HEALTH AND WELLBEING BOARD 2014

Title of paper:	**Increasing protection of Nottingham City residents against vaccine preventable disease**	
Director(s)/ Corporate Director(s):	Chris Kenny Director of Public Health	**Wards affected:** **ALL**
Report author(s) and contact details:	**Linda Syson-Nibbs & Caroline Jordan** **NHS England Screening & immunisation team for Derbyshire & Nottinghamshire** **Contact via jonathan.gribbin@nottscc.gov.uk**	
Other colleagues who have provided input:	**Jonathan Gribbin** **Consultant in Public Health**	
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	X
Deliver effective, value for money services to our citizens	X

Summary of issues (including benefits to citizens/service users):

- As part of the changes introduced through the Health and Social Care Act 2012, commissioning arrangements for the delivery of national immunisation programmes have changed
- Protection for people in Nottingham City against vaccine-preventable disease has been extended by the recent MMR catch up programme, ongoing efforts to address unmet need in the population, and by the successful introduction of four new national programmes

Recommendation(s):	
1	Note for assurance the commissioning arrangements for national immunisation programmes and recent improvements in immunisation uptake in Nottingham City

1. REASONS FOR RECOMMENDATIONS

1.1 As part of the changes introduced through the Health and Social Care Act 2012, commissioning arrangements for the delivery of national immunisation programmes have changed.

1.2 Ongoing efforts to address unmet need have resulted in an extension to protection against vaccine-preventable disease.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Please see the attached summary paper and accompanying appendix which contains supporting detail.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None - national immunisation programmes are commissioned through NHS England.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

None

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)	✓
No	☐
Yes – Equality Impact Assessment attached	☐

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Public Health England

NHS England

Increasing the protection of people in Nottingham City against vaccine-preventable disease

The Health & Wellbeing Board is requested to:-

1. Note for assurance the commissioning arrangements for national immunisation programmes and recent improvements in immunisation uptake in Nottingham City

Background

After the provision of clean drinking water, immunisationprogrammes are one of the most cost effective health protection interventions and a cornerstone of public health practice. High immunisation rates arekey to preventing the spread of infectious disease, complications and possible early death among individuals.

Immunisation programmes aim to protect the population health through both individual and herd immunity (also known as community immunity).Herd immunity is achieved when a sufficient proportion of the target population are immunised to suppress the spread disease to non-immune or unimmunised individuals. For most infectious diseases in the national programmes, official estimates are that an uptake of 95% of the population is required to ensure herd immunity. This constitutes a target level for the population[1].

High immunisation uptake rates support good school attendance and educational attainment, reduced inequalities, and healthy independent living in later years.

Commissioning arrangements and responsibilities

Under Section 7a of the National Health Service Act 2006 and the Health and Social Care Act 2012, NHS England are responsible for the commissioning of national immunisation programmes. This responsibility is transacted locally though NHS England Area Teams. Each Area Team has an 'embedded' Public Health EnglandScreening and Immunisation Team to provide public heath expertise and support to the commissioning process.

Immunisation programmes are commissioned against sixteen nationally determined services specifications (https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2014-to-2015 to ensure consistency of service provision across England.

The AreaTeam commission immunisation services from a range of providers including primary care, school nursing and health visiting services as well as acute hospitals providers.

[1] When there is sufficient immunity to slow down the spread of a disease in a population, this is referred to as community immunity (sometimes called 'herd immunity'). It is critical to note that although this results in slowing down the spread of the disease within the overall group, it does not provide protection to the small number of unimmunised individuals who may still come into contact with someone who is infected. These individuals still need to be immunised to be protected; without this, they remain at risk.

The quality and performance of these programmes are monitored through the Nottinghamshire County and Nottingham City Immunisation Programme Board. Assurance is provided to the Director of Public Health through the Nottinghamshire County & Nottingham City Health Protection Strategy Group.

Appendix A is a detailed report of the commissioned immunisation programmes and associated uptake in Nottingham City and Nottinghamshire County for key immunisation programmes.

On an annual basis, local rates of uptake for many of these are included in the health protection section of the Public Health Outcomes Framework and the local Nottingham plan.

Addressing health inequalities

Improving individual and community uptake of vaccination can only be achieved through collaborative working between service providers and community groups, supported by active cooperation of organisational leaders (e.g. employers, Head Teachers) to provide settings in which to deliver the programmes.Some population groups such as looked after young people, may require additional support and different approaches to enable them to take up the offer of vaccinations. This approach is endorsed through guidance from the National Institute for Health and Care Excellence (NICE). For example the Nottingham CityCare Specialist Practitioner for Immunisations health visitor coordinates and provides an individualised service provision to vulnerable groups through an agreed working protocol with general practices. This collaborative working has contributed to the programme successes.

Immunisation achievements

Appendix A details programme specific performance but of specially note is

- The successful introduction of four new national immunisation programme during 2013
- The high uptake of human papilloma virus(HPV) vaccinationin the city that reached the national target andexceeded Nottinghamshire County for the 2012/13 cohort
- The success of the measles, mumps and rubella (MMR) outbreak mitigation plan that resulted in increased uptake of MMR vaccination in children and young people aged 10–16 years. There have been no reported cases of measles in Nottingham City since May 2013
- Across Nottingham City, the uptake of MMR vaccination amongst children aged 2 years has reached 93% uptake (see Appendix A), which is an improvement of about 20 percentage points compared to 2007-08.

Immunisation Challenges

Appendix A shows that whilst improvements are being observed the City remains below 95% uptake for a number of programmes as detailed in Table 1 below.

