

# **Hammersmith and Fulham**

## **Report for Health, Adult Social Care and Social Inclusion Policy and Accountability Committee**

**14<sup>th</sup> September 2015**



## **Immunisations in Hammersmith & Fulham**

Prepared by:

Cécile Henderson, Immunisation Commissioner  
Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years,  
Immunisations and Vaccination Services

Final version: 24<sup>th</sup> August 2015.

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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## 1 Aim

- The purpose of this paper is to provide the Policy and Accountability Committee of Health and Wellbeing Board of Hammersmith and Fulham with assurance that appropriate governance arrangements are in place within NHS England and that appropriate initiatives are being delivered to increase uptake of immunisations, in order to protect the health of people in Hammersmith and Fulham.
- The reports gives an update on the performance of all immunisation programmes for Hammersmith & Fulham and details the actions taken to improve uptake.
- Section 7a immunisation programmes are universally provided immunisation programmes that cover the life-course and comprise of:
  - Antenatal and targeted new-born vaccinations
  - Routine Childhood Immunisation Programme for 0-5 years
  - School age vaccinations
  - Adult vaccinations such as the annual seasonal 'flu vaccination
- The Policy and Accountability Committee of Health and Wellbeing Board are asked to note and support the work NHS England (London) are doing to increase vaccination coverage and immunisation uptake in Hammersmith & Fulham.

## 2 Initiatives and Actions for Hammersmith & Fulham 2015/16

- The London Immunisation Board is overseeing pan-London approaches to improve uptake and coverage across London with a five year strategic plan. Quarterly reports from the Board are issued to all directors of public health across London.
- NHS England (NHSE London) initiated, organised and led a Round Table event for Hammersmith & Fulham which took place on 1<sup>st</sup> April 2015. The event was chaired by George Leahy, Public Health Consultant, NHSE and Public Health England (PHE), and the key stakeholders were represented, including the CCG, the local authority, the CHIS hosted by Central London Community Healthcare NHS Trust (CLCH), NHSE and PHE. The aims of the Round Table event was to review the performance, discuss common issues and blocks to improving performance, re-energise partners in their work to improve coverage and reduce inequalities and finally agree actions, timescales and accountabilities. The following areas were pinpointed as areas that would need to be addressed in priority in 2015/16:
  - data management,
  - clinical coding,
  - the changing workforce,

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- disparity between performance and payment systems,
  - the impact of demographic changes,
  - the need to revitalise and empower staff to promote immunisation to their registered patient populations
  - the need to address the increasing ambivalence of health professionals and patients towards influenza vaccinations.
- 
- During Quarter 1 of 2014/15, there was a temporary suspension of the call and recall arrangements between CLCH (the Child Health Information System providers) and general practice (GP) providers in Hammersmith and Fulham. A remedial action was taken and services are now resumed, however the impact of this temporary suspension may have a future negative impact on the coverage data for 2 and 5 year olds.
  - In order to ensure timely payment and re-imburement for activity, NHSE has enhanced payment systems and implemented contingency arrangements in the absence of National payment systems. A monthly bulletin to GP practice teams is distributed across London providing the latest information.
  - All GP Practices in Hammersmith and Fulham are now using TPPSystemOne as the preferred clinical patient record IT system. There have been challenges to extracting timely data using the appropriate coding. The issue was escalated to the national team for mitigation of risk and future resolution.
  - For Quarter 1 2015/16, NHSE have implemented a protocol for early scrutiny of immunisation rates prior to submission to COVER. This highlights any issues prior to submission of data to COVER and enables examination of the validity of data.
  - NHSE are working with CLCH on ensuring the continuation of improving data quality through meetings and via an Action Plan. The Action Plan addresses Early Years touch-points throughout the child health record: Output based specifications, Antenatal Referrals, NHS numbers for babies, New-born Bloodspot Screening, New-born Hearing, New Infant Physical Examination at 72 hours and 6-8 weeks, and Communication between CHIS providers. One of the key areas in the action plan is ensuring interoperability between systems following migration of CLCH current clinical system (Rio) to TPP SystemOne in July 2015.
  - For 2015/16, NHS England (London) is operating annual borough specific plans in an effort to improve vaccine uptake and reduce health inequalities across London. These plans sit with the pan-London approaches overseen by the London Immunisation Board and the improved contractual management and quality assurance processes that NHS England (London) are operating to improve quality of delivery and performance of Section 7a programmes. The Hammersmith & Fulham Immunisation Action Plan focuses on the key improvement areas highlighted at the Round Table Event with jointly agreed actions and outputs for NHSE and its partner organisations to ensure that high levels of immunisation coverage are achieved and sustained. The plan was discussed and agreed in principle with the CCG and Local Authority earlier

this year. Improvements to quality assurance and contractual management include an audit of all GP practices in London and an established London incident protocol to reduce occurrences of vaccine incidents.

