



London Borough of Hammersmith & Fulham

HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE

18th April 2016

LEARNING POINTS FROM THE FLU SEASON 2015/2016 IN HAMMERSMITH AND FULHAM

Report of the Executive Director of Adult Social Care and Health – Liz Bruce

Open Report

Classification - For Scrutiny Review & Comment

Key Decision: No

Wards Affected: All

Accountable Executive Director: Liz Bruce

Report Authors: Sarah Wallace, Three Boroughs Public Health Registrar; Sophie Ruiz, Senior Network Coordinator Hammersmith and Fulham CCG, and Johan van Wijgerden NHS England (London), Commissioning Lead - Immunisations

Contact Details:
Tel: 02076411256
E-mail: swallace@westminster.gov.uk

LEARNING POINTS FROM THE FLU SEASON 2015/2016 IN HAMMERSMITH AND FULHAM

1. SUMMARY

- 1.1. The Hammersmith and Fulham systems immunisations group has been meeting throughout the 2015/16 flu season with the aim of improving the uptake of the flu immunisation in Hammersmith and Fulham. Membership of the group includes Local Authority Public Health, Hammersmith and Fulham CCG, Children's Services, NHS England and CNWL NHS Trust who are the commissioned provider for the school based programme.
- 1.2. The latest nationally published data on flu immunisation uptake is for September -January 2015. Across London uptake of flu immunisations has dropped in all groups. However, Hammersmith and Fulham has shown an improvement in uptake among pregnant women, and 3 year olds. The decrease in uptake in the over 65s and under 65 at-risk groups has been in the context of a London-wide drop. In terms of staff vaccination, in local NHS Trusts, CLCH's and Chelsea and Westminster's uptake improved, but Imperial's and WLMHT's uptake dropped. CLCH won the 'most improved' award in the national Flufighters awards.

1.3. This season the immunisation group has worked with many stakeholders and targeted multiple groups of eligible residents, with the aim of improving the uptake of the flu vaccine in Hammersmith and Fulham. The group, with the endorsement of NHS England, designed and delivered a flu pilot in children’s centres, the first in London. While the detailed planned activities were described in the Policy and Accountability Committee paper of 4th November 2015, this paper focuses on the learning from this season and the emerging action plan for Winter 2016/17.

2. BACKGROUND

2.1 Uptake of flu immunisations in Hammersmith and Fulham has been low in previous flu seasons. This year a systems immunisations group was convened by the Executive Director of Adult Social Care and Public Health bringing together the Local Authority, Hammersmith and Fulham CCG and NHS England. This group has been working to establish reasons and develop solutions to the poor uptake of flu immunisations in Hammersmith and Fulham, with a particular focus on the 2, 3 and 4 year old age group.

2.2 This report aims to describe the flu immunisation performance in Hammersmith and Fulham. It also highlights some successes and key actions and learning points for next season.

3. PERFORMANCE

3.1 GP Data

Data on flu immunisation uptake in GP practices is published monthly. In London there has been a drop in uptake in every area compared with the previous season. Clinicians reported to the group that there was low public confidence in the flu vaccine; given challenges relating to the efficacy of the vaccine in the previous year which may have had an impact on uptake rates. Compared with other London CCGs, Hammersmith and Fulham has improved in ranking across most eligible groups between 2014/15 and 2015/16. Three year olds showed a particular improvement: out of 32 London CCGs, uptake in the Hammersmith and Fulham CCG went from 31st place in 2014/15 to 23rd place in 2015/16 (with 2 and 4 year olds currently in 24th place). The table below shows uptake rates for the different groups for last year and this year, and the percentage change.

	2 years	3 years	4 years	Over 65s	Under 65 'At Risk'	Pregnant Women
H&F CCG 2014/15	26.2%	22.7%	19.6%	61.7%	38.4%	31.1%
H&F CCG 2015/16	24.7%	26.2%	19.4%	57.3%	32.8%	32.4%
% Change	-1.50%	+3.50%	-0.20%	-4.40%	-5.60%	+1.30%
London 2014/15	30.3%	32.7%	23.6%	69.2%	49.8%	39.9%
London 2015/16	26.5%	28.8%	21.8%	66.2%	43.6%	38.5%
% Change	-3.80%	-3.90%	-1.80%	-3.00%	-6.20%	-1.40%

Source: PHE. Seasonal flu vaccine uptake in GP patients: 1 September 2015 to 31 January 2016, and Seasonal flu vaccine uptake in GP patients: 1 September 2014 to 31 January 2015

Hammersmith and Fulham has shown increased uptake in pregnant women and in 3 year olds. This is in line with the focus of the systems group which in this first year has been on 2, 3 and 4 year olds. Over 65s and the under 65 'at risk' group will need to be an increased focus in future seasons.