Table 1 Recorded uptake in Nottingham City for selection of childhood immunisations as at 2013-14 Quarter 2.

Immunisation programmes in Nottingham City	**Recorded %uptake for the eligible population at cut-off date**
Age 1 Diptheria, tetanus, pertussis, polio and haemophillus influenza B vaccine	92.7%
Age 2 Measles, mumps and rubella (MMR) primary	93.0%
Age 5 years Measles, mumps and rubella (MMR) second	85.8%
Age 5 Diptheria, tetanus pertussis and polio (pre-school booster)	87.0%

Further developments and challenges

Communities and populations are ever changing and the challenge to commissioners and service providers is to adapt and improve the way we deliver series to maintain and improve immunisation uptake rates. The Immunisation Programme Board has an annual work plan to deliver planned developments for 2014/15 including:

- Audit of vaccine preventable hospital admissions
- Review of commissioning models for teenage vaccination programmes
- Continued support for Looked After Children and traveller communities though specialised community services
- Expansion of the seasonal flu programme to all children aged four years and, dependent on national guidance, up to age 17 years

Regarding the children's seasonal flu expansion, at the time of writing, the details of how this programme extension will be rolled out are yet to be determined nationally.However, there is an expectation that immunisation should be offered through school based programmes.

The Screening and Immunisation Team have started initial discussions regarding this with Local Authority Public Health School Nursing commissioners, primary care including and the Local Medical Committeeand School Nursing providers to discuss potential future delivery models. The views of Local Authority education leads and Head Teachers including Academy Head Teachers will be an essential part of this too, as will be their support in implementing any new arrangements.

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31.1.14

Caroline Jordan
Screening and Immunisation Manager

Public Health England

NHS England

NHS ENGLAND AREA TEAM DERBYSHIRE AND NOTTINGHAMSHIRE

IMMUNISATIONS PROGRAMMES UPDATE TO NOTTINGHAM CITY AND NOTTINGHAMSHIRE HEALTH PROTECTION STRATEGY GROUP AND HEALTH AND WELLBEING BOARDS

JANUARY 2014

Introduction

This paper updates the Nottingham City and Nottinghamshire County Health Protection Strategy Group and Health and Wellbeing Boards on immunisation uptake in Nottingham City and Nottinghamshire County including progress on the introduction of new national immunisation programmes during 2013 and a progress report on the measles, mumps and rubella (MMR) catch up programme for 10-16 year olds.

New national immunisation programmes

A number of new immunisation programmes were introduced during 2013. These include:-

- Change in the Meningitis C programme
- Introduction of rotavirus vaccine
- Introduction of shingles vaccine
- Introduction of seasonal flu vaccination to all two and three year olds

In response to these new programmes, the Screening and Immunisation Team planned and delivered a number of new immunisation workshops for primary care and other clinicians during June 2013. Eight were held across Nottingham City and Nottinghamshire.

Change in the Meningitis C programme

Summary

- The removal of the second dose of MenC at age 16 weeks from the routine schedule for infants from 1 June 2013
- Introduction of an adolescent MenC booster dose at around age 14 years (school year 10) for the academic year 2013-14
- The adolescent MenC booster dose, together with the adolescent tetanus, diphtheria and polio (Td/IPV) vaccine, should be given routinely at age 13-14 years; it is intended that, over time, there will be a planned, coordinated, country-wide approach to enable areas to move towards giving these vaccines between the ages of 13-14 years (School Year 9); the national letter suggests that this should be delivered through a schools immunisation programme;

NB. Td/IPV vaccine is administered solely by primary care in Derbyshire County. This vaccine is funded in primary care through the General Medical Services (GMS) Global Sum or Personal Medical Services (PMS).

Primary care ceased administering the second dose of MenC at age 16 weeks from 1 June 2013. With regard to the requirement to administer both the MenC and Td/IPV vaccines at the same time, discussions are continuing with both Nottingham City

Council and Nottinghamshire County Council public health school nursing commissioners, Nottinghamshire Healthcare Trust Health Partnership and Nottingham CityCare School Nursing Services and primary care, including Nottinghamshire Local Medical Committee (LMC), to clarify the current status of the models and contracts for the delivering the current Td/IPV vaccine programme and how this might be considered for not only MenC vaccine, but consideration of other and future teenage vaccines – see later.

For Td/IPV vaccine in Nottingham City, there has been a mixed delivery model i.e. by primary care and school nursing services. In Nottinghamshire County, Nottinghamshire Healthcare Trust Health Partnership Health Partnership School Nursing deliver this. In addition to the county based school nursing service, primary care can also administer this vaccine in response to individual patient requests or children that are not in school.

Rotavirus vaccine
This oral live vaccine was introduced from July 2013 to the childhood immunisation schedule to protect babies against rotavirus gastroenteritis. It comprises two doses given at ages two and three months administered four weeks apart along with other primary vaccines. It is delivered by primary care. The first complete measurement of the uptake on this new vaccine for children aged one year will be available in the 2014-15 Cover of Vaccination Evaluated Rapidly (COVER) Quarter 1 data at the end of August 2014.

Shingles vaccine
This vaccine is being introduced from September 2013 for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against herpes zoster. It is being delivered by primary care. The first complete measurement of the uptake of this new vaccine for the routine and catch up cohorts will be through an Annual Shingles Survey in August 2014. This will entail a manual and automated collection from all GP practices. The first eleven months of the uptake from September 2013 for uptake in 2013/14 will be through a sentinel collection so only GP practices who are with a GP IT Supplier that have the capability to extract data automatically will participate in this survey.

