Barnet Childhood/School aged Immunisation Strategy and Action Plan 2021-2023

Contents

Glossary

BCG	Bacillus Calmette-Guérin vaccine
BELS	Barnet Education and Learning Service
CCG	Clinical Commissioning Group
CHIS	Child Health Information System
CLCH	Central London Community Healthcare NHS Trust
COVER	Cover of vaccination evaluated rapidly (COVER) programme
GP	General Practice
HEA	Health Equity Audit
HPV	Human Papilloma Virus
JCVI	Joint Committee on Vaccination and Immunisation
JSNA	Joint Strategic Needs Assessment
MMR	Measles, Mumps and Rubella vaccine
NHSE	National Health Service England
NICE	National Institute of Health and Care Excellence
PCN	Primary Care Network
PHOF	Public Health Outcomes Framework
PPV	Pneumococcal Polysaccharide Vaccine
QOF	Quality Outcome Framework
SAIS	School Aged Immunisation Service
UKHSA	United Kingdom Health Security Agency (formerly PHE)
WHO	World Health Organisation

Introduction

Immunisation programme are the safest and most effective way of protecting against vaccine preventable diseases. They aim to prevent disease at the individual level and to achieve population coverage that confers herd immunity, a form of indirect protection to those who are not immune to the disease, it occurs when a high enough proportion of a community is protected by vaccination, making the spread of disease from person to person unlikely.

Decreases in vaccination uptake can result in outbreaks of diseases such as measles. Regular vaccination is needed to keep children protected, prevent outbreaks and eradicate diseases. The World Health Organisation (WHO) estimates immunisations prevents deaths 4-5 million deaths every yest from diseases like diphtheria, tetanus, pertussis (whooping cough), influenza and measles (1). In England, the impact of vaccinations has been significant, diseases such as diphtheria have virtually been eradicated in the UK since the immunisation programme began in the 1940s (2). Before the measles vaccine was introduced in 1968, notifications of measles infection in England varied between 160,000 and 800,000 each year (2); by 2019, there were 2421 notifications of measles in England and Wales (3).

The European Region of the World Health Organisation (WHO) currently recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control (specifically diphtheria, neonatal tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib), Hepatitis B, measles, mumps and congenital rubella) (4).

Why do we need an action plan?

Recent challenges

The pandemic

Although the direct effects of the COVID-19 pandemic have been devastating, the indirect effects on health systems and services have been disrupted, particularly childhood immunisations. In the first 3 weeks pf physical distancing measures implemented in response to the pandemic, MMR vaccination counts were 19.8% lower that for the same period in 2019, in London there was a 43% reduction in MMR vaccinations for the same period (5), the greatest reduction observed alongside Greater Manchester.

The pandemic has affected the normal service delivery of childhood immunisations within primary care (6). Barriers have included practices adapting to COVID-19 with reduced face to face appointments, staff availability and capacity. In addition, patient factors such as reduced attendance due to fear of contracting COVID-19 and shielding/isolation requirements. There also may have been general confusion about whether scheduled immunisations were operating as usual as the dominant messaged throughout April 2020 was to stay at home and avoid burdening the NHS (7).

Decline in coverage and outbreaks

WHO defines measles elimination as the absence of circulating measles, in the presence of high vaccine coverage, along with good systems to identify cases of the disease (8). The UK initially achieved WHO measles elimination status in 2017, based on data from 2014-2016. However, in 2019, there was a marked increase in the number of confirmed measles cases, which led to the UK losing its elimination status.

Cases of measles occur in communities where vaccine uptake is sub-optimal. Young, unvaccinated adults who have missed out on childhood MMR vaccination are also

susceptible. As measles is highly infectious, even small declines in uptake can have an impact, particularly those travelling to countries affected by the ongoing, large outbreaks. To ensure more people are protected, it's important that we focus efforts to increase uptake of the MMR vaccine of the routine childhood immunisation programme as well as catching up older children and young adults who missed out previously.

Inequalities

Groups with a higher risk of disease, or more severe disease, benefit even more from vaccination; ensuring high coverage in these groups can narrow inequality in disease outcomes. Herd immunity intrinsically reduces disease inequalities arsing, unequal healthcare access or when individuals cannot receive vaccination for medical reasons (9). However, this protective affect requires a threshold level of coverage. If unvaccinated individuals are clustered in specific groups, this will lower coverage and decrease herd immunity, making outbreaks more likely in these groups, and threatening transmission to the wider non- immune population. Therefore, ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies (10).

Compared with the rest of the England, London persistently has low vaccination rates. Reasons for these low vaccination rates may include highly mobile and diverse population, with higher numbers born. Data capture and quality may also contribute to the low reported vaccination rates in London.

UKHSA recently published a Health Equity Audit (HEA) (9) of the national immunisation programme. In the HEA, it was concluded that the national immunisation programme has achieved high coverage overall in the population, however inequalities in vaccination exist within some population groups. Widening societal inequalities have led to generation of disadvantaged groups less able or willing to access immunisations due to a variety of barriers such as fear, distrust, language, poor health literacy, marginalisation, or poor access to health services. If low trends of low coverage continue, there is the added concern that they risk worsening health inequalities further through a rise in incidence in preventable diseases at both the individual level and population level due to loss of benefits associated with herd immunity (9).

