

Report on Immunisation Services in the Borough of Merton

Prepared by: NHS England (London) Immunisation Commissioning Team

Presented to: Merton Health Scrutiny Committee

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Aims

This paper provides an overview of Section 7a immunisation programmes in the London Borough of Merton. This paper focuses on adult immunisations.

It covers the vaccine uptake for each programme and an account of what NHS England (NHSE) London Region is doing to improve uptake.

Members of the Merton Health Scrutiny Committee are asked to note and support the work that system partners across London, including NHSE (London), the local authority, and the Integrated Care Board (ICB) are doing to increase vaccination uptake in Merton.

Background

The World Health Organization (WHO) states that vaccinations are one of the public health interventions that have had the greatest impact on the world's health. Vaccination is also one of the most cost-effective public health interventions. High immunisation rates are key to preventing the spread of infectious disease, protecting from complications and deaths.

Section 7a immunisation programmes are population-based, publicly funded immunisation programmes that cover the life course and include:

- Routine childhood immunisation programme for 0-5 years
- School-age immunisation programme
- Adult vaccination programme
- COVID-19 vaccination programme

Adult Vaccination Programme

Adult Immunisation Programme			
Age	Disease Protected Against	Vaccine	Trade name
65 years old and those with long-term conditions	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23
65 years of age and older and those <65 years with underlying medical conditions (includes pregnant women)	Influenza (each year from September)	Inactivated influenza vaccine	Multiple
70 to 79 years of age	Shingles	Shingles	Zostavax3 (or Shingrix if Zostavax contraindicated)

The full immunisation schedule can be found in the [Green Book](#). Changes to this schedule are regularly reviewed and recommendations are made at the UK Joint Committee on Vaccination and Immunisation (JCVI).

While flu is unpleasant for most people, it can be dangerous and even life-threatening for some people, particularly those with certain health conditions. The flu vaccine is given free to those aged 65 years and over, people with long-term health conditions, pregnant women, people in long-term residential care, and those living with immunocompromised people. It is an annual vaccine. The vaccine protects against catching the flu and it also reduces the disease severity.

The pneumococcal vaccine (PPV) protects against serious and potentially fatal pneumococcal infections. It's also known as the pneumonia vaccine. Infections can lead to pneumonia, blood poisoning (sepsis), and meningitis. It is recommended for babies, adults aged 65 or over, and those with certain long-term health conditions,

such as a serious heart or kidney condition. For adults, it is usually a single dose. It is 50 - 70% effective at preventing pneumococcal disease.

Shingles, also known as herpes zoster, is a painful skin rash caused by the reactivation of the chickenpox virus (varicella-zoster virus) in people who have previously had chickenpox. It begins with a burning sensation in the skin, followed by a rash of very painful fluid-filled blisters that can then burst and turn into sores before healing. Shingles can also be fatal for around 1 in 1,000 over-70s who develop it. A single dose is recommended for adults between 70 to 79 years old. The vaccine reduces the risk of getting shingles and also reduces the severity if it does occur.

The pneumococcal vaccine is usually a single dose. From September 2023 the shingles vaccination programme will change from a one-dose to two-dose schedule. Vaccines are offered by GP practices, usually when the patient attends for general reasons, or the patient can book a direct appointment.

The flu vaccine is required annually and can be booked directly with the GP practice or a pharmacy. There is also a national invite and reminder system.

Roles and responsibilities

The Department of Health and Social Care (DHSC) provides national strategic oversight of vaccination policy in England, with advice from the JCVI and the Commission on Human Medicines (CHM). They also set performance targets.

NHSE is responsible for commissioning national immunisation programmes in England under the terms of the Section 7a agreement, National Health Service Act 2006. NHSE is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHSE 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) undertakes surveillance of vaccine-preventable diseases and leads the response to outbreaks of vaccine-preventable disease. They provide expert advice to NHSE immunisation teams in cases of immunisation incidents.

Integrated Care Systems (ICs) have a duty of quality improvement, and this extends to primary medical care services. ICs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and

community sector partners to improve immunisation uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, will work to progress delegated commissioning for vaccination and screening. It is anticipated that the first wave of delegation of the commissioning of immunisation services will be in spring 2024.

Local authority public health teams deliver population health initiatives including improving access to health and engagement and promotion of immunisations overall.

