

Report to Health and Well-Being Board on Childhood Immunisation Programmes in Barnet

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Report on Section 7a Immunisation Programmes in London Borough of Barnet

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The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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1 Aim

- The purpose of this paper is to provide an overview of Section 7a childhood immunisation programmes in the London Borough of Barnet for 2017/18. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are universally provided immunisation programmes that cover the life-course and the 17 programmes include:
 - Antenatal and targeted new-born vaccinations
 - Routine Childhood Immunisation Programme for 0-5 years
 - School age vaccinations
 - Adult vaccinations such as the annual seasonal 'flu vaccination
- Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase vaccination coverage and immunisation uptake in Barnet.

2 Headlines for London

- London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing workforce.
- Under the London Immunisation Board, NHSE and PHE seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

2.1 Universal BCG vaccination

- The BCG vaccine is offered to neonates (up to one year) to protect them against progression to severe disease if exposed to TB.
- Since April 2015, NHSE (London) has been rolling out a 100% offer of BCG vaccine to all babies up to the age of one year across London. This action had been recommended by the London TB Board and the London Immunisation Board in 2014. This offer is commissioned to be given in all maternity units in London with a community offer for those parents who missed out on the vaccine in maternity hospitals or who have recently moved into London.
- However, in April 2015, a global shortage of the BCG vaccine resulted in vaccine supply issues within Europe. As a result, the roll-out of the universal offer of BCG was temporarily stalled in London. Once stock was made available again in October 2015, NHSE (London) continued to work with providers across London to deliver the universal offer. As per PHE guidance, infants most at risk were prioritised.
- The global shortage continued into 2016 and in June 2016, PHE national team procured InterVax, a BCG vaccine from Canada. This vaccine is unlicensed in the UK and as a result has to be offered under a Patient Specific Directive (PSD), i.e. to named patients. Stock supplies were also restricted. Within London about 20 maternity and community providers were able to order one box of vaccine per fortnight (each box contains about 200 doses). Throughout July and August 2016, NHSE (London) team held fortnightly teleconference calls with these providers to support them to deliver BCG vaccine to those babies up to the age of 3 months who were most at risk of TB meningitis, i.e. those babies living with parents or grandparents from high risk countries.
- At the end of August 2016, NHSE (London) team audited the stock situation and delivery process and developed an interim London Intervax BCG protocol that has been in operation in London since November 2016. This sets out the referral process and eligibility criteria for BCG, mainly a universal offer in maternity units with a targeted follow up by community providers covering the named priority groups in the Section 7a BCG service specification.
- Barnet babies should all be offered BCG vaccination at birth. For those babies who fit the criteria as set out in the London Intervax BCG protocol and not immunised at birth, Central London Community Healthcare NHS Trust (CLCH) are providing a community clinic.
- There is no longer a shortage of BCG vaccine and all eligible babies can now be vaccinated.

2.2 Neonatal Hep B vaccination

- The aim of the immunisation is to prevent babies born to mothers with hepatitis B, from contracting the disease at delivery or in the first year of life.
- Babies born to mothers who are Hepatitis B positive should receive a course of 4 doses of Hepatitis B vaccine and a serology/dried blood test by 12 months of age. Mothers are identified through the antenatal screening programme and babies are followed up through primary care in Barnet. At risk babies are monitored by the London Immunisation Team with monthly reports to the NHSE Quality, Safety and Performance Group.

- Since April 2017, delivery of neonatal Hep B immunisation programme is provided through GP practices. Work has been ongoing with the Barnet CCG to have Barnet practices enabled to deliver the 2nd, 3rd and 4th doses with dried blood spot (DBS) testing or serology. From August 2017, GP practices will only need to focus on the 2nd dose and 4th as the new 6-in- 1 programme that is replacing the 5-in -1 vaccine in routine childhood immunisation programme will mean all children will receive Hep B vaccine.

What are we doing to ensure protection?

