



Report to Childhood Immunisation Scrutiny on Section 7a Child Immunisation Programmes in Merton 2021-22

Report on Section 7a Immunisation Programmes in the London Borough of Merton.

Prepared by: London Immunisation Commissioning Team
Presented to: Merton Childhood Immunisations Scrutiny Committee

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1st October 2012 as an executive non-departmental public body. Since 1st April 2019, the NHS Commissioning Board has used the name NHS England and Improvement for operational purposes.

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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 Merton for 2020/21. The paper covers the vaccine uptake and coverage 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 NHS 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 including 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 Family and People Services Policy and Scrutiny 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 Merton.

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 the regional S7a commissioning teams, is responsible for the routine commissioning of all NHS 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 Merton, this function is provided by the UKHSA South West Health Protection Team.
- Integrated Care Systems (ICS's) 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 Merton, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.

- Hounslow and Richmond Community Healthcare (HRCH) are contracted by NHSE&I (London) to provide the school age immunisations and neonatal BCG vaccination.
- Immunisation data is captured on Child Health Information System (CHIS) for Merton as part of the SWL CHIS Hub (provided by Your Healthcare CIC). Data are uploaded into CHIS from GP practice records via a data linkage system provided by Health Intelligence. The CHIS provide quarterly and annual submissions to UKHSA 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 published statistics.
- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of and support to 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. 1st January 2020 to 31st March 2021, 1st April 2020 – 30th 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 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years. It is an important point to note COVER data are published 6-18 months later and short-term planning is used to address the improvement of uptake, utilising local data sources and IT systems.
- 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.
- CHIS Hubs are commissioned to check and refresh the COVER reports before final submission to UKHSA.
- CHIS Hubs are also commissioned to ensure the denominator is as up to date as possible, with the children currently resident in London by routinely undertaking

'movers in and movers out' reports and other activities. This data set also includes children who are not registered with a GP but are resident in London.

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 is currently undertaken by data linkage systems interfacing between GP IT systems and CHIS systems.
- 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 in place between each general practice and CHIS.
- NHS (London) Immunisation Commissioning Team supports both GP practices and CHIS hubs in the submission of the most accurate data possible for the purposes of COVER data and GP payments.

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 are responsible for preparing the data for extraction every month.
- GP Practices are responsible for immunising patients, maintaining patient records, call recall for all patients and an evergreen offer.

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.
- Recent changes to health service policy have resulted in both the dissolution of Public Health England in September 2021 and the formation of ICBs from July 2022. Governance processes are still evolving, and system partnerships working across ICB's key moving forward. NHSE/I remain the commissioning organisation responsible and accountable for these programmes until delegated commissioning in April 2024.
- The London Immunisation Partnership Board paused in 2020 but has recently re-launched and is a pan-London multi-organisation/multi-stakeholder assurance group with oversight for the NHS Immunisation programmes. All partner organisations are committed to ensuring that the London population is 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 uptake and coverage 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 has become an essential service for all routine NHS-funded vaccinations with two exceptions: childhood & adult seasonal influenza and COVID-19 vaccination
- Five core GP 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 influenzae type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C)
 - Meningococcal group B disease
 - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

6 Merton and the challenges

- Merton is affected by the same challenges that face the London region as a whole. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
 - Complexities in data cleansing and data collection
 - London's high population mobility which affects data collection and accuracy.
 - Coding discrepancies in general practice (including missing data for patients vaccinated abroad or elsewhere).
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce.

