

# Report to Audit and Performance Committee on Section 7a Immunisation Programmes in Westminster 2020



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

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Presented to: Audit and Performance Scrutiny Committee

Classification: OFFICIAL

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## 1 Aim

- The purpose of this paper is to provide an overview of Section 7a, childhood and seasonal influenza immunisation programmes in the London Borough of Westminster for 2019/20. 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. 1<sup>st</sup> January 2019 to 31<sup>st</sup> March 2019, 1<sup>st</sup> April 2019 – 30<sup>th</sup> 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 5<sup>th</sup> 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.
- The Coronavirus (COVID-19) Pandemic meant that London went in to lockdown on March 23<sup>rd</sup> 2020. Figures for 19/20, which are shown in this paper, will be

largely unchanged. The current impact and actions we have taken to restore immunisations are discussed in section 9.

## 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 2<sup>nd</sup> 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 83.0% in 2018/19. For MMR2 the uptake in 2017/18 was 77.8% and in 2018/19 this dropped to 76.3%. In comparison, England averages were over 90% for MMR1 and ~86% for MMR2. London is the lowest of all the regions. London has the largest denominator of all the English Regions and vaccinates more children than the other regions – 105,315 children with MMR1 (17.4% of the overall number of children vaccinated in England in 2018/19).
  - 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.

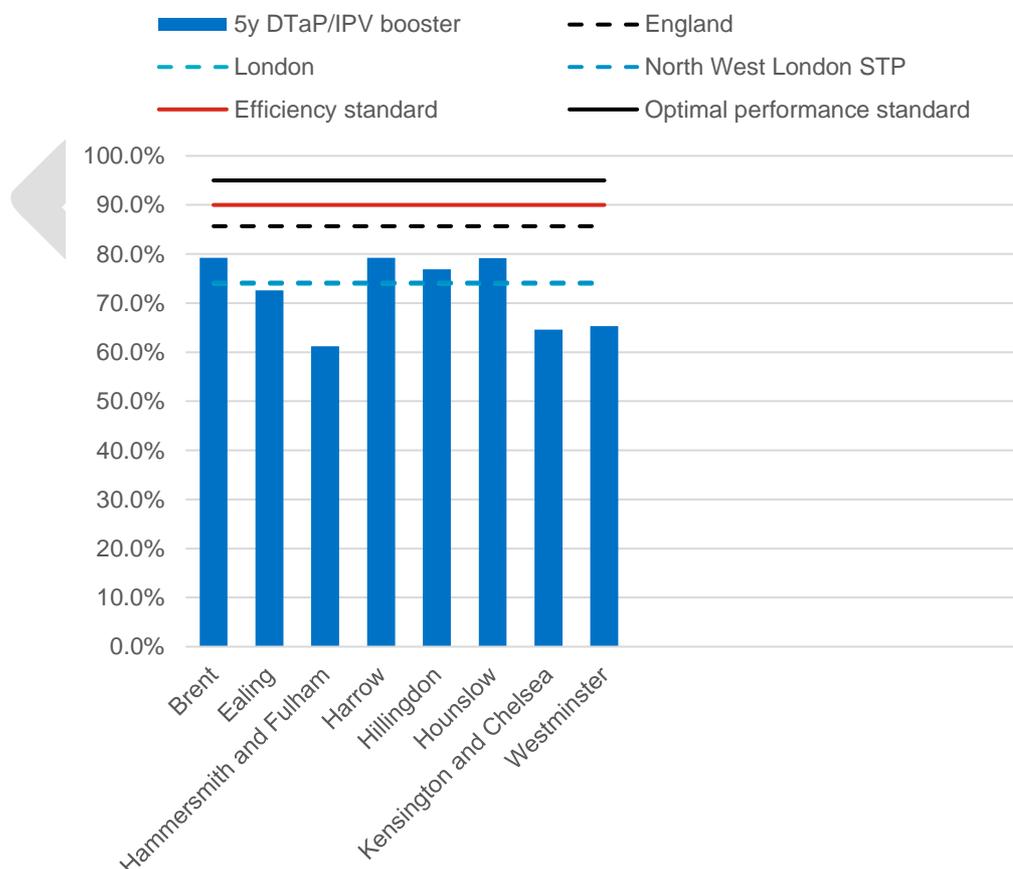
## 6.1 Westminster's uptake and coverage rates

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1<sup>st</sup> January 2012 to 31<sup>st</sup> March 2012, 1<sup>st</sup> April 2012 – 30<sup>th</sup> June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5<sup>th</sup> birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- 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.
- Figures 1-6 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 2019/20 (the latest available data) could be included.

