Public Health England

NHS England

Blackburn with Darwen Health & Adults Overview & Scrutiny Committee

13th November 2013

New Arrangements for Immunisation and Screening Services in Lancashire

1. Introduction

Immunisation is an extremely safe and cost-effective public health intervention. It reduces the human suffering and loss of life previously associated with vaccine preventable disease, reduces levels of post-infection disability and long term ill health and has a positive impact on the financial burden that would otherwise fall on families, health and social care services.

While the primary aim of immunisation is to protect the individual, high uptake levels in a community also protect vulnerable individuals too young or too frail to receive the immunisation themselves. This protection is achieved by reducing the risk of the spread of disease: the so-called herd immunity effect.

Immunisation programmes in England have traditionally been commissioned by Health Authorities and Primary Care Trusts and provided by general practice staff and community nursing. They are well planned, well resourced and uptake levels are high, although many areas still do not achieve the rates required for robust herd immunity.

2. Health and Social Care Act 2012

Following the introduction of the Health & Social Care Act 2012, on 1st April 2013 responsibility for the commissioning and oversight of immunisation and screening programmes transferred from Primary Care Trusts to a number of new organisations. These included NHS England, Public Health England, Clinical Commissioning Groups and Local Authorities. At the same time the national Joint Committee on Vaccination and Immunisation announced the introduction of five new immunisation programmes. Concerns were raised about potential fragmentation of services and a reduction in performance and this led to the development of a National Delivery Framework and Local Operating Model for Screening and Immunisation Programmes setting out the new responsibilities of all parties.

NHS England Lancashire Area Team plans to test the new Local Operating Model with its partner organisations in the new year, offering a scenario-based approach to provide a focus for discussion. It is anticipated this will help to expose any practical issues and lead to the development of an effective and safe future working model.

This paper will provide:

- a brief update on the new arrangements – to be discussed in more detail during an accompanying presentation to the committee
- answers to the questions on immunisation put forward by the Centre for Public Scrutiny.
- an overview of current immunisation performance across the borough

3. What are the local arrangements, structures and responsibilities for immunisation?

NHS England Lancashire Area Team - commissions all national population programmes and, via its Screening and Immunisation Team, provides local system leadership to ensure service providers deliver against national specifications for current and new programmes. The team supports the delivery of quality improvement and required programme change. It oversees the investigation of serious incidents and contributes to the investigation of vaccine preventable disease outbreaks. It also provides reports to local authority Directors of Public Health on the performance of Screening and Immunisation services

Public Health England (PHE) Cumbria and Lancashire Centre - employs the screening & immunisation staff working in NHS England Lancashire Area Team and provides them with professional support. It maintains the surveillance of infectious disease incidents and leads the response to vaccine preventable disease outbreaks. It also provides expert advice in the investigation of immunisation (cold chain) incidents

Local Authorities via their Directors of Public Health (DsPH) - provide, independent scrutiny and challenge to the arrangements of NHS England, PHE and service providers in the delivery of screening and immunisation programmes to their local population.
Local authorities also directly commission immunisation programmes within their school nursing service contracts. They directly commission social care services and can include staff flu immunisation targets within their contracts.
DsPH work closely with the NHS England Area Team to ensure local population needs are understood and addressed. They advocate within the local authority and with Clinical Commissioning Groups and other key stakeholders to improve access and uptake to programmes. DsPH also take a lead in public-facing campaigns.

Clinical Commissioning Groups (CCGs) - have a duty within the Health and Social Care Act 2012 to have regard to the need to reduce inequalities in access to health services and in the outcomes achieved.
CCGs commission many elements of screening pathways within acute trust clinical contracts e.g. gynaecology services, midwifery services and they include staff flu immunisation targets within their contracts. They have a duty of quality improvement in primary care that includes immunisations. They have a role with NHS England area team to ensure the quality of overall programmes and pathways of care.

