

Children's Partnership Board

Improving the uptake of childhood immunisations

Caroline Jordan

Senior Nurse, Public Health

NHS Nottingham City

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Why is immunisation important?

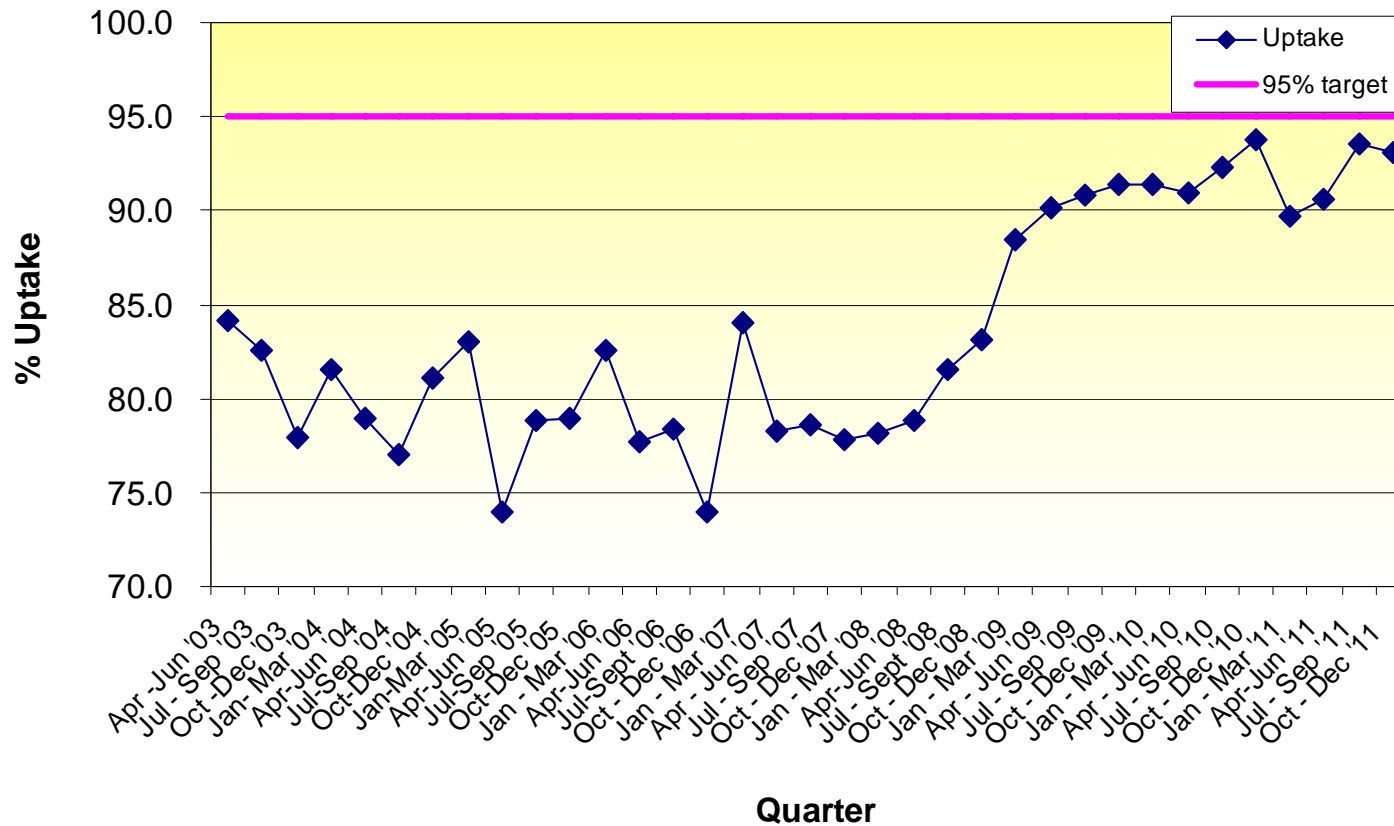
- Immunisation, along with clean water is the most effective public health intervention in the world
- *Direct benefit i.e. for the patient* – if no protection of the child, there is an increased risk of catching the disease and therefore relying on others to be immunised to avoid becoming infected
- *Indirect benefit i.e. for others* – protection of the public - aim to achieve herd immunity (target 95%) i.e. by decreasing the number of people catching the disease, there is less risk of outbreaks occurring



