

Update on Immunisations in Barnet

Summary

This paper has been requested to inform Barnet HOSC about the 7a immunisation programmes currently commissioned by NHS England (London Region). It gives an update on the local picture of childhood Immunisations in Barnet, NHS England's plans to improve reported rates of childhood immunisation across London and local actions being undertaken to address these.

1.0 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. 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.

2.0 Updated position

2.1 Reported immunisation rates for the Routine Childhood Immunisation Programme have dropped in Barnet since April 2013. Such a sharp drop 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. Surveillance reporting shows that Barnet has no greater incidence of disease than other areas in London.

2.2 All practices in Barnet are now signed up to QMS enabling GP's to send their immunisation data safely and easily to the Child Health Department. It has taken a great deal of time and resources to achieve a COVER report from the new system. CLCH have experienced challenges converting data received from practices into a format that can be produced for COVER.

3.0 Actions

3.1 A Task and Finish Group has been set up to ensure the smooth transfer to the System One Immunisation Upload Tool. This will be fully implemented and go live by July 2015. The Task and Finish Group reports to the Children's Directorate IT User Group. The purpose of the group is to provide a forum to ensure that development work is clinically led and approved at every step and that an IMT solution and new processes enable the accurate reporting of immunisation uptake. The group will review the extraction process, suggest improvements and approve the proposal from TPP –suppliers of System One for the upload tool.

3.2 Regular meetings are held 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) has recently currently taken place.

3.3 A specification is being developed that will enable data to be extracted by QMS in a suitable format to be suitably converted for the COVER report. This should also be able to provide alternative surveillance measures from the QMS system.

3.4 Previously it was highlighted that there was no established relationship between GPs and CLCH-CHIS in Barnet; this has been addressed as part of the working group.

3.5 An Information Governance Framework is now in place.