



**Report to Audit and  
Performance Committee on  
Section 7a Child  
Immunisation Programmes in  
Westminster 2021**

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

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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 2020/21. 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.
  - COVID-19 Vaccination Programme.
- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule.
- Members of the Audit and Performance Committee are asked to note and support the work NHSE&I (London) and its partners such as UKSHA, the local authority and the ICSs 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.

- The UK Health Security Agency (UKHSA) 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 UKHSA North West Health Protection Team.
- Integrated Care Systems (ICSs) 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, UKHSA and providers.
- 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.

### 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 2020 to 31<sup>st</sup> March 2021, 1<sup>st</sup> April 2020 – 30<sup>th</sup> June 2021. 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 UKSA 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 UKHSA.
- 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 boroughs 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 GDPR in mid-2018 meant that DSAs had to be resigned.
- 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 ICS), 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.

- 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.
- 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.
- The COVID-19 pandemic in 2020 onwards impacted upon the delivery of Section 7a immunisation programmes, pausing some programmes and reducing delivery on others due to non-pharmaceutical interventions, re-deployment of workforce onto COVID-19 pandemic and the introduction of the COVID-19 vaccination programmes.
- The dissolution of Public Health England in September 2021 has changed the governance structure around immunisation programmes including the roles and responsibilities of NHSE/I, UKHSA, OHID (in DHSC), ICSs and local authorities. This new governance structure is yet to be published. However, NHSE/I remain the commissioning organisation for Section 7a immunisation programme and are responsible and accountable for these programmes.
- The London Immunisation Partnership Board paused in 2020 but is expected to meet again in March 2022. However, NHSE/I London remain committed to ensure that the London population are protected from vaccine preventable diseases and are working to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.
- 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.

- From 1 April 2021, the GP contract agreement has been updated to include new standards for vaccination and immunisation services
- The provision of vaccination and immunisation services have become an essential service for all routine NHS-funded vaccinations with two exceptions: childhood and adult seasonal influenza, and COVID-19 vaccination
- Five core contractual standards will be introduced to underpin the delivery of immunisation services:
  - A named lead for vaccination service.
  - Provision of sufficient convenient appointments.
  - Standards for call/recall programmes and opportunistic vaccination offers.
  - Participation in national agreed catch-up campaigns.
  - Standards for record keeping and reporting.
- A single item of service fee will be fully implemented for all doses delivered in vaccination programmes funded through the GMS contract
- The Childhood Immunisation Target DES was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22 with payment thresholds of 90-95% uptake for indicators in primary immunisations, MMR, pre-school immunisations and shingles.

## 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/Hep B 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).
- The impact of nationwide non-pharmaceutical interventions such as social distancing measures and specific guidance for all groups to temporarily shield remained in place throughout the COVID-19 pandemic.
- There are several challenges facing immunisation programme delivery, and these have been given particular attention recently in the context of the COVID-19 pandemic and vaccination programme. Delivering a successful immunisation programme requires ensuring equitable access to services and equality in uptake; addressing complex reasons behind vaccine hesitancy; and providing timely and complete data to enable accurate surveillance of coverage and identification of populations requiring additional support to access immunisation.

- The mobility and diverse demographic profile of the London population in comparison with other regions heighten the challenges facing immunisation programme delivery. London has a high population turnover, which can present challenges in ensuring patients are contacted when they are eligible for vaccination and making it more difficult to maintain accurate GP patient lists, which are used as denominators for immunisation coverage and can therefore artificially reduce official coverage figures. Lower vaccine uptake has previously been associated with higher levels of deprivation and among certain ethnic and religious groups and again this presents additional challenges for immunisation delivery in London. London has a high degree of ethnic diversity, with the lowest White British population (44.9%) of all English regions (England average 80.49%) and in addition, although London has seen improvements in deprivation since 2015, income deprivation remains high, especially among older people.
- These challenges may help to explain the historically lower immunisation coverage in London and to ensure equality in immunisation uptake across all population groups, they must be addressed in programme planning and delivery.
- 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.
- 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.
- The tables below illustrate the comparison of Westminster to the North West ICS area, the London regions and England using quarterly COVER statistics for the uptake of the 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 2020/21 (the latest available data) could be included.