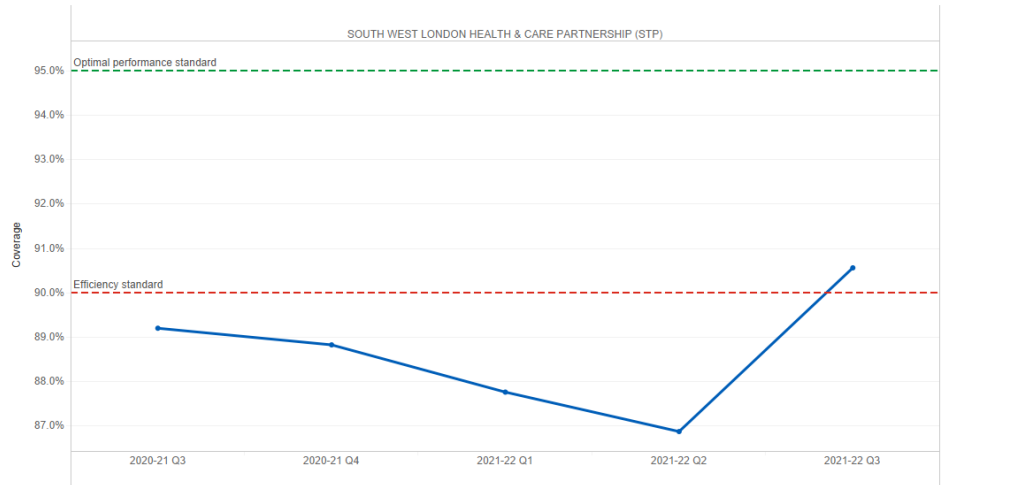
- Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
- Difficulties accessing appointments.
- Large numbers of underserved populations whom are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).
- Growing vaccine hesitancy (i.e. confidence in vaccine, lack of convenience and complacency).

6.1 Merton'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. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th 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 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- Like many other London boroughs, Merton 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 SWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours.
- The tables below illustrate the comparison of Merton to the South 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 3 data from 2021/22 (the latest available data) could be included.
- The graphs below compare Merton to other South West London boroughs, SWL ICS, London and England. The quarterly COVER data for the two last vaccinations for the 0-5s Routine Childhood Schedule can be used as indicators of completed vaccinations (coverage).

SWL ICS Area 12m Primary Course Q3 2020 - 2021

12m DTaP/IPV/Hib3 coverage time series:

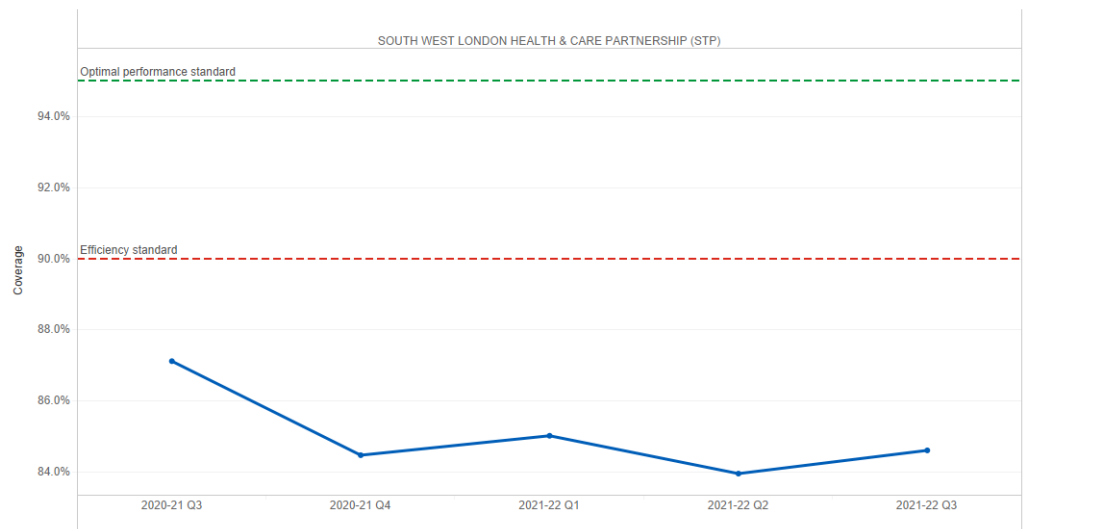


	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	148,715	136,109	91.5%	144,864	132,728	91.6%	146,059	133,600	91.5%	151,502	138,270	91.3%	145,098	133,536	92.0%
Region	31,890	27,476	86.2%	29,988	25,809	86.1%	30,244	25,830	85.4%	31,278	26,689	85.3%	29,718	25,905	87.2%
STP	7,640	6,815	89.2%	7,339	6,519	88.8%	7,338	6,440	87.8%	7,527	6,539	86.9%	7,311	6,621	90.6%
LONDON BOROUGH OF CR...	1,253	1,065	85.0%	1,275	1,077	84.5%	1,227	1,022	83.3%	1,252	1,088	86.9%	1,203	1,051	87.4%
LONDON BOROUGH OF ME...	610	545	89.3%	591	543	91.9%	630	551	87.5%	614	540	87.9%	580	531	91.6%
LONDON BOROUGH OF RI...	528	475	90.0%	521	483	92.7%	498	430	86.3%	486	428	88.1%	493	432	87.6%
LONDON BOROUGH OF SU...	607	572	94.2%	510	459	90.0%	555	515	92.8%	553	508	91.9%	470	426	90.6%
LONDON BOROUGH OF WA...	1,174	1,058	90.1%	1,065	930	87.3%	1,005	881	87.7%	1,062	943	88.8%	1,061	967	91.1%
ROYAL BOROUGH OF KING...	511	458	89.6%	456	416	91.2%	539	488	90.5%	487	450	92.4%	473	433	91.5%

For the 12 month primary course of immunisations (Q3 2021-22) Merton, has achieved higher coverage than the ICS and London Region, coming close to the England coverage of 92%.

SWL ICS Area 24m Hib/MenC Q3 2021-22 uptake

24m Hib/MenC coverage time series:

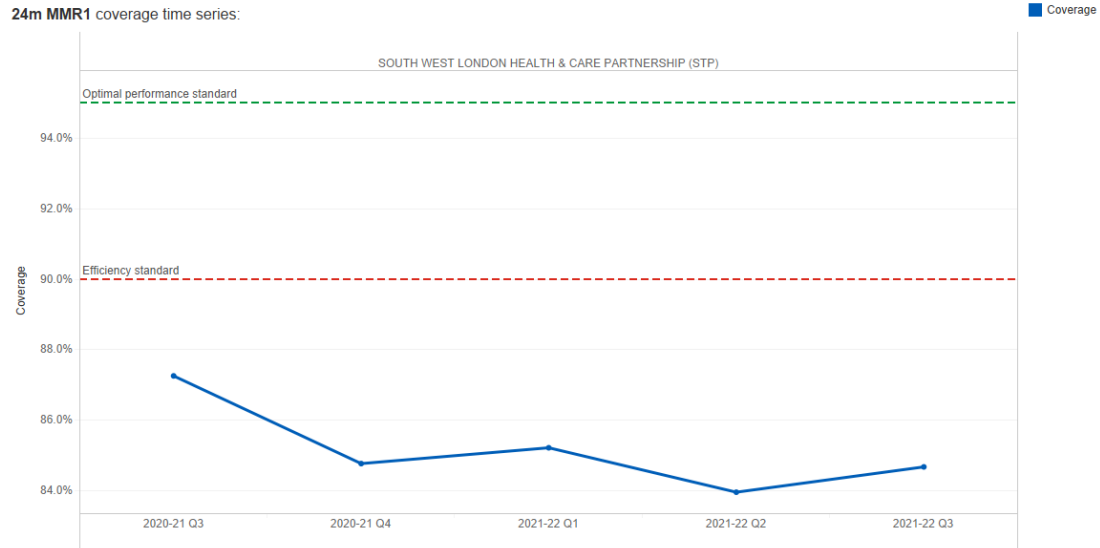


Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	155,694	140,667	90.3%	148,190	132,130	89.2%	153,721	137,092	89.2%	160,838	143,136	89.0%	153,378	136,709	89.1%
Region	32,651	27,130	83.1%	30,493	24,611	80.7%	31,719	25,238	79.6%	32,613	25,923	79.5%	31,758	25,532	80.4%
STP	8,045	7,009	87.1%	7,500	6,336	84.5%	7,660	6,513	85.0%	7,813	6,560	84.0%	7,800	6,600	84.6%
LONDON BOROUGH OF CR...	1,260	1,047	83.1%	1,212	957	79.0%	1,231	995	80.8%	1,294	1,041	80.4%	1,261	1,005	79.7%
LONDON BOROUGH OF ME...	632	545	86.2%	596	508	85.2%	604	510	84.4%	641	527	82.2%	612	504	82.4%
LONDON BOROUGH OF RI...	553	483	87.3%	557	480	86.2%	562	475	84.5%	541	442	81.7%	521	439	84.3%
LONDON BOROUGH OF SU...	582	527	90.5%	568	511	90.0%	609	541	88.8%	570	498	87.4%	605	533	88.1%
LONDON BOROUGH OF WA...	1,172	1,004	85.7%	1,048	888	84.7%	1,062	890	83.8%	1,018	842	82.7%	1,074	901	83.9%
ROYAL BOROUGH OF KING...	558	486	87.1%	541	473	87.4%	545	469	86.1%	542	483	89.1%	511	430	84.1%

The 24 month Hib/MenC (Q3 2021-22) coverage in Merton has the lowest coverage in SWL boroughs and is lower than England, however surpasses the Region.