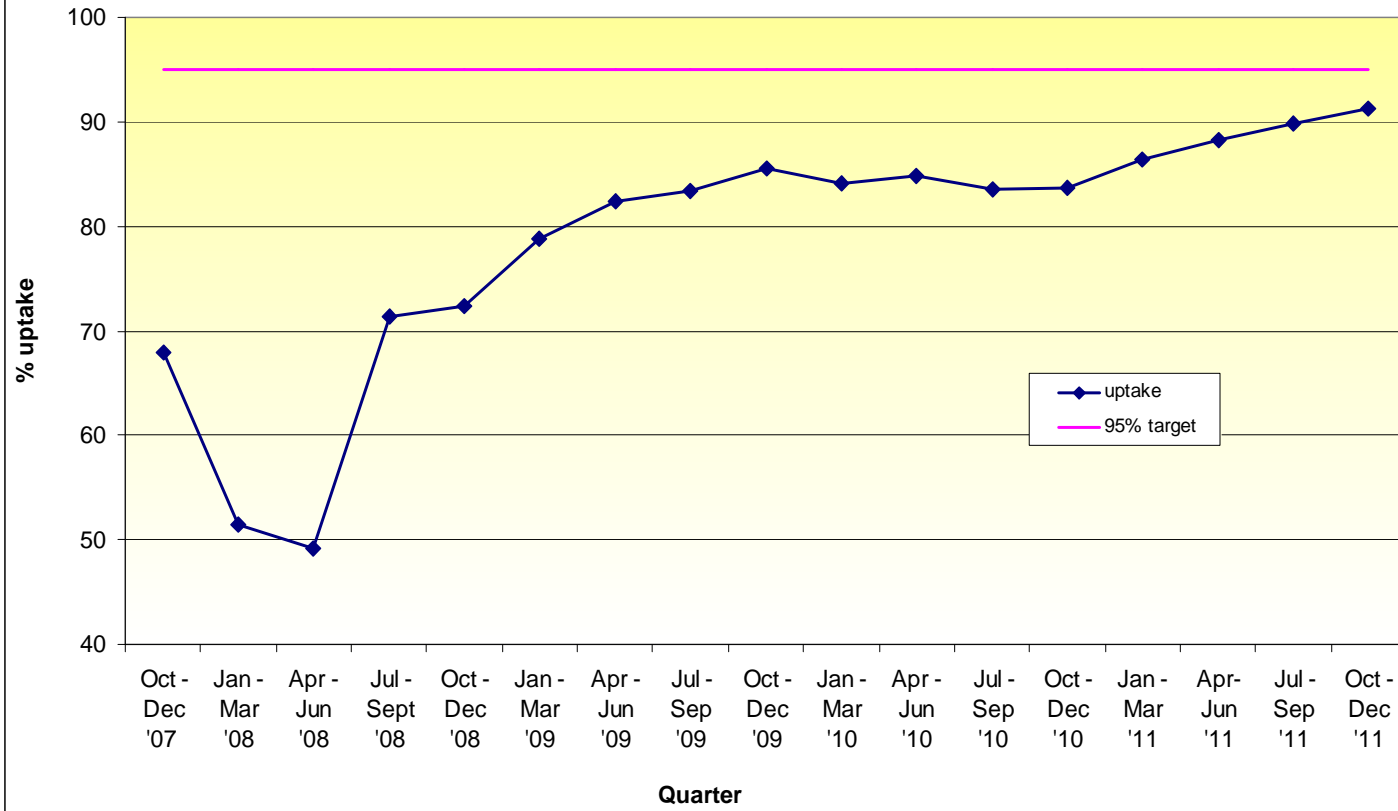
Key contributors to deliver immunisation programme

