Report title and challenge question(s):
Health Protection update

Report to:
Health and Wellbeing Board, Wednesday 20th March 2019

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-Please limit your report to a maximum of five pages.

-At the Board, it is assumed that members have read all papers. Unless your paper is for information, you will have 3 minutes to outline your paper before a Board discussion.
1. Introduction

1.1 What is the ‘wicked issue’?

The Board has asked that this report includes BCG resolution, reflections on the flu season, shares the immunisation action plan and flags any barriers/challenges to immunisation uptake.

1.2 What are the existing mechanisms/projects to address this issue?

These issues are currently being managed by the Waltham Forest Immunisation Steering Group and through partnership working between stakeholders.

1.3 What more can the partnership do? / What is your ask of the board today?

The Board is asked to support the Immunisation Steering Group in the resolution of the issues presented in this report.

2. BCG update

2.1 Context

In October 2018 NHS England London region shared a BCG delivery protocol whereby London maternity units would provide universal BCG vaccination to babies born within their units up to age 28 days. At-risk babies aged up to 12 months who missed vaccination in maternity would receive their BCG vaccination in the community.

The community provider, NELFT, have cleared the backlog of infants aged under 12 months requiring BCG vaccination and are providing a mop-up of BCG vaccinations to at risk children aged 1-5 years who missed out on BCG vaccination due to the vaccine shortage.

2.2 Issues

A business case has been agreed for Whipps Cross to deliver a 7 day service for BCG and flu and pertussis to pregnant women as a 5 day service. However at present Whipps Cross maternity unit are only able to provide a 5-day service due to resourcing and infrastructure issues. At the December Health Protection Forum the Board requested that NELFT temporarily provide BCG vaccination up to 28 days after birth to babies who missed the universal offer at Whipps Cross until the maternity unit are able to deliver a 7-day service. This proposal was agreed by the commissioner NHS England. However the service is not yet operational due to the lack of agreement between the maternity unit and NELFT. The reasons for this delay are not clear.

Homerton maternity unit are not yet providing a BCG service. The provider is due to provide a business case to NHS England.

NHSE is currently in negotiation with BHRUT regarding commencement of their neonatal BCG service.

This situation has led to inequalities in the delivery of BCG vaccination for Waltham Forest infants.
3. Flu season reflections

3.1 Flu performance overview

A summary of provisional flu performance is provided in section 6.1 (annual uptake has not yet been published).

Age 2 and 3

- Throughout London, uptake for child ‘flu vaccine for 2 and 3 year olds is low despite efforts every year from the public health commissioning team to visit poor performing practices (those performing less than 10%) to support them.

- For Waltham Forest, uptake for age 2 drops between 2016/17 and 2017/18 but increased for 2018/19. For age 3 however, there is a decline year on year. London declined for age 2 and fluctuates for age 3.

- Initial analysis of the child ‘flu data in general practice suggests that this season started off better than last season but that uptake significantly dropped in weeks 48-49 across London. Whilst this is being investigated, it is likely that the offer was affected by the adult ‘flu vaccination for over 65s (as these weeks correspond with the final delivery of aTIV, the recommended vaccine for over 65s).

- Interestingly, when looking at this season’s reception children (who were aged 3 last year), their uptake rate doubled once offered in schools – a pattern also seen for 2017/18, suggesting that a main contributing factor to poor uptake is service related.

Primary Schools

- London’s uptake has increased year on year. For 2018/19, London exceeded the lower threshold of the national aspirations for Reception, Years 1-2 (i>50%).

- Waltham Forest performs below London averages and is similar to Newham, Tower Hamlets and City & Hackney. These boroughs are the lowest in London. Reasons for this will be looked at in the forthcoming ‘deep dive’ with School Aged Vaccination (SAV) providers at the end of April.

- The decline in uptake across age groups is not attributable to a decline as child age. Research shows that uptake of child ‘flu vaccine is associated with previous ‘flu vaccination. As a result, SAV providers are encouraged to ensure good uptake in Reception so that this is maintained throughout primary school.

- Despite the increase across London, Waltham Forest’s school age flu uptake is lower than last year despite offering ‘mop-up’ community clinics organised by SAV provider. This is being investigated as the population is similar to Redbridge yet uptake is not as high as in Redbridge.
Adult Flu Vaccination

- Despite improvements in London’s ‘flu vaccination rates for 2016/17 and 2017/18, the trend was not continued for 2018/19 for adult vaccinations.

