

Report to the Merton Clinical Reference Group

Date of Meeting: 16th September 2015

Agenda No:

Attachment No:

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<p>Executive Summary: The attached paper provides the local picture around childhood immunisations. It details current performance, ongoing initiatives and plans for the future. The key messages are that:</p> <ul style="list-style-type: none"> • Childhood immunisations have historically been low in Merton but improvements have been made recently • London Borough of Merton Overview and Scrutiny (O&S) committee completed a review and its report sets out recommendations on how the borough's partners can make further improvements in performance • A local Immunisations Steering group will be re-established with representation from NHS England, Public Health, Merton CCG, SMCS and other partners (first meeting to take place in October/November). The group will lead the work around improving childhood immunisations locally • A draft action plan has been developed between NHS England (Commissioners of immunisations) and Merton Public Health in partnership with the Clinical Director for Maternity and Children. The plan incorporates the O&S report recommendations (see Appendix 2). This will be taken to the local immunisations steering group for review and agreement • Performance will be reported regularly through the GP locality meetings and a quarterly report will go to the Joint Commissioning Board and to the Public Health Board 	
<p>Recommendation(s): Members of the CRG are asked to discuss and note the content of the paper and actions to improve immunisations uptake in Merton.</p>	
<p>Committees which have previously discussed/agreed the report: N/A</p>	
<p>Financial Implications: N/A</p>	
<p>How has the Patient voice been considered in development of this paper: N/A</p>	
<p>Other Implications: N/A</p>	
<p>Equality Analysis: N/A</p>	
<p>Information Privacy Issues: N/A</p>	

Communication Plan:

N/A

1. Purpose of the Report

This paper is to update the CRG on the current Merton position in terms of the Childhood Immunisations Programme.

2. Background/Introduction

After clean water, vaccination is the most effective public health intervention for saving lives and promoting good health. Historically, Merton's childhood immunisations uptake has been lower than London and England averages. The World Health Organisation (WHO) sets a target of 95% coverage for all childhood immunisations but Merton has been far from this target.

Changes in commissioning arrangements for immunisation came into effect on 1st April 2013 as a result of the Health and Social Care Act 2012. The overall roles and responsibilities of the different organisations are as follows:

- **The Department of Health** will continue to have overall responsibility for immunisation policy, securing the necessary funding and supporting implementation of new vaccination programmes;
- **Public Health England** will be responsible for buying, storing and distributing vaccines, holding coverage and surveillance data, communication, and providing expert analysis and advice (including through the Joint Committee for Vaccination and Immunisation) at a national level and, through the PHE Centres, supporting the area teams of the NHS Commissioning Board;
- **NHS England** will be responsible for commissioning all national immunisation programmes from local providers in line with agreed service specifications. This will be done through Screening and Immunisation Teams which have NHS England and PHE staff working together, and are based within the 27 area teams;

Local Authority

Local Government (through Director of Public Health) will have a duty to ensure plans are in place to protect their population by providing independent scrutiny of the plans of NHS England and other organisations.

- **Providers of immunisation services, such as GPs and school nurses** will continue to deliver immunisation programmes following national schedules.

Further direction is available in guidance published in May 2013 (click on pdf link below).



National Frame &
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3. Current Performance

Table 1 provides the latest Q4, 2014/15 data compared to Q4, 2013/14 performance for a selected number of immunisations indicators. Out of the 6 indicators shown, 5 of the indicators have shown improvements from the same period the previous year. A similar trend can be seen when comparing the quarterly 2014/15 performance with quarterly 2013/14 date.

Table 1: Latest Q4 COVER data

	Diphtheria, Tetanus, Polio Pertussis, Haemophilus influenza type b (DTaP/IPV/Hib) Age 1	Men C booster Age 2	MMR1 Age 2	Pneumococcal infection (PCV booster) Age 2	Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV – pre school booster) Age 5	MMR2 Age 5
Merton Q4 14/15	93.6%	84.7%	85.8%	85.7%	65.8%	75.6%
Merton Q4 13/14	89.3%	83%	84.9%	83.9	67.3	74.1
London average Q4 13/14	89.8%	Not available	87.5%	86.3%	79.3%	80.7%
Q4 Merton 14/15 compared to Q4 Merton 13/14	4.3%	1.7%	0.9%	1.8%	1.5%	1.5%

Source: NHS England COVER Q4 2013/1 & HSCIC Q4 2013/14 data

Appendix 1 provides 2014/15 annual GP level performance for MMR2 and Pre-school booster vaccinations, where performance in Merton is lower compared to other immunisations and the London average.