Service Providers - ensure that all staff directly involved in immunisation or screening programmes have the required knowledge and skills to undertake their role. They work to national programme specifications and deliver their element of the pathways to the required standards and performance targets. They report and investigate any incidents promptly in line with national guidance.
As part of business continuity and winter planning, health and social care providers also have a duty to ensure that their workforce is protected against infectious diseases, for their own health and to prevent transmission to vulnerable patients or clients e.g.ensuring high uptake of seasonal flu vaccine.

Table 1 Commissioners and Providers of Established Immunisation Programmes

Programme	Commissioner	Provider	Comments
Infant and Child pre-school immunisations 0-5 years old	NHS England	GP Practices	Children 2 months to 5 years
Human Papilloma Virus (HPV)	Local Authority	School Nursing Services	Girls aged 12 to 13 years
Secondary School Booster	Local Authority	School Nursing Services	Boys and girls around 14 years
Adult Pneumococcal disease	NHS England	GP Practices	People with certain underlying health issues and those aged 65 and over
Pertussis (whooping cough) in pregnancy	NHS England	GP practices	All pregnant women from 28 weeks
Seasonal Influenza	NHS England	GP practices, Community pharmacy	All aged 65 and over and those in clinical risk groups
	NHS England Local Authority CCGs	Employers via occupational health or in-house team	Frontline staff working with vulnerable people/patients
BCG	CCGs	Paediatricians and midwives; TB service	At risk neonates Other at risk groups
Hepatitis B	CCGs	Paediatricians Blood Borne Virus nurses and GPs	Infants of HepB+ve mothers Drug misusers and travellers to high risk countries

Table 2 Commissioners and Providers of New Immunisation Programmes

New Programme	Commissioner	Provider	Comments
Rotavirus	NHS England	GP practices	Infants - from July 2013.
Shingles	NHS England	GP practices	People aged 70 years and 79 years – from Sept 2013
Adolescent Meningitis C	Local Authority	School Nursing Services	Plan to introduce the adolescent dose during spring 2014.
Childhood Influenza	NHS England	GP practices	All children aged 2 and 3 years old - from Sept 2013
Childhood Influenza - roll out	NHS England Local Authority	GP Practices School Nursing Services	This programme will be extended over a number of years to include all children between two and sixteen yrs.

Governance

Governance of the above arrangements is provided via a number of multiagency Programme Boards each accountable to NHS England Area Team. The role of the Boards is to strengthen partnership working while ensuring that all programmes runs efficiently and comply with national specifications and any required service re-design.

After each round of quarterly Programme Boards the screening & immunisation team plan to produce and circulate a combined update report covering risks, pertinent issues and planned actions.

4. How is the local area performing against national standards for childhood immunisation?

The 2012/13 childhood immunisation uptake figures are shown in Appendix 1, benchmarked against England, the northwest and other Lancashire PCT areas. Uptake is generally good but the borough is below target for 1 year olds (table 3) first dose MMR, booster Hib, Men C and Pneumococcal (table 4) and pre-school boosters and second dose MMR (table 5).

When immunisation rates fall below their target levels there is a risk that outbreaks of disease may occur, as evidenced by the recent UK-wide measles outbreak that particularly affected school children age 10-16 years. In April 2013, at the start of the GP-based MMR catch-up campaign, only 86% of this age group were recorded as having received at least one MMR dose. Four months later this figure had risen to 89%. Further work is ongoing on data validation to decide if there is a need for any targeted campaigns in local schools.

5. What measures are in place to ensure the focus for immunisation is not just on children and that older people are also protected?

Appendix 2 lists immunisations by target age group and at risk clinical groups. Pneumococcal, Influenza and Shingles immunisations are particularly targeted to older people and to all those in clinical risk groups. Pregnant women are the focus of the current pertussis (whooping cough) campaign which aims to indirectly protect newborn infants.

As part of their GMS contract GP practices are encouraged to identify and invite eligible older patients and those who are at risk to receive seasonal influenza and pneumococcal vaccines. Practice performance is monitored and the screening and immunisation co-ordinators provide regular feedback. Appendix 1 table 7 provides information on the uptake of influenza vaccine during 2012/13.

