Report on Childhood Immunisations in Barnet

Summary

This paper has been requested to inform Barnet Health and Wellbeing Board about the 7a immunisation programmes currently commissioned by NHS England (London Region). It describes the local picture of childhood Immunisations in Barnet, NHS England's plans to improve reported rates of childhood immunisation across London and local challenges and actions being undertaken to address these.
It also outlines the governance frameworks and roles and responsibilities across key organisations in improving coverage of childhood immunisations across London since April 1st 2013.

1.0 Governance arrangements for 7a programmes

1.1 Achieving oversight, monitoring and coordination of services

All 7a programmes have Performance Boards which meet on a quarterly basis; each has representation of both the CCG and the Local Authority PH team. These groups have a remit for oversight, monitoring and coordination of programmes.
There is an overarching London Immunisation Board, jointly chaired by the Head of Public Health Commissioning and the Deputy Director, PHE (Health Protection), at which there is ADPH and CCG representation.

1.2 Performance reporting

A web based report by borough is still being planned. In the meantime the NECL team has prepared a quarterly performance report with commentary on local issues – tailored to borough level – which will be sent to both DsPH and CCG COs. These reports can form the basis of reports to the HWB. It is NHS England's view that we should produce a report for the HWB on an annual basis, but this needs to be formally agreed.

1.3 Providing a comprehensive immunisation programme for children and adults

Governance and performance structures are identified above. Children and young people's services are the remit of the 0 – 19 year old working group which meets quarterly and includes all providers delivering immunisation; this forum allows the opportunities for any performance issues to be highlighted and addressed.
Older people are the remit of the winter planning group addressing flu and shingles delivery programmes; this feeds into the London winter planning group and the Immunisation Board.

Terms of Reference can be shared on request.

1.4 Protecting vulnerable groups

NHS England has established Technical sub groups for both immunisations and screening with a remit to critically appraise coverage and uptake proposals and to provide evidence of successful initiatives to the Immunisation and Screening boards to inform pan-London commissioning.
There are a number of dedicated work streams across 7a immunisation programmes to encourage uptake; these include neo-natal Hep B, universal BCG and immunisation task force planning.
There is extensive work being undertaken with Child Health Information Systems (CHIS) across London to ensure effective failsafe processes are in place.

1.5 Immunisations for new entrants

There is extensive work being undertaken with Child Health Information Systems (CHIS) across London to ensure effective failsafe processes are in place and that new entrants are offered the full schedule of appropriate vaccination.

There are a number of dedicated work streams across 7a immunisation programmes to encourage uptake; these include neo-natal Hep B, universal BCG and immunisation task force planning to ensure appropriate immunisations are offered.
It is the local authorities' responsibility to ensure promotion information is available to all residents for public health services including immunisation and screening.

1.6 Opportunities for collaboration

It is the local authorities' responsibility to ensure promotion information is available to all residents for public health services including immunisation and screening.
Resources from Public Health England are available for download or can be ordered for free for use in community venues.

We would value being included in the future planning for JSNA and JHWS publications.
There are 5 year strategic plans for screening, immunisation and Health in the Justice System, which lay out our vision for effective delivery of 7a programmes.
Our goals include achievement of national coverage/uptake targets and a reduction in failsafe enquiries and incident reporting along with high quality performance from all providers (as referenced in quarterly performance dashboards).

The NECL team has a comprehensive work plan to ensure that London-wide objectives are developed and met locally.

For NHS England (London), scrutiny takes place throughout the governance framework as described above.
We are also subject to scrutiny and assurance by the national team on all performance and commissioning aspects of 7a programmes.

Reports, on an annual basis, will be sent to the 12 boroughs in NECL for their HWBs; where there are unresolved issues these may be presented, on request, to the HOSCs.

2.0. Roles and Responsibilities

Since April 1st 2013, a number of public health functions have been the responsibility of NHS England (NHSE) under Section 7a of the Health & Social Care Act 2012. These comprise of screening, immunisations, Health in the Justice System (i.e. prisons, Sexual Assault Centres, places of detention) and military health.

