

From: Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health

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To: Health Reform and Public Health Cabinet Committee – 27 June 2018

Subject: **Childhood Immunisation**

Classification: Unrestricted

Summary: The aim of this report is to provide information on:

- Roles and responsibilities of partners around childhood immunisations
- The local picture of childhood immunisations in Kent County
- Current and future actions planned by NHS England to improve childhood immunisation rates

Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to note progress and endorse the approach taken by Public Health England and NHS England to improve childhood immunisation in Kent.

1. Introduction

- 1.1 Responsibility for childhood immunisations was transferred to NHS England (NHSE) in April 2013 following the Health and Social Care Act 2012. Public Health England advises NHSE on the epidemiology of childhood diseases and immunisations and Local Authority Public Health teams have a statutory responsibility to provide assurance of the system for the delivery of immunisations.
- 1.2 This report provides an update on childhood immunisation and highlights the actions being taken by NHS England and other stakeholders. Note it does not cover seasonal flu immunisation or teenage immunisation.

The Immunisation Schedule is shown in the Appendix to this report.

2. The Local Picture

- 1.1 The data below have been published by the Public Health England. They are taken from the Child Health Information System which in turn is supplied with individual children's records of immunisation by general practice.

For children aged 1 year, October-December 2017

	Diphtheria/tetanus/pertussis/ polio/haemophilus influenza (DTP Hib) (% coverage)	Pneumococcus (% coverage)	Rotavirus (% coverage)	Meningitis B (% coverage)
England	93.1	93.5	90.6	93.0
Kent	92.0	92.2	90.3	91.9

For children aged 2 years, October-December 2017

	DTP Hib (% coverage)	Pneumococcal booster (% coverage)	Haemophilus influenza/ meningitis C (% coverage)	Measles/mumps/ rubella – dose (MMR) 1 (% coverage)	Men B Booster (% coverage)
England	95.2	91.3	91.3	91.1	87.4
Kent	93.7	90.6	89.9	90.0	81.5

For children aged 5 years, October-December 2017

	DTP Hib (% coverage)	MMR dose 1 (% coverage)	MMR - dose 2 (% coverage)	DTP/polio (% coverage)	Haemophilus influenza/ meningitis C (% coverage)
England	95.8	95.1	87.3	85.9	92.8
Kent	93.0	94.5	86.2	81.1	88.4

- 1.2 NHS England is responsible for meeting immunisation targets. Clinical services are responsible for making effective and acceptable offers of immunisation. The coverage targets for England as a whole for each childhood immunisation is in line with the World Health Organisation Target i.e. 95%. A 95% vaccination coverage will prevent the spread of most infectious diseases through “herd immunity”.
- 1.3 England only meets the 95% target for some vaccinations and within England there is variation. The Kent percentages should be seen in this context.
- 1.4 Local reviews of data held on general practice systems shows that the published data for Kent also underestimates the true coverage by around 3-5% depending on which immunisation. Not all immunisations given are coded correctly on practice systems or reported to the Kent Child Health Information System (CHIS) that reports figures for publication.
- 1.5 Factors that influence true uptake include parental attitudes and how information affects these, how accessible and well-organised services and reminder systems are.
- 1.6 Immunisation Improvement Plans, based on evidence from NICE have been agreed at the KSS level and shared with Directors of Public Health.

- 1.7 There is now a Kent Immunisation Board, in which KCC is represented, designed to coordinate and work together across health and social care and which has its own Action Plan to improve immunisation rates.

Other participants are the Screening and Immunisation Team (SIT) who Chair, organise and minute, CCGs, Practice Nurses and Practice Managers, the Health Protection Team, The Local Medical committee, the Health Visiting Immunisation Lead, Children's Centres, Child Health Records Department. All are engaged and contributing.

2 Local Actions

Outlined below are the main issues identified and the actions currently happening

2.1 Poor transfer of data from GP clinical systems to the Child Health Information Service

Recent developments include:

- The electronic query and extraction system (replacing a mix of paper and other methods) introduced 3 years ago still fails to reliably transfer all data.
- Years ago, a data challenge and checking system was introduced which most practices use but it is not compulsory. It greatly improves coverage statistics.
- Letters from the Screening and Immunisation Lead directly to parents of children remaining unimmunised have been trialled across Kent in 2017/18 and discontinued as they made no difference to coverage.

Current efforts focus on:

- Maintaining and improving the challenge and checking system. Targeted and detailed practice by practice data reconciliation is underway.
- Improving coding of immunisation in general practice (there are many possible codes and it can easily be confusing).
- Exploring procurement of a new electronic extraction and transfer service, as used successfully elsewhere is a high priority. Though the Digital Child Health Strategy (2017-2021) may improve data transfer, it is not clear when this will happen and unlikely to be for at least 2 years.

2.2 A local mixed picture of good immunisation practice and poorer immunisation practice

Continuing to improve and develop:

- Regular monitoring and communication with GP practices e.g. to inform them of new vaccines, good practice points and to encourage further attempts to vaccinate
- The SIT visiting practices and giving educational talks to make local systems more effective, including better coding and reporting.
- Practices reviewing and comparing their immunisation data with CCG support
- Better use of Children's Centres to promote immunisation

Newer developments:

- A new catch-up service for those unable or reluctant to attend general practice is currently being developed, to start in September 2018. Information to identify children for this service and to assess its effectiveness is being developed with the Child Health Information System.
- Systems to involve Health Visitors more closely and systematically with children who need immunisation are being developed, both professionally with improved general practice links and through KCC, which commissions Health Visiting services.

4. Conclusions

- 4.1 Although immunisation rates for childhood immunisations continue to be below the England average rates and continue to be below 95% coverage, much work is being done to improve rates. KCC continue to assure the system via Health Protection Committee meetings and attendance at the new Kent Immunisation Board.

5. Recommendations

Recommendation

- 4.1 The Health Reform and Public Health Cabinet Committee is asked to note progress and endorse the approach taken by Public Health England and NHS England to improve childhood immunisation in Kent

Background documents:

Cover of vaccination evaluated rapidly (COVER) programme 2017 to 2018: quarterly data <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2017-to-2018-quarterly-data>

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National Childhood Immunisation Schedule, as from September 2017

8 weeks

6-in-1 vaccine, given as a single injection containing vaccines to protect against six separate diseases: diphtheria; tetanus; whooping cough (pertussis); polio; Haemophilus influenzae type b, known as Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children; and hepatitis B

Pneumococcal (PCV) vaccine

Rotavirus vaccine

Men B vaccine

12 weeks

6-in-1 vaccine, second dose

Rotavirus vaccine, second dose

16 weeks

6-in-1 vaccine, third dose

Pneumococcal (PCV) vaccine, second dose

Men B vaccine second dose

One year

Hib/Men C vaccine, given as a single jab containing vaccines against meningitis C (first dose) and Hib (fourth dose)

Measles, mumps and rubella (MMR) vaccine, given as a single jab

Pneumococcal (PCV) vaccine, third dose

Men B vaccine, third dose

3 years and 4 months

Measles, mumps and rubella (MMR) vaccine, second dose

4-in-1 pre-school booster, given as a single jab containing vaccines against: diphtheria, tetanus, whooping cough (pertussis) and polio