- Prior to 2017, London had five models of Hepatitis B vaccine delivery - GP, hospital based, community based or combination models and following the inclusion of payment for delivery in GMS contract of neonatal Hep B immunisations, NHSE worked with the 11 boroughs who did not have a primary care model onto GP practice delivery. Failsafes have been commissioned from the CHIS hubs to track infants, including the unregistered, to ensure completion of the course and to support this model of delivery. The new pathway and model is in line with national guidance and directives and its development being monitored by the internal Quality, Safety and Performance Committee in NHS England (London) and by the London Immunisation Board. Following the agreement of a pharmacy with a wholesale licence ordering and stocking the DBS kits for GP practices, the protocol will be released in September 2017.

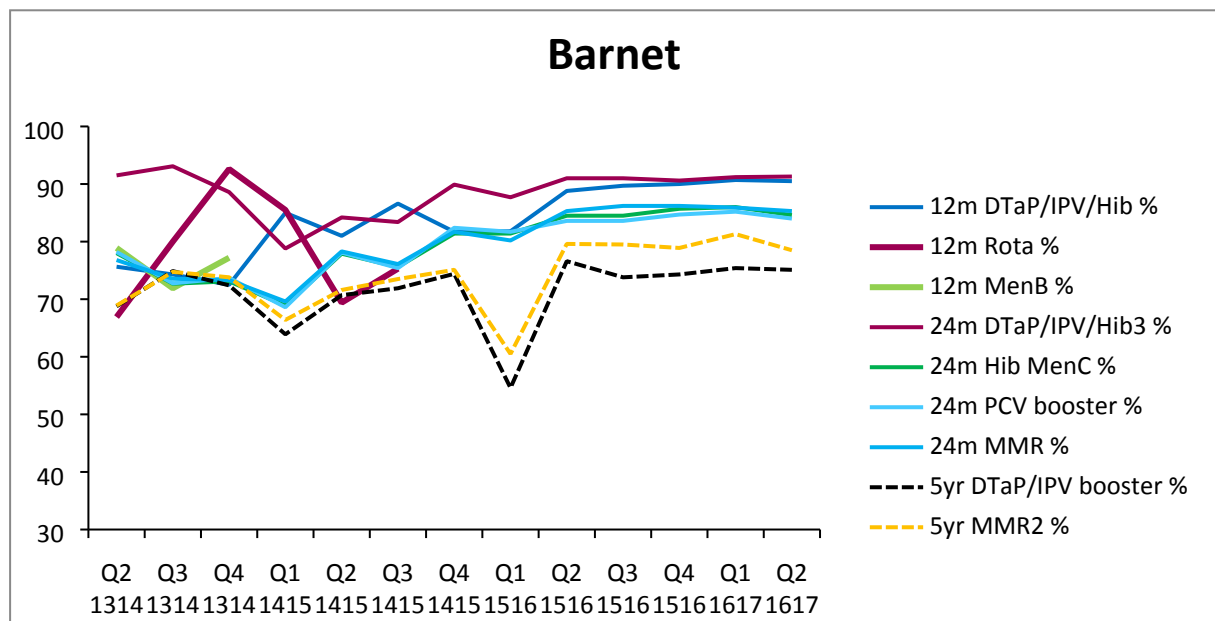
3 Routine Childhood Immunisation Programme (0-5 years)

- The routine vaccinations in COVER protect against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (give as the '5 in 1' DTaP/IPV/Hib vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C) and
 - Measles, mumps and rubella (MMR)
 - Rotavirus
 - Meningococcal B
- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in the UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided 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 submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Barnet's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Barnet has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).

- Figure 1 illustrates the main indicators of the Routine Childhood Immunisation Programme as measured in COVER. It can be seen that as age group increases the proportion of uptake decreases – e.g. age 1 vaccinations hover around 90% whilst age 5 vaccinations are below 80%. There are considerable fluctuations throughout the quarters.