SWL ICS Area 24m (post 1 year) MMR 1 Uptake Q3 2020-21



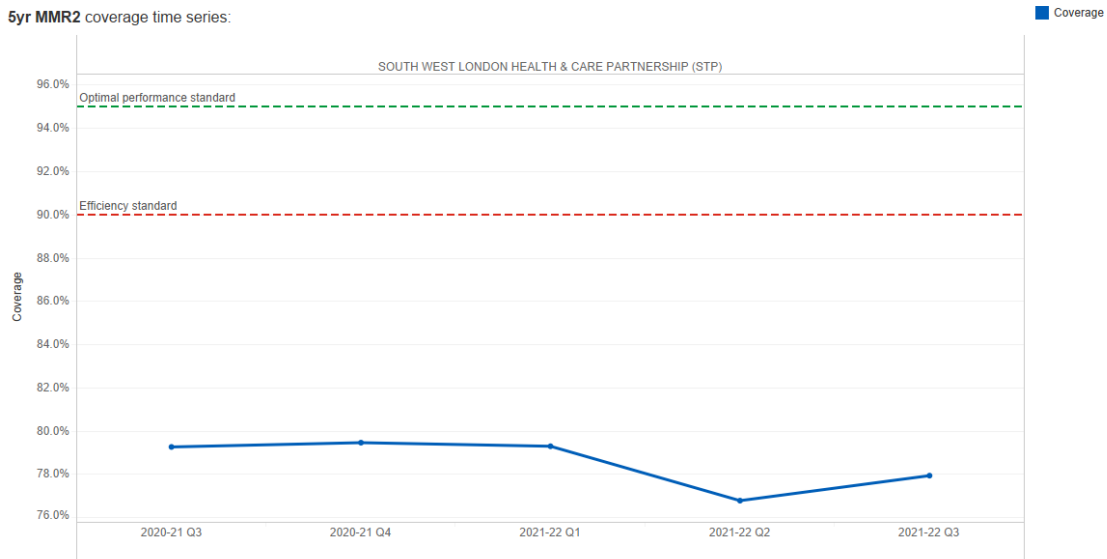
Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	155,694	140,563	90.3%	148,863	132,925	89.3%	153,721	136,816	89.0%	160,838	142,552	88.6%	153,378	136,355	88.9%
Region	32,651	27,100	83.0%	30,493	24,627	80.8%	31,719	25,067	79.0%	32,613	25,522	78.3%	31,758	25,204	79.4%
STP	8,045	7,020	87.3%	7,500	6,358	84.8%	7,660	6,528	85.2%	7,813	6,560	84.0%	7,800	6,605	84.7%
LONDON BOROUGH OF CR...	1,260	1,035	82.1%	1,212	961	79.3%	1,231	989	80.3%	1,294	1,038	80.2%	1,261	1,005	79.7%
LONDON BOROUGH OF ME...	632	545	86.2%	596	506	84.9%	604	511	84.6%	641	532	83.0%	612	500	81.7%
LONDON BOROUGH OF RL...	553	485	87.7%	557	479	86.0%	562	471	83.8%	541	433	80.0%	521	442	84.8%
LONDON BOROUGH OF SU...	582	527	90.5%	568	507	89.3%	609	541	88.8%	570	498	87.4%	605	528	87.3%
LONDON BOROUGH OF WA...	1,172	1,012	86.3%	1,048	897	85.6%	1,062	891	83.9%	1,018	843	82.8%	1,074	899	83.7%
ROYAL BOROUGH OF KING...	558	487	87.3%	541	468	86.5%	545	471	86.4%	542	483	89.1%	511	434	84.9%

MMR 1 (Q3 2021-22) in Merton has the second lowest coverage compared to other SWL boroughs and is lower than England, however surpasses the Region.