Many GP practices were hoping to give this vaccine at the same time as the seasonal flu vaccination. However, most practices have been unable to do this due to national vaccine supply shortages. The current position is that capped numbers of vaccine are available to order per week by each practice.

The uptake on IMMFORM of the vaccine up to 30.11.13 in each Clinical Commissioning Group area (CCG) and for the whole Area Team for GP Sentinel practices is shown below in Table 1

Table 1

Clinical Commissioning Group (CCG)	Uptake age 70 years 30.11.13	Uptake age 79 years 30.11.13
Nottingham City	42.0%	36.4%
Newark and Sherwood	43.7%	47.9%
Nottingham North & East	43.7%	48.2%
Nottingham West	53.8%	49.7%
Mansfield and Ashfield	44.5%	45.1%
Rushcliffe	38.8%	37.2%
Derbyshire & Nottinghamshire	44.8%	44.5%

Seasonal flu vaccination to all two and three year olds
This is an extension of the existing seasonal flu immunisation programme. It is a phased introduction over the next three years of Fluenz which is a live nasal vaccine to include all children aged two to 17 years inclusive. During the 2013-14 season, as part of the national plan, the Area Team has commissioned the vaccination of all two and three year olds through primary care.

In addition to the programme for two and three year olds, there are six pilots for children aged four to ten years are being carried out across England. Most of these pilots are testing school based models but one is also piloting a community pharmacy based approach to inform the future roll out of the programme. The nearest pilot area is in the Leicestershire and Lincolnshire Area Team with whom the Screening and Immunisation Team have close links.

NHS England and Public Health England now wish to implement an accelerated rollout of this immunisation programme to all children up to age 17 years (Year 12) during the 2014-15 season to maximise the protection to the wider population from the spread of any flu virus. It is expected that this programme will be commissioned from primary care for children aged 4 years (in addition to the two and three year olds).

A national workshop in December 2013 was attended by the two of the Screening and Immunisation Team members to explore the different options for this accelerated roll out to school age children. The challenges around this are managing the scale of this to approximately 188,229 - 55,031 children in Nottingham City and 133,198 children in Nottinghamshire County within a short time i.e. before implementation from September 2014. The Screening and Immunisation Team are aware of the reviews of the school nursing service by public health departments in both local authorities in their role as leading the commissioning of school nursing. NB. In Derbyshire, no immunisations are given by school nurses – all are given by primary care e.g. HPV vaccination and school leaving booster vaccinations.

As part of the on-going planning for this the Screening and Immunisation Lead and Manager have already had initial discussions in November about this programme with both Local Authority Public Health School Nursing commissioners. The team are also starting to scope and explore through completion of a national template in January what might be reasonably and practically considered. The opportunity to discuss this further at both the Nottingham City and Nottinghamshire Health Protection Strategy Group and Health and Wellbeing Boards is welcomed.

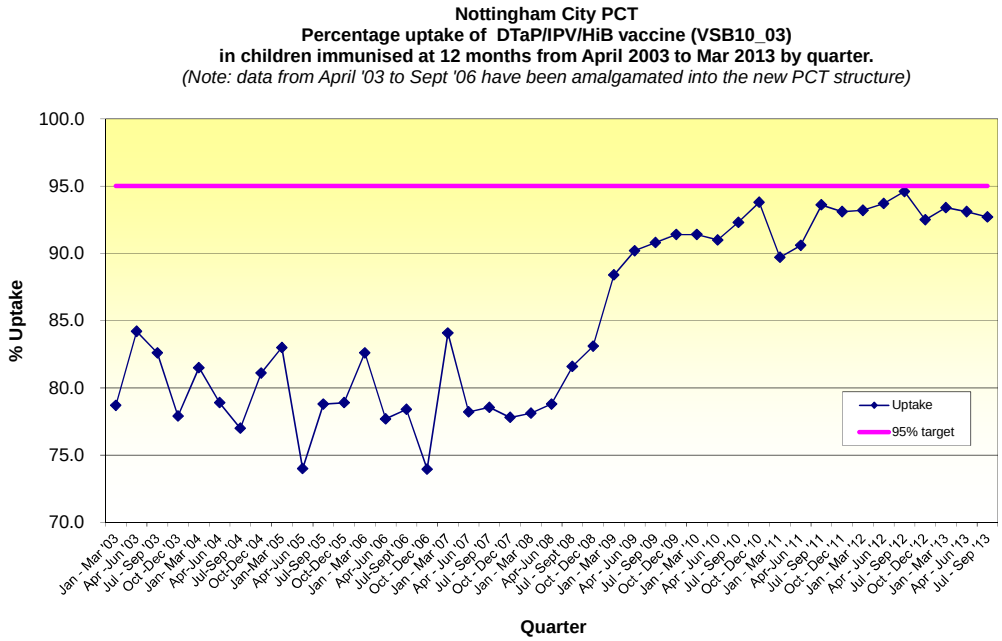
Implications for the future of adolescent immunisation programmes

The introduction the teenage MenC vaccine aligned to the teenage Td/IPV vaccine programme, along with the future introduction of seasonal flu vaccine to all children aged up to 17 years in addition to the existing Human Papilloma Virus (HPV) vaccine to girls aged 12-13 years (Year 8) raises a number of questions about the future delivery models for all these vaccines to adolescents. It is therefore timely that there is a strategic review of this. The Screening and Immunisation Team have started initial discussions regarding this with Local Authority Public Health School Nursing commissioners, primary care including and Local Medical Committees and School Nursing providers to discuss potential future delivery models. The views of Local authority education leads and Academy Head Teachers will be an essential part of this too.