Figure 1
COVER rates for Age 1, Age 2 and Age 5 cohorts in Barnet (2011-2016)

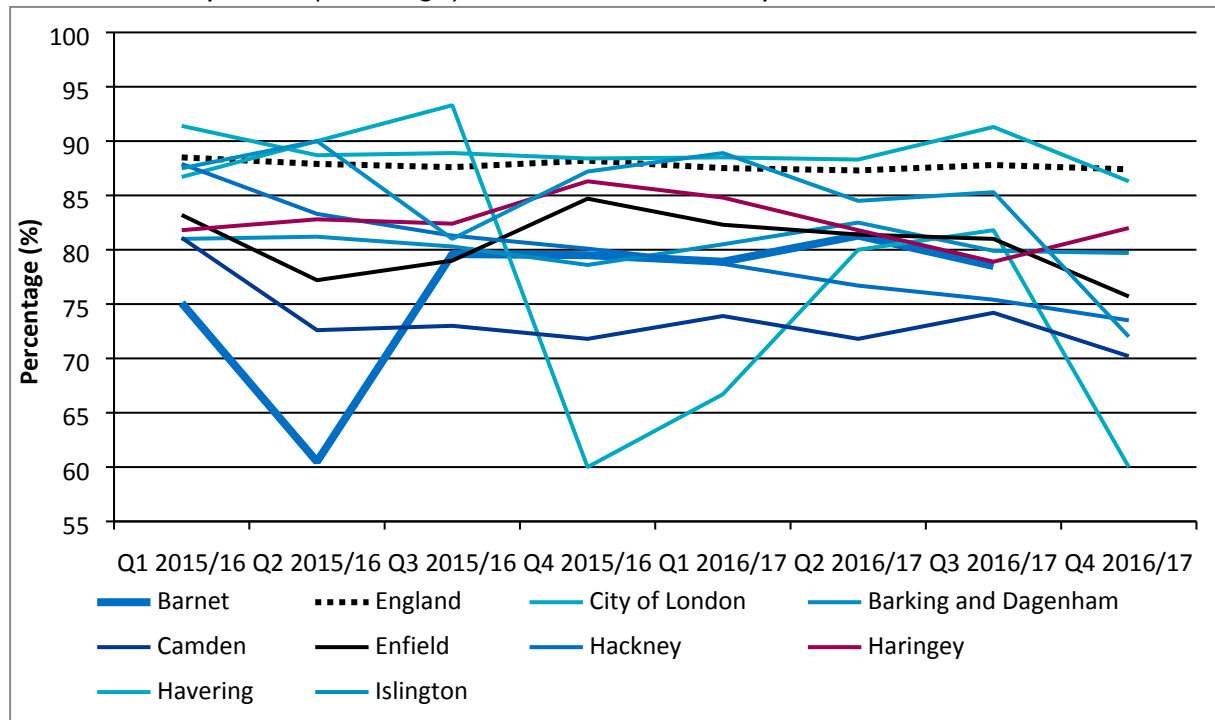


Source: PHE (2017)

- When looking at 'COVER' rates, it is important to look at coverage and drop out rates. Vaccine coverage is the proportion of eligible children receiving all doses of the recommended schedule – e.g. both doses of MMR. Drop-out rate measures the perceived quality of services. For Barnet, 72% of 5 year children had both doses of MMR for 2015/16 with a drop out rate of 16.2%. Figures 2 and 3 compared Barnet with neighbouring local authorities. Again there are considerable fluctuations for all boroughs and all boroughs perform below England averages.