### **NWL ICS Area Primary Course 2020 - 2021**

	2020-21 Q1			2020-21 Q2			2020-21 Q3			2020-21 Q4		
	Eligible	Vacci..	Cover..									
<b>England</b>	154,523	143,359	92.8%	158,053	145,495	92.1%	148,715	136,109	91.5%	144,864	132,728	91.6%
<b>Region</b>	32,136	28,570	88.9%	33,051	29,039	87.9%	31,890	27,476	86.2%	29,988	25,809	86.1%
<b>STP</b>	6,836	6,055	88.6%	6,866	6,054	88.2%	6,481	5,622	86.7%	6,042	5,231	86.6%
CITY OF WESTMINSTER	473	399	84.4%	461	368	79.8%	466	380	81.5%	394	327	83.0%

**NWL ICS Area MMR 2 Uptake 2020-21**

	2020-21 Q1			2020-21 Q2			2020-21 Q3			2020-21 Q4		
	Eligible	Vacci..	Cover..									
<b>England</b>	160,484	146,028	91.0%	163,265	148,000	90.7%	155,694	140,563	90.3%	148,863	132,925	89.3%
<b>Region</b>	32,886	27,690	84.2%	33,832	28,390	83.9%	32,651	27,100	83.0%	30,493	24,627	80.8%
<b>STP</b>	6,709	5,524	82.3%	6,935	5,658	81.6%	6,743	5,503	81.6%	6,282	5,093	81.1%
CITY OF WESTMINSTER	472	370	78.4%	507	387	76.3%	443	356	80.4%	420	308	73.3%

**NWL ICS Area Pre School Booster Uptake 2020-21**

	2020-21 Q1			2020-21 Q2			2020-21 Q3			2020-21 Q4		
	Eligible	Vacci..	Cover..									
England	173,705	148,655	85.6%	178,227	152,233	85.4%	171,664	146,591	85.4%	167,046	142,086	85.1%
Region	34,500	25,641	74.3%	35,668	26,383	74.0%	35,154	25,527	72.6%	33,093	24,054	72.7%
STP	7,022	5,127	73.0%	7,194	5,248	72.9%	7,173	5,182	72.2%	6,643	4,878	73.4%
CITY OF WESTMINSTER	436	273	62.6%	486	298	61.3%	475	284	59.8%	467	275	58.9%

### **NWL ICS Area Pre School Booster Uptake 2020-21**

	2020-21 Q1			2020-21 Q2			2020-21 Q3			2020-21 Q4		
	Eligible	Vacci..	Cover..									
England	173,705	150,953	86.9%	178,227	154,468	86.7%	171,664	148,891	86.7%	167,046	144,370	86.4%
Region	34,500	26,439	76.6%	35,668	27,201	76.3%	35,154	26,450	75.2%	33,093	24,871	75.2%
STP	7,022	5,131	73.1%	7,194	5,239	72.8%	7,173	5,210	72.6%	6,643	4,873	73.4%
CITY OF WESTMINSTER	436	283	64.9%	486	298	61.3%	475	292	61.5%	467	277	59.3%

Source: UKHSA, 2022

- Provision of vaccinations dropped 20/21. 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 by NHSE&I showed that practices have adapted their services over the last month to deliver vaccinations as safely as possible. A number of public campaigns have been run to encourage parents to come forward for vaccinations.

## **6.2 What are we doing to increase uptake of COVER in Westminster?**

- 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 ICSs, local authority, UKSHA and NHSE&I London. This involves examining uptake data, looking at local need and formulating a plan to increase uptake.