SWL ICS Area 5yr (given between 3yr4m and 5yr) MMR 2 Uptake Q3 2020-21

5yr MMR2 coverage time series:



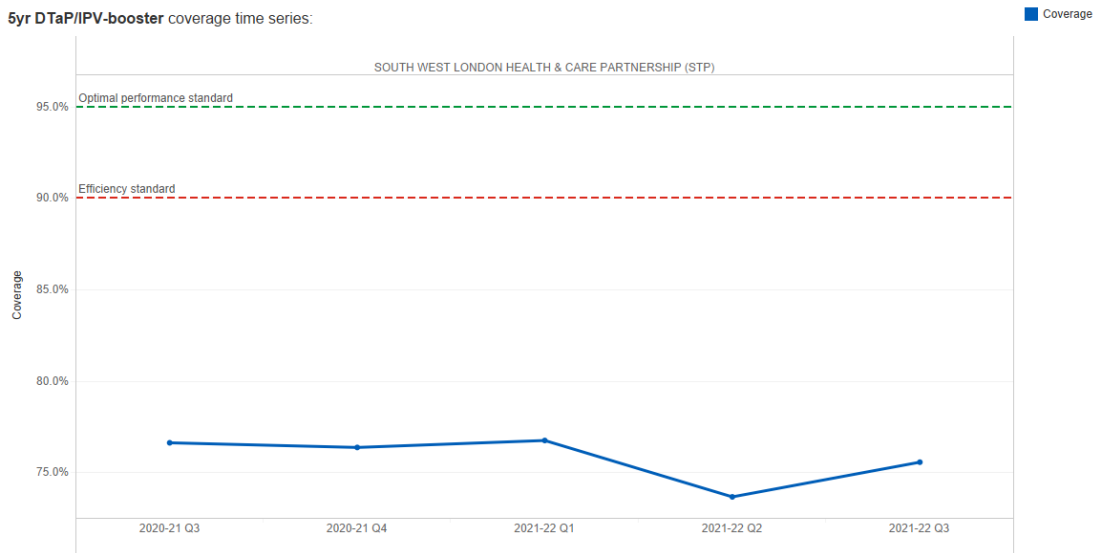
Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	171,664	148,891	86.7%	167,046	144,370	86.4%	171,806	148,246	86.3%	178,424	152,494	85.5%	169,957	145,363	85.5%
Region	35,154	26,450	75.2%	33,093	24,871	75.2%	34,577	25,760	74.5%	35,573	26,099	73.4%	33,962	25,344	74.6%
STP	9,093	7,208	79.3%	8,445	6,711	79.5%	8,962	7,107	79.3%	9,055	6,953	76.8%	8,768	6,834	77.9%
LONDON BOROUGH OF CR..	1,367	958	70.1%	1,266	892	70.5%	1,407	1,006	71.5%	1,410	1,032	73.2%	1,324	963	72.7%
LONDON BOROUGH OF ME..	708	528	74.6%	656	487	74.2%	679	509	75.0%	706	513	72.7%	661	483	73.1%
LONDON BOROUGH OF RL..	715	527	73.7%	687	526	76.6%	731	552	75.5%	692	533	77.0%	686	497	72.4%
LONDON BOROUGH OF SU..	670	551	82.2%	624	514	82.4%	670	562	83.9%	719	580	80.7%	684	524	76.6%
LONDON BOROUGH OF WA..	1,184	931	78.6%	1,073	848	79.0%	1,167	906	77.6%	1,146	893	77.9%	1,101	864	78.5%
ROYAL BOROUGH OF KING..	666	520	78.1%	617	480	77.8%	600	452	75.3%	627	483	77.0%	614	488	79.5%

MMR 2 (Q3 2021-22) in Merton to MMR 1 compared to other boroughs, the region and England. There is a drop off between age 2 and again by age 5 which indicates improvements needed to the system ability to call/recall and track children.

