NHS England

Report on Vaccination Services in the London Borough of Hammersmith & Fulham

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Presented to: Hammersmith & Fulham's Health and Adult Social Care Policy and Accountability Committee

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Aims

This paper provides an overview of Section 7a vaccination programmes in the London Borough of Hammersmith & Fulham (H&F). It covers vaccine uptake and an account of what NHS England (NHSE) London region and system partners are doing to improve this.

The paper focuses on childhood vaccinations, but data is included where pertinent on the wider schedule.

Members of the H&F Health Scrutiny Committee are asked to note and support the work that system partners across London, including NHSE London, the Local Authority (LA), and the Integrated Care Board (ICB) are doing to increase vaccination uptake in H&F.

Background

The World Health Organisation (WHO) states that vaccinations are one of the public health interventions that have had the greatest impact on the world's health. Vaccination is also one of the most cost-effective public health interventions. High immunisation rates are key to preventing the spread of infectious disease, protecting from complications and deaths. Childhood immunisation in particular helps to prevent disease and promote child health from infancy, creating opportunities for children to thrive and get the best start in life.

Section 7a vaccination programmes are population-based, publicly funded immunisation programmes that cover the life course and include:

- Routine childhood vaccination programme for 0-5 years
- School-age (young person) vaccinations
- Adult vaccinations (including in pregnancy and older age)
- Seasonal COVID-19/flu vaccination programme

The full immunisation schedule can be found in the Green Book and as a summary table here. Changes to this schedule are regularly reviewed and recommendations are made at the UK Joint Committee on Vaccination and Immunisation (JCVI).

The European region of the WHO currently recommends at least 95% of children are immunised against diseases preventable by vaccination and targeted for elimination or control, specifically, diphtheria, neonatal tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), hepatitis B, measles, mumps, and congenital rubella.

There is an expectation that UK coverage rates of all routine childhood vaccinations up to 5 years of age achieve 95%.

Roles and responsibilities

The Department of Health and Social Care (DHSC) provides national strategic oversight of vaccination policy in England, with advice from the independent JCVI and the Commission on Human Medicines. They also set performance targets.

NHSE is responsible for commissioning national vaccination programmes in England under the terms of the Section 7a agreement, National Health Service Act 2006. NHSE is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHSE is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required. A summary table of NHSE responsibilities can be found at appendix 2.

The UK Health Security Agency (UKHSA) undertakes surveillance of vaccine-preventable diseases and leads the response to outbreaks of vaccine-preventable diseases. They provide expert advice to NHSE immunisation teams in cases of vaccination incidents.

Integrated Care Systems (ICSs) have a duty of quality improvement, and this extends to primary medical care services. ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve vaccination uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, will work to progress delegated commissioning for vaccination and screening.

LA public health teams deliver population health initiatives including improving access to health and engagement and promotion of vaccinations overall.

Pre-school and adult vaccinations are usually delivered by GP surgeries. They are commissioned through the NHS GP contract. Five core GP contractual standards have been introduced to underpin the delivery of vaccination services: a named lead, provision of sufficient convenient appointments, standards for call/recall programmes and opportunistic vaccination offers, participation in nationally agreed catch-up campaigns, and standards for record-keeping and reporting. One of the five Quality and Outcomes Framework (QOF) domains is childhood vaccinations and shingles vaccination, rewarding GP practices for good practice.

School-age vaccinations are commissioned by the seven regional NHSE teams and delivered through school age immunisation services (SAIS).

Vaccinations are also provided by maternity services, some outreach services, and community pharmacies.

Inclusion and Equity

The challenge is not just overall immunisation coverage but the variation in coverage across groups, which can increase the likelihood of preventable outbreaks locally. Groups with lower coverage include migrants, urban communities, more deprived communities, and certain ethnic groups.

People migrating to the UK may originate from countries that have different vaccination schedules or lower vaccination rates overall. Individuals may also have missed vaccinations in the country of origin or missed opportunities for vaccination after arrival to the UK.

National vaccine coverage varies geographically, with lower coverage in urban areas and London, compared to England as a whole.

At a national level, there are some small inequalities by socioeconomic status, with coverage being slightly lower in lower socio-economic groups.

For the routine childhood vaccinations, there is no simple relationship between ethnicity and coverage. The relationship varies by immunisation programme and by area. However, coverage in certain ethnic groups does appear to be lower than in white-British children, for example, black Caribbean, Somali, white Irish, and white Polish populations. Some ethnic groups, notably South Asian ethnicities, have broadly similar and sometimes higher vaccination coverage than white children. For MMR (measles, mumps and rubella) these relationships are less consistent, in that coverage in children of white ethnicity could be lower or the same as other non-white groups, thought to perhaps reflect differences with respect to awareness of the MMR controversy.

H&F have undertaken a childhood immunisation joint strategic needs assessment[1]. This report included Child Health Information Service (CHIS) data from the borough demonstrating lower % uptake of childhood vaccination in African and Caribbean ethnic groups. Certain vaccinations such as MMR, suffered low rates of uptake across most ethnic groups. It was also recognised that deprivation impacts vaccination uptake, which has many overlaps with ethnicity and socioeconomic factors.

National vaccination coverage

Overall, coverage for most vaccines in England is high and comparable with other high-income countries although there has been a small but steady decline in the last few years. Nationally, in 2021-2022, vaccine coverage decreased by 0.2% to 1.1% depending on the vaccine. No vaccines met the 95% target. Coverage for the 6-in1 vaccine amongst children 5 years of age (measured at

[1] Childhood Immunisation JSNA January 2021 London Borough of Hammersmith and Fulham, H&F childhood immunisation report - January 2021 (lbhf.gov.uk)

this age to allow time for ‘catch-up’ of missed doses earlier in life) decreased from 95.2% in 2020-21 to 94.4% in 2021-22.

Regional vaccination coverage

Historically and currently, London performs lower than the national (England) average across all the immunisation programmes. Uptake in London has also fallen over the past 6 years and has fallen further than elsewhere in the country.

Every borough in London is below the 95% WHO target. For some vaccines such as MMR, all London boroughs have an uptake below 90%. Two-thirds of all measles cases in 2023 in England were in London.

London has a highly mobile population, a large migrant population, and areas of high deprivation. In London, vaccine uptake is lower in areas of higher deprivation compared with areas of low deprivation across all ethnicities.

Local vaccination coverage

The focus of this report is childhood vaccinations (for children 0-5 years old) but data is also included on key aspects of school-age, prenatal, older adult and seasonal programmes.

Routine childhood immunisation programme (0-5 years)

The routine childhood immunisation programme for 0-5 years can be found at appendix 1. Coverage data for the country, region, ICB and local authorities (LAs) within North West London (NWL) is presented in table 1.

