

Report to Family and People Services Policy and Scrutiny Committee on Section 7a Immunisation Programmes in Westminster 2019



Report on Section 7a Immunisation Programmes in the London Borough of Westminster.

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Presented to: Family and People Services Policy and Scrutiny Committee

Classification: OFFICIAL

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1 Aim

- The purpose of this paper is to provide an overview of Section 7a adult, childhood and school age immunisation programmes in the London Borough of Westminster for 2018/19. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are publicly funded immunisation programmes that cover the life-course and the 18 programmes include:
 - Antenatal and targeted new-born vaccinations.
 - Routine Childhood Immunisation Programme for 0-5 years.
 - School age vaccinations.
 - Adult vaccinations such as the annual seasonal influenza vaccination.
- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule, those programmes provided for school aged children (4-18), seasonal influenza and the adult vaccinations for shingles and pneumococcal polysaccharide vaccine (PPV).
- Members of the Family and People Services Policy and Scrutiny Committee are asked to note and support the work NHSE&I (London) and its partners such as Public Health England (PHE), the local authority and the CCG are doing to increase vaccination coverage and immunisation uptake in Westminster.

2 Roles and responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.
- Under this guidance, NHS England and Improvement (NHSE&I), through its Area Teams (known as Screening and Immunisation Teams), is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHS England and Improvement is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England and Improvement is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- Public Health England (PHE) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE&I screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Westminster, this function is provided by the PHE North West Health Protection Team.

- Clinical Commissioning Groups (CCGs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.
- Across the UK, the main providers of adult and childhood immunisation are GP practices. In Westminster, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- Central and North West London NHS Foundation Trust (CNWL) are contracted by NHSE&I (London) to provide the school age immunisations. Central London Community Healthcare NHS Trust (CLCH) are contracted to provide neonatal BCG vaccination.
- Immunisation data is captured on Child Health Information System (CHIS) for Westminster as part of the NWL CHIS Hub (provided by Health Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system provided by Health Intelligence. The CHIS provides quarterly and annual submissions to Public Health England for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics.
- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England and Improvement, Public Health England and providers.
- Apart from attendance at Health and Social Care Overview Panels and at Health and Well-Being Boards, NHSE&I (London) also provides assurance on the delivery and performance of immunisation programmes via quarterly meetings of Immunisation Performance and Quality Boards. There is one for each Strategic Transformation Partnership (STP) footprint. The purpose of these meetings is to quality assure and assess the performance of all Section 7a Immunisation Programmes across the STP in line with Public Health England (PHE) standards, recommendations and section 7a service specifications as prepared by PHE with NHS England and Improvement commissioning. All partners are invited to this scrutiny meeting, including colleagues from the Local Authority, CCG, CHIS, NHSE&I, PHE Health Protection and Community Provider service leads. Data for Westminster is covered in the NWL STP Immunisation Performance and Quality Boards.
- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership and updates via the Association of Directors of Public Health. It is through these communication channels that progress on the Bi-annual London Immunisation Plan (2017-19) and its accompanying annual Flu Plans are shared.

3 What is COVER and how is it produced?

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2019 to 31st March 2019, 1st April 2019 – 30th June 2019. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years. This is an important point to note as often COVER statistics are used to improve uptake in general practice populations or communities. However, the data used is between 6 months and 18 months out of date and opportunities to ensure that those cohorts have been immunised in accordance with the routine immunisation schedule have therefore been missed.
- There are known complexities in collecting data on childhood immunisations. Indeed, since 2013, London's COVER data is usually published with caveats and drops in reported rates are always due to data collection or collation issues for that quarter. Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities.

3.1 Role of Child Health Information Service (CHIS)

- London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Healthcare CIC) and North-West London (provider is Health Intelligence). These Hubs are commissioned by NHSE&I to compile and report London's quarterly and annual submissions to PHE for COVER.
- A 'script' or algorithm is utilized to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified. For example, for first dose of MMR, any child who had their MMR vaccination before their first birthday are not included and so appear unvaccinated.
- CHIS Hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to PHE.
- CHIS Hubs are also commissioned to 'clean' the denominator by routinely undertaking 'movers in and movers out' reports. This is to ensure the denominator is up-to-date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. Historically and currently, there are ongoing issues with CHIS Hubs keeping up-to-date with movers in and removals which is picked up in contract performance meetings with the NHSE&I (London) commissioners.

3.2 Role of Data Linkage Systems

- Immunisation data is extracted from London's general practices' IT systems and uploaded onto the CHIS systems. This isn't done directly by the CHIS Hubs. Instead data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHSE&I whilst 4 CCGs in outer North-East London commission a separate system.
- Since the primary purpose of CHIS is to hold health information on individual children, the immunisation data extracted from general practices is patient identifiable data (PID). As a result, data sharing agreements are required between each general practice and CHIS. In 2017, NHSE&I (London) Immunisation Commissioning Team and CHIS Hubs worked to ensure that data sharing agreements were signed and agreed. Introduction of GPDR in mid-2018 meant that DSAs had to be resigned and this was reported by the NEL CHIS Hub to their commissioner as having had an impact on their data submission for 2018/19.
- NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance to the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the 'COVER SOP', to check against the COVER submissions by CHIS to question variations or discrepancies.

3.3 Role of General Practice

- While data linkage systems provide an automated solution to manual contact between CHIS and general practices, data linkage does not extract raw data. General practices have to prepare the data for extraction every month. This will vary between practices how automated the process is but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.
- General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystemOne, all of whom are commissioned by their CCG), CQRS (the payments system run by NHS England and Improvement for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive.

- The aggregated immunisation data in each practice is dependent upon the quality of patient records. When a practice nurse vaccinates a child, the record of the vaccination should be recorded onto the GP IT system and into the child's hand held personal record (the Redbook). In the past, a duplicate copy was taken from the Redbook and sent to CHIS but this is no longer wide-spread practice. It is anticipated that the e-Redbook will provide that secondary source to triangulate immunisation data going forward. There can be variation in when the nurse inputs the information – can be at the individual appointment or at the end of a clinic. Roll out across London is expected to commence in late 2019 and completed by the end of 2020.
- There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction. (During 2015/16, the team visited 300 practices to uncover the issues in vaccinating 0-5-year olds and these were the main factors vocalised by practice managers).
- Whilst NHSE&I (London) immunisation commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission general practices directly. Vaccination services, including call/recall (patient invite and reminder systems) are contracted under the General Medical Services (GMS) contract. This contract is held by primary care commissioning directorates of NHSE&I. To date, there is a lack of clarity on what levers NHSE&I (London) Immunisation Commissioning Team (with primary care colleagues) can use to ensure robust high-quality data for extraction for COVER and that practices are undertaking adequate call/recall.

4 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- Under the London Immunisation Partnership (formerly the London Immunisation Board), NHS England and Improvement London Region (NHSE&I London) and Public Health England London Region (PHE London) seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

5 Routine Childhood Immunisation Programme (0-5 years)

- The routine childhood immunisation programme protects against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C)
 - Meningococcal group B disease
 - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

6 Westminster and the challenges

- Westminster is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
 - Complexities in data collection for COVER statistics.
 - London's high population mobility which affects data collection and accuracy.
 - Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere).
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce.
 - Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
 - Difficulties accessing appointments.
 - Large numbers of underserved populations whom are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).