- Immunisation commissioners from NHS England (London) are visiting the GP Practices which have the highest numbers of unimmunised children for MMR2 (from COVER data, using the average across Quarter 4, 2013/14 and Quarters 1, 2 and 3, 2014/15). MMR2 and the preschool booster are good indicators of completed immunisation schedules. Five practices have been identified for Hammersmith & Fulham to be visited. To support GP Practices in achieving higher COVER rates, NHSE will design an IT support card for Hammersmith and Fulham practices to be able to prioritise immunisation of the children whose birthdays are in the COVER quarter's cohort.

### 3 Antenatal and New-born Vaccinations

#### 3.1 Pertussis vaccination for Pregnant Women

- In 2012, a national outbreak of pertussis (whooping cough) was declared by the Health Protection Agency. In 2012, pertussis activity increased beyond levels reported in the previous 20 years and extended into all age groups, including infants less than three months of age. This young infant group is disproportionately affected and the primary aim of the pertussis vaccination programme is to minimise disease, hospitalisation and death in young infants. In September 2012 The Chief Medical Officer (CMO) announced the establishment of the *Temporary programme of pertussis (whooping cough) vaccination of pregnant women* to halt in the increase of confirmed pertussis (whooping cough) cases. This programme has been extended for another 5 years by the Department of Health (DH) in 2014. Since its introduction, Pertussis disease incidence in infants has dropped to pre2012 levels.
- Statistics for pertussis vaccine uptake are reported monthly and by region/area. They cover those women who delivered a baby within the survey month at more than 28 weeks gestational age and who are registered on the general practitioner (GP) systems. However the submission is currently optional and 100% of Hammersmith & Fulham GP practices submitted reports (ImmForm, 2015). Nationally 70% of the population of pregnant women are reflected in the sentinel surveillance data.
- In England, pertussis vaccine coverage in pregnant women reached 62.6% in December 2014 – the highest recorded since the start of the programme. Nationally, the uptake of pertussis vaccine is increasing year on year.
- There are seasonal patterns with the winter months of November and December each year reporting the highest proportion vaccinated whilst there's a drop between April and July
  - Difference attributed to pertussis given with seasonal 'flu vaccination during November and December
- London monthly averages are ~10% lower than national averages and London was one of only two area teams (Birmingham Black Country being the other)

that reported coverage rates of under 50% between Oct 2012 and December 2014

- The annual average for London for 2014/15 (April 2014 – March 2015) was 46.1%. Hammersmith & Fulham CCG reported an average of 43.2% uptake (ImmForm, 2015).
- NHS England has a pan-London action plan to increase uptake amongst pregnant women with a named lead. This includes a project to women's reasons for not being vaccinated and an audit on how well the vaccine is prompted by the health professionals involved. A maternity service level agreement (SLA) has been implemented for 2015/16 with Clinical Commissioning Groups (CCGs) specialised commissioning to enable all maternity services to administer seasonal 'flu and pertussis to all pregnant women.

### **3.2 Universal BCG vaccination**

- The national reporting system is currently under review so no data has been collected since 2012. However, since the London TB Board and the London Immunisation Board both recommended a universal BCG vaccination programme in London, providers of Child Health Information Systems (CHIS) are now contracted to submit quarterly data as part of the Cohort of Vaccination Evaluated Rapidly (COVER) returns. This data will be available from Q1 2015/16 onwards. However, there is data available from a CQUIN that NHS England offered to all CHIS providers in 2014/15 that shows that for Q3 2014/15, 25% of babies in Hammersmith & Fulham received BCG and 22.7% in Quarter 4.
- NHS England (London) will be rolling out a 100% offer of BCG vaccine to all babies up to the age of one year across London. This offer will primarily be given in the maternity units with a community offer for those parents who missed out on the vaccine in maternity hospitals.
- Since April 2015, there has been a shortage of BCG vaccine nationally resulting in low stocks within London. It is anticipated that providers can reorder the vaccine from mid June onwards and have been recommended to adhere to the Public Health England advice of prioritising those infants most at risk of TB.