- GP practices
- Nottingham CityCare Partnership
- Child Health Information team
- Public health team including the Health Protection Agency (HPA)
- Primary care commissioning team
- Children and families commissioning team

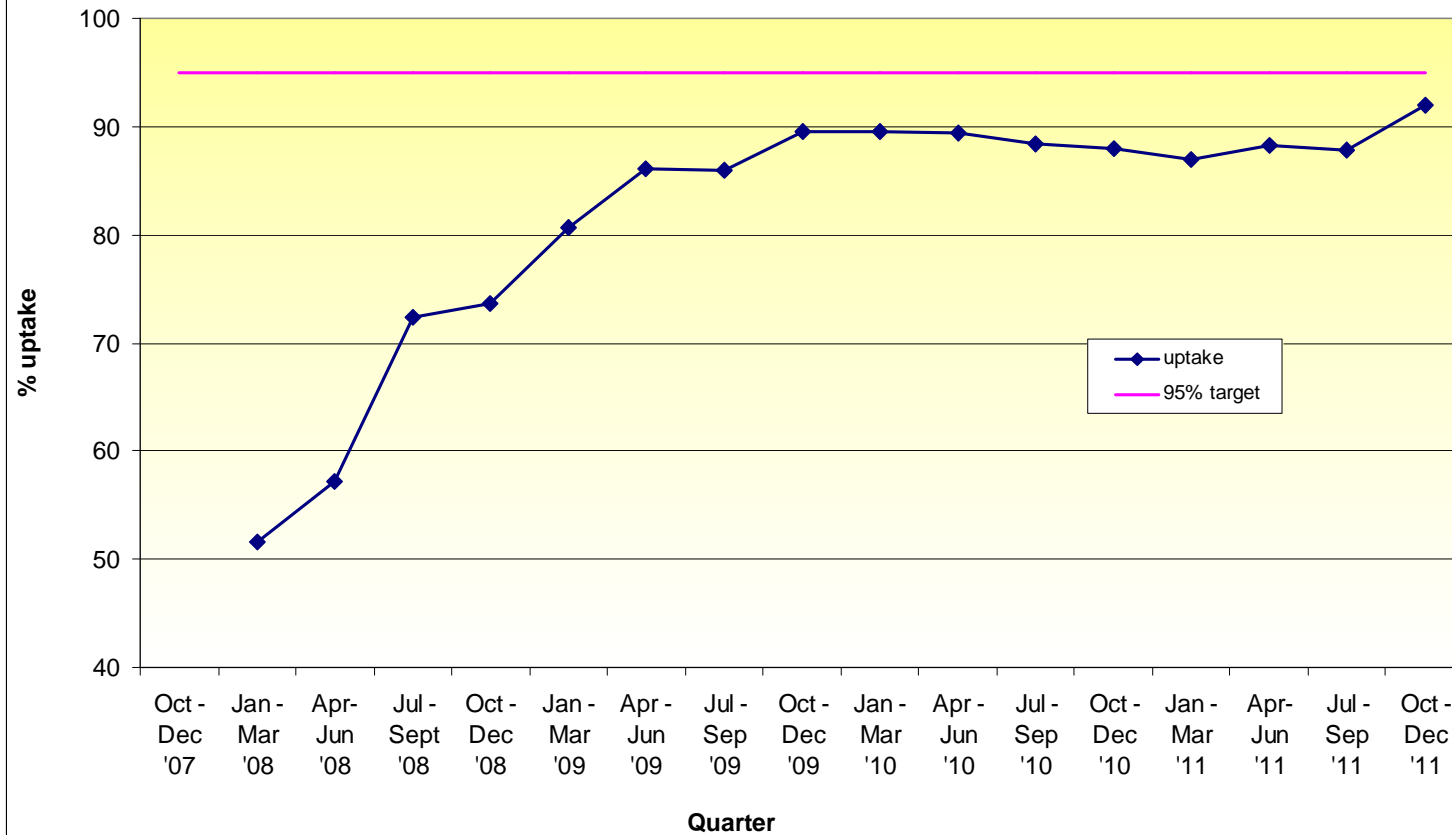
Nottingham City PCT
Percentage uptake of DTaP/IPV/HiB vaccine (VSB10_03)
in children immunised at 12 months from April 2003 to Dec 2011 by quarter.
(Note: data from April '03 to Sept '06 have been amalgamated into the new PCT structure)



