Improving Vaccination Coverage
Report to the Health & Wellbeing Board

Health Protection Section

Southwark Public Health Directorate, Place & Wellbeing

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GATEWAY INFORMATION

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Status:	Public
Prepared by:	S Robinson
Contributors:	M Sharma
Approved by:	K Fenton
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Immunisations are effective at protecting individuals & populations from vaccine-preventable diseases

INTRODUCTION

- Immunisations are the safest and most cost-effective way of protecting individuals and communities from vaccine-preventable diseases.[1] They prevent disease at the individual level and also can achieve a level of population coverage that confers herd immunity; a form of indirect protection that occurs when a large percentage of the population has become immune to an infection.[1, 2]

- Globally, immunisation programmes are considered one of the greatest public health interventions in terms of measurable impact on population morbidity and mortality.

- In England, the impact of immunisations has been equally significant. In the 1950s, there were nearly 120,000 cases of pertussis annually; by 2011 this had reduced to just 1500. There were more than 60,000 cases (3,800 deaths) from diphtheria in the 1940s but by 2017, this had reduced to 5 reported cases annually.[3] More recently, the HPV vaccine introduced 10 years ago has been shown to reduce HPV infection by 86% and consequently a potential risk of cervical cancer by 70%.[4]

- Despite this, we continue to see regular outbreaks of vaccine preventable diseases locally, nationally and internationally.

1. WHO: Strategic Advisory Group of Experts on Immunization *Assessment Report of the Global Vaccine Action plan*. 2018. Date Accessed: 20 Jan 2019.
2. WHO *European Vaccine Action Plan 2015-20*. 2019. Date Accessed: 18 Jan 2019.
3. NHS Choices *Vaccination save lives*. 2018. Date Accessed: 19 Dec 2018. Available from: www.nhs.uk/conditions/vaccinations.
4. Mesher, D., et al., *The Impact of the National HPV Vaccination Program in England Using the Bivalent HPV Vaccine: Surveillance of Type-Specific HPV in Young Females, 2010-2016.* J Infect Dis, 2018. **218**(6): p. 911-921.

Vaccination coverage is below targets and outbreaks of vaccine-preventable diseases regularly occur

WHY WE NEED A LOCAL STRATEGIC ACTION PLAN

Recent work undertaken in Southwark has identified that local vaccination coverage for several vaccination programmes has declined and some have now fallen below both locally and nationally agreed targets.

Some of the reasons driving a decline in coverage in Southwark are related to:

- Societal inequalities that have led to underserved groups less able or willing to access immunisations due to a variety of barriers such as fear, distrust, language , poor health literacy, marginalisation or poor access to health services.
- Vaccine hesitant groups fed by misinformation
- Inadequate call and recall systems and fragmented data systems

The challenge for Southwark may indeed be greater, given existing inequalities in the borough, high prevalence of known underserved groups and the fact that global warnings and recent disease outbreaks highlight greater challenges may lie ahead.

This has led to a call for local strategic action and leadership to combat these declining coverage trends and protect our population against preventable diseases.

Public Health and the CCG have taken a strategic approach to address barriers and improve uptake

BARRIERS TO UPTAKE

Stakeholders across Southwark were consulted through interviews and questionnaires to identify factors affecting immunisation uptake in Southwark.

Several of the barriers reporgted related to the challenge of managing a highly mobile population in Southwark, inconsistent call/recall systems, trust among recipients of information received by patients/parents and financial prioritisation by providers.

Barrier	Detail
Population movement	In and out of London; between boroughs; from abroad; within Southwark. High number of temporarily housed families & individuals not registered with a GP
Movement of staff	Higher turnover of staff in GP practices and community roles
Staff understanding and promotion	Health Visitors and School Nurses have capacity to influence immunisations to a greater extent through modifications to their agreed roles
Parents' knowledge and understanding	Lack of awareness of changing immunisation pathways and availability. Lack of appreciation of severity of diseases
Accessibility of GPs	Large families and underserved groups can face a logistical challenge of attending GP. There is a shortage of trained immunisation workforce
Trust in the information they receive	Inconsistent messages and information patients suspect may not be accurate, being denied detail may create vaccine hesitancy. Needs to be more clear, concise and consistent.
Financial Incentivisation	Current contracts may not adequately incentivise practices to prioritise immunisation uptake other than for flu.
Inconsistent call/recall systems	Inconsistency in and unsystematic call/recall systems across practices were highlighted as a major barrier.
Consent process for school immunisations	Logistical barriers.
Data recording, data accuracy and data flow onto reporting systems	Complexity in coding, recording and reporting leaves considerable room for error in the system, meaning inaccuracies then transfer through to nationally reported data. This is a challenge at both GP level and in settings other than GPs where immunisations are given.