Routine coverage monitoring data collated by COVER and ImmForm are periodically analysed by UKSHA, however it is for local authorities to determine the extent of inequalities locally.

Objectives

This action plan has been developed to improve immunisation coverage in Barnet, with recognition that partnerships are essential to the delivery of an effective, equitable and quality assured immunisation service.

The action plan covers all childhood and school aged immunisations. The action does not include selective programmes such as Hepatitis B, BCG and Flu.

The report aims to:

- Review current childhood vaccination coverage in Barnet
- Review current evidence on how to increase vaccination uptake.
- Develop an action plan to considering how vaccination uptake in Barnet can be improved and areas that require ongoing investigation in Barnet.

Implementation, Governance and Policy

Update on vaccination and immunisation changes for 2021/22

From 1 April 2021, the GP contract agreement was updated to include new standards for vaccination and immunisations services. The provision of vaccination and immunisation services have become an *essential* service for all routine NHS-funded vaccinations with two exceptions: childhood and adult seasonal influenza, and COVID-19 vaccination.

Five core contractual standards have been introduced to underpin the delivery of immunisation services, the key points from the guidance have been summarised below, please see published document for the full description of contractual standards:

- A named lead for vaccination service (clinical/administrative)
- Provision of sufficient convenient appointments
- Standards for call/recall programmes and opportunistic vaccination offers
- Participations in national agreed catch-up campaigns
- Standards for record keeping and reporting

The Childhood Immunisations Target Directed Enhanced Service was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22.

Stakeholders

The existing Barnet flu and immunisation forum will be responsible for providing oversight and will monitor progress against the action plan at each meeting and resolve or escalate issues communicated by the implementation team.

A combined level of expertise and resource across members of the working group will be essential in driving this forward. Representations from LBB, NCL CCG and CLCH were formed to devise the strategy, and wider stakeholders involved in implementing the strategies have been consulted. The strategy will be signed off by the Director of Public Health and Prevention, Barnet Primary Care Clinical Lead and Barnet Flu and Immunisation Forum.

Table 1. Key stakeholders involved in developing the childhood immunisation action plan

Role	Organisation
Consultant in Health Protection	London Borough of Barnet (Public Health)
Consultant in Public Health (Children and Young People)	London Borough of Barnet (Public Health)
Public Health Strategist (Health Protection)	London Borough of Barnet (Public Health)
Public Health Strategist (Children and Young People)	London Borough of Barnet (Public Health)
Senior Children and Young People Commissioner	London Borough of Barnet (Public Health)
Barnet Primary Care Clinical Lead	NCL CCG
Clinical Lead Children and Young People CYP	NCL CCG
Senior Primary Care Transformation Manager	NCL CCG
Head of Integrated Care Partnership	NCL CCG
Lead Nurse School Age Immunisations	CLCH

Childhood immunisation schedule

The recent routine childhood immunisation schedule is published on the GOV.UK website: https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule

Table 2. Childhood immunisation schedule

Age group	Vaccine	Disease protected against	Doses/administered at
Preschool immunisations (0-5 years)	DTaP/IPV/Hib/HepB (6-in-1)	Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib), Hepatitis B	1st dose: 8 weeks 2nd dose: 12 weeks 3rd dose: 16 weeks
	DTaP/IPV	Diphtheria, tetanus, pertussis, polio	3 years and 4 months to 5 years
	PCV	Pneumococcal disease	1st dose: 8 weeks 2nd dose: 16 weeks Booster: 1 year
	Rotavirus	Rotavirus gastroenteritis	1st dose: 8 weeks 2nd dose: 12 weeks
	Men B	Meningococcal group B	1st dose: 8 weeks 2nd dose: 16 weeks
	Hib/MenC	Meningococcal group B, *Haemophilus influenzae* type b (Hib)	One year
	MMR	Measles, mumps and rubella	1st dose: 1 year 2nd dose: 3 years and 4 months to 5 years
School aged immunisations (12-14 years)	HPV	cervical cancer, mouth and throat cancer, some cancers against anal and genital areas, genital warts	1st dose: 12-13 years (Year 8) 2nd dose: 6-24 months after 1st dose
	Td/IPV (booster)	Tetanus and polio	14 years (Year 9)
	MenACWY	Meningococcal groups A, C, W and Y disease	14 years (Year 9)

Table 3. Selective immunisation programmes

Vaccination	Age and schedule	Target group	Commissioning pathway
BCG (Tuberculosis)	*At birth*	Infants in areas of the country with TB incidence >= 40/100,000 or infants with a parent or grandparent born in a high incidence country. A high incidence country is where the	The BCG service is commissioned by NHSE in Barnet. CLCH provide the service to babies who meet the criteria and are resident in the borough of

		annual incidence of TB is incidence >= 40/100,000 (11)	Barnet via the School aged Immunisation Team. Referrals come directly to CLCH via CHIS following an assessment in the maternity units. Babies under one can also be referred via HV's and GP's if they meet the criteria.
HepB (Hepatitis B)	*At birth*	Babies born to hepatitis B infected mothers	Offered at birth in hospitals, babies at high risk of developing hepatitis B infection from infected mothers are given extra doses of the hepatitis B vaccine at birth, 4 weeks and 1 year of age.
Pertussis (whooping cough)	From 16 weeks gestation	Pregnant women	The pertussis vaccine in pregnant women is delivered by Royal Free Midwifery services.

