



# Improving the uptake of Immunisations in the 0-5 age group Overview and Scrutiny Report

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## Introduction

1. Immunisation has been hailed as one of the greatest successes of the public health movement in eradicating the infectious diseases that ravaged Britain three hundred years ago. Sustaining take up of immunisations is important as the World Health Organisation has set a target of 95% of the population to be vaccinated as high levels of herd immunity are needed to reduce the possibility of the diseases spreading between people.
2. Whilst the majority of people do immunise their children, the challenge of modern times is to successfully target those who face a complex range of barriers and do not complete the immunisation schedule. Also, many people have not been exposed to the effects of the polio, whooping cough, smallpox and other infectious diseases their children are being vaccinated against, therefore the benefits may not be obvious.
3. In 2012-13, Sutton and Merton Primary Care Trust reported the lowest childhood immunisation rates in the Capital, with very few local GP practices reaching the World Health Organisation target. When the Centre for Public Scrutiny sought local authorities to conduct a review of immunisations it was an opportunity for scrutiny to consider this long standing issue and look at how to increase the uptake of immunisations across the borough.
4. Merton also had a new intake of politicians following the 2014 local election. This review presented an opportunity for them as well as our existing members to benefit from an approach to a scrutiny review including using appreciative enquiry as well as the support of an expert advisor from the Centre for Public Scrutiny.

*This review work is part of a collaborative project between the Centre for Public Scrutiny and Sanofi Pasteur MSD. Sanofi Pasteur MSD has provided funding to The Centre for Public Scrutiny to enable them to offer consultancy from their Expert Advisory Team to the London Borough of Merton. Sanofi Pasteur MSD has not attended the scrutiny stakeholder events and has had no input into the creation of the minutes of the meeting.*

## Summary of Recommendations

1. NHS England, Merton Clinical Commissioning Group, Sutton and Merton Community Services and the Local Authority develop a joint working protocol including development of a joint action plan setting out frequency of meetings and priority actions to improve the take up of immunisations. Ensure group leads on embedding immunisations messages in all nurseries, children's centres and early years' services in Merton.
2. The group should review the recommendations in the NHS Southwest London report *Childhood Immunisations and Vaccinations 2013* and decide what would be appropriate to take forward.
3. The group should report to the Health and Wellbeing Board on an annual basis and report their progress to the Overview and Scrutiny Commission on a six monthly basis until the Commission are satisfied that this work has been taken forward and that further improvements in immunisations have been made.
4. The task group chair to champion improving immunisation rates and raise the profile of this issue in appropriate forums.
5. That health champions deliver immunisations messages within their communities and public health team seek to develop health champion roles in communities where immunisation rates are the lowest where possible.
6. That the Public Health Team ensures that the role of health visitors in delivering information on immunisations is specified and strengthened in the commissioning arrangements.
7. Public Health Merton to work with Merton Clinical Commissioning Group to conduct a audit of GP's on the 'top tips' sheet including checking which practices use the text messaging service. Merton Clinical Commissioning Group and Public Health Team to explore future options for expanding the text messaging service
8. Public health team to ensure that information on immunisations will be part of school entry packs and asked within the school entry health review, using the review as an opportunity to identify those unimmunised, promote immunisations uptake and signpost to child's GP.

## **Key lines of enquiry**

- A. To review the local arrangements and responsibilities for immunisation.
- B. To review arrangements for oversight, co-ordination and monitoring of immunisation services.
- C. To review which groups least are likely to immunise and how is this being addressed locally.
- D. To review the barriers and challenges experienced by parents in dealing with immunisations.
- E. Review the measures in place to address parents concerns around immunisation.
- F. To review the opportunities for partnerships between organisations that work directly with parents and communities and the health services to involve parents.