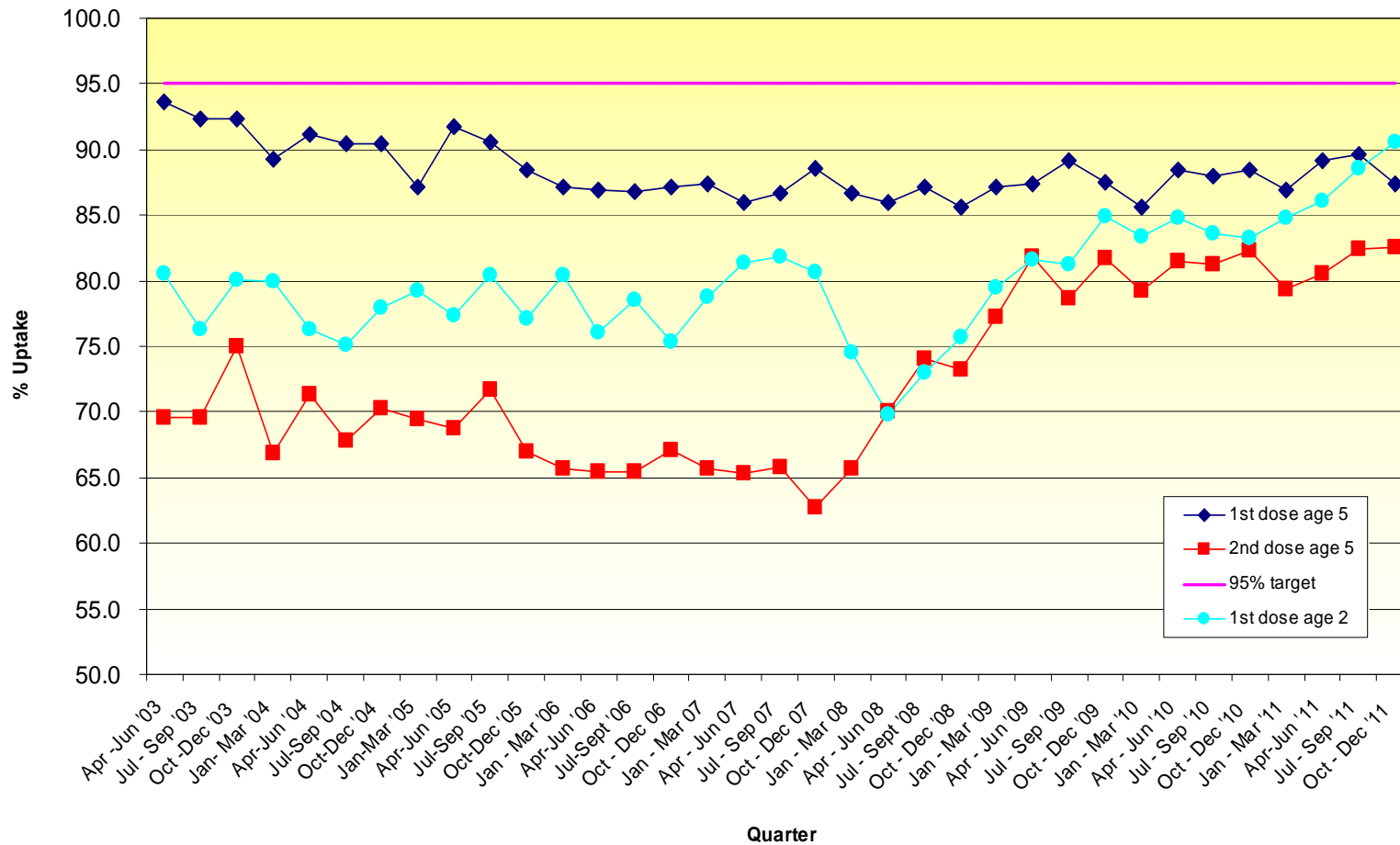
Nottingham City PCT
Percentage uptake of PCV booster vaccine (VSB10_08)
in children immunised at 24 months from October 2007 to Dec 2011 by quarter.