The responsibility for commissioning immunisation programmes for London is the remit of NHS England (London) Public Health, Health in the Justice System and Military Health team. This team comprises of a central team who work closely with immunisation commissioners situated within the 3 patch teams: North East London, North West London and South London. The central team consists of the Head of Early Years, Immunisations & Military Health, supported by Public Health England embedded staff; The Principal Advisor for Early Years Commissioning, Immunisation & Vaccinations; these personnel/posts provide accountability and leadership for the commissioning of the programmes and system leadership. The North East Central London patch area has a Lead for Screening & Immunisations and a small team of screening and immunisation commissioners.

The new arrangements for commissioning immunisations and vaccinations provide new opportunities to improve uptake of immunisations. NHS England plans to utilise these opportunities to improve immunisation coverage in London. However, it is widely acknowledged that partnership working across multiple agencies is the only way in which sustainable improvements can be achieved. For an outline of roles and responsibilities of the different organisations, please refer to Appendix 2.

3.0. Background to 7a immunisation programmes

Immunisation is the most effective method of preventing disease and maintaining the public health of the population. Immunisation protects children against disease that can cause long-term ill health and in some cases even death.

Vaccine preventable diseases have markedly declined in the UK, largely due to the efforts of the national immunisation programme. A negative output has been that many members of the public and health professionals have forgotten about the severity of these diseases and can become complacent about vaccinations. In addition, the complexity of the immunisation schedule and the increasing volume of vaccine-related information – some of which may be misleading or inaccurate – can make it challenging to achieve the 95% herd immunity level.

Throughout England, the National Routine Childhood Immunisation Programme is delivered in a variety of settings by a large number of professionals from different disciplines. Before the age of 5 years, children should receive vaccinations against measles, mumps and rubella (via MMR vaccine); polio, diphtheria, tetanus, pertussis and Hib (via '5-in-1' vaccine, also called the primaries), pneumococcal infection (PCV), meningitis C (Men C), rotavirus and child 'flu. Teenage girls aged 12-13

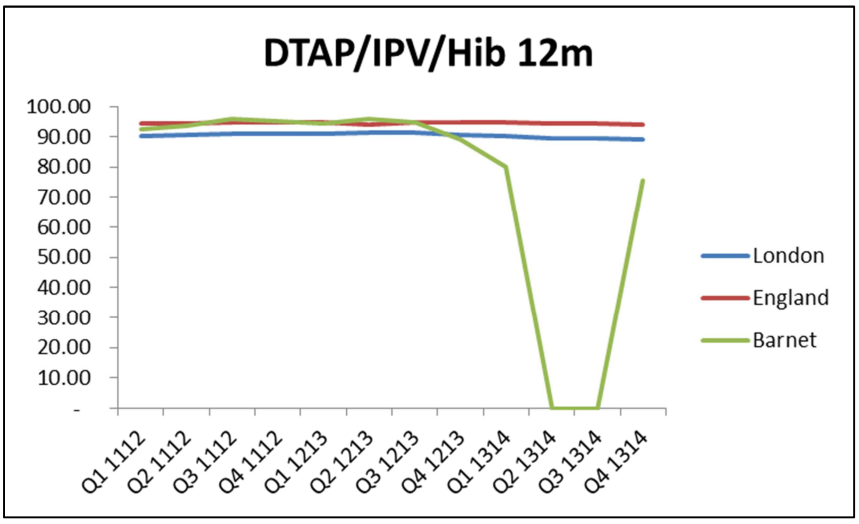
years receive HPV and both boys and girls receive the teenage booster and Men C booster in school Year 10 since 2013/14.