SWL ICS Area Pre School Booster (5yr DTaP/IPV Booster) Uptake Q3 2020-21

5yr DTaP/IPV-booster coverage time series:



Data table

	2020-21 Q3			2020-21 Q4			2021-22 Q1			2021-22 Q2			2021-22 Q3		
	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage	Eligible	Vaccinat..	Coverage
England	171,664	146,591	85.4%	167,046	142,086	85.1%	171,806	145,640	84.8%	178,424	149,959	84.0%	169,957	143,026	84.2%
Region	35,154	25,527	72.6%	33,093	24,054	72.7%	34,577	25,012	72.3%	35,573	25,159	70.7%	33,962	24,588	72.4%
STP	9,093	6,968	76.6%	8,445	6,450	76.4%	8,962	6,879	76.8%	9,055	6,671	73.7%	8,768	6,626	75.6%
LONDON BOROUGH OF CR..	1,367	941	68.8%	1,266	870	68.7%	1,407	983	69.9%	1,410	1,000	70.9%	1,324	953	72.0%
LONDON BOROUGH OF ME..	708	507	71.6%	656	465	70.9%	679	494	72.8%	706	490	69.4%	661	469	71.0%
LONDON BOROUGH OF RL..	715	502	70.2%	687	494	71.9%	731	520	71.1%	692	504	72.8%	686	480	70.0%
LONDON BOROUGH OF SU..	670	544	81.2%	624	500	80.1%	670	549	81.9%	719	573	79.7%	684	514	75.1%
LONDON BOROUGH OF WA..	1,184	810	68.4%	1,073	712	66.4%	1,167	787	67.4%	1,146	756	66.0%	1,101	756	68.7%
ROYAL BOROUGH OF KING..	666	506	76.0%	617	470	76.2%	600	440	73.3%	627	467	74.5%	614	476	77.5%

We see a similar pattern in the pre-school booster to MMR 2 with lower coverage than the region, England and second lowest coverage compared to other SWL boroughs.

Source: UKHSA, 2022

- Where uptake of vaccinations are close together, this typically indicates a good quality of service provision (as seen by the age 1 vaccinations). A drop off between age 1 and age 2 and again by age 5 indicates system ability to call/recall and track children. Despite the data quality, this drop off is clearly seen here, and work is underway across London to improve call/recall systems.
- Provision of vaccinations dropped in 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 year to deliver vaccinations as safely as possible. A number of public campaigns have been run to encourage parents to come forward for vaccinations. The effects of COVID-19 are apparent nationally, impacting all routine vaccinations.

6.2 What are we doing to increase uptake immunisations in Merton?

- Merton has a diverse population and we have seen an increase in patients wanting to follow foreign immunisation schedules. For example, Wide Way Medical Centre have a large Polish population who want to follow the polish schedule. The practice have begun engagement work with the community, including engagement support from their polish staff members. In all practices discussions are always offered with clinicians and there have been webinars and outreach to local groups in the past.
- Many practices work towards the improvement in childhood immunisation uptake differently. Merton has Hub access, providing additional clinics which patients can be booked into, which differs from many other boroughs. Practices can view and book appointments via Find A from their Emis appointment screen, Vision Practices can book appointments by calling the Merton Health Admin Line on 020 3642 9850.
- A national Immunisation Strategy is being scoped. In addition, NHSE/I Immunisation Regional Team are actively working on short, medium- and longer-term Improvement Plans (as part of a London regional Immunisation Strategy that address uptake rates for childhood immunisations (0-5-year olds). NHSE/I facilitated a Vaccine Challenge Day on the 14th June where representatives for all stakeholders across the health system were present. This was the first engagement point of an ongoing collaborative effort to develop the London Regional Immunisation Strategy with actions for regional and local systems. Local systems will be asked to ensure this is reflective of their health population needs.

- NHSE/I facilitate a pan London Immunisation Board and collaboratively work with ICS level Immunisation Boards as part of the overall governance structure for the region for all Section 7a immunisation programmes. These are strategic level boards and all borough level immunisation boards will continue to focus on operational improvement.
- 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:
 - Increased involvement of health visitors, school nurses and others
 - Workforce capacity and education/training
 - Routes to vaccination
 - Better data
- NHSE/I London Immunisation Team have funded 16 full time immunisation coordinators across London – roughly one for every 2 London boroughs. These coordinators work with practices to support the delivery of vaccination programmes including:
 - Establishing or embedding call/recall.
 - Improving data flows.
 - Sharing best practice.
- Practices have raised concerns about new QOF targets being unattainable, however these have been set in line with the WHO 95% uptake target. This is in place to ensure herd immunity is achieved, protecting the population from vaccine preventable diseases. The GP Contract reflects this change.
- 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
- There has been a large amount of engagement work for the COVID-19 vaccines undertaken in the last year 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.

