



## Nottingham City Health Scrutiny Panel

27 May 2015

North Midlands (Derbyshire Nottinghamshire, Shropshire & Staffordshire)  
Screening and Immunisation Team, NHS England.

### Seasonal Influenza (Flu) Immunisation Programme 2015-2016

#### 1. Introduction

This paper describes the commissioning arrangements and key public health issues in relation to the seasonal flu vaccination programme commissioned by NHS England North Midlands (Derbyshire and Nottinghamshire) for the Nottingham city population. The paper outlines the strategies implemented to improve quality and performance.

#### 2. Commissioning Arrangements and Responsibilities

NHS England is responsible for commissioning all of the national immunisation programmes. Details of the national commissioning arrangements for immunisation programmes are described in *Public Health Commissioning in the NHS 2015-2016*<sup>1</sup>

#### 3. Background

Flu is an unpredictable annually recurring pressure that the NHS faces during the winter.

Increasing flu vaccine uptake in clinical risk groups is important because of the increased risk of serious illness should people in these groups catch flu.

Healthy children have the highest influenza-attributable hospital admission rates, over 5 fold higher than 65+ year olds<sup>2</sup>

A Flu Plan<sup>3</sup> is developed each year which sets out a coordinated and evidence-based approach to planning for, and responding to, the demands of influenza across England.

Vaccination is the best possible protection against flu. Washing your hands and using disposable tissues for coughs and sneezes helps reduce transmission, but the vaccination will help your body to fight flu viruses.

#### **4. National Extension of Flu Programme to Children**

The routine annual flu vaccination programme is being extended to include children in England. This extension is being phased in over a number of years.

This programme will lower the potentially serious impact of influenza on those children but should also have a more profound effect on influenza transmission. Children are the main source of transmission in the population, and this programme will therefore reduce the spread of infection from children to other children, to adults and to those in clinical risk groups of any age.

Extension of the programme this year will be to children of school years 1 and 2 and delivered Predominately in primary school settings.

GP Surgeries will vaccinate children aged 2, 3 and 4 years.

#### **5. Vaccinating children in Nottinghamshire**

NHS England North Midlands has commissioned School Aged Immunisation Services to deliver all school age immunisations via the school setting in Derbyshire and Nottinghamshire. The vision for this service is to increase the uptake of immunisations in children, provide a high quality equitable service and reduce health inequalities.

Children not in school attendance will be offered the flu vaccination via outreach clinics, home visits and primary care services.

Nationally, uptake of school age vaccinations is higher in school based programmes. They allow for increased access to immunisations, reduce the risk of children being missed due to being a dedicated service, vaccinating 'on mass' and reduce border issues.

Delivery across Nottingham City & County will be provided by Nottinghamshire Healthcare Partnership. With service commencing 1<sup>st</sup> September 2015

The Screening and Immunisation Team will work closely with the new providers to ensure a smooth mobilisation and continued support will be provided with the aim to enable the teams to achieve national targets across all children's immunisation programmes.

#### **6. Targeting flu**

The aim of the routine influenza immunisation programme is to protect those who are most at risk of serious illness or death should they develop influenza.

GP practices in Nottingham play an essential role in the delivery of flu vaccinations. The Screening and Immunisation Team monitor uptake data for the flu programme and inform poor performing practices of their low uptake and seek assurances that

issues will be addressed, working in partnership with the local CCG's (Clinical Commissioning Groups).

In order to increase flu vaccination uptake NHS England North Midlands has commissioned a second wave of the pharmacy flu pilot for 15/16.

The pilot will offer flu vaccinations to anyone in an at risk category over the age of 18 and pregnant women via their local pharmacy. The aim of the pilot is to improve choice and access for patients and the public and to capture a cohort of the population that would not usually access primary care services. The local flu pilot from 14/15 presented evidence that 37% of the population that were vaccinated in pharmacies had never previously attended for their flu vaccination. It is hoped that extending the flu pilot to pregnant women will enable a higher uptake rate of flu vaccinations for this particularly vulnerable cohort.

Negotiations are currently taking place with local maternity units around the possibility of midwives delivering the seasonal flu programme in antenatal clinics. Chesterfield Royal Hospital ran a successful programme last year and it is hoped this can be replicated across Derbyshire and Nottinghamshire this year.

## **7. The benefits of vaccinating against flu**

### **Children**

Vaccinating children each year will provide a number of benefits:

- providing direct protection thus preventing a large number of cases of flu in children
- providing indirect protection by lowering flu transmission from children:
  - to other children
  - to adults
  - to those in the clinical risk groups of any age

Thus averting many cases of severe flu and flu-related deaths in older adults and people with clinical risk factors

- reducing absence from work or school which would otherwise result because people are ill or need to remain home to care for someone else who is ill

### **Adults**

In the wider context of health outcomes, the influenza vaccine programme aims to:

- protect the health of individuals and the wider population
- protect those who are most at risk of serious infection or death should they develop influenza
- reduce the transmission of infection, and thereby contribute to the protection of vulnerable individuals who may have suboptimal response to their own immunisation
- achieve high coverage across all groups identified
- minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

## 7. Uptake in Nottingham City

### See appendix 1

Nottingham City Council can help to improve uptake in vulnerable cohorts by assisting NHS England to promote effective communications around the flu vaccination programme to their population, especially to vulnerable cohorts. Communication materials can be shared closer to the flu season. We would wish Nottingham City Council also be involved with the promotion of flu vaccinations within care homes and schools to staff and patients and also to offer vaccination to their front-line care workers.

## 7. Conclusion

Extending flu vaccination to healthy children will reduce the impact of flu by directly averting many cases in children. Reducing flu transmission in the community will avert many cases of severe flu and flu-related deaths in older adults and people with clinical risk factors. This in turn will aid the NHS to reduce its winter pressures.

The annual flu immunisation programme helps to reduce unplanned hospital admissions and pressure on A&E and is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter.

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3. The Flu Plan:  
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**Appendix**

**Appendix 1: Nottingham City CCG**

Eligible group	2014-2015 target	2014-2015 performance	2013-2014 performance	2012-2013 performance
Age 65yrs	75%	71.9%	72.3%	72.6%
Age 6mths-<65yrs in a clinical at risk group	75%	47.2%	49.3%	49.8%
All pregnant women	75%	37.4%	32.5%	36.3%
All age 2 years	No target	35.4%	39.4%	NA
All age 3 years	No target	39.4%	33.9%	NA
All age 4 years	No target	30.0%		

**Derbyshire and Nottinghamshire (national uptake in brackets)**

Eligible group	2014-2015 target	2014-2015 performance	2013-2014 performance
Age 65yrs	75%	74.7% (72.8)	75.4%
Age 6mths-<65yrs in a clinical at risk group	75%	49.5%(50.3)	52.3%
All pregnant women	75%	44.7%(44.1)	42.9%
All aged 2 years	No target	45.4%(38.5)	50.6%
All aged 3 years	No target	48.5%(41.3)	46.6%
All age 4 years	No target	38.6%(32.9)	

