

Appendix A

Update Report for Immunisations in Barnet

Summary

This report has been requested to build on the assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations for 0-5 year olds, in order to protect the health of people in Barnet. It gives an update on the local picture of childhood Immunisations in Barnet, NHS England's plans to improve uptake 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.

These reasons are all applicable to Barnet's ever changing population.

2.0 Updated actions

2.1 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. Central London Community Health (CLCH) have experienced challenges converting data received from practices into a format that can be produced for COVER.

Q3 data has not yet been published but preliminary submission figures show a 10% increase for one and two year olds and 4-6% increase for 5 year olds compared to Q2. The original parameters for COVER submission were not fully aligned with the minimum dataset; these issues have now been resolved and it is encouraging that these gains have been made. CLCH will now re-look at quarters one and two which will hopefully complete figures for the annual COVER publication in September.

2.2 Colleagues in CLCH are working with GP practices and NHSE to ensure the smooth transfer to TTP System One. Functionality has been developed within SystemOne to allow the Child Health Department to upload vaccinations to patient records through the import of data from a CSV file.

The Task and Finish Group meets monthly and the specification has been completed; this will be piloted by 5 practices to ensure a smooth transition of immunisation data from EMIS Web, used by practices, to TTP System One to be used by Child Health. GP practices taking part are requested if their immunisation data can be used for the purposes of testing a new upload tool.

The monthly extract files immunisation data given to or refused by children on the practice list would automatically be uploaded to the new clinical system on CLCH for the purpose of completing the children's health records and reporting on the COVER figures required by Public Health England. All demographic data that would identify the children will be stripped out before use for testing.

SystemOne will match to a patient primarily on NHS number. Date of birth, surname and gender will be used to validate that the NHS number is for the correct patient. If no NHS number is recorded, it will be matched on name, date of birth and gender. As the GP system producing this data is linked to the Spine, this should not cause any issues. Where the vaccinations are already present on the SystemOne record, the files will be rejected and the duplicates flagged to the user for further investigation. This new system will enable vaccination data to flow from GP to CHIS in a more robust, secure and efficient manner and is due to go live in July 2015.

2.3 A protocol has been put into place across London for early scrutiny of immunisation rates prior to submission to COVER. Embedded in this protocol are steps to escalate and address any discrepancies to mitigate risks of poor quality data submission. This is helped by the new minimum child health dataset which enables monthly reporting on immunisations to the NHS England immunisation commissioners.

2.4 We are taking a proactive approach with the Child Health Information Service (CHIService) provider and a full review was undertaken in December 2014. The completed action plan is being used as assurance for NHS England to enable all children's records to be quality assured.