Pre-school and adult vaccinations are usually delivered by GP surgeries. They are commissioned through the NHS GP contract. Five core GP contractual standards have been 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 nationally agreed catch-up campaigns, and standards for record-keeping and reporting. One of the five Quality and Outcomes Framework (QOF) domains is childhood vaccinations and shingles vaccination, rewarding GP practices for good practice.

School-age immunisations are commissioned by the seven regional NHSE teams and delivered through School Age Immunisation Services (SAIS).

Vaccinations are also provided by maternity services, some outreach services, and community pharmacies.

Inclusion and Equity

The problem is not just overall coverage but the variation in coverage across groups, which can increase the likelihood of preventable outbreaks locally. Groups with lower coverage include migrants, urban communities, more deprived communities, and certain ethnic groups.

People migrating to the UK can have different vaccination schedules or lower vaccination rates overall. This may be due to different national vaccination schedules, missed vaccinations in the country of origin, or missed opportunities for vaccination after arrival to the UK. In many locations across the world, adult vaccination programmes are not routinely provided.

Geographic vaccine coverage varies, with lower coverage in urban areas and London, compared to England as a whole.

At a national level, there are some small inequalities by socioeconomic status, with coverage being slightly lower in lower socio-economic groups.

For the routine vaccinations, there is no simple relationship between ethnicity and coverage. The relationship varies by immunisation programme and by area. However, coverage does appear to be more consistently lower than White-British children in certain ethnic groups, for example, Black Caribbean, Somali, White Irish, and White Polish populations. Some ethnic groups, notably South Asian ethnicities, tended to enjoy similar or higher vaccination coverage than White children.

NHSE-L Commissioning Team have implemented additional changes to improve inclusion and equity within London communities. Some examples include:

- A language audit for materials for flu, COVID-19, and polio. Working with Integrated Care Boards, this identified gaps in the content of translated materials. Recommendations were provided to UKHSA for future improvements.
- Regional trust and pharmacy Service Level Agreements (SLAs) were improved to incorporate inclusion groups with clear eligibility criteria. This aims to clarify, broaden and promote eligibility and uptake for COVID-19 and flu in underserved communities.
- NHSE-L team supported ICBs to promote access to vaccines through their websites and other communication platforms. This was used to reduce barriers to vaccination and clarified that ID/proof of address or registration was not a requirement for some seasonal vaccinations.
- Specialist outreach teams were provided as a roving team to improve uptake. The commissioned Find & Treat regional service – Find & Treat delivered flu, PPV, and shingles to communities across SWL.
- Fed back on Nation Service Specifications for MSM HPV, BCG and teenage booster programmes.

Targets

Programmatically there are targets for vaccine uptake:

- 65% for shingles
- 75% for PPV
- 85% for flu

Data Regionally

Historically and currently, London performs lower than the national (England) average across all the immunisation programmes.

London has a highly mobile population, a large migrant population, and areas of high deprivation. In London, vaccine uptake is lower in areas of higher deprivation compared with areas of low deprivation across all ethnicities.

In 2022-23 flu vaccine uptake in those aged 65 and over was 68% in London compared to 80% in England.

In 2021-22, the PPV uptake was 72% in England compared to 67% in London. For shingles, uptake was 41% in England compared to 38% in London.

Data for Merton

Flu

2022/23	65+	At risk (under 65s)	50-65-year-olds
Merton	67.1%	43.2%	39.6%
London	68.3%	40.9%	40.0%
England	79.9%	49.1%	51.7%

Merton had a similar uptake of the flu vaccine in 2022-23 compared to London as a whole.

65+	2020/21	2021/22	2022/23
SWL	73.8%	73.4%	71.0%
Merton	71.6%	69.8%	67.1%
Croydon	71.9%	71.9%	68.9%
Kingston	75.6%	78.0%	75.1%
Richmond	76.0%	76.6%	76.5%
Sutton	78.7%	76.2%	75.4%
Wandsworth	70.1%	69.8%	66.2%