Overview of COVER data for NWL at 2023-24 Q1

Immunisation	England	London	NWL	Brent	Ealing	Hammersmith and Fulham	Harrow	Hillingdon	Hounslow	Kensington and Chelsea	Westminster
12m_DTaPIPVHibHepB	↓ 91.5%	↓ 86.7%	↓ 85.5%	↓ 85.7%	↓ 90.3%	↑ 82.9%	↓ 84.9%	↑ 90.3%	↓ 85.7%	↓ 70.1%	↑ 84.5%
12m_MenB	↓ 91.2%	↓ 86.4%	↑ 85.8%	↓ 85.2%	↓ 89.7%	↑ 83.4%	↓ 84.4%	↑ 91.0%	↑ 86.3%	↓ 72.0%	↑ 87.4%
12m_PCV1	↓ 93.6%	↓ 89.4%	↓ 90.2%	↓ 91.0%	↓ 92.9%	↑ 88.1%	↓ 89.4%	↑ 94.4%	↑ 91.1%	↓ 77.3%	↑ 89.8%
12m_Rota	↓ 88.7%	↓ 83.8%	↓ 83.9%	↓ 84.1%	↓ 87.9%	↓ 80.0%	↓ 82.0%	↑ 90.3%	↓ 84.2%	↓ 70.1%	↑ 83.3%
24m_DTaPIPVHibHepB	↓ 92.8%	↑ 88.9%	↑ 90.2%	↑ 88.2%	↑ 92.5%	↓ 88.8%	↑ 89.7%	↓ 90.2%	↑ 91.3%	↑ 89.1%	↑ 89.6%
24m_HibMenC	↑ 89.5%	↑ 82.7%	↑ 84.4%	↑ 84.6%	↑ 87.3%	↓ 80.2%	↓ 83.8%	↑ 90.6%	↑ 85.8%	↓ 72.9%	↑ 79.5%
24m_MenBBooster	↓ 88.1%	↓ 81.1%	↑ 81.3%	↑ 81.5%	↑ 84.1%	↓ 77.3%	↓ 81.4%	↑ 87.5%	↑ 81.8%	↓ 68.0%	↑ 79.7%
24m_MMR1	↓ 89.5%	↑ 83.1%	↑ 85.2%	↑ 86.3%	↑ 87.6%	↓ 80.2%	↓ 85.3%	↑ 90.3%	↑ 85.3%	↓ 75.3%	↑ 83.3%
24m_PCVBooster	↓ 89.0%	↓ 81.9%	↑ 83.5%	↑ 83.6%	↑ 86.7%	↓ 79.9%	↓ 83.2%	↑ 87.1%	↑ 84.5%	↓ 74.4%	↑ 81.2%
5y_DTaPIPV	↓ 82.8%	↓ 72.8%	↓ 75.3%	↓ 75.8%	↓ 79.0%	↑ 72.0%	↓ 74.1%	↑ 83.5%	↓ 78.2%	↓ 59.4%	↓ 65.1%
5y_DTaPIPVHib	↓ 93.1%	↓ 88.0%	↓ 87.1%	↑ 87.6%	↓ 88.9%	↑ 86.9%	↓ 87.5%	↑ 89.9%	↓ 85.6%	↓ 84.0%	↓ 81.9%
5y_HibMenC	↓ 90.5%	↓ 83.9%	↓ 84.5%	↑ 86.0%	↓ 84.4%	↑ 84.0%	↓ 84.7%	↓ 88.6%	↓ 84.4%	↑ 79.9%	↓ 77.0%
5y_MMR1	↓ 92.5%	↓ 86.1%	↓ 86.7%	↑ 87.0%	↓ 86.5%	↑ 86.1%	↓ 87.3%	↓ 90.2%	↓ 88.1%	↓ 82.1%	↓ 79.8%
5y_MMR2	↓ 83.9%	↓ 73.1%	↓ 74.1%	↓ 74.7%	↓ 77.3%	↓ 69.0%	↓ 74.2%	↑ 82.4%	↓ 75.6%	↓ 60.5%	↓ 63.4%

Key

>90% coverage

80-90% coverage

<80% coverage

↑ Increase from 2022-23 Q4

↓ Decrease from 2022-23 Q4

Table 1: Overview of 'cover of vaccination evaluated rapidly' (COVER) data for NWL ICB and LAs. *Source: UKHSA COVER quarterly data*

Cover of vaccination evaluated rapidly (COVER) programme 2022 to 2023: quarterly data - GOV.UK (www.gov.uk)

For almost all childhood immunisations (except for Hib MenC and MMR1 in 5-year-olds, as compared to London) H&F have lower coverage than both the London and NWL ICB average.

In the most recent data for Quarter 1 2023/24 (April – June 2023) there was a decreasing trend in coverage across all childhood vaccinations as measured at 24 months of age compared to Quarter 4 2022/23, but improving trends in coverage measured at 12 months of age for most vaccinations (except rotavirus) and 5 years of age (except for MMR2)

Decline in MMR1 coverage at 24 months may be (as has been suggested by parents locally) due to ongoing (incorrect) perceptions of a link between MMR vaccination and autism. There is then a recovery for the 5 year cohort for MMR1 as parents are waiting until children reach certain developmental points (where autism is generally diagnosed) and then deciding to bring them in for vaccination. Hammersmith and Fulham sees an increase of nearly 6% when comparing dose 1 of MMR at 24 months compared to dose 1 at 5 years.