- Rates are lower than last year across the ‘at risk’ groups of over 65s, clinical at-risk groups and pregnant women. Rates of health care workers were similar with this time last year.

- Whilst evaluations of the adult ‘flu vaccination programmes have only just started, initial analyses are showing that this year’s uptake was impacted by a mild winter, low circulation of influenza and predominantly, the confusion over the vaccine to be offered to over 65s.

- Ordering of vaccine was low amongst London practices despite concerted efforts from NHSE to increase orders. In addition, delivery of the vaccine was staggered into three deliveries – end of September, end of October and end of November. There were reports at national teleconferences about ‘flu vaccination clinics being cancelled and patients turned away. NHSE (London) worked with general practices to ensure that clinics were scheduled when vaccine was available, to concentrate on the other at risk groups (whom were offered QIV vaccine) until aTIV was ready, to share stock and to send patients aged 65 years or older to community pharmacies for vaccination if the practice did not have aTIV.

- Provisional data for 2018/19 shows that Waltham Forest performs below London and national averages for the clinical at-risk and pregnant women. All CCGs in North East London and London performed below national standards of 70-75% for over 65s and 50-55% for clinically at risk groups.

- These figures however do not include the flu vaccinations offered in maternity units nor the vaccinations provided in pharmacy. For London, 200,353 vaccinations were offered in pharmacy (over half were to people aged 65 and older), 5,277 were provided in Waltham Forrest. This however lower than Newham (8,817), Redbridge (8,377), City & Hackney (7514), Havering (6,806) but higher than Barking & Dagenham (4,998).

- NHSE are already working with practices and CCGs to ensure that enough vaccine is ordered on time by end of March 2019 for winter 2019/20.

3.2 Issues and barriers

Flu vaccine stock (aTIV) for the over 65s was subject to a staggered delivery thereby causing issues for practices who had scheduled clinics and had run out. Where practices ran out of stock they were advised to refer patients to pharmacy or source stock from neighbouring practices.

All Waltham Forest practices ordered aTIV at the start of the season. During the middle of the season, the manufacturer made more stock available and NHSE requested CCGs to contact their practices with instructions on how to order more stock should they need. This additional stock was available in October and November 2018. Because patients had to be signposted to receive their flu vaccination in pharmacy, some practices reported surplus stock.
Towards the end of the flu season some practices ran out of QIV. NHSE encouraged practices to share stock with each other following a relaxation of the rules by MHRA on sharing stock.

There were delays in the transfer of data from community pharmacy to general practice. And also delays in data from community pharmacy being uploaded to the GP clinical system. This may have led to missed opportunities to vaccinate, or over-vaccination. Practices experienced reporting difficulties with Immform, the flu uptake reporting system.

Public perception of the vaccine, such as low perceived risk, myths regarding the vaccine, and the porcine content for the child flu vaccine, continues to inhibit uptake of flu vaccination.

Vaccination UK has reported issues around data sharing, with schools refusing to share parent contact details with staff on the day of vaccination sessions to assist with seeking verbal consent where parents have not returned consent forms. They also reported difficulties with arranging vaccination sessions with schools to provide the second HPV vaccination towards the end of the 17/18 school year. The provider experienced last minute cancellations and reduced co-operation from some schools. The expansion of the HPV vaccination programme to include boys from September 2019 will make the delivery of this programme more complex, and the support of schools even more important.

CHIS and other data quality issues remain a concern.

### 3.3 Current and planned actions

NHS England visited practices with poor flu uptake to share best practice on how they can improve uptake. CCG-led visits have also been carried out with all but 3 practices in Waltham Forest. At these visits flu achievement and practice processes have been discussed. Text messaging usage has also been analysed and training arranged to help practices to improve their usage of this resource. Vaccination uptake dashboards were shared with localities, and best performing practices recognised. Emails were sent to practices to share their current uptake and the number of vaccinations required to achieve their target.

Practice nurse immunisation refresher training has been organised to take place in March 2019, as has a dedicated shingles training and action planning session. The training will allow nurses to engage with the trainer/s and should equip nurses to push forward with immunisations. Information on the secondary care cost for shingles related treatment has been shared with practices with low uptake to encourage them to work to improve their uptake.