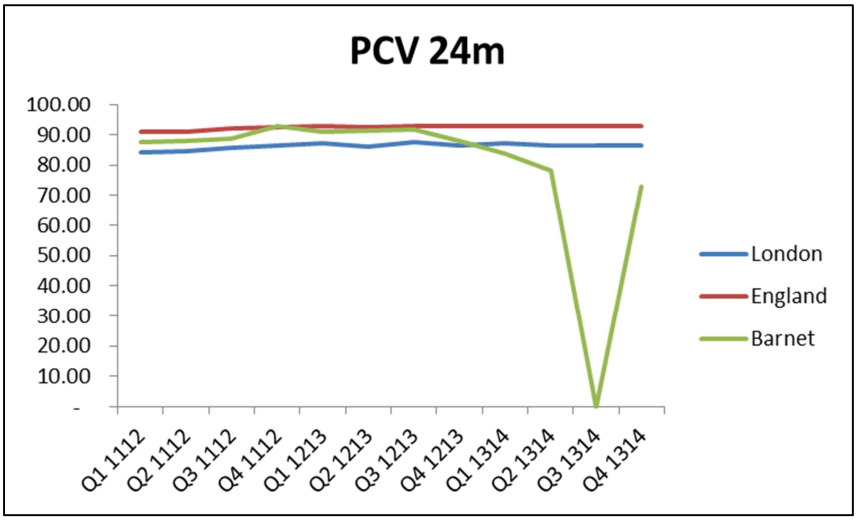
4.0. Childhood Immunisation Rates in Barnet

- In London, immunisation uptake rates remain below the 95% levels required to achieve herd immunity. Reasons for the low coverage include:
- the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices
- London's high population mobility
- difficulties in data collection particularly as there is no real incentive for GPs to send data for Cohort of Vaccination Evaluated Rapidly (COVER) statistics
- large numbers of deprived or vulnerable groups.

5.0 Current position

5.1 Reported immunisation rates for the Routine Childhood Immunisation Programme have dropped in Barnet since April 2013. Figures 1 – 6 (below) illustrate the rates for uptake of primaries ('5-in-1') by age 1, uptake of PCV booster, Hib/Men C booster and first dose of MMR by age 2 and the preschool booster and 2nd dose of MMR by age 5 for Barnet compared to London and England averages. These are the six antigens required by PHE to form the quarterly COVER report.