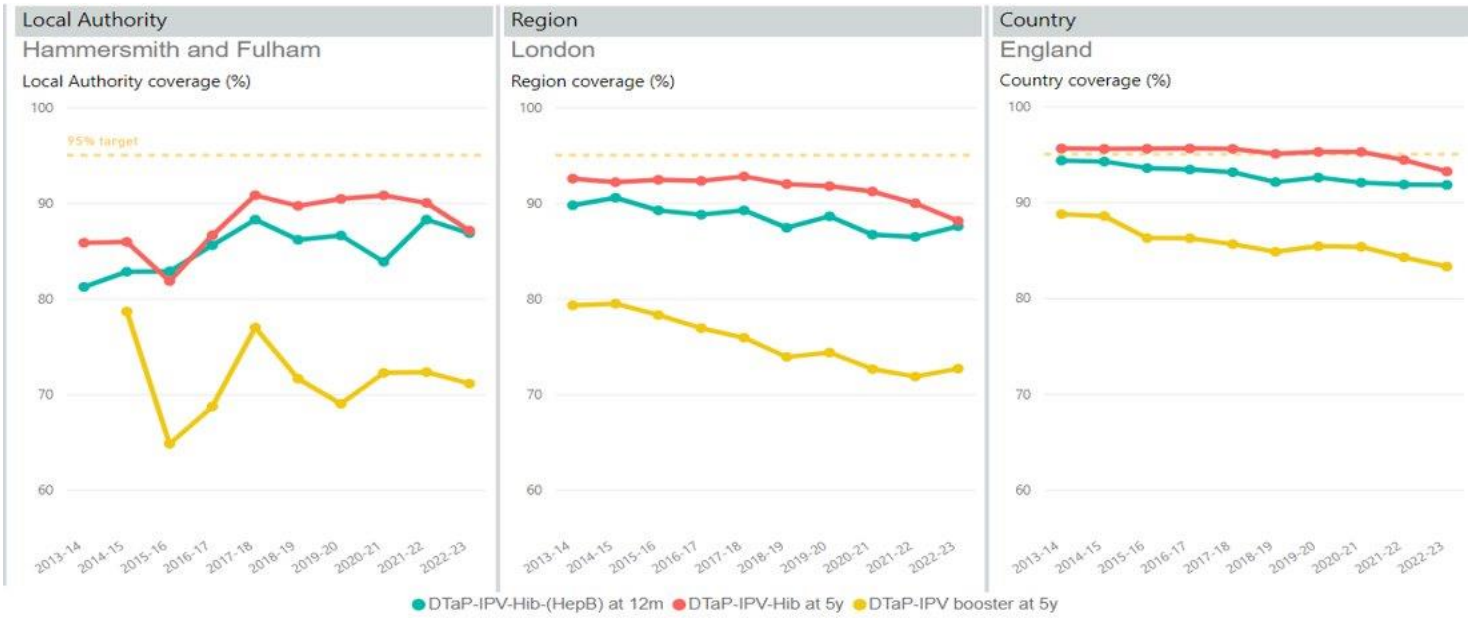


Figure 1: DTaP-IPV-Hib-HepB coverage (%) for Hammersmith & Fulham, London and England over time from 2013-14 to 2022-23. *Source: NHSE Childhood Vaccination Coverage Statistics.*

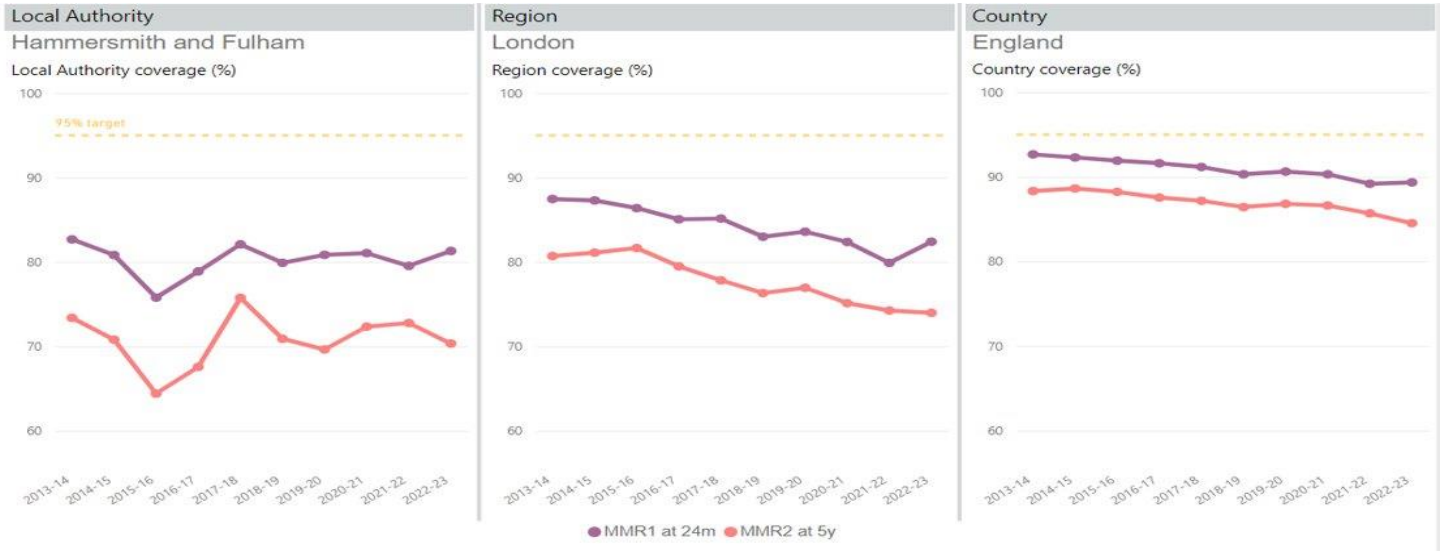


Figure 2: Measles, mumps & rubella (MMR) vaccination coverage for Hammersmith & Fulham, London and England over time from 2013-14 to 2022-23. *Source: NHSE Childhood Vaccination Coverage Statistics. (note: there was a change in child health information service (CHIS) providers in 2017/18 which may have led to the anomalous change in that year)*

Annual time trend information for selected vaccinations where there is a particular focus due to the current risk of outbreaks of disease (particularly measles and polio) are presented above (figures 1 and 2).

The coverage of MMR1 (1st dose) in 24-month-olds in Hammersmith & Fulham has increased since 2021/22 in a similar pattern to that in London but remains below both the London and national average. MMR2 (2nd dose) coverage of 5-year-olds however remains low, the position has deteriorated over the last year and is below that of both London and England.

It should also be noted that a drop in apparent coverage of the pre-school booster (PSB) and MMR2 may be in part due to the polio phase 1 vaccination campaign and this is being replicated across London as children who are now due their pre-school booster (PSB) are having to wait a year between their extra dose of polio-containing vaccine administered during the campaign and receiving their PSB.

Vaccinations for school-age young people

Vaccinations in this group consist of:

- HPV vaccine offered to 12-13 year olds (since September 2019 boys receive the vaccine as well as girls).
- Tetanus, diphtheria, polio booster (teenage booster) at age 14/15
- Meningitis ACWY at age 14/15.
- Annual child 'flu vaccination programme which in 2023/24 covers:
    - Reception to Year 6 in primary schools.
    - Children aged 2 or 3 years on 31 August 2023 (born between 1 September 2019 and 31 August 2021)
    - Some secondary school aged children (Year 7 to Year 11)
    - Children aged 2 to 17 years with certain long-term health conditions

Local and regional data on the school aged routine schedule coverage is presented below in figure 3.

