

NHSE London Immunisation 2 year Plan

2017/18 – 2018/19

July 2017

Vision

Empower and protect Londoners from vaccine preventable diseases

Outcome One

Improved patient experience and empowerment, measured through the MIMO and patient feedback

Empowering people

- Engage patients and the public in their own healthcare needs; service design and delivery (e.g. self administration)

Overseen through the following governance arrangements

- London Immunisation Board
- NHSE (London) Quality, Safety & Performance Group & Public Health Management Board
- National Public Health Oversight Group
- Health and Wellbeing Boards & HSOCs

Outcome Two

Increased uptake and coverage across London (value dependent on service)

Communications and education

- Profile of the immunisations programmes across the life course
- Education of general population including health literacy in schools
- Making immunisations a part of everyday life

Measured using the following success criteria

- No annual reported rate to drop below 2016/17 levels
- No serious incident reported for Neonatal Hep B
- Annual audits and evaluations – e.g. MMR offer to women of childbearing age & quarterly audits of BCG

Outcome Three

Responsible, flexible and integrated services to maximise coverage across programmes, measured through coverage rates

Evidence based

- Integrated information systems
- Targeted interventions for specific communities who are unserved by vaccination services
- Access to good quality on-line training
- Comprehensive stakeholder engagement

Integration across services

- Within imms services and across other frontline services
- Widening access and choice where possible
- Links with alternative providers, including non healthcare providers

Barriers to Success

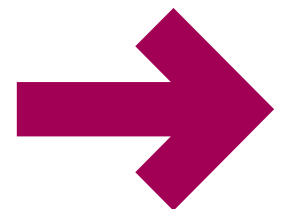
- Compliancy amongst health professionals to discuss immunisations
- Vaccine hesitancy
- Shortage of vaccination appointment slots
- Highly mobile population
- Variation in uptake by practice and across London
- Shortage of trained immunisation workforce

Technology

- To effectively utilise new vaccines as they become available
- To maximise utilisation of new evidence of at risk groups
- To enable different forms of delivery

Aims

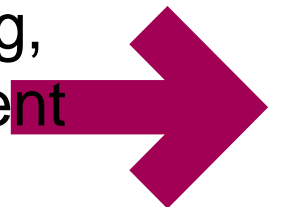
1. Improvement of information management systems across London (in particular CHIS single platform)
2. Improvement of provider performance in delivery of vaccination services
3. Increasing patient choice and access to vaccination services
4. Systematically capturing patient views and experience and adapt services to meet their needs
5. Implementing best evidence & practice such as call/recall best practice pathway across London



Delivery Mechanism

Deliver on the 17 Section 7a programmes on regional and on STP levels using:

1. Commissioning and contracting arrangements with our providers
2. Partnership work with PHE HPTs, STPs, CCGs and LAs involved in placed based commissioning, driving awareness and demand for vaccinations and reducing health inequalities
3. Building and applying evidence based approaches for London (through Evaluation, Analytics and Research Sub-group of the Board)
4. Quality of care improvements with NHSE nursing, medical, communications and patient engagement



2017/18 Specific Objectives

1. Achieve 40% uptake rates in 2 and 3 year olds and 50% in School Years 1, 2 and 3 and 40% in reception and School year 4
2. Ensure 100% universal offer of InterVax BCG to newborns and improve uptake in the community of the two named priority groups in Section 7a programmes
3. Improve uptake rates of MMR 2nd dose for 0-5s and universal offer of MMR to all new adult patients at GP practices and MMR check of adolescents and women of child bearing age
4. Work to standardise the delivery of MMR across London in line with national recommendations
5. Continue to implement new neonatal Hep B pathway across London with fail-safes to ensure increased coverage of 4 doses (and booster) and DBT
6. Increase seasonal influenza uptake in clinical at risk group to 50% & HCW uptake to 60%
7. Achieve HPV uptake of 90%, 80% of Men ACWY & Teenage Booster and 20% of freshers/year 13 for Men ACWY
8. Achieve 60% uptake of Shingles vaccine in age 70 (routine) and 78 year olds (catch up)
9. Work collaboratively with all providers to reduce immunisation incidents across London, promoting safe, quality driven services