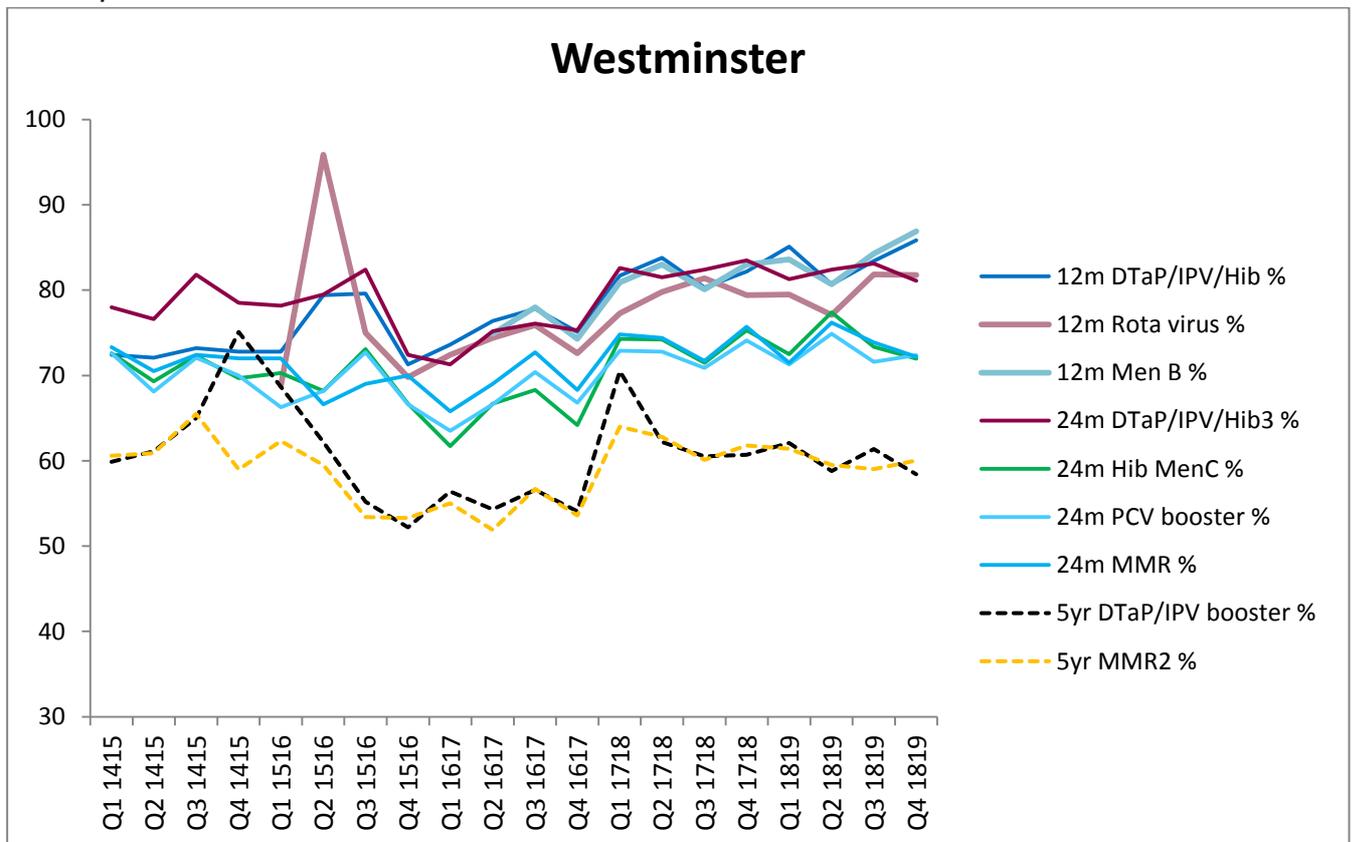
- Growing vaccine hesitancy (i.e. confidence in vaccine, lack of convenience and complacency).
- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Westminster's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.
- Using annual rates for London – which are less prone to natural fluctuations than the quarterly rates - there are small decreases in annual MMR1 rates from 87.5% in 2013/15 to 85.1% in 2017/18 and 80.7% to 79.5% for MMR2. In comparison, England averages were over 90% for MMR1 and ~88% for MMR2 (91.7% and 87.6% in 2017/18). London is the lowest of all the regions – the next lowest is South East (91.5% for MMR1 and 87.2% for MMR2 in 2017/18). Both London and South East have the largest denominators and London vaccinates more children than the other regions – 106,073 children with MMR1 (17.3% of the overall number of children vaccinated in England in 2017/18).
- It could be argued that with a bigger denominator, London has a bigger number of unvaccinated children. However, only a proportion of these 'unvaccinated' children are truly unvaccinated, the others have been vaccinated abroad (there are known difficulties recording these) or within UK (records may not be updated in time for the data extraction). These vaccinations have not been captured on data systems. Similarly, there are children who are vaccinated outside the schedule (either early or late) and are not included in the cohorts reported.
- Westminster has a high number of private practices compared to other boroughs. Children may register in the area and therefore show up on the CHIS system but never actually access their GP or just have certain vaccinations and then go privately for some. As private practice data cannot be accessed, it is unknown what numbers this constitutes.

6.1 Westminster's uptake and coverage rates

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th 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 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- Like many other London boroughs, Westminster has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e. the proportion of people that need to be vaccinated to stop a disease spreading in the population).

- For immunisations, uptake is usually compared with geographical neighbours as immunisation uptake is affected by service provision and neighbouring boroughs in NWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours.
- Figure 1 provides a snapshot of all Westminster's 0-5 immunisation programmes. It can be seen that the uptake of vaccinations are close together indicating a good quality of service provision (drop off between age 1 and age 2 and again by age 5 indicates system ability to call/recall and track children). Please see the appendix for the breakdown by general practice.

Figure 1
Uptake rates of 0-5 vaccinations for Westminster Q1 2014/15 – Q4 2018/19

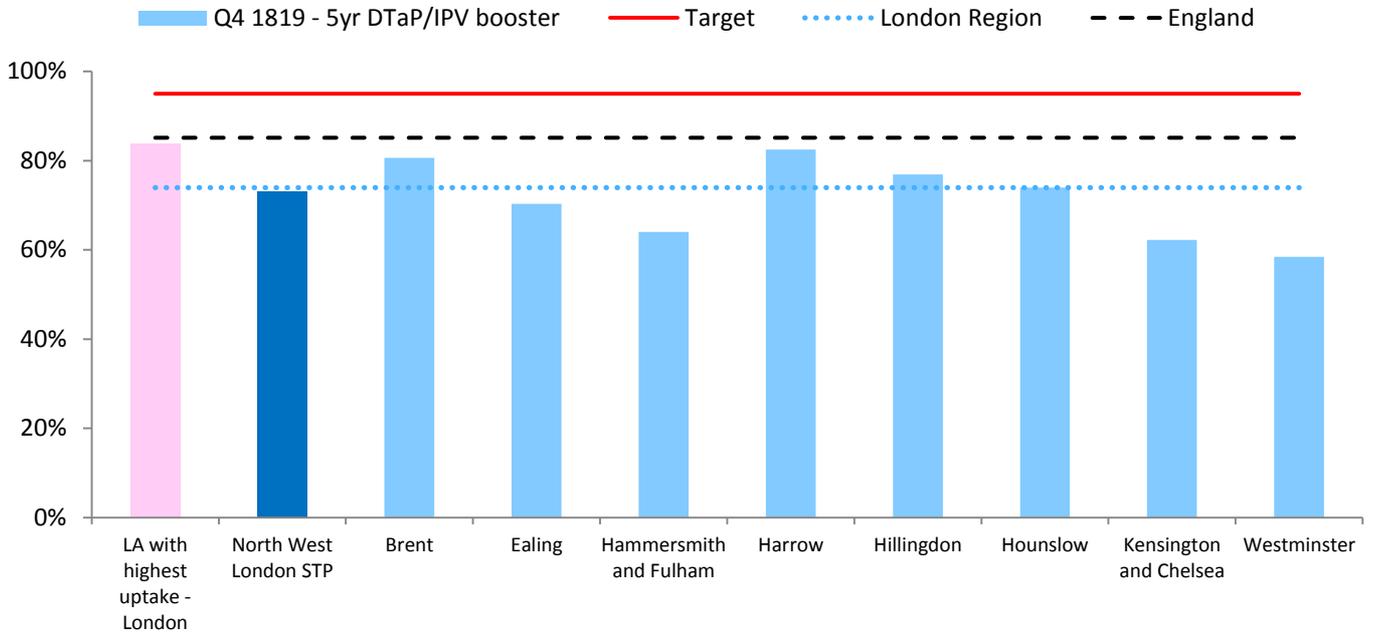


Source: PHE (2019)

- Figures 2-5 illustrate the comparison of Westminster to other North West London boroughs using quarterly COVER statistics for the uptake of the six main COVER indicators for uptake. These are
 - The primaries (i.e. completed three doses of DTaP/IPV/Hib/HepB) are used to indicate completion of age one immunisations.
 - PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2.
 - Preschool booster and second dose of MMR for age 5.

- Quarterly rates vary considerably more than annual rates but are used here so that Quarter 4 data from 2018/19 (the latest available data) could be included.

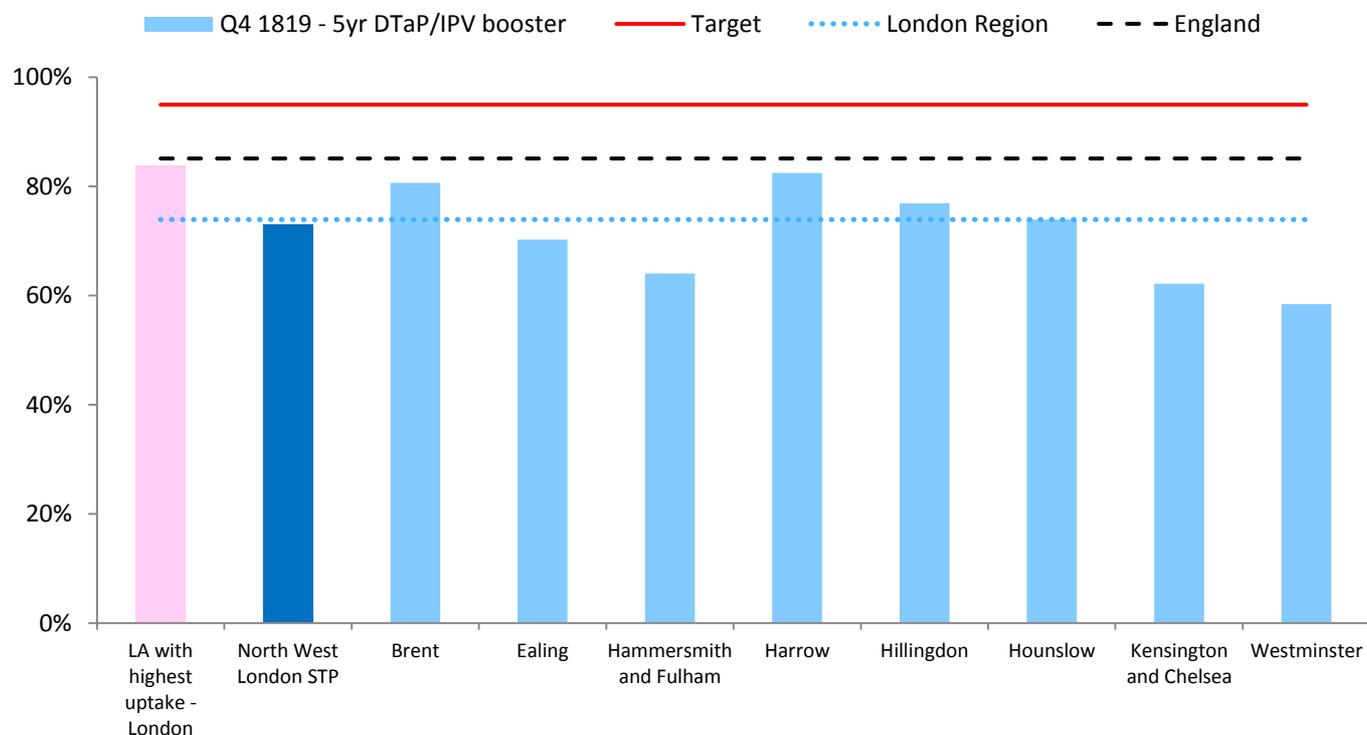
Figure 2
DTAP/IPV/ Hib/Hep B Vaccine – 1 year (quarterly data 2018/19)