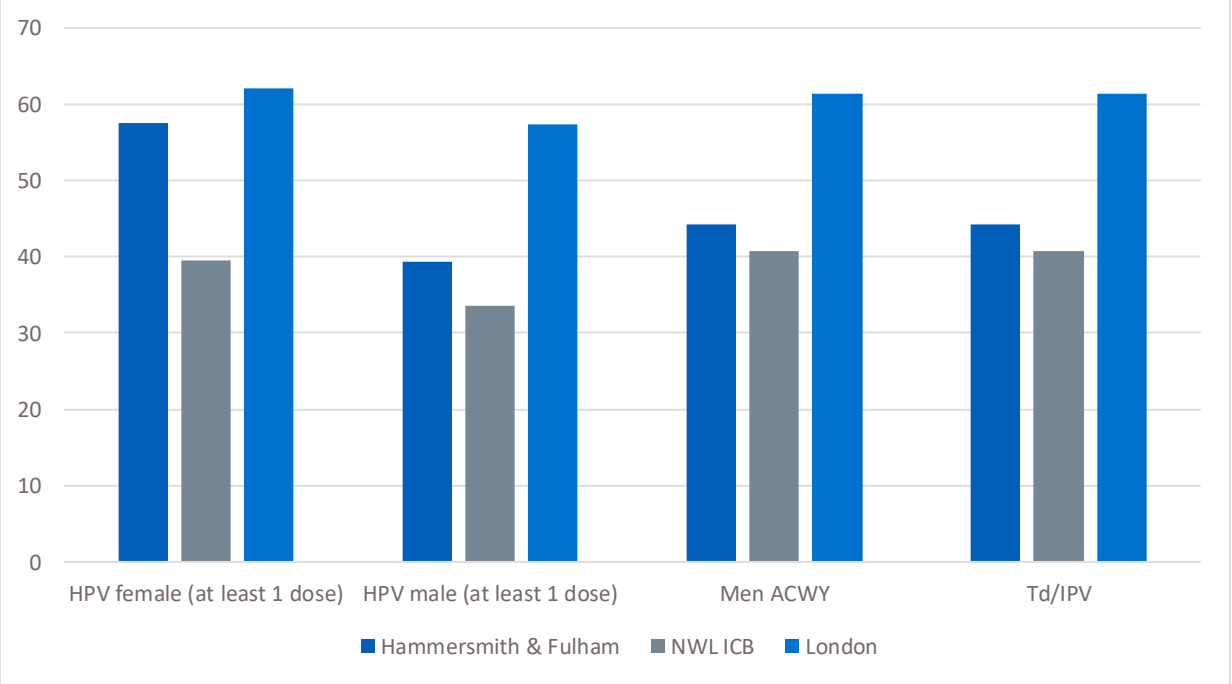


Figure 3: Percentage (%) eligible adolescents vaccinated September 2022 – August 2023 in Hammersmith & Fulham, NWL ICB and London. *Source: UKHSA 'ImmForm'[2].*

[2] ImmForm data is validated and analysed by the UKHSA to check data completeness, identify and query any anomalous data and describe epidemiological trends

H&F perform better on immunisations in this age group, as compared to the NWL ICB average, though less well than London as a whole.

Seasonal vaccinations

Influenza (flu)

- The national flu immunisation programme offers protection for those who are most vulnerable from increased risk of illness. It is important in ensuring flu associated morbidity and mortality is reduced to protect those most vulnerable, but it is also a critical part of reducing pressures on inpatient hospital stays during a time when the NHS and social care is under increased demand.
- The London Flu Plan reflects the ambitions of the national programme, in relation to the targeted patient cohorts and desired high vaccine uptake levels. It also refers to the key learning from previous flu immunisation and delivery of the COVID-19 vaccination programme.
- Vaccinations are provided free to those who are at increased risk from the effects of flu. The eligible cohorts are determined based on evidence and published in guidance from the JCVI.
- Considering changes in risk balance from a new COVID-19 variant, flu and COVID-19 vaccination for adults was brought forward for this year to start in September to maximise uptake of both vaccines.
- The latest available UKHSA published uptake data is for the 2022 flu season and performance for an illustrative selection of eligible groups is presented below in Table 2.
- Data for October 2023 vaccine uptake will be available on the ImmForm website by Wednesday 23 November 2023. Further information on available data and release dates can be found here.

	Percentage (%) vaccination uptake						
Geography	**65 and over**	**Under 65 (at-risk only)**	**All Pregnant women**	**50 to under 65 years and NOT in a clinical risk group**	**50 to under 65 years and IN a clinical risk group**	**All 2 year olds**	**All 3 year olds**
Hammersmith & Fulham	60.6	32.7	28.6	23.6	45.5	35.1	32.7
NWL ICB	71.0	43.9	35.8	30.6	55.6	38.4	37.2
London	68.3	40.9	29.9	27.0	53.1	38.2	37.7
England	79.9	49.1	35.0	40.6	60.4	42.3	45.1

Table 2: Provisional end of February 2023 cumulative percentage uptake data in GP patients for Hammersmith & Fulham, NWL ICB and England on influenza vaccinations

given from 1 September 2022 to 28 February 2023. *Source UKHSA Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK (www.gov.uk)*

COVID-19

- A dose of the COVID-19 vaccine is being offered this autumn to people aged 65 and over, residents in care homes for older people, anyone aged 6 months and over in a clinical risk group, and health and social care staff.
- The autumn programme is targeted at those at high risk of the complications of COVID-19 infection, who may have not been vaccinated for a few months.
- Where people are eligible for a flu vaccine, there is an aim to enable co-administration where possible.
- COVID autumn booster uptake data can be found here.
- COVID vaccination uptake for H&F was at 22.92% as of 23/10/23, with 11,830 of the eligible population vaccinated.[3] Uptake for London at 23/10/23 was 26.0% and for NWL ICB 23.2%.

Vaccinations in pregnancy

Vaccinations in pregnancy consist of:

- Seasonal flu and COVID-19 vaccination
- Pertussis – aimed at providing protection for newborns – see Figure 4 for ICB and regional performance.