The overall 2014/15 performance for Merton, London, England and other boroughs will be published at the end of September 2015. The Merton annual data will be reviewed against the London and England average as well as geographical and statistical neighbours and the previous annual performance.

4. Actions taken to date

A number of actions have been undertaken to improve childhood immunisations performance in the past year.

4.1. Overview and Scrutiny Report

In response to poor performance on childhood immunisations, London Borough of Merton's Overview and Scrutiny Committee requested a review of childhood immunisations locally with the support of The Centre for Public Scrutiny and partners input.

Partners with an interest and responsibility around immunisations were brought together to discuss the issues which were impacting on the uptake of immunisations. This then formed the basis of a report and recommendations (click on the link below).



Imms Scrutiny report
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The task group identified a number of important factors that contribute to improving uptake rates. These include;

- An effective local co-ordination group must be in place which has commitment from the key partners who deliver immunisations. The group should identify clear objectives and develop an action plan to improve take-up.
- Immunisation data must be updated in a timely way to ensure that the key agencies have the latest immunisation figures.
- The local co-ordination group should develop projects to identify and provide support to the groups who are least likely to immunise.
- Finding innovative ways to embed key immunisation messages within the community is the best way to improve take-up.
- The immunisations schedule is complex and changes regularly therefore it is important to ensure that parents and guardians are able to access support and reassurance when they need it.

The Overview and Scrutiny task group made a number of recommendations to address these issues and agreed to continue to raise the profile of this important issue locally.

4.2. Draft Immunisations Action Plan

An Immunisations Steering group which was chaired by Public Health had previously been in place to coordinate work to improve immunisations uptake. This group will be re-established to ensure there is a coordinated approach to improving immunisations uptake with key partners. This is also in line with the recommendations of the Overview and Scrutiny report. The objectives of the steering group are to bring partners together to coordinate initiatives to improve local rates. The group will be led by NHS England as Commissioner of childhood immunisations locally and will bring partners such as Merton CCG, Public Health, Children, Schools and Families (CSF) and Public Health England colleagues together. The first meeting will be scheduled for October/Early November.

A draft action plan has been developed between NHS England (Commissioners of immunisations) and Merton Public Health in partnership with the Clinical Director for Maternity and Children. The plan incorporates the O&S report recommendations (see Appendix 2). This will be reviewed by the wider local immunisations steering group.

