prevent the disease and/or severe complications is vaccination. Safe and effective vaccines have been used for over 60 years. Type C influenza cases occur much less frequently than A and B which is why only Influenza A and B viruses are included in the seasonal influenza vaccines.

There were changes made to the delivery of the seasonal influenza vaccination programme for adults during the 2019/20 campaign

- All adults aged 65 years and over in Orkney were offered an Adjuvanted trivalent inactivated flu vaccine (aTIV)

- Those aged 18-64 years with at-risk conditions, including pregnant women were offered an egg based quadrivalent inactivated flu vaccine (QIVe) some cell based quadrivalent vaccine was also available (QIVc).

All uptake rates except for pregnant women and not in a clinical risk group are above the Scottish average (Table 2.3). The childhood influenza cohorts and the adults age 65 years and over uptake rates met or exceeded the national targets set.

Table 2.3 Influenza vaccination uptake rates

| Influenza vaccination Uptake Rates | Orkney | Scotland | Target |
|---|--------|----------|--------|
| Pre-school (2 to <5) | 76.4% | 52.5% | 65% |
| Primary school children | 74.9% | | 75% |
| Age 65 years and over | 75.2% | 74.0% | 75% |
| All at risk (excluding healthy pregnant women and carers) | 50.6% | 42.3% | 75% |
| Pregnant and not in a clinical at risk group | 58.0% | 42.9% | 75% |
| Pregnant and in a clinical risk group | 64.7% | 56.9% | 75% |
| Carers | 55.9% | 44.7% | |

In conclusion, vaccination delivery across the Scottish immunisation programmes works well in Orkney. Additional focus is required on increasing vaccine uptake amongst teenagers and in the influenza vaccination programme for those with a clinical risk and pregnant women.

3. Screening

National screening programmes are population level services that identify healthy people who may be at increased risk of a disease or condition. If an increased risk of a disease is identified the individual can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. Screening can reduce the risk of developing a condition or its complications but it cannot offer a guarantee of protection. In any screening programme there is a minimum of false positive results and false negative results.

There are six national screening programmes (Abdominal Aortic Aneurysm (AAA), Bowel, Breast, Cervical, Diabetic Retinopathy (DRS) and Pregnancy & Newborn (PNBS)).

Scottish Abdominal Aortic Aneurysm Screening Programme

An abdominal aortic aneurysm is a swelling of the aorta, the main blood vessel that leads away from the heart to the rest of the body. As a person gets older the wall of the aorta in a person's abdomen can become weak and balloon out. A one-off ultrasound examination to measure the width of the aorta is offered to all men in Orkney in their 65th year. Men are only invited for recall if an aneurysm is seen which requires regular monitoring (measures between 3.0 cms to 5.4 cms).

NHS Orkney is part of an AAA Screening collaborative with NHS Grampian and NHS Shetland. NHS Grampian staff undertake all screening activity. For the period 1st April 2019 to 31st March 2020 the men who are eligible to access the programme are men who turned age 66 years in the financial year ending 31st March 2020. Whilst 98.7% of NHS Orkney eligible men were offered screening before the age of 66 years the percentage of men who were tested (before the age of 66 years and 3 months) fell to 84.7% which is just

below the target of $\geq 85\%$ but above the Scottish average of **84.3%**. Please note that the data is still provisional due to the impact of COVID-19.

Scottish Bowel (Colorectal) Cancer Screening Programme

The national bowel screening programme was introduced into Scotland in 2007. The screen involves taking a simple test at home every two years. The test looks for hidden blood in stool. Bowel screening is offered to men and women aged 50 to 74 years to help find and treat bowel cancer early. People aged 75 years and over can request a screening kit.

Bowel cancer is the third most common cancer in Scotland. Around 4,000 people in Scotland get bowel cancer every year.

People can reduce their risk of developing bowel cancer by:

- Eating a healthy diet
- Limiting foods high in sugar and fat, and avoiding sugary drink
- Avoiding processed meat like bacon and sausages and limiting red meat
- Getting to and keeping a healthy weight
- Being more active in everyday life, this includes walking more and sitting less
- Drinking less alcohol
- Stopping smoking
- Telling their GP if they have any worries about their bowel habits.

Provisional uptake data for those invited for the calendar year of 2019 was **69%** for Orkney residents against a national performance of **66%**, the national target is **60%**. Of those tested 56 individuals received positive results a slight reduction on the 60 from the previous year. This data is incomplete due to the impact of COVID-19.