Childhood Immunisation uptake in Nottingham City

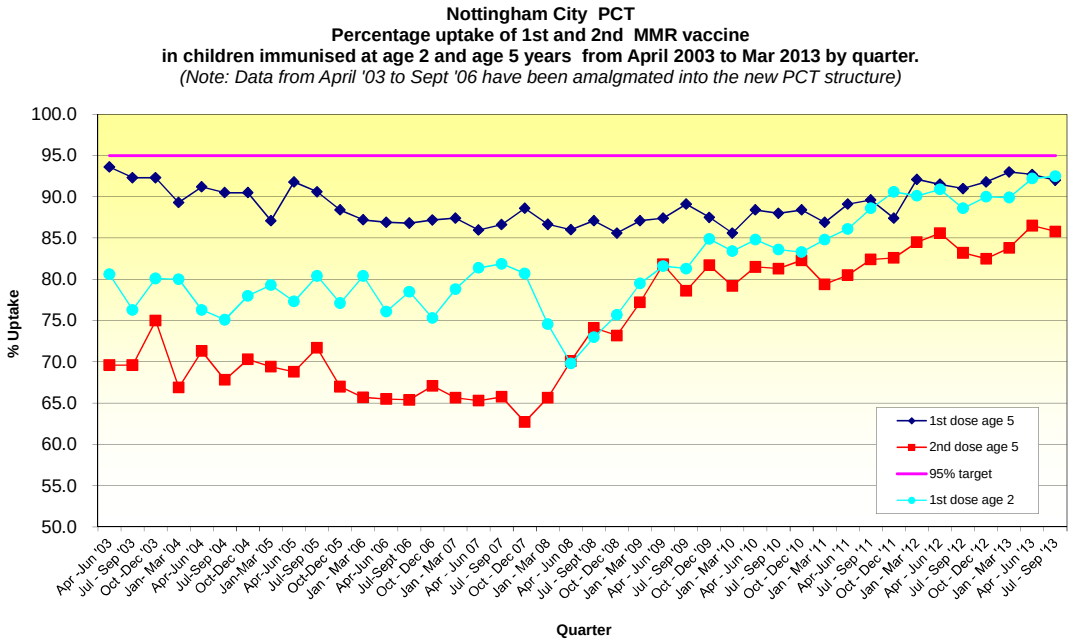
The uptake of the childhood immunisation programme in Nottingham City continues to improve year on year towards the 95% herd immunity target. The uptake for the key tracer immunisations measured at ages one, two and five
Years up to 2013-14 Quarter 2 are shown below.

Graph 1
Age 1 Diptheria, tetanus, pertussis, polio and haemophillus influenza B vaccine



- 2013-14 Quarter 2 – 92.7% - down slightly by 0.4%

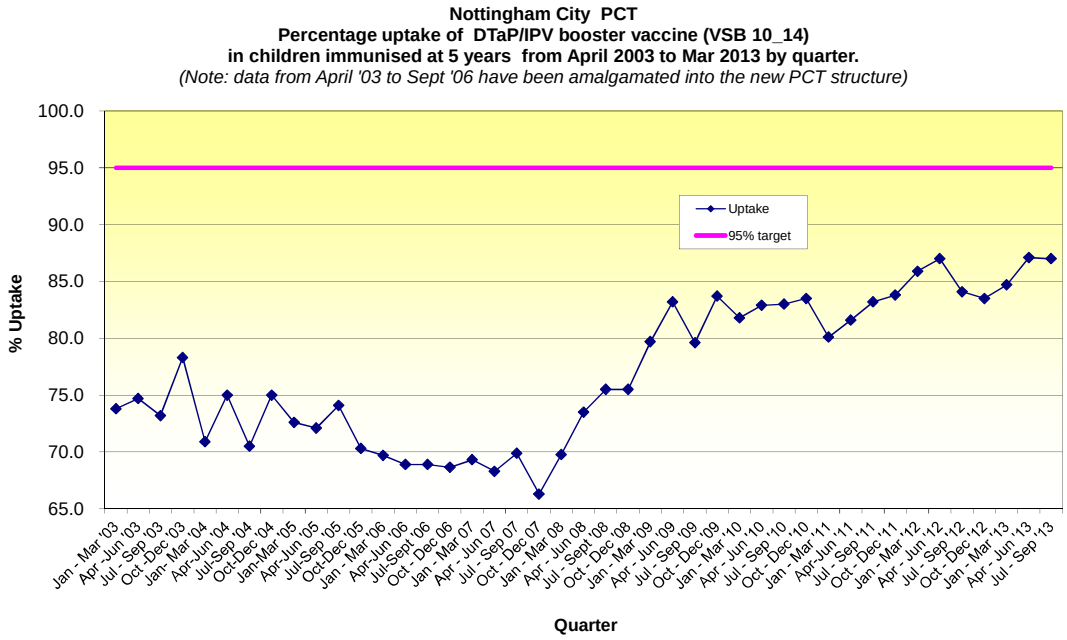
Graph 2
Age 2 and 5 years Measles, mumps and rubella (MMR) primary and secondary



2013-14 Quarter 2

- Primary MMR age 2 years – 93.0% - highest ever level – up 0.8% from Quarter 1
- Second MMR age 5 years – 85.8% - down slightly by 0.7%

Graph 3
Age 5 Diptheria, tetanus pertussis and polio (pre school booster)



- 2013-14 Quarter 2 – 87.0% - maintaining performance from Quarter 1

This improvement in performance is following targeted actions over the last four years to support practices through a number of actions. These include:-

- Practice leadership, data cleansing, improved recording and reporting and call and recall processes
- Practice and Nottingham CityCare Child Records Department support to cleanse data
- Promotion of good practice in immunisation programmes also championed by Nottingham City Clinical Commissioning Group (CCG)
- Increase in supportive work from Nottingham CityCare health visiting service
- Supportive information, advice and visits to underperforming practices by the Area Team
- Circulation of self-audit tool to practices

There has been close cooperative work with Nottingham City Clinical Commissioning Group (CCG) through their lead GP for children and families, CCG visits to practices including immunisations and frequent communication in the CCG newsletter 'Connect'. More recently, following the Quarter 1 performance, the positive improvement across the CCG was highlighted in the newsletter including in at least one practice whose patients comprise a highly mobile population.