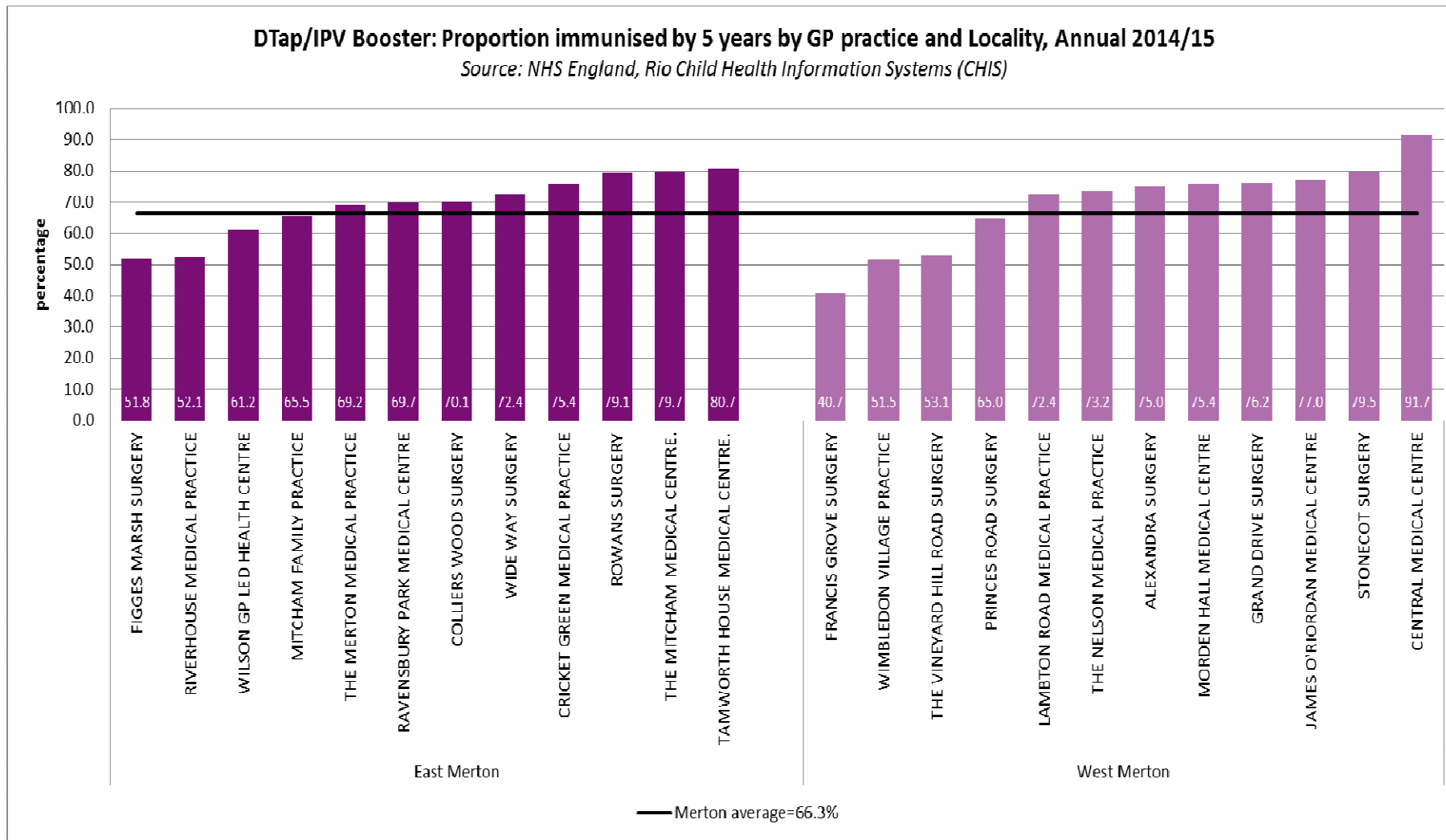
4.3. Additional actions taken

- 4.3.1.** Improving childhood immunisations has been identified as one of the outcomes in the refreshed Health and Well-being Strategy (2015-2018) under Theme 1 (Best Start in Life), with MMR 2 as the chosen indicator which will be monitored to track progress
- 4.3.2.** NHS England have reviewed recent data to identify the 10 GP Practices with the highest proportion of unimmunised children. NHS England will be visiting all 10 GP Practices by March 2016 offering support and advice on how rates can be improved and sharing best practice.
- 4.3.3.** Public Health England and NHS England have provided information and advice to GP Practices on changes in the immunisations schedule and provided online training for professionals and also 2 day training for new GP Practice immunisers.
- 4.3.4.** Public Health provides quarterly immunisations data by GP Practice to locality meetings and has provided a Top Tips list of advice for GPs to improve immunisation rates.
- 4.3.5.** Public Health uses local media such as My Merton (magazine which goes out to households in the borough) to remind families of the need to keep children up to date with immunisation schedules.
- 4.3.6.** The Community Service Procurement service specifications for Health Visiting and School Nursing include and reinforce the need to promote immunisations and check immunisations status of children at appropriate times and signpost families. They include specific Key Performance Indicators to measure this. For example, School Nursing undertake health assessments for reception year children, including immunisation status. Where early years immunisations are not complete, a letter is sent to parents.
- 4.3.7.** A GP Practice leads Flu update organised by the Clinical Director for Children was delivered in September 2015 with input from Public Health England, LBM Public Health and other key partners. For children this includes the requirements in the new flu season to immunise all 2, 3 and 4 year olds in the borough) by GP Practices.