Scottish Breast Screening Programme (SBSP)

Breast screening is a test for breast cancers that are too small to see or feel. Breast cancer is the most common cancer in women. About 1000 women die of breast cancer every year in Scotland. Older women have a higher chance of developing breast cancer, particularly after the menopause. It can also affect younger women. In Scotland women between the ages of 50 and 70 years are invited for breast screening every three years. Women aged over 70 years can continue to be screened if they arrange an appointment with the local screening centre.

There are a number of factors which increase the chance of developing breast cancer, including:

- Being overweight
- Drinking alcohol
- Taking some forms of Hormone Replacement Therapy (HRT)

Women may also have a higher chance of developing breast cancer if members of their family have had breast cancer, particularly at a young age. The screening programme for NHS Orkney residents is provided through the North East Scotland Breast Screening Service which is hosted by NHS Grampian based in Aberdeen. The breast screening service has not visited Orkney during the time of this report.

Scottish Cervical Screening Programme

The aim of the Scottish Cervical Screening Programme (SCSP) is to reduce the number of women who develop invasive cancer (incidence) and the number of women who die from it (mortality) through a population-based screening programme for eligible women. Screening is offered to women aged 25-64 years, every three years for women aged 25 to 49 and every five years for women from age 50 to 64 years. Cervical screening saves around

5,000 lives in the UK every year and prevents 8 out of 10 cervical cancers from developing.

Cervical cancer is the most common cancer in women aged 25 to 34 years in Scotland.

The risk of developing cervical cancer is increased if a woman

- Is or has been sexually active
- Smokes, as this affects the cells in the cervix

Most changes in the cells of the cervix are caused by a type of virus called the human papillomavirus (HPV) passed on through sexual contact. HPV is very common; eight out of ten people in Scotland will catch it at some point in their lives. As there are usually no symptoms many people have it for months or years without knowing it. The body fights off HPV infections naturally, but one in ten infections are harder to get rid of.

Women are offered a smear test that involves checking cells in the cervix (neck of the womb) and a Human Papilloma Virus (HPV) test where appropriate. The test is designed to identify any cervical changes in women who otherwise have no symptoms, at this stage, any abnormalities can easily be monitored or treated, and treatment is usually very effective. Without treatment the changes can sometimes develop into cervical cancer.

The uptake for cervical screening in 2019-20 for females in Orkney was just below the Scottish standard of 80% but above the Scottish average for both age groups.

- Females aged 25-49 years who had a record of a previous screening test taken within the last 3.5 years uptake was 78.3% above the Scottish average of 68.5%
- Females aged 50-64 years who had a record of a previous screening test taken within the last 5.5 years uptake was 77.9% above the Scottish average of 75.8%

Evidence shows HPV testing is a better way of identifying women at risk of cervical cancer than the current cytology (smear) test that examines cells under a microscope. Planning is underway for the changeover to high risk HPV primary testing which will be implemented in 2020. The change sees the replacement of cervical cytology as the primary screening test with Hr-HPV testing and the use of cytology-based tests for women who test positive for Hr-HPV.

Scottish Diabetic Retinopathy Screening Programme

People with Type 1 or Type 2 diabetes are at higher risk of eye disease due to high blood sugar levels causing damage to the cells in the retina (back of the eye). All people with diabetes aged 12 years and over in Orkney are offered an annual eye screen. Diabetic Retinopathy Screening (DRS) is a test (photographs of the back of the eyes) to check if the small blood vessels in the retina have leaked or become blocked. When detected early treatment can be provided to reduce or prevent damage to an individual's eye sight. Left untreated diabetic retinopathy can cause blindness or serious damage.

An individual can reduce their chance of developing diabetic retinopathy by:

- Controlling their blood glucose levels
- Getting their blood pressure checked regularly
- Speaking to their optician if they have a problem with their eye sight
- Taking medication as prescribed
- Attending DRS appointments

The service is performing well against Key Performance Indicators (KPIs) as shown in Table 3.1. The higher than recommended technical failure rates are due to patients driving to attend appointments which means drops used to dilate the individual's pupils cannot be used. If there is a technical failure patients are invited to attend for screening again and requested to make alternative arrangements for transport.

