### **London Borough of Hammersmith & Fulham**

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



#### **12 SEPTEMBER 2016**

# CHILDHOOD IMMUNISATIONS PERFORMANCE UPDATE AND PRIORITIES FOR BOTH CHILDHOOD IMMUNISATIONS AND FLU FOR 2016/17

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

**Open Report** 

Classification: For Policy and Accountability Review and Comment

Key Decision: No

Wards Affected: All

Accountable Director: Liz Bruce, Executive Director of Adult Social Care and

Health

**Report Author:** 

Sophie Ruiz, Primary Care Lead, Hammersmith and Fulham CCG, and Lucy Rumbellow NHS England (London), Commissioning Lead -

**Immunisations** 

**Contact Details:** 

Tel: 0203 350 4159

Email: <a href="mailto:sophie.ruiz@nw.london.nhs.uk">sophie.ruiz@nw.london.nhs.uk</a>

NOTE: A Glossary of all abbreviations used in this report can be found in Appendix 1.

#### 1. Background

#### Childhood Immunisations – NHS England responsibilities

NHS England commission practices to deliver Immunisations and Vaccinations, as part of an Enhanced Service which is commissioned nationally. A summary of the immunisations given between birth and five years old, taken from the Summer 2016 version of the routine immunisation schedule, is shown below.

When to immunise	What vaccine is given	How it is given
Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib)	One injection
	Pneumococcal conjugate (PCV)	One injection
	Rotavirus	One oral application
	Meningococcal B	One injection

Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib)	One injection
	Rotavirus	One oral application
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib)	One injection
	Pneumococcal conjugate (PCV)	One injection
	Meningococcal B	One injection
Between 12 and 13	Pneumococcal conjugate (PCV)	One injection
months of age	Measles, mumps and rubella (MMR)	One injection
	Meningococcal B	One injection
	Hib and Men C	One injection
Three years four months old or soon	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)	One injection
after	Measles, mumps and rubella (MMR)	One injection

#### Childhood Immunisation data

Data around immunisations is recorded on the GP clinical system. Data from this is analysed by Health Intelligence and then extracted and cleansed by the Child Health Informatics Service (CHIS) who then report the data to Public Health England on a quarterly basis. Current published data is up to the end of Quarter 4 for 2015/16 (January to March 2016).

NHS England assures delivery of vaccinations by its providers through:

- Policy and management of vaccine incidents
- Audit and review of contract deliverables
- Quality Improvement Initiatives
- Cost Management
- Monitoring of KPI's
- Increasing provision e.g. Open access SLA, Maternity SLA and delivery of flu and PPV (pneumococcal polysaccharide vaccine) by pharmacies
- Continual utilisation of the CHIS SOP and COVER SOP to ensure better accuracy and reliability in reporting quarterly rates.
- CHIS procurement
- Promotion of dovetailing vaccinations e.g. giving child flu vaccine, MMR2 and preschool booster together.

# Childhood Immunisations – Hammersmith and Fulham CCG responsibilities – work undertaken to improve immunisation rates

Hammersmith and Fulham CCG has a statutory duty to improve the health and wellbeing of all residents in Hammersmith and Fulham – which includes immunisations. In 13/14 and in 15/16, the CCG had a specific focus on improving immunisation rates for MMR Dose 1 and MMR Dose 2 respectively.

#### 13/14 MMR 1<sup>st</sup> Dose

In 13/14, the CCG had a quality premium target of 87% to improve immunisation rates for MMR Dose 1. In order to support delivery of this target, the CCG enabled Practices to access real time reports to identify children eligible to receive MMR immunisation as well as developing and sharing MMR 'good practice' guidance for

practices. A community nurse working across the tri borough CCGs was also recruited for 6 weeks to focus on contacting and encouraging immunisation for those hard-to-reach families and parents who had booked but not attended the practice for their child to be immunised.

Whilst the CCG did not achieve the target that was set (end of year performance was 85.54%), there was a 1.5% improvement in immunisation rates from 2012/13.

## 15/16 – MMR 2<sup>nd</sup> Dose

In order to support the CCGs quality premium target in achieving 77.58%, MMR2 targets for practices in Hammersmith and Fulham were included as an element of the Network Plan 15/16, a local incentive scheme that all practices are contracted to deliver. Measures to increase MMR2 immunisation uptakes by Practices included starting recall 6 months before the quarter that children were due, telephoning and booking convenient appointments, scrutinising reports by health intelligence and calling-in parents (non-attendees) proactively via recall systems. In addition, sharing of best practice during network meetings and the distribution of look ahead reports by the CCG also supported practices to hit their targets.

