

## **Briefing Paper: Derby City Adults and Public Health Board**

### **Derbyshire and Nottinghamshire Area Team National Immunisation Programmes**

**August 2014**

#### **1. Introduction**

This paper describes the commissioning arrangements and key public health quality and performance issues in relation to the immunisation programmes commissioned by NHS England Area Team for the population of Derby City. The paper outlines the strategies and actions taken to reduce health inequalities and improve quality and performance.

#### **2. Commissioning Arrangements and Responsibilities**

Under Section 7a of the National Health Service Act 2006 and the Health and Social Care Act 2012, NHS England are responsible for the commissioning of national immunisation programmes. This responsibility is transacted locally through the NHS England Area Teams' embedded' Public Health England Screening and Immunisation Team. Immunisation programmes are commissioned against 16 nationally determined services specifications <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2014-to-2015> covering childhood and adult routine and targeted vaccination programmes.

See Appendix A for a full list of these programmes.

Further information regarding the vaccination schedule can be found at; [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/323504/8807\\_PHE\\_Complete\\_Immunisation\\_Schedule\\_A4\\_2014\\_11.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323504/8807_PHE_Complete_Immunisation_Schedule_A4_2014_11.pdf)

#### **3. Programme Delivery**

Each of these programmes is delivered by a range of providers including primary care, secondary care trusts and community providers. Immunisation delivery and promotion is also supported by Health Visitors, School Nurses, District Nurses, Midwives and Specialist Nurses. Data collection and monitoring is provided by the Child Health Record Departments for children up to the age of 19 years.

#### **4. Programme Governance and Oversight**

The quality and performance of these programmes are monitored through quarterly meetings of the Derby City / Derbyshire County Programme Board chaired by the Screening and Immunisation Lead. Derby City Council public health team have representation on the Board. The Board produces an annual work plan that includes initiatives to improve uptake.

Assurance is provided to the Directors of Public Health by the Lead through the Derby City Health Protection Board, and through annual NHS England reports to the Health and Wellbeing Board.

## 5. Programme interdependencies: Child Health Records Departments

The Screening and Immunisation Team work in collaboration with the Child Health Record Departments. The team manage the Child Health Information System (CHIS) which includes all childhood immunisation data. NHS England commissions CHIS services. The teams submit uptake data to the Health and Social Care Information Centre under the *coverage of vaccinations evaluated rapidly (COVER)* process. The Child Health Information System uses SystmOne which interfaces directly with the 28 City practices who also use SystmOne. Whilst this ensures a high level of consistency in data recording, the inadvertent incorrect recording of vaccinations can result in immunised children appearing as unimmunised. The Screening and Immunisation team work with the Child Health Records Department to identify data reporting and recording issues and work closely with practices to provide training around data recording to ensure accurate coding of vaccinations.

## 6. Programme Performance

Programme performance is monitored through quality COVER (coverage of vaccinations evaluated rapidly) which informs the local Authority Public Health Outcomes Framework. The table below shows immunisation uptake for Derby City 2013/14.

**Table One childhood Immunisation uptake for Derby City 2013/14**

Programme	Annual 12/13	Q1	Q2	Q3	Q4	Annual 13/14	Target	England average
DTap/IPV/Hib age 1yr	94.9%	96.5%	95%	94.9%	95.3%	95.8%	95%	94%**
HepB age 1yr (3rd dose)					100% (4/4)			
PCV booster aged 2 yrs	93.2%	94.6%	93.8%	94.5%	94.3%	94.0%	95%	92.6%**
Hib and MenC aged 2yrs	93.8%	95.0%	93.6%	93.5%	95.1%	94.2%	95%	92.5%**
MMR aged 2yrs	92.6%	94.0%	93.6%	94.3%	95.0%	94.3%	95%	92.7%**
HepB age 2yrs (4th dose)					66.7% (2/3)			
Influenza 2 and 3yrs						47.5% 44.0%	75%	
DtaP/IPV booster aged 5yrs	89.4%	89.5%	90.0%	89.4%	90.5%	90.3%	95%	88.5%**
MMR 2nd dose aged 5 yrs	88.0%	88.2%	88.9%	89%	89.6%	89.4%	95%	88.2%**
DTP booster aged 15Yrs *					73.8%			
HPV vaccination (12-13yrs)	93.5%				92.7%		90%	79.7%** *

\*Data available at CCG level only current. \*\*Based on published Q4 data \*\*\*Based on June 2014 data

## 6.2 Commentary

The uptake of all immunisation programmes in Derby exceeds national averages. Where data is available all programmes have seen increases in uptake from 2012/13 to 2013/14.