## **Background**

- 9. The Merton Joint Strategic Needs Assessment states that immunisation is the most cost effective health measure after clean water in saving lives and maintaining health. It is also an important efficiency measure in avoiding the high costs of hospital admissions.
- 10. This is demonstrated by a report from Sanofi Pasteur MSD<sup>1</sup> on the economic value of vaccine which highlighted that in Europe the cost of a measles treatment in hospital is approximately £180-£414 compared to 15-84pence as the cost of being vaccinated against the disease.
- 11. At the time of writing this report the council is refreshing its Health and Wellbeing Strategy, one of the priorities is 'Giving every child a healthy start'. This is in recognition that if a child has a strong foundation it will benefit them for the rest of their life. The Strategy is seeking to increase immunisation rates recognising they are a form early intervention which prevent illness and disease. The task group are pleased that the recommendations arising from

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<sup>1</sup> The Economic Value of Vaccination, Sanofi Pasteur MSD, 2011.

this scrutiny review will inform the work in helping to improve immunisations rates. The Strategy will focus on improving the take up of MMR2 at age five. This indicator will be taken as proxy for improvement in uptake across all childhood immunisations, and not indication that these are the only immunisations to be improved.

### **Why focus childhood immunisations?**

12. The task group considered a review on immunisations across three main areas; children up to the age of five years, school age children and young adults. After some discussion the task group agreed to focus on immunisations for the 0-5 years in recognition that this is the most challenging area and one which a scrutiny review could have a significant impact.
13. The evidence highlights that immunisations in the early years from 0-5 had the lowest take up rates and this group along with the over 65s, are the most vulnerable to communicable diseases. A significant number of vaccinations are required during the early years which may contribute to the challenges in this area. Evidence shows that if people do not begin the process of immunising their children from birth; they are less likely to have the booster injections and complete the immunisations schedule.
14. It was also recognised that the child population is expanding, with changing demographics, which makes this a more pertinent area to review. Immunisations at the school age years are less of a challenge as they have the benefit of a structure of the school system which can help to boost rates.

### **Landscape for the delivery of immunisations**

15. The commissioning of Immunisations service has undergone significant changes since April 2013, responsibility has moved from the Primary Care Trust to NHS England who commission services from primary care and other community providers such as school nursing teams. NHS England also monitors and support providers' performance. Improving Immunisation Rates is the responsibility of the London Immunisation Programme Board who develop strategies to increase rates. A quality improvement board has been established in South London.
16. Merton Clinical Commissioning Group has a duty to deliver quality improvement for the immunisations services delivered in GP Practices. As part of this they work with individual practices to improve coverage and include information on immunisations within their programme of engagement and outreach work. The surgeries are responsible for delivering the childhood

routine immunisation schedule.

17. Local authorities within their public health role have a general duty to improve the health and wellbeing of their populations. They also have an explicit 'assurance role' in which the Director of Public Health must have oversight of the immunisations and screening process and be satisfied that the system is operating effectively. The public health team works with the three GP localities in Merton to share best practice to improve performance.
18. Sutton and Merton Community Services are responsible for managing the central data recording systems.

### **Immunisations Rates in Merton**

19. There has been a significant shift in the data on immunisation rates during the course of the review. The task group were initially looking at figures showing Merton with the lowest rates in London, however when the task group met with NHS England they were informed that when NHS England took responsibility for immunisations, it was clear there were problems in Sutton and Merton as it was the bottom for immunisations in London and nationally. Therefore a number of measures were put in place to address this. Their focus was on a data extraction project which put Merton RIO database on the wider child health system.
20. The task group were told that this led to significant improvements in the data, for example on the 12 months Hib MenC MMR vaccine, Merton is at 92%. The London average is 90% placing Merton second place in South West London in the Cohort of Vaccinations Evaluation Rapidly (COVER).
21. NHS England said there has been steady progress in the last eighteen months. Merton Immunisations were at 65% and had increased to 80%, which places Merton second in South West London. Merton is in the top three in South West London for MMR booster. The gap has greatly reduced on the pre-school booster.
22. Following questions from the task group NHS England accepted that improvement in immunisation figures was largely due to improving the data rather than improving uptake. Approximately 15% can be attributed to data collection and 2-3% on improving take-up rates.