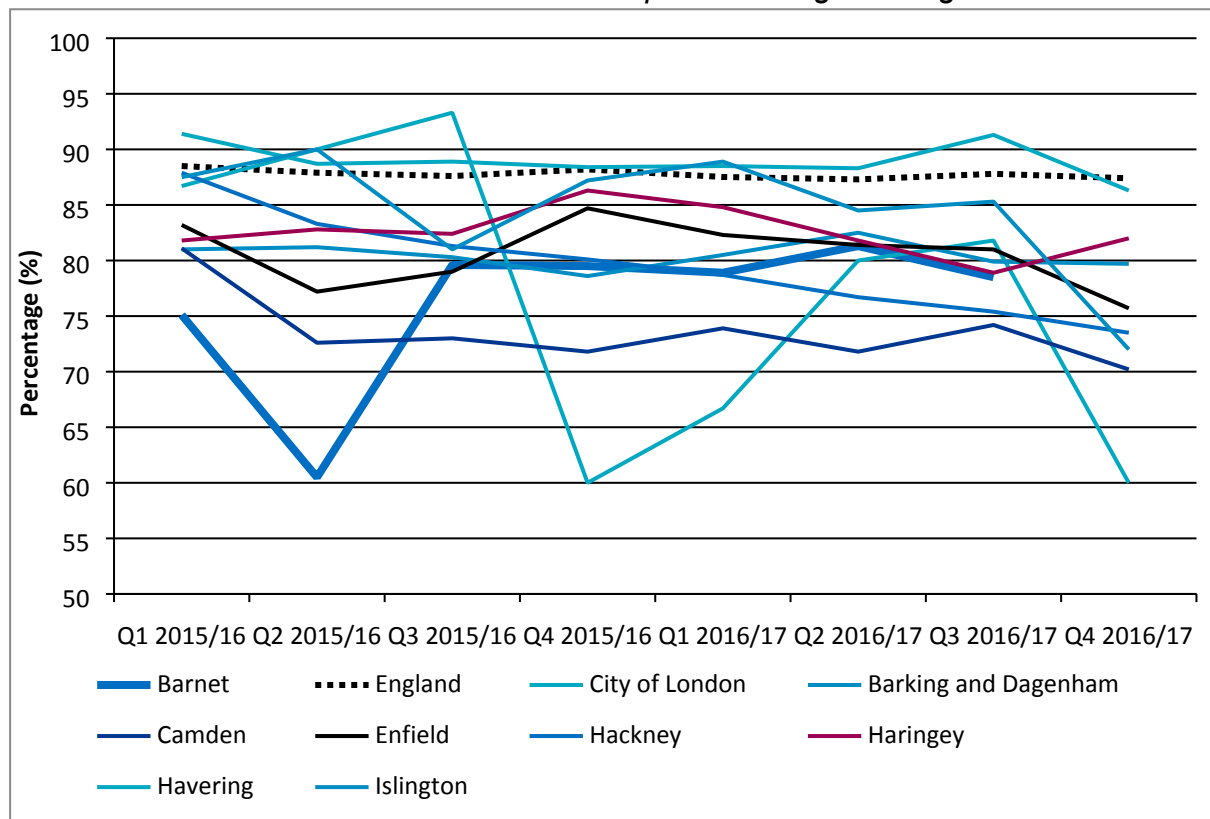
Figure 2

MMR completion (coverage) rates for Barnet compared to similar local authorities



Source: PHE (2017)

Figure 3
Preschool booster rates for Barnet compared to neighbouring local authorities



Source: PHE (2017)

What are we doing to increase uptake of COVER?

- Barnet like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Barnet is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community) and to work together to improve public acceptability and access and thereby increase vaccine uptake. These actions take the form of local immunisation steering groups with local annual action plans and are accountable to local governance structures.

- The London two year Immunisation Plan for 2017/19 includes sub-sets of plans such as improving parental reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations and the implementation of a 0-5s best practice pathway (currently out for consultation). There is also a dedicated subplan for 0-5s programme. The London Immunisation Board will be monitoring the impact of these pathways over the next year.
- Since April 2017, London's child health information systems (CHIS) are being provided by four hubs which feed a single data platform. This has simplified the barriers previously experienced by London who have a large number of different data systems 'talking to each other'. Now all CHIS information is on one system fed by three data linkage systems from GP practices, which in turn are now on one of three systems. This change should remove many of the data errors in the past that had led to an overestimation of unvaccinated children. However, London continues to have a large proportion of children vaccinated overseas which often means that children are reported as unvaccinated when they have been vaccinated but on a different schedule. Work is underway to help GPs code the vaccinations of these new patients.