Uptake for childhood immunisation within Derby City has increased across all antigens by an average of 1% (range 0.4-1.7%) and is now achieving the 95% herd immunity target for primary immunisation at 1yr and within 1% for immunisations monitored at 2 years. Immunisations by 5 years remain below the 95% target level, although increases have been achieved in the last 12 months of between 0.9-1.4 percent.

Uptake for HPV vaccination delivered to girls routinely in Year 8 (12-13yrs) in Derby City by Derbyshire Healthcare Foundation Trust has continued to exceed the 90% target for the last two academic years and is amongst the best in the country.

Within the adult vaccination programmes uptake within the City for the Shingles vaccination and Pertussis vaccination programmes has been amongst the highest seen nationally. Seasonal flu vaccination for 2013/14 remained above the 75% target level for those over 65yrs within the City and showed slight increases in uptake amongst those under 65yrs in an at risk group.

**Table Two Adult Immunisation Performance**

Programme	Annual 12/13	Q1	Q2	Q3	Q4	Annual 13/14	Target	England average
<b>Seasonal Influenza Programme</b>								
Over 65yrs	75.5%					75.8%	75%	73.4%
6mths-65yrs in clinical risk group	50.6%					51.4%	75%	51.3%
Pregnant women	50.3%					41.6%	75%	40.3%
Primary care HCWS	76.2%					69%	75%	47.2%
Derby Hospitals	48.3%					75.3%	75%	47.2%
DHcFT	27.9%					27.8%	75%	47.2%
Derby City Council	20%						75%	
<b>Targeted adult Programmes</b>						Area Team uptake		
Pertussis (pregnant women)					68%			49.8%
Shingles (70 and 79yrs) <sup>1</sup>					68.7% 69.5%	62% 59.1%		54.8% 53.1%
Pneumococcal					74.5%			

<sup>1</sup>[http://www.hpa.org.uk/hpr/archives/2014/hpr2114\\_hzvip.pdf](http://www.hpa.org.uk/hpr/archives/2014/hpr2114_hzvip.pdf)

## 6.2 Commentary

### *Shingles and pertussis in pregnancy*

Uptake within Derby City for the new shingles vaccination and ongoing pertussis in pregnancy vaccination programmes has been amongst the highest seen nationally.

Public Health England data in May showed that Derbyshire / Nottinghamshire Area Team achieved the highest uptake in England for people aged 70 years and the second highest uptake for people aged 79 years and Derby City exceeded the Area Team performance.

Uptake of shingles vaccination continues to rise and July the Derby City performance for this vaccine was recorded at 68.7 % at 70 years and 69.5% at 79 years which also exceeded the Area Team average.

### *Seasonal flu*

Seasonal flu vaccination for 2013/14 remained above the 75% target level for those over 65yrs within the City and showed slight increases in uptake amongst those under 65yrs in an at risk group.

Improvements in the uptake of seasonal flu vaccination amongst Health and Social Care Workers have been observed nationally during 2013-2014 season, and replicated amongst some provider organisations locally notably Royal Derby Foundation Trust. A slight decrease in uptake was seen amongst primary care front line health care workers, however this may be due to uncertainty around the commissioning of occupational health services for this group during 2013-2014. Data suggests that whilst uptake amongst Health Care Workers is generally increasing, uptake amongst Social Care sectors remains low.

## **7. Supporting improvements in quality and performance**

Overall uptake of immunisations in Derby City is good and compares well with other City populations and exceeds those reported for Nottingham City. However maintaining and improving uptake requires sustained support and commitment across the whole pathway with multiple providers and stakeholders.

