

Summary of actions from the Barnet Flu and Immunisation Forum’s Multiagency Action Plan to address uptake of routine childhood vaccinations in Barnet

Barnet has comparable uptake of childhood immunisations compared to neighbouring boroughs but a low uptake of childhood immunisations compared to the national average. This low uptake of immunisations in Barnet is increasing the risk that Barnet’s population will be exposed to vaccine preventable diseases, with potentially serious health implications.

A multiagency forum has been formed to consider flu and immunisations in Barnet. This group consists of representatives from Public Health England, Barnet Council (Public Health and Family Services), NHS England, Barnet CCG, and CLCH (Health Child Programme provider and school immunisation provider). At the end of July this group agreed an evidence based action plan to address the low immunisation rates in Barnet, the actions agreed are outlined below and cover three main aims:

1. Work towards increasing vaccination rates for the routine childhood vaccination programme in Barnet and undertake opportunistic catch up programmes to increase routine childhood vaccination coverage in older cohorts.
2. Increase awareness of the importance of immunisation amongst Barnet’s population
3. Work with specific communities and demographic groups to increase vaccination rates amongst groups at risk of low vaccination rates.

This forum will meet quarterly and review progress with these actions at each meeting.

Actions:

Increasing vaccinations: Pre-natal and 0-5 years
Review GP practice level immunisation data quarterly in the Immunisation Forum and share this practice level data with practices to inform them of the number of children they need to immunise to reach 95% uptake.
Review data on maternal pertussis uptake
Work with maternity services and primary care to achieve: <ul style="list-style-type: none"> - 95% MMR check as routine part of antenatal care - achieve 80% uptake of post-natal MMR for women without documentary evidence of two previous MMR doses
Ensure all GP practices in each CCG area use robust call/recall systems in place to identify those eligible and invite/schedule appointments proactively.
Identify GP practices that have not provided assurance that they have robust call/recall systems are in place and work collectively with CCG (quality and contracting colleagues) to establish.
Ensure GP practices are using national READ code for MMR vaccination

Ensure all GPs are maintaining accurate, up to date patient lists with a view to removing “ghost” patients. Ensure regular review of lists and review contractual obligations with regards to data submission and removing de-registered patients from lists.

Ensure all GP data sharing agreements are completed and that GP practices are sharing information with CHIS

Ensure all GPs have a designated immunisation lead in the practice and for the lead to proactively identify all those with uncertain or incomplete MMR status. This should include a look back of those aged <5 years who have missed MMR vaccination.

Designated immunisation Leads to ensure Measles Posters, Leaflets and information are accessible in the practice.

Ensure importance of immunisation is routinely discussed with HV and information sharing with GP practice and included in commissioning of HV services (new contract from May 2020)

Ensure that Health Visitors receive adequate training and updates:

- to promote vaccination in line with the Best Start in Life programme
- check immunisation records as outlined in NICE guidance PH 21

Ensure immunisation status is checked routinely as part of the school nurse health check at reception/year 1 (aged 4 to 5 years) and offer/ refer (new contract May 2020)

Increasing vaccinations: 5-18 years

Ensure all GPs have a designated immunisation lead in the GP practice and for the lead to proactively identify all those with uncertain or incomplete MMR status. This should include a routine catch up of those aged 5 years and older who have missed MMR vaccination.

Ensure all GPs check the immunisation status of all new GP registrants and offer MMR vaccine to complete the course.

Ensure all School Aged Immunisation providers routinely check the MMR status of all adolescents (School Year 8, 9 and 10). Providers to administer MMR vaccines to complete immunisation course.

School nursing teams (in collaboration with GP practices and schools) to check immunisation records of children when they move to a new school or college. Where immunisations are not up to date the importance of immunisations should be explained to parents and referral to an immunisation services offered.

Check immunisation status of young offenders and offering outstanding vaccinations

Increasing vaccinations: 18-25 years

Ensure all GPs have a designated immunisation lead in the practice and for the lead to proactively identify all those with uncertain or incomplete immunisation status. This should include a routine catch up of those aged 18

years and older who have missed MMR vaccination, those of childbearing age and new registrants

Increasing awareness of the importance of immunisation amongst Barnet's population

NHS England and DPH to send joint letter to University Health and Well-being Lead on an annual basis establishing recommended actions for improved uptake rates of MMR and Men ACWY vaccine

DPH letters to schools to promote checking of immunisation status and information to parents.

Support and disseminate national vaccination resources and campaigns

Arrange two childhood immunisations trainings for children centre staff

Share information and campaign resources with children centres through quarterly news letters

Communications campaign in the community, schools, children's' centres and GP practices.

Social media campaign

-Procedures and attitudes in primary care

Ensure annual Practice Nurse immunisation training

Working with specific communities and demographic groups to increase vaccination rates amongst groups at risk of low vaccination rates.

Obtain practice level data on vaccination uptake and assess uptake in specific communities.

Consider using the WHO TIP tool and NICE guidance PH 21 to understand and address the specific needs of their under-vaccinated populations. www.euro.who.int/_data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf

<https://www.nice.org.uk/guidance/ph21/resources/immunisations-reducing-differences-in-uptake-in-under-19s-pdf-1996231968709>