A detailed action plan has been developed and ambition targets set to achieve our vision in the strategy

OUR VISION

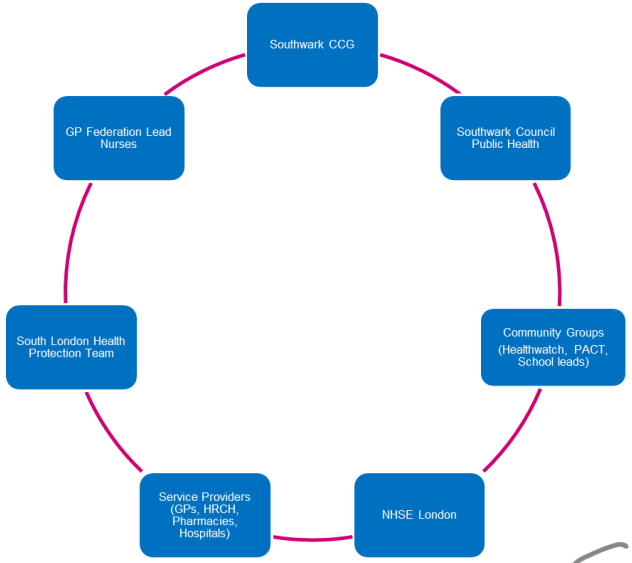
Our vision is to improve coverage in vaccination programmes across the life course to protect population health and reduce inequalities, by addressing barriers to uptake and improving access to services

To realise our vision a detailed action plan has been developed and ambition targets set:

- to achieve a 5% relative increase in coverage for each programme (based on the most recent coverage data) by March 2021. Where this 5% relative increase exceeds the London target, the London target has been used.

We have integrated national, regional and local policy objectives to ensure we take a collaborative whole-systems approach to improving immunisation coverage.

This has involved bringing together all partners involved in commissioning, quality assurance and provision of immunisations in Southwark as depicted.



Ambition targets for pre-school immunisations have been set to achieve a 5% increase in coverage

COVERAGE TRENDS AND AMBITIONS: PRE-SCHOOL

- Immunisations in pre-school children are mostly delivered in primary care.
- Exceptions are BCG in babies which is delivered on behalf of the maternity unit by GSTT Community team, and the first dose of hepatitis B for babies born to hepatitis B positive mothers which is given in the maternity unit.
- Uptake of pre-school immunisations in Southwark generally falls below targets although it is fairly consistent with the rest of London (Table 2).
- **For pre-school immunisations the main areas of focus are MMR, hepatitis B in high risk babies and flu in 2 and 3 year olds**