<u>Flu</u>

The national influenza immunisation programme aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality. Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older, pregnant women, and those with certain underlying conditions (12). Strategic flu preparedness by Barnet Council/NCL CCG is addressed annually ahead of the flu season, therefore is not included in this action plan.

Those eligible for NHS influenza vaccination in 2021 to 2022 are:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff employed by:
    - a registered residential care or nursing home
    - registered domiciliary care provider
    - a voluntary managed hospice provider
    - Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.

Data flows

Selected data and information sources on childhood and school aged immunisations data available to local authorities.

Table 4. Childhood/school aged immunisation data sources

Database	Information	Source
COVER	COVER vaccine coverage statistics are published quarterly as official statistics and annually as national statistics. Data is extracted from Child Health Information Systems (CHIS) and submitted to the UKHSA for publication.	https://www.gov.uk/government/publications/cover-of-vaccination-evaluated-rapidly-cover-programme-annual-data
NHS Childhood Vaccination Coverage Statistics	Information on childhood vaccination coverage at ages 1, 2 and 5 years, collected through the Cover of Vaccination Evaluated Rapidly (COVER) data collection	https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics
UKSHA Health Protection Profile: Immunisation and childhood vaccine preventable disease	The Health Protection Profile covers a range of health protection issues, with information on the incidence of various infections, but also interventions to reduce infection such as immunisation. The inequalities tab displays available data segmented by population decile of Index of Multiple Deprivation (IMD) 2015 (where IMD is assigned by the local authority of residence	https://fingertips.phe.org.uk/profile/child-health-profiles
ImmForm	General practice (GP) level coverage data are automatically uploaded via participating GP IT suppliers to the ImmForm website	https://portal.immform.phe.gov.uk/Logon.aspx?returnurl=%2f
HealtheIntent	NCL CCG platform containing data to supporting direct care and managing population health within and across the NCL population in near time. Reports include: Elective Waiting List Dashboard, COVID Vaccination Tool, Childhood immunisations, Frailty Tool. Flu Vaccination Tool, Quality Improvement and Population Health Needs and Inequalities.	https://www.northlondonpartners.org.uk/ourplan/Areas-of-work/Digital/healtheintent.htm
HPV coverage	Human papillomavirus (HPV) vaccine coverage data for vaccinations received by Year 8 and Year 9 females and males, by local authority and NHS England local team	https://www.gov.uk/government/publications/hpv-vaccination-coverage-in-adolescent-females-and-males-in-england-2019-to-2020
MenACWY coverage	Vaccine coverage data estimates and commentary relating to the national Meningococcal ACWY (MenACWY) immunisation programme.	https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates

Childhood Immunisation

COVER data

Immunisations in pre-school children are principally delivered in primary care. The Cover of Vaccination Evaluated Rapidly (COVER) programme is used to evaluate the routine childhood immunisation programme in England for children up to 5 years of age. The aim is to collect and report vaccine uptake data for all children at one, two and five years of age on a quarterly and annual basis.

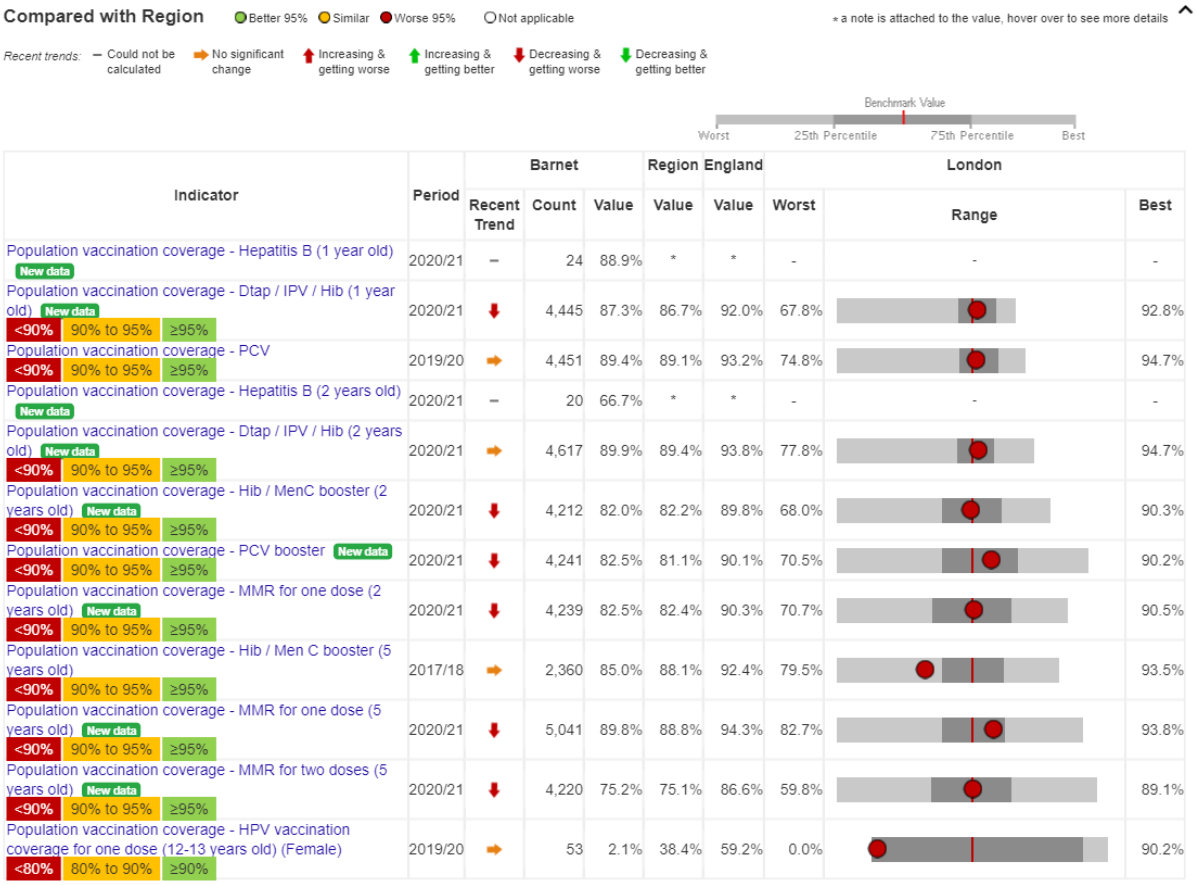
The information is used:

- to reliably measure vaccine coverage
- to evaluate the success of a vaccination programme
- to identify susceptible populations for further interventions
- and to inform future vaccine policy decisions.

UKHSA is mandated to report on vaccine uptake figures for children aged one, two and five years for the Local Authority (upper tier) resident population for the Public Health Outcomes Framework (PHOF). NHS Digital is mandated to produce the annual COVER statistics, to enable monitoring of the contribution of the routine childhood immunisation programme towards protecting and improving the nation's health and are used to address inequalities.

COVER data for local authority responsible populations and general practices are extracted from CHISs and submitted to UKHSA. CHIS providers should use the most recent COVER information standard (DCB0089), approved for publication by the DHSC under the section 250 of the Health and Social Care Act 2021, to provide a standardised output for COVER reporting.

Figure 1: Childhood vaccination rates in Barnet, 2020- 2021 (COVER data, source: Fingertips)



Compared with Region: Better 95% | Similar | Worse 95% | Not applicable | * a note is attached to the value, hover over to see more details

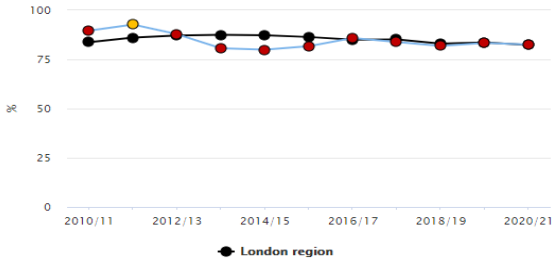
Recent trends: – Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	Barnet			Region England	England	England	London	London
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage - Hepatitis B (1 year old) New data	2020/21	–	24	88.9%	*	*	-	-	-
Population vaccination coverage - Dtap / IPV / Hib (1 year old) New data <90% 90% to 95% ≥95%	2020/21	↓	4,445	87.3%	86.7%	92.0%	67.8%		92.8%
Population vaccination coverage - PCV <90% 90% to 95% ≥95%	2019/20	→	4,451	89.4%	89.1%	93.2%	74.8%		94.7%
Population vaccination coverage - Hepatitis B (2 years old) New data	2020/21	–	20	66.7%	*	*	-	-	-
Population vaccination coverage - Dtap / IPV / Hib (2 years old) New data <90% 90% to 95% ≥95%	2020/21	→	4,617	89.9%	89.4%	93.8%	77.8%		94.7%
Population vaccination coverage - Hib / MenC booster (2 years old) New data <90% 90% to 95% ≥95%	2020/21	↓	4,212	82.0%	82.2%	89.8%	68.0%		90.3%
Population vaccination coverage - PCV booster New data <90% 90% to 95% ≥95%	2020/21	↓	4,241	82.5%	81.1%	90.1%	70.5%		90.2%
Population vaccination coverage - MMR for one dose (2 years old) New data <90% 90% to 95% ≥95%	2020/21	↓	4,239	82.5%	82.4%	90.3%	70.7%		90.5%
Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	2017/18	→	2,360	85.0%	88.1%	92.4%	79.5%		93.5%
Population vaccination coverage - MMR for one dose (5 years old) New data <90% 90% to 95% ≥95%	2020/21	↓	5,041	89.8%	88.8%	94.3%	82.7%		93.8%
Population vaccination coverage - MMR for two doses (5 years old) New data <90% 90% to 95% ≥95%	2020/21	↓	4,220	75.2%	75.1%	86.6%	59.8%		89.1%
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female) <80% 80% to 90% ≥90%	2019/20	→	53	2.1%	38.4%	59.2%	0.0%		90.2%

As presented in Figure 1, 82.5% of children in Barnet received their first dose of their MMR by the age of 2, well below the recommended 95% target, needed to achieve herd immunity. Coverage for the second dose at 5 year was lower at 75.2%, lower than the London regional and national values. As outlined in figure 2, MMR vaccination rates at 2 years in Barnet have been consistently below the 95% for the past 9 years.