### **Current work to improve take up of immunisations.**

23. NHS England policy is to make 'every contact count' and maximise every opportunity to share important messages around immunisations. Therefore NHS England conducts a range of out reach activities such as work with women in mosques. They also engage with a wide range of partners such as local authorities on health promotion, Public Health England on national aspects of this work.
24. NHS England is developing a programme with GP surgeries to identify and provide targeted support for the small percentage groups who are not getting their children immunised. The work will have a very specific scope, the aim is to localise these services which could lead to at 3-5% increase in uptake, which would take the borough above the national average.
25. Merton Public Health Team has produced a local public health guide, which includes the immunisations schedule. Community health champions have recently been trained and can play a role in promoting immunisations messages. This new voluntary role will enable people to work within their own communities and mobilise people around health and exercise and possibly include a focus on immunisations.
26. There are also a range of measures in place to support GP surgeries. The public health team have been attending Merton's three GP locality meetings to provide comparative data on immunisation rates. Public Health Merton have also developed a list of top ten tips in regards to good practice on immunisations which is shared with GP practices.
27. Merton Clinical Commissioning Group work with GP practices to improve uptake. For example practice managers can play an important role in helping patients to complete the immunisations schedule therefore practice managers from a high performing GP practices go to under performing practices to provide support.

### **Stakeholder event**

28. The task group held a session in the local community to provide an opportunity for all those with an interest in this area to contribute to the review. There was representation from Parents, Merton Clinical Commissioning Group, NHS England, Merton early years social work teams and councillors. Attendees engaged in a candid discussion about immunisations in Merton and highlighted there are no quick fix solutions to the problems as many are deeply rooted issues linked to disadvantage exclusion and wider health inequalities.

29. Another key area to emerge from the discussion was the need to work in partnership to improve uptake of immunisations. The term partnership was perceived as one which is often used loosely without giving due consideration to accountability, responsibility and commitment to achieving the shared aims and objectives. The stakeholders challenged this review to ensure that a genuine partnership approach was put in place.

### **Why do people not immunise?**

30. Drawing from a wide range of sources including evidence from the stakeholder event, findings from the NHS Southwest London report, the task group were able to build up a local picture of the factors which inhibit people from immunising their children in Merton:

- I. Families who need extra support: such parents with mental health problems.
- II. Larger families are less likely to immunise and or get top up boosters for younger siblings.
- III. People new to the UK who are not familiar with the immunisations schedule.
- IV. People who are not registered with a GP and lack of contact with health professionals.
- V. Employment issues may make it difficult for parents to take time off work to take children for GP appointment and transport make have a similar impact.
- VI. Complexity of the immunisations schedule.

The task groups findings and recommendations fall into the following areas:

### **Local Co-ordination**

31. Since the changes in structure in April 2013, with responsibility for immunisations spread across a number of organisations, the task group are concerned that the service has become fractured where no organisation is taking responsibility for leading and guiding the overall process.