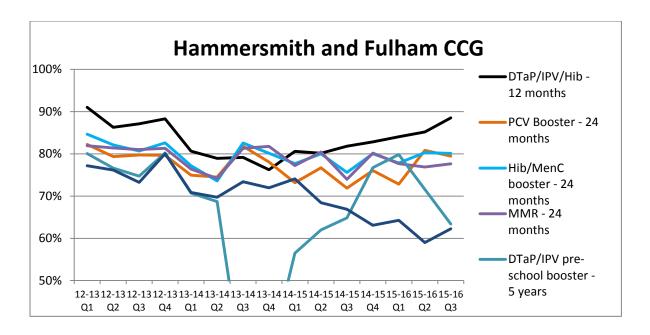
As a result of including MMR2 in the Network Plan, the CCG successfully met its target and achieved 78.1% in 2015/16.

# Collaborative working to improve immunisation performance in Hammersmith and Fulham

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. The remit of this group has now been extended to focus on improving childhood immunisations jointly.

#### 2. Childhood Immunisation performance - 2012 – 2015/16

The chart shown below gives and overview of the performance of all primary immunisations in Hammersmith and Fulham in the past five years:



The tables below show the performance data for all primary immunisations for England, London and the three boroughs compared. London performs below average in all primary immunisations. Hammersmith and Fulham perform higher than the other two borough areas for all primary immunisations but is still below the London and England figures. The aim is for all primary immunisations to be delivered at 95% to ensure herd immunity.

DTaP/IPV/Hib - 12						2015/16
months			2012/13	2013/14	2014/15	(provisional)
England	DTaP/IPV/Hib	12Month	94.7%	94.3%	94.2%	93.5%
London	DTaP/IPV/Hib	12Month	91.1%	89.8%	90.6%	89.6%
Hammersmith and						
Fulham	DTaP/IPV/Hib	12Month	89.8%	81.2%	82.8%	79%
Kensington and						
Chelsea	DTaP/IPV/Hib	12Month	82.8%	80.7%	76.9%	70.9%
Westminster	DTaP/IPV/Hib	12Month	79%	79%	75.1%	71.3%

PCV Booster - 24 months			2012/13	2013/14	2014/15	2015/16 (provisional)
England	PCV Booster	24Month	92.5%	92.4%	92.2%	91.8%
London	PCV Booster	24Month	86.6%	86.3%	86.4%	85.7%
Hammersmith and Fulham	PCV Booster	24Month	82.2%	78.7%	76.8%	70.4%
Kensington and Chelsea	PCV Booster	24Month	76.9%	76.4%	71%	69.7%
Westminster	PCV Booster	24Month	75.1%	76.9%	72%	66.6%

Hib/MenC booster - 24 months			2012/13	2013/14	2014/15	2015/16 (provisional)
England	Hib/MenC Booster	24Month	92.7%	92.5%	92.1%	91.8%
London	Hib/MenC Booster	24Month	87.3%	86.8%	86.8%	85.8%
Hammersmith and Fulham	Hib/MenC Booster	24Month	84.6%	80.5%	80.5%	72.8%
Kensington and Chelsea	Hib/MenC Booster	24Month	78.8%	76.6%	74.7%	67.4%
Westminster	Hib/MenC Booster	24Month	77%	77.5%	72.1%	66.7%

MMR - 24 months			2012/13	2013/14	2014/15	2015/16 (provisional)
England	MMR	24Month	92.3%	92.7%	92.3%	91.6%
London	MMR	24Month	87.1%	87.5%	87.3%	85.8%
Hammersmith and Fulham	MMR	24Month	83.7%	82.7%	80.8%	73.4%
Kensington and Chelsea	MMR	24Month	81.3%	80.4%	75.1%	56.3%
Westminster	MMR	24Month	77.4%	79.5%	73.8%	52.2%

DTaP/IPV pre-school booster - 5 years			2012/13	2013/14	2014/15	2015/16 (provisional)
England	DTaP/IPV Booster	5Year	88.9%	88.8%	88.5%	87.4%
London	DTaP/IPV Booster	5Year	79.9%	79.3%	79.5%	78%
Hammersmith and Fulham	DTaP/IPV Booster	5Year	82.7%	(No data available)	78.6%	65%
Kensington and Chelsea	DTaP/IPV Booster	5Year	73.6%	63.9%	83.4%	56.3%
Westminster	DTaP/IPV Booster	5Year	76.6%	65.2%	77%	52.2%