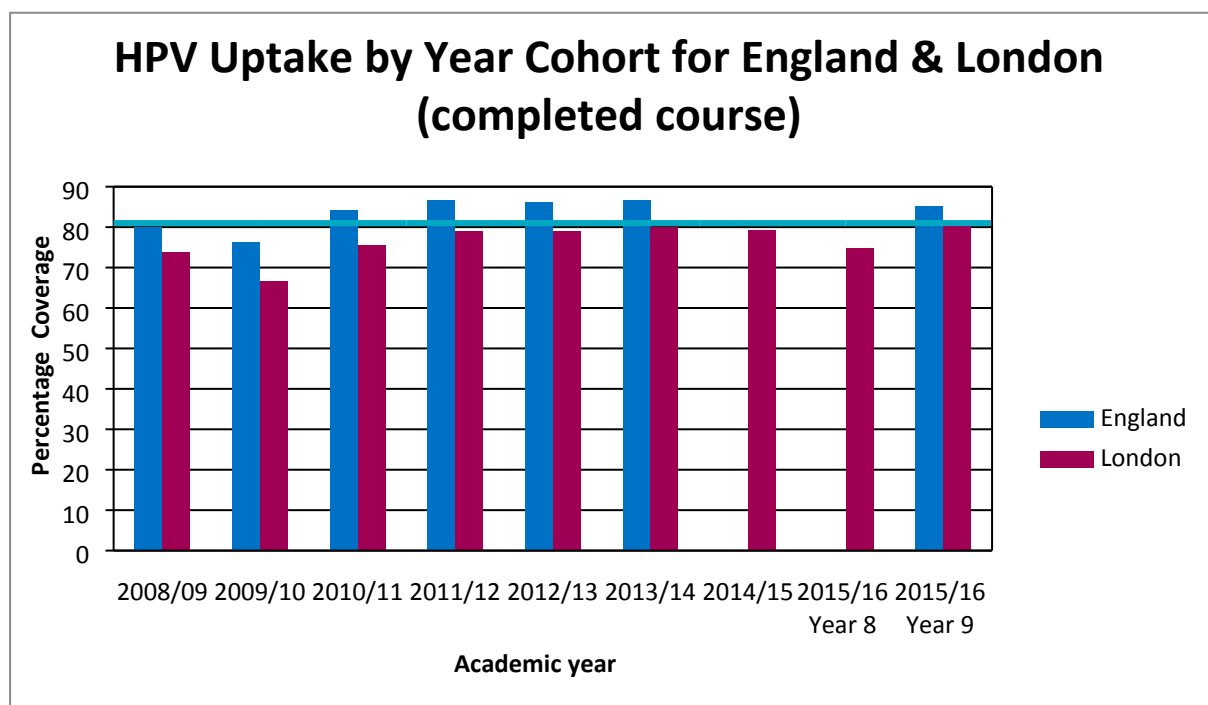
4 School Age Vaccinations

School age vaccinations include HPV vaccine for 12-13 year old girls, tetanus, diphtheria and polio booster and Meningitis ACWY at age 14 for boys and girls.

4.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer
- HPV vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014, two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. As a result a national average could not be computed for 2014/15. For 2015/16, London was the only region to commission both doses to be given within one academic year (hence why there are two year groups displayed in Figure 6). It can be seen that London's completed dose schedule has remained stable at 80% since 2013/14, despite the re-procurement of school age vaccination services across London.
- For Barnet, rates have increased for completed schedule of HPV for the last two years until end 2015/16.

Figure 6



Source: PHE (2016)

Figure 7

Table of completed HPV courses for 2013/14 – 2015/16 for London boroughs

Name of Organisation	% 2015/16	% 2014/15	%2013/14
BARKING AND DAGENHAM	49.8	83.5	79.2
BARNET	74.3	72.6	69.5
BEXLEY	81.3	80.5	76.6
BRENT	68.4	81.0	81.1
BROMLEY	80.8	84.5	86.8
CAMDEN	65.2	73.5	77.0
CITY OF LONDON	77.4	85.1	85.4
CROYDON	73.1	79.2	76.4
EALING	67.3	81.3	77.0
ENFIELD	65.7	72.7	68.3
GREENWICH TEACHING	72	79.7	77.6
HACKNEY	78.1	64.1	68.2
HAMMERSMITH AND FULHAM	48.8	75.1	73.3
HARINGEY	77	80.5	76.4
HARROW	76.5	77.6	83.2
HAVERING	75	86.3	86.2
HILLINGDON	87.6	86.7	86.5
HOUNSLOW	77.5	83.5	86.2
ISLINGTON	71.3	84.1	87.1