Table 2: Pre-school coverage, targets and ambitions

Immunisation	Area	2015/16	2016/17	2017/18	Trend	London Target	Strategy Ambition
DTaP/IPV/Hib/HepB @12 mths	SWK	86.3	89.6	90.6		95%	95%
	LON	89.2	88.8	89.2			
	ENG	93.6	93.4	93.1			
PCV @ 12 mths	SWK	86.5	89.6	91.4		95%	95%
	LON	90.0	89.2	89.7			
	ENG	93.5	93.5	93.3			
Rotavirus @ 12 mths	SWK		85.6	87.9		95%	92%
	LON		89.2	86.5			
	ENG		89.6	90.1			
MenB@ 12 months	SWK			89.4		95%	94%
	LON			87.9			
	ENG			92.5			
DTaP/IPV/Hib/HepB @ 24 mths	SWK	91.6	93.7	92.5		95%	95%
	LON	92.2	91.6	91.7			
	ENG	95.2	95.1	95.1			
PCV @ 24 mths	SWK	85.4	88.5	86.1		90%	90%
	LON	85.6	84.5	84.3			
	ENG	91.5	91.5	91.0			
Hib/MenC @24 mths	SWK	85.6	88.8	87.5		90%	90%
	LON	85.9	84.2	85.1			
	ENG	91.6	91.5	91.2			
MMR (Dose 1) @2yrs	SWK	86.1	88.5	87.8		90%	90%
	LON	86.4	85.1	85.1			
	ENG	91.9	91.6	91.2			
MMR (Dose 2) @5yrs	SWK	85.3	86.9	81.8		85%	85%
	LON	81.7	79.5	77.8			
	ENG	88.2	87.6	87.2			
DTaP/IPV (Booster) @ 5 years	SWK	74.0	78.6	83.5		90%	88%
	LON	78.3	76.9	75.9			
	ENG	86.3	86.2	85.6			
Flu (aged 2 years)	SWK	29.1	28.9	35.8		50%	40%
	LON	26.6	30.3	33.2			
	ENG	35.4	38.9	42.8			
Flu (aged 3 years)	SWK	30.7	33.1	35.1		50%	40%
	LON	28.8	32.6	33.3			
	ENG	37.7	41.5	44.2			

Target reached
Within 5% points of target
At least 5% points below target

School age immunisation ambition targets have been set to achieve a 5% increase in coverage

COVERAGE TRENDS AND AMBITIONS: SCHOOL-AGED

- Immunisations given in schools to school-aged children include HPV, Men ACWY, Td/IPV booster as well as flu.
- In Southwark, immunisations to school-aged children are delivered by HRCH (Hounslow and Richmond Community Health Care).
- Uptake is generally comparable or better than for London, although recently HPV uptake has decreased (Table 3).
- **For school-aged immunisations the main areas of focus are HPV and flu**

Table 3: School age coverage, targets and ambitions

Immunisation	Area	2015/16	2016/17	2017/18	Trend	London Target	Strategy Ambition
HPV (Dose 1)*	SWK	89.7	86.4	72.9		90%	90%¥
	LON	83.9	83.8	81.0			
	ENG	87.0	87.2	86.9			
HPV (Dose 2)**	SWK	84.5	84.2	80.7		90%	88%¥
	LON	80.7	77.7	78.4			
	ENG	85.1	83.1	83.8			
Td/IPV	SWK	93.7	79.2	81.7		80%	80%
	LON	69.2	77.1				
	ENG	79.1	82.3				
Men ACWY	SWK	65.6	60.8	83.2		80%	80%
	LON	61.5	67.1				
	ENG	76.4	79.0				
Flu (School-years)§	SWK		46.9	48.9		50%	50%
	LON	40.2	43.8	47.8			
	ENG	55.1	55.4	59.6			

Target reached
Within 5% points of target
At least 5% points below target

Ambition targets for adult immunisation programmes have been set to achieve a 5% increase in coverage

COVERAGE TRENDS AND AMBITIONS: ADULT PROGRAMMES

- The routine immunisations offered to adults are Pneumococcal (PPV), shingles and pertussis for pregnant woman while flu is offered to those aged 65+ years of age and to those in clinically at-risk groups.

- All are administered in the GP setting however; PPV and Flu are also commissioned for delivery through pharmacies while a pilot has taken place in 2018 to commission pertussis through maternity clinics in Southwark.

- Coverage for PPV and Shingles in Southwark was lower than the London average and below target (Table 4).

- **For adult immunisations the main areas of focus are shingles and flu**.