3.2 Children's Centre Flu Pilot

A flu pilot was undertaken in two LBHF children's centres, where practice nurses delivered a total of 71 flu immunisations in drop-in sessions in children's centres. This was the only pilot of this kind undertaken in London, and was brought about from the initiative of the immunisation group. Further details are given in section 4.5.

3.3 School Immunisation Programme

This is the first year of the national school flu immunisation programme, therefore there is no comparator data for previous years. This year the immunisation has been offered to children in School Years 1 and 2.

80% of primary schools in Hammersmith and Fulham held a flu immunisation session, despite a national shortage of the children's flu vaccine in the early part of the season. Others were offered a catch-up session. Data from NHS England indicates that uptake in year 1 was 34.9% (ranking 25/32 in London) and in year 2 was 32.6% (ranking 26/32).

3.4 Frontline Health Care Workers Uptake

For frontline healthcare workers at NHS trusts, again there was a drop in uptake across London. CLCH increased their uptake by 19.5% between 2014/15 and 2015/16, and Chelsea and Westminster by 2.4%. **CLCH won the 'most improved' category' in the national Flufighters awards.** However, the other two local NHS trusts have dropped, with a particularly large decrease at Imperial.

NHS Trust	2015/16 to 29 th February (% Uptake)	2014/15 to 28 th February (% Uptake)
London Area Team	40.7	43.2
CLCH NHS Trust	46.0	26.5
Chelsea and Westminster NHS Trust	60.2	57.8
Imperial College NHS Trust	30.4	47.9
West London Mental Health Trust NHS Trust	23.0	29.8

Source: PHE. Seasonal influenza vaccine uptake amongst frontline healthcare workers (HCWs) in England: February Survey 2015/16. (Published 17.3.2016)

4. SUCCESSES AND LEARNING POINTS

Actions and learning points for next flu season have been included in italics. A timetable for next year's flu season is included in appendix 1 which includes the organisation or directorate responsible for the action.

4.1 Programme as a whole

4.1.1 Data

Access to accurate and timely local uptake data was essential; it helped in planning and targeting specific groups. PHE own most of the flu performance data, which they then share with partners. However sometimes it was difficult to access timely local data from PHE, especially where there were data access difficulties with the computer systems used locally early in the season. Hammersmith and Fulham CCG were able to obtain performance data when Public Health England had difficulty extracting data. Practice specific data was used to assess local performance; this data was shared with practices who could then compare themselves with others in terms of performance.

NHS England shared schools data with the local authority, which meant that the local authority were able to contact schools who had not engaged. NHS England was visiting practices as part of their engagement with GPs and the flu programme was discussed as part of the visit.

ACTIONS:

- i. Share performance data within the group confidentially and regularly.*
- ii. Send an update to practices with performance at a practice level every 2 weeks from mid-October. This should include numbers of immunisations needed to reach 75% target.*
- iii. Performance on immunisation uptake, including flu, to be placed as a standing item for H&F CCG and NHSE co-commissioning meetings.*

4.1.2 Accessibility

a. Outreach

Accessibility was felt to be an important factor. There was good uptake in pharmacies, with 2683 people in total vaccinated in 26 participating pharmacies. According to current Department of Health guidance pharmacies can only vaccinate adults. However, anecdotally pharmacies reported that parents had sought children's immunisations in local pharmacies. The group felt that it was important to make obtaining a flu jab as straightforward as possible. As an innovative strategy, the provision of flu jabs for residents at community events by local pharmacies was championed by the group. The group aimed to increase the awareness among carers, and at the carers network event on 20th November a presentation by the CCG vice-chair was undertaken and a pharmacy attended to administer vaccinations to attendees.