5. Conclusion

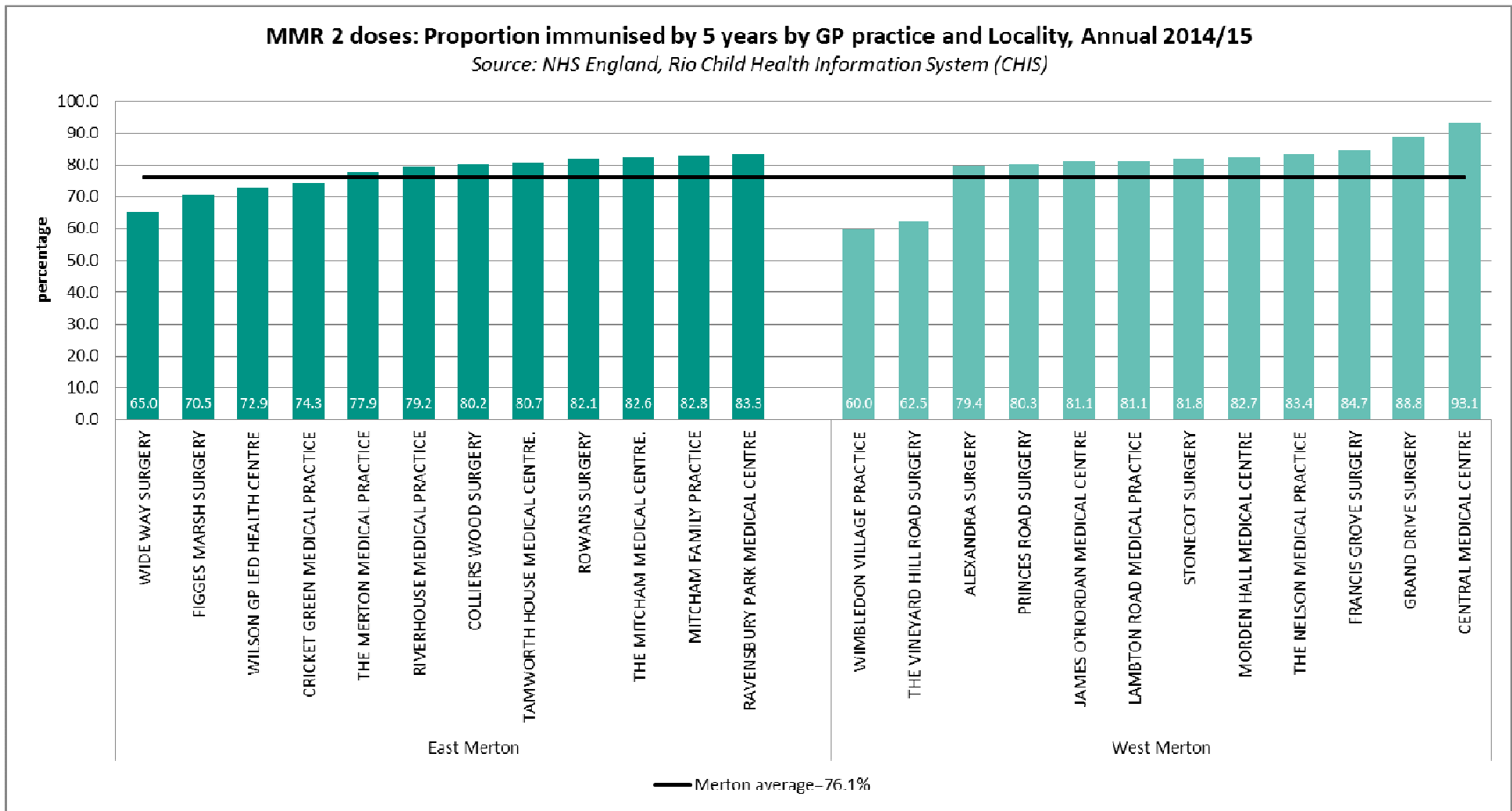
Together with the actions that have been taken to date and the actions planned within the coming year, it is anticipated that improvements in performance shall be made and children and the community will be better protected from infectious diseases.

**Appendix 1:
Pre-School Booster**



MMR 2 doses: Proportion immunised by 5 years by GP practice and Locality, Annual 2014/15

Source: NHS England, Rio Child Health Information System (CHIS)



Appendix 2:

Merton Childhood Immunisation Action Plan 2015/16

Background:

- Achieving high levels of immunisation coverage in London remains challenging. In Merton, immunisation uptake rates are similar to rest of London boroughs.
- This action plan has been developed as part of NHS England's ongoing work to improve immunisation coverage in London working with Merton Public Health and local partners. It consists of 2 sections and each section outlines ways in which partner organisations could contribute to the work to ensure high levels of immunisation coverage are achieved and sustained in Merton. This is in recognition of the key elements and partnerships that are essential to the delivery of an effective, equitable and quality assured immunisation service.
- The 2015/16 Merton Immunisation Action Plan is underpinned by NHS England's immunisation strategic objectives which are:
 1. To achieve improved immunisation coverage across London (including Merton).
 2. To reduce inequalities in immunisation uptake between GP Practices, wards and population groups
 3. To improve patient choice and access to immunisations across London (including Merton)
- Merton's Health and Well-being Strategy 2015 – 2018 also identifies Childhood Immunisations as one of its key priority areas under the 'Best Start in Life' theme with MMR2 chosen as the indicator which will be monitored to track progress.
- This action plan includes recommendations from a London Borough of Merton Overview and Scrutiny report which was recently undertaken focussing on childhood immunisations