	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	91.6%	92.1%	91.9%
London	86.3%	85.5%	87.6%	87.7%
LA with highest uptake - Sutton	93.5%	91.3%	93.1%	93.5%
North West London STP	88.4%	86.8%	87.7%	88.1%
Brent	89.6%	86.5%	89.0%	88.4%
Ealing	90.3%	88.9%	90.6%	90.5%
Hammersmith and Fulham	86.4%	88.1%	82.9%	83.9%
Harrow	88.1%	87.0%	87.6%	87.0%
Hillingdon	90.8%	89.7%	90.7%	91.6%
Hounslow	89.2%	88.1%	87.4%	89.9%
Kensington and Chelsea	81.0%	79.7%	81.9%	81.3%
Westminster	85.1%	80.7%	83.4%	85.8%

Source: PHE (2019)

Figure 3
MMR Vaccine Dose 1 measured at 2 years of age (quarterly data Q1 18/19 to Q4 2018/19)



%

	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	89.9%	90.0%	90.0%
London	81.6%	81.2%	82.3%	82.3%
LA with highest uptake - Sutton	92.0%	91.7%	90.1%	91.0%
North West London STP	80.7%	80.7%	80.2%	80.2%
Brent	81.4%	82.1%	82.5%	81.1%
Ealing	81.7%	79.5%	80.8%	81.2%
Hammersmith and Fulham	75.7%	77.9%	74.2%	78.7%
Harrow	82.7%	86.4%	85.5%	83.1%
Hillingdon	83.7%	83.7%	82.0%	81.9%
Hounslow	83.2%	80.3%	82.9%	82.0%
Kensington and Chelsea	75.7%	73.7%	71.5%	73.5%
Westminster	71.5%	76.2%	73.9%	72.2%

Source: PHE (2019)

Figure 4
Hib/MenC Vaccines uptake at 2 years (quarterly data) (2018/19)

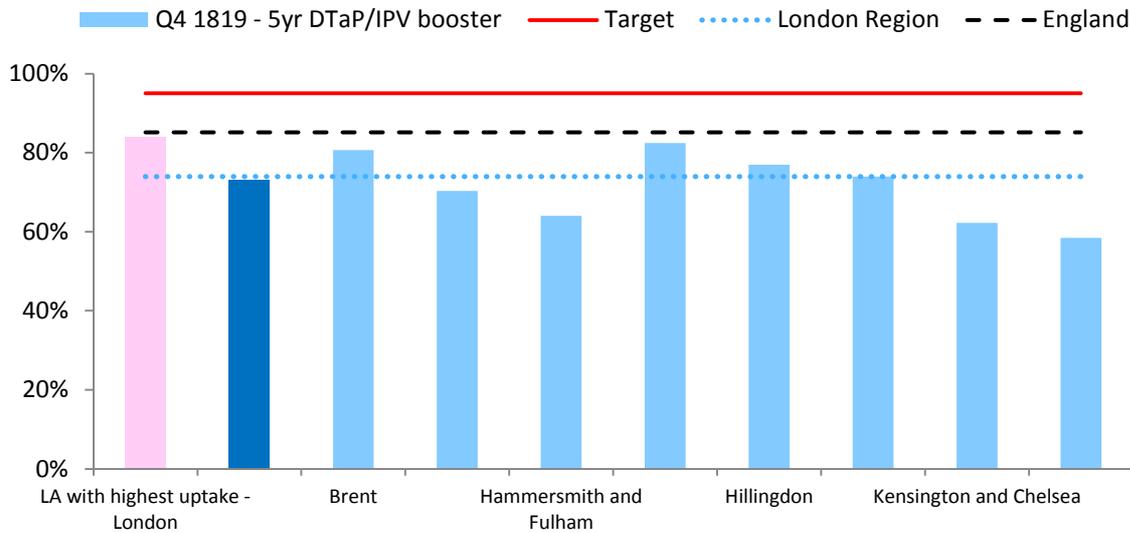
	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	90.2%	90.3%	90.3%
London	82.2%	81.8%	82.9%	82.7%
LA with highest uptake - Sutton	92.7%	92.0%	91.0%	91.7%
North West London STP	81.5%	81.8%	80.7%	80.9%
Brent	83.7%	83.5%	80.3%	83.6%
Ealing	82.9%	80.6%	82.0%	82.0%
Hammersmith and Fulham	76.5%	80.9%	76.8%	78.4%
Harrow	82.8%	86.8%	85.9%	82.4%
Hillingdon	84.7%	85.1%	83.2%	82.5%
Hounslow	83.3%	81.2%	84.2%	83.2%
Kensington and Chelsea	75.5%	73.2%	71.5%	73.7%
Westminster	72.5%	77.4%	73.4%	72.0%

PCV Vaccine uptake at 2 years (quarterly data) (2018/19)

	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	90.0%	90.1%	90.1%
London	81.8%	81.3%	82.6%	82.3%
LA with highest uptake - Sutton	92.0%	91.7%	90.2%	91.3%
North West London STP	80.1%	80.0%	79.9%	79.6%
Brent	82.8%	81.9%	83.4%	82.9%
Ealing	81.3%	79.0%	80.3%	79.9%
Hammersmith and Fulham	74.7%	78.8%	74.4%	77.3%
Harrow	82.4%	84.6%	85.4%	82.0%
Hillingdon	83.0%	84.3%	83.1%	81.4%
Hounslow	81.1%	78.5%	81.0%	80.3%
Kensington and Chelsea	73.3%	71.8%	70.0%	72.5%
Westminster	71.3%	74.9%	71.6%	72.4%

Source: PHE (2019)

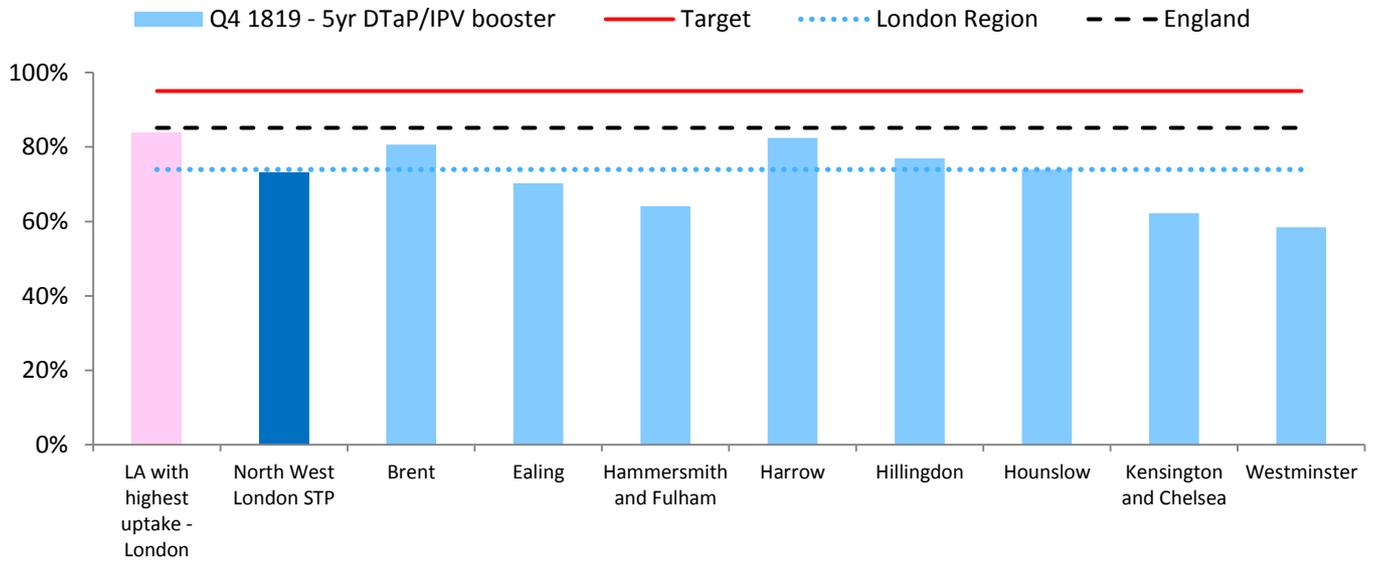
Figure 5
MMR Vaccine Dose 2 – measured at 5 years of age (quarterly data 2018/19)