ACTION:

- iv. PAC asked to consider making representation to the Department of Health on behalf of residents to consider changing its policy and allow pharmacies to administer the flu immunisation to children.*

b. Weekend Flu Hubs

For the first time this year, three practices in the borough were commissioned by the CCG to provide extended hours services to all LBHF registered patients. The specification for this service includes a requirement to immunise eligible patients for flu. In order to maximise uptake across all

eligible age groups, each of the three hubs hosted a three hour flu immunisation clinic on a Saturday morning (31st October, 28th November, 19th December and 30th January). A total of 217 flu immunisations were administered to patients at 'weekend plus' hubs this season. Given that the hubs only became operational from October and were a new service, the group expects to see an increase in numbers of residents immunised at these hubs as patients and clinicians become more familiar with them.

ACTION:

- v. Advertise flu sessions at hubs early in 16/17 flu season and explore mechanisms to allow patients to walk in*

4.1.3 Porcine Gelatine in the children's nasal spray vaccine

The children's flu immunisation contains porcine gelatine as a stabiliser which may have raised concern among some residents for religious, cultural or lifestyle reasons. Public Health England produced information to address concerns that might be raised. According to the 2011 Census, 10.0% of residents of Hammersmith and Fulham identify themselves as Muslim and 0.6% Jewish (Office for National Statistics, 2011 Census: Religion, local authorities in England and Wales). The group recognised that the porcine gelatine was likely to be an issue locally, and disseminated the information from Public Health England and in addition organised a drop-in 'question and answer' session on the children's flu vaccine (particularly around the porcine gelatine element) in a local health centre, where a local Muslim practice nurse was present to talk to attendees. Despite wide publicity, it was not well attended, but the group gathered some insight into engaging local groups.

ACTIONS:

- vi. Engage mosques and local groups early in the flu season*
- vii. Identify local health professionals of the Muslim faith who would be willing to act as 'flu champions' and undertake peer engagement.*
- viii. Explore the possibility of developing flu champions in local communities.*
- ix. Use existing networks, such as schools, to promote the vaccine among local faith communities.*

4.1.4 GP surgery action

Hammersmith and Fulham CCG sent a monthly 'flu bulletin' to the GP surgeries, which includes uptake data in addition to information relevant to the flu campaign. The bulletins provided an opportunity to address uncertainty and advise of best practice e.g. chemotherapy and flu vaccine guidelines. Local GPs were advised to offer the flu immunisation 3 times to eligible patients before documenting a refusal. We had hoped to capture the 'reasons for decline' among general practice patients to enrich our insights but were unable to do this in winter 2015/16 because of delays in creating and implementing the mechanism for doing this on the SystemOne programme used by practices. NHSE has conducted a London-wide programme of visits and reviews of the highest and lowest performing practices and will share learning from the visits later in the year.

ACTIONS:

- x. Capture 'reasons for decline' among general practice patients so that they can be targeted in Winter 2016/17*
- xi. Continue to send regular bulletins to surgeries with updates and best practice information.*
- xii. Scrutinise flu immunisation specific arrangements for local practices with the lowest uptake, and share best practice of those practices that have the highest uptake.*

4.2 Over 65s

Community engagement was undertaken in various venues within the borough, for example at an Age UK forum, housing association venues, and community champions' events. It is possible for pharmacies to visit some of the larger events and deliver flu immunisations at the venue, for example a local pharmacy attended the Carers' Network event.

Adult social care and voluntary organisations were contacted and asked to promote the flu immunisation. There was a service level agreement (SLA) for district nurses to be able to vaccinate housebound residents. The total number of housebound residents vaccinated through this SLA is not yet available.

ACTIONS:

- xiii. Work further with adult social care and voluntary organisations to raise the profile of the flu immunisation.*
- xiv. Further promotion of the housebound flu immunisation SLA to general practices, which will again be offered next season.*
- xv. Identify events where pharmacies could attend to administer flu vaccines, and create a list of local pharmacies who would be willing to attend.*

4.3 Under 65 at-risk

This group had a low uptake in Hammersmith and Fulham. This group is probably one of the more difficult to reach. It seems likely that, other than GP surgeries, some of the venues that this group may attend are pharmacies and hospital outpatient units. With increasing participation of pharmacies in the flu vaccination scheme, this opportunity to encourage this risk group to be immunised is likely to have increasing impact in the future.