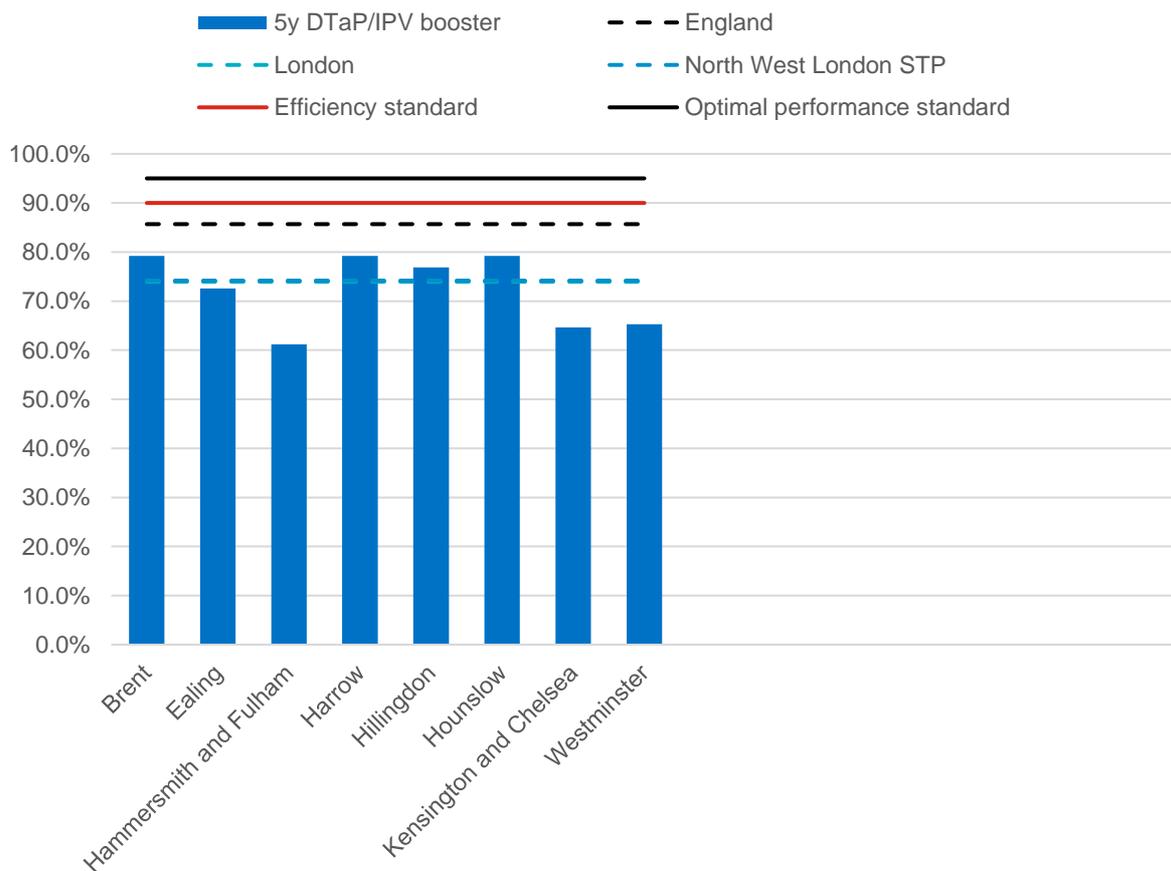
*Figure 1  
DTAP/IPV/ Hib/Hep B Vaccine Uptake, North West London STP – 1 year (quarterly data 2019/20)*



	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
<b>England</b>	<b>91.9%</b>	<b>92.0%</b>	<b>92.1%</b>	<b>92.8%</b>	<b>92.7%</b>
London	87.7%	87.7%	87.7%	87.7%	87.7%
North West London STP	88.1%	87.1%	87.1%	88.2%	88.9%
Brent	88.4%	87.5%	87.7%	87.6%	89.3%
Ealing	90.5%	89.5%	90.3%	91.4%	90.7%
Hammersmith and Fulham	83.9%	85.8%	83.6%	87.4%	87.4%
Harrow	87.0%	87.4%	85.7%	85.9%	87.2%
Hillingdon	91.6%	91.3%	90.0%	91.4%	93.1%
Hounslow	89.9%	86.7%	89.1%	88.2%	89.3%
Kensington and Chelsea	81.3%	81.6%	80.8%	83.7%	83.0%
Westminster	85.8%	79.7%	80.5%	85.0%	84.9%

Source: PHE (2020)

**Figure 2**  
MMR Vaccine Dose 1 measured at 2 years of age North West London STP (quarterly data Q4 18/19 to Q4 2019/20)