- We are moving to a collaborative model to improve immunisation uptake in London. The strategic direction provided by Immunisation Board at ICS level and Partnership working at a local level to improve uptake
- Immunisation boards will consider the following themes raised in the survey:
  - Increased involvement of health visitors, school nurses and others
  - Workforce capacity and funding
  - Standing up additional sites and alternative models of delivery
  - Better data
- NHSE/I London Immunisation Team have funded 16 full time immunisation coordinators across London – roughly one for every 2 London boroughs. Recruitment currently underway at ICS level. These coordinators will work with practices to support the delivery of vaccination programmes including:
  - Establishing call/recall.
  - Improving data flows.
  - Sharing best practice.
- Standards for call/recall are set out in the GP contract agreement. The Child Health Information System (CHIS) now sends weekly emails to practices with lists of children who are due for immunisation.
- A new Text Reminder Service was launched in July 2021 in London – this is run by the CHIS who have 98% of parent phone numbers:
  - Text parents two weeks before primary immunisations are due
  - Text parents a month after primary immunisations are due if not given
- New London Immunisation Coordinators will work with practices who are struggling to embed call/recall
- There has been a large amount of engagement work for the COVID-19 vaccines undertaken in the last six months by a wide variety of healthcare and community partners. We will continue to build on this for other vaccination programmes. This will involve close collaborative working with partners at local level to work with communities who have lower vaccine uptake.

- Improving uptake of MMR to improve the uptake rates of MMR by ages 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
  - Work with local partners to target inequities in vaccination uptake
  - Consider alternative vaccinators.

## 7 Seasonal 'flu Vaccination

### Vaccination Uptake rates

- The [national influenza \(flu\) immunisation programme for 2021/22](#) set high and stretching ambitions, reflecting the importance of protecting against flu for those who are most vulnerable in society at this time of year. Not only is it seen as essential that the associated morbidity and mortality is reduced to protect those most vulnerable, but it was also noted to be vitally important to reduce hospitalisations during a time when the NHS and social care were potentially going to be managing outbreaks of COVID-19 and increased UEC demand
- The London' Flu Plan reflects the ambitions of the national programme, in relation to the targeted patient cohorts and the desired high vaccine uptake levels. It also refers to the key learning from the 2020/21 flu immunisation programme, and the learning afforded from the successful delivery of the COVID-19 vaccination programme
- The delivery of the Plan has been guided by the World Health Organisation's vaccine uptake framework for understanding barriers and facilitators of vaccine uptake and the three drivers:

- **Convenience** - how easy it is to access vaccination
  - **Complacency** - awareness of the vaccine, the need for the vaccine or its benefits, or whether the vaccine is relevant to them
  - **Confidence** - relates to trust in the vaccine, healthcare services and policy makers
- The ambition for London's vaccination uptake across the eligible cohorts was to exceed 2020/21 regional levels, noting that the expanded flu programme this season and higher population figures in eligible cohorts presented a huge challenge for the region, alongside delivery of a demanding Covid-19 vaccination programme, and circulating Covid-19 infection
  - Nationally, there was a target of 85% 'flu vaccine uptake for patients aged 65 years and older and 75% for the clinical 'at risk' groups (those aged 6 months to 64 years with long term conditions), including pregnant women. For 2-3-year olds and school children the ambition was for at least 70%, with most practices aiming to achieve higher.
  - The latest available UKHSA published data is for December 2021 – it must be noted that the current 'flu season is still underway with the data collection being completed by end of March 2022. There is data latency with some of the information flows, and therefore over the forthcoming weeks, there will be work underway to ensure GP records are updated with the aim of providing a near accurate picture by the end of the season
  - However, at this point in the season it is correct to say that London's performance so far has been better than the previous season in the 50-64-year-old cohort only
  - Rates to date have been lower than 2020/21 for the clinical at risk, pregnant women and in age 2- and 3-year olds. Further efforts are underway during January and February to continue to encourage eligible people to come forward, and specifically within these cohorts.
  - Table 1 illustrates the uptake in London compared to England for the years 2019/20 to 2021/22.
  - All ICSs in London have performed below the national ambition of 85% for over 65s and 75% for clinically at-risk groups for the 2021/22 season to date
  - 'Flu vaccination uptake for this season has been affected by:
    - The expanded and accelerated Covid-19 booster programme in December 2021 – this was the national focus at that time due to the Omicron variant
    - The healthy 12-15-year olds Covid-19 vaccination programme – this affected the expanded 'flu vaccination programme for school-aged children
    - Concern from people on receiving both 'flu and Covid-19 vaccinations at the same time/close together, and therefore prioritising the Covid-19 vaccination