The screening and immunisation team have identified the following key areas requiring that require further interventions to reduce inequalities in uptake;

- Seasonal flu vaccination amongst at risk groups under 65yrs
- Seasonal flu vaccination amongst pregnant women
- Seasonal flu amongst health and social care staff
- Uptake of Diphtheria, Tetanus, Polio and Pertussis, Measles, Mumps and Rubella boosters due from 3 years 4mths.
- Support to emerging migrant communities

### *7.1 Seasonal flu vaccination amongst at risk groups under 65 years*

Empirical and published research evidence regarding seasonal flu vaccination uptake suggests that younger age groups and those from lower professional groups are less likely to access vaccination. Those who are unvaccinated are more likely to view themselves as low risk, have a lack of concern around disease and hold beliefs or concerns around vaccine safety. A national survey of Primary Care in 2012 provided evidence around increasing uptake which has informed commissioning and strategies locally. This includes the role of face to face health professional promotion, personalised invitations, accurate call and recall and data reporting processes<sup>2</sup>.

Collaborative work with primary care continues to play an important role in increasing uptake and supports evidence around increasing uptake. The Screening and Immunisation Team continue to provide support to practices where uptake is below expected levels, provide resources to support call and recall, provide training and support to ensure effective data recording and reporting systems, validating data and sharing best practice in increasing uptake.

Collaborative working with general practices and Commissioning and Clinical Commissioning Groups ensures the provision of high quality service delivery. The team also continues to work with urgent care colleagues and Acute Trusts to ensure the promotion of seasonal flu vaccination as a mechanism to reduce unplanned admissions.

The team also continues to work with charities and institutions providing care for the homeless and other vulnerable communities, along with health visitors, children's' centres, school nurses and education to ensure the promotion of seasonal flu vaccination to high risk children and young people.

The Screening and Immunisation Team are working with the Area Team Pharmacy Advisory and Local Pharmacy Committee to applications from pharmacy commissioned flu vaccination services in order to increase accessibility of flu vaccination to those with underlying conditions.

## *7.2 Seasonal flu vaccination amongst pregnant women*

Issues around the quality of data recording of pregnancy in primary care can impact on the accuracy of uptake data. The Area Team continues to work with Primary Care and maternity providers to ensure timely notification of pregnancy, accurate coding and data validation.

Alongside the strategies outlined above the Screening and Immunisation Team continue to work with Children's Centres, Health Visitors and Midwives to promote seasonal flu vaccination. The Screening and Immunisation Team have liaised with Derby Hospital maternity services about the promotion and potential administration of flu vaccination to pregnant women. Service specifications, training packages and resources have been developed to support the implementation of an antenatal clinic based vaccination programme

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<sup>2</sup><http://bmjopen.bmj.com/content/2/3/e000851.abstract?ct>



in the 2014-15 seasons. The Area Team is working to engage Derby Hospitals in developing a vaccination delivery service for the coming flu season.

Derby City Council Public Health Team has prepared a seasonal flu plan to address the need to improve uptake in health and social care staff.

### *7.3 Reducing inequalities in uptake in new emerging communities*

Anecdotally some practices have reported that a significant proportion of their unimmunised populations are new registrants from outside of the UK. In order to understand the demographics of new registrations within the City the Screening and Immunisation Team has worked with a number of inner city practices to access the demographics of new registrants, and met with health professionals working with emerging communities. In one inner city practice registrations from outside the UK represented 33% of the total registrations (106), the largest proportion of these registrations were from Slovakia (42%), Pakistan (14%) and India (13%). The changing demographics create challenges for immunisation including incomplete or uncertain immunisation history, language barriers, lack of awareness of UK infectious disease risks and vaccination schedules, lack of awareness of UK health systems and processes and potential mobility of population, in particular migrant workers or those living in temporary housing.

In order to address these challenges a number of actions have been undertaken including encouraging new registration appointments, improved practice links with emerging communities health team, ensuring access to promotional materials in alternative languages, supporting practices to ensure accurate summarising and vaccination offer, supporting practices around the deregistration processes for individuals no longer resident in the UK.

The Screening and Immunisation Team have also worked closely with the Health Direct 2 You team commissioned by Derby City Council, including supporting promotion of the pilot, engaging primary care, and supporting data collection. Findings from the pilot have kindly been shared with the Area Team to support future commissioning. Findings from the pilot showed around 20% of unimmunised children referred to the outreach service were no longer living in the area.

The team identified various reasons for none attendance including, vaccination received in another country, hectic and busy lifestyles and difficulties making appointments. The HD2U team proactively supported families to make appointments, arranging mutually convenient appointments with practices at short notice. Families were supported to make appointments and advised the team would review attendance. This resulted in 37.2% of children going on to be immunised in primary care. The pilot has highlighted that targeted support from health practitioners can deliver significant increases in uptake.