Table 4: Adult coverage, targets and ambitions

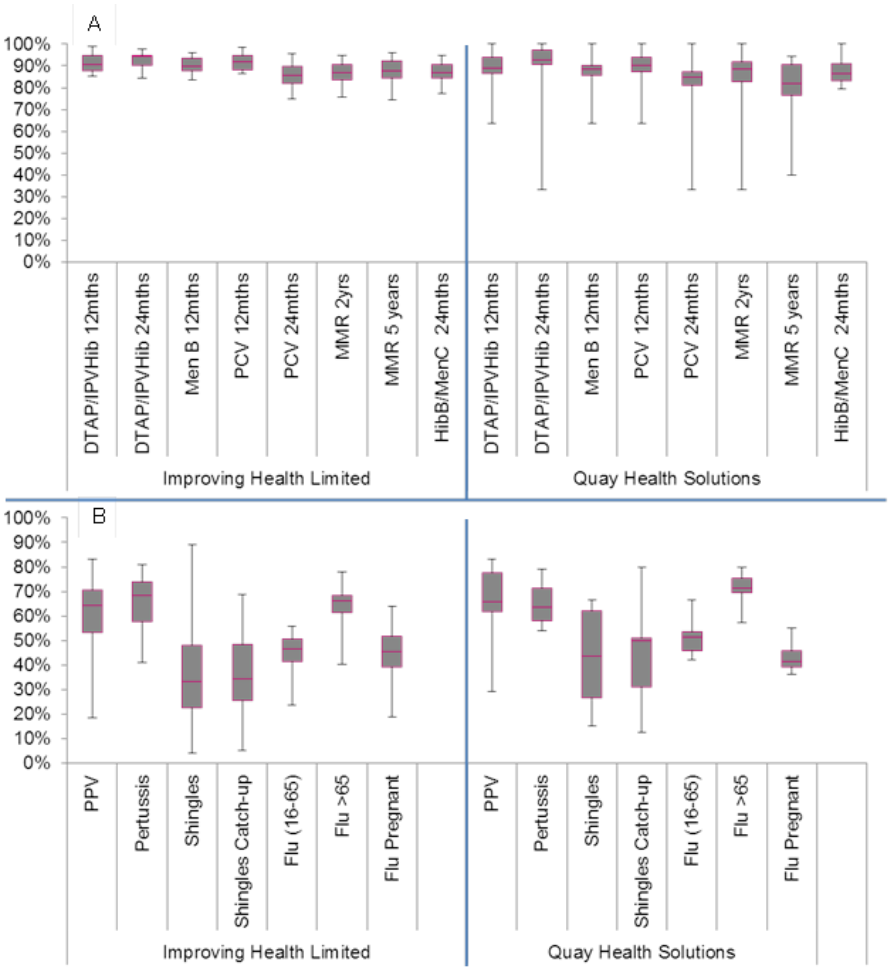
Immunisation	Area	2015/16	2016/17	2017/18	Trend	London Target	Strategy Ambition
PPV	SWK	56.9	56.7	57.7		75%	63%
	LON	65.3	64.3	64.4			
	ENG	70.1	69.8	69.5			
Shingles	SWK	42.3	30.4	29.2		60%	45%
	LON	47.1	41.3	37.5			
	ENG	54.9	48.3	41.0			
Maternal Pertussis	SWK	56.5	72.9	71.4		70%	70%
	LON	49.8	72.6	60.2			
	ENG	60.7	72.6	70.8			
Flu (6mths-64 years at risk)*	SWK	44.4	47.3	44.2		50%	49%
	LON	43.7	47.1	45.4			
	ENG	45.1	48.6	48.9			
Flu (aged >64)	SWK	66.6	65.3	66.2		75%	71%
	LON	66.4	65.1	66.9			
	ENG	71.0	70.5	72.6			
Flu (pregnant)	SWK	40.8	40.9	44.9		50%	50%
	LON	38.6	39.5	41.1			
	ENG	42.3	44.9	47.2			

Target reached
Within 5% points of target
At least 5% points below target

Vaccination coverage for some programmes varies significantly by practice

VARIATION BY PRACTICE

- Southwark immunisation coverage masks considerable variation in uptake across practices as illustrated by the box and whisker plots opposite.
- The middle pink line represents the median coverage, the box itself is the interquartile range, while the minimum and maximum ‘whiskers’ highlight the full range of coverage values
- For pre-school programmes, the greatest variation is seen in MMR. For adult programmes much greater variation is seen across all immunisations, particularly for shingles.
- This data highlights clear scope for shared learning from practices reporting higher coverage