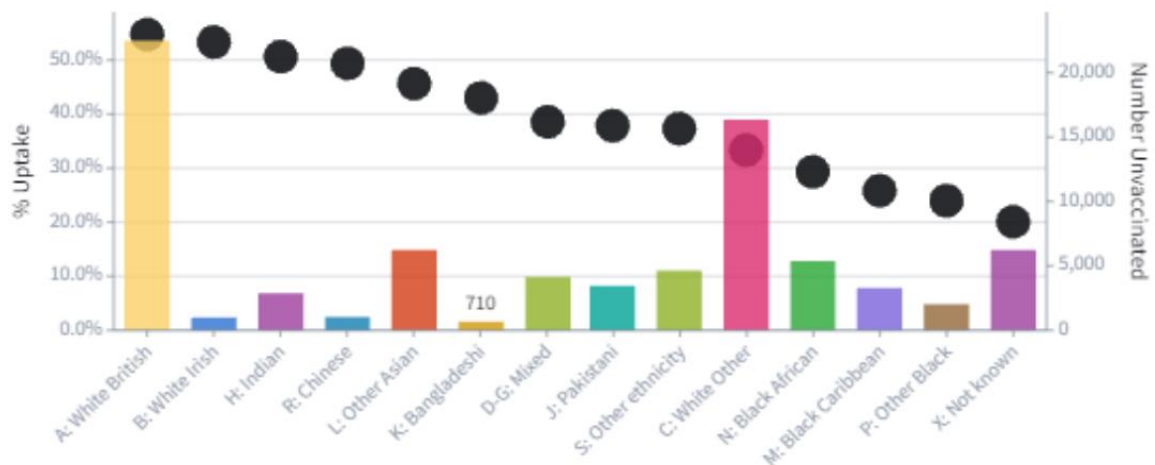
Merton has a lower uptake of flu vaccination in people aged 65 and over compared to South West London (SWL). In line with other boroughs in South West London, uptake has decreased over the last 3 years.

At risk (under 65s)	2020/21	2021/22	2022/23
SWL	46.0%	45.6%	43.9%
Merton	48.9%	45.0%	43.2%
Croydon	43.7%	42.0%	40.0%
Kingston	54.2%	53.4%	50.7%
Richmond	37.2%	48.8%	48.6%
Sutton	52.9%	47.6%	47.9%
Wandsworth	44.5%	44.3%	41.3%

Merton has a similar flu vaccination uptake in people under 65 with long-term conditions. In line with other boroughs in SWL, uptake has decreased over the last 3 years.

Uptake & Unvaccinated by Ethnicity

Season: 2022-2023, ICB: SWL, Borough: Merton



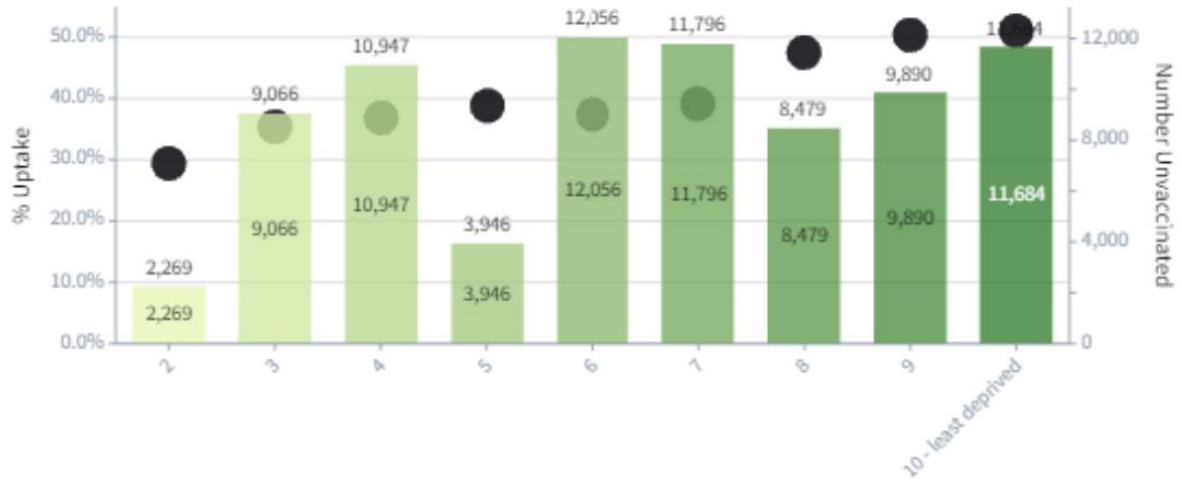
Source: Foundry data

[Coloured bars represent absolute numbers vaccinated, circles represent % of ethnicity vaccinated]