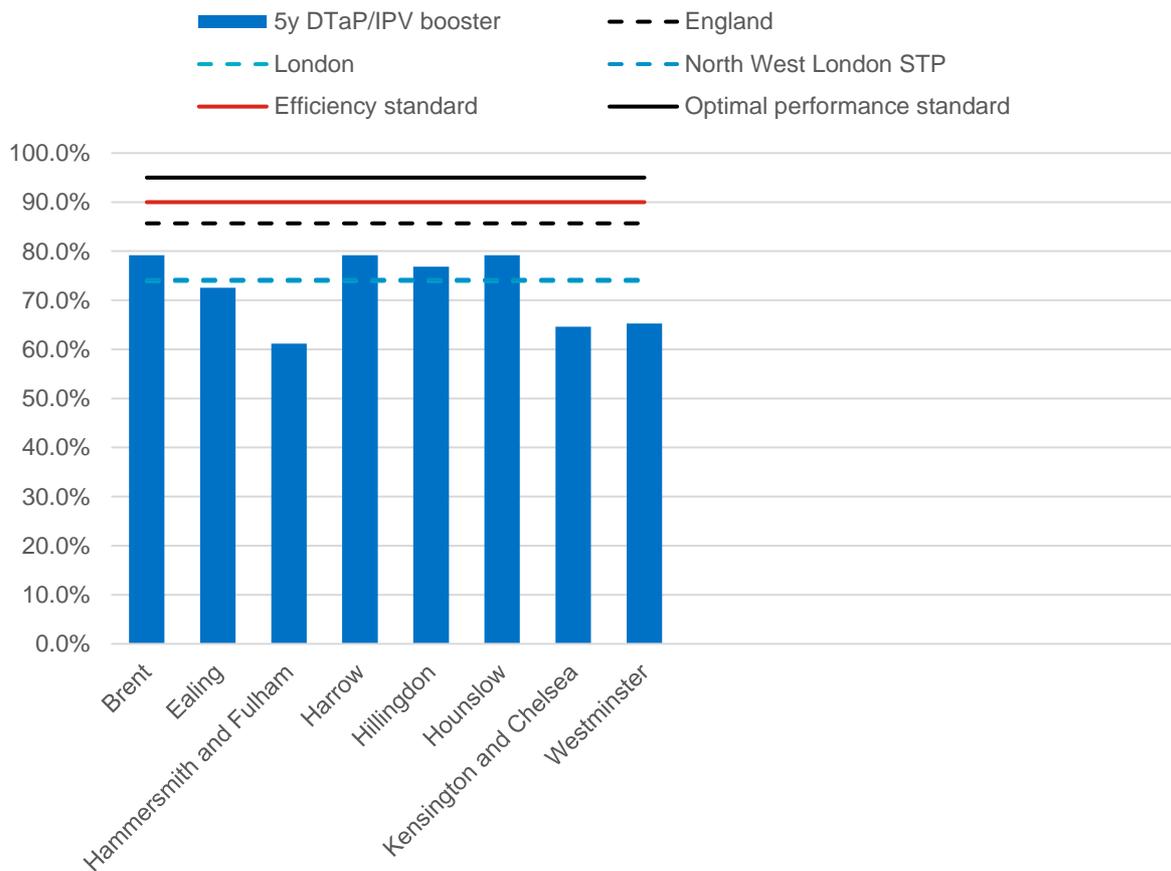


	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
<b>England</b>	<b>90.0%</b>	<b>90.3%</b>	<b>90.1%</b>	<b>90.4%</b>	<b>90.8%</b>
London	82.3%	82.3%	82.3%	82.3%	82.3%
North West London STP	80.2%	80.7%	80.9%	81.3%	81.8%
Brent	81.1%	82.8%	82.1%	81.2%	80.3%
Ealing	81.2%	82.8%	81.3%	83.4%	81.2%
Hammersmith and Fulham	78.7%	76.3%	77.9%	78.7%	79.2%
Harrow	83.1%	83.3%	82.5%	81.3%	82.1%
Hillingdon	81.9%	80.3%	82.9%	84.7%	85.6%
Hounslow	82.0%	81.6%	83.4%	81.3%	84.6%
Kensington and Chelsea	73.5%	74.7%	75.5%	76.0%	75.9%
Westminster	72.2%	76.8%	74.6%	76.6%	82.3%

Source: PHE (2020)

Figure 3

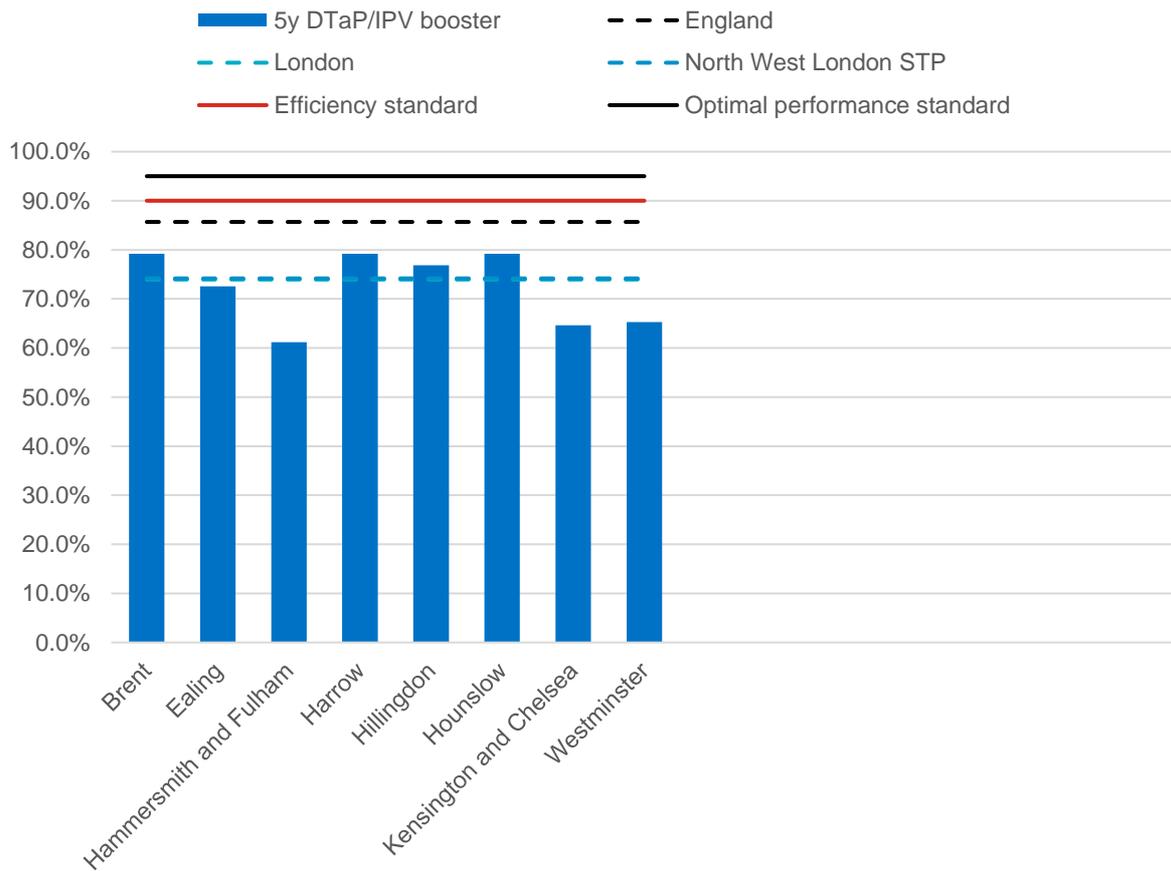
Hib/MenC Vaccines uptake at 2 years North West London STP (quarterly data) (2019/20)