NHS Nottingham City Public Heath (previously) and now the Area Team, Nottingham City CCG and Nottingham CityCare have also worked together in the development of

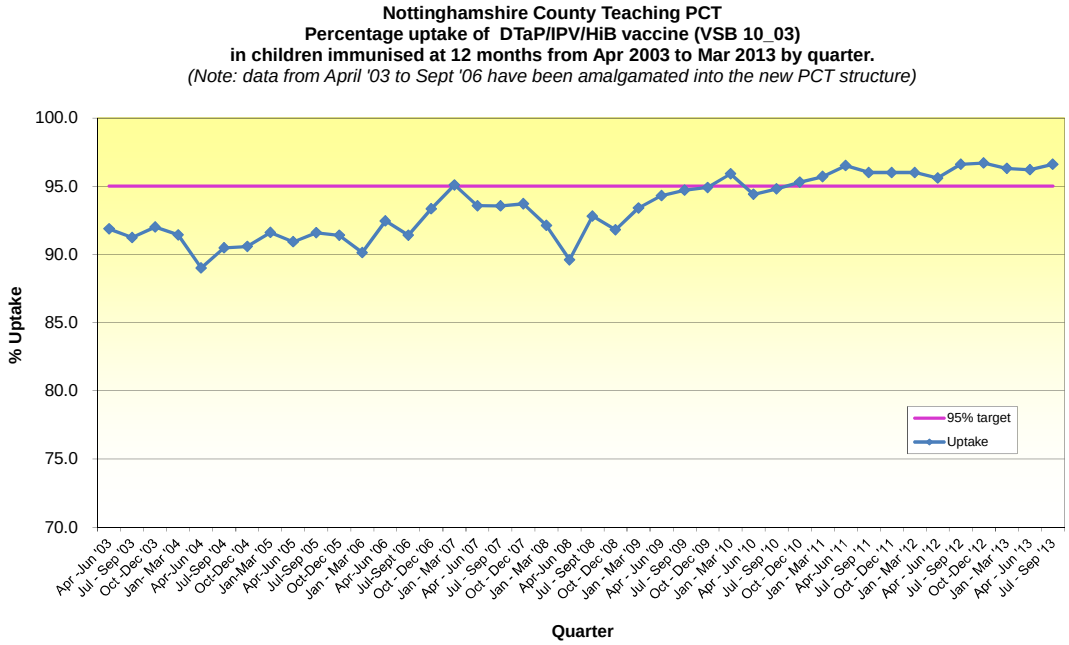
a protocol between primary care and the health visiting teams to support the referral of un/under immunised vulnerable hard to reach children to the health visiting team for home immunisation and to encourage attendance at primary care for future immunisations. The impact of this is currently being evaluated.

Immunisation uptake in Nottinghamshire County 2013-14 Quarter 2

Clinical Commissioning Group (CCG)	Age 1 Diptheria, tetanus, pertussis, polio and haemophillus influenza B vaccine	Age 2 Measles, mumps and rubella (MMR) primary and secondary	Age 5 years Measles, mumps and rubella (MMR) second	Age 5 Diptheria, tetanus pertussis and polio (pre-school booster)
Newark and Sherwood	96.6%	92.5%	92.1%	92.7%
Nottingham North & East	95.7%	94.4%	88.7%	89.7%
Nottingham West	96.6%	94.9%	93.0%	92.1%
Mansfield and Ashfield	96.5%	95.4%	91.9%	90.4%
Rushcliffe	97.7%	96.9%	96.5%	96.3%
All Nottinghamshire	96.5%	94.7%	91.8%	91.4%
Nottingham City	92.7%	93.0%	85.8%	87.0%

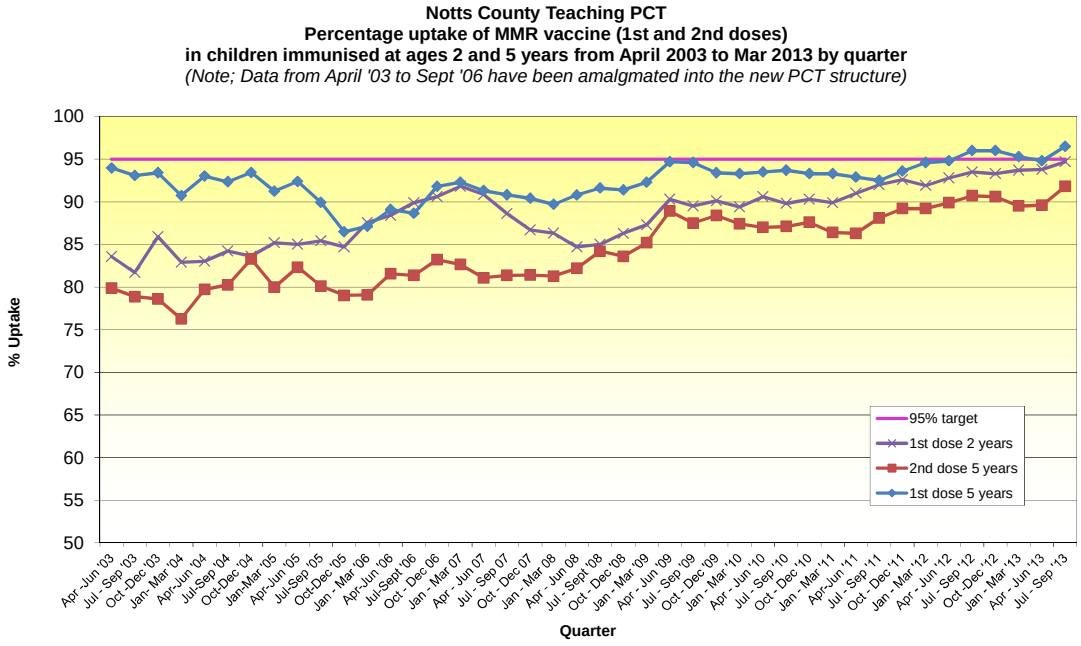
The uptake of the childhood immunisation programme in Nottinghamshire County remains high and above the 95% herd immunity target for most vaccine measure points. The uptake for the key tracer immunisations measured at ages one, two and five years up 2013-14 Quarter 2 are shown below along with the latest Quarter 2 COVER data performance.