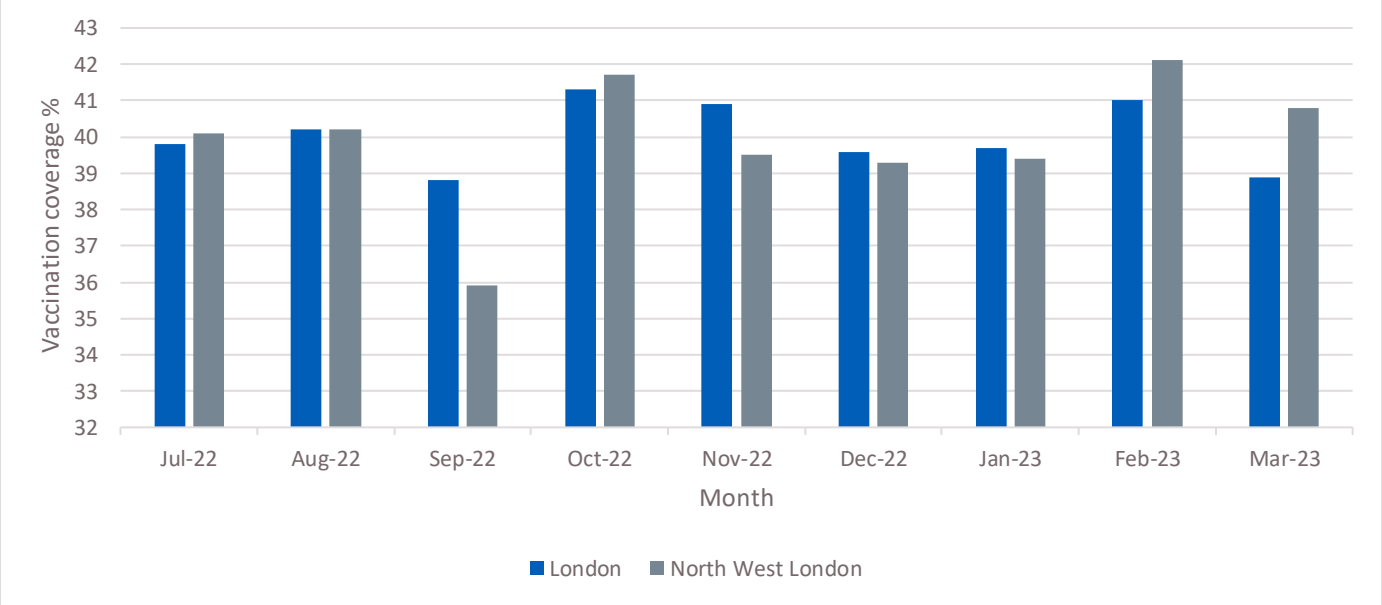


Figure 4: Prenatal Pertussis Vaccine Uptake 2022-23 - Monthly GP Collection. *Data Source: Pertussis immunisation in pregnancy: vaccine coverage (England) - GOV.UK (www.gov.uk)*

[3] Source: NHS Foundry

Other adult (older person) immunisations

Other adult immunisations consist of:

- Pneumococcal vaccine (PPV) at 65 years
- Influenza (covered in seasonal vaccinations) for 65 years and over
- Shingles – 65 years from September 2023 – Shingrix
- Shingles - 70-79 years (plus immunosuppressed) – Zostavax. Shingles uptake has traditionally been challenging nationally. Coverage from the last vaccination season was 54% for H&F for those turning 71 to 80 years old between 1 April 2022 and 31 March 2023 and vaccinated up to end of March 2023. This compares with 63% coverage for both NWL ICB and London as whole[4].

Data sources for local authority stakeholders

- The vaccinations and screening Future NHS page provides a range of vaccination dashboards for local use and can be accessed here: https://future.nhs.uk/vaccsandscreening/view?objectID=42174992

- In addition, there are interactive dashboards on the NHS Digital website on childhood vaccinations here: Childhood Vaccination Coverage Statistics, England, 2022-23 - NHS Digital

[4] *Source: Shingles vaccine coverage (England): report for quarter 2 of the financial year 2022 to 2023 - GOV.UK (www.gov.uk)*

Vaccination programme challenges

System

- COVID-19: pausing some programmes, redeployment of workforce and introduction of the COVID-19 vaccination programme.
- Complexities in data collection: some data is not recorded, not uploaded, not correctly cleansed, or the denominator population may not be up to date.
- Access to appointments: wider pressures on GP services and limited workforce.
- Inconsistent reminder systems- call/ recall.

Community

- London's high population mobility affects data collection and accuracy. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions. A 2017 audit showed that by the age of 12 months, 33% of infants moved address at least once.
- Large numbers of underserved populations who are associated with lower uptake of vaccinations than the wider population.
- Large migrant population who may not be registered or have their past immunisation history accurately recorded.

Individual

- Lack of trust or confidence in vaccines or other health service or complacency.
- Saturation of vaccine offer post the COVID-19 pandemic and COVID-19 vaccination programme.
- Increasing disinformation
- Lack of awareness of the immunisation schedule

Actions to improve vaccination uptake

Increasing vaccination uptake is complex and requires a suite of interventions. Work is ongoing at a national, regional, system, and place level to increase uptake in H&F.

A London-wide and NWL immunisations strategy have been agreed to both improve vaccination uptake and reduce inequalities. Multi agency action plans are being taken forward to support delivery of the strategy aims. More information on the oversight of this work in NWL can be found at appendix 3.

The London Immunisation Board, Mayors Health Board, and ICBs have all agreed on the 10 principles for London vaccination (figure 6). Action will now focus on developing this into a comprehensive delivery approach tailored to community needs and building on Borough-led health initiatives.

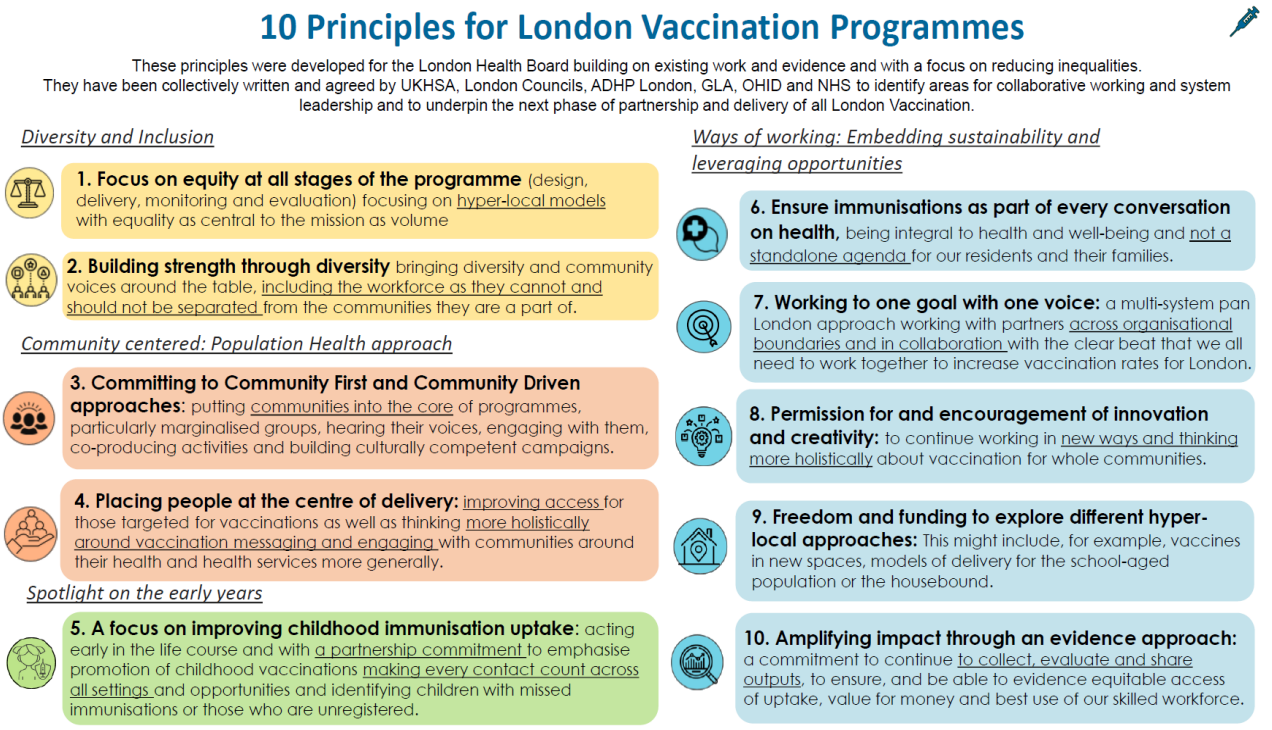


Figure 6: 10 principles for London vaccination programmes.