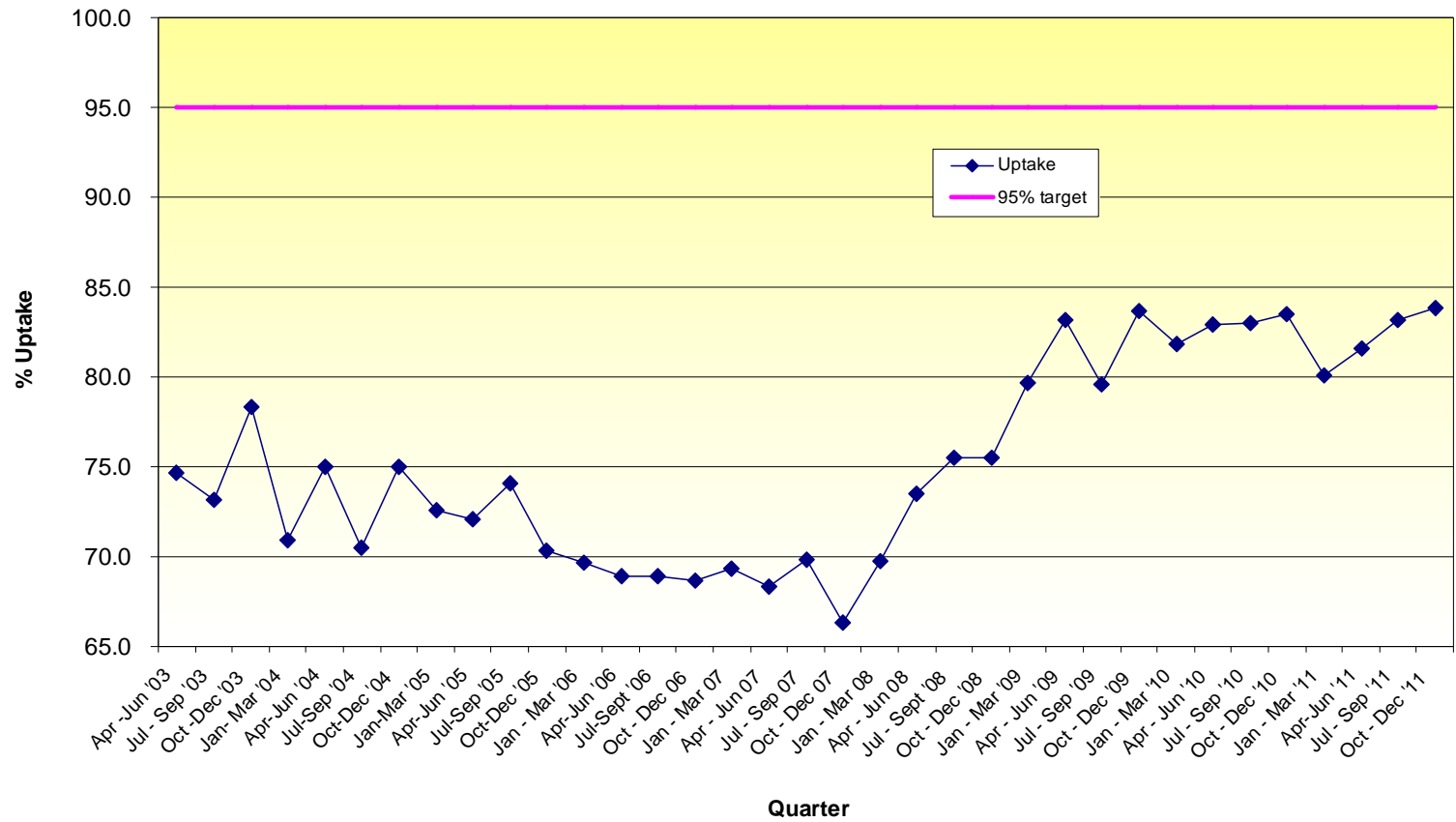
Nottingham City PCT
Percentage uptake of HiB/Men C booster vaccine (VSB10_09)
in children immunised at 24 months from October 2007 to Dec 2011 by quarter.