MMR2 - 5 years			2012/13	2013/14	2014/15	2015/16 (provisional)
England	MMR 2nd Dose	5Year	87.7%	88.3%	88.6%	88.1%
Landan	MMR 2nd	FV	00.00/	00.70/	04.40/	70.70/
London	Dose	5Year	80.8%	80.7%	81.1%	79.7%

Hammersmith and Fulham	MMR 2nd Dose	5Year	81.4%	73.4%	70.8%	64.1%
Kensington and Chelsea	MMR 2nd Dose	5Year	72.9%	63.8%	66.6%	56.1%
Westminster	MMR 2nd Dose	5Year	75.4%	64.2%	64%	53.3%

#### Performance by GP Practice for Childhood Immunisations

#### Top 5

- Brook Green Medical Centre
- Lilyville Surgery
- Sterndale Surgery
- The Hammersmith Surgery
- Drs Uppal and Partners

#### Bottom 5

- Fulham Cross Medical Centre
- Lillie Road Surgery
- Palace Surgery
- Salisbury Surgery
- Shepherds Bush Medical Centre

# Protocol for ensuring that "Looked after Children" receive immunisations

The immunisations protocol addressing all the immunisations and Flu vaccinations for looked after children is as follows:

- 1. The doctor or health professional who completes the health assessment for the looked after child (IHA or RHA) reviews the immunisation status of each child by checking the child's red book, Systmone and Imperial record.
- 2. The health professional completes a health care plan after each health assessment.
- 3. The health care plan is shared with the social worker, the foster carer, the GP, the health visitor and school nurse on consent.
- 4. If the immunisation status of the child is up to date, this will be entered in the health care plan.
- 5. If the immunisation status is not up to date, an entry is made in the health care plan identifying what immunisation(s) is (are) due.
- 6. The health professional writes to the GP to ask the GP to immunise accordingly regardless of where the child lives.
- 7. The immunisations status is checked at the next health assessment.
- 8. Social workers, foster carers and personal advisors are reminded to read the health care plan and follow up actions.

# 3. Development of Childhood and Flu immunisation improvement Project plans

Childhood and Flu immunisation project plans have been developed which have been informed by learnings from the 15/16 flu campaign. These plans can be found in *Appendices 2 and 3*, and have been divided into specific themes and owned by named individuals and organisations with clear time scales.

#### Childhood Immunisation improvement focus for 16/17

Given the number of immunisation areas and on analysis of GP Practice performance over the last 5 years, the Immunisations and Vaccinations Group, recommended that focus should be given to the following two immunisation areas:

- MMR 1<sup>st</sup> Dose (2 years)
- Pre School Boosters (At 5 years)

As a group we have decided to target these two immunisations as following the initial course of immunisations, these are the most likely to be missed by parents.

#### Flu Immunisation improvement focus for 16/17

### NHS Evaluation of Flu update in 2015/16

NHS England has undertaken an evaluation of the 15/16 flu season identifying the cohorts of patients that have had the lowest uptake and have proposed recommendations on making improvements in these specific areas. These actions have been incorporated into the flu project plan appended at <a href="Appendix 2">Appendix 2</a> with an assigned owner and clear timescale.

#### Focus on improving Child Flu Immunisation in 16/17

For 16/17, there is a London wide / National focus on improving child flu immunisation rates (2,3,4 year olds). The target for immunising these groups have been set between 40 - 60%, as the pilots have shown this is sufficient to reduce the spread of disease to the wider population.

By improving rates of uptake among children, pilot areas have seen a 94% drop in children presenting at GP practices with influenza like symptoms, 74% drop at A&E for respiratory illnesses, and a 93% drop in hospital admissions for confirmed influenza cases. GPs in the pilot area also saw a drop of 59% in adult consultations for influenza like illness symptoms.

For the 2016/17 flu season, the vaccination has been extended to include children in Year 3 (7/8 year olds) in addition to children in Year 1 and Year 2. NHS England has commissioned CNWL to provide flu vaccinations within the school setting. CNWL

have confirmed that contact has been made with both public and independent schools to set dates starting in October for sessions to deliver the flu vaccination. Some of these sessions have been booked already.

NHSE have developed a new monitoring tool for community providers to complete weekly to monitor child flu uptake. This will be used to ensure that providers are immunising against plan and targets. The commissioner will evaluate this on a weekly basis so that any issues in performance will be quickly identified. The provider will be required to offer assurance that any issues are quickly rectified.