### **3.3 Neonatal Hep B vaccination**

- Babies born to mother who are Hepatitis B positive should receive a course of 4 does of Hepatitis B vaccine and a serology by 12 months of age. Mothers are identified through the antenatal screening programme and babies are followed up through primary care in Hammersmith & Fulham.
- Numbers for babies born to mothers who are Hepatitis B positive are small so annual figures are more robust. The latest annual data available is for 2013/14 (year ending March 31<sup>st</sup> 2014). There were no Hepatitis B at risk babies recorded for Hammersmith & Fulham.
- NHS England's intention is to have all babies vaccinated by their first birthday and serology conducted. This is being enacted through commissioning endeavours (including CQUIN to improve reporting) in 2014/15 and a pan-

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London action plan being delivered by a Hep B sub-group of the London Immunisation Board.



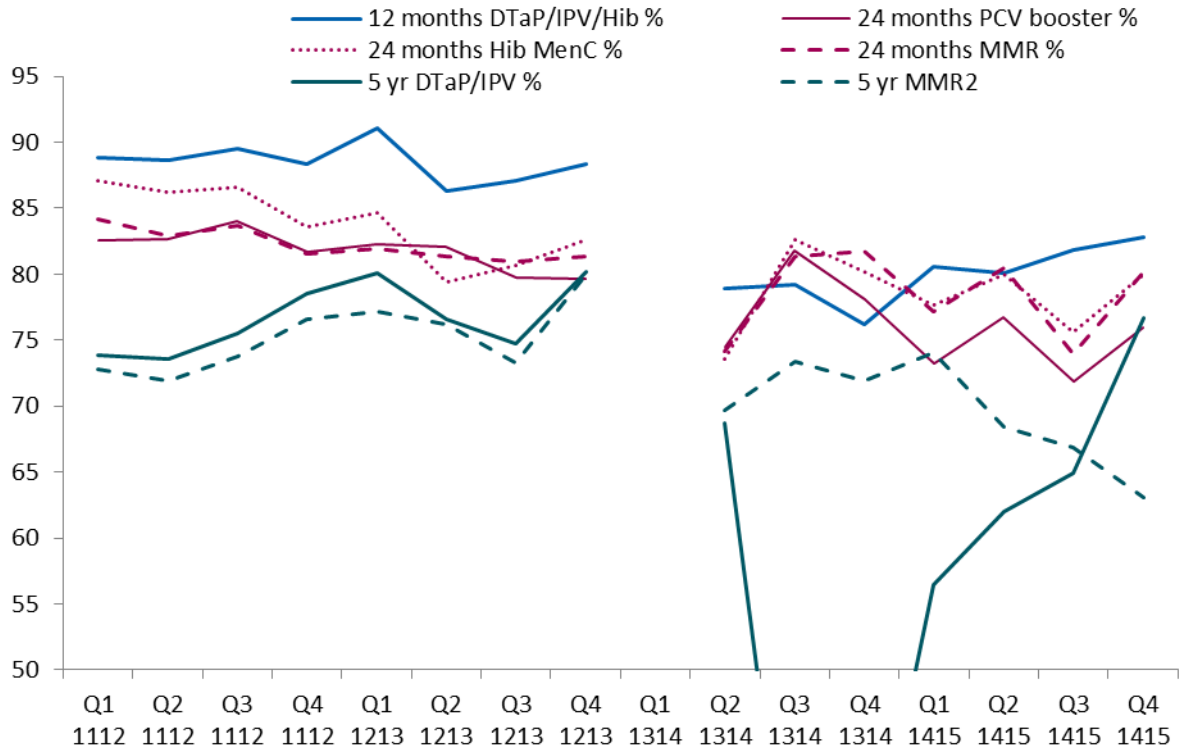
## 4 Routine Childhood Immunisation Programme (0-5 years)