A range of cross vaccination programme actions are in place to maximise uptake in line with these principles including:

- An ICB level operational working group regularly discusses delivery of all vaccination and immunisation programmes.

- NHSE London fund immunisation coordinators to support GP practices with a focus on those with the lowest uptake and community outreach work within their relevant boroughs as highlighted by performance dashboard.
- NWL immunisation webinar programme for healthcare professionals

Further actions targeted to specific programmes are outlined below.

Childhood vaccinations

A strong focus for Hammersmith & Fulham, NWL and London is to increase childhood vaccination coverage overall to pre-pandemic levels and to identify the communities which are persistently missed from vaccination and other health services.

A particular risk in 2023 is the sub-optimal childhood MMR1 and 2 coverage (below 95%) which increases the risk of preventable measles outbreaks. To reduce the risk of poliovirus transmission, focus also remains on identifying and supporting underserved communities of H&F and London.

Actions to improve uptake include:

- A national NHSE MMR vaccination call and recall service was implemented between September and December 2022. This promoted the take-up of the MMR vaccine amongst individuals between the ages of 1 to 25 years through letters and texts.
- A new national call/recall service will start in January 2024 working through each vulnerable cohort, primary school aged, secondary school age and then 21-25 year olds.
- A regional communications campaign took place across London in March 2023 to encourage the uptake of missed MMR doses. This included media, social media, health ambassadors, translated materials, and attendance at local events and community groups
- NHSE London commissioned UKHSA to deliver immunisation training to all vaccinators in London. Vaccinators were trained to build and maintain trust, address parent concerns and queries and deliver a high-quality service.
- Vaccinations have been added to the MECC London resource hub to facilitate using every available opportunity to engage with the public to increase vaccination.
- A funded regional catch-up programme through the SAIS (for children aged 4-11) led by NHSE and GP practices (for children aged 0-4) led by ICBs is underway to provide DTaP, MMR, and full-schedule catch-up. This programme is focused on targeting under and un-vaccinated children. We anticipate that the first quarter findings and uptake rates for London will be available by January 2024.

- Solution focused workshop on childhood immunisation held with key partners invited from across NWL. This workshop aimed to develop a shared understanding of the challenges and opportunities for NWL around childhood vaccinations. The group focused on three key areas:
    - Exploring existing good practice, for vaccines and immunisation in children, to build upon and share
    - Developing a set of shared ambitions around an integrated approach for NWL immunisations
    - Co-creating a tangible action plan to achieve the identified ambitions

Key long term ambitions that the group identified were:

- One shared data system for all providers to allow for parents having their children vaccinated in different locations
- Long-term contracts for 'roving vaccination teams' to make it an attractive employment opportunity
- Annual 'train the trainer' programmes on communication around vaccines
- Alignment between GPs and community pharmacies, to ensure there is collaboration not competition between the providers
- '119' conversion to a national immunisation line, not just COVID- 19
- LSOA level data analysis to capture the areas most in need of intervention, to improve vaccine uptake rates

- Utilisation of the new NWL childhood dashboard at borough, PCN and GP practice level to identify local trends and issues
- Completion of return to school letters for primary and secondary school pupil, outlining forthcoming vaccination programmes over next school year and reminders to ensure that their routine schedule is up to date.
- MMR outreach delivery model by a NWL roving team has started with activity taking place in asylum seeker hotels and community clinics with a focus on providing catch-up MMR and polio vaccination opportunities for communities that encounter access inequalities. Their key focus is on:
    - Asylum seeker/refugee hotel residents
    - Known areas of low vaccine uptake and deprivation e.g. places of worship, food banks etc
    - Child focussed community centres during the school holidays
    - Static sites in community settings e.g. warm-hubs, libraries, sports centres
    - Large-scale community events in conjunction with NHSE and local partners e.g. Eid in the Square

- Venues visited by the roving team over the past year locally to deliver outreach in the form of MECC (Making Every Contact Count) adult winter and childhood vaccinations include: Meridian Ward Hammersmith, Claybrooks Centre, Charing Cross Hospital Car park, 145 King Street, Normand Park, Bridget Joyce Square, OYO Sino Hotel 85 Shepherds Bush Road, Hotel Orlando 83

Shepherds Bush Road, Old Oak Community Centre, Westfield Shopping Centre, Our Lady of Fatima, Fulham Pools, Council Depot 25 Bagleys Lane, Macbeth Centre, 25-27 Matheson Road and Askew Road

- Alignment of the work of roving team together with local grass roots organisations enabling facilitated discussions to take place that address vaccine concern as well as promoting benefits of immunisations is being undertaken.
- Individual MMR borough plan for H&F developed in May 2023 in response to the measles outbreak in Hillingdon seen in Spring 2023.
- Enhanced access hubs within H&F offer locally registered patients additional access to childhood immunisation clinics in the evenings and at weekends. There are multiple sites arranged by Primary Care Network's across the borough, one in the north (Parkview Practice), one in the south of the borough (Cassidy Medical Centre), one in the centre (Brook Green Medical Centre).
- H&F has a dedicated Immunisation Co-ordinator working across the borough with multiple stakeholders to increase immunisation uptake. This post is funded by NHSE. A summary of the work they are currently doing is shown below:
    - Working with practices to support adherence to the GP Core Contractual Standards, ensuring they are running their call/recall effectively, addressing barriers to uptake with patients and supporting overall delivery.
    - Encourage all practice staff to feel confident in discussing childhood immunisations with their patient population (clinically appropriate to the role).
    - Supporting practices to support national and local agreed catch-up campaigns e.g. London polio phase 1&2 campaigns and national MMR campaigns.
    - Ensuring that practices have knowledge of resources available to support immunisation delivery and how to access them, including those in multiple languages.
    - Ensuring patient lists are up to date and accurate.
    - Encouraging attendance at UKHSA/NHSE webinars around childhood vaccinations and local webinars delivered by NWL ICB.
    - Ensuring practices are using the correct and most up to date IT templates to record vaccinations.
    - Using a targeted, local approach based on demographics and vaccine update to link with Community Champions to support outreach to the local population to disseminate appropriate vaccine information.
    - Attending engagement sessions within the local communities to ensure that educational support around immunisations can be provided to families. This has included working closely with maternity

champions and community staff, within children centres and Team Around the Family Hubs (TAFH).
    - Training provided to family hub practitioners, and children centre staff around the importance of childhood immunisation.
    - Attending local primary care network (PCN) meetings, sharing data and relevant resources to ensure consistent messaging
    - Facilitate good working relationships between the ICB, NHSE and GP Practice/Primary Care.