- This action plan outlines ways in which partner organisations can contribute to the work to ensure high levels of immunisation coverage are achieved and sustained in Merton. This is in recognition that working in partnerships is essential to the delivery of an effective, equitable and quality assured immunisation service.

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Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Commissioning and Performance Management	Improvement in the recording of immunisation data. All practices are instructed to use QMS Practice Focus was operational with all clinical systems.	COVER submissions reflect an increase in recorded immunisation coverage rates.	<ol style="list-style-type: none"> 1. Ensure Merton GP Practices enter data for every patient immunised in a timely manner 2. Continue to encourage all practices to use agreed Read 	End of Q1 2015/16	<p>CHIS – for childhood immunisations</p> <p>NHSE in discussion with GP practices for other immunisations</p>	<ul style="list-style-type: none"> • May not be possible to put an electronic solution in place for practices whose clinical system is not compatible with QMS Practice Focus, may need to revert to a manual system. • Practices experience problems submitting data automatically 	
		100% of children who persistently miss GP immunisation appointments actively followed up to ensure they are up to date with immunisations	<ol style="list-style-type: none"> 1. Encourage GP practices to directly contact children missing immunisations on Timely manner (call and recall) 	End of Q3 2015/16	<p>NHSE strategic lead</p> <p>CHIS operational lead in discussion with GPs (provider)</p> <p>CHIS operational lead in discussion with school nursing (provider)</p>	<ul style="list-style-type: none"> • GP practices/CCG may not see the benefit of the call and recall system. • GPs may not prioritise immunisation 	
	Reduce the variation in	Improved immunisation	1. Identify practices with	End of Q4	NHSE	<ul style="list-style-type: none"> • GP practices may not record 	

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	immunisation performance between best performing and worst performing GPs.	data quality resulting in accurate reporting of immunisation coverage and improved GP understanding of current coverage issues and value of immunisation; leading to improvement in immunisation coverage in line with Merton trajectories	<ol style="list-style-type: none"> 1. the highest number of unimmunised children. 2. Work with these practices to improve, either by cleansing lists or call/recall. 3. Identify what works in the best performing practices and share; work with poor performing practices in troubleshooting the barriers to increasing uptake. 4. CCG to support NHSE attending one Council of members meeting to cover actions 1-3. 5. Share Unify immunisation performance directly with practices (YHC) 	2015/16		<p>the data accurately.</p> <ul style="list-style-type: none"> • GP may not buy in to strategy of identifying practices where efficient intervention can take place. • CCG will encourage GP practices to agree on the plan and monitor the data on monthly basis. 	
	Performance data by GP practices provided directly to GPs, LBM and to CCG locality meetings on a regular basis	Accurate reporting of immunisation coverage for Merton	<ol style="list-style-type: none"> 1. 6 weeks prior to the final COVER submission, CHIS will be requested to send provisional aggregated data to 	End of Q2 2015/16	CHIS/NHSE	<ul style="list-style-type: none"> • Practices not receiving their own data • Send practices their performance prior to final cover data submission and 	

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	Children moving in/out of Merton are managed effectively to ensure they do not miss out on public health interventions		<p>NHSE Commissioner.</p> <p>2. Movers in/movers out Standard Operating Procedure devised and operated.</p> <p>3. Merton Immunisation Group will discuss every six months. More regular discussion will be initiated by NHSE if required.</p>			after	
			1.				
	To facilitate measurable improvements in quality and performance for Merton immunisation services through bringing people together	Improved immunisations uptake in Merton	<p>1. Continue with Immunisation network meetings.</p> <p>2. NHS England to liaise with CCGs, LA, Primary care commissioners and PHE.</p> <p>3. Facilitate NHSE attendance at Practice Manager's and Practice Nurse's forums to encourage sharing of good</p>	Ongoing	NHSE	<ul style="list-style-type: none"> NHSE plan to present papers and feed back to group in timely manner. 	