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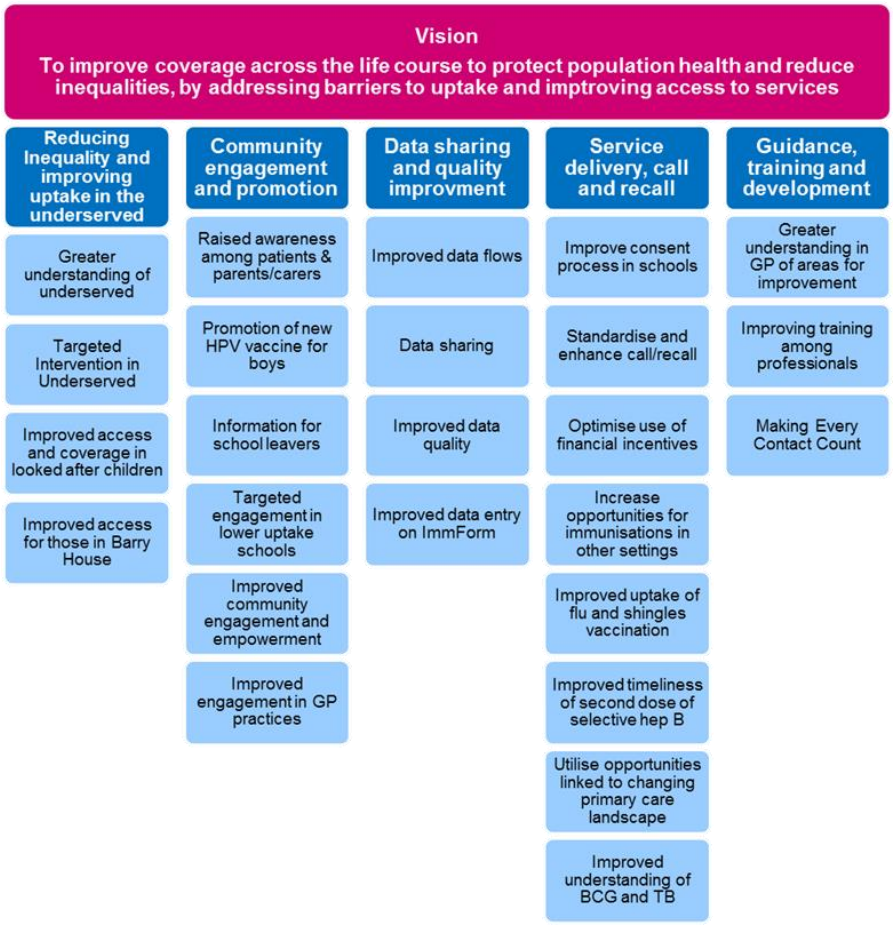
Five key priority areas were identified in the strategy and a detailed action plan developed for each

KEY PRIORITY AREAS FOR ACTION

We have identified the five key priority areas that we need to focus on in order to achieve our vision over the next two years (2019-2021):

- Reducing inequality and improving uptake in the underserved
- Community engagement and promotion
- Data sharing and quality improvement
- Service delivery, call and recall
- Guidance, training and development



Reducing inequalities and improving uptake in the underserved is a key priority

KEY PRIORITY AREA 1

Reducing inequalities and improving uptake in the underserved

- Central to our action plan is ensuring the needs of people who are disadvantaged or suffer inequality leading to or arising from reduced immunisation uptake are addressed as a priority**.** Evidence suggests that these groups require more targeted intervention to meet their differing needs.

What works?

- Understanding the prevalence, location of underserved groups in the community and how they access services. (NICE, DoH)
- Removing logistical barriers to access for those with disability or language barriers e.g. mobile or home-based immunisation, incentives for parents to bring their children for immunisation; special clinics solely for immunisation. (NICE)
- Health professionals checking the immunisation history of new migrants, including asylum seekers, when they arrive in the country. (NICE)
- Checking the immunisation status of looked-after-children (LAC) during their initial health assessment, the annual review health assessment and statutory reviews. Ensuring outstanding immunisations are addressed as part of the child's health plan. (NICE)
- Peer-led approaches where people with lived experience (for example, people who have been homeless, or who are from particular cultural backgrounds) are working alongside health and social care professionals to provide information that is accessible and appropriate to the “target group”. (NICE)
- Partnership working with local organisations (for example, drug and alcohol services) and voluntary sector groups working with underserved populations (such as carers or people who are homeless). (NICE)