Adult & seasonal vaccinations

Innovation Example

NWL ICB are working on a pilot with North Fulham Surgery in partnership with the NWL IT team. Any registered children under 5 now have a pop up of questions that appear, to have opportunistic conversations with parents around childhood immunisation. This will be expanded to all practices if successful.

- A GP toolkit (available here) has been produced in the NHSE London region to support improvements in uptake for the shingles vaccines, along with a range of other resources.
- NHSE commissioners are working to understand a more accurate picture of maternal pertussis coverage in London including areas of low uptake or whether data has not been correctly uploaded onto the GP clinical record.
- A Maternity Flu Action Plan has been completed by each unit in NWL in preparation for this season's delivery and a maternity immunisation webinar was held on 20th September 2023 for all clinicians delivering vaccinations to pregnant women, whether in primary care or trusts.

Next Steps

Both NHSE London and NWL have planned further vaccination uptake and broader strategic work in relation to vaccinations including:

- Review of funding models with LAs offering funding streams that allow for greater integration.
- Phase 2 polio/MMR programme is on track and we anticipate completion of the campaign by Quarter 2 2024. The future focus will include how to embed learning from this catch-up programme into business-as-usual vaccination services.
- As part of Polio Phase 2, funding has been allocated to NWL ICB for additional activities that contribute to:
    - Comms/ engagement activities that raise awareness of the childhood vaccination schedule and the importance, individual and community benefits of vaccination
    - Outreach activities for children aged 1-4 or geographical that make contact with those families whose children are un- or under-vaccinated for their age and offer a vaccination appointment/event
- This must be outside of existing functions, funding routes or mechanisms. NWL ICB are currently drafting the plans for the utilisation of this funding in conjunction with local stakeholders.
- The findings from the above analysis has informed the overall approach to inequalities in NWL with both the autumn/winter capacity and outreach plans incorporating learning from this analysis and reflecting this in the availability of local infrastructure as well as the way the offer is made to underserved groups.
- Focused areas of work to address inequalities within underserved groups which we see across all vaccination programmes including:

1) Community outreach and education via the NWL roving team as well as other health organisations

- Develop culturally sensitive and multilingual educational materials about vaccines' safety and benefits.
- Train community health workers to provide information, address concerns, and facilitate vaccine appointment.

2) Vaccine Clinics in Underserved Settings

- Continue to partner with community organisations, places of worship, and schools to host vaccine clinics.

- Ensure that clinics are welcoming, culturally sensitive, and staffed by diverse healthcare professionals.

3) Data Collection and Monitoring

- Continue to analyse vaccination data broken down by demographic factors (race, ethnicity, income, etc.) to identify disparities.
- Continuously monitor vaccination rates and address disparities in real-time.

4) Organise tailored Campaigns:

- Customise vaccination campaigns to address the unique needs and preferences of underserved communities, including visuals and messaging.

5) Engage Trusted Messengers:

- Look to continue work with local leaders and influencers within NWL: Partner with community leaders, influencers, and healthcare professionals from underserved communities to advocate for vaccination.
- Healthcare Workers: Ensure healthcare workers administering vaccines reflect the diversity of the communities they serve

6) Pregnant Women

- Continuation of the ongoing NWL work to support pregnant women (through maternity services) in getting both the flu, pertussis and COVID-19 vaccines which is critical for the health and well-being of both mothers and their unborn children. Ensuring healthcare workers are discussing the unique vulnerabilities associated with pregnancies and that both the flu and COVID-19 can pose serious risks to pregnant individuals and their babies – strongly advocating for flu and COVID-19 vaccination during pregnancy.
- All maternity units have a delivery plan in place which is overseen via the quarterly contract meetings with NHSE which the flu and child imms lead also attends so that the ICB can support as required. ICB lead also attends the monthly London Maternity Immunisation Forum. Each maternity meetings covers performance, delivery plans and models, stock allocation and programme risks.

7) Access and Inequality Funding

- Plans provide commitment to address disparities in vaccine uptake by implementing the Access and Inequality (A&I) funding initiative, which aims to increase vaccination rates in deprived areas through working with our borough leads

Appendix 1: Immunisation schedule

Routine childhood immunisations				
Age Due	**Diseases protected against**	**Vaccine given**	**Trade name**	**Usual Site**
8 weeks	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
16 weeks	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
1 year	Hib and Meningococcal group C (MenC)	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh

	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra	Both nostrils
Three years four months	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro or Priorix	Upper arm
12-13 years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (2 doses 6 to 24 months apart)	Gardasil	Upper arm
14 years Year 9	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

Selective childhood immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, 4 weeks and 12 months old	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with tuberculosis (TB) incidence >= 40/100,000	Around 28 days old	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country	Around 28 days old	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age

Adult Immunisation Programme

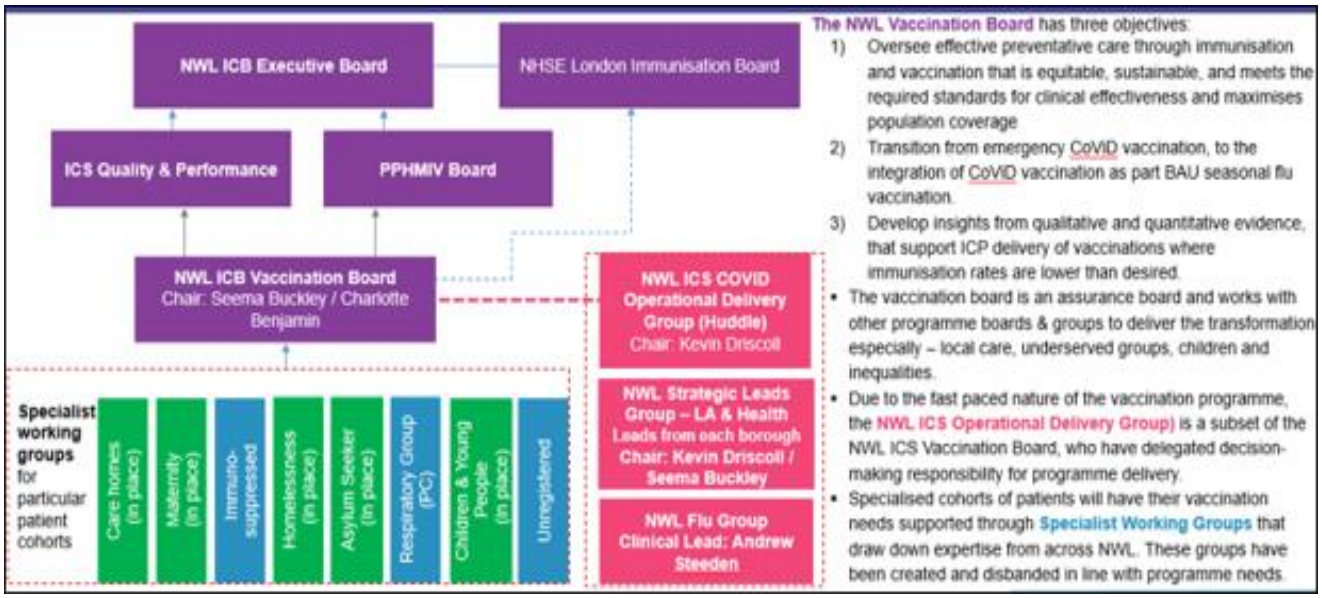
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple
70 to 79 years of age	Shingles	Shingles	Zostavax3 (or Shingrix if Zostavax contraindicated)
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