Table 3.1 Key performance indicators 2019/20 up to Quarter 3

| | |
|--|--|
| KPI 1 (invitation rate) | 80.1% (Standard 75%) (Scottish Average 77%) |
| KPI 2 (Uptake rate) | 67.5% (Standard 60%) (Scottish Average 57.2%) |
| KPI 4 (Successful Screening rate) | 66.8% (Standard 60%) (Scottish Average 56.6%) |
| KPI 9 (Written report success rate) | 96.76% (Standard 95%)(Scottish Average 88.2%) |
| KPI 7A (photographic technical failure rate) | 3.5% (Standard max 2.5%) (Scottish Average 2.6%) |
| KPI 7B (slit-lamp technical failure rate) | 5.1% (Standard 2.0%) (Scottish Average 2.8%) |

The United Kingdom National Screening Committee (UK NSC) has recommended revised screening intervals for patients within the DRS Programme. For diabetics at low risk of sight loss the interval between screening tests should change from one year to two years.

Optical coherence tomography (OCT) is a non-invasive imaging technique that provides high-resolution, cross sectional images of the retina as well as the optic nerve. It is envisaged that in each NHS Board, diabetic patients who are currently receiving OCT surveillance within Ophthalmology Services will be discharged to the DRS Programme OCT service as the move to two yearly DRS is implemented. The capacity will need to be carefully managed to prevent DRS services from becoming overwhelmed. It is proposed the transition takes place over a period of four years.

Scottish Pregnancy & Newborn Screening Programme

Pregnancy and newborn screening are considered to be important components of good healthcare that should both underpin and inform child and family health and wellbeing. Screening is a two stage process. Usually the first-line test indicates only a risk or probability that a particular condition is present. During pregnancy a woman is offered blood tests and ultrasound scans that are used to test for

- Blood count, blood group and Rhesus status (positive or negative)
- Sickle cell and thalassaemia
- Infectious diseases (hepatitis B, syphilis and IV)
- Down's syndrome
- Fetal anomalies

These programmes are offered to women at an appropriate stage of the antenatal or postnatal period. Further diagnostic tests are offered if any conditions are suspected.

The aims of the programmes vary, and include: providing information for women so that they can make informed decisions (including whether to continue with the pregnancy); enabling timeous treatment of mother and baby to support a successful pregnancy, reduce transmission of communicable diseases from mother to baby, and reduce the risk of acute/chronic disease in the baby; and provide information to enable early intervention to support the development of the baby/child.

Newborn Hearing Screening Programme (NHSP)

Universal Neonatal Hearing Screening consists of a simple test that looks for a clear response from both of a baby's ears. The test is usually done in the first few weeks after the baby is born, often before leaving the maternity unit. The test doesn't hurt and isn't uncomfortable. It's quick and can take place while a baby sleeps. Data for 2019/20 is not yet available.

Newborn Blood Spot Screening

Newborn blood spot screens for nine different rare but potentially serious inherited diseases. It's usually carried out around five days after the baby is born. During 2019/20 186 babies were screened.

Non- invasive prenatal testing (NIPT)

Blood tests combined with scans can help find the chance of chromosomal abnormalities such as Down's, Edwards' or Patau's syndromes. Women whose results show a high risk of an affected pregnancy are currently offered diagnostic tests such as amniocentesis that carries a possible risk of miscarriage.

Non-invasive prenatal testing provides an opportunity to examine foetal DNA by taking a sample of blood from pregnant women. NIPT can be used to detect where an abnormal number of chromosomes is present in each cell, and only if NIPT returns a positive result will the woman be offered amniocentesis. A national short life working group has been established to implement NIPT across Scotland; this includes representation from NHS Orkney. A local steering group has also been established to ensure implementation follows the national plan.

As the report highlights a number of large-scale changes were happening nationally within vaccinations and screening which were to be continued into 2020. However due to the rapidly changing situation with COVID-19 all adult screening programmes were paused on 30th March. The focus of the work for 2020/21 will be on managing the COVID-19 pandemic alongside business as usual. Screening programmes will be reinstated in line with national guidance.

4. Resilience

Emergency Planning and Business Continuity

Fifty-eight Business Continuity Plans are now in place extending across the organisation and these include Primary Care and the Isles Network of Care. A number of independent GP Practices are also developing their plans. Each of these plans is supported by Business Impact Analysis undertaken individually with each service area. All plans are signed off by line managers with electronic signatures to further develop a culture of ownership of the plans by the services.

In July 2019 an internal audit of the Board's Business Continuity management process was undertaken with the recommendations that recovery point objectives be further developed and the newly drafted plans reflecting the move to the new facility be tested. The audit was undertaken pre-pandemic and as such the majority of plans have had elements tested as part of the COVID-19 response process and work continues to ensure that our plans are fit for purpose.