Figure 2: Population coverage for MMR dose 1 at 2 years old



Recent trend: ↓ Decreasing & getting worse

Benchmarking against goal: <90% | 90% to 95% | ≥95%

Period		Barnet Count	Barnet Value	Barnet 95% Lower CI	Barnet 95% Upper CI	London	England
2010/11	●	4,844	89.6%	88.8%	90.4%	83.8%*	89.1%*
2011/12	●	5,094	92.7%	92.0%	93.4%	86.1%*	91.2%*
2012/13	●	5,075	87.8%	86.9%	88.6%	87.1%*	92.3%*
2013/14	●	4,863	80.7%	79.6%	81.6%	87.5%*	92.7%*
2014/15	●	4,773	79.9%*	78.9%	80.9%	87.3%	92.3%
2015/16	●	4,476	81.8%	80.7%	82.8%	86.4%	91.9%
2016/17	●	4,374	85.9%	84.9%	86.8%	85.1%	91.6%
2017/18	●	1,947	83.8%	82.3%	85.3%	85.1%	91.2%
2018/19	●	4,461	81.9%	80.8%	82.9%	83.0%	90.3%
2019/20	●	4,514	83.4%	82.4%	84.3%	83.6%	90.6%
2020/21	●	4,239	82.5%	81.4%	83.5%	82.4%	90.3%

Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID). Available from NHS Digital

HealtheIntent data

HealtheIntent is a platform allows health and care professionals in North Central London to be more proactive in the care of patients and communities. The system links elements of health and care information from different sources and enables clinicians to manage and plan care for individuals and groups of residents in relation to health or social care. The Childhood Immunisation dashboard within the HealtheIntent platform allows the council to monitor childhood immunisation rates in real time to enable us to actively evaluate performance across GPs, wards and PCNs. An in-depth analysis from this dataset, will help us to identify areas of low coverage by deprivation and by ethnic minority groups.

Preliminary analysis of the HealtheIntent data shows the impact of the pandemic on childhood immunisations rates in Barnet. Figure 3 and Figure 4 shows the coverage of MMR dose one at 2 year by PCN from 2019 to July 2021. PCN4 and PCN6 have managed to maintain high coverage or even improve their coverage by 2021, while those PCNID and PCN1W have even lower coverage compared to pre pandemic levels.

Figure 3. MMR dose 1 at 2 years by PCN, 2019-July 2021

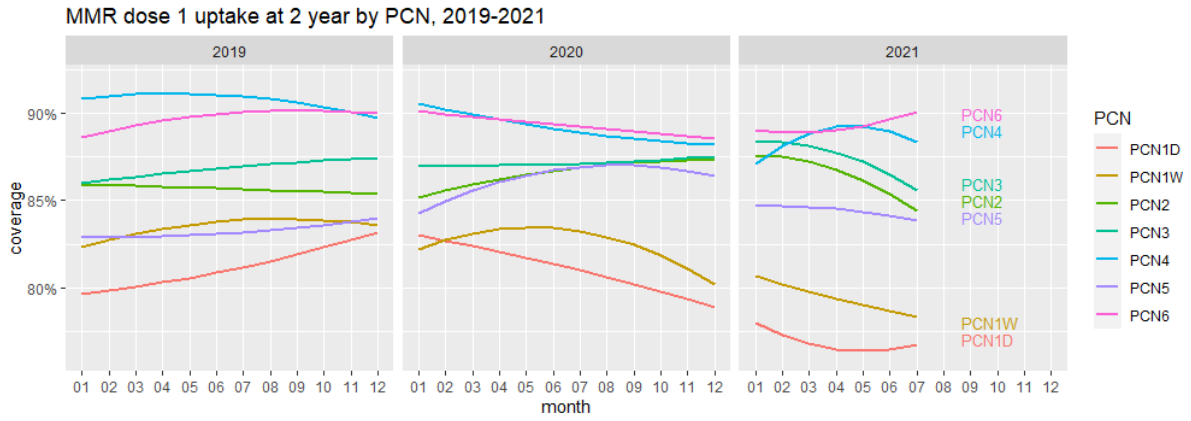
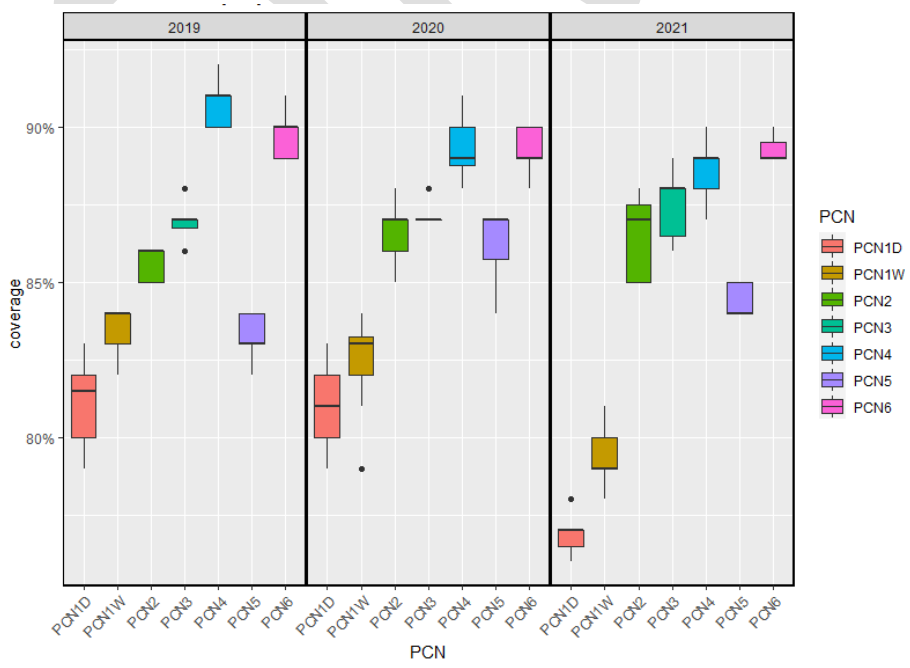