KENSINGTON AND CHELSEA	47.4	62.6	78.9
KINGSTON	85.1	85.3	81.6
LAMBETH	79.2	78.9	80.9
LEWISHAM	66.7	73.4	82.9
MERTON	84.5	85.4	87.6
NEWHAM	83.5	90.9	92.3
REDBRIDGE	75.9	79.2	69.2
RICHMOND	76	76.0	81.8
SOUTHWARK	84.2	77.3	85.7
SUTTON	88.3	87.7	90.4
TOWER HAMLETS	76.8	74.1	75.6
WALTHAM FOREST	65.6	73.3	86.8
WANDSWORTH	91.9	82.7	79.1
WESTMINSTER	63.1	74.7	77.9

Source: PHE (2017)

4.2 Men ACWY

- This vaccination protects against four types of Meningitis
- This is the first year that statistics have been gathered on Men ACWY uptake in schools. In London, 63.1% of the routine cohort Year 10 were vaccinated (compared to England's 77.2%), 76% of routine cohort Year 9 (England had 84.1%) and 55.9% of the catch up Year 11 (compared to England's 71.8%).
- In Barnet the uptake rate was 71.8% for Year 10 and 64.4% for Year 11.

What are we doing to improve uptake?

- During 2017/18, NHSE immunisation team are monitoring performance monthly and a school aged immunisation workshop was held in July 2017 with arising actions to improve returns of consent forms and a pathway to facilitate with accessing schools. This action plan will be reviewed in 6 months.
- In partnership with LSHTM, NHSE are conducting a London focused piece of qualitative research on service and demand barriers to uptake of Men ACWY for school leavers and school attenders. This research will be completed by September 2017 and is expected to inform future direction of Men ACWY commissioning.

4.3 Childhood Influenza

- Figure 9 illustrates the uptake of seasonal 'flu vaccine for each of the identified Childhood groups for Barnet CCG compared to London and England averages for the winter 2016/17. It can be seen that London performs lower than

England across the groups but that Barnet CCG performs better than London averages for school aged children.

- This year the child 'flu vaccine (Fluenz) programme for 2-3 year olds will be given in general practice whilst the school age programme will be delivered by community providers to reception and Years 1-4.
- Uptake of flu vaccine increased this season across the at risk groups including child 'flu vaccine groups with London, England and Barnet exceeding the lower threshold of 40% for uptake for children in the school programmes. Uptake in preschool children remains low but after a huge audit of poor performing practices during the summer of 2016 in London with follow up action plans, London demonstrated a big increase on the previous year.

Figure 9

Uptake of Childhood 'flu for Barnet CCG compared to London and England for Winter 2015/16 compared to 2016/17

	2015/16					2016/17					
CCG	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2	% of year 3
Barnet	27.4	32.1	22.7	43	41.7	29.8	31.5	24.8	50.9	48.2	44.1
London	26.5	28.8	21.8	42.4	39.9	30.3	32.6	24.9	45.8	43.6	42
England	35.4	37.3	30.1	55.6	54.3	38.9	41.5	33.9	57.6	55.3	53.3

Source: PHE (2017)

What are we doing to improve uptake?

- Following the decline in 'flu uptake in London during the 2015/16 season and the continual fall in uptake amongst 2, 3 and 4 year olds, NHSE carried a large number of evaluations which fed into the London Influenza Vaccination Plan for 2017/18. This plan was signed off by the London Immunisation Board and was delivered through a weekly Immunisation business group co-chaired by PHE London and NHSE London. This group monitored progress against the plan and operated remedial plans when necessary.
- 2017/18 also saw the consolidation of the delivery of school age vaccinations by community providers and the second year of delivery of the child 'flu programme has seen increases in uptake across the city.
- NHSE London has now commenced the evaluation of this plan with the intention to improve uptake rates again next 'flu season (2017/18).
- Lowest performing practices in Barnet will be visited by commissioners again this year.

5 Next Steps

- A new regional Immunisation Plan was signed off by the London Immunisation Board in May 2017. This includes closer partnership working across London.

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- A new health protection forum meeting was recently set up and the first meeting held on the 9th March 2017.
- An evaluation of local partnership arrangements for immunisations is under way with initial findings presented to the London Immunisation Board and a final report due in July 2017. NHSE looks forward to implementing the recommendations with local partners in tackling health inequalities pertaining to immunisations and new ways of working together as STPs on the preventive agenda, which includes immunisations.