The complete routine immunisation schedule from February 2022 (publishing.service.gov.uk)

Appendix 2: NHSE current responsibilities & performance targets

Cohort	Immunisation Programme	Who we commission	National Target
Routine 0-5 imms	Diphtheria, Tetanus. Poliomyelitis, Pertussis, Hib and Hepatitis B (DTaP/IPV/Hib/HepB)	General Practice, Essential Service in GP Contract	95%
	Meningitis B (Men B)	General Practice, Essential Service in GP Contract	95%
	Rotavirus	General Practice, Essential Service in GP Contract	95%
	Pneumococcal	General Practice, Essential Service in GP Contract	95%
	Hib/Men C	General Practice, Essential Service in GP Contract	95%
	Diphtheria, tetanus, pertussis and polio dTap/IPV (pre-school booster)	General Practice, Essential Service in GP Contract	95%
	Measles. Mumps and Rubella (MMR)	General Practice, Essential Service in GP Contract & opportunistic catch up via School Aged Immunisation Providers	95%
Routine	Seasonal Influenza Immunisation for children - Eligible age or risk group	School Aged Immunisation Providers – 8 in London	70%
Routine School-aged	Human Papillomavirus (HPV)	School Aged Immunisation Providers	95%
	Td/IPV (Teenage Booster)	School Aged Immunisation Providers	90%
	Meningitis ACWY (Men ACWY)	School Aged Immunisation Providers	95%
Routine	Seasonal Influenza Immunisation for adults	General Practice (Enhanced Service), Maternity Units, Acute& Community Trusts, Community Pharmacy	Adults under 65 years - 75% Over 65 years & HCW - 85%
Routine Older adults	Pneumococcal	General Practice, Essential Service in GP Contract Pharmacy	75%
	Shingles	General Practice, Essential Service in GP Contract	65%
Selective	Hepatitis B for babies born to hepatitis B infected mothers	General Practice, Essential Service in GP Contract	100%
	BCG for at risk newborns	Community Providers – 11 in London	80%
	HPV for Men who have sex with men	Acute Trusts	No Target
	Pertussis for pregnant women	Maternity Units and General Practice, Essential Service in GP contract	London ambition is 70%
TBC	COVID-19 Immunisation Programme in Development	GPs, Community Pharmacies, Acute Trusts,	100% universal offer

Appendix 3: Vaccination and immunisation oversight in NWL



Appendix 4: Data collection

Data is uploaded into Child Health Information Service (CHIS) from GP practice records via a data linkage system. The CHIS provides quarterly and annual submissions to the UKHSA for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics. Annual data is more complete and should be used to look at longer-term trends.

COVER monitors immunisation coverage data for children in the UK who reach their first, second, or fifth birthday during each quarter. 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.

There are known complexities in collecting data on childhood vaccinations. Indeed, since 2013, London's COVER data is usually published with caveats, and drops in reported rates may be due to data collection or collation issues for that quarter.

Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities. London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Healthcare CIC), and North-West London (provider is Health Intelligence). These hubs are commissioned by NHSE to compile and report London's quarterly and annual submissions to UKHSA for COVER.

A 'script' or algorithm is utilised to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified. For example, for the first dose of MMR, any child who had their MMR vaccination before their first birthday is not included and so appears unvaccinated.

CHIS hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to UKHSA. CHIS Hubs are also commissioned to 'clean' the denominator by routinely undertaking 'movers in and movers out' reports. This is to ensure the denominator is up to date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. There are ongoing issues with CHIS hubs keeping up to date with movers in and out which is picked up in contract performance meetings with the NHSE (London) commissioners.

Vaccination data is extracted from London's GP IT systems and uploaded onto the CHIS systems. This isn't done directly by the CHIS Hubs. Instead, data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHSE whilst 4 boroughs in outer North-East London commission a separate system.

NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance with the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the 'COVER SOP', to check against the COVER submissions by CHIS to question variations or discrepancies.

While data linkage systems provide an automated solution to manual contact between CHIS and General Practices, data linkage does not extract raw data. General practices must prepare the data for extraction every month. This will vary between practices how automated the process is, but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.

General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystmOne, all of whom are commissioned by their ICS), CQRS (the payments system run by NHS England for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted

payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive. There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction.

Whilst NHSE (London) commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission GPs directly. Vaccination services, including call/recall (patient invite and reminder systems) are contracted under the General Medical Services (GMS) contract. This contract is held by primary care commissioning directorates of NHSE.

For most newer vaccine programmes and for those targeting people older than 5 years vaccination and population data is extracted directly from general practice systems using ImmForm, an online platform.

Appendix 5: Abbreviations

Abbreviation	Definition
CHIS	Child health information Service
COVER	Cover of vaccination evaluated rapidly
DHSC	Department of Health & Social Care
dTaP/IPV	Diphtheria, tetanus, pertussis, inactivated polio combined vaccine
GP	General practitioner
Hib	Haemophilus influenzae B
HepB	Hepatitis B
H&F	Hammersmith & Fulham
HPV	Human papillomavirus
ICB	Integrated care board
ICS	Integrated care system
JCVI	Joint committee on vaccination and immunisation
LA	Local authority
MECC	Making every contact count
Men B	Meningococcal group B
Men C	Meningococcal group C
MMR	Measles, mumps and rubella combined vaccine

NHSE	National Health Service England
NWL	North-West London
PCV	Pneumococcal conjugate vaccine
PPV	Pneumococcal polysaccharide vaccine
PSB	Pre-school booster
Rota	Rotavirus
QOF	Quality and outcomes framework
SAIS	School age immunisation services
UKHSA	United Kingdon Health Security Agency
WHO	World Health Organisation

Appendix 6: Contacts

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