Figure 4: Box plot of MMR dose 1 at 2 years by PCN, 2019-2021



School aged Immunisations

School have been an important setting for the delivery of immunisation programme for many years. The are convenient venues for delivering immunisation programmes because of their ability to reach large numbers of children in a short period of time; and reduce the need for individual appointments therefore maximising uptake (13). The School Aged Immunisation Service (SAIS) in Barnet has been delivered by Central London Community Healthcare (CLCH) NHS Trust. Since 2015, the SAIS has been a stand-alone service that works collaboratively with colleagues in school nursing.

Table 5. Routine school aged immunisations delivered to adolescents in Barnet

Vaccine given	Disease protected against	Target population
MenACWY (one dose)	Meningococcal groups A, C, W and Y disease	Year 9
HPV (two dose within 6-24 months)	Cancers caused by human papillomavirus (HPV) types 16 and 18 and genital wards caused by types 6 and 11	Dose 1 Year 8 Dose 2 Year 9
Td/IPV (one dose)	Tetanus, diphtheria and polio	Year 9
Flu (nasal spray)	Flu (Influenza)	Reception to Year 11

A single dose of COVID-19 vaccine was offered to all children aged 12–15 in Autumn 2021, it is unclear whether the programme will continue in schools.

School aged Immunisation rates

MenACWY

Coverage of MenACWY improved to 83.1% since the start of the programme (64.4%) (Table 6). Barnet has been consistently below the London average except for cohort 1 and 2 (2016/2017 academic year). The largest differences in uptake compared to London was observed in cohort 3 (3.4%) and cohort 4 (5.1%)

Table 6. Uptake of MenACWY vaccination in Barnet and London

Birth cohort	Academic year	% uptake (Barnet)	Number of adolescents	No. vaccinated with MenACWY	% uptake (London)
Cohort 1 1 Sep 1999 - 31 Aug 2000	School Year 12 in 2016/17 (16–17-year-olds)	64.4	3737	2406	55.5
Cohort 2 1 Sep 2000 - 31 Aug 2001	School Year 11 in 2016/17 (15–16-year-olds)	72	3637	2619	62.2
Cohort 3 1 Sep 2001 - 31 Aug 2002	School Year 10 in 2016/17 (14–15-year-olds)	71.4	4316	3083	74.8
Cohort 4 1 Sep 2002 - 31 Aug 2003	School Year 10 in 2017/18 (14–15-year-olds)	74.7	4,336	3,241	79.8

Cohort 5 1 Sep 2003 - 31 Aug 2004	School Year 10 in 2018/19 (14–15-year-olds)	81.2	4,343	3,527	82.4
Cohort 6 1 Sep 2004 - 31 Aug 2005	School Year 10 in 2019/20 (14–15-year-olds)	83.1	4536	3768	83.4

*source - https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates

HPV

In July 2018, the HPV vaccination programme was extended to boys aged 12-13 years in England based on JCVI advice. In September 2019, 12- to 13-year-old boys became eligible for HPV immunisations alongside girls. In Barnet, the first dose is offered in Year 8 and the second dose is offered in Year 9. In 2018/2019, the coverage for two doses was 75.1% (Year 9 Birth Cohort: 1 September 2004- 31 August 2005), however the 2019/20 schedule coincided with the first national lockdown, as a result, vaccinations were postponed. The percentage of girls vaccinated with two doses by 20th March 2020 was 15.6% (Year 9, Birth Cohort: 1 September 2005 - 31 August 2006) (14).

Operational delivery of all school aged immunisations was impacted as a result of the COVID-19 pandemic measures. Since the re-opening of schools, immunisation providers have faced several implementation challenges, including absences due to self-isolation; school bubbles; and closures. The CLCH team have arranged catch up clinics for those who missed their vaccination due to the pandemic, this means that HPV is being delivered to three separate year groups in 2021/22.

Population groups at risk of low Childhood Vaccination Coverage

Barnet is the largest borough in London, measured by its population. The population is estimated by the ONS in 2020 to be 399,000. The population of Children and Young people aged 0-17 is currently estimated to be around 85,300. Barnet's population is diverse, with an overall Black, Asian and Minority Ethnic (BAME) population of 48%. The diversity is more pronounced in children and young people, there are more children from BAME groups in the 0-9 age group than there are white children. Around 12,000 Barnet residents (primarily in the wards of Brunswick, Burnt Oak, Colindale Golders Green and Underhill) live in the 20% most deprived places in England.

Five key priority areas

We have identified five key priority areas that we need to focus on in order to achieve our objectives over the next two years. The action plan for 2021-2023 is presented below.

1. ***Service delivery***
   Call/recall systems are essential to a good immunisation programme and are often cited as being one of the cost-effective ways to improve vaccination services. The GP contract sets out that patients should be proactively offered all routine vaccinations as they become eligible. We have identified strategies to work with GP practices to enhance the call/recall systems and optimising missed opportunities to catch missed vaccinations. This work will be led by CCG with support from NHSE.