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
			practice between practices.				
	Continue to provide targeted BCG from provider until new commissioning arrangements for universal BCG programme are in place	100% of babies offered BCG immunisation at birth	1. Monitor BCG data	Sept 2015	NHSE \ CCG	<ul style="list-style-type: none"> • Vaccine supply. • The provider not delivering the service. • New commissioning arrangements not being explored and finalised • NHSE regularly monitor the uptake and keep informed of PHE vaccine supply issues. 	

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Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	NHSE commissioned Flu and Pertussis vaccinations delivered and promoted throughout primary care providers	Increase in reported rates of flu and pertussis vaccination coverage amongst pregnant women, and flu vaccination across named at risk and universal groups	<ol style="list-style-type: none"> 1. Work with GP practices to improve flu vaccine uptake. 2. Commission the flu pharmacy scheme to improve access (subject to findings from the economic evaluation of the flu pharmacy initiative). 3. Commission maternity services to offer the flu and pertussis vaccinations to pregnant women 	End of Q1 2015/16	NHSE	<ul style="list-style-type: none"> • NHSE doesn't communicate winter strategy in timely manner • NHSE will inform all stakeholders of any delays • Providers feel ill-equipped to respond to queries regarding vaccine efficacy • NHSE to ensure that PHE communication material is distributed in a timely manner. 	
	Messages around childhood immunisations are delivered through Health Champions working in the community and targeted at groups who are not being immunised	Information on the importance of childhood immunisations is disseminated throughout the community and more families seek to ensure their children's immunisations are up to date	<ol style="list-style-type: none"> 1. Ensure Health Champions deliver immunisations messages within their communities 2. Public health team seek to develop health champion roles in communities where immunisation rates are the lowest where possible. 	April 2016	LBM	<ul style="list-style-type: none"> • Insufficient funding to recruit more health champions in areas where immunisations rates are lower • Use existing Health champions to cover some areas where immunisation rates are low 	

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Page 84	School entry packs include information promoting childhood immunisations and importance of being up to date on the schedule	Those who may have missed certain immunisations will be reminded to attend their GP and get children immunised, increasing uptake	Public health team to ensure that information on immunisations will be part of school entry packs and asked within the school entry health review, using the review as an opportunity to identify those unimmunised, promote immunisations uptake and signpost to child's GP.	January 2016	LBM	<ul style="list-style-type: none"> Not enough leaflets available for all school entry packs. Need to work with NHSE to ensure there is enough 	
	All immunisers have had their annual refresher training and all new immunisers have completed the mandatory 2 day course	Merton population will receive high quality and safe immunisation services as delivered by a competent and knowledgeable workforce.	<ol style="list-style-type: none"> NHSE to work with PHE and LETB to secure and commission immunisation training modules. CCG to encourage practices and other providers to ensure all staff undertaking immunising have current training 	End of Q2 2015/16	NHSEVCCG\ PHE	<ul style="list-style-type: none"> Immunisation training not being delivered. Work with Merton CCG and LA to locally deliver in house immunisations training tailored to the needs of Merton nurses. 	
Communication health care	Information relating to immunisation	Improved communications with all	1. NHSE, LA, CCG and PHE will liaise to	Ongoing First audit	NHSE	<ul style="list-style-type: none"> Delay in NHSE communicating winter strategy 	

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Professionals and (public), and stakeholder engagement	programmes is disseminated to all key stakeholders (e.g. changes to the schedule and introduction of new programmes).	stake holders.	develop communication and cascade plan	to be completed by end October 2015	LA and CCG will advise NHSE on key local stakeholders	in timely manner. This may be dependent on strategic partners on a National level publishing policy and recommendations.	
	Performance data shared with Merton CCG and LA quarterly	All key players are up-to-date on performance information within the borough and able to use this information to inform their own delivery practices.	<ol style="list-style-type: none"> 1. Work with CCG to identify immunisation leads in practices 2. Supply performance data to partners (including CCG and LA) in timely manner <p>Offer support to providers should they wish to audit data flow.</p>	Ongoing	NHSE	<ul style="list-style-type: none"> • Delay in data sharing. • Queries regarding quality of data. • Sharing the data in timely manner may be difficult 	
	Flu, shingles and pneumococcal vaccinations (for targeted cohorts) are promoted in all care homes and included as a requirement in LA contracts with providers of social care services.	Contributes to increased uptake of winter vaccination within these populations (workers and clients).	<ol style="list-style-type: none"> 1. Leaflets promoting immunisations are included in flu information packs. 2. Immunisations are promoted to care homes. 	Sep 2015	<p>NHSE lead – including provision of leaflets, policy etc.</p> <p>PHE to advise on content</p> <p>LA to design cascade of information to nursing homes (including local</p>	<ul style="list-style-type: none"> • Information is not provided in a timely manner. • NHSE communicate winter strategy to all stake holders by end of Q1 2015/16. 	