32. This became apparent when one of the first pieces of evidence to emerge was a report by NHS Southwest London on improving the uptake of Childhood Immunisations in Sutton and Merton. This report had seemingly been lost in the transition from the Primary Care Trust to NHS England. The local partners the task group met with were not aware of the report. The task group didn't find any evidence of individual or organisation responsibility for the work nor had any of the recommendations been taken forward.
33. The task group believes that given the complex nature of the new structure, in which there are different responsibilities as well as overlap between the organisations, partnership working is the only context in which a successful immunisations programme can be delivered.
34. The task group found that there needs to be more clarity around roles and responsibilities. For example during the meetings with the lead organisations it was apparent that it is unclear who would be financially responsible for running an immunisation campaign should the task group wish recommend this approach. NHS England has the commissioning responsibility and states there is no budget for health promotion work. The public health team in the local authority has an assurance role around immunisations and although it has a general duty to improve the health of its communities, the task group were told they would be very hard pressed to use their limited resources to pay for specific immunisations campaigns.
35. NHS England clearly stated to the task group that partnership working across multiple agencies is the best way to achieve improvements in immunisations. The task group understood that a local co-ordination group did exist in the past and had developed an action plan; however this has not met for some time and a covered both Sutton and Merton. The task group believes a Merton only group needs to be established.
36. The task group met with all the key partners; Merton Clinical Commissioning Group, NHS England South London Team, Sutton and Merton Community Services and Public Health Merton. They all agreed that local co-ordination was necessary and that they will commit to working together, sign a memorandum of understanding and develop an action plan to improve immunisations uptake in Merton. The task group understand that this has happened in other boroughs and is essential for increasing uptake of immunisations. NHS England has provided a draft Memorandum of Understanding which can be adapted for the local co-ordination group, this has been attached at **Appendix A**
37. Progress with the action plan should be reported to the Health and Wellbeing Board on a quarterly basis to ensure that the Board has a role in overseeing the work, providing advice and guidance to ensure that the strategic links are made with all relevant services across the borough. Reporting to the Board which is decision making and has membership from a range of partners will

also help to keep this work high profile, so other local partners will know what is happening with Immunisations.

38. It is also important that scrutiny maintains its usual oversight of task group reviews by reporting to the Overview and Scrutiny Commission on a six monthly basis until the Commission are satisfied that the recommendations have been implemented. The task group chair can also play an important on-going role in championing this work and raising the profile of improving immunisation take up in appropriate forums.

## **Recommendations**

1. NHS England, Merton Clinical Commissioning Group, Sutton and Merton Community Services and the Local Authority develop a joint working protocol including development of a joint action plan setting out frequency of meetings and priority actions to improve the take up of immunisations. Ensure group leads on embedding immunisations messages in all nurseries, children's centres and early years' services in Merton.
2. The group should review the recommendations in the NHS Southwest London report *Childhood Immunisations and Vaccinations*, 2013 and decide what would be appropriate to take forward.
3. The group should report to the Health and Wellbeing Board on an annual basis and report their progress to the Overview and Scrutiny Commission on a six monthly basis until the Commission are satisfied that this work has been taken forward and that further improvements in immunisations have been made.
4. The task group chair to champion improving immunisation rates and raise the profile of this issue in appropriate forums.

## **Health inequalities and immunisation take up**

39. As with other London boroughs, Merton is working hard to reduce the health inequalities that exist between the wealthier and economically deprived areas, in this case the East and West of the borough. The Health and Wellbeing Strategy has a range of initiatives to provide support to those within the poorest communities.
40. The task group wanted to understand the link between health inequalities and immunisation take up rates. The public health team looked at take up rates between the East and West of the borough and found little difference between the two. However the task group believe there is a wider link between immunisations and vulnerable people as many of the groups who are have been identified as less likely to immunise their children are those who are more likely to face health inequalities. This includes people who do not come

into regular contact with health professionals, find it difficult to navigate the health system and be proactive in managing their health schedule. The task group therefore believes that improving take up of immunisations should be an integral part of the health inequalities work streams even if the current take up rates figures may not reflect this is as a problem.

41. The council has recruited and trained volunteer health champions who are representatives of their own communities and therefore well placed to deliver health messages and support within their own communities. The task group believe that they can play an important role in delivering immunisation messages and would like to see this incorporated into the role.

### **Recommendation**

5. That health champions deliver immunisations messages within their communities and public health team seek to develop health champion roles in communities where immunisation rates are the lowest, where possible.

### **Strategies to improve take up**

42. Throughout the course of this work, the task group has come across good practice ideas to improve immunisation take up across the borough. Many of these were centred on widening access to GP's, improving call and recall systems as well as targeted support for seldom heard groups. Public Health England told us that one-off campaigns were likely to have limited impact, and would only be effective while the campaign was being run. Information leaflets can be useful to an extent. The most effective way to improve take up is to embed continuous, sustainable messages within the community.