### Joint GP practice visits to address low GP Practice performers

Hammersmith and Fulham CCG and NHS England will be jointly visiting practices that are the lowest performers in childhood flu vaccinations (i.e. those achieving below 10% for two or more of the cohorts).

For Hammersmith and Fulham there are three practices to visit. Their names and the relevant uptakes for 2, 3 and 4 year olds are:

Borough	GP Practices	2 y/o Uptake <10%	3 y/o Uptake <15%	4 y/o Uptake <15%
NHS	THE SURGERY, 13 WESTWAY, SHEPHERDS BUSH, LONDON, W12 0PT (DASGUPTA S)	11.4	3.7	3.2
1	DR DANDAPAT & PARTNERS, PARKVIEW CENTRE FOR HEALTH & WELLBEING, CRANSTON			
HAMMERSMITH	COURT, 56 BLOEMFONTEIN ROAD	12.5	9.1	9.8
AND FULHAM CCG	322 LILLIE ROAD, FULHAM, LONDON, SW6 7PP (HUSSAIN Z)	9.1	0.0	0.0

At each visit, practices will be examined against an audit of best practice for improving uptake of influenza immunisations. A copy of this audit form is shown in <u>Appendix 4</u>. It will cover:

- Uptake from 2015/16
- Contracts
- Data extraction
- Call/recall systems
- Generating the eligible population list
- Failsafes in place e.g. following up DNA's
- Staffing levels
- Training

Each practice will be given an action plan to personalise and will be closely monitored during the season.

In addition, action plans are being sent to all practices achieving below 15% which highlights the best practice that they should be following. The practices achieving below 15% in two or more cohorts are shown below:

Borough	GP Practices	2 y/o Uptake <15%	3 y/o Uptake <15%	4 y/o Uptake <15%
	510 FULHAM PALACE ROAD, FULHAM, LONDON, SW6 6JD (MANGWANA B)	10	15.8	9
	336 UXBRIDGE ROAD, SHEPHERDS BUSH, LONDON, W12 7LS (BADAT AA)	0	13.3	13.3
NHS HAMMERSMITH	THE SURGERY, 178 DAWES ROAD, FULHAM, LONDON, SW6 7HS (MUTHIAH RN)	14.3	8.3	16.7
	HAMMERSMITH & FULHAM CENTRES FOR HEALTH, HAMMERSMITH HOSPITAL, DU CANE			
	ROAD,HAMMERSMITH,LONDON,W12 0H	15.6	16.1	8.8
	THE PRACTICE CANBERRA, PARK VIEW CENTRE FOR HEALTH AND WELLBEING, CRANSTON			
	COURT,56 BLOEMFONTEIN ROA	14.8	22.7	9.1

In addition, all practices in the borough will be sent a checklist to maintain and adhere to throughout the season which reminds the practices of the following:

- 1) Has the practice registered with Immform?
- 2) Who is the Influenza lead for the practice?
- 3) Has a register been developed to identify all 2, 3 and 4 year olds (on the 31<sup>st</sup> August 2016) in your practice?
- 4) Has the practice ordered enough nasal spray vaccine to achieve the 40% ambition uptake rate?
- 5) Are all practice staff aware of the agreed proactive reminders method for inviting their 2, 3 and 4 year olds for the seasonal Influenza vaccination (letter, email, text, phone call).
- 6) Are there publicity materials displayed within the practice for the Child Influenza Programme?

By implementing the above steps in all practices, which are mapped against the research around best practice of the highest performing practices, uptake should be higher in all surgeries across the borough in 2016/17.

#### Service Level Agreement (SLA) – Imperial and Chelwest Hospital Trusts

NHS England has been working closely with Chelsea and Westminster Trust and Imperial Trust to agree the SLA on their maternity units delivering flu vaccinations for pregnant women. Chelsea and Westminster have been issued with a letter of intent by NHSE who are currently awaiting the return of the signed copy. Imperial initially refused to sign this due to a change in staffing within their maternity unit; however, the CCG have escalated this through the clinical quality group (CQG) and negotiations are continuing with them with the aim to have it agreed before September.

### Multi Agency Project Plan for improving flu immunisations

In addition to the immunisation project plan, a flu project plan has also been developed to ensure that uptake rates improve and the 75% target is achieved for patients over 65 and patients under 65 at risk. A named lead has been assigned to each of the actions within the plan with a clear timescale to monitor progress.

Both project plans for the flu and childhood immunisations incorporate the main themes addressed at the PAC and Hammersmith and Fulham Immunisation meetings. The actions within the plans are collaborative and capture actions at a multi-agency level.

NOTE: A copy of both action plans can be found in Appendix 2 and 3