	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	86.4%	86.6%	86.7%
London	72.2%	74.8%	75.7%	76.7%
LA with highest uptake - Bromley	90.2%	87.0%	89.9%	91.0%
North West London STP	71.5%	71.7%	72.5%	73.2%
Brent	76.8%	76.6%	77.7%	80.2%
Ealing	71.1%	68.8%	70.9%	71.1%
Hammersmith and Fulham	61.6%	65.0%	63.7%	63.9%
Harrow	79.4%	78.7%	80.4%	82.2%
Hillingdon	76.5%	76.2%	78.3%	75.1%
Hounslow	69.4%	71.5%	74.0%	75.9%
Kensington and Chelsea	62.2%	64.4%	61.1%	62.9%
Westminster	61.4%	59.5%	59.0%	60.0%

Source: PHE (2019)

Figure 6
DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age (quarterly data 2018/19)



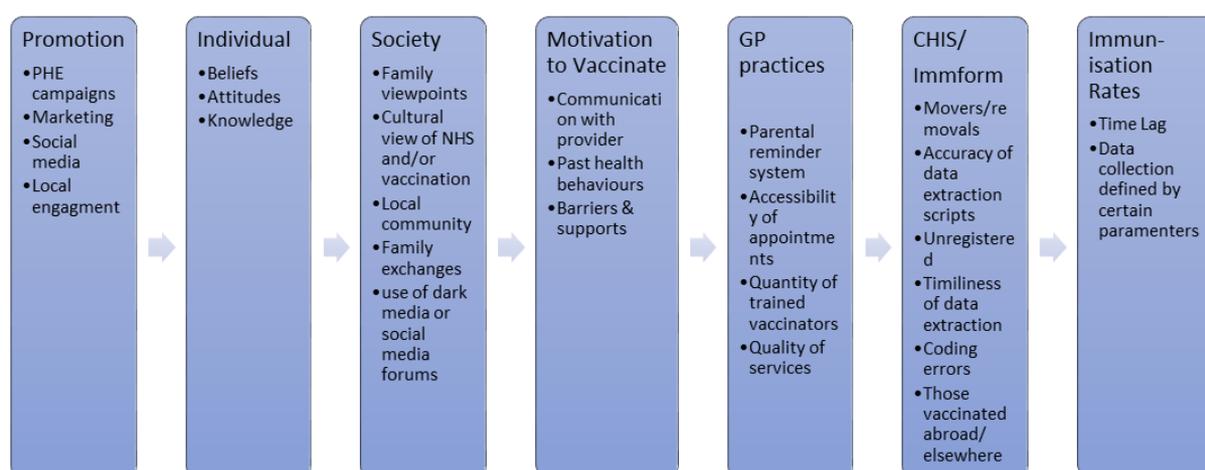
	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	85.0%	85.3%	85.1%
London	69.2%	71.8%	73.1%	74.0%
LA with highest uptake - Havering	83.6%	83.1%	84.0%	83.8%
North West London STP	72.1%	71.8%	73.0%	73.0%
Brent	79.0%	78.1%	79.0%	80.6%
Ealing	70.2%	69.2%	70.3%	70.3%
Hammersmith and Fulham	60.5%	64.2%	64.0%	64.0%
Harrow	80.7%	77.6%	80.8%	82.5%
Hillingdon	77.6%	76.2%	80.4%	76.9%
Hounslow	69.8%	72.4%	73.4%	74.0%
Kensington and Chelsea	63.1%	63.0%	60.4%	62.2%
Westminster	62.1%	58.8%	61.4%	58.4%

Source: PHE (2019)

6.2 What are we doing to increase uptake of COVER?

- Westminster like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Westminster is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE&I London. This involves examining uptake data, looking at local need and formulating a plan to increase uptake.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task involving lots of different stakeholders. NHSE&I (London) is limited in its commissioning role around GP practices and CHIS. Hence the need for pan London approaches to be accompanied by local work with PHE health protection teams, CCGs, local public health teams, local authorities and communities to identify local barriers and vulnerable or underserved groups and to work together to improve public acceptability and access and thereby increase vaccine uptake. Figure 7 shows the journey from advertising vaccinations to individuals to production of coverage statistics

*Figure 7
Logic Model for Improving Immunisation Uptake Rates in London*

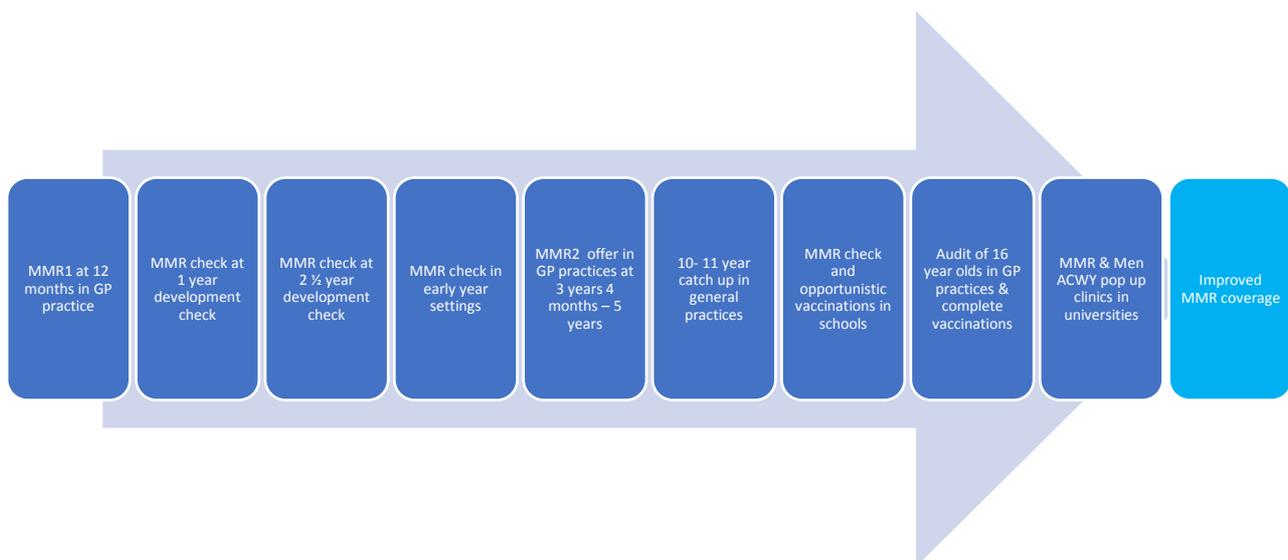


- For 2018/19, the London Immunisation Partnership Board signed off two targeted plans to increase uptake of MMR. The long term plan is the London Measles and Rubella Elimination Plan. This plan operationalizes the National Measles and Rubella Elimination Strategy for London. It is being delivered by the London Immunisation Business Group and the STP Immunisation Performance and Quality Boards (sub-groups of the London Immunisation Partnership Board). This includes improving uptake in our 18-25 year olds - the

age group most likely to be affected by measles and mumps outbreaks. (See Figure 8).

- The second plan focuses on improving uptake of MMR to improve the uptake rates of MMR by age 2 and 5 over the next 12 months. Called London's MMR Recovery plan, this is being implemented across London. The main actions of the MMR Recovery Plan are as follows:
 - Work with general practices to proactively chase parents who miss the 12 month MMR appointment.
 - MMR offered at 1 year developmental check.
 - MMR offered at 2 ½ year developmental check.
 - Reducing Missed Opportunities Vaccinations (MOV) protocols in every general practice.
 - Work with emerging primary care networks (PCNs) to increase capacity of general practice.
 - MMR checked and signposted in early year settings (entry at 1 year, remain until 4-5 years).
 - CHIS notifications support GP practices for MMR invites/reminders (started August 2019).
 - Consistent automatic call/recall systems across PCNs.
 - MMR checked and signposted at primary school entry.
 - MMR checked and offered with child flu vaccinations in reception year (commissioning intention for 2020/21).
 - Work with local partners to target inequities in vaccination uptake
 - Consider alternative vaccinators.

*Figure 8
Visual of London's Measles & Rubella Elimination Plan*



7 Seasonal Influenza

7.1 Child Vaccination Uptake rates

- Our goal in London was to achieve 40% uptake rates in 2 and 3 year olds and 50% in Reception and School Years 1, 2, 3 and 4 and 40% in School year 5.
- Throughout London, uptake for child 'flu vaccine for 2 and 3 year olds is low despite efforts every year from the public health commissioning team to visit poor performing practices (those performing less than 10%) to support them. These visits have however considerably reduced the number of practices performing less than 10% from 155 in 2016/17 in to 88 in 2018/19.
- Figure 10 displays the comparison of London's 2018/19 rates to the previous year whilst Figure 11 compares Westminster with the rest of its geographical neighbours and London and England averages. Westminster performs well across the age groups, particularly when the vaccine is given in the school setting by the community provider CNWL, where they achieve the highest rates in the North West area. There are also year on year improvements in each cohort. This can be seen in Westminster where the 41.2% of reception children being vaccinated, which is higher than the original child 'flu group of Year 5 (they've been receiving the vaccination since Year 1), where 32.3% were vaccinated.
- Interestingly, when looking at this season's reception children (who were aged 3 last year), their uptake rate almost doubled once offered in schools – a pattern also seen for 2017/18, suggesting that a main contributing factor to poor uptake is service related.