- General Practice vaccine stock not meeting requirements of early public demand, and then delayed access to national DHSC vaccine stock
  - Pharmacy stock was also depleted earlier in the season due to early demand, especially with the 50-64-year-old cohort including as eligible
  - The low circulation of influenza, and perceived reduction in risk
- It must be noted that these figures may not include all flu vaccinations offered in maternity units due to delays in data inputting and transfer of information
  - For London, 564k vaccinations have been administered by Community Pharmacy to date (Week 1, 2022) which represents 29% of the total vaccinations given; this represents a 72% increase from 2020/21 (235k more vaccines)

**Table 1**  
**Seasonal Influenza vaccination rates for England and London 2019-2022**

	England			London		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
<b>65 and over</b>	72.4	80.6	<b>81.6</b>	66.2	71.1	<b>68.9</b>
<b>Under 65 (at-risk only)</b>	44.9	51.7	<b>51.6</b>	41.8	44.0	<b>40.6</b>
<b>Pregnant</b>	43.7	43.4	<b>41.9</b>	39.2	37.0	<b>32.9</b>
<b>2-3 yrs.</b>	43.8	56.0	<b>48.7</b>	32.4	45.9	<b>40.2</b>

<b>Reception (age 4-5)</b>	64.2	63.5	<b>38.8</b>	55.5	54.5	<b>48.3</b>
<b>Year 1 (age 5-6 yrs.)</b>	63.5	63.9	<b>40.6</b>	54.3	55.0	<b>48.9</b>
<b>Year 2 (age 6-7 yrs.)</b>	62.6	63.2	<b>40.5</b>	52.7	53.6	<b>48.9</b>
<b>Year 3 (age 7-8 yrs.)</b>	60.6	62.6	<b>40.1</b>	50.1	53.0	<b>47.7</b>
<b>Year 4 (age 8-9 yrs.)</b>	59.6	61.2	<b>39.5</b>	48.9	51.2	<b>47.2</b>
<b>Year 5 (age 9-10 yrs.)</b>	57.2	60.5	<b>38.7</b>	46.5	50.1	<b>45.1</b>
<b>Year 6 (age 10-11 yrs.)</b>	55.1	58.5	<b>38.5</b>	44.2	47.7	<b>43.6</b>
<b>All year groups (age 4-11 yrs.)</b>	60.3	55.5	<b>39.5</b>	50.3	44.8	<b>47.1</b>

*Source: UKHSA published data, up to end of December 2022*

Please note that the England figures in red represent national data to November 21; no later data was available for school-aged vaccinations.

With regards to trends in the data when comparing this season to the same time in the previous season, for the England average data it should be noted that:

- For those **aged 65 and over** uptake is the highest on record at over 81%
- For the **at-risk groups**, vaccine uptake is comparable to last season and is either higher or comparable to the previous eight seasons before that
- For **pregnant women** vaccine uptake is lower than the same period last season, and lower than the previous seven seasons before that
- For **2 and 3-year olds** uptake is over 7 percentage points lower compared to the same period last season

Figure 1 compares Westminster Borough with London and England averages and the rest of its geographical neighbours for uptake to date in 21/22.

Org Name	Summary of Flu Vaccine Uptake %				
	65 plus	Under 65 (at-risk only)	All Pregnant Women	All Aged 2 years	All Aged 3 years
NHS BRENT CCG	63.7	39.0	21.6	34.4	35.1
NHS EALING CCG	69.9	40.5	30.5	46.8	45.4
NHS HOUNSLOW CCG	72.1	41.7	27.3	45.9	45.5
NHS HAMMERSMITH AND FULHAM CCG	62.1	31.1	28.0	35.3	35.1
NHS HARROW CCG	72.8	44.8	20.2	31.9	36.8
NHS HILLINGDON CCG	74.4	46.0	28.5	41.6	43.7
NHS WEST LONDON CCG	63.4	33.4	29.8	33.7	33.8
<b>NHS CENTRAL LONDON (WESTMINSTER) CCG</b>	<b>60.8</b>	<b>32.3</b>	<b>29.9</b>	<b>34.8</b>	<b>34.6</b>
<b>London</b>	<b>68.2</b>	<b>39</b>	<b>28.6</b>	<b>38.9</b>	<b>40.2</b>
England	81.6	51.6	41.9	48.7	48.7

Figure 2 compares Westminster Borough with London and England averages and the rest of its geographical neighbours for uptake in 20/21.