Graph 4
Age 1 Diptheria, tetanus, pertussis, polio and haemophillus influenza B vaccine



- 2013-14 Quarter 2 – 96.5% - up 0.3% from Quarter 1

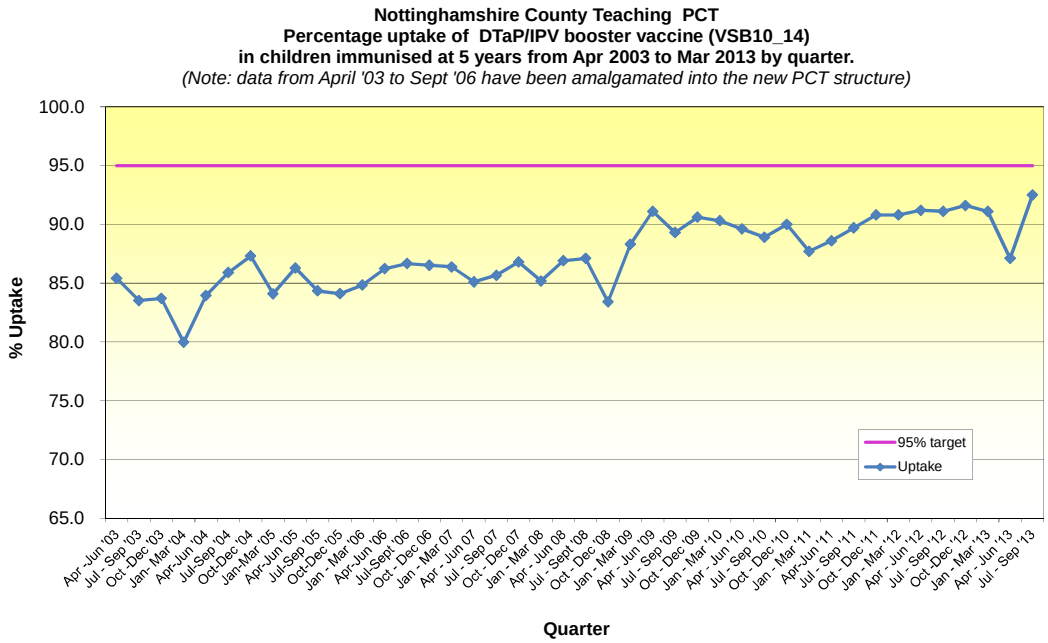
Graph 5
Age 2 and 5 years Measles, mumps and rubella (MMR) primary and secondary



2013-14 Quarter 2 –

- Primary MMR age 2 years – 94.7% - highest ever level – 0.3% short of herd immunity target
- Second MMR age 5 years – 91.8% - highest ever level

Graph 6
Age 5 Diptheria, tetanus pertussis and polio (pre school booster)



- 2013-14 Quarter 2 – 91.4% - up by 4.3% from Quarter 1 and just short of highest ever at 91.6% in 2012-13 Quarter 3

Work is underway to maintain the performance and supportive actions through liaising with the Clinical Commissioning Groups and through the Area Team giving supportive information and circulation of self-audit tool. Mansfield and Ashfield CCG have been particularly supported data cleansing and identified a Locality Development Manager to champion and support practices. Practices have also benefited from an extensive visiting programme previously undertaken by the Primary Care Trust.

For both authorities, the Screening and Immunisation Team are also working closely with their Public Health Area Team colleagues who commission health visiting services to ensure the future inclusion in service specifications for their role in not only promoting immunisation, but in cases of need, immunising vulnerable unimmunised children.

Human Papilloma Virus (HPV) vaccine
This national programme is administered routinely to all girls in Year 8 age 12-13 years by the School Nursing Services in Nottingham CityCare and Nottinghamshire Healthcare Trust Health Partnership. This programmes run from September to August i.e. by academic year. This vaccine requires three doses to be administered over six months. The annual figures for year 2012-13 are due soon. Indications are that uptake for all three doses is close to the 90% target in Nottingham City and Nottinghamshire County. The uptake for 2011-12 is shown below.