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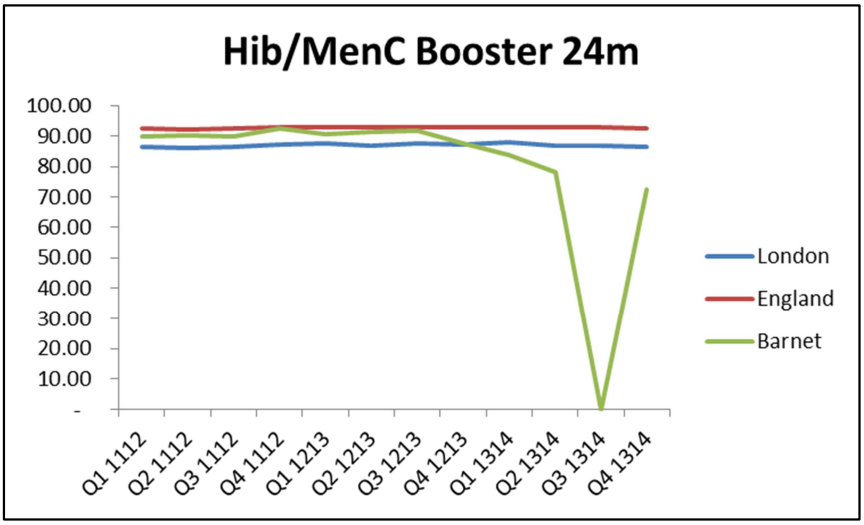
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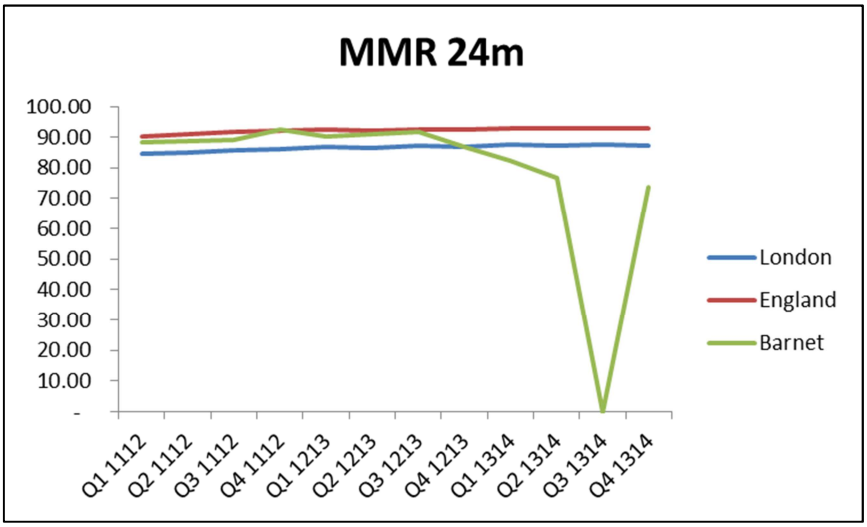
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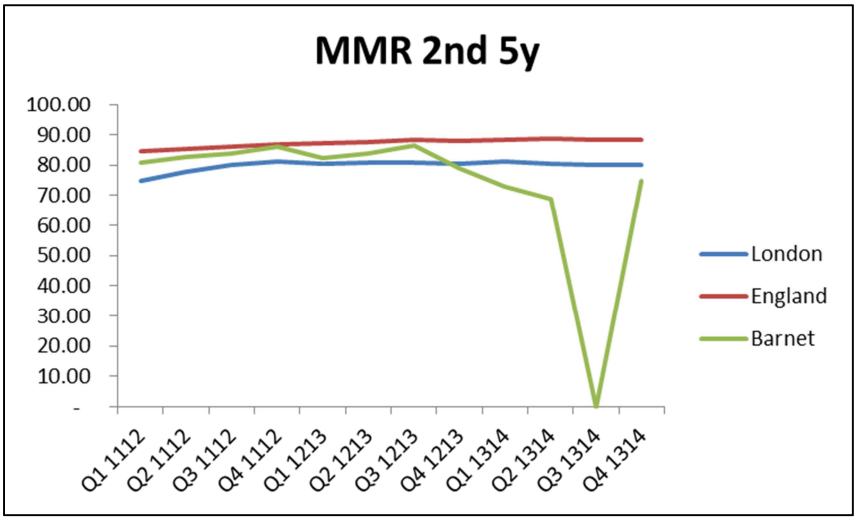
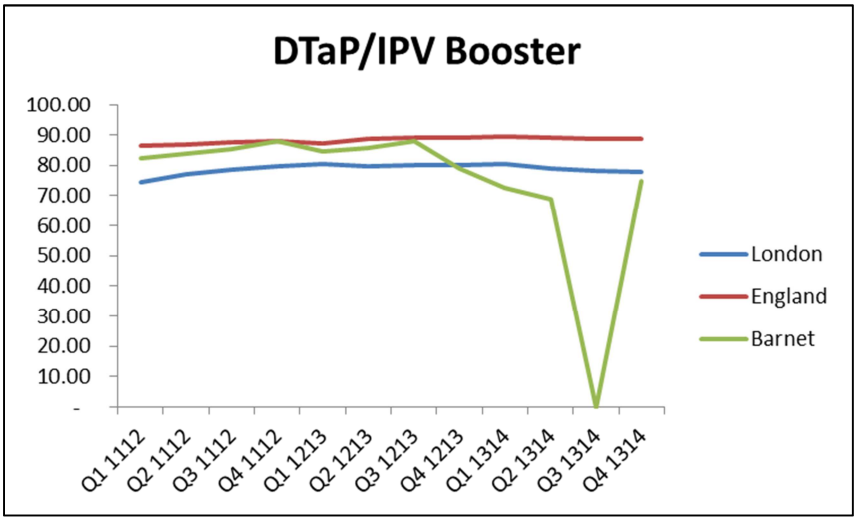




5.2. Such a sharp drop for the age 1 cohort is indicative of data management issues. In Barnet's case, the decline has been due to data linkage problems – i.e. transfer of information from GP systems to update the information on the Child Health Information System (CHIS), which since April 2013, has been the responsibility of Central London Community Healthcare NHS Trust (CLCH). If there had been a similar reduction in children being vaccinated we would see a much greater increase in reported cases of disease.

5.3. No COVER report was received from Barnet for Q3 (see graphs attached) but following close work between NHSE and CLCH a report was produced for Q4. This still did not include all GP practices due to issues with practices not refreshing the data and IT problems. It has taken a great deal of time and resources to achieve a COVER report from the new system.