### **Health visitors**

43. Health visiting services will transfer from NHS England to the local authority in October 2015. Health visitors play a crucial role in signposting people to services and ensuring that important messages on immunisations are given to parents. This is a good opportunity to review the role of health visitors to engage in meaningful dialogue with parents about the importance of immunisations and this should be reflected in all commissioning arrangements.
44. A report by the London Assembly entitled 'Missing the Point'<sup>2</sup> highlighted the impact of the reduction in health visitors in recent years as well as the increasing pressures on workloads, reducing the ability of these frontline workers to carry important immunisations messages. This was reiterated by the NHS South West London Childhood Immunisations and Vaccinations

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<sup>2</sup> Still Missing the Point Infant Immunisation in London. London Assembly, September 2007

report which found that some health visitors may not feel confident to answer questions from parents about immunisations.

### **Recommendation**

6. That the Public Health Team ensures that the role of health visitors in delivering information on immunisations is specified and strengthened in the commissioning arrangements.

### **Immunisation process in GP surgeries**

45. Many people find the immunisation schedule complex and that it changes regularly, therefore they rely on appointment reminders. GP surgeries use a wide range of initiatives including sending text messages, letters and emails. Surgeries have different approaches to ensuring their patients are vaccinated, therefore not all Merton residents benefit from a reminder service. We received evidence that a central appointment system is a good way of improving the uptake of immunisations to ensure that all patients across Merton receive a consistent service.
46. The importance of flexibility and accessibility was also put forward as important to raise immunisations rates. Access to appointments at GP surgeries posed a challenge for some parents and they needed more information about accessing the out of hours service.

### **Recommendation**

7. Public Health Merton to work with Merton Clinical Commissioning Group to conduct an audit of GP's on the 'top tips' sheet including checking which practices use the text messaging service. Merton Clinical Commissioning Group and Public Health Team to explore future options for expanding the text messaging service

### **Data issues**

47. Accurate data was raised as a problem during our stakeholder event and all the witnesses the task group met with confirmed that it is a major issue. It was reported that recorded figures may not reflect the true picture as there is a time delay in data being received and recorded.
48. Accurate recording of those who have had their vaccination is important in understanding local immunisations rates. The collection pathway needs to be rigorous to ensure that vaccinations take place at the right time, patient records are kept up to date, and people's medical records follow them promptly when they move. This process requires the co-ordination of three organisations; GP Practices who gather the information from vaccines that take place at their practice, the information is then passed to Sutton and

Merton Community Services, who record it on the Child Health Information System. This which incorporates the child health records department and hold clinical records on all children and young people who upload the information into a software programme called RIO. The information is then passed to NHS England. The Missing the Point report identified significant problems with RIO system including its ability to make appointments automatically or recall children who have missed appointments or allow data sharing across clinical commissioning groups.

49. The highly mobile population in London is an issue in keeping patient lists up to date. Both for patients leaving or moving into the borough and for those newly arrived in the UK. NHS England also reports that there is a 20-40% annual turnover on GP patient lists which affects the accuracy denominator for COVER submissions, which can for example affect the denominator resulting in a lower percentage uptake.
50. Our witnesses told us that those with the highest immunisation rates have very robust data systems. In high performing areas some have automated mailing system and if people do not respond to letters from the surgery they are removed from the database. Child health information systems are set up differently, some have mechanisms to blank out fields when people are not eligible for immunisations. Therefore it could be that those areas with higher immunisation rates are much better at maintaining their data. It was also reported that 2 or 3 children per practice can have an impact on the data.
51. In 2013, when Sutton and Merton recorded the lowest immunisations rates in the country, The then Director of Public Health in Sutton, reflected that this must be an issue of inaccurate data as if this was an accurate figure the area would be vulnerable to a rise in infectious diseases, when in reality, there had only been one recorded case of measles<sup>3</sup>
52. Public Health England also confirmed that at present there is no evidence to suggest a sustainable outbreak of measles is likely in Merton.
53. The Population Health Practitioner Lead - South London told the task group that when NHS England took over the commissioning of immunisations they were aware of the poor immunisations uptake COVER rates in Sutton and Merton and a number of measures were put in place to address this. The main focus of the work is a data linkage project which improves the efficient

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<sup>3</sup> London Borough of Sutton Press office, June 2013.