### 4.1 COVER Trends

- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1<sup>st</sup> January 2012 to 31<sup>st</sup> March 2012, 1<sup>st</sup> April 2012 – 30<sup>th</sup> June 2012. 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 5<sup>th</sup> birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided for the low coverage include the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices, London's high population mobility, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Hammersmith & Fulham's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Hammersmith & Fulham has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).
- Throughout 2011/12 to 2014/15, London has consistently performed below national on all COVER indicators by ~4% for the age 1 vaccinations, ~6% for age 2 vaccinations and ~10% for the age 5 vaccinations. The rates dipped at the start of 2013/14 but have since increased to the pre-dip levels.
- Figure 1 illustrates the quarterly COVER statistics for the uptake of the six COVER indicators for uptake. The primaries (i.e. completed three doses of DTaP/IPV/Hib) are used to indicate age one immunisations, PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2 and preschool booster and second dose of MMR for age 5. Quarterly rates vary considerably more than annual rates but are used for monitoring purposes. This graph only contains up to Q4 2014/15 as that was the latest available data in this format at time of writing. It can be seen that between Q4 2012/13 and Q2 2013/14 that there is a gap in the data due to data submission difficulties at the time. Since then the time lines for all indicators fluctuate widely, again due to data collection difficulties. Since Q1 2014/15 there is a continual increase across indicators and it is anticipated that this will follow in 2015/16, reflecting the initiatives and actions outlined in section 2 of this report.

Figure 1

Time Trend of COVER Indicators for Hammersmith & Fulham 2011/12 to 2014/15



Source: Public Health England (2015)

## 4.2 Hammersmith & Fulham compared to Neighbouring Boroughs

- Table 1 shows Hammersmith & Fulham compared to its neighbouring boroughs in North East London (data for COVER is still reported as PCT areas) for Quarters 3 and 4 (i.e. October 1st 2014 to March 31<sup>st</sup> 2015). Hammersmith & Fulham had a significant increase between Q3 and Q4 for the Age 5 preschool booster of 12%. The other indicators remained stable with no significant changes (i.e. the confidence intervals for each indicator uptake rate overlapped with the previous quarter). No other North West London borough/PCT area achieved 95% on any indicator.
- Compared to London, Hammersmith & Fulham performs below London average for the age 1 and 2 vaccinations but higher than age 5 preschool booster and slightly lower for the 2nd dose of MMR.
- When compared to quarter 4 2013/14, there are significant increases in two of the indicators for Hammersmith & Fulham – a rise from 76.2% in Q4 2013/14 to 82.8% in Q4 2014/15 for age one vaccinations, 31.3% to 76.7% for the age 5 vaccination (preschool booster) and a decrease from 72% to 63.1% for the 2<sup>nd</sup> dose of MMR.

Table 1

*Hammersmith & Fulham PCT and Neighbouring PCTs Comparisons between Q3 and Q4 2014/15*

Q3 1415 & Q4 1415 Immunisations		Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib) - (DTaP/IPV/Hib)-3Doses			Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV booster)			Immunisation rate for children aged 2 who have been immunised for Haemophilus influenzae type b (Hib), meningitis C (MenC) - (Hib/MenC)			Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)			Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) - pre-school booster			Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR2)		
PCT Name	PCT Code	Q3 1415	Q4 1415	Signif. change	Q3 1415	Q4 1415	Signif. change	Q3 1415	Q4 1415	Signif. change	Q3 1415	Q4 1415	Signif. change	Q3 1415	Q4 1415	Signif. change	Q3 1415	Q4 1415	Signif. change
North West London (NW)		%	%		%	%		%	%		%	%		%	%		%	%	
Brent Teaching PCT	5K5	92.0	92.2	↔	85.9	85.8	↔	86.8	86.4	↔	86.4	85.8	↔	81.3	0.0	↓	81.8	80.6	↔
Westminster PCT	5LC	73.2	72.8	↔	72.1	70.0	↔	72.3	69.7	↔	72.4	72.0	↔	65.0	75.1	↑	65.5	59.0	↔
Ealing PCT	5HX	84.4	83.1	↔	85.3	81.9	↔	83.9	82.5	↔	84.4	83.6	↔	80.6	66.7	↓	81.7	77.0	↓
Hammersmith & Fulham PCT	5H1	81.8	82.8	↔	71.9	76.0	↔	75.6	80.0	↔	74.0	80.2	↔	64.9	76.7	↑	66.9	63.1	↔
Harrow PCT	5K6	92.1	93.8	↔	84.9	85.7	↔	88.3	89.2	↔	89.6	91.0	↔	79.6	0.0	↓	82.4	85.2	↔
Hillingdon PCT	5AT	92.7	91.0	↔	88.2	89.0	↔	88.8	88.7	↔	87.8	88.2	↔	87.8	86.3	↔	87.9	86.9	↔
Hounslow PCT	5HY	91.1	90.9	↔	79.5	81.6	↔	81.5	84.7	↔	81.7	84.1	↔	62.6	58.4	↔	72.4	71.2	↔
Kensington & Chelsea PCT	5LA	71.5	75.9	↔	65.7	68.5	↔	68.8	74.2	↔	68.8	72.6	↔	59.8	82.4	↑	62.5	60.8	↔
London	London	90.0	90.3	↔	85.5	85.7	↔	86.1	86.3	↔	86.0	86.5	↔	78.0	77.0	↓	80.5	80.1	↔