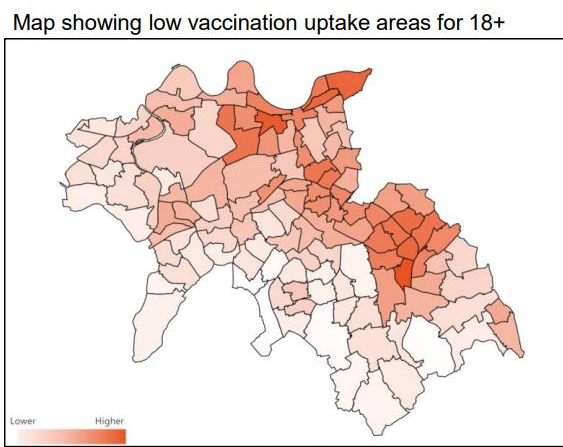
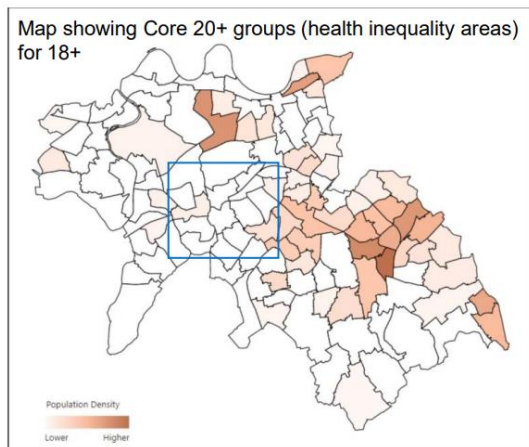
Merton residents with recorded ethnicity categorised as Black and White Other have the lowest flu vaccination uptake.

Uptake & Unvaccinated by LSOA IMD Deprivation Decile

Season: 2022-2023, ICB: SWL, Borough: Merton

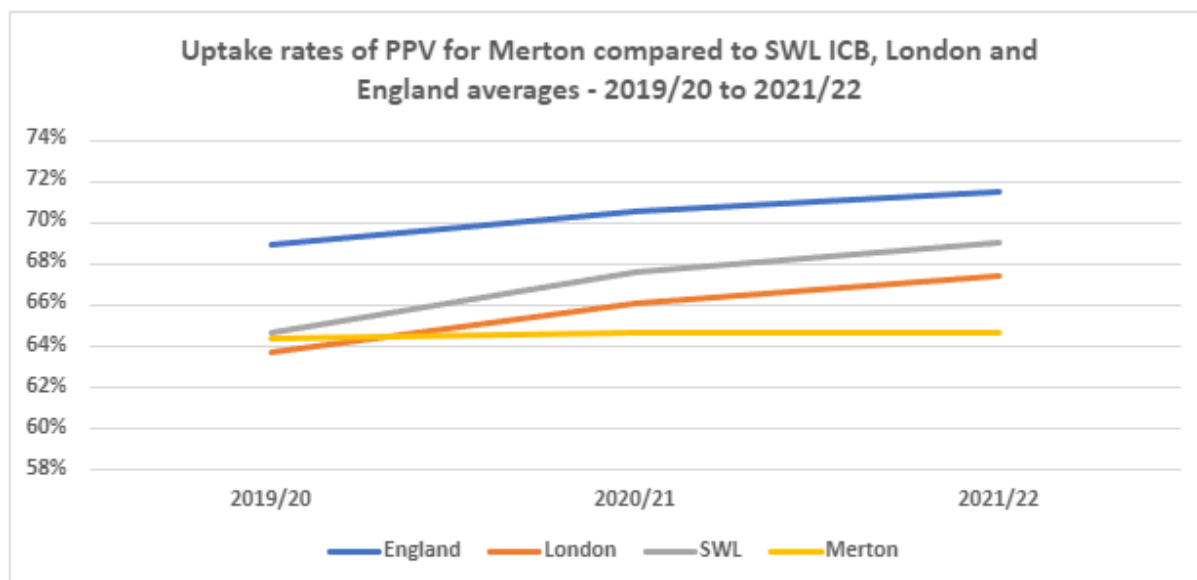


Those residing in the most deprived areas of Merton have the lowest uptake of flu vaccination.