7.2 Adult Vaccination Uptake rates

- Despite improvements in London's 'flu vaccination rates for 2016/17 and 2017/18, the trend was not continued for 2018/19 for adult vaccinations.
- Rates are lower than last year across the 'at risk' groups of over 65s, clinical 'at risk' groups and pregnant women. Rates of health care workers remained stable.
- This year's uptake was impacted by a mild winter and low circulation of influenza.
- Predominantly the rates were affected by the confusion over the vaccine to be offered to over 65s with late national planning to introduce the new vaccine, difficulties with manufacturing large volumes at short notice resulting in late and staggered deliveries of aTIV.
- All CCGs in London performed below national standards of 70-75% for over 65s and 50-55% for clinically at-risk groups.
- These figures may not include all flu vaccinations offered in maternity units nor the vaccinations provided in pharmacy. For London, 211,320 vaccinations were offered in pharmacy. Of these, 200,353 vaccinations were to the at-risk groups and over half were to people aged 65 and older. The majority of 'flu vaccinations are provided in Hillingdon, Ealing, Wandsworth, Croydon, Bromley, Greenwich, Newham, Redbridge and Barnet (all in excess of 8,000).

- In relation to 'at risk' groups, 20,000 vaccinations were given in pharmacy but not all clinically uploaded onto GP systems (if all were included it would raise the rates by 1.8%).

Figure 10
Seasonal Influenza vaccination rates for England and London 2016 - 2019

	England			London		
	2016-17	2017-18	2018-19	2016-17	2017-2018	2018-19
65+ years	70.4%	72.6%	71.3%	65.1%	66.9%	63.9%
<65 years	48.7%	48.9%	46.9%	47.1%	45.4%	42.5%
Pregnant	44.8%	47.2%	45.0%	39.6%	41.1%	38.9%
Healthcare workers	63.0%	68.7%	70.3%	55.4%	64.1%	63.7%
2 years of age	35.4%	42.8%	43.1%	30.3%	33.2%	31.1%
3 years of age	37.7%	44.2%	45.2%	32.6%	33.3%	32.5%
4 years of age/Reception	30.0%	62.6%	63.9%	24.9%	51.6%	53.7%
Year 1	57.6%	60.9%	63.4%	45.8%	49.6%	52.7%
Year 2	55.3%	60.3%	61.4%	43.6%	48.2%	50.2%
Year 3	53.3%	57.5%	60.2%	42.0%	45.6%	48.9%
Year 4	n/a	55.7%	58.0%	n/a	43.8%	46.5%
Year 5	n/a	n/a	56.2%	n/a	n/a	44.6%

Source: PHE (2019)

Figure 11
Uptake of seasonal flu vaccination for Westminster CCG compared to NWL, London and England for Winter 2018/19 (September 1st 2018 – January 31st 2019)

CCG	Flu Season 2018/19										
	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of Reception	% of year 1	% of year 2	% of year 3	% of year 4	% of Year 5
Brent	63.6	45.8	35.0	27.0	29.8	37.9	38.4	35.1	34.6	31.3	30.6
Ealing	61.5	45.6	37.2	34.3	32.8	41.3	41.4	36.8	38.8	34.1	32.1
Hammersmith & Fulham	56.0	31.4	34.8	31.3	27.9	46.0	45.5	44.5	43.9	39.9	34.3
Harrow	67.1	47.4	35.2	28.7	30.7	56.6	54.7	53.4	52.8	50.0	47.7
Hillingdon	66.3	45.2	36.1	29.8	31.1	52.1	49.9	48.1	47.5	45.2	43.7
Hounslow	63.0	45.8	31.4	34.7	33.2	56.7	55.9	54.0	50.5	49.2	45.7
Kensington and Chelsea	57.3	38.0	42.5	27.0	25.8	42.0	44.3	39.7	39.6	34.0	28.6
Westminster	57.4	39.5	36.7	24.0	24.3	41.2	40.8	40.2	37.7	36.2	32.3
London	63.9	42.5	38.9	31.1	32.5	53.7	52.7	50.2	48.9	46.5	44.6
England	71.3	46.9	45	43.1	45.2	63.9	63.4	61.4	60.2	58	56.2

Source: PHE (2019)

7.3 What are we doing to increase uptake of seasonal influenza vaccine this year?

- A key learning point from the 2018/19 evaluations was that practices who are well prepared and have uptake in their first couple of weeks continue to have good uptake throughout the season.
- This means that the weekly checks by commissioners had little or no impact on improving flu uptake once the season started. This year the focus is on practices being prepared and have advanced planning particularly around identifying eligible cohorts and estimating demand and supply, including considering extra staff capacity for opportunistic vaccinations. A workshop on CCG 'flu plans will CCG 'flu leads is scheduled for July 2019.
- We are changing the narrative around 'flu vaccinations for 'at risk' groups. There is evidence that 'flu vaccinations are seen as optional or preventative and are not seen as integral to an individual's care pathway or maintenance of health. This involves working with specialised commissioning colleagues and acute and primary providers to embed primary care appointments (for checking co-morbidities and vaccination) into pathways and help increase demand from patients, for example provision of vouchers at specialist appointments and vaccination advice recorded in letters to GPs from specialists. This is in keeping with NICE's recommendation of multicomponent interventions.
- We are streamlining the time spent producing 'flu reports during 'flu season. There is considerable duplication of reports across NHSE&I and PHE and the NHSE&I Immunisation Commissioning Team receive numerous requests for additional reports. This reduction in flu report production will increase efficiency and effectiveness of commission of 'flu vaccination programmes during 2018/19.
- We are improving our reach to London's statutory homeless and rough sleepers. There has been limited access to vaccinations for this population through pharmacy and an underused open access SLA. This year there is a workstream on improving access via general practices that care for the homeless population, voluntary organisations that provide outreach medical services and pharmacies.
- We are including the over 65s as a priority this year due to the impact of vaccine stocks in 2018/19. This age group also includes improving uptake of informal caregivers (1 in 8 people aged over 75s are carers of spouses or partners) via pharmacy, recreating the work done in 2016/17 that tripled carers uptake. We will continue to work with Healthy London Partnership on improving uptake in care homes.
- We undertook a Delphi methods study to determine the interventions that work in improving 'flu vaccination uptake amongst health care workers in London trusts. This is being developed into a toolkit and shared with trusts to implement this 'flu season.
- Training of staff is crucial to maintaining good vaccination uptake. PHE London and NHSE/I London are working together to ensure that vaccinators are updated on 'flu vaccination and that health care professionals are informed

to address any vaccine hesitancy thereby reducing complacency and improving confidence and convenience.

- Joint communications by NHSE/I, PHE, STPs and local authorities addressing the 5 determinants of good vaccination uptake: Access, Affordability, Awareness, Acceptance, Activation.

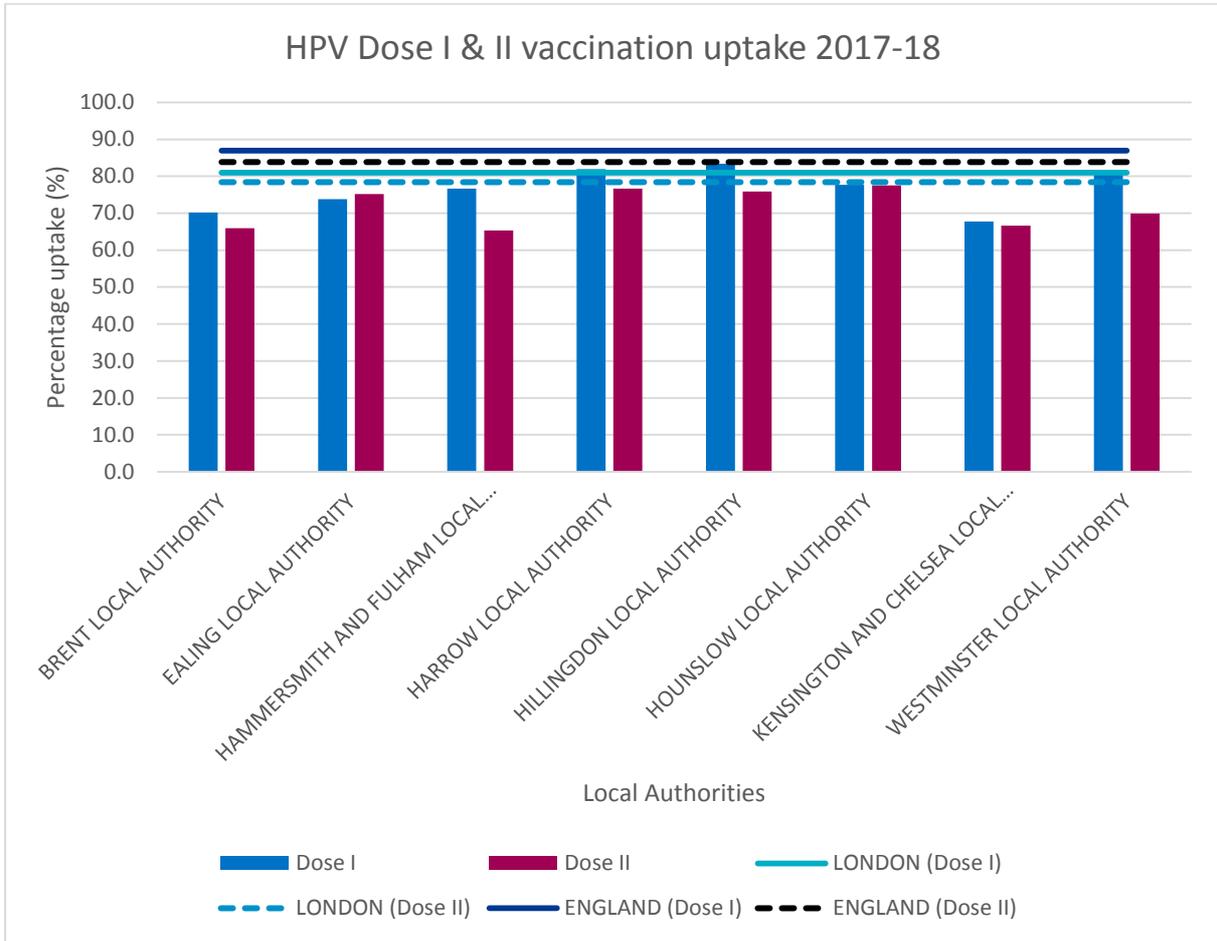
8 School Age Vaccinations

- School Age vaccinations consist of:
 - HPV vaccine for 12-13 year olds– (since September 2019 boys receive the vaccine as well as girls).
 - Tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15
 - Meningitis ACWY at age 14/15.
 - Annual child 'flu vaccination programme which in 2019/20 covers Reception to Year 6 in primary schools.