	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
<b>England</b>	<b>90.3%</b>	<b>90.5%</b>	<b>90.2%</b>	<b>90.5%</b>	<b>90.9%</b>
London	82.7%	82.7%	82.7%	82.7%	82.7%
North West London STP	80.9%	81.2%	81.3%	81.5%	82.0%
Brent	83.6%	84.3%	83.8%	83.7%	82.6%
Ealing	82.0%	83.2%	82.6%	83.4%	81.7%
Hammersmith and Fulham	78.4%	77.3%	78.9%	78.9%	78.9%
Harrow	82.4%	83.5%	82.3%	81.8%	82.3%
Hillingdon	82.5%	80.5%	82.4%	83.9%	85.0%
Hounslow	83.2%	82.3%	83.7%	81.7%	84.5%
Kensington and Chelsea	73.7%	73.7%	73.9%	74.4%	75.5%
Westminster	72.0%	76.8%	74.8%	76.1%	80.6%

Source: PHE (2020)

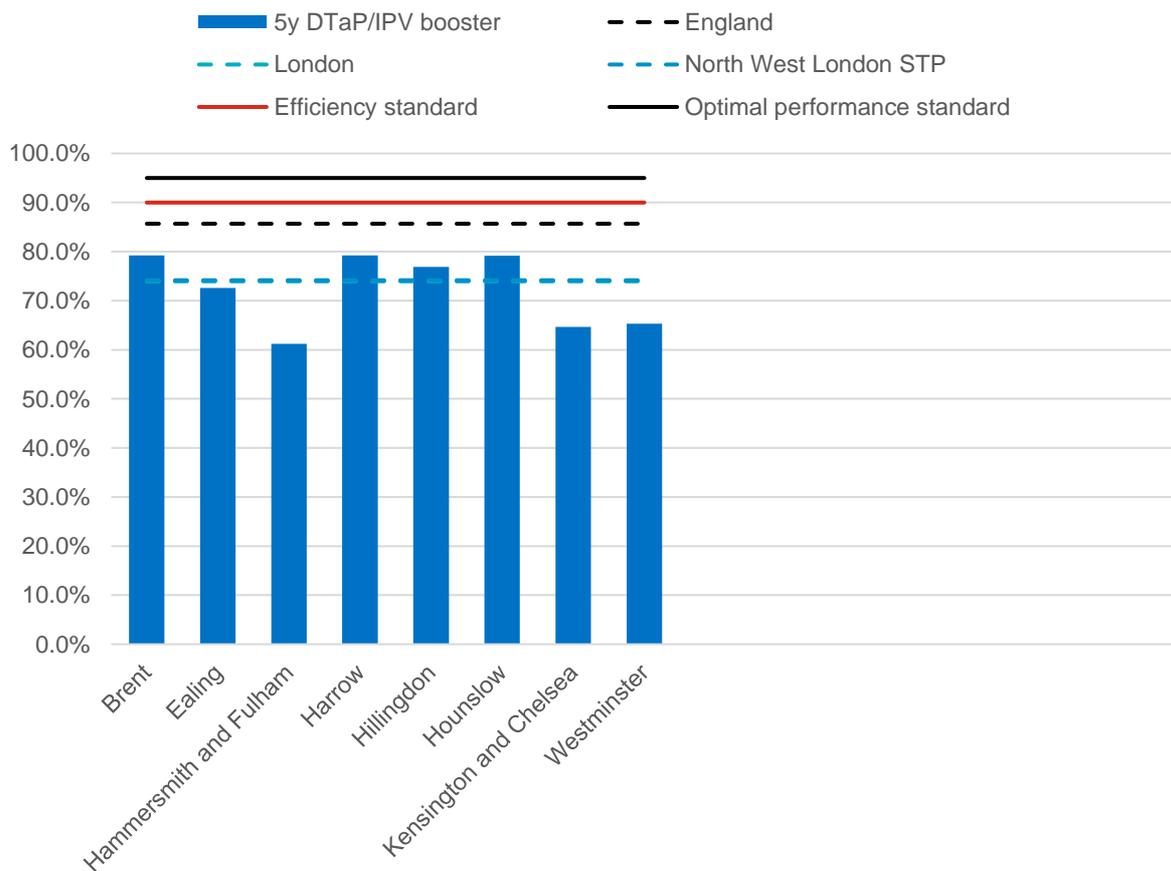
Figure 4  
PCV Vaccine uptake at 2 years North West London STP (quarterly data) (2019/20)



	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
<b>England</b>	<b>90.1%</b>	<b>90.3%</b>	<b>90.0%</b>	<b>90.4%</b>	<b>90.7%</b>
London	82.3%	82.3%	82.3%	82.3%	82.3%
North West London STP	79.6%	79.9%	80.1%	80.2%	81.2%
Brent	82.9%	83.4%	82.6%	82.8%	82.1%
Ealing	79.9%	81.3%	80.5%	81.4%	81.1%
Hammersmith and Fulham	77.3%	75.7%	76.9%	76.0%	76.9%
Harrow	82.0%	82.5%	81.2%	81.4%	81.8%
Hillingdon	81.4%	81.1%	83.5%	84.3%	86.4%
Hounslow	80.3%	80.6%	81.4%	78.7%	82.3%
Kensington and Chelsea	72.5%	71.2%	73.3%	73.7%	73.8%
Westminster	72.4%	73.7%	71.7%	74.1%	78.7%

Source: PHE (2020)