Org Name	Summary of Flu Vaccine Uptake %				
	65 and over (all Patients)	Under 65 (at-risk only)	All Pregnant Women	All Aged 2 years	All Aged 3 years
NHS BRENT CCG	69.1	47.1	33.1	43.5	45.2
NHS EALING CCG	71.4	46.8	36.0	50.9	51.4

NHS HOUNSLOW CCG	74.4	47.6	37.9	51.4	53.0
NHS HAMMERSMITH AND FULHAM CCG	63.5	33.8	34.5	42.1	42.4
NHS HARROW CCG	76.0	49.0	30.9	40.9	46.9
NHS HILLINGDON CCG	76.7	51.3	40.1	50.0	51.6
NHS WEST LONDON CCG	65.0	41.8	40.3	40.2	41.4
<b>NHS CENTRAL LONDON (WESTMINSTER) CCG</b>	<b>64.5</b>	<b>42.2</b>	<b>37.0</b>	<b>45.4</b>	<b>45.4</b>
<b>London</b>	<b>71.8</b>	<b>45</b>	<b>36.7</b>	<b>45.8</b>	<b>47.4</b>
England	80.6	51.7	43.4	56.0	56.0

Figure 3 compares Westminster Borough with London and England averages and the rest of its geographical neighbours for uptake in 19/20.

Org Name	Summary of Flu Vaccine Uptake %				
	65 and over (all Patients)	Under 65 (at-risk only)	All Pregnant Women	All Aged 2 years	All Aged 3 years
NHS BRENT CCG	64.7	44.0	34.5	29.1	29.8
NHS EALING CCG	64.7	40.8	32.7	36.0	34.5
NHS HOUNSLOW CCG	65.9	42.4	34.0	39.9	36.8
NHS HAMMERSMITH AND FULHAM CCG	58.3	28.7	29.6	30.0	30.0
NHS HARROW CCG	70.5	44.2	34.8	30.5	31.3

NHS HILLINGDON CCG	68.2	45.4	38.1	30.0	32.4
NHS WEST LONDON CCG	58.4	34.0	37.2	27.3	26.2
NHS CENTRAL LONDON (WESTMINSTER) CCG	61.8	37.3	35.2	27.3	27.9
<b>London</b>	<b>66.2</b>	<b>41.8</b>	<b>39.2</b>	<b>32.2</b>	<b>32.6</b>
England	72.4	44.9	43.7	43.8	43.8

Source: UKSHA, 2022

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

- There is evidence to suggest 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 have little or no impact on improving flu uptake once the season has started. The focus therefore in learning from previous seasons has been on practices being prepared and undertaking advanced planning, particularly around identifying eligible cohorts, and estimating demand and supply, including considering extra staff capacity for opportunistic vaccinations
- ICS flu plans were developed at the start of the 2021/22 season, in line with the regional 'flu vaccination plan; these have been monitored throughout the 'flu season
- System colleagues have been keen to adopt learning from the Covid-19 vaccination programme and to look for opportunities to ensure ease of access and to reach those who might not readily come forward to access healthcare services
- There has been more detailed work undertaken on understanding where this is lower uptake by ethnicity and deprivation with a Health Inequalities group meeting weekly to review the position and discuss best practice and initiatives being taken forward by providers and by ICSs
- There is evidence to suggest that 'flu vaccinations are considered optional or preventative and are not seen as integral to an individual's care pathway or health maintenance. In light of this, we continue to change the narrative around 'flu vaccinations for the eligible cohorts and specifically for 'at risk' groups, including working with clinical networks and acute and primary care providers to embed primary care appointments (for checking co-morbidities and vaccination) into pathways. For example, all acute trusts across London are now commissioned to provide 'flu vaccination in clinics with clinical 'at risk' patients, and to provide vaccination advice. This is in keeping with NICE's recommendation of multicomponent interventions
- NHSE&I has been working with London ICSs to monitor uptake throughout the season, with key ICS Leads coming together at the London Flu Delivery Group on a weekly basis to discuss further initiatives and interventions

