REPORT OF: **Scrutiny Manager**

REPORT TO: **Health and Adults Overview and Scrutiny Committee.**

ON: **26th February 2014.**

RE: **Vaccination and Immunisation uptake rates in Blackburn with Darwen.**

---

1. Purpose of the Report

For Members to agree the outcomes of the review undertaken by the Health and Adults Overview and Scrutiny Committee on Vaccination and Immunisation as part of the 2013-2014 work programme.

2. Background

In June the Committee received the priorities, challenges and pledges of the Executive Member for Health and Adult Social Care with a more detailed work programme being agreed by Committee on 15th July. The last update report being given to the Committee at its 22nd January meeting.

It was agreed at the beginning of the Municipal Year that Vaccination and Immunisation uptake rates in Blackburn with Darwen would require scrutiny of Public Health England's plans for Blackburn with Darwen the new operating model for this system became their responsibility from 1/4/13. This would also take into account the previous systems that had been inherited.

3. Recommendations

To note the recommendations outlined in the *headline questions and subsequent outcomes* section of this report.

4. Methodology

In advance of the topic coming before Overview and Scrutiny, the Committee agreed that they would review the vaccinations and immunisations services for Blackburn with Darwen using a Collaborative Inquiry model: Most approaches to performance review or reform are top-down or expert-led reviews. As the Inquiry membership was entirely lay members in this field, as are the Lead and Executive Members, a collaborative approach of the Lead Member, Scrutiny Inquiry members supported by Critical Friends from the newly incorporated Public Health department was adopted.

This approach supported a five stage process of:

1 Action research on the part of the Executive, the Inquiry and Critical Friends to the Inquiry; which on this occasion consisted of papers submitted in advance of the meeting that were scrutinised.

2 An Inquiry meeting with attendance from Lead Member for Health and Adult Services, Health and Adults Overview and Scrutiny Inquiry, and Critical Friends; the Director of Public Health and two Public Health Consultants to consider both the briefing papers and the outcomes of a round table discussion with an expert panel.

3 An evaluation session following the Inquiry, where participants would be asked for their thoughts views and opinions as to whether the questions asked had been answered satisfactorily, and what the next steps to test the outcomes of the Inquiry should be.

4 Testing the findings.

5 Outcome recommendations.

It should be noted that certain caveats were agreed in advance of the meeting: The Executive (or Lead) Member as Portfolio holder and decision maker was not attending to be scrutinised by the Inquiry, nor would be under any obligation or expectation to make decisions at the meetings. On the first occasion the Lead Member having heard from an expert panel, (supported by Critical Friend experts from the Authority), heard the opinions and views of cross party Members from the Overview and Scrutiny Inquiry. The Executive Member and Lead Member attended the subsequent follow up meeting.

Dr Garnett NHS England led the Inquiry through the paperwork that had been circulated in advance with the agenda entitled “New arrangements for Immunisation and Screening Services in Lancashire.” She advised that with the local operating model having 66 pages describing how it would work there was some concern that the vaccination and immunisation system could be seen as having become fragmented. She explained to the Inquiry that NHS England was actively trying to clarify how that setup was working.

As part of the discussion Dr Garnett referred to the briefing paper that had been sent to the Inquiry which outlined; the changes in the Health and Social Care Act 2012, the local arrangements, structures and responsibilities for

immunisation; detailing the roles of NHS England (NHSE) Lancashire Area Team, Public Health England (PHE) Cumbria and Lancashire Centre, Local Authorities via their Director of Public Health (DPH), Clinical Commissioning Groups (CCGs) and service providers. Dr Garnett outlined the differences regarding commissioners and providers of established immunisation programmes and the key differences for commissioners and providers of new immunisation programmes and the governance arrangements thereof.

Additionally each of the ten questions supplied in advance from the Centre for Public Scrutiny guide: "Ten questions to ask if you're scrutinising …local immunisation services" was addressed in the briefing paper. To support these answers a presentation was also supplied expanding on some of these issues and offering an example of influenza to test the model.

In summation Dr Garnett advised that a series of tables describing immunisation performance nationally were included as appendices to the report. She concluded by explaining that on 1st April everything changed with the disappearance of PCTs and that from 1st April a decision to introduce 5 new immunisation programs had led to some concerns that some of the services could become fragmented.

Having completed the first half of the discussion the Inquiry chose to use the additional questions outlined in the Centre for Public Scrutiny (CfPS) guide to add further clarity to the answers they had received so far. It should be noted that not all questions were asked.

The following point should also be noted before reading the conclusions the inquiry arrived at: ***The Inquiry fully appreciate the considerable efforts NHS England and Public Health England are employing locally, however the system remains opaque and confused.***

Headline questions and subsequent outcomes

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

The Inquiry felt that although NHS England are working towards change, in partnership with primary care and CCGs and are supportive of Primary Care and GP colleagues and accept that the Child Health system is an excellent system but it has not been utilised to its full capacity over the years, this is currently under review by NHSE. Local arrangements, structures and responsibilities for immunisation are not clearly defined and remain ambiguous – especially (the Inquiry noted) in the event of something going wrong there remained no clear accountability.

The Inquiry felt that the way data about vaccinations is collected, collated and reported both within the organisation and to national reporting/ recording/monitoring systems remained patchy, across different systems, with

some systems proving more difficult to extrapolate data from. The disappearance of PCTs on 1st April and the introduction of 5 new immunisation programs raised concerns that services already appeared fragmented.

The Inquiry accept that little or no consideration has been given to, supplementing primary care and routine school nursing provision with outreach activities performed by a dedicated team and that achieving accuracy and consistency with current systems remains the imperative before consideration can be given to new initiatives.