The role of new immunisation co-ordinators will enable sharing standards of best practice.

2. ***Data sharing and data quality***
   There are challenges of ensuring up-to-date data about practice performance on key immunisation targets and maintaining accurate patient records. Accurate and timely data will enable GPs to benchmark their performance locally and more easily see their contributions to local targets. Strategies to improve data quality and data sharing include, supporting GP practices to maintain accurate data patient lists; regularly reviewing, and sharing GP immunisation data; and ensuring GP practices are routinely submitting data to CHIS.

3. ***Training and development***
   Access to consistent support, information and quality training is essential. Our actions involve supporting those involved in administrations but also those in positions to make every contact count to raise awareness about immunisations such as health visitors and pharmacists.

4. ***Community engagement and promotion***
   The role of local authorities in delivering the COVID-19 vaccination programme has been significant and have played their part in making the vaccination programme a success. Effective communications with our communities can help overcome challenges such as vaccine hesitancy and increase uptake. We want to take the learning from the pandemic and engage with our communities to ensure we build on our work with other vaccination programmes. Close collaborative working with communities are essential to address areas of lower vaccine uptake.

5. ***Reducing inequalities***
   Our aim is to ensure immunisations are delivered equitably and that the needs of different groups in society are met. Groups with a higher risk of disease benefit more from vaccination, ensuring high coverage in these groups can narrow inequality to disease outcomes. Our strategies have developed to better understand the inequalities within Barnet, understanding the barriers to immunisation and developing targeted interventions and strategies to improve coverage.

The Action Plan

SERVICE DELIVERY							
Ref no	**Output/Outcome/Aim**	**Action**	**Pre school**	**School aged**	**Adult**	**Lead**	**Stakeholder involvement**
1.0	Improved uptake and enhance call/recall systems across the borough	Support all GP practices across CCG directorate to use robust call/recall systems in place to identify those eligible and invite/schedule appointments proactively as set out in the GP contract.	✓	×	×	CCG Primary Care Team/NHSE Immunisation Coordinator	PCN leads
1.1		Identify and support GP practices that have not provided assurance that they have robust call/recall systems are in place and work collectively with CCG and immunisation coordinators and Immunisation co-ordinators (quality and contracting colleagues) to establish.	✓	×	×	CCG Quality and Contracting Leads/ Immunisation Coordinator/ CCG Primary Care Team	PCN leads
1.2		Ensure all GPs have a designated immunisation lead (clinical and administrative) 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	✓	×	×	CCG Quality and Contracting Leads/ Immunisation Coordinator/ CCG Primary Care Team	CCG Primary Care Team PCN leads
1.3		Ensure all GPs check the immunisation status of all new GP registrants and offer MMR vaccine to complete the course.	✓	×	×	CCG Primary Care Team/ Immunisation Coordinator	PCN leads
2.0	Optimise opportunities to catch missed vaccinations	Encourage all GP practices providers to routinely check the MMR/MenACWY status of all university starters. Providers to administer MMR/MenACWY vaccines to complete immunisation course.	✓	×	✓	The Uni Doctor/Middlesex University	CCG Primary Care Team

2.1		Promote access to appropriate immunisation appointments taking into consideration after school access for school age children and young people.	✓	✓	✓	CCG Quality and Contracting Leads/ Immunisation Coordinator/ CCG Primary Care Team	PCN leads

DATA QUALITY AND DATA SHARING							
Ref no		**Action**	**Pre school**	**School aged**	**Adult**	**Lead**	**Stakeholders involvement**
3.0	Improved data quality	Support all GPs in maintaining accurate, up to date patient lists with a view to removing "ghost" patients. To provide regular review of lists and review contractual obligations with regards to data submission and removing de-registered patients from lists.	✓	✓	✓	CCG Primary Care Team/Immunisation coordinators	NHSE PCN leads
3.1		Ensure GP practices are using national SNOMED code for MMR vaccination	✓	×	×	CCG Primary Care Team/Immunisation coordinators	NHSE PCN leads
4.0	Improved data sharing, improved engagement in GP practices, CCG and PCNs.	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	✓	✓	✓	Public Health	CCG Primary Care Team NHSE PCN leads
4.1		Develop best practice to share data with GP practices and across NCL boroughs for comparable benchmarks.	✓	✓	✓	Public Health/ CCG Primary Care Team	
5.0		Review data on maternal pertussis/flu uptake and target groups with lower coverage	×	×	✓	Royal Free Midwifery services	Public Health

5.1	Review data to address to improve uptake	Conduct analysis to review the impact (health disparities) of the pandemic on childhood immunisations	✓	×	×	Public Health	CCG Primary Care Team
6.0	Improved data flow	Work with CHIS to identify GP practices that are not routinely submitting data and to support GP practices where necessary	✓	×	×	NHSE Immunisation Coordinator	CCG Primary Care Team
6.1		Ensure all GP data sharing agreements are completed and that GP practices are sharing information with CHIS/ support GP practices to report timely data to CHIS	✓	×	×	CCG Primary Care Team and CHIS	NHSE
6.2		Map out data flow pathways for immunisation programmes to help remove potential impediments to data flow	✓	✓	✓	Public Health	CCG Primary Care Team