- The NHSE&I Communications Team has worked with local and national charities to spread the message, as well as utilising digital media to promote 'flu vaccination, sending tweets and Instagram messages throughout the 'flu season
- NHSE&I reviewed and improved the vaccination offer to London's statutory homeless and rough sleepers, and those within health inclusion groups, utilising pharmacy, general practices that care for the homeless population and commissioning voluntary organisations that provide outreach medical services to deliver vaccinations
- Training of staff is crucial to maintaining good vaccination uptake. UKSHA London and NHSE/I London continue to work 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
- Every year, we evaluate the impact of our annual London 'Flu Vaccination Plan. These evaluations are underway and include a 'flu wash up event. This event will be held on the 4<sup>th</sup> March 2022 and will focus on how to improve uptake across the eligible cohorts, looking at how we can apply learning from the COVID-19 vaccination programme. Colleagues from ICSs, LA, Trust, pharmacies, and GP Practices are invited to the event.

## 7.1 Conclusion

- Provision of vaccinations dropped in 2020/21. This is understandable given the changes general practice had to undergo and the government directive 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 number of public campaigns have been run to encourage parents to come forward for vaccinations.

## 8 Next Steps

- NHSE/I immunisation commissioning team (London) have also been working locally with the NWL ICS Flu Delivery Group, the local ICS leads, Public Health teams and local providers to focus and identify local barriers, improving access for vulnerable or underserved groups and improving public acceptability. One example of this is our London Flu Delivery Group which meets weekly throughout the flu season. Key agenda items are local communications, data analysis, current vaccination uptake, national updates, school engagement and sharing best practice.

- The Bi-Borough Public Health team has been successful in obtaining funds from NHSE&I totalling £114,626 to increase childhood immunisation uptake via a pilot project in 2022. The pilot project aims to exploring alternative solutions such as trialling alternative routes of childhood immunisation delivery. This series of pilot interventions aims to explore whether alternative methods of delivering childhood immunisations:

- are acceptable to families in Westminster and Kensington and Chelsea;
- can contribute to increasing the uptake of Childhood immunisations in Westminster and Kensington & Chelsea;

And

- To conduct a parent survey to understand the vaccination choices of parents in Westminster and Kensington & Chelsea.

The objectives are to:

- To explore the role of health visitors in supporting childhood immunisations and increasing uptake
  - To explore the potential to increase uptake of immunisations by holding vaccination clinics in community locations
  - To explore the potential to increase uptake and catch up of pre-school immunisations in primary school and nursery settings
  - To explore the optimal approach to community engagement to support the delivery of childhood immunisations and maximise uptake
- In 2021, five ICS Immunisation Boards were set up across London and Westminster is covered by the NWL ICS Immunisation Board. This board comprises of ICS accountable officer for immunisation, NHSE/I immunisation commissioners and other partners. The board is working on the strategy and action plans to improve uptake and coverage and reduce health inequities in access across the SWL boroughs.
  - Health London Partnership have produced a slide pack to support HCWs responding to vaccine hesitancy for COVID-19 vaccines. Many of the principles in this pack are helpful for hesitancy for other vaccines: [https://www.healthy london.org/our-work/personalised\\_care/social-prescribing/social-prescribing-link-workers/social-prescribing-resources/](https://www.healthy london.org/our-work/personalised_care/social-prescribing/social-prescribing-link-workers/social-prescribing-resources/)
  - The commissioners for each ICS will work with ICS, primary care leads and local public health in that ICS to implement an action plan to improve performance in that area.

- In 2022, NHSE/I has implemented a network of immunisation coordinators across London to support GP practices with their delivery of Section 7a immunisation programmes. This includes helping health care professionals with patient invite and reminder systems, coding, accurate data collection and submission and helping them to increase vaccine acceptance amongst their registered populations.
- NHSE/I has commissioned UKHSA to deliver immunisation training remote to all vaccinators in London. Confident and competent staff are crucial to dealing with vaccine hesitancy and preventing vaccine incidents and having access to annual updates for immunisation training.
- Action plans will be supported by national and regional communications plan on encouraging parents to bring their infants forward for vaccination.
- The performance updates will be reviewed by the ICS 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.