It remained unclear is an alternative provision was achieving satisfactory results where school nursing services were not supplying vaccinations (e.g. the 'school leavers' booster, missing vaccinations, HPV for girls aged 12-13).

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

The Inquiry would like to commend the local area performance against national standards and the activities in place to ensure that as many young children as possible are fully immunised, and that enough was being done to ensure that local children are leaving school with complete immunisation histories in line with national recommendations.

The Inquiry were advised of activities that are in place to ensure these figures are increased to meet WHO 'aspirational' targets and were satisfied that arrangements are in place to try to ensure that local children leave school having completed vaccinations in line with national recommendations.

However the Inquiry remained unconvinced that there are efficient 'invitation/recall' systems in place within the PCT and schools to increase awareness of the 'school leavers' booster and to ensure good uptake at school vaccination clinics.

The Inquiry was pleased to acknowledge that is there a satisfactory protocol in place to deal with issues of consent and have all service providers agreed to follow this.

The Inquiry were concerned that it did not appear that adequate arrangements about an individual providers' performance are in place to correct any problems

The Inquiry remained unconvinced that that arrangements are in place to identify patients who are resident within the area but are not registered with primary care providers.

Having been advised by NHS England that they do not have any current data on which to benchmark performance, the Inquiry not enough was being done

to encourage and/or incentivise to achieve local GPs to attain higher coverage.

The Inquiry felt that although there had been some pilot work, there was not enough being done to improve access to immunisation services, for instance, non-GP provision, Saturday clinics and/or opportunistic services. Notwithstanding that, the Inquiry felt that advice about vaccinations available and/or promoted at pharmacies, libraries, community centres, retail outlets was good and consistent in Blackburn and Darwen.

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

The Inquiry commend the work done on seasonal influenza vaccination of over 65s, pneumococcal vaccination of over 65s, efforts to improve uptake and congratulate how well the area is performing both in absolute terms and in comparison to neighbouring and/or similar areas.

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

The Inquiry commended the fact that activities are in place to achieve the WHO aim of 75% seasonal flu vaccine uptake in people aged 65 years and over and that for those under 65 with clinical conditions, pregnant women and people aged 6 months to 65 years who have an underlying medical condition to ensure that these figures are increased.

The Inquiry felt that the DoH flu immunisation programmes for frontline health and social care workers to significantly improve upon their uptake remained too ambitious.

The Inquiry (as per the minutes of the January meeting) felt that the area monitor the vaccination of staff and people living in long-stay residential care homes or other long-stay care facilities and that there are local initiatives in place to encourage pharmacists to offer vaccinations to those in 'at risk' groups who might not otherwise avail themselves of flu vaccination at their GP's surgery.

5. Is there good provision to ensure that healthcare workers (HCW) receive all the vaccines they should be eligible for and what is the rate of uptake?

As there was no substantive local data relating to seasonal influenza vaccination of frontline social care staff, initiatives to immunise student nurses or suitable opportunities for Health care Workers to easily access immunisation services it remained difficult for the Inquiry to reach a positive

conclusion to this challenge. The Inquiry agreed with Public Health England's` sentiments that there was a real role to work closely with Public Health in the Local Authority to include more carers to improve uptake.

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

The Inquiry felt that arrangements were in place to provide hepatitis B vaccinations to children born to carrier mothers and that suitable arrangements/agreements are in place for dealing with single cases or outbreaks of communicable disease for which vaccination of contacts may be required.

7. The incidence of vaccine-preventable diseases is often higher in the more deprived sections of the population; is enough being done to ensure these deprived communities are being engaged and fully able to access immunisation services?

The Inquiry did not feel reassured that providers of health services regularly review their arrangements to assess who is at increased risk of vaccine - preventable diseases such as hepatitis A & B, measles, TB etc and that providers are making efforts to offer appropriate advice and services to those groups. Nor did they feel that (following their dissolution) the PCT had considered whether adequate provision already existed or whether additional measures/services should be provided.

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

The Inquiry did not consider adequate arrangements to be in place to vaccinate patients in all NHS settings including hospital wards, clinics, walk-in-centres, accident and emergency departments, and prison health centres, or that appropriate equipment is available to manage complications of vaccination in all NHS settings.

9. Are stringent protocols in place to ensure that opportunities to immunise immigrants from developing countries are optimised, especially for those with an unknown vaccination history or likely to have incomplete schedules?

The Inquiry were satisfied that arrangements were in place with local providers to provide reviews of health care needs, including vaccinations, of people newly registering (whether this is first registration after immigration or registration after moving from another provider in the UK). That local providers assessed with respect to services they provide to, and assessments they make for, individuals registering with them. That the HPA chart 'Vaccination of

Individuals with Uncertain or Incomplete Vaccination Status' had been recommended or supplied to providers of immunisation services, especially primary care providers and that the HPA advice about migrant immunisation been recommended or supplied to service providers.

10. Are sufficient measures being taken to ensure that local people are adequately protected from vaccine-preventable illnesses whilst abroad 'Visiting Friends and Relatives' (VFR)?

The Inquiry was satisfied that there have been initiatives to make information available to members of ethnic minority communities about the need to seek health protection advice and services when 'visiting friends and relatives'. They felt that practices actively promote travel advice and vaccination in their surgeries and that means are taken to ensure that comprehensive education and awareness information is made available for those VFR, in order to promote correct messaging and encourage immunisation. In conclusion to this particular point the Inquiry felt local pharmacies offered advice on preserving health when travelling abroad.

Ben Aspinall
Scrutiny Manager
Tel 01254 585191.