6. Is there enough focus on ensuring at risk groups are vaccinated against seasonal flu?

During the seasonal influenza campaign GP practices are encouraged to target at risk groups to ensure they are offered the flu vaccine. NHS England Area Team has also commissioned a number of community pharmacies to deliver the programme which will provide more options for people to receive their vaccination. Flu immunisation for prisoners across Lancashire is provided as part of their general health care services.

7. Is there good provision to ensure that health and social care workers receive all the vaccines they should be eligible for and what is the rate of uptake?

As part of Winter Planning, NHS England Area Team works closely with commissioners and providers of health and social care to ensure that all staff have access to flu vaccination and NHS England has sought assurance from CCGs that they have plans in place for winter resilience. The 2012/13 uptake figures were low at 43.4% against a target of 65% (table 7). The target for 2013/14 has been raised to 75% and the screening and immunisation team

will monitor influenza vaccine uptake on a regular basis via the Immform site (monitoring begins on 1st November).

8. What policies are in place to ensure that all those considered at risk and eligible for vaccination are being targeted?

As part of their GMS contracts GP practices are encouraged to identify those who are at risk and eligible for vaccination. The Green Book (immunisation policy manual) and the annual CMO letters list the patients who should be targeted for seasonal influenza and pneumococcal disease. Uptake figures are monitored at practice level via the ImmForm site and support offered to immunisers if there are any concerns.

9. Is enough being done to ensure that deprived communities are being engaged and fully able to access immunisation services?

NHS England Area Team has set up a working party of health and social care professionals who engage with marginalised groups to develop an action plan to improve their immunisation uptake. Future stakeholder events are being planned to share best practice on ensuring that all communities have equal access to immunisation services.

10. Can more be done to ensure that unvaccinated patients are able to access immunisation services across a wide variety of settings?

Our initial focus has been to ensure a safe transfer of all immunisation services as part of transition and to at least maintain coverage levels from previous years. We are now in a position to seek innovative ways to encourage uptake but this will require a collective response right across the pathway, not just the direct commissioning of service. This presents a real opportunity for many stakeholders to work together for the benefit of the local population.

11. Are stringent protocols in place to optimise opportunities to immunise immigrants from developing countries especially those with unknown vaccination history or likely to have incomplete schedules?

The Health Protection Agency has developed an algorithm used by practices to ensure patients are identified and immunised according to need. All practices are encouraged to ensure children registering with them are up to date and school nurses at school entry check immunisation status and signpost un-immunised children to their GP practice.

12. Are sufficient measures being taken to ensure that local people are adequately protected from vaccine preventable illnesses whilst abroad visiting friends and relatives?

All practices are aware of their local ‘Travel Vaccination’ clinics and can signpost patients who need vaccinations not provided via the NHS. NHS England Area Team has access to practice level uptake data for the national vaccination programmes which will be used in the future to ensure that poor performing practices are supported on how to improve uptake of routine vaccinations.

Appendix 1 Immunisation uptake 2012/2013

Table 3: Children immunised by their 1st birthday 2012/13 (Targets 95%)

	DiphtheriaTetanus Polio Pertussis Hib x3	Meningitis C x2	Pneumococcal Disease x 2
England	*94.7*	*93.9*	*94.4*
North West	*95.9*	*95.6*	*95.8*
Blackburn with Darwen	***94.3***	***94.2***	***94.1***
Blackpool	*95.6*	*95.2*	*95.4*
Central Lancashire	*93.4*	*93.4*	*93.7*
East Lancashire	*93.1*	*92.7*	*91.7*
North Lancashire	*95.8*	*95.3*	*95.9*

Table 4: Children immunised by their 2nd birthday 2012/13 (Targets 95%)