Vaccination uptake in Merton is lower in the east of the borough, correlating with areas of greater deprivation.

Pneumococcal (PPV)



Pneumococcal vaccination uptake in Merton (65%) is slightly lower than in London (67%) and SWL (69%). It has remained static for the past 3 years.

Shingles

2021/22	Number eligible	% Vaccinated*
England	488,621	41.0%
London	55,208	38.1%
SWL	10,652	42.3%
Merton	1,470	33.1%
Croydon	2,838	41.6%
Kingston	1,467	39.2%
Richmond	1,557	52.2%
Sutton	1,416	48.6%
Wandsworth	1,904	40.0%

Shingles uptake in Merton (33%) is lower than the London average (38%) and the average for SWL (42%).

Challenges

System

- COVID-19: pausing some programmes, redeployment of workforce and introduction of the COVID-19 vaccination programme.
- Complexities in data collection: some data is not recorded, not uploaded, not correctly cleansed, or the denominator population may be inaccurate.
- Access to appointments: wider pressures on GP services and limited workforce.
- Inconsistent reminder systems - call/ recall.

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Community

- London's high population mobility affects data collection and accuracy. Large numbers of underserved populations who are associated with lower uptake of vaccinations than the wider population.
- Large migrant population who may not be registered with primary care services or have their past immunisation history accurately recorded.

Individual

- Lack of trust or confidence in vaccines on health interventions and complacency.
- Saturation of vaccine offer post the COVID-19 pandemic and COVID-19 vaccination programme.
- Increasing disinformation.
- Lack of awareness of the immunisation schedule.

Actions

Increasing vaccination uptake is complex and requires a suite of interventions. Work is ongoing at a national, regional, system, and place level to increase uptake in Merton.

National and Regional

- A London Immunisation Strategy is currently being developed to both improve vaccination uptake and reduce inequalities. The first draft of the London Immunisation Strategy will be reviewed by the London Immunisations Board in late June 2023.
- NHSE-London funds local Immunisation Coordinators across the region. These coordinators provide a critical interface between GP practices, ICBs and NHSE-L to ensure that immunisation strategic plans get delivered through services on the ground.
- NHSE-L has commissioned UKHSA to deliver immunisation training to all vaccinators in London. Confident and competent staff are crucial to building and maintaining trust and delivering a high-quality service. This includes listening to parental concerns or reservations and preventing any vaccine incidents.
- Vaccinations have been added to the Making Every Contact Count London [resource hub](#), to facilitate using every available opportunity to engage with the public to increase vaccination.
- NHSE has established a centralised service for the management of the seasonal flu vaccination programme. Invites and reminders are sent to eligible patients via letter, text, and NHS app notifications. The system sends daily updates to GP systems to allow them to update their local record and monitor the progress of their patients.
- The London Immunisation Board, The Mayors Health Board, and SWLICB have all agreed on the 10 principles for London vaccination. Action will now focus on developing this into a comprehensive delivery approach tailored to community needs and building on borough-led health initiatives.

10 Principles for London Vaccination Programmes



These principles were developed for the London Health Board building on existing work and evidence and with a focus on reducing inequalities. They have been collectively written and agreed by UKHSA, London Councils, ADHP London, GLA, OHID and NHS to identify areas for collaborative working and system leadership and to underpin the next phase of partnership and delivery of all London Vaccination.

Diversity and Inclusion



1. Focus on equity at all stages of the programme (design, delivery, monitoring and evaluation) focusing on hyper-local models with equality as central to the mission as volume



2. Building strength through diversity bringing diversity and community voices around the table, including the workforce as they cannot and should not be separated from the communities they are a part of.

Community centered: Population Health approach



3. Committing to Community First and Community Driven approaches: putting communities into the core of programmes, particularly marginalised groups, hearing their voices, engaging with them, co-producing activities and building culturally competent campaigns.



4. Placing people at the centre of delivery: improving access for those targeted for vaccinations as well as thinking more holistically around vaccination messaging and engaging with communities around their health and health services more generally.

Spotlight on the early years



5. A focus on improving childhood immunisation uptake: acting early in the life course and with a partnership commitment to emphasise promotion of childhood vaccinations making every contact count across all settings and opportunities and identifying children with missed immunisations or those who are unregistered.