Improved communication strategies, effective leadership and public health campaigns are key

KEY PRIORITY AREA 2

Figure 3: Vaccine hesitancy spectrum

Community engagement and promotion

- Vaccine hesitancy, defined as delay in acceptance or refusal of vaccines despite availability of vaccination services, is complex.
- Fundamentally, the vaccine hesitant can be divided into 4 main categories:
  - those driven by **convenience; t**hose who underestimate the risk (**complacency**); those who weigh up (**calculation**); those who lack **confidence**
- Central to tackling this spread of disinformation and addressing all levels of hesitancy is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and public health messaging campaigns.

What works?

- Transparent, concise and easy to understand communication. (Lancet)
- Using pharmacies, retail outlets, libraries and local community venues for disseminating accurate, up-to-date information on immunisation with links to further information on trusted websites (NHS Choices) and avenues to ask for further information. (NICE)
- Ensuring all staff involved in immunisation services are trained with communications skills and ability to answer questions. (NICE, PHE)
- Checking immunisation records when a child joins a nursery, school, playgroup. (NICE)
- School nursing teams, working with GP practices and schools, providing information in an appropriate format (NICE)
- Heads, governors, children's services, imms coordinators working with parents to encourage schools to become venues for vaccination.
- Providing information in a variety of formats on the benefits of immunisation against infections, tailored for different communities.(NICE)
- Working with statutory and voluntary organisations, such as parents groups and those representing people with relevant medical conditions, to increase awareness of vaccination among eligible groups (and their parents or carers, if relevant).(NICE)
- Using workplaces to deliver prompts in various printed/digital formats which include information about vaccination locations and times.(NICE)

Data flow and data quality have been cited as barriers to improving uptake of immunisations

KEY PRIORITY AREA 3

Data sharing and quality improvement

- Understanding the flow of information between immunisation systems is key to knowing how to intervene, whether interventions are successful and how data capture can be improved. This ranges from ensuring quality data recording and capture through to transmission of this information onto local and national reporting systems.

- Administration of immunisations in settings other than GP (schools, pharmacies, hospitals), requires notification of the GP in a timely and accurate way. Data flow and data quality have been cited by stakeholders as a barrier to improving uptake.

What works?

- Ensuring local healthcare commissioning organisations and GP have a structured, systematic method for recording, maintaining and transferring accurate information on vaccination status. Vaccination information should be recorded in patient records, child health record and the child health information system (CHIS) and should be reconciled and consistent.(NICE)
- Clinical systems should be used for identifying eligible groups and working out vaccine supply. (NICE)
- Private providers having clear processes to allow them to inform the relevant GP practice about an immunisation administered under private care. (NICE)
- Ensuring up-to-date information on vaccination coverage is available and disseminated to all those responsible for immunisation. (NICE)
- Ensuring staff are appropriately trained to document vaccinations accurately in the correct records using the right Read codes. (NICE)
- Having systems in place to ensure regular update and maintenance of the databases for recording immunisation status. This should involve ensuring records are transferred when someone moves out of the area, while also following up on information to ensure it is not duplicated or missing. (NICE)
- Integrating local care pathways for hepatitis B vaccination for high risk babies born to infected mothers which will allow health professionals to provide advice and support to prevent hepatitis b transmission, to highlight the importance of the vaccination timing, how to access it and a robust and mapped means of patient follow up through information systems such as CHIS. (NICE)

Better quality call and recall systems in general practice are key to improving coverage and reducing variation

KEY PRIORITY AREA 4

Service delivery, call and recall

- Increasing access, optimising service delivery and systematic call/recall have all been demonstrated to be key components in achieving good immunisation coverage.

- Variation in coverage occurs in general practice, and also within school programmes. Improvements in call and recall systems can have a significant impact on both overall coverage and reducing inequalities.

- Providing immunisation services through pharmacy's, hospitals and hub clinics can also play an important role in improving service delivery across the lifecourse

What works?