<http://www.sutton.gov.uk/suttonpress/index.aspx?articleid=17690>

and accuracy of GP uploads to the RIO database.

54. In the future The RIO system that records immunisations data is moving from GP practice based to geographical location which will mean if people live in Merton but are registered in Sutton we will not be able to capture their information regarding immunisations. This will create new data capture challenges.
55. Sutton and Merton Community Services told us that data extraction has improved over the last year, however mobility of families is a problem. Some data systems across London are sharing information across borough boundaries. They look forward to this being spread across London. The current system is reliant upon people being registered with a GP practice and people updating the system in a timely way.
56. The task group were also told that there is no incentive for GP's to send in COVER statistics. Discussions need to be held at the national level to incentivise GP's to provide information.

### **Embedding important messages within the community**

57. Embedding consistent messages within the community is the best way to get important information messages to parents. Public Health England said it is difficult to change behaviour, and to show that new initiatives have made a difference. Statistics have not substantially changed vastly over the last 20 years despite various initiatives. Therefore any new initiative needs to be sustainable.
58. The NHS South West London childhood immunisations report has suggested a robust campaign to inform parents about the dangers of not immunising children is needed. While there is likely to be some merit in that approach, this task group has found that embedding sustainable regular messages amongst key professionals within the community is likely to have more impact.
59. The NHS South West London childhood immunisations report highlights that many parents would like to have the opportunity to discuss details on immunisations with key professionals. While it may not be possible to sit down and discuss this at length with a GP, frontline health workers can play an important role and could be empowered to visit voluntary and community sector organisations to deliver important health messages. The task group support this approach and believe that networking in small groups will have impact in delivering immunisations messages.

60. We need a mechanism to ensure that important messages are fed back to co-ordinating groups so they understand what the issues are and can respond to them.
61. Participants at the stakeholder group also suggested that useful information on immunisations could be provided to pregnant women.
62. The World Health Organisation hold 'Child Immunisations Week' the public health team support this locally by providing information in children's centres and advertising in My Merton. Similarly when Public Health England held a MMR top up campaign aimed at older children the public health team supported this locally.

### **Early Years**

63. The Stakeholder event highlighted the significant opportunities to embed immunisations messages within the early year's services. A representative from a local nursery told the task group that immunisation information was not widely available at their local nursery and people were not asked about the vaccinations registration forms. The task group were told that early years is the most challenging area to co-ordinate immunisations.
64. Task group members felt that information should be made available in nurseries and children's centres: including information introductory pack at nursery, letter in all reception and nursery starter packs.
65. Some task group members asked if the government had considered making immunisations as an essential requirement for entrance into primary school to help prevent the spread of infection. Public Health England, highlighted this is a discussion to be held at the national level however in United States where immunisations are mandatory, the take up rates are similar to ours in the UK.
66. Task group members also considered the role schools play in determining immunisation history. They were told that the London Borough of Sutton send a letter to parents asking them to ensure they are up to date with immunisations before starting school. Task Group members felt that a similar approach should be adopted in Merton.
67. Children's centres and nurseries should collect data on the immunisation status of every child it registers. This information should be passed to health visitors for follow up.

### **Recommendation**

8. Public health team to ensure that information on immunisations will be part of school entry packs and asked within the school entry health review,

using the review as an opportunity to identify those unimmunised, promote immunisations uptake and signpost to child's GP.

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