The Screening and Immunisation Team are continuing to work closely with the Derby City Public Health and Area Team colleagues who commission health visiting services to ensure the future provision in service specifications for the role of Health Visitors in promoting immunisation, responding in the event of vaccine preventable disease outbreaks, and delivering outreach vaccination to vulnerable children.



The Screening and Immunisation Team are also working with Child Health Records Department and Immunisation providers to compile uptake data for looked after children within the City. Provisional data collected during 2012-2013 annual period suggest uptake amongst looked after children is higher than the City average for both childhood immunisation and HPV vaccination.

#### *7.4 Uptake of Diphtheria, Tetanus, Polio, Pertussis, Measles, Mumps and Rubella boosters due from 3 years 4mths*

Work to address uptake amongst emerging communities has supported increases in uptake for booster vaccinations due at 3 years 4 months. In many Eastern European Countries booster vaccinations are given later at 5 to 6 years, this can create challenges in ensuring children attend for vaccination in a timely way before the performance reporting age of 5 years. Individuals may fail to respond due to lack of awareness of the need to immunise at 3 years 4 months, or due to accessing the vaccination in their previous Country of origin.

Measures to support validation of immunisation history on registration and face to face registration appointments to increase awareness of the UK schedule are supporting gradual increases in uptake. The Screening and Immunisation Team continue to offer clinical guidance and support to inner city practices where uptake is below the recommended target level including providing guidance around the process for deregistration of registrants no longer living in the UK and advice around immunisation of those with incomplete vaccination.

Data quality issues around the recording of booster vaccinations can also impact on uptake. The Child Health Information System uses SystmOne which interfaces directly with the 28 City practices who use SystmOne. Whilst this ensures a high level of consistency in data recording, the inadvertent incorrect recording of vaccinations can result in immunised children appearing as unimmunised. The Screening and Immunisation Team work collaboration with the Child Health Records Department to identify issues and work closely with practices to provide training around data recording to ensure accurate coding of vaccinations.

### **8. Future Commissioning plans for school aged vaccination services**

In preparation for the full rollout of the childhood seasonal flu programme to commence from September 2015, and accounting for other NHS commissioned school age immunisations, the Area Team has developed a strategic vision for the delivery of all school age vaccinations across the Area Team to include HPV vaccination for girls, teenage booster and MenC as well seasonal flu (as above).

The vision is to commission a dynamic, high performing and dedicated immunisation service(s) that will encompass all routine and reactive immunisation programmes for school aged children. The new service will engage all children and young people and their parents and will be well known to the communities they serve. They will demonstrate expertise in the field of immunisations and above all be committed and passionate about achieving high uptake rates and reducing health inequalities. The Area Team is now working with other Midlands and East Area Teams and Greater East Midlands (GEM) Commissioning Support



Unit (CSU) to procure this service(s). As part of this vision, the Area Team has consulted with Derby City Council Public Health leads for school health and plans to continue to engage with local authority education and children's services leads, as well engaging in opportunities to engage the views of parents, children and young people including local authority and Academy Head Teachers.

## **9. Summary**

The Area Team through the Screening and Immunisation Team commission all nationally recommended childhood and adult immunisation programmes. The quality and performance of these programmes is overseen by the Derbyshire/ Derby City Immunisation Programme Board and a local Seasonal Flu sub group. Overall performance is on an upward trajectory. Maintaining and improving performance and quality of services requires sustained and focused cross stakeholder working supported by the Screening and Immunisation Team in NHS England and Derby City Local Authority Public Health Team.

### **Screening and Immunisation Team**

Linda Syson-Nibbs Screening and Immunisation Lead

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## Appendix A

### List of commissioned Immunisation programmes

<b>Immunisation Programmes</b>
Neonatal hepatitis B immunisation
Pertussis pregnant women immunisation
Neonatal BCG immunisation
Respiratory syncytial virus (RSV)
Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
Rotavirus immunisation
Meningitis C immunisation
Hib/Men C vaccination
Pneumococcal immunisation
DTaP/IPV and dTaP/IPV immunisation
Measles, mumps and rubella (MMR) immunisation
Human papillomavirus (HPV)
Td/IPV (teenage booster) immunisation
Seasonal influenza immunisation – 2014-15
Seasonal influenza immunisation for children - 2014-15
Shingles immunisation programme