	Diphtheria Tetanus Polio Pertussis Hib x3	Men C x2	MMR x1	Hib/Men C *Booster x1*	Pneumococcal Disease *Booster x1*
England	*96.3*	*95.1*	*92.3*	*92.7*	*92.5*
North West	*97.4*	*95.8*	*94.9*	*94.9*	*94.8*
Blackburn with Darwen	***96.2***	***95.2***	***94.3***	***94.5***	***94.4***
Blackpool	*97.4*	*95.4*	*92.3*	*92.8*	*92.4*
Central Lancashire	*97.8*	*96.8*	*95.8*	*95.4*	*95.8*
East Lancashire	*96.4*	*95.5*	*91.6*	*92.5*	*92.6*
North Lancashire	*97.0*	*94.8*	*93.6*	*94.2*	*94.0*

Table 5: Children immunised by their 5th birthday 2012/13 (Targets 95%)

	Diphtheria Tetanus, Polio,Pertussis *Pre-school booster*	MMR *1st dose*	MMR *1st and 2nd doses*
England	*88.9*	*93.9*	*87.7*
North West	*91.3*	*95.9*	*90.7*
Blackburn with Darwen	***91.6***	***96.8***	***90.8***
Blackpool	*85.2*	*94.7*	*84.9*
Central Lancashire	*91.7*	*95.9*	*90.9*
East Lancashire	*89.3*	*96.4*	*87.6*
North Lancashire	*86.5*	*94.9*	*88.2*

Table 6: HPV uptake figures in Year 8 Cohort 2012/13 (target 90%)

	1st Dose	***2nd Dose***	***3rd Dose***
Blackburn with Darwen	***92.3%***	***92.3%***	***90.6%***
Blackpool	*92.7%*	*91.4%*	*87.2%*
Central Lancashire	*93.5%*	*92.8%*	*91.3%*
East Lancashire	*94%*	*93.2%*	*92%*
North Lancashire	*92.1%*	*91.1%*	*91.3%*

Table 7: Seasonal influenza uptake figures 2012/13

	65 years and over	Under 65 years in clinical risk groups	Pregnant women	Health Care Workers
North West	75.8%	55.2%	42.9%	
Blackburn with Darwen	**76.3%**	**56.6%**	**42.4%**	**43.4%**
Blackpool	73.3%	52.2%	33.9%	56.4%
Central Lancashire	77%	54.7%	42.8%	54.3%
East Lancashire	72.3%	47.7%	35.3%	55.3%
North Lancashire	77.4%	57.1%	38.5%	53.9%

Appendix 2

UK Immunisation Programmes by Target Age Group

Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)
	Pneumococcal disease
	Rotavirus
Three months old	Diphtheria, tetanus, pertussis, polio and Hib
	Meningococcal group C disease (MenC)
	Rotavirus
Four months old	Diphtheria, tetanus, pertussis, polio and Hib
	Pneumococcal disease
Between 12 and 13 months old – within a month of the first birthday	Hib/MenC
	Pneumococcal disease
	Measles, mumps and rubella (German measles)
Two and three years old3	Influenza (from September)
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio
	Measles, mumps and rubella
Girls aged 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 (and genital warts caused by types 6 and 11)
Around 14 years old	Tetanus, diphtheria and polio
	MenC
65 years old	Pneumococcal disease
65 years of age and older	Influenza
70 years old	Shingles

Immunisations provided for people in At Risk Groups

At birth, 1 month, 2 months and 12 months	Hepatitis B
At birth	Tuberculosis - BCG
Six months up to two years	Influenza
Two years up to under 65 years	Pneumococcal disease
Over two up to less than 18 years	Influenza (from September)
18 up to under 65 years	Influenza
From 28 weeks of pregnancy	Pertussis

Vaccine Preventable Diseases

Diphtheria
Tetanus
Polio
Pertussis (whooping cough)
Measles
Mumps
Rubella
Meningitis
Rotavirus
Haemophilus influenzae type B (hib)
Pneumococcal disease
Influenza
BCG
Hepatitis B
Human Papilloma Virus (HPV)
Shingles