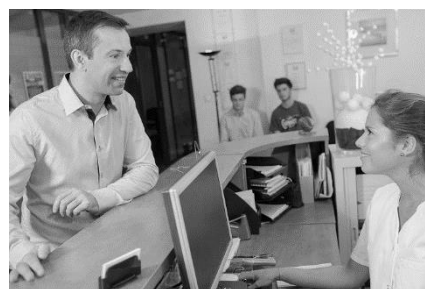


PCN NEWSLETTER

Summer Edition 2025



***** Welcome to the Summer 2025 edition of The Primary Care Network Newsletter *****

(For LARGER PRINT or an ALTERNATIVE LANGUAGE, please advise your Reception).

Change in children's vaccination immunisation schedule – from 1 July 2025

From 1 July 2025, the NHS is making changes to the childhood vaccination schedule to better protect children against serious diseases. Some vaccines will be given earlier, providing protection when children need it most. Changes to the childhood vaccination schedule will see children receive some vaccinations earlier, protecting them from a younger age and increasing their protection against illnesses. Vaccination uptake has been declining across England for over ten years, the new schedule changes are the results of continued monitoring in the epidemiology of childhood illness and changes in availability of preventative vaccinations. The changes taking effect from 1 July are in response to these results, ensuring the NHS childhood vaccine schedule continues to provide the best protection against children becoming seriously unwell with serious preventable infections.

Changes to cervical screening recalls from 1st July 2025

From 1 July 2025, routine cervical screening intervals will be extended from 3 to 5 years for participants aged 25-49 who test negative after attending cervical screening on or after this date.

Those aged 25-49 years will be moved to a 5 yearly recall following a negative cervical screening result.

Those whose last screening test was positive but they have a negative result will be called for in 3 years.

Those who test positive after 1st July and have subsequent positive cytology will be under hospital management

Invitations will be sent by the Cervical Screening Programme at the appropriate intervals – if patients are concerned please tell them this.

IMPORTANT: Invitations will go out DIGITALLY via the NHS App or by letter if patients do not use it the NHS App, it is therefore important to have notifications turned on on the NHS App.

Helen Codd - profile

Helen is the Head of Communications, Engagement and Partnerships for Dudley. She works on behalf of all the partners across the health and care system in Dudley - the Dudley Health and Care

Partnership. Helen's role is very much community focused around bringing Partners together and working collaboratively with local communities to ensure their voices are heard. Helen also chairs the Dudley Engagement Group which is an open group to anyone working or having an interest in engagement. The group meets monthly and share best practice and are supportive of each other's work.

The Dudley Health and Care Partnership is made up of local organisations including the NHS, council, voluntary and community sector. We work together to plan, commission and deliver co-ordinated services for the people of Dudley – building better health and care services.

Our mission

For people in Dudley to live longer, happier and healthier lives

Our core value

Community where possible, hospital when necessary

Why do we need DHCP?

DHCP is hosted by Dudley Group NHS Foundation Trust. Although DHCP is not a statutory organisation, there is a strong emphasis on strengthening the way in which local organisations work together and they are often referred to as place-based partnerships. We recognise that by working together, we can have the greatest impact on tackling issues that cause some of the biggest problems in our local communities which contribute towards health inequalities. We also know that it is important to listen to and work closely with our communities to help shape services that can make a difference and to understand what the issues are.

What are health inequalities?

Health inequalities refer to the differences in the health of different groups of people. These differences are often linked to factors like income, , where people live, and their social or cultural background. For example, some people may not have access to healthy food, green, or safe living conditions, which can make them more likely to get sick or die earlier than others. These inequalities can also be influenced by things like race, gender, or disability. Essentially, health inequalities happen when some people have better opportunities to live healthier lives than others.

FLU AND COVID-19 VACCINATION INFORMATION - AUTUMN 2025

Please support your GP surgery by having your flu vaccination at the surgery. Other providers may tell you that you are supporting your surgery by having it done elsewhere – unfortunately this is not the case; this generates extra administration work for us and reduces our funding.

This year Influenza vaccinations will be given from **1st October** onwards for patients aged 65 and over, 18-65 years in a clinical risk group, those in long-stay residential care homes, carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person, close contacts of immunocompromised individuals or frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants.