Ways of working: Embedding sustainability and leveraging opportunities



6. Ensure immunisations as part of every conversation on health, being integral to health and well-being and not a standalone agenda for our residents and their families.



7. Working to one goal with one voice: a multi-system pan London approach working with partners across organisational boundaries and in collaboration with the clear beat that we all need to work together to increase vaccination rates for London.



8. Permission for and encouragement of innovation and creativity: to continue working in new ways and thinking more holistically about vaccination for whole communities.



9. Freedom and funding to explore different hyper-local approaches: This might include, for example, vaccines in new spaces, models of delivery for the school-aged population or the housebound.



10. Amplifying impact through an evidence approach: a commitment to continue to collect, evaluate and share outputs, to ensure, and be able to evidence equitable access of uptake, value for money and best use of our skilled workforce.

System and Place

- For the flu 2023-24 season, system and local planning is currently underway. Information will go out to Merton practices in June and vaccines have been ordered by practices.
- Shingles: nurse forums in SWL have been updated on shingles vaccines and further training is planned for September when two doses of vaccine will be used.
- The pneumococcal vaccine is promoted to all at-risk patients and those that turn 65 years in Merton. Practices have an ongoing process of targeting those outstanding during the year and during the flu season.
- Merton Winter Engagement Fund and Street Engagement Activity ran from October 2022 to February 2023. Blue pins highlight the areas covered by on-street engagement teams on multiple occasions. These areas align with low uptake areas.



- Purple pins highlight the locations of our Winter Engagement Fund activities, which reached Merton local communities. In Merton, 11 grants were administered to the Attic Theatre Company, Vision of Love, Merton Music Foundation (MMF), Merton Vision, South Mitcham Community Association, Five A Side Theatre, Ethnic Minority Centre, (EMC) Age UK Merton, The Open Table, Home-Start Merton, and Happy Family Day Club. Vaccination was promoted at these events.
- The Merton roving vaccination team targets those with low uptake in Merton. During the recent flu season, they attended 38 flu events, administering 221 flu vaccines to people from the 20% most deprived areas in Merton, those experiencing homelessness, and faith groups.

Findings from London Flu Evaluation Report 2023

- 2022-23 was a very busy flu season. It is disappointing to note the drop in uptake this year compared to last. However, it should be noted that uptake rates we have seen in recent years are a marked improvement from the years preceding the pandemic.
- Actions from all systems to improve flu uptake were well organised and enhanced. There have been challenges with delivery to some of the cohorts, alongside dealing with the impact of the COVID-19 programme, and other vaccination priorities in London such as Phase 1 of the Polio booster

campaign, and catch up on MMR; however there are some great learning points to work on and take into consideration for next season's planning

- Learning from the COVID-19 vaccination programme, and the work on health inequalities in particular, has supported improvements for the flu vaccination programme, particularly in the outreach activities undertaken by Systems, and the opportunity of coadministration and a broader health and well being offer under MECC; we need to build on this for next Autumn/Winter season
- The level and availability of data has improved significantly since last year and this has made a huge difference in monitoring delivery, shaping local communication campaigns, organising outreach activities and supporting operational decision-making. The national Vaccination Digital Services Strategy will aim to further develop data provision and tackle some of the interoperable barriers between the different data management systems, such as CHIS/NIVS/GPIS
- Planning is now underway for next season. We await the annual flu letter outlining the eligible cohorts, reimbursable vaccines and operational delivery of the programme. The COVID-19 and Flu Operational Delivery Group is continuing to meet weekly; this will support planning discussions between regional team, ICB Leads and partners. Systems are working through their planning on coadministration in relation to delivery models, outreach activity and workforce models.
- We will continue to ensure alignment across COVID-19 and flu immunisation programmes, where national guidance, vaccine supply and resources enable this approach during this next season, encouraging coadministration of vaccines wherever this is possible.
- A regional COVID-19 and Flu planning event is taking place on 15th June 2023, with ICBs, regional, national and key partner representation; there will be further bespoke planning events (by cohort) following this, during June and July.

Appendix 1: Immunisation schedule

Adult Immunisation Programme			
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple
70 to 79 years of age	Shingles	Shingles	Zostavax3 (or Shingrix if Zostavax contraindicated)
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

Appendix 2: Contacts

Name, role	Contact
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