The Major Incident Plan has also been reviewed and revised to reflect the move to the new hospital and was approved by the Finance and Performance Committee. Elements of the Major Incident Plan such as the setting up of the Gold Silver and Bronze command structures as well as the interagency support through the Orkney Local Emergency Co-ordinating Group (OLECG) provided a framework for the Board's COVID-19 response. Moving forward the continued engagement with resilience partnerships will be critical as the Board remobilises services in the face of COVID-19 and prepares for concurrent events such as winter flu and the EU-Exit.

Lessons learnt in relation to the multi-agency COVID-19 response are being collated and will provide a valuable directory of information when planning the response for the second or subsequent potential waves of the pandemic. In

addition, existing plans such as the Winter Plan and Mass Vaccination Plan will be reviewed to reflect all the learning from the COVID-19 response.

Exercising of plans is also important. Critical areas of the Major Incident Plan were tested including switchboard using scenario-based incident notifications and live cold call cascades to the Incident Management Team. Radiology and Theatre Departments undertook table top exercises with multiple virtual casualties. Unfortunately, due to COVID-19 the planned exercise of the Emergency Department has been temporarily postponed. At the appropriate time the product of these exercises will form the basis for a larger table top exercise involving the Incident Management Team in an effort to increase understanding around the response to a major incident.

In December 2019 a decontamination exercise was held at the new hospital site to test the equipment and the setting up of the decontamination tent in adverse weather conditions. Whilst this was challenging there were a number of lessons learnt and an action plan developed to support future exercises.

Training of staff is also important. A presentation on the Board's response to a major Incident with mass casualties has been delivered to the Senior Management Team which was linked to the support and resources that are available through the Scottish Trauma Network (STN). This was followed up by a visit from the STN Team who met with clinicians and GPs in the outer isles and hosted a virtual Q & A session.

In July 2019 a major Incident presentation was delivered to the Morbidity and Mortality group made up of clinicians to introduce them to and raise awareness of the Major Incident Plan and their roles there-in. This was followed up with a session on the exercises that had been undertaken to test critical service areas of the plan and lessons that had been learnt.

In February 2020, the Scottish Resilience Development Service delivered Founding Principles and Crisis Management modules at the Balfour to NHS Orkney managers as part of the Integrated Emergency Management training

programme. This was also attended by partners from OLECG to further develop a wider awareness of the resilience partnerships and the benefits of working in a multi-agency environment.

Incidents of note

On the 13th and 14th of January 2020 OLECG stood up in relation to an extreme weather event and predicted tidal surge. A rest centre was set up and coastal defences deployed at a number of locations. NHS Staff were pre-positioned by partner agencies to ensure that patients in the more remote communities still had access to NHS services. As a consequence of these measures, there was no reported damage and residents were able to return to their properties.

EU exit Planning

The Board's EU exit steering group remained active until February 2020 when much of the focus and resources switched to the COVID-19 response. The planning process will re-convene with a review of the UK Government's and Scottish Government's planning assumptions. The organisational risks relating to 'Brexit' will also be reviewed and refreshed as part of this process so that NHS Orkney understands the emerging risks and plans accordingly.

5. Recommendations

As the world enters the COVID-19 pandemic a changed way of working is required for public health and NHS services. Reprioritisation of services will occur, including the temporary pausing of some important public health programmes such as screening programmes. The focus of the public health department will be on mitigating the harm caused by COVID-19. In 2020-21 the focus will be on health protection – strengthening the health protection team to meet the demands of contact tracing of COVID-19 cases, and ensuring influenza vaccination programme delivery. Planning for COVID-19 vaccination delivery will also occur. The extent of the threat means that the whole of NHS Orkney needs to respond and work closely with its partners and the public.

Recommendation 1: Health protection work is prioritised

Recommendation 2: Delivery of key COVID-19 activities is seen as a whole NHS Orkney response, working with organizational partners and the public

A reduced programme of health improvement activities on healthy weight, mental wellbeing, smoking cessation and financial inclusion continues where possible, with a focus on inequalities. From a public health perspective the societal impact of COVID-19 will be long lasting, and there is a need for us as a community to be mitigating that impact where possible.

Recommendation 3: Health improvement focuses on preventing and mitigating the long term impacts of COVID-19 where possible

Screening programmes are important and will be paused and restarted in line with the national recommendations in a Once for Scotland approach.

Recommendation 4: Screening programmes in Orkney continue in line with national directions

We can all play a role in reducing the spread of COVID-19 by following the national guidance (Figure 5.1).

Figure 5.1 COVID-19 guidance



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