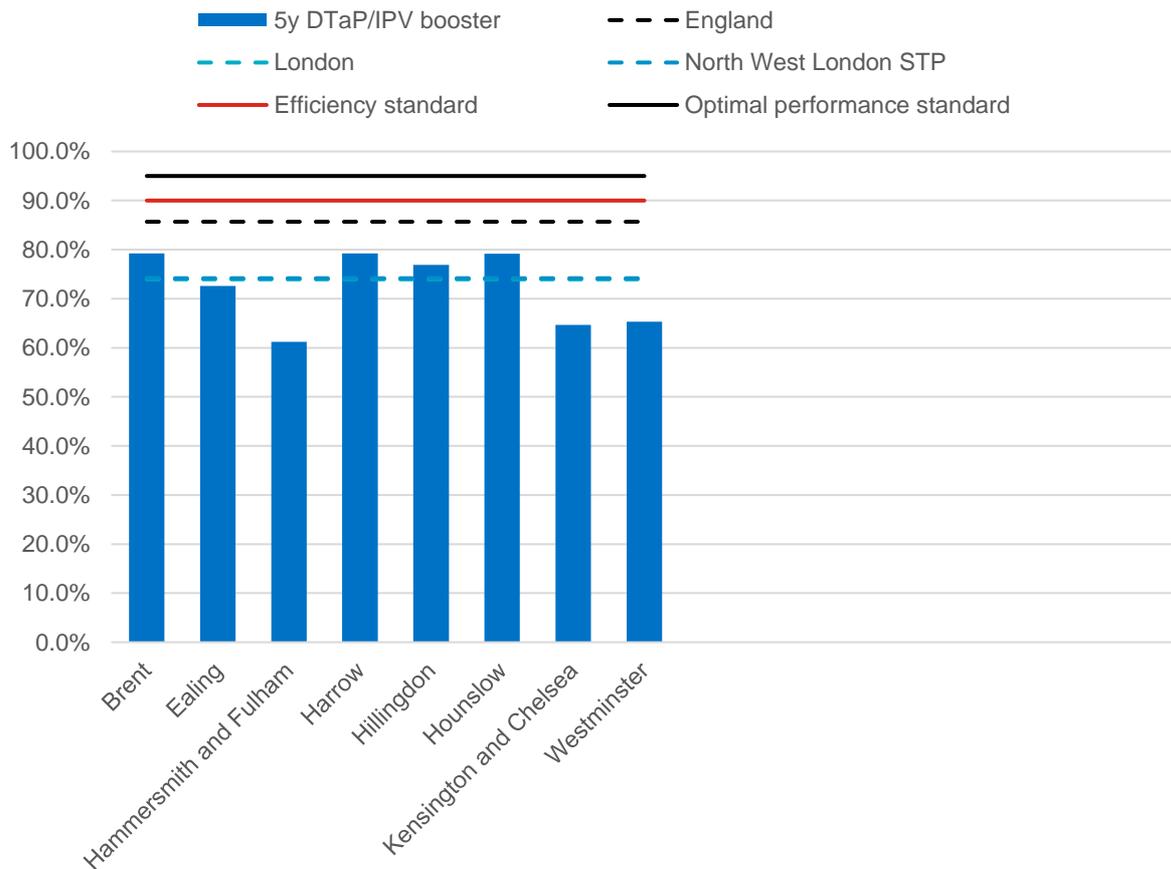
Figure 5  
MMR Vaccine Dose 2 – measured at 5 years of age North West London STP  
(quarterly data 2019/20)



	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
<b>England</b>	<b>86.7%</b>	<b>86.7%</b>	<b>86.3%</b>	<b>86.9%</b>	<b>86.9%</b>
London	76.7%	76.7%	76.7%	76.7%	76.7%
North West London STP	73.2%	71.4%	71.4%	73.9%	74.4%
Brent	80.2%	77.5%	77.3%	78.1%	78.0%
Ealing	71.1%	72.4%	69.9%	69.0%	72.7%
Hammersmith and Fulham	63.9%	62.1%	61.0%	67.6%	64.2%
Harrow	82.2%	77.4%	76.6%	79.8%	78.5%
Hillingdon	75.1%	75.4%	76.7%	80.4%	77.0%
Hounslow	75.9%	71.5%	75.2%	78.7%	81.2%
Kensington and Chelsea	62.9%	59.7%	62.7%	64.6%	64.6%
Westminster	60.0%	58.0%	54.2%	60.5%	65.1%

Source: PHE (2020)

**Figure 6**  
 DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age North West London (quarterly data 2019/20)



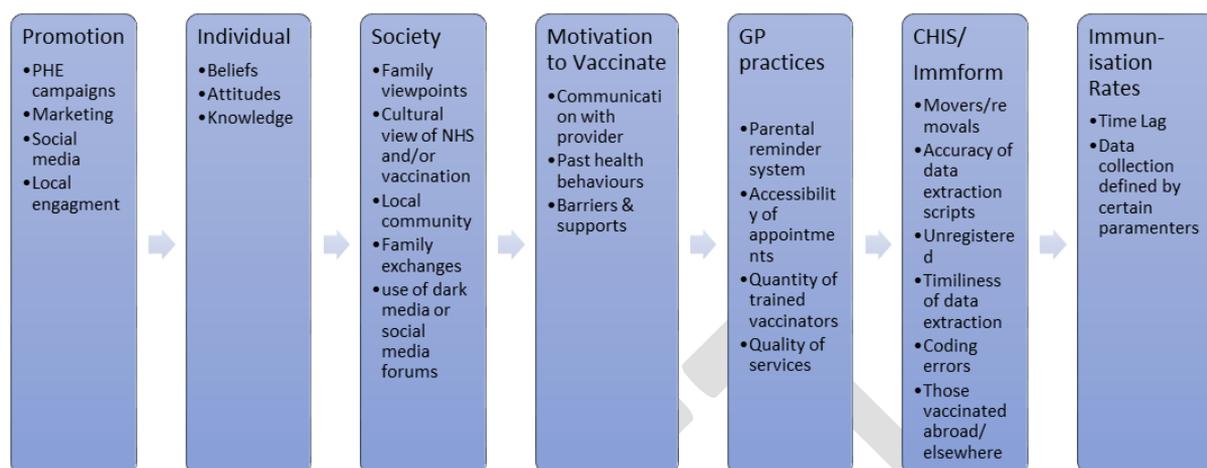
	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
<b>England</b>	<b>85.1%</b>	<b>85.3%</b>	<b>84.9%</b>	<b>85.5%</b>	<b>85.7%</b>
London	74.0%	74.0%	74.0%	74.0%	74.0%
North West London STP	73.0%	72.0%	71.4%	74.0%	74.2%
Brent	80.6%	78.9%	77.5%	78.7%	79.2%
Ealing	70.3%	72.8%	69.2%	69.6%	72.6%
Hammersmith and Fulham	64.0%	62.3%	60.5%	66.0%	61.2%
Harrow	82.5%	78.2%	77.4%	80.2%	79.2%
Hillingdon	76.9%	76.7%	77.4%	80.5%	76.9%
Hounslow	74.0%	71.4%	74.7%	77.4%	79.2%
Kensington and Chelsea	62.2%	59.8%	62.7%	65.3%	64.6%
Westminster	58.4%	59.1%	53.8%	61.0%	65.3%