8.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer.
- 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 is that two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. For 2015/16, London was the only region to commission both doses to be given within one academic year. This has continued until this year, 2018/19 where providers are now given a choice of whether to deliver both doses in one year or one dose in year 8 and the second in year 9 due to the increasing pressure of the school flu programme which has now expanded. CNWL, who deliver the programme in Westminster, have opted to continue to deliver both doses in one year.
- Westminster's uptake for 2 completed doses is 70% respectively which is below the London average of 78.4% and the England average of 83.8%.

Figure 12
HPV Uptake 2017/18

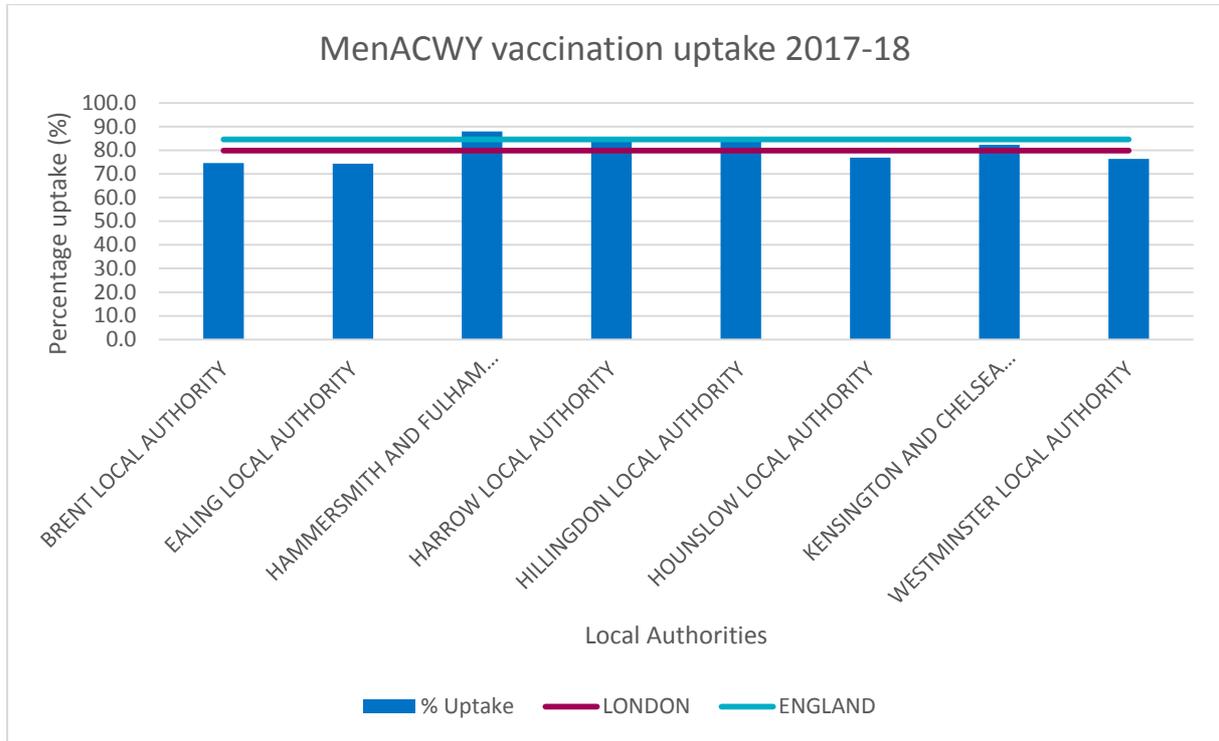


Source: PHE (2019)

8.2 Men ACWY

- This vaccination protects against four main meningococcal strains (A, C, W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.
- As seen in Figure 16, the uptake rate for Westminster it was 76.4% for Year 10 which is below the London and England average.

Figure 13
MenACWY uptake in Year 10 (14-15 years)

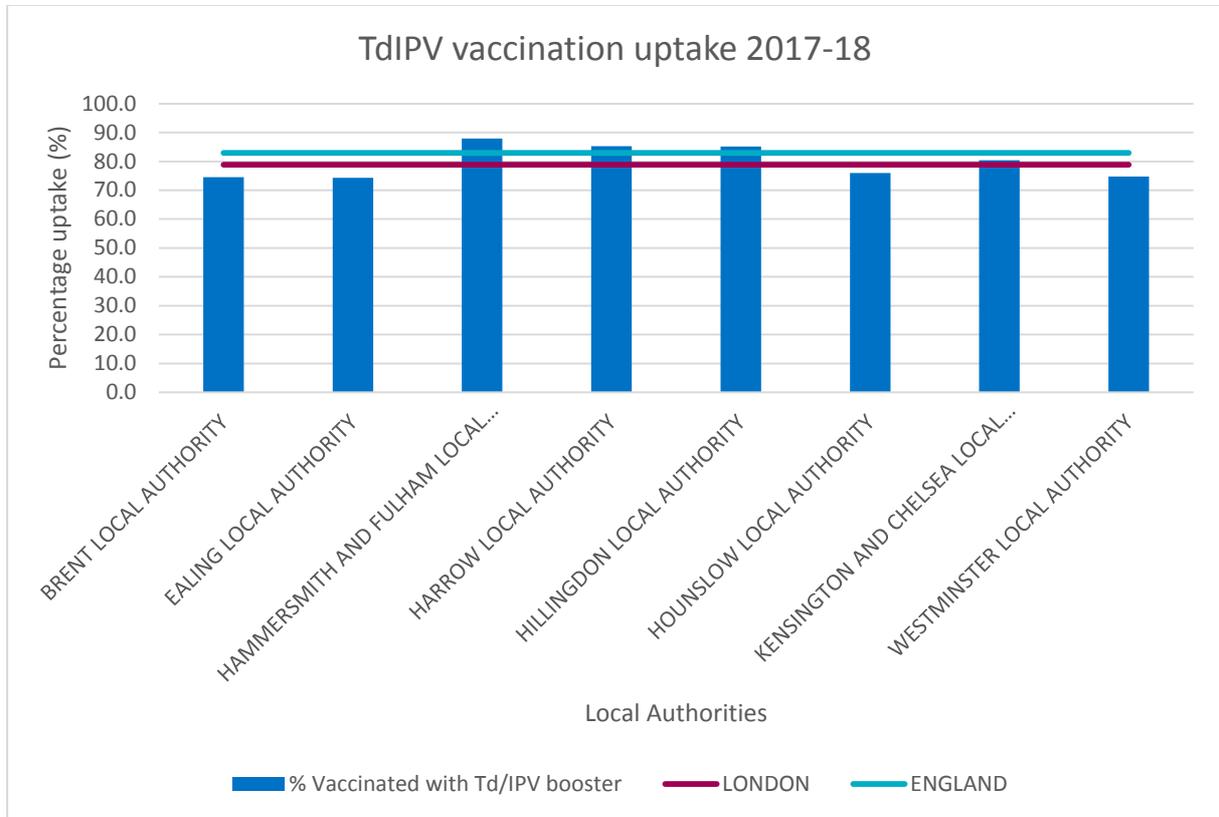


Source: PHE (2019)

8.3 Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.
- As seen in Figure 17, the uptake rate for Westminster it was 76.4% for Year 10 which is below the London and England average.