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 those most vulnerable in society against flu during the winter months, and in light of Covid-19 circulating and the anticipated pressure on the NHS and social care
- The London Flu Plan reflected these ambitions however it was noted that the expanded programme presented a huge challenge for the region, alongside delivery of a demanding Covid-19 vaccination programme and circulating Covid-19 infection. As a result, the target for London was to at least exceed 2020/21 regional levels

- Delivery of the Plan was 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
- Nationally, there was a target of 70% flu vaccine uptake for 2-3-year-olds, and at least 70% for school-aged children from reception age to school year 11
- Table 1 illustrates the uptake in South West London for the 2-3-year-old age cohort compared to the London average for the years 2019/20 to 2021/22
- In 2021/22 all Boroughs in SW London performed better than the regional average of **40.9%** for 2-year olds and **42.3%** for 3-year olds apart from Croydon which was slightly below at **41.7%** for 3-year-old uptake; Merton had the 2nd lowest uptake in SWL for both age cohorts
- In 2020/21 we saw a healthy increase in the uptake for this age cohort from the previous year, with a lower uptake this last season
- National uptake was also much lower this season with an England average of **48.7%** for 2-year-olds and **51.4%** for 3-year-olds; a drop of 7% across both cohorts from the previous season. London had a lower decrease of approximately 5%.

Table 1
Uptake of seasonal flu vaccination for 2-3-year-olds (combined) for South West London and London for Winters 2019/20 – 2021/22

	2019/20			2020/21			2021/22		
	Patients registered	Number vaccinated	Percentage vaccine uptake	Patients registered	Number vaccinated	Percentage vaccine uptake	Patients registered	Number vaccinated	Percentage vaccine uptake
Croydon	9,974	4,116	41.3	10,061	4,440	44.1	9,974	4,116	41.3
Kingston Upon Thames	4,217	2,371	56.2	4,437	2,741	61.8	4,331	2,442	56.4
Merton	4,679	2,236	47.8	4,314	2,380	55.2	4,645	2,235	48.1
Richmond Upon Thames	4,220	2,372	56.2	4,681	2,824	60.3	3,899	2,218	56.9
Sutton	4,844	2,539	52.4	4,745	2,756	58.1	4,764	2,469	51.8
Wandsworth	7,895	4,154	52.6	6,768	3,684	54.4	8,007	4,187	52.3
London	219, 591	91,355	41.6	226,020	105,357	46.6	219,378	91,246	41.6

Data source: UKHSA ImmForm portal, accessed 25/05/2021; provisional monthly data

School-aged children

It should be noted when reviewing previous years' data for this cohort, this cannot be directly comparable because in 2021/22 an additional four school year groups were offered the vaccine.

- In the annual flu letter issued on 22nd April national uptake was at **51.5%** for all children in Reception to Year 11, this is a decrease from **61.7%** in the previous year (extracted from provisional monthly data provided by UKHSA, ImmForm portal)
- National uptake in primary school age (Reception – Year 6) was higher than for secondary school (Year 7 – Year 11) at **57.2%** and **43.3%** respectively
- For SWL the monthly provisional data at end of January 2022 showed an average uptake of **50.6%**; Merton had an average of **51.4%** across all school years that were eligible; the London average was **44.7%**.
- Uptake in the previous year 2020/21 in London was **51.3%**.

Table 2
Uptake of seasonal flu vaccination for school years Reception to Year 11 for South West London and it's Boroughs for Winter 2021/22

Borough	Total no. of eligible children in the LA geography	Total no. of children vaccinated	Percentage uptake
Croydon	53, 888	18,122	33.6%
Kingston Upon Thames	26,563	16,236	61.1%
Merton	28,529	14,660	51.4%
Richmond Upon Thames	31,765	21,199	66.7%
Sutton	35,566	19,418	54.6%
Wandsworth	36,603	18,147	49.6%
South West London	212,914	107,782	50.6%
London	1,199,729	536,152	44.7%

Data source: UKHSA ImmForm portal, accessed 25/05/2021; January 2021/22 data; provisional monthly data

What were some of the specific challenges for childhood flu vaccination?