In hospitals resources are usually invested in the staff vaccination campaign, however there is also a clear opportunity to promote the flu immunisation to hospital users, many of whom will be in the at-risk groups. The two local NHS trusts were contacted and asked to promote the flu immunisation to patients within both outpatient and acute services. Letters were sent from the Deputy Director of Public Health to consultants and managers within the hospitals asking for their help to promote the flu immunisation to their patients. Imperial reported that they promoted via plasma screens, social media and also in specific clinical areas e.g. the haematology department. There are other ways that hospitals could promote the flu vaccines e.g. on telephone messages, prescriptions, outpatient letters.

Voluntary organisations were contacted and asked to promote immunisations to their members.

ACTION:

- xvi. Work further with hospitals to ensure that they promote the flu vaccine to eligible patients.*

4.4 Pregnant Women

LBHF improved its flu uptake rate in pregnant women this year in contrast to overall uptake in London where uptake dropped. This is in spite of the fact that none of the local maternity providers signed up to the SLA offered by NHSE, to enable midwives to vaccinate their patients. In addition to advertising locally to women via GPs and promoting the flu vaccine to midwifery staff, NHS England engaged with the maternity providers as it is felt that the most effective way of increasing the uptake among pregnant women is for midwives to vaccinate them. For the 2016/17 season, conversations are ongoing with the relevant local providers and it is anticipated that local maternity services will sign up to a contract vaccinating pregnant women against both pertussis and influenza.

ACTION:

- xvii. Work with the maternity providers to ensure that obstacles are overcome, and they sign up to the NHSE SLA to provide flu immunisations.*

4.5 2, 3 and 4 year olds

2, 3 and 4 year olds have been a particular focus for the group; this is reflected in the improved ranking for uptake in this age group compared with other CCGs in London. Posters, leaflets and a letter were sent to LBHF nurseries and children's centres. The children's centre flu pilot (described in section 3.2) was widely promoted in the borough, however it was found that most immunisations were opportunistic, where children were at nursery on site. This pilot was the first of its kind undertaken in London, and highlighted advantages but also potential obstacles to providing vaccinations in this setting. In order to continue this, appropriate staff to deliver the immunisations and funding would need to be identified in order to be both sustainable and cost-effective.

ACTIONS:

- xviii. Explore possibility of immunising in nurseries, either provided by community NHS services, primary care or pharmacists.*
- xix. Include the flu immunisation in the information given by the health visitor during the 2 year review.*
- xx. Ensure that each nursery receives enough information leaflets for each child to take home.*

4.6 School Years 1 and 2

CNWL is the new school immunisation service provider in Hammersmith and Fulham, and Winter 2015/16 was the first year that flu immunisation has been offered. These two factors were felt to mean that there was difficulty initially in engaging primary schools in the programme, despite CNWL contacting schools by letter, phone calls and emails. This was particularly reported for independent schools. The local authority worked with CNWL to engage schools.

ACTIONS:

- xxi. *Engage primary school Headteachers in the flu programme, through CNWL attendance at local Headteachers meetings.*
- xxii. *Write to each school Headteacher and Chairman of the Governors emphasising the importance of engagement with the programme.*
- xxiii. *Ask for one designated and accountable person per school who will oversee arrangements for the flu immunisation clinic.*
- xxiv. *Start school engagement before the end of the summer term.*
- xxv. *Explore ways of engaging independent schools.*
- xxvi. *Work further with school nurses to ensure they are promoting the flu vaccine. School nursing is currently being reprocurd and the service specification requires that the service works to increase vaccination coverage.*

4.7 Frontline Health and Social Care Staff

Trusts manage their own staff immunisation campaign, and while CLCH have made significant improvements, Imperial's uptake dropped sharply. Following their campaign in 2015/16, the CLCH Flu Fighter team won the NHS Employers Flu Fighter national award for the 'most improved flu fighter campaign'.

The Chair of the CCG and senior Councillors promoted the requirement for all GP practice staff and frontline staff, to have an immunisation in order to set an example to patients as well as to reduce the spread of flu.

ACTIONS:

- xxvii. *Continue to work with Local Authority staff to promote the flu immunisation to frontline staff.*
- xxviii. *Ask local NHS providers to submit a short report on their staff immunisation plan, including their plans to promote the flu immunisation to patients, to the local Clinical Quality Group.*

It is anticipated that action points already described will impact on the uptake in 2016/17. The group also contacted a Central London borough where uptake is high, and the good practice identified has been incorporated into this year's flu plan.