Figure 14
Td/IPV- Year 10 (14-15 years)



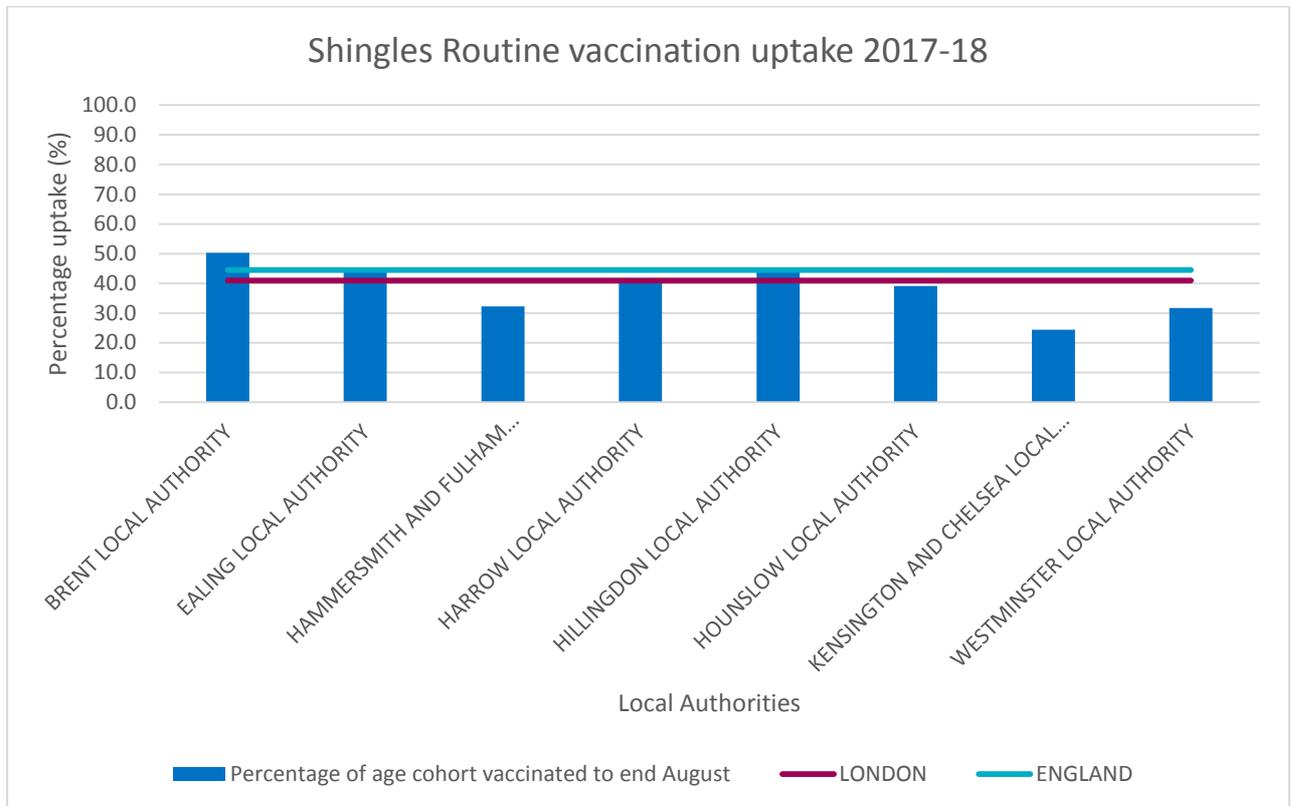
Source: PHE (2019)

9 Adult Vaccinations

9.1 Shingles

- The Shingles vaccination programme commenced in September 2013. Shingles vaccine is offered to people who are 70 years or 78 years old on 1st September in the given year. Data on vaccine coverage was collected between 1st September and 31st August but this year it is extended to March 2018.
- Figure x illustrates the percentage uptake by CCG in London for three years of the programme for the routine age 70 cohort. Westminster reports uptake rates of 31.7% that are lower than London and England averages.
- NHSE are currently undertaking a project with CCG colleagues to increase uptake of shingles rates across London.

Figure 15
Shingles Uptake 2017-18

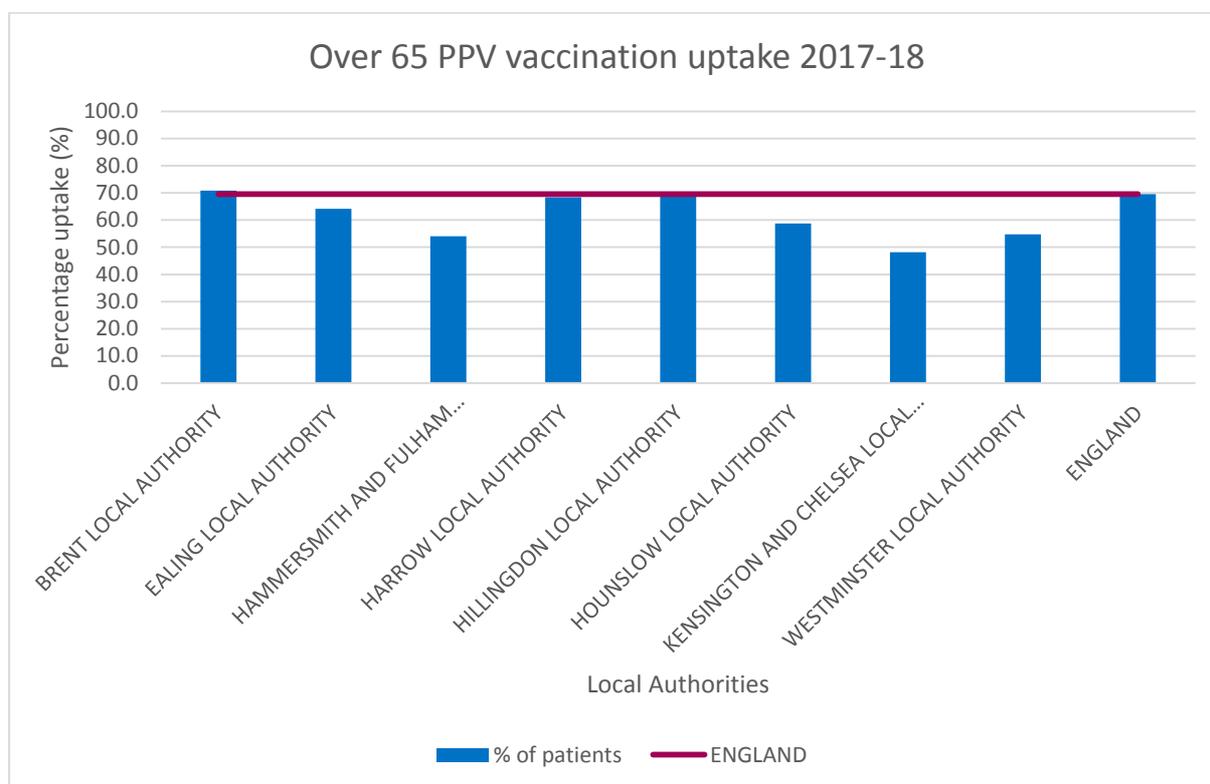


Source: PHE (2019)

9.2 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. This vaccination tends to be given alongside the flu vaccination during the flu season as the patient is usually present at the flu appointment.
- Up to and including 31st March 2018, 54.7% of those aged 65 years and older were vaccinated with PPV in Westminster. This is lower than the England average of 69.5%. There is no target for this vaccine as we are aiming for individual protection not population protection.
- It is worth noting that the over 65s population are largely protected against pneumococcal invasive disease and pneumonia from the PCV-13 programme given as part of the 0 to 5s routine childhood immunisation schedule, because young children are the main source of spread of these infections. PPV23 is an additional vaccine to help protect this population from the remaining 13 strains not covered in the PCV-13 vaccine.

Figure 16
Received the Pneumococcal (PPV) Vaccine At Any Time 2017 -2018



Source: PHE (2019)

10 What are we doing to improve uptake in Westminster?

- As well as these pan London approaches, NHSE (London) have been working locally with Central London and West London CCGs, the local Public Health team and local school age provider to focus and identify local barriers and vulnerable or underserved groups and to work together to improve public acceptability and access and thereby increase vaccine uptake. One example of this is our local flu working group which meets monthly throughout the flu season. Key agenda items are local communications, data analysis, current vaccination uptake, national updates and school engagement.
- Since July 2017, we have had three 'deep dive' workshops with our nine school age vaccination providers across London where we focused on the service factors impacting upon uptake. The main issues were identified as school refusals, lack of return of paper consent forms, self-consent and lack of school support. We have been working with our providers to rectify these and other issues including a pilot of three organisations using e-consent. This involves developing a communication strategy between providers and schools as well as developing an escalation process that they can follow.
- Following on from that, the last quarterly meeting of the London Immunisation Partnership (June 2018) did a deep dive into the factors impacting upon school aged vaccination rates, looking at data management, quality of services,

commissioning and provider performance and public acceptability. An action plan has been devised with our partners which was circulated in February 2019 to them. The aim was to make a SMART annual plan that we can deliver together across London to improve uptake.

- As part of the Evaluation, Analytics and Research Group (EAR) of the London Immunisation Partnership, we continue to work with our academic partners in examining the factors impacting upon school aged vaccination uptake. We've completed a study looking at service factors impacting upon Men ACWY and another on HPV (both papers are currently under review for peer review journals). We are collaborating on the evaluation of the e-consent and contributing to a RCT on incentives to improve return of consent forms. We are also working on developing teacher training on school aged vaccinations (an action arising from our deep dive).

11 Outbreaks of Vaccine Preventable Diseases

- PHE NWL Health Protection Team has the remit to survey and respond to cases of vaccine preventable diseases. Where they declare a cluster or an outbreak, NHSE (London) have a process in place called Call the Commissioner which is the commissioner response. Under this we can mobilise a provider service response to vaccinate the designated contacts.
- During a high activity measles year for London, 86 cases (65 confirmed and 21 probable) were reported in North West London (NWL) in 2018. This compares to 31 cases in 2017 (20 confirmed and 11 probable). The rate of confirmed measles was 3.1/100,000 inhabitants, the second highest after 2016's peak rate of 3.7/100,000. At one-third (32%), the largest proportion of confirmed measles cases continued to be in adults over 25. The proportion of cases in children aged 5-9 increased sharply from a median of 6% in 2014-2017 to 19% in 2018. Over half of the confirmed cases in NWL during 2018 were in Brent (12), Kensington & Chelsea (12), and Westminster (12) (55%, 36/65).
- In 2018, 180 mumps cases (36 confirmed and 144 probable) were reported in NWL, a decrease on the 215 cases in 2017 (45 confirmed and 170 probable). The rate of confirmed mumps in NWL in 2018 was 1.7/100,000 inhabitants, a decrease on the previous year's rate of 2.8/100,000. Adults aged 25+ continued to account for most confirmed NWL cases, with the proportion increasing from a median of 46% in the years from 2014-17 to 72% in 2018. Westminster had a total of 8 confirmed cases in 2018.
- A national measles increase was seen during 2018, which was reflected across all areas of London, resulting in numerous clusters and outbreaks. During 2018, the NW London Health Protection Team (HPT) responded to measles circulating in the community, including three clusters of suspected measles cases, one in unvaccinated school-age children in a family in Kensington and Chelsea, one in people with a common link to a theatre in Westminster, and one at a secondary school in Westminster. The HPT also responded to a suspected cluster of mumps at a clinic in Westminster affecting two non-clinical staff.
- NHSE (London) are working with PHE Health Protection Teams as part of the London Immunisation Business Group to reduce the number of measles and

mumps cases in the population by increasing uptake of MMR in the adolescent and adult populations as well as the under 5s.