COMMUNITY AND ENGAGEMENT							
Ref no	**Output/Outcome/Aim**	**Action**	**Pre school**	**School aged**	**Adult**	**Lead**	**Stakeholders involvement**
7.0	Raised awareness among patients, parents of immunisations	Develop a repository of immunisation resources for practices and healthcare professionals.	✓	✓	✓	Public Health/CCG Primary Care Team	PCN
7.1		Disseminate information to parents about pre-school immunisations HEP newsletter/school newsletters Parent/Carer forum	✓	×	×	BELS	Public Health
7.2		Provide information to children centres, nurseries and pre-schools reinforcing the importance of checking immunisation status	✓	×	×	BELS	Public Health
7.3		Add section on vaccinations and Q&A on school websites	✓	✓	×	BELS	Public Health
7.4		DPH letters to schools to promote checking of immunisation status and information to parents.	✓	✓	×	BELS	Public Health

8.0	Raised awareness among students	Promotional campaigns about MenACWY and MMR in sixth forms and universities	×	✓	✓	Public Health	BELS
8.1		Work with STP commissioning managers to establish local peer champions to empower and identify importance of immunisations in school settings.	✓	✓	×	Public Health	BELS
8.2		Information sessions on vaccinations: - Add immunisations to the RSHE/PSHE curriculum (using e-bug resources)	✓	✓	×	BELS	Public Health
8.3	Raised awareness among staff	Attend headteacher meetings to promote immunisations	✓	✓	×	Public Health	BELS
9.0	Improved awareness among university students	Ensure The Uni Doctor have a designated immunisation lead in the practice and promote immunisations including MMR and MenACWY	×	×	✓	CYP/Further Education	Public Health
9.1		Work with Student Wellbeing Coordinator to establish peer champions	×	×	✓	CYP/Further Education	Public Health
9.2		Work with Student Wellbeing Coordinator to ensure Immunisation information are included in “offer packs”	×	×	✓	CYP/Further Education	Public Health
9.3		Work with the University of Middlesex to promote vaccination at every opportunity	×	×	✓	CYP/Further Education	Public Health
10.0	Improve HPV uptake	Work with schools to address specific misconceptions about HPV and work with schools with lower uptake.	×	✓	×	Public Health	CLCH
11.0	Improved Community engagement	Develop an immunisation communication strategy to include messages suitable for delivery via social media and newsletters	✓	✓	✓	Public Health	CCG Primary Care Team
11.1		Develop comms strategy for clearer messaging to reach all groups about the importance and safety of attending primary care during the pandemic	✓	✓	✓	Public Health	CCG Primary Care Team

TRAINING AND DEVELOPMENT							
Ref no	**Output/Outcome/Aim**	**Action**	**Pre school**	**School aged**	**Adult**	**Lead**	**Stakeholder involvement**
12.0	Greater awareness of health professionals of immunisation programmes	Make provision for Health Visiting Service to 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	✓	✓	✓	CLCH	Public Health
12.1		Encourage the importance of immunisation is routinely discussed with HV and information sharing with GP practice and included in commissioning of HV services (new contract from March 2022)	✓	✓	✓	CLCH	Public Health
13.0	MECC (Making Every Contact count) – getting immunisations into every conversation	Maximising opportunities for health visiting service and other health care professionals to discuss and promote attendance for missed immunisations.	✓	✓	✓	Public Health	CLCH, NHSE, CCG Primary Care Team
13.1		Including other healthcare professionals: Pharmacies School nurses Receptionists at GP practices	✓	✓	✓	CLCH/Pharmacies	Public Health, Breastfeeding supporters, Children Centres and Early Years
13.2		Support and disseminate MECC infographics	✓	✓	✓	Public Health	CLCH, NHSE, CCG Primary Care Team

ADDRESSING INEQUALITIES AND IMPROVING UPTAKE IN THE UNDER-REPRESENTED GROUPS							
Ref no	**Output/Outcome/Aim**	**Action**	**Pre school**	**School aged**	**Adult**	**Lead**	**Stakeholder involvement**
14.0	Better understanding of under-represented populations	Obtain practice level data on vaccination uptake and assess uptake in specific communities	✓	✓	✓	Public Health	CCG Primary Care Team
14.1		Analyse school immunisation data to identify and target areas/schools of low uptake	×	✓	×	Public Health	CLCH
15.0	Targeted interventions	Develop ways of increasing engagement and targeted interventions using findings from analysis for each under-represented group	✓	✓	✓	Public Health	CLCH, CCG Primary Care Team
15.1		Support groups that are digitally excluded and are unable to e-consent in schools	×	✓	×	CLCH	BELS/Public Health
16.0	Analysing barriers to vaccination	To commission research to understand barriers to vaccinations in Barnet: • Public perception of risks and benefits of immunisation (a barrier-analysis)	✓	✓	✓	Public Health	CCG Primary Care Team
17.0	Improved access to vaccinations	Check immunisation status of young offenders and promoting outstanding vaccinations	✓	✓	✓	CLCH	Public Health
17.1		Check immunisation status of asylum seekers and vaccinate if needed	✓	✓	✓	CLCH	Public Health
18.0	Raised awareness	Raising awareness of vaccinations to all new arrivals in the UK (including asylum seekers)	✓	✓	✓	Public Health	CLCH
19.0	Community engagement	Work with community groups to raise awareness of childhood immunisations	✓	✓	✓	Public Health, community groups	CCG Primary Care Team

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