Source: PHE (2020)

## 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

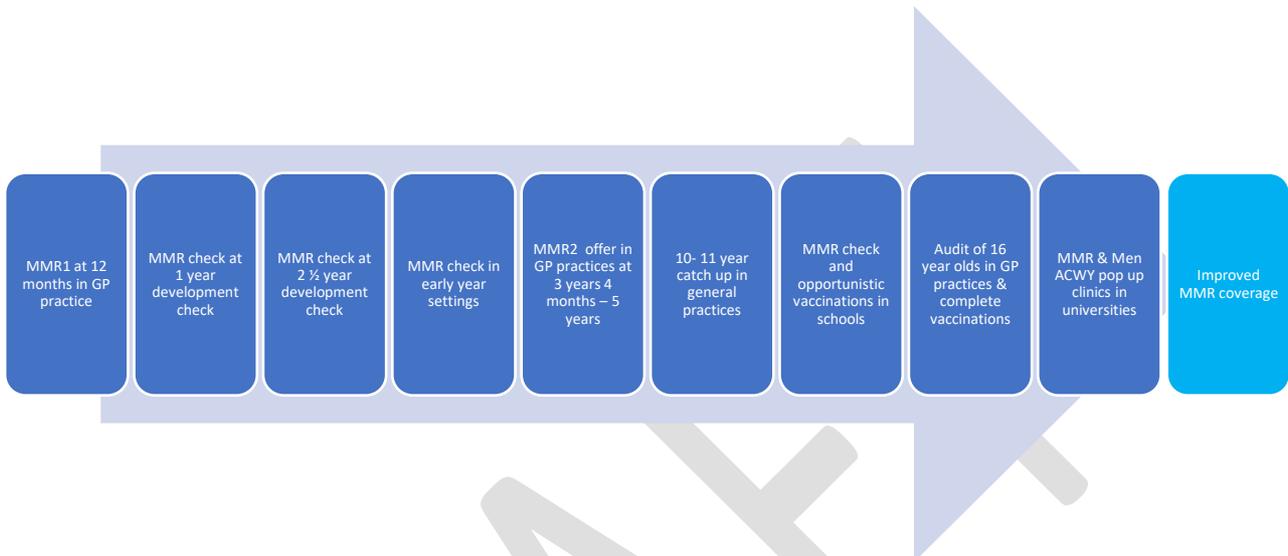
Figure 7  
Logic Model for Improving Immunisation Uptake Rates in London



- For 2019/20, 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 48% uptake rates in 2 and 3 year olds and 65% in Reception and School Years 1, 2, 3, 4, 5 and 6.
- 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 support poor performing practices (those performing less than 10%).
- Figure 9 displays the comparison of London's 2019/20 rates to the previous year whilst Figure 10 compares Westminster with the rest of its geographical neighbours and London and England averages. Westminster performs poorly across the age groups, with improvement seen when the vaccine is given in the school setting by the community provider CNWL. There are also year on year improvements in each cohort. This can be seen in Westminster where the 38.9% of reception children being vaccinated, which is higher than the original child 'flu group of Year 6 (they've been receiving the vaccination since Year 1), where 30.4% were vaccinated.
- Interestingly, when looking at this season's London reception children (who were aged 3 last year), their uptake rate almost doubled once offered in schools – a pattern also seen for 2017/18 and 2018/19, 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 and 2019/20 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 and national delays in stock.
- 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. As of February 2020, 243,605 vaccinations were offered in London pharmacies. Of these, 101,407 vaccinations were to the at-risk groups and just under half were to people aged 65 and older. The top 5 performing CCGs for pharmacy flu vaccination delivery are Wandsworth, Hillingdon, Croydon, Bromley and Newham (all in excess of 10,000).
- 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 9