Focus groups are being planned to understand the reasons for parents declining flu vaccination for their children. This is a collaborative piece of work with Tower Hamlets. Messaging around GDPR will be shared with schools to assist Vaccination UK with contacting parents for consent on the day of vaccination. There are also plans to promote MMR vaccinations in travel clinics. Clinical Effectiveness Group support for immunisations is being procured to support primary care from April 2019.

The vaccination programmes that the Immunisation Steering Group has elected to prioritise are 2nd MMR vaccination and localisation of the London MMR plan, HPV and Shingles.

In the past, uptake was relatively high in the borough when an Immunisation Co-ordinator was in post. This approach to improving performance that has been suggested in the NHS 10 Year Plan.
3.4 Proposed solutions

Other suggestions for improvement for the 2019/20 flu season are to:

- Identify GP practice flu leads early on in the flu season to support the delivery of the programme. Locally, two local practices signed up to deliver open access flu vaccination and were able to provide flu vaccinations to those that were homeless.

- Ensure that consent forms are completed prior to vaccination sessions as this leads to a smoother process among care homes residents. Support for the over 65 programme was provided by community pharmacy, which reduced the impact of delays to vaccine delivery in general practice.

- Encourage flu vaccination manufacturers’ representatives to communicate directly with the CCGs on a monthly basis throughout the flu season so that they can be responsible for keeping CCGs up to date with any changes or issues to supply.

- Request SAV providers send their school flu timetable including community mop-up sessions directly to their CCGs to include in their planning.

- Request SAV providers send details of community mop-up sessions to GPs so they can refer patients who attend surgery for a vaccination.

- Escalate non-engaged and low uptake schools to LA PH as soon as possible.

- Clarify data sharing regulations with schools to encourage sharing of parental phone numbers with SAV providers.

- Refine the cohort descriptions in the pharmacy influenza SLA to help pharmacies identify eligible patients.

- Liaise with internal and external operational teams earlier (ie August) and work with them to tackle any issues and challenges.

- Identify all available channels and resources to escalate issues and concerns ie utilising SROs for flu, STP Leads and CSU.

- Explore utilising social marketing throughout the season and towards the end to give messaging around ‘it’s not too late to get your flu vaccination’.

- Check performance of statistical neighbours to promote shared learning.

- Distribute the SLA for housebound patients at the beginning of July.

- Continue regular and early communications between NHSE, CCGs and LA PH teams.

- Improve ‘at risk’ messaging and establish better links with chronic disease management to encourage ‘at risk’ patients to have their flu vaccination.

- Have proactive communications ready (by August/September) in case of warmer winter, which GP staff can use and pass onto patients in order to mitigate the risk of patients deciding not to be vaccinated as a result of a warmer winter.

- Use the full range of comms channels to promote flu uptake.
4. Waltham Forest Immunisation Strategic Plan 2017-2022

Waltham Forest has an immunisation action plan which covers the period 2017 to 2022. There are also pan-London action plans for immunisation, MMR, flu, and a health inequities strategy.

The WF Strategic plan guides the cyclical annual actions relating to immunisation. A major action for 19/20 will be to reflect on the recently published London MMR plan and to embed actions locally in order to help improve MMR uptake.

Link to Strategic Plan:

5. Recommendations

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Lead agency</th>
<th>Evidence base for recommendation</th>
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<tbody>
<tr>
<td>1. Board to feedback any comments on work being undertaken or areas for development.</td>
<td>Health and Wellbeing Board</td>
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6. Appendix

6.1 Flu uptake

<table>
<thead>
<tr>
<th>Target group</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>WF Sep-Jan 18/19</th>
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<td>2 year olds</td>
<td>24%</td>
<td>23%</td>
<td>30%</td>
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<td>31.1%</td>
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<td>3 year olds</td>
<td>25.6%</td>
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<td>4 years olds/Reception</td>
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<td>17.3%</td>
<td>22.3%</td>
<td>44%</td>
<td>41.5%</td>
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<td>41%</td>
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<td>Year 5</td>
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<td>31.7%</td>
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<td>Pregnant women</td>
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<td>Older adult 65+</td>
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<td>Barts Healthcare workers</td>
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<td>60.2%</td>
<td>51.6%</td>
<td>68.6%</td>
<td>75%</td>
</tr>
</tbody>
</table>

1 Delivery moved from GP based to school based