Nottingham City PCT
Percentage uptake of 1st and 2nd MMR vaccine
in children immunised at age 2 and age 5 years from April 2003 to Dec 2011 by quarter.
(Note: Data from April '03 to Sept '06 have been amalgamated into the new PCT structure)



Nottingham City PCT
Percentage uptake of DTaP/IPV booster vaccine (VSB 10_14)
in children immunised at 5 years from April 2003 to Dec 2011 by quarter.
(Note: data from April '03 to Sept '06 have been amalgamated into the new PCT structure)



Population issues

- No major outbreaks of vaccine preventable diseases
- Persistent late or non-attenders at appointments
- Vaccination is not seen as a priority for parents despite practices' repeated calls
- Parents' difficulty in understanding requirements of NHS immunisation schedule - may be different to home country + need for interpreters
- Parents consider that children have already had all their immunisations in their home country
- High levels of immigrant population with language problems
- Delays due to checking immunisation status from home country



Service delivery issues

Services are not always accessible and flexible to meet the demands of service users and this affects uptake including:

- GP Practices not having the capacity to allow their Practice Nurse to do domiciliary visits
- Practice Nurse not having the confidence to vaccinations in patient's homes Health visitor role
- Domiciliary visits – capacity issues
- Call/recall – practice based – variable robustness
- Information/reporting issues



Service delivery issues

- Are there any differences between adjacent practices?
- Found there is no relationship between transient population or chaotic families and MMR uptake when comparing adjacent practices with similar populations
- Data reporting variable
- Some practices having rigid clinic arrangements
- Practices not understanding the different reporting requirements i.e. HPA COVER and DES payments



Actions

- Understand the issues – population and practice
- Strategic and working groups
- Use of evidence, best practice and feedback
- Feedback and visits to individual practices
- Top tips from well performing practices
- CityCare health visiting team & GP protocol – March 2012
- Having a well trained workforce that is convinced about the benefits of vaccination



Actions

- Have robust contracts and performance management of primary care and other providers
- Improve data management - inputting accurately – not late, not entered and not lost and on time
- Have accurate practice lists with no ‘ghost’ patients on the list



Actions

Each practice should have:-

- Designated Lead(s) for immunisations – ideally a GP Champion supported by an operational lead
- A robust practice call and recall system including call up patients early, use letters and telephone calls, flag up need on Childrens and parents' records
- A flexible system for giving immunisations including booked appointments, opportunistic, domiciliary
- Have strong links with their named health visitor
- Pro-actively use the Interpreting Service or Language Line



From April 2013

- Need to maintain improving performance
- Commissioning – likely through new NHS Commissioning Board, but maybe not for all immunisations
- Awaiting further national guidance regarding the public health role in local authority and Public Health England
- Provider role – unlikely to change

Contact details

Caroline Jordan

Senior Nurse Public Health
NHS Nottingham City

Tel: 0115 8839441

Email: caroline.jordan@nottinghamcity.nhs.uk