Source: PHE (2015)

### 4.3 Rotavirus

- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and is measured monthly. Since June 2014 both London and England averages have been 90% or over.
- The programme has been very successful in reducing incidences of rotavirus with laboratory reports of rotavirus for July 2013 – June 2014 being 67% lower than the ten season average for the same period in the seasons 2003/04 to 2012/13 (Public Health England, 2014).
- An updated information standard for the COVER surveillance scheme has been approved and will be published soon. The new scheme will include the collection of rotavirus vaccination data so that this can be reported along with the other childhood vaccinations.
- The latest available data on ImmForm shows that, for the month ended 31/07/2015 (monthly data, not cumulative), 100% of the Hammersmith and Fulham CCG GP Practices reported (95.4% for London). The rate was 85.8% for the first dose and 80.3% for the second dose. The London rates for the same period were 90.7% and 83.2%.

## 5 School Age Vaccinations

### 5.1 HPV vaccination

- Human papillomavirus (HPV) vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 a two dose schedule will be operated from 2014/15 onwards.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. England has increase from 80.1% in 2008/09 to 86.7% in 2013/14 (the latest published data) whilst London has performed lower but still increasing from 73.8% in 2008/09 to 80% in 2013/14. However, the 2013/14 figures are still below the national target of 90%, the level set for herd immunity. Nevertheless, data for 2014/15 will be available in December 2015.
- Table 2 ranks the performance of London's Primary Care Trusts (PCTs) comparing 2013/14 to the performance of 2012/13 (data is still published as PCT areas for comparison reasons). It can be seen that Hammersmith & Fulham is within the bottom 5 performers of London with 73.3% girls completing their course of vaccinations in 2013/14. Unlike other London boroughs the drop between first and third doses is small – only 3%. This means that the introduction of the two dose schedule will not mean a big jump for Hammersmith and Fulham.
- A big factor in contributing to the poor uptake with the borough is the large number of schools across Hammersmith and Fulham who do not engage with the HPV vaccination programme. This results in missed vaccination opportunities and requires future management. In the academic year 2015/16, NHSE will include in the procurement process an obligation for the provider to engage with local schools and parents and an obligation to mitigate against schools refusing access. The provider will be incentivised through the contractual arrangement and subsequent monitoring to achieve high performance.

*Table 2  
Ranking of London Primary Care Trusts (PCTs) in relation to percentage of Year 8 girls who completed the HPV course in 2013/14 and 2012/13*

Name of Organisation	% 2013/14	% 2012/13	Difference
NEWHAM PCT	92.3	90.3	2.0
SUTTON AND MERTON PCT	89.4	87.3	2.1
ISLINGTON PCT	87.1	87	0.1
WALTHAM FOREST PCT	86.8	86.5	0.3
BROMLEY PCT	86.8	85.5	1.3
HILLINGDON PCT	86.5	85.4	1.1
HOUNSLOW PCT	86.2	85.3	0.9
HAVERING PCT	86.2	84.8	1.4
SOUTHWARK PCT	85.7	83.9	1.8
HARROW PCT	83.2	83.7	-0.5
LEWISHAM PCT	82.9	83.2	-0.3
RICHMOND AND TWICKENHAM PCT	81.8	82.7	-0.9
KINGSTON PCT	81.6	81.3	0.3
BRENT TEACHING PCT	81.1	80.2	0.9
LAMBETH PCT	80.9	79.1	1.8
BARKING AND DAGENHAM PCT	79.2	78.8	0.4
WANDSWORTH PCT	79.1	78.8	0.3
KENSINGTON AND CHELSEA PCT	78.9	78.7	0.2
WESTMINSTER PCT	77.9	78.5	-0.6
GREENWICH TEACHING PCT	77.6	78.3	-0.7
EALING PCT	77.0	77.7	-0.7
CAMDEN PCT	77.0	77.4	-0.4
BEXLEY CARE TRUST	76.6	76	0.6
HARINGEY TEACHING PCT	76.4	75.7	0.7
CROYDON PCT	76.4	74.7	1.7
TOWER HAMLETS PCT	75.6	74.5	1.1
HAMMERSMITH AND FULHAM PCT	73.3	72.2	1.1
BARNET PCT	69.5	72	-2.5
CITY AND HACKNEY TEACHING PCT	69.4	66.9	2.5
REDBRIDGE PCT	69.2	66.7	2.5
ENFIELD PCT	68.3	62.1	6.2