Targeted Neonatal Vaccinations

Lead:	Catherine Heffernan/Debbie Green
Expected Outcome	<ul style="list-style-type: none"> • 100% of at risk Hep B babies have serology test and complete schedule by 12 months • 100% offer of BCG to all newborns in maternity across London • >75% uptake of BCG in the 6 high risk boroughs by 12 months
Enablers:	<ul style="list-style-type: none"> • London TB Board, London Immunisation Board • Maternity SLA • Support of GPs and CCGs in providing neonatal Hep B vaccination in general practice • Implementation of the BCG Intervax Protocol and Neonatal Hep B pathway • Community providers commissioned to provide 'mop up' BCG in the community • CHIS to CHIS and data linkage between maternity, CHIS and GP systems • CCGs support of universal BCG in acute trusts
Barriers to success?	<ul style="list-style-type: none"> • Lack of vaccinating workforce in maternity and need for newly training vaccinators to be supervised • Infants at risk of Hep B are part of a highly mobile population and can be difficult to trace • Acute trusts unwilling or unable to provide universal BCG
Investment costs: (financial and non financial)	Budget needed for universal BCG outside maternity tariff & for community delivery

Lead:	Catherine Heffernan/Kenny Gibson
Expected Outcome	<ul style="list-style-type: none"> • 40% uptake of child flu for age 2 and 3 • 95% uptake at 12 months of Men B & 95% uptake of Rotavirus • 95% uptake at 12 months of primaries • 90% uptake at 24 months of MMR 1st dose and PCV booster • 85% uptake at 5 years of MMR 2nd dose • 90% uptake of Hib/MenC
Enablers:	<ul style="list-style-type: none"> • London Immunisation Board • CHIS platform with active management of movers in and out • E-redbook • Support of GPs and CCGs in providing neonatal Hep B vaccination in general practice • Implementation of the 0-5s best practice pathway • Implementation of the call-recall pathway • Data linkage between CHIS and GP systems & triangulation of data with COVER and CHIS SOPs • CCGs support of improving quality of vaccination services • Local authorities support in working with underserved populations • GP practice staff proactively having annual immunisation updates • PHE support in promoting immunisations
Barriers to success?	<ul style="list-style-type: none"> • Poor alignment of patient information on GP practice systems and CHIS systems • Immunisers' competencies are not maintained in line with PHE training standards for immunisations • Practices not proactively calling patients and discussing immunisations
Investment costs: (financial and non financial)	New CHIS system embedment

School Age Vaccinations



Lead:	Matthew Olley
Expected Outcome	<ul style="list-style-type: none">• 40% uptake of child flu in Reception and school year 4• 50% uptake of child flu in school years 1,2, & 3• 90% HPV uptake in Year 9• 80% in routine cohorts for Men ACWY• 80% for teenage booster (DTaP/IPV)• 20% for 'freshers'/Year 13 for Men ACWY
Enablers:	<ul style="list-style-type: none">• London Immunisation Board• CHIS platform with active management of movers in and out• Roundtable discussion with providers on improving 2017/18 action plans and implementation of actions• Commissioning and contract monitoring arrangements with providers• EAR research on service barriers to HPV uptake and on incentives to improve consent form returns• Implementation of better means to return consent – e.g. HRCH's pilot to use electronic invites• Partnership work with local authority school nursing commissioners• PHE support in promoting immunisations
Barriers to success?	<ul style="list-style-type: none">• Pressures of increasing child 'flu vaccination programme on existing workforce• High percentage of non-returned consent forms• Workforce dealing with increasing numbers of school age children, schools and home--schooled adolescents
Investment costs: (financial and non financial)	Delivery of Men ACWY via pharmacy; investment in improving return of consent forms

Adult Vaccinations

Lead:	Amanda Goulden
Expected Outcome	<ul style="list-style-type: none"> • >50% uptake of seasonal 'flu vaccination in clinical at risk group • >60% uptake of seasonal 'flu vaccination for health care workers • >60% uptake of Shingles • >75% uptake of PPV in over 65s (cumulative total of programme to March 2019) with an annual uptake rate of 4-5% • 70% for pertussis in pregnancy
Enablers:	<ul style="list-style-type: none"> • London Immunisation Board • Wash up and implementation of lessons learned from evaluation of 2016/17 London Seasonal Flu Vaccination Plan • Weekly Flu working group and NHSE senior management interest in vaccination rates • Partnership work with CCGs for improving quality of performance in GP practices • Community pharmacies • Partnership work with PHE, acute trusts & CCGs for increasing 'flu vaccination uptake in health care workers • Targets for 'flu vaccination rates in CQUINs with acute and community providers trusts • Flu Fighter Campaign work • PHE winter wellness campaign
Barriers to success?	<ul style="list-style-type: none"> • Traditional low uptake of seasonal 'flu amongst pregnant women • Complacency amongst HCW to be vaccinated • Poor transfer rates of vaccinations given in pharmacy onto GP records (so in turn appear on ImmForm and PHE collection of data)
Investment costs: (financial and non financial)	Extending pharmacy offer to carehome staff and morbidly obese