Seasonal Influenza vaccination rates for England and London 2016/17 – 2019/20

	England				London			
	2016-17	2017-18	2018-19	2019/20	2016-17	2017-2018	2018-19	2019/20
<b>65+ years</b>	70.4%	72.6%	71.3%	72.4%	65.1%	66.9%	63.9%	66.2%
<b>&lt;65 years</b>	48.7%	48.9%	46.9%	44.9%	47.1%	45.4%	42.5%	41.8%
<b>Pregnant</b>	44.8%	47.2%	45.0%	43.7%	39.6%	41.1%	38.9%	39.2%
<b>Healthcare workers</b>	63.0%	68.7%	70.3%	74.3%	55.4%	64.1%	63.7%	68.4%
<b>2 years of age</b>	35.4%	42.8%	43.1%	43.4%	30.3%	33.2%	31.1%	32.2%
<b>3 years of age</b>	37.7%	44.2%	45.2%	44.2%	32.6%	33.3%	32.5%	32.6%
<b>4 years of age/Reception</b>	30.0%	62.6%	63.9%	64.2%	24.9%	51.6%	53.7%	55.5%
<b>Year 1</b>	57.6%	60.9%	63.4%	63.5%	45.8%	49.6%	52.7%	54.3%
<b>Year 2</b>	55.3%	60.3%	61.4%	62.6%	43.6%	48.2%	50.2%	52.7%
<b>Year 3</b>	53.3%	57.5%	60.2%	60.6%	42.0%	45.6%	48.9%	50.1%
<b>Year 4</b>	n/a	55.7%	58.0%	59.6%	n/a	43.8%	46.5%	48.9%
<b>Year 5</b>	n/a	n/a	56.2%	57.2%	n/a	n/a	44.6%	46.5%
<b>Year 6</b>	n/a	n/a	n/a	55.1%	n/a	n/a	n/a	44.2%

Source: PHE (2020)

Figure 10

Uptake of seasonal flu vaccination for Westminster CCG compared to NWL, London and England for Winter 2019/20 (September 1<sup>st</sup> 2019 – January 31<sup>st</sup> 2020)

Flu Season 2019/20												
CCG	% 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	% of Year 6
England	72.4	44.9	43.7	43.4	44.2	64.2	63.5	62.6	60.6	59.6	57.2	55.1
London	66.2	41.8	39.2	32.2	32.6	55.5	54.3	52.7	50.1	48.9	46.5	44.2
NWL	64.8	40.6	34.3	32.1	32	47.9	47.7	46.5	44.7	42.9	39.8	37.7
Brent	65.1	44.9	34.6	29.6	30.4	38.7	38.2	38.5	35.4	32.4	29.8	29.4
Westminster	61.7	36.4	34.6	27.4	28.2	38.9	41	39.5	38.3	35	33.7	30.4
Ealing	64.7	40.8	32.7	36	34.5	44.6	42.5	42.5	41.1	38.7	32.9	33.3
Hammersmith & Fulham	58.3	28.7	29.6	30	30	46.1	45.8	43.9	45.4	42.3	39.7	34.5
Harrow	70	43.6	34.5	30.2	31	55.5	55.5	53.1	52.2	51.8	49.3	46.7
Hillingdon	68.2	45.4	38.1	30	32.4	51.9	52.5	51	47.8	47.2	46.2	43.3
Hounslow	65.8	41.9	33.9	39.6	36.9	54.1	56.3	54.3	52.3	51.2	48.4	44.3
Kensington & Chelsea	58.7	35.3	36.8	27.1	26.2	51.2	49.1	46.4	43.3	42	36.5	32.1

Source: PHE (2020)

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

- This 'flu season will coincide with the ongoing COVID-19 pandemic. At time of writing, there are many uncertainties around the impact of the co-circulation of the SARS-Covid-2 virus with influenza and RSV. By the time the 'flu season starts in September 2020, we should have learning from the winter in the southern hemisphere.
- The COVID-19 pandemic means a greater emphasis on prevention of 'flu incidences and outbreaks this winter. Provision of 'flu vaccination clinics and appointments are also likely to be affected by PHE social distancing and infection control guidance. There may also be an extension to the cohorts eligible for vaccination and there is an anticipated higher demand for vaccination. This will need **advanced planning** around additional capacity and delivery of 'flu vaccination clinics in STPs and PCNs across London. This includes:
  - Clear regional and CCG messages that there is enough market share for everyone – e.g. 66.2% of over 65s were vaccinated by GPs and pharmacy (11% done by pharmacy). This has been similar each year. Opportunities for additional delivery via PCN or GP Federation to cover an additional 20-25%.
  - Work with STPs and CCGs to set up 'flu vaccination clinics/'flu stations with possible after work and weekend appointments for the working clinical 'at risk' of groups – provision of extra capacity
  - Explore extending the SLA for domiciliary delivery to housebound to extend to other providers. It is likely too that shielding (i.e. the [extremely clinical vulnerable](#)) may require home visits. Some of those

shielding may not be able to have the 'flu vaccine so carers will need to be vaccinated.

- We will have a focus on the **clinically 'at risk'** groups. In 2018/19, approximately 115k hours of GP time was spent in consultations attributable to flu.<sup>1</sup> Consultation of unvaccinated adults 50-64 years are twice that of those vaccinated. 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. In keeping with NICE's recommendation of multicomponent interventions:
  - work with specialised commissioning colleagues and acute and primary providers to embed primary care appointments (for checking co-morbidities and vaccination) into pathways
  - Implement earlier the SLA for provision of 'flu vaccination in outpatient clinics.
  - Identify and work with voluntary organisations that can champion 'flu vaccinations.
- We will build upon last year's work to reach London's statutory **homeless** and rough sleepers by improving access via general practices that care for the homeless population, voluntary organisations that provide outreach medical services and pharmacies. This year we will be working with colleagues in PHE and GLA to ensure better coverage this winter. We will have a focus on hostels – particularly those that are categorised as 'medium' or 'high' support need hostels (defined by homelessness services i.e. not medical terminology) - as these often have number of people with multimorbidity and may have poor engagement with their GPs. We will commission through our community pharmacy agreement, vaccination of volunteers and hostel staff who work with this group. We will devise a system for embedding immunisation into hostels and homeless day centres by in-reach programmes.
- We are including a workstream focusing on **care homes**. This will work with Healthy London Partnership and STPs in embedding the Framework for Enhanced Care in Care homes. This will include devising a mechanism to monitor uptake in care home residents and staff, ensuring there is a flu lead in each care home and working to reduce the likelihood of a 'flu outbreak. This will be a partnership approach across the London Out of Hospital Cell which includes focused support for care Homes alongside STP to embed the EHCH framework which for 20/21 includes immunisation vaccination. Linked to this, is the inclusion of 'flu in local COVID-19 outbreak plans.
- We will work with ADPH and local public health teams in local authorities in devising a system to monitor and improve uptake amongst frontline **social care** workers. This will include devising a SMART target for uptake.
- **Year 7** is being added to the child 'flu school aged vaccination programme this year and possible implementation of the vaccine for 50 – 64 year olds. Please