Source: PHE (2014)

## 5.2 Other school age vaccinations

- To date, data is not routinely collected and published for Meningococcal C (Men C) vaccination programme and for the teenage booster.
- NHS England is currently undertaking a procurement of immunisation services to deliver school age vaccinations, which will provide provision in sites outside school as well as deliver school-based vaccinations. Through the new contracts, NHS England will be routinely collecting data on coverage and

uptake. The new national Maternal and Child Health Data set Portal which is due later this year will also provide data on uptake.

- From September 2014, it is planned to deliver Meningococcal ACWY instead of Men C in Year 9 with a catch up in years 12 and 13. This is a national programme following the rise in Meningococcal W (Men W) cases in England over the last two years. A sub-group of the London Immunisation Board has been set up to deliver London's action plan to implement the new programme for 2015/16.
- Following two years of piloting delivery of child 'flu vaccination programme in primary and secondary schools, the programme is being rolled out from September 2015.

## 6 Adult Vaccinations

### 6.1 Shingles

- The Shingles vaccination programme commenced in September 2013.
- Shingles vaccine is offered to people who are 70 years or 79 years old on 1<sup>st</sup> September in the given year. Data on vaccine coverage is collected between 1<sup>st</sup> September and 31<sup>st</sup> August. London has excellent reporting rates with 98.35 of GP practices submitting data returns.
- Although data for 2014/15 only covers up to May 2015, this year London and England appear to be performing lower than last year despite the national trend projecting an increase on last year. London's average for uptake amongst the 70 year old cohort is 42% (lower than England's 52.8% and lower than 2013/14 when it was 51.3%). For the same period, London's average for uptake amongst the 79 year old cohort is 45.8% (lower than England's 53.8% and last year's 50.9%).
- For Hammersmith & Fulham, 36.6% of the age 70 year olds were vaccinated in 2013/14 which has decreased to 27.7% for 2014/15. There was also a decrease for the 79 year old cohort with 32.1% vaccinated in 2013/14 and 25.5% vaccinated so far in 2014/15. (See Table 3).
- In 2013/14 London had 35,616 unvaccinated 70 and 79 year olds (48.5% of the total). Within Hammersmith & Fulham, 975 were unvaccinated (65% of the overall total 70 and 79 year old population).
- Nationally and within London, there is no difference between ethnic groups in terms of uptake.

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Table 3

*Uptake of Shingles Vaccine for the 70 and 79 age cohorts by London CCG for 2013/14 and 2014/15*

CCG	% of 70 years age cohort vaccinated 2013/14	% of 70 years age cohort vaccinated 2014/15*	% of 79 years age cohort vaccinated 2013/14	% of 79 years age cohort vaccinated 2014/15*
Barking and Dagenham CCG	51.9	44.6	45.1	48.3
Barnet CCG	56.1	47.6	55.3	54.3
Bexley CCG	47	45.5	39.8	44.5
Brent	51.8	46.9	50.1	48.5
Bromley CCG	55.6	44.6	57.3	50.4
Camden CCG	50.3	36.1	52.6	40.4
Central London (Westminster) CCG	34.6	29.4	36.7	32.8
City and Hackney CCG	43	32.8	42.5	37.5
Croydon CCG	55.6	46.9	55.1	46.1
Ealing CCG	49.8	36.8	48.4	36.8
Enfield CCG	52	43.7	51.7	50.1
Greenwich CCG	51.4	43.2	48.7	45.9
Hammersmith & Fulham CCG	36.6	27.7	32.1	25.5
Haringey CCG	47.7	38.8	49.4	41.1
Harrow CCG	51	43.3	53.3	50.5
Havering CCG	54.6	47.2	55.1	49.2
Hillingdon CCG	62	48.2	60.3	57.4
Hounslow CCG	44.6	39.9	44.6	40.2
Islington CCG	51.2	41.6	45.9	50.9
Kingston CCG	52.6	51.4	56.1	46.4
Lambeth CCG	51.2	35.7	50.1	42.6
Lewisham CCG	49	42.6	48.5	46.4
Merton CCG	51.1	43.2	54.3	49.3
Newham CCG	60.7	47.8	59.1	55.3
Redbridge CCG	51.2	42.4	49.4	42.8
Richmond CCG	61.8	46.8	59.8	45.8
Southwark CCG	45.5	33.9	46	39.6
Sutton CCG	56.2	49.8	60.1	54.5
Tower Hamlets CCG	50.9	43.2	56.3	43.2