5. OTHER IMMUNISATIONS

Hammersmith and Fulham have low uptake rates across the rest of the national immunisation schedule. It is planned that the group will use the learning from the work on the flu campaign and the relationships established and expand this to other childhood immunisations.

6. CONCLUSIONS

- 6.1 While progress has been made this year, there is further action identified which will be carried through to the next flu season. A timeline for next year's campaign has been created.
- 6.2 The system working will also be used to address other immunisations.

Appendix 1: Timeline for Season 2016/17

	Action	Date to be Completed by	Responsible Directorate/ Organisation
i.	Share performance data within the group confidentially and regularly.	Throughout the flu season - September to January	All
ii.	Send an update to practices with performance at a practice level every 2 weeks. This should include numbers of immunisations needed to reach 75% target.	October-January	CCG
iii.	Immunisations, including flu, to be placed as a standing item for H&F CCG and NHSE co-commissioning meetings.	31 st July 2016	CCG/NHSE
iv.	PAC asked to consider making representation to the Department of Health on behalf of residents to consider changing its policy and allow pharmacies to administer the flu immunisation to children.	30 th June 2016	PAC (if agreed)
v.	Advertise flu sessions at hubs early in 16/17 flu season and develop mechanism to allow patients to walk in	31 st October 2017	CCG
vi.	Engage mosques and local groups early in the flu season	31 st August	Public Health
vii.	Identify local health professionals of the Muslim faith who would be willing to act as 'flu champions' and undertake peer engagement.	31 st July	CCG
viii.	Explore the possibility of developing flu champions in local communities	31 st August	All
ix.	Use existing networks, such as schools, to promote the vaccine among local faith communities.	31 st July	Children's Services/Public Health
x.	Capture 'reasons for decline' among general practice patients so that they can be targeted in Winter 2016/17	30 th November	NHSE/CCG
xi.	Continue to send regular bulletins to surgeries with updates and best practice information	Throughout the flu season - September to January	CCG
xii.	Scrutinise flu immunisation specific arrangements for local practices with the lowest uptake.	31 st August	NHSE/CCG
xiii.	Work further with adult social care and voluntary organisations to raise the profile of the flu immunisation.	30 th September	Public Health
xiv.	Further promotion of the housebound flu immunisation SLA to general practices, which will again be offered next season.	30 th September	NHSE/CCG
xv.	Identify events where pharmacies could attend to administer flu vaccines, and create a list of local pharmacies who would be willing to attend.	30 th September	All

xvi.	Work further with hospitals to ensure that they promote the flu vaccine to eligible patients.	30 th September	CCG/Public Health
xvii.	Work with the maternity providers to ensure that obstacles are overcome, and they sign up to the NHSE SLA to provide flu immunisations.	31 st July	NHSE
xviii.	Explore possibility of immunising in nurseries, either provided by community NHS services, primary care or pharmacists.	31 st July	NHSE
xix.	Include the flu immunisation in the information given by the health visitor during the 2 year review.	31 st May	Public Health
xx.	Ensure that each nursery receives enough information leaflets for each child to take home.	30 th September	Public Health/Children's Services
xxi.	Engage primary school headteachers in the flu programme, through CNWL attendance at local headteachers meetings.	30 th June	CNWL/Children's Services
xxii.	Write to each school headteacher and Chairman of the Governors emphasising the importance of engagement with the programme.	30 th June	Public Health/Children's Services
xxiii.	Ask for one designated and accountable person per school who will oversee arrangements for the flu immunisation clinic.	30 th June	CNWL/Children's Services
xxiv.	Start school engagement before the end of the summer term.	30 th June	CNWL
xxv.	Explore ways of engaging independent schools.	30 th June	CNWL/Children's Services
xxvi.	Work further with school nurses to ensure they are promoting the flu vaccine. School nursing is currently being reprocured and the service specification requires that the service works to increase vaccination coverage.	31 st August	Public Health/Children's Services
xxvii.	Continue to work with the local authority to promote the flu immunisation to frontline staff.	31 st August	Public Health
xxviii.	Ask local NHS providers to submit a short report on their staff immunisation plan, including their plans to promote the flu immunisation to patients, to the local Clinical Quality Group.	31 st August	CCG