- Systematic multicomponent call/recall (including call, text messages, letters and email). (Cochrane, NICE)
- Tailoring invitations for immunisation and reminders when someone does not attend appointments. (NICE)
- Improving access to immunisation services by extending clinic times, and evening/weekend services in primary care and pharmacy. (NICE)
- Targeted strategic work with practices and schools identified to have lower than average coverage. (DoH)
- Ensuring enough appointments are available so that all patients, children in particular, can receive vaccinations on time. (NICE)
- Ensuring parents and patients know how to access immunisation services. (NICE).
- Providing multiple opportunities and routes for eligible people to have their vaccinations through community pharmacies, GP surgeries or clinics they may attend regularly for a chronic condition.(NICE)
- Commissioners raising awareness among providers about financial remuneration linked to vaccination.(NICE)
- Using quality indiacators (eg QOF) to encourage and incentivise provider to meet targets. (NICE)
- Ensuring young people fully understand what is involved in immunisation so that those who are aged under 16 can consent to vaccinations while simultaneously ensuring parents have opportunities to address concerns. (NICE)

Regular updates and training are essential for those who deliver and advise on immunisations

KEY PRIORITY AREA 5

Guidance, training and development

- Fundamental to delivery of immunisations is the adequate training and development of healthcare staff. Increasing challenges around vaccine hesitancy, regular changes to the schedule and and a greater number of vaccinations require providers to remain updated.

- Immunisation advice and administration now takes place in a multitude of settings e.g. general practice, schools, hospitals, prisons, occupational health, maternity, neonatal and paediatric services, pharmacies, sexual health clinics, long term care settings.

- Stakeholder feedback emphasised the need for timely two-way communication between providers and commissioners around areas where there are greatest challenges.

What works?

- Ensuring all staff involved in immunisation services are appropriately trained with annual updates particularly around the knowledge and communications skills needed to handle challenging questions. (NICE, PHE)
- Ensuring health professionals who deliver vaccinations have received training that complies national minimum standards for immunisation training. (PHE, NICE)
- Assigning dedicated staff (for example, a flu or MMR vaccination champion) to increase immunisation awareness and uptake.(NICE)
- Training peers to vaccinate their co-workers e.g. for flu and encouraging uptake and challenging barriers e.g. that the flu vaccine can give you flu. (NICE)
- Making every contact count (MECC) – making the most of opportunities for raising awareness and offering vaccination. (NICE)

An implementation group are taking forward actions developed in the strategy

IMPLEMENTATION & GOVERNANCE

Stakeholders involved in the development of this strategy are committed to taking action to improve coverage.

- An implementation group has been set up to drive forward the actions at the operational level. This group is working closely with stakeholders from Southwark Local Authority (e.g. education, communications), CCG Teams (e.g. primary care and medicines optimisation), Federations, NHSE London, school providers, GSTT Community and LAC teams, as well as Community Southwark and Healthwatch as needed for specific actions.

- It is the combined knowledge, expertise and resource of members of the implementation group from across the healthcare system that will be essential in driving this work forward.

- The existing Lambeth & Southwark Immunisation Steering Group provides senior oversight and will monitor progress against the action plan at each meeting and resolve or escalate issues. The Steering Group are accountable to the CCG Quality & Safety Committee who will be kept informed of progress via the quarterly report submitted.

- The strategy and action plan was signed off by the CCG Integrated Governance and Performance Committee in April 2019.

Work has already started on implementing the strategy and action plan

SUMMARY AND NEXT STEPS

- Declining trends in coverage for certain immunisation programmes and regular outbreaks of vaccine-preventable disease have led to the development of a Southwark Immunisation Strategy and Action plan.

- Ambition targets have been set to improve coverage in immunisation programmes across the life course by 2021.

- Implementing the action plan has started, with detailed work being undertaken around:
  - local guidance for practice call/recall systems
  - Development of a practice dashboard
  - consideration of opportunities with neighbourhoods/PCNs/Federations
  - standardizing EMIS searches and coding
  - promotion of the MMR vaccine
  - improving access for home-schooled children
  - engagement in Latin-American communities
  - improving the consent process in schools