2-3-year-olds - this was the only cohort that did not have offer of COVID-19 vaccination alongside delivery of flu vaccination, however the pressure on practices to deliver COVID-19 vaccination to other cohorts, inadvertently impacted on uptake. The low circulation of influenza, and perceived reduction in risk also contributed to a lower uptake. In addition, there was the ongoing impact of COVID-19 infection throughout the season, causing illness and disruption for families.

School age children – this was affected by COVID-19 vaccination delivery to 12-15-year olds which was announced with little notice for services to mobilise and clashed with the delivery of an expanded flu programme. COVID-19 vaccination delivery was prioritised over the flu programme by stakeholders, schools and by parents. There was also the ongoing pressure of COVID-19 in schools and procedures in place resulted in many pupils being absent on day of delivery of the flu vaccine. There was very late notice of the inclusion of Year 8-11 to the programme, this resulted in funding not being released to providers until nearly the start of the season, so they were unable to recruit extra staff/increase capacity and undertake planning in

a timely way. There were also many non-returned consent forms and difficulty obtaining student lists from schools. Antivax activity due to COVID-19 vaccination affected several schools that refused flu delivery on this basis, where they had previously supported the flu programme. A late call/recall was implemented ten days before the end of the programme.

What solutions/interventions were put in place to try and overcome some of the challenges:

2-3-year-olds - two call/recalls for this cohort were completed by the National team – one in October and one towards the end of the season in January. Communications were sent out widely to try and increase uptake when it was apparent that performance was lower than last year and there were targeted actions by ICS and CCG colleagues to try and boost performance.

School age children – roll out of eConsent by providers to improve consent process; offer of LAIV alternative; catch up clinics with IM alternative offered throughout the programme by providers; leveraging support from the Local Authorities for schools which did not consent to the programme or were worried about the pressures caused by COVID-19.

Recommendations for next season include:

- All practices to complete an effective local call/recall for the 2-3-year-old cohort
- Early call/recall for the school age programme to tie in with awareness at start of the programme, and clear planning by national team as to when, how and what form this will take so providers are aware and can plan around this
- Additional planning around the offer of LAIV alternative and routes it can be offered, making sure that parents are aware of the offer and choice that they have
- Analyse poorest performing practices in each CCG and target them proactively to support them to increase their uptake
- Explore gap in inequalities and uptake seen in this cohort.

There is evidence to suggest that practices who are well prepared and have high uptake in their first couple of weeks continue to have good uptake throughout the season. 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.

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 regularly to review the position and discuss best practice 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. Considering this, we continue to change the narrative around flu vaccinations for all eligible cohorts.

NHSEI has worked with London CCGs to monitor uptake throughout the past season, with key ICS Leads coming together at the London Flu Delivery Group on a weekly basis to discuss initiatives and interventions. The NHSEI Communications Team worked with local and national charities to spread messages, as well as utilising digital media to promote flu vaccination, sending tweets and Instagram messages throughout the flu season.

The regional flu immunisation plan is currently being drafted and System colleagues are working with Borough leads and key partners to ensure that local plans are being formulated to ensure effective planning and preparedness ahead of next flu season.

Contacts

Name, Role	Contact
Dawn Hollis, Head of ANNB Screening, Immunisations, CHIS, CARS & Digital Transformation NHS England and NHS Improvement - London Region	dawn.hollis@nhs.net
Rehana Ahmed, Senior Immunisation Manager NHS England and NHS Improvement – London Region	rehanaahmed@nhs.net
Priyanka Trehan Senior Immunisation Improvement Manager NHS England and NHS Improvement – London Region	priyanka.trehan@nhs.net
Eleanor Walker-Todd, Immunisation Commissioning Manager for <u>S7A immunisation programmes</u> (Acting Up) & Health Inequalities Lead (South West London) - NHS England and NHS Improvement – London Region	Eleanor.walkertodd@nhs.net
Jacqueline Walker - Operational Director – Covid-19 and Influenza Immunisation Programmes NHS England and NHS Improvement (London Region)	Jacqueline.Walker11@nhs.net

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