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Page 86					IMPACT team), and revise contracts		
	All registered child care providers, nurseries and preschools promote and check immunisation status of the children enrolled.	Increased numbers of children who have completed the childhood immunisation programme by age 5.	1. LA and NHSE to work with childcare providers to reinforce the message to parents of the importance of complete immunisation by age 5 (before starting school).	March 2016	LA/ CHIS	<ul style="list-style-type: none"> • Lack of understanding and buy in from childcare managers and providers • Regular information sessions through existing communication mechanisms used by LA. 	

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Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
Page 87	Children's Centres engaged in promoting immunisations and vaccinations for families.	Greater awareness about the immunisation life course.	<ol style="list-style-type: none"> 1. Information sessions on immunisation; staff trained to provide information with parent/baby groups and other users. 2. Inclusion of immunisation information in child checks/baby weighing clinics. 3. Measured by survey of children centre staff at end of the year. 4. Continue contract between Royal Marsden and Children's Centres on vaccine promotion, including the distribution of leaflets to centres 	March 2016	<p>NHSE</p> <p>Royal Marsden hospital and 'Achieving for Children' (LA-Merton) operational leaf</p>	<ul style="list-style-type: none"> • Immunisation not a priority for children's centres. • Availability of training the benefits of immunisation. 	

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	Identify relevant recommendations from the NHS Southwest London <i>Childhood Immunisations and Vaccinations 2013</i> report on Immunisations and implement locally to improve immunisations rates	Increased immunisations uptake	Review the recommendations in the NHS Southwest London report and decide what would be appropriate to take forward	Identify areas by December 2015	Immunisations Group	<ul style="list-style-type: none"> Time constraints to be able to review recommendations and implement <p>Ensure time is dedicated to discussing this on the agenda</p>	
	Ensure Health Visitors are checking and promoting immunisations with families during contacts including health reviews and baby clinics	Families reminded to immunise their children at different opportunities by Health Visitors and increase in uptake	Public Health Team to ensure that role of health visitors in delivering information on immunisations is specified and strengthened in the commissioning arrangements.	April 2016	LA	<ul style="list-style-type: none"> Contact with families may not be used to promote immunisations <p>Monitor performance indicators around checking immunisations status at reviews</p>	
	Using technology to ensure families are reminded about getting children immunised	Increased immunisations uptake	Conduct an audit of GP's who use a text messaging service and ask them to include information on immunisations. Explore future options for expanding the text messaging service	March 2016	Merton CCG, LA & NHSE		

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
	Information regarding vaccination available at housing offices and local newsletter to communities through the Merton Equalities and Engagement Team	Greater awareness about the immunisation life course, and where to access immunisations.	1. Liaise with Local Authority Housing and communications departments to include immunisation leaflet/advert in housing pack	March 2016	LA	<ul style="list-style-type: none"> Do new residents receive "welcome pack"? Need to get buy-in from housing and communications department. 	
Assurance	Timely and comprehensive reporting of current immunisation issues in Merton	Merton locality assured about immunisation coverage and uptake and of plans to increase coverage, commissioning arrangements, and on responses to quality issues.	<p>NHSE to provide comprehensive report on immunisation to the Merton Health and Wellbeing Board (annually)</p> <p>NHSE to coordinate local Immunisation Group meetings)</p> <p>Coverage and uptake data supplied to LA and CCG quarterly</p>	Ongoing	NHSE	<ul style="list-style-type: none"> NHSE unable to provide reports 	G
	Quality: Incident and serious incident reporting and support	All serious incidents and near misses investigated and	Support providers in dealing with incidents	Ongoing	NHSE		

Key Area	Output	Outcome	Actions	Due Date	Led by	Risks to completion and mitigation of risk	RAG
		<p>lessons learned and shared.</p> <p>Minimise serious incidents</p>	<p>Seek assurance from providers about implementation of lessons learnt from incidents</p>				

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