Table 2
HPV Year 8 uptake 2012- 2013 *(2011- 2012)*

	Dose 1	Dose 2	Dose 3
NHS Nottingham City	91.3% (91.4%)	90.8% (91.1%)	90.0% (89.6%)
NHS Nottinghamshire County	91.8% (93.2%)	90.3% (91.5%)	86.3% (89.8%)

The achievement of the 90.0% target in Nottingham City for the first time for dose three of this vaccine is very positive and notable due to the assertive follow-up approach by Nottingham CityCare School Nursing service and on-going monitoring of cohort numbers of by the Child Health Records Department. The drop in performance in Nottinghamshire is being investigated by the Trust at a locality level. The Area Team are also establishing contract and performance meetings with both providers.

Seasonal influenza vaccine
The 2013-14 seasonal influenza vaccine programme runs from September to January. The first national letter published in June outlined the requirements and priority groups for this year's programme covering all people aged over 65 years, people in clinical at risk groups aged 6 months to under 65 years and all pregnant women. The target uptake is 75% for all of these groups.

See page 3 for update on children's seasonal flu campaign developments. The expected target uptake is 75% as outlined in the national service specification although this is not stated in the national letter about this programme.

There is also a health and social care workers flu vaccination programme for frontline staff. Planning and implementation of this programme is led through a county-wide implementation group.

Uptake for primary care in the 2013-14 season up to 31.12.13 from bulk upload NB. final data for 31.12.13 due mid-January

Nottingham City - for 57/62 practices	
Age 65yrs	70.8%
Age 6mths-<65yrs in a clinical at risk group	46.5%
All pregnant women	33.0%
Pregnant women at risk	49.6%
Pregnant women not at risk	31.6%
2 years NOT in a clinical at risk group	37.6%
2 years and in a clinical at risk group	51.6%
All age 2 years	37.9%
3 years NOT in a clinical at risk group	31.5%
3 years and in a clinical at risk group	45.8%
All age 3 years	32.0%

Rushcliffe CCG for 14/15 practices

Age 65yrs	78.4%
Age 6mths-<65yrs in a clinical at risk group	51.6%
All pregnant women	46.0%
Pregnant women at risk	65.8%
Pregnant women not at risk	44.3%
2 years NOT in a clinical at risk group	47.9%
2 years and in a clinical at risk group	53.3%
All age 2 years	48.0%
3 years NOT in a clinical at risk group	45.8%
3 years and in a clinical at risk group	69.2%
All age 3 years	46.7%

Nottingham West CCG for 12/12 practices	
Age 65yrs	75.6%
Age 6mths-<65yrs in a clinical at risk group	55.2%
All pregnant women	45.3%
Pregnant women at risk	70.0%
Pregnant women not at risk	43.1%
2 years NOT in a clinical at risk group	53.7%
2 years and in a clinical at risk group	54.2%
All age 2 years	53.8%
3 years NOT in a clinical at risk group	51.3%
3 years and in a clinical at risk group	59.1%
All age 3 years	51.6%

Nottingham North and East CCG for 21/21 practices	
Age 65yrs	72.5%
Age 6mths-<65yrs in a clinical at risk group	48.8%
All pregnant women	42.9%
Pregnant women at risk	60.2%
Pregnant women not at risk	41.4%
2 years NOT in a clinical at risk group	45.0%
2 years and in a clinical at risk group	72.7%
All age 2 years	45.7%
3 years NOT in a clinical at risk group	41.7%
3 years and in a clinical at risk group	54.7%
All age 3 years	42.3%

Newark and Sherwood CCG for 15/15 practices	
Age 65yrs	76.5%
Age 6mths-<65yrs in a clinical at risk group	47.5%
All pregnant women	47.2%
Pregnant women at risk	59.2%
Pregnant women not at risk	46.2%
2 years NOT in a clinical at risk group	45.9%
2 years and in a clinical at risk group	52.9%
All age 2 years	46.1%
3 years NOT in a clinical at risk group	45.2%
3 years and in a clinical at risk group	70.0%
All age 3 years	46.0%

Mansfield and Ashfield CCG for 31/31 practices

Age 65yrs	74.2
Age 6mths-<65yrs in a clinical at risk group	49.2
All pregnant women	44.3
Pregnant women at risk	56.5
Pregnant women not at risk	43.2
2 years NOT in a clinical at risk group	46.0
2 years and in a clinical at risk group	60.9
All age 2 years	46.4
3 years NOT in a clinical at risk group	43.5
3 years and in a clinical at risk group	57.4
All age 3 years	43.9

Healthcare workers flu vaccination uptake to 30.11.13

Organisation	**Uptake**
NUH	60.5%
SFHT	64.6%
Nottinghamshire Healthcare Trust	34.3%
Area Team including Nottingham CityCare	48.6%

Progress report on the measles, mumps and rubella (MMR) catch up programme for 10-16 year olds

The Area Team MMR catch up programme for 10-16 year olds continues to be implemented through primary care in both local authorities and supported by Nottingham CityCare in Nottingham City. The target is for 95.0% of 10-16 year olds to have at least one dose of MMR.

At the time of the catchup programme the most recent data (August 2012 annual IMMFORM survey) showed that uptake in this age group is:-

- Nottinghamshire County – 96.7%
- Nottingham City – 89.5% (a more recent interim update recorded an uptake of 90.7% as at 23.12.13)

The biggest challenge is in demonstrating improving uptake in Nottingham City is related to the accuracy of the data. All practices, supported by Nottingham CityCare Child Records Department, have undertaken a data cleansing exercise.

Nationally, Public Health England and NHS England required all Area Teams to produce MMR Phase 2 actions plans for mid September. The priority for Phase 2 plans is around the introduction of school based programmes based on local need. It has been agreed that Nottingham City is the local priority area for consideration.