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Wandsworth CCG	52	41.4	50.5	46.5
Waltham Forrest CCG	48.7	39.3	45.5	41.9
West London (K&C & QPP) CCG	42.1	21.4	42	24.1
<b>London</b>	<b>51.3</b>	<b>42</b>	<b>50.9</b>	<b>45.8</b>
<b>England</b>	<b>61.8</b>	<b>52.8</b>	<b>59.6</b>	<b>53.8</b>

\* collection of data still ongoing

*Source: PHE (2015)*

### 6.2 PPV

- Pneumococcal Polysachride Vaccine (PPV) is offered to all those aged 65 and older to protect against 23 strains of pneumococcal bacterium. It is a one off vaccine which protects for life.
- Vaccine uptake and reporting coverage is published cumulatively. The latest published data is for 2013/14. Up to and including 31<sup>st</sup> March 2015, 56.6% of those aged 65 years and older were vaccinated with PPV in Hammersmith & Fulham. This is lower than London's average of 65% and lower than England's average of 69.8%. Reporting coverage rates are good –100% for Hammersmith & Fulham compared to 98.1% for London and 96.7% for England.

### 6.3 Seasonal 'Flu

- Table 4 illustrates the uptake of seasonal 'flu vaccine for each of the identified 'at risk' groups for Hammersmith & Fulham CCG compared to London and England averages for the winter 2014 (September 1<sup>st</sup> 2014 to January 31<sup>st</sup> 2015). It can be seen that Hammersmith & Fulham CCG performs lower than both London and England averages. Hammersmith & Fulham was the poorest performing borough for seasonal 'flu vaccine uptake in London.
- Overall, the uptake rates for seasonal 'flu vaccination were down from 2013/14's performance. In England, 72.7% of 65+ year olds were vaccinated (down from 73.2% in 2013/14), 50.3% of those aged 6 months to 65 years with one or more underlying clinical risk factors (down from 52.3% in 2013/14). Vaccination rates of pregnant women increased from 39.8% in 2013/14 to 44.1% in 2014/15 for England.
- London, England and Hammersmith & Fulham all performed below the recommended 75% uptake level for all at risk groups.
- In April 2015, NHS England (London) undertook a review of how the 2014/15 seasonal 'flu programme was delivered. This review was presented to the London Immunisation Board in May 2015 and the reflections and recommendations will be incorporated in the planning for the 2015/15 'flu programme.



Table 4

*Uptake of the 'at risk' Groups of Seasonal 'flu for Hammersmith & Fulham CCG compared to London and England for Winter 2014 (September 1<sup>st</sup> 2014 – January 31<sup>st</sup> 2015)*

Local Authority	% of practices responding	% of uptake 65+	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of 4 year olds
Hammersmith & Fulham	100	61.7	38.4	31.1	26.2	22.7	19.6
London	100	69.2	49.8	39.9	30.3	32.7	23.6
England	100	72.7	50.3	44.1	38.5	41.3	32.9

*Source: PHE (2015)*

## 7 Conclusions

- Hammersmith & Fulham and London have performed below national averages on almost all the Section 7A immunization programmes. However, the London Immunisation Board is overseeing pan-London approaches and borough specific plans to improve uptake and coverage.
- For 2015/16, each London borough has been assigned an immunisation commissioner who is responsible for delivering a multi-agency borough specific action plan. The aim of each plan is to increase uptake and vaccination coverage within the boroughs, which in turn will increase London averages. The plans will also address health equities in access to immunisations and health inequalities in uptake.