5.4. All Barnet practices are now signed up to QMS, enabling immunisation data to be electronically uploaded to a central server. From here CLCH are required to extract this data and make it fit for RIO.CLCH have recently experienced challenges converting data received from practices into a format that can be produced for COVER.

6.0 Actions

6.1. Regular meetings with CLCH to address data issues. Given that the problem for the drop in rates is a data management issue, the focus has been on working to improve this situation. A 'deep dive' examination of all CLCH processes (not just immunisation) is currently taking place.

6.2. A 6 month action plan (attached) has been devised to improve data and reported coverage in Barnet. This forms part of the deep dive action plan (see 5.1) and has been shared with CLCH.

Six month Plan for Barnet 2014.docx

6.3. Ambition plans are being produced by NHSE via the technical sub group to advise trajectories based on interventions. These trajectories, once finalised will be monitored and evaluated at our Quality and Performance Improvement Board.

6.4. Data linkage is addressed via the Quality and Performance Improvement Board held quarterly and attended by CCG's, D's PH and other stakeholders. This meeting feeds into the London Immunisation Board. Sub groups are now also held quarterly with providers to improve performance for 0-19 and flu delivery.

6.5. An assurance template will be sent quarterly to the DPH with details of COVER, HPV and flu. GP level data should be used only for operational purposes and cannot currently be publicly shared.

6.6. Incidents are reported to NHS England via the immunisation in box and a form completed by the provider. If it is declared as a serious incident the LA will be informed. An updated incident policy is currently being written and all stakeholders will receive details on completion.

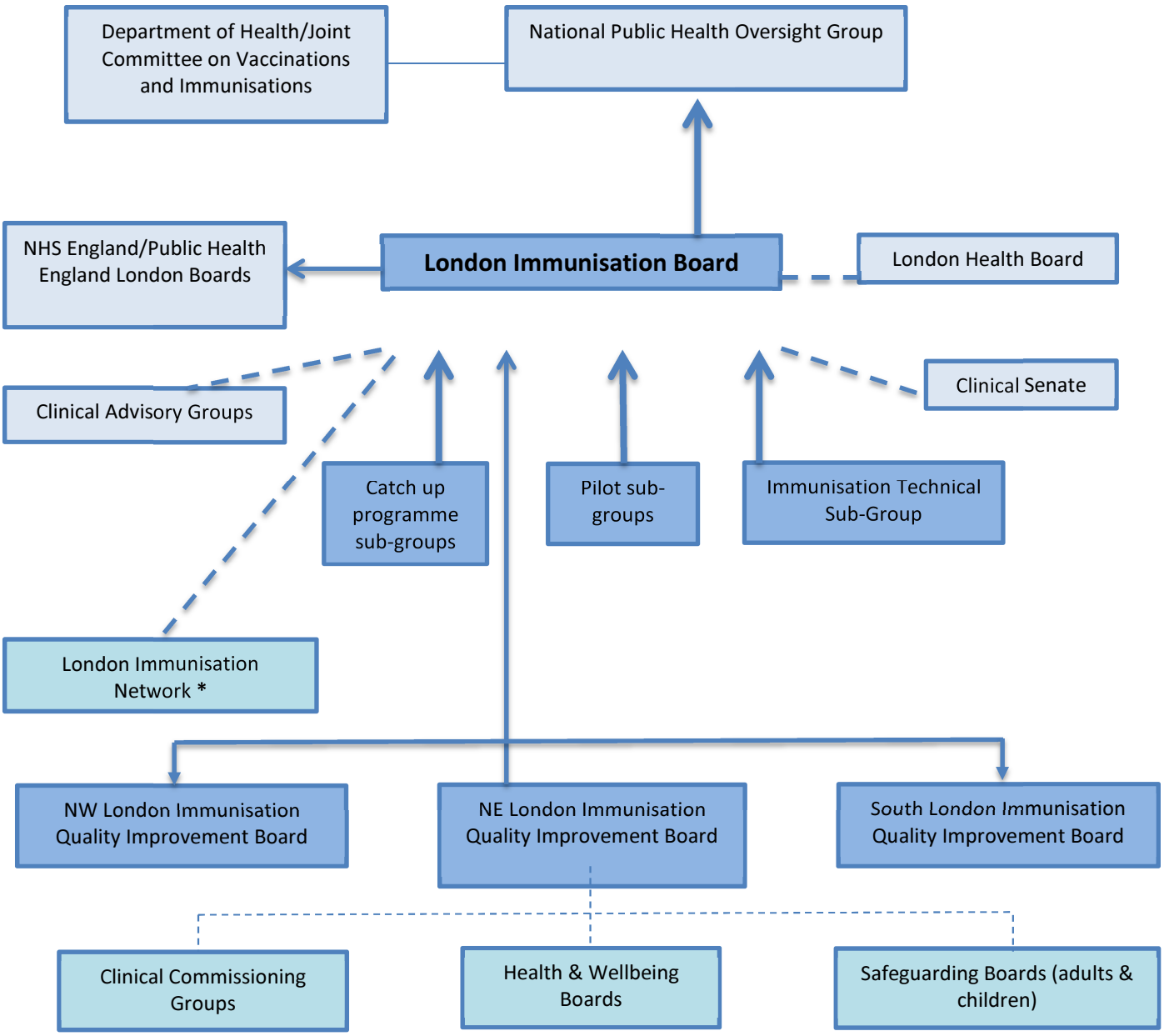
6.7. A protocol has been put into place across London for earlier scrutiny of immunisation rates prior to submission to COVER by the patch and central immunisation commissioning teams in NHSE. This is helped by the new minimum child health dataset (implemented 1st September 2013) which enables monthly reports on immunisations to the NHSE immunisation teams.