Nottingham CityCare Child Health Records Department has supported the identification of the three city schools and the GP practices that have most (n. 362) of the school children registered with them with the highest numbers of children with no MMR vaccination. These are:-

- Djanogly City Academy (highest)
- Nottingham Academy (second highest)
- The Nottingham Emmanuel School (third highest).

This targeted Phase 2 vaccination plan by Nottingham CityCare school nurses has been funded through the Area Team and is currently being completed in these three

secondary schools in addition to the existing primary care and health visiting protocol. The final report on is due from Nottingham CityCare on 17.1.14. Initial information shows that consents were gained from 20% of those invited which compares favourably with a Phase 1 plan elsewhere in the country that had a 12% return. The conversion of these to being vaccinated will be in the final report. Early indications showing that there has been a 20% return of consent forms with approximately 15% of the total invited being vaccinated or subsequently confirmed as already vaccinated.

This is in addition to the on-going primary care programme and supportive work done with Nottingham CityCare utilising the already agreed Primary Care/Health Visiting protocol to follow- up un/under immunised children. This work is being led by the Specialist Health Visitor for Immunisations. This is continuing to demonstrate the intense challenge for practices and Nottingham CityCare to follow up a complex mobile population who often are no longer living in the city, yet remain on both the practice lists and CHIS. The mobility of this population runs ahead of accurate national population data used by the CHIS in order to calculate accurate cohort lists.

It is encouraging too that there have been no confirmed cases of measles locally since May 2013.

Vaccine Patient Group Directions (PGDs)
Legislation establishing PGDs was introduced in 2000 and the Health Care Service (HSC 2000/026) provided additional guidance. A PGD must be signed by a doctor and a pharmacist, both of whom should have been involved in developing the direction. Vaccine PGDs provide a legal framework to allow registered nurses to administer a vaccine to a pre-defined group of patients, without them having to see a prescriber. PGDs are widely used in primary care to facilitate the administration of immunisations.

There are two historical and existing different processes in Derbyshire and Nottinghamshire to develop vaccine PGDs. The Nottinghamshire based model has been developed through a long established health communitywide group for primary care and other Trusts whereas PGDs in Derbyshire have been developed by Southern Derbyshire CCG Medicines Management Team (MMT) for primary care only. Other Derbyshire providers access these and authorise them for their own use within their own organisations.

Following the publication of national National Institute for Health and Clinical Excellence (NICE) and two national letters in 2013, the Screening and Immunisation Team are reviewing the current processes for the development and authorisation of vaccine PGDs through a multiagency stakeholder group. A number of options were discussed. A recommendation is to be taken through to the Area Team and Clinical Commissioning Groups to develop an Area Team-wide steering group comprising the Screening and Immunisation Team and CCG Medicines Management Team. NB. there is no named pharmacist within the Area Team. There are a number of pros and cons around this. Pros include that it gives one process within the governance of the local Area Team, shares pharmacy MMT capacity required across 10 CCGs, supports CCGs' role in supporting the quality of primary care and involves the experienced local PHE Centre Consultant involvement to sign off the clinical content of PGD. Cons include that it relies on MMT capacity and expertise from CCGs, that there is minimal dedicated administrative support available in the Area Team to support the efficient significant administration of process for approximately 15 vaccines.

It should also be noted that feedback to NHS England and Public Health England (PHE) national leaders from NHS England/PHE Screening and Immunisation Leads (SILs) and CCG and Trust pharmacists has urged PHE and NHS England to develop one clinically signed off PGD per vaccine which is then issued to Area Teams to authorise locally.

Immunisation Training

Training on immunisations and vaccinations is central to the provision of a safe immunisation service. There are national minimum standards for immunisation training and an accompanying core curriculum that were published by the Health Protection Agency in June 2005.

Public Health England nationally will be reviewing immunisation and vaccination training. The NHS England and Public Health England 'Immunisation and Screening National Delivery Framework and Local Operating Model' May 2013 states that Area Teams have a role in system management in monitoring quality standards for training. It also states that Area Teams are responsible for seeking assurance from GP Practices and providers that staff undertaking immunisation and screening meet national quality standards. NB. the Area Team does not commission or provide immunisation training courses. Employers have a responsibility to ensure that their staff are adequately trained as well as all practitioners being are responsible for their own competency through keeping their knowledge and skills up-to-date.

Locally the Screening and Immunisation Team are undertaking a local review across the Area Team. In Nottingham City, Nottingham Citycare contract with an independent clinical trainer to provide immunisation training to in-house staff as well as charging primary care for places which is mostly taken by Nottingham City practices. It is also offered to Nottinghamshire practices but due to being often oversubscribed and. There is no dedicated Nottinghamshire based provider of immunisation training to primary care. In Derbyshire, training is offered to primary care by Derbyshire Community Health Services (DCHS). It is the view of the Area Team that it is timely to undertake this review as the continuing provision of the current training cannot be assured.

Other issues will also need consideration including:-

- What expert capacity and expertise is there within local health communities to deliver training?
- What is the 'market' for providing training?
- How are courses accredited?
- How is competency assessed?
- Accountability - are employers and staff clear about their accountability for staff competence if they are providing an immunisation service?
- What do the primary care employers and staff need and want?
- How is immunisation training funded and contracted?
- Interim updates - how are staff updated about new immunisation programmes that are introduced in between formal update sessions?

The Area Team therefore wish to facilitate discussions with Clinical Commissioning Groups (CCGs) and other stakeholders regarding the future provision.

Conclusion

This paper summarises the latest position against the national immunisation service specifications. It demonstrates the breadth of the programme and the work that has

been undertaken in primary care, providers and the Area Team along with local authority colleagues.

Recommendation
The group are asked to note and comment on the content of this report.

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