12 Next Steps

- NHSE (London) continues to work on delivering the WHO European and national strategies to improve coverage and to eliminate vaccine preventable diseases. In London this is done through the London Immunisation Plan which is reviewed annually by the London Immunisation Partnership.
- Quarterly assurance is provided on Westminster through the NWL Immunisation Performance and Quality Board where challenges and solutions can be discussed with all stakeholders around the performance and the surveillance data.

13 Appendix

Table 1 : Child Immunisations, by GP Practice, CCG, Area Team 2018/19

Source: NHS England

			12 months						24 months						5 Years					
CCG Code	CCG Name	GP Practice Code	Number of Eligible Children	DTaP/IP V/Hib/Hep B	Men B	PCV	Rotavirus	Hep B	Number of Eligible Children	DTaP/IP V/Hib	MMR	Hib/Men C Booster	PCV Booster	Hep B	Number of Eligible Children	DTaP/IP V Booster	DTaP/IP V/Hib	Hib/Men C Booster	MMR Dose 1	MMR Dose 2
				%	%	%	%	%		%	%	%	%	%		%	%	%	%	%
09A	NHS Central London (Westminster) CCG	E87002	136	84.6%	84.6%	85.3%	85.3%		162	75.9%	71.0%	71.6%	69.8%		123	67.5%	86.2%	82.1%	86.2%	65.0%
09A	NHS Central London (Westminster) CCG	E87005	48	75.0%	72.9%	72.9%	68.8%		57	71.9%	68.4%	70.2%	63.2%		70	48.6%	57.1%	58.6%	60.0%	48.6%
09A	NHS Central London (Westminster) CCG	E87006	44	84.1%	81.8%	81.8%	86.4%	100.0%	44	86.4%	75.0%	86.4%	81.8%		41	56.1%	75.6%	70.7%	78.0%	56.1%
09A	NHS Central London (Westminster) CCG	E87008	82	87.8%	91.5%	87.8%	89.0%		95	81.1%	74.7%	77.9%	74.7%	100.0%	81	75.3%	87.7%	84.0%	82.7%	74.1%
09A	NHS Central London (Westminster) CCG	E87010	83	83.1%	81.9%	79.5%	79.5%		60	93.3%	76.7%	76.7%	73.3%		59	57.6%	93.2%	91.5%	83.1%	66.1%
09A	NHS Central London (Westminster) CCG	E87011	69	92.8%	89.9%	89.9%	89.9%		78	87.2%	74.4%	76.9%	71.8%		77	70.1%	92.2%	88.3%	90.9%	70.1%
09A	NHS Central London (Westminster) CCG	E87017	*	*	*	*	*		0						*	*	*	*	*	*
09A	NHS Central London (Westminster) CCG	E87034	137	87.6%	89.1%	87.6%	87.6%		124	87.1%	80.6%	80.6%	79.0%		101	68.3%	80.2%	81.2%	79.2%	67.3%
09A	NHS Central London (Westminster) CCG	E87037	60	85.0%	80.0%	85.0%	73.3%		69	87.0%	82.6%	81.2%	81.2%		50	60.0%	78.0%	68.0%	72.0%	60.0%
09A	NHS Central London (Westminster) CCG	E87045	19	63.2%	73.7%	63.2%	68.4%		16	93.8%	93.8%	93.8%	93.8%		17	47.1%	70.6%	70.6%	64.7%	52.9%
09A	NHS Central London (Westminster) CCG	E87046	117	83.8%	90.6%	89.7%	85.5%	100.0%	118	82.2%	78.0%	78.0%	75.4%		112	68.8%	82.1%	82.1%	82.1%	66.1%
09A	NHS Central London (Westminster) CCG	E87052	16	75.0%	75.0%	68.8%	62.5%		25	88.0%	76.0%	80.0%	72.0%		21	66.7%	90.5%	90.5%	85.7%	66.7%
09A	NHS Central London (Westminster) CCG	E87066	50	88.0%	90.0%	90.0%	84.0%		47	89.4%	68.1%	72.3%	70.2%		45	68.9%	91.1%	82.2%	91.1%	64.4%
09A	NHS Central London (Westminster) CCG	E87069	19	84.2%	84.2%	78.9%	89.5%		14	100.0%	85.7%	92.9%	92.9%		17	52.9%	88.2%	70.6%	76.5%	41.2%
09A	NHS Central London (Westminster) CCG	E87070	41	80.5%	78.0%	80.5%	70.7%		62	77.4%	69.4%	69.4%	71.0%		49	49.0%	75.5%	67.3%	79.6%	51.0%
09A	NHS Central London (Westminster) CCG	E87609	246	82.9%	80.1%	83.7%	82.9%		249	81.5%	79.5%	74.7%	75.9%		242	62.4%	87.6%	77.3%	90.9%	60.7%
09A	NHS Central London (Westminster) CCG	E87648	10	70.0%	60.0%	60.0%	80.0%		17	88.2%	76.5%	82.4%	82.4%		10	30.0%	70.0%	70.0%	80.0%	30.0%
09A	NHS Central London (Westminster) CCG	E87663	26	76.9%	76.9%	76.9%	61.5%		32	62.5%	62.5%	62.5%	53.1%		30	63.3%	73.3%	90.0%	76.7%	56.7%
09A	NHS Central London (Westminster) CCG	E87677	15	66.7%	66.7%	60.0%	66.7%		8	75.0%	50.0%	50.0%	50.0%		14	42.9%	42.9%	42.9%	42.9%	42.9%
09A	NHS Central London (Westminster) CCG	E87681	136	81.6%	83.8%	84.6%	75.7%		129	83.7%	77.5%	77.5%	74.4%		102	60.8%	80.4%	77.5%	78.4%	59.8%
09A	NHS Central London (Westminster) CCG	E87694	*	*	*	*	*		5	100.0%	80.0%	80.0%	80.0%		*	*	*	*	*	*
09A	NHS Central London (Westminster) CCG	E87714	32	75.0%	81.3%	81.3%	75.0%		27	96.3%	74.1%	70.4%	74.1%		18	61.1%	94.4%	88.9%	94.4%	55.6%
09A	NHS Central London (Westminster) CCG	E87737	82	72.0%	65.9%	72.0%	70.7%		77	72.7%	64.9%	61.0%	57.1%		57	40.4%	64.9%	59.6%	66.7%	40.4%
09A	NHS Central London (Westminster) CCG	E87739	73	83.6%	82.2%	86.3%	75.3%		61	85.2%	67.2%	67.2%	63.9%		69	75.4%	95.7%	92.8%	94.2%	72.5%
09A	NHS Central London (Westminster) CCG	E87741	42	88.1%	88.1%	88.1%	78.6%		41	70.7%	78.0%	80.5%	70.7%		37	70.3%	86.5%	78.4%	89.2%	64.9%
09A	NHS Central London (Westminster) CCG	E87745	60	66.7%	71.7%	68.3%	63.3%		50	58.0%	52.0%	48.0%	48.0%		61	50.8%	75.4%	67.2%	73.8%	52.5%
09A	NHS Central London (Westminster) CCG	E87753	110	95.5%	88.2%	90.0%	92.7%		107	91.6%	81.3%	82.2%	83.2%		58	86.2%	96.6%	91.4%	96.6%	87.9%
09A	NHS Central London (Westminster) CCG	E87754	76	76.3%	77.6%	80.3%	68.4%	100.0%	73	84.9%	72.6%	72.6%	71.2%		80	52.5%	86.3%	80.0%	87.5%	51.3%
09A	NHS Central London (Westminster) CCG	E87756	50	90.0%	88.0%	86.0%	34.0%	100.0%	34	79.4%	79.4%	82.4%	76.5%		42	78.6%	76.2%	76.2%	81.0%	73.8%
09A	NHS Central London (Westminster) CCG	V81999																		
09A	NHS Central London (Westminster) CCG	Y00902	36	80.6%	83.3%	80.6%	77.8%	100.0%	53	92.5%	84.9%	88.7%	88.7%		44	86.4%	90.9%	86.4%	95.5%	77.3%
09A	NHS Central London (Westminster) CCG	Y02260	28	64.3%	64.3%	60.7%	64.3%		28	82.1%	75.0%	78.6%	67.9%		40	60.0%	92.5%	85.0%	85.0%	60.0%

- No data sharing agreement in place

- Merged in year

- Closed in year

- Practice data added to V81999 as code not in template

* - Some numbers have been suppressed due to potential disclosure issues associated with small numbers.

Italics for numbers less than 20 (see notes)