Children and pregnant ladies can however have their flu vaccine from **September** onwards.

Covid-19 vaccinations will be offered to patients aged **75 and over**, older adults care home patients and individuals who are immunosuppressed aged 6 months and over.

These are the categories for Covid-19 only immunosuppressed criteria:

- Organ, bone marrow or stem cell transplant patients
- Those being treated with systemic steroids for more than a month
- Those living with HIV
- Those receiving immunosuppressive or immunomodulating biological therapy, including children who are about to receive therapy
- Those undergoing chemotherapy or radiotherapy
- Those requiring long-term treatment for immunosuppression
- Those with a history of haematological malignancy including chronic leukaemia, lymphomas, and leukaemia
- Those with genetic disorders affecting the immune system

While this list summarises some major groups, it does not cover everything. Please [check online at nhs.uk/get-vaccine](https://nhs.uk/get-vaccine) to see if you are eligible.

ABDOMINAL AORTIC ANEURYSM SCREENING

An abdominal aortic aneurysm (AAA) is a 'bulge' or 'blowout' of the main artery in the body that travels from the heart down the centre of the body. An AAA results from arterial weakness or disease.

An AAA is caused by weakness or disease of this artery. If an AAA develops then it may be silent and cause no symptoms at all until it ruptures or leaks. This can cause a sudden life threatening event from which 8 out of 10 men will die before they can get to hospital. Such a catastrophic event can mostly be prevented if the AAA is diagnosed early.

Only men are offered screening as they are 6 times more likely to develop an AAA than women. If an AAA is picked up early then it can be monitored with further scans and if it is enlarging to the point when rupture might occur, then planned surgery can be offered and the AAA repaired. This is much safer than any emergency procedure. Screening is a simple painless ultrasound procedure of the abdomen, similar to the ultrasound pregnant women have. The scan only takes a few minutes but could save your life.

AAA Screening is now offered to men aged 65 this year and those over 65 can request a scan. If an AAA is found then planned surgery will be offered if the AAA becomes larger than 5.4cm across. At this size the AAA is at risk of rupturing. Smaller aneurysms will be monitored with further routine scans. Those at greatest risk of AAA are:

- (a) Older men
- (b) Obese men
- (c) Men with a family history of AAA
- (d) Men with high cholesterol
- (e) Smokers
- (f) Men with hypertension

For more information, call the Black Country AAA Screening Programme on **01384 321125**

“Fit for the Future” 10 Year Health Plan for England.

The government has now published its 10 Year Plan. This builds on work done by Lord Darzi last year and attempts to build on the “3 shifts” he recommended :-

- Hospital to community
- Sickness to prevention
- Analogue to digital

What might this mean for health and care in Dudley ?

The plan talks about “neighbourhood health” and “neighbourhood health services”, essentially delivering more health services locally outside of a hospital setting and the development of “Integrated Neighbourhood Teams”. In Dudley we already have our Community Partnership Teams which bring together GPs, community nurses, social care professionals and voluntary services to support access to, continuity and coordination of care for patients. These teams try to ensure that patients are cared for in their community and are not admitted to hospital inappropriately. Our work to develop these teams and make them more effective will continue, including how we look to support our children and young people with the most complex needs.

Dudley Group NHS Foundation Trust are already moving out-patient clinics into community venues and away from the hospital. The provision of clinics at the Merry Hill Centre will be a first step in this direction.

The plan talks about developing Neighbourhood Health Centres. We hope that new facilities in Dudley will feature in these plans.

The prevention of ill health is often dependent on other societal factors – what we call “the wider determinants” of which employment is significant. The NHS and the Council in Dudley have developed a programme to support local people into employment within their respective sectors and this will continue. Other preventative work will be important, particularly in relation to smoking prevention and obesity.

From a digital perspective, many of you will be familiar with the **NHS app**. This has proved useful in terms of ordering repeat prescriptions, obtaining test results, receiving messages from GP practices. The use of the NHS app will continue, and you can expect it to have wider uses in future as the “Doctor in your pocket”.

Much of this will not happen immediately – it’s a 10 Year Plan – but hopefully you will start to notice some differences in the way you access and experience health and care soon.