6.8. It has been highlighted that there is no established relationship between GPs and CLCH-CHIS in Barnet (see 5.4) this needs to be rectified. NHS England will provide CLCH with updated lists of GP clinical systems.

6.9. There is a need for interoperability between EMIS Web and CLCH after migration to TPP System One. Future provision must be compliant with Information Technology processes and improves on the operational procedures where there are gaps. This responsibility lies with CLCH.

Appendix 1

Immunisation Governance structure



Appendix 2 - Roles and Responsibilities

NHS England

- Commissioning of all national immunisation and screening programmes described in Section 7A of the Mandate
- Monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required
- Accountable for ensuring those local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels as specified in Public Health Outcome Indicators and KPIs
- Emergency Planning Response and Resilience (EPRR) where this involves vaccine preventable diseases

Public Health England (PHE)

- Lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHS England in cases of immunisation incidents. They will provide access to national expertise on vaccination and immunisation queries.
- Professional support to the PHE staff embedded in the NHSE Area Teams including access to continuing professional appraisal and revalidation system
- Provide information to support the monitoring of immunisation programmes (e.g. COVER data)
- Publishes COVER data

Clinical Commissioning Groups (CCGs)

- Have a duty of quality improvement (including immunisation services delivered in GP practices)
- Commission maternity services (which are providers of neonatal BCG and infant Hepatitis B)

Local Authorities

- Provide information and advice to relevant bodies within its areas to protect the population's health (whilst not explicitly stated in the regulations, this can reasonably be assumed to include immunisation)
- Provide local intelligence information on population health requirements e.g. JSNA
- Independent scrutiny and challenge of the arrangements of NHSE, PHE and providers. This function may be carried out through agreed local mechanisms – e.g. local programme boards for screening and immunisation programmes or using established health protection sub-committees of the Health and Wellbeing Boards.
- Commission school nursing services which undertake immunisations. Local authorities will need to work closely with Area Teams including arrangements for the NHS response to the need for surge capacity in the cases of outbreaks.

Commissioning Support Units (CSUs)

- Although not statutory, CSUs have a role to play in supporting CCG member practices in enabling them to carry out their immunisation work, e.g. IT support to help with call/recall.

Community Services Providers

- Child Health Information System (CHIS) is housed within community service providers and incorporates the child health records department which holds clinical records on all children and young people. COVER data is submitted from CHIS to PHE.
- Health visitors have a role to play in promoting the importance of vaccinations to parents.
- Many community services providers have immunisation clinical leads or co-ordinators who provide clinical advice and input into immunisation services locally.