note that this will also be undertaken if vaccine stocks and capacity allow, once the normal cohorts have been prioritised.

## 8 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 2020) 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).

## 9 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.
- Please note that as the Health Protection Team are currently on business continuity, rates for 2019/20 have not yet been published.
- 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.

## 10 COVID 19 and Immunisations

- Since 23<sup>rd</sup> March 2020, London has been in lockdown due to the COVID19 pandemic. General practices reviewed their way of delivering primary care, including a move to more teleconsultations rather than face-to-face visits.
- On the 3<sup>rd</sup> April 2020, all general practices received an email from Liz Wise, Director of Primary Care and Public Health Commissioning stating that vaccinations were to be delivered. This was followed by guidance from the Joint Committee of Vaccinations and Immunisations and the NHSE/I GP Preparedness letter on 15<sup>th</sup> April 2020.

Priority is given to:

- All routine childhood immunisations from birth up to and including vaccines due at one year of age
- Pertussis vaccination to pregnant women
- Hepatitis B and BCG vaccinations to eligible infants
- PPV23 (where vaccine stocks allow) to clinical at risk and over 65s

- Uptake is lower across all STPs this year compared to last year. Whilst denominators remain stable, the numbers vaccinated in general practices (numerators) are lower than 2019.
- Numbers vaccinated have dropped by around 20-25% for the primaries and by 15% for MMR on average for London. Overall, there is little difference compared to the report highlighting data from the 27th April and the 25th May 2020, although there does appear an increasing trend by both STP areas and London in all measured vaccinations. Nevertheless, the uptake is not back to baseline.
- MMR2 uptake does not appear to have been affected as much by COVID-19 and variations between STP are likely to be explained by data upload into the CHIS IT system.
- In North West London the impact of COVID-19 appears to be smaller compared to the other parts of London and has remained stable, although some variation exists between CCGs. All vaccinations are now similar or above compared to the STP baseline (August 2020)
- As of the 25<sup>th</sup> August 2020, for all vaccinations, apart from MMR2, there has been a significant increase in uptake of vaccination within the same cohort. From a data quality perspective, the denominator largely remained similar across the data points, but the numerators increased, indicating a higher uptake.
- It is likely that (1) the data has “caught up” as there is only a monthly data upload into the CHIS Hubs, (2) that additional effort has taken place to vaccinate those who were due vaccination, but outside the national immunisation schedule timescales and (3) data quality issues have been addressed. As can be seen, particularly the differences in the later date of birth cohort is smaller compared to the first date of birth cohort, particularly for the third 6-in-1 and MMR 1. This indicates that children are still being vaccinated but as there has been less time between the first and third cohort, the uptake has not reached the same level compared to children in the first cohort who are older compared to those in the third cohort.
- Although encouraging, there are still a significant number of children need to be vaccinated and that COVID-19 is likely to have had (and perhaps still is having) a significant impact. Nevertheless, it is clear that primary care is still vaccinating those who need further vaccination, and this is happening significantly later than the scheduled vaccination according to the national schedule.

## 10.1 Conclusion

- Provision of vaccinations dropped in the months of April, May and June. This is understandable given the changes general practice had to undergo and the government messaging for people to stay at home. This shows the initial and sustained impact that COVID-19 has on the uptake of vaccinations. Uptake

rates may change over the course of the next few months, particularly as a survey of all practices (to date there is a 70% response rate) show that practices have adapted their services over the last month to deliver vaccinations as safely as possible. A public campaign to encourage parents to come forward for vaccinations was released the weekend of May 2<sup>nd</sup> 2020.

## 11 Next Steps

- NHSE/I (London) Immunisation commissioning team will monitor and discuss the delivery of vaccinations fortnightly using fortnightly reports from the London CHIS Hubs. Information arising from these meetings will inform the actions to be taken for the respective STP areas.
- The commissioners for each STP will work with STP, CCG, primary care leads and local public health in that STP to implement an action plan to improve performance in that area.
- Action plans will be supported by national and regional communications plan on encouraging parents to bring their infants forward for vaccination.
- Action plans will also be informed by the results of the London wide survey of vaccination delivery in GP practices (May 2020) and the 'deep dive' qualitative research on new models of delivery, frontline issues and solutions for delivery in general practice that members of the Evaluation, Analytics and Research Group (sub-group of the London Immunisation Partnership Board) are undertaking (to be completed over the summer 2020).
- The performance updates will be reviewed by the STP Immunisation Quality and Performance Boards and the London Immunisation Turnaround Group (all subgroups of the London Immunisation Partnership Board). They will use them to inform recovery, maintenance, development planning for immunisation programmes.
- Updates on performance will be provided to the Public Health Restore, Recover and Maintenance Group, the PH Assurance Group and to the London Immunisation Partnership Board.

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<sup>i</sup> Fordham et al. Realising the value of adult 'flu vaccination: an exploratory study looking at adults considered clinically at-risk from complications of flu. Health Economics Consulting: September 2019.